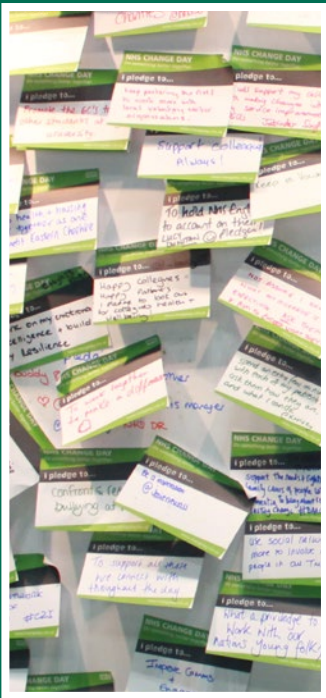


# NHS Change Day 2015

## Re-Valuation Report



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For more information about NHS Change Day, go to [www.changeday.nhs.uk](http://www.changeday.nhs.uk)

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## Foreword

NHS Change Day is a grassroots social movement led by staff and patients from across clinical and non-clinical areas of work. For one day each year, those involved harness their collective energy, creativity and ideas to help improve health and care. NHS Change Day is the single largest improvement event in the history of the NHS.

The day is driven by emergent leaders who are staff and patients from primary and secondary care across the NHS in England. It is accompanied by an ambitious programme of activities aimed at galvanising and engaging frontline staff in the process of improvement. This is achieved through individuals and teams pledging or taking an action to make a change in their practice to improve staff engagement, patient experience and/or clinical outcomes.

As a mass movement, NHS Change Day demonstrates how one simple act, or a series of them, can spread and encourage the adoption of innovative practice and large scale improvement in the NHS. Change Day was designed to be a massive, grassroots movement of people within the NHS, motivated by shared values, to commit to change and improvement. NHS Change Day can also be thought of as a platform, a community of practice and a system of systems.

### KEY POINTS

- Change Day 2015 was exponentially bigger than in previous years, becoming the largest social movement in the NHS. More than two thirds of Acute Trusts, Clinical Commissioning Groups and Mental Health Trusts were involved in NHS Change Day 2015 and over fifteen national, regional and local campaigns took place. They achieved almost six times as many Twitter mentions as the previous year. 209 organisations or settings undertook some sort of activity on NHS Change Day 2015.

- NHS Change Day enables system-wide innovations to gain support and be adopted into use. It helps social innovations become more visible and celebrated. The re-valuation makes a strong case for the socialised value of NHS Change Day, recognising social innovation, bottom-up forms of change, solidarity of staff across the system, organisational commitment to change and the power of networks.
- NHS Change Day is worth what users make it worth. It is a platform: a website that links to other websites and its power lies in how it connects people and resources together, provides spaces for people to 'meet', makes their actions visible and makes valuations of them together.
- NHS Change Day is a way of linking and connecting with others: a system of systems. This can be observed by the way networks link together, such as NHS Change Day volunteer networks coming together on NHS Change Day through the use of common platforms like the #NHSChangeDay or activists linking their campaigns to similar others and to Change Day itself.
- Thousands of pledges were made on NHS Change Day but it is the patterns that are significant in terms of impact: celebrating change, using multimedia communication channels, campaigns, introducing quality improvements, turning ideas into actions, reaffirming positive working practices and behaviours and restating solidarity.



- NHS Change Day volunteers are an important community of practice of talented professionals. They play a key role in supporting the spread of NHS Change Day through their social media communications, on the ground activities and presence.
- The biggest impacts are generated in local systems where the existing culture is already sympathetic to NHS Change Day. Examples of this include improving maternity services, post-operative care, end of life care and mental health and dementia patient care.
- The invisible value is greater than the visible, and the indirect benefits are greater than the direct.
- The Re-evaluation introduces a new way of measuring the full value of NHS Change Day using Calibration, Calculation and Capacitation.
  - **Calculate** – summing numbers to arrive at a single figure, usually in pounds.
  - **Calibrate** – the cost/benefits of different actions and outcomes, based on individual decision-making and socialised in groups.
  - **Capacitate** – measuring the capacity of a movement or network, plus the potential of that network to increase its capacity and the value it can generate in future.
- If the full value is accounted for by monetising the previously indirect or invisible value (using third party data, e.g. sickness absence avoided and the knock-on uplift in patient experience), the answer in pounds will be implausibly large.
- Compared to that input, the cost of running NHS Change Day is trivial and the main cost of NHS Change Day is the time/effort put in by NHS Change Day participants and activists.



# Introduction

Social movements like NHS Change Day have long defied traditional evaluation for a number of reasons. These include:

- They tend not to have formal objectives (as 'programmes' do), just campaigning asks/demands.
- Their costs are either unknown or, if stated, likely to be an underestimate if we count the in-kind resources contributed by all the participants in the movement. In fact, calculating the 'investment' is as hard as the 'return'.
- It is not known what activity has taken place across the movement, by whom and to what extent this was done in the name of (or 'caused by') the movement.
- It is hard to link outcomes to those actions.
- Social change activities tend to require longer timescales than is allowed for their evaluation (so it is often too soon to see their effects).
- They have much wider and more indirect effects on leaders, participants, bystanders and their target audiences/institutions than evaluations tend to look for, or judge to be significant.
- Evaluation is framed as non-core to the movement (a 'bolt on'). It is hard to engage activists (especially if their involvement is voluntary) in the evaluation.

A new methodology for this purpose has been developed called Re-valuation. This is based a different set of principles, including:

- Change is the only constant and it is inherent in the system.
- Participants in social movements make value judgements all day long (about where best to 'put their shoulder to the wheel' to maximise change); hence they must be involved in revealing and defining where the value lies.
- The re-valuation must remain open-ended, enabling (and contributing to) the ongoing process of change.
- It must draw on multiple theories of change, not one model (social change involves multiple actors, with multiple mental models, making multiple actions to accentuate change). [See the How Change Happens - Theory Guide and Phrasebook].





# What is the potential impact of NHS Change Day in relation to its capacity?

There are many ways to calculate the capacity and potential of NHS Change Day to grow and increase.

## Twitter analysis

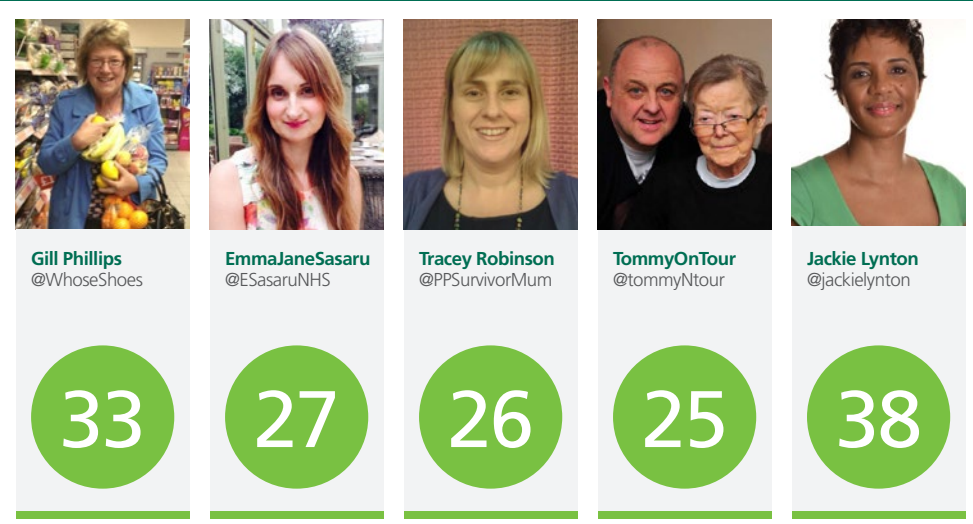
Twitter analysis demonstrates the size of NHS Change Day and the impact it has made. The analysis captured all tweets between December 2014 and mid-April 2015 which featured #NHSChangeDay and/or associated campaign hashtags (body text mentions were not included). In previous years of NHS Change Day, pledging has been used as a mechanism for encouraging people to participate in NHS Change Day, as well as a metric or target by which to gauge the impact of the activity, or at least to weigh its size. Pledges were less a feature of NHS Change Day 2015, but still provide important indications of the reach of NHS Change Day activity in local settings.

The initial Twitter analysis shows the reach of the network, but doesn't explore the nature of its connections. This is most directly done by developing network maps showing the interrelationships between members, and hence showing where the network 'nodes' are (in the case of NHS Change Day the key participants who hold the movement together, or build it up).

This impact measure goes beyond sheer volume of tweets to assess their importance to the network. It is arrived at by taking each mention, site and author within a given data-set, in this case NHS Change Day, and assigning it a score. The score is based on:

- How much potential a mention has to be seen (calculated, for example, by using the tweeter's number of followers).
- How much a mention has been viewed, shared or retweeted.
- These factors are then normalised to a metric between one and 100 which becomes the impact score.

