BURNHAM ROSEN GROUP

The Science of Superior Performance

World Class Commissioning, World Class Leadership

A Case Study: Applying lessons from international studies into superior performing leaders to the development of managers in the UK's Health Sector

NHS

Berkshire West

NHS Berkshire West provides health care services to communities in Newbury, Reading and Wokingham. As the Primary Care Trust (PCT) for this region it commissions services from 55 GP surgeries, 68 NHS dental practices, 67 pharmacies and 42 opticians. The PCT also commissions the full range of acute services from hospitals. The organisation oversees an annual expenditure of £625m. Its performance as an organisation directly affects health care provision to a population of over 500,000.

The UK's health sector has undergone a revolution in the last decade. Most people will know that dealing with an array of targets has become a way of life for both managers and clinicians in this sector. Less well known are some of the more subtle changes in emphasis. Issues such as reducing health inequalities, providing patient choice, driving ill-health prevention and the strengthening of multi-agency working are all now areas of attention.

The World Class Commissioning agenda has challenged all PCTs to work in new ways. For example, whilst targets for specific measures, (e.g. waiting times) quite rightly remain, there is a real movement now to focusing on outcome-based measurement. Creating an outcome measure around 'wellbeing' is clearly quite different to measuring the waiting time in GP surgeries.

Getting in control of activity and costs was critical. However, the future demanded a different mindset.

Developing Leaders

NHS Berkshire West was formed in October 2006 from three primary care trusts. In addition to the challenge of merging three organisations, the new entity inherited a very challenging financial situation. Formally placed under supervision by the Strategic Health Authority, the first objective of the new Executive team was to accomplish financial recovery. With this successfully behind them by 2008 the Chief Executive, Charles Waddicor, recognised the need to shift the focus of the senior team to the longer-term. Financial recovery had been tough on people and the organisation. Getting in control of activity and costs was critical. However, the future demanded a different mindset.

Burnham Rosen Group (BRG) specialises in leadership performance. Its approach is scientific, demanding and rigorous.

NHS Berkshire West Strategic Objectives

- ✓ *To become a World Class Commissioning Primary Care Trust*
- ✓ *To achieve financial surplus and to plan sound future financial investment*
- ✓ *To commission safe, clean, effective and personalised care*
- ✓ *To develop and maintain clinical leadership and patient and public engagement*
- ✓ *To work collaboratively with councils, community partners and provider organisations to ensure we commission services which improve health and reduce inequalities*
- ✓ *To make the PCT an employer of choice*

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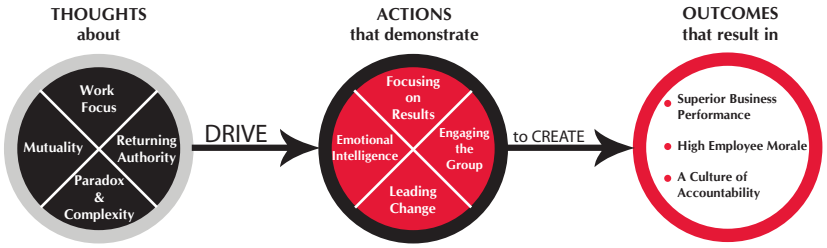
With strong experience in both public and private sectors, BRG has a body of research into what really differentiates superior leaders and how these attributes can be developed. Charles invited BRG to work with the Executive Board, non-Executive Directors and a range of senior managers. The challenge to BRG was to help this extended team develop the approach needed to succeed in accomplishing the long-term purpose of the PCT. Central to this were two goals: Firstly, for the leadership team to shift its focus from internal process efficiency to those external outcomes for which the PCT is accountable for, secondly, for there to be a qualitative shift in staff engagement and accountability. It was clear that more decision making needed to be made lower down the organisation to speed up change and to increase the capacity of NHS Berkshire West.

In outline, the support provided by Burnham Rosen Group included:

- Executive level development at team and individual level;
- Coaching and additional training programmes to support specific change goals;
- Use of a culture survey instrument (that has been empirically derived to correlate performance with culture) to support individual and organisational development and to measure change.

