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**Politics and power in training and learning:  
The rise and fall of the NHS University**

[in press, *Management Learning*]

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Abstract

This paper examines the political processes surrounding the development and demise of an ambitious, yet short-lived, policy-based learning initiative, a university for the UK National Health Service. Using a Weberian framework of political action, we explore the impact of intra-organizational and macro-political dynamics on the initiative, highlighting the role of legitimate power and authority on learning within this organization. Through analysis of the practical and symbolic implications of the commitment to 'become a university', we identify sources of organizational resistance to the model of learning that the initiative promoted. Finally, we trace the traditional and rational-legal political processes whereby the initiative was dissolved by undermining the charismatic authority on which it was founded. We conclude by considering the wider implications of our analysis for understanding structures of authority in learning.

Keywords

Learning, power, politics, corporate universities, National Health Service, NHSU

Introduction

While power and politics are now recognized as an important influence on organizational learning (Coopey, 1995; Contu et al., 2003), and the importance of subunits in conditioning organizational power relations has repeatedly been demonstrated (Salancik and Pfeffer, 1977; Pfeffer, 1992), the impact of intra-organizational power dynamics on the subunit that controls, designs and delivers training is rarely considered. This paper focuses on a well funded, high profile, relatively short-lived organizational training and learning initiative, NHS University<sup>1</sup> (NHSU), and analyses the politics involved in its inception, development and demise.

NHSU formed part of the UK National Health Service (NHS), a public sector organization that is structurally and culturally subject to changing political agendas. As one of our interviewees suggested, since its launch in 1948 the NHS has come to be seen as a secular counterpart to the Anglican Church, a talismanic institutional pillar of English identity<sup>2</sup>. Organizational change is therefore highly contested. The NHS employs more than 1.5 million people and is thought to be the world's largest publicly funded healthcare organization (and the fourth largest organization in the world by number of employees). Located within a complex web of institutions, power relations,

and interest groups, it is also of great interest to organizational researchers (see Fulop et al. (2000) or Ashburner (2001) for summaries of recent research). Since its inception the NHS has been centrally directed from a Department of State answerable to Parliament. It is structured and managed through strategic health authorities, which in turn oversee local healthcare trusts that are responsible for hospital, general practitioner, dental and other forms of care.

However, through being defined as a 'corporate university for the NHS', the NHSU also impacted upon a second, highly controversial institutional context, the higher education sector. The initiative drew on the symbolism, management and governance practices and structures of 'traditional' universities and employed academics and administrators from the higher education sector. In so doing it challenged the position of existing institutions within the learning and training market and the very idea of the university, at a point when the British government was promoting corporate involvement in university funding and activity and suggesting that use of university title might be extended.

It is within these two highly politicised contexts that NHSU must be evaluated. We suggest that a Weberian framework enables analysis of the case in a way which provides insight into the political nature of training and learning more broadly. Whilst Weber's writings on bureaucracy may be familiar to scholars of management learning, less attention has been paid to his theory of legitimate authority, developed in response to the changing nature of politics in the modern state (Weber, 1978[1925]). We suggest that the case of NHSU exemplifies the interplay of traditional professional power, rational-legal policymaking and charismatic authority involved in the management of policy-based learning. These dynamics are particularly important in analysing vocational educational and training (VET) initiatives which challenge established organizational norms of learning and education. Our analysis shows political action to be both constraining and enabling and highlights the importance of differing conceptions of legitimate authority in determining the success of policy-based organizational learning initiative.

### Charismatic, traditional, and legal authority

Until recently analyses of organizational learning paid scant attention to issues of hierarchy, politics, and institutionalised power relations (Blackler and McDonald, 2000). In an early contribution, Coopey (1995) notes that power relations both constrain and enable actors in their ability to structure learning debates. He further suggests that analyses should investigate differences of interest, shedding light on the process of managing learning by considering its social context (Blackler and McDonald, 2000). However, even analyses of learning that are sensitive to social context tend to consider only intra-organizational or inter-professional issues, thus neglecting the pivotal role played by policy and institutions of state (Ferdinand, 2004). Ferdinand emphasises 'the power of UK government policy to create and encourage structural relations of interpellation' (2004: 449). Thus what is learned, how it is learned, and whether learning takes place are not decisions that employees

