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## Leading large scale change: Learning from “positive deviants”

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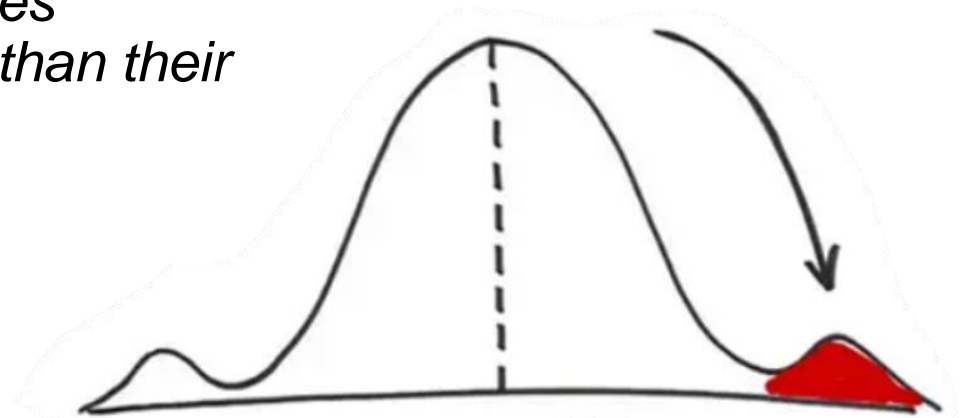




## Positive deviants

*In every community, organisation, or social group, there are individuals whose exceptional behaviours or practices enable them to get better results than their neighbours with the exact same resources.*

Jerry Sternin



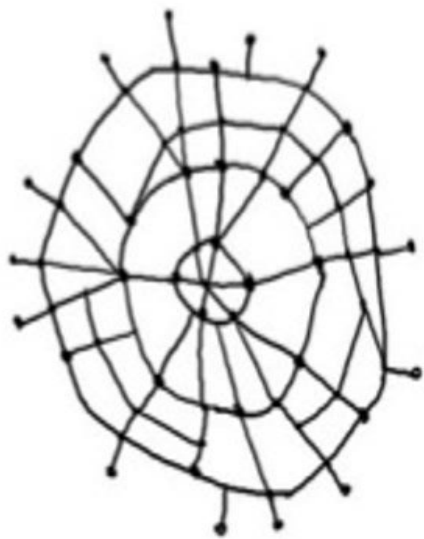
## 1. Relationships aren't just a priority, they're a precondition.

High levels of 'social capital' - relationships within and between groups that form trust, relatedness, and collective capacity - create the strong foundations that improvement initiatives can build

on



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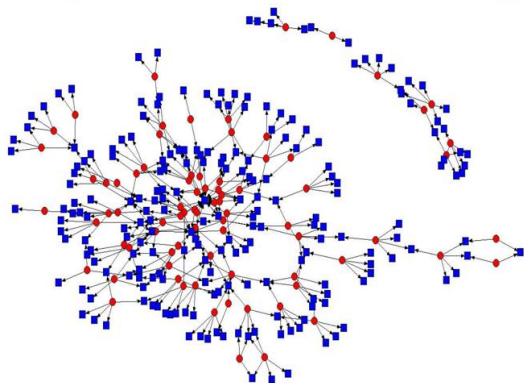


- Evaluation of NHS hospital systems that undertook comparable improvement initiatives with vastly different outcomes
- The difference? **The level of social connections between those leading local improvements**

Source: Nicola Burgess, Warwick Business School, evaluation of the partnership between the NHS and Virginia Mason Institute

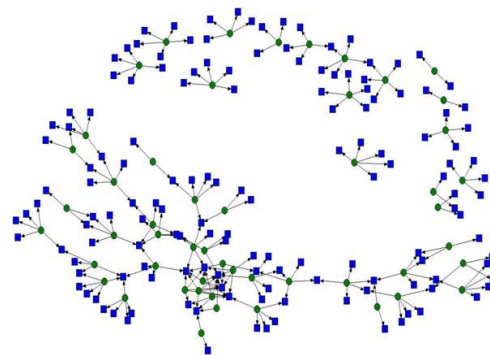


## System A: “Outstanding”



A distributed network with a high degree of connectivity associated with high capacity to facilitate knowledge exchange and learning

## System D: “Special measures”



Two thirds of the core network is decentralised and is chain-like

Lower connectivity associated with low/moderate capacity to facilitate knowledge exchange and learning