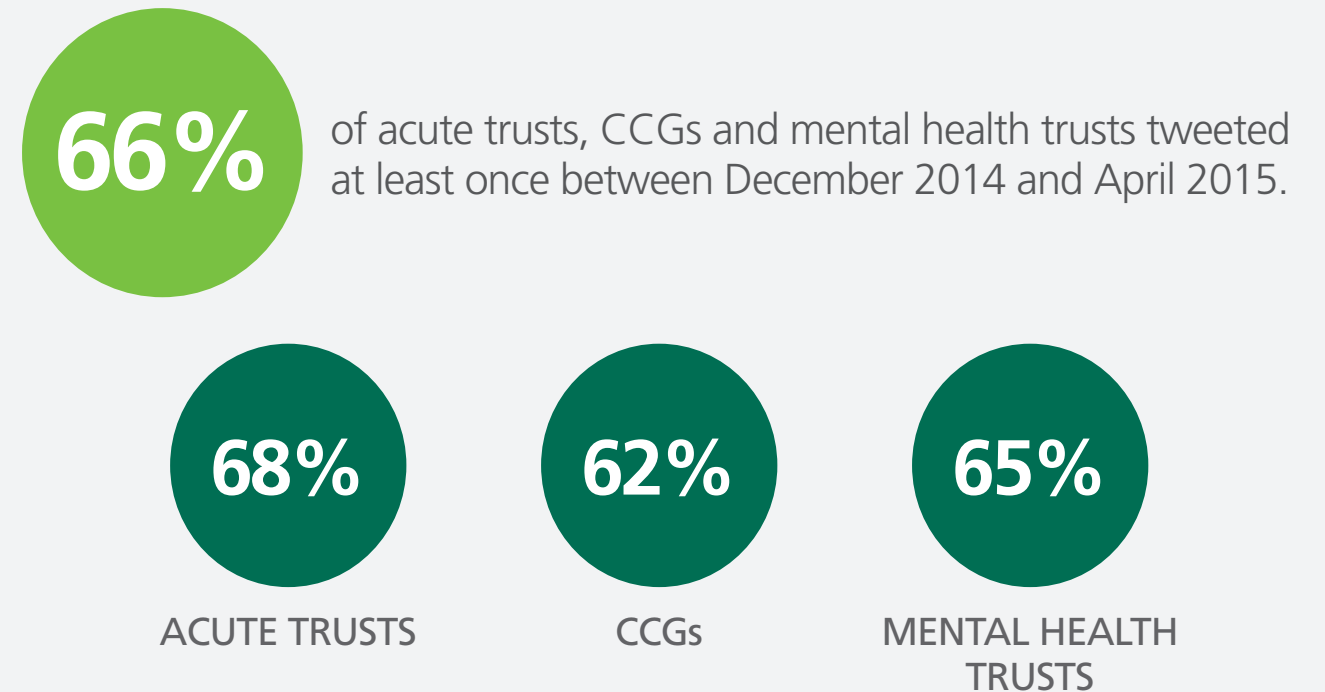
The top tweeters on NHS Change Day 2015 by impact are shown below.



To put these diagrams into perspective, Jackie Lynton's impact score was 38 and the @NHSChangeDay Twitter handle was 93. Directly networking with these individuals and proactively getting them involved can help broaden the impact of NHS Change Day and connect supporter bases together, both in the run-up to NHS Change Day 2015 and in an on-going capacity.

## Market penetration, as indicated by origin of tweets

There was an increased proportion of NHS institutions involved in NHS Change Day from 2014 – 2015.

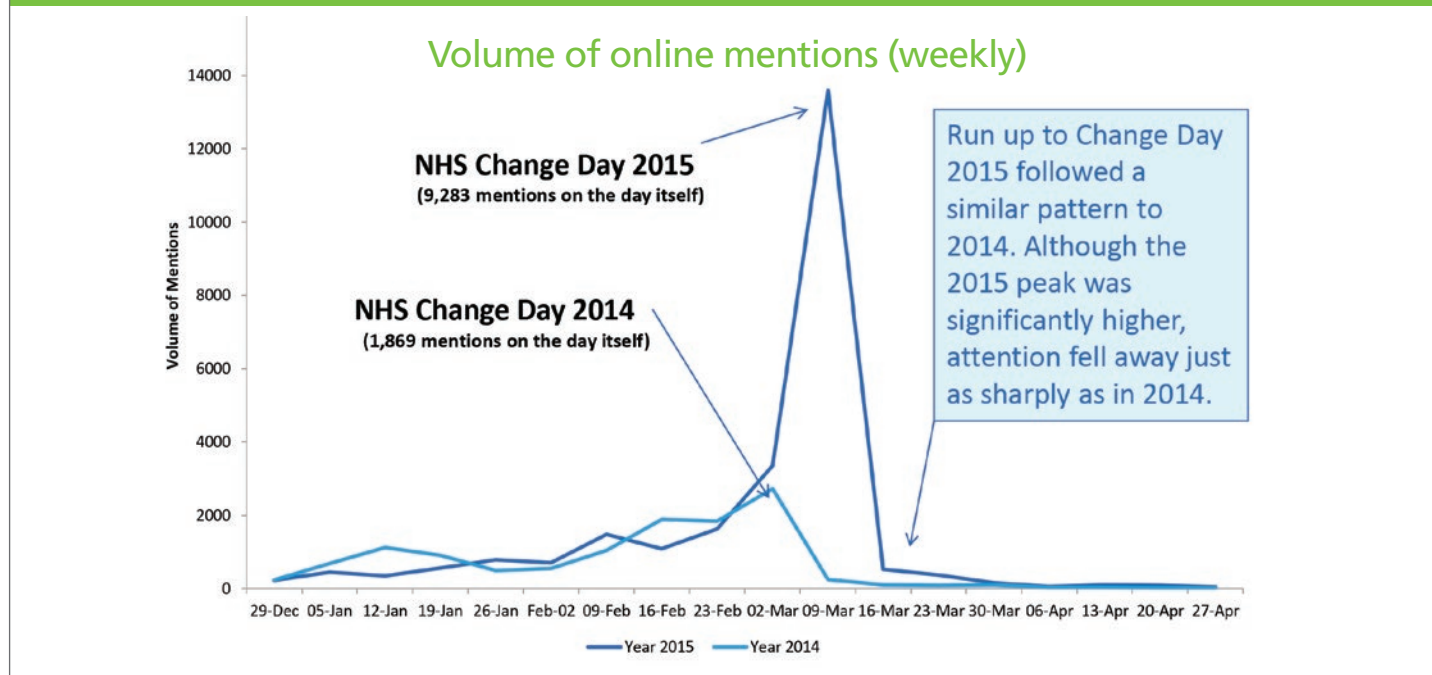


However, although tweeting at least once is consistent across all types of institutions, high level of engagement comes from acute trusts and mental health trusts far more than CCGs. What does increased involvement from NHS institutions signal? Does it signal ownership shifting from the centre?

## HASHTAG FACTS

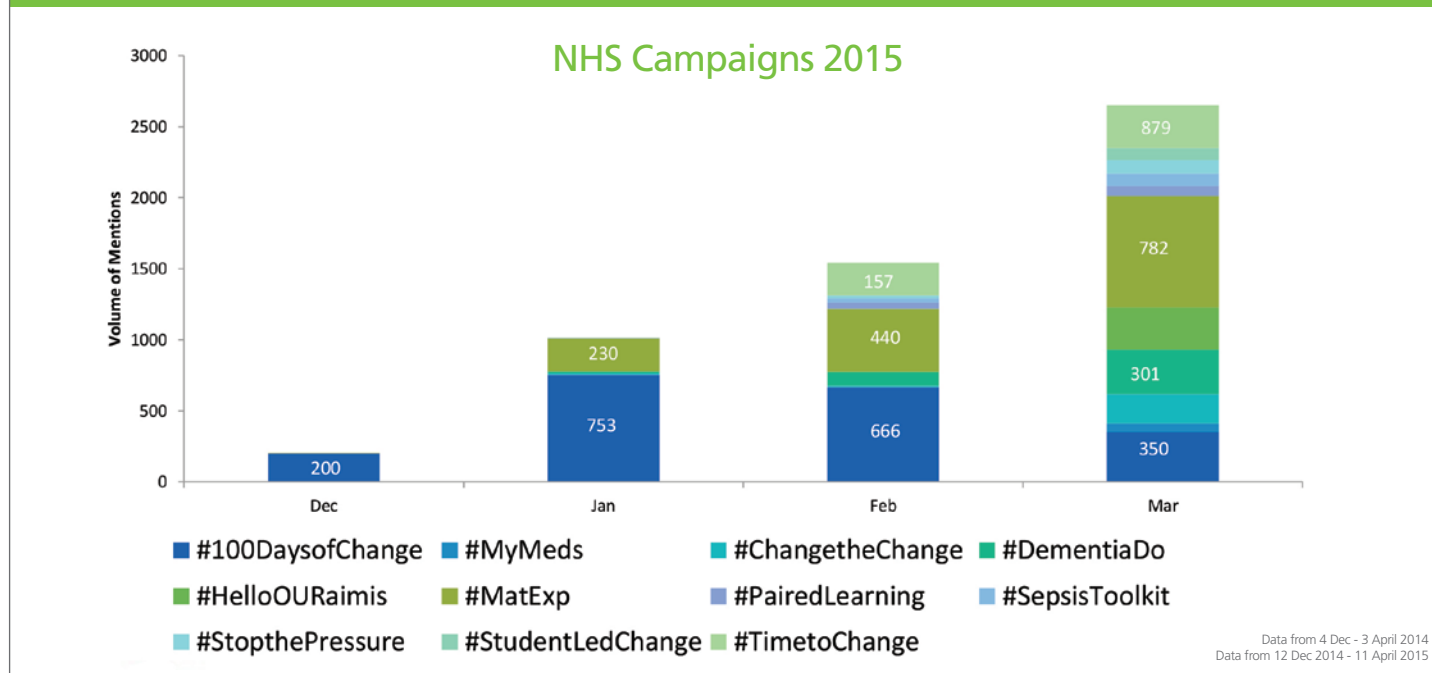
- The top stories and hashtags suggest that NHS Change Day rippled out from the centre, although #MatExp has succeeded in creating a distinct identity.
- The #NHSChangeDay hashtag appears more than nine times as much as the next popular hashtag (#100DaysOfChange).
- There was a shift from 2014 to 2015 to a greater focus on specific campaigns rather than NHS Change Day in general. #MatExp, #DementiaDo and #Timetochange had the most momentum and most volume of tweets in 2015.
- #MatExp's campaign momentum built up independent of NHS Change Day affiliation and also maintained momentum into the year.

To maintain the momentum before and after the actual day, we should consider widening NHS Change Day to a broader online platform where dialogue around actions can be fostered and stimulated, potentially through more mini-events.



NHS Change Day 2015 generated almost six times as many mentions on Twitter as 2014, with a steady build-up but equivalent drop post-event.

