

A new approach to project managing change

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ABSTRACT

Project management based on the PRINCE 2 (Projects In Controlled Environments) methodology is the default mode for managing organisational change in the NHS. While this approach to project management is suitable for 'tame' problems, it is not so for 'wicked' problems, which are the focus of most organisational change activities in health care. The NHS organisation development function has adopted the PRINCE 2 approach to managing change, but there is evidence that the function itself is not completely developmental. A new approach to project managing change is needed based on a search for 'clumsy' rather than 'elegant' solutions.

In the early 1990s, the NHS in England became notorious for a number of 'computer scandals', including the Wessex Regional Information Systems Plan (RISP) and the West Midlands' Regional Supplies Organisation. Scrutiny by the House of Commons' Public Accounts Committee and the Audit Commission were highly critical of the lack of any formal project management arrangements for these (and by implication other, large organisational change projects) (Warden, 1994).

This criticism is not confined to health care and is not new. As long ago as 1984, the House of Commons Public Accounts Committee, in reviewing IT applications across the public sector, commented that:

'We noted the dangers of general over-optimism about the benefits and timescale of computer projects.'

Across the subsequent 25 years they have offered similar comments with regard to large IT change projects in areas as diverse as the police, magistrates courts, HM Revenue and Customs, the Crown Prosecution Service, and air traffic control.

As a result, the PRINCE 2 (Projects In Controlled Environments) project management

methodology was made mandatory for large IT projects. As many of these (under the umbrella of the Resource Management Initiative) also involved significant structural, role and culture change, project management has increasingly come to be seen as an appropriate means of managing significant change in the NHS.

Managing change

PRINCE 2 has been seen by some as over-bureaucratic and in practice, the full-blooded PRINCE 2 approach is seldom used. Rather, the underlying principles are applied and adapted to the circumstances of the particular change management project. These can be summarised as a seven-step approach:

- Step 1: Set the goal. Being clear about the purpose of the change project. The more concrete, tangible and specific the purpose, the better the change project will run
- Step 2: Set a final deadline. At an early stage, an end-date for the change project should be set
- Step 3: Identify the sub-tasks. The overall purpose is broken down into sub-tasks, which helps to define the steps required to meet the change project's overall purpose

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- Step 4: Order the sub-tasks. The sub-tasks are organised into the order in which they will be performed. The starting point is decided, then what comes next, then next, and so on. Progression depends on both the nature of the sub-task and the appropriate time sequence. Some projects have a sequential line of development—meaning that tasks are handled one at a time, with each having to be completed before the next can be started. Other projects have a simultaneous or parallel line of development—meaning that a number of sub-tasks can be handled at the same time
- Step 5: Set targets. Target dates are set so that a deadline exists for each sub-task. Extra time is typically built-in to cover delays or problems. ‘Milestone’ points are established—review dates for evaluating progress and modifying the course of the change project where necessary
- Step 6: Assign sub-tasks. All possible sub-tasks are assigned among a change project team’s members, with everyone knowing their responsibilities and target dates
- Step 7: Monitor progress. This is ongoing until the change project is completed, so that a comparison can be made of planned versus actual change project performance and corrective action can take place, typically by:
 - Re-arranging the workload by carrying out the sub-tasks in a different order or by finding alternative ways of meeting change project milestones
 - Investing more resources or efforts by working faster, adding more resources, or by moving the sub-task responsibilities within the project team
 - Moving the milestone dates. Delaying the change project may be acceptable if the cost and quality are more important than the deadline

- Lowering the level of ambition and reducing the overall scope of the project.

The project management approach to managing change has not been without its critics, however.

Harries et al (1998), for example, highlighted what they termed ‘projectitis’, prevalent when non-recurrent funds became available for a time-limited change activity which had to deliver tangible results and be publicly defensible. They described it as a paradigm—a way of thinking about the world, which had a built-in assumption that policy formulation precedes implementation, while more recent thinking had indicated that, to a considerable degree, implementation must drive policy formulation (Mintzberg, 1988; Schon, 1991). Commenting on the important attributes of healthcare systems, Harries et al (1998) asserted that they often emerge over time, are recognisable only in retrospect, and are counterintuitive. They concluded that:

‘Such systems development does not readily fit into the confines of projects.’

More recently, Ham et al (2007), in a review of projects associated with moving care away from hospital settings, identified the dangers of a ‘cookbook approach’, which denied real-world complexity, dependence on local circumstances, and the centrality of relationships. They concluded that (Ham et al, 2007):

‘...the NHS needs to think ‘beyond projects’ towards more systemic shifts in processes and attitudinal and behavioural change.’

