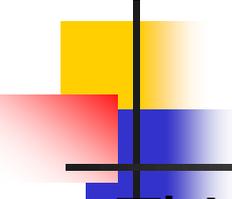


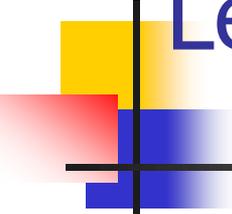
Building Leadership for Health

Leading Change



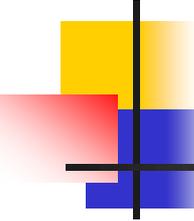
Notes for Course Leaders

- This material provides a toolkit for you to develop your own course. The slides are points for discussion rather than lectures.
- For a reader to accompany this course try
 - Managing Change in the NHS: Organisational Change Valerie Iles and Kim Sutherland, National Centre for NHS Service Delivery and Organisation R&D 2002 (A detailed assessment of current literature)
 - For further studies of change management in the UK NHS look at the web site of the Service Delivery and Organisation R&D programme.



Leading Change in Health: Agenda

- Introductions and learning objectives -15 mins
- What changes does your health system face discussion - 30 mins
- Intro and Case study on leading change - 60 mins
- Coffee 15 mins
- Leading change in health discussion 30 mins
- Debate 45 minutes
- Lunch 45 mins
- Developing a vision of the future introduction 15 mins
- Visioning exercise 60 mins
- Case study on leading change 60 minutes
- Change Dance 15 minutes
- Reflections and Feedback 25 mins



Introduction and learning objectives

- Discuss with your group the most significant changes you have experienced in your life – what did it feel like?
- Each participant then to describe briefly the feelings they associate with change.

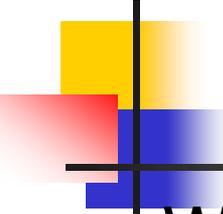
- Learning objectives for the group
 - To understand the problems of leading change
 - To develop strategies and skills for leading change

- What are your personal learning objectives for this session?



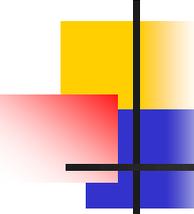
Notes for course leaders

- Participants should be encouraged to talk about how it felt
 - when they left home for the first time
 - When a major change happened in their life
 - Did they choose the change or not?
- They should become aware of feelings of uncertainty even fear and excitement
- Coupled with growing confidence when they get used to the change
- Remind them that this is what thousands of people may feel when a health system is changed.



Change in Health

- While every industry experiences change
- In health it is usually called “reform”
- There are often key political themes e.g.
 - Greater equity or more choice for patients
 - More state provision or more private sector competition
 - Centralisation or devolution
- A health leader has to understand the politics but
 - Be enthusiastic about change but stay non- political
 - Advise impartially on the implementation of change

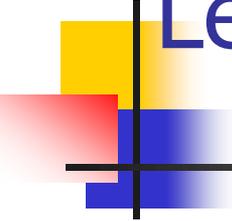


What changes does your health system face?

- Open discussion of the changes you are leading
 - Reforms: devolution- privatisation
 - New technology
 - New health threats
- Work in groups to identify the current changes in your health system that you are involved with.
 - Write a flip chart of the changes you face personally
 - You will need to refer to these changes in subsequent sessions so be clear about this list of changes
 - You can apply this to whole system changes or to more specific local changes

Leading change in health:
“a simple approach to complex issues”

