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:

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- Some ‘making it happen’ realities;
- Some personal learning reflections.
Thanks for listening: now for the interesting bit…