


Using Large-Scale Change Methods to Accelerate Health Improvements in the United Kingdom

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Abstract



As the workplace increasingly demands greater efficiency and more effective collaboration with others, the ability to make change stick distinguishes leaders who will flourish from those who will falter. Historically, achieving health goals by using organizational change as a lever in United Kingdom healthcare improvement initiatives has most often not achieved their objectives. (Perla, R., Bradbury, E., & Gunther-Murphy, C, 2013). For OD Consultants and all those responsible for business leaders and leadership education, this article describes how the Academy for Large-Scale Change (ALSC), a significant initiative in the UK health organization, offered a fresh approach to large-scale change methods that enabled leaders to make rapid progress in the skills they need to achieve health improvements and to successfully implement large-scale change (LSC) projects. While there are no easy answers as to why so many LSC programs are unsuccessful, the ALSC bases their systemic, large-scale change approach on current research and their own success experiences. The Academy created and staffed the program. Ten UK health regions each identified 8-10 candidates for the ALSC program, each of whom came to the Academy with a well-defined improvement project. Eighty mid-senior level health executives participated in this nine months' program to make change stick. The primary method utilized to accelerate improvements is systemic LSC. This article explains how the Academy worked and how the health executives learned about and used systemic LSC methods. Finally, two sample LSC projects where participants used the methods and tools are described as well as their results. Using their chosen and approved LSC projects, the health executives not only make progress with most achieving many of their goals, they left with knowledge, skill, and tools for implementing LSC "going forward."

Key words: Academy for Large Scale Change, large-scale change, improvement initiatives, health goals

Introduction

The goal of the Academy for Large-Scale Change (ALSC) also referred to as “The Academy” is to help leaders gain deeper understanding of large-scale change and to start the large-scale change (LSC) work needed to achieve sustainable change on strategic and region-wide health goals. While the health service has not developed the unique skills and knowledge to enable systemic change at regional and national levels, the Academy provided knowledge, models, theories, frameworks, networks and coach/consultant support for leaders to create more effective and faster change. The ALSC was comprised of approximately eighty senior-level clinical and managerial healthcare leaders at regional or national levels as participants as well as a faculty of five coach/consultants and staff. We, five coach/consultants, were invited to staff the Academy in support of the participants’ achievement of their LSC objectives. By implementing significant LSC projects in their regions, the healthcare leaders with the support of the coaches were able to take away the basic skills and tools to initiate and implement future LSC improvement projects.

From these experiences, including the leadership development and networking, participants further expanded their change leadership skills with a specific focus on accelerating achievement of healthcare improvement initiatives. This paper provides examples of their success.

To describe and support how systemic LSC accelerates UK health improvements, Figure 1 outlines the sections that follow:

- The ALSC (also known as The Academy) and how it works
 - The Academy Program (nine months) & early learnings
 - ALSC methods that accelerate learning
- Large-Scale Change (LSC)
 - Rationale for LSC
 - What is “large-scale change?”
 - Differentiating LSC from planned change
 - Large group engagement events: Using a systemic LSC approach emphasizing the impact of mobilization
- Sample tools for implementing systemic LSC
- Examples: ALSC change initiatives
- Conclusion

Figure 1 Organization of Article

The ALSC: How It Works

Given the ALCS goal to promote initiatives that improve health results, the first challenge for the healthcare executives was to provide a well-defined improvement project as a basis for admission to the Academy. These improvement projects were approved by the Chief Executive of the Region. The way the ALSC worked to support participant goals follows.

The Academy Program (nine months)

The Academy project activity schedule was organized for six two-day events, a four-day event, and a final one-day concluding celebration.

ALSC Community Meetings

The purposes included skill building and networking. Some examples of community meeting leadership topics/skills:

- Interactive session with John Kotter via video link
- Review and reinforce LSC theory with examples of application from participants
- Workshop with McKinsey consultants on the use of transformational stories (practice and feedback)
- Framing skills: tools to craft statements that truly engage others
- Leading through influence
- Creating momentum 90 (or 60) day challenges: Quick wins

Consultant Help “On the Ground”

In the time between community meetings, each consultant/coach supported progress “on the ground” in their two regions. That means group meetings of the participants from each region, individual coaching sessions, and partnering with delegates to prepare for meetings with the broad range of people who are affected by their LSC goal. In many situations, consultants and participants worked together on meeting design and co-facilitated to promote engagement and common ground among the disparate members.

