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Improving Quality

The Productive Endoscopy Unit

Building teams for safer careTM

Guide to leading change

...from executive to endoscopy suite

This document is for endoscopy managers, matrons, coordinators, administrative staff, anaesthetists, gastroenterologists, GI surgeons and improvement, executive and programme leads



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Moving to a culture of change in your organisation

The NHS is a large public sector organisation employing people with a wide range of talents, perspectives and passions. It is a complex organisation, with many different cultures and norms, arising from a number of factors including:

- Different professional cultures
- Different needs and expectations of different patient groups
- The varying histories of different institutions
- Local priorities, resource allocation, and performance management.

The complexity is a result of the very specialisation that has produced so many advances in health care. This specialisation also leads to a high degree of interdependence between practitioners and their management teams, and between practitioners and processes. Those with the 'power' (clout as well as purse strings) do not necessarily have the technical skill, and those with the skill are not always empowered.

The NHS Change Model

The NHS Change Model has been created to support the NHS to adopt a shared approach to leading change and transformation.

We need to understand what needs to change and why to make the NHS the best quality service for the best value, sustainable over time. The NHS Change Model is not rocket science – it brings together what we know helps make change happen. It informs how we make change happen and who needs to be involved.

The NHS Change Model brings together collective improvement knowledge and experience from across the NHS. It has been developed with hundreds of our senior leaders, clinicians, commissioners, providers and improvement activists who want to get involved in building the energy for change across the NHS, by adopting a systematic and sustainable approach to improving quality of care.



NHS England uses it as a framework for making change happen in the NHS, through applying all eight components together in equal measure to make change successful.

www.england.nhs.uk/sustainableimprovement/change-model

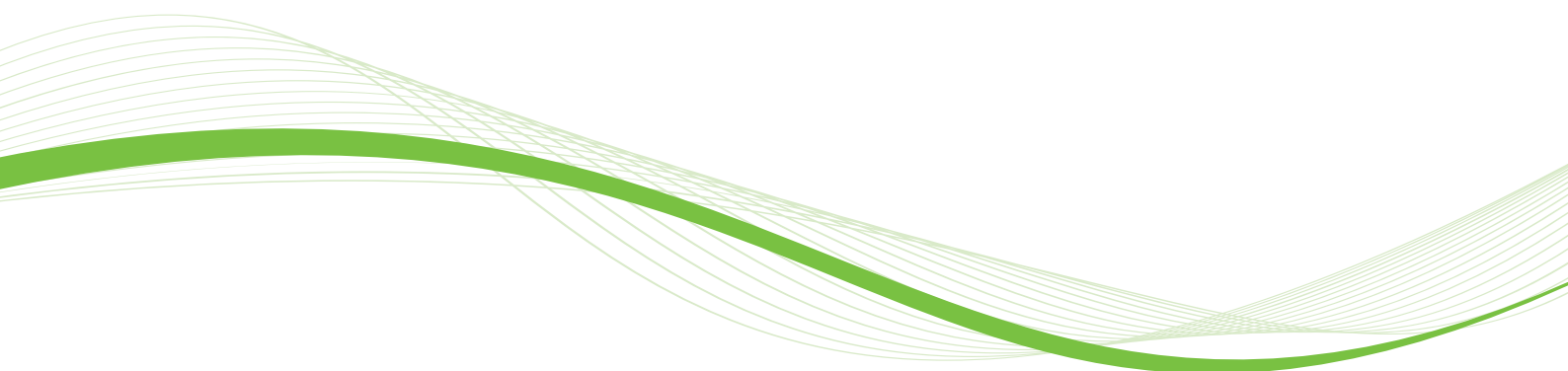
How much can be learned from the private sector?

Much of the literature concerned with organisational change is derived from the private sector. This sector has successfully transferred improvement principles from commercial industries and implemented them in their own complex and dynamic service organisations.

The perception that change is easier in the private sector has been challenged. However, change in public sector organisations, and particularly in those populated by influential professional groups, is beset by complexity of a different order from that in more hierarchical organisations. Success is likely to depend as much on the quality of implementation, on the sensitivity to different points of view and on the degree of support from influential organisation members, as on the soundness of the principles of the change approach adopted. Much of the evidence from the manufacturing sector demonstrates that top management involvement is critical to success; however, in translating these findings to the health care setting we must remember the importance of opinion-formers within the professions who may not see themselves as top management.

The scale of change is another important consideration when drawing lessons from other sectors. Small, focused interventions may have an equal potential for success in most contexts while more ambitious change initiatives are challenged, diverted and deflected by the inherent complexity, traditions and power dynamics of public sector organisations.

Large scale change is necessary to address challenges currently faced by Trusts. Learning on implementing large scale change projects between NHS organisations is essential for successful and sustainable change.



Challenges and opportunities for the NHS

Delivering organisational change in the NHS, therefore, involves working with:

- Changing pressures in the environment
- Multiple stakeholders within and outside the organisation
- Changing technologies available to those stakeholders
- Complex organisations in which individuals and teams are interdependent
 - that is, they can only achieve their objectives by relying on other people seeking to achieve different objectives
- People who have experience of change interventions which have had unforeseen or unintended consequences.

It is also important to remember that cause and effect relationships may not be easily apparent, and that an intervention in any part of a health care organisation will have outcomes in many others, not all of them anticipated, and not all of them desirable.

► No single method, strategy or tool will fit all problems or situations that arise. Managers in the NHS need to be adept at diagnosing organisational situations and skilled at choosing those tools that are best suited to the particular circumstances that confront them.

Ambitious goals such as the achievement of the NHS Outcomes Framework will require that the NHS becomes an organisation able to embrace continuous, emergent change. It will depend on people in the NHS becoming more skilled in handling change in a complex environment with multiple stakeholders, conflicting objectives and considerable constraints¹.

¹Two meta-analyses have addressed this question. Golembiewski, Proehl and Sink (1982) found that public sector interventions displayed a pattern of results very similar to private sector programmes (84% positive in public sector versus 89% positive in private sector organisations). Robertson and Seneviratne (1995) studied organisational outcomes in terms of work setting, individual behaviour and organisational performance, and concluded that there were no overall significant differences between public and private sectors regarding the amount of change induced by the 47 planned change interventions they studied.

The process of change

People and improvement

When trying to make improvements in health care, gaining the commitment of the people who are likely to be affected by the change is paramount. If the people issues are not identified and managed effectively, the following problems may arise.

Strong emotions, such as fear, anger, hopelessness and frustration can derail your improvement initiative

People become defensive. They might deny there is a problem, over emphasise the benefits of the present working practice or blame others within the organisation

There is often constant complaining, questioning and scepticism

There might be an increase in absenteeism, sickness and people leaving the organisation combined with a fall in morale and job satisfaction

People do not match 'words with deeds', that is, they do not do what they say they are going to do

Conflict seems to spiral out of control

The theme for this guide is to help you understand these frequent reactions to change, and guide you through some models and frameworks to help you respond more successfully to the challenges of managing the human dimensions of change.

As an improvement leader it is important to know that people have different needs and different styles of working especially in a change situation. It is often the lack of understanding of their needs and a lack of recognition of the value of their different perspectives that causes people to be labelled 'resistant to change'.

There are no magic wands and no guarantees about how people will react but there are some commonalities.

During every change we go through a transition.² The speed at which we go through that transition is different for each individual as they can be affected by a variety of factors. These factors include:

- Past experiences
- Personal preferred style
- The degree of involvement in recognising the problem and developing possible solutions
- The extent to which someone was pushed towards a change rather than moving towards it voluntarily.

