

ORGANISATIONAL CHANGE

SURVEY

AS EASY AS ABC?

There is deep scepticism of the health service's ability to handle change, according to an exclusive HSJ survey. But, as Alison Moore finds out, large-scale transformation is a complicated combination of science and art

The NHS is entering a period of massive organisational change in which staff will be required to alter the way they work to deliver more at lower cost. This change will affect everyone from board to ward and will require a step change in productivity and working practices.

Yet there is widespread scepticism about the ability of NHS organisations to handle change and to deliver the benefits it wants from change programmes. An exclusive *HSJ* survey of 348 readers shows:

- 32.5 per cent felt change was handled poorly in their organisation;
- 54.5 per cent felt the change process had a positive impact for patients hardly ever or only some of the time;
- 56.1 per cent felt that change programmes in their organisation looked at behaviour and culture infrequently or never;
- 62.1 per cent said change programmes resulted in behaviour or culture change infrequently or never; just 1.7

per cent said this always happened.

Digging deeper into the figures there are differences between the views of different staff groups. Chief executives are much more positive about how change is handled in their organisations than other staff, with 67 per cent feeling change was very well handled while half of clinicians felt it was poorly handled.

The *HSJ* survey – sponsored by iMPower, which works with NHS organisations to make change a success – attracted 348 responses, half of them from managers and executives, but also many from clinicians. They painted a picture of organisations that struggle to bring about the change they want and need, and don't think about the engagement and developmental needs of staff as they embark on major change.

Understand your people

Inadequate resources put into the change process were highlighted as the main reason



Liz Howarth: more focus is needed on how change will affect staff

why change programmes were not wholly successful. Close behind was that the behaviour and culture of staff did not change; third was a lack of engagement and “buy-in” from staff; and proposed changes being too ambitious was last.

What should be made of this depressing picture? Liz Howarth, director of healthcare at iMPower, says some of the results are not surprising and reflect a wider picture across many industries, as well as some of the pressures the NHS is under at the moment. But the figures are telling, she adds.

“It is well known that evidence from many sectors has

highlighted time and time again that up to 70 per cent of change programmes don't achieve their aims,” she says. Nevertheless, the results do ring alarm bells in terms of the challenges the NHS is facing and the need for more extensive and radical change.

“Without a doubt there is a need to ensure the right level of governance, reporting and process change but not enough focus on the impact on staff and the behavioural outcomes.”

Ms Howarth suggests organisations need to think more deeply about who is being affected and not just treat them as homogenous professional groups. “Have you profiled some of the staff who are going to be impacted on by proposed changes? Do you really understand the types of people in your organisation and how they will respond? By looking at, and approaching, people according to their values and motivations, rather than simply by job title, all sorts of possibilities of working with them on change are opened up,” she says.

“People get grouped all the time – they are the doctors, the nurses, the allied health professionals – as if they are all going to react in the same way. There is still a tendency to do blanket communications to everyone in the organisation and not recognise that people respond in different ways.”

She adds: “It's important that organisations think about sustainable behavioural change and how to achieve this rather than a short-term change that will disappear.”

Part of this change management process will be around engaging staff at all levels to design and implement the changes that will affect them. Our survey showed widespread scepticism that this is done well in the NHS. More than two out of five of our respondents said change programmes and the reasons behind them were not

KEY FACTORS TO SUCCESSFULLY DELIVERING CHANGE

Some NHS organisations may struggle with change but responses to our survey suggest managers have strong opinions about what works and what doesn't. Asked what was the most important factor in delivering change in their organisations, many mentioned engagement and communication with staff – and suggested this was not happening enough.

The importance of linking

change with positive outcomes for patients (and a concern that it was cost driven) also came across, as did the difficulties of driving change in a political environment with multiple stakeholders.

Transparency and openness were much in demand; several managers highlighted the need for these in dealing with staff, with one calling for “truth, right and moral decency”. And there was

scepticism that those leading change always had the right tools to hand – one warned that inappropriate change management skills could actually prevent, rather than promote, it.

Finally, one respondent complained about the reinvention of the wheel in their organisation. “On a more logical planet, these people would have been sectioned for their own good,” they said.

communicated very well in their organisations and a handful said they were not communicated at all.

Half said the failure to engage had a substantial impact on the success of change programmes in their organisations, while only one in 10 felt it had a minimal or no impact. Only 43 per cent felt their organisation developed staff well or very well to enable them to deliver large change programmes.

What are the lessons for organisations from this? Ms Howarth says ongoing, real engagement at a personal level, not blanket communications, is the key to success when trying to bring about change.

“Often people think about engagement as a one-off launch event and they don’t engage staff in the design,” she says.

