

Senior leaders as mobilising leaders for change

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Aims of the day

To:

- Gain an overview of a mobilising approach to leading change
- Learn about the planned initiative to mobilise at scale for QIPP
- Consider:
 - how might we use these approaches in our own organisations and communities?
 - how can we support the front-line activists in the QIPP Mobilisation Campaign?
 - how do we go about building these skills in the NHS senior leadership community?

Approaches to change

Deficit based



- what is wrong?
- solving problems
- identifying development and improvement needs
- gaps and deficiencies to be filled

Asset based



- what is right that we can build on?
- exploiting existing assets and resources
- “positive deviance”
- amplifying what works

How to build a movement in three minutes

<http://generallythinking.com/blog/how-to-start-a-movement-in-three-minutes/>

How do we create change at scale?

The 'mobilisation'
mindset for
improvement

Energy focus

Imagination,
engagement,
participation,
moving,
mobilising,
calling to action



The 'clinical
system'
mindset for
improvement

Effectiveness and efficiency focus

Metrics and
measurement;
clinical systems
improvement,
reducing variation,
pathway redesign,
evidence based
practice

How do we create change at scale?

Strategy
head/what?

Narrative
heart/why?

Shared understanding

Source: Marshall Ganz

More than 80% of our ability to save costs depends on clinical decision making

Brent James,
Institute for Healthcare Delivery Research
Intermountain Healthcare



“When the tuning fork in [clinicians’]
hearts goes off, everyone can feel it”

Denham C R (2009) *Are You Infected?* Journal of Patient
Safety 5(3): pp 188-196

How do we create change at scale?

Strategy
head/what?

Narrative
heart/why?

Shared understanding

Source: Marshall Ganz

Strategy is the process of

- turning the resources you have
- into the resources you need
- to get the change you want

resources

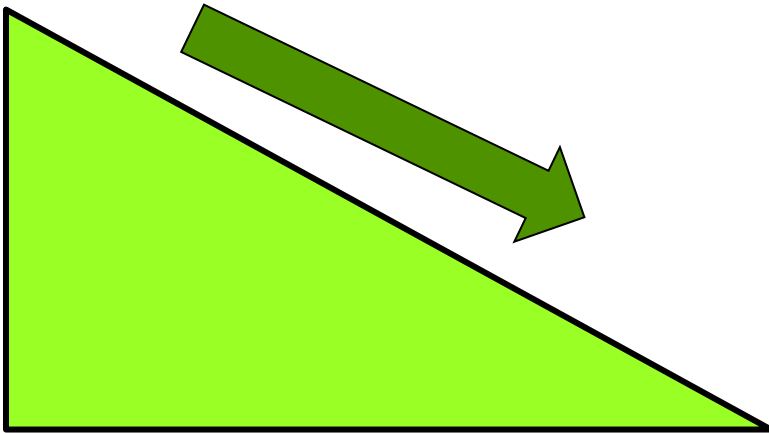


power



outcome

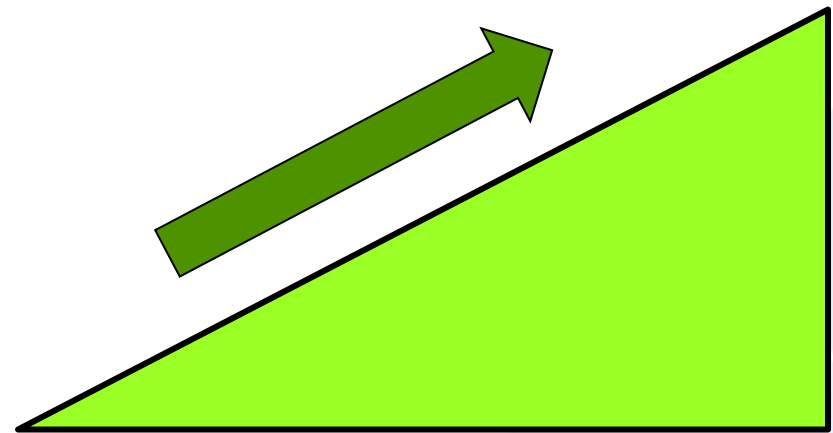
Resources for QIPP



Economic resources

diminish with use

- money
- materials
- technology



Natural resources

grow with use

- relationships
- commitment
- discretionary effort

Based on principles from Albert Hirschman, *Against Parsimony*

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resources



power



outcome

The “Public Narrative” approach



What is your public narrative?

