Conversations for Kindness

Why healthcare change plans fail: addressing the missing 'how'

December 2024

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Contents

Context

About the movement

Conversations for Kindness is a monthly virtual meeting that was set up in the summer of 2020 by eight colleagues and friends working in healthcare across Sweden, the UK and the USA: Bob Klaber, Dominique Allwood, Maureen Bisognano, Goran Henriks, Suzie Bailey, Anette Nilsson, Gabby Matthews and James Mountford. The purpose of the meeting was to have some time together to continue some initial conversations around kindness, and its role at the 'business end' of healthcare, and to plan interactive workshops on this topic.

Conversations for Kindness

- Monthly Zoom call on the third Thursday of every month (6-7pm UK time)
- A focus on listening, learning, thinking differently and mobilising for action
- An open culture of sharing of resources, energy and ideas

If you would like to join the conversation for kindness, please complete this contact form

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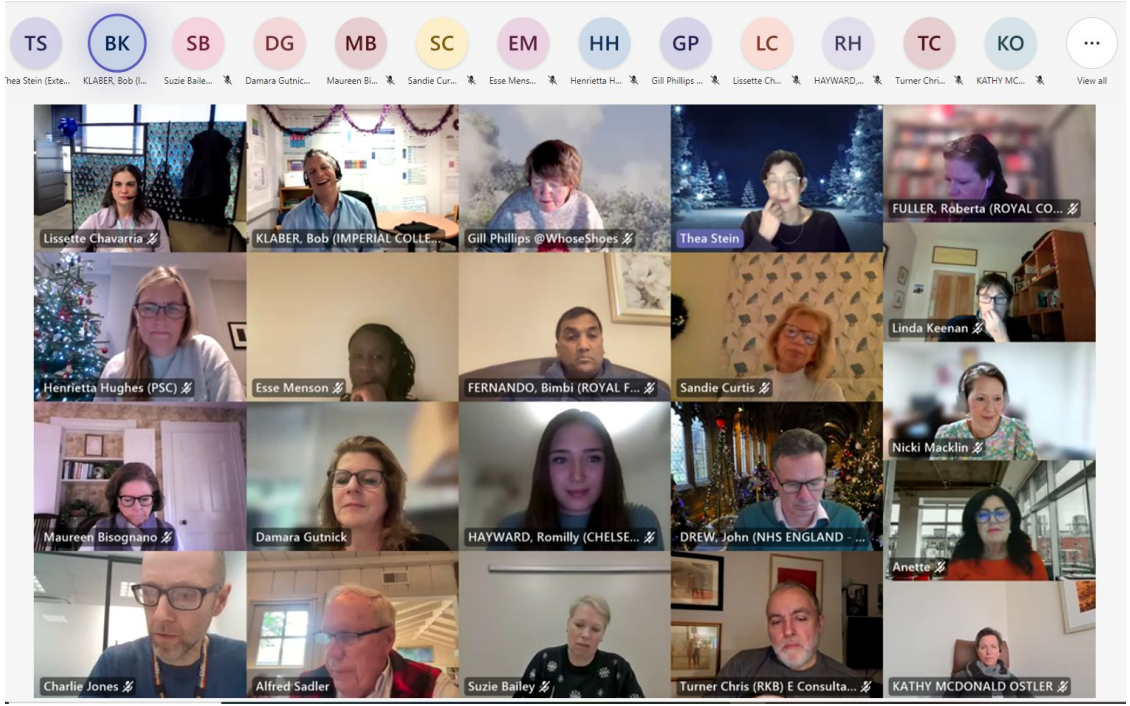
Joining the Conversation from across the world

More than **40** Kindness in Healthcare community members came together from all over the world for this Conversation for Kindness. Once again, we had new faces join us for the first time!



Where were our participants?

- Sydney
- Washington D.C.
- Wellington

Who did we hear from? Thea Stein and Bob Klaber

Bob Klaber OBE, a consultant paediatrician and leader in strategy and improvement, convened us to discuss the future of England's healthcare system. His work, including recent conversations and insights from colleague Ara Darzi's investigation, focuses on system-wide improvements and addressing health inequalities.

Thea Stein, Nuffield Trust CEO since September 2023, brings extensive NHS leadership experience, including previous roles at Leeds Community Healthcare and Carers Trust, as well as prior service as a Nuffield Trust trustee.

