

Engaging stakeholders to improve effectiveness in NHS Trusts

Despite increased funding, improvements within the NHS such as quality, access to care and the delivery of seamless, cost-effective services is proving elusive. Meeting these objectives in the NHS has been hindered by a range of factors, including;

- the differing perspectives on issues between clinicians and management, and sometimes between different professional groups,
- an adversarial, rather than cooperative process of performance evaluation and governance assessment,
- organisational rigidities which create difficulties in partnership working.

Major improvements in overcoming hurdles to the achievement of critical NHS objectives can be accomplished through a structured process of deliberation that sets objectives which meet stakeholders' needs, develops realistic alternatives for achieving the objectives, finds the best portfolio of options consistent with the available budget, then develops and implements an action plan. The two ingredients of success are a 'structured' process and the involvement of key stakeholders. Participation can include NHS provider and commissioner representatives, patients and other agencies, including local authorities.

Such an approach has been developed over the past 20 years at the London School of Economics and tested in the UK with over 200 organisations in the public, voluntary and private sectors. The process is called *decision conferencing*, whose purposes are threefold: to generate a shared understanding of the issues, to develop a sense of common purpose, and to gain commitment to the way forward. The following four features characterise decision conferencing:

1. Engagement of key players who can represent the diversity of perspectives that affects decision making.
2. A structured process that establishes context, specifies objectives to be achieved and identifies alternatives to achieve the objectives.
3. Computer-based modelling that incorporates the judgements of the key players along with relevant data, to serve as a tool to aid thinking, not to give 'the right answer'.
4. Impartial facilitation by a specialist in group processes and decision analysis modelling.

The key players may be initially engaged through a series of facilitated workshops with different stakeholder groups to develop objectives of concern to each group. The objectives from the various groups are then structured and combined into a single hierarchy with global objectives at the top, and specific performance measures at the bottom serving as criteria against which the alternatives will be judged. Stakeholders are then helped to develop alternative options for achieving the objectives, and the key players appraise the options against the objectives and assess the trade-offs among the criteria using their expert judgement. Appraisals are conducted in a facilitated group setting with on-the-spot computer modelling, based on multi-criteria decision analysis (Dodgson, Spackman, Pearman, & Phillips, 2000), which combines judgements across the many criteria, thereby enabling participants to see which options are overall best. Differences of opinion and vagueness of judgements are explored until the group develops a shared understanding of the issues and a commitment to the way forward.

Because all key players are engaged in the process and the focus remains on the full set of objectives representing everyone's concerns, agreement and equitable compromise is generally reached by the group. The modelling helps to take the heat out of arguments, and provides a vehicle for information exchange and exploration of the options. More importantly, the structured process greatly improves communication among the key players, and it stimulates creative thinking. The group generates new and better options as they explore how well alternatives achieve objectives, often coming up with new ways forward that nobody had initially thought of. Attitudes change throughout the process as innovative ways of going forward are developed by the group. Since all the key players are involved, they feel ownership of the results, with subsequent benefits from successful implementation.

A major reason for the success of decision conferencing, even when key players represent seemingly divergent points of view, is that concrete actions are linked to objectives that span everyone's concerns. Disagreements are rarely caused by a failure to agree objectives. It is not difficult to establish a set of fundamental objectives which everyone agrees should be sought by health care organisations. Differences usually emerge about priorities (trade-offs) for the objectives or different views about the extent to which courses of action will achieve objectives. By addressing these disagreements systematically with a model of the conflicting objectives, participants discover that despite these differences, they can still agree the way forward (Phillips, 1989).

This decision conferencing approach has been used by over 50 Local Authorities, by over 20 NHS acute Trusts and PCTs, and in several whole-conurbation health service reviews. It has also been used by several Police Forces in the UK for the purpose of establishing agreement about how to allocate their budgets, and is now used in the Ministry of Defence to establish strategy, design systems and prioritise equipment spending. The process has enabled the differing perspectives of stakeholder groups to be accommodated, and typically generates agreement about the best allocation. Most importantly, it generates committed alignment: everyone pulling in the same direction, while preserving differences in the individual paths taken.

