

One Agenda White Paper - Draft

Summary Snapshot

A strategy becomes an enterprise agenda when an organization makes clear choices, its leaders own those choices collectively, and teams throughout the organization use them to guide priorities and decisions.

The One Agenda model brings together three connected elements:

- **One Strategy:** A small number of clear enterprise choices, including the trade-offs the organization will and will not make.
- **One Aligned Leadership Team:** Executives who have a common identity, can debate difficult issues openly, understand interdependencies, use one another's expertise, and take collective responsibility for organizational outcomes.
- **One Agenda Across the Organization:** Consistent priorities, decision rules, and coordinated action across levels and functions.

These elements reinforce one another. The health system case shows how focused strategic work can clarify an enterprise imperative while strengthening the executive team's ability to lead implementation.

Introduction

Every leader nods yes to the strategy, *until* it creates a trade-off for their own function.

That moment of friction is where many enterprise strategies quietly fail. Organizations tend to break down in one of three predictable ways. **First, they may lack a genuine strategy:** they may have a plan on paper, but they have not made clear, integrated choices about what winning means, where they will compete, how they will create distinctive value, what capabilities they must build, and what management systems will reinforce those choices over time (Porter, 1996; Rumelt, 2011; Lafley & Martin, 2013). As Lafley and Martin (2013) argue, strategy is an integrated set of choices, not a list of initiatives, and those choices must be reinforced through the capabilities and management systems that allow an organization to execute them consistently. **Second, they may have a strategy without an aligned leadership team:** executives approve a direction in the room, but interpret, challenge, or quietly resist it when it requires meaningful trade-offs for their function, budget, or authority. **Third, they may have an aligned leadership team without an aligned organization:** the executive team agrees, but its choices do not translate into consistent priorities, decisions, measures, and resource allocation below the executive level.

The One Agenda model addresses these breakdowns as one integrated problem rather than three separate ones. Its core premise is that an enterprise agenda requires **One Strategy**,

One Aligned Leadership Team, and One Agenda Across the Organization. These are not sequential phases. A strategy becomes real only when leaders make and own the choices together, and when the organization's systems, decisions, and routines reinforce those choices consistently.

This work requires two things: reliable analysis and a constructive way for leaders to reach decisions together. Analysis here means gathering and weighing the evidence: customer needs, market conditions, financials, operations, and what the organization can realistically execute. **Yet even rigorous analysis cannot resolve the tensions that arise when organization-wide priorities conflict with functional interests.**

Research on over one thousand major business decisions found that, after controlling for industry, geography, and company size, **the decision process explained decision outcomes six times more than the quantity and detail of analysis.** This does not make rigorous analysis less important. It shows that a strong process enables leaders to consider the evidence fully, uncover uncertainty, and limit the functional interests and cognitive biases that can distort enterprise decisions (Lovallo & Sibony, 2010). An aligned leadership team, then, is not one that avoids disagreement; it is one with the trust and discipline to debate productively before committing to a shared course of action.

Want to see if your decision process was constructive? Try this simple diagnostic test:

Ask members of the executive team, and the level of leaders below them, to independently write down what they believe the organization's top priorities are, then compare the lists.

When the lists do not substantially match, the issue is not merely communication to be solved through a better email or presentation. It is evidence that the organization has not yet built a shared enterprise agenda: **leaders have not reached sufficient clarity on the choices, trade-offs, and operating implications required for consistent execution.**

A leading regional health system's experience illustrates how this gap can be identified even when leaders believe they are aligned. The organization initially approached Innovative Thought seeking executive coaching for three leaders. Rather than beginning with individual coaching, the work appropriately started with executive team effectiveness, a decision that proved consequential almost immediately. A strategy discussion planned for ninety minutes took an entire day. **Leaders could name the organization's strategy, but the fuller strategic picture lived in the minds of only a few executives rather than being shared across the team.**

The team's development was really about a collective capability: to debate difficult trade-offs openly, raise disagreement early, and reach decisions together rather than defer to a few voices. That capability grew out of hands-on strategic work. Facilitated working sessions designed to hold a disciplined decision process revealed and resolved strategic misalignment, helped leaders identify a shared strategic imperative for the health system, and built shared consciousness so that each executive could speak to and act on the strategy. The result was more than a better articulation of strategy: the executive team became more aligned to its implementation, with clearer priorities and a stronger foundation for working together as a

high-performing team. This also clarified why team effectiveness had to come before individual coaching. The immediate need was not only to develop three individual leaders, but to strengthen the executive team's shared understanding of the strategy and its ability to lead implementation together. This case illustrates the **fundamental premise of the One Agenda model: strategic clarity, leadership-team alignment, and organization-wide execution are not separate challenges** to be addressed in sequence, but **mutually reinforcing conditions** for turning strategic choices into coordinated action.