Bob and Thea are collaborating on the 10 Year Health Plan's implementation, aiming to leverage our collective expertise to shape national health policy.

This insights pack summarises the session, but you can also watch the Youtube video.

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What did we hear? Risks associated with change

We were introduced to Change NHS - the consultation process for developing the 10 Year Health Plan for England - and three risks associated with change.

Three risks:

1. If you get the **diagnosis wrong,** there is a risk you get the **treatment wrong.**
2. **If the how is missing,** you won't use the right levers.
3. There is an attempt to **implement through "grip",** using top-down processes.

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What did we hear? The rational vs. relational lexicon

We were introduced Julia Unwin's work on the importance of balance between rational and relational lexicon's. Unwin suggests we too often neglect the relational in favor of the rational.

The rational lexicon:

- Focuses on **logic, objectivity, and systems**.
- Emphasises **data, evidence, and accountability**.
- Potential risks include being seen as **arid and detached, leading to declining trust**.
- Outcomes often involve **systems and professional codes**.

The relational lexicon:

- Driven by **connection, individual needs, and hope**.
- Utilises **warmth, storytelling, and intuition**.
- Potential risks include **favouritism and difficulty in explaining decisions**.
- Aims for outcomes like **strong relationships and trust**.

What did we hear? Four hypotheses as to why plans fail

We were introduced to four co-produced hypotheses for why plans so often fail. They align with Unwin's notion that there is a failure to address the humanity in our systems

We heard about four hypotheses for why change often fails:

- **Hypothesis 1: The relational is the blind spot in policy.** We overlook the importance of human connections, kindness and emotions.
- **Hypothesis 2: We have confused language around "soft stuff."** We mistakenly treat human elements as optional extras rather than core drivers.
- **Hypothesis 3: We lack a coherent approach to change.** Without a unified framework, people act at cross-purposes with limited agency.
- **Hypothesis 4: We don't prioritise honestly.** This "ghosts" frontline staff by implying they just need to work harder to overcome systemic issues that actually require structural solutions.

Group discussion

The provocation for our breakout discussion was:

"Do the hypotheses resonate? Is anything missing? How can we make sure this plan is different and finds the missing how?"

John

"Yes the four things resonate, but we need to talk about how to do things differently, where we put our effort – how do we use our energy in a way that creates constructive change rather than wearing ourselves out? We can't treat the NHS as a machine, or create one set of instructions, how do we create a plan that generates a sense of ownership and allows for innovations?"

Henrietta

"We need to think more broadly than the workforce and ensure patients and families are considered active members of the team. I worry that we are setting up an expectation for patients and families being included in this plan that won't carry through into the implementation because our systems are not set up for the messiness of co-production and inclusion - "seed scattering without proper digging in".

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Clare

"Frontline staff have so many great ideas but do not have the agency and autonomy to create the change they want to see – has been a big theme coming out of their recent consultation work with thousands of NHS staff."

Gerke

"People need to feel they are being treated as people to unlock people's energy and creativity, it's important to be able to come to the table and authentically share."

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Closing reflections

Today we explored risks around change, learnt about work around rational and relational lexicons and engaged with four hypothesis as to why change so often struggles in our system.

Rational and relational lexicon:
While we often default to using facts, figures, and logical thinking **(rational lexicon)**, achieving the **best outcomes requires striking a balance** by intentionally incorporating empathy, storytelling, and personal connection **(relational lexicon).**

1. **Hypothesis 1: The relational is the blind spot in policy.** We overlook the importance of human connections, kindness and emotions.
2. **Hypothesis 2: We have confused language around "soft stuff."** We mistakenly treat human elements as optional extras rather than core drivers.
3. **Hypothesis 3: We lack a coherent approach to change.** Without a unified framework, people act at cross-purposes with limited agency.
4. **Hypothesis 4: We don't prioritise honestly.** This "ghosts" frontline staff by implying they just need to work harder to overcome systemic issues that actually require structural solutions.

Acknowledgements

This insights pack has been co-produced by
Nicki Macklin and the team at **Kaleidoscope Health and Care**

For all enquiries please contact us via the Kindness in Healthcare website or email bob.klaber@nhs.net

See you next month for another great Conversation.

Check out resources from our previous sessions on our website

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Thank you for joining, thank you for reading.

We'll see you next month!

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