Early Learnings: ALSC Participants

An interesting shift emerged about half way through the nine months. Academy colleagues, rather than subject matter experts, presented many of the community sessions.

These sessions were well received, and coaches were delighted. Examples of participant sessions included:

- How to select a LSC topic area with high impact on health improvements
- How to create an engaging vision
- Framing, reframing and communicating an LSC vision in order to engage multiple stakeholders who may have different interests or points of view
- Breaking down an LSC vision into key themes that people can easily understand
- Identifying the multiple processes and systems that will need to change
- Connecting with people on both an intellectual and emotional level (for example, by balancing data and storytelling)

As participants spoke about their LSC projects, many reported progress, challenges, and quick wins.

ALSC Methods that Accelerate Learning

The Academy was responsible for providing knowledge, skill, and methodology to support behavior change across the UK health sector, and the participants brought technical health knowledge.

The ALSC approach emphasized “learning by doing.” This approach to learning is based on a range of experts, such as Kurt Lewin (1998), David Kolb (1984), and Reg Revans (2007), to name a few. Lewin developed and pioneered change: implementing new ways of working. Kolb developed learning styles; we’re different, and we learn in different ways. Kolb’s work includes a learning styles tool that provides feedback to learners that has implications for learning more effectively. Revans specialized in action learning with a view that learning is the first part and then taking action that enhances the contribution to your work. The work of these experts helped learners who wanted to apply LSC to do so in a variety of ways. Carefully developed, experiential learning processes increased each participant’s competence and confidence.

The faculty members were responsible for incorporating learning through experience and for inserting action learning into the design and delivery of programs. The rationale for creating the Academy was that leaders need a theory of large-scale change that “works” in order to achieve healthcare goals. Leaders came to the Academy with technical knowledge and those who engaged in learning through experience are most likely to be successful in the large-scale changes for which they are accountable. This paper provides examples of their successes.

Large-Scale Change (LSC)

Rationale for Large-Scale Change

Research shows that 70% of large-scale change (LSC) projects don't achieve their desired goals (PricewaterhouseCoopers Mori Survey, 2008). The root cause is the failure to address the "people issues" so as to bring the people along with the organizational change. Many of the key people who are interested in and affected by the desired changes are not included in planning and implementation. The Mori Study (PricewaterhouseCoopers Mori Study, 2008) suggests that these failures are due to poor change management capabilities. A common cause is not addressing the complex issues involved in enabling people to make difficult changes in culture and organization.

What follows are two other examples of why change doesn't work. Keller and Aiken agree that change management isn't working. However, their view of the cause has a different emphasis. "The inconvenient truth of human nature is that people are irrational in a number of predictable ways." Managers attempt to influence them by suggesting rational changes. However, they typically put together messages that aren't understood and achieve "frustrating unintended consequences." (Keller, S. & Aiken, C., 2007). In contrast, Wanless presents another perspective that focuses on "health service by postcode," indicating that people get healthcare help depending on whether they live in a wealthy or underserved area. (Wanless, D., 2004). Above are examples of the multiple efforts to understand what is happening in the health service and implications for how it can be improved.

With their previous record of achievement not looking as they wished, healthcare executives were enthused about learning LSC.

What is "large-scale" change?

What is "large-scale" change? It is a phrase that is used in many ways and not often explicitly defined in the literature. LSC theory provides insight into implementation—the "how" in contrast to the "what." Here is a definition that incorporates the key dimensions of LSC that guided this work: LSC is the theory of shifting a large number of people and organizations toward a vision of a new future desired state by using key themes, shared leadership, frequent stakeholder engagement, and mutually-reinforcing changes in multiple systems and processes. Working across boundaries is critically important to success. (Bevan, H., Plsek, P., & Winstanley, L., 2013).

