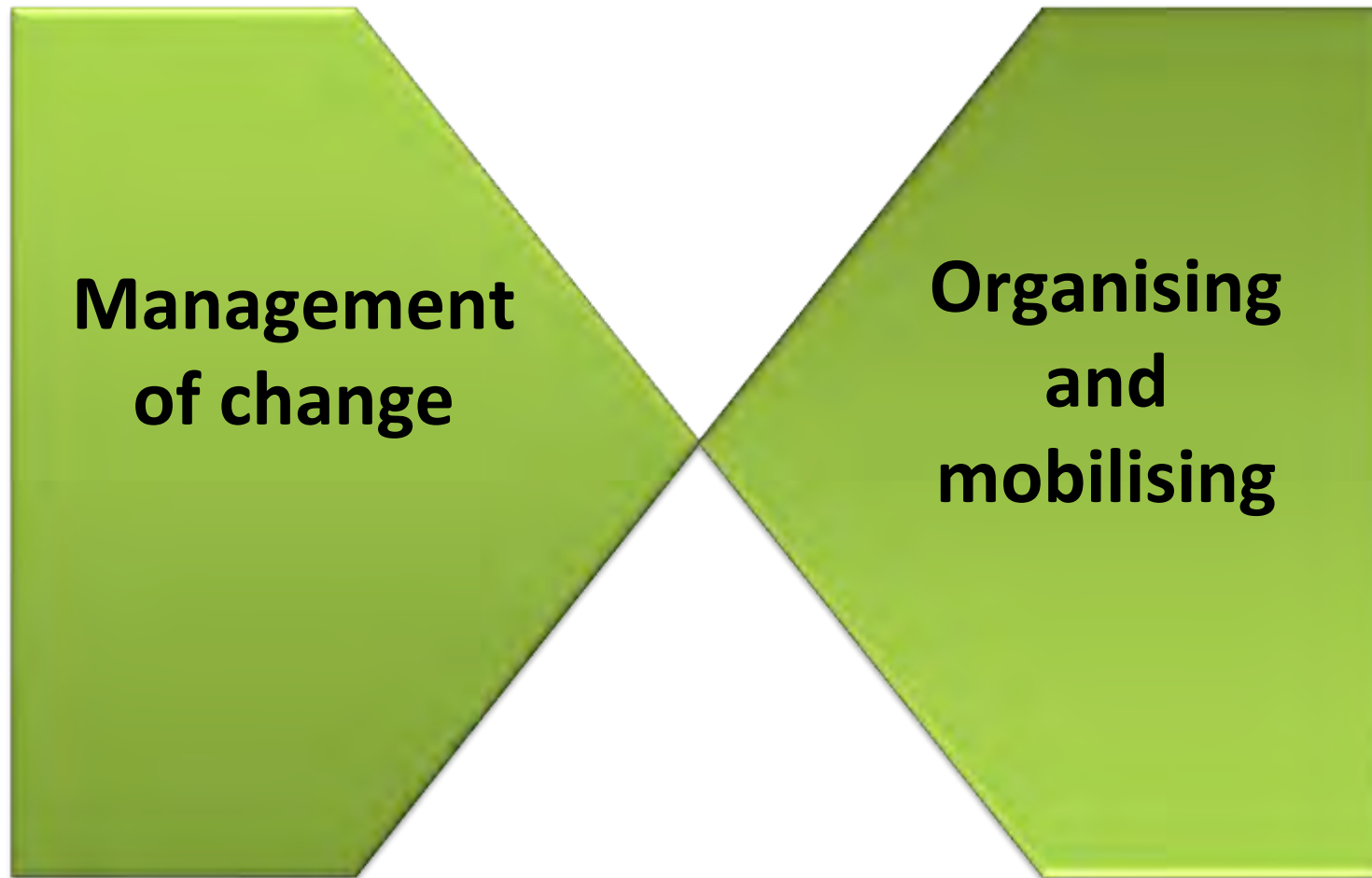


Creating contagious commitment to change for quality and cost improvement

10th March 2011

Which tradition of change?



Which tradition of change?