“Clinical engagement gets talked about but this is about all levels of the organisation and is much broader than that. I’m not diminishing the need for clinical engagement but there is also a need to think about teams of staff and their motivations and values, rather than just seeing them as clinical and non-clinical.”

And she sounds a note of caution: organisations need to live up to their promises. “You can get people excited about engagement but if you don’t deliver, or don’t deliver on time, you can lose people.”

Caught up in methodology

What should organisations do when planning large-scale change? Ms Howarth says programmes and methodologies are readily available but it is hard to do an ABC of change. “If it was that easy we would all be great at doing it,” she says.

“You have to do both process and people together. It is important to have different tools available and to know when to apply each one. It is a bringing together of science and art.”

A critical part of this is trying to understand the values and

motivations of the people whose behaviour you are trying to change. Targeted messages, communications and engagement are all possible when there is some insight into where people are coming from, both as individuals and as teams, she says. She also warns against getting so caught up in the methodology and governance of change that the people side gets pushed out.

While many organisations may be tempted to draw on internal resources to bring about change, she says that external help can add something to change programmes.

“I do think sometimes it is very hard to hold a mirror up to yourself at all levels of the organisation. And it is one thing holding a mirror up and getting some insight but this is about undertaking and bringing about a change programme,” she says.

“You need to think about whether people have the ability to do this internally or whether they need some additional support to help them.”

External help costs money but Ms Howarth says there is often a good business case to support this expenditure. “It is not just for a short term initiative. To do it well, it is about a shift in organisational culture. The legacy can be more than simply a narrow change programme, it can be a catalyst for staff behaving and working differently. Looked at from this perspective, there can be a very strong business case for investing in help to make change as effective as possible and to deliver the ongoing benefits.

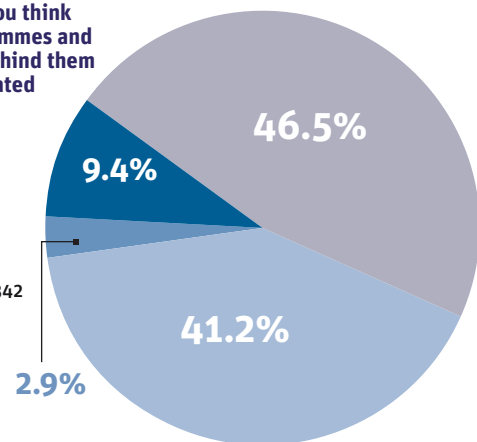
“With the speed of change that needs to happen there’s even more of a need to really understand what good change looks like and how it cannot be seen as a programme of activity that is merely focused around financial targets. It has to be far more embracing than that and it has to touch lots of different people in the organisation.” ●

HOW SUCCESSFUL ARE CHANGE PROGRAMMES?

How well do you think change programmes and the reasons behind them are communicated within your organisation?

- Very well
- Fairly well
- Not very well
- Not at all

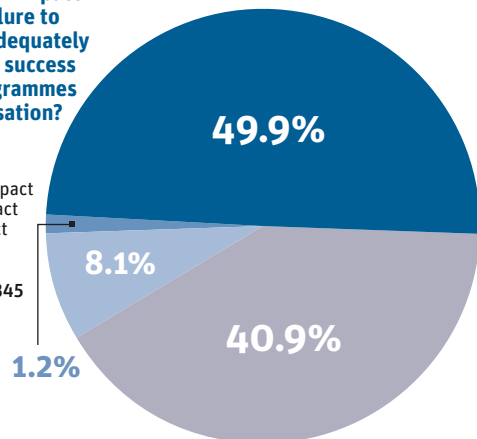
Total responses 342



How much of an impact do you feel failure to engage staff adequately has had on the success of change programmes in your organisation?

- Substantial impact
- Moderate impact
- Minimal impact
- No impact

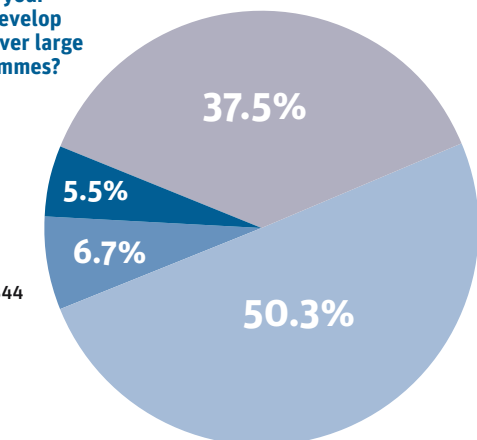
Total responses 345



How well does your organisation develop its staff to deliver large change programmes?

- Very well
- Fairly well
- Not very well
- Not at all

Total responses 344



SOURCE: HSJ/IMPOWER SURVEY