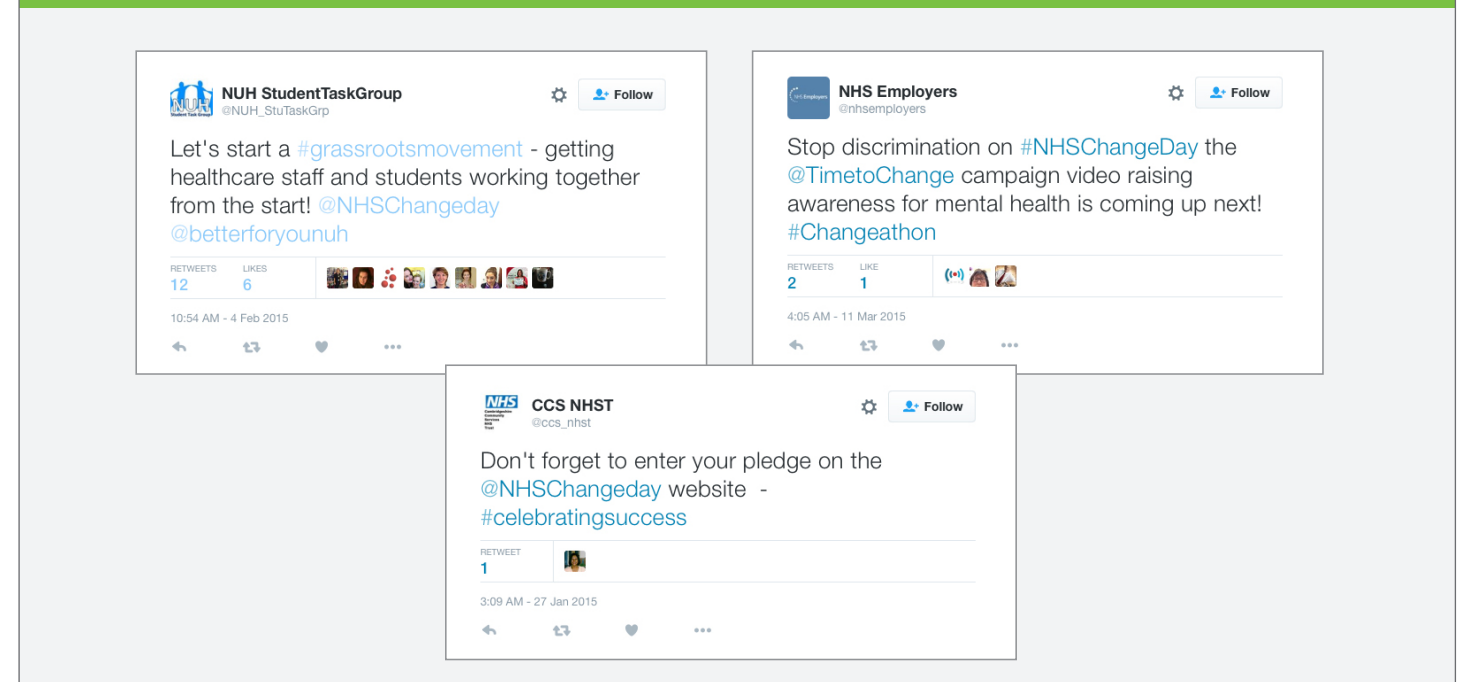
Six-fold increase in debate on campaigns between 2014 and 2015 led by #MatExp. Campaigns were instrumental in NHS Change Day reaching a wider network and creating momentum.



The #DementiaDo campaign is strongly affiliated with NHS Change Day and therefore more episodic in nature.

- There was an increase in proportion of mentions from NHS linked Twitter handles in 2015, due to an increase in tweets from NHS England's Sustainable Improvement Team (SIT) Horizons, the Team behind NHS Change Day, and NHS Institutions.
- Tweets by NHS institutions centred on campaigns and local NHS Change Day activities happening in their area.
- Content generated by NHS institutions are mostly retweeted or retweets themselves. Very little conversations or 'replies' result from NHS institution mentions or tweets.

NHS Change Day social media content was largely 'broadcast' or 'signposting' of pledges and events about what should change, rather than dialogue on actions taken or difficulties encountered.



- NHS Change Day for institutions is largely driven by the day, so we see many photos from the event, images of the 'light bulb' pledges and tweets directing people to activities hospitals are conducting on the day.
- After the big event there is very little engagement with NHS Change Day and 'change' itself. There are very few tweets about actual changes that happened or best practices shared.
- Tweets from Leicester Hospitals (top impactful hospital) are largely announcements directing followers to their local NHS Change Day webpage.
- Tweets from Kingston Hospital (the second most impactful) are largely driven by the #MatExp campaign.
- Most of the overall general activity in 2015 came from the Midlands, although the analysis shows a presence in all counties in England, including in areas assumed to be less active, such as the South West.

209 organisations or settings undertook some sort of activity on NHS Change Day 2015. Significant sub groups included:

- 83 Acute Hospital Trusts (55% of the sector)
- 21 Mental Health Trusts (38% of sector)
- 8 Community Providers (24% of sector)
- 2 Ambulance Services (20% of the sector)
- 23 CCGs (11% of sector).



## Pledge analysis

Where pledges had been vital to NHS Change Day in 2014, in 2015 the focus moved to actions and campaigns. The call was for activists to do something first, then register their action if they were able, rather than the concerted drive to capture pledges in previous years. This shift in focus meant that it has been harder to show the reach of NHS Change Day in 2015. It is likely that there were fewer pledges made, but it is certain that fewer were registered on the NHS Change Day website.

Nonetheless, the pledge mechanism seems to be the key means by which people participate in NHS Change Day; it was prevalent in the language on NHS Change Day 2015, despite calls from organisers for a deliberate shift to talk about actions. Data showed that pledging accounted for 46 percent of all social media mentions in NHS Change Day 2014, but fell to 10 percent of all mentions in NHS Change Day 2015; meanwhile 'actions' increased from nothing to two percent in 2015.

Pledging has a distinct function in signalling people's commitment to the shared goals of NHS Change Day. Pledges are largely focussed on patient experience and driven by human empathy and commitment. They are also critical to the mental models adopted by NHS Change Day activists, giving permission to pledgers to step out of their formal roles in order to make the changes which they see are needed. As such, for NHS Change Day 2015, pledges continued to be made in large numbers, but in many cases these pledges were only visible at the local level of NHS Change Day; for instance, in receptions and other communal areas in participating hospitals.

These high-volume pledges are typically 'micro' commitments to modifications in practice and behaviour. The value of these pledges is often significant to those making them, and, indirectly, to others, such as patients who are affected by these changes in behaviour. They signal a public acknowledgement of what someone is trying to do.

It is impossible to say to what extent those pledges which were visible or gathered up were representative of the type and number of pledges made for NHS Change Day 2015 in less visible settings. Examples of pledging visible at the local level (but not nationally) include:

- **Birmingham Children's Hospital** pledging as part of their annual commitment to NHS Change Day (linked to their 'Team BCH' change agenda). The chief executive pledges annually and this becomes a theme for the hospital's change work for the year. At the NHS Change Day 2015 event where this was launched, all staff who made pledges (adding them to a pledge wall) received an NHS Change Day-decorated cupcake.
- Across **Universities Hospitals of North Midlands NHS Trust**, NHS Change Day events were held on each site, with stands to promote each of the main NHS Change Day 2015 featured campaigns (e.g. DementiaDo, #MatExp). Staff were encouraged to pledge and these were collected and displayed as well as being logged on a spreadsheet for the trust's future use.

Calibration is the second important measure of the value of NHS Change Day. Calibration takes place in numerous ways in NHS Change Day among a range of stakeholders, including NHS England's Sustainable Improvement Team and NHS Change Day volunteers. Here are some examples of the cost and benefits of different actions and outcomes in terms of the following:

- network ties
- evidence of NHS Change Day in local systems
- system of system and platform of platforms
- stories of personal and organisational change
- the tangible impacts and benefits of NHS Change Day as identified by activists
- its potential to introduce social innovation and system change
- the shared value of NHS Change Day.

### The value of network ties

The value of NHS Change Day can be determined by the value of its networks. This is not just in terms of their size or number of connections, but by their nature too. Social capital (the social resources that people can draw upon, as opposed to say their financial capital) is commonly assessed in terms of the number of both 'strong ties' and 'weak ties' that people have. **Strong ties** are close connections but fewer in number, while **weak ties** can be numerous but tend to be more remote. Both dimensions are important to NHS Change Day as a movement.

**Strong ties** are sometimes called bonding capital and these are good for 'getting by': e.g. to provide mutual support when circumstances are challenging. Strong ties in NHS Change Day 2015 are epitomised by the network of NHS Change Day volunteers, practitioner-activists who provide some coordinating capacity to the movement, whilst retaining their identity as frontline staff.

In some respects, the NHS Change Day volunteers feel like 'custodians' of the spirit of NHS Change Day. They have strong ties to one another and appear as the core network within the wider NHS Change Day movement (an example of NHS Change Day as a 'system of systems'). At times, some of the NHS Change Day volunteers played an instrumental role in shaping decisions about NHS Change Day 2015, but even more consistently they provide support to one another in their jobs, busy professional lives and study and career development. Their membership is largely, but not exclusively, relatively young and drawn from a mix of clinicians and management. Only one member of the core group is presented as a 'patient' (and he doubles in this role as a health campaigner for a national charity providing support for people with the same condition as himself). There are strong social and professional overlapping relationships within the group. NHS Change Day volunteers are a community of practice of capable, talented professionals who have come together around NHS Change Day and its purposes.

