

Shaping transformations to deliver at pace and embed change

Full Report

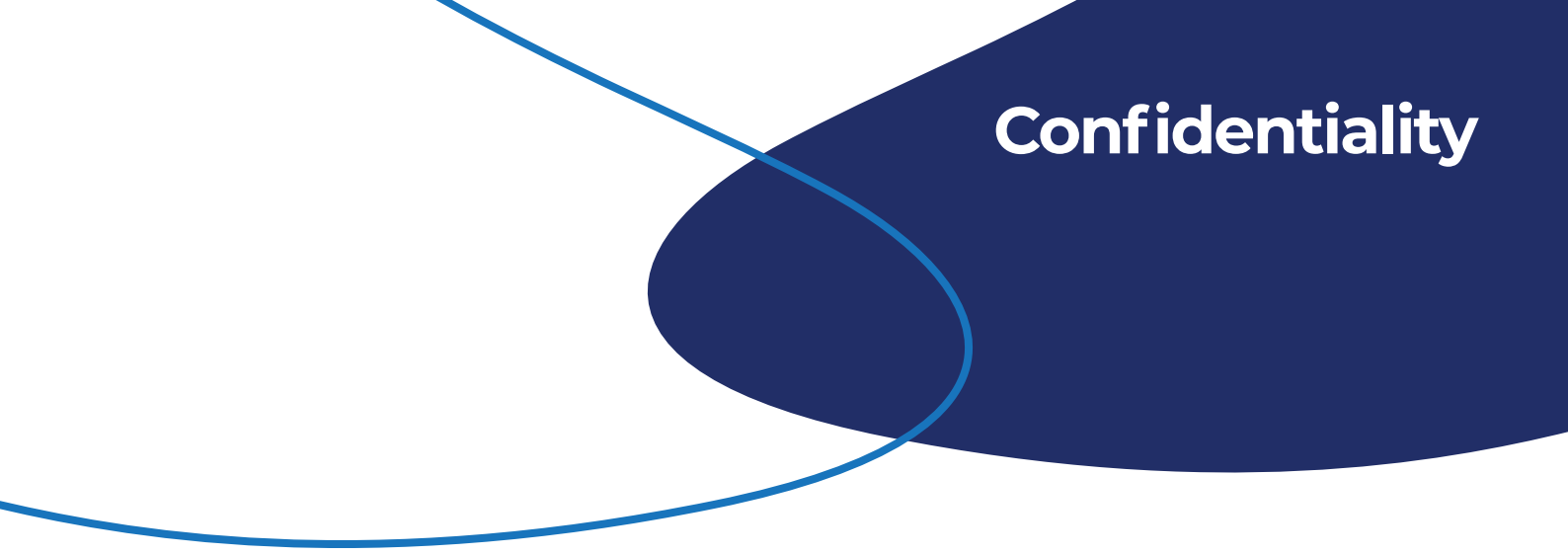
CONFIDENTIAL

Report of the event held on
1st March 2023

The Institution of Civil Engineers
London



**MAJOR PROJECTS
ASSOCIATION**



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Organisations

Advance Consultancy Ltd
AECOM
Anglian Water
APM Assurance SIG
Arcadis LLP
Atkins - part of the SNC-Lavalin Group
Bayer
Cabinet Office
Department for Environment, Food and Rural Affairs
Department for Transport
EY
Fluor Ltd
Gardiner & Theobald
GSK
HM Treasury
HMRC
HS2 Ltd
Jacobs
KPMG LLP
Kyowa Kirin International plc
London Borough of Brent
Major Projects Association
Ministry of Defence
Moorhouse Consulting
NATS
Network Rail Ltd
Nuclear Decommissioning Authority
PA Consulting
Pharmaceutical Industry Project Management Group
PricewaterhouseCoopers
ResoLex
Siemens UK plc
Turner & Townsend
WSP

Abbreviations

ADHD	Attention deficit hyperactivity disorder
Capex	Capital expenditure
GMP	Good manufacturing practice
HR	Human resources
HS2	High Speed rail programme from London to the Midlands and the North
KPI	Key performance indicator
PCR	Polymerase chain reaction
Pharma	Pharmaceutical
PMP	Project management professional
PMO	Programme Management Office
R&D	Research and development

Theme of the seminar

It is important for companies to challenge the way their industries operate.

The insight you can gain from other sectors is endless. Taking the time to consider the challenges other industries face, and how to overcome them, will enable businesses to think more creatively and develop richer solutions.

It has never been a more appropriate time to reflect on the success of the pharmaceutical industry. The most recent accomplishment, developing a vaccine for Covid-19 in record time, is just one example of how robust planning, focused supply chain management, and cross-sector collaboration can deliver outstanding results.

There are many holistic learnings from this and similar projects that are applicable to all organisations, regardless of size, industry or market. For example, pharmaceutical companies are well versed in securing project funding, failing fast in development, creating partnerships and transforming end to end in a highly regulated environment. By considering these and other strengths, we can better understand how they can be replicated in other sectors.

The aim of this event was to spark ideas and initiate conversations that inspire fresh perspectives for planning and executing major projects in other sectors. The afternoon consisted of two panel discussions exploring key themes of accelerating delivery and championing change. The event also put a spotlight on the development of megalabs in Leamington Spa, and discussed key takeaways from this momentous project which has transformed the UK's diagnostic facilities.

CHAIR'S INTRODUCTION



CHAIR'S INTRODUCTION



Pamela Stacey, VP Risk and Compliance for a small Pharma Biotech Company

Pamela Stacey was the Head of Programme and Corporate Assurance, High Speed Two (HS2) Limited for more than six years. In this role, she was responsible for design and delivery of the HS2 Ltd risk-based assurance strategy and framework. She provided assurance of non-financial reporting and internal controls to HS2 Ltd's Executive and the Audit and Risk Assurance Committee. She owned the Integrated Assurance and Approvals Plan for the programme and led major assurance activities such as baseline reviews to support programme milestones and decision points. Pamela has recently left HS2 Ltd to join a biotechnology company focused on mental health care as their Vice-President, Risk and Compliance.

Prior to joining HS2 Ltd, Pamela spent 25 years in various compliance, risk and assurance roles for a major pharmaceutical company. This included five years as an account director in their global internal audit function, covering R&D, manufacturing, and commercial (sales) operations. Then, as Head of Assurance, she was responsible for developing the global assurance framework for the company's principle risks, and transforming the Audit and Risk Committee governance and reporting process.

Pamela is a member of the Association for Project Management's Assurance Specific Interest Group and has been the Chair for the past two years.

Chair's introduction

The title of this afternoon's seminar is, 'Shaping transformations to deliver at pace and embed change' and I am hoping that you are all going to join in the discussions, meet new people and listen to new ideas. The focus of today is on learning from other industries, in this case the pharma industry, and then applying those learnings in your own organisations.

I was asked to Chair this event when it was scheduled to take place last year but was postponed due to the rail strikes. At the time, I was working for High Speed 2 (HS2) – a major infrastructure project that is much in the minds of people today.

Prior to that, I spent 25 years with GSK, in various transformation roles. At the end of my time doing a major transformation for the company I wanted to do something completely different, so I transferred to HS2. The change gave me good insight into two very different industries, and how people working in them approached change.

My current role is with a small biotech company that is just entering phase three clinical trials which, as I am sure you know, tests the safety and efficacy of a new treatment against the standard treatment. Having worked for HS2, I said I would not go back to the pharmaceutical industry, but what I really meant was that I would not go back to any major multinational pharmaceutical companies.

The small company I work for employs less than 200 people, and everything we do is concerned with transformation and change. At present we are building up to getting our marketing authorisation. This involves reviewing and assessing the evidence to support a medicinal product in relation to its marketing, in order to be granted a licence to sell. The whole company is focused around that transformation and change.

Before I left GSK in 2015 I was a lead for one of the work streams in the three-way deal between GSK and Novartis. We acquired their vaccine organisation – we sold our oncology section to them – and set up a joint venture within GSK's Consumer Healthcare which is now known as Haleon. My role was to do the pre-planning and post-planning of the deal in terms of integration and delivery. It meant focusing on the company culture, business ethics, regulatory compliance, and how we managed risk during the process.

I was one of the people looking at integrating the legacy Novartis vaccines organisation into GSK. It had to be a seamless transfer with no business disruption which, I am happy to say, we achieved. The focus was on integrating the necessary cultural change for two very different organisations. I think it is fair to say that there are many people in the pharma industry who have spent time at GSK. The culture there is very 'values' focused, in that the personal values of individuals are very much aligned in motivating what the company does. On the other hand, Novartis is very data driven in delivering its outcomes and meeting milestones to achieve that goal.

Given that the cultures between the two organisations were very different, we carried out a survey to find the best way to integrate two pharmaceutical companies who both worked in a highly regulated environment. Both companies were compliant with our requirements, but there was a difference in risk appetite and how things were delivered.

Fraser MacFarlane, who works for GSK and has been working on splitting Haleon from GSK, is one of our panel members this afternoon. I am hoping he will be able to share some insights, and I will learn about what happened to the organisation I helped to set up.

My personal experience in changing from GSK to HS2 was a 'slight' culture shock. There were a lot of things I took for granted within the pharma industry that I knew would work in HS2, but I had to deconstruct them down to the basics to understand why they worked in GSK and then how they might work in HS2. It meant diving deep into the 'why' of things that were done in a certain way, and then building the process back up to be relevant for a very different organisation with a very different culture.

Getting into that way of thinking allowed me to accelerate delivery in the new organisation, and 'accelerating delivery' is the subject of our first panel discussion this afternoon. David Griffin will be in the Chair and panel members will be Helen Buckingham, Steven Myers and Fraser MacFarlane. You will have the opportunity to ask questions at the end of the panel session and join in the debate.

Following that, Helen will be reflecting on the Rosalind Franklin laboratory site visit in October 2022. From the start of construction of the laboratory to the processing of the first Covid-19 PCR testing of samples was around six months, which is an impressive timescale. I was not able to join the site visit, but I am looking forward to hearing feedback from the people who were there, and the key lessons that were learned.

The second panel session is on 'championing change', which Tom Cooper-Woolley will Chair and panel members will be Danie du Plessis, Denise Moody and myself. For me, successful change is about bringing people along with you, making them part of that future. I am sure we will be covering some of that in our panel today, and again, we will be answering your questions from the floor.