► Our advice for you as an improvement leader is to help people recognise the process and the stages of a transition as something that is perfectly natural.

²Bridges, W. (2003) Managing Transitions: Making the most of change, (2nd edition) London.

What is meant by ‘change?’

Planned versus emergent change

Sometimes change is deliberate (planned), a product of conscious reasoning and actions. In contrast, change sometimes unfolds in an apparently spontaneous and unplanned way. This type of change is known as emergent change.

Change can be emergent rather than planned in two ways.

- Managers make a number of decisions apparently unrelated to the change that emerges. The change is therefore not planned. However, these decisions may be based on unspoken, and sometimes unconscious, assumptions about the organisation, its environment and the future³ and are, therefore, not as unrelated as they first seem. Such implicit assumptions dictate the direction of the seemingly disparate and unrelated decisions, thereby shaping the change process by ‘drift’ rather than by design.
- External factors (such as the economy, competitors’ behaviour, and political climate) or internal features (such as the relative power of different interest groups, distribution of knowledge, and uncertainty) influence the change in directions outside the control of managers. Even the most carefully planned and executed change programme will have some emergent impacts.

This highlights two important aspects of managing change.

1. The need to identify, explore and if necessary, challenge the assumptions that underlie managerial decisions.
2. Understanding that organisational change is a process that can be facilitated by perceptive and insightful planning, analysis and well crafted, sensitive implementation phases, while acknowledging that it can never be fully isolated from the effects of serendipity, uncertainty and chance⁴.

An important (arguably the central) message of recent high-quality management of change literature is that organisation-level change is not fixed or linear in nature but contains an important emergent element.

Episodic versus continuous change⁵

	Episodic change	Continuous
Tempo	Short time-span development of radical change	Sequence of events in the development of incremental change
Metaphor	Reach new equilibrium	Constant adjustment and growth
Analytical framework	Change is intentional and has dramatic impact	People are attracted to new situations and gradually evolve
Change Agent	Transactional leadership (Replacement)	Transformational leadership (Attraction)

³ Mintzberg, 1989

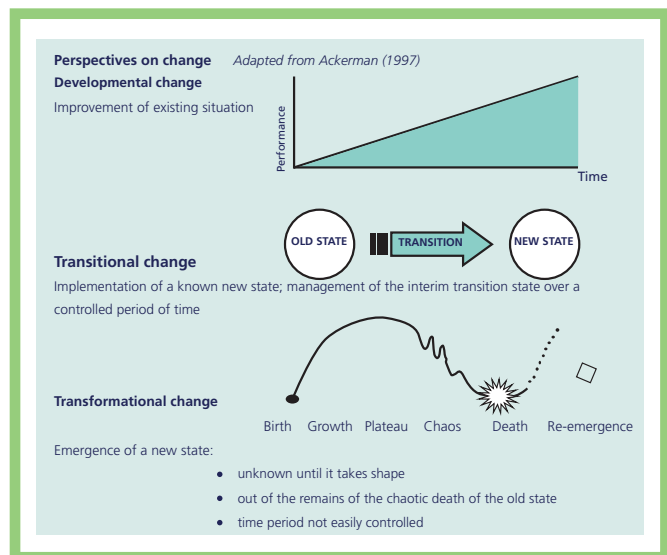
⁴ Dawson, 1996

⁵ Weick and Quinn, 1999

The distinction between episodic and continuous change helps clarify thinking about an organisation’s future development and evolution in relation to its long-term goals. Few organisations are in a position to decide unilaterally that they will adopt an exclusively continuous change approach. They can, however, capitalise upon many of the principles of continuous change by engendering the flexibility to accommodate and experiment with everyday contingencies, breakdowns, exceptions, opportunities and unintended consequences that punctuate organisational life⁶. At a collective level these continuous adjustments made simultaneously across units can create substantial change.

Developmental, transitional and transformational change

Change can also be understood in relation to its extent and scope. Ackerman (1997) has distinguished between three types of change: developmental, transitional and transformational.



Type of change	Characteristics
Developmental	May be either planned or emergent; it is first order, or incremental. It is change that enhances or corrects existing aspects of an organisation, often focusing on the improvement of a skill or process.
Transitional	Seeks to achieve a known desired state that is different from the existing one. It is episodic, planned and second order, or radical. The model of transitional change is the basis of much of the organisational change literature (see for example Kanter, 1983; Beckhard and Harris, 1987; Nadler and Tushman, 1989).
Transformational	Is radical or second order in nature. It requires a shift in assumptions made by the organisation and its members. Transformation can result in an organisation that differs significantly in terms of structure, processes, culture and strategy. It may, therefore, result in the creation of an organisation that operates in developmental mode – one that continuously learns, adapts and improves.

⁶ Orlikowski, 1996

Transitional change has its foundations in the work of Lewin (1951) who conceptualised change as a three-stage process involving:

- *Unfreezing* the existing organisational equilibrium⁷
 - Disconfirmation of expectations
 - Creation of guilt or anxiety
 - Provision of psychological safety that converts anxiety into motivation to change
- *Moving* to a new position through cognitive restructuring
 - Identifying with a new role model or mentor
 - Scanning the environment for new relevant information
- *Refreezing* in a new equilibrium position, when the new point of view is integrated into
 - The total personality and concept of self
 - Significant relationships

Systems thinking and change

Many of the approaches to organisational change found in the literature give the impression that change is (or can be) a rational, controlled, and orderly process. In practice, however, organisational change is messy, often involving shifting goals, discontinuous activities, surprising events, and unexpected combinations of changes and outcomes⁸. Accordingly, change can be understood in relation to the complex dynamic systems within which change takes place.

Systems thinking originated in the 1920s and grew out of the observation that there were many aspects which scientific analysis could not explore. Whereas scientific method – summarised by Popper (1972) as the three Rs: reduction, repeatability and refutation – increases our knowledge and understanding by breaking things down into their constituent parts and exploring the properties of these parts, systems thinking explores the properties which exist once the parts have been combined into a whole.

Activity within a system is the result of the influence of one element on another. This influence is called feedback and can be positive (reinforcing) or negative (balancing) in nature.⁹ Systems are not chains of linear cause-and-effect relationships but complex networks of interrelationships.¹⁰

In terms of understanding organisations, systems thinking suggests that issues, events, forces and incidents should be seen as interconnected, interdependent components of a complex entity.

⁷ Lewin – 1951 Three Step Change Model

⁸ Cummings *et al.*, 1985; Dawson, 1996

⁹ P.M. Senge – 1990, *The Fifth Discipline*; the art and practice of the learning organisation

¹⁰ John H. Holland, 2014, *Signals and Boundaries: Building blocks for Complex Adaptive Systems*

► **TOP TIP:** Do not think of your endoscopy service in isolation. Improvements to your service will have a knock on effect to clinics, wards, theatres and GPs.

Applied to change management, systems theory highlights the following:

A system is made up of related and interdependent parts, so that any system must be viewed as a whole

A system cannot be considered in isolation from its environment

A system which is in equilibrium will change only if some type of energy is applied*

Players within a system have a view of that system's function and purpose and players' views may be very different from each other

*See the Change Model at www.england.nhs.uk/sustainableimprovement/change-model.

Within the NHS, the term 'whole systems thinking' is now routinely used by managers and clinicians. This widespread usage reflects an increase in the following:

Awareness of the multifactorial issues involved in health care, which mean that complex health and social problems lie beyond the ability of any one practitioner, team or agency to 'fix'

Interest in designing, planning and managing organisations as living, interdependent systems committed to providing 'seamless care' for patients

Recognition of the need to develop shared values, purposes and practices within the organisation and between organisations

Use of large group interventions to bring together the perspectives of a wide range of stakeholders across a wider system

NHS Change Model

The NHS Change Model has been created to support the NHS to adopt a shared approach to leading change and transformation.