make freely. In addition, the management of VET initiatives such as NHSU is significantly affected by systems of authority, including perceptions of valid authority and the legitimacy of actors or groups. The links between political structure and legitimate political action are also connected to norms of acceptable behaviour and action (Spencer, 1970; Contu et al., 2003) which are in turn linked to the 'sedimented' deep structures in the NHS, particularly relating to the authority of clinicians and differing occupational structures of medical and managerial employees (McNulty & Ferlie, 2004). From a Weberian perspective, politics is a system of power underpinned by domination, an apparatus of authority and retention of a monopoly on violence (Weber, 1978). This perspective enables a focus on the *inter*-organizational as well as the *intra*-organizational politics of learning and the institutional or state level politics that condition them. In addition, it enables a focus on the role of the training subunit in these political processes.

The most familiar source of authority is charisma. Although it is now commonplace to for this term to be used to refer to any form of leadership that is highly personalized or personality based, charisma originally carried more specific connotations. Adopted from theology and adapted to reflect secular analytical possibilities, charisma refers to a self-legitimizing form of domination to which followers accede willingly. For Weber (1978), organizations founded on charismatic authority are unusual in two respects: first, the powers or qualities of the leader cannot be accessible to 'ordinary' people and second, such organizations are initially financed by gifts. The ideal type of charismatic authority is exemplified by religious belief systems and led by an individual who is considered extraordinary with supernatural or superhuman powers and qualities. This perception, along with a unique ethical vision and powers of inspiration, generates legitimacy and an ability to dominate followers. Charismatic authority claims the right to break through existing normative structures (Spencer, 1970). Such legitimate authority is, however, fragile and liable to evaporate should conditions change. Hence if a crisis passes, a war ends, or a leader's closeness to god or ethical perfection is challenged, authority is likely to be questioned. As Weber argued, for this form of organization to survive authority must become routinized in response to 'everyday economic conditions' (Weber, 1978: 252). As we argue below, failure to make this shift was significant for NHSU.

In contrast, legitimate domination within a traditional, principally pre-modern political context is founded on custom and inherited power. Patriarchal political systems such as monarchies and feudal societies are the ideal type of this form of legitimate authority. While the 'office' of the leader is established and respected, legitimacy and therefore power remain tied to individual status. Hierarchy, training, and coherent systems of rules are mostly absent, although there is more sense of formality. Finally, we find the modern legal or rational-legal political systems of authority. Here legitimacy rests on perceptions of the legality of enacted rules. There is an expectation that power will be exercised according to legal principles rather than personal whim and limits to behaviour are encoded in consensual norms. Those exercising power are also subject to authority and work within bureaucratic structures that eliminate personal prejudice or capriciousness.

From this we can construct a framework for political analysis which has a number of advantages over previous approaches (see Figure 1). First, it allows for analysis at systemic and individual levels and makes clear the link between the two. Second, Weber's analysis takes national politics to be central to understanding power and authority, thereby enabling analysis of this important dimension of organizational politics. Third, a Weberian framework provides a threefold framework that allows different forms of legitimacy and authority to be interpreted and their interplay to be analysed.

