



2008 National Health Leadership Programme: Leading Change and Performance Improvement

1. Introduction

The New Zealand healthcare system like other international health systems is facing pressures related to sustainability, workforce capacity, quality assurance and the ability to meet patient expectations. Such pressures require effective leadership to lead, change and improve organisational and clinical performance in order to meet the demand for current and future health care services. This programme is targeted at managers and clinicians working in health care throughout New Zealand and focuses on the leader's role in improving organisational, team and individual performance. . The aim of this programme is to build and develop leaders who understand the process of transformational leadership and who can make it happen, particularly in the areas of: chronic disease management; elective surgery; mental health; inter-sectoral learning; primary care development; services for older people and acute demand management.

The development of health care managers, clinicians and health professionals who can lead such an environment in New Zealand requires the development of critical leadership tasks and leaders who can:"

- Influence from an ethical and moral stance
- behave and act as a role model and who are emotionally intelligent
- develop staff and stakeholder relationships based on intellectual stimulation, encourages independent thinking, argument, rational thinking and problem solving
- treat everyone as an individual and act as a mentor, coach advisor to followers

The 2008 National Health Leadership Programme will again be facilitated by Anthea Penny, Director of R H Penny Ltd who has had extensive experience in facilitation and health management in the health care sector in New Zealand and Australia as well as developing and facilitating leadership programmes in the healthcare industry in New Zealand, Australia and internationally.

This leadership programme is provided for twenty senior health managers and clinicians. It is delivered in three separate modules across a five month period commencing in Christchurch on 28 May and concluding in Wellington on 26 September

2. Philosophy Underlying this Programme

The program's philosophy is based on the leadership model described by Kouzes and Posner (2003) where ordinary men and women become exemplary leaders when they use leadership that:

- is based on self awareness and emotionally intelligent
- inspires a shared vision
- leads and manages productive change in organisational and group performance improvement

- influences subordinates and peers to act, and improve performance
- encourages a healthy organisational culture

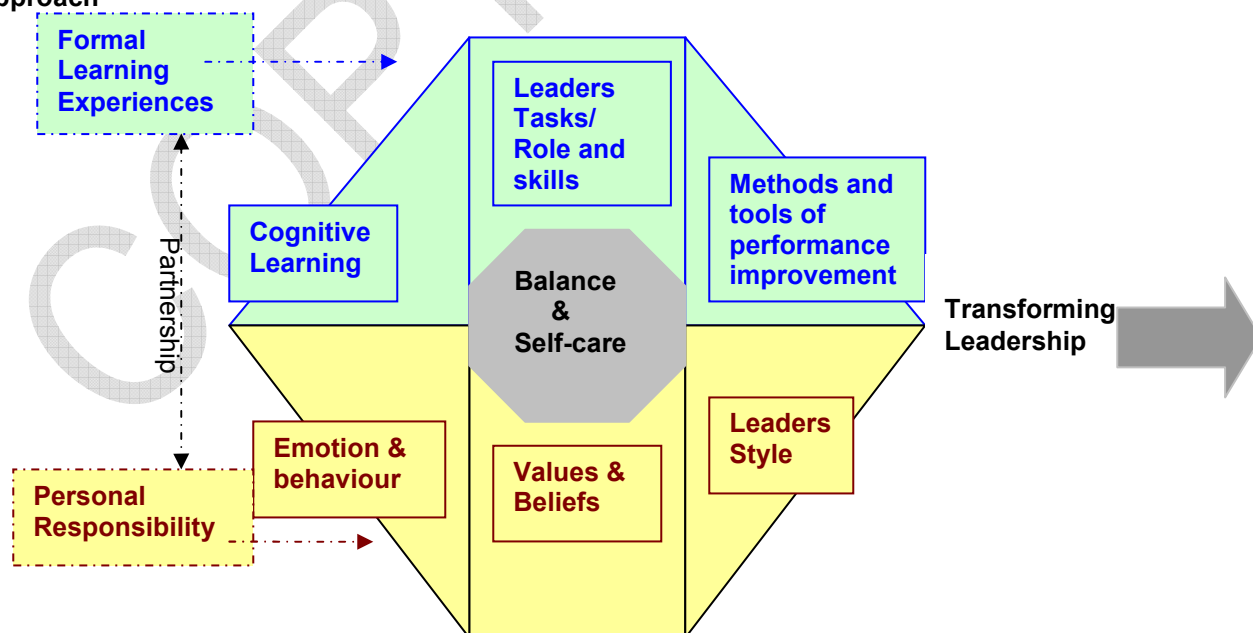
Initially health leaders establish principles about leadership in healthcare and the goals of leadership and performance improvement to be pursued. They seek to understand the role of a leader and set about through self awareness of their own leadership functioning, strengths and weaknesses to set an example for people to follow. They work from small steps to larger ones challenging bureaucracy when it impedes action, they signpost the action steps for change and create opportunities for success. These leaders inspire a shared vision when they believe they can make a difference, they envision the future, create and sell the future image and then persuade others to enlist in the task of achieving it.

