NHS
Institute for Innovation and Improvement

Improvement Leaders' Guide

Building and nurturing an improvement culture
Personal and organisational development

Improvement Leaders' Guides

The ideas and advice in these Improvement Leaders' Guides will provide a foundation for all your improvement work:

- Improvement knowledge and skills
- Managing the human dimensions of change
▶ • **Building and nurturing an improvement culture**
- Working with groups
- Evaluating improvement
- Leading improvement

These Improvement Leaders' Guides will give you the basic tools and techniques:

- Involving patients and carers
- Process mapping, analysis and redesign
- Measurement for improvement
- Matching capacity and demand

These Improvement Leaders' Guides build on the basic tools and techniques:

- Working in systems
- Redesigning roles
- Improving flow

You will find all these Improvement Leaders' Guides at
www.institute.nhs.uk/improvementguides

Every single person is enabled, encouraged and capable to work with others to improve their part of the service

Discipline of Improvement in Health and Social Care
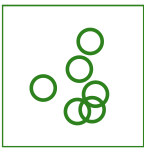
Contents

1. Why is culture important?

There are still many improvements that we need to make in healthcare for our patients and we know that changes in the culture of the NHS and social care are required if these improvements are to be meaningful and lasting. The understanding of the importance of culture change has come from a number of sources, most notably:

Investigations into recent high profile problems
These investigations have highlighted underlying cultural problems as key factors. Preventing similar incidents from happening again requires culture change. Yet change of this type does not occur overnight, nor can it be guaranteed to happen as a result of launching various initiatives.

A growing awareness that a history of structural changes has not always improved services
Many healthcare change initiatives in the past have introduced large-scale structural reforms. Whilst structural reforms are important and necessary, they have not always delivered their intended impact, with services for staff and patients often only changing a little. It is the culture, the informal psychological and social aspects of an organisation that influences how people think, what they see as important, how they behave and which ultimately determines the success of these structural reforms (Cameron and Quinn, 1999).

Research has shown the importance of culture in contributing towards high quality patient outcomes

Case study
In a study of over 5,000 intensive care patients, it was found that there were significant differences in the deaths of patients between hospitals, despite the hospitals having similar levels of funding and staff, and serving similar populations. These differences appeared to relate to the quality of interaction and communication between healthcare professionals, two important aspects of organisational culture.
Knaus 1986

More and more we have realised the importance of building a culture of improvement. However, transforming the culture of huge organisations like the NHS and social care with millions of staff is very complicated and will take a long time.

This Improvement Leaders' Guide will give you some basic ideas about organisational culture and help you to understand the culture of the team you currently work in. You can then see whether change might be necessary, and help you work towards building and nurturing a culture of improvement. We will introduce you to some basic principles, techniques and activities to support you in the process of culture change.

Every enterprise has four organisations: the one that is written down, the one that most people believe exists, the one that people wished existed and finally, the one that the organisation really needs.
NHS Chief Executive

I enjoyed being part of the project although I did not think I would. When we had finished the work, we celebrated and talked about what we had done for other staff. The project manager had even arranged for a special cake as part of the celebration. This has made those involved feel really good and we want to keep it up. We have even started thinking of ways to make things even better because the hospital has set up an annual prize giving called 'making things better for patients'. After all that is what we are here for isn't it?
Secretary, London

2. What is culture?

Defining culture is difficult. Often when we talk about culture, we have no clear understanding of what it means. Some people think it is a snappy vision statement and others feel it is too fluffy and non-specific to pin down.

Culture affects us all in a variety of different ways. You will experience a team culture, a department culture and an organisational culture. As we go through this guide you will be asked to think about your **team**. By this we mean your extended team, that is the group of people you work with and meet on a regular day to day or weekly basis.

So although we will be referring to your team, remember that the ideas apply to larger groups such as your whole department, your clinical microsystem, the organisation or even the whole NHS! There is more about clinical microsystems in the Improvement Leaders' Guide: Working in systems
www.institute.nhs.uk/improvementguides

To start, we would like to introduce you to the concept of organisational culture by taking you through three statements that will help to define what culture is and how cultures develop within the NHS.

These are:
• culture is about how things are done within your workplace
• culture is the way things are done within your team and is heavily influenced by shared unwritten rules
• cultures reflect what has worked well in the past

2.1 Culture is about how things are done within your workplace

To talk about culture is to talk about how people go about their work, how people think and how they behave.

There are many cultures in health and social care with each team, occupational or professional group having their own unique way of doing things. You will probably have experienced this most the last time you changed your job. At these times people frequently report an overwhelming sense of trying to work out which expectations and practices are different in the new job and which aspects are similar to where they have worked previously. The differences may be stark, for example, between departments within the same hospital or General Practices within a single Primary Care Trust.

Every single practice has its own kind of culture, ways of working and unspoken values.
PCT Clinical Governance Lead

Take a few moments to think about how your team deals with interpersonal relationships and performance.

Inter-personal relationships
- what is regarded as appropriate or inappropriate behaviour with other members of your team?
- do you work in an effective multi-disciplinary team?
- how does your team see itself and get along with other teams?
- how do people in your team respond to differences in thinking?
- do you have symbols, mannerisms, language, jargon or behaviours that are common to your team?

Performance
- how does your team know that it is good at delivering care?
- how do individuals know when they are good at something?
- what happens when something goes wrong?

Questions for you and your team

To help you think about your own team culture, answer A or B for the following questions.

Decision-making
A are lots of people involved in decision-making?
B are decisions made by a select few?

Communication
A do people tend to communicate through informal social networks, like the coffee room and corridor?
B do people tend to communicate by formal channels, like emails and newsletters?

Teamwork
A do people pull together and use all their combined knowledge, skills and experiences for the benefit of patients and carers?
B do people prefer to work independently?

Handling Conflict
A do people discuss and resolve sensitive issues openly?
B are sensitive issues brushed under the carpet?

Change and Innovation
A is change regarded as positive and new ways of doing things encouraged?
B is change regarded as negative and more traditional approaches are the norm?

How did you do? If most of your answers are B perhaps you need to help your team work toward changing its culture?

2.2 The way things are done within your team is heavily influenced by shared unwritten rules

Unwritten rules are one of the most powerful parts of culture. They are described as 'unwritten' because they are:
- not often openly discussed in meetings and formal documents
- rarely questioned or challenged because they are not frequently discussed
- usually shared by most, if not all, the people who work within the team
- provide a common way for people to make sense of what is going on around them, to see situations and events in similar ways, and behave accordingly
- often influence people without them necessarily realising it
- have a powerful influence on how people behave at work

Questions for you and your team

40 senior healthcare professionals were asked to list the unwritten rules by which people in the NHS work. Just a few are listed below:

- how many of these unwritten rules apply to your team?
- what other unwritten rules do you have?

Unwritten Rules

- we know best
- the patient won't like it or won't understand it
- senior clinicians know best
- knowledge is power
- everyone understands the jargon
- only someone of my profession understands my problem
- our work has no effect on other areas of the NHS
- let's lie low and wait for the change to pass
- people don't change - change is hard
- I haven't got the staff or had the right training to do that

- meetings constitute activity
- unless there is a protocol for it, it's not happening
- filling in the form makes it happen
- you have to do things cheaply
- the number of hours worked is equal to the value of the outcome
- you have to work as long as the person who works longest
- don't admit to mistakes
- it is wrong to be wrong…and it is wrong to admit to being wrong
- the past was much better

Cullen, Nicholls and Halligan (2000)

Case Study
The effect of the unwritten rule 'senior clinicians know best' and how it contributes to medical errors

An inpatient was reporting pain in his right ear. After diagnosing an ear infection, a senior clinician ordered eardrops to be administered to his right ear. Instead of writing out completely, "right ear" on the prescription, the clinician abbreviated it so that the instructions read, "Place in R ear".

