

Learning from Buurtzorg

How ZorgAccent and Amstelring Wijkzorg improved their services, jobs and finances

It started around a kitchen table -- the birth of Buurtzorg

In 2006 four people imagined an alternative future for a health and social care system that had lost its way. Gathered around a kitchen table in the eastern Netherlands town of Almelo, district nurse Jos de Blok and his friends not only created a new vision but decided to make it a reality.

[Buurtzorg](#) means 'neighbourhood care' and it was founded because years of 'reform' had replaced the person-centred relationships of caregivers and their clients with top down 'command and control'. The vocation that had brought nurses into their profession in the first place, and the craft with which they had been trained to practice it, were compromised.

Time and task, endless rules, dehumanising performance indicators -- the all-too-familiar management-think that undermines health and social care in the United Kingdom today had done just the same in the Netherlands. Indeed, it has blighted the ethos of care all over the world -- which is why Buurtzorg has become an international inspiration.

We all want person-centred care. Buurtzorg has shown that by enabling self-managed professional caregivers to build relationships and co-create solutions with their clients, and supporting them with regional coaches, a user-friendly IT system and a small back office, it can become a reality.

From one self-managed team of four in 2007 Buurtzorg has grown to more than 850 teams and 10,000 nurses and nurse assistants today. Along the way it has also applied a similar approach to 'home help', in which it now employs a further 3,000 or so staff.

Buurtzorg now provides more than half the district nursing in its home country, but its influence extends more widely because of the support it has given to 'competitors' to learn from its experience and model their own change strategies on its success. This report explores how that has been done in two such care providers, ZorgAccent and Amstelring Wijkzorg.

This report details how two Dutch social care providers made the change from top-down control of their staff to self-managed team work, with the support of their exemplar, [Buurtzorg Nederland](#).

It explores **why they did it** (page 2); **the vision** they followed (p.3); **the savings** they made (p.4); **how they got started** (p.6); **the impact on staff** (p.7); **the ground rules** followed by self-managed teams (p.10); **the roles of IT** (p.11), **training** (p.12), **admin support** (p.13), **coaches** (p.14), and **leadership** (p.15). The report concludes with sections on **evaluation** (p.17) and **communications** (p.18).

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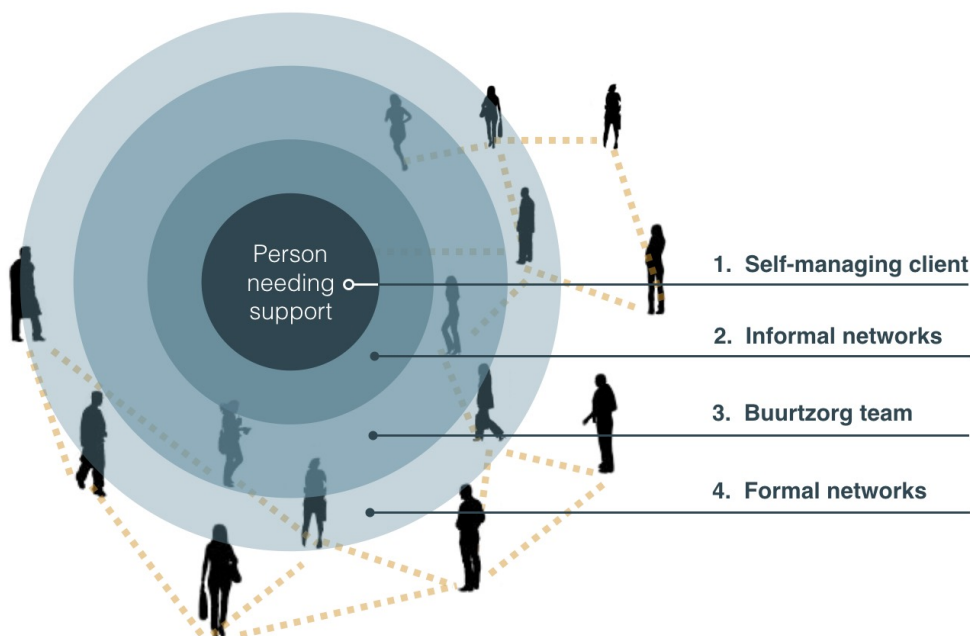
Supporting self-care, quality of life and increased independence

Buurtzorg is well known internationally for its organisational form -- self-managed teams of nurses and nurse assistants supported to exercise their professional craft with freedom and responsibility. This is indeed a key characteristic of the Buurtzorg way, and is central to its ability to provide such good jobs for its employees that in four years out of the last six Buurtzorg has been named [Dutch Employer of the Year](#) in the non-profit category. (In the other two years Buurtzorg came second.)

Liberating though self-management is for workers, however, in Buurtzorg it serves an even more fundamental principle of supporting people receiving care to maintain and improve their own capacity to live at home as well as possible for as long as possible.

Buurtzorg Onion Model

Buurtzorg works inside out, empowering and adaptive, supportive and network creating.



When ZorgAccent and Amstelring decided to apply the lessons of Buurtzorg's experience to their own troubled organisations, that core relationship between caregiver and client was the foundation stone. Now, like Buurtzorg, both organisations operate through self-managed neighbourhood teams and pass the three crucial tests that top-down control of a 'time and task' regime had failed: quality service, quality jobs and sustainable finances.

The need for change -- poor service, low job satisfaction, financial failure

Like Buurtzorg, [ZorgAccent](#) is based in Almelo. Established for more than a century, it provides residential care and maternity services as well as home care, and now has around 700 home care staff in around 70 teams supporting more than 2,600 clients. With an annual turnover of €85m, ZorgAccent recognised in 2010 that its future was financially untenable unless it radically changed its approach, starting with its home care division.

But financial sustainability was not its only challenge. Clients would have as many as 25 different carers coming to their homes, and retaining those staff was a constant problem. "They were not able to work in the ways they wanted to," says Irma Harmelink, its chief executive, who led its bold

change programme. Instead, they were hampered by unnecessary rules -- ZorgAccent's handbook outlined 1,400 procedures!

[Amstelring Wijkzorg](#) had a similar culture and problems -- and even more protocols, including one that told caregivers how to go about opening a window! A major provider of nursing homes and residential care in the Amsterdam area, with an annual turnover of €28m, Amstelring's Wijkzorg home care division has 700 nurses and other caregivers.

