

Standards to Support Organisational Change

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1	Preconditions	
1.1	The organisation is ready for change	7
1.1.1	Staff feel a strong desire for change	6
1.1.2	There is minimal stress from major distractions e.g. mergers, structural changes, financial pressures	4, 11
1.1.3	The organisation makes the most of unplanned (emergent) change (i.e. ongoing and unplanned change processes)	7
1.1.4	Staff are trained in dealing with complex, emergent change (i.e. ongoing, unplanned change)	7
1.2	The existing organisational structure is supportive of change (e.g. leadership roles, incentive system and staffing)	6, 18
1.2.1	Good working relationships exist between middle management and frontline staff	4, 18
1.2.2	Leaders (e.g. Chief Executive) endorse both the change programme and team	6
1.2.3	There is visible senior management commitment to the change programme (e.g. attendance at launch events, steering group meetings)	11
1.2.4	The change programme team has prestige, commitment, power	6
1.2.5	The change programme team is stable and multi-disciplinary, with representatives from all levels	11
1.2.6	The trust supports clinical audit and quality improvement initiatives	15
1.2.7	Audit support staff are available to provide practical help to clinical teams engaged in the change programme	15

1.2.8	There is a managerial commitment to support changes identified by audit work	15, 18
1.2.9	Managers and practitioners have agreed standards for performance on the main care pathways (e.g. admission process, elements of ongoing care and treatment, and discharge)	15

2	Planning	
2.1	The change programme is developed in consultation with all relevant parties	15
2.1.1	Priorities are systematically identified and agreed by major stakeholders	15
2.1.2	Management involves staff when developing the change programme and when agreeing team and individual objectives	14
2.1.3	The change programme incorporates targets and priorities of key policy documents (e.g. NICE guidelines, NHS Plan)	15
2.1.4	A detailed needs assessment is carried out (e.g. by talking first hand to stakeholders) and fed into the design of the change programme	6
2.1.5	The change programme aligns with leaders' prior goals; leaders are involved with the change and frequently consulted	6
2.1.6	Practitioners are involved in identifying priority audit topics in line with national and local priorities, and agree standards (reflecting an "ideal" service)	11, 15
2.1.7	Local "champions" or leads have been nominated	11
2.1.8	Supporters and opponents of change are identified (supporters of the change might be opinion leaders and stand to gain more than opponents)	10
2.2	The needs, goals and abilities to meet these goals are communicated to relevant parties	16
2.2.1	There is good communication from the outset (e.g. launch and consultation events)	16
2.2.2	The change programme's implementation plan is simple and all understand it	6
2.2.3	The change programme has a highly structured project plan, with clear and measurable objectives	11, 18
2.2.4	The change programme offers benefits to frontline staff	7, 16

2.2.5	Information relating to the change programme includes local anecdotes and experiences to illustrate problems and their potential solutions	16
2.2.6	The change programme is “results orientated” and does not dictate how frontline staff should achieve targets	15
2.2.7	Job changes are few and clear	6
2.3	The change programme uses methods that have been shown to be effective	7
2.3.1	The change programme is adapted to local settings and needs	7
2.3.2	The organisation is conceptualised as a collection of systems	7
2.3.3	The evaluation process is set out during the change design period	7
2.3.4	Evaluation is structured so that it lends itself to broader reviews of changes that are occurring across the service (i.e. considering larger system considerations and exploiting emergent change)	
2.3.5	The change programme uses multiple change methods (more costly, but giving better chance of success, offering alternative options), e.g. audit and feedback, peer review, site visits	13
2.3.6	The change programme offers staff financial incentives	12
2.3.7	The change programme uses audit and feedback methods	8
2.4	All resource and budget implications of the desired change have been considered beforehand	5
2.4.1	Funds and staff time have been dedicated to the change programme	11
2.4.2	Management commits money and staff time to the design and implementation of the change programme	5, 6

3	Implementation	
3.1	The change programme includes effective change measurement and evaluation, incorporating valid performance data and honest feedback from service users and staff	6, 15
3.1.1	The evaluation process is integrated into the change programme	9
3.1.2	The change programme takes an iterative approach: thinking informs doing and doing informs thinking throughout the change process	7

3.1.3	Performance measures use qualitative and quantitative methods	9
3.1.4	Performance measures are balanced across cost, process & outcome	9
3.1.5	Performance measures use small representative samples	9
3.1.6	The change programme evaluation is structured such that its measures tell a story	9
3.1.7	The change programme can be adapted to feedback	11
3.1.8	The change programme has a quick trouble-shooting procedure	7
3.2	Responsibility is devolved to enable frontline staff to make key decisions about the organisational intervention (e.g. generating evidence, developing local theories)	15
3.2.1	Frontline staff are actively involved in the change programme (e.g. in collecting data, attendance at project team meetings)	11
3.2.2	Frontline staff have protected time to engage in the change programme e.g. time for clinical audit and researching clinical guidelines	15
3.2.3	The change programme encourages active approaches (e.g. educational outreach) rather than passive dissemination	5
3.2.4	Local staff are involved in the change programme and feel ownership of its objectives	11
3.3	Staff have the necessary knowledge and skills to design and implement and receive the necessary training	1, 2
3.3.1	Staff are trained in change interventions at individual, group and organisational levels	7
3.3.2	Staff are helped in constructing process flow charts and influence diagrams	7
3.3.3	Frontline staff are trained in dealing with data at all stages of the change programme (e.g. time and personnel costs, service user and provider satisfaction)	1, 2
3.3.4	Staff are helped to increase their understanding of the interdependent factors involved in change (policy, service user needs, financial pressures)	7
3.3.5	Staff have been trained in how to conduct, and participate in, clinical audit	15
3.3.6	Staff individual development plans reflect training/skills needs of the change programme	14

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3.4	Staff receive constructive feedback on the success of the change programme regularly and when appropriate	15
3.4.1	Multidisciplinary discussion forums are set up, so that learning can occur across professions, disciplines and status	7
3.4.2	Managers regularly generate summary reports of key measures for practitioners to discuss at team meetings (referrals, admissions, emergency re-admissions, length of stay, DNA's, caseloads and outcome measures)	15
3.4.3	The findings of the change programme are passed on in an easy-to-read format using a range of methods (e.g. via an R&D newsletter, notice boards, intranet and Internet)	15
3.4.4	Management encourages intra-team discussions of the change programme, using models such as 7S	7

4	Follow up	
4.1	The change programme is evaluated in terms of generating evidence & developing theory	7
4.1.1	Practitioners and managers agree action plans in response to audit reports and recommendations	15
4.1.2	Topics are re-audited to monitor improvements, e.g. audits are continued for 2 or more cycles	15

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