- 1. Story of self:** why were you called to what you have been called to as a leader, the purpose in which you will ask others to join you?
- 2. Story of us:** to what values, experiences or aspirations do you hope to appeal to others when you ask them to join you in action?
- 3. Story of now:** What urgent challenges to these values does your team or community face now? What outcomes could you achieve by acting together, beginning now?

Action inhibitors

Inertia

Apathy

Fear

Self-doubt

Isolation



Action motivators

Urgency

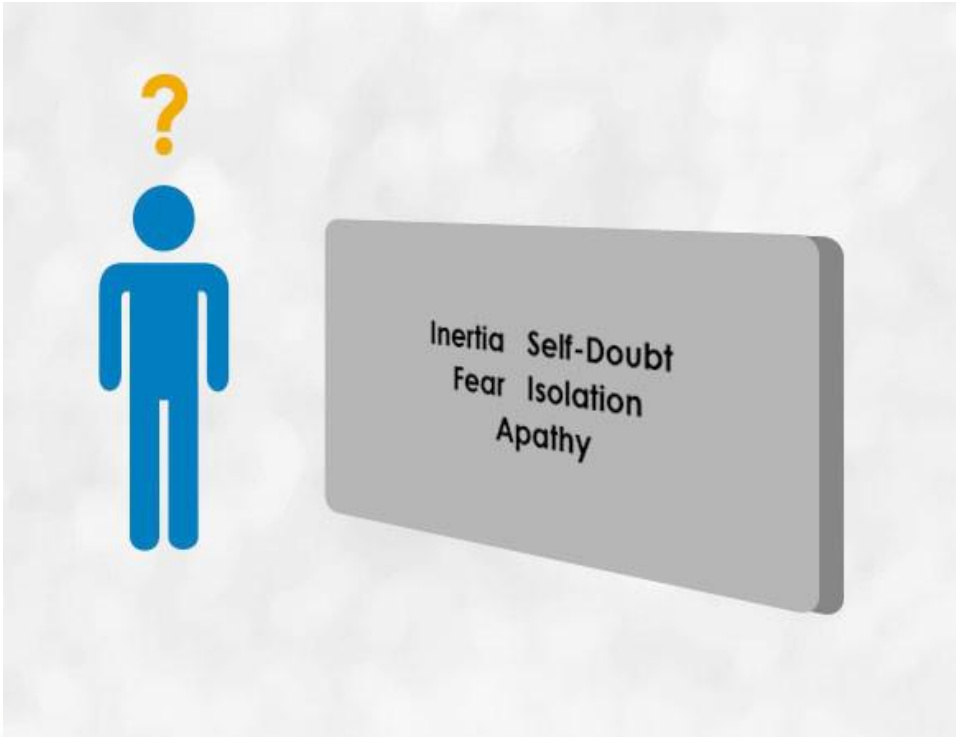
Anger

Hope

**You can make
a difference**

Solidarity

OVERCOME





The “Public Narrative” approach



Telling your narrative

- “A good narrative is drawn from the series of choice points that have structured the “plot” of your life – the challenges you faced; choices you made and outcomes you experienced”
- **Challenge:** why did you feel it was a challenge? Why was it your challenge?
 - **Choice:** why did you make the choice you did? Where did you get the courage or hope? How did it feel?
 - **Outcome:** How did the outcome feel? Why did it feel that way? What do you want us to feel?

Source: Marshall Ganz

Task: the story of self

Part A:

Determine the aspects of your story of self that you want to tell

- The challenge, choice and outcomes should be explicit
- Time allowed: five minutes

Part B:

Share your story of self with others on the table

- Time allowed two minutes per person **MAXIMUM** then two minutes per person for coaching feedback

Task: the story of us

Have a discussion following our stories of self

- What is the “us” in our group ?
- What values and experiences do we share as a group ?
- Can we create a sense of community as a group that will appeal to others when we ask them to join us in action?
- Describe it in 2 or 3 sentences

Time allowed: 15 minutes

One of the most important leadership tasks in the era of quality and cost improvement is to manage our own energies and those of the people around us

Four sources of energy

Energy	Description
Intellectual	Energy of analysis, logic, thinking, rationality. Drives curiosity, planning and focus
Emotional	Energy of human connection and relationships. Essential for teamwork, partnership, alignment and collaboration
Spiritual	Energy of vitality, passion, the future and sense of possibility. Brings hope and optimism and helps people feel more ready and confident to build the future
Physical	Energy of action, making things happen and getting them done. Key part of vitality, maintaining concentration and commitment

The underpinning philosophy to the formation of the NHS

“Society becomes more wholesome, more serene, and spiritually healthier, if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves, but all their fellows, have access, when ill, to the best that medical skill can provide.”