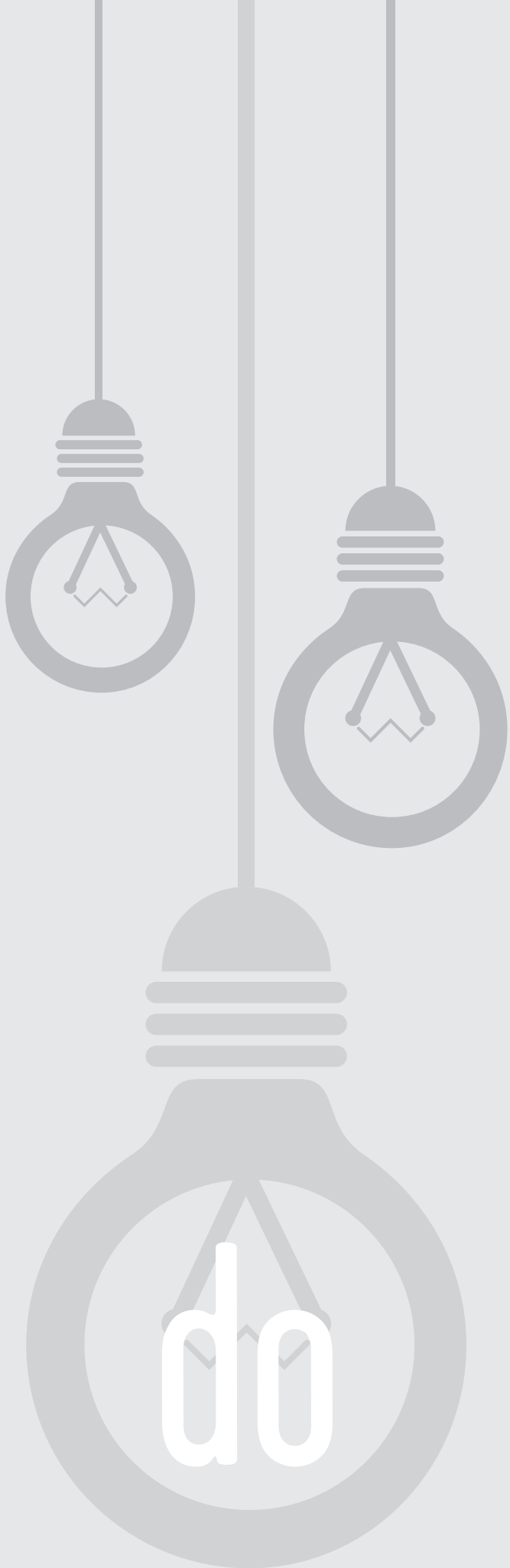
The NHS Change Day volunteers are also core to NHS Change Day's self-identity as a social movement. They work in close co-ordination with the Sustainable Improvement Team at NHS England, who are responsible for supporting Change Day, including channeling resources to it. NHS England Sustainable Improvement Team have explicitly framed NHS Change Day as a social movement. One way in which they do this is to refer executive authority away from themselves and towards the NHS Change Day volunteers network (although the volunteer network has no transparent governance structure of its own).

The idea of a social movement belonging to (and emerging from) its members is core to social movement thinking, however at the same time, the NHS Change Day volunteers themselves can choose to belie their executive function, pointing to the larger networks with whom they connect. Through NHS Change Day volunteers use of multiple social media platforms, they

are highly visible to one another (and to their own networks, which they effectively link to Change Day). However they are only variably visible to third parties: their invisibility can be evidenced by their use of closed 'messaging' services such as WhatsApp, the lack of transparency over who is a volunteer (or how you become one) and how many there are or how to reach them (there is no database; messages are just passed round the 'group' as defined from day to day). There is good evidence that both membership of this group and active involvement in NHS Change Day helps support talent development and, for some, career development; and there are many instance of NHS Change Day volunteers using their role in NHS Change Day as a mechanism for becoming visible to the hierarchy.

The mechanism of a **community of practice**, as a platform design feature could be extended to other aspects of NHS Change Day. In effect, it also exists around the #MatExp campaign, with its core group of activists, but is latent in relation to other campaigns e.g. Sepsis ToolKit. The aspects of a community of practice which are most resonant with the NHS Change Day volunteers include the sense of shared purpose (here, improvement), based on a single-minded pursuit of common goals (here, better patient experiences and outcomes), pursued through a non-hierarchical structure (the core NHS Change Day volunteers group). The Hubbie title, as NHS Change Day volunteers are called in itself is instructive of their importance to the NHS Change Day network: it signals their pivotal position as 'nodes' in the network, but it also hints at the strength of the 'strong ties' between them.

Many of the actions in local systems that have become visible through the re-valuation have not been led by NHS Change Day volunteers but by other activists who also operate as network nodes, and are also critical in building the capacity of the movement.



**Weak ties** are often referred to as bridging capital, which are the longer but less intensive connections which bind networks together. Where strong ties are good for getting by, weak ties are good for 'getting on', effectively for jumping over a number of closer connections in order to make links across multiple layers or diverse specialisms. NHS Change Day appears to be built on, but also to enable the building of, both sets of ties. NHS Change Day has capacity to build new connections (both strong and weak) and this is as a key source of its value.

### Local systems are where the value of NHS Change Day is most visible

NHS Change Day activities were much more effective and reached further, and engaged more deeply in local contexts where the culture resonated with the values of NHS Change Day. One of the main attributes of a social movement is that it is hard to hold it all in view, although what is unclear at national level becomes self-evident in the local context where action is happening.

In order to increase its effectiveness, NHS Change Day should target existing local sites and settings known to favour networked and bottom-up approaches to change and seek to convert other contexts into future NHS Change Day hotspots. One way to build the value of NHS Change Day is to explore, identify, quantify and understand these local sites.

### Key local systems in NHS Change Day 2015 include:

- **Birmingham Children's Hospital**, which has been active in each NHS Change Day to date. The chief executive, Sarah Jane Marsh, shows considerable leadership. She makes a NHS Change Day pledge which then becomes the theme for the Hospital's change activity that year. NHS Change Day is seen as a key moment in the year to promote and celebrate frontline-led change activity, under the internal brand of 'Team BCH'.
- **Universities Hospitals of North Midlands NHS Trust**. Similarly, NHS Change Day activity is endorsed and led by the chief executive, Mark Driscoll, who makes a personal pledge which doubles as a corporate commitment on behalf of the institution.

### NHS Change Day – a system of systems

The relationship between NHS Change Day at national and local levels and between NHS Change Day and the campaigns it chooses to highlight, underlines the nature of NHS Change Day as a 'systems of systems'. Healthcare systems are very diverse, distributed and complex systems in nature. A healthcare system of systems can be defined as a collection of independent, large-scale complex, distributed systems. This can be observed by the way NHS Change Day networks link together: for example the Hubbies' networks coming together on NHS Change Day through the use of common platforms, such as #NHSChangeDay, or activists linking their campaigns to similar others and to NHS Change Day itself.

The best example of this kind of non-hierarchical nesting is #MatExp. Users of the #MatExp platform interact across a range of social media and online formats. Some of the different electronic media used by #MatExp include the following:

1. Twitter
2. Facebook
3. Steller
4. Pinterest
5. www sites and blogs, e.g. Wordpress.

The #MatExp story shows how a platform is designed for the user to generate their own subplatforms. This is an extension of familiar internet thinking on user generated content. Platforms like NHSChange Day can help develop other platforms like #MatExp, and this pattern can keep repeating with other sub-platforms being created and linked together. This is another strong dimension of ever increasing value, to be recorded through capacitation.

### Personal stories of change and impact

Personal stories provide valuable insights into NHS Change Day. This includes the 100 Days of Change. These stories provide important evidence that is made available by individuals who participated in NHS Change Day, communicating through their networks or deliberately reaching out to those in other settings, elsewhere in their health economy (or to those in their own institutions, e.g. further up the hierarchy).

Pledging embodies that dual purpose: it is the act of saying what you will do, which at the same time makes visible what you will do. People make judgements about where to commit their time and effort and who to show that to. Both imply an attribution of value on the part of the individual: we do what we value most.

### Participating in NHS Change Day

There is a wide variety of ways of participating in NHS Change Day, including:

**Pledging:** NHS Change Day 2015 encouraged people to take an action. Many people used pledges as this was a key feature of NHS Change Day 2014. It is not possible to know what these pledgers did: there were thousands of pledges that were made in 2015 that are only visible on the day (although some get recorded). For instance, around 300 pledges were recorded from Birmingham Children's Hospital and University Hospitals North Midland. Pledges were hugely varied in character and scope, but showed some patterns of purpose. For example:

- i. The re-affirming of working practices that would help maintain human contact between team members (more time to talk about patients, an open and sensitive attitude to what others might be going through, trying to have more time for patients and see the experience of care from their point of view).
- ii. The affirming of behaviours that helped to support staff in their day to day work in 'broken systems' (smiling, maintaining eye contact, always having a star sticker to hand to reward a child after a blood sample had been taken).
- iii. The re-stating of solidarity in that 'we are all in this together', under pressure, 'here' in 'our' NHS. There was also widespread reference to 'taking action'.

Most pledges are typically 'micro' commitments to modifications in practice and behaviour. The value of these pledges is often significant to those making them and, indirectly, to others e.g. patients who are affected by these changes in behaviour. They signal a public acknowledgement of individual resistance to change by describing what someone is trying to do.



**Intervening in systems** – There is clear evidence that people have ideas that are somehow authorised or credentialised by NHS Change Day. Affiliation with the NHS Change Day platform helps turn ideas/impulses into action, making them visible to others, but also palpable to oneself, in taking an action. Some of the campaigns (#MatExp, for example) link their platform so that activists can reach each other.

**Socialising 'quality improvement'** – It is also striking that one of the uses to which activists put NHS Change Day 2015 was as a 'crash course' in the practicalities of improvement practice. The instance of paired learning can be seen in this light. Young doctors and young managers use NHS Change Day as a way of 'socialising quality improvement' into their day to day practice.

**Campaigning** – In 2015 the national campaigns were the best illustration of the interplay of different levels of activity in the national platform. For example, the Sepsis Toolkit provided a framework of clinical practices and metrics which means that some of the value of local actions can be calculated. In this respect, the campaigns provided a 'governance' system within which metrics were evidenced and agreed.

NHS Change Day 2015 was unique as it focused on local and regional campaigns. Some of these (e.g. paired learning in Birmingham Children's Hospital and in the north Midlands) – were localised variants of national campaigns. A significant minority of sites also used NHS Change Day 2015 as a vehicle for a local campaign or programme of system-change. Change Day 2015 was

one of the significant events around which Birmingham Children's Hospital for example, organised its #BCH campaign, while the CCG at Vale Royal used NHS Change Day 2015 as an opportunity for modelling new approaches to leadership.