Before the changes, Amstelring's home care service had a central rostering department, and it didn't work. Its director Matthias van Alphen, recalls:

“My job in the previous system was to handle complaints, which I couldn't because the system didn't work. We had lots of complaints from our clients -- we were always late, people were seeing 20 or 25 different workers, maybe five of them were flex (agency) workers they had never seen before.

People didn't like working for us. The mindset was, 'we need to check and control', but we had big issues with inspectors on quality issues. We had a problem in levels of expertise -- we didn't have enough better qualified staff in those days.

So I would have a client on the phone and I couldn't promise it would be better tomorrow because it probably wouldn't be. We made care plans and assigned each task to the cheapest labour, but it didn't work out cheaper to do it that way!”

Morale among the staff was so low that when Matthias first arrived at the company, having previously worked in hotels, he was shocked by the reaction to his suggestion that its caregivers wear uniforms. “People said ‘Are you crazy -- we are ashamed to work here -- so I am not going to wear that logo!’”

The vision -- and the leadership to see it through

Simon Sinek famously urges us to [Start with Why](#) (the main title of his 2009 book, subtitled *How Great Leaders Inspire Everyone to Take Action*), and that is what the leaders of ZorgAccent and Amstelring Wijkzorg did when they planned the radical changes they have made possible in their companies.

As with Buurtzorg, the overarching goal has been to enable their clients to improve their independence and quality of life, and the purpose of their organisations is to provide the supports needed to enable caregivers to achieve that. This involves strengthening and mobilising the social networks around each client, and co-operating closely with other caregivers, GPs and voluntary organisations.

Enabling caregivers to work in that way amounts to “giving them back their profession,” says Irma Harmelink, and by encouraging the intrinsic motivation of ZorgAccent's staff the company was able to “create positive energy for making change”. Thinking about how to reconfigure her organisation, she asked herself: “What does a team need to provide good care?”

As Amstelring's Matthias van Alphen puts it: “We need to be focused on our professionals — if they are satisfied our clients will be satisfied. That means that every day my job is to ask myself: ‘What can I do today to make it better for frontline staff?’” The role of the rest of the organisation, he says, is to provide the services and resources frontline staff need while removing obstacles and time-wasting procedures they don't need.

“We need to be focused on our professionals — if they are satisfied our clients will be satisfied to follow.”

In both ZorgAccent and Amstelring, a key lesson learnt from Buurtzorg was that care should be provided by small self-managed neighbourhood teams, taking responsibility for the whole care process rather than specific tasks. The teams would be supported by a facilitative rather than controlling coaches, a lean but effective back office organisation and a user-friendly IT system that eases their day rather than adding burdens to it.

To achieve this, both companies were influenced by Buurtzorg practice to raise the qualification level of the caregivers -- a counter-intuitive step for companies already financially insecure. In the Netherlands there are five levels of qualification, from nurse assistant to graduate nurses, and, says Matthias, "we found out that we had too many level 2s -- 80 per cent".

Staff at level 2 can give a client a shower, but are not sufficiently qualified to be able to know what to make of sometimes subtle changes in a client's condition that can be detected while doing so. "Research has shown the relationship between knowledge, client satisfaction and costs," says Matthias, and this has led to Amstelring supporting level 2 staff to gain the qualifications required to move up to at least level 3.

ZorgAccent has done much the same, giving level 2 caregivers opportunities to enhance their qualifications and move up the grades, but requiring those who could not or would not do so to leave the company. "We said we need nurses with a higher level of education to care for people at home with complex needs," says Irme Harmelink.

How raising care standards leads to lower costs

"As soon as our caregivers get smarter and have more expertise they get out of this 'task' way of thinking," says Matthias. "We see that they go into someone's house and see quickly if something has changed -- so we are way better at diagnosis and prevention."

Caregivers spend "a little bit more hours at the beginning but then it becomes less and less and less as you support clients to manage their own care more effectively," Matthias says. "So people are in care for less time overall, which means at the end of the day we are cheaper although unit costs went up."

In addition, the level 2 staff were particularly happy about the shift to self-managed team work. "They had been trapped in formal and informal hierarchies for years. They felt they were beneath the other levels, but as soon as we removed those barriers especially at lower levels people learnt how much more they could learn to do."

But if the company is billing for fewer hours, why has this not led to worse financial results rather than better? "Because we cut the organisational costs big time," Matthias explains. "Now we have an overhead of 3.8 per cent -- it used to be 30 per cent." This has been achieved in part by transferring administrative functions best undertaken at team level to the teams. Again, this is similar to Buurtzorg.

The impressive financial results have been achieved without resorting to what is normal in British social care -- insecure and unfairly precarious employment terms. Buurtzorg and others have shown these to be a false economy; indeed, the necessary culture of team work is incompatible with the insecurity associated with exploitative employment practices.

But some flexibility is needed, and about 15% of ZorgAccent's employees are in a 'flex pool'. Amstelring uses agency staff only in exceptional circumstances. "We want a small team with fixed people around our patients. Flexibility is organised within a team -- that is

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not negotiable,” says Matthias van Alphen. “The only exception we make is when teams are confronted with a team member who is on sick leave for many weeks. They they will get a temporary, fixed agency worker for a few weeks.”

Nevertheless, as in Britain, attachment to discredited ideas about cutting costs in ways that actually increase them dies hard. While some of the insurance companies through which health and social care is financed in the Netherlands have been supportive of the Buurtzorg way, others continue to focus on costs per hour rather than costs per client. This leads to difficult negotiations, but Buurtzorg, ZorgAccent and Amstelring are able to use data derived from the IT systems used by their caregivers to show how their approach reduces overall costs per client even if costs per hour are higher.

Some savings have come from changing the way in which a range of administrative, organisational and support functions are carried out. A slimmed down and reconfigured back office is responsible for servicing the teams, while tasks best done at team level -- such as rostering -- are shared out among the team. Allocation of these tasks within each team is managed by the teams themselves, in accordance with interest and aptitude, but with an expectation that employees are encouraged to learn new skills rather than stick conservatively to what they are already comfortable doing. So it is normal for the tasks to be rotated among the team members from time to time.

At neither company were care staff paid extra for taking more responsibility, and at Amstelring Matthias acknowledges that some thought they should be. He says:

“ Sometimes people came to me and said: ‘I want more salary, because I perform more tasks now than just delivering care.’ Then I said: ‘You have those tasks back -- they belong to your profession that you have been trained for. Meetings with GPs and discussion with team mates -- they are part of your profession!’

