

Organisational capacity for transformational change

Introduction

In 2015 the Scottish Government set out a vision for transformational change in health and social care services to better respond to the needs of Scotland's population by 2020 and beyond. Healthcare Improvement Scotland has a key role in supporting health and social providers to transform the way services are organised and delivered towards a strong foundation of integrated and person-centred care. A number of factors are known to be important for enabling transformational change including capacity in relation to leadership and workforce empowerment. Healthcare Improvement Scotland is placing an increased emphasis on developing approaches to enabling organisational capacity for transformational change.

Definition of transformational change

“A shift in the business culture of an organisation resulting from a change in the underlying strategy and processes that the organisation has used in the past. A transformational change is designed to be organisation wide and is enacted over a period of time.”

Background and aims

It is widely accepted that there is a need to translate theories of transformational change into meaningful frameworks for practice. A range of perspectives, including those from system leadership, complex systems, large scale change and health and social integration, provide insight into how transformational change may be enabled within organisations. A very rapid review of these perspectives in the published literature has allowed an initial framework (see Table 1) to be developed within Healthcare Improvement Scotland that is acting as a useful guide for understanding transformational change in relation to organisational capacity. This paper outlines the results of this review and the framework that is shaping understanding of transformational change in practice.

Method

A purposeful rather than an exhaustive approach was taken to the identification and selection of literature reviewed due to the need to synthesise information-rich case studies in a rapid timescale (1). This approach comprised of a comprehensive search of electronic databases and websites to yield relevant English language peer reviewed and grey literature. Key papers were selected that examined transformational change from strategic and organisational management perspectives in sufficient depth for analysis. A constant comparison analytical approach was then used to synthesise the findings section from each paper into key themes. While it is by no means definitive, the resulting explanatory framework represents a timely and relevant analysis of the literature to inform how organisational transformation can be enabled.

Findings

A number of themes emerged that supported the development of a framework for explaining organisational capacity for transformational change (Table 1):

Systems leadership

Senior leadership style in the NHS is identified as having traditionally conformed to a pacesetter style which is said to have evolved in response to nationally set goals for performance and financial balance (2). The Commission on the Future of Leadership and Management in the NHS concluded that leadership needs to change from heroism in style, to one that is distributed to ensure engagement, commitment, collaboration and the generation of common purpose that enables transformation rather than efforts based on compliance with performance goals (2). This perspective accepts that pacesetting will still be important, however, there is a need for emotional energy to be generated that is resistant against change fatigue which distributed leadership has a role in enabling across the system. Rapid change at scale is also argued to be more likely when strategy is based on generating commitment rather than compliance.

Experience beyond the NHS of transformational change efforts also highlights the importance of systems leadership capacity. The learning from work carried out by the Advancing Quality Alliance and the King's Fund in the north-west of England between 2011 and 2014 to develop integrated care highlights the importance of distributed leadership as part of adapting and applying the principles of complexity science for leading large scale change (3). Leaders are described as needing to be comfortable working with blurred boundaries. In this case, distributed leadership is explained as multiple leaders at multiple levels in the system working across boundaries to influence and persuade. This paper also highlights the importance of leaders who can both 'command and collaborate' as well as influence collective purpose. This model of leadership rejects the idea of individual capacity being important for leaders but instead collective capacity and capability is required.

The importance of leadership being distributed beyond just a core group of leaders in the system was also highlighted by the experience captured as part of the King's Fund report 'The practice of system leadership: being comfortable with chaos' (4). Stability of leadership was described as being important but difficult to guarantee, however, distributed leadership is noted as being a key mechanism for how momentum and purpose can be maintained despite instability. The findings of the 21st Century Public Servant research in relation to the attributes required for future public service also identifies a model of distributed leadership as being important for radical change in public services (5). This perspective describes how leaders should be dispersed throughout an organisation, which is connected to the need for organisations to function in more fluid ways rather than through controlled silos (5).

Relational leadership

Research by the Chartered Institute of Personnel and Development (CIPD) provides a human resource management perspective of transformational change that highlights the importance of relational leadership (6). This review of theory and practice identifies that transformation depends on culture and behaviour being influenced through relations rather than leadership authority and control. Relational leaders should use dialogue to give employees a voice instead of labelling resistance to ensure that staff continue to be engaged and motivated. This review also identifies that behaviours and culture need to be first rewritten in order to provide a supportive context for change and how new strategic goals

should be aligned to culture by identifying how cultural and behavioural reframing should be supported as part of this shift. Techniques of using narratives, stories and metaphors were highlighted as being important for making strategic vision of change easier to understand throughout an organisation. This is also highlighted in the learning from the NHS Academy for Large Scale Change '*Leading Large Scale Change: a Practice Guide*', which explains how the transformation process requires the translation of strategic vision into something that makes sense and relates to programmatic action that individuals can take in their areas of work (7). This perspective suggests that leaders need to balance social influence with authority in order to ensure there is alignment of empowered individuals working towards mutually reinforcing change.

The importance of leaders influencing rather than relying on authority and control is also highlighted in work by the Virtual Staff College and the King's Fund (3). This perspective of relational leadership describes how this should be driven by moral purpose rather than power and be distributed beyond just senior leadership to be able to lead systems and processes that allow intelligence to flow between peers horizontally and vertically (up and down hierarchy). In terms of personal attributes, leaders need to be resilient against criticism and challenge, and be able to use their force of personality to influence a collective sense of purpose as part of a team that depends on capability in relationship management.