**Celebrating** – Much the social activity around NHS Change Day 2015 included some element of celebration. The subject of the celebration varies; much of it was (naturally) around the date/the day on 11 March. The variety includes celebrating change, the NHS, staff, the future potential of the NHS, its youthful or frontline workforce and the resilience of care staff and managers to continue to care for patients during the 'age of austerity'. In some respects, NHS Change Day 2015 can be seen as an 'improvement festival'. Many of the local activists spoke of the significance of celebration on the day and of the opportunity to 'stop, think, plan, talk to one another'.

The pressures of day to day work in the frontline are evident in all of the local stories. To this extent, NHS Change Day is a day out from all the other days, which are, by implication, 'non-change days' characterised by pressure, often from the top down. NHS Change Day is also an opportunity to observe hierarchical orders being upturned (for example, the lithotomy challenge at Kingston Hospital NHS Foundation Trust which saw consultants wearing stirrups; or GPs doing stints on reception at Vale Royal). In celebrating the achievements of the frontline, NHS Change Day also plays with the hierarchies which prevail.

**Using multiple communications:** NHS Change Day 2015 made use of multiple mechanisms. Part of the point of multiple communication strategies is that the tendency to 'broadcast' is mitigated: the 'call' can take place through one channel and the 'response' through another. So we observed in NHS Change Day 2015 multiple use of:

1. Twitter
2. Facebook
3. Email
4. Instagram
5. Blogs
6. Branded graphics e.g. light bulbs (*left*)
7. Video
8. Selfies
9. WhatsApp
10. YouTube
11. Vimeo.

Finally, many of the above activities are invisible outside their locality. In this respect, one could see both the types of activity and their variety as evidence that NHS Change Day 2015 is a distributed platform of platforms. Some of the campaigns (#MatExp stands out, as discussed above) have been particularly effective in creating their own platforms through which calibrated value is made visible.

#### Shared purpose

It is a standard tenet of social movement theory that a shared goal is prerequisite: it provides the basis on which the movement is held together<sup>2</sup>. In keeping with the perspective of NHS Change Day as a social movement, NHS Change Day's shared purpose is universally understood but often tacit: a single-minded focus on patient experience. One indication of this is NHS Change Day's emphasis on common humanity. NHS Change Day is framed as 'by the people for the people'. Note that there are benefits to both patients and staff from this focus.

#### Diversity and Variety

Alongside the unifying focus on patient experience, there is a huge diversity of NHS Change Day activity (partly arising from the non-prescriptive style of social movement co-ordination).

The variety of actions is itself an important source of value, irrespective of the actions themselves; helping to develop a capacity for adaptability analogous to 'requisite variety'. This demonstrates the capacity to be innovative, helping local care systems in the NHS to be more adaptable to the unpredictable demands and turbulent environment they operate within. NHS Change Day can be seen as a self-regulating response within the NHS.

#### NHS Change Day is strongest in areas where other NHS delivery models are most challenged

NHS Change Day's shared focus on patient experience, discussed above, links both the social movement and the campaigns together. The campaigns which seem to generate the most change (and potential for change) are in particular care areas: e.g. maternity, mental health, dementia, end of life etc. NHS Change Day illustrates the way in which bottom-up improvements kick in where top-down, transactional models run aground. This focus seems key to establishing NHS Change Day's value in the content of the current NHS economy. Change Day works well in areas where other NHS traditional models are most challenges. In this way, NHS Change Day's system innovations point towards new models of delivery, including community provision, patient-centred care and primary prevention.



# What is the social value of NHS Change Day?

The evidence of what individuals do on NHS Change Day tells us how certain actions are valued by the individuals who initiate the activity and by those who participate in it. However, it is also by what people say and by reiterating stories that the value of NHS Change Day becomes more visible to individuals.

It is through conversations and a process of shared stories about the potential for change that the value of NHS Change Day becomes socialised. This enables all participants to recognise the value of the activity and for everyone to agree a 'settled account'.

## Making valuations visible and shared

Socialising the value of NHS Change Day takes place when there is:

- dialogue between activists in locality, within campaigns
- documentation of the iterations
- shifting of 'perceptual' positions, through the dialogue
- activists come to recognise the value of what they have done by talking about it with a third party, including a sympathetic colleague or partner.

This capacity to have a say in the changes that can bring about significant quality improvements is central to the value of NHS Change Day 2015.

NHS Change Day 2015 could conceal value as much as it could reveal it. This is, perhaps, partly that there have not been many activities built into the platform which make the value visible (by describing it, by measuring it, by talking about it, by seeing the value itself as data etc.) As is typical within the NHS, there is an assumption that there are risks in making a noise about value, outside the trusted community of those with whom you relate (in your campaign, on your platform, in your social movement).

## Moving from the tacit invisible value to the tacit visible value of NHS Change Day

NHS Change Day activists often value and draw on what one could call 'tacit knowledge'. When NHS Change Day activists share experience, they often share stories and experiences which illustrate the tacit and suggest that there is something special or essential about it.

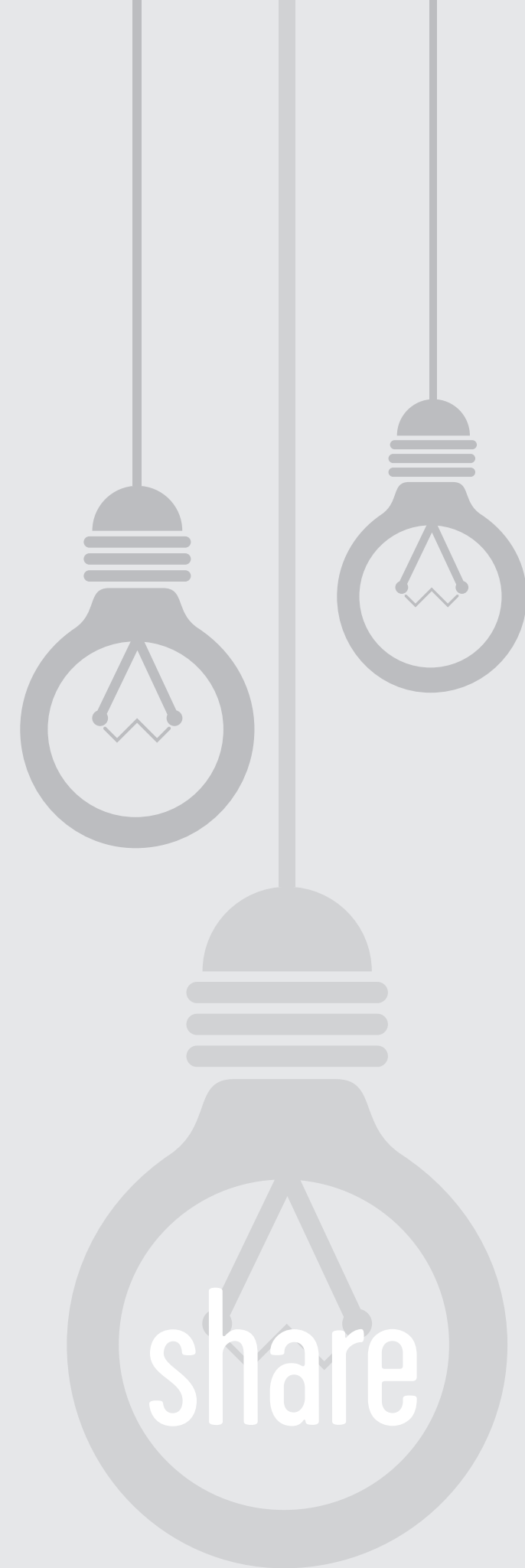
The undertones of tacit knowledge include:

- That it is knowledge based on experience, from really doing improvement work, really doing care work 'in the field' (this is a version of the strong 'from the frontline' narrative in NHS Change Day – 'sending change up the food chain', as one hubby characterised it<sup>3</sup>).
- Because of this basis in experience, it has a kind of intrinsic authority (a bit like the 'voice of experience').
- That there is something personal (even private) about it and therefore the tacit knowledge often gets silenced or goes unheard (or is overwhelmed by knowledge that carries greater authority and seeming relevance).
- There are strong associations in experience between tacit knowledge and emotional experience; the felt experience of working in, or using, a service; the 'felt experience' of doing something of value.
- Moving the unspoken hidden experience into the public visible arena.

- That involves exploration of values. Sharing tacit knowledge has powerful effects. It can be threatening: staff assume they share values with colleagues and other stakeholders, or they are sure they do not; and the process of exploring differences in values is both risky and exhilarating. Exploring values helps to build a sense of community around a change or an improvement. It is an inclusive rather than excluding act. Valuing another's tacit experience is a mark of respect. In this sense NHS Change Day 2015 was entirely, but not only, about the valuing of the NHS and the valuing of the work the people working in the NHS do.

One aspect of the experience of more fully engaging with patients was to ask them to voice what mattered to them most by using their tacit knowledge of what works. Many of the NHS Change Day 2015 interventions aimed to improve patient experience. Some of this improvement came from re-design of systems and processes, but some of it came from an approach to valuing the patient and staff experience as carrying a valid, authoritative meaning, where tacit knowledge carried with it a kind of clout.

Again and again, activists in NHS Change Day 2015 spoke of breakthroughs as a result of encountering the 'human' in one another. It is no exaggeration to say that knowledge of the human was (at times) tacit knowledge that was under-valued.