Shared purpose connects us with our commitment and contribution to our core NHS values that bring people into the NHS to deliver outcomes that matter to local communities, beyond just what we do as individuals, teams or organisations. We need to know what problems we are trying to solve, and why it matters, the meaning, and a clear direction towards a worthwhile purpose.

Leading change means something when it is connected to purpose, connecting people to the change in a very open way. Shared purpose needs to be developed at different levels in the change process connecting back to the overall improvement we want to see.

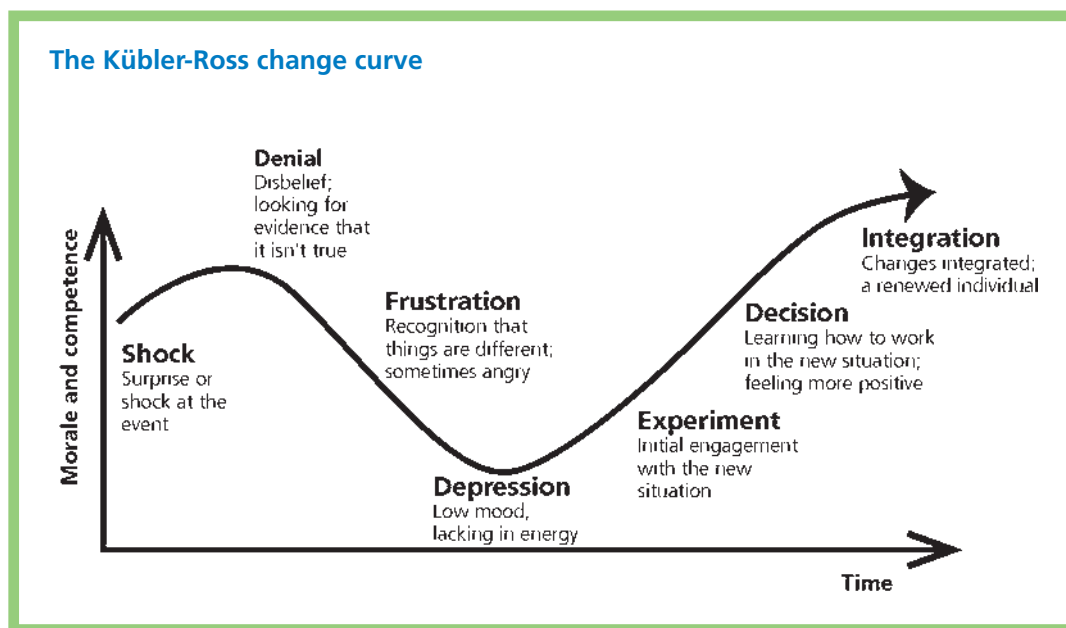
In reconnecting with our shared purpose the pull and push for delivering and adopting improvement is strengthened.

Our values, which sometimes get eclipsed by structures and hierarchy, unite us to collectively work together to take action on what we hold in common to sustain the NHS through the significant financial and quality challenges ahead, to deliver the vision, outcomes and goals for all.

Practical steps to introducing change

The change curve

As an Improvement Leader you can help transitions by considering the following checklists and change curve. You can use this model to determine where you and other team members are in the process of change.



Unless transition occurs, change will not work

- Transition starts with an *ending*
- The neutral zone is the *no-man's-land* between the old reality and new
- Transitions end with a new *beginning*

There are three typical outcomes of a change:

- It fizzles out and reverts back
- It plateaus
- It succeeds.

The actual outcome may only become apparent long after the change. It is important to keep showing and reminding people of the progress made so they believe the change is real and going somewhere. This will help get people through the change curve.

A checklist for managing endings

Help everyone to understand the current problems and why the change is necessary

Use 'What's in it for me' as a basis on how best to approach different individuals

Expect and accept signs of grieving and acknowledge those losses openly and sympathetically

Define what is over and what is not. People have to make the break at some time and trying to cling on to old ways prolongs the difficulties

Identify who is likely to lose what. Remember that loss of friends and close working colleagues is just as important to some, as status and power is to others

Show how ending something ensures the things that really matter are continued and improved i.e. improvement of experiences and outcomes for patients

Treat the past with respect. People have probably worked extremely hard in what may have been very difficult conditions. Recognise that and show that it is valued

Give people information and do it again and again and again in a variety of ways. Give people written information to go away and read, as well as the opportunity to talk to you and ask you questions

Losses are very subjective. The things one person may really grieve about may mean nothing to someone else. Accept the importance of subjective losses. Don't argue with others about how they perceive the loss and do not be surprised at what you may consider to be an 'over reaction'

A checklist for managing the neutral zone

Help people to feel that they are still valued

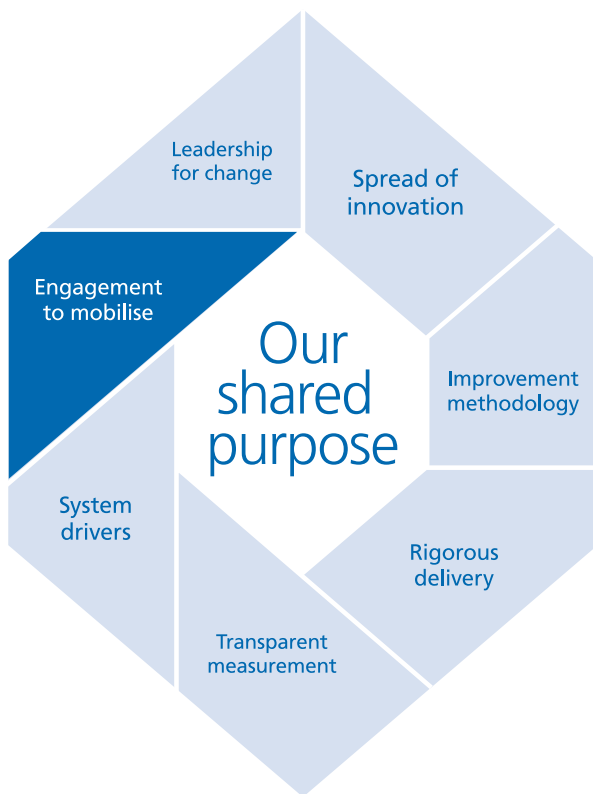
Recognise this as a difficult time that everyone goes through

Get people involved and working together and give them time and space to experiment by testing new ideas

Particularly, praise someone who had a good idea even if it has not work as expected. The Plan, Do, Study, Act (PSDA) model encourages trying things out and learning from each cycle

Give people information and do it again and again and again in a variety of ways. Make sure you feed back to people the results of the ideas being tested and decisions made as a result of the study part of the PSDA cycle

For more information about the Model for Improvement and PSDA cycles see the Programme Leaders Guide and the toolkit that accompanies The Productive Endoscopy Unit.



► **TOP TIP:** People responsible for planning and implementing change often forget that while the first task of 'change management' is to understand the destination and how to get there, the first task of 'transition management' is to convince people to leave home. You'll save yourself a lot of grief if you remember that!

Engagement to mobilise is one of the eight components of the NHS Change Model. Evidence and learning from social movements and community organising tells us that to affect large scale change it is essential that large numbers of people and resources must be engaged and mobilised in an effective, collaborative and strategic way. Change needs to be implemented at every level: nationally through senior leaders, regionally through existing channels, locally through commitment groups.