In challenging the process, health leaders search for opportunities to change the status quo and look for innovative ways to improve the organisation and in doing so they take (non-clinical) risks and experiments, but know that risk involves mistakes and accept the inevitable disappointments as learning opportunities. Such leader's foster collaboration and build effective teams by actively involving others, encouraging mutual respect that strives to create an atmosphere of trust and dignity. They strengthen others and make each person feel capable and empowered.

Finally, transformational leaders in health care develop a healthy organisational culture by accomplishing extraordinary things through hard work. They foster and develop learning organisations, keep hope and determination alive, recognize the contribution of others and share rewards. Such leaders celebrate success and make people feel like heroes.

Developing exemplary leadership in health care begins with the development of an understanding by participants of the leader's role, creating self awareness in participants of their own leadership skills and personal qualities then builds into utilizing these skills in the act of improving performance. It also builds on participant's strengths and encourages participants to take responsibility for their own self-development and leadership application back in the workplace to change and effect improvement.

Figure 1: Developing Leadership & Performance Improvement in Healthcare: A Partnership Approach



3. The Programme Overview

The programme is designed for middle to senior level health care managers/health professionals and clinicians and is comprised of three separate modules delivered across a five month timeframe, interspersed with practical individual/group projects involving leadership, change and performance improvement methods, tools and techniques back in their own workplace. Each project has defined outcomes and each module commences with the underlying theory relevant to the module's content and cascades out from knowledge to skill development, practical examples via personal reflection, the use of case studies, relevant methodologies and tools as well as group interaction and discussion.

The key elements of the programme are:

- Content **based on current research and the transformational leadership model, leadership development and performance improvement concepts** and theories
- Utilizes a training approach that is focused not just on the leadership **development** but also on **personal and self-development**
- **Sector-based in design and implementation**, using New Zealand health sector knowledge, experience and expertise.
- **Uses experiential learning** that participants bring to the programme including their own knowledge and experiences,
- **Sensitive to and aware of special issues** related to gender and culture
- Involves managers, clinicians and health **professionals learning from each other**
- Involves participants **practicing their leadership and performance improvement skills** outside of the formal programme in their place of work
- **Competency based** for leadership
- **Evaluated** for outcomes
- **Flexible** and open to input from others

Learning Process

Pre-readings on pertinent subjects are sent out to each participant prior to each module. Between each module, participants are required to work within their own health care service/ health organisation and regionally in Learning Sets to further explore and develop learning themes relevant to improving performance and productivity. Participants work in Learning Sets between modules where communication is via face-to-face meetings or telephone conferencing and email. The progress of personal and Learning Set projects are monitored or presented in the following Module. The programme has consistency in facilitation, utilizes group learning, group exercises, case study analysis, leadership and performance improvement tools and techniques for use in practical situations. In addition the programme provides nation-wide networking and information exchange opportunities for those who attend.

Formal evaluation of the programme is multidimensional and time-framed with each module evaluated for the quality of the content and ability of the programme to meet stated learning outcomes (using Likert scoring) and an overall evaluation at the last module. The programme uses facilitators /presenters who are drawn from: academia; health care leadership development; performance improvement and productivity development within New Zealand and internationally.

Venue

The programme involves three modules; the first module of three days will be held during 28th to 30th of May 2008, in Christchurch and the subsequent two modules will be held in Auckland and Wellington across three days in July and September 2008. Lunch, morning and afternoon tea are included in the programme costs.

During the first and final modules a formal dinner is held, where in the latter completion certificates are presented.. Electronic pre-testing of each participant's preferred leadership style using the Myers Briggs Type Indicator (MBTI) is undertaken prior to the first module. This allows participants to be aware of their own leadership style and working preferences and to compare and contrast these throughout the learning process and adapt their leadership practices back in their work practice. Note: Individual results are confidential to each participant. During the first module participants will also complete the FIRO-B Instrument which is based on a formal theory of interpersonal behaviour developed by Will Schultz. FIRO-B has three behaviour dimensions – inclusion, control and openness. Schultz proposes that for people to work together effectively, their preferred behaviour regarding originating and receiving behaviour in these three areas should be complimentary. Individuals preferred behaviour in group settings will be analyzed and discussed.