Lastly, there will be a breakout session led by Andy Murray, the Major Project Association's Executive Director. After that you will have some time for networking with all of us at the end of the day.

PANEL DISCUSSION: ACCELERATING DELIVERY



PANEL DISCUSSION: ACCELERATING DELIVERY

Panel members: David Griffin (Panel Chair), Helen Buckingham, Fraser MacFarlane, Steven Myers



**Helen Buckingham, Senior Project Manager,
WSP**

Helen Buckingham is a Chartered Chemical Engineer and Senior Project Manager for WSP within the pharma and life sciences sector. She has worked across a range of sectors throughout her 25+ year career, including chemical, nuclear and water, but for the last 15 years has specialised in delivering pharmaceutical engineering design projects from master planning through to construction and validation.

Collaborative approaches to design and delivery are Helen's passion. The Rosalind Franklin Laboratory – an ultra-high throughput diagnostics lab – is the latest example of where Helen has led teams to foster the right environment to deliver under challenging circumstances.

Helen's initial MEng degree was in Chemical Engineering with Biotechnology from the University of Sheffield and more recently she has studied at the University of Birmingham in collaboration with GSK in Industrial Project Management.



**David Griffin, Client Director, Moorhouse
Consulting**

David Griffin is part of the Moorhouse life sciences sector leadership team, where he focuses on helping clients to design and implement transformation programmes.

David leads the largest account team within the sector, and has personally led transformations across R&D, supply chain, communications and global health functions.

He has been at Moorhouse Consulting for six years, where he also led the Performance Improvement capability group, helping clients to identify and realise customer service improvements and cost reductions.

David has worked at Kearney, Accenture and KPMG LLP, and has an MBA from the University of Oxford Saïd Business School.



Fraser MacFarlane, VP, Demerger Lead & Special Projects, GSK

Fraser MacFarlane is currently the demerger lead for the GSK:Haleon demerger as well as supporting a number of special projects within GSK. Prior to this role, Fraser held senior roles in R&D, leading departments responsible for global project and resource management, global portfolio management, global portfolio investment governance, Japan clinical development and global clinical business operations and change management.

Fraser has also taken on some cross-GSK leadership roles driven by mergers and acquisitions/divestment strategy. These including leading the divestment of the GSK Oncology commercial and late-stage R&D business to Novartis, managing the central integration for the Novartis integration across vaccines, consumer and pharma and leading the integration of TESARO and Sierra into GSK.

Fraser has a BSc and MSc in Physiology and Pharmacology and a PhD from the University of Cardiff School of Pharmacy. In February 2022 Fraser had completed 24 years with GSK.



Steven Myers, Global R&D Project Leader, Bayer

Steven Myers is a Global Project Leader at Bayer, working at the intersection of R&D, commercialisation and project management.

His background is in biomedical science, studying in Melbourne, Australia and then completing a Master of Business (Commercialising Science and Technology).

Steve is PMP certified and was Associate Director of Virtual Events with the Project Management Institute (PMI UK). He has worked in a variety of scientific and business roles within pharma but started his project management career in the emergency management sector, bringing 16 years of experience as a volunteer firefighter and road rescue officer.

Steve is passionate about sharing learnings from the pharma industry, including the use of platform technologies, achieving common goals through collaborations with external partners and the importance of having proactive dialogue with government regulatory stakeholders.

Background

The pharmaceutical sector continues to face multiple challenges and opportunities that have forced companies to transform and think differently about how they operate.

The cost of bringing drugs and vaccines to market continues to increase, whilst pharmaceutical companies continue to face a changing payer environment focused on health outcomes and value for money. The ability to deliver the next new 'blockbuster' drug is ever more challenging as pharma companies shift from treating common diseases to treating rare conditions. Outside of these sector-specific challenges, pharma faces the same macro environment as other businesses, particularly supply chain challenges which continue to increase costs.

To operate within this environment, the pharma sector is having to transform itself, seeking opportunities to bring drugs and vaccines to market faster, but also transform not just R&D, but also the rest of the enterprise including commercial, supply chain and back-office functions. And this transformation is needed to be delivered at pace, with benefits realised quickly to reinvest into development.

In this session, the panel shared insights on how the pharmaceutical industry accelerates delivery of key projects and initiatives, through focusing on three areas.

Innovation

New medicinal product approvals per year have roughly doubled since 2010, with new active substances increasing from 41%–58% of these approvals between 2015 and 2021. Over the last two years, the successful development and rollout of Covid vaccines has further redrawn the landscape of accelerated delivery.

Panellists explored how the adoption of innovation through next-generation technologies and new ways of working have enabled acceleration in project delivery within the industry. They also considered how pharma companies are transforming the whole enterprise, the new ways of working being adopted by businesses and how companies are trying to embed this change of pace.

Prioritisation

Transformation is often constrained by budget or capacity. As a result, the transformation pipeline of a business needs to be carefully managed, considering how best to prioritise these initiatives to accelerate delivery of projects which provide the greatest business impact.

The panel explored the challenges associated with managing the transformation pipeline and how these can be overcome.

Collaboration

The development of the Covid-19 vaccine has shone a light on the value of pharma companies working more collaboratively internally and with competitors, regulators and academia.

The panel considered how the learnings from the last two years have emphasised the importance of collaboration as a key enabler of successful project delivery.

Discussion

David Griffin: Chair

I am a client director at Moorhouse Consulting, within our life sciences team. I spent nearly 20 years helping clients to design and implement transformation programmes, and the last five years working mainly in pharma. I feel privileged to work in a sector that is making multi-£billion bets on the next new drugs and vaccines, and is at the cutting edge of digital and technology innovation. We all benefit, as patients, when the pharma industry accelerates delivery.

Today I am joined by our three panellists who are going to share their knowledge before we open up for questions. Fraser, Steve and Helen, would you give a brief introduction to yourselves?

Fraser MacFarlane

I have worked in the pharma industry for just over 30 years, and in GSK for 24 of those. One of my current responsibilities is to lead the demerger of GSK and Haleon, the largest corporate demerger in recent memory on the European stock market. I have been involved in a number of other integration and mergers and acquisitions activities, and have also been the Global Head of R&D portfolio management, project management and business improvement within GSK.

Steven Myers

I am a Global Project Leader for Bayer in R&D, specifically in digestive health. Originally from Melbourne, I have been living in the UK for seven years although I have worked for a range of companies as a project and programme manager over the last 12 years. I have also worked on major projects in other sectors, including transformation projects for the fire department in Melbourne after major bushfires.

Helen Buckingham

I am a Senior Project Manager for WSP, delivering projects for our clients to help them with transformation.

Chair

To set the context for discussion: pharma companies are facing multiple opportunities and challenges that force them to transform.

In the macro environment, the cost of bringing new drugs and vaccines to market is increasing; there is a changing payer environment landscape, focusing on health outcomes and value for money; and there is also the challenge of trying to accelerate delivery in a highly regulated market.

In order to succeed in this environment, pharma companies are having to rethink how they develop new drugs and vaccines, and scale them into production to improve the health outcomes for patients faster. Speed to market became critical during the Covid-19 pandemic, which was another accelerator for transforming the industry.

We are going to cover this topic and break it down into three areas: **innovation**, **prioritisation** and **collaboration**.

Innovation

Helen, where have you seen an effective innovation that has driven accelerated delivery?

Helen

I just want to say what I think innovation is and what it is not. If you give me a blank piece of paper, and tell me to innovate, that is intimidating. But if you give me something from one context and I am able to develop it into another context, that for me is where I can innovate.

I have taken the idea of 'minimum viable product thinking' from agile software, and coined the phrase 'minimum viable data', or 'minimum viable information' for thinking about how you make robust, timely decisions by carefully delineating how much information you are giving the decision makers. That was key to the acceleration of the Rosalind Franklin Laboratory.

Steven

For process development in the pharma industry, you usually start at a very small scale – laboratory scale – to try and validate or de-risk the process, and then go through a series of scale-up processes.

To accelerate delivery, you normally do step changes of scale-up. When I was working in bio-pharmaceuticals, we would use a pilot plant to do the initial scale-up from the laboratory before going into a **good manufacturing practice**¹ (GMP) manufacturing facility.

But if there is a risk appetite from your customer and you are happy with the data at lab scale, you can decide to jump straight into GMP manufacturing – this was one way of accelerating timelines.

Fraser

Looking at innovation, I like to think of three things.

One is Covid-19. The way the pharmaceutical industry responded to that was to generate and mass-produce and mass-vaccinate the world with Covid-19 vaccines; Instead of the usual 7–12 years, they managed it in 18–24 months. That is a great example of collaboration at a time of great medical need.

The second one is that the pharmaceutical industry was still doing clinical trials during the whole time of Covid-19 lockdown. They had to adapt their models to allow continuing clinical trials, whether it was through decentralised trials where patients could stay at home and use video calling to connect with healthcare professionals, or the pharmaceutical industry modelling what was happening with Covid-19 so that they could still recruit patients in countries that did not have it.

The final one is HIV. As I joined the pharmaceutical industry, people with HIV were not given many years to live. Today, you do not even have to take medicine every day; you can take it every few months. That is due not just to GSK but other pharmaceutical companies too, but medical advances mean that we are no longer treating a disease that looked untreatable; we are actually preventing a disease that looked untreatable.

Chair

If we look now at project management specifically, what are the areas of project management that you think are most ripe for disruption, to drive and accelerate delivery?

Helen

We should look at changing the stage gate process, and not be afraid to put risk earlier on into the programme. Traditionally, big pharma had very strong, dictated stage gates which required a lot of data. Thinking about how much data is actually needed could help get through those stage gates quicker – getting to a ‘no’ quickly is as valuable as getting to a ‘yes’.

Chair

Risk is inherent within the pharma industry – a lot of those stage gates and processes have been built up because it is such a regulated industry. What are your thoughts around how to overcome those, and how to break down the barriers while making sure you are adhering to the regulatory authority – but also challenging, to try and move things forward?

Fraser

It has to do with risk identification, followed by management and mitigation. It is not always easy to identify the risks – variability in schedules, variability in resource forecasting and trust in the data are all extremely difficult. But in today's world there are a lot of novel methods available, such as data mining and artificial intelligence, which can give you a lot more information on variability.