- Organisational behaviour
- Leadership and management studies
- Clinical/medical audit
- Improvement “science”
- Academic tradition(s) – 100 years



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- Community organising, campaigns and social movements
- Learning from popular, civic and faith-based mobilisation efforts.
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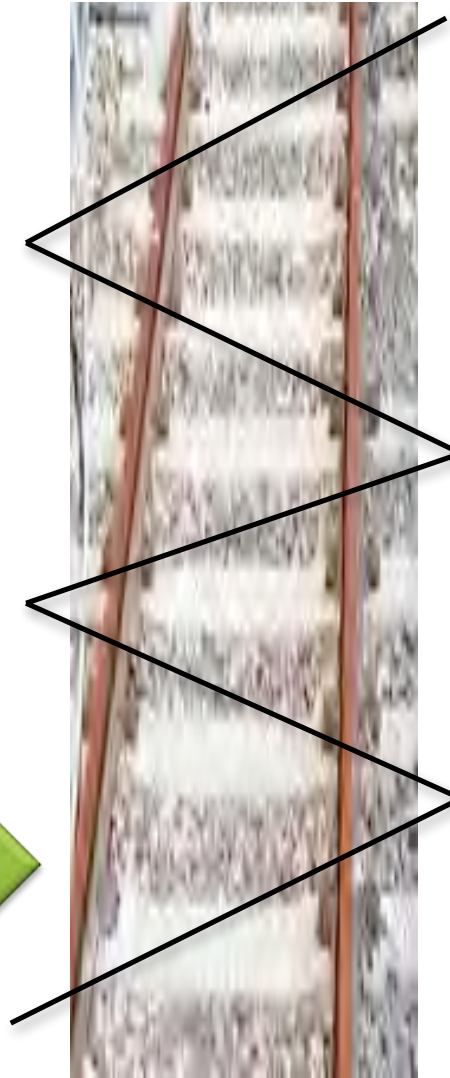


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“Often change need not be cajoled or coerced. Instead it can be unleashed.”

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

“You can't impose anything on anyone
and expect them to be committed to it.”

– Edgar Schein, Professor Emeritus
MIT Sloan School

From the old world to the new world

From	To
Compliance	Commitment
States a minimum performance standard that everyone must achieve	States a collective goal that everyone can aspire to
Uses hierarchy, systems and standard procedures for co-ordination and control	Based on shared goals, values and sense of purpose for co-ordination and control
Threat of penalties/sanctions/shame creates momentum for delivery	Commitment to a common purpose creates energy for delivery
Based on organisational accountability (“if I don't deliver this, I fail to meet my performance objectives”)	Based on relational commitment (“If I don't deliver this, I let the group or community and its purpose down”)

Source: Helen Bevan

How do we improve quality and reduce costs at scale?

The
'mobilisation'
mindset for
improvement

**Focus: energy for
change**

- imagination
- engagement
- moving
- mobilising
- calling to action
- creating the future