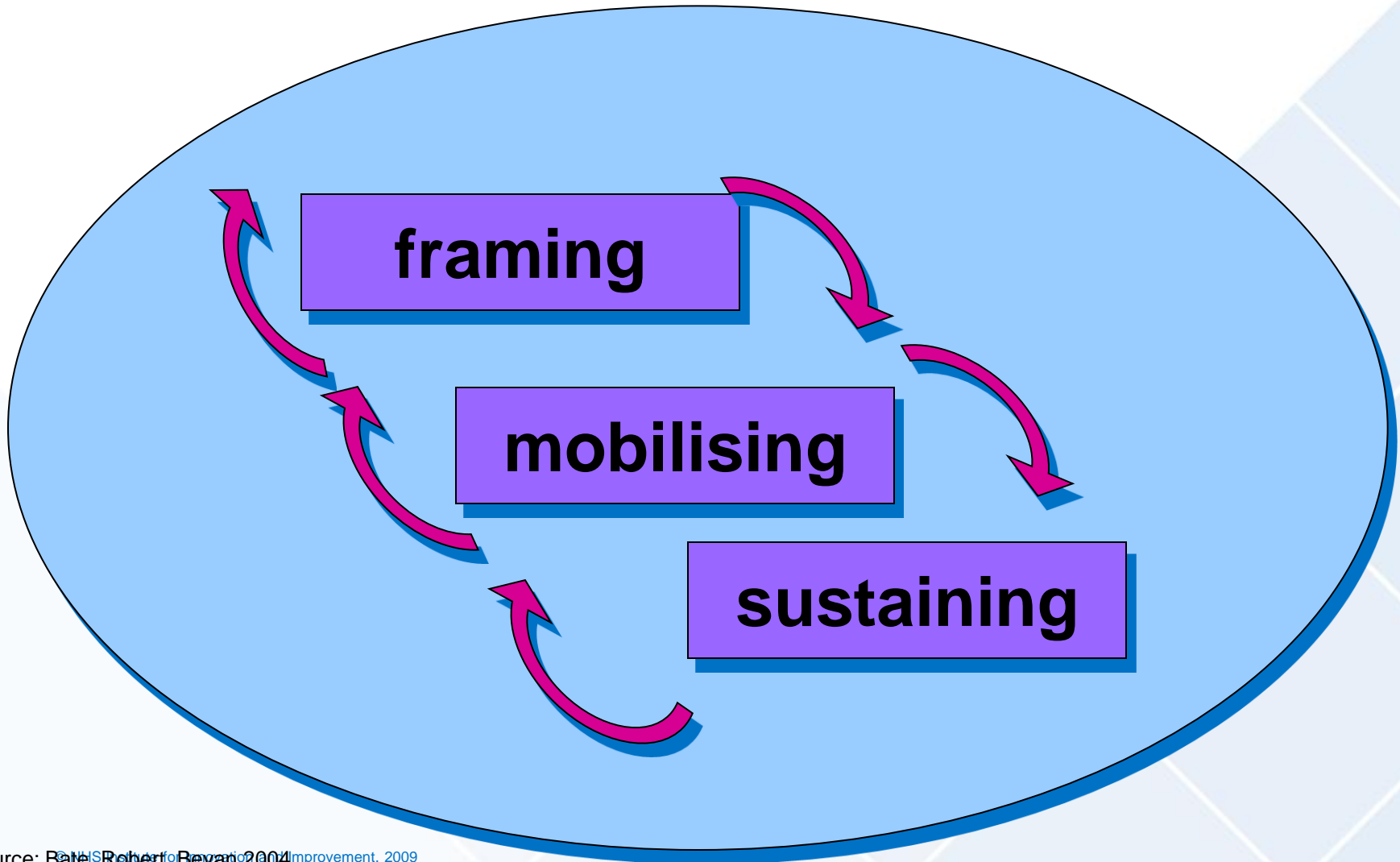
*Aneurin Bevan, founder of the
NHS*



Conclusions about energies for quality and cost improvement

- Tendency to focus on intellectual energy
 - connecting intellect to intellect keeps us in our comfort zone
 - it isn't transformational
- We will achieve greater results (pace and scale) if we link physical energy to spiritual energy

3 steps to change the world



Framing QIPP: the challenge

What the leader cares about (and typically bases at least 80% of his or her message to others on) does not tap into roughly 80% of the workforce's primary motivators for putting extra energy into the change programme.