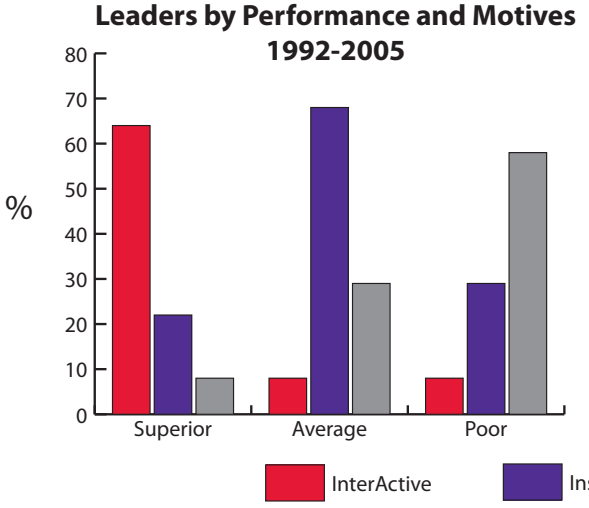
BRG Research on Thoughts, Actions, and Outcomes

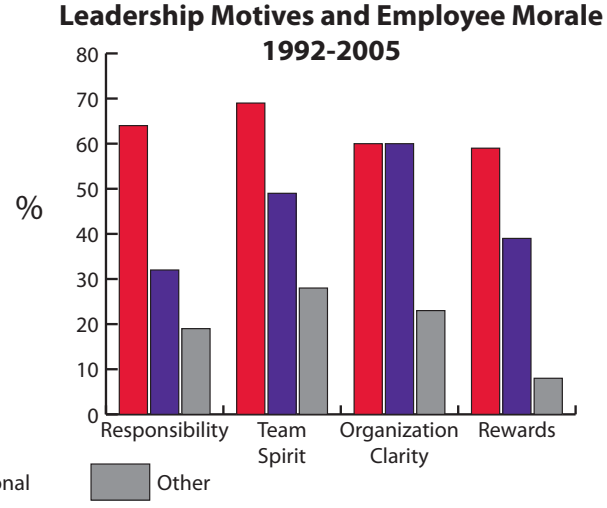


BRG's research demonstrates the importance of motives – distinct patterns of unconscious thought that drive and organise behaviour. Studies consistently show that highest performers in a role share the same motive profile.

By changing the way they thought, the managers spontaneously adopted new behaviours which drove different outcomes.

For leadership roles in large, complex organisations BRG's research, in both the UK and internationally, identifies four very specific patterns of thought that drive superior performance: Returning Authority, Mutuality, Paradox and Complexity and Work Focus. The management team at NHS Berkshire West participated in a careful profiling process and then learnt how to develop a new way of thinking about their jobs. By changing the way they thought, the managers spontaneously adopted new behaviours which drove different outcomes. The following examples are just some of the ways this Thought-Action Sequence™ has become embedded in NHS Berkshire West.





Burnham Rosen Group conducted a 12 year research study of 180 leaders in 18 multinational companies across 8 industries. They found that leaders who produce top-quartile results are predominantly motivated by InterActive Power, which is characterised by the four thought categories of Work Focus, Returning Authority, Paradox & Complexity, and Mutuality. Average performing leaders are most often motivated by Institutional Power. The impact that these motives have on employee morale is significant.

Work Focus

Thoughts about **Work Focus** drive actions that lead to people **Focusing on Results**

To focus on the real purpose of work – to plan long-term, to think about work problems and to take satisfaction in accomplishments.

Whilst most of us readily describe our jobs in terms of the goals of our organisation – whether that is improving the health of the population, providing road-side vehicle recovery services, or so on – we tend to redefine our goals quickly and unconsciously.

Motive profiling brings this unconscious process into consciousness. It reveals how much 'work' is being done to serve other needs – e.g. to bring security, to beat competition (real or self-imposed), to avoid failure, and so on.