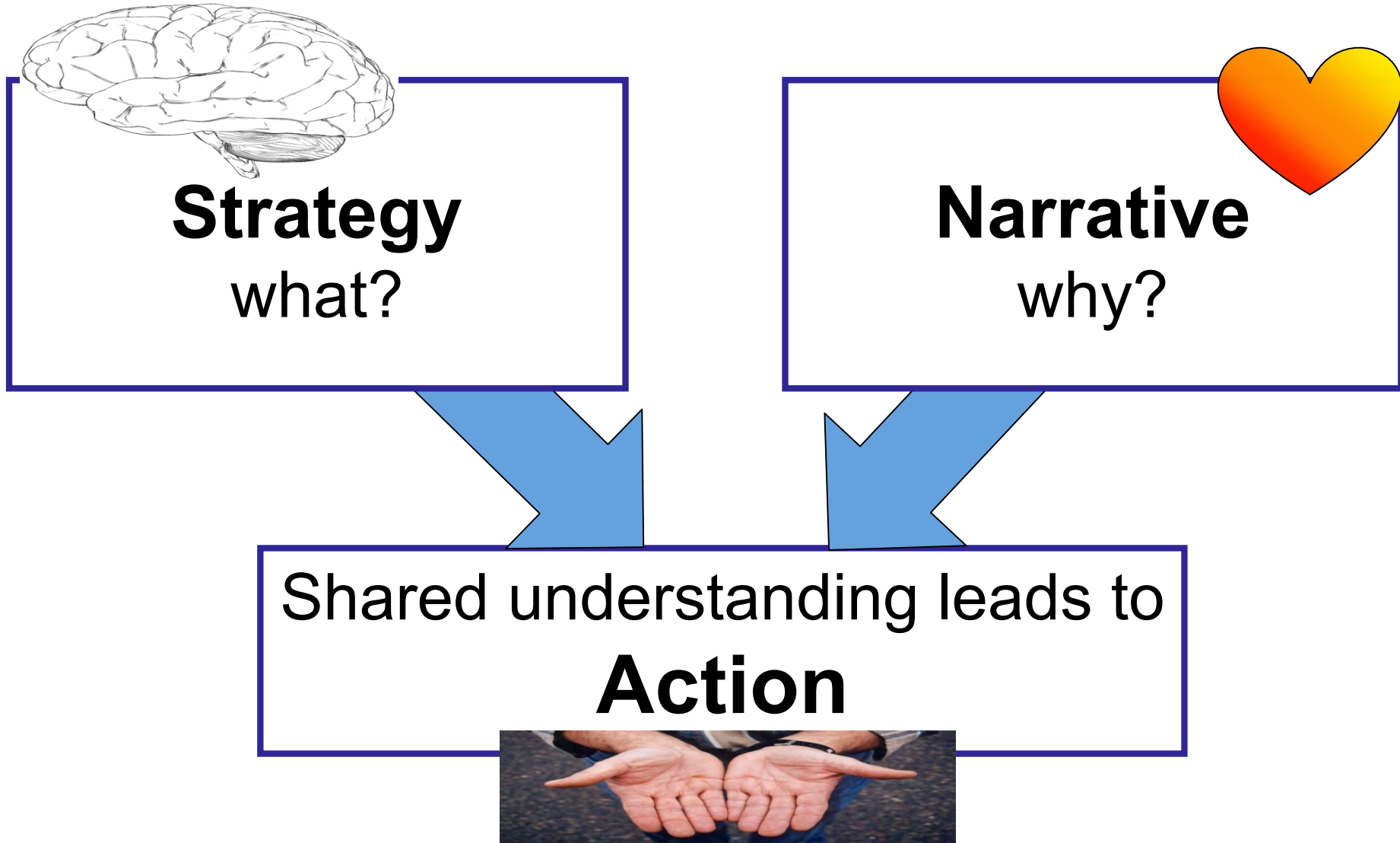


The 'clinical
system'
mindset for
improvement

**Focus: effectiveness
and efficiency**

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

How do we create change at scale?