Workforce development

The role of workforce development in terms of learning and development, and HR systems and processes, is described by the CIPD as being important for incentivising new behaviours as part of a culture shift for transformation, as well as building trust and commitment amongst staff (5, 8). Insights from the 21st Century Public Servant research (5) highlights the role of appraisal systems for incentivising the behaviours that are aligned to transformational goals, including leadership behaviours that are necessary for a distributed model to function. Models of leadership associated with macho behaviour are noted as being at risk of reinforcement unless there are efforts to incentivise new behaviours and values in relation to collectivism and collaboration (5). There was also a need for widespread application of improvement methods alongside systems leadership so that iterative tests of change are being led across the system which requires development of improvement skills and capability in the workforce (3). The perspective from the Virtual Staff College and the King's Fund (8) is that there is a need to ensure a learning culture which allows for error and is open to innovation and to invest in workforce capability by developing skills rather than focusing on leading the workforce for compliance. This is similar to the perspective of the Academy for Large Scale Change, which explains that staff require access to the latest tools and techniques in order to develop improvement capability as well as needing the time and space for reflection and learning (7).

Partnership with service users

The King's Fund describes how the involvement of patients, service users and carers as part of identifying and understanding what service redesign is needed is important as part of systems change capacity (4). Based on the experience of systems leaders, this King's Fund report describes how involving patients is key to how networks work to mobilise the best intelligence for systems change. A large review of transformation initiatives in healthcare identifies the involvement of patients and families as being key for transformational change, since the more they are involved, the more user-centred services will become (10). This draws on the theory of experience-based design that suggests the more services are

designed with users, the more fit for purpose they will become. The perspective from the Advancing Quality Alliance provides insight into how partnership working should extend to service users and local people as part of the goal of transformation in health and social care for place-based and locally tailored services (11).

Partnership across boundaries

Change in multiple processes across an organisation or system for transformation in outcomes is linked to capacity for partnership and shared decision making (2). In addition to the role of distributed leadership in enabling change across different processes, partnership and peer working across organisational boundaries is also identified as being necessary (2). The learning from the NHS Academy for Large Scale Change explains how staff should have access to a national network of peers to be able to share learning and receive coaching and mentoring but also how time and space is required so that individuals and teams can engage in reflective practice (7). The importance of reflective practice, along with coaching and mentoring, for helping people to cope with the emotional aspects of change is also highlighted in the findings of the 21st Century Public Servant research (5). The Advancing Quality Alliance highlights the role of partnership working and the quality of relationships within and across organisations as being central to large scale change and that relationship management and shared decision making are important aspects of system capability for change (11).

Summary

Across the literature it can be understood that transformational change is enabled through a shift in culture and behaviours but also through how radical change in key processes and ways of working make this shift possible. The following framework summarises the capacities identified as being important for understanding why and how transformational change can be enabled at an organisational level.

Evidence and Evaluation for Improvement Team

The Evidence and Evaluation for Improvement Team (EEvIT) is a collaboration between Healthcare Improvement Scotland's Evidence Directorate and the ihub, with support coming from experts in knowledge and information retrieval, health services research, health economics, evaluation, and data analysis within Healthcare Improvement Scotland. To find out more, the team can be contacted at hcis.eevit@nhs.net

Table 1: Organisational capacities for transformational change

Organisational capacity	Why is this important and how this is enabled?
<p>Systems leadership</p> <p>To what extent is leadership distributed and collective throughout the organisation in order to engage staff in aligned change efforts that are mutually reinforcing?</p>	<ul style="list-style-type: none"> • The distribution of leaders throughout an organisation or system connects and aligns different levels for collective purpose and mutually reinforcing change towards the vision and goals of transformation. • This model of leadership requires new behaviours to be incentivised in relation to collectivism.
<p>Relational leadership</p> <p>To what extent is leadership relational to influence change socially rather than relying on hierarchy for authority and control?</p>	<ul style="list-style-type: none"> • Relational leadership is required to influence the social dynamics of transformational change. However, there is a need to balance authority with social influence and collective purpose that can engage and align empowered individuals working towards mutually reinforcing change. • Relational leaders can use dialogue to give employees a voice instead of labelling resistance and require capability in relationship management and shared decision making.
<p>Workforce development</p> <p>To what extent is their development and investment in the workforce for incentivising an organisational culture for transformation?</p>	<ul style="list-style-type: none"> • Investing in workforce capability for improvement is important as part of a learning culture for transformation that enables transformation and that also provides staff with the space and time for collaboration and reflection. • Performance appraisal can be used to incentivise new behaviours and disrupt the status quo.
<p>Service user partnership</p> <p>To what extent are patients, service users and carers reliably involved in partnership for redesigning services?</p>	<ul style="list-style-type: none"> • Involvement of patients, service users and carers as part of identifying and understanding what service redesign is needed is important as part of change capacity. • Partnership working extended to service users is necessary for localised and place-based services.
<p>Partnership across boundaries</p> <p>To what extent is there partnership across inter and intra organisational boundaries to enable mutually reinforcing change across multiple processes and subsystems and time for reflective practice?</p>	<ul style="list-style-type: none"> • Relationships across domains of care, as part of professional partnership, drives more integrated and continuous care for transformed patient outcomes. • The quality of relationships within and across organisations requires development of relationship management and decision-making capability. • Time and space for reflective practice supports emotional energy for change.

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