On the other hand, we do a lot more in rewarding our people in other ways. We offer opportunities to learn and develop, people can decide what they want to do, we pay. People really appreciate this. At the moment one of every four of our employees is following a course! If you go to school we pay — books, fees, and half of the day as well. Plus, we have a social budget and we pay for activities that lead to better physical and mental health. We pay half of it up to a maximum of 300 euros a year -- things like exercise classes, and yoga.

And we have a debt programme. For instance, last week two people were crying, saying it was the best thing anybody ever did for them. One of them, if we didn't pay her bill she was out on the street. For us, this was €1,000 — we take over the debt and you can take ten years to pay us back. In his case it was for rental company.

Besides education, we offer a lot of presents. Four times a year we deliver some quality food to all of our teams. Always healthy, with the message: its about you and we want to thank you and your team for all the good work. People really appreciate this!

Then, we reward people extra when they do projects. For example, we implemented a new client profile in 2014. All trainings were done by a few nurses. We rewarded them with 250 euros per 5 trainings. The quality of trainings was very good, the nurses really liked to do it and we didn't have to hire someone. We use this way of implementing new things a lot.”

“ We started building a new company within the existing company.”

Pilot teams supported by IT and protected by a 'heatshield'

The leaders of both ZorgAccent and Amstelring began by promoting their vision among their staff and encouraging volunteers among their staff to step forward and show how the changes could be delivered in practice. ZorgAccent started with six pilot teams, with up to 15 caregivers in each, but has since followed Buurtzorg's example and reduced maximum team size to 12, having found that self-managed teamwork becomes impractical above that number.

Each team was based on a neighbourhood, and the pilots were seen as a 'green pasture' to be supported by a 'heat shield', or 'service centre', to protect them from, and act as intermediary with, the rest of the organisation. "You need to make it simple," recalls Erik Vuurboom, ZorgAccent's director of district nursing. "Not too many protocols, and IT for communication -- all the nurses have their ipads."

Amstelring did pretty much the same, opening a register to enable staff to volunteer to form one of seven pilot teams of up to 12 staff, including at least one nurse, in their districts. Matthias van Alphen recalls:

“So we started building a new company within the existing company. We did road shows. We started telling the people we are going to do things differently and we wanted to find out what is interested and wants to start. We told the story and looked for volunteers. 'If you like the idea of working without a boss, arranging everything yourselves, getting your own office, give us a call and you can register to start.'”

Starting with volunteers was one of the best decisions we made. The first reactions when I told people it was going to be different this time was like yeah whatever -- no enthusiasm, lots of suspicion. But the volunteers became ambassadors. They were so enthusiastic and telling people 'this is really nice'. So all the people who wouldn't listen to me when I told them we were going to do it, now they listened to their colleagues and their colleagues said, 'Hey, this time it is real!'

In the previous organisation, before our transition, we worked in areas. Every area had a manager and a few planners. Plus, for every area there was some kind of a patient service desk. GPs, hospitals, family had to phone to these desks and this department tried to find out the needs of the patient. Then, the areas had to use the 'services' of the central head office, like salary, HR, invoicing, IT, etc. In total, the managers, planners and service desk staff were something like 40 full-time equivalents (FTEs).

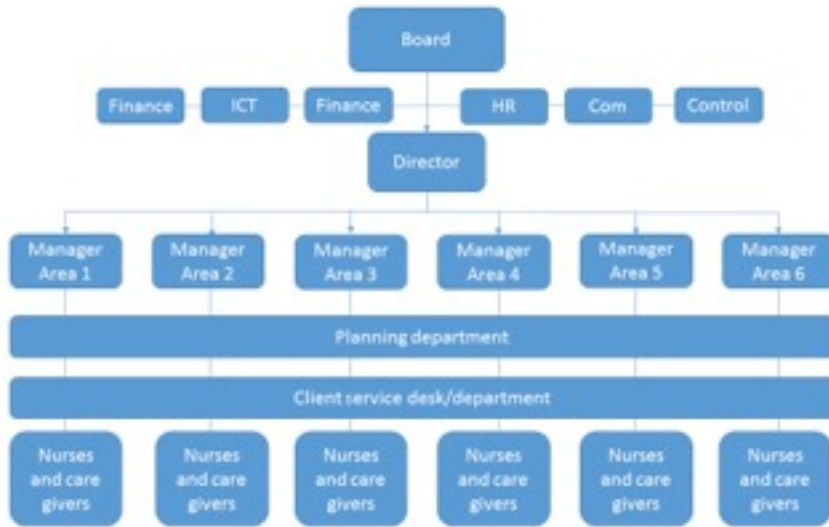
On the day we started with the seven pilot teams we started with a new back office. It was me and two others. We started to redesign all processes. Also, from the very first day we started with new IT -- that was crucial. If you are depending on other people for information you will get a hierarchy.

This basic administration made us able to start invoicing, based on the registration of hours of care by our teams. This was fundamental! We took account of the full invoicing process, we simplified the processes and got in control very strongly. After we had control of the invoicing process (our income

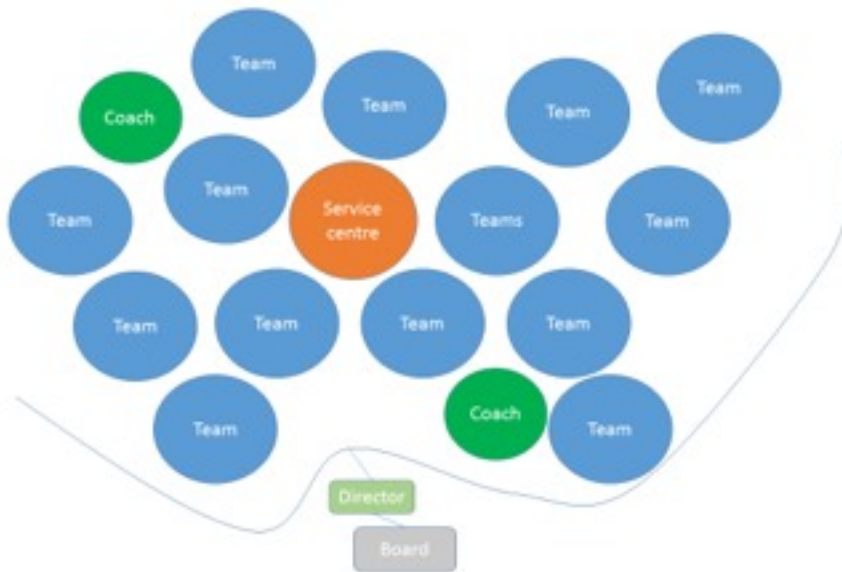
“You need to make things simple.”

was guaranteed, no stress) we started to redesign the salary process, basically for the same reasons: to provide better service and to become more in control.”