Large-scale change themes:

- Creating a new vision fundamentally different from what has come before
- Emergent planning and design leading to mobilizing large numbers of people and organizations towards the new vision
- Communication of major themes which people can easily understand
- Addressing similar goals and issues many times, providing opportunities for stakeholders to actively engage and shape the LSC. (Bibby, J., Bevan, H., Carter, C., Bate, P., & Robert, G., 2009).

Differentiating Systemic LSC from Planned Change

Based on social movements, systemic LSC may be defined as a group of individuals committed to promoting, through coordinated activity, sustainable change approaches, and a sense of shared identity. The energy and power of mobilizing social forces has potential for great impact in *making change stick*. Thus, mobilization is a great contributor to accelerating healthcare improvement. (Bibby, J., Bevan, H., Carter, C., Bate, P., & Robert, G., 2009)

For clarification, below is a comparison of the planned change and LSC change:

| Planned View of Change | Large-Scale Change |
|---|---|
| Planned program of change led from the top | Change is about accessing energy and has major self-directing components (top-led, bottom up) |
| People experience change as done to them versus with them | <ul style="list-style-type: none"> • People change themselves and influence each other • Focus on what is the right thing to do even with personal implications |
| Focus on addressing resistance | Seeing resistance as an opening for promoting change |

Large Group Engagement Events: Using a LSC Approach Emphasizing the Impact of Mobilization

Social scientists (McAdam, D., McCarthy, J., & Zald, M., (eds.) 1996) indicated for years that the level of buy-in, commitment, and ownership people demonstrate for change efforts is directly related to their level of involvement. When people are involved, they are more interested, and this cycle leads to their having a stake in what gets said and what gets done. It also means that more people care that proposed changes are implemented successfully. Mobilizing a group of people who commonly want to accomplish a change accesses their energies and motivation.

Through large group events, people from all parts of an organization learn to appreciate and consider the systemic implications of their individual and team decisions and actions. (Worley, Mohrman, & Nevitt, 2011) The benefit of having changes occur simultaneously throughout an organization is the achievement of leverage and synergy. Collectively, their efforts can result in a positive impact on the organization and initiative. (Jacobs, 1994)

For LSC, engaging people in deep and profound ways is a critical variable for success. Systemic LSC involves interactive large group meetings, rather than a small number of senior executives who, behind closed doors, craft the future and deliver the results to everyone else. Engagement with the organization from the start enables people across the organization to collaborate in creating their collective future. Change happens faster because the total organization is engaged in deciding which changes are needed and how to implement them. This participatory approach redesigns the way organizations change and is applicable in small or large organizations. (Jacobs, 1994)

As people are engaged and involved, large-scale events are often a catalyst for strong feelings. The emotional impact of a LSC project is a key success factor. While thinking and planning are important for change, feelings are a catalyst for behavioral shifts. Kotter and Cohen say, “We see, We Feel, We Change.” With a shift in behaviors, people are able to move through Kotter’s eight stages of LSC even in the face of huge difficulties. (Kotter & Cohen, 2002)

With hundreds of people (at times), these meetings are organized to: (Jacobs, 1994)

- Use empowerment as a major focus, accessing people’s values and beliefs as well as providing opportunities for participants to talk through the issues
- Work out differences through communication back and forth among the groups
- Create or shape vision
- Promote alignment with the vision / goals by shifting from the small group to the whole group and back again
- Engage motivated groups to get volunteers who make commitments to join small teams that will bring about the change