Engagement is founded on intentional relationships based around exploring shared values, harnessing new resources, actively seeking 'weak ties' as well as established 'strong ties' and these are skills that must be developed at every level in the system.

Engagement and mobilisation is about accelerating and aggregating the impact of our improvements – enhancing work that is often already underway, working through existing hierarchies and securing a broad constituency of support including the voluntary sector and other stakeholders.

It should enable all stakeholders to build relationships quickly focusing on creating 'urgency' for change from which to organise resources through developing 'commitments' to each other and to the common goal.

The change equation

There are lots of reasons why people may be hesitant about changing the way they do things. These may include the following.

Having a poor appreciation of the need to change or considering the need to change to be secondary to other issues

Having a poor understanding of the proposed solutions or consider the solution to be inappropriate

Disagreeing how the change should be implemented

Embarrassment about admitting that what they are doing could be improved

Lacking trust in a person or the organisation, as they believe it has failed to successfully implement change in the past

Anticipating a lack of resources

The change equation⁹ is a simple tool that gives a quick first impression of the possibilities and conditions to change an organisation.



For change to be successful, D,V, C and F must be greater than R. Generally, it is better to pull people towards a change rather than push people into it. People need to understand that the costs and risks of maintaining the status quo outweigh the risks and the uncertainty of making the change.

⁹ Gleicher, Beckhard, Harris 1987

As an improvement leader it would be a good use of your time to really understand the reasons for any resistance. Consider whether the person's apparent resistance stems from something they do not know or understand, something they do not have the capacity or resources to do, or something that they consider will leave them worse off than now.

Resistance is a natural, universal, inevitable human response to a change that someone else thinks is a good idea. Resisting change or improvement does not make someone bad or narrow-minded. Taking the views of sceptical colleagues seriously can provide new and valuable insights into the project that make success and engagement more likely.

The leader of a project or programme of work should possess a set of personal attributes as well as project skills/abilities to enable them to lead the project team to a successful outcome and co-ordinate delivery. The Productive Endoscopy Unit Toolkit contains a simple Excel tool to enable selection of a potentially effective Programme Leader, taking into account the competencies required to produce the desired results.

'What's in it for me?'

Essentially, when we take teams through a process of improvement to services, we are effectively asking them to change their behaviour at work.

Their reactions to change depend on many things:

- Are they in control of the change (through PDSA's)?
- Do they perceive themselves as winning or losing something by the change?
- Are they merely passive resistors of change or actively preventing the change?

This 'expected' new behaviour can be managed through performance reporting or monitoring and by the use of visual management.



...if your consultant staff aren't on board then it isn't going to work. Like so many other things in the NHS, they are the lynchpin and if you can't get them on board... it doesn't matter what else you do, the project isn't going to work.



Susie Peachey, National Improvement Lead, NHS Improving Quality

Helping people into their 'discomfort zone'

We have all experienced change situations where we have gone from a feeling of comfortable stability into a feeling of panic. It is useful for anyone in improvement to remember when it happened to them and understand those feelings.

The **comfort zone** is where some people are quite happy to stay. It may be a way of thinking or working, or a job that someone has been doing for a long time. In a comfort zone:

- Things feel familiar and certain
- The work is controllable and predictable
- People feel comfortable and competent
- There is no threat to self esteem or identity
- There is a sense of belonging

However, in the comfort zone people generally do not need to learn new things and therefore do not change.

The **panic zone** is the place many are forced into when confronted with a change that they do not agree with. It is when people have been forced into the panic zone that they will most likely feel:

- Stress, worry and fear
- Anger, irritation and annoyance
- Sadness, hopelessness and apathy
- Guilt and shame
- Inadequacy and frustration

Here people freeze, they certainly do not change and they will not learn.

As an Improvement Leader, the best strategy is to help people out of their comfort zone but not into a panic zone by encouraging them into the **discomfort zone**. It is in the discomfort zone that people are most likely to change and learn how to do things differently.

To encourage people to leave the comfort zone you need to help them feel 'safe':

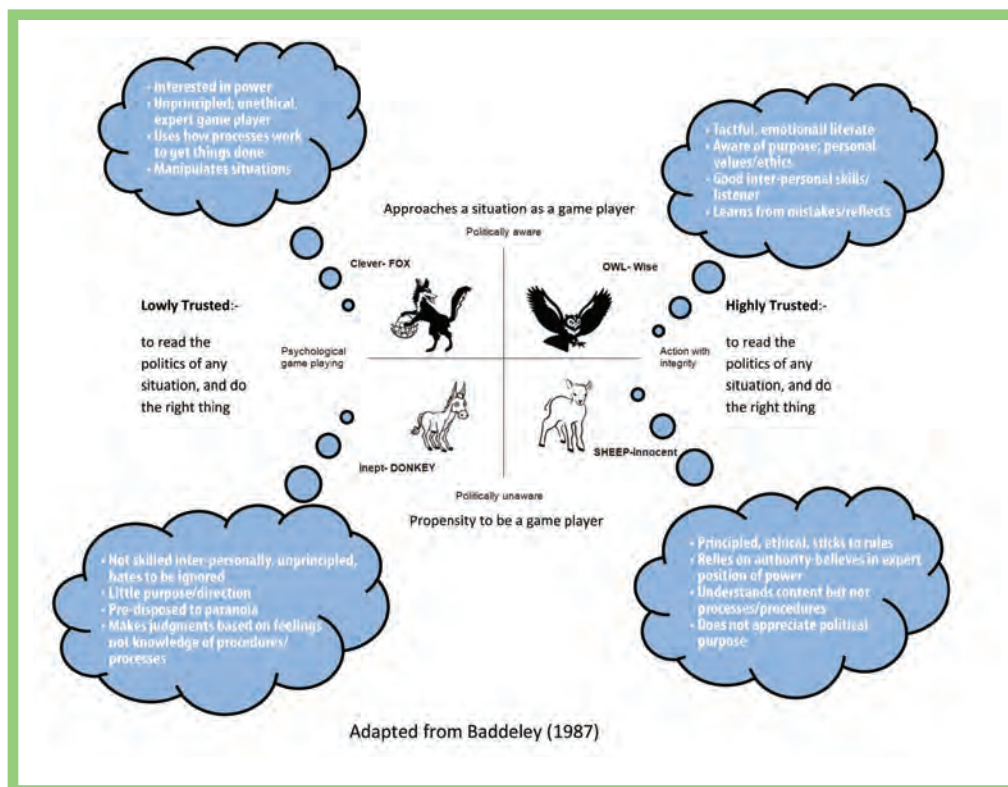
- Create a compelling and positive vision of how things could be
- Provide access to appropriate training and positive role models
- Provide coaches, feedback and support groups
- Ensure systems and structures are consistent.

Recognising differences

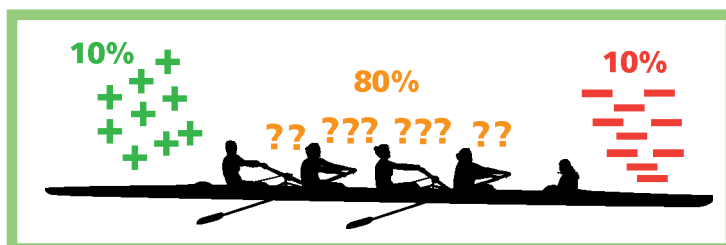
Baddeley and James (1987) devised a useful model to help understand organisational politics, the rules used and the roles/games people play. They identified four 'political animals' at large in most enterprises - the fox, owl, donkey and sheep. They describe almost 20 characteristics for each.