Amstelring Wijkzorg’s organisational structure before the changes ...



... and today



Many winners, some losers

Both companies saw positive results quite quickly, with most staff responding well to the changes. “We have improved customer satisfaction, employee satisfaction and financial results,” says Erik Vuurboom. “The results at the start were compared after a period of one year, while financial results were monitored monthly. And when teams can attract their own staff that has the positive effect and because decisions take place on the basis of consensus.”

Roughly speaking, after the new approach was rolled out to the rest of its home care division after the pilots, about one third of ZorgAccent’s staff loved the new way of working

from the start, with another third needing more time and training before adapting. The other third could not adapt, and left. Even now, occasionally new recruits find it is not for them, while others cross the line between taking leadership for specific areas of team work and trying to dominate more generally, and need to leave if they cannot change that mindset.

Amstelring also showed improvements, but with negative impacts for some. Matthias van Alphen again:

“From the very first day we started, from that very first day all the complaints were gone, literally, immediately. Because you had fixed team with a few people, you knew all their names and that is the best thing you can wish for as a client. Our small teams get to know the client much better and can avoid bad situations -- they very quickly recognise if something has changed in someone's behaviour.

And from the first day too we saw unknown talents. There was a lot of pride and enthusiasm -- when we started they felt really proud -- my team, my district, my clients! They even made up their own names for their teams -- we have some ridiculous names but we don't mind!

And suddenly people people got interested in working for us again. We had had a problem with recruitment for years. That just suddenly disappeared!”

So the new approach was quickly rolled out into the rest of the organisation, but while the pilot volunteers were self-motivated many of their colleagues remained sceptical or found it harder to adapt.

“We started to communicate very clearly: this is how we are going to work, and this is what it means for you. That is not negotiable. We really want to keep you on board, but if you don't like the new way of working, you don't have to work here! In fact, we offer you help to get out.

Maybe it sounds a bit harsh, but people really like clearness. After working in a certain way for many years, and then changing, it is inevitable that some will not want to or will be unable to make the change required. We kept on repeating this message and I spent some time training the support team to spread this message as well. So if someone from a team said to their coach, 'I don't like this, I wanna go', we said: 'OK, can we help you with that?'

I also spent some time with the support team and coaches, to train them not go into the emotion of people. The time of transitions was quite hectic. We had to keep calm and not go into emotions, just help people to find solutions.”

Another of the consequences was that around 40 FTEs in the company's administrative apparatus were no longer needed and left the company.

“For the new support team we created new jobs, new functions. Because they were new, people had to apply. By applying, we were able to select the people who fitted the profile we had in mind. We always followed the procedures and policies, but always tried just to be a bit smarter in order to get who and what we wanted.

Yes, we did let people go, in co-operation with their union and the staff council. We showed that enriching teams with tasks that used to be done by managers, planners and others actually leads to better outcomes (quality of care, job satisfaction, financial) and therefore we didn't need these people anymore. It helped that we had financial problems, everybody understood that we had to do something.

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We offered them all the opportunity to go to work in one of our teams (if they were qualified to do that) and we offered them the opportunity to apply for the new positions as coach, service centre etc.

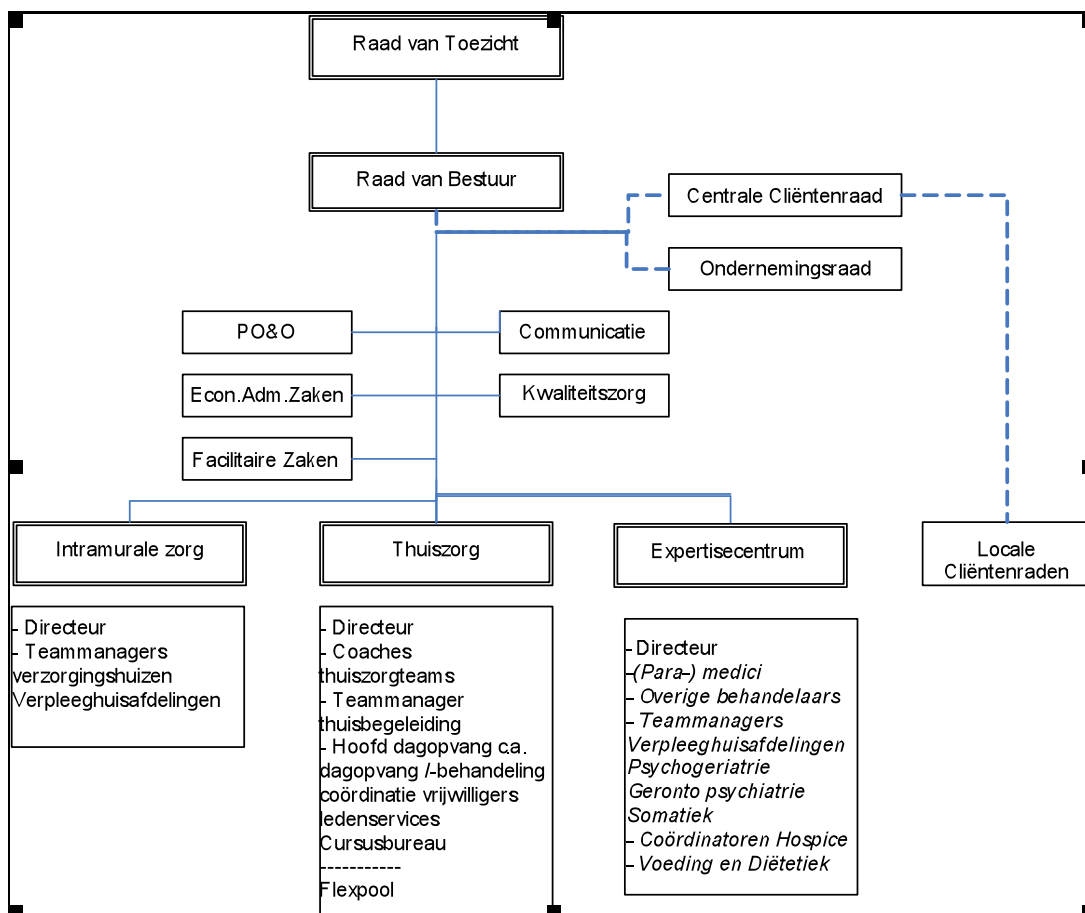
But because we needed a new profile and we only had few vacancies, most of them had to go. We really wanted to simplify processes, stop doing a lot of things and shift over tasks to our teams.

