



# Keep calm and carry on: observations on making change happen within health & social care (provider) organisations

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# Or – sorry, can you remind me why we started this?



"... I offer nothing more than simple facts, plain arguments and common sense; and have no other preliminaries to settle ... other than you divest yourself of prejudice ... and enlarge your views beyond the present day"

(Thomas Paine)



#### **Presentation will cover:**

- Bit about me;
- What is change?;
- Context to need for change;
- Special health & social care features;
- What can we predict?;
- Is this new ground?;
- Some 'making it happen' realities;
- Some personal learning reflections.



#### Before we start – who am I?

- 35+ years in public sector HR / CSS;
- 4 years in largest social services dept in UK;
- 4 years in '4 stars' social services dept;
- 4 years in the NHS;
- 'Endless enthusiasm & opinion on everything';
- Links with Aston;
- Why work places are a fascination...



#### What do I call 'change'?

- Whole systems restructuring (LGR / NHS);
- Inter organisational service transfers (TUPE);
- Needing 'special measures' service recovery;
- Introducing new IT system;
- Improving 3 'e's;
- New models of care (personalised budgets);
- Achieving culture change;
- Changing one employee's job;



#### 'Big picture' contextual stuff (1):

- Background demographics;
- Democracy in action:
  - Public sector spending constraints;
  - Central government policies;
  - Local government policies;
- Technological change;
- Performance mgt. frameworks ('partnerships are key');



#### 'Big picture' contextual stuff (2):

- Professional bodies;
- Trades unions;
- Terms & conditions of employment;
- Employment law.



## Additional 'local circumstances' additions:

- Local political view;
- Ability / willingness to mobilise;
- Competence / confidence of team managers;
- What happened last time?
- Starting point position budgets, staffing, IT systems, degree of workforce scepticaemia;
- Organisational culture;



#### Special features of H&SC change:

- Much externally driven (govt. policy);
- Benefits determined elsewhere;
- Inspection regimes;
- 'Preventing repeating history' enquiries;
- 'One size fits all' solutions
- 'One size fits all' timetables;
- Stakeholder consultation requirements;



#### What we can anticipate (1):

- Change for others good. Change for me bad;
- Will be resistance;
- Rumours will abound;
- Change process affects current service delivery;
- High proportion of change falls short;
- Unconsidered consequences;
- There may well be another one along shortly...



#### What we can anticipate (2):

- Shock;
- Denial;
- Frustration;
- Guilt;
- Acceptance
- Testing;
- Understanding;
- Commitment;



#### Is this all new ground?:

- Unfreeze, change, re-freeze (Lewin, 1951);
- Set goals, diagnosis, define future state, manage transition (Beckhard, 1969);
- To change behaviour, change the environment (Bandura, 1986);
- Mobilise commitment, shared vision, foster consensus, spread revitalisation, monitor / adjust (Beer et al, 1990);



#### Lived experiences?:

- No / 'emergent' project plan;
- ToR mission creep;
- Timetable drift;
- Failure to challenge negative thinking in consultation;
- Unclear switch from informal to formal consultation;
- Forgetting to communicate, communicate, communicate.



# Doing it better in practice – a) planning (1):

- Treat change requirements with respect clear 'responsible officer' and plan;
- Terms of reference;
- Plan must have a realistic change timetable;
- Discuss the plan in draft stage;
- Be prepared to change the plan before you start implementation;
- Adapt the plan but explain changes;



# Doing it better in practice – a) planning (2):

- Involve partners in process (incl. service users);
- Be clear what 'post change' success looks like;
- Do a 'post review impact' evaluation;
- Seek to capture lessons & use next time;
- Culture train project managers;



### Doing it better in practice – b) communications:

- Give early warning of change approaching;
- Discuss the plan in draft stage;
- 'Affected staff' engagement is key;
- 'Engagement' means talking to people obsessively;
- Trades unions do not represent whole workforce;
- Answer the questions posed!



#### (Very) personal reflections (1):

- Does 'practice makes perfect'?;
- Articulating 'what will local benefits be?' is key;
- Mantra of 'senior mgt ownership' may be counter productive;
- Public sector trades unions represent only themselves;
- And ...



#### (Very) personal reflections (2):

- Strategy is 'emergent' assumption wise whatever the CX says;
- Quadruple the time spent on communication / consultation;
- Urgency in completing programme is best;
- Involve HR early (please!!);
- Break the mould & do some post change evaluation / lesson learning.



#### So....

If you want to avoid your change process being a DAMP
 SQUIB programme, you know what to do!!



## Almost finally – some thoughts from clever folk:

- 'Culture eats strategy for breakfast' (Drucker);
- 'Nothing happens without a monomaniac behind it' (Peters);
- 'Change will always involve failure as well as success.
  The failures must be expected and learned from'
  (Armstrong & Baron);
- Making change requires 'continual assessments, repeated choices and multiple adjustments' (Pettigrew & Whipp).



### Presentation should have touched on:

- Bit about me;
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- What can we predict?;
- Is this new ground?;
- Some 'making it happen' realities;
- Some personal learning reflections.



# Thanks for listening: now for the interesting bit...

