

PCN LEADERSHIP DEVELOPMENT PROGRAMME

Module 3 – Making change and innovation happen across your PCN

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YOUR NAME:

PCN:

Welcome to Module 3 – Making change and innovation happen across your PCN

Module 3 focuses on how one can initiate change and lead innovation teams across your PCN. It offers a deeper appreciation of why good governance underpinned by shared values, culture, systems, and processes is important. Whilst important, of themselves, they are not enough. This is because, as we shall explore, the key ingredient for effective partnerships is the collaborative endeavours of people, facilitated and supported by leaders like you (the change agents) willing to facilitate and make change happen.

Module 3 will help build your confidence in using problems solving techniques to help cement the adoption of different approaches to innovation and change, and it will allow you to explore your own innovation styles and preferences and better understand the preferences of team members.

UNIT 1

The leadership of change

Learning Outcome: A deeper appreciation of the leadership of innovation and change across the health and care sector

An essential first step in leading innovation and change across our PCN is to understand what exactly we mean by it, especially in a health and care context. The everchanging landscape across health and care brings with it pressures on

our system, our organisations and our partnership to change the way we do things.

The phrase 'new ways of working' is now mentioned in most national policies, articles and research, but what exactly do we mean by 'new'? Is it a small incremental change to a process? Is it a transformational change at system level? Is it something we have done before or is it completely innovative? What are the implications? and the list of questions can continue...

So, what do we need to know about change and innovation? What do we need to have in place to enable it? If we are to bring transformation change and innovation across our PCN, some of the things we can start doing are:

- **Communicate** – explain both the 'WHAT' and the 'WHY'
- **Collaborate** – bring people together and refuse to tolerate unhealthy competition
- **Commit** – make sure your behaviours support change by offering aircover, being resilient and be willing to step outside the comfort zone

But what else? Unit 1 of Module 3 explores the context and enablers of change and transformation across health and social care, and prompts you to look at its various dimensions, from the narrative of change, your change-makers to the leadership required of you.

UNIT 2

Making change and innovation happen

Learning Outcome: Developing your confidence in using various change methodologies and problems solving techniques to help cement the adoption of one approach to innovation and change across your PCN

Once we understand the concept of change and innovation across health and care, the next step is to understand the processes by which we make it happen. Having a structured approach to the change process and problem solving,

adopted by all, is one of the best ways to help accelerate the performance of PCN working.

Prior to Primary Care Networks, each practice was largely left to its own devices about innovation, change and ways of problem solving. This ad-hoc approach, whilst having some advantages, also presented structural problems. Inefficiencies in the adoption of new practices, lead to inconsistencies in services and of themselves become further barriers to GP practices peer-to-peer working. Competitive practices and disputes over the methodologies offered by one practice to another further hindered collaboration and the building of primary care resilience through scale. By gaining agreement to use a co-created process with the other practices making up your PCN, you can overcome the 'battles of processes' and ensure the change or innovation you want to make is successful.

So how can a single change and problem-solving methodology help you?

A key factor when supporting PCN working is the adoption of a common change methodology and a suite of problem-solving tools.

Collaborative leadership is, according to the academics David Archer and Alex Cameron (2009), 'a *management style and skill set that engages all participants by **designing constructive processes for working together**, convenes appropriate stakeholders and facilitates and sustains their interaction²*'.

These leadership skills are echoed by other commentators and researchers. Tracy Crevar (2007) talks about, 'clearing the clutter' (clearly defined goals), 'breaking down silos' (cross functional leadership teams), encouraging a 'growth catalyst role' and 'getting everyone involved'³.

The introduction by you, as a collaborative facilitator and change agent, of a collaborative change methodology and problem-solving technique, agreed and adopted by all will clear clutter, break down silos and get everyone involved.

It will also help you forge more effective multi-agency, multi-disciplinary team working across the PCN team. Team work best when they understand the processes and share a methodology for change and problem solving. They can focus on the tasks at hand rather than wasting time and energy arguing over the process and approach.

Unit 2 explores two different change methodologies that have the potential become the adopted approach across your PCN. The first is the NHS Change Model, and the second is the 'collaborative incubator' model, together with a recommended problem-solving framework which you can use to facilitate the incubation process for any workstreams/project you are doing across your PCN.

UNIT 3

**Innovative processes
are good, innovative
people are better**

Learning Outcome: *Building your understanding of the human and leadership dynamics of innovation and change, and how to enable innovation teams to flourish*

As we have outlined in unit 2, whilst the adoption of common change and innovation processes is important, of itself it is not enough. Innovation is all about people, their ideas, ability to collaborate and the energy they bring to making change happen. Innovation processes are good, innovative people are

even better! How do you ensure you have the right balance of people in the room that make up your innovation team?