By doing this, we wanted to reduce our overhead big time, which was needed.”

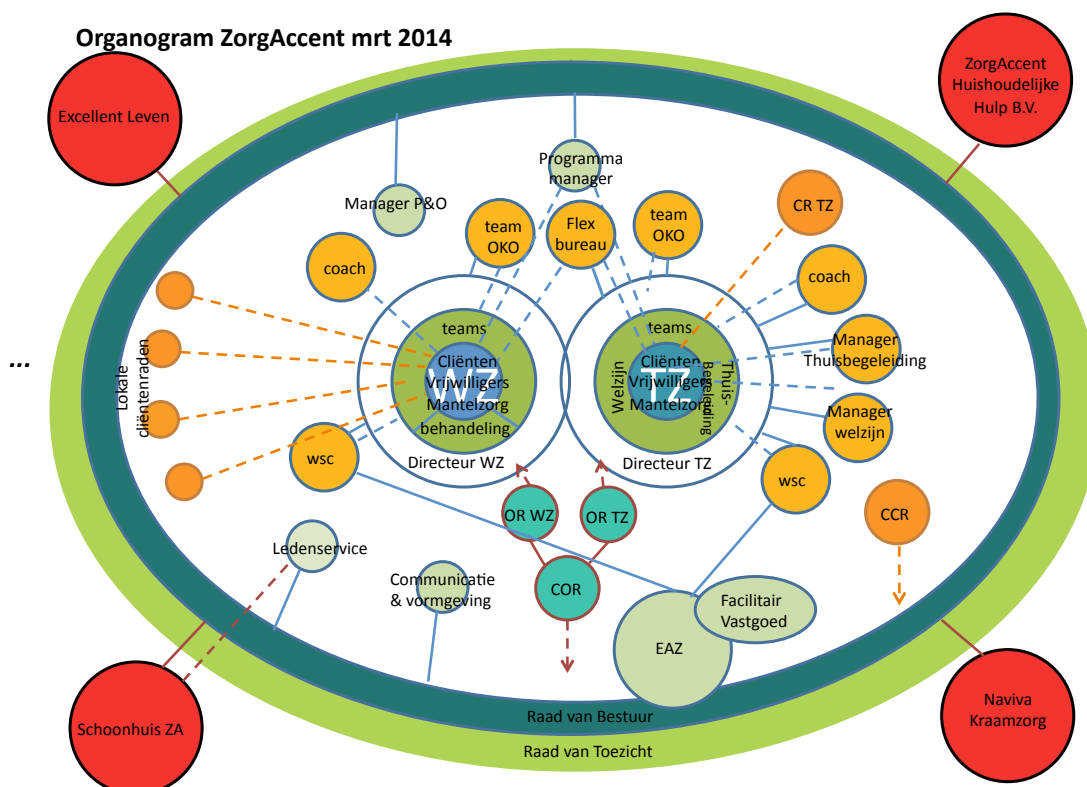
ZorgAccent’s experience was similar, with a reduction of 75 staff and a further 35 in its administrative departments finding new roles elsewhere in the new organisation. “This was all conducted according to Dutch law with the consent of the works council,” Erik Vuurboom emphasises.

“We managed the relations with the workforce unions through regular communication and negotiation. Finally the reorganisation received the agreement of the unions after making a good social plan.”

ZorgAccent’s organisational structure before the transition ...



... and ZorgAccent's structure today:



A framework of goals and ground rules -- the parameters of autonomy

The removal of unnecessary procedures did not mean that the teams had no rules at all. Like everyone else, they are bound by professional standards and legal requirements, and their autonomy is framed within their employers' overall goals and 'ground rules'.

"The framework has to be set from the top, and it needs trust and determination," says Irma Harmelink, chief executive of ZorgAccent. Erik Vuurboom recalls that the ZorgAccent teams started with no rules or procedures but created around 40 that turned out to be necessary. A fundamental principle in both organisations, as in Buurtzorg, is to keep everything as simple as possible.

In Amstelring, the new organisational culture is expressed in three non-negotiable goals for the company as a whole and every member of staff: to provide good quality care, to be financially healthy and to have fun doing your job. "We are really strict about that last one," says Matthias -- and he is not joking. "Everybody has to know what is expected of them, and they had to get used to having fun doing their job. But if a team is fighting with each other, they won't be having fun or serving their clients well.

"I am currently busy with a team in which 80 per cent of the team said in our questionnaire said they don't feel safe in that team. I told them this is really serious and you need to do something about it because if you don't feel safe in your team how are going to have fun? Our philosophy is that work is a big part of your life, so it had better be fun, and also if you like your job and enjoy it you will be nice towards your clients and colleagues. It sounds easy but that is basically how we see it."

By contrast, Matthias never speaks to teams specifically about their financial results, even if that is the indicator of a problem. Amstelring's financial health is dependent on teams spending at least 62 per cent of their time in client-facing (and, therefore, billable) work, and when there is a pattern of falling below that threshold he will intervene. But his approach is to focus on the other two goals, because if the team is achieving those the financial health will follow.

In addition to overall organisational goals, self-managed teams operate within a small number of non-negotiable 'ground rules'. In Amstelring, there are eight:

- Organisational tasks are divided among the team
- The team is available on the phone between 7 am and 11 pm
- The teams design their own rosters based on client preferences
- The teams cover all clients and times flexibly within the team, without using agency staff
- The Omaha classification system, as used by Buurtzorg, is the standard basis of the online client file -- no paper!
- Each team member must register their working hours and client hours for the previous week in the IT system every Monday morning
- Although team members have different levels of expertise this does not imply hierarchy
- If any team member has a problem about the way the team or a colleague is functioning the choice is to do something about it or stop complaining about it.

The important role of IT -- and why you don't need to fear it!

