

PART 1

The reality of organizational change – practitioner case studies and insights

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Changing culture through conversation

01

Organizational development in the NHS

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Introduction

Organizational development (OD) practitioners have a significant role in leading culture change initiatives by embedding theory into practice. The NHS OD community came together to develop a new digital resource (Do OD, 2014a) that focuses on culture change, learning much about the process along the way. Here we will describe that journey, illustrated by a case study from a successful NHS organization that explored and developed their culture despite complex and challenging circumstances. We'll conclude with reflections on culture change, and tips to help you in your own culture change work, as well as questions to help you reflect on your approach.

We take the view that it is possible to change culture. When you pay attention to organizational culture and take action, you can change it. Our stance assumes that organizations are socially constructed, meaning-making systems. Therefore, culture changes as the conversations in the organizations change. Culture is created in the interactions between people, in our relationships and our behaviour. Culture is everything we say and do. We are the culture of our organizations.

Background

The National Health Service is the largest employer in the UK. Over 1.3 million staff work in the NHS, with over a million patients being seen every 36 hours. Change in the NHS is constant, but in recent years the scale and pace of change have increased exponentially. In 2012, the then Chief Executive of the NHS described the changes needed as ‘so big they could be seen from space’.

The NHS is a source of national and public pride in the UK. Public perception of the NHS remains high, despite challenging circumstances. An IPSOS MORI poll in 2013 showed 71 per cent of people agreeing that ‘Britain’s National Health Service is one of the best in the world’. In the opening ceremony of the 2012 Olympics, the NHS was showcased as a shining example of British culture. The NHS Five Year Forward View – the document that sets out the shared vision for the future of the NHS – notes significant progress in the last decade, including better outcomes in cancer and cardiac care, shorter waits and increased patient satisfaction. However, the Five Year Forward View also notes that the quality of care across the system can vary and that we need to be responding more effectively to the changing needs of our patients.

The changing needs of the population are set against a challenging financial backdrop, described by the Nuffield Trust as ‘an unprecedented financial challenge’.

The London School of Economics has stated that the NHS needs to respond to the expectations of its patients, who want care delivered closer to home and their wellbeing to be prioritized.

Culture change

Culture change is one aspect of OD. While we focus here primarily on culture as the key factor, we recognize that aspects of organizations such as leadership, skills, structures, systems and staff engagement are also intrinsically connected. Leading culture change is, in itself, a significant challenge. It’s widely acknowledged that organizational change is difficult and takes time. People respond very differently to change. Working in a people-centric context means acknowledging that change is a subjective experience and that there are many differing responses among individuals. One NHS ward manager told us: ‘Change is difficult and staff perceive it as a difficult

challenge ahead as it is the unknown', whereas another NHS team leader said: 'One of the things I don't like is when they use that phrase "people don't like change" because I love change. So if I hear somebody say "oh, nobody likes change", I say I do.'

Despite a continual cycle of change over recent years, helping staff to embrace change, and in particular culture change, is key to the future success of the NHS.

Why do we take culture seriously in the NHS?

Over the past few years, culture and culture change have been at the top of the NHS agenda. Turn on the radio, watch the news, and there is very likely to be a discussion on the state of the NHS and invariably on how the culture of the top team, or the organization, has played a big part. While the NHS is used to being in the media, underneath this public scrutiny sits a very real concern and understanding of the need for ensuring a compassionate culture across the NHS.

What do we mean by a *compassionate culture*? Following the extensive inquiry into failings at Mid Staffordshire NHS Foundation Trust, Robert Francis QC published his final report in February 2013. It told a story of suffering of many patients, in a culture of secrecy and defensiveness. The inquiry highlighted a whole-system failure, one that should have had checks and balances in place to ensure that patients were treated with dignity. The 1,782-page Francis Report that was the outcome of investigations into Mid Staffordshire Hospitals NHS Trust had 290 recommendations, with major implications for all levels of the health service across England. It called for a whole-service, patient-centred focus. The detailed recommendations did not call for a reorganization of the system, but for a re-emphasis on what is important. The report noted that the extent of failure of the system suggested that a fundamental culture change was needed, and there were four key messages:

- This was a system failure as well as a failure of an organization.
- No single recommendation should be regarded as the solution.
- A fundamental change in culture is required across the NHS.
- There is a need to secure the engagement of every single person serving patients in the change that needs to happen.

Mid Staffordshire was, of course, only one Healthcare Trust, but it was a call to action across the NHS to ensure that such a situation as this was not repeated and that a culture of compassionate care should be the standard for all NHS healthcare organizations. This is amid a changing, complex world and an NHS that strives to support healthcare in the 21st century. The Five Year Forward View recognized that the NHS was at a crossroads and needed to change to move forward.

