Appendix 1: Illustration of theoretical codes and concepts

Aggregate dimension	Temporal orientations		
Theoretical codes	*Accelerating Delivery*	*Blitzing and Leaving*	*Taking the Time to Develop Sustainable Change*
First order concepts	Fast-paced, short and long-term quantitative temporal orientation	Fast-paced, short-term, quantitative temporal orientation	Slow-paced, long-term (open), qualitative, temporal orientation
Illustrate narratives	"Evidence of performance and delivery (within) tight timescales" and "tangible results (that) stood the test of time."	"Pressure… to do our analysis quickly" "We work in four-week timelines." "Our operating model is geared towards blitzing and leaving."	"Respond to and respect local time scales if you want sustainable ongoing change." "Time is always a really big issue… when you're up against… deadlines you… rush things and you don't get the ownership… [without] time to talk to the clinicians."
Actors	SHA managers	Elmhouse consultants	PCT managers and clinicians

Aggregate dimension	Problem constructions		
Theoretical codes	*Urgent Critical problem*		*Historical Wicked Problem*
First order concepts	An urgent critical problem, which PCT mangers were addressing too slowly, legitimating fast, top-down change in quantitative time	An urgent critical problem constructed in quantitative terms, legitimating and manageable via fast top-down application of standardized best practice in quantitative time	An historical problem of on-going system fragmentation requiring socialization and dialogue to develop a bottom-up, long-term systemic solution in an open qualitative time

Illustrate narratives	"A major project... make or break for the NHS in [the region]" SHA managers "weren't confident" PCT managers were "starting to analyze the challenge quick enough" "The big time-lag in healthcare in moving from the analysis to the delivery… is the big problem."	"Focus… [on] absolute numbers" "How do you organize your services better so that you can absorb that increase in activity? … It's about uniformity… it doesn't actually demand any real innovation, what it demands is the systematic application of what's already known to be best practice."	"Everybody in isolation trying to meet their own individual objectives… was bankrupting the PCT... the [local NHS] community felt that there was an opportunity for… a fresh start. So, we gathered together… lead GPs and provider Chief Executives… to get a grip of this as a system"
Actors	SHA managers	Elmhouse consultants	PCT managers and clinicians

Aggregate dimension	**Temporal Boundary objects**		
Theoretical codes	*Fixed Boundary Objects Quickly Imposing Change*		*Fixed Boundary Objects Slowing Learning*
First order concepts	PowerPoint template's task and time frames produced a savings plan by a deadline	Standardizing task and time frames in a PowerPoint template	PowerPoint template's task and time frames disabled creativity and learning
Illustrate narratives	"[Elmhouse] are very good with… PowerPoint and creating slides… which then every PCT was required to fill in with their detailed plan and those plans were submitted in July… the actual basis of the initiatives… were there in July… The template they [Elmhouse] did had a lot to do with that; key performance indicators, milestones, all that sort of thing, it's all in there."	"We had this [PowerPoint] template that everyone had to fill out that standardized what people were being asked to do and being really clear about what was being required… to make sure that they can spend time on it."	Template is "semantically disabling", "rules against which people were measured", which "couldn't be manipulated" and had to be "submitted in a regimented way" "An onerous process just in terms of the sort of form filling templates, checking out all the data within prescribed timescales" "Elmhouse don't want creativity, they want you to use their forms… their horrible PowerPoint slides."

			"[The project] slowed us up from where we would have been with the [our] transformation programme."
Actors	SHA managers	Elmhouse consultants	PCT managers and clinicians

Aggregate dimension	**Project Outcome**		
Theoretical code	*Expedient Provisional Temporal Settlement*		
First order concepts	SHA delivers savings plan by its deadline	Consultancy project signed off on time	PCT managers (temporarily) reduced pressure to produce savings
Illustrate narratives	"In a very quick space of time we'd… looked at redesigning the system to develop the potential savings [and delivered a related plan to the Department of Health by its deadline] "We're still waiting to see how the NHS faces up to the challenge as we go into… delivery… the politics of a situation is a limiting factor"	"All the plans got signed off, so eventually it [organizational redesign] did happen" even though "The political context of the project made implementation impossible" and in the NHS "making change happen is like wading through treacle because everyone has to be aligned… resistance to change and cultural cynicism… a million reasons why not."	"If you go with their [Elmhouse's] numbers you attract less scrutiny in the meantime and probably you're in the same boat as everyone else and when it unravels, it will unravel for everyone."
Actors	SHA managers	Elmhouse consultants	PCT managers and clinicians