Putting effort into developing Work Focus has had a real impact on the organisation. Targets are critical but it's what they represent that really matters. Right across the PCT managers have brought a focus to the work of teams to address the long-term outcomes required of the PCT.

"I'm very different with the Acute Trust now. Much more focused on the work - concerned about what the targets mean for patients. I focus on the analysis and don't take it personally. We have worked together much more successfully and hit our targets. I keep thinking – what can we learn about this and do together to improve the lives of our patients? Patient care is always at the centre of our thoughts."

"We kept asking ourselves how can we be more interactive? Our team liked us to be imperial but we decided to change so we tried to stop fixing their problems. We wanted them to set the agenda and find the Work Focus for themselves. Get ourselves out of the loop. Since doing this we have had no complaints from users for 6 months and also lots of positive feedback."

"We had a major challenge around a large contract with an Acute Care Trust. The NHS changed the rules on how to contract and some key players left mid-way through. There was a risk of complete chaos. My manager and her opposite number and the commissioning directors met to agree a financial cap on the contract. This was hugely liberating as it enabled the two parties to move away from haggling and positioning to working together to agree the best allocation of available funding for patient outcomes."

"We realised we have an imbalance between process based activity and outcomes focused activity. We are working on this and it has brought a shift from thinking in terms of areas of responsibility to programme management. We now have a programme plan against all the outcomes we are seeking. We have to re-educate people to report on more than just activity. It's been good but tough – it forces people to face up to their accountability. Doing this I've seen people step up and deliver much better than I expected. I feel really good that we will be able to evidence our impact and it will give us credibility as leaders in change. I feel there has been a real shift from perceiving our role as 'contracting' to 'leading change' – the real work of Commissioning."

"Run up to this year's accounts seemed too easy. We did our plans early. We did a full rehearsal in month 9. It was a brilliant help. We went into the year end in control, feeling it's all planned but also with some apprehension it could still go wrong."

Returning Authority

Thoughts about **Returning Authority** drive actions that **Engage the Group**

To seek and hold to account those best placed to make decisions, and to inhibit the inappropriate exercising of one's own authority.

The evidence from follow-up research suggests this concept has been transformational in many teams in the PCT.

Teams are more empowered, more engaged and more confident to make decisions. Whilst some people report feeling uncomfortable (managers are concerned about losing control, staff are concerned as they feel more accountable) but the impact is clear: a greater proportion of the organisation's talent is engaged in work.

This pattern of thought drives different behaviours in contractual relationships between organisations. In such relationships influence is needed by both parties but leverage is often limited. The acknowledgement of the shared accountabilities both parties have enables real collaboration to occur. A very different dynamic is created than that which comes from relying on negotiation to resolve problems.

"GPs were unhappy over proposed changes to contracts relating to increasing public access to medical care. We had to front up a large meeting of GPs. There was a lot of anger. My response was to say, 'this is the situation – what would you do if you were in my shoes?' People were stunned but responded really positively. A group was established voluntarily to work out issues. Great progress has been made and much of the pressure on dissenters now comes from their peers rather than my team having to force people. We have far exceeded our targets and patient response has been very positive. By helping GPs to see the situation from the PCT perspective it helped the GPs feel part of the wider local health economy – part of something much bigger than just their service."

"The team I work with has become much more open and a stronger team as a result. People take responsibility and are confident in expressing their views. Key members have become much more confident which means decision making is much better informed. The manager has learned to hold back. She even allows meetings to happen without her and they still work. A year ago she would have cancelled a meeting if she couldn't attend. They are a different team and the team underneath them feel the benefit too."

"My boss asks me questions more. She is less inclined to give the answer. Exploring issues together reveals options and has helped me find solutions. I had a difficult disciplinary situation which would have been easy for her to solve for me but she didn't lead, she just made sure I had the tools to arrive at a solution for myself that was best for the PCT and the employee. That really gave me confidence."