Meeting the healthcare challenges of the 21st century and of the Francis Review and others has put culture to the fore as a key determinant in what creates safe healthcare systems.

So what's the evidence that culture change is possible? Increasingly there has been a wealth of evidence, most significantly from the work of West and Dawson (2012) on positive links between organizational culture, leadership and reduction in patient mortality. Many definitions of culture – see Schein (1984, 2010) – have in common an emphasis on the shared basic assumptions, norms and values and repeated patterns of behaviours of particular groups and teams. Culture becomes 'the way things are done around here'. Edgar Schein and complexity experts such as Glenda Eoyang at the Human Systems Dynamics Institute (www.hsdinstitute.org) suggest that identifying these patterns, similarities and differences is the first step to changing culture.

Also highly influential in the NHS has been the work of West *et al* (2001), who have analysed data and information from annual staff surveys in which all NHS healthcare organizations are required to take part. Professor West has been able to evidence very clearly that high staff engagement, and creating the right culture and conditions, lead to better patient care and lower mortality. As we look at whole systems and what makes a healthy organization, we know that organizational culture is one of the key variables or elements that contribute to high-performing and effective healthcare organizations.

Leading global experts in the field of organizational development have developed 'big system' models that identify the vital components that, working together, make effective high-performing organizations. Two well-known and well-used models, Dr Mee-Yan Cheung-Judge's four frames model (2015) and the Burke–Litwin (1992) model, both identify culture as a key component.

OD practitioners leading culture change

The NHS has a rich history of OD practice as a lever for change. Here we turn our attention to the role of OD practitioners leading and facilitating culture change. In the NHS we describe one of the characteristics of OD

practice as enabling people to transform systems. We highlight the importance of using an OD model to diagnose issues and respond by structuring interventions that go beyond culture change as well as looking at the capability of OD practitioners leading change.

Culture change sits firmly in the domain of OD – a field of practice rooted in behavioural science that enables people to transform systems. Practitioners of OD think systemically about how an organization can improve its abilities to deliver strategic goals by examining the levers of change as well as how organizations can sustain the culture they need. Culture change is a key component of our work in OD within the NHS. Does the organization have a strategically appropriate culture that facilitates high performance? For the NHS this is about high-quality patient care.

Using OD theory in practice

Understanding your organizational culture is a key determinant in both knowing ‘the way things are done around here’ and looking to what you may need to change in the future. For the NHS, ensuring a compassionate culture means both identifying the current culture and asking the curious questions to enable a vision of what a compassionate culture could be like. And then, of course, the important ‘how’ and ‘what’ to make this happen. It’s everyone’s business – senior leaders and boards, clinical leaders, team managers and front-line staff who together can make a significant difference to patient care.

Building a new OD intervention

To support the national response to the Francis Report, we undertook a project to develop a new resource for OD practitioners, showing how the community could contribute to a major shift in the culture of the NHS. We saw this as an important call to action for OD.

Members of the NHS OD community collaborated to design and build a new resource that would support OD practitioners with their culture change work. Ten organizations were supported by the national team to share their OD experience and stories, with the goal of co-creating a brand new culture change tool. The finished product was turned into a digital OD intervention that is accessed through smartphones and tablets.

Our work on culture change was triggered by two key questions: How do we develop compassionate cultures? How do we create organizational conditions that encourage openness and transparency?

The first outcome of our work was created by a group of OD practitioners who worked to curate and develop tools, resources and guidance. This was made available as an offer of support to the OD community.

The next stage of the project involved us working collaboratively to think more deeply about culture change on a system level. Using action research methodology, we worked with ten NHS organizations, who self-identified either as a ‘beacon’ or as a ‘pilot’: beacons were organizations that had undertaken culture change work with significant OD activity and reported good progress in their efforts; pilots were organizations who identified as being at the early stages of their culture change journeys. Our intention was to provide those organizations with support and help to understand why things work and why things don’t when it comes to culture change.

One of our initial goals from the project was to develop an OD tool that would identify the conditions that need to be created to achieve maximum impact from culture change interventions. Two questions focused our approach: How can we create cultures where compassionate care is the norm? How can we best make use of new technologies in our OD practice?

Our work was supported by Southampton University Business School (www.southampton.ac.uk/business-school/). Dr Stefan Cantore worked with us to shape and develop the culture change project, bringing both academic rigour and a fresh perspective to our culture change challenge.

