

For the past 50 years business schools have focused on teaching the unholy trinity of strategy, leadership and change. But **Philip Glanfield**, **George Binney** and **Gerhard Wilke** describe a case study that replaced the current orthodoxy with a different way of understanding organisations and those who work in them

Beyond the trinity



It has become increasingly apparent that the current orthodox trinity is no longer adequate for the complex and demanding world in which we find ourselves. Brilliant *strategies* are nothing without widespread engagement and emergence; *leadership* is more nuanced and demanding than ever before; and achieving *change* via linear, transformational programmes has proved to be an organisational pipe dream.

For business schools this poses a major challenge: the issues they have built their success around are being re-invented and re-interpreted – often by academics based in business schools – but belief in these traditional ideas remains powerful and the purchasers of executive development tend to be conservative: you aren't fired for buying a traditional course from a business school.

As a result, the key question facing business schools is how to create innovative and effective solutions that someone wants to buy and which have an empowering and sustainable effect on organisations.

This is happening – in places. Consider a ground-breaking collaboration in the UK between the National Institute for Health Research (NIHR) and Ashridge Hult Business School, designed to facilitate “faster and easier” clinical research in the National Health Service (NHS) in England, and to maximise the contribution that research makes to the “health and wealth” of the nation.

Through this initiative 200 NHS Research & Development (R&D) managers and directors from 100 different NHS organisations have become instrumental in leading a revolution in performance and culture within and between their NHS Trusts.

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This has resulted in impressive levels of impact in delivering the UK government's ambition to “become a world-leader in life sciences”. Critically, the initiative has proved to be empowering and sustainable as participants have established a new national network giving them a voice in national policy development and facilitating their own leadership and learning.

Since 2012 medical research in England has become faster and easier. This was one of a number of initiatives so it is not possible to directly attribute improvements to this programme. In an independent evaluation the research institute RAND Europe reported that the programme had significantly improved organisational relationships and raised the profile of R&D, exposed managers and directors to new potential collaborators, enabled them to work together on concrete improvement tasks and provided an opportunity to put new leadership skills into practice

This experience offers important lessons for the future shape of executive education:

1: Choose your client carefully and build trust

Developing organisations and individuals requires a long-term relationship and mutual trust. Too often, HR departments act as intermediaries and the relationship is with them rather than with the individuals, teams and groups with development needs.

The NIHR initiative was a subset of a wider programme that had been running for several years and this specific initiative ran for over five years. In the early stages there were some false starts and difficult conversations about the way forward. This would not have been possible without the trust and respect that had been created. Over time this developed into a real partnership and the results exceeded expectations.

Dr Louise Wood, Director of Science, Research and Evidence, Department of Health and Social Care, says: "The sense of common purpose and trust grew as we explored how best to approach this."

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2: Inquire and make haste slowly

In the heroic orthodoxy it is conventional for outside consultants and executive educators to follow the medical model. They investigate what's wrong through tests and, based on the results, diagnose and prescribe a solution. The work is problem focused and, embedded in this way of thinking, is the idea that the planned change starts post-diagnosis at the implementation phase.

There are three critical flaws with this.

First, imagining that experts can stand outside the situation and know more (or better) than those who are fully immersed in it.

Second, the assumption that the diagnostic phase is somehow neutral; that a conversation with you about your view of the organisation leaves you completely unaffected. Actually, the moment anyone is touched by the interaction, the work has begun because the existing state of affairs is called into question.

Third, the labelling of a group or situation as "a problem" sets up its own dynamic and creates suspicion.

Our first move was to listen to the stories of those working in and leading the R&D function. We spent time in around 20 organisations and heard many different stories. The need for faster and easier research was well understood and many were as frustrated by bureaucracy. We encountered a world of experts, many of whom felt excluded and devalued. All were welcoming but some were suspicious and doubtful that anything would change.



3: Beyond individuals to pairs, groups and community

In orthodox leadership, the development focus is on individual behaviour, often defined by an abstract and idealised competence framework. To us this makes no sense. By definition, none of us leads alone in an ideal world. In leadership it is not what I do, or what you do; what matters most is *what we do between us and how we work together*. Of course, we have to pay attention to our own development as leaders. In our book *Breaking Free of Bonkers* we describe this as working on the "Settled (Enough) Self".

In our inquiry work we noticed that, usually, there are significant differences between R&D directors and managers, particularly their professional career paths and personal histories.

