Our Shared Purpose
A practical guide
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“Shared purpose isn’t like having a strong vision or mission ... shared purpose is something that is much more personal. It’s something that’s deep inside us ... It is the way that we connect. Our shared purpose is connecting the idea of what we’re trying to achieve collectively, with what’s in us.”

NHS interviewee
1. Introduction

This is a practical guide to understanding and using the central component of the NHS Change Model: Our Shared Purpose.

What is the NHS Change Model?

The NHS Change Model was created to support the NHS to adopt a shared approach to leading change and transformation. It provides a framework to help us improve and deliver our goals for quality and value. Based on evidence and experience of change, there are eight components in the model. Used consistently they create the best chance for effective change. Used together in an aligned and integrated way they help us produce the greatest benefit and improvement.

At the centre of the NHS Change Model is the concept of ‘our shared purpose.’ In this guide we explain what this concept means in practice; why it is a critical component of successful change; and why it sits at the centre of the model. We offer you practical ideas and guidance on how you can harness our shared purpose in support of service improvement.
How did we put this guide together?

This guide summarises the findings of a wider project to investigate the background, thinking and application of the 'our shared purpose' component. As part of this we reviewed academic and 'grey' literature, interviewed change specialists and held a focus group involving people from inside and outside the NHS with experience of large scale change. A more detailed report on our research is also available on the NHS Change Model website¹.

¹ Our Shared Purpose: literature review and concept testing. Available at http://www.changemodelnhs.uk
2. What do we mean by ‘our shared purpose’?

Some definitions

We asked a range of people working inside and outside the NHS what the concept means to them. We also read widely on the topic, drawing on previous research and practical examples. We begin with a summary of the definitions we found:

- Shared purpose is what happens when a group of individuals aligns their belief systems or values with a common challenge, vision or goal. It is different from, and additional to, organisational purpose.
- Purpose is the ‘why’ not the ‘what’ or the ‘how’ of change, and should act as a guide and driver of our decisions and actions.
- Purpose taps into people’s need for meaningful work; to be part of something bigger than ourselves. It encapsulates people’s cognitive, emotional and spiritual commitment to a cause.
- Purpose becomes shared when we find commonalities between our values, beliefs and aspirations and those of others and join forces to work towards a common goal.

We came to the conclusion that all three words in the central component of the NHS Change Model are important and that we need to give them equal weight. Figure 2, below, illustrates how this is a three-word concept.

Figure 2: Our Shared Purpose – a three word concept

“IT’S OUR COMMON UNDERSTANDING AND OUR DRIVE.” NHS interviewee

Who do we mean by ‘our’?

It is important to create a shared understanding and sense of purpose among all stakeholders. In our conversations as we researched this topic two things became clear. The first was that the word ‘our’ should be taken to include people working at all levels within the NHS and in partner organisations in the wider healthcare system; and patients, service users and carers. The second was that often patients aren’t included as key
stakeholders in change. This doesn’t seem to be deliberate. It’s more that we don’t have the habit of including them; and sometimes we don’t know how to.

It’s essential that all stakeholders come together to create a shared understanding of what’s needed. Twenty-first century healthcare is increasingly integrated and collaborative. The actions and behaviour of people working in primary, community and acute care, across professional and hierarchical boundaries are often interdependent in their impact on patient outcomes. It is vital, then, to include those who will be involved in making the change work – whoever they are.

“It’s about everybody having a shared understanding of what’s going to happen, of what the change is that we are trying to make and that they think that if that was achieved, we would be in a better place than we are now.”
NHS interviewee

How does purpose become shared?
To make progress we need to identify the values and ambitions we have in common, and to align them behind service improvement. Most change programmes involve collaboration between people with different specialist knowledge; seniority; locations; and agendas. They will all come to the project with a different view of the world. They may not even acknowledge that change is necessary.

It’s easy to assume that because we, as individuals, hold particular beliefs and are clear about our personal reasons for working in healthcare, that everyone we come across in our work will articulate their own purpose in the same way. It’s also easy to assume that we know others’ motivations, although we may never have heard them expressed.

But if you ask a number of people to describe the same situation, you are likely to hear several different stories. These stories can simultaneously be true and different from each other; we each see the world through the lens of our own knowledge, histories and biases. Sometimes these differences give us a richer and more complete picture of the truth. Sometimes they lead to conflict.

