

# DEVELOPING AND IMPLEMENTING STRATEGY FOR BENEFITS REALISATION

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## ABSTRACT

*Background.* The failure of initiatives to adequately plan and deliver benefits is a perceived problem in the healthcare sector. Problems of strategy formation and successful innovation are widely discussed in the literature. The concept of benefits realisation offers a possible key to better planning, but before this can be achieved strategic innovation is necessary to integrate the benefits realisation process itself into the corporate planning process.

*Research question.* How can successful strategic innovation be introduced into NHS trusts?

*Methodology.* A prescriptive model of strategy has been developed, employing a phenomenological analysis which draws on: [1] one of the authors' twelve years experience of working in strategy formation and implementation; [2] the results of three years action research, developing the BeReal benefits realisation model. The strategy model is evaluated in the light of existing literature on organizational strategy and planning. It is intended that the model will be subsequently tested in an action research case study.

*Findings.* Much of the literature stresses the emergent nature of strategy and the consequent difficulties that this presents for the development of formal planning models. The model seeks to integrate planning and implementation into an orderly learning process in which broad policy objectives are increasingly refined in the light of stakeholder and corporate needs. Three integrated planning 'levels' are identified: strategic; portfolio and project. Essential inputs are identified in each level, including: regulatory direction, community consultation and corporate planning; organizational capability, knowledge realisation and resource capacity; programme alignment, stakeholder alignment and structured project benefits.

*Conclusion.* The model identifies essential inputs to the planning process which, if not properly managed, can result in organizational disruption or stakeholder dissatisfaction. It offers a structured procedure for integrating these. Finally, it demonstrates how the notion of benefits realisation and the BeReal process itself, fit into a coherent strategy development and implementation process.

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## KEYWORDS

Emergent strategy, Benefits Realisation, Stakeholder management, Organizational learning, Unique adequacy.

## INTRODUCTION

The failure of initiatives to adequately plan and deliver benefits is a perceived problem in the healthcare sector. Meanwhile, the Office of Government Commerce recognises that a benefits realisation plan “should be one of the main foundations” for planning transformational organizational change (OGC 2007:62). Arguably, then, the door is wide open for the introduction of advances in benefits management, such as the BeReal programme (Sapountzis, Yates, Kagioglou & Aouad 2009) to the NHS. The concept of benefits realisation offers a possible key to better planning, but before this can be achieved strategic innovation is necessary to integrate the benefits realisation process itself into the corporate planning process. A model of strategy formation is proposed here, in order to facilitate that process.

The Problems of strategy formation and successful innovation are widely discussed in the literature. A key innovation has been the recognition of the informal features of organization and their corollary, the formation of strategy through emergence. The proposed model integrates these concerns.

The development of practitioner oriented models by academics is sometimes considered problematic. The model is based on a phenomenological approach which posits the understanding of managers' concerns and as the key criterion for academic management research. In this way, a resolution is suggested to the rigour/relevance debate.

The model is outlined below and its epistemological status suggested.

## THE PROBLEM OF STRATEGY AND ORGANIZATIONAL CHANGE

Strategy has been defined as:

“the *pattern* or *plan* that *integrates* an organization's *major* goals, policies and action sequences into a *cohesive* whole” (Quinn 1998:5)

Robertson (2003) points out that early models of strategy treat the environment in which strategy is formed as an unchanging given. This approach, typified by a linear progression from SWOT analysis, through goals and means ends analysis to implementation and performance measurement, is perhaps best formulated by Porter (1980) and is still evident in Daft (1998). Strategy in this conception can be seen as a manifestation of the 'planning model' (Suchman 2007). The idea is simple, strategy makers formulate strategy and then implement it.

Bittner (1973/1965) was perhaps the first to point out that this kind of approach to the understanding of organizations depends upon a naive view of the relationship between formal organizational plans and the day to day reality of organizational life. Mintzberg (1979) offered an alternative conception, presenting strategy as 'a pattern in a stream of decisions', in which leaders mediate between environmental pressures and the organizations own bureaucratic momentum. From this perspective, different modes of strategy formation can be

seen to exist on a continuum running from deliberate to emergent; the former embodying advanced planning, the latter, strategic learning. Mintzberg & Waters (1985) suggest that effective strategy makers combine both deliberate and emergent approaches in the light of prevailing environmental and organizational conditions.

