



Change Management

Using a Social Movement approach





Overview of the session

- The Change Agenda why logic does not always work!
- Energizing and Mobilising for Change Social Movement Thinking
- The Social Movement principles



"You don't need an engine when you have wind in your sails"





What lights the 'fire in your belly' and makes

you determined to improve things?





Leading Change and Improvement – Making it Stick!

'At present, prevailing strategies [in healthcare] rely largely on outmoded theories of control and standardisation of work. More modern, and much more effective, theories seek to harness the **imagination and participation** of the workforce in reinventing the system'

Don Berwick, Quality & Safety in Health Care, December 2003



Making change happen

'Making change actually happen takes leadership. It is central to our expectations of the healthcare professions of tomorrow'

Lord Darzi, High Quality of Care for All, NHS Next Stage Review Final Report, 2008





Leading to Engage Hearts, Minds and Hands!

A social movement is a *voluntary collective*of individuals committed to <u>promoting</u>
or <u>resisting</u> 'something' through **co-ordinated activity**,
to produce a *lasting and self generating effect* and creating, as they do *a sense of shared identity*





Activity

Think about a successful change movement or campaign that you have been involved in

What were its features?

How would you describe it?









?

How did these things happen?

What enabled these people to do the remarkable things they did?

What can we learn from 'social movement thinking' to help us deliver better care for patients?





The Social Movement Approach

- Prevention and promotion is about releasing energy
- Talks about 'moving' people
- There may be personal cost
- Opposition is friend, not enemy, of change
- Peer to peer
- Driven by informal social networks





Features of a Movement

- Energy
- Mass
- Pace and momentum
- Passion
- Commitment
- Spread
- Sustainability



Imagine if...

...we could bring these features to bear in the way we go about delivering health and healthcare



Two views of change

Traditional OD thinking



Social Movement thinking





Views of change

"Planned" or "Programme" view

A planned programme of change with goals and milestones (centrally led)

'Motivating' people

Change is driven by an appeal to the 'what's in it for me'

Talks about 'overcoming resistance'

Change is done 'to' people or 'with' them - leaders and followers

VS..

"Movement" view

Change is about releasing energy and is largely self-directing (top-led, bottom up)

'Moving' people

Focus on what is the right thing to do, even if there are personal implications for me

Insists change needs opposition - it is the friend not enemy of change

People change themselves and each other - peer to peer

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Example: Strategies to eradicate patient delays

"Rational" view

- understand the demand and capacity of the system at a macro level and impact that different flows have on each other
- •map patients' journeys through the clinical process
- reduce the number of steps involved: reduce the number of, or eliminate, bottlenecks in the process
- measure the demand and capacity continuously over time
- understand the causes of variation that affect the demand and capacity of the system

"Movement" view

Create:

- high expectations
- clarity of goals
- common purpose
- an enabling environment where people can do their best

Focus on:

- building, maintaining, protecting trust
- making work meaningful and rewarding
- connecting great results with great values



Different thinking for different results

5 principles for radical change:

Frame to connect with hearts and minds

Energise and mobilise for action

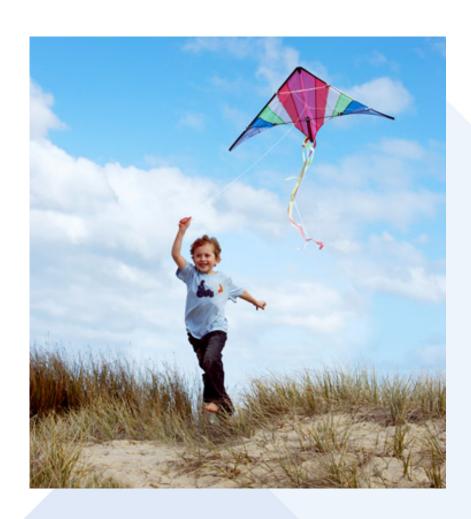
Organise for impact

Make change a personal mission

Keep forward momentum



Today's focus is ...



