Leaders’ Top Tips 6

Making Change Happen: Leadership, improvement and how to make a difference

Mums and Babies in Mind (#MABIM) is a Maternal Mental Health Alliance project supporting local leaders to improve services and care pathways for mums with perinatal mental health problems and their babies.

We work in Blackpool, Gloucestershire, Haringey and Southend, and capture and share our work to inform and inspire other commissioners and providers across the UK.

The project is hosted by The Mental Health Foundation and funded by the Big Lottery Fund.

The MABIM Leaders’ Programme brings together leaders from a wide range of different services and professional backgrounds to:

• Learn from leading experts in policy, research and practice,
• Be inspired by those who are making a real difference to women’s lives,
• Talk to parents with lived experience and hear their views,
• Meet and share experiences with peers from other areas, and
• Share learning and develop new solutions to difficult challenges.

We are organising nine ‘masterclass’ events for our leaders, each on particular themes relating to perinatal mental health. After each one we produce a Top Tips document – like this one – to share the insights and ideas with a wider audience.

This is the sixth Top Tips document in our series. Others can be found on the: www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools
Our sixth masterclass: making change happen

The sixth masterclass, on 24th January 2018, was different to previous events. Rather than focusing on a specific aspect of perinatal mental illness and service delivery, we focused on how leaders can make a difference in their services and systems. The leaders attending the masterclass asked us to cover this topic to help them use their passion for perinatal mental health to deliver real change for women and their families.

We were joined by seven great speakers who talked about different aspects of change, service improvement and leadership:

Harriet Hunter, Head of Organisational Development at the Scottish Government: talked about relationships and their role in change.

Sarah Reed, Improvement Fellow at the Health Foundation: described theory and research about successful and sustainable quality improvement and shared examples.

Dr Alain Gregoire, Clinical Lead for MABIM and Chair of the Maternal Mental Health Alliance: described the Future, Engage, Deliver model of Leadership.

Eve Canavan BEM, a mum and campaigner: shared her lived experience as a mum with postpartum psychosis, and how she has used her lived experience to help make change happen.

Dr Abigail Easter, Senior Postdoctoral Fellow at the Centre for Implementation Science at Kings: introduced the group to improvement science and what it tells us about how to translate knowledge into practice.

Milli Hill, Founder of the Positive Birth Movement: shared her work in establishing a global movement for change.

Suzette Woodward, National Campaign Director for Signs of Safety: talked about the importance of conversations in ensuring patient safety.

The Group also watched two TED talks: Atul Gawande’s ‘How do we Heal Medicine’ and Simon Sinek’s ‘How Great Leaders Inspire Action.’

This document captures the key messages from our speakers and the discussions at the masterclass.

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### How do you channel your frustrations with the system: Are you a troublemaker or a radical?

<table>
<thead>
<tr>
<th>Troublemaker</th>
<th>Radical</th>
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<tbody>
<tr>
<td>Complain</td>
<td>Create</td>
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<tr>
<td>Me-focused</td>
<td>Mission-focused</td>
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<tr>
<td>Anger</td>
<td>Passion</td>
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<tr>
<td>Pessimist</td>
<td>Optimist</td>
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<td>Energy-sapping</td>
<td>Energy-creating</td>
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<tr>
<td>Alienate</td>
<td>Attract</td>
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<tr>
<td>Problems</td>
<td>Possibilities</td>
</tr>
<tr>
<td>Alone</td>
<td>Together</td>
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Source: Helen Bevan, School for Change Agents
The Importance of Relationships

Harriet Hunter from the Scottish Government talked to us about the importance of relationships in driving change and improvement. She described how methods of service improvement matter, but they will only work if the relationships are right. She explained how relationships become ‘stuck’ and how to tackle this.

There are psychological pay-offs for keeping relationships ‘stuck’ in a difficult place. Having an open mind to change our perspective on a person or issue involves admitting that we may not be right, and this can feel like it puts us in a vulnerable place. Changing a relationship involves changing ourselves. Shifting the dynamic in a difficult relationship requires someone to make the first gesture and adapt our behaviour.

“The thing I can change is me.”