A corollary of this more sophisticated approach is that strategy is a process of organizational change, involving considerations of culture and politics. Furthermore, as a consequence of the complex interactions that constitute cultural and political change in organizations, it may be considered as a learning process for all involved, whether they are primarily concerned with formulating or implementing strategy.

Strategic management theory and research has tended to confirm Mintzberg's original insight. White (2004) asserts that it is "impossible to deal with formulation and implementation of strategy as different and distinct stages in strategy making" (589) and advocates a balance between command and control on the one hand and communication and creative conflict on the other. In practice, Lowe & Jones (2004) found strategy in a case study organization to be best characterised as a process involving: different perspectives and disagreements; uncertainty and lack of knowledge; and emergent understanding. Whereas de Waal (2007) outlines a process for the more or less inflexible implementation of a detailed plan, this is accompanied by the proviso that both external stability and internal acceptance of the need for change are necessary prerequisites.

Notwithstanding these developments, the literature retains a strong emphasis on the design of strategy (Mintzberg 1998). Indeed, Warren (2008) gives little attention to the implementation dimension. Our intention in this paper is to outline an interactive strategy process which incorporates both design and implementation.

## **ELEMENTS OF STRATEGY PROCESS IN THE NHS**

The strategy process in the NHS arguably differs from that usually described in the literature, which tends to emphasise competition. Notwithstanding attempts to introduce market mechanisms into the NHS, there may be little in the way of competition at the present time. Nonetheless, the common elements of commercial strategic thinking, including cost reduction, risk management, customer satisfaction, resource management and orientation to the organization's environment are clearly relevant to NHS organizations.

The established NHS process for managing organizational change is governed by the Managing Successful Programmes (MSP) guidelines and the Projects in Controlled Environments (PRINCE2) management system, which are standards for UK Government initiatives (OGC 2006). PRINCE2 emphasises the development of a sound business case for proposals and specifies a stage gate process for delivery (OGC 2005). While comparatively little recognition is given in PRINCE2 to the problems of strategy formation or organizational change, emergent strategy is arguably managed in this system as a problem of change control. Benefits management and a more explicit recognition of emergent strategy are introduced in MSP which provides a high level outline of the benefits realisation process (OGC 2007). In line with OGC guidance, the NHS strategy process is governed by the Integrated Service Improvement Programme (ISIP) which emphasises benefits led change in collaboration with other agencies and stakeholders. However, emergent strategy is currently only explicitly recognised at the programme level.

## THE DEVELOPMENT OF THE STRATEGY MODEL

The SIDER model was developed in order to overcome a practical problem that became apparent in the course of the research. The BeReal model is intended to provide detailed guidance for the implementation of effective benefits realisation processes, including elicitation, management and evaluation. While considerable progress had been made in developing the BeReal process, the question arose as to how the process could best be introduced to new organizations.

Academic research is primarily directed towards the production of 'knowledge that', while management practice involves the employment of 'knowledge how' (Ryle 1963). Thus, academic models often assume the point of view of an objective independent observer of the organization and are evaluated as such. In contrast, models used by managers are valued for their practical utility within the organization. The danger of overlooking this key difference and assuming that management models and documents can be presented as objective representations of the organization has long been known (Bittner 1973). There has been a sustained critique of the notion of objectivity as it relates to representations of organization and an ongoing discussion of the consequential epistemological status of such representations (for example, Schutz 1972, Giddens 1984; Suchman 2007).

