

Project Title

Leading Collectively For the Future of Healthcare

Project Lead and Members

Project lead: Mrs Koh Huey Bing (TTSH Co-Lead), Yvonne Ng Poh Ling (NHG Co-Lead)

Project members:

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Organisation(s) Involved

Tan Tock Seng Hospital, NHG College

Project Period

Start date: 2018

Completed date: 2019

Aims

In this future care model, there is a need to work collaboratively across our organisation and with community partners. In the short term, we need our workforce to be able to co-create shared visions and shared goals to guide collaborations within and across institutions and amongst the service providers in the neighbourhoods. In the medium to long term, we would need our workforce to be capable to engage in and sustain trusting relationships between the hospital and partners, moving from a largely transactional one into long-standing partnerships characterised by multi-lateral collaborations. This is so we can build a strong network of like-minded partners to deliver integrated and comprehensive care to our community to improve population health outcomes.

In addition, transient teams will become increasingly common in our future care models as staff will be required to work effectively in many newly formed teams across many different settings.

In short we need a workforce committed to co-create shared visions, build meaningful relationships, practise shared responsibilities and decision making and able to harness diversity and collective wisdom across all parts of the system.

Background

Healthcare faces a dynamic landscape characterised by a fast-ageing population, rising burden of chronic diseases, emerging infectious diseases, increasing healthcare cost as well as an unprecedented connectivity and escalated adoption of technology. These challenges and opportunities call for new care models for greater care integration between healthcare institutions, patients and community care network. Correspondingly, we will need to transform our workforce to be future-ready, acting into future challenges and seizing opportunities to co-create better value for patients, partners and workforce continuously.

Fundamentally, our paradigm of leadership will need to change to enable workforce transformation. We need to move from developing individual leaders to developing Collective Leadership where the roles and processes of leadership are shared and collective wisdom is harnessed. We need to nurture people with different strengths who thrive in multi-disciplinary teams, complementing each other for specific missions, and are able to lead when and where they are placed in the system.

Methods

The future workforce needs to possess complex skills to adapt, improvise/ resolve problems and seize opportunities in the face of constant change. It has to do this while delivering quality care daily in care settings marked by iterative improvements, working in transient, multi-disciplinary teams. New behaviours and skills have to be learnt while working since they were never taught in schools.

From a human resource perspective, we need to shift our learning focus from competency to capability and capacity development so that individuals are not just able to do their jobs well but also better and differently.

Capability and capacity development calls for a shift from pedagogical to andragogical approaches, anchored on just-in-time learning. Collective leadership therefore cannot be taught in classrooms as a set of skills but designed as interventions to shift mental models, build new language and skillsets to drive new behaviours and shape a new workforce

culture. Collective Leadership is a cultural shift that will enable the transformation of our workforce to be future ready.

In building collective leadership, we focus on our staff's capability and capacity to:

- Build meaningful relationships
- Co-create shared visions
- Practise shared responsibilities and decision making
- Harness diversity and collective wisdom across all parts of the system

We implemented a three-pronged strategy to facilitate the culture shift:

Engage

We build awareness of CL mental models and seed language by engaging across different levels of the system. TTSH leverages formal platforms such as Townhalls, CEO's monthly tribune and hospital-wide skip-level conversations (known as 9000 Voices), as well as informal channels, such as social media platforms, Onboarding and posters in meeting rooms, to build awareness and prime the adoption of CL.

Enable

The CL Curriculum comprises a suite of four facilitated Conversations. Participants experience collective leadership, raise self-awareness of leadership impact and learn simple and easy-to-use tools to build shared visions, better relationships, high performing teams and collaboration across strategic networks. To-date, 31% of TTSH leaders have attended the Conversations and rated the Conversations at 8.1/10. These conversations are facilitated by more than 44 leader-facilitators across the system.