Harriet explained transactional analysis, as an example of ‘stuck’ relationships, and Karpman’s ‘Drama Triangle’. The Karpman Drama Triangle sets out three roles in conflict: persecutor, rescuer or victim. This enables us to think about the roles we and others adopt in our relationships, and to gain new perspectives on how we behave, think and act. Harriet also introduced Emerald’s ‘Winner’s Triangle’ which suggests the alternative roles of creator, challenger and coach.

Harriet has written a book about change leadership: Relational Change: The Art and Practice of Changing Organisations (Bloomsbury, 2016)
Successful and Sustainable Quality Improvement

Sarah Reed from the Health Foundation presented on quality improvement.

Sarah explained that there is no single definition of quality improvement, but it usually implies a systematic approach that uses specific methods and tools to improve quality. Some of these approaches include Lean, Six Sigma and PDSA.

Key elements of successful quality improvement include:

- Common sense of purpose and buy-in from everyone involved.
- Making quality improvement a continuous process for everyone, not limited to an isolated project or stand-alone time.
- Taking time. Spotting and seizing opportunities.
- Giving people time, permission and space to reflect, and the ability to learn and adapt.
- Accepting that it won’t be easy: it’s okay to try, fail and learn on the way.
- Being open to being wrong.
- Creating a culture of learning.
- Collecting and using qualitative and quantitative data.
- Taking collective responsibility. Acknowledging, talking about, and forgiving mistakes.

Sarah explained how understanding why an intervention is working requires understanding not just what individuals do, but the wider context in which they work. This can be hard because:

“Like fish in water, we don’t see culture because we are immersed in it.”

For more of the Health Foundation’s work on quality improvement, see www.health.org.uk/theme/quality-improvement
Understanding Implementation Outcomes

Abigail Easter from the Centre for Implementation Science described the gap between evidence about what works, and what happens in practice, and the role of implementation science in closing this gap.

The success of an intervention is not just about the intervention itself, it is also about the context and how it is implemented. Paying attention to ‘implementation factors’ can help ensure that an intervention that works in one context can be successfully transferred to other settings. This involves understanding things such as:

- Intervention characteristics – what bits matter, why does it work, what can be adapted.
- Context and implementation – people, team, organisational culture, the system, the policy context, methods for roll out etc.

There are a number of strategies available to improve the adoption, implementation and sustainability of an intervention. These include, for example, supporting clinicians, engaging patients, changing the infrastructure, evaluating and iterating the approach, and tailoring the intervention to the context.

Measuring ‘implementation outcomes’ allows us to understand why an intervention may not be delivering its desired objectives— is it due to the intervention itself, or how it’s been implemented?

### Implementation Science

‘the scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services.’ Eccles and Mittman, Implementation Science, 2006

‘It supports innovative approaches to identifying, understanding and overcoming barriers to the adoption, adaptation, integration, scale-up and sustainability of evidence-based interventions, tools, policies and guidelines.’ NIH 2015

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<thead>
<tr>
<th>Implementation Outcomes</th>
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<tbody>
<tr>
<td>1. Acceptability</td>
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<tr>
<td>Degree to which an intervention is perceived to be agreeable</td>
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<tr>
<td>2. Adoption</td>
</tr>
<tr>
<td>Intention to adopt or initial implementation of intervention</td>
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<tr>
<td>3. Appropriateness</td>
</tr>
<tr>
<td>Perceived suitability and usefulness of intervention to address problem</td>
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<tr>
<td>4. Feasibility</td>
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<tr>
<td>Fit and suitability of the intervention for everyday use</td>
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<tr>
<td>5. Fidelity</td>
</tr>
<tr>
<td>The extent to which intervention is implemented as intended</td>
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<tr>
<td>6. Implementation Cost</td>
</tr>
<tr>
<td>Costs associated with implementation; including cost of delivery of the intervention and costs associated with the implementation strategy used</td>
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<tr>
<td>7. Penetration</td>
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<tr>
<td>Diffusion into practice</td>
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<tr>
<td>8. Sustainability</td>
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<tr>
<td>Sustained use of the intervention</td>
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The centre for Implementation Science’s website is: [www.kcl.ac.uk/ioppn/depts.hspr/research/cis](http://www.kcl.ac.uk/ioppn/depts.hspr/research/cis)

Winter 2018
We are all pit crews now

The group watched Atul Gawande’s TED Talk ‘How do we Heal Medicine’. A key theme in this talk is that complexity requires us to work together successfully as teams. Getting things right isn’t just about having great people; it’s about people working together as systems.