Political categories

- Fox/Clever - politically aware/psychological game player
- Donkey/Stubborn - politically unaware/psychological game-player
- Sheep/Innocent - politically unaware/acting with integrity
- Owl/Wise - politically aware/acting with integrity



Working with individuals



In the book 'Good to Great', Jim Collins states 'Be the first to get the right people on the bus (and the wrong people off it!)' If you start with the right people, ask them the right questions and engage them in vigorous debate, you can then decide on where you take the organisation.

However, we often have to engage teams that are already in place and it is here that we need to be able to understand personal styles and motivations. Some individuals in the team will be keen on the proposed changes, whilst others will be dead set against them. The majority of the team are likely prepared to be swayed either way.

To be able to relate the change to each individual, you need to be able to connect the change to them personally and frame the idea into how they think - to do this, you need to be able to recognise personal styles.



Value the sceptics around you. They're not necessarily being negative; they perhaps just haven't got their heads around what it all means yet. They may provide a viewpoint you hadn't thought of. They might actually have a point!



Lisa Smith,
National Improvement Lead, NHS Improving Quality

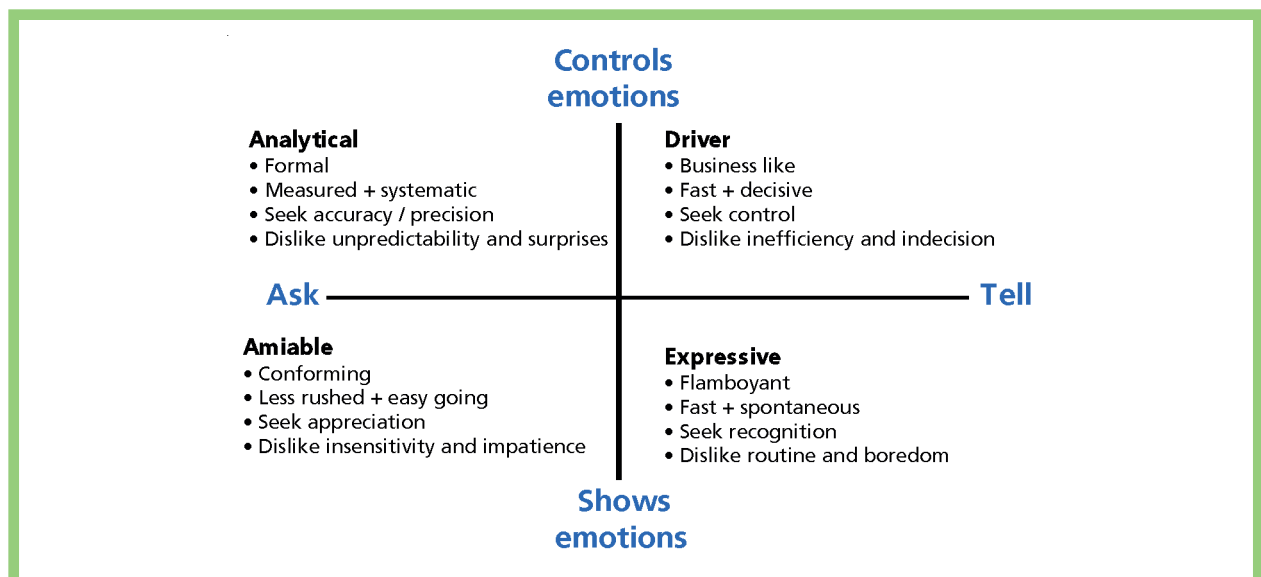


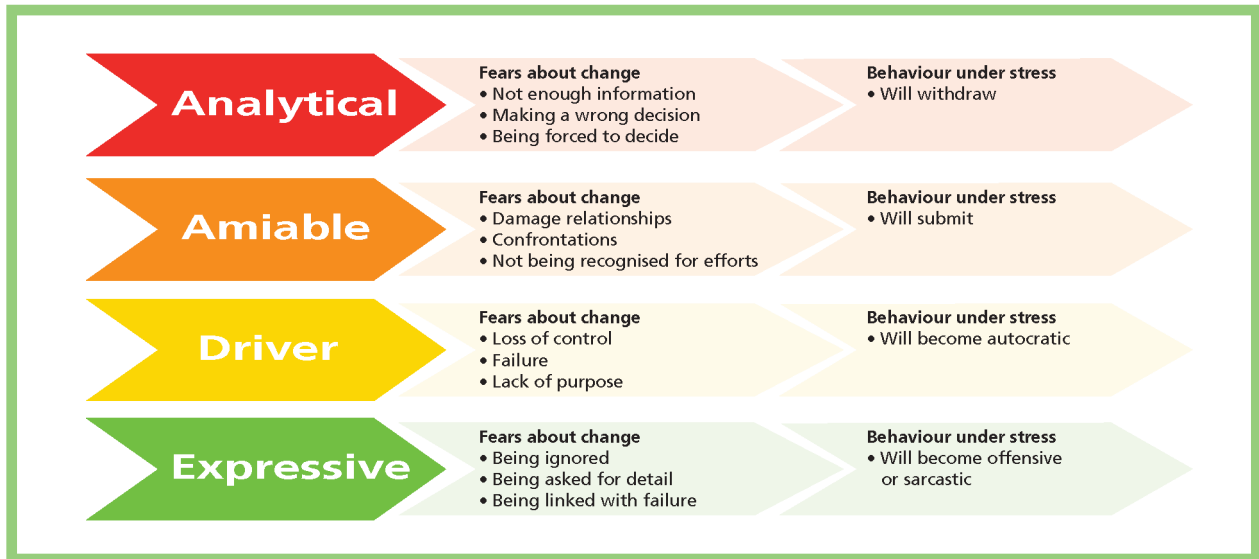
Here is a checklist for you as an Improvement Leader to manage change by working with individuals more effectively.

Do you:

- Put your main effort into trying to understand the other person? Every person is unique – respect the other person's view of the world
- Develop a range of styles for working with others? Do not just rely on one or two ways
- Ask open questions, listen carefully to the answers and show you are listening by using active listening skills?
- Create a real rapport with the other person with the appropriate non verbal communication?
- Ask for feedback? Are you aware of yourself and how you appear to others? Are you willing to be flexible, to learn and keep changing what you are doing until you achieve the results you want?
- Understand that every behaviour is useful in some way? Behaviour is the most important information about a person, but people are not their behaviours
- Remember that if you always do what you have always done, you will always get what you have always got?

Merrill & Reid (1991) divided people into four broad groups, describing a predominant style, their fears about change and how they are likely to behave under stress.





Using personal styles when working with individuals and groups

As an Improvement Leader you may need to have a discussion with someone about a possible improvement suggestion. In your preparation for the meeting ask yourself would this person prefer:

- A face to face explanation or would they prefer to have a paper to read through first?
- Specific information and supporting data or would they prefer to know what the implications are?
- The logical explanation with a cause and effect analysis and a clear options appraisal based on facts, or would they prefer to know the values behind the thinking and the effect it might have on staff and patients?
- To have a clear agreed plan with milestones or will they prefer to take a flexible approach?

We would suggest you prepare for all styles but listen for clues about an individual's preferred styles.

Working with groups

It would be good if you had the time to talk to everyone as an individual but this is rare. However, you can apply the thinking about personal styles when you work with a small group of just two or three people in a meeting or a larger group at an event. You should prepare to relate to all styles by including:

- Time for interactions and discussion as well as time for reflection
- Sufficient details and evidence to support your case as well as an indication of the possibilities
- The logic behind the thinking and the impact on people
- A proposed plan with milestones but one that also allows flexibility.