But I cannot leave project management without saying: 'It's all about people.' Everything we do depends on people.

Denise Moody (Pharmaceutical Industry Project Management Group)

I agree. We are told from the very beginning of project management that 80% of it is about planning – and I would suggest that 70% of that is about risk planning. That is fundamentally why projects fail – because they do not do risk planning correctly.

Helen

What can we do *now* to enable the project to move forward, rather than look for future risks and mitigations? As Denise just said, it is not easy to plan for risk. Can we set authority levels? Can we set some good boundaries that give the project or programme managers enough latitude to intervene sooner? It will take money and resource, but will manage the risk much more effectively.

Fraser

It goes back to circles of control and influence. Some things you cannot control, but you can certainly plan against what the outcomes may be. There are always risks, so you have to deal with them as you can. But even for those you cannot control, there are still mitigations that can allow you to do 'what if?' scenarios.

Prioritisation

Chair

This flows nicely into our second topic, prioritisation – how you manage what is coming into a transformation portfolio, and make sure you are doing the right things.

Steve, I am interested in your thoughts on why the prioritisation of a transformation portfolio is important, and some of the challenges that you have seen while trying to manage that.

Steven

The prioritisation topic comes up in most organisations that have ambitious targets, and a large volume of projects being worked on by the same small number of people. I have seen examples where companies have done the prioritisation process well, and those that have not done it so well.

I have seen organisations that used an 'above the line, below the line' process – 'above the line' being those that have been resourced. What goes into making the decision around which projects to resource, linking that back to strategy, and the values of the company? Values trickle through to strategy, objectives, and then the contribution of individual projects to the organisational objectives to drive the decision about which projects to prioritise.

Fraser

Prioritisation reminds me of the saying 'Organisations die of indigestion rather than starvation.' It is important to align objectives and get the organisation to focus on those, but prioritisation is vital; when companies are not effective, it is because they cannot prioritise.

I am a former head of R&D portfolio management and investment governance. Good prioritisation is all about understanding and believing the data. It is not about just 'pet' projects, but also about resource forecasting – being able to understand what resources you are applying today, with faith and accuracy, but also the variability of potential future resources.

Helen

In the projects I get involved with, everything is transformational. We are helping our clients transform their businesses. Portfolio thinking works very well, rather than engaging on a project-by-project basis. You build on the knowledge, you keep a core team, and you get the benefits of filling up that core team's time – so you are not having ten people doing little bits on multiple projects for different clients.

With portfolio thinking, you know the data, they know the client, and where small projects might be dismissed on a project-by-project basis, if you are looking at a portfolio, one tiny, seemingly insignificant project might be the thing that unblocks the whole portfolio. It enables 'thinking big', and you get that because everybody has a wider stance.

Chair

Often, once a portfolio is developed, people become wedded to their set 'pet' projects or set ideas. The key challenge then is how you create an environment where people are willing to stop, change or adapt some activities.

Helen

I like to use the word 'de-siloisation' – not something you will find in the Oxford English Dictionary! Disrupt where people sit; do not let them have the same seats every time. If you engage diversity inclusion, and make people cross paths with people they would not normally interact with, you get a much better outcome. Rather than only focusing on their 'pet' project, people then see the wider picture.

Steven

When I was in Melbourne, I used to volunteer with the fire service before becoming a project manager with them. One thing that I learned in my training as a firefighter, when attending a rescue job, was about prioritisation in the form of triage.

The scenario in my training was arriving to a school bus that had rolled over with 30 or 40 children onboard. How do you triage – who do you decide to start helping first?

For prioritisation, you need to have aligned criteria, that the organisation has agreed, on how to prioritise projects. That is a way to overcome the 'pet' or 'passion' projects, and achieve a uniform way of ranking projects so that you can make sensible resource prioritisation decisions. Often the noisy patient is not the most in need – it is usually the silent patient who is dipping in and out of consciousness that should be prioritised. Similarly with projects, the prioritisation should be based on an objective criteria aligned to business objectives.

Chair

We have already mentioned the impact of the Covid-19 pandemic. We have all experienced working in companies where suddenly everything was thrown up in the air.

Steven, from your own experience, what was the impact on the transformation portfolio? How did you suddenly decide what was now an immediate priority, versus what was still a nice-to-have, in a very unstable environment?

Steven

At the project and programme level, you are thinking about the contribution of benefits. I say benefits because I have worked in the public sector, where it was foreign to be measuring benefits in only financial terms. Now that I have jumped over to the private sector, the emphasis is on financial benefits. But for those who do not work in the private sector, I think the contribution of project and programme benefits would be probably one major consideration.

Fraser

Covid-19 hit just as GSK was going through its biggest organisational transformation ever. Within this we had some sensitive employees and in some countries, trade union discussions. This was challenging, especially in some countries where the legislation is that you must have a face-to-face meeting to engage in consultation. This was not possible during the Covid environment, so consultations had to be put on hold.

There are some things where you can trade off, that may not be as time-sensitive. That goes back to knowing your critical path, and knowing where your time sensitivities are. But it does still boil down to good decision-making – being clear who the decision maker is, but also being clear on your overall projects and having consistent criteria. Then it is important to ensure that the organisation is aligned to those objectives quickly, because it is all about the people.

Denise Moody

For innovation you need people who can very quickly assess the scenario, and then be able to think outside the box and find a way to move forward. The face-to-face consultation problem is an excellent example; some countries did very well – they thought creatively, and were very quick to react. The people are what make it.

Chair

Building on the point about innovation, and talking about people, what are your thoughts around innovations you have seen to drive transparency from a portfolio perspective?

Helen

It is important to be able to admit that the person who is currently leading, who might have come up through project thinking, may not be the right person to lead a portfolio. Everybody has different skills. Holding mature, maybe difficult conversations can help to move people into areas that are more aligned to their skill set. Things go better when you have people with the right skills doing the right job.

Fraser

Just because you can report on something, does not mean you should. There are fantastic innovations in Microsoft's Power BI software, data mining and reporting – we can report on absolutely anything these days. But you need to understand what information is vital – going back to the point of where the value lies – and be focused. That is not easy, but the most successful companies have focus.

Collaborations

Chair

On our third topic, collaborations, a consistent theme has been that of people. Fraser, what are your thoughts on the role of collaboration in accelerating delivery? And how do you encourage more collaboration on major projects?

Fraser

I think there are two points here.

Organisations can no longer live by the 'not invented here' syndrome, believing that all the answers and capabilities they need are available internally. The expertise needed for certain things probably best resides outside a company. Any industry, not just the pharmaceutical one, has a lot of externalisation. That can relate to resourcing, or it could be about expertise and capabilities – but it entails collaboration with individuals.

A major transformation project within an organisation is likely to need to have >50% of an organisation pulling together to make something happen. It is probably going to include manufacturing, lawyers, finance, HR – you name it. And so there is also internal collaboration, which is all focused on making sure the organisation understands the priorities.

Chair

Any additional thoughts about the success of trying to integrate and work with external partners, as well as internal?

Steven

I have seen it done well where you treat your external partner as a seamless extension of your organisation, involving them in things like the project kick-off. And embrace them as a strategic partner. When it comes to workstreams within a project or programme, having joint workstreams helps you to act as a single team.

Helen

I am a big advocate of collaboration – but you do not always have to be collaborative. There is an art to knowing when to collaborate and when not to. If you collaborate badly, it does not succeed and can affect your reputation, which then spoils the next opportunity to collaborate. It has to be worthwhile to collaborate.

Chair

What about internal collaboration? Often small organisations are trying to break down siloed ways of working and form an effective team. What are your experiences?

Fraser

You need to have skilful communication and engagement with people, making sure that there are common goals. Sometimes also it is just making sure that only those who need to know, do, and not distracting others. It depends on what type of project it is.

But you do not want to create an environment where it is not clear who the decision maker is, or who the subject matter expert is. You need to make sure that every department and function understands its role, but there has to be a single leader and single decision-making. There have to be clear recommenders; there could be multiple recommenders, but there can only be one decision maker.

Chair

Any further comments, both on clarity of roles and on the need for single decision makers?

Steven

Those are very important. It is often a source of tension within project teams if roles and responsibilities are not clear from the outset.

I have been put in an awkward situation where I was recruited to manage a project, and a week later another project manager was given a role on the same project, and we were told, 'Figure it out!' We had to navigate that ambiguity – becoming good friends through the process – but unfortunately that organisation did not set us up for success with clear roles and responsibilities.

A single accountable person should be assigned per deliverable and they can also resolve who is to be consulted and kept informed or delegate the task to someone who is responsible. It is a worthwhile exercise that helps to remove ambiguity within a project, and give single points of contact. It helps me as a project lead to know who is my go-to point of contact.

Q&A

Owen Tarrant (Environment Agency, Defra)

On collaboration, I wanted to reflect on the triangle of government, academia and private sector. Covid-19 was arguably a good example of all elements of that triangle pulling together. Are there any reflections from the panel on how essential that partnership is? And do you have any other good experiences of government, private sector and academia all working together?

Steven Myers

A good example that comes to mind is when I was working for the fire department in Australia; one of my biggest transformation projects there was following the 'Black Saturday' bushfires that devastated the landscape and killed more than 160 people.

The fire department was given funding to build a digital radio communication network for better firefighter communication. The single aspect that I can pin down for the success of that project was the joint partnership between private industry and the Government, to gather requirements on what the network needed to do.

There were so many things involved in that project: requirements around coverage in the open air; coverage within buildings, from hospitals to work premises and houses; redundancy of the network – if the network went down, how could we re-route? And looking at some really remote parts of the state where there might not even be any houses, but there could still be bushfires and firefighters going into a space they would need to communicate out from.

The critical success factor was hiring a good business analyst to capture user and technical requirements upfront as the cornerstone for detailed planning and making sure those requirements were incorporated into delivery.

We could then test against those requirements – for example, we had test vehicles driving around testing radio coverage and making sure that Telstra (BT-equivalent company in Australia who built the network) were delivering against the service levels they had signed up to.

So mapping requirements to clear service levels is another critical success factor for public-private partnerships.

Helen Buckingham

We talked about communication – do not assume that everything you know, your partner knows. You have to go slowly at the beginning to go faster later on. You need to get to know people, but it is about communication and relationship in collaboration.