One Strategy

First, a strategy is more than an aspiration, a menu of initiatives, or an annual plan. Strategy scholarship treats strategy as a set of coherent choices: a **diagnosis of the organization's central challenge**, a **guiding policy for addressing it**, and a **coordinated set of actions consistent with that policy** (Rumelt, 2011). Lafley and Martin's (2013) contribution is especially useful here because it emphasizes the interdependence of strategic choices. An organization's aspiration, competitive focus, source of advantage, capabilities, and operating systems must reinforce one another; a weakness or contradiction in one choice can undermine the rest. For leaders, the practical test is whether the strategy produces a coherent set of implications for where to focus resources, which capabilities to strengthen, and which demands the organization must decline or deprioritize. Michael Porter's foundational work on competitive strategy makes a related point from a different angle: a distinctive strategic position requires **trade-offs**, because trying to be *all* things to *all* customers undermines the fit among activities that creates advantage (Porter, 1996). In this sense, **trade-offs are central to strategy**: when an organization does not make meaningful choices about what it will not do, it is unlikely to have a distinctive strategic position (Porter, 1996).

Organizations that do not impose this discipline can accumulate too many priorities, projects, and competing demands, leaving resources dispersed and functions unclear about which efforts matter most. Recent McKinsey research highlights the **persistent gap between strategic intent and disciplined execution**: in a 2024-2025 survey, only 21 percent of executives reported that their strategies passed four or more of McKinsey's Ten Tests of Strategy, a practical set of questions to help leaders examine their strategy, question key assumptions, and uncover overlooked risks (Krell et al., 2025). The research also found that "Strategy Champions" and their less successful peers looked similarly clear on strategy. What separated them was **mobilization**: turning choices into initiatives, funding, and plans that leaders and teams actually acted on (Krell et al., 2025). In other words, a clear strategy without organization-wide follow-through often fails.

Research in industrial and organizational psychology offers a complementary lens for why a strategy document alone is insufficient. A **shared mental model** refers to team members' similarly organized knowledge of key aspects of their work environment, including the task(s), relevant procedures and strategies, members' roles, and patterns of interaction. Such models enable team members to anticipate one another's actions and coordinate their responses, particularly when time or circumstances limit explicit communication and deliberation (Mathieu

et al., 2000; Lim & Klein, 2006). Applied to a leadership team, this concept helps explain why **executives can endorse the same strategic language while still holding materially different views of what it requires, who owns which trade-offs, and how success should be measured.**

The health system case shows how this gap can hide in plain sight. Leaders knew the organization's strategy by name, but a fuller understanding of its underlying choices, interdependencies, and the specific imperative connected to the system's mission was concentrated among a few executives rather than genuinely shared. The extended, full-day strategy conversation made those differences visible instead of allowing them to remain unspoken. Working through that friction, rather than around it, helped the team expose disagreement and arrive at a more clearly defined strategy and organization-wide strategic imperative connected to the health system's mission.

The practical implication is direct: a real One Strategy identifies the small number of enterprise choices and priorities that will guide resource allocation, decision-making, and the trade-offs functions are asked to accept. A strategy that cannot specify what the organization will not do has not yet made its hardest, most necessary choices.

One Aligned Leadership Team

Second, **executive alignment** is not consensus theater, polite agreement in a meeting, or a team that simply gets along. A genuinely aligned leadership team shares an accurate understanding of the strategy, engages openly with the hardest enterprise trade-offs, understands how members' functions depend on one another, and accepts collective responsibility for enterprise outcomes as well as their own functional results.

Team research backs this up. Talented people in the room are not enough; instead, how a team interacts is what actually produces results, not just who sits at the table (Ilgen et al., 2005). This helps explain why simply assembling talented executives around a table does not automatically produce alignment: **alignment is something a team does through its interactions, not something guaranteed by its membership.**

Shared mental models, introduced above, apply directly here: research associates convergence in how team members understand priorities, roles, and decision logic with stronger team processes and performance (Mathieu et al., 2000). A related but distinct concept, the **transactive memory system**, describes a **team's shared understanding of who holds relevant expertise, along with its ability to locate, trust, and coordinate that expertise.** It is an internal map that allows members to draw on one another's specialized knowledge without requiring every executive to hold identical knowledge across all domains (Abbas et al., 2026; Lewis, 2003; Wegner, 1987). A well-functioning transactive memory system allows a CFO, chief medical officer, and chief operating officer to bring deep functional expertise to a decision while relying on one another's informed contributions in other areas. **The goal is not for every leader to become a generalist in every domain, but for the**

team to know where expertise resides and to integrate it effectively into collective decisions.