Before the event

- Make sure all necessary information is sent out to participants in plenty of time before any meeting or event
- Include the start and finish times, day, date, place, any preparation the participants need to do and the objectives for the meeting or event
- Do not forget to include a contact name and contact details for any questions.

During the event:

- Agree objectives and ground rules at the start. Ground rules could include allowing everyone the opportunity to participate, being honest and open, ensuring confidentiality within the group etc.
- Set timeframes for the start and end of the event and for lunch and coffee breaks, but allow flexibility in the agenda between those times
- Use the flip chart as a 'car park' for ideas, issues and thoughts which deviate from the agreed objectives of the session. If a group gets fixated on the details, for example when mapping the patient journey, agree to 'park' the issue and move on. You can return to these issues later in the day, or at subsequent events
- Summarise and agree deadlines, actions or next steps together. Agree a deadline for notes from the meeting to be sent out. Include actions around the ideas, issues and thoughts that were noted on the flip chart
- Consider ways of working that take the different styles into account, for example:
 - Have back-up data and information available for those who want it, but do not go into too much detail with the whole group
- If you need to generate ideas or gain information from the participants, ask them to think by themselves for a few minutes and write down their thoughts before having a group discussion.

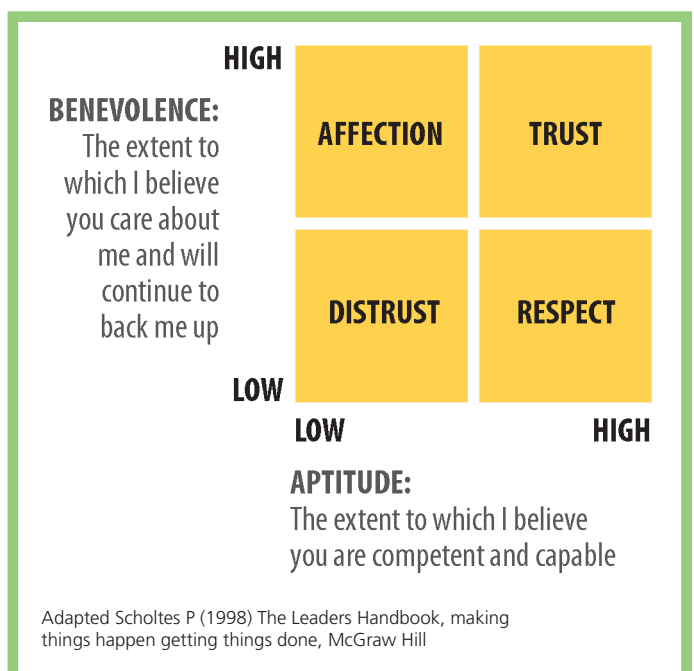
After the event make sure that the notes are circulated within the agreed time and that agreed actions are followed up.

Building trust and relationships

If you have a good relationship and mutual trust between yourself and those you are working with, you are more likely to find them receptive to the new ways of thinking and the improvement methods you want to introduce.

What is trust?

Trust is a combination of two things: competency and caring. Competency alone or caring by itself will not create trust. This model, illustrated, says that if I think someone is competent, but I do not think they care about me, or the things that are important to me, I will respect them but not necessarily trust them. On the other hand, if I think someone cares about me but I do not feel they are competent or capable, I will have affection for that person but not necessarily trust them to do the job in hand.



Trust and relationships

You can encourage people to trust you if you:

- Do what you say you will do and do not make promises you cannot or will not keep
- Listen to people carefully and tell them what you think they are saying. People trust others when they believe they understand them
- Understand what matters to people. People trust those who are looking out for their best interests.

You can encourage good relationships with people if you:

- Are able to talk to each other and are willing to listen to each other
- Respect each other and know how to show respect in ways the other person wants
- Know each other well enough to understand and respect the other person's values and beliefs
- Are honest and do not hide your shortcomings. This may improve your image but does not build trust
- Do not confuse trustworthiness with friendship. Trust does not automatically come with friendship
- Tell the truth!

Managing conflict

Conflict is often a reality of improvement and cannot be avoided but it can be managed and it can turn out to be very positive. An organisation that was operated completely by computers or robots without any people would never experience the stresses and detrimental effects of conflict. However that organisation would not remain in business for very long, as it would never grow and develop.

Conflict can be defined as 'when behaviour is intended to obstruct the achievement of some other person's goals¹⁰.'

Conflict can range from a minor misunderstanding, to behaviour where each party only seeks to destroy the other. Generally conflicts have two elements:

- The relationship between the people involved
- The issue which is the basis of the disagreement.

As an Improvement Leader, you should try to intervene effectively in the early stages of conflict by preventing, containing or handling, even if you are involved in the conflict yourself:

- Preventing escalation by identifying early signs and taking action
- Containing it to stop it worsening by dealing with difficulties and tensions and working to re-establish relationships
- Handling by taking positive steps to deal with the conflict issues and monitoring the effects.

If the conflict gets worse, you will probably need someone else to help the parties involved in the conflict develop longer term strategies.

¹⁰ Coon, D (1992)

Preventing conflict from escalating

Conflicts will take on a life of their own and will get worse if left alone, so ask yourself the following questions about any conflict as soon as it becomes apparent to try to stop it escalating:

- What type of conflict is it?
 - Hot conflict: where each party is keen to meet and discuss to thrash things out
 - Cold conflict: where things are kept quiet and under the surface
- What are the most important underlying influences at work?
- What is this really all about?
- Where is the conflict going?
- How can I stop it?
- What needs to happen now?

Containing conflict

Remember that conflicts are more about people than problems, so understand and value the differences in the parties involved, which may include yourself:

- Recognise your own style with its strengths and its limitations
- Listen and try to understand the other person instead of attributing a motive from your viewpoint
- Ask questions to develop your understanding of the goal from the other person's point of view
- Look for a solution that incorporates both goals.

Handling conflict

The following checklist of DOs and DON'Ts may be useful at any stage of a conflict situation.

Conflict means different things to different people. This may be due to their personal style or even their professional training.

- Some people can find a heated discussion stimulating and enjoy a 'good argument' whilst others can be torn apart by it. Just because someone asks you lots of pointed questions or disagrees with you in a meeting does not mean that they are against you or the objectives of your improvement idea. It may just be their way of gathering further information to think about later
- Remember also that doctors and scientists in general are trained to challenge information, concepts and ideas. They may be testing out the validity of the project and your knowledge. We have found over and over again that direct questioning does not mean that people are against the proposal

The main thing is to acknowledge any conflict and not to avoid it. Describe the issues involved, talk about it and work through it.

DO

- Work to cool down the debate in a hot conflict
- Convince parties in a cold conflict that something can be done
- Ensure that the issues are fully outlined
- Acknowledge emotions and different styles
- Make sure you have a comfortable environment for any meeting
- Set a time frame for the discussion
- Ensure good rapport
- Use names and, if appropriate, titles throughout

DON'T

- Conduct your conversation in a public place
- Leave the discussion open - agree next steps
- Finish their sentence for them
- Use jargon
- Constantly interrupt
- Do something else whilst trying to listen
- Distort the truth
- Use inappropriate humour

CASE STUDY

There was an agreement to decide a set of referral criteria for patients with suspected cancer. Each of the consultants involved currently applied different clinical practice and different thresholds for deciding whether or not a patient was high risk. The discussions lasted for several weeks and were characterised by one consultant quoting research findings only to be challenged by another using anecdotal evidence and a third acting as devil's advocate posing many 'what if' scenarios.