It is important to make sure that you do not fall into the very human condition of thinking everybody knows your context, and everybody knows what you know. We are not going to get it right every time, but it helps if you have taken the time to build good relationships. You do not have to like everybody, but you need to be able to work with the team, and understand that somebody else may be coming from a different context, particularly as we become more diverse. I have ADHD, so I have vastly different ideas to a lot of my peers – for a while I could not see why they did not seem to understand. Understanding myself, and helping my team to understand themselves, has opened up some great conversations and collaborations.

Chair

R&D is an important factor for the partnership between government and the pharma industry. It is certainly current, given AstraZeneca Pharmaceuticals' decision to move some of their manufacturing to Ireland. For the UK it is going to be critical for the pharma industry to work together.

We saw some real successes from Covid-19. To build a manufacturing plant, a huge amount of capex is required; to develop a drug at pace, you would normally have to navigate a lot of potential litigation liabilities. Pharma and the Government looked at that differently: the Government put some of the capex into the projects to build the factories at pace, and looked at the regulation to try and mitigate it.

The hope is that if we can adopt that same mentality of the Government and the pharma sector working together, and apply it to working on HIV or cancer drugs, it can have a massive impact. But how do you create that burning platform urgency, to prevent people moving back into their old ways of working?

Kay Hughes (HS2 Ltd)

It would be interesting to hear your perspectives on how purpose and vision can drive accelerating delivery, and the complications of that.

Steven

With the Covid-19 example, getting both private business and regulators united on the cause helped a lot with breaking down bureaucracy. Where submissions were going in for review and approval, Covid-19 applications were put to the front of the queue at all times; normally it might be a 12-month wait. So the common purpose, for both government and private sector, helped to accelerate timelines.

Fraser MacFarlane

I totally agree that project delivery is all about focus, and I do not think you can prioritise without having a vision and strategy. While GSK has many targets that are financial, it also has targets for environmental, social and governance, patient impact, etc.

I truly believe that if you do not have strategy and vision, then your prioritisation is pointless, because the projects are not clear. And if the people who are going to make them happen are not aligned to the overall strategy and vision, then the organisations are not going to work well together.

It is not just a matter of communication; you need to understand what each individual group or organisation wants from this sort of collaboration. For me, it has to be long term – our overall company strategy is laid out until 2031, and everything that we do has that lens.

Chair

One of the fantastic projects we did a couple of years ago for a pharma company was when the Chief Scientific Officer asked what the return on investment was for the hundreds of millions of pounds spent on global health projects – drugs, vaccines, and programmes for countries with low and middle incomes.

He did not mean the financial returns; he meant, what are the health outcomes you are trying to achieve? It was not about cutting the money; it was saying, could we spend this money more effectively, and have better health outcomes?

That questioned people who were going a little bit on autopilot, and challenged them to transform the way they were thinking.

Within the pharma industry, the focus on health equity is very important as a common vision. It is not just about getting to the patients; it is also making sure that all patients have access to the right drugs and vaccines.

Jacqui Bandy (Environment Agency, Defra)

What do you think is the biggest barrier to accelerating delivery?

Fraser

People! Specifically, misalignment around information assumptions. You are trying to enable a matrix of individuals to all pull in the right direction. You need slick decision-making and clear accountability and communication. In some projects I have worked on, we spent too much time arguing over who the decision maker was, and one element of the information, when we could have made a decision and executed it.

Steven

An extension of the idea of 'People' is fragmentation of resources, where a project manager and project team members can be assigned across many projects, and there needs to be sufficient allocation of time to be able to do each project well. If you want something done well, resource it properly.

I did a six-month stint at a UK Government regulator as an interim PMO manager, and they commissioned some research looking at this issue of resource fragmentation because they were having people assigned to 12 projects at a time and noticed they were not effectively doing their job – so they wanted to resolve whether this was the 'optimal' allocation of resource.

The concept of the inverted 'U' peak stress curve comes to mind; when you get past your peak level of stress and you start becoming less effective, is something to think about when resourcing projects – checking how many projects individuals are assigned to, to try and reduce this fragmentation.

Helen

I am a service provider; we are consultants and engineers. When your end client has an idea of how projects work, they do not expect to see your resource loading at 100% – and generally nobody's resource loading is over 80%. Having even a small amount of unallocated time gives the ability to be curious, and some headspace to think outside the box, be innovative and creative, and connect the dots between different things.

Chair

When we started talking about the transformation portfolio, we mentioned the importance of transparency about all the different transformation projects.

As a consultant, it is usual that we come on to a client site saying, 'Right, let's set up the transformation portfolio.' But our first four weeks is taken up with understanding what is happening in the business; no one has a clear view of the number of different transformation programmes.

You need a proper understanding of what you are doing today, and the transparency to know what resources are being used; then you can stop those projects that are not adding to your strategic goals.

Denise Moody

I also think it is incumbent on the executive sponsorships, and the executive committee, to have that information fed up to them in real-time equivalents. We are very good at talking about the budget of resources, but we are not good at delivering the data. If as a project manager you can show that you have one person on your team, but when you add up all the full-time equivalent resource it is 1.8 people, the executive committee has no choice but to do something about it.

Stephanie Gates (Jacobs)

Everybody wants to be collaborative. But sometimes the contractual mechanisms on different major projects prevent that. **Project 13**, for example, is a tool to try and overcome some of those. What are your experiences in terms of that contractual element, and how to deal with it in a collaborative way?

Fraser

There are four functions I keep close: procurement, legal, finance, and human resources. There needs to be an aligned 'spirit' of working. And then you try and use that, rather than a legal document which could be open to different interpretations.

Helen

Finance will tend to be thinking about capex rather than the whole life cycle. If you think in terms of life cycle, that usually helps.

¹**Good manufacturing practices** conform to the guidelines recommended by the relevant agencies which control the authorisation and licensing of the manufacture and sale of food and beverages, cosmetics, pharmaceutical products, dietary supplements and medical devices. They provide minimum requirements that a manufacturer must meet to assure that their products are consistently high in quality, from batch to batch, for their intended use.

ACCELERATING TRANSFORMATION: CASE STUDY OF THE ROSALIND FRANKLIN LABORATORY



ACCELERATING TRANSFORMATION: CASE STUDY OF THE ROSALIND FRANKLIN LABORATORY

Helen Buckingham, Senior Project Manager, WSP

Introduction

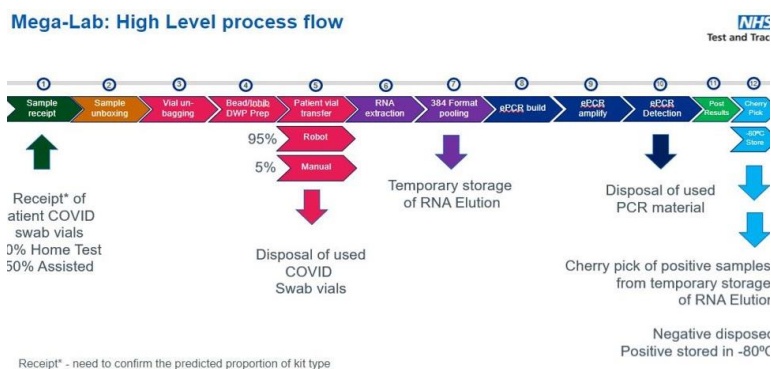
Today we are looking at transformation. The **Rosalind Franklin Laboratory¹** in Royal Leamington Spa was the high-throughput diagnostic laboratory set up in response to Covid-19. WSP were asked to assist with transforming a former industrial unit into an **ultra-high output lab**.

I am going to talk about three aspects of this:

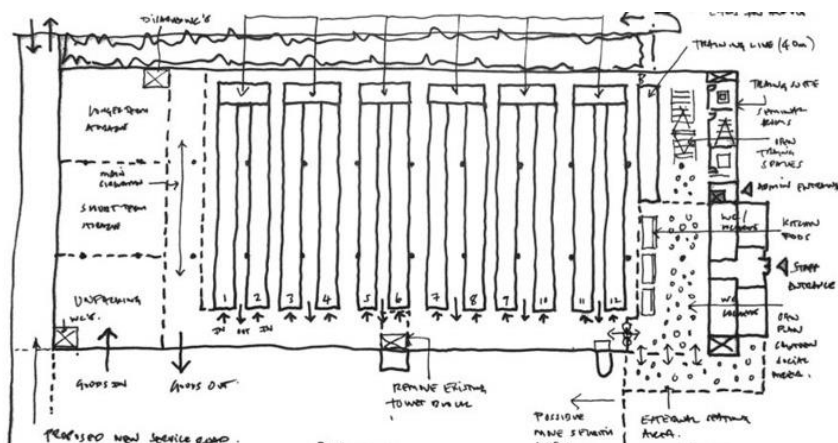
- Transformation of the asset.
- Transformation of the delivery.
- Transformation of the ideas.

The asset

In September 2020, WSP received a phone call asking for help with the project, and giving us this process flow:



On 6 October we went to see four warehouses; the site chosen was in Leamington Spa. By 8 October we had a rapid ideation sketch – the rough diagram below gives a flavour of its complexity.



The architects we were working with came up with the concept of having the laboratory at the centre. You also need a decent welfare area and offices for the workforce. Laboratories do not normally work on this scale, so the logistics are on a greater scale than normal.

But I come from a manufacturing engineering background, and we know about logistics. So we were able to innovate by bringing elements from different sectors into our collective thinking.

From October to November, the full multi-disciplinary team were working across the supply chain. Everything went into Revit building information modelling software as soon as we were able, and the supply chain gave us their data, so that we could develop the design straight into their language.

By November, the panels for the laboratory were being manufactured. From a standing start to the first **PCR²** tests going through the laboratory took about nine months, which was very rapid.

We modulated the design so that we could get that first line up and running. Each line was originally designed for 25,000 PCR tests a day. As we developed the project, the science developed alongside us, and we ended up being able to do 40,000 tests per line, per day.

The delivery

Delivery was fully collaborative from the start. It had to be, because to start with there was no decision maker, and there was no ultimate client. It was a collaborative panel of SMEs brought in from areas of their expertise – from the army, from AstraZeneca and from Deloitte.