*Scott Keller and Carolyn Aiken (2009) **The Inconvenient Truth about Change Management***

Framing QIPP: what we need to do

- tell a coherent story
- harness the untapped energy around NHS values and purpose to mobilise for change
- avoid framing propositions in ways that will dissipate energy (e.g., cost reduction messages without the wider quality and safety context)

Communication and engagement	A call to action
Aims to generate understanding and share information	Designed to create engagement and real commitment
Typically a communications campaign with a definite 'start' and 'stop' with a peak of activity in the middle	Generates ongoing energy and embeds new mindsets and behaviours for lasting change
Communicates a message	Creates a cause
<i>Awareness</i> is success	<i>Action</i> is success
<i>Segments</i> different audiences	<i>Unites</i> different audiences
Media and tools are centrally designed and managed—spread uses orchestrated cascade approach	Media and tools are locally co-designed and implemented—spread is peer-to-peer and often viral
Focused on promoting service values	Focused on connecting with individual personal values

Three components of “master framing”

- **Diagnostic framing** - aims to identify the problem that the movement will address and attribute the problem to a specific source or sources
- **Prognostic framing** - relates to the creation of a plan of attack and clear strategies for carrying out the plan
- **Motivational framing** - typically stresses urgency and an overall duty of/ call for action that connects with the motivational and emotional drivers of the audience.

Marshall Ganz's definition of leadership

*“enabling others to achieve
purpose in the face of
uncertainty”*

Organising (mobilising) requires three things:

1. Leaders who recruit and develop other leaders and coordinate them in leadership teams
2. Building relationships, community and commitment around that leadership
3. Building power from the resources of that community and using that power strategically to achieve clear goals and outcomes

“Leaders must wake people out of inertia. They must get people excited about something they’ve never seen before, something that does not yet exist.”

Rosa Beth Moss Kanter, *Leadership for Change: Enduring Skills for Change Masters*

What do mobilising leaders do?

1. Create shared story:

Stories bring alive motivation that is rooted in values

2. Create relational commitment:

We recast our individual interests as common interests and goals that we can use our combined resources to achieve

3. Create shared structure

Enable us to collaborate effectively with each other on behalf of a common goal.

