

Leadership and Change

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## Introduction

Leadership and change are interconnected concepts that can shape organisations and individuals. Leadership is the capability to motivate and inspire staff to work together to achieve a common objective or goal (Rees and French, 2013). Change is the process of transforming a current state to a future desired position or way of working. Leadership and change are required to develop and improve organisations to produce success, as they encourage innovation and adaptation (Dawson and Andriopoulos, 2021). However, leadership and change also pose many challenges and require certain skills and competencies. Leaders need to be able to communicate effectively, manage conflicts, foster trust and encourage collaboration, while carefully managing resistance and uncertainty (Brent and Dent, 2014).

Change agents need to be able to diagnose problems, design interventions, implement strategies and evaluate outcomes (Schein and Schein, 2017). Leadership and change can also involve ethical and moral considerations, as they affect the well-being of stakeholders and the environment. Therefore, leadership and change are not only technical or managerial issues, but also involve human factors and social aspects (Schein and Schein, 2019).

Through this essay I will explore and critically evaluate the influences of organisational culture in the context of change initiatives. I will then examine the complex nature of challenges for the leadership role within times of organisational change. Finally, I will introduce a change that I wish to implement within my working environment. Currently, I am employed as a Senior Paramedic for the Welsh Ambulance Service NHS Trust (WAST) based in Brecon ambulance station in South Powys. In my role I lead a clinical

team. I aim to promote the culture and behaviours that the Senior Management Team (SMT) wish staff to demonstrate. The SMT has recently wished to improve culture and embrace new ways of working. Following consultation with stakeholder groups the SMT released seven new behaviours for all colleagues to work towards so that we can “be our best”. More recently, Emergency Services have come under scrutiny for culture and subculture concerns such as the use of social media, messaging platforms, sexual harassment and misogyny (Rees, 2023). Much of these culture concerns make for very uncomfortable reading, the SMT in WAST has pledged to address this issue to change WAST culture permanently (Biddle, 2023).

As part of the management team, I am also able to implement low level changes on a local and national level with respect to the Senior Paramedic role and staff that I support. I am responsible for investigating and supporting staff following adverse clinical incidents. An important element of that clinical support is to facilitate two operational ride outs on an Emergency Ambulance (EA) every year. Current practice is to notify the staff member of the ride out with a standard email form utilising Microsoft Forms. This does not allow for the staff member to highlight any areas that they would like to cover during the ride out. By changing the system of the this booking form to allow staff to emphasise topics they would like to address, this would allow the Senior Paramedic to prepare a lesson plan and useful resources in order to make the ride out process more meaningful for all staff.

### Main Body

Edgar Schein (2017) suggested organisational culture can be defined as the shared standards, beliefs, or “social norms” that influence the behaviour and relations of the members of an organisation. He also theorised that culture could be shared and learnt

amongst staff and that this is how culture evolves within an organisation. Others theorise that organisational culture can have a significant bearing on the success or failure of change initiatives. Change initiatives are frequently efforts to improve the performance, efficiency or effectiveness of an organisation by altering its configuration, processes, procedures, or culture (Gibbons, 2019). According to Deal and Kennedy (1986), organisational sub-culture may also be formed on local levels within individual teams and leaders.

The culture and subcultures of an organisation can influence the success or failure of a change project according to Schein (2016). However, according to Brent and Fiona Elsa Dent (2014), decisive top-down leadership is key to managing a change project within the organisational culture. It is recognised that culture within the National Health Service (NHS) is complex and ever evolving (Rosser and Wood, 2023). As the NHS is made up of different specialities and Trusts, it faces many challenges in delivering high-quality, safe and caring treatment to patients. The culture of the NHS shapes how staff work together and interact with patients (West et al., 2014). According to the King's Fund (West et al., 2014), a healthy culture in the NHS requires six features: "inspiring vision and values, clear goals and performance feedback, support and compassion, learning and innovation, effective teamwork and collective leadership". These features are interrelated and help to create a positive work environment where staff feel valued, empowered and listened to. Toussaint, Barnas and Adams (2020) support this statement by suggesting that Leadership behaviour is a key factor that influences organisational culture and changes the quality of care and the outcome of patients in health care settings. Leaders who exhibit positive behaviours such as communication, collaboration and support staff can foster a culture of safety, trust, and

learning among their clinical team. These behaviours increase performance, which can lead to improved patient safety and outcomes (Rosser and Wood, 2023). It is therefore vital that leaders in healthcare have a detailed understanding of their organisational culture and display leadership behaviours which foster positive change and outcomes for patients. The King's Fund identifies organisational culture within the NHS as a key element to delivering excellence in patient care and have developed a tool to help leaders assess the culture. The tool can be used to analyse current cultures and understand what is working well and identify areas to improve (West et al., 2014).

Leaders and managers are required to have a detailed understanding of their organisations culture and may be instrumental in shaping that philosophy by their behaviour and influence exerted on staff. The style of leadership employed may have an important role in the motivation and work ethics of staff although no one leadership style is deemed to be superior to utilise (Rees and French, 2013).

