



# **Managing Change:** **creating a sustainable** **workplace**

**A guide for Managers in Partnership  
representatives and members**

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# About this guide

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MiP has produced a series of guides for MiP members. They are intended for MiP members as managers, representatives, and individuals.

The guides are being produced as a series to make the connections between them and allow space for each to be sufficiently explored.

The guides are intended as an introduction to each topic including an overview of key concepts. They will provide signposts to frameworks, resources, and sources of information and advice.

As well as being of practical use in the workplace, it is hoped they will stimulate conversations – both informal and structured – about the issues involved.

# Managing change and change management

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- Change is a feature of life in all organisations and the NHS is no exception. It may be structural, driven, sometimes controversially, by changes in policy direction. At the same time, change evolves as research evidence and technological advances lead to new practices and systems. Whatever form it takes, change has the capacity to transform the workplace.
- Because change is disruptive, it is inherently difficult and often disengaging. Managing change effectively matters because it can have a significant impact on its success in the short term and sustainability in the long term. It is about proactively making the most of changes to benefit the organisation and its core purpose.
- The Chartered Management Institute (2014) defines managing change as:  
'Accomplishing a transition from position A to position B and handling any problems which come up during the process. The process of change within organisations usually results from interactions between four major elements: equipment (technology); processes (working procedures); organisation structure; and people. Change to any one of these will inevitably lead to changes to the others, as organisations are complex inter-related systems.'

- When thinking about the process of change it is helpful to draw a distinction between **change management** and **project management**. While both may be integral and invariably overlap in any organisational change process, they are not the same thing.
  - > **Project management** focuses on the processes and activities needed to complete a project – for example, a new IT system or building refurbishment
  - > **Change management** focuses on the people affected by such projects, or by other organisational changes such as the introduction of new structures, policies or procedures.
- The focus of this guide is change management and how, in representing its members collectively and individually, MiP can contribute to ensuring it is done well. At the heart of successful change management is the ability to carry the workforce. Whatever the drivers of change, this is essential.

*‘Change management can be a slow, painful and expensive process. An informed and thoughtful approach will be needed to address both ‘hard’ logistical issues and ‘softer’ people issues. Many people find change difficult and may resist or try to hinder the process. A combination of patience and firmness will help managers to handle change programmes effectively, especially where they are seeking to change attitudes and behaviour.’ CMI, 2014*

- However, everyone has a different capacity to adapt; constant change can be unsettling, creating stress. Resistance to change is common and may occur because of staff fears about adapting to, and coping with, new methods. In the long term, badly managed change undermines organisational effectiveness to the detriment of patients and service users.
- In contrast, well managed change can be empowering. Taking people to the edge of – but not beyond – their comfort zone can increase confidence and capability, which in turn enhances the organisation’s ability to meet demands.

*‘Managing change means managing the conversation between the people leading the change effort and those who are expected to implement the new strategies, managing the organizational context in which change can occur, and managing the emotional connections that are essential for any transformation.’* **Duck, 1993**

# Models of change management

- There is a significant volume of academic and business literature on change management. Much of it is private sector orientated and this needs to be weighed up when applying it to a public sector context.
- Among the best known methodologies is the Prosci three phase process created by Jeff Hiatt which can be summarised as prepare, manage and sustain:
  - Prepare approach – identify what it is you are trying to achieve, whose job roles will be affected and how, and what success will depend on
  - Manage change – support and engage people, assess progress, and adapt the approach as necessary
  - Sustain outcomes – measure implementation, identify what is needed to ensure change sticks, and ensure ongoing ownership