To deal with that, we implemented a ‘design authority’ to provide a framework for decision-making. Rather than a prescriptive checklist, if you go for frameworks that are aligned to values, you can make decisions collectively, without a single point of authority. We did get that single point of authority eventually, but we had to get started before it was in place, and this was a way to do it.

The contractual arrangement enabled this project to be fully collaborative, and get going super-quickly.

All of the major partners were already on the **Crown Commercial framework**, so the supply chain was already in place. The client took the risk. That was a key point: the teams were enabled to go quickly because the client – the Department of Health and Social Care, which became the **UK Health and Security Agency** – held the risk pot.

The project used a collaborative NEC3: Engineering and Construction Contract Option F – a cost reimbursable management contract where the financial risk is taken largely by the client. While we did not have an unlimited budget, there was no contractual standoff between construction and design.

The project manager role was crucial to successful delivery, so it was important to have the right person in the right seat. In a true spirit of collaboration, we did not worry about whether it was our organisation or one of the partner organisations who was best for the project.

Although we were not the project managers, the panel manufacturers were part of our supply chain so we put in a design order with them in week 2, involving them very early on.

The whole reason for this project was Covid-19. It was pandemic readiness – making sure that we could get through the number of PCR tests that the Government had mandated at that point. It was having that big ‘why?’ – that underlying reason – that saw us through some hard times.

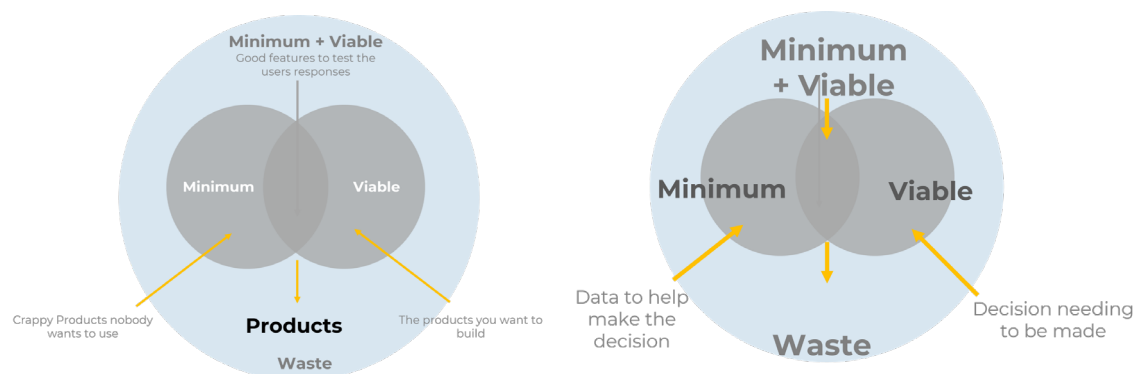
Although there were problems on the project, I do not remember any particular sticking points, because we all came with solution-minded attitudes.

Being in the life science and pharma industry, I feel proud that I always have a patient at the end of my projects – I always have a big reason ‘why?’. But then I heard about Crossrail, and how that impacts more lives daily than a lot of my projects do. If you do not go to work happy, if you have a bad commute because the trains are not running correctly, that impacts many more people than some of my smaller projects do.

So it is having that big ‘why?’, and understanding that big ‘why?’, and communicating that big ‘why?’.

We ripped up the rules – but you have to know which ones you cannot rip up. You must have governance; we still change-manage, and we have to keep track of the finances. And we were very flexible and responsive, and made sure we reached back into our collective organisations to fill the gaps.

Transforming the ideas



I talked earlier about the idea of ‘minimum viable product’, and how we use that in terms of the data. I also mentioned the design authority. You must be rigorous about knowing what you need the team to make a decision on, and about having a framework – asking one question, with enough data so that the team with the expertise can make the decision. That is what I am calling ‘minimal viable information’ – too much data can blind you.

That is my key takeaway: make sure you know what is needed to take the next decision. And do not assume that what I need to make a decision is the same as the decision makers’ needs. You must ask them what level of detail they need, because different people can make decisions on different levels of data. Everybody has a risk profile, and some people need 99% of the data in place. If they are the decision maker and hold the budget, then that is what you have to provide.

Some people can flex that and say, ‘Well, if I know these three points, I’m willing to make a decision on it.’

Laboratory site visit

Is there any feedback from those who went on the site visit to the laboratory in October 2022? I am looking at Andy Murray, because I know he was there.

Andy Murray (Major Projects Association)

One of my observations on the day was the proximity of the users – the people who operate the lines – quite early on in the process. I know you had the panel supplier and others involved early in the design. But once that first line was part-way through, the users were being trained, and they were in on-site.

So you had this site that was still being constructed, because the other testing lines and even some of the staff welfare parts were still being built – but people were already in there working. I think that really focused the minds of the team about collaborating and working with the users. And you could see evidence of how you got to 40,000 tests per day from 25,000.

Helen Buckingham

That was all part of the innovation, where we were taking ideas from other bits of the industry. We do construction projects which are up against live manufacturing requirements all the time, so we are used to those processes.

For instance, some of the construction team came from an airport background – you cannot shut an airport, so they knew very well how to segregate construction from the flow of people. It was a melting pot of ideas.

John Turp (Nuclear Decommissioning Authority)

I am thinking about the idea of minimum viable data and the gated processes that we all use and are familiar with.

Were there any instances after you went through a decision, where you realised in hindsight that you did not in fact have minimal viable data, and you might otherwise have taken a slightly different path?

Helen Buckingham

I cannot think of any, because part of the rules, and the framework of the design authority was, if you do not have designated decision makers, or enough data for them to make the decision, you do not even get to present to the authority. So I cannot think of any decisions that we reversed on.

¹The laboratory's official name honours Rosalind Franklin, an eminent scientist whose work was pivotal to confirming our understanding of the structure of DNA.

²Polymerase chain reaction (PCR) is a technique for rapidly producing many copies of a fragment of DNA for diagnostic or research purposes.

PANEL DISCUSSION: CHAMPIONING CHANGE



PANEL DISCUSSION : CHAMPIONING CHANGE

Panel members: Tom Cooper-Woolley (Panel Chair), Danie du Plessis, Denise Moody, Pamela Stacey



**Tom Cooper-Woolley, Principal Consultant,
Moorhouse Consulting**

Tom Cooper-Woolley is an experienced organisational change leader, who brings almost 15 years' experience in navigating the people side of transformational change, from organisational design through to culture and change adoption. Tom focuses on helping prepare and enable staff and leaders to adopt sustainable change, having delivered sustainable people-based change in multiple sectors including life sciences, government and policing, and telecoms.

Tom has significant experience as an organisation design and culture development specialist, with a track record of successfully designing and delivering transformation covering re-structuring, skills and capability uplift, organisational culture, and technology adoption. Tom also has a proven track record as a leader of people, having effectively led operational and programme teams of varying sizes and technical disciplines.



**Danie du Plessis, Executive Vice President
Medical Affairs, Kyowa Kirin International plc**

After completing his medical studies and a Master's degree in Pharmacology in South Africa, Danie du Plessis spent three years working in a primary care setting including his own private practice. He joined the pharmaceutical industry in 1993 and held roles of increasing responsibility and leadership, including Senior Vice President and Head of Worldwide Medical Affairs at GSK.

Danie is the Executive Vice President for Medical Affairs for Kyowa Kirin International, having joined the company in August 2019. Danie is registered with the medical councils in the UK and South Africa, and completed his MBA through Heriot Watt University and Edinburgh Business School in 2006. He is a Director and Vice-Chair of the Medical Affairs Professional Society Board, and an affiliate member of the Association for Professional Executive Coaching and Supervision.



Denise Moody Chair, Pharmaceutical Industry Project Management Group and Chief Operating Officer, Kuano

Denise Moody is currently the Chief Operating Officer at Kuano, a tech-bio company. She started her career as a clinical biochemist and now has 30 years' experience in the healthcare sector. During this time, she has managed all types and sizes of project, including several global transformational projects worth in excess of £100 million. Denise is known for forming, building and maintaining high-performance teams, and for embedding change in organisations.

She has held previous roles at Roche, Bayer, Hexal, Actavis, PPD and Astra Zeneca.



Pamela Stacey, VP Risk and Compliance for a small Pharma Biotech Company

Background

The life sciences are a key driver of growth in the 21st century. With growth comes change. To ensure positive change is sustained against a constantly evolving social, macroeconomic and innovation context, life science organisations need to constantly adapt their capabilities, people, ways of working and operating models.

Change can be difficult. Research shows that 70% of complex, large-scale transformation programmes fail, and a lack of employee engagement and inadequate management support are cited as contributing factors.

Change management is a crucial element in controlling this and delivering projects successfully. Effective change management moves people from a point of uncertainty and resistance to a point of ownership, acceptance and empowerment.

This panel session explored how change management plays a vital role in delivering transformation projects across the life sciences industry, with a particular focus on:

- The importance of preparing for change – how can you define an enduring vision and case for change?
- Avoiding change fatigue – how can employees be supported through change?
- Ensuring change sticks – how can you create the conditions for success and support employees and leaders to adopt sustainable change?

Discussion

Tom Cooper-Woolley: Chair

At Moorhouse Consulting, I look after what we describe as ‘the people and change work’ in the life sciences sector. Before joining Moorhouse I worked for EY, where I supported initiatives spanning change management, organisational design and organisation development. I have also worked in the public sector in health and telecoms.

I am really excited to have the opportunity to present our collective thoughts. I am joined on the panel by Danie du Plessis and Denise Moody, who will shortly introduce themselves, and by Pamela Stacey who needs no introduction as she is Chair for today’s seminar.

The subject for this session is ‘championing change.’ In the first panel discussion we heard a lot about accelerating delivery, but now we want to focus on the people side, and what we feel that means in terms of championing and embedding change as part of the transformation. A slogan used in the previous panel discussion today was ‘people first’ which beautifully sets up a platform for us.

Danie and Denise, please introduce yourselves.

Danie du Plessis

I did a Master's degree in Pharmacology in South Africa. I have been in the UK for going on 22 years and have been in the pharmaceutical industry for just over 30 years. After medical school I ended up thinking I could help more patients in the industry than in private clinical practice, so I ended up with two occupations: one in transformational change and the other as a coach and mentor, which I feel very passionate about.

