**VvAA module – change module 1-3 November (participants arrive on the evening of 31st October)**

**Venue: Ashridge Business School**

Pre-module tasks:

1. Please send us several lines (Half A4) on your reflections on a current change leadership challenge? What has been the impact/progress? What are the key challenges/complexity in their current context? and personal reflections on your role/contribution as a change leader? There is no ‘right’ or ‘wrong’ answers. We are interested in your honest reflections. Please use your own language (no need for jargon). This piece of work will not be assessed
2. **HBR Article: Heifetz – Leadership in (Permanent) Crisis**

The objectives of the module are as follows;

* Enable participants to understand better their individual leadership practice
* Become more aware of the complexity/challenges of the local health environment, implications for themselves as change leaders as well as potential ‘experiments’
* Introduce key theories of change and discuss their advantages and disadvantages in different contexts
* Work in a peer group in a European Business school and learn from the experience

The first day we will focus on leading change in complex environments. We will want to you to share with others your own lived experience of leading change within your healthcare context, cover several key theories and hear from guests on how they have led change and discuss general learning from these experiences. On the second day, we will focus on techniques/tools of leading change in a complex environment. We will allow some time for peer learning and give you an opportunity to ask questions about the assessment. We will aim to make sure that the session is as interactive as possible, give you opportunities to ask questions and work with your colleagues.

**Day 1: Your context and perspectives on change in complex health care environment**

|  |  |  |
| --- | --- | --- |
| **Timing** | **Content** | **Resources** |
| 0830 - 0900 | Tea/coffee |  |
| 0900– 0945 | Framing the overall process   * Introduction to Ashridge * Objectives for this workshop * Flow of the session * Orienting Principles /contracting: listening, keeping to time, international perspectives, importance of reflection for personal effectiveness, there are plenty of tools/provocation/theory but you need to apply to your own setting * Explain the assessment – reflexive paper (3,000 words) on their personal approach to leading change and personal experiment/learning   Who is in the room? Constellations  - Geography (facilitators to introduce themselves)   * Length of service * Sector (Primary care, Acute..) * How complex is your role? * Taking risk * What do you need from each other and Ashridge in order to make the most of our time together | Circle of chairs + data projector  3 metaplan boards  3 flipcharts |
| 0945 - 1015 | Inconvenient truth about healthcare  **Learning objectives:**   * Understand the key challenges, drivers that are impacting complex health care systems * Become clearer on the need for adaptive change in health care |  |
| 1015 - 1040 | **Break** |  |
| 1040 - 1140 | Small group work:  **Learning objectives:**   * To share each other challenges * What is my current leadership change challenge (building on pre-work)? * My personal challenge leading change? * Question that I want to explore? * What do I need to know? |  |
| 1140 - 1300 | **Change simulation: the commuter game – what do you do when you don’t know?**  **Learning objectives**   * Experience experiential change (eg simulation) and learn from the experience * Difference between technical change and adaptive change * Frameworks/models of dealing with environment of ambiguity/change * Tips for leadership/management |  |
| 1300 – 1345 | **Lunch** |  |
| 1345 – 1415 | Walk & talk – how does my view of change in health care is evolving? What am I learning? |  |
| 1415 - 1500 | Leading change – international best case studies  **Learning objectives**   * Learn from case studies/change from health care systems around the world (eg. Israel and England) * Understand what's best practice in health care * Apply to your own environment |  |
| 1500– 1520 | Break |  |
| 1520 – 1700 | Leading change/QI – example from NHS: the story of East London Mental Health Trust (ELMHT) – Jonathan Warren – Director of Nursing. Followed by Q&A  **Learning objectives**   * Understand the role of Quality improvement within leading complex change * Choose more effectively the right QI methodology depending on the organisational context |  |
| 1745 – 1815 | Group and personal reflection –  **Learning objectives** what sense am I making of today’s input? What is my takeaway for my personal issues/questions? |  |
| 1930 | Dinner (participants to fill – in Heron Questionnaire) |  |

**Day 2: Developing personal skills**

|  |  |  |
| --- | --- | --- |
| **Timing** | **Content** | **Resources** |
| 0830-0900 | **Reflection and recap** on yesterday  Facilitator to introduce the day. |  |
| 0900 – 0945 | Influencing without authority  **Learning objectives**:   * Understand the importance of how to lead without positional power * How to motivate multi-disciplinary teams * Reduce burn out and increase well being * Examine your personal influencing style |  |
| 0945 – 1100 | **Capabilities for change – open space**  **themes**   * Engaging with clinicians/physicians - Zvika * Appreciative enquiry * Improving quality of interaction: Kantor; Transactional Analysis * Feedback: Design thinking; and other feedback   **Learning objectives**   * Improve personal effectiveness as a change healthcare leader * Learn different participative approaches/methodologies to improve both culture and performance |  |
| 1100 – 1120 | **Break** |  |
| 1120 – 1300 | Capabilities for change - continued |  |
| 1300 – 1345 | **Lunch** |  |
| 1345 – 1600 | **Introduction to Action learning and peer working**  **Learning objectives:**   * Understand the action learning methodology, to embed learning from the module * Practice with a peer group and learn from the experience |  |
| 1600 - 1800 | **Change commitment and close**  **Final reflections**   * Individuals to share and commit to personal experiments * Evaluation * Answer any questions on the assessment * Thanks and close of day 2 |  |
| 1930 | **Dinner** |  |
|  | Participants write up individual reflective paper (see assessment) |  |