Purpose becomes shared when three things happen. First we have to listen to and understand others’ perspectives. The second stage is when we discover where they overlap with our own. The third step to shared purpose is when we agree how to translate our shared perspectives into action towards a common goal.

“[With] shared purpose, suddenly all the arguments between the doctors and the nurses and who’s top dog goes ... You change the filter on the camera ... and things now are quite different. It’s quite amazing to be part and parcel of that, to suddenly find that … we’re all on the same side ultimately. And you’ll find ... the shared ... ideologies come to the front.” Focus group participant
3. Why is shared purpose important?

As we explored our topic, it became clear that strong shared purpose is a common thread in successful change.

We heard how shared purpose can overcome the barriers of conflicting agendas and unite diverse groups of stakeholders in collaborative enterprise. It can help us design new services that are relevant and needed. And it can keep things on track and inject energy and commitment.

Shared purpose, then, is not a ‘nice to have’ but a critical driver of success in organisational performance and change. This is particularly true of large scale change in complex organisations.

‘Our shared purpose’ sits at the centre of the NHS Change Model because improvement efforts work best if there is an explicit connection between the change and people’s values. When this happens the support and commitment of many people is mobilised; and this is what brings sustainable success.

“You feel valued, you feel connected, you feel that you have something to offer, you feel ... excited about getting up in the morning and going to work, and you feel that what you’re doing, whether you’re in the lab looking at blood specimens, or whether you’re the chief executive ... you are all working to the same end ... a part of something much bigger that is outside of your own self ... You understand your contribution to the bigger picture.” NHS interviewee

We came to see shared purpose exerting a ‘gravitational pull’ on the other components of the NHS change model, aligning them as a positive force for improvement. Without this force, elements of change can become unfocussed and ineffective, with the risk that we are simply doing ‘the wrong things righter’. Shared purpose helps us to harness individual change components in the service of improvement and align them to give us the greatest potential for change.

“Shared purpose is the biggest aligner of any component of the change model because when you’ve got a group of people that have got shared purpose, you don’t need to use a lot of resources, like controlling them or managing them ... Where you’ve got a really clear shared purpose ... people go the right way, almost magnetically.” NHS interviewee

Why is it important that purpose is shared?

Large scale organisational change needs the collaboration of many people at different levels and from different fields; and often across different organisations. For example, many NHS change programmes require the interaction of primary, acute and community care; clinicians of many disciplines, managers and other staff such as IT specialists, pharmacists, cleaners, care assistants and porters; between the NHS and local authorities, charities, the police and other organisations.
These groups often come to the change process with different and sometimes conflicting agendas and priorities which can inhibit progress. Finding the commonalities among their positions; reaching a shared understanding and aspiration can remove these barriers and unite diverse groups of stakeholders behind a common cause.

“What’s the difference between what you personally connect with and what might make you connect with something that goes across your normal boundaries ... whether those boundaries are geographical or professional or hierarchical or whatever else it is? ... What’s important that I can connect with?” Focus group participant

Why is alignment important?
Alignment between individual and organisational purpose ensures that all those involved in the change are working towards the same end in effective collaboration. In this way the whole can add up to more than the sum of its parts.

If this alignment is lacking, and shared purpose insufficiently explicit, there is a risk that people will be expending effort, but in a way which does not make a useful contribution to the project.

What role should leaders play?
Change needs champions at the top of the system but can’t be imposed from the top. Command and control leadership doesn’t work in 21st century change; it is too complex to allow close control. Instead, where shared purpose exists, it acts as a guide for people’s actions, helping them to align their efforts with those of others to deliver success.

One of the most important roles for change leaders is to create a narrative which aligns values and actions. Once a strong sense of shared purpose is created, leading and managing change will require much less control; people’s efforts are energised and guided by the alignment of their own convictions with common goals.