Upon receiving the prescription, the junior clinician promptly put the required number of eardrops into the patient's anus, thinking that 'R ear' meant REAR! Obviously, rectal treatment of an earache made no sense, but neither the junior clinician nor the patient questioned it.
A General Hospital (not in England)

2.3 Cultures reflect what has worked 'well' in the past

To be successful, any team in either health or social care has to explain and solve the various challenges that come its way each day. If these explanations and solutions work well enough, they will be considered to be the best way to respond to the same or similar challenges in the future. They start to become part of the team culture.

It therefore follows that a team will have its own culture if people within the team have:
• been together long enough to have experienced challenges together
• had opportunities to understand and resolve those problems together
• been able to observe the impact of their explanations and solutions together

Interestingly, when 'new' organisations are being created it is likely that these organisations will have a 'temporary culture'. This culture is likely to reflect the previous cultural experiences of its most significant stakeholders as to the 'correct' way to deliver healthcare.

Questions for you and your team

Who defines what approach works 'well' and should be repeated.
(Think carefully about the term 'well')
A everyone in your team?
B people in positions of power?

3. What is an improvement culture?

3.1 An improvement culture is not...

In order to talk about what a culture for improvement might look like and what unwritten rules it might have, it may be useful to begin by considering what it is not. We talk of various types of 'bad' cultures to explain failures: blame cultures, macho cultures, cultures of secrecy, etc.

Working in a culture that does not promote improvement could include:
• slow and unresponsive decision making processes that are not understood
• not getting even the basics sorted out
• not sharing information
• seeing training and development as a cynical way of ticking 'the empowered workforce' box
• acceptance of inefficient systems that someone tried to change five years ago: 'There's no point in mentioning that, nothing will happen'
• keeping your head down and doing the minimum required of you

The aim is 'to create a culture in the NHS which celebrates and encourages success and innovation… a culture which recognises… scope for acknowledging and learning from past mistakes.
A First Class Service

3.2 An improvement culture is...

There is a lot of discussion about the characteristics of a culture that promotes modernisation and service improvements. The following seven points are the features found to be important for an improvement culture. More thinking behind these topics can be found in other Improvement Leaders' Guides such as Involving patients and carers, Managing the human dimensions of change and Leading improvement. These are all found on
www.institute.nhs.uk/improvementguides

Patient centeredness
Patients are at the centre of everything your team does and are considered important partners in their care. Staff continually strive to see things through the eyes of the patient.

The Picker Institute (www.pickereurope.org) has conducted more than half a million interviews with patients in the 14 years since it was established, and has come up with eight dimensions of care that reflect their most important concerns. These are:
• respecting a patient's values, preferences and expressed needs
• access to care
• emotional support
• information, communication and education
• co-ordination of care
• physical comfort
• involvement of family and friends
• continuity and transition

Belief in human potential
It is people who drive success, using their creativity, energy and innovation. Therefore, an improvement culture values people and encourages their professional and personal development. Staff are involved in decision making because it is recognised that it is those who are closest to the patient often have the best and most intimate knowledge of problems.

Improvement and innovation encouraged
The saying, 'if it ain't broke don't fix it' does not apply as the team is constantly searching for new ways of improving services. There is an absence of complacency. People are encouraged and enabled to improve services and experimentation and flexibility are valued.

Recognition of the value of learning

People are encouraged to be proactive problem solvers and learners. In an improvement culture:

- everyone demonstrates the ability to be self-critical and learn from mistakes
- personal responsibility and accountability are regarded as extremely important
- evidence from a variety of sources is used to guide clinical practice
- knowledge is shared throughout the team
- a tolerance of constantly poor performance is not regarded as acceptable

Effective team working

Real teams are where the whole is definitely greater than sum of the parts, no individual or particular professions dominate proceedings and people work together for the benefit of patients.

Communication

The importance of informal channels and personal contacts are acknowledged. People are 'kept in the loop' on important decisions and how these decisions have been made is clearly communicated to everyone.

Honesty and trust

For individuals to give their best, take risks and develop their skills, they must trust that such activities will be appreciated and valued by colleagues and managers. In turn, managers must be able to trust that others will use wisely the time, space and resources given to them. Without trust, no improvement can take place.

Therefore in an organisation that has a culture of improvement, staff will tell you about problems that have been solved, people who have been supported and poor managers who have been developed or who have left. They will talk about their managers as people who trust them to use their initiative to bring about improvements but who they know will support them when mistakes occur. They will be able to tell of the terrible clangers as well as the successful changes that they have helped to introduce. They will feel that they contributed to change rather than someone came along and did it to them. They will talk of the difficulties in running such a complex organisation with so many competing demands.

> An improvement culture can be judged by the extent to which these aspects are shared and lived by the people within the team.

Case study
A commitment strategy developed by a PCT (Primary Care Trust)

As an open and honest organisation, we are committed to supporting and developing staff to enable us to work together efficiently, effectively and in a creative way. This is so that we understand the health needs of the people and ensure the best quality of health for them.

The PCT's commitment to staff
• we strive to be an empowered organisation which values all staff
• decisions will be made openly and creatively at the most appropriate level
• we will support and encourage staff to reach their full potential
• we are committed to establishing and maintaining a healthy workplace culture which benefits all staff, develops interpersonal relationships and allows problems and difficulties to be resolved openly and honestly
• the PCT will always ensure that there is someone you can talk to and support you in your role and professional duties

The PCT expects staff
• to be honest and raise issues,problems or difficulties openly to take their part in resolving difficulties sincerely and sensitively
• be patient with each other and the organisation
• not to collude with problems by remaining silent
• to listen and respect others' views and concerns
• accept responsibility for maintaining healthy working relationships
• be loyal to each other, the local team and the PCT
• not to behave in a way that is knowingly detrimental to any staff or patients of the PCT or to the PCT as an organisation

Joint responsibilities
• the PCT will offer flexible working arrangements to accommodate individual circumstances whilst meeting the needs of the service; staff are expected to be fully motivated and committed to their role within the PCT
• the PCT will support staff in their personal and professional development. Staff are expected to make the most use of their skills, experience and expertise within the PCT
• the PCT will ensure that there are opportunities for staff to be involved, consulted and informed at all levels of the PCT. Staff are expected to be active and positive participants of their local team within the organisation

PCT SW England

'Let a thousand flowers bloom' offers an apt metaphor for innovation and change. Innovations, like flowers, start from tiny seeds and have to be nurtured carefully until they blossom: then their essence has to be carried elsewhere for the flowers to spread….. they can grow wild, springing up weed like despite unfavourable circumstances, but they can also be cultivated, blossoming under favourable conditions. If we understand what makes innovations grow we can see why some conditions are better for their cultivation
Moss Kanther R
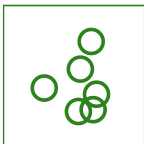
4. How to understand your own culture?

The process of creating an improvement culture starts by understanding the way things are done within your team. This is not easy because people are often not aware of their culture or the subject might even be regarded as not open for discussion.

This part of the guide will help you to understand your culture better. It will introduce some tools to enable you to gain a general overview of your culture and help you to uncover a deeper understanding of why things are done the way they are within your team. There are many tools in existence and none are totally accurate but they will help people know what to talk about and focus on.

4.1 Using metaphors and frameworks

Metaphors and frameworks provide a language and a common perspective in which people can start to talk and see everyday things in a fresh light. They can also make the topic of culture safe for discussion because staff will often say things using a framework or a metaphor that they would not feel comfortable talking about directly. In this sense, these methods can be useful, worthwhile and often fun.