Energise and Mobilise





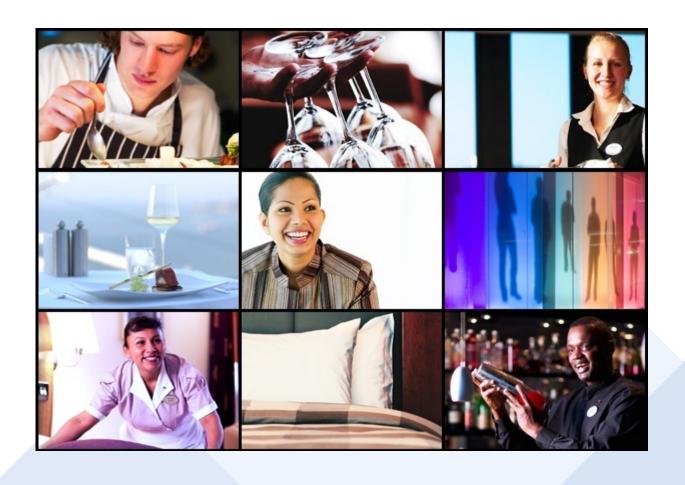
"Often change need not be cajoled or coerced. Instead it can be unleashed."

Kelman, S. (2005) *Unleashing Change. A study* of organizational renewal in government, Brookings Institution Press; Washington, D.C





When have you felt most energised and passionate about the work you have been involved in?







Why think about energy?

- Just as potential energy is stored in objects, energy can be stored in issues
- Energy can be found in people's 'discretionary effort'





Discretionary effort

- what we willingly do because we want to
- extent to which we are interested and involved in assisting the organisation in the accomplishment of corporate goals

work is contractual - effort is personal!





Discretionary effort has a tangible impact on Performance, Health and Wellbeing

- an unmanaged and unrealised resource for most organisations
- represents a range of performance 30-40% above that which is actively realised by an organisation
- led to a 43% difference in income generated by different offices of the same company in a recent survey

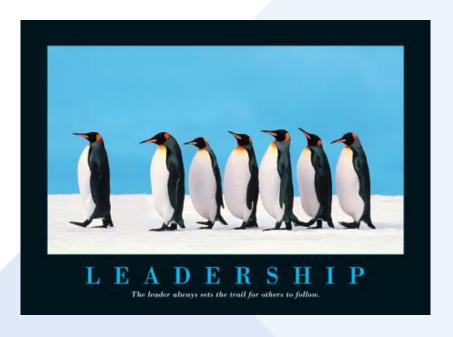
Source: Hay Group





Tactics

- Use where the energy is to drive change forward
- Frame change propositions in ways that will release energy









What you can do

- quickly make a difference by;
 - articulating values clearly and by being role models in value-driven behaviour
- can reinforce pride in the NHS
 - by highlighting successes and giving people stories that they can connect with their own experiences and repeat more widely
- unlock energy that is tied up in wasteful processes by :
 - addressing inefficiencies and non-value adding activities
 - framing this as a way to help people get important work done, and to serve patients better.







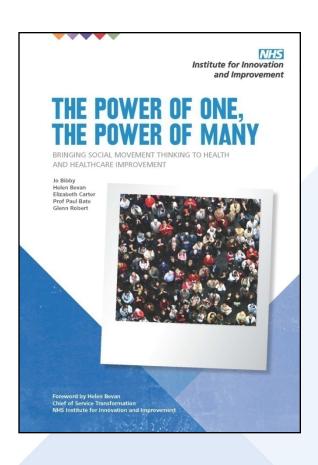
"If you want to build a ship, do not gather men together and assign tasks. Instead teach them the longing for the wide endless sea."

(Saint Exupery, Little Prince)





The Power of One, the Power of Many Bringing Social Movement Thinking to Health and Healthcare Improvement



www.institute.nhs.uk/popm

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Institute for Innovation and Improvement

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