The Improvement Project Manager managed the situation in a number of ways. These included summarising where there seemed to be agreement and bringing examples of criteria set by other hospitals, both to stimulate discussion and to foster an environment of wider collaboration.

The team of consultants eventually agreed on a set of criteria and went on to demonstrate their ownership and agreement by collectively defending their decisions at a national conference, in the face of intense questioning from their peers.

When asked about the process, the consultants commented that they had never had such an in depth argument about clinical practice and they had found it invigorating. They said that it had set the tone for frank discussions in other meetings and the 'conflict' had kept them hooked on the project.

Communication

Conflict and communication are inseparable. Communication can cause conflict: it is a way to express conflict and it is a way to either resolve it or perpetuate it. It is very often a breakdown in communication, or interpretation of that communication, that will inflame the conflict situation and facilitate it. So it is worth taking a bit of time to summarise the lessons about communication, although these will probably not be new to you.

General tips for good communication

Uncertainty is more painful than bad news, so communicate early and often

Seek first to understand and then to be understood

Communicate directly with the people that matter using multiple media, but preferably face to face

Make the communication process transparent and two-way

Be honest and tell the truth

The result of a communication is the response you get back, which may be different from what you intended

You will always be communicating, even when you think you are not

A person cannot **not** communicate, and behaviour is the highest form of communication.

Exploring

Exploring is the use of questions and the encouragement to open up and enlarge your understanding of issues from others. The aim is to explore responsively rather than to interrogate, so use questions that encourage the other person to describe information and feelings of significance:

- Follow the speaker's direction: 'tell me more about that...', 'what happened then...', 'is there anything else...'
- Avoid 'why' questions as they often create defensive responses, instead use what, how and when.

Active listening

Active listening is listening to others in order to understand their ideas, opinions and feelings and to demonstrate actively to the person that you have understood their ideas, opinions and feelings:

- Give the speaker your full attention and build rapport
- Reflect back using the speaker's words, either in a pause or interrupting with permission: 'can I just check that I've understood these points?'
- Reflect back any feelings behind the words you may have become aware of, by re-stating them: 'it sounds as if you are frustrated by this', 'it sounds as if that was a very exciting opportunity for you'
- Summarise and clarify what you have heard after several reflections to check your understanding of the whole topic

When you are sure you have completely understood the other person's ideas, opinions and feelings, you can interpret with 'it sounds as if you intend to...' or 'it sounds as though you would prefer to...'. However, be prepared for a negative reaction if the speaker perceives you are distorting what they have said to suit your own agenda.

Benefits of active listening

- The speaker feels understood, has opportunities to express thoughts more concisely and opportunities to correct misunderstandings
- Being listened to helps people off-load and eliminates things that block future thinking and action
- The listener has to suspend their own opinions and own agenda and follow the direction of the speakers. This means giving up on solving the other person's problems for them
- Listening and valuing another's point of view opens you up to being influenced by that point of view and you are more likely to reach a win-win outcome

Communication DOs

Before a meeting

Prepare well for any meeting even with one person

Research the issues and the background

Adjust your approach depending on the person and outcome you are trying to achieve

Recognise the pressures of the other person and the difficulties they may face in prioritising their actions

During the meeting

Be clear and concise

Engage in active listening

Keep a clear mind

Respond don't react

Provide credible information and a range of solutions or options

Communication DO NOTs

Try to be invisible by communication through emails only
Avoid the issue
Have preconceptions about the other person
Over use jargon, theory or complex ideas
Start from a fixed position that you are determined to defend at all costs
Preach to people
Get excited with shouting and finger jabbing
Do more talking than listening or interrupt the other person with your own point of view
Try and score points

Rule of three

If you are unsure about how to prepare for a meeting there is a very good rule of three, which you may find useful. Listen to public speakers, they use it all the time.

Three stages in a meeting	Connect	Convince
Informing	Topic one	Topic two
Persuading	State the position	Identify the problems
Convincing	Must do	Should do

Visibility of leadership

People work better when someone demonstrates an interest in what they're doing (the Hawthorne effect).

Having a visible presence as a leader is the best way to give the correct message that you are interested in the work of the team, and is the basis for 'management by walking around' (but stopping short of trying to micro-manage and undermining the project manager).

Emotional intelligence

Engaging others in improvement - using emotional intelligence

Emotional intelligence is described as being 'the ability to monitor your own and others feelings and emotions, to discriminate among them and use the information to guide your actions'¹¹ or 'knowing how to separate healthy from unhealthy feelings and how to turn negative feelings into positive ones'¹². It involves five characteristics and abilities to help us decide which goals are worth achieving:

- Self awareness
- Mood management
- Self-motivation
- Empathy
- Managing relationships

Winning hearts and minds

Since improvement depends on the actions of people, ultimately it comes down to winning hearts and minds. People are not machines. You cannot make others simply do as they are told, nor can you be everywhere at once in order to watch others to ensure compliance. Command and control cannot work in human-intensive systems like health and social care because there can never be enough commanders and controllers to go around, and none of us is willing to put up with the approach that would be required. So we need to win hearts and minds.

Spreading improvement ideas

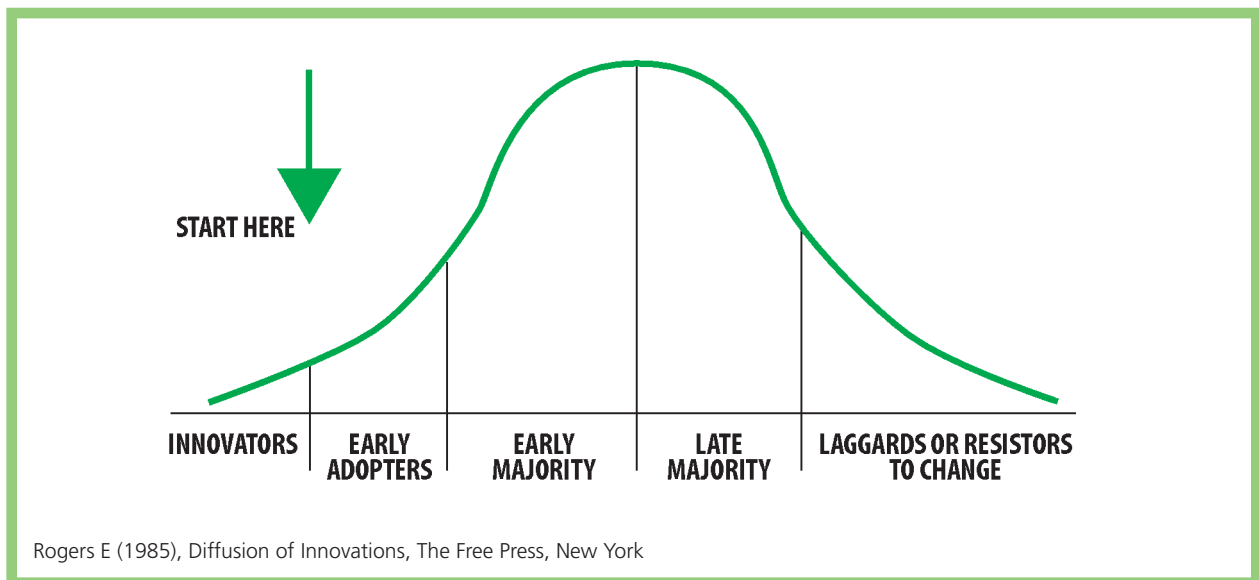
You may be really enthusiastic about improvement but others may not share your enthusiasm and now you will have some idea why.