Metaphors
If your team were:
- an animal: which animal would it be and why?
- a plant: which plant would it be and why?
- a car: what car would it be and why?
- a country: which country would it be and why?
- a family: who would play what role and why? Who would be the mother, father, younger sister, older brother, stepchildren, mother-in-law and distant aunt?

Case study
Use of an animal metaphor to describe the dominant culture of a multidisciplinary healthcare team

One senior clinician described the culture of the various healthcare professions within her team as being like domestic cats. "Cats are very independent animals, they are quite happy on their own but are willing to work in troops if necessary. There is rarely a head cat in a troop; cats are 'democratic' because they do not like authority. It is extremely difficult to get them to do anything they do not want to do, once they have been trained not to perform natural functions in the house. They can also intersperse extreme hyperactivity with absolute relaxation. Cats fight when their territory is invaded but suffer in silence if they are unwell or wounded whilst fighting with another cat or animal. Due to these unique characteristics of cats, it is important that the cat keeper understands them, respects their independence and uses their strengths. Cats also behave better if they are not only treated well as a routine, but are occasionally stroked - but not too much for too long'
A Team Leader in a Community Trust

Case study
Use of a country metaphor to describe the emerging culture within a PCT

"I would describe my organisation as being like a developing country with lots of different regions within it, each having slightly different accents and levels of autonomy. It has a good home policy with staff being very involved, its regional governments feed into central government effectively. The country believes in freedom of speech. Because it works well in partnerships with other agencies it, therefore, has a good foreign policy. The country has a positive image - people know who we are, but recognise that we are still developing and growing."
A Manager in a PCT

Frameworks

This framework describes four major culture types to help you understand the culture of your team.

Competing Values Framework (Cameron and Quinn, 1999)

The Clan Culture
A very friendly place to work where people share a lot of themselves. It is like an extended family. The leaders are considered to be mentors and perhaps even parent figures. The place is held together by loyalty and tradition. Commitment is high. The long-term benefit of human resources development is emphasised and great importance is attached to cohesion and morale. Success is defined in terms of sensitivity to patients and concern for staff. A premium is placed on teamwork, participation and consensus.

The Development Culture
A dynamic, entrepreneurial and creative place to work. People stick their necks out and take risks. The leaders are considered innovators and risk takers. The glue that holds the place together is commitment to experimentation and innovation. The emphasis is being on the leading edge and on growth and development. Success is all about developing unique and effective products or services, therefore, being a product or service leader is important. Individual initiative and freedom is encouraged.

The Hierarchy Culture
A very formalised and structured place to work. Procedures govern what people do. The leaders pride themselves on being good coordinators and organisers who are efficiency minded. Maintaining a smooth running organisation is most critical. Formal rules and policies hold the place together. The long-term concern is on stability and performance with efficient, smooth operations. Success is defined in terms of dependable delivery, smooth scheduling and low cost. The management of staff is concerned with secure employment and predictability.

The Market Culture
A results-oriented place whose major concern is with getting the job done. People are competitive and goal orientated. The leaders are hard drivers, producers and competitors. They are tough and demanding. The glue that holds everyone together is an emphasis on winning. Reputation and success are common concerns. The long-term focus is on achievement of measurable goals and targets. The style is hard-driving competitiveness.

Questions for you and your team:
How would you and your colleagues describe your team?
- would different people within your team describe your culture differently?
- is there a bias towards one particular description?

4.2 Gaining a deeper understanding

The process of gaining a deeper understanding of your culture involves six stages. It is all about the relationship of values, behaviours and unwritten rules.

Find out about the values your team holds
Values give people a sense of purpose and direction. They give focus, direction and guidance in uncertain and difficult times. Often, when people talk to a stranger about their team, they begin by telling them about their team values. Someone might talk about the value of teamwork and use official documents, pamphlets and other papers to support this. The value might even have been incorporated into a 'vision' or 'mission' statement. Yet these stated values may or may not have any bearing on what is actually happening within the team. To find out what is really going on we need to start by looking at the behaviours.

Identify as many behaviours as you can
Behaviours are what you see, hear and feel. They are the policies, rules and practices that characterise your team. Interestingly, teams can state the same values but express them differently. Look and listen to identify behaviours in the following areas:
• dress codes: uniforms, identity symbols
• level of formality: in relationships and social events
• working hours: balance between work and family
• meetings: how often, how they are run, how long they last
• decision-making: how is this done?
• communication: jargon, how do you get to know about things?
• rites and rituals, team traditions and history: what always happens and what never happens?
• rules: what is OK and what is not OK?
• disagreements and conflicts: how are they handled?

Two organisations may value teamwork, but they could behave differently. In one organisation people are constantly in meetings with each other, there are no walls or closed doors, people dress informally, there is a real buzz in the air. You get a sense of fast paced action. However, in the other organisation, everything is formal, people work behind closed doors, conversations are hushed, dress is formal and you get a sense of careful deliberation and slow movement.

Compare the stated values and behaviours

Look for discrepancies between what people say they are doing, the stated values, and what they are actually doing, the behaviours. For example, in an organisation that is, in theory, committed to teamwork, you may learn that important decisions tend to be made autocratically by the most senior people within the organisation.

Search for the unwritten rules that might account for the apparent discrepancy between the stated values and the behaviours

Look back to section 2.2 for some of the unwritten rules by which the NHS operates. These unwritten rules often cause the inconsistencies between the stated values and what you see, the behaviours. Whereas values provide a sense of what to aspire to, unwritten rules are grounded in people's experiences of life within their team.

Decide which unwritten rules matter

Not all unwritten rules are bad or affect the way the team works. Whilst looking at the culture of a team, you might notice that:
• people seem to dress very formally to work (a behaviour) because they believe that looking smart at work is important (an unwritten rule). You may decide that this is unlikely to have a major influence on patients or staff
• clinical errors are rarely discussed (a behaviour) because there is a belief within your team that it is wrong to be wrong and it is wrong, to admit to being wrong (an unwritten rule). In this instance you might think that this aspect of your culture is a real barrier to making improvements and needs to be explored further

Understand the background to the unwritten rules: how did they come into being and why do they persist

A culture exists because it has successfully helped a team to resolve various challenges in the past. In today's world, the challenges facing teams change frequently. Therefore, if the current culture within a team is no longer effective at helping people to resolve these new difficulties, you would expect the team to move away from aspects of its old culture and adopt new ways of doing things. That is, to change or modify the unwritten rules. This does not always happen. Sometimes unwritten rules persist, despite being no longer useful to the team. We can probably all think of teams which have not moved with the times, where their practices and ways of doing things are set in an age gone by and are no longer useful.

Case Study
Cultural similarities and differences between two departments working in the same hospital

The departments are located next door to each other and individual staff members from each profession work closely together on a daily basis, as members of multi-professional teams. In terms of training, both professions pursue comparable courses of study and, as clinicians, practice according to similar codes of conduct and clinical standards. Both departments operate to a high degree of professionalism and clinical quality, with a strong patient focus.

Visitors to the hospital asking about professional values or beliefs would be unlikely to receive very different responses from individuals within either department. Yet at operational levels, quite separate cultures exist between the two professions.

The first department maintains very prescribed, formal relationships between staff and patients. Access to qualified staff is through an administrative team and there is a clear cut division between staff, as the expert care givers, and patients, as the recipients of treatment.

The second department has adopted a more informal approach. Staff are known by their first names, there is more direct access to qualified staff and a less clear-cut separation of roles in terms of 'expert' or 'recipient'.

In terms of the effect of culture on service improvements, neither department should be seen as more or less likely to welcome change initiatives. However, the first department may be more likely to embrace change in the area of efficiency gains, whereas the second department might feel more closely allied to changes that have a direct positive impact on patients.