This unit will help you better understand how to assemble the right mix of people to make innovation stick across your PCN, by looking at the range of innovation leadership tendencies and at how best we can ensure that diversity is the core enabler of change and innovation that is transformational.

UNIT 4

You as an innovation and change leader

Learning Outcome: *Building your confidence in your role as an innovation and change leader*

The first three units are focused on the leadership of change, change processes and methodologies and innovation teams. The last unit, Unit 4, returns back to you, exploring your personal preferences and resilience when leading change. Here we will delve deeper into your MBTI preferences to discover what kind of ideas you prefer and your personal preferences when dealing with change

Unit 4 will also provide you with an opportunity to reflect on your learning from the whole programme, and take a holistic view of the skills and behaviours required to be a successful PCN leader, and develop your action plan going forward

What materials do you have to go through for each Unit?

On the PCSA platform, you will have a number of videos for each Unit outlined above, introducing you to the main theory and practice for that respective unit, as well as the self-reflective activities which you will need to fill in the Module 3 workbook.

We suggest you have your workbook either as a hard-copy or opened on your computer while watching the videos and undertake the self-activities in the workbook while progressing through the various units of learning.

The self-activities for each Unit of Learning for Module 3 are outlined in the workbook. To ensure the learning is embedded as you progress through the programme and the learning outcomes achieved, we recommend you undertake the self-activities in their entirety.

Self-Activity 1 - How can you apply the 5 pillars of change to PCN working?

Is it now time for an emergent approach to transformational change?

In their report entitled *The new era of thinking and practice in change and transformation*, NHSIQ (2021) argue that change and transformation cannot be small scale and incremental, if we want it to deliver the scale of change that our patients and populations need moving forward.

Change that is transformational needs to adopt the emergent approach, moving away from the top-down management approach. The five pillars that are enabling the transformational change are outlined in the figure on the left. So with this in mind, below are some prompts to assess how many of these does your PCN rely on and how far you have progressed in creating transformational, system change.



Who are your disruptors/ heretics/ radicals and mavericks? - They espouse **unorthodox views, question existing practice and open up new fields of inquiry and areas for action**. They learn to **'rock the boat and stay in it'**. They are **capable of working with others to create success**, and NOT be destructive troublemakers.

How close are you to the change that needs to be made? Are you on the frontline? -

Leading from the edge, **building strong relationships both inside and outside the organisation**, increases the potential for diversity in terms of thought, experience and background.

Is your story a burning platform or a burning desire? How positive and hopeful is your story? Does it echo your noble cause? - **Creating new perspectives, stories, texts, narratives and other socially constructed realities** that impact on how people think and make sense of things — which in turn, impacts on how they act and the results they achieve from the changes they make.

How open are you and your team at sharing both the know-who and know-how? Who are the curators of knowledge? - Move from being 'bench scientists' (creating and testing novel local improvement solutions to the challenges faced) to **curators of knowledge** (collecting, filtering, evaluating, contextualising and sharing knowledge from multiple sources). Increased **focus on learning by doing** (*tacit knowledge*) rather than explicit knowledge for change

Who are the people building the bridges and bringing networks together? Who's missing? - To **deliver transformational and system change**, there is a need for **building 'bridging' networks that connect disparate individuals** and groups that were previously disconnected

Note: Under 'Your Module 3' Resources you will have a copy of the report uploaded where you can read more about each of the dimensions.

Duration: 10 minutes.

Task: In the space below, reflect on the five pillars of change leadership. How best can you apply these to your PCN? Some of the questions you might want to consider when undertaking this activity are:

- *Who are your disruptors/ heretics/ radicals and mavericks?*
- *How close are you to the change that needs to be made? Are you on the frontline?*
- *Is your story a burning platform or a burning desire? How positive and hopeful is your story? Does it echo your noble cause?*
- *How open are you and your team at sharing both the know-who and know-how? Who are the curators of knowledge?*
- *Who are the people building the bridges and bringing networks together? Who's missing?*

Add any notes below

Self-Activity 2 – Why do task and finish groups sometimes fail?

A Task and Finish group is a time limited group set up as an action sub-group of a larger committee or meeting with the aim of delivering a specified objective.

Thinking of the task and finish groups you have been part of, reflect on **why do 'task and finish' groups sometimes fail?**



What improvements to the innovation process might overcome this?

Duration: 10 minutes.

Task: Why do task and finish groups sometimes fail? What improvements to the innovation process might you suggest to overcome this?

Add any notes below

Self-Activity 3 – How will the PCN Projects be governed?