While there would be little question from any methodological perspective as to the dangers of treating managers' models as objective representations, a lively debate has ensued about how, or indeed if, academic models can be used by managers. Commonly referred to as the rigour relevance debate, it arises out of fears, on the one hand, that academic research is marginal to the production of management knowledge (Fincham & Clark 2009) and on the other, that attention to practitioners' problems can only undermine attempts to study organizations in a scientific manner (Kieser & Leiner 2009). While strong arguments are put forward for a science of production (Simon 1996; Hodgkinson 2001; Tzortopoulos, Codinhoto, Kagioglou & Koskela 2008), these have not addressed the Aristotelian distinction between production (*technē*) and moral or political action (*phronēsis*) (Rooke, Koskela & Kagioglou 2009). Such a distinction suggests that, while there is an important distinction to be made between descriptive science (*epistēmē*) and design science, there is an equally important distinction to be drawn between design and management.

The critique of engineering based management research is long standing in the construction management literature (see, for instance Seymour & Rooke 1995). Lately, the Unique Adequacy (UA) requirement of knowledge has been suggested as a criterion for management research, which supports intense academic rigour, while making managers' concerns the focus of research. UA comprises a set of criteria which require that research reports: [1] are based on an ordinary competence in the reported setting; and [2] that they are made with a strict agnosticism to theoretical suppositions (Rooke & Kagioglou 2007). In accordance with this principle, the model has been developed on the basis of: [1] the UA understanding of strategic change in organizations acquired by one of the authors through twelve years experience of working in strategy formation and implementation; [2] the results of three years action research, developing the BeReal benefits realisation model.

The model has been designed to be as simple as possible, in line with its intended use as a communication tool to introduce managers to the BeReal model. At the same time, it is designed to be sensitive to the complex phenomena of emergence and informality discussed above. In addition, while the model encompasses a description of good practice in strategic decision making, it is also prescriptive, an exercise in *phronēsis*, rather than *epistēmē*. From a practical management perspective, the descriptive dimension is nonetheless important as a

means of demonstrating how the necessary changes can be integrated with existing good management procedures while minimising disruption. If the prescription is to be successful in convincing managers and facilitating the proposed changes, its basis in a UA understanding of the managers' situation will be critical.

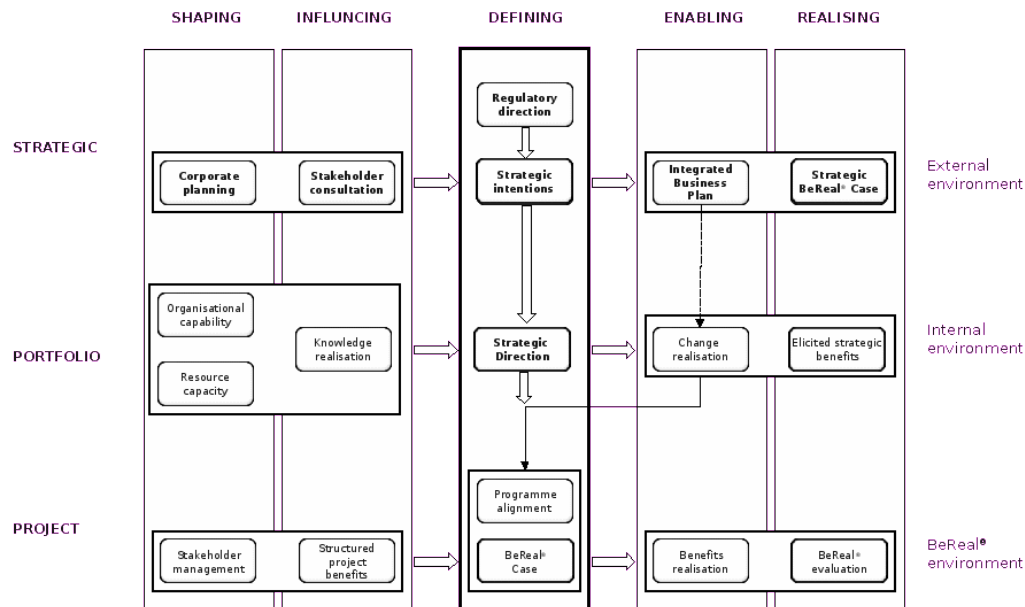


Fig. 1. The SIDER model

## THE SIDER STRATEGY MODEL

The purpose of the SIDER model is to locate the BeReal process in the overall strategy process of the organization. The SID columns of the model respectively stand for the shaping, influencing and definition of strategy and represent more or less conventional strategy processes.