Acute Hospital in the South of England

Case study
Difference between stated values, as exemplified by mission statements, and the reality of care experienced by patients and their relatives

An elderly woman with advanced dementia is admitted to hospital for assessment of her care needs. Staff who work on the ward are professional and caring but, nevertheless, within three days of admission the woman's spectacles and hearing aid have been mislaid, adding to her confusion and disorientation. Her husband, on visiting, notices that she is wearing someone else's clothes, in spite of the fact that he has brought in clothes marked with her name. Staff try their best to rectify the situation, explaining the difficulties of accounting for the belongings on a ward full of highly confused yet mobile patients.

On leaving the ward one day, the woman's husband notices a printed statement of the Trust's values relating to the care of the elderly mentally ill. It has fallen off the wall and has been left on a chair. It states that each patient will be treated with regard to their individual needs and respecting their privacy and dignity. Anyone reading this within a corporate report would applaud the apparent patient centredness of the organisation's culture. However, this does not equate with the reality of care received by the woman and her husband, and the reality of care that the staff are able to give in difficult circumstances.
Acute Hospital in the South of England

Questions for you and your team
In the following quote, what are the differences between the stated values and the behaviours?

"I know of a Chief Executive who is continually talking about 'family friendly policies' and how the hospital supports the staff to get the 'work/home' balance right. Yet she always sets meetings late in the evening or very early in the morning. She and her senior team have a tendency to send out emails either late at night or early in the morning - on several occasions at 4 am!"
PCT Senior Manager

The family friendly policy (stated value) is at odds with the behaviour of working all hours (behaviours)

Ask yourself "How does working here feel?"

4.3 Why the culture of a team continues, despite it being unhelpful

Initially, cultures are created by a powerful individual or group of **powerful people**. Therefore, the most personal behaviours of the leader(s) are by far the most important influence on the culture of the team. If the initial creators of the culture are still present, then the culture of the team is likely to persist until they move on. It might be in the best interests of these key people within the team to maintain the current way of doing things. For example, they might have power, status, position and identity under the current arrangements. For more information on this area, refer to the 'What's in it for me' analysis in the Improvement Leaders'Guide: Managing the human dimensions of change www.institute.nhs.uk/improvementguides

A culture may have come into existence because it has successfully helped the team to avoid a significant **crisis**. It is likely to persist, as the team will not willingly test the situation to determine whether the cause of the threat or crisis is still there. The avoidance of the stress maintains the culture.

In young and growing teams that are successful, the culture of the organisation helps to differentiate it from other organisations. Furthermore, the way things are done within the team is likely to have been strongly reinforced due to its **early successes**. Therefore, under these conditions, the current culture is likely to continue.

Teams that lack **cultural diversity** may find it hard to uncover their unwritten rules and change them as all members of the team are too similar. They may all think and act in the same way.

The **complexity** of the NHS means that the effects of unwritten rules are not always visible and clear. This complexity is caused by:
• a range and diversity of stakeholders with differing needs and expectations
• complicated ownership and resourcing arrangements
• constantly changing external pressures e.g. political, technological, media
• local priorities, resource allocation and performance management
• different histories of institutions
• tasks which are complex, that can change on a daily basis with intangible work outcomes
• lack of time, resources and motivation to uncover and analyse the existing unwritten rules

To change a team culture, people have to unlearn beliefs, attitudes, values and assumptions and relearn new ones. This causes anxiety because people tend to like order and consistency in what they do. To avoid this anxiety, people tend to think about the events around them as in line with the way they currently do things. This may mean distorting, denying, or falsifying to themselves what is really going on.

Questions for you and your team
Get a deeper understanding of the culture of your team.

Be honest and look for inconsistencies between what you see, feel and hear and what you are told. If there are inconsistencies, then there is probably something else driving the behaviours, policies, rules and practices within your team - those unwritten rules!

Try it for yourself
• find out about the values your team holds
• identify as many behaviours as you can
• compare the stated values and behaviours
• search for 'unwritten rules'
• decide which unwritten rules matter
• understand the background to the unwritten rules

4.4 Increase your cultural awareness

There are various tools and techniques you can use to gain a deeper understanding of your culture in general and help you identify the unwritten rules that are operating in particular. We are going to mention three that we have used.

Ask simple questions
Ask people:
- to describe their experience of working in the team in no more than three words
- what would you say if a friend was coming for a job within your team and asked you what it was like

Talk to the opinion leaders
- speak to the people who have been around for a long time and ask them about the reasons why things are done the way they are within your team
- try to find the people who have demonstrated a strong and consistent commitment to the culture
- find out why some go against the culture

Observe your team
Observing your team can lead to some very useful insights into its culture. One of the best times to do this is when you have just come back to work after a break e.g. a holiday, training course, or secondment. At these times you are better able to see the culture because you are less immersed in the organisation.

Look at how your team responds to certain situations:
- are there any subjects that, when discussed, seem to provoke an emotional reaction?
- do people become irritated or annoyed when you bring certain subjects up?
- how does your team respond to novelty and uncertainty?

A fish will be the last to discover the water
Indian proverb

Questions for you and your team
Go through the following checklist by yourself. New members of your team may be able to give new insights.

Environment
- is the place new or old, clean or tidy?
- how many males and females are there within your team?
- do people have similar backgrounds, qualifications and experiences?

What is said and not said
- what are the favourite topics of conversation?
- are there any recurring stories?
- do certain kinds of language dominate?
- what is not discussed?

Body language
- what do you notice about people's tone of voice, eye contact, posture and mannerisms?
- do people get agitated when certain subjects are brought up?

Personality type
- are people very different?
- what kinds of people seem to do well within your team?

Relationships
- who gets on with whom and why?
- do members of the team get on well together and with other teams?
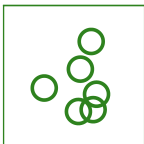
Rules
- what is OK and not OK within your team?
- what is punished and what is rewarded?

Norms and rituals
- what does your team always do and what does it never do?
- what are the traditions and habits of your team?

So what?
Once you have a good idea of the current culture of your team, the next stage is to look at section 5 and ask 'is your culture helpful?'
If the answer is no, look at section 6 to see how you might begin to build a culture of improvement.

5. Is your culture helpful?

Ultimately, you need to decide whether the values and behaviours of your team, and the unwritten rules that are driving the way things are done within your workplace, are helpful in enabling quality improvements to be made. Part 3 of this guide listed various aspects of an improvement culture. Whilst this list is not exhaustive, it describes a culture that is likely to be helpful in making improvements because staff and patients matter, people work effectively together in teams, and learning and development are valued. These cultural aspects may or may not match the stated values that you have identified within your team. Furthermore, the spoken values of your team might be similar to those of an improvement culture but might not accurately and consistently reflect what you hear, see and feel as you work within your team. In instances like these, your culture is probably unhelpful and change is probably necessary.

5.1 Vital signs

There are several 'vital signs' that can help you work out whether an improvement culture exists. Just as vital signs help health professionals to understand the health of the human body, these vital signs can reveal a great deal about the health and vitality of your team. If your responses to the following questions are predominantly negative, then the existing culture is probably not helping the team to make quality improvements.

Change and learning
- does change occur frequently and smoothly or are most attempts at change resisted?
- do problems stay solved or do they re-emerge time and time again?
- are change and improvement initiatives perceived as opportunities to work better and learn, or opposed as hassle with very few gains?

Power
- do people believe they can affect team performance?
- do they believe they can make things happen?
- do they use their initiative to change or improve their team?
- do people spot an issue and say, 'What can I do about it'?

Identity
- do people identify with the wider team, department or organisation, or do they identify only with their professions and immediate workteams?
- are there in-groups, out-groups, cliques or tribes?