Over the 30 years I have only been in three companies, but I have seen lots of change in those companies. It has already been said, and I agree, that you cannot deliver successful transformational change if the people you need to lead the change are not on board.

Denise Moody

I am Chair of the Pharmaceutical industry Project Management Group and I am a Chief Operating Officer for a small biotech company. During my career I have worked in many companies – large blue-chip ones, small startups, contract research organisations; all of them are unique and yet all of them are different.

However, the one thing they all have in common is the people. I am a scientist by training – so not quite a medic – and I think that in the pharmaceutical industry you are dealing with subject matter experts who love rabbit holes. They love getting the best scientific data for their next paper. The question is, how do project managers and change managers drive and motivate people like that? That is why I am delighted to be here today to talk about this.

Chair

Thank you very much. I think it is safe to say that with the panel we bring a collective number of years of experience. The panel members are going to discuss how to embed change, and to get a wider conversation going we have a set of questions that we would like to explore.

There are roving microphones in the room, so if you have questions during the panel discussion, or a thought springs to mind, please put your hand up. If you wish to explore more contentious questions such as, 'What is the value of change management?' or 'Why do we even do it in the first place?' please ask.

We are keen to explore everything that might be of interest to you this afternoon. With that in mind I will start with a distinction made in a *Harvard Business Review* article which addressed the difference between 'transformation' and 'change.' It is a question that I have bumped into quite a bit, and I am hoping we might be able to clarify the concepts.

How does accelerating transformation move towards embedding change? I thought we might start with the basics and begin with the question, 'What does change management mean to you?'

Would the panel members please give us some enlightenment.

Danie

To be honest, I think we could probably spend a week on this. My initial thought is that change means ending up doing something in a different way, or doing different things from what you are used to. That is the short version and perhaps I should just stop there and let the conversation develop?

To continue, the biggest challenge to the management process is getting people on board. To do that, you have to ask, 'What is our purpose?' and 'Why do we need or want to change?' I think something that came out in the previous panel discussion was the sense of urgency, which I think was beautifully illustrated with the Covid-19 example. There needs to be a good reason for change, and whether you want to call it a 'burning platform' or anything else does not really matter. It is always a big thing for people who are involved or potentially impacted by the change.

Denise

I was in AstraZeneca when Covid-19 struck, and successful change management meant that everybody in AstraZeneca had to be driving for the good of every human being on this planet. There was a common goal, everybody understood the vision and people – this is the underlined double bold – were happy to put themselves out to achieve that.

For me, successful change management is about creating that inspiration and getting people to buy into the vision from the very beginning. You have people who are happy to go that extra mile in order to deliver, because from their depths they truly believe in the purpose and the vision.

Pamela Stacey

I think it is all about delivering value. We would not do change unless there was a benefit in doing it. At least, I hope we would not, because that would be very challenging. You need that psychological investment from the people who are involved in the change, but what is important is that successful change management must be sustained in order to deliver the value.

You need to ensure that everyone is clear about the value, and that you have planned outcomes. You need to feel you are driving towards those planned outcomes, and that drive must be sustained and embedded – initial successes must be maintained and sustained, because otherwise you will just drift back to where you were before. You are investing a lot of time and resources for nothing, if you do not deliver the value that you planned.

Obviously, from my perspective as a risk professional, you need to manage the risks along the route, you need to anticipate them and make sure that you mitigate them, but also capitalise on opportunities. In that way you can use those opportunities to sustain and embed faster pace and faster change.

Denise

Successful management means different things to different people. Senior people who are looking at the bottom line will think the project is successful or not for that reason, and the people who have worked on a successful programme would be happy to work with that team again.

Everybody has different success criteria, but for me being able to demonstrate successful change management to the wider community is done through metrics. But your metrics must be meaningful, and then they are powerful. Some metrics are made to beat you up, so they have a bad press – they are the stick rather than the carrot. However, if your project can agree successful criteria for showing success it is easy, and you get so much more buy-in in the long term.

Chair

I would like to revisit the use of metrics a little later. I think once you have understood what change management is and how to do it, then measuring success or return on investment is often a challenge. We find that some organisations might decide about whether to invest in change management based on their ability to identify demonstrable and quantitative measures by which to measure value.

Denise

In the first panel discussion David Griffin referred to a Chief Scientific Officer talking about return on investment, but he did not mean financial return, he meant the health of the outcomes they were trying to achieve. If you set your criteria at the beginning that makes it a lot easier.

Danie

In the same discussion Fraser MacFarlane said we do not necessarily have to measure everything that we can, because what we measure may not necessarily be valuable. I do think that is important.

Most of my pharmaceutical life has been in medical affairs, and one of the interesting conversations has been around metrics and key performance indicators (KPIs), where the challenge is not only finding meaningful quantitative metrics, but also qualitative ones. When it comes to change and change management, we must have some of those qualitative metrics, because we always have to remember that it is about how people feel. The workforce needs to be able to say, 'The change was worth it. This is better for me. I understand that some of our colleagues left because their roles were made redundant, but I understand that it was done in a respectful way'. The challenge is considering the human element.

Denise

I was speaking to Iain Minns from Arcadis over coffee, and he was talking about trust and humility. In order to get people to respond honestly to qualitative surveys and questionnaires you need to create a safe environment. If you do not have that then people are just going to pay lip service – as a result the qualitative metrics are going to be worthless. Instil trust and humility within your team and you will get valuable data.

Pamela

I think the discussion around KPIs and metrics is an interesting one because it must be tailored to your audience. People who are directing the change at the top of the organisation are interested in something completely different from those who are going to be impacted by the change on a daily basis. I think that is where the tension between quantitative and qualitative metrics comes into play. You need to make sure that the right messages are getting to the right people. Get the message wrong in a transformation and you will simply push people away because they are not interested.

Chair

To try to wrap these points together, I am going to bring up an observation made in the first panel discussion by Kay Hughes, Design Director at HS2, which was that she had not heard much about the vision and case for change. I think we have begun to touch on that, but it might be useful to frame the discussion by saying what change management is, and then what meaningful metrics you are going to use in the creation of a vision and a case for change.

Fraser's mantra was 'people first' and if you are measuring effective change management, you are dealing with the people side of change, and helping mitigate the impacts on people. Decisions about meaningful metrics need to be made at the beginning of a programme and put into practice at the end. The whole concept of effective change management begins right at the start of a programme with a clear vision and a well-argued case for change.

Denise, what do you think are most important things to get right – or what does a good vision and case for change encompass?

Denise

What I am going to say is a bit long-winded even for me, because there are many different attributes to managing change. If I am the change manager or the leader of change, I need to understand in my own words what the change entails. Likewise, Danie needs to understand it in his words and Pamela in hers. That is because everybody hears and translates in different ways. I have worked with people whose first language is not English, and in a way they are a lot easier to work with because they have fewer preconceptions.

Creating a clear vision sounds obvious, but it is difficult to do. The first question I would ask is, 'What is the winning outcome?' Let us say it is 'going green' and one of the solutions put forward is that everyone should drive electric cars. Well, I am quite happy with my electric car, so if I am the change manager how am I going to embrace the vision and relate it to every single person on my team or in my organisation?

Creating a suitable culture is a long-term vision in many organisations, and if it is not then it should be, because it is an ongoing process. If I accept the overall outcome then I must personalise the vision and make sure everybody buys into it. And if it is a long-term vision, we need get people to swallow it in bite-sized chunks.

As Helen Buckingham said in the first panel discussion, we need to define and recognise success on a regular basis because success breeds success. I play golf. If you look at any golfer when they are winning then they are awesome, but when they are not winning, they are more liable to make mistakes.

Danie

I am not sure how to build on this, but I do want to pick up on the importance of asking, 'What is in it for me?' It is the individualisation that is needed and there are different layers to it. The way my head works is that I must have that longer-term vision. And if this is in a company or business context, I must ask *why* this is important for the business, and then break that thought down into different layers which have or do not have an impact on my own aspirations.

I need to understand that before I start with the communication, and I need to be honest and authentic about it. I may still need to end up in a consultation situation, because it is authenticity and honesty that brings everyone to a much better place.

Chair

I totally agree.

Pamela

It is about creating a compelling story. A vision is fine, but unless you make it into a story it does not mean as much to individuals as it does to yourself – you must tailor your story for each individual.

Your story needs to change with time, because if you go back to the 'as is' and 'to be' you re-baseline people in the old ways of working and there is no new motivation to change. So, it is important to make sure that you update your story as you go towards your vision, and make people understand where you are now – and not where you were in the past.

Denise

Building on that, I was talking to Stephanie Gates from Jacobs earlier about getting the platform right for the story. How many organisations do you know where you must read a 50-page document to totally understand the change? We now work with new generations of people who are getting their information in nanoseconds, and if your vision is not communicated in nanoseconds, then you have lost them.

Helen Buckingham (WSP)

In an organisation's population you always have a bell curve of the numbers of individuals and their possible acceptance of change. Do you aim your narrative at the start of the curve where there are a few easy adopters of change, or at the middle range where most individuals could be persuaded, or even at the tail end where there are the few who need the most persuasion?

Chair

I would like to add that Simon Sinek, who is a British-born American author and speaker, said that the law of diffusion of innovation indicates that you need between 15% and 18% of a population to accept an idea before you hit the tipping point of acceptance. If you cannot get past the first wave of innovators and early adopters, then you will never get to the tipping point.

So, when embarking on a change programme, do you aim your efforts at the early adopters; the middle of the curve which has most people who might be persuaded; or at the few laggards at the tail end? Danie, would you like to comment?

Danie

My favourite response to just about every possible question is: 'It depends.' I think everybody needs to get a target that they like, and everybody needs to get an opportunity to have a discussion.

Another way of describing the challenge to the likely acceptance was the change curve created by the Swiss-American psychiatrist Elisabeth Kübler-Ross in 1969, which depicts the five stages as grief, denial, anger, bargaining, depression, and acceptance. There are now more modern descriptions of the process, but the point is that the speed at which people go through the stages to acceptance is different for different individuals.

Moreover, the process is not always straightforward because sometimes people regress. Just as you think they are through the process something happens and they drop back. Leaders must appreciate that in themselves as well as in the individuals they are persuading. Early adopters will go through that curve very quickly, they are through the process, understand and want to move on. But most people are somewhere in the middle and they will be going through at different speeds, and you must spend time to help them.