Different theories or models of organisational culture have been proposed to explain and classify the various types of cultures that exist in organisations. Schein and Schein (2019) theorised that organisational culture consists of three levels: artifacts and behaviours, espoused values, and underlying assumptions. Artifacts and behaviours are the observable aspects of culture, such as the physical environment, dress code, symbols, rituals, and communication styles. Espoused values are the philosophies, values, and purposes of an organisation, such as the mission statement and corporate policies. Underlying expectations are the entrenched and often unconscious actions, and thoughts that form the culture of an organisation. Schein (2019) argued that these

three levels are interconnected and affect each other. He also suggested that culture is formed over time as the organisation adapts to its external environment and solves its internal problems.

Geert Hofstede identified six dimensions of national culture that affect the way people work and interact in organisations. These dimensions are power distance, individualism vs collectivism, uncertainty avoidance, masculinity vs femininity, long-term orientation vs short-term orientation, and indulgence vs restraint. Hofstede argued that corporate culture is influenced by national culture, but also by industry type, history, company strategy, and leadership style (Hofstede, Hofstede and Minkov, 2010). However, the criticisms include the use of outdated statistics, the oversimplification of cultural differences and the lack of observed evidence for the association between culture and outcomes. Despite these limitations, Hofstede's framework remains an accepted means for comparing corporate cultures across countries and states (Schein and Schein, 2019).

The Deal and Kennedy (1986) organisational culture model is a tool that provides a structure to categorise company cultures according to the degree of risk-taking and the speed of feedback. Deal and Kennedy theorise there are four types of organisational cultures: tough-guy macho, work-hard play-hard, bet-your-company, and process cultures. Each type has its own characteristics, strengths, and weaknesses. The suggestion is that different kinds of environments and industries will fit into one of these four types. One advantage of the model is that it is descriptive and easy to align to an industry. Brent and Dent (2014) suggest that to identify the dominant culture of their organisation and compare it with other organisations helps to recognise

the factors that shape and influence their culture. Key influences include history, values, beliefs, rituals, ceremonies, stories, and heroic figures (Deal and Kennedy 1986). By understanding these elements, managers and leaders can use them to create a strong and positive culture that aligns with their strategic goals and vision. It is also theorised, that in large organisations with many departments or sectors; subcultures may develop and this may differ to the overall culture type of the wider organisation (Deal and Kennedy, 1986). However, the model also has some limitations. One drawback is that it oversimplifies the complexity and diversity of organisational cultures. It assumes that organisations have a single and identical culture, whilst ignoring how the possibility of subcultures or conflicting cultures, and changes within and across organisations will affect any transformation (Schein and Schein, 2019). The model proposed by Deal and Kennedy also ignores the role of external factors, such as customers, legislators, competitors, regulators, and society, in affecting the organisational cultures. These outside influences may have enormous effect on the organisations culture (Kouzes and Posner, 2012).

According to Nadler and Nadler (1998) change can be described and categorised into four types:

1. Major transformation – change that can affect or disrupt the whole organisation such as the introduction of a new procedure or technology. An example in WAST would be the introduction of the iPads and electronic Patient Clinical Records (ePCR).
2. Adaption – change caused by external factors that force transformation, such as the global Covid-19 pandemic and how it affected the health sector.

3. Fine tuning – change that allows the organisation to remain in its current ethos or role, but small changes are used to improve services or procedures. These are the most common type of change (Rosser and Wood, 2023). An example within WAST would be the change project that I am proposing in this module.
4. New direction – This is change that may occur because of decisions and involvement from stakeholders that force the organisation to work in a different way. This change may be foreseen, such as new legislation or economic changes. An example for WAST is the £5 Million budget saving that is expected for 2023/2024 and the changes to operations that accompanies this reduction, such as the overtime ban.

By categorising the type of change, leaders can determine the impact that the transformation is likely to have on the organisation (Nadler and Nadler, 1998).

Within WAST, a change to the organisational culture has been initiated. This has been prompted by internal and external forces. Internally, a change in the SMT and Chief Executive Officer (CEO) in 2018 allowed for a culture reset and in 2022 the Trust released its new seven behaviours that all WAST staff are to practice in order to “Be our Best”; ‘Take Ownership, Broaden our Understanding, Respect Others, Show Belief in Others, Practice Ethically, Continually Improve Our Service, Be Inclusive of the Whole Team’. These behaviours were devised following consultation with stakeholders and are designed to improve everything that WAST does but especially to improve the service and treatment that patients receive (Welsh Ambulance Service NHS Trust, n.d.). This has been conducted using a ‘Top-Down’ approach to change and partly driven by external dynamics like political influences, such as the need to improve public reputations and confidence following condemnation regarding the

abhorrent subculture of sexual harassment and online incivility (Rees and French, 2013).

The COVID-19 global pandemic has had a significant impact on the organisational culture of WAST. The service and other NHS Trusts have faced unprecedented challenges in terms of demand, resources, safety and wellbeing of its staff and patients. Staff had to adapt to new ways of working, such as remote communication/advice, digital transformation such as electronic Patient Clinical Records (ePCR) and infection prevention and control measures (Rosser and Wood, 2023).