Conflict
- do members of the team handle conflict positively and well?
- are problems routinely confronted and resolved or do they bubble away under the surface?
- does everyone work well together or are there warring factions?

Vital signs:
a large acute hospital that does not have a culture of improvement

Change moves at a snail's pace within the hospital. The same problems re-occur and staff tend to resist all efforts to improve the organisation.

With regard to **learning**, the place is unreceptive to new ideas. Instead of inquiry and experimentation, ideas are studied to death in the hope of ferreting out every possible weakness before making a commitment.

Within the organisation people feel they have very little **power**. Instead, staff have developed a sense of resignation in response to seemingly insurmountable obstacles and a perceived lack of support from their superiors in the daily hassle of getting things done. People have begun to carve out private patches of turf that enable them to exercise responsibility, protect themselves and keep the world at bay.

When it comes to their own **identity**, employees have lost their sense of teamwork and alignment with the entire Trust and have started to seek the safety of their particular profession, union, function, team or location.

Conflict is avoided at all costs for fear of blame or of having someone take their disagreement personally.
Pascale (1997)

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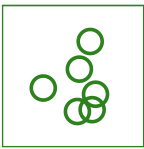
6. Building and nurturing an improvement culture

6.1 A successful culture can only be built and nurtured, not managed or controlled

New ways of thinking and working can be introduced, but these new ways will only become embedded within the team if they enable people to work more effectively than before. Effective culture change, therefore, is about building and nurturing an environment that allows culture change to occur naturally.

When trying to encourage the adoption of a new way of doing things, make sure that expectations are realistic. Culture change cannot be delivered overnight so do not try to drive change too rapidly.

When building a culture of improvement, you need to work like a farmer, planting seeds and nourishing the ground. This is distinct from working like a car mechanic, who replaces faulty parts with new ones. These new parts do not always work well with the old engine and often cause the whole car to break down!
Marshall (2002)

6.2 Basic principles

Before starting to build your culture of improvement, there are several basic principles that you must bear in mind. These principles are essential to incorporate into your overall approach if you are to be successful.

Actions speak louder than words
Matching what you say and do, especially at times of crisis and stress, is fundamental to successful culture change. Practising what you preach is most powerful at senior levels within the organisation such as team leader, department head or director. Staff who show the behaviours they are trying to introduce in the organisation are more likely to be effective. Most staff cynicism is due to inconsistent behaviour in relation to values.

For example:
- whilst talking about the value of development opportunities for staff, an NHS organisation responds to a budgetary overspend by cancelling training programmes for the remainder of the financial year
- whilst talking about a good working environment minor jobs such as replacing light bulbs or mending broken windows takes a long time
- members of a multidisciplinary team might agree that the patient experience is central but continue to deliver a service at prescribed times and locations without ever checking with current or potential service users whether these times are appropriate and accessible

Case study
A PCT acts in relation to their value of empowering staff during difficult times

"We have said as an organisation that we want to empower our staff. To this end we have abolished the need for a Finance or HR Director to approve the recruitment into replacement posts, despite a climate of financial overspend. We are trusting our budget holders to do the job we have employed them to do. This is at a time when our neighbours, who operate in the same climate and who espouse the same values, have introduced more controls and further restrictions."

PCT Director South of England

I knew we had to change our culture, and to accomplish that, I needed people to realise that even subtle, unintentional actions could sabotage our efforts. We could send out as many memos and talk about as many initiatives as we wanted, but if someone leaves work early one day and sees his boss glancing at her watch as he is heading out the door, that tiny gesture could send us back to square one

Munck (2001)

Make sure you have the right kind of people to deliver the required changes

Culture change is most effective when it is led by a senior person within your team and supported by the team. You have to be courageous, can-do and people orientated. Leading a culture change initiative requires a high degree of emotional intelligence and the ability to manage yourself and your relationships with others effectively.

This ability is made up of:

- excellent self-awareness
- empathy
- political awareness
- influencing skills
- conflict management skills
- the ability to maintain your focus when the going gets tough

People live what they have helped to create

Culture change is everyone's business and responsibility. It is not the sole responsibility of the team leader, head of department or executive team. Contributing positively should be a personal objective for every single employee in the organisation. Ownership is mainly created through involvement and participation. Therefore, engage people as meaningful contributors and incorporate them fully into the principle challenges facing your team.

Say what is not said

Any meaningful attempt at culture change must bring to the surface and, ultimately challenge, the unwritten rules that are operating within your team. It is these implicit rules that are ultimately driving what is done within your team and if they are not addressed then nothing will change.

Recognising and understanding 'polarities'

Don't try to move completely from one way of thinking or acting to another. Two examples:

- team working is great and should be encouraged. But we should not ignore the potential of each individual and what each person has to offer
- there is a trend towards moving away from individual responsibility and accountability for clinical errors to blaming systems, structures and processes. We need both individual and organisational responsibility and accountability

When developing an improvement culture, be careful that the pendulum does not swing too far from one side to the other. For an organisational culture to be effective, we need to recognise and work towards getting the best of both or polarities (Johnson B 1996) See the activity in section 7.1.

Case study
Centralising booking across a health community

A recent initiative has been to centralise booking of new outpatient clinics at the acute Trust rather than have them booked at our peripheral hospital sites. The rationale was to align booking arrangements and the responsibility for achieving waiting times targets. A paper was brought to our Clinical Executive meeting. As a result of this paper, the executives were all ready to agree to the centralisation even though it affected a group of staff in two hospitals who knew nothing about it. We agreed that the executive meeting was not the most appropriate place to take the decision and that we needed to have discussions with the staff affected to give them a chance to be part of the decision-making process. This actually added two months onto our time frame for relating our decision to the acute Trust. We have actually taken the decision to centralise the service and this will change individual jobs but staff are much better placed to manage this change than if they were not involved.
PCT South of England

What we try to do is re-interpret things so it makes sense from where people are, so it seems to be supporting them to do things that they would want to do anyway.
PCT Chief Executive

The celebration event was really good, we had worked very hard on this project and this showed us that it mattered and that our efforts were appreciated. The local press came as well as staff and some patients.
Project Manager, South East England

6.3 Four steps to building an improvement culture

Any culture change initiative should aim for a balance between continuity and renewal. Identifying those cultural values, behaviours and unwritten rules that need to be kept and reinforced, and those that need to be reworked. Use these four steps

- decide what needs to change and what needs to stay the same
- describe what an 'improvement culture' means and doesn't mean
- define the new way of doing things in terms of practice
- test out new ways of working

Step 1: Decide what needs to change and what needs to stay the same
Start by taking the best of where you are at the present time. Many valuable cultural traits already exist on which any new improvement culture can build. These include:
- a strong belief in the principles of health and social care
- a commitment to equity and centrality of patient care
- a belief in evidence
- a growing willingness to share examples of good practice

Step 2: Describe what an 'improvement culture' means and doesn't mean
An improvement culture means:
- being dynamic
- creating an environment where risk taking is safe
- encouraging creative alternatives
- making change the rule not the exception
- being flexible and adaptive
- trying new ideas
- becoming a forward-looking organisation
- adopting a bolder approach to innovation

An improvement culture does not mean:
- allowing everybody to do as they wish
- running the organisation recklessly
- disregarding the needs of patients
- tolerating selfishness
- having complete freedom
- missing goals
- tolerating dishonesty
- having the latest of everything
- taking unnecessary risks
- letting people get away with persistently bad practices after they have been supported to change

Step 3: Define the new way of doing things in terms of practice

Translate your values and unwritten rules into behavioural actions for everyone such as:

- clearly explain the bases for decisions
- express appreciation when people do something well, and dissatisfaction when something does not go well
- pay careful attention without interrupting when people are trying to make a point
- summarise areas of agreement and mutual interest
- admit to and learn from mistakes
- try to clarify and explore points on which people differ or disagree
- state individual needs and expectations clearly
- keep people's attention on issues that they regard as important

Adapted from Irwin Rubin

> Define the 'simple rules' for the culture you want and say what is required, what is prohibited and what is allowed.