## **The Prosci three phase change process**

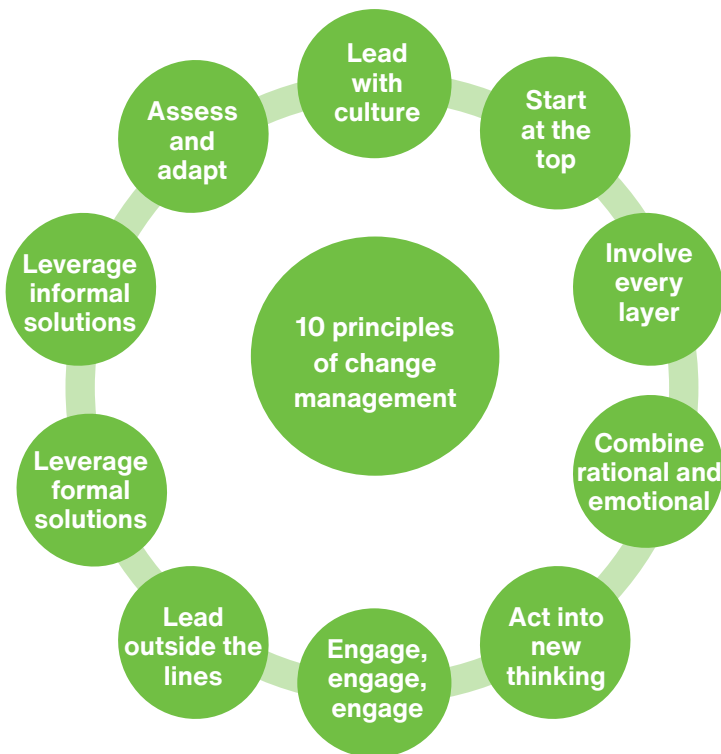
Source: <https://www.prosci.com/methodology/3-phase-process>

- Aguire and Alpern (2014) offer 10 key principles to leading change management:
  - > **Lead with culture** – understand the cultural context in which you are seeking to introduce structural or system change
  - > **Start at the top** – ensure committed and well aligned leadership at the outset
  - > **Involve every layer** – understand the role of middle managers and frontline staff in securing change
  - > **Make the rational and emotional case together** – ensure you appeal to hearts and minds
  - > **Act your way into new thinking** – demonstrate the behaviour change necessary to enact change
  - > **Engage, engage, engage** – engagement should be constant and continuous
  - > **Lead outside the lines** – ensure everyone with authority and influence is involved, including those with formal and informal roles such as advisers, experts, champions
  - > **Leverage formal solutions** – don't rely on persuasion alone, ensure formal changes to structures, reward systems, training and development which underpin change
  - > **Leverage informal solutions** – don't rely on instruction alone, ensure people are empowered to think for themselves and question poor practice
  - > **Assess and adapt** – find out what's working and not working and why, and make informed changes

# Ten principles of change management

Aguire and Alpern, 2014

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# Change management checklist

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- Agree the implementation strategy – *ensure consistency with other organisational initiatives*
- Agree timeframes – *both stretching and realistic*
- Draw up detailed implementation plans – *build in monitoring and review*
- Set up a team of change champions – *not necessarily top managers*
- Establish good programme management practices – *use a recognised tool or methodology incorporating objectives, milestones, risks and costs*
- Communicate clearly – *based on thorough stakeholder analysis*
- Ensure participation and help to minimise stress – *be open about change and its potential consequences*
- Personalise the case for change – *ensure individual ownership*
- Be prepared for conflict and manage it effectively – *bring it to the surface and find ways of reaching agreement*
- Motivate your employees – *ensure they feel valued in ways that are meaningful to them*
- Develop skills – *treat change as a learning process*
- Maintain momentum – *identify early wins, accept unevenness in the process, focus on potential benefits*
- Monitor and evaluate – *using internal or external change agents as appropriate*