A three-stage model

The underlying assumptions of project management can be seen in a three-stage model of theory and practice supposedly

applicable to any given field of human activity (Edmonstone, 1988). Firstly, it is considered possible to agree on all pre-planned objectives at the outset of an activity. Secondly, it is considered possible to agree on all the means by which the objectives can be assured. And finally, it is considered possible to accurately measure and assess the final outcome of the activity. Such a model is dependent on a combination of five factors:

- A firm belief in science and objectivity
- A dedication to efficiency
- A determination to measure outcomes
- An emphasis on measurable performance
- An ultimate concern with precision and specificity at all stages.

Tame vs wicked problems

The planning literature has long made a useful distinction between ‘tame’ and ‘wicked’ problems (Rittel and Webber, 1973). With tame problems there is typically broad agreement over what exactly the issue is and some early understanding of what a solution might look like. Although the issue may be complicated, there is an underlying assumption that the facts of the situation can be easily established and a single and straightforward solution found, not least because previous solutions have been found to this (or similar) difficulties. Tame problems have ‘best’ solutions and ‘right’ and ‘wrong’ answers that people have to discover. They are organisational embarrassments which can be solved by the application of what action learning terms ‘programmed knowledge’ alone (Edmonstone, 2003). Recent commentators have suggested that there is a powerful tendency within health care to frame what are really wicked problems as tame ones (Plsek and Greenhalgh, 2001):

‘Our learnt instinct ... is to troubleshoot and fix things—in essence to break down the

ambiguity, resolve any paradox, achieve more certainty and agreement and move into the simple system zone.’

In contrast, wicked problems are characterised by poor ‘focus’ and little clear agreement about what exactly the problem is; and by uncertainty and ambiguity about how improvements might be made. Wicked problems tend to be complex, rather than complicated. They sit outside single hierarchies and across systems. They may be novel or they may be recalcitrant—even so intransigent that we have learned to live with them.

There is recognition, however, that there are different and valid perspectives (arising from different contexts, cultures, histories, aspirations and allegiances) (Conklin, 2005). They are messy, complex, dynamic and interdependent ‘tangles’, which have no obvious right answers. They are issues which are essentially novel (even unique); where locating the cause(es), explaining, and resolving the difficulties may depend on the viewpoint of those concerned and where the issue being addressed may well be ‘embedded’ in another issue. They are things which, if not addressed, will eventually escalate. At most, resolution of a wicked problem might simply mean devising a framework within which all or most of the stakeholders could agree a shared definition, devise an agenda for improvement or a process for moving forward—or, at the minimum, agree how to live with the mess and make sense of it.

Securing the ‘right’ answer is less important than securing collective consent among stakeholders. What is feasible is more important than what is optimal. Success with a problem in one arena is no absolute guarantee of similar success in another. While past experience, coupled with programmed knowledge can

provide a starting point, simply applying the formula that worked before (or elsewhere) will probably not lead to success, and may even lead to failure.

It goes without saying that the majority of healthcare organisational change activities subject to the project management approach are wicked problems, while project management methodologies are best suited to addressing tame problems. Adopting project management as a change management approach has largely been the choice of the organisation development function in the NHS. Reviews of the organisation development function in UK healthcare organisations have questioned whether it is actually developmental at all. Spurgeon (1999) suggested that:

‘OD [organisation development] has tended to become a largely reactive process attempting to implement, accommodate and at times ameliorate the impact of a range of externally-driven policy initiatives.’

While more recently, Hardacre (2005) noted that a distinguishing characteristic of organisation development is to help organisations be more continually reflexive and self-examining—so that diagnosis and evaluation are key elements and that a cyclic process of continuous evaluation, reflection and embedding is central. Hardacre (2005) researched the organisation development function in the NHS using a questionnaire-based tool and concluded that:

- There was little evidence that the NHS approach to organisation development was underpinned by any central set of values, principles or assumptions
- The NHS interprets and uses organisation development as a set of tools and techniques

for planning and implementing change quickly, in a way that provides demonstrable results in the short-term. It is therefore a linear, rather than a cyclic process

- The desired outcome of organisation development in the NHS is in achieving against performance indicators, targets and processes—a short-term, target-driven culture, with a focus on a ‘changed’ rather than a ‘changing’ organisation
- Evaluation processes did not feature strongly and the embedding and sustainability of change was neglected.