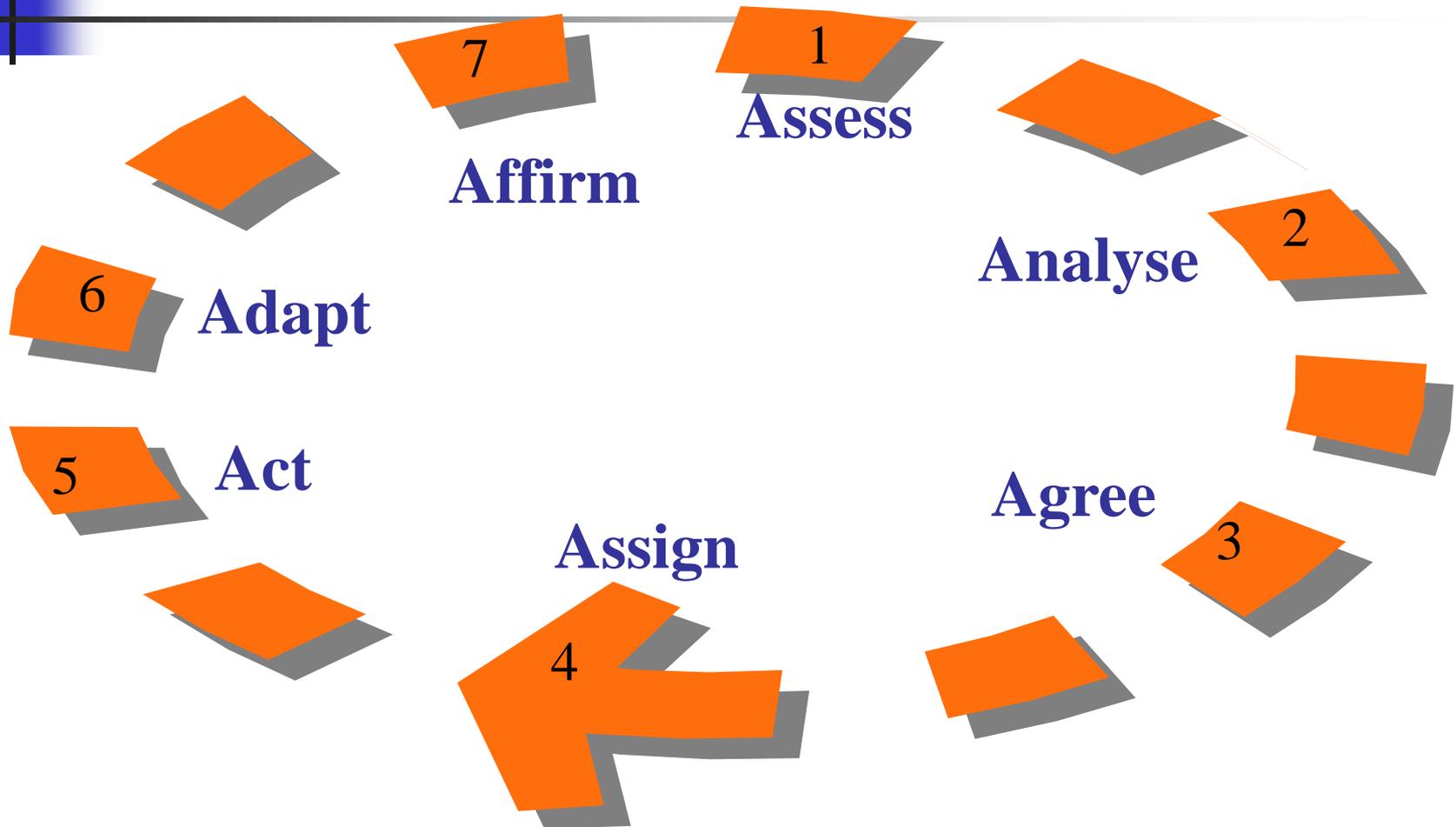




Leading change as a systematic process

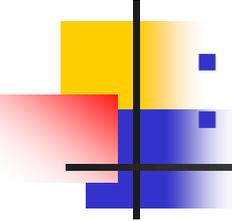
- A staged process helps people to engage to
 - Assess why change is required.
 - Analyse what needs to be changed and how
 - Agree change objectives and vision
 - Assign responsibilities
 - Action planning and implementation to achieve change.
 - Adapt the programme as you learn from experience
 - Affirm and reinforcing successful changes
- Leaders encourage creative ideas at every stage

Change is a learning process



● Can you identify these steps in your recent health reforms?

1 Assess the Need for Change: PESTLE Analysis

- 
- A framework for identifying factors that shape your organisation's future
 - Work in groups to apply this to your organisation or health field

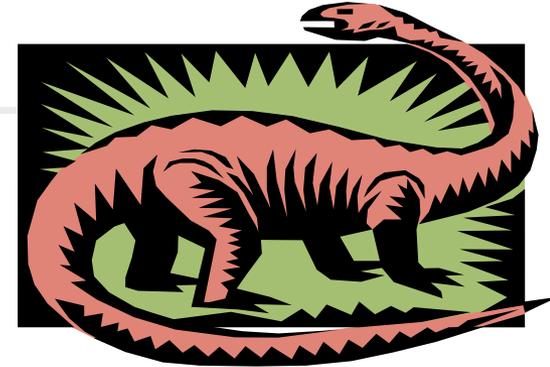
Political	Economic
Social	Technical
Legal	Environmental

For further reading on PESTLE Analysis try <http://www.trainingessentials.org.uk/pestlesitecopy/index.html>
Or Click [here](#) for an exercise from the UK Cabinet Office on alcohol

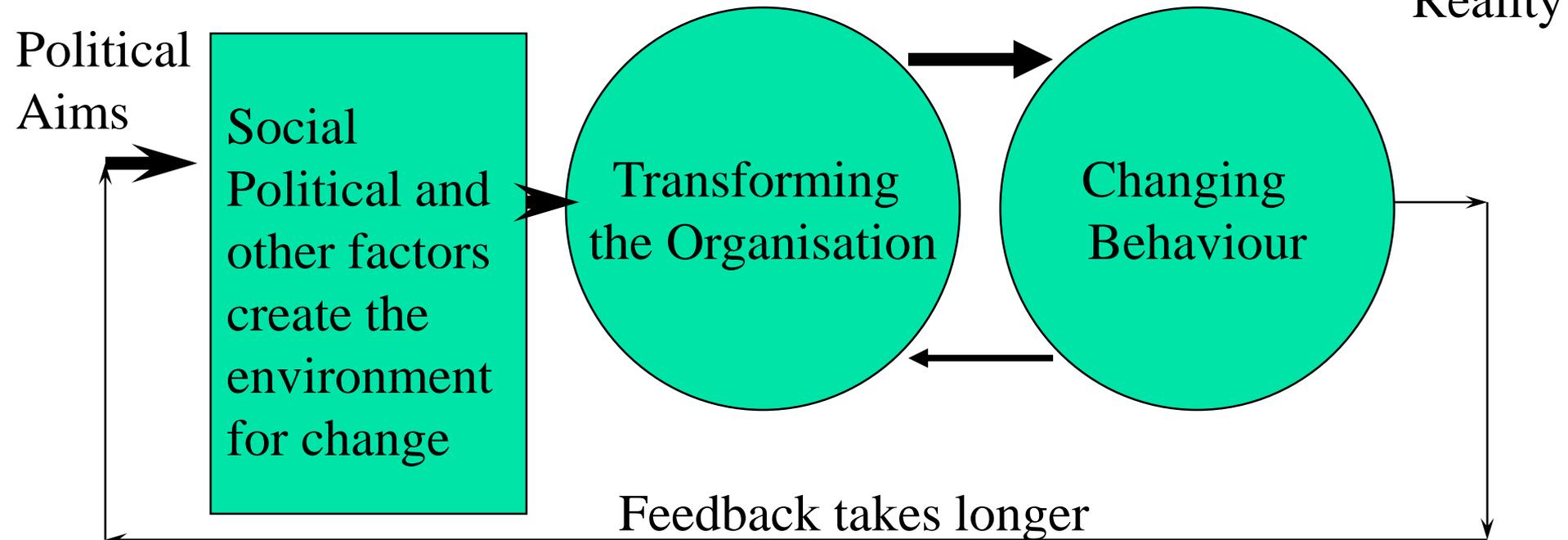
1 Assess the whole system



The objectives may be clear, you may know how to change the organisation, but how do you change behaviour? You may end up with the same behaviour in a different guise



