Leadership for Systems Improvement

... why, how, what?

With thanks to Steve Swensen @Mayo
Workshop Faculty

- **Amar Shah**
  - Consultant Forensic Psychiatrist
  - AMD Quality
  - East London NHS Foundation Trust
  - amarshah@nhs.net
  - @DrAmarShah

- **Simon Edgar**
  - Consultant Anaesthetist
  - Director of Medical Education
  - NHS Lothian
  - simonedgar@nhs.net
  - @simongasman
Planned objectives for today

• Develop knowledge and understanding of the key drivers to a motivated clinical workforce that is continuously improving

• Access new thinking on ways to cultivate a learning environment that supports clinical leaders and promotes new talent development

• Explore through sharing and examples, key impactful interventions from leadership development experiences to inform participants own leadership framework
[The Why]
“Management’s overall aim should be to create a system in which everybody may take joy in their work”
Drivers to a motivated workforce

- Meaning
- Motivation
- Engagement
- Joy
Engagement

How connected an employee is to the culture, mission and values of an organisation... and the degree to which they are enabled and inspired to participate in furthering them.
Joy in Work

Intellectual, behavioral and emotional¹ commitment to meaningful and satisfying work

¹The feeling of success and fulfilment that results from meaningful work
Two-thirds of young hospital doctors under serious stress, survey reveals

Saturday 11 February 2017
“I am totally fed up with this current system, no on-call rooms. **No time or place to have food.** Have to come early to see my patients and leaving late, ensuring they are safe. I really love my job but **it keeps taking more and more from me while giving less and less back.**”

“We are **exhausted, frustrated** and burned out. I see **lapses in safety** daily and, even if somebody cared, there is no money or staff to do anything about it,”

“I have reached a point where my **physical and mental health** have been seriously adversely affected, and I **wonder** whether I’m suffering from **burnout.**”
54%

- Cynicism
- Depersonalization
- Emotional exhaustion
- Low personal accomplishment

...without joy and meaning in work, the workforce cannot perform at its potential.
We employ STARS

“At Gaylord Hotels, we are dedicated to providing our STARS with the support and resources necessary to provide flawless service in an environment that fosters fun, encourages open communication and development, and upholds our values.”
<table>
<thead>
<tr>
<th>Operating System</th>
<th>Driven By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation 1.0</td>
<td>Biological needs including food, water, sex</td>
</tr>
<tr>
<td>Motivation 2.0</td>
<td>Extrinsic drive</td>
</tr>
<tr>
<td></td>
<td>Reward &amp; Punishment / Carrot &amp; Stick</td>
</tr>
<tr>
<td>Motivation 3.0</td>
<td>Intrinsic drive</td>
</tr>
<tr>
<td></td>
<td>• Autonomy (self-directed)</td>
</tr>
<tr>
<td></td>
<td>• Mastery (getting better at something that matters)</td>
</tr>
<tr>
<td></td>
<td>• Purpose (making a difference for others)</td>
</tr>
</tbody>
</table>

Books mentioned:
- **Good to Great** by Jim Collins
- **If Disney Ran Your Hospital** by FredLee
- **Patients Come Second** by Paul Spiegelman
- **Drive** by Daniel H. Pink
Appreciating, inquiring and sharing

At tables:

- **Quick** introductions round the table
- **10** minutes to discuss 3 questions (*coming on next slide*) and share your reflections on the opening presentation and your own experiences

- **nominate** a spokesperson
- be **brief** and **succinct**! 😊
• How does this all sound?

• What resonates with you?

• What do you already do well in your workplace to promote staff engagement and joy in work?
Creating a supportive learning environment

[The How]
A Learning Organization

“...where people continually expand their capacity to create the result they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together”

Peter Senge
Components of a learning system

- Shared purpose
- Shared language of improvement
- Infrastructure to support the learning system
- Data and measures to understand variation
- Autonomy
- Connections and relationships
- Collective leadership
Components of a learning system

- Shared purpose
- Shared language of improvement
- Infrastructure to support the learning system
- Data and measures to understand variation
- Autonomy
- Connections and relationships
- Collective leadership
[Shared] purpose goes way deeper than vision and mission; it goes right into your gut and taps some part of your primal self. I believe that if you can bring people with similar primal-purposes together and get them all marching in the same direction, amazing things can be achieved.