mobilising

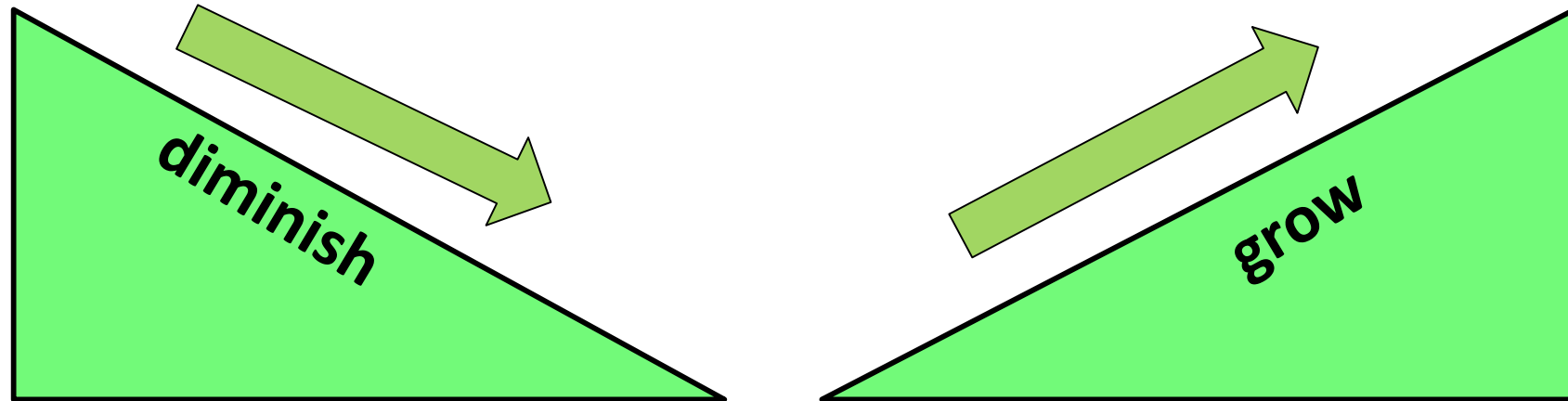
versus

organising

What is strategy?

Strategy is the process of turning
the **RESOURCES** you have into
the **POWER** you need to win
the **CHANGE** you want

Resources to improve quality and cost at scale



Economic resources

diminish with use

- money
- materials
- technology

Natural resources

grow with use

- discretionary effort
- relationships
- commitment

Based on principles from Albert Hirschman, *Against Parsimony*

Discretionary effort

- what we willingly do because we want to
- extent to which we are interested and involved in assisting the organisation in accomplishing its goals
- an unmanaged and unrealised resource for most organisations
- represents a range of performance 30-40% above that which is actively realised by an organisation

Discretionary effort

WORK is contractual

EFFORT is personal

So what is the evidence about discretionary effort?

- Workgroups with positively engaged members have higher levels of productivity (average 30%), greater profitability, better safety and higher levels of retention [Source: Harvard Business Review, May 2005]
- UK employees say they would achieve 30% increase in productivity if they were more motivated and better managed [source: Hay Group]
- The Corporate Executive Board found that employees with lower engagement are 4 times more likely to leave their jobs than those who are highly engaged
- The single most important contributor to feelings of employee engagement, empowerment and satisfaction is based on the relationship they have with the leaders of the organisation [Sources: Ribelin, 2003, Eisenberger, Stinglhamber, Vandenberghe, Sucharski, Ivan & Rhoades, 2002]

Who do we need to organise?

The “decision makers”

- GPs
- Hospital doctors
- Psychiatrists
- Care homes
- Pharmacists
- Commissioners
- Policy makers
- Regulators
- etc

Example:

reducing inappropriate use of antipsychotic drugs for people living with dementia

Who do we need to organise?

**People living with
dementia and their
carers**

The “decision makers”

- GPs
- Hospital doctors
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- etc