## Impacts and benefits identified by NHS Change Day activists

Local setting	Calibrated value of NHS Change Day	Invisible value made visible through a constant process of review and reflection
Imperial College Healthcare Trust	Film festival of improvements; more than 30 examples of leading edge practice; across institutional and departmental boundaries.	<ul style="list-style-type: none"> <li>• Examples of pathway redesign.</li> <li>• Local capacity building.</li> <li>• Recognition of local scope for cross boundary collaboration.</li> </ul>
Birmingham Children's Hospital	NHS Change Day is one of several annual events which centre on trust-wide celebration and visible staff engagement. The value is uncontested as it is expressed in improvements across the organisation in terms of relations at work and organisational behaviours. Absolute acceptance of the link between quality of engagement and quality of care; strong indication of link between depth of relationship connections between staff and responsiveness of the Trust.	<ul style="list-style-type: none"> <li>• 'Paired learning' relationships leading to significant savings in 'flow' improvement projects.</li> <li>• Substantial improvements in perceived value of Birmingham Children's Hospital as setting for junior doctors.</li> <li>• Direct links in people strategy to staff retention.</li> <li>• Connections made on NHS Change Day 2015 between the different sites within the hospital.</li> <li>• Connections made between different players in local health economy.</li> </ul>
Bristol	Sepsis toolkit introduced into a ward by student nurse, now undertaking teacher training, and seen as prototype for toolkit use throughout Trust.	<ul style="list-style-type: none"> <li>• Direct benefits to activist and her colleagues.</li> </ul>
Vale Royal CCG	Multi-annual instances of behaviour change actions and experiential learning.	<ul style="list-style-type: none"> <li>• Improved relationships between GPs and their practice management staff.</li> <li>• Heightened awareness and sensitivity to patient need, especially long term conditions.</li> </ul>
Milton Keynes University Hospital NHS Foundation Trust	Pre-loved project with 25 items sold per month; whole offices furnished; new dedicated team to run the scheme.	<ul style="list-style-type: none"> <li>• Explicit aim to save as much as the salary of the lead activist: to make yourself (at least) cost-neutral to the NHS.</li> <li>• New understanding of recycling, and accountability across the Trust: pre-loved now the default.</li> <li>• Lead activist has gained promotion – and links this to his NHS Change Day project.</li> </ul>

## Analysis of impacts and benefits as themes

- Permission (self and others) – 'I am going to go ahead and re-design the file notes to improve handovers.'
- Innovation (niche, social) – 'I am going to co-write the notes in their medical records with the patients themselves so that they know exactly what is being said about them and their condition.'
- Bottom up (vs top down) change – 'We have re-decorated our space to make it dementia friendly. Now the whole hospital is being re-decorated to the same scheme.'
- Parity of esteem (non-hierarchical networks) – 'We are going to make sure we have lunch times together to talk to one another about patients.'
- Solidarity (stronger together) – 'NHS Change Day is a chance to strengthen our personal relationships around the care we provide. If we are better connected we can be more responsive to patients' needs.'
- Commitment (the professional is personal) – 'I want to celebrate the success we have in our ward in providing really good care through our love of the work we do.'
- Power of networks especially social media (NHS Change Day as a platform) – 'NHS Change Day is all about the connections you can make and how ideas take off: people doing it for themselves'.

## How change gets talked about

There is a tendency for NHS Change Day 2015 activities to include discussions of work as it is really experienced in teams within the NHS<sup>4</sup>, as a central activity of non-

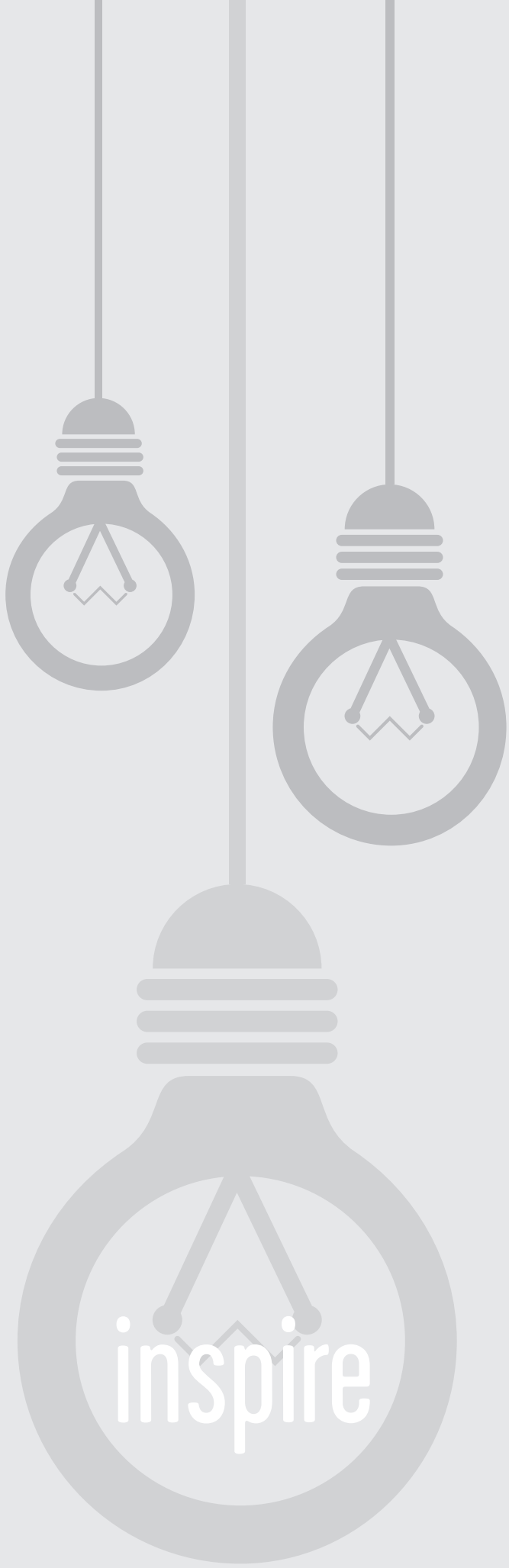
hierarchical, non-clinical engagement of staff around their shared experience of providing care, for example:

- A multi-disciplinary team in Child and Adolescent Mental Health Service talking about how they can respond to the opportunity of new service development.
- A senior management team meeting on NHS Change Day 2015 to think about their shared assumptions about how best to support change and how they can improve how they support change in the future.

Part of the context for NHS Change Day 2015 is the inhibiting environment in which people work within the NHS, where innovations take a long time to be approved, even if the means of approval is clear. NHS Change Day 2015 can be seen as having been a day on which normal, bureaucratic rules are suspended and people are encouraged to think, talk and act outside the box. The purpose of NHS Change Day is also to invite people into a discourse about 'change': what it is, what it feels like, what our emergent and in-use theories about it are.

The treatment of 'change' as both an idea and an experience is similar to the treatment of patient experience: It is hidden in plain view; it interpenetrates all of the activity, yet is rarely named or spoken about as a process of change; that involves emotion, loss, gain, failure, mixed feelings etc. However, another feature of many of the local system evidence is the exhilaration, fun and pleasure that many of the activists have in engaging in NHS Change Day. Perhaps this is a counter narrative to the burdensome versions of change that they otherwise endure.





### Social innovation and system change

NHS Change Day is one of the ways in which system change innovations get supported and how they get talked about more openly. It is both one of the processes by which innovation is socialised and also a social process through which innovation is celebrated.

Examples of the role of NHS Change Day 2015 in system change include:

- **#MatExp and London Strategic Clinical Network:** #MatExp is acting as a platform in conjunction with the London Strategic Clinical Network for maternity experience, in order to share widespread innovation in maternity experience throughout London. One of the functions of this platform is to provide a mechanism for the activists in #MatExp to make visible the value of what they are doing to each other.
- **#DementiaDo:** the activists involved in #DementiaDo have created a system of dementia awareness training in the North West of England that includes seven NHS Trusts and a CCG with more than 500 staff (and a CQUIN (Commissioning for Quality and Innovation) to train all staff in dementia awareness). It saw Tesco introduce dementia friendly checkouts into superstores in their North West region.
- **#Sepsis6 and CQUIN:** Use of the Sepsis toolkit was one of the NHS Change Day 2015 campaigns, inspiring the use of the Sepsis6 standard and encouraging some NHS Trusts to agree with commissioners to comply with the related CQUIN.
- **Paired Learning in the West Midlands:** In NHS Change Day 2015, the well-established Paired Learning model was launched on a regional basis, as part of a drive to develop a learning system across this region.
- More widely, NHS Change Day 2015 has been a mechanism for supporting staff engagement in a wide range of settings, the systemic benefits of which are clear in the evidence base brought together by the Point of Care Foundation in their 'Staff Care' report<sup>5</sup>.

## What is the calculable value of NHS Change Day?

Hard calculable impacts are another way to make the value of NHS Change Day more visible. There is no attempt to estimate the aggregate calculable value of NHS Change Day 2015, but examples from local stories and local systems illustrate the potential of NHS Change Day 2015, and also represent the type and variety of activities in NHS Change Day 2015 and their visible value in local settings and in specific situations.

This table summarises the 'face value' of quantifiable outputs and outcomes from a selection of the local stories (introduced under the calibrate category):

Local story	'Face values' of activity in NHS Change Day 2015
Worcestershire Acute Hospitals NHS Trust	Two pledge boards: one at each of two hospital sites (this was the first year for NHS Change Day in this Trust).
University Hospitals North Midlands	Activity on two sites of a recently merged hospital. 150+ pledges. Two care pathways re-designed. Over eight clinicians and managers involved in regional paired learning. Senior executives all made (visible) pledges.
University Hospitals Bristol NHS Foundation Trust	Sepsis 6 toolkit introduced in one ward of 32 beds. 20+ staff trained in its use.
Vale Royal CCG	All patients in twelve GP practices have increased likelihood of improved patient experience. population of 102,000 covered.
Milton Keynes University Hospital NHS Foundation Trust	NB. An exceptional case among all fifteen local systems, because the activity was always constructed in terms of financial savings (and notably not around patient experience): hence finances are the face value here. Recycling of 25 items of hospital equipment per month. £20,000 saved in year one. £2,000/month currently saved. Total saving to date (cost avoidance) = £40,000. Savings initially equalled the salary cost of the lead activist; now support employment costs of two staff. There are no hard costs for running the scheme; the only set-up cost was a shipping container for storing the pre-loved items (about £3,000).
Milton Keynes University Hospital NHS Foundation Trust	Eight wheelchair collection/storage points, rather than one. Sufficient wheelchairs for patients to find them easily. wheelchair security, system added to avoid loss of wheelchairs. Project funded by sponsorship, so cost neutral to the hospital.