In the horizontal dimension, the SIDER strategy model consists of three 'levels', each offering a different organizational view which corresponds to a phase in the strategy implementation process. Each level identifies major processes and strategic deliverables which input into the overall strategy formation process, giving explicit recognition to the way that strategy is continually shaped as it is communicated down the vertical axis of the organization. Each level also represents a strategy implementation process in which the strategy outputs feed into a cyclical implementation/learning process.

Vertically, the model can also be divided into three areas: shaping and influencing; defining; and enabling and realising. Broadly speaking, shaping and influencing cover inputs to policy definition, while enabling and realising are outputs of policy definition. However, many of the the relationships between processes identified in the model are learning and improvement cycles. Thus, the direction of communication is two way and the processes are iterative.

## Strategic Level

**Regulatory direction** consists in government policy and budget constraints, but also in the government's expressed intentions and aspirations. Regulatory direction feeds into **strategic intentions**, which represents an overview of the proposed changes. Strategic intentions include a vision, setting out the overall direction of the organization for the purposes of public communication and internal orientation and motivation. They also include the organizations objectives. Strategic intentions help to build support for change among stakeholders.

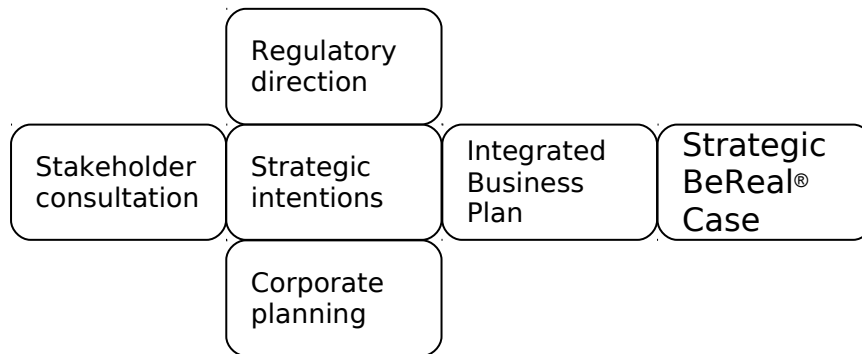


Fig. 2. The strategic level

The other major inputs into strategic intentions are **stakeholder consultation** and corporate planning. The former consists in outward looking processes for capturing: health needs; supply chain information; patient perceptions; and engagement of strategic stakeholders, including local authorities and neighbouring trusts. **Corporate planning** consists in assessing the trust's capacity and capability to deliver change within its environment. Knowledge realization and analyses of organizational capability and resource capacity feed into this from the portfolio level.

The outputs from strategic intentions are the **integrated business plan** and the strategic Be-Real case. The former is a top-level specification of the changes needed, setting out the business scorecard measures and the benefits and dis-benefits of proposed changes, which is equivalent to a strategic business case as defined in PRINCE2 stage 1 (OGC 2005). The **strategic Be-Real case** forms part of this plan, cataloguing the planned strategic benefits and defining the processes necessary to realise these. This draws upon elicited strategic benefits from the portfolio level and informs the construction of a scorecard profile, providing a basis for the briefing process and a framework for selection criteria.

## Portfolio Level

**Strategic direction**, comprises a characterisation of the organizational transformation to be achieved, including details of the corporate objectives. This involves a process in which values are aligned through discussion and objectives aligned with organizational values, providing a basis for leadership of the change initiative and appropriate redefinition of the organization's public image. Strategic direction is developed out of strategic intentions. These are shaped by a further more detailed consideration of **organizational capability** and **resource capacity**.