Empower

We enable the deepening of CL practice by:

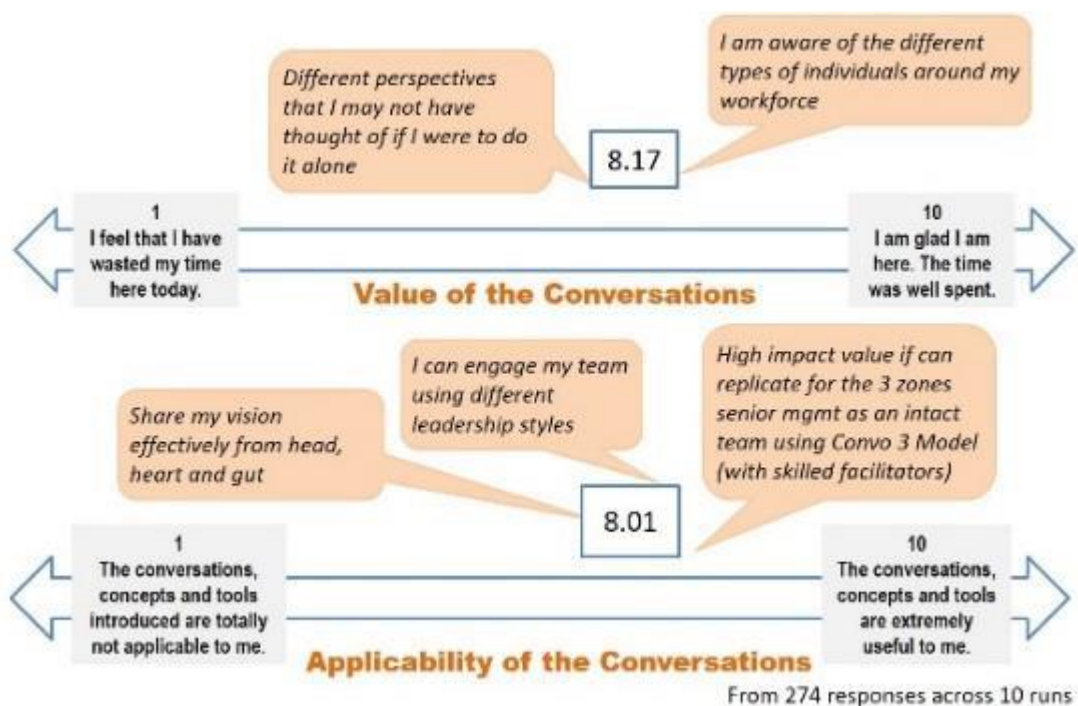
- Building intervention resources (CL Toolkit, Micro-learning) for teams to guide their own conversations, design their own interventions; availing access to all levels through internet and social learning platforms (eLearn, Micro-learning, Workplace);
- Providing knowledge and skills for developmental & team coaching to raise awareness and shift current practices (e.g. telling vs inquiring, team dynamics) to engage in building meaningful and trusting relationships.
- Fostering Communities-of-Practice (COPs) for building relationship, co-learning through multi-lateral collaborations and sharing to support practice as we shift our culture [e.g. in facilitated conversations where community partners in Central zone engage each other to explore opportunities to continually improve population health outcomes in the Central Zone through annual platforms like Central Health Action & Learning

Kampung (CHALK), and Central Health Leadership Conversation with our key community partners].

Results

Measurements were taken via the 'Teaming, Engaging and Networking (TEN) Survey' completed by senior leaders and their teams (pre-programme and 1-year post programme) to measure shift in CL behaviours. We are currently doing our Year-1 data analysis.

Programme evaluations for each of the CL runs were rated positively both in 'value gained' and application. Qualitative feedback was also captured.



The ECS results of TTSH conducted in 2018, showed that the overall TTSH engagement score improved significantly from 79% to 83%, when compared to the 2015 survey. Improvements were not just in selected categories but across the board. The good showing in ECS results serve as a testament to the journey that TTSH has embarked on towards Collective Leadership.

Evidence of shift can be seen through the sprouting applications of CL across TTSH.

Teams engage in social process to take ownership of what they care about.