As a collaborative team leader engaging and facilitating staff across your PCN to deliver transformational change, you will be seen as the custodian of the collaborative process that connects the projects and workstreams with the governance oversight from the PCN leaders. The change and governance process adopted must be capable of going beyond small scale, incremental change, and it must view the change process as a long-term programme. Therefore, leadership commitment to this is the first step on the journey.

One of the change methodologies we suggest adopting for partnership working is the **Collaborative Incubator Model**. The framework has three broad phases and provides a model template for a sustainable change process, across different partners, organisations, stakeholder groups and various disciplines.

The three phases are:

Phase 1 – The Initiate stage: Where the challenge across the PCN is defined, the main stakeholders aligned and teams are mobilised.

Phase 2 – The Incubate stage: Where the incubations teams are formed (this is the step where the wider stakeholders are involved, including patients), ideas incubated and formulated into solutions.

Phase 3 - The Implement stage: Where resources are committed and assessed, business plans developed, implemented and sustained. It is important to differentiate here that the implementation team will not necessarily be the team that undertakes Phase 2 – Incubation.



The Collaborative Incubator Model provides a life-cycle for the change methodology process.

It has a start, a middle and an end. However, to avoid the change methodology becoming a series of unconnected interventions, leaders must consider how they intend to integrate the chosen change process into their 'business as usual' mode, thereby safeguarding it into the future.

There are four things you must consider:

- The adoption of a common change methodology (like Collaboration Incubators) across the PCN partnership
- The sequencing of change methodology activities to meet the statutory or other requirements of the partners
- The development of dedicated roles to safeguard the process, roles such as Champion, Subject Area Expert, Facilitator and Team Members
- Establish a memorandum of understanding between the partners to adopt the common change methodology.

Duration: 10 minutes

Task: How might you adapt this three-stage innovation process (The Collaborative Incubators) to ensure that the PCN leaders own the change, that diversity is brought to in the incubation process, that patients are engaged and that those responsible for implementation are empowered to make it happen?

Add any notes below

Self-Activity 4 – Our improvement tools (The NHS Change Model)

Real, transformative and sustainable change needs strong foundations. Making change happen isn't easy, but the NHS Change Model can help.

The Change Model provides a valuable framework to enable effective and sustainable change that delivers real benefits for staff, patients, and communities. It has been co-produced with hundreds of health and care staff and based on credible evidence and experience. The Change Model is for anyone who wants to make a difference – you could be in a clinical or a support role at any level of an organisation.

We can use the model with any change that matters to us, no matter how big or small. It could be within:

- Our own work
- A department
- An organisation
- Across a whole system.

Each project will be slightly different, so the model isn't prescriptive. It should help you consider what matters most in your particular setting and achieve a balanced approach.

The Change Model is an integral, interconnected framework that works in harmony with the model for large scale change to support sustainable transformation. However, it is important to note that the Change Model works for any scale of change, even a small one.

Source: NHS Change Model



Figure 1: The Change Model

Note: You can find the change model at <https://www.england.nhs.uk/sustainableimprovement/change-model/> together with the tools, templates and the guidance accompanying it.

The Change Model and the key questions you might want to ask yourself when applying it are also uploaded under the Module 3 Resources on the PCSA Platform.

Duration: 20 minutes

Task: Familiarise yourself with the Change Model and each of its dimensions. Using the Improvement Dimension of the Change Model, reflect in the space below:

- *How are we enabling patients to challenge our improvement method?*
- *How are we helping patients to become effective ambassadors for change?*
- *How are patients' experiences reflected in our approach to change?*
- *How do we know we are using the right evidence based improvement tools for our change and how can patients influence this?*
- *How would you describe the NHS Change Model? – think about other innovations in the community that are non NHS.*

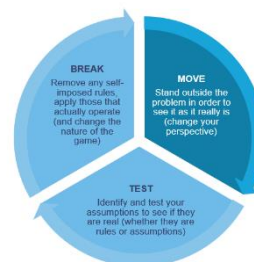
Add any notes below

Self-Activity 5 – The 9-dot puzzle

This simple live activity is testing the much-used phrase “thinking outside the box” and reminds us that given permissions, we can all bring new perspectives and different ideas to the challenges we face. To this, we must encourage people to be brave and challenge assumptions, break self-imposed rules or see things from very different perspectives. By enabling people to do this safely, you will be truly bringing innovation to your projects.