Leaders in WAST such as Senior Paramedics are charged with promoting WAST behaviours because they play a vital role in ensuring the quality and safety of patient care. They are expected to lead by example and demonstrate the values of compassion, respect, integrity, professionalism and innovation in their daily work. Senior Paramedics can challenge behaviours that do not conform to the 'BE OUR BEST' behaviours by mentoring and supporting junior staff, as well as providing feedback. By promoting WAST behaviours, Senior Paramedics can foster a positive and collaborative culture within the organisation, as well as enhance the reputation and trust of the public (Welsh Ambulance Service NHS Trust, n.d.). This also means that Senior Paramedics have an important role in change initiatives within WAST. I believe that the predominant culture type as described by Deal and Kennedy (1986) for WAST as an organisation falls into the process culture type, as the Trust is required to be slow to change and accepting low risk. However, there is a subculture in my clinical team, which is tough Guy, Macho as the dynamics of the Emergency

Paramedicine role means that the culture revolves around a fast-paced environment which delivers feedback quickly.

Organisational change can be complex and hold many challenges for leaders. Human beings are often resistant to change as it may confront long held beliefs, traditions, and can produce both anxiety and uncertainty. Humans may also resist change because they fear losing something valuable, such as status or power. To overcome this resistance, staff need to understand the benefits of change (Rehman et al., 2021). Schein (2017) suggested change initiatives can be successful or unsuccessful depending on how well they align with the organisational culture. If the change initiative is consistent with the existing culture, it is more likely to be accepted and supported by the employees. However, if the change initiative contradicts or challenges the existing culture, it may face resistance and opposition from staff. Therefore, organisational culture can either facilitate or hinder change initiatives (Kotter et al., 2021).

Communicating the vision and purpose of the change clearly and consistently to all stakeholders and staff is important to ensuring the change success. However, this can present as a challenge to the leadership (Gibbons, 2019). Leaders need to explain why the change is needed, what are the expected benefits and effects and how the change will be applied and managed. By doing this staff will understand and embrace the change (Schein, 2017). Leaders also need to listen to feedback and address any concerns from staff. Engaging and motivating the staff can pose as a challenge to leadership during organisation change. It is therefore necessary for staff to embrace the change and contribute to the process (Brent and Dent, 2014). Leaders need to

create a culture of trust, collaboration and learning, where staff feel valued, appreciated and empowered in order to encourage them to participate in the change process. Leaders also need to provide adequate training, coaching, and support to help employees develop new skills and competencies required by the transformation (Barr and Dowding, 2022). They will often encounter resistance and conflict that may arise from the change and need to manage this appropriately (Schein, 2017). Leaders need to anticipate and identify the sources of resistance, such as fear of loss of position or status, lack of trust in the leadership or process, or conflicting interests or wishes (Dawson and Andriopoulos, 2021). They need to adopt a constructive and empathetic approach in resolving the conflict and addressing the underlying issues, this can be achieved by assuming a compassionate leadership style (West et al., 2014).

Leaders should avoid forcing the change or ignoring the resistance, as this may lead to resentment, frustration, or even sabotage by staff, making the change project unsuccessful (Kouzes and Posner, 2012). The leadership should be aware of the challenges caused by competing demands and priorities during the change. They need to allocate adequate time, resources and attention to both the change initiative and the current procedures, monitoring the progress and performance of both aspects and should avoid neglecting either part of the work, as this may affect the quality, efficiency, or effectiveness of the organisation (Schein, 2017). To increase the chances of successful change initiatives, leaders and managers should possess the knowledge to assess the organisational culture and its impact on change. They need to involve and engage the employees in the change process and communicate the vision and benefits of the change clearly and convincingly (Brent and Dent, 2014).

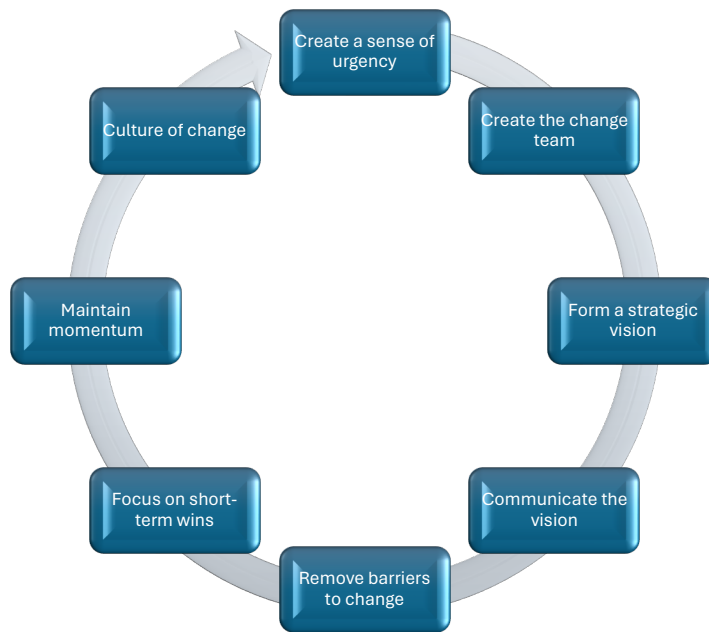
Failure is a risk associated with any organisational change initiative and is well documented within the literature and Dawson and Andriopoulos (2021) believe that most of large change projects do not come to fruition which is clearly a huge challenge for any leader undertaking a change proposal. According to Maurer (2011) up to 70% of change plans fail. Because of this it is important to have a model to help explain through analysis of the situation as to why the failure has occurred. Rick Maurer (2011) hypothesises that failure should be assessed using three criticisms for change and resistance: “I don’t like it, I don’t get it, and I don’t like you”. Maurer’s 3 levels of Resistance and Change model suggests that there are the three overarching reasons why people resist change and that by understanding the motivations for the opposition, leaders can address the concerns and criticism. The model is a useful tool for understanding and managing resistance to change in a tactical and considered way and can be used in conjunction with other change models. By recognising the specific cause of resistance, the leader can modify their style and methods to suit the situation and increase the chances of success (Maurer, 2011).