Enrolment and Pre-testing

Enrolment is by way of registration through R H Penny Ltd's website www.rhpennyLtd.co.nz and prior to the commencement of the first module participants are required to complete a Myers Briggs Type Indicator questionnaire electronically.

MBTI

The MBTI is a method of demonstrating to people the preferences they have for functioning in this world. The MBTI instrument is a scored questionnaire obtained from self report and looks at the way people prefer to approach issues, not necessarily the way they approach the issue every time. It is based on the work of philosopher Carl Jung, who stated that behaviour is predictable and everybody is born with certain personality traits that they retain for the rest of their life. As people progress through life they explore all facets of themselves in an attempt to achieve "wholeness" or self-knowledge. Although we are all individuals Jung discovered there are eight broad functions in which people fall into, namely;

- the way we communicate: Extroversion – Introversion
- the way we approach problem solving: Sensate – Intuition
- the manner we analyze possible solutions: Thinking – Feeling
- the way in which we make decisions: Judging – Perceiving

MBTI is an indicator only of preferences it does not tell people how skilful they are only what their preferred way of functioning is

FIRO-B

This is the Fundamental Interpersonal Relations Orientation-Behavior™ (FIRO-B®) assessment That helps people understand how their need for inclusion, control and affection can shape their interactions with others at work or in their personal life.

4. The Leadership Programme Content

Pre-programme and Pre-module

Prior to the commencement of the programme those enrolled will receive an emailed letter confirming their place in the programme and will be informed of the programme venue, timeframes and course requirements and objectives. Enrolments are accepted on a first come first enrolled situation and numbers will not exceed twenty participants. At the first module each participant will be given a folder containing identified programme pre-readings and the total programme outline and timeframes. Further material and handouts can be added by participants throughout the programme. Presenters will provide their background readings and handouts of power point slides prior to presenting.

The programme learning environment is one of group facilitation and fosters participant/presenter discussion and enquiry. The room set-up is in a non classroom style i.e. U-shaped with tables to write on. Each module will utilize the group process and learning with group and individual skill knowledge and development delivered via exercises, case study analysis, leadership and personal awareness tools and techniques for use in practical situations. The programme and the Learning Set projects between each module allow participants to try out new ideas, leadership skills and techniques back in their own health care service. Also participant's own work experiences and issues can be used in order to explore different ways of leading health care services through discussion and debate

Outline of the Content of the Modules

The programme content across the three modules includes

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| <p>Module One – 28, 29, and 30 May, 2008</p> <p>Leadership, and Self Awareness</p> <p>3 days</p> <p>Venue: Chateau-on-the-Park Hotel, Cnr Deans Ave and Kilmarnock Streets Christchurch</p> | <p>Relevant pre-readings posted and/or emailed</p> <ul style="list-style-type: none"> • Introduction to the programme • Meet other participants. • Establish Learning Sets together with processes and projects • Understand the role of the transformational leader and how leadership can transform organisational performance • Understand own leadership and personal style, values and beliefs using MBTI • Leading and Building effective teams <ul style="list-style-type: none"> ○ Understand the definitions and types of teams as well as the current issues and challenges in healthcare teams ○ Understand the theory relating to leading and building an effective team in healthcare ○ Be familiar with a model of facilitative team leadership ○ Understand the different professional perspective and cultures within interdisciplinary teams ○ Be introduced to a framework for managing conflict in healthcare teams • Experience the mechanics and dynamics of leadership |
| <p>Module Two – 28, 29 & 30 July, 2008 Auckland</p> <p>Personal Change</p> | <p>Relevant pre-readings posted and/or emailed</p> <ul style="list-style-type: none"> • Understand concepts and theories of organisational change including the challenges of change and how it relates to |

and Leading and Building Teams

3 days

**Venue: University of Otago Building 385 Queen St, Auckland
Accomm: Quest Hotel 363 Queen St, Auckland**

- organisational performance improvement
- Change management model relative to performance improvement and productivity
 - Mobilizing support and gathering evidence for change
 - Leading and delivering change to improve performance and productivity through other people
- Develop a vision for change in the workplace
- Develop a plan for personal change and leadership development