**Others who we can
organise to incentivise
those with the power
to make changes**

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

Source: adapted from Steve Radcliffe

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



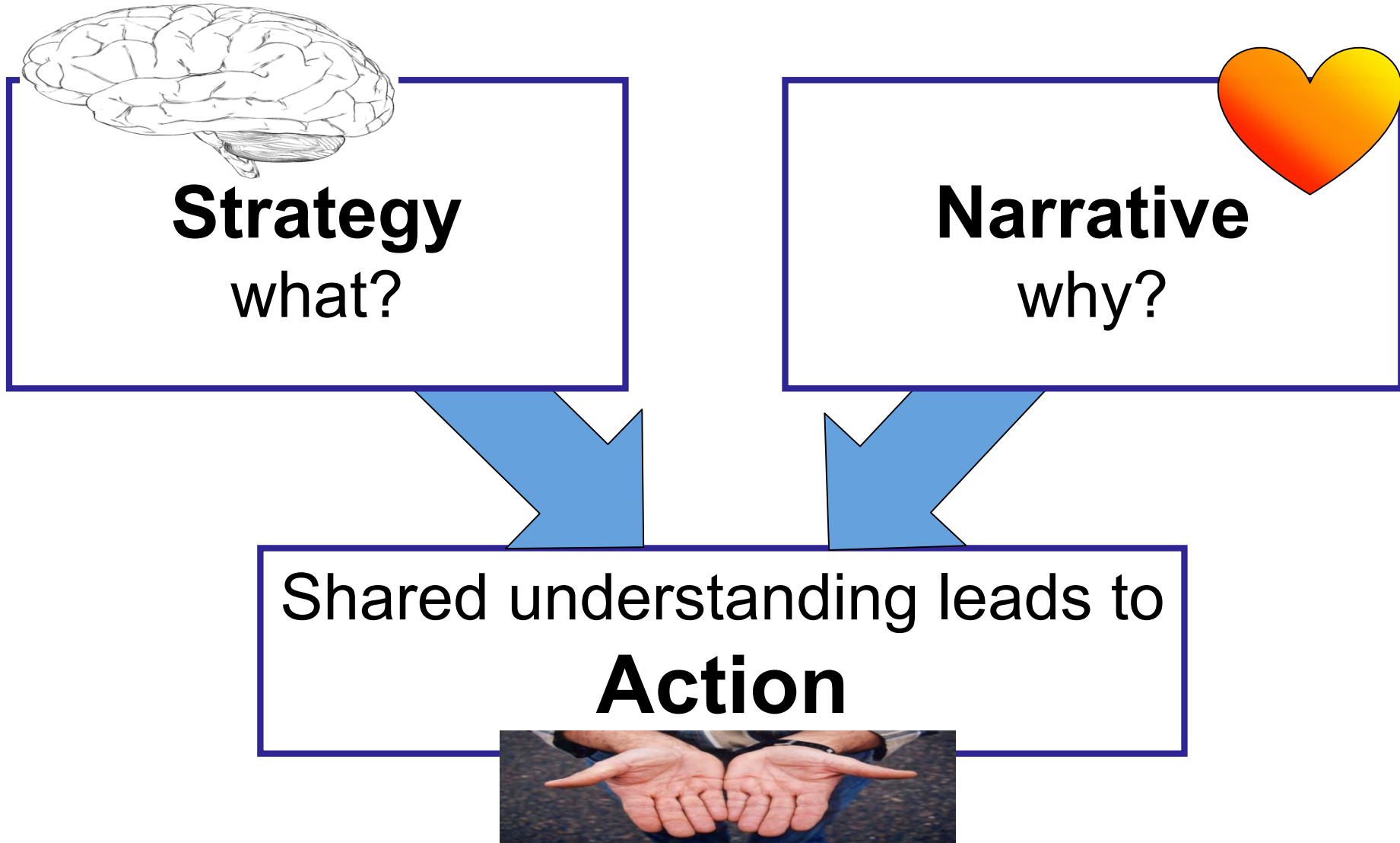
Conclusions about energies for change for quality and cost improvement

- 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 emotional and spiritual energy

Question

- Which energies do we use most in our leadership work?
- How might we change the balance to get better, quicker outcomes?

How do we create change at scale?