There are many theories and models to explain organisational change with the aim of providing a framework for success. Some popular models that have been widely critiqued and accepted in practice are Kotter 8 step model of change, Lewin’s 3 stage model and Kübler-Ross’ transition. This essay will explore and seek to critically evaluate these models.

Dr John Kotter (2017) suggests that there are eight distinct steps that need to be observed for organisational change to be successful. Each step is devised to provide

a structure to a change initiative by involving key stakeholders at appropriate intervals and acts as a checklist to ensure success. Kotter (2017) believes that the model is easy to implement while emphasising the involvement and engagement of staff in the formation of 'guided coalition'. This approach is useful in obtaining buy-in from the necessary stakeholders of the organisation. The model focuses on developing a 'sense of urgency' for the need of change within the organisation. By highlighting and clearly conveying the change that is needed and the reasons why stagnation may produce risk to the organisation, leaders may obtain further buy-in from stakeholders and staff and therefore the mindset for the need to change is achieved (Kotter, 2017).

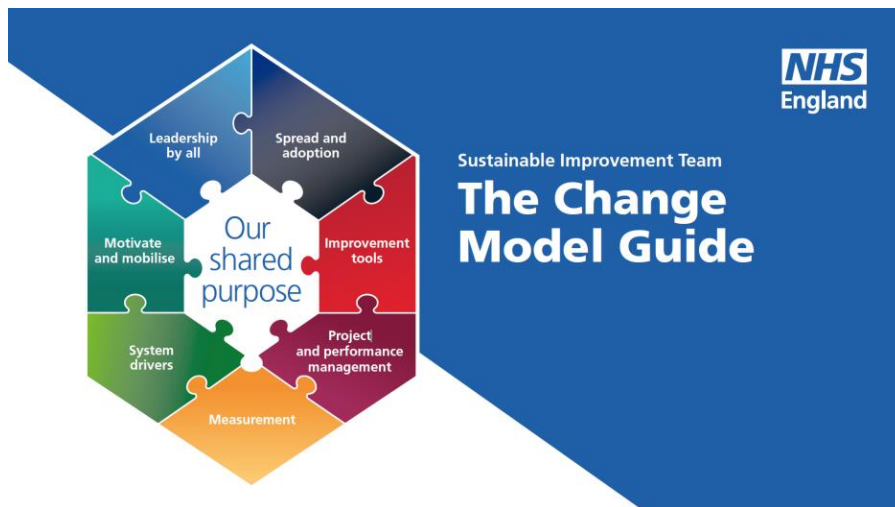
The Kotter model is heavily reliant on the role of the leader according to Bass (1985) and this is critical to the development and communication of the change project, especially in culture organisational change. Further to this, Kotter's model may be used to guide organisational change when the concept and nature is challenging or hard to achieve (Kotter, 2017). However, Rees and French (2013) disagree with Dr Kotter's model by suggesting that it is too prescriptive with no scope for staff participation since the model adopts a 'top-down' approach. This may lead to frustration for staff and disengagement from the change being undertaken.



(Kotter, 2017)

In 2018, NHS England adopted a change model that could be said to be based upon Kotter's model. The model is designed to be used while undertaking change projects within the health system and wider NHS. According to Harrison et al. (2021) the use of change models within the healthcare settings improves the likelihood of success and thus improved patient safety. Harrison et al. (2021) also suggests that the NHS England (2018) model for change is based on Kotter's; the model utilises eight steps and focuses on attempting to form a united front by creating a shared way of thinking and common language for change. This in turn helps mobilise the staff and creates the right conditions for change to thrive.

The NHS England (2018) model comprises of: "Our shared purpose, Spread and adoption, Improvement tools, Project and performance management, Measurement, System driver, Motivate and mobilise, Leadership by all". This model is recommended for use in change project in the NHS.