Suzette Woodward from the Sign up to Safety campaign, talked about the importance of shared conversations in improving patient safety in health services.

Suzette talked about the value in enabling honest conversations to understand what is really happening in services, and why people might be deviating from policies and procedures. This insight is an important way to gather learning and improve.

Giving people the space and time to develop relationships and have good quality conversations leads to the growth of humility, kindness and respect, she said.

Suzette advocated positive approaches such as appreciative enquiry, where we learn from what works, rather than focusing on what goes wrong.

The Sign up to Safety website can be found here: www.signuptosafety.nhs.uk

Focusing on the Why?

We watched Simon Sinek’s TED talk about the importance of focusing on why you do what you do. Simon describes how your ‘why’ is the purpose, cause or belief that inspires you.

Great leaders focus on the ‘why’ to inspire others – whereas others may just focus on the ‘what’ and the ‘how’.

Simon Sinek’s website on this topic is www.startwithwhy.com

Eve Canavan BEM, a mum and campaigner shared her lived experience as a mum with postpartum psychosis, and how she has used her lived experience to help make change happen.
Focus on the Future

Alain Gregoire told the group about Steve Radcliffe’s ‘Future, Engage, Deliver’ leadership model, which has inspired him in his work. Alain described leadership as being about understanding the future you want, being passionate about it, and engaging others in this vision.

Alain described how this approach has supported him as a leader. When things feel difficult, he advised us to “remind yourself of the future you want, and reengage others in that vision”.

Leaders who make a bigger difference, *consciously*:
- Are guided by the future they want
- Engage others in creating this future
- Create leaders not followers
- Concentrate on relationships not processes
- Do things differently

Have you? Could you?

“Turn your anger into passion”

Leading:
*being aware of something you care about and the difference you want to make, and bringing people with you to make it happen.*

For further information on Steve Radcliffe’s approach see [www.futureengagedeliver.com](http://www.futureengagedeliver.com)

A Global Movement for Change

Milli Hill told us about the Positive Birth movement. She described how she had created a global movement for change with very little resources – using her own passion and tapping into women’s drive to help one another, and by using social media.

The Positive Birth Movement is a global network of free-to-attend antenatal groups, linked up by social media. Only 5 years after Milli started the movement, there are now over 250 groups in the UK, and 200 more in 36 countries around the world.

The groups connect pregnant women together to share stories and expertise which are positive about childbirth. The aim is to “challenge the epidemic of negativity and fear that surrounds modern birth, and help change birth for the better.”

You can read more about the movement here: [www.positivebirthmovement.org](http://www.positivebirthmovement.org)
### Take Home Messages

A number of common themes emerged throughout the day, including the importance of:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Quotes</th>
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<tbody>
<tr>
<td>Personal resilience</td>
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<tr>
<td>Relationships</td>
<td>&quot;In complex and messy systems, one thing you always have control over is your relationships and how you interact with others.&quot; Harriet Hunter</td>
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<td>&quot;Driving change requires working with others – if you can do it yourself, it’s not big enough.&quot; Alain Gregoire</td>
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<td>Communication and kindness</td>
<td>&quot;Focus on the social, not just the technical.&quot; Sarah Reed</td>
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<td>Having the time to take a step back to reflect</td>
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<tr>
<td>Focusing on the WHY</td>
<td>&quot;discovering the WHY injects passion into your work. And it’s those who start with WHY that have the ability to inspire those around them.&quot; Simon Sinek</td>
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<tr>
<td>Passion</td>
<td>&quot;Build a sense of collective mission.&quot; Sarah Reed</td>
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<tr>
<td>Taking a systems view and apprecating complexity</td>
<td>&quot;Making systems work is the great task of our generation.&quot; Atul Gawande</td>
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<tr>
<td>Looking at the whole context</td>
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