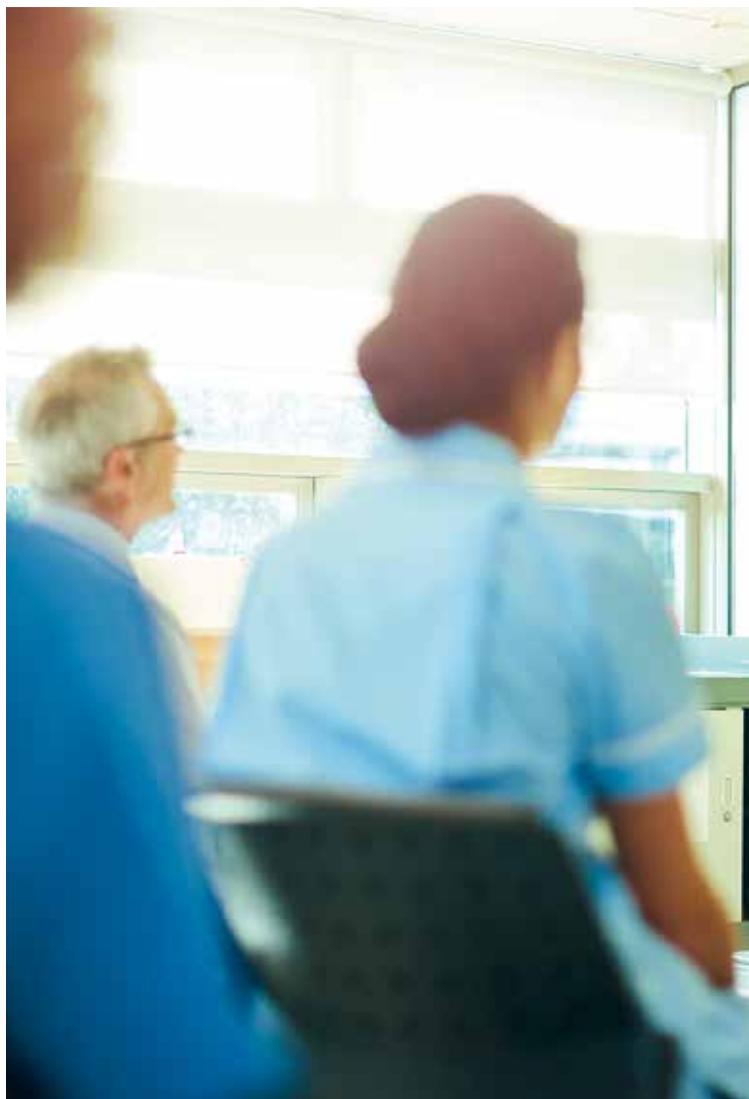
We came to think of this relationship as akin to 'upstairs downstairs' in a 19th century English stately home (think *Downton Abbey!*).

Directors live "upstairs" with their privileged colleagues, thinking great thoughts and doing great research; the managers, "downstairs" with their administrative colleagues, "keep the show on the road" so that those "upstairs" are relatively untroubled by "administration". This analogy always sparked lively conversations – some seeing it as "hitting the nail on the head", others protesting "it's not like that where we work".

The expectation was that we would work with managers as part of a process focused on individual leadership development, confirming "downstairs" as the problem.

But we were sure that it was the *relationship* between manager and director that was central. Between them these pairs held many of the relationships critical to effective research between hospitals and universities, patients, public, pharmaceutical and other medical industries. Therefore we made it a requirement that you joined the process as a pair, on behalf of your Trust, not as an individual. Bringing the pairs together had wider benefits too.

As Christine McGrath, Director of Research and Development, University Hospital Southampton NHS Foundation Trust, says: 'We can see that we were disconnected and fragmented and as a community of leaders, we felt ignored. This initiative has created a real sense of purpose and a deep connection between us – so that we have been able to find our voice'.



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4: Face up to the reality of organisational politics “us and them”

How often have you heard people say, “if it wasn’t for the politics this would be a great place to work”.

This is a trap for leaders because power and politics lies at the heart of leadership and we need to find ways to work with it. Working directly with directors and managers as a pair is one example and we encountered another striking example of inter group politics.

The NIHR had created a national organisation to co-ordinate research activity and distribute the associated funding. Early on the story had developed that this organisation would do away with the need for R&D in Trusts and this tricky relationship became more vexed. We heard many stories of fraught relationships and we became increasingly concerned.

In private we talked about the nature of our responsibility. We felt we would be washing our hands of something if we did nothing. So we encouraged the NIHR to convene a national meeting, which evolved into a large gathering over two days. The meeting is still talked about and there are stories about things having changed for the better as a result, and stories of nothing changing. Subsequently we found that our work was taken more seriously and that we were trusted to intervene in difficult situations.



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5: Sweat the small stuff

As we have described, in the conventional wisdom big problems require big solutions involving heroic leaders, visions and transformational change. As our work evolved the idea that we change the world one conversation at a time took hold. In a world where providing services and treating patients will always be the first priority, not research, and where research is highly regulated, it is easy for research leaders to feel that the challenge is too great and they have no significant influence. The bigger we make the problem, the bigger we make the solution and the more powerless we make ourselves.

We encouraged directors and managers to focus on the next challenging, difficult conversation, one they knew that they needed to have but had been avoiding. We brought in actors so that they could work one-to-one to rehearse and prepare. Subsequently, we heard some remarkable stories that were truly transformational.

It is now nearly seven years since this initiative began and the impact has been surprising. We can see plenty of evidence of effective strategy-in-action, leadership in partnership, and measurable change and improvement. There is life in the trinity but not as traditionally conceived.

The power and potential of this way of working emerged from a rigorous and shared willingness to learn from experience over and over again. It was our pleasure and privilege to be part of this and to learn about our craft along the way.

The project featured in this article won the EFMD Excellence in Practice Gold Award in 2015. You can read about the case here <https://www.efmd.org/images/stories/efmd/EIP/2015/NIHR-NHS-AshridgeBS-EiP15-FullCase.pdf>

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About the Authors

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Binney, Glanfield and Wilke are the authors of Breaking Free of Bonkers: How to Lead in Today's Crazy World of Organizations (Nicholas Brealey, 2017).