(NHS England, 2018)

In 1951, Kurt Lewin devised one of the earliest models of change which focused on the psychology of change and the behaviours that are required to implement transformation within organisations. The model uses three phases to explain the change psychology:

1. Unfreeze.
2. Change.
3. Refreeze (Lewin, 2013).

Unfreezing refers to the process of forming a culture of change by producing a readiness for it and motivating staff in an organisation. Changing refers to the implementation of new behaviours or practices that are in line with the wanted transformation proposal. Refreezing refers to the consolidation and upkeep of the new change by supporting people (Lewin, 2013). The model has been complimented for its simplicity, clarity, and applicability to various types of change. Crosby (2021) supports Lewin's model and suggests that it highlights the importance of effective communication and engagement throughout the change process by acknowledging

the emotional and psychological traits of change and even recognises the need for support and guidance to individuals. There have been many examples of Lewin's model being incorporated into large-scale change from household names such as McDonalds and Nissan (Crosby, 2021). However, Lewin's model has been criticised as it oversimplifies the change process by assuming that it can be broken into three linear and chronological stages. Change is often complicated, dynamic and requiring constant feedback and fine-tuning. The model may be too rigid and prescriptive, not allowing for adaptation to different circumstances, settings and challenges (Rees and French, 2013).

Lewin's model does not account for the sometimes unpredictable and varied spectrum of human behaviour and reactions to change and does not seek to engage stakeholders in the process (Kotter et al., 2021). It may not be suitable for continuous and small-scale change as Lewin's model suggests that change is a one-time event that requires a stable and permanent state after the transformation. However, organisations must embed change as an ongoing and continuous process that requires constant self-evaluation with the aim of improvement (Rees and French, 2013).

Organisational change has often been compared with the grief experienced by death. Elisabeth Kübler-Ross, a Swiss-American psychiatrist, published in the field of near-death studies. She wrote her book 'On Death and Dying' (1969), where she introduced the concept of the five stages of grief, known as the Kübler-Ross (1969) model. Dawson and Andriopoulos (2021) support the models for use in organisational change by linking Kübler-Ross' five stages of grief to business change and suggests that staff

and stakeholders experiencing change need guiding through the process, allowing time to adapt and adjust, develop new skills and support while discontinuing old behaviours. Changing human behaviour or long-standing rituals can be challenging for the leadership given humans' natural resistance to change (Schein and Schein, 2019). The model helps leaders to recognise the psychological responses of their staff and provide appropriate support and guidance. The theory also helps employees cope with the uncertainty and stress of change by acknowledging their feelings and moving towards acceptance of it. This is done by the change lead acknowledging the complex and broad range of feelings people experience during change (Kübler-Ross, 1969). The model fosters a culture of psychological safety by producing a space where empathy and compassion in the organisation is expected. As a result, people will feel safe to express fears and emotions and in a healthcare environment, this improves patient safety (Grailey et al., 2021).

Dawson and Andriopoulos (2021) propose that the model encourages reflection and learning from the change process, where people can identify what they gained and what they lost, and how they can grow from the experience. However, the model is criticised by Gibbons (2019) as research undertaken by Kübler-Ross (1969) was purely analysing patients who had been told they were dying and how they dealt with learning that their life would soon be over. There was no research conducted in the business environment and thus it may not be applicable in the organisational change context. Furthermore, staff may progress through the phases of grief at different rates or may miss stages entirely (Gibbons, 2019).

Leaders who are undertaking an organisational change project may find it useful to complete a PESTLE analysis to identify the main external factors which could affect the change initiative (Barr and Dowding, 2022). The tool is based on key areas which are: Political, Economic, Socio-cultural, Technological, Environmental (Dawson and Andriopoulos, 2021). By identifying the external influences, change leaders can pre-empt barriers and adapt as necessary. The following PESTLE analysis is completed for the change project that I wish to implement in WAST.

Political - WAST is commissioned by the Welsh Government (WG) and is accountable to them. The WG measure WAST performance against targets and sets priorities. Changing political agendas after a General and National Elections may cause a new direction in policies. Laws such as the 'Well-being of Future Generations (Wales) Act 2015', which requires the public sector to consider the lasting impact of their decisions (Welsh Government, 2015) and may impact the Trust. The service is required to work with other public sector partners, such as Local Authorities, Health Boards, Fire and Rescue service and Police, to coordinate emergency planning and response to major incidents.

Economic - WAST operates in a challenging economic environment, with increasing demand for its services and limited resources. The service is facing a £5 Million budget saving for 2023/2024. This reduction in budget must be undertaken while ensuring quality and safety standards. Also, the service must deal with the impact of economic factors on its workforce, such as pay, pensions and recruitment. There has been an overtime prohibition due to associated cost and this has had a negative impact on staff by eroding good-will.

Social - WAST serves a diverse population of over 3 million people across Wales, the principality is made up of a mixture of urban and rural areas. There are changes to demographics and health trends of the population, such as ageing, chronic conditions and the way the population accesses healthcare systems. The service also has to promote a positive culture and values among its staff, who face high levels of stress and pressure due to hospital delays and the lasting effects of Covid-19.

Technological - WAST relies on various technologies to deliver its services, such as vehicles, medical equipment, radio communication systems and information technologies systems such as the use of iPads and ePCR. There is a need to keep up with the rapid pace of technology and how it is used, which can offer new opportunities, challenges and risks. The service is required to ensure that its technologies are secure, reliable and interoperable with other systems such as hospitals or sharing patient records with GPs.