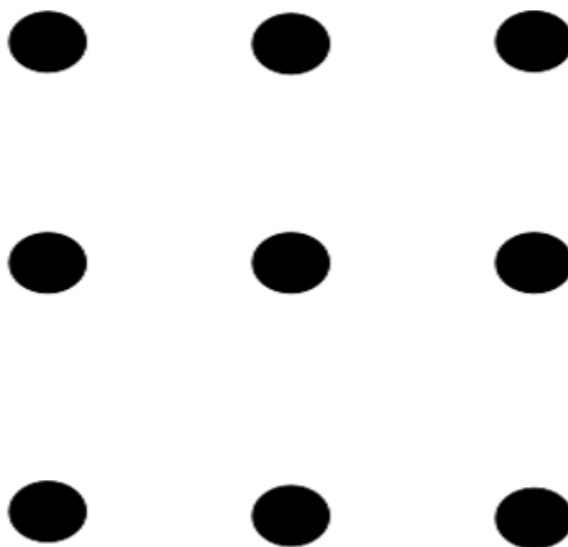
The ‘**Three Innovation Thinking Messages**’ you can derive from this simple puzzle are:

1. **Move:** Stand outside the problem in order to see it as it really is
2. **Test:** Identify and test your assumptions to see if they are real
3. **Break:** Consider changing any self-imposed rules



Consider sharing these three key messages with your colleagues, to remind them to free themselves from the shackles of the institutionalised and cultural thinking that can cloud health and care activity.

The Whitehall Innovation Hub sums it up in its report on leadership innovation: “*The gulf between social innovation and public institutional practice has become accepted as the biggest barrier to innovation flow*”.



Duration: 5 minutes

Task: Can you join up all the dots with 4 consecutive straight lines?
What kind of assumptions do you find yourself making when you try to solve this problem?

Add any notes below

Self-Activity 6 – Your problem-solving methodology

As we have seen in the Collaborative Incubator Model, the change process is divided in three stages: initiation, incubation and implementation.

It is essential to understand that each of these steps are different, and that although there may be some continuity of people across each phase, it's more probable that the decision makers and funders will be in the initiation phase, yourself as the facilitator and team members and wider stakeholders will be in the incubate phase, and those team members responsible for service delivery will largely make up the implementation phase.

We are now going to look at the incubation stage, where the ideas will be generated after the ask is contextualised by the strategic leaders in the initiation phase.

A recommended frame for your problem-solving process is presented to you in Unit 2 of Module 2 called Making innovation and change happen across your PCN.

Remember, in order for change to be transformational, in the incubation stage you should bring diversity of views, perspective, backgrounds and disciplines and ensure it is inclusive by involving wider groups of stakeholders, including patients. People dealing with the realities of life are natural problem solvers and great at generating new ideas. Moreover, when people have a direct involvement in the co-creation of something new and better they are more likely to support it when implemented. The end result of working with the intended audience is a more effective solution to the problem/challenge.

UNIPART developed a cross-organisational problem-solving system as part of their corporate university work in 2000. They call it the 'UNIPART WAY'. On their website they write:

The Unipart Way is a philosophy of working that is underpinned by a set of tools and techniques that form the basis of our knowledge management system...we have combined that knowledge with our culture and strong heritage in marketing and branding to turn the Unipart Way into a formidable business system. When implemented across multiple sites or in multiple countries, it can provide you with a standard approach and measures that enable people to share best practice more easily and effectively.'

Drawn from Unipart, this problem-solving toolkit can be used to tap into the enterprising talents, ideas and energies found within your PCN and beyond, together with the other partner practice and across the wider health and social care system. It is divided in 8 steps:

Step 1 – Collecting the baton:

The first step happens when the group of participants meet for the first time. They agree house rules, learn about one another, discover who's missing and who they would like to invite, agree to adopt a common approach to problem solving, agree meeting dates and roles/responsibilities.

Step 2 – Defining the problem:

Next, the group set about refining their understanding of the challenge, looking at the root causes and finally deciding on their own re-definition of the problem statement.

Step 3 – Envisaging the solution:







The group set about creating a vision based on what success would look like and craft a corresponding goal statement.

Step 4 – Solution generation: The fun part, where the group let their imaginations and creativity run wild, dream up wacky and wild ideas and reverse engineer them into workable new solutions.

Step 5 – Test and select: Here the group pick the best ideas to take forward.

Step 6 – Action planning: Some basic action planning, outlining the case for implementation.

Step 7 – Passing the baton: How to hand over to the next stage or group who will take over and deliver.