“People make change in their own lives when they really want to do something and they understand it. So when we impose things on people without getting really buy in ... is often where we make huge mistakes and things fail and we waste a huge amount of money and time and resources. So I genuinely believe it is the most important ... it’s the thing that runs through everything ... If you cut it in half like a stick of rock, it should be the bit that’s in the middle.” NHS interviewee

What happens when shared purpose is absent?
When shared purpose is absent – or not sufficiently explicit - de facto purpose can take over. When this happens people may make their own assumptions about what the change is about; instead of providing quality patient care, purpose may be seen as hitting a target; reducing costs; reducing length of stay; eliminating waste; or complying with an inspection routine.
We see the results of de facto purpose when, for example, moving a patient out of A&E in less than four hours becomes more important than making sure they are getting appropriate treatment. Or when patients are discharged from hospital too early, leading to readmission and complications. Or when reducing staff and training costs leads to infections, pressure ulcers or falls. None of these situations serve our patients; all of them increase costs.

“We come from a culture of compliance and top down performance management, performance related targets all the time. It creates a kind of leadership which is action orientated - leading from the front ... It’s not the kind of leadership that focuses on building shared purpose: it’s task-orientated to get things done. It needs to be much more about cooperation, about leading across boundaries, dispersed leadership. Being able to focus on shared purpose in those circumstances is absolutely crucial.” NHS interviewee

Target and blame culture

Targets are useful in that ‘what gets measured gets done’. But they are often too blunt to function usefully in a complex system like the NHS. Targets must serve our purpose, not become our purpose. Otherwise we are at risk of “hitting the target but missing the point.”

“The target was about seeing people within a certain length of time, but, actually, the real issue was how were they working? ... And how could they work together better to hit what was actually something really important to them? ... And that came out of the conversation, and things did improve.” NHS interviewee

Where avoiding blame or preserving professional or hierarchical ‘face’ becomes more important than what patients need, shared purpose can get lost. Hierarchical structures can stifle debate and prevent bottom-up innovation – essential ingredients in sustainable large-scale change.

“The reality ... is ... a lot of professionals fighting each other for professional space, and really a kind of lost sense of purpose in that ... Very rarely do any of these professionals actually sit and talk to each other about what the patient needs because they’re more concerned with their professional identity.” Focus group participant

Why do change efforts fail?

70% of large scale change programmes fail to meet their objectives. Often this is because they hit a plateau, run out of energy or simply fail to attract enough supporters to make them viable. In all these situations, creating, sustaining and re-visiting our shared purpose can galvanise, mobilise and re-energise the collaborative activity essential to sustainable change.
4. How can we create shared purpose?

“The challenge in making this fly is often persuading people it’s worth the time because there is a strong temptation on the part of most people to take shortcuts and move more quickly.” NHS interviewee

During our research we came to realise that the journey towards creating shared purpose is at least as important a part of the change process as defining what your purpose is. This is when the energy and commitment needed for change is built, so it’s important to take shared purpose as your starting point.

“Just creating the space for people to come together as individuals and feel safe enough to share things that work really well, perhaps their vulnerabilities; and how the group built as an entity and a supporting mechanism. I think the thing for me that was really important was that it was across what are conventional boundaries; and those relationships are still going on.” Focus group participant

We identified three steps to guide you in creating your shared purpose (Figure 3).

Figure 3: Creating shared purpose

Step 1: Create a safe space

It’s important to create a space in which genuine two-way conversations can take place.

- This can be in small, medium or large groups, informal or formal gatherings or even, increasingly, through online forums.
- People need to feel able to express themselves freely. There should be no wrong answers; everyone’s point of view is valid and adds to a shared understanding.
- Create a level playing field, free from hierarchy. Acknowledge that there are many experts in the system. All will bring valid perspectives which can contribute to a solution.
- Include patients and other service users, who are expert about their needs. Their stories often bring surprising and enlightening insights to the design of change programmes.
“The perspective of the patient might be quite different than the perspective of the staff nurse on the ward who looks after them ... the issues that they were coming up with were all the same issues ... I think it was really interesting for all the participants to realise that they were talking about the same things essentially.” Charlotte Painter, Homerton University Hospital

Step 2: Looking for commonalities

Looking for commonalities helps us move beyond conflicting agendas and priorities to a common understanding and ambition.

- Start with each individual talking about their own values and stories. Encourage people to be clear and open.
- Don’t assume that everyone is thinking in the same way; or that you know what they’re thinking. Listen with the aim of understanding.
- Think about the parts of the stories that unite the group; the values and ambitions and goals that we share.
- Capture some statements that reflect your shared understanding, values and ambitions.