At this level, the refinement of policy is driven by *knowledge realisation*. This is a knowledge management process in which an assessment of the organization's accumulated knowledge and skill base is fed into the decision making process. When the process is fully established, an important element of this will be the feedback from the BeReal evaluation carried out at the project/programme level. Knowledge realisation informs the initial strategic intentions at the strategic level and continues to inform the emerging strategic direction at the portfolio level.

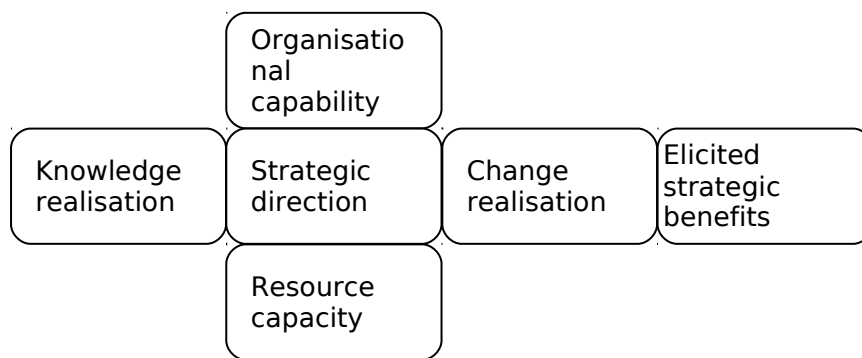


Fig. 3. The portfolio level

*Change realisation* involves operationalising this strategic consensus, through the development of programmes, standards and controls. In this process, activities are aligned with objectives, while stakeholders and providers are engaged in the change process. A key output from this process is the outline business case (OGC 2005).

*Elicited strategic benefits* form a key element of the change realisation process. These are derived from a workshop process as carried out in the BeReal process. A picture of the overall collective benefits of the change is built up and aligned with strategy. Thus, the planned strategic benefits in the integrated business plan need to be checked against and strategically aligned with the elicited strategic benefits. While the benefit elicitation process is formal, there is necessarily a negotiation and stakeholder management process involved in the prioritisation of benefits.

As the strategy emerges, projects/pro-grammes to realise the strategic benefits can be developed and ownership of these project/programmes identified. Thus, the elicited strategic benefits form a framework for the development of individual project/programme business cases.

### Project/Programme Level

The BeReal benefits realisation management process is focused on identifying and delivering benefits at the project/programme level (Sapountzis, Yates, Kagioglou & Aouad 2009). On this level, the process is an exercise in *stakeholder management* and *benefits realisation*, which balances management of the risks arising from competing stakeholder interests with a systematic approach to building up a profile of *structured project benefits*, the intended benefits which stakeholders stand to gain from the project/programme (Yates, Barreiro-Lima, Sapountzis, Tzortzopoulos & Kagioglou 2009). The process promotes an understanding and ownership of the individual benefits. The process begins with the preparation of a *BeReal*

*case* and proceeds with profiling and mapping, before moving into the realisation phase and the eventual **BeReal evaluation** (Yates, Sapountzis, Lou & Kagioglou 2009).

In addition, **programme alignment** must be established with other programmes in the portfolio.

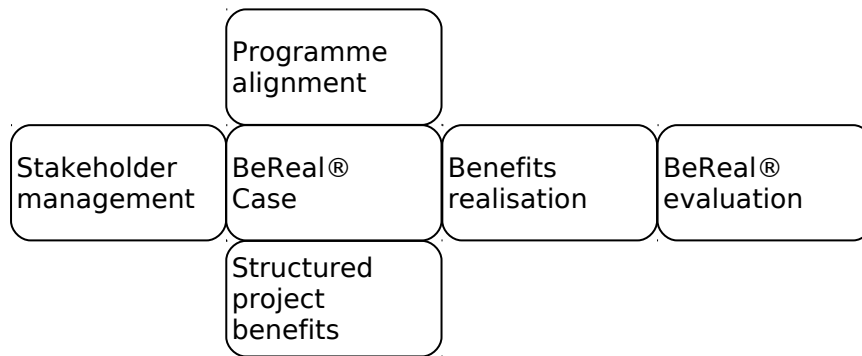


Fig. 4. The project/programme level

### Top down communication

Central to the model is the definition of policy. This begins with 'regulatory direction' and develops successively into: 'strategic intentions'; 'strategic direction'; 'programme alignment' and project 'BeReal Case'. Thus, policy definition is represented as a process of progressive shaping, implementation and refinement.