Collaborative Team: Problem Solving Framework																			
1 Collecting the baton Start date _____ Finish date _____ Theme (team name) _____ Team members _____ Team support Champion _____ Subject Area Expert _____ Architect/Facilitator _____ Meeting dates _____ Team development Team development checklist	4 Generate solutions Innovate 																		
2 Re-defining the problem Description _____ _____  _____  _____ 	5 Test and select New ideas 																		
3 Envisaging the solution What's our goal? _____ _____ 	6 Action plan <table border="1"><thead><tr><th>Activity</th><th>Responsibility</th><th>Date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Activity	Responsibility	Date															
Activity	Responsibility	Date																	
7 Passing the baton Prepare elevator pitch _____ Sign-off implementation monitor team _____	Select solutions E1 - Paired comparisons E2 - Prioritisation Matrix E3 - End story E4 - What could possibly go wrong? E5 - Test solution with goal (TPN) New Ideas																		

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Note: The problem solving framework is uploaded under Module 3 resources on the PCSA Platform. It is entitled **Tool CLA4.03 – Problem Solving Tools** and it provides an in-depth guide for how to facilitate all the above-mentioned steps.

Duration: 15 minutes.

Task: How do you go about solving problems collaboratively in your PCN?

Do you have a clear structure/process?

If so, compare with the problem-solving framework, asking yourself what's common and what's different?

If not, how can you adapt this as a starting point for a common approach to problem solving?

Add any notes below

Self-Activity 7 – Do you have a balanced innovation team?

Tool CLW5.01 – *Do you have a balance innovation team?* will provide you with a rough and ready insight into both your own innovation leadership behaviours, and those of the people you draw together to work on your internal collaboration activity.

Effective innovation leadership is about getting a balanced mix of people in the room. Tool CLW5.01 will help you begin the journey to assembling the right mix of people to make innovation stick.

Below are the four Innovating Leadership Behaviours (ILBs) that are required for successful and effective innovation to:

- (a) be developed (Creator)
- (b) made practical (Translator)
- (c) implemented (Stabiliser)
- (d) applied to the right circumstance (Navigators)

Let's start with a caveat, these four Innovating Leadership Behaviours are extreme stereotypes.

Usually (but not always) everyone's profiles have relative proportions of each in their own personal 'portfolio' depending on the limitations of their experience, work environment and their natural work preferences.

What happens if the mix of ILBs is out of kilter?

Your role as a collaborative leader is to ensure that there is a balance of those behaviours in the innovation delivery team that will develop and implement innovation across your PCN.

For example, if your delivery team is only made up of Creators, they will rapidly become bored and want to move onto their next idea.

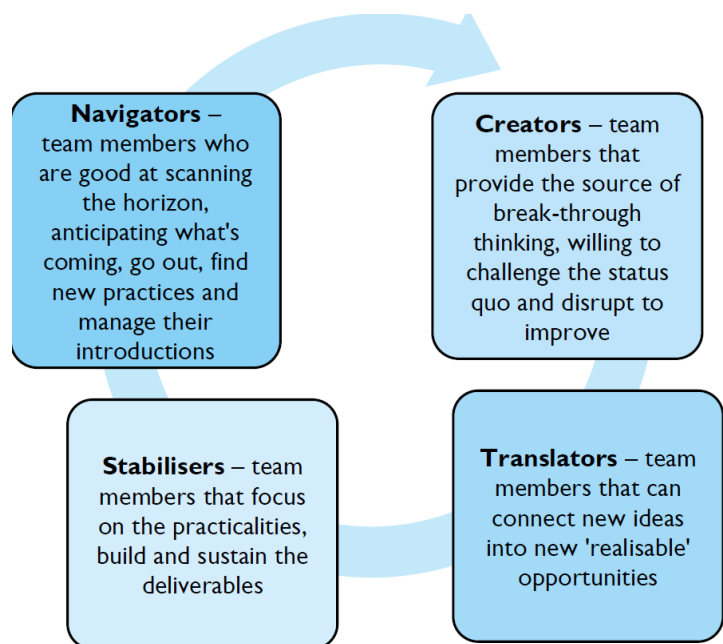
If your team is only Stabilisers, they will attempt to interpret the innovation in terms of projects they have done in the past. That will provide them with the security

Stabilisers seek of being in 'known territory' with 'less likely to go wrong'.

If the team is only made up of Translators, they will be unable to exploit their talent in building the bridge between the Creators and Stabilisers.

Finally, if you only have Navigators in the delivery team, then the innovation will only ever be in a strategic phase.

Your innovation will be talked about, visioned to death, identified as efficient and effective, but never stabilized.



So do you have the right people with the right mix of innovation behaviours?

Duration: 15 minutes.

Task: Familiarize yourself with Tool CLW5.01 – Do you have a balanced innovation team? Using the 4 innovation leadership tendencies, assess the balance of innovation roles in the PCN team you are leading and/or are part of. Do you have a balanced innovation team? What roles are missing and what do we need to do to balance it?