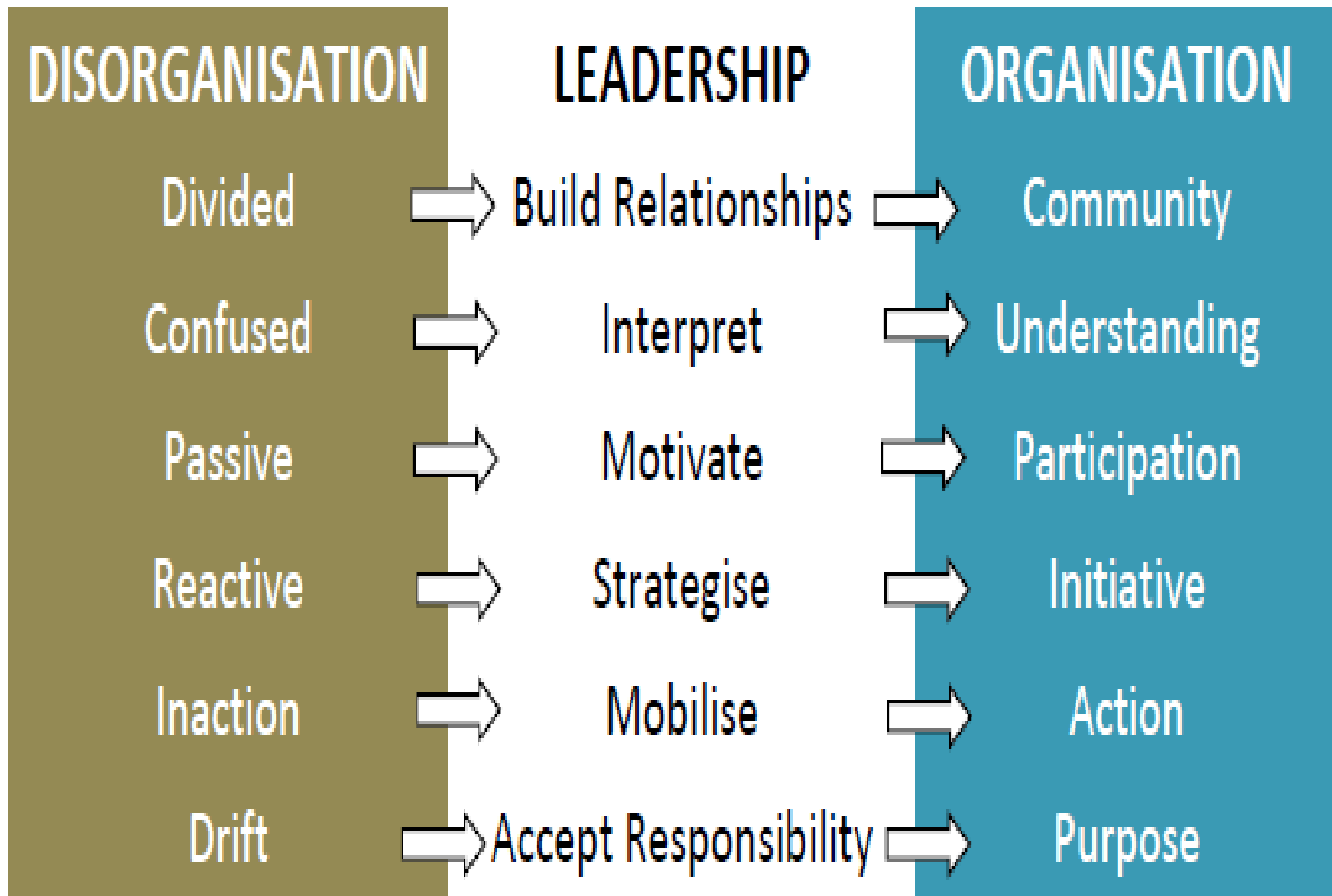
4. Create shared strategy

Effective organisations turn what they have (resources) into what they need (power), to get what they want (outcomes)

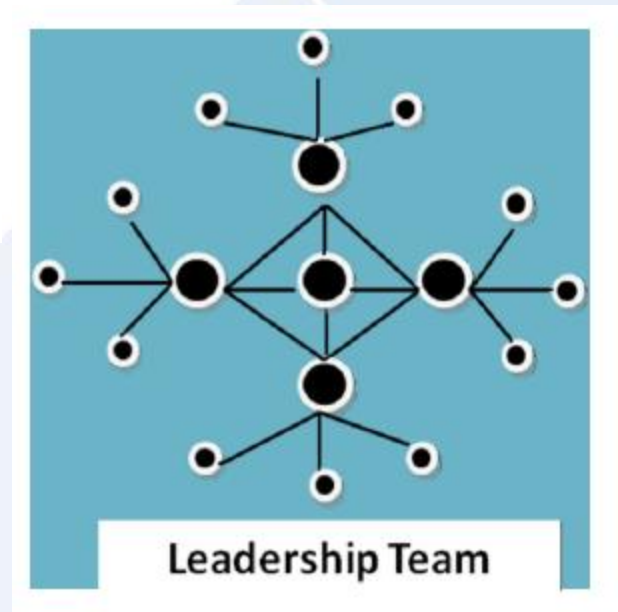
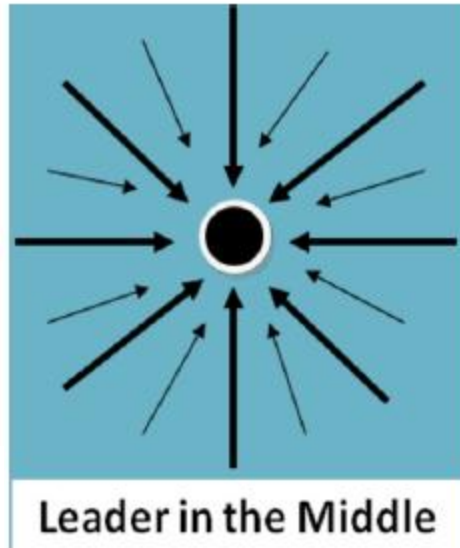
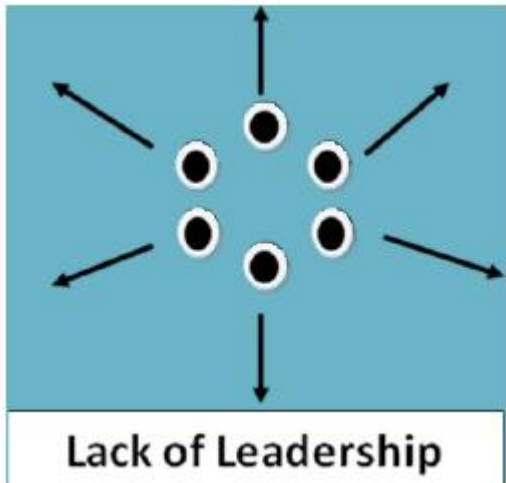
5. Create shared measurable action