Case study
The translation of values into practice by a large NHS Trust

Professionalism
'Sets and maintains high personal and professional standards'

In practice, a person demonstrating this value would:
- treat other people as they would like to be treated themselves, showing both respect and courtesy
- dress appropriately for the working environment, wearing agreed uniform or according to dress protocols
- take active responsibility for the health and safe well-being of self and others
- maintain polite and constructive working relationships with others while carrying out their work
- respect rules of confidentiality with patients, colleagues and staff
- defend the Trust 'in the street' and demonstrate commitment to the NHS in general
- refuse to share unfounded gossip and rumours
- be willing to confront and handle difficult issues when they arise

Leading others
'Inspires and motivates teams and individuals to achieve business objectives'

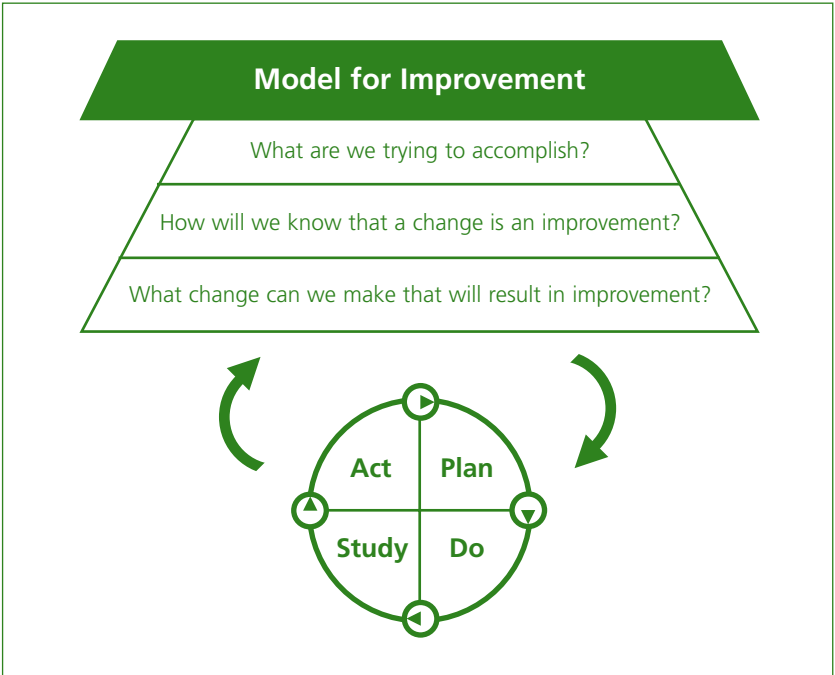In practice, a person demonstrating this value would:
- lead by personal example, matching actions to words - practice what they preach
- be willing to hear all views and involve others in decision-making wherever possible
- give direction and clarity to team members by ensuring that all people in the team have up to date job descriptions, clear objectives and the opportunity to discuss their progress as needed
- be approachable and accessible, taking time to understand the needs and views of others
- take active responsibility for the development of others by carrying out appraisals and providing coaching and support when needed
- demonstrate trust in others by delegating responsibility and authority to team members on an agreed basis
- set realistic goals and expectations of others, taking into account existing workloads
- be prepared to make unpopular decisions, say 'no' when needed and explain why

Integrated NHS Trust, South of England

Step 4: Test out new ways of working

The Model for Improvement is described in detail in the Improvement Leaders' Guide: Process mapping,analysis and redesign www.institute.nhs.uk/improvementguides. It is designed to provide a framework for developing, testing and implementing changes that lead to improvement. Its framework includes three key questions and then a process for testing change ideas using Plan, Do, Study, Act (PDSA) cycles and it works just as well for cultural changes as in process changes

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act   Plan

Study   Do

Reference: Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), The improvement guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco

Case study
Using a PDSA cycle for communicating

The team leader knew that pressure of work meant that she rarely had time recently to really talk to her team members and this was causing her concern. A respected member of the team had asked to see her and she was worried that she might be thinking of leaving. She wanted a 'quality' discussion and she wanted the staff member to feel that she had given time and attention. The team leader had read about active listening in the Improvement Leaders' Guide to Managing the Human Dimensions of Change. So she quickly scanned the advice and decided to give it a go.

The meeting was good for both the team leader and the member of staff. Both commented on the way that they were able to correct misunderstandings, make some decisions and plan. The team leader tried it out with other members of her team and with her family! It is now her regular way of doing things.

Without realising it she had used the Model for Improvement and completed a PDSA cycle to develop her interpersonal skills.
Change Team Leader, Midlands

Read this list as a warning!

Rules for building a culture to stifle improvement and innovation:
- regard a new idea from below with suspicion, because it's new, and because it's from below
- insist that people who need your approval to act, first go through several other levels of management to get their signatures
- ask departments or individuals to challenge and criticise each other's proposals. That saves you the job of deciding; you just pick the survivor
- express criticism freely, and withhold praise. That keeps people on their toes. Let them know that they can be fired at any time
- treat identification of problems as signs of failure, to discourage people from letting you know when something in their area isn't working
- control everything carefully. Make sure people count anything that can be counted, frequently
- make decisions to reorganise or change policies in secret, and spring them on people unexpectedly. That keeps people on their toes
- make sure that requests for information are fully justified, and make sure that it is not given out to managers freely. You don't want data to fall into the wrong hands

  What can you do to ensure this is not happening where you work

Adapted from Rosabeth Moss Kanther
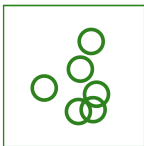
7. Activities

Before organising any activity, consider the following
- who is the audience?
- what is their prior knowledge?
- is the location and timing of the activity correct?
- recognise and value that participants will want to work and
  learn in different ways. Try to provide information and activities
  to suit all learning preferences

Why is this important?
Some of us take to the idea of change more easily than others. Some like
to develop ideas though activities and discussions, while others prefer to
have time to think by themselves. We are all different and need to be
valued for our differences. The Improvement Leader's Guide: Managing
the human dimensions of change www.institute.nhs.uk/improvementguides
gives ideas of how to ensure the best possible outcome of meetings,
workshops or other improvement events.

7.1 An illustration of the importance of polarities

Benefits
- incorporate the trick into a presentation
- use it to impress your colleagues, friends and family

Time required
- 15 minutes for discussion on polarities

Preparation
- copies of the following three pictures

Instructions to participants
- look at the picture 1, what do you do you see?
- do you see two faces or a candlestick?
- if you see a candle stick in picture 1, let's remove the faces so you can see
  the candlestick more clearly in picture 2
- if you see two faces in picture 1, let's remove the candlestick so you can see
  the faces more clearly in picture 3

when the faces are removed the candlestick vanishes

when the candlestick is removed the faces vanish
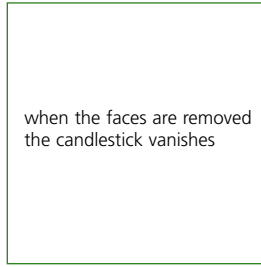
picture 1   **picture 2**   **picture 3**

Learning points

The point of this exercise is that you need the candlestick to appreciate the faces and the faces to appreciate the candlestick. You cannot have one without the other. This is called a polarity.