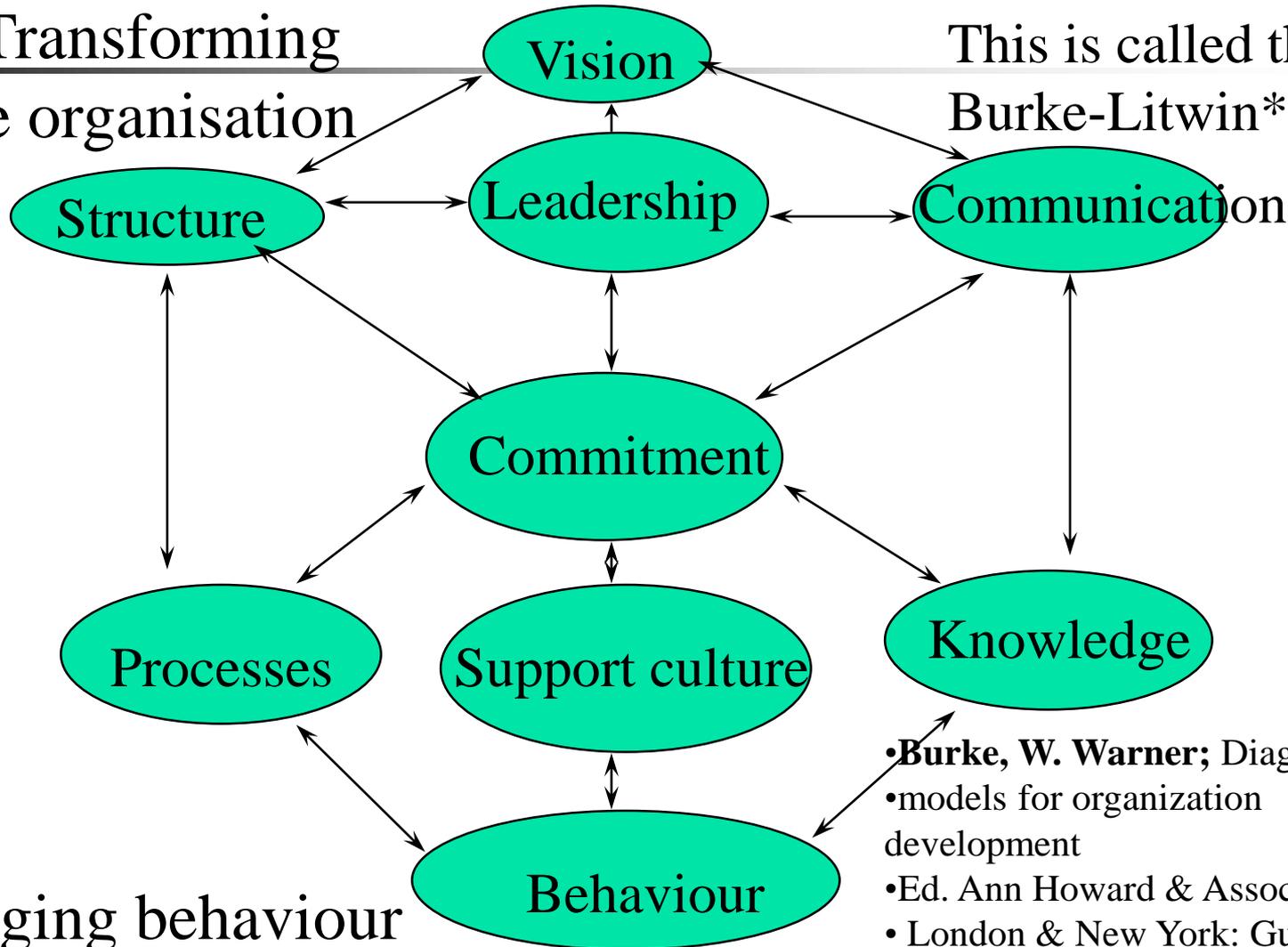
Reality



2 Analyse the components of change

Transforming
the organisation

This is called the
Burke-Litwin* model



- **Burke, W. Warner**; Diagnostic models for organization development
- Ed. Ann Howard & Associates.
- London & New York: Guilford P, 1994 .



Discussion: Case study

- Use the chart to check through all the things that you need to change in your health reform
- Changes at the top of the chart affect the organisation those at the bottom change behaviour
 - Which are most difficult to change?
 - What are the things you can't change ?
 - Can the overall reform work without these?
 - How are you going to overcome these problems?
 - Can this help you to prepare a plan for change ?