*Continued overleaf...*



Local story	'Face values' of activity in NHS Change Day 2015
Basildon University Hospitals	Trained 30 police officers in dementia awareness. Trained staff and pupils at a local school. Launched 'Carers' Passport'. All of the Board of Directors became 'Dementia Friends'.
Birmingham Children's Hospital	Over 150 pledges. Chief Executive made several pledges. Over three cross boundary events. Over three team development events within the Trust. One professional development networking event. Over ten 'pairs' for paired learning. Nine micro quality improvement projects e.g. re-design of file notes. One care pathway re-design quality improvement project supported, intended to save £800k per annum.
Imperial College Healthcare NHS Trust	30 videos showcasing cross-boundary quality improvement activity Identified another 30 instances of cross-boundary improvement activity/ micro initiatives. Over 100 participants in the 'quality improvement film festival'. Established a quality improvement network in and around Imperial College Healthcare NHS Trust.
#DementiaDo	170 dementia awareness training sessions. 4,500 participants. Over 500 CCG staff trained. Dementia awareness training system established in seven NHS Trusts. Staff in 29 Tesco superstores trained, with dementia aware check-outs developed. Staff trained in Lloyds Bank, Barclays Bank and M&S (all in Chester). Over 20 staff at NHS England (North) trained. Over 3,000 pledges to act from workshop participants. Twitter analysis indicated over 30 organisational settings in which there was NHS Change Day 2015 related activity on the day itself.
#MatExp	Five Whose Shoes workshops. Over 200m Twitter impressions. Facebook site with over 1,300 members. Six action plans from maternity units in London; actions including: <ul style="list-style-type: none"> <li>• launching a Speak Up project for gathering user views on the maternity service</li> <li>• providing a service for women who have experienced birth trauma</li> <li>• streamlining the discharge process</li> <li>• redesigning maternity hand held notes</li> <li>• promoting and increasing use of skin to skin in theatre</li> <li>• producing a film to aid smoking cessation in younger women</li> <li>• establishing a Maternity Services Liaison Committee (MSLC).</li> </ul>
Sepsis Toolkit	Twitter analysis indicated fourteen organisational settings in which there was NHS Change Day 2015 related activity on the day itself. Twitter analysis indicated over seven organisational settings in which there was NHS Change Day 2015 related activity on the day itself.

Local story	'Face values' of activity in NHS Change Day 2015
	Evidence suggests that Sepsis 6 toolkit is used in eight new settings as a result of NHS Change Day 2015.

### Non-monetary outputs and outcomes of NHS Change Day

The social impacts from local stories and their non-monetary value hold real potential for assessing the invisible value of NHS Change Day.

This is an act of translation, which draws on third party evidence to generate estimates of monetary value. It is also an act of aggregation, as the third party data can be used alongside 'multipliers' to scale-up value which is clear at local level (e.g. in one Trust) to estimate nationwide impacts (e.g. all Trusts in a region, or across England). From a methods perspective this is effectively a space for activists and participants to do their own calculations based on their shared understanding of the value of the activity under review and the audiences that they are preparing their socialised valuations for.

### Calculations at campaign level

For the purposes of this re-valuation of NHS Change Day, the calculations on one of the selected NHS Change Day 2015 campaigns, Sepsis 6 Toolkit, is presented.

The outcome benefits of the Sepsis 6 (Sepsis toolkit) include:

- Increase in survival for a patient with Sepsis from 56 per cent to 80 per cent. This modelling is based on a control group survival rate of 60 per cent rather than 56 Per cent, since independent national observational data will be used rather than research population data.
- For every five patients treated with the Sepsis 6 model approach to care, one life is saved.
- For every patient treated according to the Sepsis 6 standard, they have (on average) two fewer bed days within ICU and 3.5 fewer bed days in hospital (including the two in ICU).

- This equates to a saving per period of hospitalisation (based on average cost values) of £5,000, against an average cost (without treatment by the Sepsis 6 standard) of £20,000.
- Use of the Sepsis 6 toolkit in 80% of cases rather than 20% will save 180 lives annually per trust.
- The potential cost avoidance of these lives being saved, as a result of reduced bed occupancy, is approximately £1.8m per annum for a trust of this type (based on 900 more patients receiving correct early care x £5,000 = £4.5m).
- The marginal costs of the application of the Sepsis 6 toolkit are likely to vary from trust to trust. From the evidence of local actions under NHS Change Day 2015 they appear to be negligible, consisting of modifications to supervision, some up front briefings and modifications to procedures. The consumable costs would have been incurred in most cases in any event.

A further illustration specific to Change Day 2015 is the application of the Sepsis 6 Toolkit in one ward in Bristol Universities Hospital. Training in the Toolkit was delivered to more than 20 staff and it is estimated to have saved five lives in a 32 bed-ward over the course of the year. Local estimates were used to calculate the potential saving from application of the Toolkit across all relevant wards to be between £2m and £4.5 per annum. The Toolkit was used by a Change Day activist to raise awareness of its potential to save lives and a doctor only found out about the Toolkit through social media platforms.

This calculation method can be applied similarly to other campaigns, for instance those in the area of maternity services (eg. #MatExp or Kingston Hospital NHS Foundation Trust).

The potential impact of monetised valuations is also apparent in the #MatExp story. It is notable that in their published guidance on the #MatExp/WhoseShoes workshop method, the London Strategic Clinical Network chose to highlight the potential cost savings of adopting the #MatExp workshop approach and they express this in terms of the actual costs of caesarean deliveries across London annually<sup>6</sup>. Their Guidance states: "In London, there were 132,564 live births (2012); 28 per cent of those babies were born by caesarean; with £1,000+ neonatal costs per day to the NHS." The London Strategic Clinical Network authors are effectively saying that a portion of £1,000 per day per mother is in play when it comes to delivering babies in London. The act of putting these figures up front in the Guidance suggests that #MatExp approaches are cutting this cost already, and also suggests there is an audience for these monetised outcome measures, such that there may well be further value in maternity activists working through the calculations in the near future.

### Calculations at macro level

Calculation at the level of campaigns can reveal sizeable monetary valuations of the impacts of a campaign, largely in terms of direct benefits to patients (i.e. the outcomes for which the campaign was designed; in the cases above, to reduce sepsis and its consequences or to reduce medical interventions around birth). However, there are also other immediate benefits, defined as those flowing to the activists and participants themselves, even if their explicit aim was to improve the experiences of patients. Some of these are direct (e.g. making the difference that the activist wanted to make, experienced as a benefit in terms of increased agency) and some indirect (e.g. career advancement resulting from making their activities visible, and thus being seen by others as innovative and effective). What is deemed direct and what is indirect is largely a consequence of who is judging. Talking about NHS Change Day as a platform removes some of these ambiguities since the focus is on the users of the platform.

In short, there are wider benefits to staff and patients arising from NHS Change Day activity. These could be calculated at the level of campaigns or cross-programme, for NHS Change Day as a whole. There are three dimensions in which this wider impact can be calculated:

### Staff engagement

The calibrate boxes (see table on page 28) make visible some of the benefits experienced by activists and participants in different activities linked to NHS Change Day. NHS Change Day increases staff engagement, morale and motivation in several dimensions, for those who get involved. It is evident this has a value to the NHS: a motivated workforce is far more productive than a disengaged one.

NHS Change Day resulted in highly motivated staff who engaged in a range of activities. This added value is not always measured and recorded although it could have a positive impact on staff sickness and absence levels.

### Patient experience

Improving patient experience is the tacit shared goal of all NHS Change Day activity. This isn't measured quantitatively, but there is strong qualitative evidence of improved patient experience at local level. For example, the most obvious outcome of #MatExp workshop is that everyone feels listened to (and telling stories is the key dynamic of the WhoseShoes method).

In NHS Change Day there are few links between satisfaction data, let alone outcome data, and activity under the NHS Change Day banner. At the root of this is uncertainty over how best to capture patient experience. Current proxies used by NHS England include the Friends and Family Test, introduced in 2013 (answering "How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?"<sup>7</sup>), or the much longer-standing four-hour wait metric (which may correlate with satisfaction but is measuring a raft of care delivery factors as well).

Given the lack of consensus around meaningful measures, it is hard to see how patient experience should be monetised at present. However gathering patient data is possible for all NHS Change Day campaigns, all of which touch patients at some point. This gathering could either be overt, through surveying (although that may prove onerous on staff and/or patients) or as part of the normal order of things, by including patients in platforms (as they are, for example, in #MatExp) and engaging with activists, as we have with activists.

Future NHS Change Days should aim to also capture patient experience and to involve patients in activity more generally.

### Patient experience, via staff engagement

The final method of quantifying programme-wide benefits is founded on the ever-increasing evidence that staff engagement and patient experience are mutually reinforcing: two sides of the same coin, metaphorically and economically (a win-win)<sup>8</sup>. Third party evidence for this includes work by the Point of Care Foundation, a charity set up to improve the experience of patients and the staff who work with them. Their evidence includes that Trusts with high levels of unsatisfied staff and staff who intended to leave their jobs have lower levels of patient satisfaction and vice versa<sup>9</sup>. They also conclude that the chain of causality flows from staff to patient: "Individual staff wellbeing is best seen as an antecedent rather than as a consequence of patient care performance." It follows that increasing staff engagement is a direct route to improving patient experience and NHS Change Day activity achieves this goal. The challenge for calculation is to quantify, and then monetise, the link.

### Aggregating and attributing value

Calculating, and then summing, the above outcomes could generate a massive monetary value for the impact of NHS Change Day. In fact, implausibly large questions of attribution will be asked. However these need reconfiguring (re-valuation brings new questions, as well as new approaches):

a) Attribution is linear, but system change is looped (recursive). In complex systems of 'messy' problems, linear causality is an illusion<sup>10</sup>.

b) NHS Change Day as a platform makes all this value visible. By socialising value NHS Change Day as a platform creates a settled account or shared valuation. Effectively, without NHS Change Day there is no value (to speak of); it all remains invisible.