Seth Carguilo
A 3-word concept

OUR
Who defines the benefit we're after? Who is going to make it happen and who is it going to affect? All these people need to be involved in designing and delivering change.

SHARED
We all have individual values, experiences, beliefs and aspirations. We need to discover where these overlap. What is it we share? We can only find out by talking to each other.

PURPOSE
This is the ‘WHY’ not the ‘what’ or the ‘how’ of change. It is where vision, values and goals meet and create energy and commitment.
Components of a learning system

- Shared purpose
- Shared language of improvement
- Infrastructure to support the learning system
- Data and measures to understand variation
- Autonomy
- Connections and relationships
- Collective leadership
• SHARED LANGUAGE
Components of a learning system

- Shared purpose
- Shared language of improvement
- Infrastructure to support the learning system
- Data and measures to understand variation
- Connections and relationships
- Collective leadership
- Autonomy
Control leads to compliance; autonomy leads to engagement.

Daniel H. Pink

"The way that human beings engage is by getting there under their own steam. That's how people engage. And so if you really want engagement rather than compliance, you have to give people some measure of autonomy -- self-direction leads to engagement."

Dan Pink
Components of a learning system

- Shared purpose
- Shared language of improvement
- Autonomy
- Collective leadership
- Data and measures to understand variation
- Connections and relationships
- Infrastructure to support the learning system
Traditional Leadership Mindset

NEW Collective Leadership Mindset
“Collective leadership means the distribution and allocation of leadership power to wherever expertise, capability and motivation sit within organizations.”

The purposeful, visible distribution of leadership responsibility onto the shoulders of every person in the organization.”

Professor Michael West
Use of data to guide decision-making

“Go see” “Gemba”
Executive WalkRounds

Stop solving problems at the top

Give people time and space to solve complex problems

Manage the expectations

Change in leadership behaviours

Paying personal attention

Role Modelling
Components of a learning system

- Shared purpose
- Shared language of improvement
- Infrastructure to support the learning system
- Data and measures to understand variation
- Autonomy
- Connections and relationships
- Collective leadership
<table>
<thead>
<tr>
<th>Dominant approach</th>
<th>Emerging direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power through hierarchy</td>
<td>Power through connection</td>
</tr>
<tr>
<td>Mission and vision</td>
<td>Shared purpose</td>
</tr>
<tr>
<td>Making sense through rational argument</td>
<td>Making sense through emotional connection</td>
</tr>
<tr>
<td>Leadership-driven (top down) innovation</td>
<td>Viral (grass-roots driven) creativity</td>
</tr>
<tr>
<td>Tried and tested, based on experience</td>
<td>“Open” approaches, sharing ideas &amp; data, co-creating change</td>
</tr>
<tr>
<td>Transactions</td>
<td>Relationships</td>
</tr>
</tbody>
</table>
1. Create urgency
2. Form a powerful coalition
3. Create a vision for change
4. Communicate the vision
5. Empower action
6. Create quick wins
7. Build on the change
8. Make it stick

Implementing & sustaining for change

Creating the climate for change

Engaging & enabling the organisation

Adapted from Dr John Kotter’s 8 Step Process for leading change
http://www.kotterinternational.com/our-principles/changesteps/changesteps
“We won’t create big change through hierarchy on its own. We need hierarchy AND network”

John Kotter: Accelerate!

Designed for control

Designed for connection
Components of a learning system

- Shared purpose
- Shared language of improvement
- Autonomy
- Collective leadership
- Connections and relationships
- Infrastructure to support the learning system
- Data and measures to understand variation
The central problem in management and in leadership... is failure to understand the information in variation.

94% of the variation belongs to the system (management’s responsibility). 6% is special or unique to individuals.

No amount of care or skill in workmanship can overcome fundamental faults in the system.
Complex Systems

- Unpredictable
- Multiple and circular causality
- Self-organized Cooperative Synergistic
- Open systems
- Non-linear
- Robust
- Modular
S + P = O
Structure + Process = Outcomes

Dr. Avedis Donabedian
(1919-2000)

Components of a learning system

- Shared purpose
- Shared language of improvement
- Autonomy
- Collective leadership
- Connections and relationships
- Data and measures to understand variation
- Infrastructure to support the learning system
Tipping Point

Command and Control

Self Actualized
What support do highly agile and innovating teams need?