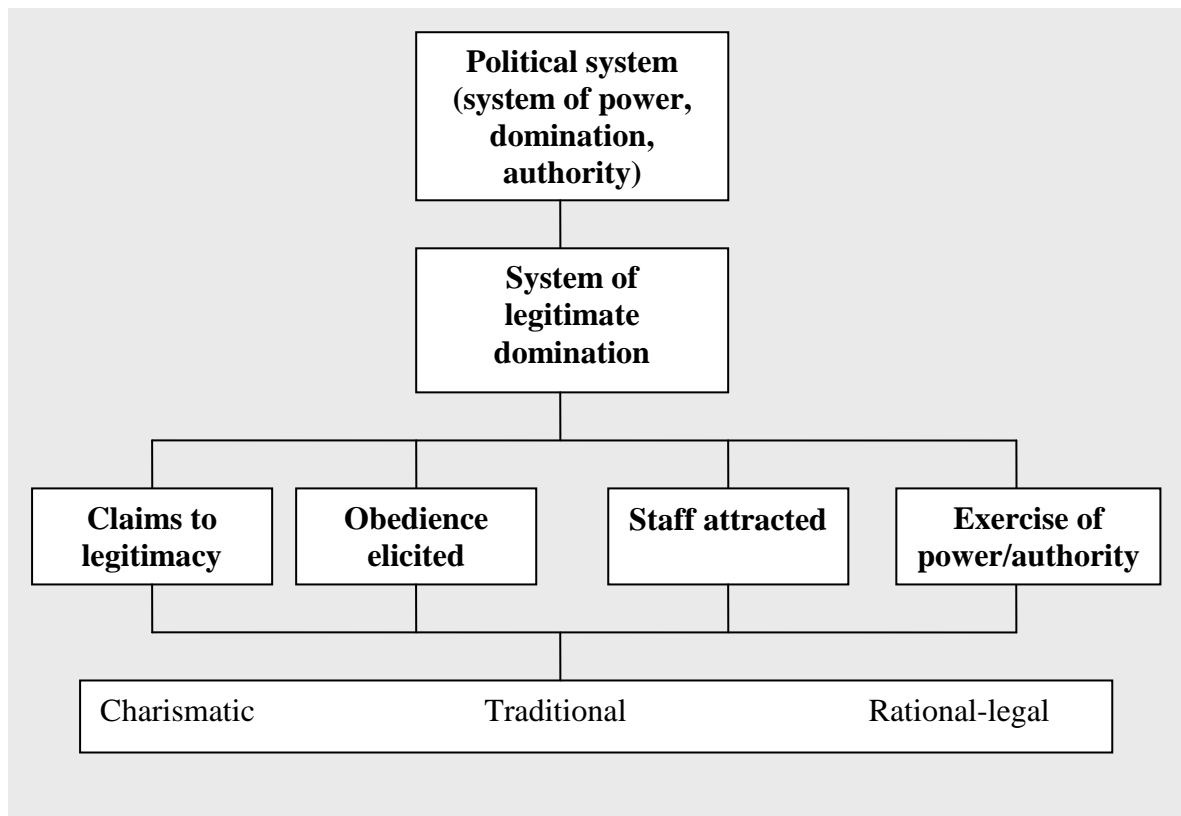


Figure 1: Weberian framework for political analysis

### Methods

Data collection was funded by the Economic and Social Research Council's Centre for Skills, Knowledge and Organisational Performance (SKOPE). Analysis is based on two forms of data: documentary data from three sources (UK government policy documents, NHSU documents and newspaper reports – see Appendix 1) and interviews with 18 senior managers and executives who worked in and with NHSU. Each interview lasted between 90 minutes and 2 hours and was transcribed verbatim. The interviews were conducted after NHSU ceased activity, between 2005 and 2006. This post-hoc data collection was enabled by links maintained with organizational members, enabled by one of the research team who had worked on secondment to NHSU for two years. Our initial request for research access made towards the end of the initiative's life was unsuccessful. However once NHSU no longer formally existed, we were able to negotiate consent to be interviewed directly

from individuals who had been involved in the initiative. This process illustrates the potential benefits of post-hoc research into initiatives and organizations that are no longer operational, since the potential for harm is perceived to be less and therefore access more likely to be granted. All participants felt there was a 'story worth telling', as one put it, and that NHSU had been 'written out' of VET policy history. The analysis also serves as a useful corrective in the literature concerned with VET. Too often accounts of learning are stories of unalloyed success, perhaps because authors are anxious to stress its benefits and organisational members are complicit in this, therefore permitting access to initiatives that are regarded as successful and to people who view them favourably.

In addition, failures are seldom reported because once an organization or initiative ceases to exist it becomes more difficult to study. Hence even with the advantages of working with an 'insider' to aid access, we found it difficult to trace people and documents. We were also refused a number of interviews as some individuals did not want to revisit a complex and frequently painful episode. Our respondents included academics, NHS managers, private sector managers, full-time union officials, clinical staff, and civil servants. All but three are male, reflecting the gender balance of senior staff at NHSU. The iterative data collection process involved ongoing analysis of participants' accounts and documents in relation to theory. Respondents frequently engaged in a high degree of analytical reflection on their experiences, using their skills and education (many had previous experience of employment in senior positions in Higher Education institutions) to retrospectively interpret the initiative.