You need to work initially with the people who want to get involved in improvement. In the model overleaf by Rogers, these are the groups towards the left of the curve: innovators and early adopters. Ideas rarely spread instantly but there is a natural flow of new ideas between the groups. The flow is from those people who are the innovators and the early adopters, to those who are a bit cautious and take a wait-and-see attitude of observation before they are ready to commit, to those who hold out on adopting the idea until the end. This is a natural process. Sometimes people refer to those who prefer to hold out as 'laggards' or 'resistors to change' but this is not very helpful as it sets up conflict. It may be that these individuals or groups have either not yet seen a need or they do not believe that the ideas on offer fulfil the need. Rather than repeating the current argument for the new idea with even more vigour and enthusiasm, it would be wiser to consider modifying your approach based on a better understanding of how those who are seeming to hold out view the needs and the ideas presented so far.

Research has shown that if you engage 20% of a population, the rest will follow, but it will take a bit of time. Remember also that someone who is a 'laggard' of one new idea may be an 'early adopter' of a different idea.

¹¹ Mayer and Salovey 1990

¹² Hein 2005



This guide has concentrated on individuals. What about when an individual is ready and willing to change but the group they closely associate with is not?

It really depends on the power and position of the individual who wants to change and the make up and maturity of the group:

- Use the change equation and the 'what's in it for me?' framework to tailor the change to the 'willing' individual for at least one PDSA cycle
- Plan to spread the practice of the 'willing' individual to the group they closely associate with
- Plan an intervention at the group level such as process mapping/value stream mapping to engage the whole group.



Leading through change is at the heart of improving patient care and has never been more relevant to the NHS. But to be successful, it requires the courage to see where we are going wrong, the willingness to challenge ourselves and our staff to improve, the confidence to find better ways of managing care and the commitment to implement new practices. Change is always possible and always necessary if we really believe in improving healthcare.



Dr Tim Treble, Consultant Gastroenterologist, Portsmouth Hospitals NHS Trust

TOP TIPS for involving the whole team

Be honest with people - there might not be a 'what's in it for me?' on an individual basis, but the overall process will be improved

Be inclusive - consider all stakeholders; do not leave people out because you do not think they need to be involved

Consider everyone's views - make sure you take the views of introverts on board as well as those of extroverts

Take time to evaluate the situation – do not assume

Aligning individual values and beliefs with those of the organisation is important. It may be necessary to challenge some personal beliefs that are not shared by other staff or by the organisation

Work at the right pace for the team. It is very important not to ask too much too soon

Try to maintain momentum, especially at the early stages (although balancing this need with that of maintaining a sensible pace). Early, simple, demonstrable improvements ('quick wins') may help to establish momentum

Understand "What's in it for me/you/us?" - balancing and meeting the needs of individuals, the team and the organisation

Choose your own starting point - present ideas to the team and let the decision on where to begin be a group decision. Helping the staff to suggest/guide the things to be changed will be empowering

Remember there is nothing wrong with the 'laggards' - perhaps a strategy is to focus on the 'late majority' and consequently entice the 'laggards'

People do not 'resist change', but they will resist being changed

It is important to manage expectations and not get carried away

The key is working with differences, treating people differently because they are different. For example, telling people things in the way that they hear them best

The 'communication thing' - how to make sure communication is effective, especially where teams have shift working, part-time members, outreach staff etc.

Manage expectations - of the executive sponsor and team members

Deal with divisive behaviour and under performance

Develop an aspirational vision and do not settle for mediocrity!

Celebrate your successes no matter how big or small

Goldratt, in his book *Theory of Constraints*, spends the early pages talking about the process of change. This has been summarised in the table below.

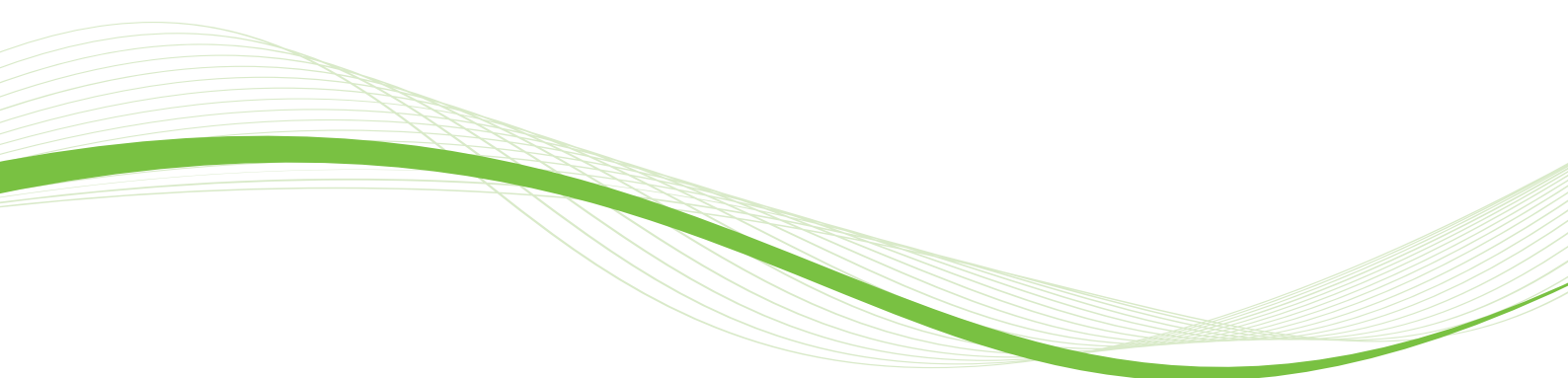
Goldratt says	As an Improvement Leader, we suggest you	Refer to other modules of The Productive Endoscopy Unit and the Toolkit
<ul style="list-style-type: none"> Any improvement is a change Not every change is an improvement But we cannot improve anything unless we change it 	<ul style="list-style-type: none"> Help everyone to see and understand the current process Involve patients and carers in redesign and help staff to know their views and concerns Set aims and measures to ensure that all implemented changes do make improvements Develop a culture of improvement so that any improvement you make is sustained 	<ul style="list-style-type: none"> Process mapping analysis and redesign Involving patients and carers Measurement for improvement Managing capacity and demand Improving flow Building and nurturing a culture of improvement Leading improvement
<ul style="list-style-type: none"> Any change is a perceived threat to security There will always be someone who will look at the suggested change as a threat 	<ul style="list-style-type: none"> Understand what is important to individuals and groups Use the 'what's in it for me' framework 	<ul style="list-style-type: none"> Change equation What's in it for me?
<ul style="list-style-type: none"> Any threat to security gives rise to emotional resistance You can rarely overcome emotional resistance with logic alone Emotional resistance can only be overcome by a stronger emotion 	<ul style="list-style-type: none"> Recognise and understand differences in how people react, like information, make decisions etc. Develop flexible ways to relate to and build rapport with different people 	<ul style="list-style-type: none"> Helping people into their discomfort zone How to recognise differences Building trust and relationships Creating rapport Managing conflict Communication

Reference: Goldratt E (1990) *Theory of Constraints*, North River Press, Massachusetts.

Summary

Moving to a culture of change is essential for continuous quality improvement. Understanding how change works can save time and improve the chances of success. The NHS Change Model can provide a framework to support the process of change. Have a vision and a plan for your programme/project; understand what is in it for you and your colleagues and work hard on building trust and managing relationships.

Resistance to change can be positive, but managing conflict is essential - communication and understanding of personal perspectives can make the difference between success and failure... and finally, celebrate your successes!



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