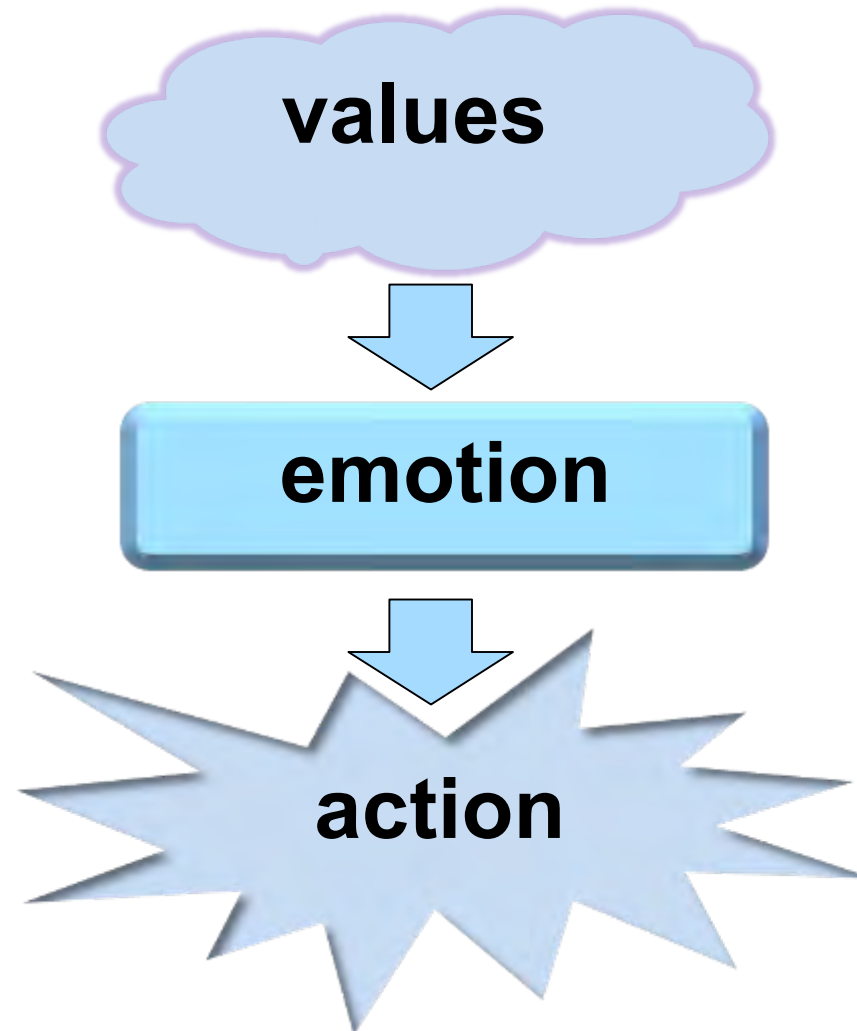


The challenge

“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*

The key to motivation is understanding that values inspire action through emotion