Several applications for environmental decisions and policy making are relevant to health. Gregory and Keeney (1994) outline an approach similar to decision conferencing that enables multiple stakeholders to balance conflicting objectives, and they provide a case study which used the approach to establish a basis for negotiation between stakeholder groups. By linking alternatives to objectives, communication among the groups was improved, new and unexpected options were generated and the situation was clarified. Another example (Gregory, 2000) showed how a broad range of interests that could be affected by environmental changes could be accommodated by a process of structured deliberation. Both these examples are cited here because the situations they dealt with were characterised by substantial, even polarised, viewpoints, but the meaningful involvement of key players that was provided by the facilitated process greatly contributed to a successful resolution of some very difficult issues.

In his book about value-focused thinking, Keeney (1992) explains how stakeholder groups can be engaged. He recommends that the decision maker and facilitator jointly choose the stakeholders, who should be engaged early in the decision making process. Keeney suggests working with separate stakeholder groups to elicit fundamental objectives, aggregation of each group's objectives into a combined fundamental objectives hierarchy, and final approval of the combined hierarchy by all the stakeholders.

How Catalyze can help

Working in association with the London School of Economics, Catalyze provides specialists in decision conferencing, in working with groups of people, and in multi-criteria decision analysis. Catalyze's consultants have over 20 years of experience in applying this expertise in the public and private sectors. To support Decision Analysis work, we have evolved software products that are bought by organisations and consultants around the world. Our process consultancy approach can be adapted to any industry, but we do have extensive experience in the Health sector.

For many years in the 1990s, Dr Phillips (a visiting professor at the LSE and a Catalyze founding member) and his colleagues worked with BUPA, on a variety of issues then facing the organisation. The team were asked by the new CEO to help clarify and develop the organisation's strategy, and over a period of several years working with BUPA's Board, new strategic directions were explored. At that time, regulatory pressures from central government required the insurance and hospital divisions to maintain a Chinese wall between them, but as the strategy work developed it became apparent that the future for not-for-profit healthcare would require a collaborative approach between funders and providers. Eventually, new strategies were developed that enabled BUPA to provide more satisfactory and integrated services, including the provision of some services for the NHS.

Another successful project looked at a new strategic positioning for the International Federation of Health Funds, an umbrella organisation whose members comprise not-for-profit health-care providers mainly in the English speaking world. The Board was then made up of the CEOs of PPP, Blue Cross/Blue Shield, BUPA, and similar organisations in Canada, Australia, New Zealand, South Africa and other countries. Working with the Board over an intensive two-day decision conference in 1993, these senior people were engaged in a scenario analysis that resulted in three plausible but different scenarios describing possible states of the world-wide health care environment for 2004. Participants were then helped to generate a new Vision for the year 2004, agree statements of the organisation's Mission and Core Values, and develop a prioritised list of strategies to achieve the Vision. This work was soon endorsed by the entire Federation's membership, and the new strategies were successfully implemented before the end of 1993.

Catalyze and its associates have been working in the UK's health care sector for over 20 years. Some of Stuart Wooler's work in the NHS includes:-

- More than 80 projects with NHS Trusts involving the facilitation of decision conferences, strategic planning activities and developing decision analysis methodologies for prioritising expenditure bids in the NHS Executive.
- Strategy Development for several major PFI schemes, including Norfolk & Norwich Healthcare Trust, South Manchester University Hospitals Trust and Carlisle Hospitals Trust.
- Advisor to the government's Comprehensive Spending Review for health, 1997.
- Major capacity reviews for secondary health services in Mid & West Wales and in North Wales.
- Supporting the NHS Advisory Group on Estate Management in the development of estate quality indicators, and a project for NHS Estates on a conceptualisation of performance indicators.

References

- Dodgson, J., Spackman, M., Pearman, A., & Phillips, L. (2000). *Multi-Criteria Analysis: A Manual*. London: Department of the Environment, Transport and the Regions.
- Gregory, R. (2000). Using stakeholder values to make smarter environmental decisions. *Environment*, 42(5), 34-44.
- Gregory, R., & Keeney, R. (1994). Creating policy alternatives using stakeholder values. *Management Science*, 40(8), 1035-1048.
- Keeney, R. L. (1992). *Value-Focused Thinking: A Path to Creative Decisionmaking*. Cambridge, MA: Harvard University Press.
- Phillips, L. D. (1989). People-centred group decision support. In G. Doukidis & F. Land & G. Miller (Eds.), *Knowledge-based Management Support Systems*. Chichester: Ellis Horwood.