Outcomes must be clear, measurable, and specific if progress is to be evaluated, accountability practiced, and strategy adapted

What organising (mobilising) leaders do



Models of leadership





Two types of power



Power with



Power over

- When someone needs less from you than you need from them, then they have power over you
- if you can figure out what you have that they're interested in, then you can balance the power relationship

CHANGING POWER OVER

When we have to engage with those who have power over us in order to create change, we ask ourselves four basic questions.

1. What change do we want?

2. Who has the resources to create that change?



4. What resources do we have that they want or need?

3. What do they want?

Mobilising efforts

to:

- create “contagious commitment” to change by identifying and organising front line leaders and activists within the NHS to mobilise their teams and deliver change at scale
- who **commit** to delivering a proportion (as they define it) of the QIPP agenda.
- Enable local NHS change activists to connect with each other across the system and support each other to organise and deliver change

NHS-wide goals

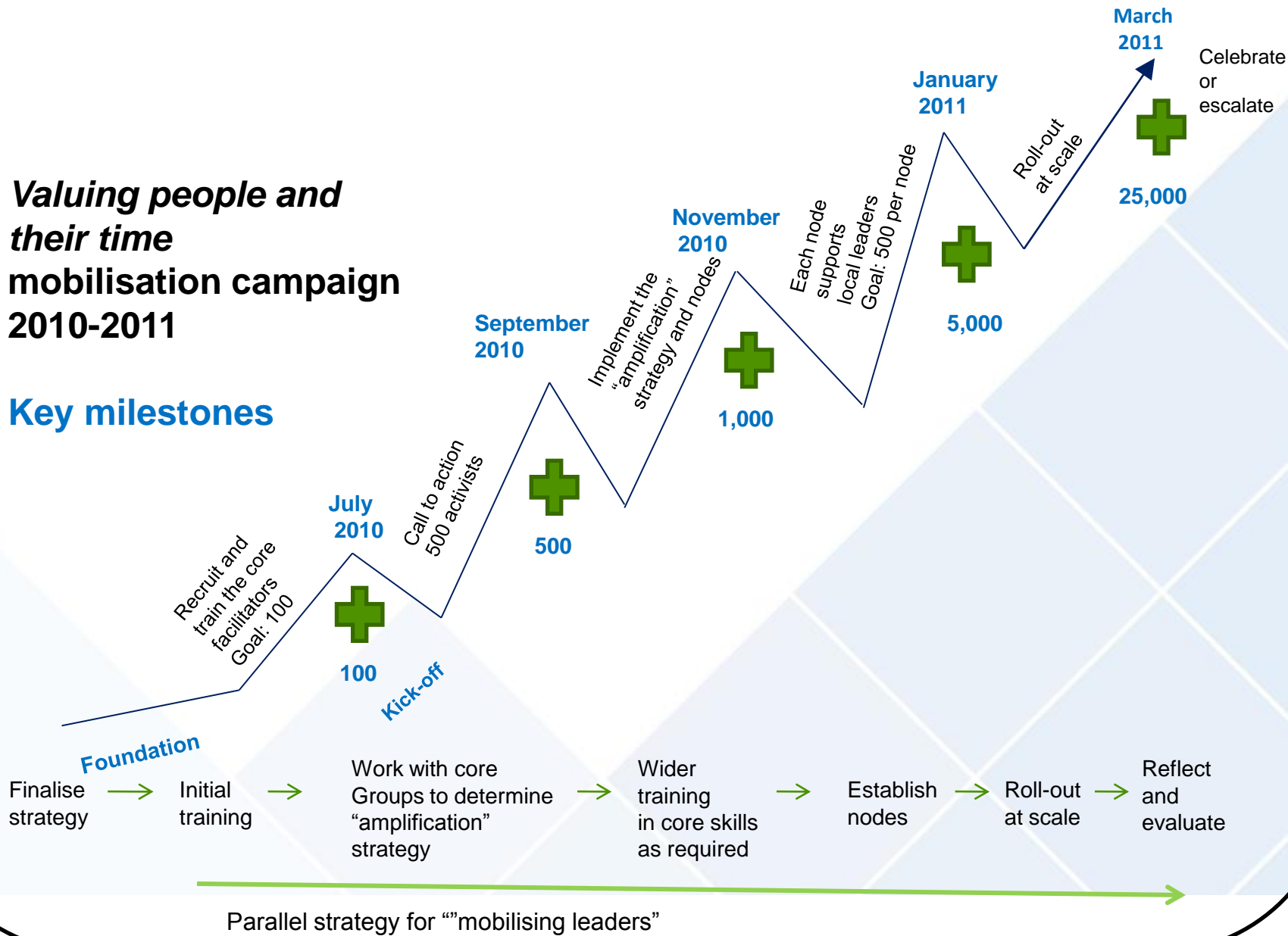
- skill up 100 NHS change activists as facilitators and organisers for mobilising change by the end of July 2010
- engage 500 NHS activists in an explicit call to action and development process by the end of July 2010 that results in people signing up to make explicit changes
- engage 25,000 leaders and activists in this process by mid 2011
- make a tangible contribution to securing the future of the NHS by improving quality and reducing costs