Across TTSH, teams are engaging in team conversations. For example, NHG leaders held team conversations after the release of the 2019 ECS results. In TTSH, multidisciplinary teams

came together and worked out new care delivery for diabetes patients in AMK Specialist Centre. Agreed transferable skills and roles between clinicians led to new roles and value expansion [Clinical diabetes educators (CDE)]. In WHC, nurses came together to solve issues together and co-created shared visions.

The recent COVID-19 outbreak featured prominent shifts towards Collective Leadership across NHG. Multi-D teams in the hospitals have shown new levels of trust as they manage the COVID-19 situation. Teams with different expertise are working together to contain the virus while ensuring high care standards for staff and patients. In preliminary findings of a TTSH wellness survey monitored by the 3S (Staff Support Staff) team, staff have reported having more perceived support from immediate supervisors/ department despite much uncertainties (consistent rate of at least 84%).

Internal partners make system-level shifts to align mental models, language and processes for a collective leadership culture.

At NHG level, specific strategic projects and interventions are designed using CL tools. For example, during the 2019 NHG HR Summit, the programme was designed to seek alignment amongst all HR practitioners on HR systems and processes. Through the conversations during the Summit, different institutions shared their visions and co-created a common vision and purpose for HR in NHG to create a comprehensive roadmap, strategies and job value expansion for ensuring that our workforce is able to meet with new growth areas.

In developing the Managers Capability Development Roadmap, NHG-HR incorporated competencies and expected behaviours to ensure leaders across all levels of the system are equipped to practise collective leadership.

Large-system partners build networks for integrated care.

At the community level in Central zone, work has been done to engage community partners in population health using CL large group conversations. Central Health through CHALK has adopted CL concepts and tools into its designs of conversations with its community partners. This has brought greater alignment and deeper collaboration among different community partners through building trusting relationships and sharing a common vision. This is foundational step in order to achieve our future model of care – a hospital without walls.

NGEMR Engagement and Comms group also enabled team conversations involving key stakeholders to work through complex issues which created a sense joint ownership for successful implementation.

In both examples, Collective Leadership capabilities have transformed and enabled leaders and key stakeholders to build a strong network of like-minded partners to improve population health outcomes and support future models of care.

Lessons Learnt

Sustaining the shift requires:

- consistent incorporation of CL elements into practices to complement strategy and culture in transformational change.
- celebration and recognition of successful CL practices across all levels.
- refinement and timely interventions to ensure relevance at all levels, guided by reliable data

Conclusion

We see Collective Leadership in action when:

- all members are involved in co-creating the vision and assume collective responsibility for the success of organisation and its mission;
- teams build engaging, meaningful relationships between leaders, staff, patients and patients, and accept shared ownership and accountability;
- diversity and collective wisdom is harnessed allowing us to be nimbler and more agile as we collaborate across teams and networks.

Project Category

Workforce Transformation

Keywords

Workforce Transformation, Organisation Development, Culture Building, Leadership Development, Coaching, Tan Tock Seng Hospital, NHG College, Collective Leadership, Collaboration, Facilitated Conversations, Townhall, Communities-of-Practice,

Teaming, Engaging and Networking (TEN) Survey, Staff Support Staff, Managers
Capability Development Roadmap

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Leading Collectively For The Future Of Healthcare