Add any notes below

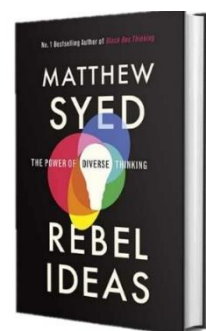
Self-Activity 8 – Powering up diversity

*“...Think how comforting it is to be surrounded by people who think in the same way, who mirror our perspectives, who confirm our prejudices. It makes us feel smarter. It validates our world view...**these dangers are as ancient as mankind itself.**” – Syed, M (2020)*

Fostering an organisational culture that enables inclusiveness and embraces diversity is an imperative for any organisation and too often these are not seen as essential assets contributing to its success. The benefits of embracing diversity and inclusiveness are clear and particularly in a health and social care context, these result in improved staff experience, high quality patient care, increased patient satisfaction and better patient safety.

Moreover, as the shift required to overcome the challenges we are facing across the system, and more specifically across our PCN, require collaboration, it makes it even more difficult to promote inclusivity and diversity across a system or partnership.

Echoed by national policies, such as the NHS Long Term Plan, embedding and embracing equality, diversity and inclusion starts with leaders being compassionate and inclusive, displaying the right behaviours, while acting as role models, with trust and relationship building sitting at the core of embracing and valuing differences. This is why leadership development needs to take into consideration inclusion and diversity.



In addition, working with people that are the same as us weakens our potential for successful outcomes and is a perfect recipe for collective blindness. We know that dealing with difficult problems needs more than intelligence and skill, it needs cognitive diversity. And you foster this only by ensuring your team is diverse and inclusive.

Duration: 15 minutes.

Task: Reflect on how best you can power up diversity and inclusion across your PCN. What benefits will this bring to the PCN and the way it is operating?

Add any notes below

Self-Activity 9 – MBTI and Change

Making change happen within the health and care sector is not easy. We know that. And we can think of thousands of ways in which it can fail.

As we have previously described, transformational change requires both **innovative people** (the key ingredient) and **supporting organisational processes** and when they are both working in harmony the desired change really sticks.



Some people think change is simply a project management process. This misses the point. Yes, good processes are important, but processes in of themselves will not deliver it. For your innovations to work, you will need innovative people. As PCN leaders, you play a critical role in encouraging the 'innovative spirit' within your practice, nurturing the 'innovators' both in your practice and across your PCN and beyond to work together on the challenges and priorities set out in your vision.

Remember from our MBTI profiles in Module 1, we are all different and therefore will have different experiences and attitudes to change.

Your awareness and appreciation of how different people respond to change will help you 'get the best' out of the people you bring together to work on your

change challenges. MBTI can provide us with valuable information on ours and others default preferences for change. Understanding these will help us better navigate the change process. To understand how MBTI can provide us with insights able peoples change preferences we need to consider two of the dimensions of the MBTI, *Extraversion-Introversion* and *Intuition-Sensing*.

When combined this two dimensions gives us four different quadrants, in which all 16 MBTI personality types fall. These are outlined in the boxes below.

IS – Introverted Sensing - Thoughtful Realist

"If it ain't broke, don't fix it"

Focus <i>Practical considerations, continuity</i>	Wants <i>To see the difference between what should be preserved and what could be changed</i>
Concerned <i>With what needs to be kept</i>	Hates <i>Brainstorming, being rushed, empty promises</i>
Irritates others by <ul style="list-style-type: none"> ▪ <i>Wanting to take their time over things</i> ▪ <i>Looking into the detail</i> ▪ <i>Being unwilling to embrace change for change's sake</i> 	You can help them by <ul style="list-style-type: none"> ▪ <i>Ensuring that something stays the same</i> ▪ <i>Giving them plenty of time to adjust</i> ▪ <i>Giving them relevant things to read and think about</i>

ES - Extraverted Sensing - Action Oriented Realist

"Let's just do it!"

Focus <i>Practical actions, results</i>	Wants <i>To get things to run more effectively and efficiently</i>
Concerned <i>With improving results</i>	Hates <i>Reviews, theoretical discourse, long emails</i>
Irritates others by <ul style="list-style-type: none"> ▪ <i>Starting without thinking</i> ▪ <i>Ignoring interpersonal niceties</i> ▪ <i>Bulldozing things through</i> 	You can help them by <ul style="list-style-type: none"> ▪ <i>Giving them some practical first steps to get on with</i> ▪ <i>Establishing clear targets for them</i> ▪ <i>Setting a focussed direction</i>

IN - Introverted-Intuition - Thoughtful Innovator

"Let's think ahead!"