If I put myself in that category, I do not want to get to the point that I overheard last week when people were saying, 'We have gone over this five times; what do you not understand?' Some people are never going to get through the change curve, and then you have to say, 'Well, can we help to get you to somewhere else inside or outside this company?'

Denise

To answer Helen's question, I would say my approach would be to have an advocate in each section of the curve. They are really very powerful people who understand what they are up against, and before you do any communication and change management you must identify them and get them on side.

Jacqui Bandy (Environment Agency, Defra)

We have been talking about getting people through the change curve and talking about change programmes, but have any members of the panel had the experience of people who are the subject of multiple change programmes all at once? How do you deal with that?

Chair

That is very close to the question I was going to ask which is, 'What is change fatigue?' It is a great question and having spent time on some of the programmes mentioned in the first panel discussion, and hearing about the work Pamela and Fraser carried out on the three-way deal that GSK did with Novartis, it sounded close to 'change fatigue.' Fraser described it as 'everything, everywhere, all at once'. If we explore a definition of change fatigue, perhaps we should start with Pamela.

Pamela

I think change fatigue happens when there is initiative overload, there is too much going on, there is a lack of coordination of the different changes, everything is a high priority and everything must be done at the moment. It really demonstrates a lack of maturity in change management and transformation. My current company is basically a startup with a lot going on, so the focus is on the next deadline and that is the priority. We need to get more mature in change management quickly.

Because there is a lack of a long-term plan every function has its own change programmes, and those change programmes have an impact on the whole organisation because people are doing things in their silos. It means that coordination is now becoming critical to us as a company, because if you try to do too much without coordination you will fall down on all changes.

We need to step back and determine what the critical changes are. What are the ones that will deliver the most value? What are the ones that are going to be enablers and facilitators? Concentrate on those first. You need to have visibility of all the projects that are happening, because without that visibility you cannot prioritise and you cannot direct the change.

Chair

That is fantastic. Thank you to Jacqui for asking the question. We covered prioritisation in the first panel discussion, because it links back to visioning and creating a case for change. You need to envisage what success looks like. It is inevitable that programmes will overlap and there will be potential conflicts, so prioritisation is absolutely key.

Leo, do you want to add something?

Leo Koshutova (Moorhouse Consulting)

As a partner at Moorhouse Consulting, I lead the life sciences sector. We have touched on a few different things around change fatigue, and some of the levers we can pull on to drive and champion change. One of the key challenges we hear from our clients, especially at the senior level, is that when the case for change is clear and the prioritisation has been done, there is still the need to drive the change across thousands of people.

Denise said that one of the things that you can do is identify advocates. However, when you are in a climate of constant change and probably suffering change fatigue and lack of capacity, how do you do it? I would love to hear your reflections on how we can drive change and champion change when we are talking about big organisations and big programmes.

Denise

You ask a big question, so I will try to give a big answer. I think in large organisations like GSK (where I have never worked) they seem to have undergone a great deal of change, so I am going to pick on them. I have worked in bigger organisations than the one I am in now, and I am sure that if whoever started the change were to look back retrospectively, they would say, 'We would not have done it like that.' It is always difficult to determine the implications, and successful change is when you can understand the long-term implications.

Earlier we discussed what change would look like from the individual's point of view, and there were many different perceptions. It is a case of making sure that the time is taken for communication. Communication is a whole industry, and we need to spend maybe 80% of our preparation time to make sure that the vision has taken root before we go into changemaking. We need to create workshops. We need to give people a safe environment and safe opportunities among their peers, among senior management, among middle management, where they can feel comfortable in asking questions.

You need to communicate a message many, many, times because if you only do it once it might just land on a very small percentage of individuals. Do it seven times and you might be getting somewhere, though there will always be somebody who was off sick during the time. You cannot over communicate.

Danie

The length of time needed to implement change – at least in the pharma industry – is continuously underestimated, and that may or may not be true in other industries as well. If I look back to the problem of change fatigue we all know the expression, 'the only constant is change,' but change is speeding up. The acronym VUCA – volatility, uncertainty, complexity, ambiguity' – was coined in 1987, and in 2023 change is getting faster and faster and we all have to get used to it. The challenge when dealing with a big change is whether it has a direct impact on you, as opposed to it being a big change around you.

I smiled when Fraser talked about the circles of control and influence. We looked at that when we were on a leadership course, but there is another circle where you have absolutely no control and no influence. You need to be able to identify those, accept them, acknowledge, and move on. Again, as leaders, we need to acknowledge that challenge with our people as well, and we need to help them understand.

Sometimes it feels as if there are multiple change projects happening. That may be true, but potentially none of them will have any impact on you as an individual; you have to determine which do. I think that is the short answer – sorry for taking so long.

Denise

What I am going to say is that the message comes from senior management. I know I am one of them, so I am finding this hard, but you must speak the truth – not dress it up and make it all kind of flowery. Say, 'This is hard,' and that there may be job losses. Showing that degree of empathy does not make it any easier, but people do not feel so isolated because somebody understands. Create a safe environment so that when people feel they are change fatigued they can own up to it. Sometimes just talking out loud lessens the tension dramatically.

Chair

I think there is a key point there in establishing a vision and case for change. This is not all about an exciting, altruistic, positive future – particularly with some of the more 'sharp end' of transformation, aimed at making the organisation smaller and reducing the number of employees. It is about leaning into that situation, embracing it and saying this is the truth. You need radical candour because people are not stupid and will likely be able to see what's going on.

To round up this conversation, I would like to come to each of you, in true consulting style, for your key takeaway, or your key 'get right' with regards to change management.

Pamela

When I am looking at change or transformation management I have three C's In the back of my head:

- **Communicate.** Unsuccessful leaders tended to focus on the 'what' behind the change rather than 'why'.
- **Collaborate.** Bringing people together to plan and execute change is critical.
- **Commit.** Successful leaders make sure their own beliefs and behaviours support change as well.

You need to establish the business need and the business benefits and communicate throughout the project. 'Collaboration and co-creation' is one of answers that I would have given if asked about how to embed change in both a large organisation and a small one. Then once you have co-created the change programme, you must have the assurance that you can deliver and sustain it.

Danie

Make sure you take time out to reflect on the sense of urgency for the change, and remain patient with the people going through the change.

Denise

I am going to be brief for a change – I have written it down, because I want it to be succinct. I say:

- Communicate and be transparent.
- Communicate, measure, and show your success.
- Communicate, and be empathetic.

Chair

We have a short time left. Thank you for the questions so far. I hope you have found the conversations interesting and you have some takeaways. Are there any more thoughts or views from the audience?

Fraser MacFarlane (GSK)

I am going to give you another 'C' which is 'Consistency of message'. Just think of how many different or mixed messages we get every day. Consistency is important and it links to your advice on being transparent. What I have seen – more outside my own company than within – is when people are not willing to embrace the hard truth and they create a message that nobody understands. I am sure it is because they do not want to be blunt, but you just read it and read it and still you do not know what it means.

Danie

If you do not know what it means, then say so. The lesson from the pandemic, right from the beginning, was that we just did not know. Do not pretend you know and come up with all sorts of guesses. So, be consistent, even if you do not know the answer.

Andy Murray (Major Projects Association)

A lot of the focus in our discussions has implied that we are talking about change or transformation of the business. However, some of the work that you do would impact on partner organisations or customers or users of the products. How does change management thinking extend to those communities rather than, say, just the employees or departments within the organisation?

Danie

That is a really good question. You have framed it in a way that we do not usually talk about change management in the industry. It is something that we do, but we call it something different and it gets into how messages are adapted for different communities.

Denise

I would add one thing about shareholder management from my experience in the pharmaceutical industry. It does depend on your portfolio of products. When you are looking at a primary care product versus a highly specialised product, then it needs a different conversation. We do a stakeholder map on who we need to influence – it could be the reimbursement authorities, it could be patient advocacy groups, it could be parents of patients, and so on. Shareholder management is very important in pharmaceutical change management.

Chair

I think there is a fundamental takeaway here. Focus on the people – whether it is external stakeholders, internal stakeholders, business shareholders, governmental stakeholders. It is down to effective audience segmentation and clarifying your vision and case for change, and then targeted communication that is fit for purpose for your audience. We have time for one more question.

Rob Kelly (Anglian Water)

As far as the Covid pandemic was concerned, we were fortunate to have members of the vaccine task force who came to talk to us about a year or 18 months ago. The analogy that stuck with me was this: the pace of change was the equivalent of getting from one side of London to the other in rush hour with the traffic lights being red, compared with going on a Sunday night at one o'clock, with the traffic lights green. Where is the learning from the first panel discussion for this panel to really embed that pace of change going forward? How are we keeping the traffic lights green?

Denise

Well, it was a pandemic; it was two o'clock on a Sunday morning and that was the reason why there was no traffic and accelerating change. In the area of vaccines we looked at it as an organisation, as AstraZeneca and as a pharma industry. and everyone agreed that it was a one-off, but there are aspects that we can take and move forward.

For example, we normally have to put together a huge dossier of data for a product and give it to the authorities to review it, and whatever else they do. During Covid, they reviewed the data literally as it came off the line. That was a good change, but we can only do so much pushing as an industry, because we are their customer.

The other aspect is that we have become very much more aware of our people in project management – it was major projects initiatives that enabled the vaccine development, and then the rollout to the whole community. I think that is something we will now do more often. We will get the wider audience and not just the pharmaceutical company involved in delivering a new product, or helping to reduce incidence or increasing life expectancy. That would be my opinion.

Danie

Do you think we are going back to what we were used to?

As human beings it is very easy to go back to doing things in a sequential rather than concurrent way, and we have to work hard at taking the learning and implementing it. We are all aware of the phrase 'back to normal.' I find that quite scary and sad because we should not go back to doing everything the same way as we did before the pandemic. It is an opportunity to do things differently, and to do different things. We must keep the awareness.

Denise

That was good practical point. Before the pandemic we had probably four quarterly meetings, and everybody would come from around the world and we would all sit in together. Now we all do it through Zoom. I remember a colleague of mine who was the only person in the US, whereas everybody else was based in the UK, and she felt totally isolated because she was the only one on Zoom. Now she loves it because everybody is on Zoom and she feels really integrated. There are some small things that the pandemic was a catalyst for, and an accelerator of change.