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Background

Healthcare faces a dynamic landscape characterised by



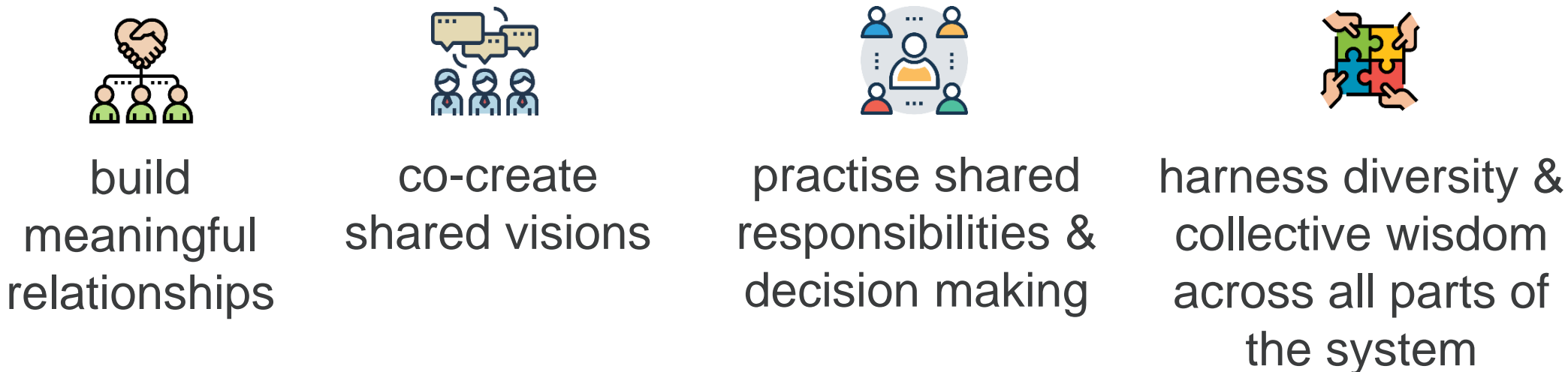
These challenges raise an urgent need for new care models with greater care integration between healthcare institutions, patients and community care networks.

To support these new care models, the future workforce needs to possess complex skills to adapt, improvise and resolve problems and seize opportunities in the face of constant change to deliver quality care. At the same time, the workforce must be able to work in transient and/or multi-disciplinary teams to deliver care.

We therefore need to embrace leadership that is shared:

- Authority, responsibility and accountability are distributed;
- Opportunities for participation, empowerment, ownership and learning across all levels of our system including our support services partnering community partners, volunteers and patients.

Collective Leadership starts with renewing staff capabilities to enable them to:



Our Strategy

We implemented a three-pronged strategy developed by NHG to facilitate the culture shift:

Enabling through CL Curriculum comprising a suite of four facilitated conversations.

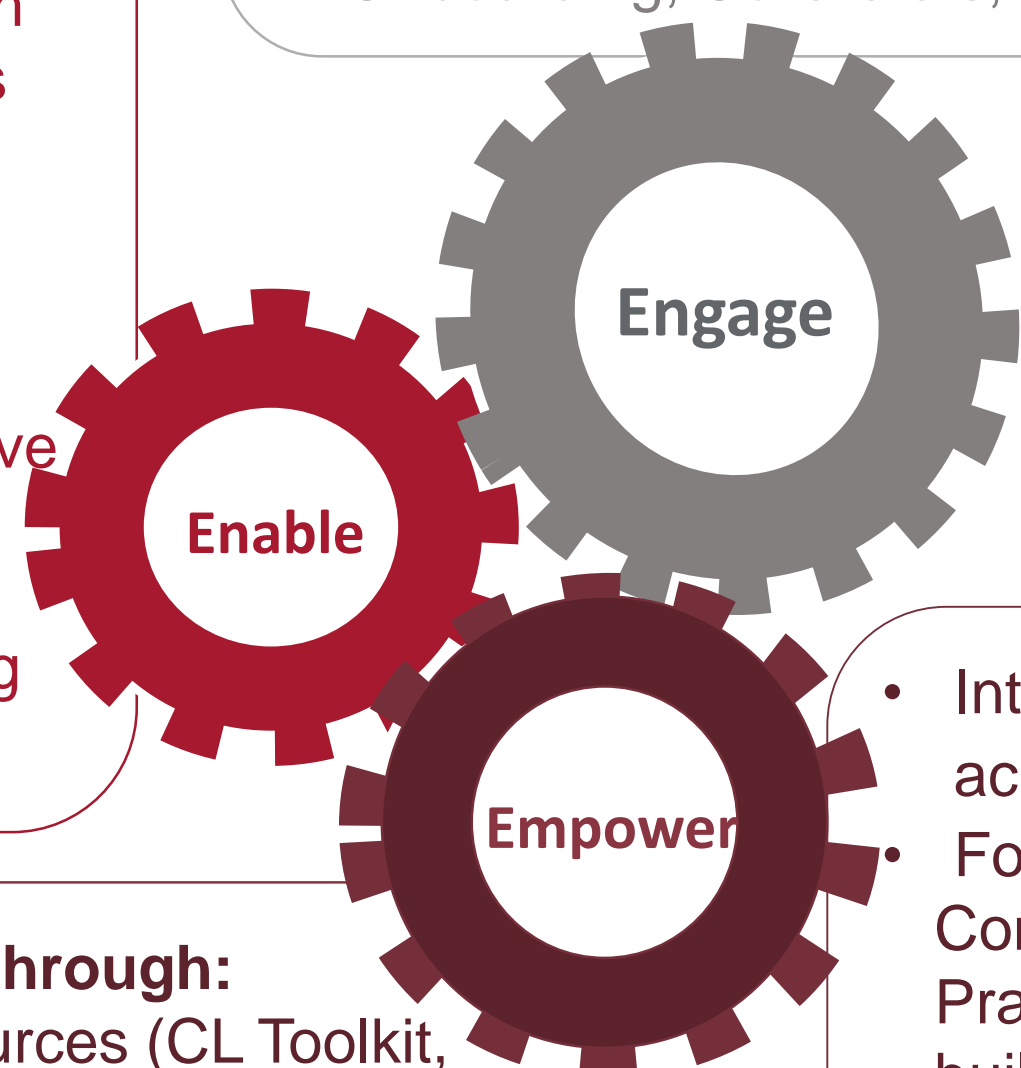
- Easy-to-use tools on building shared visions, engaging relationships, high performing teams and collaboration across strategic networks.
- To-date, 31% of TTSH leaders have attended the programme.
- Programme rating of 8.1/10