Focus <i>Thoughts, ideals, vision</i>	Wants <i>To develop an internal vision of the future which 'stacks up'</i>
Concerned <i>With new ideas and theories about what needs doing</i>	Hates <i>Instruction manuals, training courses, things that don't make sense</i>
Irritates others by <ul style="list-style-type: none"> ▪ <i>Taking too much time to think things through</i> ▪ <i>Wanting to know how everything fits together</i> ▪ <i>Planning at the expense of doing</i> 	You can help them by <ul style="list-style-type: none"> ▪ <i>Ensuring that the big picture makes sense</i> ▪ <i>Giving them time & space to think things through</i> ▪ <i>Making sure there's room for new ideas and strategies</i>

EN - Extroverted-Intuition - Action Oriented Innovator

"Let's change it!"

Focus <i>Systems, relationships, change</i>	Wants <i>To talk with others, be creative and try something different</i>
Concerned <i>With putting new ideas into practice</i>	Hates <i>Small chunks of disconnected work, long periods of reflection, repetition, lack of vision</i>
Irritates others by <ul style="list-style-type: none"> ▪ <i>Wanting to change things quickly</i> ▪ <i>Moving from change initiative to another</i> ▪ <i>Having too much enthusiasm for change rather than consolidation</i> 	You can help them by <ul style="list-style-type: none"> ▪ <i>Allowing them to take charge of a significant area of work</i> ▪ <i>Talking things through with them enthusiastically</i> ▪ <i>Tapping into their creativity</i>

Duration: 15 minutes.

Task: What did you learn about your own preferences for change based on your MBTI profile?
What about your PCN colleagues' preferences?
How can you apply your learning going forward?

Note: If you cannot recall your MBTI Profile, revisit Unit 2 of Module 1, called *Understanding difference*.

Add any notes below

Self-Activity 10 – How do you lead through transition?

Let's say you already invested a major amount of time and resources to build your PCN, change structures, governance models, implemented new projects, developed the multi-disciplinary teams, perhaps even merged various back-office systems as well, all these to deliver the ask of the PCN and our common purpose. Yet, colleagues persist in their old ways. Where is the transformational change that we are expecting going to happen? And when will the disruption subside? Why can't our colleagues just do it?

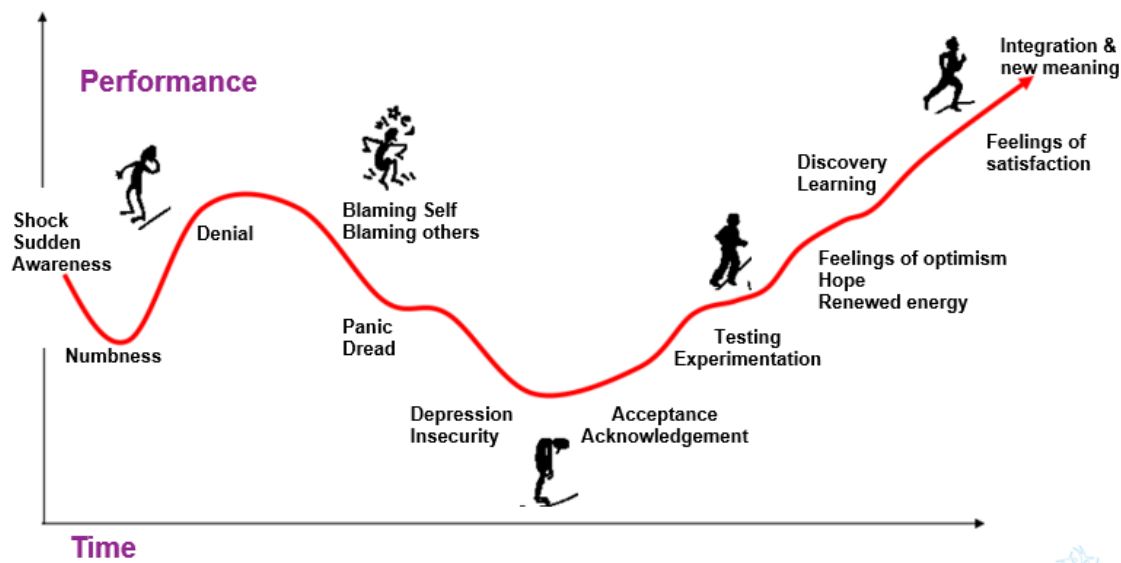
The fact is, that organisations don't just change because of new systems, processes, or structures. They change because the people within the organisation adapt and change too. Only when people have made their own personal transitions can an organisation truly reap the benefits of change.

It is worth revisiting the work of psychiatrist Elisabeth Kubler-Ross on personal transition in grief and bereavement. It continues to be one of the most widely used model in organisational change, as it examines peoples personal behaviours as they go through change and transition. It also affords us with strategies, guidance and support so that we can prepare ourselves for the journey ahead and provide support to our colleagues so that they transit through the change successfully too.