**Module Three – 24, 25 & 26 September, 2008
Wellington**

Leadership, Culture, Organisational Change and performance improvement

3 days

Venue: To be advised

Relevant pre-readings posted and/or emailed

- Understand and discuss with key NZ leaders performance issues and targets within the New Zealand Health sector
- Understand the concepts and theory related to improving organisational performance and thinking differently
 - The opportunity for improvement
 - The role of improvement as a main stream driver
 - Leading and improving clinical and organisational performance
- Tools and methodologies to prevent waste and variability: Lean thinking, Six Sigma and Theory of constraints
- Spread and adoption of innovation
- Using innovation to rapidly improve performance: tools, Techniques and case studies
- Evaluation of the overall programme

Module Notes

Individual Development Plan

Each participant will develop a personal action based plan during the program based on a personal assessment of their previous successes and aptitudes, their personal attributes, values and beliefs and their future leadership goals.

Learning Sets

Learning Sets involve a group of 5-6 health care managers/clinicians coming together regularly across a defined period of time between the program modules to study and discuss topics pertinent to the program's content/projects and their work. The Learning Sets provide a secure and safe learning environment for a small group of peers to facilitate knowledge acquisition and shared learning processes and encourages ongoing linkage between the learning process and the learners' own experience and job situations.

Group sessions are self directed but an agreed agenda is encouraged. Their content may involve some or all of the following:

- Sharing of common issues and problems
- Discussion of the current project/topic and relevant literature from pre-readings
- Input from a local expert / practitioner

- Work on an agreed project or case study involving the whole group
- Discussion of case studies
- Discussion of relevant work experiences

Venues for the Learning Sets can be supplied in rotation where possible by each Learning Set member or in a neutral setting for all.

5. Evaluation

Participant learning objectives, programme content and quality evaluation is undertaken during the programme and takes both a qualitative and quantitative format.

R H Penny Ltd. routinely evaluates all of their programmes both quantitatively and qualitatively for their organisation, the quality of the venue, the ability of the programme to achieve stated learning outcomes and the quality of the presenter's content and presentation. Comment is sought from individuals for the perceived strengths and weaknesses of the programme as well as suggested improvements for the future.

Please note: The evaluation is not anonymous as it is a two-sided process that requires accountability from both parties. The collation and summary of each evaluation is sent out electronically within two weeks to all participants and presenters. The summary includes the Likert scores and all comments made by the participants.

6. Programme Presenters

Program presenters and case studies will be drawn from academics and leaders in the New Zealand healthcare environment as well as internationally. In 2007 New Zealand programme the presenters included: Professor V. Nilakant, Department of Management, University of Canterbury; Dr Ian Brooks, Senior Lecturer, Department of Management, University of Canterbury, Margie Apa, Deputy Director General of Health, Ministry of Health; Claire Douglas, Manager Health Policy Sector, New Zealand Treasury; Katrina Ings, General Manager, Policy, Accident Compensation Corporation of New Zealand; Dr Alan Moffitt, Director, Primary Care Development, Counties Manukau District Health Board and David Meates, Chief Executive, Wairarapa District Health Board. Internationally presenters will include Mark Jennings, Director, Priority Programme, NHS Institute of Innovation and Improvement, UK. Case studies were drawn from New Zealand experience e.g. Counties Manukau District Health Board, and Wairarapa District Health Board.

Facilitators Profile

Anthea Penny

RGON, Adv. Dip. Nursing (Distinction), DHM, (Massey), MHealthMgt, (Hons), FCHSE..

Anthea is a qualified health professional, an experienced Chief Executive in the New Zealand health sector, a management consultant, Director of R H Penny Ltd and a facilitator of health leadership development both nationally and internationally. She is also the inaugural recipient of the 2004 New Zealand Institute of Health Management Silver Fern Award for Excellence in Health Service Management and a Fellow of the Australian College of Health Service Executives.

Since 1993 Anthea has worked continuously as a management consultant, with national and regional funders and service providers of healthcare and rehabilitation in New Zealand and Australia. Latterly across the last six years, Anthea has developed and facilitated national leadership programs for senior managers and clinicians in health and aged care in New Zealand, Australia and internationally.

Fee and Registration

Fee: \$5,200 plus GST

Fee includes: All morning and afternoon teas and lunch each day and in addition the cost of a formal meal at the first and last modules. Program facilitation, presenter costs, MBTI testing and course materials are also included in the registration fee.

Not included in the fee: Travel to each module and the accommodation costs and breakfast and dinner costs associated with the modules.