At both Amstelring and ZorgAccent the introduction of new IT system -- based, like Buurtzorg's on the [Omaha classification system](#), and modeled on the Buurtzorgweb -- was an integral part of the reorganisation. As with other aspects of the changes, the trick was to keep it as simple as possible and ensure the IT system served the careworkers rather than the other way around.

At ZorgAccent, the new system was influenced by Buurtzorg's but developed -- as Buurtzorg's had been -- with the active involvement of the caregivers at the frontline. As Matthias van Alphen recalls:

“ We introduced new IT for planning, and a communication platform to make decisions -- we went from about 50 IT applications to three, much simpler and cheaper. This provided our teams with instruments to do their own planning, make care plans and do the necessary administration (like name, address, date of birth, etc.) of their patients.

But many of our employees were not at all tech-savvy. Our average age then was 48. We used to do everything on paper. We even had people that didn't use the internet.

When we decided to start working online, people said to me: 'Matthias, you are crazy, this is never going to work.' I always said: 'It will work, as long as we make sure that what we provide makes their lives easier.'

“ Amstelring's financial health is dependent on teams spending at least 62 per cent of their time in client-facing. ”

Remember, it is only 10 years ago we started with internet banking, and people then said 'This is not going to work'. Now almost everybody is using internet banking. Why? Because it makes your life easier.

One of the first things we started to do online was the registration of hours. Before people had to do this on paper. This was always a mess. Papers got lost, the salary department couldn't read it, and so on. Plus, it took a lot of time.

On paper they had like 30 different types of registering hours: holiday, sick, education, meeting, administration, cleaning, etc., etc., etc.. Online we only have four: either you are working in the district, you are working at the office (team tasks, meeting, education, etc), you are on holiday or you are sick. That's it. Easy!

For the new system we provided a one-hour training, with only 15 minutes on how to do your working hour registration, and that was it. We check every month if everybody did their registration. If they don't, we can see it online and offer them help.

Fundamental is to make things easier. The ICT goes hand in hand with simplifying processes. If I look at how we work now, we are one of the leaders in the Netherlands in the use of ICT. It makes me proud, because we managed to change behaviour by implementing ICT, and almost everybody likes it.”

Learning how to self-manage in teams

Amstelring's expectation of individual and collective responsibility among their caregivers is combined with support rather than instruction from their service centre. "If you have a problem you have to do something about it," Matthias van Alphen explains. "We have a great support team and they can help. If you have a problem and you want to do something about it, everything is possible. But if you don't want to do something, stop complaining about it -- that is what we set down as a culture."

Self-managed teams have to deal with a range of issues, from easier stuff such as how to decorate and organise their offices to much harder challenges such as what to do about an under-performing colleague. Like Buurtzorg, therefore, both ZorgAccent and Amstelring provided training in how to run team meetings. The teams learn a way of interacting that focuses on finding solutions. "We don't dive into the cause of the problem but only focus on the wanted situation and how to get there, on what teams or team members want, instead of what they don't want," says Matthias. "We go from the situation now towards a solution."

They do the same at ZorgAccent. "First we made the change to the new ways of working without training", says Erik Vuurboom. The idea was for training to be designed around the problems the teams discovered in practice, rather than trying to anticipate them, because "when you don't lay a child in the water he never learns swimming". Training was provided after about three months, with more following at later stages, but always at the request of the team.

Amstelring took a similar approach, but with the benefit of hindsight Matthias believes that it would have been better to begin with some basic training about operating as a self-managed team. He believes that some problems experienced by the teams could have been prevented if that had happened.

"We didn't train the teams in self-management, only in IT, and maybe if I did it over again I would sit down with every team to discuss topics such as how do you want to work together

“In addition to overall organisational goals, self-managed teams operate within a small number of non-negotiable 'ground rules'.”

and make a team agreement. I think that would be very useful. We did that after a year or so, trained the teams in how to make team agreements -- it was very useful.”

The service centre -- supporting the teams, not controlling them

The ‘great support team’ to which Matthias van Alphen refers has grown out of the ‘heatshield’ team. Its staff were selected for being nice on the phone! That was because, during the transition period, they often had to be quite tough (but in nice ways!) in protecting the pilot teams from intrusive demands from managers in the rest of the organisation. That service centre now comprises seven people whose job is to support the 700 home care staff with the same devotion that those caregivers give to their clients’ needs.

In ZorgAccent, similarly, the original service centre of just 1.5 full-time equivalent staff has grown to become the whole home care divisions’s administration, but with many fewer people required. Now there are six full-time equivalents in that department.

In Amstelring, some of the service centre staff have specialist knowledge in relevant areas -- such as quality assurance and employment regulation -- but none has a job title. “I recently removed job titles for the support team,” says Matthias. “Of course our previous quality advisor still gets asked about quality because she has expertise and knows best -- but people ask her because of her expertise not because of a job title.”

One of the reasons for this change was to ensure staff -- caregivers and coaches as well as the support team -- continue to develop the breadth as well as depth of their knowledge, rather than becoming trapped in comfort zones. Matthias illustrates this point with an amusing example: “We had one coach who is a real disaster with IT. Now she is involved, always, in IT discussions. Why? Because we found out that if she can understand it, everyone can understand it!”

But the main reason for the shift away from specialist job titles in the support team was to provide the teams with a one-stop shop for their enquiries. “Initially, the support team was responsible only for invoicing and salaries, but we found out they were getting all these other questions from teams.” So now the support staff are available to the teams by phone five days a week. “They will give you an answer right away because they know everything,” says Matthias, adding:

““ For example, the teams select their own members, but from the moment a team decides to hire someone the support team can arrange the contract, the payslip, the Ipad, the login for the ICT system, everything. Instead of cutting all those things into pieces it is one department with higher educated people who just deliver from A to Z.

Servicing or supporting teams means removing things from teams that it doesn’t make sense for them to do. For example, they look for their own offices, they have a budget and ground rules for this, but it doesn’t make sense for them to negotiate or arrange the contract, so we do that.

That is one of the reasons our support system is so successful. Every year we ask our teams how they experience support and they give this department every year an 8 or 9. It used to be ‘I need a new phone cos mine is broken so I have to fill in a form and it takes two or three weeks for approval’. Now it’s a phone call and it’s done right away.”