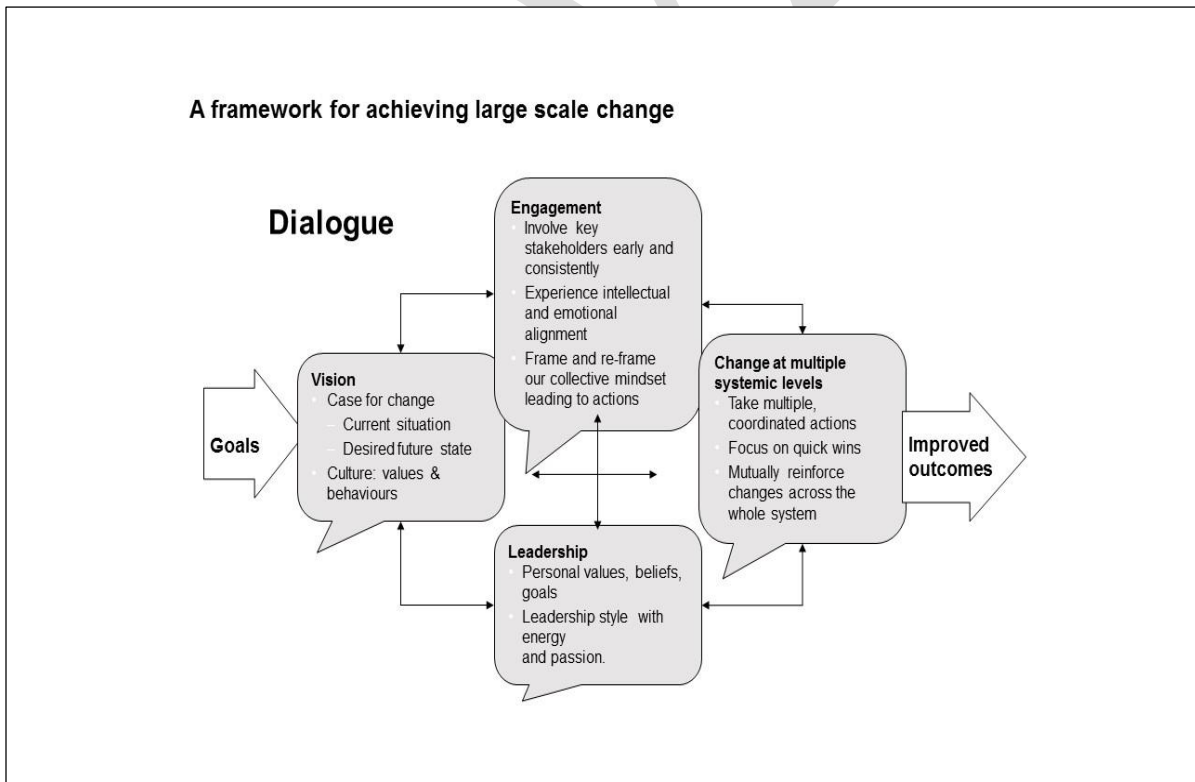
The above sections included the importance and power of mobilization, the benefits of large-scale meetings, the active engagement of participants, as well as the importance of evoking “feelings” which are a catalyst for behavior change. Before moving ahead, the relevance and importance of networks needs mention. Establishing networks of relationships among people with a shared vision can be a support to make change happen. System-wide reforms need multiple efforts that connect with each other. When these networks shift to intentional *working together* commitments, results include

new information, creative practices, and highly motivated commitment. (Wheatley & Frieze, 2007).

Sample Tools for Implementing LSC

While there are a range of tools applicable to LSC, a few stand out as particularly important. What follows is a model that can be used as a roadmap for applying LSC. This framework is based on the principles and steps for successful LSC. The four clusters are vision, engagement, change at multiple systemic levels, and leadership. The model represents key themes relating to success in LSC. This model has also been the basis of a LSC survey that provides users with quantitative data regarding how they are progressing, and they can identify strengths and gaps.

Based on the principles described in the LSC sections of this paper, the author developed this model as a tool for client groups to analyze LSC change project's progress and to determine next steps. The model promotes an evidence-based approach that suggests actions based on common themes. Many groups used the model as a tool to help them clarify what was going well and what needed attention.



The sample improvement initiatives described in the next section used (or adapted) the model as well as other planning tools to drive success in their projects.