The data was considered by respondents and researchers to be sensitive (Lee, 1993), both in relation to the topic (a publicly funded policy initiative that had 'gone wrong' and in the process spent considerable sums of taxpayers' money) and the people involved (politicians, senior civil servants, academics, government advisers, and senior NHS employees). We therefore sought to protect respondents' anonymity to a relatively high degree<sup>3</sup>, aggregating comments in an effort to limit their potential identification. In the data analysis section, we make only limited distinction between respondents through differentiating between the comments of 'executives' (executive and non-executive board members) and 'managers' (section heads within NHSU and managers within the NHS). This decision reflects the need to balance the principle of public accountability, through gaining access to a powerful group of business and government elites that did not necessarily want to be studied (Gallagher, 1982), against the obligation to consider potential harm to respondents and their organizations that might result from research (ESRC, 2005).

Our interpretive approach to understanding policy development and implementation meant we were less interested in evaluating the efficacy of NHSU and more concerned with the meanings that surrounded it (Yanow, 2000). 'In vivo' coding (Strauss and Corbin, 1990) was used to create categories based on words or phrases used by participants to tell their story of events. This enabled a multi-level analysis of the institutions, groups and

individuals involved in the initiative and the values, beliefs and feelings associated with it. Through understanding the processes of meaning construction that surrounded the initiative we sought to develop a conceptualization of organizational learning that took greater account of the complexities of power and politics.

### Analysis: A clash of ideals

#### *The rise of NHSU*

Since its foundation in 1947 the NHS has been shaped by UK political policy (Harrison et al., 1990), most recently through the development of a model of corporate rationalization (Scott, 1992) which replaced a former model of clinically-orientated consensus management (Harrison and Pollitt, 1994; Strong and Robinson, 1998). Recent policy initiatives have been oriented towards the development of entrepreneurial subjectivity (du Gay, 2000) supported by a discourse of organizational learning (Contu et al., 2003). However, McNulty & Ferlie (2004) suggest the ideal of radical transformational change in the NHS is likely to give way to convergent change as the process and possibilities is shaped by sedimented 'deep structures' of occupational power and authority. They also suggest that the long-standing image of clinical-managerial conflict in the NHS may be mistaken, as clinicians and managers form coalitions to resist or challenge externally imposed organizational change. The professional cadre of managers committed to New Public Management (Ferlie et al., 1996) and elite medical professions combine to retain the vertical hierarchical structure that supports their interests with the result that attempts to introduce more laterally oriented governance models are undermined.

Learning within the NHS is largely controlled by independent professional associations, universities and trade unions, depending on whether employees are pre-registration, post-registration or non-clinical. Training has been perceived as having relatively low status within the NHS and the notion of a 'university for the NHS', first mooted in a position paper commissioned by the British Association of Medical Managers (BAMM), represented an attempt to rectify this. The notion also reflected the private sector fashion for corporate universities as a means of developing learning organizations. Senior politicians and their advisors turned towards private sector examples, such as Disney University and Motorola University (Wiggenhorn, 1990), for guidance. The idea was given greater substance in the 2001 Labour Party election manifesto which stated 'we will set up a university of the NHS'. As one respondent told us, it was a 'political mission' from its inception generated by special advisors and politicians rather than within the NHS. The expression and enactment of power was thus an integral part of the initiative.

Following Labour's success in the 2001 general election, responsibility for the 'university for the NHS' was passed to the Department of Health Strategy Unit for further development. A chief executive (who also took the title 'vice-chancellor designate') was appointed, a budget was allocated, and a series of consultation exercises took place during 2002 and 2003 (Davies, 2002). In December 2003, the initiative, which had by then become NHSU, was

constituted as a Special Health Authority to bring it into the NHS. The 2003-4 chief executive's report contained the following introduction:

NHSU was set up in response to the Government's commitment to establish a university especially dedicated to health and social care, which would help transform the quality of healthcare delivered by the NHS, and which would guarantee to staff at all levels opportunities for training and career development... 2003/04 has been a year of development, and of careful preparation for delivery. NHSU is now poised to make a major difference to the lives of staff in health and social care, and to patients, carers and service users.