“There were head-tilting moments where people understood each other ... that the same things [were] important. So ... there was shared understanding or shared meaning leading to shared purpose.” Focus group participant

Step 3: Design the service together

Agree how to translate your shared understanding into an action plan that will get people doing things.

Make sure that you are focussing on the future

- Focusing on your shared values and ambitions and goals, check that they are aligned and connect your values with what you want to achieve.
- Use the expertise of all those who will be involved in the change; the best person to advise on a process is the person who will be using it.
- Build these statements into a framework to support a call to action that will connect with people and get them doing things. Make sure that you are focussing on the future.

“There’s a very human element to this and a human wish to connect or collaborate - it’s what makes this something that’s about action or intent or moving something, you know; changing from where we are now to something being different in the future.” Focus group participant
5. How do we use shared purpose to support change?

In the course of our investigation we found that shared purpose can serve us at every stage of the change process; from creating energy and commitment at the beginning; to effective planning and design; to keeping programmes on track and true to their intent; and to re-energising those which have plateaued or run out of steam. It should be the starting point in any change; and we need to continually refer and return to it during the change process (see Figure 4, below).

Figure 4: Using our shared purpose throughout the change process

Level 1: Engaging and creating energy for change

“A shared sense of corporate purpose, grounded in universal values, is the highest octane source of fuel for organisational action.” Schwartz and Loehr (2004)

A common theme in successful change programmes is the time spent early on engaging with multiple stakeholders, listening to their perspectives and building them into a shared purpose.

In this way we can replace the barriers to change represented by conflicting agendas with shared understanding and ambition, underpinned by common values. This is what creates the energy and commitment needed to get the change off the ground.

“I have to be a participant in the creation of it ... in the sense that I also have to understand and hear and listen to your story and get meaning from that. Only in the sharing do we come up with something.” Focus group participant
Level 2: Collaborative design

Co-design is important for two reasons. The first is that complex, multi-disciplinary services are best designed by those delivering and receiving them, because these are the people who best understand how to make them relevant and workable. The second is that if those responsible for designing services are the same as those delivering them, their commitment to the change will guide and energise them, bringing a much greater chance of success.

“None of us is as smart as all of us ... The problems we face are too complex to be solved by any one person or any one discipline. Our only chance is to bring people together from a variety of backgrounds and disciplines who can refract a problem through the prism of complementary minds allied in common purpose.” Warren Bennis

When services are to be redesigned, we need to involve those who will both deliver and receive the service to ensure that we understand the local context and the complexity of patient pathways; and that services are built in response to need.

Collaborative, bottom-up service re-design is likely to succeed because not only is it designed against need and context, but those involved in its design will also implement it. They will have both a cognitive and an emotional investment in making it work. In other words, they will be motivated and guided by a common purpose.

“It needs to be a democratic evolution, revolution even – of actually inviting people to share what’s important for them.” Focus group participant

Case Study:

In South Devon a multidisciplinary team of anaesthetists, nurses, surgeons, and a clinical systems engineer worked together to reduce time from A&E to theatre and improve pain control for hip fracture patients. With other professionals drawn in as required, they involved all professional groups and patients in the redesign. They developed an innovative technique during which the process of care was simulated by all the professionals involved from injury (with a paramedic) to ward. Although cost reduction was not a primary aim, the programme has led to a reduction of 1,800 bed days per year; saving an estimated £326,000 (see Finney et al, 2012).

Level 3: Staying on track

Change doesn’t happen overnight. Returning regularly to the original purpose can guide decisions, prevent it from going off track, and prevent any single element of the change model from becoming an end in itself. This can act as a navigation system, like a GPS, to prevent activities spinning off in directions which do not serve the purpose of the change. Simply asking the question ‘how does this support our shared purpose?’ can be enough to bring things back on track. If it’s impossible to answer, the chances are that it’s not the right thing to do.
"It’s challenging sometimes to find time and it’s uncomfortable sometimes to discover how far we have strayed from [our shared purpose]." NHS interviewee

**Case Study:**

The multi-award winning Partnership for Older People programme in Dorset co-designed services with communities of older people so that solutions developed would be tailored to local needs, encouraging people to take more responsibility for their own health and well-being. Service users remain on its strategic board to ensure that its activities remain true to its purpose; enabling older people to stay safe and healthy in their own homes for as long as possible.