Three other tools are also helpful in designing and delivering LSC events: framing, storytelling, and the World Café. Benford has researched framing processes and how or if they are relevant to mobilization. His results suggest that framing processes are an important dynamic in understanding social movements and mobilization. (Benford, 2000). While different from framing but equally important is storytelling as a tool. The explanations below about story telling are based on my experiences working in the ALSC and elsewhere. Finally, The World Café (Brown, J., Isaacs, D., 2005) provides opportunities for large or small groups to get to know each others and to explore the meaning and challenges of one’s LSC. Before delving into the sample LSC cases, here are highlights about three major tools for implementing LSC.

| | Framing | Story Telling | World Cafe |
|-------------|--|--|---|
| Purpose | In thinking through the viewpoint of the different constituents in the in the group, re-phrase/re-frame the vision (an example) so people with different views can understand, relate, and be highly motivated to add their own ideas to shaping the vision. | Telling stories generates thinking about how this story applies to our situation. The story shows “what can be done,” rather than telling people what to do. | Delegates organize in small groups at tables to talk through the themes and get to know each other, document thoughts, and move to other tables to continue the dialogue. The room is arranged as a Café. Round tables for 5-7 people are organized around the room. |
| Link to LSC | Through messages, we engage and connect with others, motivating them to engage and commit to the change. | Stories communicate values through emotions. Stories are a catalyst for feelings and spark motivation for change. | Questions for use at the tables are carefully crafted to link with the theme of LSC. With people who have disparate views at each table, the “getting to know each other” supports dialogue and receptivity to reframe viewpoints. |

These tools were used successfully in a number of systemic LSC projects at the regional levels. What follows are two examples.

Examples: ALSC LSC Projects

What follows are two illustrative LSC projects, including goals, methods, and outcomes.

- Dementia Collaborative
- Reducing Teenage Pregnancy

Examples of other LSC topics addressed by members of the Academy are implementing a stroke pathway, aligning services across primary and community care, improving patient safety, halting the rise in obesity.

The Dementia Collaborative

Background

In a section of Northern England, there were four organizations that had accountability for dementia. The overlap of their responsibilities and costs involved led to a need for improving care for patients and reducing costs. The four organizations were:

- Two foundation trusts (semi-autonomous organizational units with a range of responsibilities including commissioning the majority of health care services for local populations)
- A borough council (sometimes known as local authorities and responsible for education, social care, planning, transport and more)
- A primary care trust (an administrative body responsible for commissioning primary, community and secondary health services from providers)

The Dementia Collaborative project goals included:

- Eliminate waste
- Improve quality and productivity while reducing costs
- Manage processes and take advantage of economies of scale
- Share and learn, organizationally and collectively

Executive Board Responsibilities: Four Chief Executives of the Organizations with Overlapping Responsibilities for Dementia

- Own the vision for the coalition
- Maintain alignment among the four organizations
- Create the environment for member organizations to take advantage of the benefits the coalition program offers

- Secure necessary investment to deliver the program
- Manage strategic risk

Using LSC Methods for Achieving Results

There were multiple workshops with the representatives from the four organizations and, several on occasion, their Chief Executives. Workshops were organized according to their objectives. Often, there were representatives of all four dementia groups. At times, there were workshops from one or more of the groups.

Highlights of The Project Plan

- Facilitated sessions with four Chief Executives
 - Clarify the goals and commitments of each Chief Executive
 - Educational sessions about LSC and the model
- Data collection, including representation across the four organizations and different levels
- Workshops
 - Rapid Improvement Workshops to determine with criteria how to reorganize the overlapping responsibilities and how to maximize the effectiveness of each organization
 - The LSC workshops used the model (p. 9 of this document) to guide work.
- Project leads presented deliverables to the Collaborative Board, including the Chief Executives, in line with identified project timescales.

Results

The re-structuring went smoothly as people were informed and had an opportunity to express and discuss their issues. The reorganization resulted in increased efficiencies, and staff were reassigned.

With a goal of improving care, they developed a list of the issues and organized a large event to engage the people affected to analyze each issue and make recommendations. A small group of leaders at different levels affected by these changes reviewed the aggregated data and made final decisions. The systemic LSC approach and activities improved attitudes and motivation.

The restructuring and the transition steps were completed. Meetings were held to touch base and address emerging issues. A plan with metrics was developed to confirm outcomes and learn more about people's viewpoints.