# How do problems with change management arise?

CIPD	CMI
<b>Lack of a whole system approach</b> – where individual change initiatives are not part of a wider coherent plan	<b>Momentum</b> – failing to publicise successes to build up support
<b>Lack of effective project management</b> – where capacity and capability are not properly planned for	<b>Costs</b> – forgetting to take into account implementation costs
<b>Poor communication</b> – where change is imposed or not properly explained	<b>Involvement</b> – failing to involve employees at every stage of design and implementation
<b>Over management</b> – too much emphasis on the process at the expense of implementation	<b>Vision</b> – getting lost in the detail and losing sight of the vision
<b>Lack of effective leadership</b> – which can be a significant inhibitor to effective change	<b>Sponsorship</b> – lack of commitment from the top

Both the CIPD and the CMI highlight the issue of potential resistance from individuals or groups and take the form of disruption or blocking. Resistance comes in two main forms:

- > Resistance to the **content** of change – opposition to a specific change to systems or structures

- Resistance to the **process** of change – because of a failure to consult or engage properly
- The underlying reasons for resistance are often psychological – for example, loss of control and agency. It is important to understand these rather than assume they are negative per se, and to anticipate and prepare for resistance.

## **Making change management work more effectively**

In response to these problems, the CIPD offers a range of pointers for making change management more effective:

**Design the transformation** – those leading and designing change need to pay attention to context, identify the factors within it that may create obstacles to change and how they can be overcome

**Align strategy and culture** – successful transformation requires those designing change to think about the relationship between strategic goals, and cultural and behavioural change

## **Build understanding**

**Ambiguity and purposeful instability** – be ambitious about transformation but sufficiently ambiguous to allow people the space to question and make sense of change themselves

**Storytelling, conversations, and narratives** – use narratives and stories as ways of enabling people to understand strategies and translate them into personal actions

**Metaphors, symbols, and pictures** – use alternatives to traditional methods of engagement to help bring meaningful change to life

## Managing transformation

**Relational leadership** – focus on negotiation and social interaction rather than relying on command and control approaches to implementation

**Build trust** – high levels of trust are essential to creating the conditions in which change thrives

**Employee voice** – ensure spaces for staff to raise legitimate concerns about change

**Emotional awareness** – change can be an emotional rollercoaster and maintaining energy and momentum through the process is vital

These messages, particularly the focus on engagement and trust, chime with commentary on leadership and change from Matthew Taylor, Chief Executive of the NHS Confederation.

*‘ “People can deal with almost anything once they know where reality is,” said the great American writer James Baldwin (although I’ve never been able to locate the precise quotation). The best material to bridge the gap between high hopes and expectations, on the one hand, and tough choices on the other, is truth. As far as possible share and trust your colleagues with the challenges the organisation faces.’*

**Taylor, 2020**

# Change management across the NHS

- In 2012 NHS England developed the Change Model, a framework for any project or programme seeking to achieve transformational, sustainable change. It was created to support health and care to adopt a shared approach to leading change and transformation.
- The model has eight components and was developed with senior leaders, clinicians, commissioners, providers and improvement activists. It includes a guide and a series of diagnostic tools, including action planning and key questions templates for each component.



**NHS England  
Change Model**

- One of the model's key components is *motivate and mobilise*. This recognises the significance of staff engagement in the change process and that without it, burnout and disillusionment amongst staff pose a serious risk to change initiatives and to patients and service users.
- The NHS Horizons team is a specialist team within the Improvement Directorate of NHS England. It supports change leaders across the NHS and wider care system to think and act differently about large scale change. What they do starts with Myron Rogers' Myron's Maxims:

**1** PEOPLE own what they **HELP CREATE**  
 We create spaces where people with a diversity of views and experiences can come together and co-create the future so we get...  
**BETTER, QUICKER, OUTCOMES**

**2** REAL CHANGE takes place in REAL WORK  
 We support the frontline staff who do the work to share ideas, experience and operational practise to speed up...  
**LEARNING ACTION & CHANGE**

**3** The people who do the work do the CHANGE  
 We help people, staff and patients to build their **POWER** to make a difference

—The—  
**HORIZONS TEAM**

This is what we do

**4** CONNECT the system to more of itself  
 We connect thousands of people to each other, through social networks, virtual communities and social media