Registration

Registration can be made on-line at R H Penny Ltd's website www.rhpennyltd.com and will be accepted in order of receipt and will close on 30 April 2008 or earlier if the optimum number of registrants is reached (n = 20). Payment must be received by 15 May 2008 unless other arrangements have been made with R H Penny Ltd.

For further information and hard copy registration forms please email your full contact details including postal address to Richard Penny at richard@rhpennyltd.com or contact by telephone at +64 3 312 8158 or fax +64 3 312 8158.

Appendix One

NZ National Health Leadership Program – 2007 - Final Evaluation Report

Background

A national leadership program for senior managers and clinicians in the New Zealand health sector was completed at the end of September 2007. The leadership programme involved fourteen senior managers and clinicians from the Ministry of Health, ACC, District Health Boards, Primary Health Organisations and NGO's and was delivered across three, three-day modules from May to September 2007. The focus for the programme was transformational leadership, change management and performance improvement and the focus of each module were:

Module One: Transformational leadership, self awareness and building high performing teams as well as the power and dynamics of leadership

Module Two: Leading organisational and personal change. Development of a personal vision and plan for the future

Module Three: Leadership, culture and performance improvement including mainstreaming improvement; tools and methodologies for preventing waste; spread and adoption of new ideas and innovation

Key presenters in the programme were drawn from national and international academia and health sectors. They included:

Nationally

- Professor V. Nilakant, Department of Management, University of Canterbury;
- Dr Ian Brooks, Senior Lecturer, Department of Management, University of Canterbury,
- Margie Apa, Deputy Director General of Health, Ministry of Health;
- Claire Douglas, Manager Health Policy Sector, New Zealand Treasury;
- Katrina Ings, General Manager, Policy, Accident Compensation Corporation of New Zealand;
- Dr Alan Moffitt, Director, Primary Care Development, Counties Manukau District Health Board and
- Geraint Martin, CEO, Counties Manukau District Health Board
- David Meates, Chief Executive, Wairarapa District Health Board.

Internationally

- Mark Jennings, Director, Priority Programme, NHS Institute of Innovation and Improvement, UK.

Case studies were drawn from New Zealand experience e.g. Counties Manukau District Health Board, and Wairarapa District Health Board.

The Final Evaluation Results

Participants' Overall Ratings

	Likert score out of 5
The value of the content of the three leadership modules for participants' own leadership practice.	4.6
The value of the content and processes in the three modules in furthering participants' knowledge and skills about leadership	4.5
The value of working in a group composed of people from other organisations within New Zealand	4.6

Participant's comments on personal work-related successes achieved during this programme:

- *"An understanding of different concepts of change, tools to support and assist change. The difference between leadership and management. Hearing the success stories."*
- *David Meates presentation was the absolute icing on the cake-from my perspective that "we can do great in NZ" and security blanket thinking around we/they are only a phone call away. The external presenters-their caliber, the content of their discussions-and the time they spent with us. Very useful starting with Ian Brooks-Myers Briggs. Valued the way the themes of the three modules fed into/supported each module. Katrina Ings-ACC strategy-tremendously stimulating/positive*
- *Lean thinking and sustainability tool. Change framework. Stimulation exercise. Group training/tool*
- *Self evaluation. Lego man and associated exercises. Sigma six/lean.*
- *Completion of course. Personal growth in management/ leadership skills*
- *Myers Briggs profile and understanding others. Opportunity to listen to leaders from the sector.*
- *Hearing some successful people speak about their experiences. MBTI-although it was what I expected it to be (profile) the learning and stimulation exercise that went with it was good. Some excellent tools to use in the future.*
- *Understanding my own personality and leadership style, strengths/weaknesses better. Networking with others from across the sector.*
- *Networking with other health sector colleagues. Learning and reinforcing tools and techniques of leadership and management such as change management*
- *Contacts, theoretical frameworks, affirmation*
- *Learning about myself/how to analyse people, teams, programs*
- *Overall have enjoyed the programme and found it stimulating-particularly the 3rd module-has left me feeling energised, challenged and excited, very inspired:*

Participant's comments on the Programme's ability to increase or improve their leadership skills and knowledge:

- *"It has provided me some practical tools that I could use. It has provided a theoretical background that I could relate back to my work and past experiences*
- *Yes. Application of Myers Briggs. Nilakant's organisational capacity for days. Mark Jennings sustainability discussion-upcoming organisational restructuring esp. P & F. See & treat and Lean Thinking-transfer both models to P & F services-to DHB-Primary Care. Appreciative inquiry-valuable re. Looking at service improvement.*
- *Yes, use of goals. Leadership group technique. Evaluation. Change management leadership strategies.*
- *Increased knowledge on formal change systems*
- *Improved knowledge and methods of dealing with situations, people and problems*