Respondents' accounts emphasized the excitement that surrounded the initiative in its initial stages. There was a generally held view that the initiative represented a means of fundamentally changing Europe's largest organization. This involved creating opportunities for the 40% of NHS employees who did not engage in any form of training. Offices were established in one of London's most prestigious and expensive corporate neighbourhoods. As one executive commented, 'it began with very high expectations and considerable support, particularly political support. The aspirations and the rhetoric around the NHSU were breath-taking'. Another noted that people involved in NHSU felt they were part of the project to 'engage health care workers in decision making and change the pattern of authority in the Health Service' [manager]. The initiative was thus clearly intended to achieve radical organizational change.

The early progress of NHSU was dominated by the construction of its internal political structure. The system of power was predominantly charismatic but also contained traditional aspects. Many respondents spoke of their recruitment to an organization dominated by its appointed leader whose authority was legitimated through his vision of training all members of the NHS. At the time, respondents said that they had faith in this vision. However, retrospectively they also noted that in this period those involved failed to establish belief in NHSU's legitimacy in any of its institutional contexts: professional (both clinical and managerial), educational, organizational and state. Consequently, the authority constructed through the charismatic political system did not have validity beyond NHSU. Moreover, respondents and reports in health service journals indicated that the bureaucratic/traditional political structure of the NHS was neither acknowledged nor respected within NHSU.

Our main argument as to why and how NHSU did not become embedded relates to the failure to establish a valid authority structure to administer learning. Respondents noted retrospectively that 'Service' responses to the highly emotionalized form of authority in NHSU were negative from the outset. NHS managers and clinicians invoked an alternative political system of 'tradition and custom' to challenge NHSU, and continued to work with a framework of obligations underpinned by personal loyalties in commissioning learning. This patrimonial administration and 'system of favourites' strongly resisted the interventions in learning proposed by NHSU. Latterly, those



involved in NHSU and those resisting it sought to mobilise legal authority, particularly in relation to the use of university title.

Respondents also spoke of the 'vertiginous experience of charisma' (Lee 2003: 352) that characterized the early period of NHSU. Many executives were recruited partly on the basis of their willingness to follow the 'vision'; as one respondent explained, 'I came because [the first chief executive] was so incredibly charismatic, visionary, passionate, articulate and convincing'. Others explained that recruitment depended on being 'on song' and unlikely to question the established vision. The leader, one respondent noted, believed he had been 'anointed' by the political masters of the NHS. Another described NHSU as an 'enclave', an organization with high levels of emotional commitment and personal loyalty led with messianic zeal.

However, NHSU also manifested characteristics associated with a traditional authority structure with legitimacy founded on personal loyalty and obedience to a single person as well as a charismatic individual. Weber (1978) notes that an organization structured by traditional authority will be staffed by 'retainers' or 'comrades' known to the leader; one respondent noted that many NHSU staff were people the first chief executive had 'been to war with before'. This patrimonial, gendered recruitment strategy involved construction of legitimate authority based on obedience to the person rather than enacted rules (as in a rational-legal organization) or a transcendent truth (as in an organization founded on charismatic authority). One respondent spoke of a 'carefully crafted veneer of consultation and democracy' that was undermined by non-consultative action backed up by an expectation of obedience. This form of traditionalism 'places serious obstacles in the way of formally rational regulations' and produces wide scope for 'arbitrariness and the expression of purely personal whims' (Weber, 1978: 239). This is seen in two areas: first, the refusal to abandon or modify the pursuit of university title, and second, administration of terms and conditions of employment.

The desire for a university title was practically and symbolically significant. In addition to being crucial to the naming of the initiative, it featured in the appointment of senior staff, many of whom came from academia, including the chief executive or 'vice-chancellor designate'. Working practices were also said to be similar to a university, characterised by long meetings in which ideas for papers were explored and 'philosophical' discussions of the nature of the university were pursued, one respondent describing the atmosphere as like an 'extended tutorial'. Respondents stated that that NHSU aimed to be perceived as equal to 'other' universities, this attracting hostility from senior members of accredited universities. Respondents also noted how this issue came to dominate activity and thought. A university title was a 'non-negotiable' aspect of the initiative, according to one executive, despite emerging doubt about the wisdom of devoting considerable resources to achieving it. Latterly, executives began to question the 'doctrinaire' approach to this issue promoted by NHSU's chief executive. This called into question the legitimacy of the organization's authority structure by challenging the primary goal of its leader.