Theory and practice

In creating our culture change tool we drew on principles of dialogic organizational development, based on the work of Bushe and Marshak (2015). In more traditional OD approaches, change is seen as linear and planned. Organizations are viewed as machines, and when they ‘break’ they can be ‘fixed’. We look for problems and identify solutions, but this can often be slow. On the other hand, dialogic OD accepts that organizations are complex, living human systems. Using an inquiry approach, predominantly based on strengths instead of weaknesses, change can be implemented rapidly. We chose to adopt a dialogic mindset in support of the culture change project. The dialogic mindset is based on a set of assumptions that underpin the approach. This includes an acceptance that reality and relationships are socially constructed and that the organizations we work in are meaning-making systems. In these systems, language matters, and the creation of change necessitates a need to change our conversations.

Alongside the principles of dialogic OD, we also drew on the principles of appreciative inquiry (Cooperrider and Srivastva, 1987). This is an

approach to change, often known as AI, that focuses on strengths, successes and positives rather than problems and negatives. It is the art and practice of asking questions that strengthen a system's capacity to learn and develop its potential. It is based on the premise that organizations change in the direction in which they inquire. So an organization that inquires into problems will keep finding them, but an organization that attempts to appreciate what is best in itself will discover more and more that is good.

Part of our project was inquiring into what had worked well in changing culture in organizations. We reflected on the interventions and practices that had generated success. From this, using action research, we were able to build generative thinking and ideas to inform the shape and content of the emerging OD tool.

Early on in the process we had a conversation with an OD practitioner who was keen to be involved in the culture change work. However, when we explained our approach of collective inquiry, they decided not to continue with the selection process, stating 'we just need you to give us the answer. We don't have time to work it out.' We noticed that the prevailing culture in the system appears to be finding quick answers that suit the one-size-fits-all approach. Our response was to be counter-cultural and bring some difference into the discussion.

This conversation helped to shape the tone of the project. We had been picking up a sense of urgency in the system, a need to find solutions and to find them now. This spoke of the traditional approach detailed above – the machine has broken and we need a fix. While we didn't naturally agree with that approach, it can be seductive to believe that there is a single answer that will fix everything. We took a decision at that point to avoid walking that path. We also realized that there were already great examples of OD practice and culture change in the system, and we wanted to build on this. Our work would be focused not on providing answers but on creating the conditions of inquiry where questions can be asked that will enable organizations to reach their own conclusions about what they need to do about their organizational culture. If only there was a single silver bullet that would work for everyone! Unfortunately, it's more complex than that, and the tone of our project was established. We would ask questions, not provide answers.

We developed three principles to underpin our approach:

- Change happens through action.
- Conversations spark action.
- Good questions start great conversations.

The 10 organizations working with us on the project had come together so that they could meet each other, share ideas for the work and contribute to the design of the end product. We worked collaboratively, in the spirit of appreciative inquiry, using dialogic OD methodology to deliberately stimulate our thinking about culture change and help us explore our individual and collective narratives. As the people in the room told their stories of culture change, we noticed something surprising. The pilots had all done some good work with culture change. Even though they may have been early on in their journey, they still all had useful stories to share.

The OD culture change tool

The main outcome of the collaborative appreciative inquiry was the development and release of a new OD culture change tool (2014b). We decided to launch the tool as a digital resource, available on iOS and Android platforms. This would enable practitioners to literally have the tool in their hands whenever it was needed, and it is available as part of a free Do OD app that can be downloaded by anyone, anywhere. This culture change tool is a conversation stimulator. It can be used by individuals, teams and organizations (NHS and non-NHS) as a method for having conversations about culture. The tool consists of 144 questions focused across four areas: you, your team, your organization and your stakeholders. There's no right or wrong way to approach the questions. You start wherever you need to start and work your way through the questions in the order that suits. As you get to the end of a section, the app gives you a visual representation of your responses so that you can track progress. Alongside the OD culture change tool, we developed a set of accompanying resources called *Pointers* and *Practice*. Pointers consist of academic articles, culture theory, models and frameworks that can help to shape thinking about culture change. Practice resources are tried and tested practical OD tools and interventions that can be used to host dialogic spaces in organizations. The Pointers and Practice resources can be accessed via the app. We invite you to explore the tool and the app to consider how you might use it to stimulate conversations about culture change in your own context.

One of the 10 organizations, Northumbria Healthcare NHS Foundation Trust, has shared their culture change story.

CASE STUDY Northumbria Healthcare NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust (NHFT) provides acute and community care to the population of North Tyneside and acute, community care and adult social care to the population of Northumberland. The Trust covers a population of around 500,000 people in the most rural county in England with approximately 9,300 staff.