Notes for course leaders

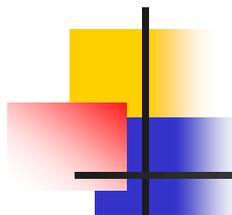
- Elements at top of Burke Litwin diagram are said to be changed by Transformational Leadership
 - Creating a shared vision and trust
 - Communicating the vision to inspire
 - Commitment and a structure that
 - Challenges and enables people to change
- Beware of people who peddle simple formulas for “Transformational Leadership” James MacGregor Burns who introduced this idea in 1978 in relation to political leadership did not suggest it was easy or universally applicable. See his book *Leadership*, published by Harper Collins 1978

3 Agree a shared vision

- A view of the aims of change
 - Health and patient care values
 - Better clinical practice
- Consequences of not changing
 - Unsafe or second class care
 - Unsustainable costs



But beware do not overstate the potential or overestimate dangers of no change remember Brexit!



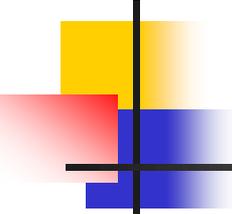
What does vision mean?

- It must be a believable view of the future
 - Best demonstrated by practical examples or pilots
- It must be owned by the team
 - So it needs to be discussed and developed with them
- Reasons for change must also be realistic
 - It takes time for people to accept why they should change you need to listen and talk to people about it
- The vision of the future develops
 - As you learn from experience people gain confidence in change and can see more clearly how it can help



Developing a vision

- Visioning requires teamwork
- It uses both logical (left brain) thinking
- And insight and imagination (right brain) thinking
- Scenario planning starts with logical projections
- But needs to take a further step beyond the known
- This is why we use brainstorming, images and other ways of stimulating new thinking.

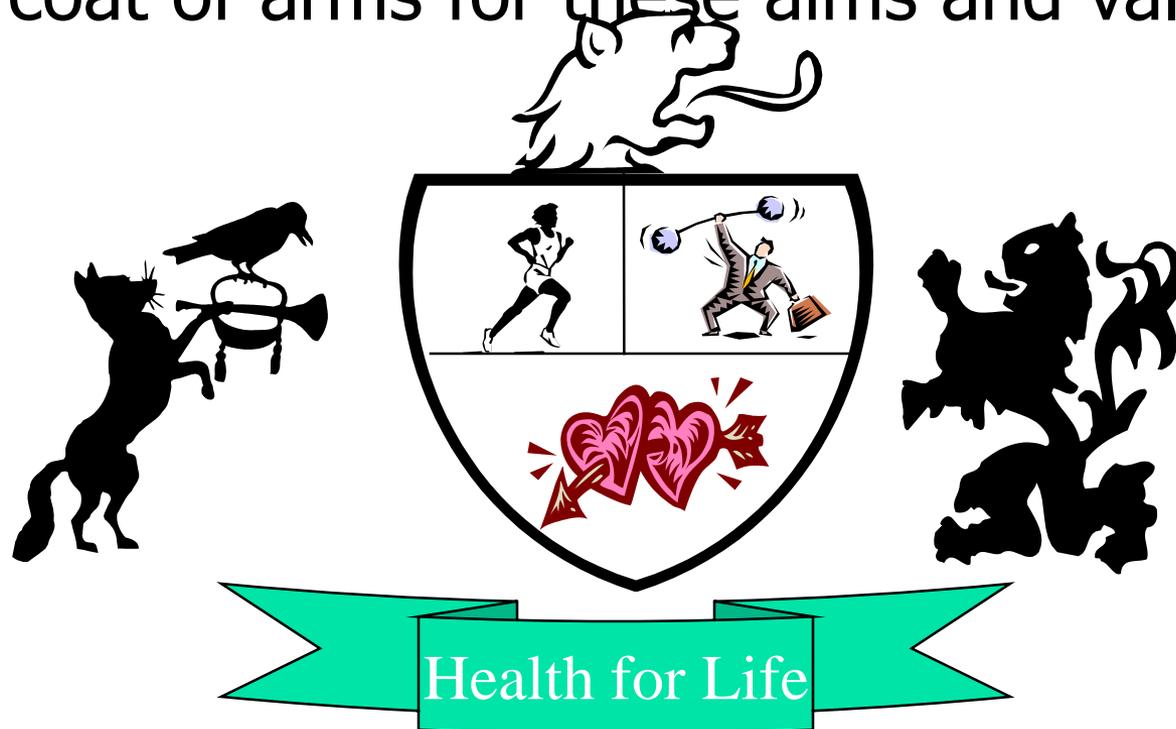


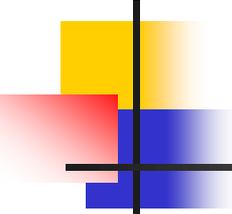
Vision and leadership

- Leaders provide a clear understandable vision
 - Not just a statement but
 - Examples, descriptions of how things will work
- They identify what is important to the organisation
 - And how performance will be judged
 - This means new rewards for new behaviour
- And organisational values to guide behaviour
 - The leader must demonstrate these values personally
 - This is shown by action not just words

Exercise: Vision of Cardiac Services

- What are basic aims of cardiac care?
- What are the values on which it is based?
- Draw a coat of arms for these aims and values





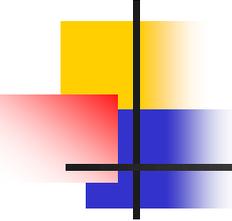
Drawing a coat of arms

- The crown above the shield represents spirit
- The animals at either side show its values
- The figures on the shield show actions
- And the motto sums up the aspirations
- This is a way of using images and symbols
- To talk about intangible qualities



Notes for course leaders

- Try to get participants to think in images
- Rather than thinking of a word and then finding an image.
- They may think this is just fun but remind them that these are the sort of techniques used by advertising agencies and others when they want to get beyond words to the values and feelings associated with products or services.
- Also remind them that creativity often requires an element of purposeful playful thinking.