Building awareness of CL mental models and seed language by engaging across different levels of the system.

- 9000 Voices, Townhalls, CEO Tribunes
- Onboarding, Collaterals,

Empowering staff through:

- Intervention resources (CL Toolkit, Micro-learning) to guide teams with own learning and conversations, availing access to all (eLearn, Micro-learning, Workplace)
- Developmental & team coaching to raise awareness and shift leadership practices



- Interventions across the systems
- Fostering Community of Practice (COP) for building relationship, co-learning through multi-lateral collaborations and sharing to support practice

Effects of Change

Teams taking ownership of issues

Across TTSH & NHG, teams are engaging in team conversations working towards new models of care. This also includes holding of team conversations after the release of the ECS results in 2019 to **share the decision making on team issues** and **co-created shared visions**.



WHC: NURSING CONVERSATIONS



AMKSC RETREAT: CO-CREATING CDE ROLES

Internal partners make system-level shifts to align



NHG HR CONVENTION 2019: ALIGNING PURPOSE ACROSS NHG

At NHG system level, specific strategic projects and interventions are designed using CL tools for **co-creation of visions, goals and purpose**. NHG HR has also incorporated CL competencies and behaviours in the Managers Capability Development Roadmap to ensure leaders are equipped to practice CL.

Large-system partners building collaborative networks

In Central Health, we engage community partners in population health using large facilitated group CL conversations. Central Health has adopted CL concepts and tools into sessions with its community partners which brought **collaboration** among different community partners through **building trusting relationships** and **sharing a common vision**. It also gave opportunities to **harness collective wisdom, co-learn and explore ways to jointly improve population health outcomes** in the Central Zone



CHALK 2018 & 2019

NGEMR Engagement and Comms group also enabled team conversations to help them work through complex issues which created **a sense joint ownership** for successful implementation.

In both, CL capabilities have enabled leaders to build a strong network of like-minded partners to improve population health outcomes and support future models of care.



NGEMR: WORKFLOW CONVERSATIONS

Results



ECS results of TTSH showed that the overall TTSH engagement score improved significantly from 79% (2015) to 83% (2018).



Improvements were not just in selected categories but across the board.

Lesson Learnt

Sustaining the shift requires:



Consistent incorporation of CL elements into practices to complement strategy and culture in transformational change.



Celebration and recognition of successful CL practices across all levels.



Refinement and timely interventions to ensure relevance at all levels, guided by reliable data