Hardacre (2005) concluded that:

‘The NHS management community is so accustomed to a programmatic approach to change ... that they have become deskilled and are dependent on tools and programmes to improve things. Within such a culture of dependence, where all change is micro-managed and centrally-programmed, NHS managers are not at liberty to evaluate change, reframe experience and develop reflexive processes.’

A new approach

The use of project management as a means of managing change can be seen as an attempt to tame a wicked problem through the use of a scientific/rational approach and may well be part of the problem and not the solution (Grint, 2008). What may be required are ‘clumsy’ solutions which avoid a search for perfection and seek to ‘craft’ a way forward by pragmatic negotiation, bargaining, and a system-wide approach embodying working in partnership with other groups and agencies.

To appreciate the distinction between ‘elegant’ and ‘clumsy’ solutions, a short detour into the field of cultural theory is necessary (Douglas, 2003; 2008). This suggests

that there are four different ways of thinking about, choosing and pursuing change in organisations:

- **Egalitarian:** This way of seeing views change as being driven bottom-up through collective action by those who are united in their shared values and status. This (fairly idealistic) approach assumes that human nature is highly vulnerable to exploitation and distraction. Egalitarians tend to see Hierarchists (see below) as out of touch and overbearing and Individualists (see below) as selfish and irresponsible
 - **Hierarchist:** This mode sees successful change as relying on formal (top) leadership, expertise, rules and regulations. If these are in place then human nature can be 'managed'. Hierarchists consider the other ways of seeing as naïve and unbalanced, but as having their place—provided hierarchy allots and regulates that place
 - **Individualist:** This mode views change as the result of individual initiative and competition. The pursuit of individual interests results in collective good. They see the other ways of seeing as self-serving—Egalitarians and Hierarchists are hiding their own interests behind their paternalism and concentration on the common good
 - **Fatalist:** This mode considers successful change as unlikely and where it does occur, as random in causes and consequences. The world is perceived as unpredictable and unmanageable. Other ways of seeing are viewed with indifference or scepticism.
- Elegant solutions to problems are internally consistent within these modes of understanding the world, and of course, work with tame problems. Such elegant approaches do not work with wicked problems because these problems tend to lie outside and across these different modes.

Clumsy solutions are approaches that take from all the ways of seeing (excepting fatalism), not by synthesising but by keeping all in play at once and managing the potential of each in such a way that it does not disrupt the solutions of the others. In a hierarchical setting like the public sector, this means welcoming and fostering manifestations of egalitarianism and encouraging displays of individualism. It means accepting imperfections and 'making-do' with what is available.

So what might a new approach to project management which accepted this world-view look like?

- A starting assumption would be that reality is 'messy' and that wicked change problems cannot be addressed using methods devised to work on tame problems
- Rather than following a rigid methodology, project management would become much more exploratory, tentative and incremental
- The expectation should be that there will be un-forecasted surprises along the change project path and that new questions will arise, which were not foreseen at the outset
- Rather than have a predetermined aim or purpose, the emphasis might be placed on getting started on some joint action without fully agreeing on aims—establishing a 'working path' (Huxham and Vangen, 2005)
- If the change involves collaborative working, then it is likely to take longer than most people would anticipate
- Sufficient attention would also be given to review, evaluation and learning, so as well as pre-set milestones there would also be 'emergent' milestones—key activities identified retrospectively by a review process
- The structural arrangements should be just sufficient enough to allow adequate exploration of the unknown

KEY POINTS

- A new approach to project managing change is needed based on a search for 'clumsy' rather than 'elegant' solutions
- The underlying principles of PRINCE 2 are applied and adapted to the circumstances of the particular change management project
- While PRINCE 2 is suitable for 'tame' problems, it is not so for 'wicked' problems, which are the focus of most organisational change activities in health care
- An alternative approach is needed to ensure that project management is less rigid, more open-ended, collaborative and emergent

- Building relationships and rapport between key stakeholders would be just as important as adherence to deadlines.

If the NHS is to move towards effective management of change (something which has escaped it for many years), then an approach to project management along these lines may have a useful part to play.

Conclusions

The approach to project managing organisational change in the NHS has been dominated by the PRINCE 2 project management methodology. The underlying assumptions behind this approach reveal that PRINCE 2 regards organisational change as a tame problem subject to elegant solutions, whereas the reality is that such change represents a set of wicked problems, for which clumsy solutions are likely to be more appropriate. The project management approach therefore needs to change itself—to become less rigid, more open-ended, collaborative and emergent.

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