The nature of authority in NHSU is also evident from accounts of recruitment and the financial administration. Many respondents commented on the generous terms and conditions of employment, noting especially pay levels that were unusually high for the healthcare or education sectors. One respondent recollected that the organization was unable to spend the allocated budget, an extraordinary situation in her experience of the NHS. In addition, budget setting did not happen for the first two years of the initiative's life. A retrospective record of spending was kept by an administrator. However, this individual was unable to engage with the complexities of cost accounting due to lack of training. Following the eventual appointment of a formally qualified accountant, budget setting proved to be problematic, mainly because of the lack of a clear business plan. Negotiating funding levels for individual subunits was therefore 'subjective', according to one executive. Another said that funding levels were set on the basis of 'who threatened to resign or burst into tears'. Both procurement and internal employment contracts were, again according to respondents, allocated on an unsystematic basis and of doubtful legal validity

In addition to questioning the title of the initiative, some were unclear as to its core aims and what they were employed to do. One manager argued that this lack of clarity led to NHSU becoming a 'receptacle for hip projects with politicians'. Perhaps the most significant moment came when the then Secretary of State for Health and political sponsor of NHSU left his ministerial post. This crystallised the difficulties faced by those involved with the initiative.

There'd been this big announcement, 'they're going to have a university for the NHS' and policy advisors had not actually sat ministers down and said this doesn't fly. It was very much a personal mission of [the Secretary of State for Health], so once he went the commitment to it went as well.

*Executive 5*

During the beginning of 2004 we suddenly got presented with this demand from the Department of Health, which was 'we want this to be a university by May'... I'd actually happened to see him [the new minister for health] on the train and I talked him through what is involved in becoming a university. What became very, very evident at that point was that civil servants within the department were not being really clear with ministers about what the issues were. And nobody had actually sat him down and told him how you become a university... I think ministers quite liked the idea of having their own university and when they found out that this was actually a hellishly more complicated thing than they had envisaged, then I think there was some more residual cooling off... If there is one thing that finally hit the whole idea of a university on the head was when the Department of Health were told that a university is an autonomous body. Because as soon as they were told that there was absolutely no chance that they were ever going to put money into an autonomous body.

*Executive 2*

NHSU, like many other corporate universities (Craig et al., 1999), was derided in newspapers and journals for its academic aspirations (see Appendix 1). One respondent noted that NHSU could have been a great success 'except that the NHS isn't a corporation and NHSU was never a university'. The ideal of independence underpinned much of the political conflict and struggle for authority over issues such as learning programme content. Consequently, NHSU came to be perceived by outsiders as 'dangerous', guided by leadership based on charisma and lacking rational-legal validity.

### *The dangers of NHSU*

Organizational learning is often perceived as a dangerous activity that needs to be controlled (Vince, 2001). This is particularly evident when it involves ideas of meritocracy or radical change which may be resisted by other parts of the organisation. However, training subunits often have relatively little influence or authority relative to other parts of the organization and are thus more endangered than dangerous. These dynamics characterise the next phase of NHSU. Those associated with the initiative became increasingly involved in challenging existing power relations within the NHS (and the Department of Health) in order to raise the status of training and learning:

What the NHS needed from the NHSU was an institution that wasn't simply a tool of the Department of Health, [but] the Department of Health was never going to give the kind of autonomy to NHSU that it needed to be able to do the job that it was created to do... there is no tradition at all in the NHS of that apart from the Royal Colleges, who are a terrible inconvenience, but they were here before we had the NHS so we [don't know how] to stop them, though we keep trying [laughs]

*Manager 5*

NHSU came to be seen as dangerous in a number of respects. First, it challenged the exclusive use of university title by established educational bodies thereby confronting the traditional and rational-legal authority of established universities. Second, NHSU challenged established cultural norms within the NHS and the Department of Health through its geographical location, rates of pay and recruitment of staff from outside 'the Service'. Respondents noted the challenge this presented to the 'top team' within the NHS, an elite group of mainly white men with a common background in the NHS graduate training programme or certain medical schools who knew each other well and were very protective of 'their organization'. NHSU was thus seen as challenging the validity of a traditional system of political domination<sup>4</sup>. Third, NHSU became 'dangerous' when journalists and academics began to question where the 'product' was. Staff developed a high profile at conferences and meetings but maintained a low profile in the provision of training programmes. The initiative thus became exposed to challenge based on rational-legal political assessment of its activities.