Chair

Thank you to our panellists Pamela, Denise and Danie. Thank you all for listening and contributing.

BREAKOUT SESSION



BREAKOUT SESSION



Andy Murray, Executive Director, Major Projects Association

Introduction

In this seminar we have been learning about many different approaches, practices and models for large-scale transformations from the pharma and life sciences sector. So, what I would like to do in this next session is to hear back from you as to how they relate to your projects.

The theme we have been developing through the afternoon is that for large-scale transformations there needs to be a greater focus on the 'change', rather than the project outputs or the work to produce the outputs. I would like us to explore what could make that statement true, and the possible reasons that can make it false.

So, let me focus on the change. What are we going to be doing differently or in different ways from what we were doing before to get our benefits earlier?

We want you to do your analysis in groups, each at a different table. We would like you to include all the great ideas we have been hearing from the two panels and the feedback from the site visit to the Rosalind Franklin laboratory – the lessons regarding change and accelerated delivery that we could transfer to other types of major projects. The discussions can be about some of the ideas and questions we have had in the room, or also about applying them to such things as building flood defences, new railways or decommissioning nuclear power stations and building new ones. We want lessons from whatever your major project is, with a focus on the change management, rather than the outputs and work to deliver the project.

You have 30 minutes for your discussion in your groups. We will be then ask each table to report back some key takeaways from their group, on what lessons we can apply to other types of projects based upon what we have been hearing this afternoon.

Feedback

Table 1: Stephanie Gates (Jacobs)

Rip up the rules, but not all of them. It is important to reflect at the beginning of a project and understand what are the rules? Why do we have them?

Some of the rules may have evolved from prior projects and we do not know why we have them anymore. Can we change them? This requires psychological safety so that people know they are able to challenge and given space to be a disruptor. Diversity here is vital, as it allows a wider range of perspectives to critically challenge the status quo.

The importance of a vision. Make it emotive. Find ways for people to emotionally link their work and the project work to the vision.

A balance between planning and delivery: you can spend a lot of time planning, and then the plan gets ripped up and has to change again. But the importance of having that plan is to make sure that people know what they are supposed to be doing.

People also need time and space to really think about what the plan means – what are we doing? What is this project trying to achieve? What is my role?

Table 2: Natalie Bonnick (Gardiner & Theobald)

Table two considered 'people' from the four Ps in Fraser's talk. In addition to the people that the project is for, the table considered the people who make the decisions.

There is a need to educate decision makers on the implication of their decisions. This means providing the right amount of information (not too excessive) at the right time to ensure delayed decisions do not lead to project delay.

The table compared their typical project environment to the Covid-19 projects which were driven by urgency. In the absence of urgency, they felt that passion (linked to a compelling vision) was extremely important, as well as a decisive leader as the single point of accountability.

They agreed with table one on the need for plans to enable early delivery of benefits. The key question being where can benefits be delivered during the project rather than at the end?

Table 3: Jackie van Dijk (Environment Agency, Defra)

Table 3 also focused on 'people'. They developed a picture of a bus to provide an analogy of 'change'.

Reflecting on project management and major projects we have lots of guidance about systems and processes and governance, but not so much guidance on bringing the people with you. How do you make sure you have got the right people on the bus all communicating with each other?

It is no good if the bus is full of people facing away from each other and not talking. It is important to make people feel safe on the bus. It is also okay to have different people on the bus at different times. Therefore it is okay to get off the bus. There is no shame in getting off the bus if this project is not for you. There will be another bus (project) for you. It might just not be this one.

So how do we do that for people? The table talked about clear decision-making, and that this is not easy, because if focusing on the people was easy, we would be doing it all the time or we would not be talking about it.

Table D: Natasha Clark (Environment Agency, Defra)

Table D also focused on people and agreed with table 3 regarding the prevalence of process guidance over people guidance.

Be curious. Be curious to discover those exemplar pioneering change management practices, looking outside of your own sector to be able to kind of glean that knowledge. And then also being brave to kind of implement some of that and seeing what works.

Understand the scale of change. Do not underestimate how much change management might be necessary to actually deliver the outcomes that the project is wanting. Change is on a dial. In the case of transformation, you would expect your change management practices to be quite dialled up on all fronts. To have somebody sitting in that change seat would be absolutely essential.

A change management office? Having a change management office and project management offices as equals would enable integrated delivery, for success.

If you do not have your people well managed and have that individual journey really focused upon, you will not be able to deliver your outcomes. If what you are trying to sell is bad in the first place, no change management in the world is going to sell. So you need to have that balance.

No assumptions. Do not assume that everybody understands why this journey is necessary. Have a case for change that speaks to the vision.

Also make sure that it is revisited during the journey to be able to say this where we are now, and this is what the near future is going to look like. Are we all on board with that and checking in?

Table Gen Z: Tim Wright (Jacobs)

Table Gen Z comprised a lot of people from infrastructure projects.

Different dimensions of change. The table talked about two aspects of change – the changes in organisations (e.g. to improve) and the changes in projects (through their life cycle). They also reflected that major projects comprise multiple organisations with lots of differences.

Based on this the table felt it is important to build a clear trajectory on a personal level for people on the changes for them – which can often be missed. When we look at how we want the organisation to behave, we do not necessarily bring it back down to the individuals. That was a big and helpful lesson.

Honesty and trust. We all need honesty in our communications and trust in each other and the process. But how is it achieved?

Risk management of change. As you plan the project look at the changes needed and then the risks to those changed.

In our businesses we are good at looking at the risks of delivery, the risks of stakeholders and external risks. Perhaps we are less good at looking at our operational risks inside the organisation. Building that into the change process will be really helpful.

The Stage Table: Jonathan Norman (Major Projects Association)

The table considered five Cs to create a compelling case for change:

1. Communication
2. Collaboration
3. Co-creation
4. Co-delivery
5. Consistency

This ensures everyone is focused as they have 'skin in the game'. The table also considered the need for this focus to extend to the portfolio level. Having a portfolio that is focused on only delivering what is feasible and what delivers value helps the organisation focus on what really matters.

The table also discussed the use of information, data and agile techniques to help focus the minds of the decision makers in delivering change. This should extend to risks and, importantly, risk sharing. Risk sharing promotes transparency which enables projects to see what is really happening in the organisation – for example ensuring that processes, systems and compliance do not unnecessarily slow down the pace of change.

Summing-up

Andy Murray

That was very interesting because today has really been about looking at what major projects can learn from elsewhere (pharma) with a particular focus on accelerated delivery and change.

I did not once hear 'that will never work around here' from anywhere, even when I sat on the tables to listen in. And that is normally the first thing we hear when we look at practices from outside our organisation or sector. Perhaps we have a self-selecting group of curious people that are keen to learn from other sectors.

It is now down to you to spread the word with your colleagues and others about what we can learn from other domains and other types of projects and apply those lessons to our own.

CHAIR'S CLOSING COMMENTS



CHAIR'S CLOSING COMMENTS

Pamela Stacey, VP Risk and Compliance for a small Pharma Biotech Company

Chair's closing remarks

I think you will agree with me that we have had fantastic discussions today and have covered a wide range of different topics. Hopefully the panel members were able to bring you some insights, and the table discussions have also reinforced some of those different viewpoints.

As a quick reminder of the things said today I am going to pull out some of the key concepts and mention the terminology that resonated with me personally.

The members of the first panel started by considering 'accelerating delivery' and one of the key insights that I took away was the fact that the pandemic was an 'accelerator of change'. It led to the development of the AstraZeneca Covid-19 vaccine at Oxford, and the construction of the Rosalind Franklin laboratory that enabled the speedy processing of PCR tests. During the panel discussions it was agreed that the industry wanted to capitalise on the changes, and not just go back to a 'business as usual' operation.

I picked up on something that Fraser MacFarlane said: organisations die of indigestion rather than starvation. Changing is not about something that is suddenly withdrawn – it is organic, and we must understand the elements of change.

The other message was about collaboration. You should make sure that you bring external partners on board – they are part of the change and should be treated as equal contributors rather than competitive organisations. Collaboration with government, academia and the private sector means that these contributors should be treated as strategic partners.

Another thing that we talked about was making sure that both the purpose and vision were clear, and ensuring that they were embedded throughout the organisation.

Helen Buckingham talked about the role that she played in developing the PCR testing. I thought the barcode of her experience was a really good way of introducing herself. However, one of the key things that I picked up on was that we were in a pandemic situation, and in that situation it was the client who took on the risk. That freed up other people to focus on what had to be done for urgent delivery.

Helen also talked about people having 'solution-minded' attitudes, so that everyone was working together to push things forward at pace. There was a conversation about what rules could be thrown away in an urgent delivery situation and what rules you really needed to stick to. I think that governance and change management were the two that people thought essential to deliver successfully.

In the 'championing change' panel, there was a lot of talk about how people felt. In creating the vision you should answer the individual question, 'What is in it for me?'. Even when looking back after the transformation people would question whether the change was worth it. The win/win compelling story which convinced people that the transformation was necessary also needed to be refreshed as you went through the change. You could not stick to the one story throughout a change programme without running the risk of pushing people back to the start situation.

A very strong message that I took away from the session was 'success stimulates more success'. The moral is to celebrate the wins – things that went well will motivate and push people forward to building on those successes.

However, do not underestimate the time necessary to embed change. People talked about the 'change curve' and the sort of people you should take on as champions because they were early adopters. There is a need for leaders of change to speak the truth and admit change is hard. You had to understand that the change has different impacts on different people and that it could be both positive and negative. You had to understand that change was not always about embracing an exciting future. You needed leadership humility, transparency, radical candour and consistency of the message, even for relatively small changes.

Key messages came from the table discussions. I was at a table where people were looking outside their own sectors of industry and making comparisons. I think this is one of the great successes of the day. When I joined HS2, I was continually told that best practice was at Crossrail, and that it was also true of the 2012 London Olympics. Innovation may come from outside your own sector.

I came from an innovative pharmaceutical company that is at the forefront and wants to push things forward, but there are still some things where the company is not quite at that forefront. So, finding best practice is not staying in your comfort zone – you need to look at your peers in other companies and find best practices that stretch your capabilities.

I hope some of my summary resonates with your own feelings, and you have taken away some different messages from today.

Shaping transformations to deliver at pace and embed change

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