4 Assign responsibilities

Sponsor

Individual or group legitimising change
e.g. Minister/ Permanent Secretary

Agent

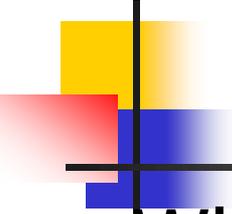
Person leading action to support change
e.g. Regional Director

Advocate

Someone who helps people to change
e.g. Senior Managers

Target

People and groups who must change
e.g. You and everyone in the system



Discuss

- Who are the
 - Sponsors,
 - Change agents,
 - Advocates and
 - Targets
- For change in your system
- Do they share a vision of the changes
- Have you involved them in the change process?

5 Action planning for change

- A programme with **milestones*** for measuring progress.
- You should be prepared to **adapt** the plan as you learn from experience but try to keep the milestones
- Recognise and **celebrate** the achievement of milestones



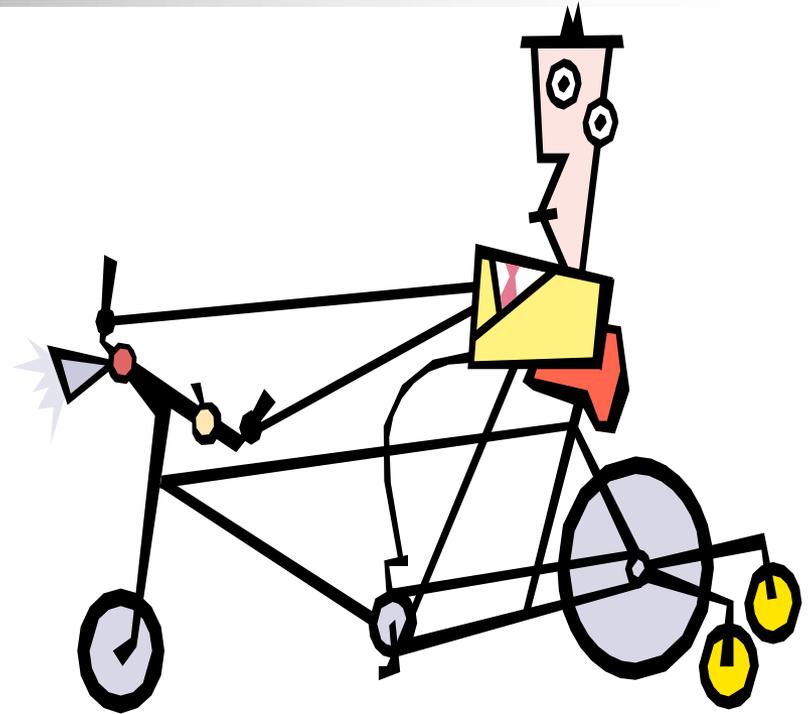
- Milestones are points at which progress is demonstrated:
 - Patient satisfaction measures increased by 20%
 - Waiting lists halved
 - New information system operating with no problems

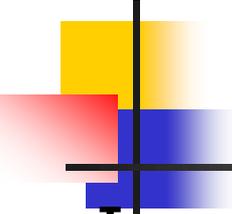
● What milestones should you set for your health service?

6 Adapt to opportunities and lessons

- Success builds trust and confidence a **positive cycle**
- Failure can reinforce low esteem and lead to a **negative cycle**

- How can you build confidence in changes?
- What early successes can you identify?



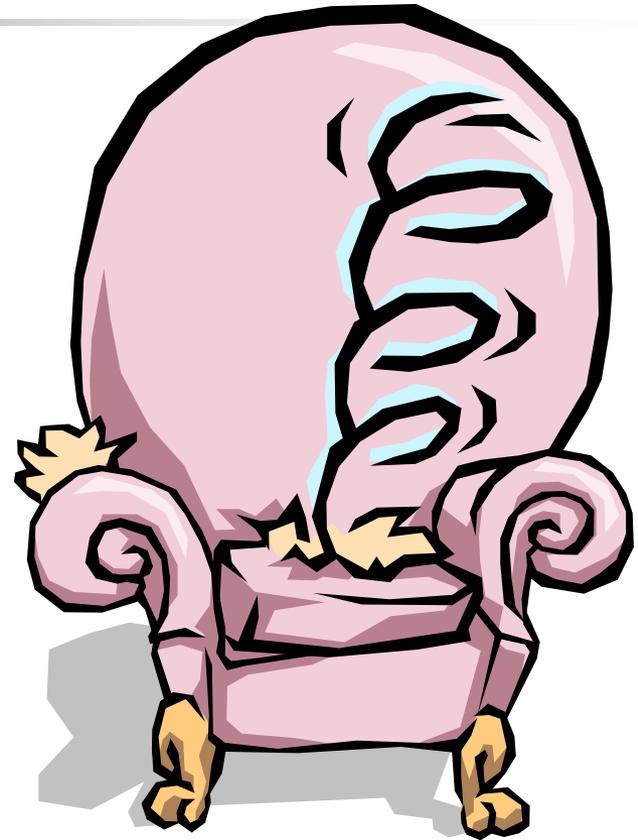


Resistance to change

- In most situations
 - Some people will be early adopters of new ideas
 - Some will wait and see and
 - Some will be very resistant
- You need to listen to their reasons for resisting change
 - Sometimes you need to adjust your plans
 - And you need to find the right arguments to engage them
- How many people are in each group? Why?
- What makes change particularly difficult in health?