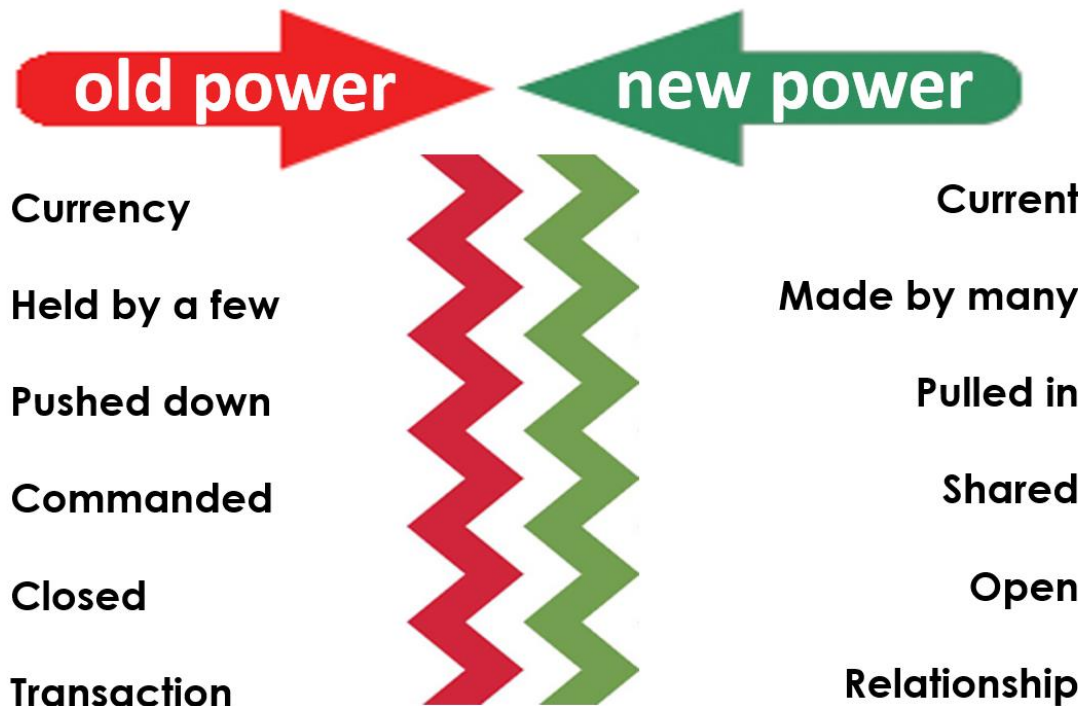




## 2. The ability to make change happen is about exercising power.

Leaders of change need to be able to access multiple forms of power; getting the backing of leaders with formal authority in the system AND the informal influencers who can make or break the change.





Jeremy Heimens, Henry Timms *New Power* (2018)



## 3. Change efforts are far more likely to succeed because people perceive they have agency for change.

Agency: *the power and sense of permission to make change happen*

More important than improvement skills or resources or agile methodologies.



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**The hierarchy of capabilities:** the further up the pyramid people go, the more we “humanise” our organisation and maximise the contribution everyone can make



Source of model: Gary Hamel, Michele Zanini (2020)

*Humanocracy: creating organisations as amazing as the people inside them*



## 4. We create the conditions for better outcomes when we develop a theory of change.

- Set out a causal path between what an improvement or change initiative does (its activities or interventions) and how these lead to desired goals being achieved
- Bridges different thinking about how to make change happen and gets everyone on the same page



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# An example ToC: how the North East and North Cumbria ICS\* learning and improvement community will contribute to health equity goals for its population of 3 million people

## If we have

A shared understanding of the context we are working in:

*The North East and North Cumbria has strong partnerships, some outstanding improvement capability and health and care services that are highly rated YET*

*We have entrenched health inequalities and some of the poorest health outcomes in the country.*

## Plus

If we adopt a learning approach as to how we go about tackling our biggest challenges as an ICS

## and

We build a thriving learning and improvement community, bringing people together from across the system to identify issues, share learning and collaborate on these challenges

## Then

We will be better able to:

- Recognise complexity and start from a place of inquiry and learn together
- Mobilise all the assets of our system, from places, communities and organisations, to tackle big challenges
- Build the social capital of our system (the relationships within and between groups that form trust, relatedness and collective capacity)
- Give a voice to all who have a significant contribution to make, particularly those in marginalised groups and/or who are seldom heard.
- Make decisions together as close as possible to those who use our services
- Build on the existing strengths, capabilities and methods for improvement across the system
- Capture and share data, learn and adapt so we collectively improve in a dynamic system

## This will mean

Our approach to improvement is driven by learning and experimentation, carried out by many people in our system with improvement skills.