- Permission
- Outside-in thinking
- Connection to others
- Specialist skills & knowledge
Components of a learning system

- Shared purpose
- Shared language of improvement
- Autonomy
- Infrastructure to support the learning system
- Data and measures to understand variation
- Connections and relationships
- Collective leadership
How do we support learning at different levels of the system?
<table>
<thead>
<tr>
<th></th>
<th>Shared purpose</th>
<th>Shared language of improvement</th>
<th>Autonomy</th>
<th>Collective leadership</th>
<th>Connections &amp; relationships</th>
<th>Data &amp; measures to understand variation</th>
<th>Infrastructure to support the learning system</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Team</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Department</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organisation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Population / system</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
So, what do you have in place already?

• Pick one level of the system that will be most meaningful to you.

• Spend ten minutes identifying your assets and strengths ... for each of the components of your learning system
Pick a level of the system to think about...

Identify what you already have in place that supports the seven components of a learning system for improvement
Learning from high impact interventions [The What]
Components of a learning system

- Shared purpose
- Shared language of improvement
- Autonomy
- Data and measures to understand variation
- Connections and relationships
- Collective leadership
Mayo Clinic Physician Leaders

“The dimensions of effective physician leadership as evaluated by the composite leader score in our study could be summarized as follows”:

• Inform
• Engage
• Inspire
• Develop
• Recognize

Impact of Organizational Leadership on Physician Burnout and Satisfaction
Shanafelt, MD; Gorringe, MS; Menaker, EdD; Storz, MA; David Reeves, PhD; Buskirk, MD; Sloan, PhD; and Swensen, MD Mayo Clin Proc. 2015;90(4):432-440
12 Leadership Dimensions

1 POINT ↑

Satisfaction 9.1% (P<0.001)

Burnout 3.5% (P<0.001)

Shanafelt, Menaker, Buskirk, Gorringe, Swensen. 12 Leadership Dimensions. Mayo Clinic Proceedings. April 2015: 90(4); 432-440
Edinburgh

Drs in Training

Clinical Managers
## Interventions

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Mastery</th>
<th>Autonomy</th>
<th>Compassion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Leadership Academy</td>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td><img src="image3.png" alt="Image" /></td>
</tr>
<tr>
<td>MBTI</td>
<td><img src="image4.png" alt="Image" /></td>
<td><img src="image5.png" alt="Image" /></td>
<td><img src="image6.png" alt="Image" /></td>
</tr>
<tr>
<td>Peer Mentoring</td>
<td><img src="image7.png" alt="Image" /></td>
<td><img src="image8.png" alt="Image" /></td>
<td><img src="image9.png" alt="Image" /></td>
</tr>
<tr>
<td>Paired Learning</td>
<td><img src="image10.png" alt="Image" /></td>
<td><img src="image11.png" alt="Image" /></td>
<td><img src="image12.png" alt="Image" /></td>
</tr>
<tr>
<td>iMatter</td>
<td><img src="image13.png" alt="Image" /></td>
<td><img src="image14.png" alt="Image" /></td>
<td><img src="image15.png" alt="Image" /></td>
</tr>
</tbody>
</table>
Having meaningful conversations at work

3 key ingredients:
• Honesty
• Benevolence
• Courage
WITS Tool

- When you say/do (or don’t say or do)
- I feel ........
- The effect or impact is..........
- So next time I’d like you to.......
Top tips to try

- **Be clear** about what you are trying to achieve *(begin with the end in mind and prepare, ask yourself ‘what is my intent?’)*
- **Listen** empathically *(seek first to understand, then be understood)*
- **Show up** (I want to talk to you because...I’ve seen/heard/felt... I think its important for us both because.....I am sorry I haven’t said anything before now...)
- **Look for the positives** (I think we can resolve this...)
- **Listen more** (How about we talk about this? I’d like to hear your take on this...how do you see things?)
**AIM**

To provide the highest quality mental health and community care in England by 2020

---

**Engaging, encouraging & inspiring**

- Targeting / segmenting communication for different groups (community-based staff, Bedfordshire & Luton staff)
- Sharing stories – newsletters, microsite, presenting internally
- Celebration – awards, conferences, publications, internal presentations
- Share externally – social media, Open mornings, visits, microsite
- Work upstream – trainees, regional partners, key national and international influencers