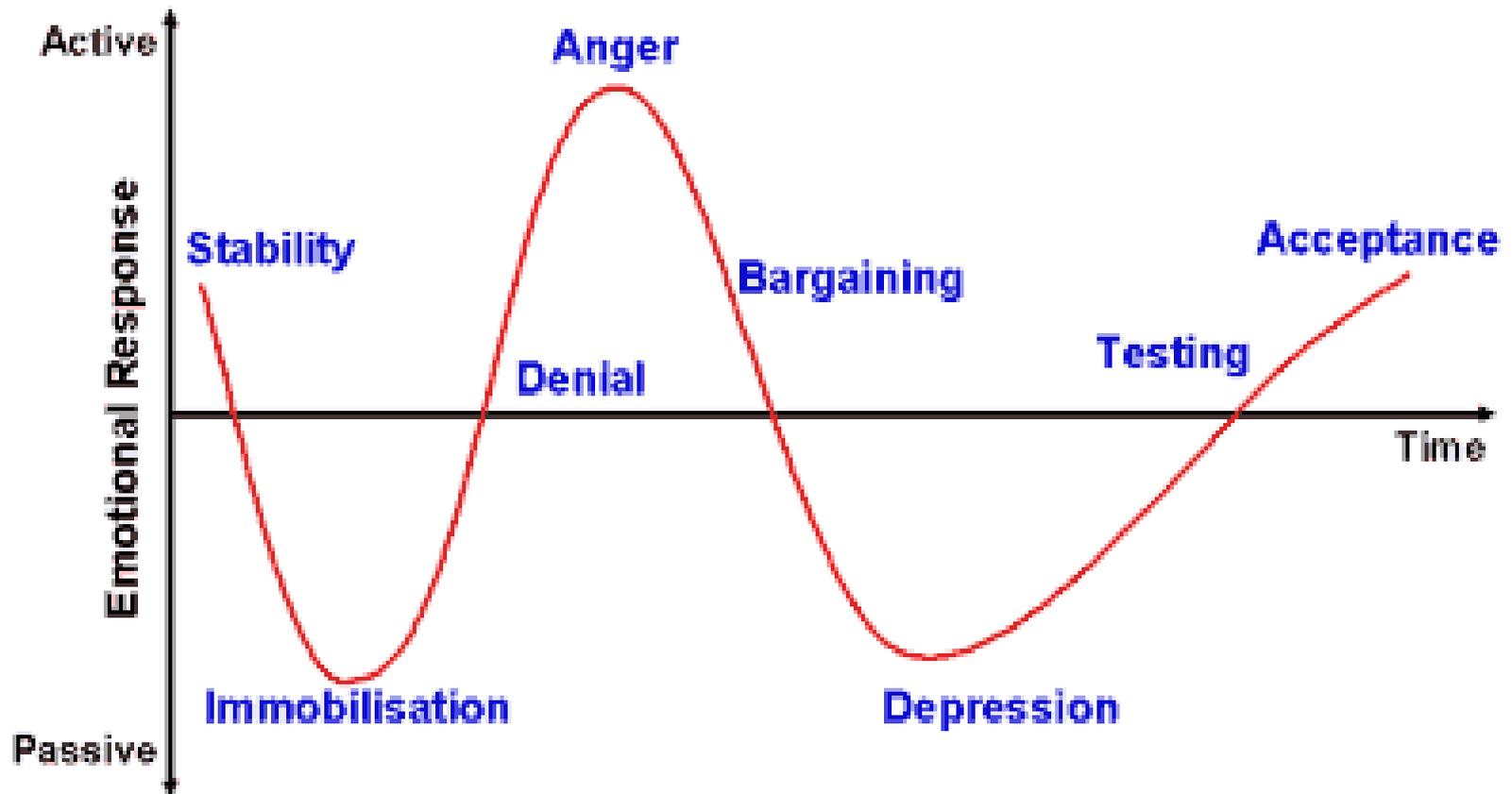
Understanding resistance

- We are used to our imperfections and even fond of them
- Change may be better but we are uncertain if we will be comfortable
- We risk losing control without being sure of being better off
- How can you build enthusiasm for change?



Change can be an emotional experience

- You have to give people time to adjust at their own pace



Resistance and resilience

- People can be helped to develop resilience* to change by:

- Honest 2-way communications
- Support for informal team spirit
- Sensitivity and flexibility
- Reward for innovation and change
- Positive reinforcement
- All leading to

- Trust

*Ability to adapt to and recover from change ?