Source: Marshall Ganz

Action inhibitors

Inertia

Apathy

Fear

Self-doubt

Isolation

Action motivators

Urgency

Anger

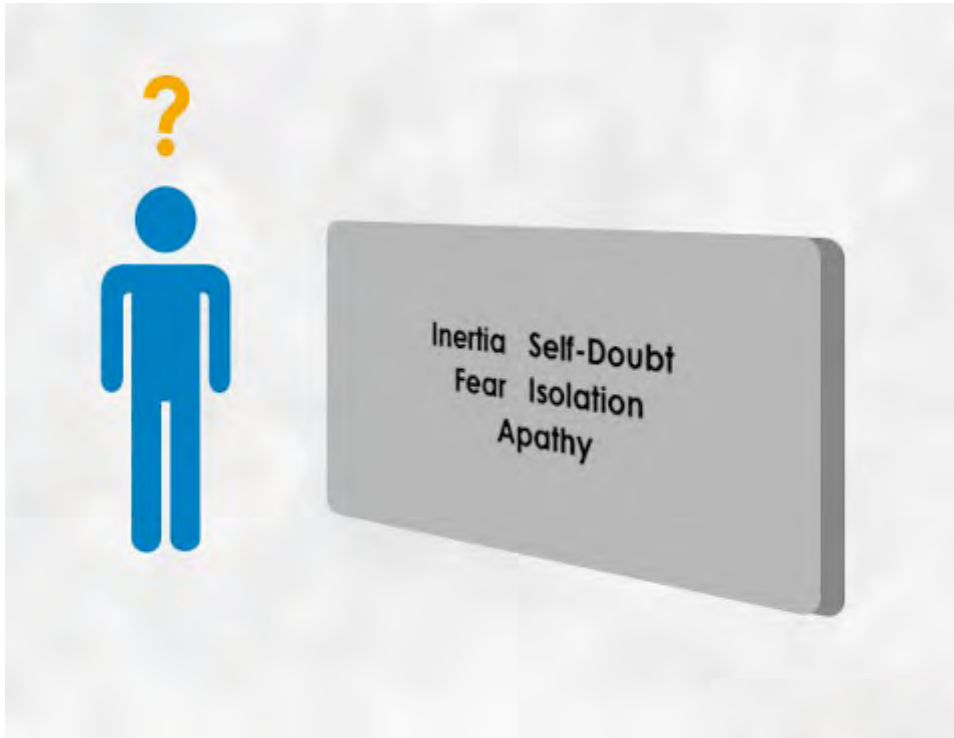
Hope

**You can make
a difference**

Solidarity

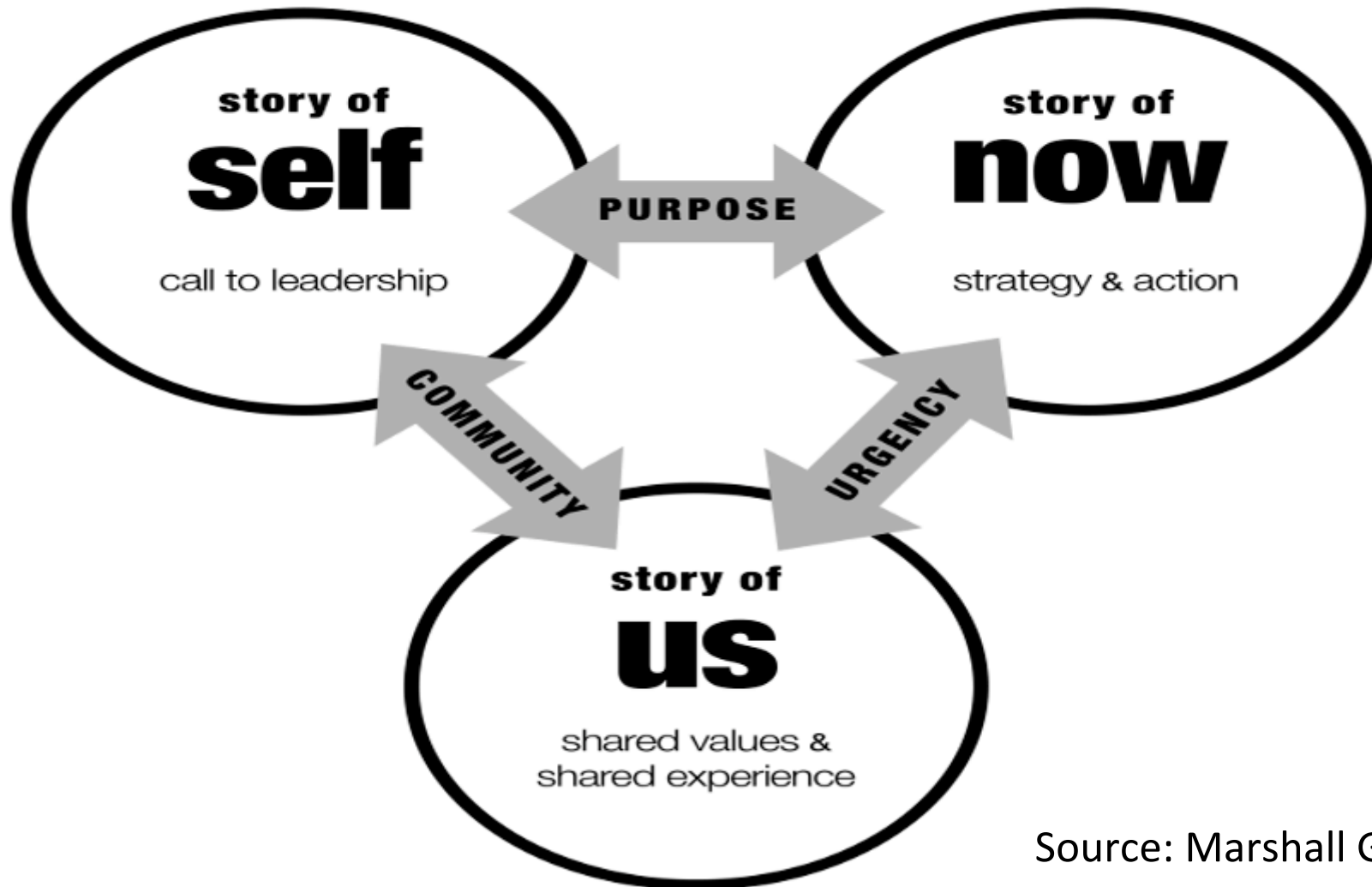


OVERCOME



Source: Marshall Ganz

Public Narrative



Source: Marshall Ganz

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?