Polarities are sets of opposites that cannot function well without the other:
• they are not problems that can be 'solved'
• they need to be managed well

An improvement culture will:
• build on the best of both 'sides'
• reduce the worst effects of both 'sides'
• ensure the pendulum does not swing too far either one way or another

Health and social care has many polarities that we come across everyday, all of which need to be carefully managed. Everyday cultural polarities include:
• individual and team
• patients and staff
• learning and doing
• stability and change
• centralisation and decentralisation
• autocratic and participatory
• autonomy and corporacy

7.2 A magic trick to show the power and importance of unwritten rules

slide 1

slide 2

Benefits
- incorporate the trick into a presentation
- use it to impress your colleagues, friends and family

Time required
- five minutes to do the trick and explain
- follow with discussion on unwritten rules

Preparation
- copy the Kings, Queens and Jacks from a pack of cards onto two separate presentation slides as above

Instructions to participants
- look at the cards in slide 1
- from the six cards, pick one and make a note of the one you have picked
- now look at slide 2
- as if by magic, your card will be removed!!!

Explanation

All the cards in the second set are totally different from the first set.
Therefore it does not matter which card you picked because they all change!

Learning points

People perceive the second set of cards as identical to the first set and therefore behave as if the removal of their chosen card is due to some mysterious magical force!

This perception is being driven by an unwritten rule: that the second set of cards is exactly the same as the first set. This unwritten rule:
- influences people's perceptions and actions without them really being aware of it
- is not readily discussed or made explicit
- remains unchallenged until all other alternative explanations have been explored

7.3 Assess the extent to which people identify with their team

No.	Rating	Question
1		Any criticism of my team feels like a personal insult
2		What others think about my team interests me
3		When talking about my team, I usually say 'we' rather than 'they'
4		My team successes are my successes
5		Praise of my team feels like a personal compliment
6		I feel strong ties to my team
7		My team is important to me
8		I don't regret being an employee in my team
9		My team is an important part of my self-image
10		I'm glad to be a member of my team

Benefits
- self diagnosis of team culture
- provides opportunity for discussion

Time required
- a few minutes for the questionnaire
- discussion time will vary

Preparation
- define the extent of the team you are going to consider: are you rating your own team, your department or your organisation
- a copy of the questions
- a quiet room to work in

Instructions to participants
Read each statement and rate how well it characterises your current experience of work by picking one of three choices:
- one point for any thought or feeling that is rarely yours
- two points for a thought or feeling that is occasionally yours
- three points for a thought or feeling that is frequently yours

Learning points
Although no precise mathematical boundary exists to clearly separate those who identify with their team from those who are alienated from them, experience shows that if you have a score of 22 or more, your identity with your team is healthy and intact. A score of 17 or less may indicate withering allegiance or growing alienation.

7.4 Uncovering and challenging unwritten rules in your team

Benefits:
• a self diagnostic tool to help you think about what you need to do

Time required:
• will vary

Preparation:
• copy of the six questions listed below
• a quite room where you will not be disturbed

Instructions to participants
Consider each of the questions carefully in turn and answer honestly. You might find it useful to confidentially talk through your comments with someone who you trust.

Question 1: What would you like to see changed at work so that you can be more effective?
Question 2: What needs to happen for these changes to be successful?
Question 3: Is there anything that you are doing (or not doing) that would stop the change you want from happening?
Question 4: If you stop doing these things, how would it make you feel and what do you think will happen?
Question 5: Why would this happen? What are the unwritten rules?
Question 6: What can you do about it?

Learning points
Getting to the unwritten rules within your culture can be difficult. This is because people are often not aware of the unwritten rules that are operating within their team. People take them for granted.

Warning
Be careful using these questions with others! This would be best done in a confidential and safe environment using an objective facilitator.

7.5 A checklist for good change management

Benefits:
• a useful personal checklist when you want to lead an improvement
• can be used in improvement training to promote group discussions

Time required:
• will vary

Preparation:
• copy of checklist listed below

Instructions to participants:
• consider each of the points and answer honestly 'yes' or 'no'

Learning points
If you answer 'no' to any of the questions decide how you can make improvements. You will find lots of helpful ideas in this and all the Improvement Leaders' Guides.

A checklist for good change management

[   ] Have you personalised the change?
• do people see the point of improvement from their own perspective?
• are people helped to see how the new culture might help them to fulfil their personal and professional aspirations?

[   ] Have you sorted out the nuts and bolts issues?
• do people have the right equipment and accommodation to do their job properly?

[   ] Is the change integrated?
• is improvement and culture change seen as core to the development of the whole team and not something that you get around to once the targets have been met?
• is the change integrated into structure, financial arrangements, lines of control and accountability, strategy, and human resource initiatives?

[   ] Is the environment supportive?
• is there a safe environment for people to express their concerns and to mull over the potential implications for them?
• do people have the time to reflect on what is happening and work through what the changes mean for them?

[   ] Have you created new behaviours?
• are there new stories, symbols and rituals to replace those currently in use?
• do you need to change the physical environment to support new behaviours?

[   ] Do you 'reward' the right behaviours
• is your induction process aligned with the new values?
• does your reward system encourage acceptance of the new set of values?

7.6 Create a storyboard

Creation of a storyboard is an excellent visual way to both create curiosity and enable local teams or individuals to observe some of the change ideas and principles before they actually try them out all helping to build a culture of improvement.

What is a storyboard?
It is exactly as it sounds, it is a story pasted or posted onto some sort of display board.

Objective
• to help others see a process or story of a patients journey
• to build a culture of curiosity
• to celebrate improvements

Benefits
• easy to do
• can be used to demonstrate the changes made from the 'old' process to the 'new' process

Time required
This can depend on what or who you are preparing it for and how elaborate you want to be:
• preparation of the story, drawing or Post-it notes, approximately 60 minutes. More pre work is required if you are using photographs
• assembling the board, 30 minutes

Preparation
• a board or card on which to display the improvement story
• glue or other fixing material, pens
• some really great visual storyboards have been developed by using photographs to depict the journey

Instructions to participants
• think about the story and main messages you want to share
• make sure you identify the changes made and show improvements in the measures

Learning Points

A lot of this learning is reflective, as the participants will have been involved in improvement process. This exercise is one positive way to start the celebration of success!

Variation: Use the storyboards to set up a 'Marketplace'

A market place is an informal environment where interested people can connect with one another to talk about ideas for change. It creates an atmosphere conducive to the adoption of better practices. Ask participants to prepare good visuals such as storyboards and leaflets explaining improvement ideas and how they have worked for you. Make sure you publicise the event to get lots of people there.

Case studies

A 'marketplace' in the Midlands

The concept of marketplace was used for a large group event for up to 400 people, in which stalls were used very effectively to enable people to spread practice. The tone was informal, plenty of time to visit the stalls, always manned, with good visuals, well-presented leaflets and information.

'Exchange and Mart' in Mental Health

All project teams benefit from sharing ideas with each other, but this is potentially very difficult to manage so the idea was discussed for using story boards and stalls to share ideas and products at each event. Interested teams are able to take away examples that have been tested and put them into use in their own areas. The Project Manager had the idea of calling this slot Exchange and Mart. The idea was well received by all and the Exchange and Mart session was introduced into the learning session. It received such positive feedback that it became a part of all such learning sessions, each time being afforded a bigger slot and receiving greater emphasis.

7.7 Assessing your organisational culture for innovation

The 'spider diagram' on the next page is a self-assessment tool, which has been developed by identifying seven dimensions for supporting a strong culture for innovation. By working through the dimensions and plotting scores you will be able to assess your organisation's current culture for innovation and enable you to understand the steps towards improving your culture for innovation.