It is part of our everyday process: people across our system are supported and have a greater sense of agency to contribute, to innovate, adapt their practice and make improvements towards collective goals

## and

Improvement is driven by lived experience. We are responsive to the health needs and care needs of people who use our services, people in our communities and our whole population.

## As a result

Our people have longer and healthier lives and access to better health and care services.

Children and young people have the best start in life and there will be fairer outcomes for all

The North East and North Cumbria is the "best at getting better"

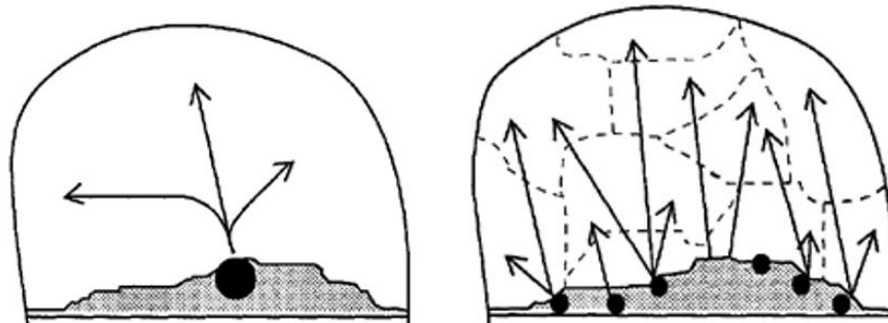
\*Integrated care system (UK)



## 5. Create small-scale solutions within a large-scale framework

“Large-scale problems do not require large-scale solutions; they require small-scale solutions within a large-scale framework.”

David Fleming in “*Surviving the future*”







## 6. "Trojan mice" nearly always work better than "Trojan horses".

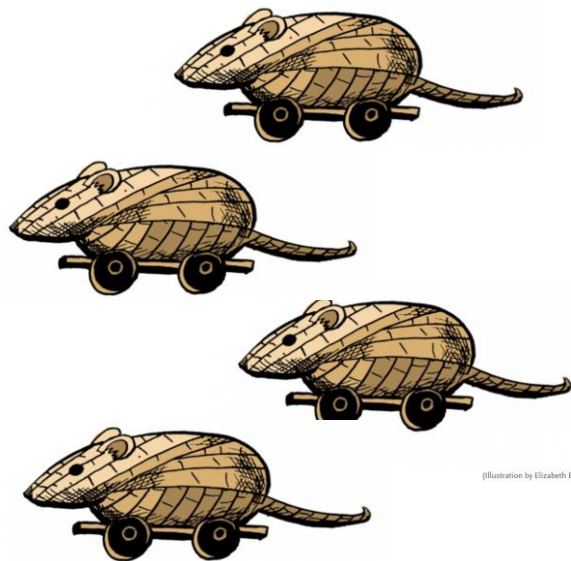
Having many people across the system who have the skills and agency to test out small, well focussed changes to address complex problems (Trojan mice) nearly always works better than large pilot and roll out projects (Trojan horses).