**Developing improvement skills**

- Pocket QI for anyone interested, extended to Beds & Luton
- Refresher training for all ISIA graduates
- Improvement Science in Action waves
- Online learning options
- Develop cohort and pipeline of improvement coaches
- Leadership and scale-up workshops for sponsors
- Bespoke learning, including Board sessions & commissioners

**Embedding into daily work**

- Learning system: QI Life, quality dashboards, microsite
- Standard work as part of a holistic quality system
- Job descriptions, recruitment process, appraisal process
- Annual cycle of improvement: planning, prioritising, design and resourcing projects
- Support staff to find time and space to improve things
- Support deeper service user and carer involvement

**QI Projects**

**Directorate-level priorities**
- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

**Trust-wide strategic priorities**

1. Reducing inpatient physical violence
2. Improving access to community services
3. Enjoying work
4. Shaping recover in the community
5. Value for money
Experts by experience

All staff

Staff involved in or leading QI projects

QI coaches

Sponsors

Internal experts (QI leads)

Board

Estimated number needed to train = 4000
Needs = introduction to QI & systems thinking, identifying problems, how to get involved

Estimated number needed to train = 1000
Needs = Model for improvement, PDSA, measurement and using data, leading teams

Estimated number needed = 50
Needs = deep understanding of method & tools, understanding variation, coaching teams

Needs = Model for improvement, PDSA, measurement & variation, scale-up and spread, leadership for improvement

Estimated number needed to train = 10
Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

Needs = setting direction and big goals, executive leadership, oversight of improvement, understanding variation

Needs = introduction to QI, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas

642 completed Pocket QI so far. All staff receive intro to QI at induction

690 graduated from ISIA in 6 waves. Wave 7 in 2017-18. Refresher training for ISIA grads.

88 QI coaches trained so far, with 55 currently active.

58 current sponsors. All completed ISIA. Leadership, scale-up & refresher QI training in 2017

Currently have 6 improvement advisors, with 3 further QI leads in training

All Executives have completed ISIA. Annual Board session with IHI & regular Board development

Bespoke QI learning sessions for service users and carers. Over 95 attended so far. Build into recovery college syllabus

Psychology trainees – Pocket QI, embedded into QI project teams with 4 bespoke learning sessions

Nursing students – Intro to QI delivered within undergraduate and postgrad syllabus, embedded into QI project teams during student placements

Working upstream
Bottom Up

Top Down
Make it feel meaningful
Make it feel possible
Make it feel valued and permanent
Provide skills and support
Staff experience and engagement

Staff able to contribute towards improvements at work

Score (%)

ELFT Score

Staff Motivation to Work

Score

ELFT Score

Staff job satisfaction

Score

ELFT Score

Overall Engagement Score

Score

ELFT Score

National Median
Changing the way we use data to guide decision-making

**Safety**

- Incidents Reported C Chart
- Serious Incident C Chart
- Unexpected Deaths C Chart

**Clinical Effectiveness**

- DMI Compliances Compared to Month Percentage C Chart
- Adult Acute Mental Health Length of Stay C Chart
- Adult CMI65 Days Waited until First Face to Face Contact C Chart

**Patient Experience**

- Admit Discharge C Chart
- Incidence of Admitted Unplanned and Repeating Inpatient Admissions C Chart

**Our Staff**

- Staff Leaking Employment C Chart
- Physical Attack on Staff C Chart

Complaints June and July 2016.

Reasons given by staff leaving June to July 2016.
Support around every team

Project Sponsor

QI Coach

Service User Input

QI Team

QI Forums

QI Resources
Periodic checks to ensure the service is meeting the needs of the customer/population

Actions to address gaps identified

Identify clear measures of quality for the service, and monitor these over time.

Take corrective action when appropriate

Internal vigilance to hold gains made through improvement

Identify the needs of the customer/population

Develop service models to meet the needs

Put in place structures and processes to manage the service

Identify what matters most

Design project and bring together a diverse team

Discover solutions through involving those closest to the work, test ideas, implement and then scale up

Identify clear measures of quality for the service, and monitor these over time.
And Finally......

What could you do in your organization / system?

1. Have
   - Have a discussion at your table, using the gap analysis and the ideas shared today

2. Decide
   - Decide what you will be trying back at home

3. Tweet
   - Tweet this using hashtags #IHIforum #...
Leadership for Systems Improvement
... why, how, what?

Thanks from @DrAmarShah and @simongasman