Of course, there are times when the support team lacks the specialist knowledge required -- for example, there is no in-house lawyer -- and the company then draws on outside expertise. However, in accordance with the learning culture, the support staff are encouraged to build up their knowledge so that they are increasingly self-reliant. “I always request our support team to

““ Servicing or supporting teams means removing things from teams that it doesn’t make sense for them to do.”

get smarter and smarter and smarter -- that is how we keep our support centre small," Matthias says.

The support centre's role is not only responsive -- indeed, the organisation's culture of supporting the teams while insisting on high standards is best illustrated by the circumstances in which the support team takes a proactive role. "Self-managed teams doesn't mean we have anarchy," says Matthias. "We have goals and we have ground rules and they have to be met without any discussion. So we do standard checks online. For example, if we notice that a team has high data usage on their phones we point that out to them and ask questions, such as 'do you know how to connect to wifi in your office?'"

Another example is monitoring of working hours. In the Netherlands, by law, there is an annual maximum, which works out to an average of 40 a week. "So we check if people are working more than 40 hours," Matthias explains.

“It's fine if it is one week of 45 hours but if we see someone is regularly working more than 40 hours we phone them up and ask them about it. Is everything OK with you? Do you need some help? Is someone sick in the team? Oh, and by the way you are not allowed to work more than 40 hours.

So in some way that is controlling but not in the way that you punish people but more in the way of supporting. At the same time we give the message, this is not allowed, please be careful. If it happens again it comes on my desk and I am going to be talking to these people. Someone told you this is basically not allowed and now you have done it for 3 or 4 months. What's up? What are we going to do?

So these standard checks are done by our service centre and we know very well what is happening in our districts. People really appreciate it if, after they have worked lots of hours, we are asking them, are you OK? It is highly appreciated and the effect is people are really getting the idea of what is normal and what you should not be doing -- so it really works.”

The service centre still performs the 'heatshield' function, but now to protect the teams from external rather than internal pressures. For example, when there is any change to the law that requires compliance by the teams, the service centre staff work out how to turn the requirements into simple steps for the teams. Matthias gives another example:

“Insurance companies who pay us wanted to know how much time spent with each client is nursing and how much is basic care, because the charges are different. But if you go and talk with a nurse and say you have been one hour with a client, how does it divide, she will say 'What are you talking about -- our world is way more complex than that!'. So we made a business rule to divide the time automatically and we don't bother our teams about it.”

The role of coaches -- and why less can be more

In both ZorgAccent and Amstelring coaches were appointed to support the pilot teams, and both were able to reduce the number of coaches -- or increase the ratio of teams to coaches -- as the new way of working was rolled out and became the norm. "We started with 3 coaches and now have two," says Matthias.

"We found out if you have too much time on hour hands you are going to be bothering teams with things you shouldn't be doing. We have found that 30 teams per coach is best, although

“Standard checks are done by our service centre and we know very well what is happening in our districts.”

when we started there was more change happening in the teams so more coaching was needed.”

Describing the role of the coach as “helping without judging”, Matthias says: “A coach cannot make decisions for teams -- never, never, never -- and in the beginning it was really tough. A team might ask a silly question, but sometimes even if the answer is obvious you can make the situation worse by giving it. The coach can give advice if asked, and give information, but mainly the role is to ask questions. Patience is very important, and the ability to see the big picture from small things.”

Coaches are trained in the same methodology of facilitation as the teams are, and that means that rather than helping a team to analyse a problem they help them to find a solution. “Let’s say two people are not getting along with each other. Our coaches don’t go into the causes or what he said to her at 3 o’clock last Monday. As a coach you only focus on how you can solve it. A coach will always try to get out of people not what they do *not* want but what they *do* want.”

Like the teams, the coaches received no training in advance, and, as with the teams, Matthias thinks it might have been better if they had received some. “We found out everything by ourselves which means we made a lot of mistakes. You learn from mistakes, of course, but maybe a little bit more of a framework in the beginning would have helped.

“After a few months all coaches went for training in this methodology, and they are still in training -- they really like the method and are still learning. I think it might have caused a bit less damage if we had done some training before we started, actually, maybe, and we might have made fewer mistakes then.”

For a coach it is important to be aware of the kind of conflicts that can arise in teams, and preferably to see one coming. Early warning signs include decisions are being made outside the team meeting and individual complaints. Matthias:

“If they see a conflict is coming up coaches ask themselves how am I going to handle this in the coming months to address this in the team? You really want to deal with it right away but you have to relax and think about it and make a moment for people to speak about it, and make a plan.

“Sometimes it happens that a team gets fed up with a team-mate. The team can sit down and work out how to make changes over the next few months, but if the improvement doesn’t happen the coach can come in and see if there is something that can be saved or not.

“We truly believe people want to do the right thing. Sometimes we have fights in teams. I always say you need to solve it yourself and you all want to do the best you can so if you are fighting it is probably because you have lost communication somewhere.”

The role of leadership in self-managed organisations

Although coaches, service centre personnel and overall organisational leaders all serve the same purpose -- to provide support for the frontline caregivers -- there are significant differences between these roles. While coaches don’t make decisions for the teams, for example, once in a while senior leaders do have to do so, if all else has failed or if there are sustained failure to comply with goals or ground rules.

“If they see a conflict is coming up coaches ask themselves how am I going to handle this in the coming months to address this in the team?”

“The framework has to be set from the top,” as Inge Harmelink says, adding that it is also her role as chief executive to look for solutions to systemic or institutional obstacles in the way of the teams but beyond their control. Matthias makes a similar point:

“Our purpose is basically to facilitate our professionals and if they are happy we are happy. I go to other companies and they say the client is the centre of their universe. But in the support team we don’t talk about the clients because that is not our job. Our clients are basically our professionals.”

His role also involves refreshing discussion about the framework from time to time. “We have been working this way for four years and I am still repeating regularly why we do it this way or why we make certain decisions. The goals don’t change, but we discuss our ground rules every year and it is very important to discuss these issues every now and then. We use different formats -- movies, and blogs -- and we arrange a lot of parties.”

Parties? “We have learning days, big and small, and we organise them ourselves and always make sure it is nice and there is always time to sit down and talk to each other about whatever you want and eat some nice food -- we always allow time for that. I think it is really important.”

Through the blogs, the parties and the open access of the support centre to the teams, there is a steady flow of suggested improvements, and Matthias also makes sure he meets every team every year and shadows a nurse every couple of weeks.