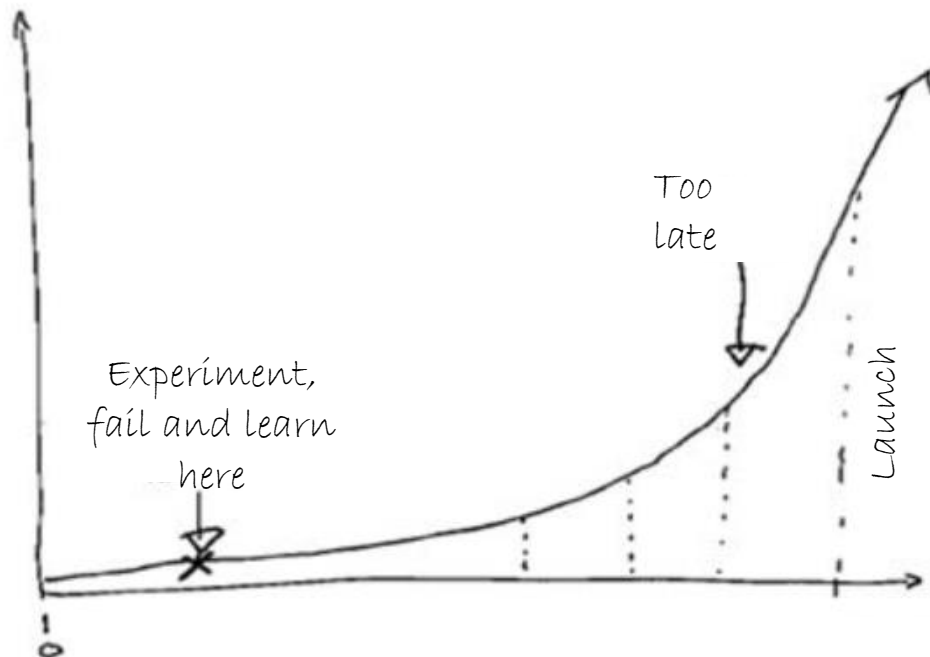




## Trojan mice fail often, fail early and learn greatly



(Illustration by Elizabeth Beer)





## 7. Do change “with” and “by” us

### TO

When change is done to us, without us.

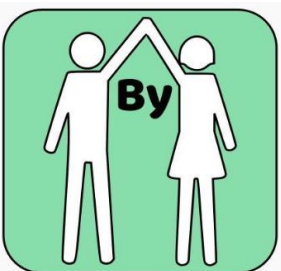


### FOR

When change is done for us (often with good intent), without us.

### WITH

When change is done for us, with us.



### BY

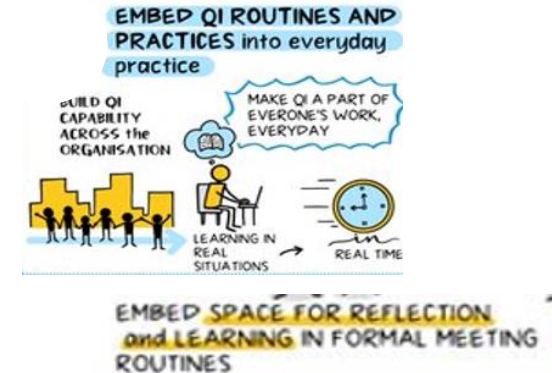
When change is done by us, for us.



## 8. We cannot move forward with real, profound change unless we create space for change.

We need "space" for learning, reflection, re-design and new forms of emergence. That means designing space into organisational processes and routines, through networks, communities, summits, learning debriefs, peer-assists, virtual platforms and huddles.

From the NHS-VMI evaluation





## 9. Building a sense of belonging is one of the most critical tasks in leading change.

*Our most recent research into the successful leadership of large-scale complex change, pinpointed a vital ingredient omnipresent in all human systems: **our fundamental need to belong** – to feel secure, included and part of something significant. If you feel you belong, loyalty follows, and with that the permission for risk-taking and innovation.*

Deborah Rowland and Paul Pivcevic

*Leading change post pandemic: belonging*

<https://blogs.lse.ac.uk/businessreview/2022/04/08/leading-change-post-pandemic/>



## Belonging: aim for the top right box

	Low belongingness	High belongingness
Uniqueness is valued	<b>DIFFERENTIATION</b> I am different I am uncomfortable	<b>INCLUSION</b> I belong I can be myself
Sameness is valued	<b>EXCLUSION</b> I do not belong I am not welcome	<b>ASSIMILATION</b> I can fit in I have to be guarded

Sources: [Inclusion and Diversity in Work Groups: A Review and Model for Future Research](#) (2010) Lynn Shore and colleagues and [Why belonging is such a big issue in business today](#) (2020) Josh Bersin





## 10. Having constancy of purpose for the long haul is critical for sustainable improvement.

Most large-scale change efforts just fizzle out; successful change needs leaders who keep the faith through interest and energy, don't meddle when results don't come quickly and stick with the change priorities.



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- Prioritise relationships
- Unleash informal power as well as formal authority
- Support people to build their own agency and power
- Develop a theory of change
- Build a large-scale capability for experimentation
- Make the space for change
- Build a sense of belonging
- Stick with change for the long haul

