Work organisation in the National Health Service: the missing link?

"There is a need to break down the rigidity of structures which can sap the enthusiasm of even the most committed."* (Reforming our Public Services, *Prime Minister's Office of Public Services Reform, 2002, p19.)

"Despite increasingly well-documented advantages the spread of new approaches to work organisation and culture remains surprisingly limited. Inertia, combined with short-term approaches…seriously inhibit the pace of workplace innovation."* (UKWON Response to the DTI Review, *November 2001.)

NHS modernisation is headline news, day after day. Waiting lists, patient satisfaction and clinical effectiveness are systematically quantified, analysed and debated: poor performance is punished and good performance rewarded. Less attention is given to the means of achieving high performance scores – except of course when hard-pressed managers are found guilty of fiddling the figures.

The argument underpinning the two papers which follow is that performance management is not enough. Instead the increasingly tough regulatory regime has to be balanced by a stronger developmental perspective – in particular, support for workplace innovation leading to new ways of organising work. Research carried out by UKWON and others across all sectors has already established that new forms of work organisation can produce significant results in terms of innovation and improved performance. Building workplace environments in which workplace competencies, knowledge and experience can be developed and deployed to their full potential involves sustained commitment to teamworking, knowledge creation and partnership. Real change is hard to achieve, and the promotion and resourcing of new forms of work organisation needs to be given much greater prominence in government policy.

UKWON hosted a roundtable discussion at The Work Foundation in London on 29 October 2002 with the aim of sharing knowledge and building links between its network of experts and senior NHS decision-makers. The event built on previous EU-funded work at hospital level and on a paper prepared by Elaine Moss (Head of Governance at Nottingham City Hospital NHS Trust) and Professor Peter Totterdill (Joint UKWON Chief Executive) for the *Strategic Issues in Health Care Management* conference held in April 2002. An adapted version of this paper appears as the first article in this supplement. It also drew on ideas about staff involvement first developed by Rosemary Exton (Clinical Midwife and RCM Steward at Nottingham City Hospital) at a previous UKWON Workshop in March 2002, and subsequently expanded into the second of the two articles in this Supplement.

The issues

"It's not so difficult designing the perfect policy framework. The problem is how to implement it."

These were (in essence) the parting words of Andrew Foster, Director of HR for the NHS, at the UKWON roundtable. Indeed the NHS can demonstrate an impressive portfolio of measures to promote new ways of working including flexible employment policies, organisational development and even a programme to improve the quality of working life of its staff.

The problem is that these measures are often remote from the day-to-day working lives of NHS staff. In 2001, the Department of Health argued in *Shifting the Balance of Power: Securing Delivery* that "a real shift in the balance of power will not occur unless staff are empowered to make the necessary change . . . Staff need to be involved in decisions which affect service delivery. Empowerment comes when staff own the policies and are able to bring about real change." But this key publication for NHS modernisation did not spell out the hard realities of organisational innovation, of how to build effective workplace dialogue and participation, of job redesign and empowerment, of implementing and sustaining genuine teamworking, of creating a work environment which values reflection and creativity, or of achieving convergence between quality of working life and performance.

This is graphically illustrated by Rosemary Exton's metaphor of the "barrier reef" of middle management, which turns the tidal wave of reform into a mere ripple by the time it reaches frontline clinical staff. Her case study of the problems experienced in implementing the flexible working patterns needed to recruit and retain clinical staff demonstrate clearly that the opaque quality of management decision-making militates against effective teamworking and empowerment. Likewise Elaine Moss and Peter Totterdill argue that effective clinical governance – in short, the mechanism used by the NHS to improve patient experience and clinical outcomes - is not reaching its full potential because Trusts do not fully understand how to involve staff in change or how to combine patient satisfaction with job satisfaction. They suggest that acute hospital Trusts need to value staff involvement and participation as a core strategic value, to build team-based practice throughout their organisations, to redefine the roles and competencies of managers, and to build the skills required to make new forms of work organisation successful.

Willy Coupar (who leads the Involvement & Participation Association, and who is also a Director of UKWON) reminded roundtable participants of the NHS Staff Involvement Taskforce (www.doh.gov.uk/nhsexec/staffinv.htm) whose "vision is that the health service becomes a place where people want to work because they feel valued, respected and listened to, not occasionally but every day." The Taskforce identified its key priorities as:

- making sure that staff are involved in decisions

- staff involvement works – it can improve patient care, manage change better and give a healthier, better-motivated workforce
- to deliver it requires a positive lead at national level, a commitment to learn from inside and outside the NHS, and action at local level.

The Taskforce wanted a culture of co-operation, where everyone would work together across job boundaries, where staff would be routinely involved in decision making about services, and where there would be an open agenda when problems were addressed, so that no options were excluded. The Taskforce also identified the importance of a change in leadership style, whereby leaders at all levels would be committed to staff involvement, and where macho management would be a thing of the past. Willy Coupar pointed out that it was not only clinicians that needed to change: trade union leaders and managers needed to operate differently too.

However, as Rosemary Exton argues, “this represents a massive change from the way most staff work at present and these changes won't happen without a struggle.” The urgent need is for all actors – policy makers, managers, trade union representatives and frontline staff – to make full use of initiatives and opportunities now in place. However imperfect and inadequately resourced, national initiatives such as *Improving Working Lives* (http://www.doh.gov.uk/iwl/) provide an opportunity to generate dialogue and in turn to build the conditions for participative approaches to workplace innovation at frontline level.

UKWON and its partners believe that they have a constructive role to play in sharing ideas and experiences with NHS practitioners through action research, conferences and the development of new tools and resources for workplace innovation. Look out for further coverage in future editions of the *UKWON Journal*.