Legal - WAST must comply with the legal obligations and regulations that govern its activities, such as health and safety, data protection, human rights and equality. The service needs to be aware of the potential legal risks and liabilities that may arise from its operations, such as negligence claims or complaints. The registered staff (Paramedics) must follow the relevant professional codes and standards. There are clinical governance and ethics considerations, especially in respect to General Data Protection Regulation (GDPR).

Environmental – WAST must consider the environmental cost of its activities, such as carbon emissions, waste management and energy consumption. The WG has introduced a new law which states from April 2024 workplaces will be legally bound to recycle (Welsh Government, 2023). The service also has to prepare for the effects of climate change on its operations, such as extreme weather. The risk of infectious diseases or another global pandemic has the potential to disrupt the operational plan of the service, again.

By having an understanding of the external influences that affect organisations leaders who are involved in a change initiative have an opportunity to anticipate and counteract threats and barriers that could cause the change project to fail (Barr and Dowding, 2022). Alongside the PESTLE analysis, it can be beneficial to complete a SWOT; (Strengths, Weaknesses, Opportunities and Threats) analysis to assess areas that will have positive impacts and determine elements that will have a negative effect (Gibbons, 2019). I completed a SWOT as part of component 2 of this assignment and have attached it in the Appendix (Appendix 1).

Leaders may benefit from completing a stakeholder analysis whilst managing a change project. This exercise is useful to start prior to the change project as it allows the leader to assess who needs to be involved, informed and at what stages, by identifying and assessing the interests, needs and expectations of the people who are affected by or involved in it (Barr and Dowding, 2022). The analysis will allow the leader to understand the perspectives and priorities of the different stakeholders, which can inform the proposal and the implementation of the project. Engaging the stakeholders will help to build trust and communication, which can increase

collaboration and ease conflicts (Rosser and Wood, 2023). The NHS Institute for Innovation and Improvement (2009), recommend using the “9 C” framework to categorise stakeholders in the context of completing an analysis (Appendix 2). I completed a stakeholder analysis as part of the change presentation for component 2 and have attached in the Appendix (Appendix 3).

For my change project I have decided to ‘Improve ride out effectiveness by increasing staff engagement’. The centre of the change project evolves around the automated ride out booking emails that are sent to staff to notify them of the ride out. Currently, there is no opportunity for the staff member to ask for topics to be covered prior to the ride out. By introducing the ability to highlight areas that the staff member would like to have included it would afford the Senior Paramedic the chance to develop a lesson plan and prepare resources for the individual. This in turn will help to tailor the ride out to the needs of the staff member and increase the effectiveness of the process for all parties. This change is important to WAST because the ride outs are used to ensure staff practice is safe and effective and by giving colleagues the space to highlight areas of their practice with which that they would like support allowing for growth and, ultimately, safer care for patients. I will utilise Microsoft Forms to embed a questionnaire into the ride out booking forms and this will allow staff to reply and their answers will be emailed to the Senior Paramedic conducting the ride out. I have chosen to use a mixture of Kotter’s 8 step model and the NHS England (2018) model to guide my change project. The justification for this choice is the way the model engages stakeholders and provide a clear strategy for producing a change initiative. I have produced a change management plan; this is provided in the Appendix and is used to project management my proposal (Appendix 4).

## Conclusion

In conclusion, this paper has argued that Kotter's 8 step model and the NHS change model are the most suitable frameworks for overcoming the common barriers and challenges of implementing a change project in the healthcare setting. Barriers include resistance, lack of urgency, poor communication, and unclear vision. These models emphasise the importance of building a resolve to change, communicating a well-defined vision, empowering frontline staff, producing short-term gains, and sustaining the momentum of change.

Conversely, Lewin's 3 stage model and Kübler-Ross' model are not detailed enough and are inadequate for dealing with complex and dynamic changes in the healthcare environment. These models oversimplify the change process and ignore that change is constant. Leaders who are attempting to produce a change project may encounter barriers to change from stakeholders and both internal and external factors. Change leaders need to be able to identify these obstacles and plan for them. This will increase the chance of success for the change project.

Furthermore, this paper has demonstrated that Senior Paramedics can play a vital role in leading and facilitating change in their teams and WAST. Senior paramedics have the expertise, experience, and credibility to influence their peers and stakeholders, as well as the skills, knowledge, and motivation to implement evidence-based practices and innovations. This can have a positive impact on staff in clinical teams and for the patients that WAST are called to. Therefore, senior paramedics should be recognised and supported as effective change agents in the healthcare sector.