"I want to die in my own home, thank you very much. And I want to be supported there, if necessary, towards my latter days.” Jackie Allen, Partnership for Older People Programme (quoted in Gifford et al 2012)

**Level 4: Re-energising**

There’s often at least one point in a change programme where it plateaus or runs out of steam. Indeed, this is why many change programmes ultimately fail. Revisiting the purpose and vision is one of the best ways of reviving them when this happens.

"There is a need for change leaders to be reminded about [shared purpose's] centrality and therefore the need for it to be continually revisited, checked, refreshed, that even if the value and the purpose stay the same the messaging might need to revisited and checked.” NHS interviewee

**Interaction with the other components of the model**

The concept of ‘our shared purpose’ sits at the centre of the NHS Change Model because it acts as an anchor – or perhaps a gravitational force - for each component. It helps ensure that each component isn’t becoming an end in itself. It helps us remember that “change isn’t the goal. The goal is the goal.”

All the model’s components are strengthened when shared purpose is used as a balance or check to keep the change on track.
Leadership for change

“How can we build skills of developing shared purpose amongst leaders who focus on performance, delivery and straight language?” #NHSchange

Returning to ‘our shared purpose’ can help task-driven leaders not to resort to a ‘set-it-and-forget-it’ approach to change but to allow shared purpose to take time and evolve, engaging and involving those who, ultimately, will be responsible for making it work.

A key skill in change leadership is in creating compelling narratives which make links between the change and people’s personal experiences and values.

A devolved approach to leadership gives people the space to develop, innovate and lead their own areas, guided by the shared purpose that they have developed in the early stages.
“Leaders aren’t necessarily the person that’s at the top of the pile or the person who gets the highest salary. Leaders are people that are passionate about something, understand it very well and then bring along with that their enthusiasm. Because [people] feel they’re valued, they feel they are useful, they know where they are going and that’s really important.” Focus group participant

Case study:

**NHS Change Day: do something together** was inspired and led by a group of young and emerging clinical and managerial leaders in the NHS who believed that:

‘If we are the ones who are doing the work, then we are the people who can change the way we do it - for the better’.

Their aim was to get 65,000 people to pledge to make a change, to make a difference, to make things better. In doing this they proving that - by one simple act - large scale improvement is possible in the NHS.

On March 13th 2013 NHS Change Day became the single largest improvement event in the NHS to date.

Spread of innovation

We need to accelerate the speed and extent of the spread and adoption of innovation in order to improve the quality of care we deliver whilst delivering the cost savings required. This will mean more active sharing of successful innovations with others across the NHS and being prepared to learn from others and adopt innovations from elsewhere into our own practice. Commitment to a common purpose creates energy for delivery often through voluntary connections with teams and individuals. Much of the energy and engagement with the change model has been the result of word-of-mouth or social networking in online forums, tweets and knowledge share. In order to spread change rapidly we have to engage people’s desire to contribute to a better future.

“People have to want to be change agents and must be given permission to do so. The spirit of volunteerism (the desire to work with others for a shared purpose) ‘energises’ the network.” John Kotter: Accelerate (2012)

Rigorous delivery

Accountability and commitment to delivering results are essential to improvement and change. But it’s vital to align that energy and commitment behind our shared purpose. Otherwise we may find our energies dissipated in directions which don’t serve the improvements we need to make.
“I’ve worked in a system out there, you know, when we talk about a programme or we talk about a change that we want to make, the first thing that you say is what, you know, you need some programme management around this, you need a structure, you need performance management. What are our targets? What are our outcomes? What are our key performance measures? What are the metrics that you’re going to use? And we spend little time on, well, what are we trying to achieve here? What is our purpose? How do I connect to this? How are you going to get the people who are really going to make the change? How are you going to get them connected to it?” NHS interviewee

Improvement methodology

While improvement methodologies are important tools, and can often help us deliver change much more effectively than we could without them, it is important to hold them lightly, not letting them become an end in themselves. There are often occasions when rigorous adherence to a project management plan or other methodology means that we forget to scan the horizon to check that our actions are still contributing to our ultimate goals.