### Arriving at a socialising return on investment figure

Socialising return on investment is a framework for measuring and accounting for value, in terms of reducing inequality and environmental degradation and improving wellbeing by incorporating social, environmental and economic costs and benefits<sup>11</sup>. Socialising return on investment generates a single ratio (e.g. 6:1, or £6 out for every £1 in). However the main investment

in NHS Change Day by some margin is the in-kind commitment of frontline staff (they reap the value they sow in the platform). This is one of the reasons it proves hard to establish the return of investment of a social movement: the 'investment' is as hard to quantify as the 'return'. In comparison, the investment in the platform (management costs) is trivial, or in platform economic theory, a 'sunk cost'.

On this basis, indirect benefits are always greater than direct: invisible always greater than visible. It will then come down to the socialised judgements of commentators (or funders) how much of the value they feel should be attributed to NHS Change Day. This decision should be made collectively by those involved in the activity, with an eye to those they need to report to; noting that knowing how much you are saving can be a substantial motivation, even for frontline staff. Activists, participants and stakeholders will have strong views about how much of the calculated value they feel can be written down to NHS Change Day. This is as much an accounting or political task as it is an analytical one.



# Full value of Change Day 2015: a worked example

	VISIBLE	INVISIBLE
CALCULATE	<p>Quantifiable outputs and outcomes from selected local systems/campaigns include:</p> <ul style="list-style-type: none"> <li>Milton Keynes recycling scheme: £40,000 saved to date, via 25 recycled items being traded/procured per month; full time team of two supported.</li> <li>Birmingham Children's Hospital: over 150 pledges on the day, nine micro quality improvement projects, one care pathway redesign with target saving of £800k per annum.</li> <li>#DementiaDo: to date, 170 training sessions with 4,500 participants, systems established in seven Trusts, staff in 29 Tesco stores trained.</li> <li>#MatExp: five Whose Shoes workshops, over 200m Twitter impressions, over 1300 Facebook followers, action plans for six London maternity units.</li> <li>Sepsis Toolkit: now used in eight new settings as a result of NHS Change Day 2015 exposure.</li> </ul>	<p>Potential (not actual) cost saving calculations highlighted here: local outcomes need monetising. Multiplying up (for example, if rolled out at scale).</p> <ul style="list-style-type: none"> <li>Sepsis 6 Toolkit worked example shows potential saving if applied nationally of £300m, and potential saving in one hospital of £2.5m to £4.5m.</li> <li>Using third party data could reveal similar savings, eg. maternity cost per caesarean is £3,200; potential savings of £1,000/mother/day in London.</li> </ul> <p>Re-valuation also reveals uplift in staff engagement from participating in NHS Change Day. If this were quantified it could impact on £2.4bn annual cost to NHS England of staff sickness. These calculations could also include impact of enhanced staff morale on patient outcomes: linking NHS Change Day activist motivations and NHS savings.</p>
CALIBRATE	<p>Diverse ways of taking part in NHS Change Day 2015 including pledging, taking action, intervening in systems, socialising 'quality improvement', campaigning, celebrating and using omni-channel comms.</p> <p>NHS Change Day 2015 activity united by shared purpose of improving patient experience. This is universally understood but seldom voiced: tacit/invisible. Actions on the day (11/3/2015) including lithotomy challenge, #DementiaDo training for NHS England Chief Executive and medical students in Derby, local celebrations, Imperial College's film show of NHS Change Day activity.</p> <p>'Sweet spots' are apparent where NHS Change Day had greater potential, visibility and impacts; in geographies where the culture welcomes bottom-up innovation and in care areas where humanising/demmedicalising approaches can improve patient outcomes.</p>	<p>Socialised account of direct/indirect outcomes from NHS Change Day campaigns and actions include:</p> <ul style="list-style-type: none"> <li>care pathway redesigns.</li> <li>enhanced image of host organisation in eyes of junior/frontline staff.</li> <li>new positive relationships e.g. between local settings, or clinical/management staff in a setting.</li> <li>career advancement for activists/participants.</li> </ul> <p>These outcomes are associated with a range of benefits to participants, revealed through:</p> <ul style="list-style-type: none"> <li>permission (to self and others) e.g. to make change.</li> <li>niche innovation, moving into the mainstream.</li> <li>good relationships between staff and patients.</li> <li>power of networks to innovate and spread.</li> </ul> <p>Value revealed in the talk about change itself. NHS Change Day normalising change as a job for frontline staff.</p>
CAPACITATE	<p>From December 2014 to April 2015 NHS Change Day 2015 generated almost six times as many mentions on Twitter as NHS Change Day did in 2014 with a steady build-up, but equivalent drop post-event.</p> <p>NHS Change Day tweets came from 68% of Acute Trusts, 62% of CCGs, and 65% of Mental Health Trusts.</p> <p>Midlands the peak area, but analysis shows presence in all counties in England including in areas assumed to be less active, such as the South West.</p> <p>Shift from 2014 to 2015 to a greater focus on specific campaigns rather than NHS Change Day in general: #MatExp, #DementiaDo and #TimetoChange had the most momentum and biggest volume of tweets in 2015. NHS institutions are mostly retweeted; very few conversations or 'replies' result: in more broadcast than dialogue.</p>	<p>Twitter 'impact' metric combines reach (e.g. views, retweets) with potential to be seen (e.g. number of followers). NHS Change Day 2015 top impact tweeters including Jackie Lynton, Gill Phillips, Tracey Robinson.</p> <p>The NHS Change Day volunteers characterise the core of NHS Change Day as social movement, built on strong ties and mutual support activity, choosing when / what to be visible. Many are young and experience early career benefits as their actions become visible.</p> <p>Weak ties are numerous, for the many campaign owners and activists who connect themselves/NHS Change Day to other subsystems and into different regimes, including NHS regionally and nationally. Through these links, NHS Change Day 2015 now influencing London Maternity Strategic Clinical Network, Chief Executive of NHS England (via dementia training) and other service priorities in the Five Year Forward View.</p>

# Design for a future NHS Change Day platform

Valued features of NHS Change Day 2015 as a platform include:

- a website, which includes the 100 Days of Change stories.
- Twitter activity.
- branding.
- NHS Change Day Resources, e.g. light bulbs.
- a method for mobilising volunteer effort.
- a way to make participants visible to each other.
- a way of amplifying improvements that are underway locally, including by making them visible.
- a source of Continuing Professional Development in health improvement.
- a source of inter-generational mentoring.
- a way of building relationships across ranks/roles.
- an opportunity for reflection on professional practice and innovation.
- an opportunity for celebration of latent capacity to make change in NHS.

It is clear that these features are valued by activist-users and should be retained in future. In addition, the following features could be added to future NHS Change Days to generate/reveal value, including through maximising the use of Change Day as a platform:

- Explicit framing of NHS Change Day as a 'platform' and narrative of 'platform of platforms'.
- A wider range of technologies for dialogue beyond WhatsApp and Twitter.
- Build on campaigns as a mechanism for linking levels of the platform of platforms together.
- Equip local activists with prompts and methods and third party data for having conversations about 'value' and 'meaning'.
- Support (provide 'a guide to') the process of 'guided reflection'.

- 'Buddy' activists up to co-consult with one another in this process. The links between current NHS Change Day volunteers and campaigns and local systems could be made more explicit, and NHS Change Day volunteers could help facilitate the socialising of value.
- Encourage return of interest as a social process: both the socialised value of impacts and the socialised value of 'costs' and 'investment' (institutional and personal). Re-frame the narrative around 'volunteers' in the light of this.
- Provide some dedicated resource to build traffic (and therefore value) by a) promoting the platform via external channels and b) ensuring a flow of content.
- Set the agenda for activism/new campaigns by making space for users to identify crises in their local systems or in sub-systems (e.g. care areas) nationally. In theoretical language, the platform would identify pressures on and cracks within different regimes, where space for niche innovations may be opening up.
- Make users more visible to each other (e.g. share profile info, map links).
- Make patient users more visible and patient experience an explicit outcome (co-design new measures).

## References

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- 1) The local landscape for Imperial College Healthcare NHS Trust is, in effect, an improvement practice 'film festival'.
- 2) Theory of this kind has been long espoused by the Sustainable Improvement Team at NHS England; see e.g. Bibby J, Bevan H, Carter C, Bate P, Robert G (2009) The power of one, the power of many: bringing social movement thinking to health and healthcare NHS Institute for Innovation and Improvement.
- 3) See more on this in the exhibit Talking Change Day.
- 4) Similar in impact to Schwartz rounds [www.pointofcarefoundation.org.uk/Downloads/Rounds-Differences.pdf](http://www.pointofcarefoundation.org.uk/Downloads/Rounds-Differences.pdf) and see [www.pointofcarefoundation.org.uk/Downloads/JRSM-Goodrich.pdf](http://www.pointofcarefoundation.org.uk/Downloads/JRSM-Goodrich.pdf).
- 5) Point of Care Foundation (2014) Staff Care: How to engage staff in the NHS and why it matters.
- 6) [www.londonscn.nhs.uk/wp-content/uploads/2015/02/mat-user-experience-toolkit-022015.pdf](http://www.londonscn.nhs.uk/wp-content/uploads/2015/02/mat-user-experience-toolkit-022015.pdf).
- 7) [www.england.nhs.uk/wp-content/uploads/2013/07/fft-pubgGuid.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/07/fft-pubgGuid.pdf).
- 8) See The Royal College of Physicians (2014) Work and wellbeing in the NHS: why staff health matters to patient care. London: RCP.
- 9) Point of Care Foundation (2014) Staff Care: How to engage staff in the NHS and why it matters.
- 10) See Chapman, J (2004) System Failure (2nd edition). London: Demos; Stacey, R (2003) Strategic Management and Organisational Dynamics: The Challenge of Complexity (4th Edition) Harlow: Pearson Education.
- 11) Cabinet Office / SRoI Network (2009) Guide to Social Return on Investment. London: Cabinet Office.







The focus of this report is on an improvement and quality initiative developed in 2015 by NHS Improving Quality (NHSIQ).

NHS England Sustainable Improvement Team (NHS England SIT) is now the organisation responsible for driving improvement across the NHS.

For more information about NHS Change Day, go to [www.changeday.nhs.uk](http://www.changeday.nhs.uk)

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