Finally, NHSU came to be seen as dangerous within its host government department which held the power to dissolve the initiative. NHSU was initially funded for three years, to a sum of around £30 million; this later increased to

approximately £53 million. At first, the initiative had been welcomed. However, curriculum developments were extremely slow in the first two years and funding thus began to be questioned:

There was an incredibly difficult stage when... the one penny increase on National Insurance kicked in and we came under unbelievable pressure from the Department [of Health], which I guess was also under pressure from No. 10, to come up with good news stories, show where the money was going, what were we doing and so on. This was where the lack of anything in the larder became a real problem.

*Executive 3*

At this point those at senior levels admitted to doubts as to whether NHSU would survive. Respondents spoke of the 'wheels coming off' and a heightened awareness of the organization's essentially charismatic political nature. Hostility towards NHSU generated within the UK media also grew, articles criticising the initiative's use of a university title and the level of funding it received in comparison to the training materials produced. In its first two years the NHSU's principal output was a general induction programme, raising concerns about 'value for money'. Optimism and ambition thus turned to fear and pragmatism.

#### *NHSU's demise*

The 2003-04 annual NHSU report claimed a central role in the reframing of the NHS as a learning organization. At the same time, the UK government set up a review of 'Arms Length Bodies' (ALBs), stand-alone national organizations that undertake executive functions for and are accountable to their majority funder, the Department of Health. The stated aim of the review was to reduce costs, improve efficiency, and cut bureaucracy. Initially NHSU was excluded from this review. However, the decision was subsequently taken to include it through a specially commissioned report. NHSU employees believed from the outset that the 'Wells Report', led by Sir William Wells, would be hostile to the initiative. As one respondent noted, 'when Wells is appointed to review anything you might as well measure it up for the coffin'. By summer 2004 staff talked openly about when funding would be withdrawn. In November the Secretary of State for Health published his plans for 'reconfiguring' the 38 ALBs to 20. The Modernisation Agency, NHS Leadership Centre and NHSU were to 'merge' to form a new Institute for Learning, Skills and Innovation (which subsequently became the NHS Institute for Innovation and Improvement, based at the University of Warwick). On July 31<sup>st</sup> 2005 NHSU was formally dissolved. In the space of four years the initiative had moved from an idea inspired by private sector practice, to a political manifesto promise, to a UK-wide initiative employing around 300 people, to closure.

Respondents described the atmosphere of secrecy that surrounded publication of the Wells Report. Access to the report was tightly controlled, respondents informed us, with less than 10 authorised copies in circulation overall (although respondents also told stories of unofficial copies hidden in filing cabinets). Even after the closure of NHSU the Department of Health

refused to release the report into the public domain, despite requests under the Freedom of Information act brought by journalists and academics<sup>5</sup>. While only a handful of respondents said they had read the report, those who had expressed strong opinions:

It was inaccurate. It was biased. It was the sort of consultancy report that if it had been sent to me by a junior consultant... I would have sent back and told them to do it again. There wasn't any methodology - if you had seen that piece of work come to you from a BA student you would have... I went back to [a senior civil servant] and, in writing, told him that if this was issued as a published document... I would probably sue for defamation because the statements made... were such that my reputation would be ruined, frankly, and that I would have no choice but to sue and I would expect to be joined in that action by [other executives].

*Executive 1*

That so-called review... which isn't worth the paper you'd wipe your arse on, quote, attributable [laughs]. I thought it was an abuse of an inquiry. [He] had already reached the conclusion before he started his inquiry... he told me at the first meeting, the very kick off of his so-called review. He found a way of expressing an antipathy that other people already felt.

*Executive 2*

Once the Wells Report had been published, it was clear that the death of the initiative was inevitable. The state had exercised rational-legal authority through a process of review. As numerous respondents argued:

I think the decision came primarily from within the Department [of Health]... we weren't part of the structure there, we weren't walking round the corridors, we weren't friendly with the key people there and... it would mean that we were very much sort of to one side and out of control anyway...

*Executive 1*

The context is critical. You can look at the internal machinations and decide this is a funny organisation. I certainly did, but I don't think you can say that's why it failed. It is the bigger scene you have to look at.