Principles taken from Myron Rogers: "Myron's Maxims"

Source: [nhshorizons.com](http://nhshorizons.com)

- Across the NHS in England, Scotland, Wales, and Northern Ireland – at national and local level – there are formal policies on organisational change including processes relating to the redeployment and retraining of staff and a range of change management resources.
  - NHS Wales has an organisational change policy developed by the Welsh Partnership Forum which sets out the principles that apply to managing internal organisational change across NHS organisations in Wales. Cardiff and Vale University Health Board has developed an accompanying change management toolkit for managers.
  - In common with other health boards in Scotland, NHS 24 and NHS Education for Scotland (NES) have organisational change policies – the NES policy is accompanied by a manager’s toolkit. NHS Greater Glasgow and Clyde has a suite of resources on defining and gaining commitment to change including a change management framework.
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# The wider context to organisational change

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## Transformational change in health care

- The principle of creating change 'from within' is one that has been advanced by the King's Fund (2018) who, during the last decade, have been calling for *transformational change* to respond to pressures and demands in the health and care system.
- 'From within' extends the principle of co-creation to include frontline staff *and* service users – driving transformation using models of collaborative and distributed leadership. It has argued that while top-down approaches are important to achieving specific goals, 'deep and sustainable improvement has to be brought about from within.' (Batten, 2014)
- The King's Fund interviewed people across four sites in the UK and the Netherlands recognised as successful transformation initiatives. The stories from the sites illustrate that transformational change is 'multi-layered, fluid and emergent – it is not merely

*Transformational change in health and care requires our collective focus to...strengthen understanding and approaches, to create effective ways of dealing with the barriers, to unlock the tremendous human potential of staff and communities, to optimise the environment to ensure it supports them, and to foster the collaborative leadership that can bring about transformation.*

**King's Fund, 2018**



about how a service operates, but also about shifting mindsets, changing relationships and re-distributing power.’

- In Northern Ireland, Systems not Structures, a report on delivering transformational and sustainable change in health and social care provision was published in 2016. The report, produced by an expert panel chaired by Professor Rafael Bengoa, called for a new form of system leadership harnessing engagement with the workforce and service users.

*‘If we are to fully support transformation, as well as reconfiguration of services, there is a potential to fully engage with our staff, partners and the public. The new “social movement” approach, currently being adopted in the NHS, provides helpful context.’* **Bengoa, 2016**

## Co-ordination theory

- While at the RSA, Matthew Taylor developed 'co-ordination theory' (2021) which provides a framework for diagnosing and tackling change which starts with what motivates us as human beings. It draws on three forms of co-ordination:
  - > **Authority** – doing what we are told
  - > **Values and belonging** – working collectively
  - > **Individual aspiration** – acting autonomously
- These forms of coordination, present in any organisational setting, may compete with one another – and can be held in check by another perspective – fatalism. Fatalism is described by Taylor as 'often the most accurate assessment of how likely change is to occur in any given social context.'
- Taylor acknowledges that co-ordination theory does not provide a neat solution. Rather he argues that it can help us to diagnose the big challenges we face currently – in our communities, workplaces, and public institutions – and to develop new ways to tackle and solve them.

*'We can't afford to bring the best understanding of who we are as humans to the increasingly complex challenges facing pretty much every community, organisation and nation in the world today.'* **Taylor, 2021**