- *Yes-a set of tools and understanding of contexts in which they can be applied. Confidence to believe I am a leader*
- *Improved knowledge and leadership skills. Yes-some good theory that supports practice. Learnt more about myself and why I react the way I do to certain situations.*
- *Yes. Learnt range of new leadership, change management techniques. Especially interested in developing lean thinking/ primary care*
- *Definitely the provision of knowledge around various concepts of leadership has been very useful and will be used in my role.*
- *Yes. Above all it has affirmed my belief in leadership as a transformative act-with others as partners*
- *Improved skills by learning how and why, evidence based methods*
- *Find that growth of skills and knowledge is ongoing-useful and valuable to gain more insight and more tools”*

Participant's comments on how they are implementing learning from this programme back into their workplace:

- *“I am working with my team to improve, build and enhance their skills and performance*
- *Review of teams understanding/application of HEAT tool (appreciative I)-identified training requirements and process/systems improvements. Lean thinking-review of our systems/content of contractual requirements including reporting and providers. Will use sustainability model in the MTU move into P & F and the rollout of chronic care management.*
- *Group skills. Change management strategies. Framework. Need change tool. Sustainability tool*
- *Implementation of lean. Greater involvement of staff- prior to starting change process*
- *Leading innovation and change in outpatients*
- *Promotion. Networks. Conversing and listening*
- *How building on what learnt? About to go through a team building session (2 days). Going to use sustainability tool on/for 2 new projects*
- *Using appreciative inquiry and GRPI model. Applying range of techniques in building new team. Readings provided being used as resource, sharing with others.*
- *Have already completed an organisational assessment to determine where, if any, changes to improve performance can be implemented*
- *Go back and consult the readings and start to apply*
- *Choose areas/team to change, prepare by reading material/reference again, then apply*
- *Am enjoying sharing the knowledge and discussion with my colleagues and feeling prompted to think further/more deeply”*

Participants' comments their experience on working with other participants during this programme:

- *“I enjoyed working with and meeting the other participants. Building up relationships.*
- *The diversity of roles and personalities and resultant dynamics-this collectively has added other (sometimes sharp) components to my understanding/practice of health (public) and made more visible some of the tensions (of health provision)*
- *More about the sector from different perspectives. Wealth of knowledge and advice. Fantastic people*
- *Very committed and fun to be with*
- *Sharing of ideas*
- *Tolerance of other world views*
- *Appreciate and learn about other participants? Different situations for all and yet many of same challenges. Diversity. Practiced my “patience” at times. Had some good robust debate. Fun-good humour*

- *Experience in different parts of the sector. Willingness to share of themselves in class, and in social settings.*
- *Knowing who are the extroverts and introverts in the group and understanding with appreciation their behaviours*
- *This has grown throughout the 9 days and I hope to have ongoing connections*
- *Different skills in different people*
- *I enjoyed their intelligence/thoughts/experience-a wealth of knowledge”*

Additional comments made by participants:

- *“I enjoyed the programme as a whole and look forward to using what I have learnt as well as building a relationship. I do look forward to further opportunities like this in the future.*
- *I would appreciate being on a mailing list or to a very advanced heads up signal of international tours. More presentations from tikanga Maori perspectives-significant leaders in provision of health services for Maori by Maori. Consider inviting David Rees and his team Synergia to present systems model-chronic care. Have worked with Counties Manukau for several years.*
- *All very good-rating range of current up-to-date speakers. Value for money!*
- *All very good –thank you. Mark Jennings-excellent. Myers Briggs-excellent. Nilakant-OK/good (too dry). Gerraint (Counties) excellent. Katrina (ACC)-very good. David Meates-excellent. MOH-disappointing presentation, not grunty enough. Anthea-excellent. Thank you for the coordination and presentation of a great course. I look forward to seeing you again in the future.*
- *Thank you Anthea have enjoyed all aspects of the course-was sorry family circumstances meant I missed part of module 2.*
- *If I was to suggest any improvement it would be to consider having appropriate venues to minimise movement between places to stay, conference facilities and catering. Overall thanks Anthea for your role as facilitator, appreciated your thorough approach to make this programme a success.*
- *Thanks Anthea it's been a pleasure*
- *“Done great”, thanks”*