“The project manager in me wants to see a good measurement ... really strong delivery mechanisms ... a single improvement methodology that’s sound and used for everything ... But ... you can’t persuade somebody to change while showing them ... a graph and telling them that you’ve got a really good programme management structure. They need to be able to relate it to their own practice, to patient outcomes, whatever it is that is at the end of this change process.” NHS interviewee

Transparent measurement

Target setting, data collection and measurement are all important tools in keeping track of where we are in a change programme. But when we find we are serving the measurement process, rather than the measurement serving our purpose, it may be time to rethink our parameters. If the measurement is an end in itself, we are in danger of ‘hitting the target but missing the point.’ By linking measurement to shared purpose, we can check that we are measuring what really matters to us.

System drivers

System drivers often take the form of incentives for change, or specific standards to be achieved if penalties are to be avoided. The link between this element of the model and shared purpose is also one of alignment. Not all system drivers impact in the same way across all parts of the system, and they can range from personal incentives, through organisational or regional scope, up to national level. Skilful alignment of drivers will prevent conflicting incentives that can undermine the quality improvement we are seeking to achieve. Ultimately we need to use drivers that will serve our purpose. Is our shared purpose explicit in areas such as training, contracts and reviews?
“We’ve been working on narrative storytelling and commitment-based work, rather than compliance-based work, developing our shared purpose has been central to many of the key successes. The external factors that mean that change needs to happen are often externally imposed and what that can mean an overly externally driven change climate, some of our internal motivations for change can get lost or diminished. So what’s really important is that we connect a change to our values.” NHS interviewee

Engagement to mobilise

Shared purpose both creates and guides engagement. Energy and commitment are by-products of the process of building shared purpose. Regularly revisiting shared purpose ensures that this energy and commitment remains aligned in the service of the change, and not dissipated by going off in other, less useful directions.

“When you connect with people who feel a similar passion or energy or drive to do something about the work that you’ve embarked on, it’s more likely to be sustained because the energy, drive and commitment will come from within.” NHS interviewee

Purpose at the heart of change

So the position of ‘our shared purpose’ at the centre of the NHS Change Model is critical in importance. Our shared purpose works to reconcile tensions in task-driven and value-driven approaches to change, aligning them and making them productive. It exerts a gravitational pull on all the other components, connecting and aligning them all behind change and improvement, and ensuring that they are more than the sum of their parts.

“It’s the one element of the model which draws together people who have different perspectives on change. That’s what shared purpose does – it brings the two sides of the model together.” NHS interviewee

We need to hold shared purpose at the centre of all our efforts to improve. When mobilising support, designing, delivering or measuring change, we need to understand and embrace our shared purpose, remember it, talk about it, and use it as our navigation system to keep change relevant, successful and sustainable.
6. Conclusions

In conclusion, we offer these ten key observations from our investigation into the ‘our shared purpose’ component of the NHS Change Model:

1. Shared purpose is different and additional to organisational purpose.

2. Shared purpose happens when employees connect organisational purpose with their own values and utilise that purpose to guide their everyday activities.

3. There is a specific problem in the NHS where staff adopt ‘de facto’ purpose rather than shared purpose.

4. Shared purpose is a critical issue in the new health and care system as other mechanisms for co-ordination and control no longer apply.

5. There is a need to build shared purpose within organisations AND with/between partners in the wider health and care system.

6. There are strong evidential links between shared purpose and organisational success.

7. Shared purpose plays a core function in the NHS Change Model by exerting gravitational force on the other components to ensure they remain aligned in the service of the goal.

8. There is a need to include patients and service users in building shared purpose so as to ensure we are designing against need.

9. Hierarchies, blunt targets and blame cultures all stifle shared purpose.

10. It is important to make shared purpose explicit and widely talked about; it is dangerous to assume that it is present and understood by all.

Efforts within the NHS and among its partners to build a sense of shared purpose are having a positive impact. In particular the use of social media is powerful in spreading key messages and encouraging debate and collaboration. But there is still much to be done to ensure that shared purpose is explicitly recognised as being at the centre of healthcare improvement.

In this guide we have shared with you some of what we have learned about our shared purpose. But there is still more to understand about we can use it to spread positive change in the NHS. We look forward to continuing that journey with you, and sharing what we all learn along the way.
Further reading


   Available at http://www.changemodel.nhs.uk


   Available at: http://www.tvhiec.org.uk/fresh-thinking/catalogue-of-south-of-england-change-programmes/