### SOME KEY LEARNING AND IMPROVEMENT CYCLES

Ideally, the relationships within the SIDER model should consist of iterative cycles of learning and improvement. It is impossible to trace all of these in this short paper, so three key ones have been identified for illustrative purposes: the strategic direction learning cycle; the change management learning cycle; and the stakeholder and benefits management learning cycle.

#### Strategic direction learning cycle

Strategic intentions are a product of regulatory direction, the corporate planning process and the community consultation (are elicited strategic benefits an outcome of the community consultation?). In turn, they inform strategic direction. The knowledge realisation process helps define strategic intentions through its influence on corporate planning, but it also directly influences strategic direction in a more detailed way. Furthermore, strategic direction is also influenced by feedback from the change realisation process. Thus, strategy is further defined at the portfolio level. Partly through a more profound knowledge realisation and partly through feedback from the programme/project level.

#### Change management learning cycle

The change realisation process is the realisation of strategic direction and is governed by the integrated business plan. The change realisation process should produce a set of performance measures that are clear and implementable. Ordinarily, these measures are conventional key



performance indicators, but here they are supplemented by strategic benefits. However, these measures are not at this stage, fully validated as desirable. As the benefits elicitation process proceeds, the emerging structured benefits inform the overall change realisation process and may contribute to changes in the anticipated strategic benefits.

### **Stakeholder and benefits management learning cycle**

Structured project benefits, derived from stakeholder workshops, are the core of the overall stakeholder management process that produces the BeReal case. The BeReal case aligns the programme/project with the overall change realisation project defines the benefits that are the planned outcomes of the benefits realisation process. Thus, the stakeholder management process, often depicted as entirely political (see for instance: Olander & Landin 2005; Newcombe 2008) is here supported by a structured process for the elicitation and management of benefits outcomes.

### **What happens to the evaluation?**

A question that remains to be answered is what happens to the evaluation that completes the BeReal process? The failure to retain and disseminate learning points from completed projects is a well known phenomenon. This may be attributed to both: the pressure to focus on new and upcoming projects, at the expense of winding down and completed ones; and the reluctance to dwell on perceived shortcomings and failures.

Evaluation is an explicit strategy for counteracting these tendencies, it is however fraught with difficulties. The danger is that an evaluation report is produced, read and filed without the consequent learning being disseminated or implemented. Thus, when the systematic evaluation is done, there must be a systematic procedure for feeding the findings back into the knowledge realisation process, making possible the utilisation of learning points in future work. The difficulties are compounded by the need for long term evaluation of major infrastructure projects and change programmes. These require that both the evaluation system and feedback procedures are maintained over a period of many years, with long periods of dormancy. Further research is needed on how this might best be achieved.

## **CONCLUSION**

The SIDER model combines theoretical knowledge with experiential knowledge of good practice and action research findings from the development of BeReal into a formal system for change management in the NHS. In doing so, it offers an a further extension to the MSP methodology which goes beyond the detailed implementation guidelines offered by BeReal itself. MSP is currently being revised for a second edition and one of the authors is a contributor to this process.

The model has been presented from a number of related angles, in terms of: current thinking on emergent strategy and organizational learning; action research, UA and the demands for rigour and relevance in management studies; and as a strategic management system that functions as a practical tool for organizational change. As a product of theory and research on emergent strategy, the model can be viewed as a theoretical construct, which is testable in the field. As a practical tool, it is intended to add value to NHS organizations by facilitating the introduction of BeReal. Methodologically, it operationalises a possible solution to the problem of reconciling rigour and relevance by conducting action research to the UA requirement of methods. There is an overall methodological relationship between these three

aspects. The validation of both the theoretical perspectives and the action research methods employed depend upon the practical utility of the tool

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