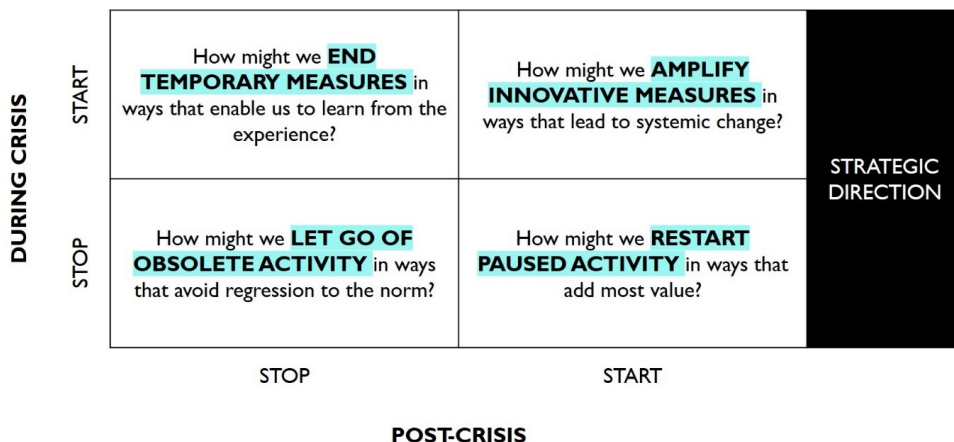
## The Living Change Approach

- The RSA's *Living Change Approach* is described as a way of bringing people together to realise lasting change and deliver impact at scale – organisational and societal. It has four stages:
  - Understand the challenge and identify the ambition for change
  - Work collaboratively to understand what is sustaining the status quo
  - Work with partners to unlock the challenge and surface opportunities for change
  - Collectively design and test interventions to tilt the system towards change



Source: <https://www.thersa.org/approach/living-change>

- *The Living Change Approach* includes the Future Change Framework, developed during the Covid-19 pandemic, a toolkit to shape and realise change.
- The toolkit is designed to help us think about how we respond to a crisis in a way that can drive positive change.



Source: <https://www.thersa.org/approach/future-change-framework>

## What role can MiP play?

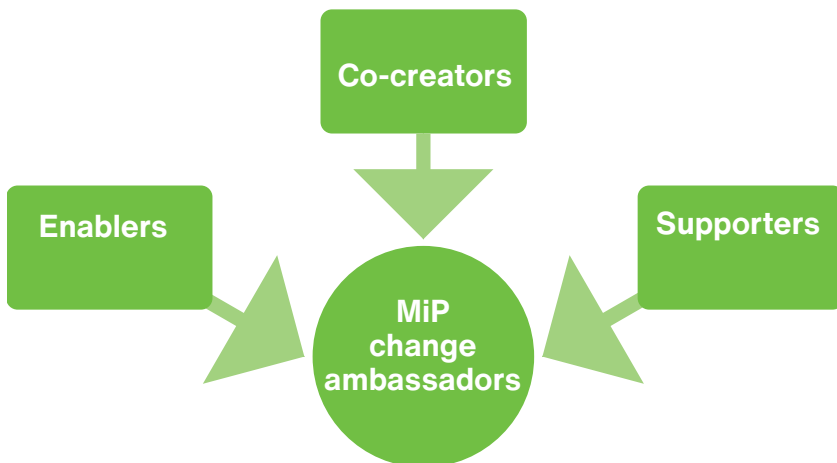
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- MiP is in a unique position to ensure change management is well executed. As a union which represents managers it has an ear to both the top and bottom of the organisation.
- MiP can play a role through both collective action and individual representation:
  - Promoting understanding and awareness of effective change management among the workforce
  - Working with senior leaders across the NHS to ensure best practice in change management is adopted
  - Ensuring engagement and employee voice are embedded in the delivery of change
  - Challenging poor communication and engagement when change is introduced
  - Advocating the involvement of staff in co-creating change with patients and service users
  - Ensuring formal organisational change policies and procedures are adhered to during change processes
  - Supporting individual members adversely affected by change processes

# What can MiP members do?

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- Whatever capacity you are acting in – as a representatives or link member, as a manager or colleague – you can help to promote effective change management in your workplace.
- In a variety of ways, MiP members can be **change ambassadors** in the workplace every day:
  - > You can help to enable effective engagement and involvement in change programmes
  - > You can help to ensure that NHS staff and the people who use services are involved in co-creating change
  - > You can support staff affected by change processes



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