Campaigns



Valuing people and their time mobilisation campaign 2010-2011

Key milestones



Teams to set goals based on their collective contribution to QIPP

On **Quality** – to introduce a measured quality improvement for 175 patients (per team member, based on the 244 million patients we treat a year/1.4 million NHS staff)

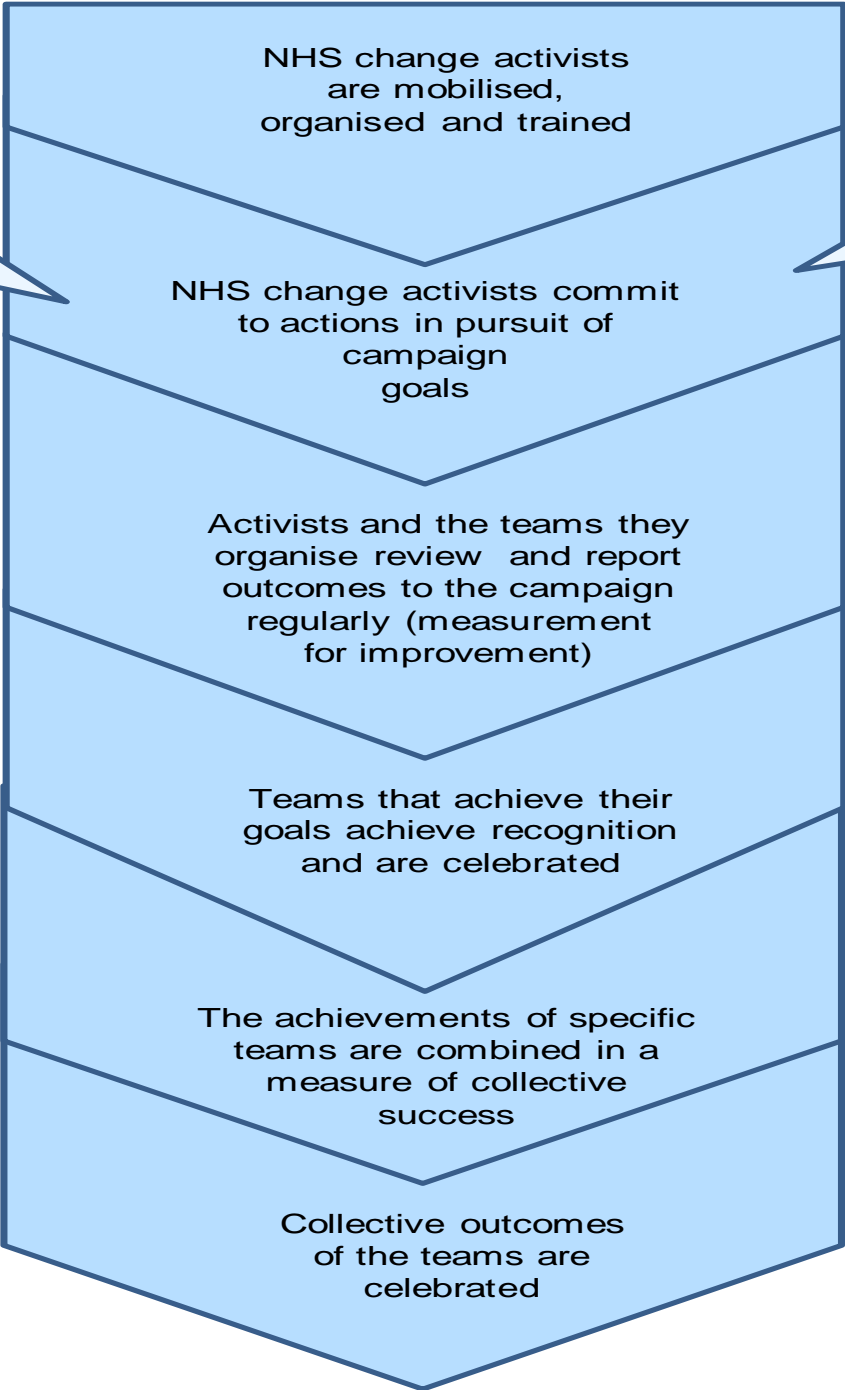
On **Innovation** – to develop or spread one evidenced idea or new service model