Instructions
• score your organisation's culture for innovation against each of the seven dimensions on a scale between +5 and – 5

+5 = we have outstanding positive skills, systems, and experiences on this
      dimension; supports innovation
0 = our skills, systems and experiences on this dimension have no real impact;
      neither hamper nor support innovation
-5 = we have outstanding negative skills, systems or recent experiences on
      this dimension; hampers innovation

• mark your self assessment on the spider diagram for a visual representation
• work by yourself then compare your assessment with colleagues and agree a
  way forward

Self-Assessment

Developed by Helen Bevan, Lynne Maher, Paul Plsek

The seven dimensions
The speed and frequency of innovation depends on seven dimensions of organisational culture.

1. Risk taking
The degree to which there is psychological support for individuals and teams that want to try out something new, given some reasonable precautions to avoid harm to patients or completely disastrous disruptions to the organisation.

2. Resources
The availability of money, protected time, information, and authority to act for individuals and teams who wish to innovate. Creative ideas don't necessarily need to cost a lot of money or consume a lot of time but unless both of these are available creativity can be stifled.

3. Widely shared knowledge
The degree to which knowledge is widely gathered both from within and outside the organisation is easily available, rapidly transmitted, and honestly communicated throughout the organisation. This enables staff to find out about the best practice within their own or a linked specialty area and use this as a springboard for ideas generation. A good and fast process for gathering feedback from patients, carers and staff is vital, as is the process for sharing this information within the organisation.

4. Specific targets
The degree to which the formal leaders makes it clear that innovation is highly desired in certain specific areas that are strategically or operationally important to the organisation.

5. Tools and techniques
The degree to which the organisation supports a conscious process and method for innovation that is not so restrictive as to stifle creativity, but not so open as to leave innovation entirely up to the native abilities of individuals and teams.

6. Reward systems
The degree to which the organisation rewards the efforts of individuals and teams through a process that gives these people things that they really want e.g. more protected time for innovation, greater access to power, recognition among peers, and so on. Reward systems that are too individually focused can reduce creativity by restricting the sharing of new ideas while team reward systems can often motivate staff and promote more widespread dissemination of ideas. Any feedback mechanism to staff should not focus on whether the ideas have been successful in the traditional sense but should focus on the learning, which can be used to support the next new idea.

7. Rapidly formed relationships
The degree to which the organisation easily forms high-performing teams and networks of intrinsically motivated individuals, with a good mix of skills and styles, who quickly accept, respect and trust each other, and who display honest and open communication. Some of the most important elements of building positive relationships include high levels of honesty, openness, trust and mutual respect.

Learning
This model is based on research and evidence to support a culture of innovation. There is a lot of work currently going on to understand the relationship of improvement and innovation and how to develop and encourage a culture of creativity and innovation.

8. Frequently asked questions

Question

I'm not really in a position to really influence our culture - what can I do?

Answer

Everyone can influence culture. Every little bit helps and if everyone did something it would make a huge difference.

Here are some suggestions:
- read again the Improvement Leaders' Guides particularly those in the personal and organisational development group
- start by using PDSA cycles to test out and improve smaller things that you are involved in such as the communication in your team
- distribute this Improvement Leader's Guide to your colleagues and start a discussion in your coffee room

Question

What do I say to those who tell me they don't have time for culture change because they are too busy with the day job and meeting targets?

Answer

There needs to be a balanced focus on 'doing the right thing' for the longer term as well as the shorter term. If we never step back from the day-to-day, then we will never learn about how to improve. In the long-term organisations stagnate if their leaders do not have a balanced focus.

Question

I want to develop a team culture where improvement is part of the day job?

Answer

As a leader in your team, you can make a big difference. Use both words and actions to encourage and reward improvement, allow some risk-taking and raise the profile and status of improvement activities in your team. Also make sure you learn from success and failure and develop a true learning culture.

The vision that 'every single person is capable, encouraged and enabled to work with others to improve their part of the service' (Penny 2002) is long term commitment and needs a big change in our culture. Contact your local Director of Modernisation either within your organisation or at your local Strategic Health Authority to find out what is going on locally.

Move from an old culture where..	To a new culture where..
• you know what you should know	• you want to know what you don't know, not feel bad about it and know how to find out (or help others to)
• much learning is 'complete' at the end of formal training	• learning is from the cradle to the grave (life-long learner)
• uncertainty is discouraged and ignorance avoided	• uncertainty and learning by questioning is OK
• generally learning is from accepted 'wisdom'	• you are able to question the 'wisdom'

Question:
I keep hearing the term 'receptive context'. What does this mean?

Answer:
It is very similar to all the things about culture we have talked about in this Improvement Leaders' Guide. For a good 'receptive context' you need the right style and method of leadership, encouragement of local empowerment and decision making, and the right type of culture. In fact all the ingredients of all the Improvement Leaders' Guides put together! The following table might help you:

Poor 'receptive context'	Good 'receptive context'
• tribalism	• networking
• compartmentalising problems	• seeing problems as wholes
• ruled by standards of the past	• ruled by visions of the future
• winners and losers / us and them	• confronting and overcoming differences together
• mechanistic and inward looking	• change orientated
• anti change / reactionary	• creative and outward looking
• non reflective / non conceptual	• reflective / conceptual
• 'keep the lid on' / smoothing	• open debate

Question
Where can I find out more about this?

Answer
Much has been written about culture. Below are the works we have used in this guide but we advise you to search out more:

• Cameron, Quinn, (1999), Diagnosing and Changing Organisational Culture: Based on the Competing Values Framework, Addison and Wesley, OD Series

• Cullen, Nicholls, Halligan (2000), Reviewing a service - discovering the unwritten rules, Clinical Performance and Quality in Health Care, Vol. 8, No 4, p233-239

• Hornstein H (2002), The Haves and the Have Nots: The Abuse of Power and Privilege in the Workplace and How to Control It, Financial Times, Prentice Hall

- Johnson B (1996), Polarity management: identifying and managing unsolvable problems, HR Press, Massachusetts

- Knaus (1986), An evaluated outcome from intensive care in major medical centres, Annals of Internal Medicine, 104, 410-418

- Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), The improvement guide: a practical approach to enhancing organisational performance, Jossey Bass Publishers, San Francisco

- Marshall M (2002), A qualitative study of cultural changes in primary care, The British Journal of Clinical Governance, 52, 641-645

- Moss Kanter R (1985) The Change Masters: innovation and entrepreneurship in the American corporation, Freepress

- Munck Bill (2001), 'Changing a Culture of Face Time', Harvard Business Review, Nov, available to download at http://harvardbusinessonline.hbsp.harvard.edu

- Pascale Richard (1997), 'Changing the way we change', Harvard Business Review Nov - Dec, available to download at http://harvardbusinessonline.hbsp.harvard.edu

For improvement to flourish it must be carefully cultivated in a rich soil bed (a receptive organisation), given constant attention (sustained leadership), assured the right amounts of light (training and support) and water (measurement and data) and protected from damaging

Stephen Shortell

The Improvement Leaders' Guides have been organised into three groups:
General improvement skills
Process and systems thinking
Personal and organisational development

Each group of guides will give you a range of ideas, tools and techniques for you to choose according to what is best for you, your patients and your organisation. However, they have been designed to be complementary and will be most effective if used collectively, giving you a set of principles for creating the best conditions for improvement in health and social care.

The development of this guide for Improvement Leaders has been a truly collaborative process. We would like to thank everyone who has contributed by sharing their experiences, knowledge and case studies.

To download the PDFs of the guides go to www.institute.nhs.uk/improvementguides

We have taken all reasonable steps to identify the sources of information and ideas.
If you feel that anything is wrong or would like to make comments please contact us at improvementleadersguides@institute.nhs.uk

Gateway ref: 5667

NHSI 0391 N CI/Improvement Leaders' Guides can also be made available on request in braille, on audio-cassette tape, or on disc and in large print.

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