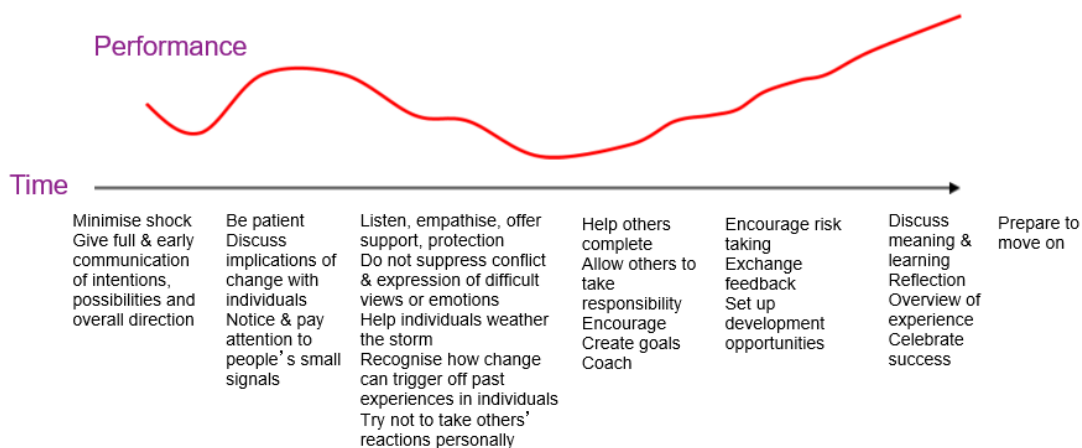
The Change Curve helps to explain the impact of change, both on individuals and organisations. By predicting the likely responses to change, you can accelerate development – and provide your people with timely help and support.

As defined by Elisabeth Kubler-Ross, the Change Curve recognises four stages in our reactions to change:

- People's first responses are often shock and denial, so it's vital to keep them fully informed about what's going on.
- Anger and fear often come next. At this stage, handle all the emotions involved with sensitivity and care.
- People gradually accept their new situation, but they'll still need time to get used to it.
- Finally, when your people are fully committed to the changes, help them to celebrate their success!



Below are some of the proposed strategies that you might want to adapt when supporting your colleagues go through the transition curve:



Change Curve. Source: Kübler-Ross (1969)

Duration: 15 minutes.

Task: Think of the colleagues across your PCN. Are any of them at different points to you on the transition curve? How best can you support them to cope with the change the PCN brings?

And what about you? Where are you on the transition curve? What can you do to move through it yourself?

Add any notes below

Self-Activity 11 – Your collaborative leadership checklist

As we approach the end of the PCN Leadership Development Programme, hopefully you're understanding and appreciation of the collaborative leadership role you bring to the PCN has been enhanced and your confidence in facilitating teams to innovate and make change happen has increased. Successful primary care network will require a commitment to adopt common collaborative processes as these are the building blocks for all successful partnerships. We also explored how to build effective multi-disciplinary teams and how to empower them to lead transformational change and innovation across our PCN.

All this places quite a burden on you. You will be seen as the first mover, the initiator and facilitator of change. Therefore, investing in your own development and preparing yourself for the journey ahead is perhaps the most important action.

So, let's step back to the concept of leadership we covered in Module 1. We know that PCN working requires collaborative leadership. We also know that there are four main qualities that distinguish effective collaborative leaders:

1. They combine tremendous persistence, energy and resolve with a measured ego.
2. They are passionate about the desired outcome.
3. Collaborative leaders pull others rather than push them.
4. Collaborative leaders think systematically

Now that you have completed Module 3, we recommend you reflect on the skills, know-how behaviours required to be a successful leader in your PCN, by identifying your strengths, areas of development and next steps. Some reflective questions you might want to ask yourself are:

- Have you created excitement across the organisation about the collaborative benefits of this project?
- Have you got the right partners and people around the table?
- Have you co-created with them a shared vision based on common interests and joint effort?
- Have you built strong levels of trust between the partners?
- Have you ensured there is a transparent, credible collaborative working process in place?
- Are the mutual benefits clearly defined and agreed by the partners to the collaboration?
- Are you making this collaborative project a priority for you, your organisation, and other stakeholders?
- Is there a collaborative champion (Collaborative Transformation Architect) in place to support you?
- Are your people actively engaged in collaborative teams solving jointly shared problems?
- Is there a communication strategy so that progress and success can be communicated and celebrated?
- Are you constantly advocating the change – providing hope, confidence and resilience?

Duration: 15 minutes.

Task: Familiarise yourself with *Tool CLW7.01 - Your collaborative leadership checklist*.

Reflect on your learning from across the three modules and your progress as a PCN leader.

What will you stop/continue/ start doing?

What are your next steps?

Add any notes below