The Trust had a proven track record and long-standing investment in OD, and the Do OD project around culture change came along at a time when the Trust's senior leadership team was focused on developing its organizational culture in response to the Robert Francis enquiry. We expressed an interest in sharing our experiences with the Do OD team and other organizations following a call to action from the Do OD project for organizations to get involved, but also to learn from others and explore in more depth what our intrinsic organizational evidence was telling us about our culture. Questions we started to ask ourselves were:

- What is our organizational culture?
- What influences our organizational culture?
- Can we describe our organizational culture?

All these questions produced much debate and discussion, not only within the HR/OD function but also with wider colleagues across the organization. NHFT was successfully chosen by the Do OD team as a beacon site to share our experiences with others. Our evidence was telling us that NHFT had a strong foundational base of robust patient experience and staff experience data over a number of years and we knew that this was a fundamental factor of our culture. Based on the research from Professor Michael West, the Trust strongly believed that, strategically, culture can make, and was making, a difference to its organizational outcomes, most importantly the quality of care that was being delivered to patients.

At this time, NHFT had a number of key organizational challenges that were recognized as potential strong influences on its organizational culture. These included:

- a wide geographical area of service delivery covering the most rural county in England, Northumberland;
- understanding its changing patient demographics and recognizing that elderly care was its core business;

- development of a new specialist emergency care hospital (the very first of its kind nationally) and the redevelopment of its existing sites;
- a cost improvement programme to deliver significant savings.

A strong ethos and associated support for staff development and OD interventions has been championed at board level for a significant period of time by the Chief Executive and the Executive Director of HR/OD. With their support, the HR/OD team started to consider what cultural intelligence it already had in terms of data/information and used this information to describe and articulate the elements that were strong influences and possible enablers to facilitate positive organizational change. Using a variety of culture intelligence surveys, such as the findings from a bespoke 'culture survey', the Staff Survey and the Friends and Family Test, as well as analysing the data from its real-time Patient Experience programme, the Trust was able to correlate and sense-check its organizational culture using thematic analysis to consider trends and areas requiring further exploration. This initial piece of scoping work revealed that the organizational culture narrative for the organization was supported by four key themes of activity, which have a significant impact on what staff, patients and stakeholders tell us about our organizational culture.

These four key themes were:

- 1 *Engagement.*** Data from multiple sources told us that communication and engagement were of vital importance to staff. The NHFT purposely works in partnership with staff, trade unions, governors (staff and public) and its wider partners to ensure that they are involved in issues that may affect them, but also that they are involved and informed about operational matters as well as key strategic projects such as the new specialist emergency care hospital.
- 2 *Patient and staff experience.*** The NHFT had successfully implemented Dr Kate Granger's #hellomynameis campaign. This campaign had enhanced a programme of training and support for staff to focus on quality and safety and to deliver compassionate care and kindness to patients. From the Staff Survey, staff told us that providing high-quality care for patients was significantly important to them in relation to how satisfied they felt in their role. Our staff also strongly stated that NHFT 'put patients first'.
- 3 *Values.*** Our data were telling us that the values of the organization, which were shaped by staff across the Trust through engagement events, resonated with staff and our wider stakeholders across the organization. Developing the values was the start of a journey; NHFT has since built a plethora of its activities around the values of the organization. One example is that the Trust

worked with clinical and non-clinical staff to develop and refine its value-based recruitment process, aiming to identify candidates whose personal values are aligned to the organizational values. Staff training is also values focused, and the annual Trust staff awards recognize staff who advocate and embed the organization's values. Values were a strong feature across multiple sources of data that we examined.

- 4 Communication.* The data evidenced that both internal and external communications for the Trust are well focused and that there is regular contact to and from the executive team through a variety of channels. Chief executive face-to-face road shows regularly take place; these enable staff to feed back and share ideas to facilitate improvement at the most senior level. It was clear that where action is taken as a result of such communications, this has a significantly positive impact on organizational culture; for example, the hospital parking system was changed following feedback from staff during these road shows. Similarly, using digital communication has proved to have a positive impact with staff: using social media, staff communications focused on a #proud campaign to encourage staff, patients and carers to feel proud in relation to the care received and/or behaviours demonstrated at NHFT. This has enhanced and grown since its inception.

