Leadership for large scale change

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NHS Change Model

Engagement to mobilise

- Think about who you need to talk to and what you would say
- Understanding who is involved in and affected by our change means more than just holding a list of names of people involved in or affected by the change
- We need to understand what motivates them to support the change, so we need to ask questions
- Our questions need to help us connect with their values – and find out what values we share
- We are more likely to gain commitment to our change through a discussion about our shared purpose, rather than targets
- Our engagement efforts must fit with other parts of the NHS Change Model: for instance we must be rigorous in managing the delivery of our change without demotivating people.

What would you say to people to get them interested in making your change happen?
Kotter

IHI Leadership Framework

IHI Framework for Leadership for Improvement

Set Direction: Mission, Vision, and Strategy

PUSH
Make the status quo uncomfortable

Will
Ideas
Execution

Establish the Foundation

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So what does this guiding team look like?

- Get the right people in place with the trust, emotional commitment and teamwork to guide the difficult change process.

- A group powerful enough to guide large change, influence others to accept change, and one that works well together.

Hmm...tell me about the trust thing
Will that create a culture of change?

Culture eats strategy for breakfast

"The only thing of real importance that leaders do is to create and manage culture."

Leaders should not focus on culture change. Focus on a business problem.
"If a leader just starts with how you change the culture then he already doesn’t understand the problem. You never start with changing. It’s like saying: would you decide someday to change your personality?"

- Edgar Schein
Humble Inquiry

“If a goal of conversation is to improve communication and build a relationship, then telling is more risky than asking. Asking temporarily empowers the other person and temporarily makes me vulnerable.”

Curiosity, of course

“I have no special talents. I am only passionately curious.”

Albert Einstein

High CQ = Ambiguity + Acquisition
High-Impact Leadership Behaviors
What leaders do to make a difference

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Description</th>
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<tbody>
<tr>
<td>1. Person-centeredness</td>
<td>Be consistently person-centered in word and deed</td>
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<tr>
<td>2. Front Line Engagement</td>
<td>Be a regular authentic presence at the front line and a visible champion of improvement</td>
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<td>3. Relentless Focus</td>
<td>Remain focused on the vision and strategy</td>
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<td>4. Transparency</td>
<td>Require transparency about results, progress, aims, and defects</td>
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<td>5. Boundarilessness</td>
<td>Encourage and practice systems thinking and collaboration across boundaries</td>
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Get the right people on the bus

- Good-to-great leaders start with people first and then deal with vision and strategy second
- They get the right people on the bus,
- Move the wrong people off,
- Usher the right people to the right seats, and
- Determine where to drive it
Are you sitting on any questions?

Discussion

- Talk at your table about your experience with getting the right people on the bus
- What are the barriers?
- How did you overcome them?
- Have you seen the work of will building done well – if so what stood out for you?
Case Study; Scotland’s National Quality Strategy

Quality Strategy Framework

Learning System
A learning system collects and analyzes social, clinical, and operational metrics as part of a strategic plan; engages multidisciplinary teams to understand and put into action processes (PDSA) to improve the outcomes and incorporate a continuous feedback loop to reassess if the new processes have generated better social, clinical, and operational outcomes.

Culture and Purpose
"...the product of the individual and group values, attitudes, competencies and patterns of behavior that determine the commitment to quality improvement, the catalysts for quality, the context and the scope of the strategic intent and the decision that the strategy is designed to support"
Catalyst and context

Scotland’s Health Budget – Current State

Health Budget Cash and Real Terms Summary 2000-01 to 2014-15

- Catalyst and context
- Scotland’s Health Budget – Current State

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Content and Implementation; We started with some real work

A Strategy and a Roadmap followed

Our vision is that by 2020 everyone is able to live longer, healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.
3 Quality Ambitions

- Mutually beneficial partnerships between patients, their families and those delivering healthcare services. Partnerships which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

- No avoidable injury or harm from the healthcare they receive, and that they are cared for in an appropriate, clean and safe environment at all times.

- The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, with no wasteful or harmful variation.

The Triple Aim informed our prioritization
A culture of disciplined choices

- Disciplined people
- Disciplined thought
- Disciplined action
- Authenticity and transparency

All guided by the Quality Strategy

<table>
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<tr>
<th>The six questions to be asked of EVERY change programme...</th>
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| 1. Aim  
  Is there an agreed aim that is understood by everyone in the system? |
| 2. Correct changes  
  Are we using our full knowledge to identify the right changes & prioritising those that are likely to have the biggest impact on our aim? |
| 3. Clear change method  
  Does everyone know and understand the method(s) we will use to improve? |
| 4. Measurement  
  Can we measure and report progress on our improvement aim? |
| 5. Capacity and capability  
  Are people and other resources deployed and being developed in the best way to enable improvement? |
| 6. Spread plan  
  Have we set out our plans for innovating, testing, implementing and sharing new learning to spread the improvement everywhere? |
The Typical Approach...

Conference Room

DESIGN → DESIGN → DESIGN → DESIGN → APPROVE

Real World

IMPLEMENT

The Quality Improvement Approach

Conference Room

DESIGN

Real World

TEST & MODIFY → TEST & MODIFY → TEST & MODIFY

START TO IMPLEMENT
NHSScotland
Hospital Standardised Mortality Ratio October 2006 to March 2015

% 30 day Mortality of ICD 10  A40/A41

21 % Reduction
Scottish Stillbirth Rate (per 1000 births) 2000 - 2014

- 15% Reduction

Are you sitting on any questions?
Discussion

- Does the combination of learning system and culture make sense?
- What do you think were the keys to success?
- What would you have done differently?
- Would the 6 questions work in your context?

Derek’s Top 5 tips

1. Change is a team sport not an individual one.
2. Culture eats strategy for breakfast.
3. The standards you walk past are the standards you set.
4. Change needs design, re-design and co-design.
5. Get disciplined and persevere.
1. Change is a team sport

“Leadership is about getting people to want to do the right thing.”

“Good leaders make people feel that they’re at the very heart of things, not at the periphery. Everyone feels that he or she makes a difference to the success of the organization. When that happens, people feel centered and that gives their work meaning.”

2. Culture eats strategy for breakfast

- Culture is a result of what an organization has learned from dealing with problems and organizing itself internally.
- Your culture always helps and hinders problem solving
- Solve problems by identifying and resolving associated discrepancies between values and behavior
- Do not oversimplify culture. It’s far more than “how we do things around here.”
- Leaders should not focus on culture change. Focus on a business problem.
- Culture is a group phenomenon. Engage focus groups to define how the culture is helping and hindering work on a problem.

All courtesy of Edgar Schein
3. Don’t walk past

https://www.youtube.com/watch?v=QaqpoeVgr8U

Don’t walk past

We do not accept poor standards of care in our hospital

The standard you walk past is the standard you accept

- If you are a member of staff and have a concern, then ACT
- If you are a member of public and have a concern, then TELL US by contacting our Patient Experience Team:
  Tel: 01935384706  Email: pals@ydh.nhs.uk  Or scan:
4. Design, Re-design and Co-design

It can’t be like this . . . .
The Choluteca Bridge, after Hurricane Mitch

Co-Production; Getting to the Third Curve
5. Discipline and Perseverence

Everyone would like to be the best, but most organizations lack the discipline to figure out with egoless clarity what they can be the best at and the will to do whatever it takes to turn the potential into reality.

Jim Collins – Good to Great

There were a number of definitions of courage, but now I was seeing it in its simplest form: you do what has to be done day after day, and you never quit.”

Perseverence; Eric Greitens
Closing discussion

What do your top tips look like?