

## Resource sheet: Do toolkit

### Purpose of the Do stage

The purpose of the Do stage is to engage and support providers to understand and work with the insights, improvement plan and with the new contract and key performance indicators (KPI) that have been generated through the three preceding stages.

In an ideal world the revised contract and KPI are co-designed with the affected providers so this stage comes as no surprise to anyone affected by the changes.

### What are the key tasks we complete in the Do?

The 7 steps we complete to ensure that we succeed during the ELC Do stage are to:

1. Recognise end users' different needs and communication styles
2. Build engagement overtime, using ELC process
3. Align values
4. Share the vision and change story widely, especially with front line people and communities
5. Build diffused leadership of change
6. Agree contracts and KPIs that measure what matters
7. Build room for iterative improvement and provider-led innovation into contracts and KPIs

### Best practice in Do process

#### 1. Recognise end users' different needs and communication styles

Most end users will need a relevant, easy to read summary of the key insights they can digest in less than 10 minutes.

As we have learnt in our ELC Practitioner training, people have different communication styles. This impacts on and dictates their preferred learning styles. When we communicate Discovery insights, it is important that we have outputs that speak to lots of different communication and learning styles e.g. visuals and infographics, an animation or film will be easier to digest for those who are strong on visual and auditory; a written report will appeal to others more easily and may be necessary to engage those with a "blue" communication style.

## **2. Build engagement overtime, using ELC process**

By the time we reach the Do stage of ELC, all those affected by the change and most especially provider who will be responsible to making change in response to the revised contract or KPIs should be deeply involved in the process,

The sooner they get involved the better.

In an ideal world, the providers will have trained ELC Practitioners who contribute to delivering the ELC programme that will determine their revised contract and KPIs. This cements the credibility and transparency of the contract development process.

## **3. Share the vision and change story widely,**

As we learnt from understanding best practice in person centred transformation (read more in the folder “Person Centred Organisational Development”), having a shared vision of what will be different because of the change programme is critical to successful change.

The Dream stage provides that collective vision. To maintain engagement, it is important in the Do stage that we communicate the Dream and Possible Positive Future to all affected people, especially front-line teams who will deliver the changes in the new contract and KPIs. Ideally, those who have been involved as stakeholders in the ELC Programme need to be empowered to communicate the vision to their peers.

## **4. Build diffused leadership of change**

Building diffused leadership of change is also fundamental to successful person-centred transformation (read more in the folder “Person Centred Organisational Development”). It is this network of peer leaders who will ensure on-going engagement and successful change sustains. This will not happen by chance. The lead organisation (commissioner) needs to invest in supporting their diffused leadership network to advocate the change and support engagement on an on-going basis.

## **5. Align values**

Whenever two different tribes e.g. commissioners and providers, come together to make change, it serves everyone well to kick start the change process by aligning values. When values are aligned, people feel on the same page, and it pre-empts and enables all parties to call out behaviours that are not supporting positive change and improvement.

The ELC Values Alignment Workshop toolkit is available in the ELC Group Event folder under “Do Events”.

## **6. Agree contracts and KPIs that measure what matters**

The ELC process is predicated on a commitment to understand what matters to people and the value that services are adding (or not).

This requires innovation in relation to how we measure what matters. A focus on outcomes rather than inputs, processes and outputs is essential.

This requires a different balance and a greater focus on qualitative insights and acceptance that the things that matter cannot always be measured. This is explored further in the Person-Centred Organisational Development folder under Person Centred Outcomes and Value.

## **7. Build in iterative improvement and room for innovation**

Having autonomy to design and make change is critical to engagement of frontline teams. Involving affected staff in the ELC programme across all 4 stages increases the chances that they feel they have had autonomy to shape the change.

ELC increases the odds of contracting for the right outputs and outcomes. However, there will always be unexpected responses to change, or unintended consequences because the Discovery process has missed some vital insight or piece of information.

This is why it is so important that contracts and KPIs include room for iterative improvement and learning. The contract building in recognition of the need to prototype and review progress before widespread implementation, for instance, would recognise this.

Likewise, providers need room to innovate. Often frontline teams come up with great solutions because they are closest to the problem. Describing the outcomes that are required and then enabling team to operate within a light-touch management framework supports innovation. This is predicated on a high trust partnership with providers and this needs to be mirrored by high trust between provider managers and frontline teams.

The Buurtzorg community services provided in the Netherlands represent a well-recognised exemplar of this approach:

The Buurtzorg model of care, developed by a social enterprise in the Netherlands in 2006, involves small teams of nursing staff providing a range of personal, social, and clinical care to people in their own homes in a particular neighbourhood. There's an emphasis on one or two staff working with each individual and their informal carers to access all the resources available in their social networks and neighbourhood to support them to be more independent. The nursing teams have a flat management structure and work in 'non-hierarchical self-managed' teams. They make all the clinical and operational decisions themselves. They can access support from a

coach, whose focus is on enabling the team to learn to work constructively together, and have access to a central back office, which uses tried and tested IT systems and processes that have been designed to support this way of working.

**Read more here:** <https://www.kingsfund.org.uk/blog/2019/09/buurtzorg-model-of-care>