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## Appendix 1

### SWOT Analysis\*

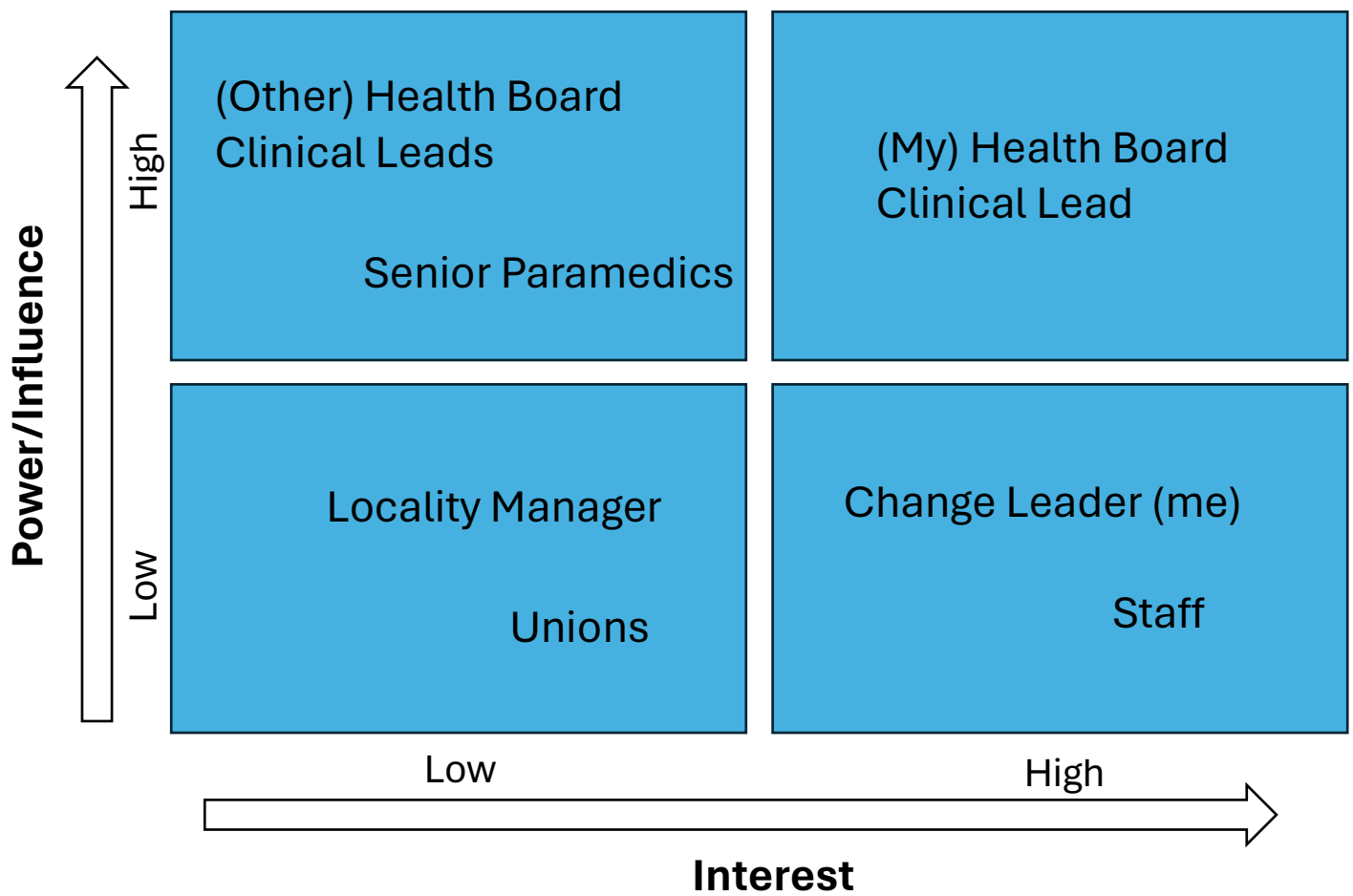
|                                                                                                                                                       |                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <p>Strengths:</p> <ol style="list-style-type: none"><li>1. Easy to implement.</li><li>2. Quick results.</li><li>3. Simple.</li><li>4. Free!</li></ol> | <p>Weaknesses:</p> <ol style="list-style-type: none"><li>1. Relies on Human input.</li><li>2. Staff may not reply.</li></ol>      |
| <p>Opportunities:</p> <ol style="list-style-type: none"><li>1. WAST staff are used to change.</li><li>2. Use of technologies.</li></ol>               | <p>Threats:</p> <ol style="list-style-type: none"><li>1. Staff are tired of change.</li><li>2. Other duties of the SPs.</li></ol> |

\*Taken from Component 2 and a full explanation is found in my presentation.

## Appendix 2

The NHS “9 C” of stakeholder analysis tool (The NHS Institute for Innovation and Improvement, 2009).

1. Commissioners – This is the stakeholder who pays for the service of the organisation, in the case of WAST it is the WG.
2. Customers – The stakeholder who buys a service, this is not applicable to WAST.
3. Collaborators – The stakeholder who works with the organisation, in the case of WAST this is other Health Broads and Trusts.
4. Contributors – The stakeholder who source resources for the organisation, in the case of WAST this is our vehicle, medical equipment or Universities.
5. Channels – The stakeholder who gives access to the market or clients, in the case of WAST this is the British Telecoms (BT) operators who connect those making 999 calls to the ambulance service.
6. Commentators – The stakeholder whose opinion or comments can affect the organisation, in the case of WAST this is the WG, Coroners, the Courts, or the College of Paramedics.
7. Consumers – The stakeholders who uses the services of the organisation, in the case of WAST this would be our patients and the wider general public.
8. Champions – The stakeholders who promote the service, in the case of WAST this is Public Health and Government health messages.
9. Competitors – The stakeholder who are engaged in a similar area of work, again this is not as applicable to WAST as we are the only commissioned NHS ambulance service in Wales.