"Changing Terms and Conditions for employees is a very contentious issue. She gave information at the earliest stage, didn't take over but let me lead. I felt responsible for the outcome but not abandoned."

"We discuss preferences for project work as a team and allocate projects as a team. One year ago we wouldn't have done that because no one would have felt confident enough to say what they would like to do. We would have just sat there and taken what we were given, however much we hated the idea."

Paradox & Complexity

Thoughts about **Paradox & Complexity** drive actions that are critical to **Managing Change**

Recognising that decisions are rarely black and white and that, whilst mistakes will be made, in the main they are recoverable and shouldn't inhibit action.

Change often arouses strong emotions: to be excited by change or paralysed by fear perhaps. On their own neither feeling drives fully functional problem solving.

Feeling the complex emotions in the situation enables people to retain equilibrium and perspective. Similarly, significant accomplishments are rarely achieved without mistakes along the way. Confidence in the recoverability of mistakes enables creativity.

Together these thoughts drive managers to create an environment where teams feel confident to innovate and experiment.

"Last year we just missed our infection control targets for clostridium difficile. This year we achieved a reduction of 118% (target was 60%). Wow, feels so good. To see how many patients' lives we have saved (about 40 year on year). Such a great feeling. Making a real difference to people's lives. We did it through teamwork and shared learning. We all tried really hard not to be defensive and take mistakes personally. We focussed on how we work together to learn from mistakes. Everyone in the whole health economy is working towards it, doing everything they can. For example the Infection Control nurses phoned every C diff case, just a 5 min call made patients feel reassured and they understood their condition more and so felt better and got well faster (many were afraid they would die because of sensationalist press coverage)."

"I was asked to put together a proposal for piloting personal health budgets. I had to develop the bid in partnership with three local councils. All had different starting positions. It was high profile and we needed the formal support of the CEO in all 4 organisations (3 councils and the PCT). It worked really well, we have put in place a good foundation. We formed a steering group with two representatives from each council. It was a genuinely collaborative effort. This is a huge paradox for the NHS. The fear of letting decision making and control go to members of the public – whilst real excitement when you see how powerful it can be for people to make their own choices about how they solve their health and social needs.

"We had a big procurement problem. In the middle of this the procurement manager left and there were no records. My manager was very keen we learn the lessons from this and have much better records of work in progress in the future. The risk was we could all have ended up blaming each other, but this didn't happen."

Mutuality

Thoughts about **Mutuality** drive actions that are **Emotionally Intelligent**

To think of others as equals, with their own strengths and weaknesses.
To seek relationships based on equality, respect and empathy.

Whether between work colleagues or across organisations, establishing mutual relationships opens up the prospect of more authentic and constructive dialogue.

Conflict is less likely to be avoided and is resolved in a more mature way: less damaging to individual self-esteem and more likely to lead to collaboration.

"C difficile – we were making little headway against it. I realised colleagues in the acute hospital and I could work together. We stopped monitoring them and I tried to get us all to work together. We funded some work with GPs which proved that we all had a problem; it wasn't just the clinical side. We started to trust each other and now we are making progress."

"I personally try to remember we may be in different places but we are trying to achieve the same thing."

"I recognise I have imperial thoughts. When I get bossy, I think 'Mutuality.' It feels quicker to be imperial with people but it doesn't work in the long term. It is getting more frequent that I remember but it is still time consuming so I need to make myself slow down to do this."

"I was considering suspending someone. My colleague challenged me. We had a full and open discussion. I felt she made the wrong decision but I don't feel aggrieved. I felt I was listened to."

The evidence is clear - a consistent and sustained change in behaviour has ocurred and significantly improved outcomes are being achieved. Driving this more effective behaviour is a success story in personal change that goes deeper and is more fundamental than changed behaviour. These managers have changed their habitual patterns of unconscious thoughts - their motives.

NHS Berkshire West did much to position and support the process of change in a way that maximises the probability of success. This work and support is on-going and continues to drive change – well beyond the input from Burnham Rosen Group.

NHS Berkshire West

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To find out more about this case study, please contact

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