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

NHS

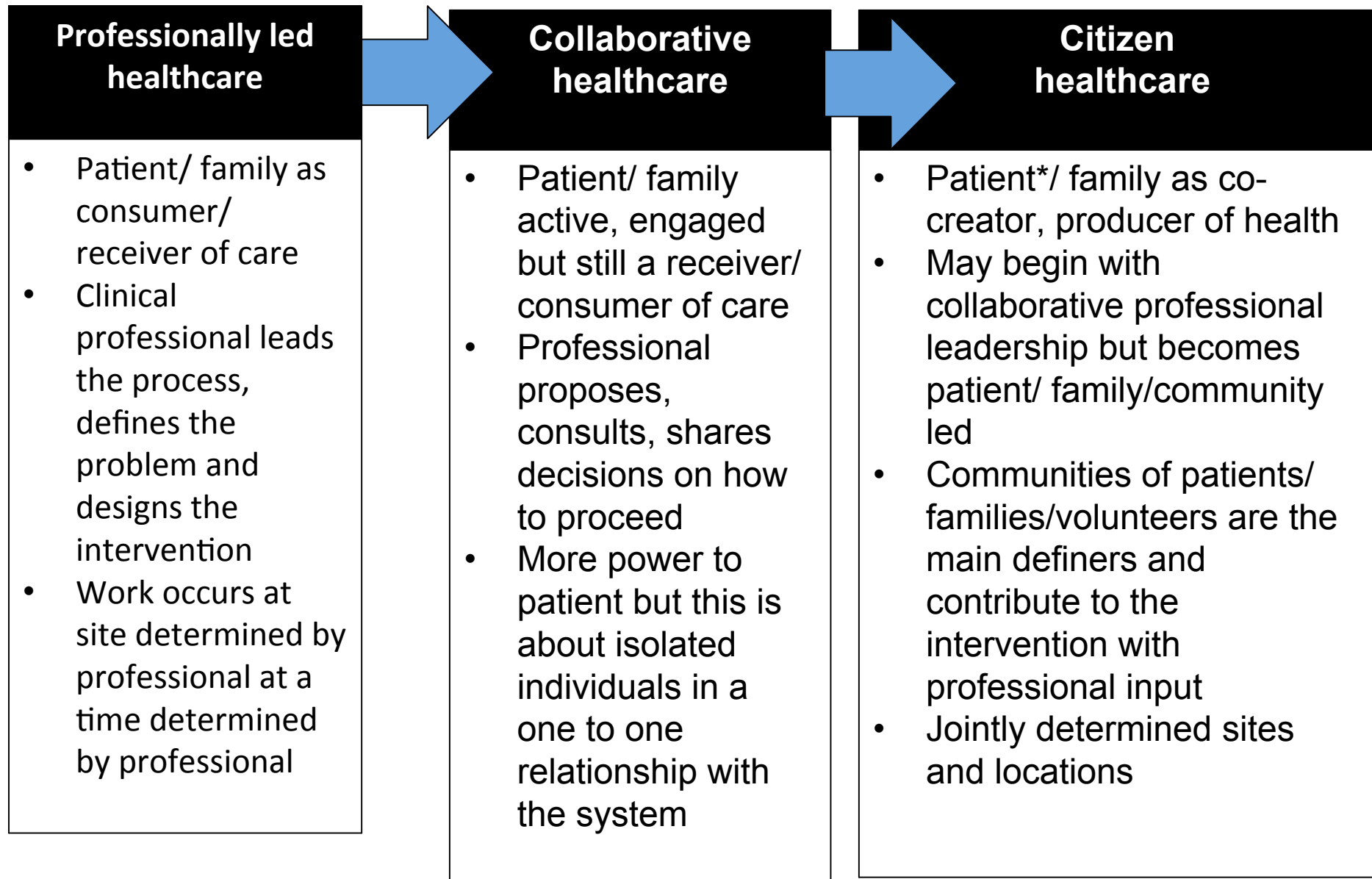
Energise for
Excellence: a call
to action for nurses
and midwives



"The best outcome of all was the impact on patients; the incidence of patients with pressure ulcers on my ward dropped from just over six a month to zero. I calculated that the saving to the trust on this ward alone was £8,000 a month."

energisforexcellence@dh.gsi.gov.uk

What is the potential for organising in healthcare?



*Need to change the terminology as the terms such as "patient" or "user" suggests a passive receiver/ consumer of care

Source: adapted from the work of Bill Doherty