One of the key strategic challenges for NHFT was to open the first specialist emergency care hospital in the country in June 2015. It was recognized during the early stages that team culture was a key component of the preparatory work required to lead staff through this significant change. Introducing the new specialist emergency care hospital was well planned, and the model of care has considerably changed the way that care is delivered to patients. Throughout the pre- and post-opening activities of the specialist emergency care hospital, the Trust remained focused on developing and maintaining a positive culture by ensuring that its values remained at the centre of communications with staff. Embarking on a journey to develop its values base, the Trust formulated areas of work to develop and embed the values further into the organization; these were focused on the employee journey, and a conscious decision was made to engage with staff and patients to ensure that the values represented the heart of the organization's purpose and being. This approach contributed to the successful opening of the new specialist emergency care hospital.

Following on from this work, organizational culture remains a key component of the Trust's HR/OD strategy. The Trust has continually engaged with staff and stakeholders through a variety of methods to seek their views in order to ensure that its cultural intelligence remains robust and that it has continual action planning in place to support its ongoing cultural development.

The completion of the NHS Employers case study enabled us to focus on what our cultural themes were and to provide a platform for future ongoing cultural development. Our case study and video can be found at: <http://www.nhsemployers.org/campaigns/organizational-development/do-od-culture-change-app/storyofenquiry>.

The Trust has won a number of local, regional and national awards and most recently has been awarded the HSJ Best Place to Work Award (2015) within the NHS, and regularly receives a highly scoring staff survey.

Conclusion

What did we learn along the way? Our 10 healthcare organizations, our academic partner and the Do OD team reflected on what we have learnt, and below are some of our top tips on culture change:

- **Support and commit:** at the highest levels (senior leadership team and board level), this is crucial to success and senior sponsorship is essential. This support is key; staff will ‘look up’ and look to the people at the top to become role models and demonstrate ‘the way we do things around here’.
- **Leadership:** encourage leaders to think about their own behaviours, and about what they need to role-model and demonstrate. They are always visible, as is what they say and what they do.
- **Involve, engage and empower:** staff need to be at the centre of everything you do; they will take care of the organizational key purpose (in the case of the NHS it is the patients) and the organization if you take care of them.
- **Communication:** having good links with the communications team and a robust plan for sending messages into the organization is fundamental. The message needs to be consistent and repeated often with a variety of communications to communicate opportunities and successes.
- **Use of language:** when communicating about OD, use language that resonates with the organization. Within the NHS, patient and staff stories are the most powerful engagement tools.
- **Develop bespoke interventions:** understand and customize what works for your organization and your context. There is no ‘one size fits all’ approach, and focus and activities will change over time.

- Clarify: be clear about what the OD team is about and its purpose. This helps to develop greater organizational presence, credibility and confidence in OD as a powerful enabler of change.
- Space: changing culture is challenging, and so creating safe places for OD practitioners to reflect on experiences and practice is vital to ensure resilience. Protect time to create space for both the OD team and the organization; for example, through a culture steering group if required. Include some of the dissenting voices if possible, as they are very helpful when engaged as change agents.
- Stakeholders: map your key stakeholders and engage with as many professions as possible, keeping a clear line of regular communications with these at all times.
- Resourcing: ensure that adequate resources are available and that you use the skills and talents of your people to the best advantage.
- Expertise: ensure that the OD team have the expertise in culture to promote confidence and competence.
- Networks: use internal and external networks and resources to gather as much information about best practice and learning as possible.

For those leading culture change in organizations, there are particular points that became significant to us throughout our journey. We offer these as words of encouragement, support and advice:

- Keep going. There will be obstacles, but be clear about your vision and strategy, which should align with the organization's overall objectives.
- Build a network of engaged and positive colleagues to support your initiative.
- As consultants, recognize the inherent difficulties of being part of the system you are helping change, and know where your support is in the organization.
- Recognize that you, as part of OD, are a role model for whatever future culture you're looking for; if you don't embody it, why would others?
- The work is emergent and you must have an agile and flexible approach.
- Don't try to eat the elephant in one sitting.
- Don't wait for all the conditions to be perfect – start somewhere and demonstrate value.
- Be the change you want to see.

Key questions

To end, we offer 10 questions for you to consider as you embark on your own culture change journey:

- 1 What are your own beliefs about culture change?
- 2 What are the contextual conditions that shape your organization?
- 3 What assumptions do you make about change in your organization?
- 4 What intrinsic organizational intelligence do you have that could help you describe a narrative for culture change?
- 5 What is your trigger for culture change?
- 6 What does organizational development look like in your organization?
- 7 Which OD theories and models shape your culture change efforts?
- 8 What practical tools and resources do you draw on to support your work?
- 9 What is your organizational culture change story?
- 10 What is the conversation you need to have?

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