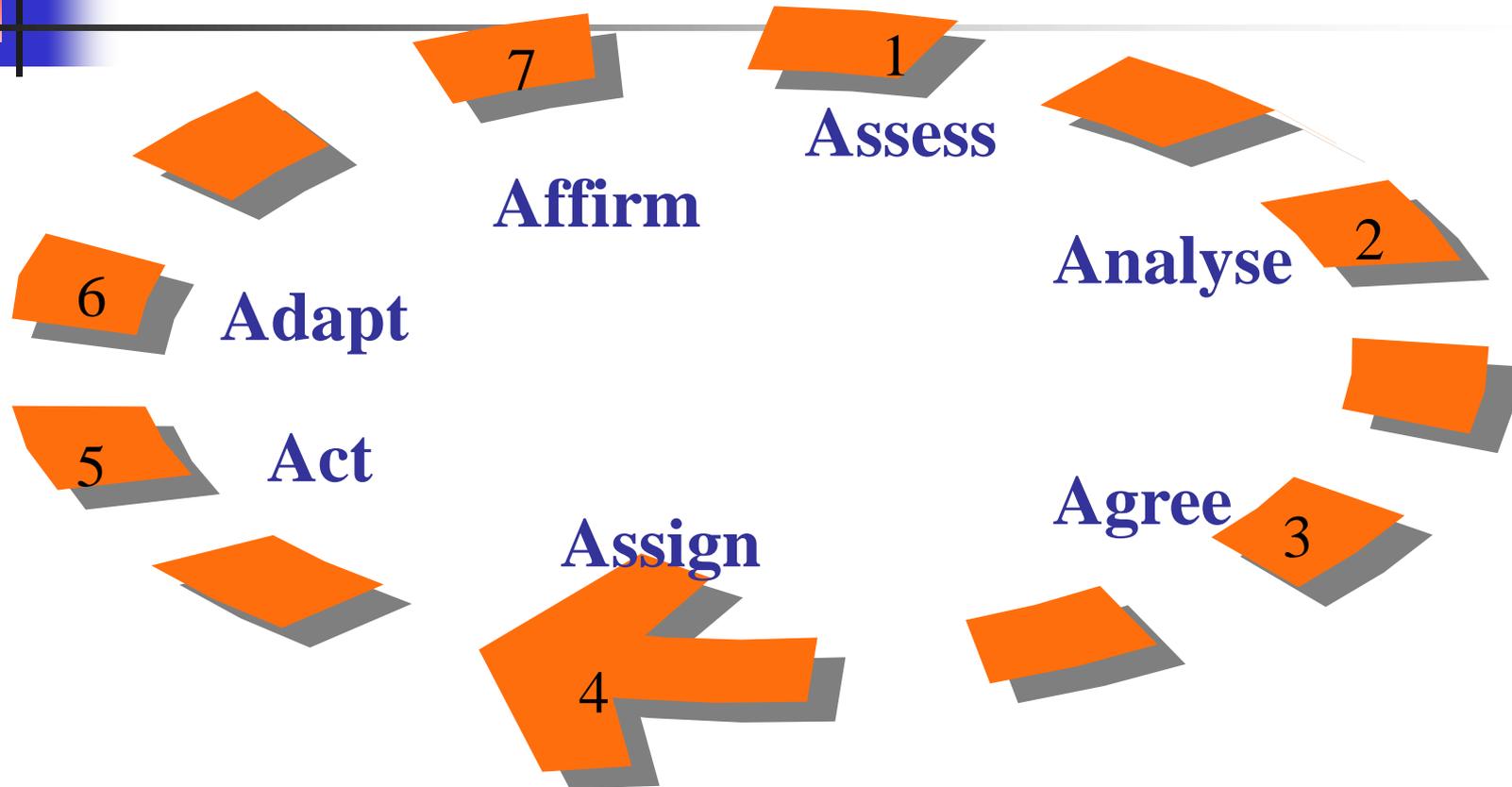


7 Affirm to develop: Organizational Resilience

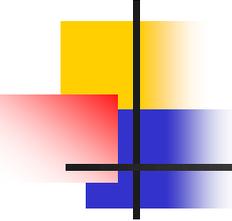


- Organisations develop resilience to change by:
 - Vision – to position the organisation in the long term
 - Leadership - to develop clear values and purpose
 - Strategy – of alliance, flexibility and responsiveness
 - Culture – supporting innovation and trust
 - People – who develop their skills and self confidence
 - Systems – that help the organisation learn and adapt
- Read
 - “HBR on Building Personal and Organizational Resilience” Harvard Business School Press 2003
 - Or try “The Five Principles of Organizational Resilience” Michael Bell, Gartner Inc 2002
 - Is your health system resilient to change or just exhausted?

Change is a learning process it needs affirmation at every stage



- Each step is a learning process and a chance to engage and affirm.
- Measure staff and patient feedback by questionnaires
- Hold feedback session to listen to how things are going