“If they see a conflict is coming up coaches ask themselves how am I going to handle this in the coming months to address this in the team? If we have a problem or something happens we ask people how would you do it at home.”

But, of course, things sometimes go wrong, and one of the most challenging aspects of leadership in self-managed organisations is to know when to prevent mistakes and when to let them happen. “Teams make their decisions and they are going to make mistakes and we encourage that because if they make mistakes they are going to become better,” says Matthias, adding:

“In the beginning it was quite tough. For example, the teams started hiring their own people. So before there was a manager or HR advisor who was actually the one who made the decision to hire someone or not. From the very first day we started working like this teams could decide who they want to hire. Of course we have qualifications -- it’s not just anyone on the street -- but sometimes we saw a team was planning to hire someone and we thought ‘Are they really going to hire this person?’.

“But you have to let it happen because after a couple of weeks they will see it was a mistake and they will never let it happen again. We prefer a wrong decision to no decision because if you make a mistake and you become aware of it you are growing. An important aspect of leadership is to create an atmosphere and culture in which people feel able to make mistakes and talk about it.”

Recently a team had to decide whether or not to renew a contract with a nurse whose performance had concerned them. They delayed the decision until her fixed-term contract had only three days left, and then decided not to renew it. “I sent this team flowers and a card with something like congratulations for making a decision, but I am sure some of you feel bad about this because what you did was not nice.”

“Our purpose is basically to facilitate our professionals and if they are happy we are happy.”

He hopes that interventions like that will encourage teams to think about handling difficult issues in better ways without feeling under attack for the way a particular matter had been handled. He also invited the nurse concerned to go and meet him. “She was pretty reflective about what had happened and we gave her a second chance with another team.”

But sometimes the outcome is less welcome, and when he resorts to an executive decision he always explains it in terms of the three overarching goals -- good care, sound finance and fun at work. “Last week I decided to disband a team. They had an opportunity for two years, but it wasn’t working. They had a hard time finding new colleagues and couldn’t keep them. Apparently it just didn’t work out. Nothing to be ashamed of -- it can happen. In a small team you can have a combination of characteristics that doesn’t work. We are going to keep them all in the organisation, in other teams.”

At ZorgAccent, Erik Vuurboom has had to do the same. “In four cases I have made a decision to remove a team member, and earlier this year I broke up two teams, not because they didn’t do their work but because they didn’t have enough clients. I go and visit and talk about problems if asked and help or make a decision.”

How do you know if it’s working?

Although the Omaha classification system and the IT systems that Buurtzorg, ZorgAccent and Amstelring have built are designed primarily to support planning and monitoring by the caregivers and their clients, at scale they also provide state-of-the-art management data. This enables the companies to see clearly how their nurses’ interventions are supporting the aim of enabling clients to look after themselves better, as well as other variables such as working hours and financial results. Matthias van Alphen:

“We don’t formally evaluate teams but with smart IT we can see how they perform and we can organise support to enable them to improve. Plus, we do surveys of staff and clients every year.

Before we had big districts and a lot of agency workers, then we changed to small teams with a few faces. All the clients that we interviewed said: ‘This is so much better, now I know who is coming and we actually know each other. Plus they come on time and I can speak to them directly on the phone.’ It was really simple, but obvious.

Because clients were happy, job satisfaction increased big time. Our people started telling us that they liked to do their own planning, because they know the districts and their patients, so they could better adapt to their wishes. Very easy again, but big effect. I remember asking the pilot teams in the questionnaire: do you want to go back to the previous way of working? Nobody responded yes.

We do a staff survey every year and we ask about how happy they are with us and about pay, service, autonomy — we started doing that two years ago, and every year based on that survey we are making plans for how we improve. What shows up every year is that the thing they really appreciate is being able to go to school.

So the ‘proof’ was obvious, very obvious. To make the whole thing a bit nice, we made a [documentary](#). One of our nurses had a camera and asked, ‘Can I make a movie of this whole thing? We said, of course!’ Although it is in Dutch, i think you can understand quite a bit.”

“We don’t formally evaluate teams but with smart ICT we can see how they perform and we can organise support to enable them to improve.”

ZorgAccent have also received very positive feedback from both clients and staff. Erik Vuurboom: "It is much more rewarding for client and nurses. We started in 2010 and 2011 I got 57 teams in one year. Before there were 24 larger teams and in almost every team you could see the change in the professionals and for the client."

It could have been done better ... the importance of communication

During the transition, ZorgAccent kept their employees regularly informed through newsletters, and advised them to keep their own clients informed about any ways in which the changes would affect them. Although Amstelring organised road shows to keep staff informed before the changes began, Matthias van Alphen believes they could have handled communication with both staff and clients better than they did. This applies especially to how redundancies were handled:

“ We forgot to keep on telling these people that they had delivered perfectly for many years what was being asked, but now as a result of changing our way of working, they were not needed anymore. Because we failed to do so, quite a few people left very unhappy. This is a part of the story I am not very proud of.

If I could do this over again, I would spend more time on explaining why they are not part of the new organisation and that it was not because they were not performing. And I would have spend more time showing them the why, the what and the results.”

Similarly, he believes that communication with clients could also have been better handled.

“ If I to do it over again i would have arranged meetings with the clients and their families and discussed our plans. We didn't do that and it was a bit of a mess, but the good thing was that the complaints stopped, so they accepted the small period of time before in which it was chaotic.

We didn't have a communications plan — if we did it again you need to think what you want to communicate and how and what to provide to the teams an about what he message they can send.

However, I noticed that the clients only care about the nurses and not about the organisational structure. They were only concerned about the people who come to their house to deliver care. They were worrying 'Will I see the people I know any more?'

I don't know whether you have to inform them you are going to remove the manager. You just need to let them know we are changing things and this is what it will mean for you.”

Overall, however, both ZorgAccent and Amstelring Wijkzorg have demonstrated how to change their organisations from within in participatory ways that improve service quality, job satisfaction and staff retention, and financial sustainability. We are convinced that the same can be achieved in the United Kingdom.

This report is based on presentations made by Irma Harmelink of ZorgAccent and Matthias van Alphen of Amstelring Wijkzorg, and interviews with him and Erik Vuurboom (ZorgAccent). We are very grateful for the generosity with their time without which this report could not have been produced.

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Public World

East Side Offices

London N1C 4AX

England

+44 20 3092 4789

www.publicworld.co.uk

Tw: @public_world