Moreover, **psychological safety**, a shared belief among team members that it is safe to raise concerns, admit mistakes, or challenge an idea without fear of punishment or embarrassment, has been associated with more open team learning behavior and with stronger team performance (Edmondson, 1999). This research helps explain the difference between a team that debates real trade-offs constructively and one that either avoids conflict altogether or slides into dysfunction; **disagreement itself is not the problem, but how safely and productively a team can draw it out and work through it.**

None of these research streams should be read as a guaranteed formula. However, they collectively suggest why leadership teams with **stronger shared understanding, distributed but trusted expertise**, and **safer conditions for candid debate** may be better positioned to **coordinate complex work, create space for divergent views, and act with more coherence than teams lacking these conditions.**

The One Agenda model connects this research to a specific point of view: **leadership teams develop these capacities through the real work of making strategic choices and resolving trade-offs, not through team-building alignment exercises detached from actual business decisions.** Productive strategic conversations enable leaders to bring their distinct functional perspectives to a shared enterprise question, rather than treating strategy as a message to endorse after the fact. They make differing interpretations and unresolved tensions discussable, helping the team understand interdependencies, work through trade-offs, and reach a shared decision. In that sense, the conversation itself becomes developmental: leaders build their capacity to engage disagreement constructively and take collective responsibility for choices that affect the whole organization.

The health system engagement offers a practical representation of this approach. Innovative Thought began with executive-team effectiveness rather than individual coaching and worked with the team through genuine strategic questions rather than abstract team-building content. A strategy discussion expanded into a full day, revealing strategic misalignment: that the deeper picture of the strategy was held by only a few executives. Over a focused six-week sprint, facilitated working sessions helped the team clarify an overall strategic imperative tied to the system's mission and build shared consciousness so that every leader could speak to, and act on, the strategy. The work produced both a more clearly defined strategy and stronger leadership alignment around its implementation.

In practice, an **aligned leadership team tends to exhibit several behaviors**: bringing an enterprise perspective, not only a functional one, to decisions; surfacing disagreements early and resolving them in the room rather than after the meeting; agreeing explicitly on the organization's few highest priorities and the trade-offs those priorities require; establishing clarity on decision rights and accountabilities; and drawing on individual expertise while **maintaining a shared view of how the whole system fits together.**

One Agenda Across the Organization

Third, **leadership alignment is necessary, but it is not sufficient on its own.** Even a genuinely aligned executive team's agreement means little if it does not translate into aligned priorities, operating choices, leadership behaviors, and coordination at the levels and functions below the executive suite.

This broader form of organizational alignment is commonly understood in two ways. **Vertical alignment** refers to consistency from the top of the organization down; for example, when team-level priorities support department goals, which in turn support the company strategy. **Horizontal alignment** refers to coordination across teams or business units at the same level, such as when operations, finance, and marketing work toward compatible goals (Kathuria et al., 2007). Research generally finds that better alignment is linked to stronger organizational performance. However, the evidence is stronger for vertical alignment than for horizontal alignment. **Researchers also note that alignment does not produce results on its own; its effects depend on other factors,** including organizational capabilities and how well plans are carried out (Kathuria et al., 2007). In short, alignment can improve performance, but it is not a guarantee of successful execution.

“Across the organization” does not mean every team does the same work or receives the same message. It means teams understand the same strategic direction, can explain how their work contributes to it, know which priorities should take precedence when trade-offs arise, and understand where cross-functional collaboration is needed. As discussed earlier, shared mental models support this common understanding of enterprise priorities and how each team's work fits into the larger picture; when that understanding is reasonably accurate and shared across teams, coordination tends to improve (Mathieu et al., 2000). Transactive memory systems support the complementary need to coordinate expertise: as priorities move across functions and organizational levels, people need to know where specialized knowledge resides and trust colleagues enough to draw on it, rather than duplicating expertise already available elsewhere (Abbas et al., 2026; Lewis, 2003; Wegner, 1987). Neither condition guarantees successful execution, but together they can make coordinated execution more likely.

The health system case illustrates the point at which executive alignment must become organizational mobilization. By the close of the six-week engagement, the executive team had developed a more defined strategy, a shared strategic imperative, and stronger alignment around implementation. The resulting work was positioned to move into the broader organization: helping leaders translate the enterprise agenda into functional and team-level commitments, align their teams around the strategic imperative, and establish a clear implementation plan. The Board's enthusiastic endorsement of the strategy and leadership alignment provided an important mandate for that next phase. The case material documents this launch point, rather than subsequent operational, financial, clinical, or workforce outcomes.