Reducing Teenage Pregnancy

With the highest number (or one of the highest during certain years) of teenage pregnancies in the UK, this region had 10 years to reduce the number. While they made multiple efforts, they were not previously successful.

To make a difference, the challenge was bringing together health with social care, schools, doctors, nurses, parents, teenagers, and multiple splinter groups addressing this issue in the community. A major challenge was that pregnant teenagers did not want to discuss their pregnancies; neither did their parents or teachers. Further, school doctors and nurses did not see discussions with pregnant teenagers as part of their jobs. Social care and the health system had responsibilities, but these two organizations did not work together, nor did they work with the splinter groups who supported care for pregnant teenagers.

With the agreement of the leaders in the health service and local councils (responsibility for health, social care, education, and more), we organized several sessions. The goal of the sessions was to build common ground, leveraging the energy of this range of groups to accomplish specified objectives for reducing teenage pregnancy. The LSC model (p. 9 in this document) was followed. During these workshops with representatives from the groups mentioned above, they:

- Engaged leaders
- Created a vision
- Developed multiple activities in each of the organizations to support and reinforce steps for reducing teenage pregnancy, such as adapting the workshops they attended on LSC to the goals and passion of their stakeholders

The Teenage Pregnancy Strategic Partnership Board (TPSPB) was created by the heads of the health system and local authorities in this region, along with other agencies' (schools, physicians, nurses, parents, teenagers and more) representatives and representatives from smaller splinter groups dedicated to reducing teenage pregnancy. This strategic leadership group was a big step forward. Getting them to work together during sessions carried over to commitments they made to each other between our sessions. With the key leaders involved, we noticed increased attendance at meetings, and more people stepped up to follow through on activities validated by the group. (Report of the Scrutiny Review of Teenage Pregnancy in Croydon, 2009).

With the data and the urgency of the problem, commitment was elicited from the leaders to schedule regular time with the representatives of the stakeholder groups. The

role of this leadership team was to promote the recommendations, using LSC methods to accelerate reducing the teenage pregnancy rate.

The borough's teenage pregnancy strategy is viewed as substantive, but the rate for teenage conceptions remains high and targets have not been met. (London Boroughs, 2011) In a joint report from the health organization and the local authorities, the statistics showed there was a drop in 2009 of 71 conceptions from 2008. Overall, the percent of pregnancies leading to termination were 54%, a decrease from 59% in 2008. While there was a slight drop in teenage pregnancies, the statistics reveal that teenage pregnancy is still a significant issue in this borough.

Croydon's under-18 conception rate dropped by 22.7% from the 1998 baseline. Overall, Croydon has shown a greater reduction in its conception rates than the average rest of the UK. Emergent LSC can make a sustainable difference in this large-scale initiative. (London Boroughs, 2011). Given the complexity of the challenges, this project is a representative of how long it takes to accomplish desired changes.

Conclusions

Supported by ALSC, including its programs and coaching help "on the ground," the majority of participants achieved quick wins and/or portions of their large-scale goals. Shifting from a top-down approach to collectively creating a shared vision, collaboratively implementing workshops, and including leaders at all levels resulted in numerous positive changes.

Given the length of time it takes to achieve LSC goals, sustainability was clearly a concern. Many ALSC participants made efforts to keep the LSC principles and tools on people's radar as well as reinforcing their own improvement initiatives. Some presented "Master Classes" to share what they learned with others. Other groups got together to reflect and develop key "lessons learned" which were also shared with other participants and groups.

The systemic LSC approach proved effective in many ways:

- Emphasis on a shared vision
- Mobilizing stakeholders (those affected by the proposed changes)
- With events and short workshops, momentum and energy were a catalyst for people to stay engaged and keep their commitments
- Leaders educated in systemic LSC participated and championed the changes in which they personally and strongly believed

Using the LSC approach and its tools support accelerating the rate of change.

- The healthcare executives experienced LSC which had success as well as challenges and setbacks.
- Their projects were meaningful, and they left the Academy with LSC methods and tools.
- Lastly, their networks increased as well as their experiences of peer feedback and collaboration.

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