Releasing time to manage

what stops middle and front line managers from doing their jobs more effectively . . . .

. . . . and what can you do about it?

Cranfield Healthcare Management Group
Research Briefing 1

How do they manage?
a study of the realities of middle and front line management work in healthcare

David A. Buchanan: September 2010
Our research shows that middle and front line managers in acute settings in the NHS are

- **highly motivated**, particularly when it comes to making a difference for patients
- **fundamental to implementing service improvement** and other organizational changes
- **undervalued, overstretched . . . . and often underutilized**

This pattern is not just found in small pockets in particular trusts. It seems to be common right across the service. And these issues are shared by middle and front line managers regardless of their place in the hierarchy - from ward sisters, to directorate managers.

Is this just a matter of individual competencies? Well, while capabilities and expertise matter, the competent manager in an unsupportive environment will always struggle. Our research also reveals the properties of the organizational context in which NHS managers operate - properties that prevent them from doing an even better job than most of them already do.

This bulletin explains the nature of this problem, and identifies practical actions that trusts can take to build and sustain an enabling environment that strengthens middle and front line management contributions to clinical and organizational outcomes.

We asked middle and front line managers what motivates and rewards them. Once again, their answers reveal a common pattern. Here’s what they said:

- making a difference for patients
- doing a good job
- feeling valued; recognition, acknowledgement, feedback
- developing others
- colleagues and teamwork
- personal development
- public sector values
- hygiene factors; pay, conditions, security

The managers we spoke to were enthusiastic about, ‘the buzz of innovation’, about how ‘it’s rewarding to try out new things’, how they ‘get a buzz from things coming together’, and it’s ‘satisfying to see things through’. It’s striking that another key motivator is other people, teamwork, helping staff to develop, watching team members learn to ‘fly on their own’.

Most of those motivating factors are of course cost neutral to implement - a key consideration in the current financial climate. Enabling managers to make a difference, and recognizing and valuing achievement may be free, but that doesn’t mean it’s easy.
The management contribution

The popular stereotype of NHS managers describes costly administrators and bureaucrats who block change. The reality is different. Our study shows that middle and front line managers contribute to clinical and organizational outcomes in at least seven main ways:

1. identifying, ‘selling’, and implementing service improvement ideas and opportunities
2. translating and implementing ideas from colleagues and external sources
3. facilitating change; taking risks, working with clinicians, rapid improvement events
4. process and pathway redesign - productive ward, lean methods
5. developing infrastructure - new IT, equipment, physical facilities
6. developing others - skills development, ‘getting people on board’
7. leveraging targets to improve performance - dashboards, benchmarking

What’s stopping you?

Those contributions are often blocked by aspects of the environment in which middle and front line managers operate. The main blockers are:

money: pressure to cut costs, increasingly complex funding model
the work: finding time, no headspace, broad shoulders – thick skin
compliance: servicing the regulators, daily pressure to avoid breaches
systems and processes: dated IT, information gaps, fighting systems that don’t work
external relationships: overcoming boundaries, acute and primary not joined up
change: I have an idea, but no resources, change takes years
other: staff shortages, recruitment problems, learning from SIs

Managers said that they felt like ‘hamsters on a wheel’; one told us that, ‘the experience of middle and front line managers is, they only ever get beaten up’, and another said that, ‘it doesn’t matter what we do, it’s never good enough’.

In other words, the organizational environment surrounding middle and front managers in the NHS does not necessarily support those contributions.

They often lack the resources, the authority, the senior management support, the external support, and in particular the time to be able to drive and implement new ideas.
Middle and front line managers have the drive and the ideas, but often lack the time, the authority, and other resources required to implement changes. We asked managers in this study to identify practical actions to build an 'enabling environment', to strengthen middle and front line management contributions. Here are some of their suggestions:

**what can I do?**
- walk the floor, talk to people, don’t be driven by emails
- make time for reflection, create space where problems or issues can ‘sit’, for example on a whiteboard in an office - people can visit and offer thoughts and suggestions

**what can we do at directorate level?**
- ensure that staff are prepared in advance for performance review meetings; rehearse
- rapid improvement events, step back, time out to reflect on what we are doing
- release time at the mid-levels, ‘office days’, fewer and shorter meetings

**what corporate actions would help?**
- clinical director and directorate manager make a powerful team - develop this potential
- give managers timely and understandable financial information
- empower ward sisters to manage their wards effectively
- we have potential at all levels, which we need to tap into
- make it safe to challenge; the attitude, ‘I’m only a porter’, needs to be replaced

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**The research**

This study is based on interviews and focus groups with middle and senior managers at six acute trusts and one primary care trust. The next stages of the project include a management survey, debriefing groups, and case studies exploring how changes are managed in the aftermath of serious incidents.

**Participating trusts**
- Bedford Hospital NHS Trust
- NHS Bedfordshire Primary Care Trust
- Cambridge University Hospitals NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Northampton General Hospital NHS Trust
- North Bristol NHS Trust
- Whips Cross University Hospital NHS Trust

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