On **Productivity** – to lead change which led to efficiency savings of £1500 (per person; approx £20b/1.4 million NHS staff);

On **Prevention** – to develop or spread one evidenced prevention intervention, as measured by episodes (i.e. GP attendances, outpatient visits, inpatient episodes)



goals based on numbers of others recruited



By 30 November 2010 we will liberate 150 days of clinician time by eliminating unnecessary administration

In the next six months we will prevent 20 patients from falling in our ward and save 80 inpatient days by preventing pressure ulcers and other infections

How the process will work

Key learning from the work so far

1. Results we need depends on the extent to which our clinical workforce answers the call to action that will deliver cost improvement through quality
2. It will happen more quickly and systematically if we build it on a platform of *commitment* rather than *compliance*.
3. We need to broaden the constituency of people who can make decisions and lead change; to shift power and control of change to frontline clinical teams and service users.
4. We have to make the link between individual mindset and collective transformation. It means that we can call people to action based on their own core values and experiences and a unifying sense of common purpose.
5. We need to identify the passionate individuals to lead the change
6. We can create “contagious commitment” to a bigger purpose

The new era represents a shift in thinking

From.....

Compliance goals

States a minimum performance standard that everyone must achieve

Uses hierarchy, systems and standard procedures for co-ordination and control

Delivered through formal command and control structures

Threat of penalties/sanctions/shame creates momentum for delivery

Based on *organisational accountability* (“if I don't deliver this, I fail to meet my performance objectives”)

.....To

Commitment goals

States a collective improvement goal that everyone can aspire to

Based on shared goals, values and sense of purpose for co-ordination and control

Delivered through voluntary connections and teams

Commitment to a common purpose creates energy for delivery

Based on *relational commitment* (“If I don't deliver this, I let the group or community and its purpose down”)

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Parallel processes

Calling change
agents to action

Building
change skills
at scale

Helping senior
leaders to be
mobilising
leaders



YOUR STRATEGY

Four components

- A strategy – your plan to achieve your goal
- A hopeful choice that each person can make
- A specific ask for each person that involves a commitment of time and resources
- A vivid description of what we can achieve collectively if we take action together

Task: the story of now

Two aspects:

- A vivid description of what we can achieve collectively if we take action together over the next period
- A specific ask for each person that involves a commitment of time and resources

Identify the commitments we will make to each other

Time allowed: 10 minutes