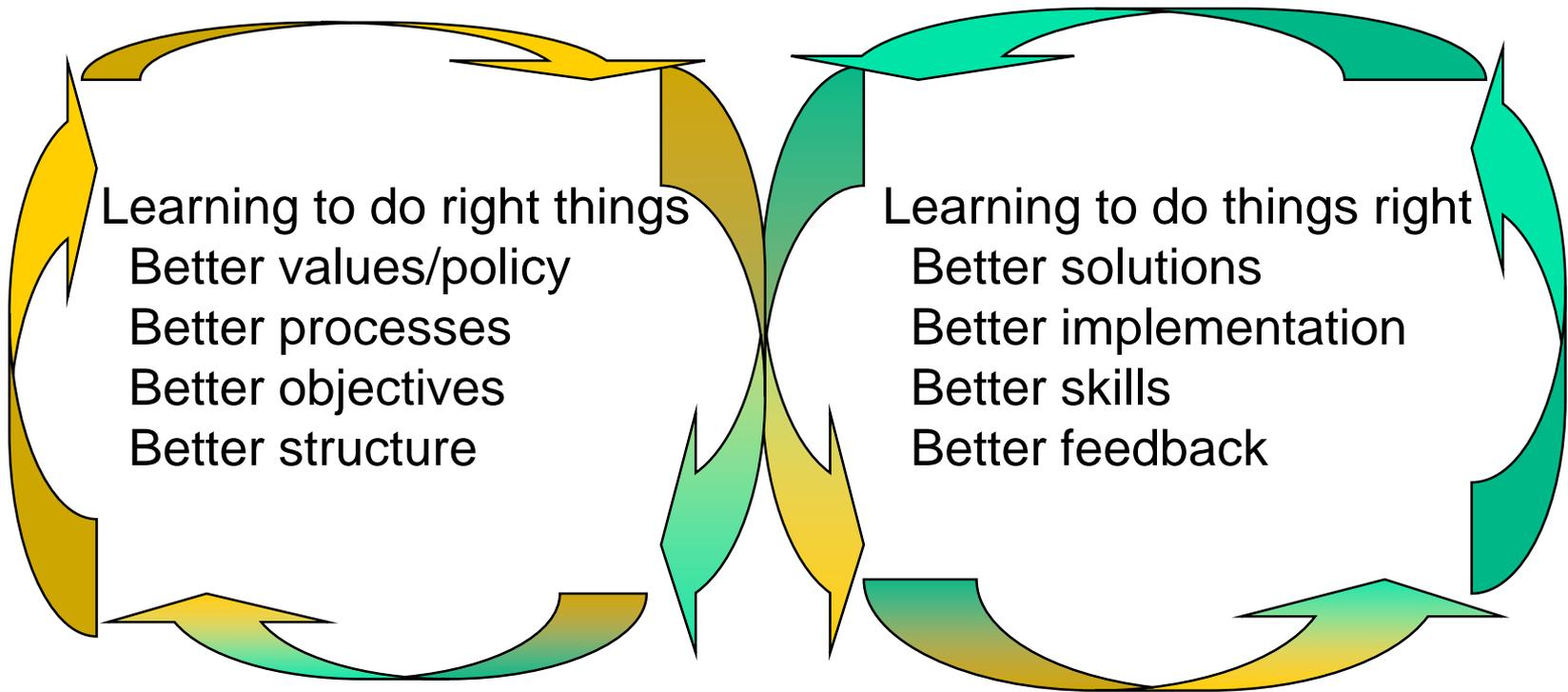


Double loop learning

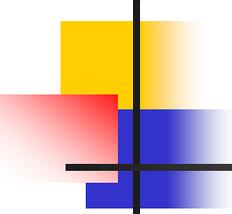
- People learn from their experience of change
 - This can be called single loop learning
 - Teams share and reinforce learning
- Leaders learn from teams
 - This is double loop learning
 - Adapting the organisation to support its teams
- And organisations learn from leaders
 - This is whole organisation learning
 - To put lessons learnt by teams into practical organisational change – new roles, processes performance measures.
- Describe how your organization learns (discussion)

The Learning Organisation

- Learns from everything it tries and does
- Lessons from the front line to management
- Encourages double loop learning*



* Read more about this at <http://www.infed.org/thinkers/argyris.htm>



Health as a Learning Organisation

- ***“Doctors, nurses and health managers should learn from every health problem they face and every patient they care for.”***
- ***“In health there are many difficult things we do often, our aim should be to do these things better each time.”***
- ***“But it takes us years to recognise and spread good practice and even longer to recognise that our policies and management practices may be misguided”***
 - ***John Wyn Owen Director of NHS Wales introducing the NHS Wales as a Learning Organisation initiative***
- **Discuss What prevents learning in health and how can we improve as a learning organisation for health?**

Individual and organisational change

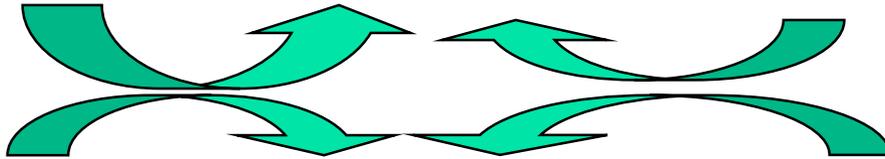
– Four loop learning



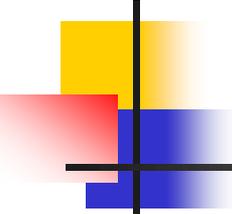
The Change Dance: Note for course leaders



- **For course leaders with groups of 16 +**
 - Form teams representing each learning circle
 - Ask them to move round the circles
 - Now ask people to move between circles (this will be a mess)
 - Ask them to work out how to do this effectively
 - They should discover leadership, rhythm, getting everyone moving in the right directions as shown:



- Cooperation and listening to one another are all important to make this work
- Make sure this succeeds and if necessary show them how to do it clapping out time and calling "change" to signal people to moves between circles
- After a while they will pick this up and it will become a dance
- Tom Boydell showed me this and I have always found it very powerful



How can a practice based learning network help?

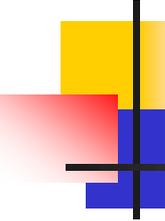
- An action learning network of
- Health leaders and Health educators
- Training together and training other levels
- Providing mutual support and mentoring
- Sharing case studies of best practice
- Developing “champions for change”
- Providing practical feedback to policy makers

But remember

- Anyone with teenage children knows that managing change is going to be difficult!

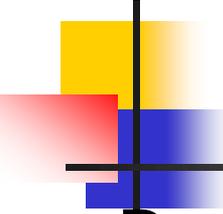
- But rewarding





Reflections, Learning Logs, Feedback

- Take a moment to discuss with the person sitting next to you
 - What have you learnt?
 - Will this change the way you lead?
- Write notes in your learning log?



Reflection

- Participants should reflect on lessons about :
 - Their leadership strengths and weaknesses
 - How to deal with particular issues or situations
 - How organisations work
 - How to use power and influence wisely
 - How to agree vision and objectives with others
 - How to express and live by ethical standards
 - What they will do differently.
- Lessons should be written in learning logs

Module Contributed by Graham Lister

- MSc in Management Science PhD in Organisation Behaviour
- 30 years experience in management consultancy and training in health in UK, Europe, Africa, Asia, Australia
- Led management of change in the public sector for Coopers & Lybrand now IBM Business Consulting Services.
- Worked on global health with Nuffield Trust and health system reform in CEE countries with Netherlands School for public and Occupational Health
- Lectured in 20 countries on health management and futures
- Senior Associate Judge Management School Cambridge
- Teaches on International Health Leaders Course, Cambridge and MA in Health Management at University of Bern

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