GIG  
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NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

## Change Management Plan

for

***Welsh Ambulance Service NHS Trust***



## **Introduction**

*About the Author: Tom Turner is a Senior Paramedic base in South Powys. Tom started his career in WAST in 2014 as an Emergency Medical Technician. He qualified as a Paramedic in 2018 and was promoted to the role of Operations Manager in 2022. Tom moved to a clinical leadership in September 2022 becoming a Senior Paramedic.*

*The Change Proposal: While working with a staff member they expressed a wish that there was an opportunity to highlight subject areas that they would like covered during their ride out. This could be achieved by introducing a questionnaire in the booking email.*

## **Scope and objectives**

*Simply changing the booking email to include an questionnaire would allow staff to highlight areas of support – this will improve the effectiveness of the ride outs and, thus improve patient care.*

## **Current position of organisation**

*The current practice is to send a booking email that does not invite staff to suggest areas they would like support with. Frequently, these topics arise on the ride out and this does not allow for the Senior Paramedic to prepare a lesson plan or resources.*

## **Where do we want to be?**

*The aim is to encourage a culture of trust and learning amongst staff where they feel confident to emphasise areas of their practice that they would like support with from Senior Paramedics. This culture must foster a psychological safe space where staff are treated with respect and no judgement is levelled at the support requested. Staff of all grades and length of service must feel able to approach the Senior Paramedics for help and assistance with their practice.*

## **How will we get there?**

*By utilising MS Forms, a questionnaire can be embedded into the ride out booking email which would allow the staff member to submit their wishes, and this would notify the Senior Paramedic. This change will rely on Senior Paramedics sending the booking emails and staff making use of the questionnaire.*

## **Proposed change management organisation**

*The named change lead would be Tom Turner, Senior Paramedic. Key support and knowledge would come from Huw Jackson, Health Board Clinical Lead (HBCL) for*

*Powys. Huw is the Trusts' lead for MS Forms and has responsibility for the construction and maintenance of current Trust wide MS Form.*

## **Stakeholder analysis**

*The Key stakeholder are the Trust wide HBCLs who will instruct the Senior Paramedics to utilise the booking emails. The staff will have a vested interest in this project as it will shape their ride out dynamics. The Locality Managers will have limited input into this change project and it is not necessary to involve or consult, but consideration must be given to informing them of this change. This project does not need the agreeance of the Unions as the ride out process is already well established and signed off by all union leads. This is not a change to the ride out process but merely a fine-tuning exercise, aiming to make them more relevant and engaging for the staff. The project will rely on Senior Paramedics Trust wide using the email system to book ride outs with staff.*

## **Impact assessment on organisation processes, systems, customers and staff**

*The biggest impacts will be on the Senior Paramedics who will face a new way to organise the ride outs and possible increased workload. It is possible that some Senior Paramedics may need support and access to resources to help staff on ride outs. Staff will be impacted by this change and hopefully experience greater satisfaction from the ride outs.*

## **Proposed messages**

*Senior Paramedics:*

*Dear colleagues,*

*I am letting you know of a proposed change to the ride out booking email. Following consultation with the workforce it was felt that staff should have the opportunity to request topics to be included on their ride outs. By asking staff to highlight areas that they would like to cover we can improve the effectiveness and engagement of the ride out process. I am asking for your cooperation and support in this proposed change initiative; by ensuring that the booking form is utilised to notify staff of their shift with you, they will be able to request areas to cover and this submission will be forwarded to you in an email. This will allow for you to prepare resources to support the staff member. If you have any concerns or comments please contact me on:  
[tomos.g.turner@wales.nhs.uk](mailto:tomos.g.turner@wales.nhs.uk)*

*Thank you in advance for your support and collaboration.  
Kind regards,*

*Tom*

**Senior Paramedic – South Powys**

## Communication plan

*The above email will be sent to all Senior Paramedics Trust wide and communication to all HBCs so that they can push the message with the Senior Paramedics. Staff will be made aware of the change when they receive the email and then word of mouth will be vital to ensure staff engage with the questionnaire.*

## Risks

*There are limited risk to WAST or individuals. The main risk is the project failure as up to 70% of change projects crash without completing. Competing job roles of the Senior Paramedics means that other duties may cause a delay in the project.*

## Implementation plan

| <b>Change Step and person responsible</b>                 | <b>Date due</b> | <b>Complete?</b> |
|-----------------------------------------------------------|-----------------|------------------|
| <i>Produce MS Form and embed in email - HJ</i>            | <i>16/03/24</i> | <i>NA</i>        |
| <i>Test email locally within Powys – TT and other SPs</i> | <i>31/03/24</i> | <i>NA</i>        |
| <i>Communicate change plan to all Trust SPs</i>           | <i>18/03/24</i> | <i>No</i>        |
| <i>Live launch of email Trust wide</i>                    | <i>01/04/24</i> | <i>NA</i>        |

## Proposed monitoring of change plan

*Tom Turner will be overall responsible for the project and is tasked with managing the timeline. Huw Jackson is responsible for the MS Form and has the necessary authority to manage the Form and allow it to go live.*