The health system case shows what executive alignment can start, but alignment at the top is only a beginning. Turning it into coordinated action across the organization requires specific mechanisms. **Seven stand out:**

- **Functional translation:** Each function and business unit converts the enterprise agenda into a small number of commitments that specify its contribution, critical dependencies, and work it will stop, delay, or deprioritize.
- **Team-level priorities and measures:** Managers connect unit goals, operating plans, performance measures, and resource requests to the organization-wide agenda so employees can see how daily work contributes to strategic outcomes.
- **Cross-functional coordination:** Teams that share customers, patients, processes, technologies, or resources establish regular working rhythms to identify dependencies, resolve handoffs, and make compatible decisions before conflicts slow execution.
- **Clear escalation pathways:** Employees and managers need a defined way to raise conflicts that cannot be resolved locally, particularly when functional goals, budgets, capacity constraints, or service expectations collide.
- **Decision rights close to the work:** The organization clarifies which decisions teams can make independently, which require cross-functional agreement, and which require executive escalation. This prevents routine work from waiting for senior approval while ensuring major enterprise trade-offs are resolved at the appropriate level.
- **Management routines that reinforce the agenda:** Planning, budgeting, talent decisions, performance reviews, staff meetings, and project-governance forums regularly revisit the same enterprise choices. These routines turn the agenda from a leadership message into a practical guide for action.
- **Feedback from the organization:** Leaders periodically test whether employees and managers can explain the priorities, understand their team's contribution, and identify the trade-offs they are expected to make. This allows the organization to detect confusion or drift early and adjust the agenda, its translation, or the supporting systems.

Conclusion

Enterprise strategy rarely fails from a lack of ambition. It fails from a lack of integration: a strategy that lives only at the top or that leaders quietly reinterpret when it costs their function something is not yet an agenda. It becomes one when leaders make hard choices together, hold each other accountable to them, and build the mechanisms that carry those choices down through the organization.

The test remains simple. Ask your executive team, and the level below them, to independently write down the organization's top five priorities. If the lists do not match, the fix is not rewriting the message. It is building One Agenda.

One Strategy. One Aligned Leadership Team. One Agenda Across the Organization.

References

- Abbas, M., Bajwa, S. U., Azeem, M. U., Ul Haq, I., & Rasheed, M. A. (2026). Transactive memory system and human resource development: A systematic review (2000–2025). *Human Resource Development Review*, 0(0), 1–27. <https://doi.org/10.1177/15344843261468040>
- Edmondson, A. C. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, 44(2), 350–383. <https://doi.org/10.2307/2666999>
- Ilgen, D. R., Hollenbeck, J. R., Johnson, M., & Jundt, D. (2005). Teams in organizations: From input-process-output models to IMOI models. *Annual Review of Psychology*, 56, 517–543. <https://doi.org/10.1146/annurev.psych.56.091103.070250>
- Kathuria, R., Joshi, M. P., & Porth, S. J. (2007). Organizational alignment and performance: Past, present and future. *Management Decision*, 45(3), 503–517. <https://doi.org/10.1108/00251740710745106>
- Krell, A., D'Amico, A., West, A., Diedrich, D., & Birshan, M. (2025, July 14). *How strategy champions win*. McKinsey Quarterly. <https://www.mckinsey.com/capabilities/strategy-and-corporate-finance/our-insights/how-strategy-champions-win>
- Lafley, A. G., & Martin, R. L. (2013). *Playing to win: How strategy really works*. Harvard Business Review Press.
- Lewis, K. (2003). Measuring transactive memory systems in the field: Scale development and validation. *Journal of Applied Psychology*, 88(4), 587–604. <https://doi.org/10.1037/0021-9010.88.4.587>
- Lim, B.-C., & Klein, K. J. (2006). Team mental models and team performance: A field study of the effects of team mental model similarity and accuracy. *Journal of Organizational Behavior*, 27(4), 403–418. <https://doi.org/10.1002/job.387>
- Lovullo, D., & Sibony, O. (2010, March 1). *The case for behavioral strategy*. McKinsey Quarterly. <https://www.mckinsey.com/capabilities/strategy-and-corporate-finance/our-insights/the-case-for-behavioral-strategy>
- Mathieu, J. E., Heffner, T. S., Goodwin, G. F., Salas, E., & Cannon-Bowers, J. A. (2000). The influence of shared mental models on team process and performance. *Journal of Applied Psychology*, 85(2), 273–283. <https://doi.org/10.1037/0021-9010.85.2.273>
- Porter, M. E. (1996). What is strategy? *Harvard Business Review*, 74(6), 61–78.
- Rumelt, R. P. (2011). *Good strategy/bad strategy: The difference and why it matters*. Crown Business.
- Wegner, D. M. (1987). Transactive memory: A contemporary analysis of the group mind. In B. Mullen & G. R. Goethals (Eds.), *Theories of Group Behavior* (pp. 185–208). Springer. https://doi.org/10.1007/978-1-4612-4634-3_9