*Manager 5*

The outcome of these political dynamics was also experienced at an individual level. Reinforcing the politicised nature of the initiative and the organizations it interacted with, many respondents spoke of difficulties in being reassigned either within 'the Service' or other Arm's Length Bodies. We could find only two people who transferred to the new Institute from NHSU. A stigma was attached to having been employed by NHSU; association with it was seen as a 'mark of Cain', or something people were 'tarred' with.

## Conclusion

The NHS has been going through so many changes... that it would have needed a really powerful organisation to inculcate a corporate system of education and training... You would have needed not only the supportive people. You would have needed more political diplomatic skills than we had available to us to do it. It was a hugely ambitious project.

*Manager 7*

Initially NHSU was set out as an attempt to promote organizational learning. Many of those involved in the initiative were highly skilled, politically astute, well informed and worked very hard to make the initiative successful. They were well able to comprehend the scale of the task and harboured few illusions about the difficulties involved. Yet the initiative failed. As the preceding analysis suggests, this was because NHSU was inherently political, its fate embedded in structures of institutional power and authority.

Our analysis also suggests that attempts to promote organizational learning were unsuccessful because the initiative challenged too many establishments or deep structures of political power in the NHS simultaneously. NHSU was a victim of changing policy priorities and financial constraints, a rational-legal explanation. Politics at the level of the organization, shaped by politics at the state level, were thus central to its failure, as the following quote indicates.

A political initiative needs consistent political support to bring it to fruition... if you don't have that consistent political support to see it through, the actual performance may be... beside the point. That's particularly true in a terrain like learning... who [is] looking at this and saying, does this pose some kind of a threat or a challenge to us? In a world which is already sharply over-populated [with initiatives] and in some senses contested, for such an intervention to have any chance, it needs... that political support.

*Manager 2*

Interactions between competing forms of political power and authority create the social and political context of organization and learning. In order to fulfil its stated aim of enabling its host to become a learning organization, those involved in NHSU sought to mediate competing professional groupings, macro and micro-politics and lead the NHS towards an ideal of learning through the construction of political authority. It has been argued that ideal learning happens when 'the "establishment" that is being created through the very process of organizing can be identified and critically reflected upon' (Vince, 2001: 1326). This was what many of our respondents were told they had been employed to do, by constructing a university for the NHS that would allow NHS staff, civil servants and even patients to critically reflect on the organization. It became clear, however, that this vision of learning was not shared by those with administrative and legal authority. The initiative challenged the 'dominant ideology' (Ferdinand, 2004: 441) characteristic of traditional and charismatic structures of authority, that limits learning by circumscribing the 'right kind of knowledge' that individuals and organizations

should acquire (cf. Contu et al., 2003). These authority structures, which Ferdinand (2004) suggests are typical of UK government interventions into organizational learning and skill development, lead to a lack of clearly defined spheres of competence and the absence of appropriate technical training, the very things that NHSU sought unsuccessfully to address. Ultimately the dominant, normative form of authority, rational-legal, proved most significant, and NHSU's brief life as a radical training subunit for the NHS ended.

## References

- Ashburner, L. (ed.) (2001) *Organizational Behaviour and Organizational Studies in Health Care*. Basingstoke: Palgrave Macmillan.
- Blackler, F. and McDonald, S. (2000) 'Power, mastery and organizational learning' *Journal of Management Studies* 37(6): 833-851.
- Contu, A., Grey, C. and Örtenblad, A. (2003) 'Against learning' *Human Relations*, 56(8): 931-952.
- Coopey, J. (1995) 'The learning organization: Power, politics, and ideology' *Management Learning*, 26(2): 193-213.
- Craig, R., Clarke, F. and Amernic, J. (1999) 'Scholarship in university business schools: Cardinal Newman, creeping corporatism and farewell to the "disturber of the peace"?' *Accounting Auditing and Accountability Journal*, 12(5): 510-524.
- Davies, C. (2002) *From Conception to Birth: A policy analysis of the NHS University*. London: Nuffield Trust.
- ESRC (2005) *Economic and Social Research Council, Research Ethics Framework*. Swindon: ESRC.
- Ferdinand, J. (2004) 'Power, politics and state intervention in organizational learning' *Management Learning*, 35(4): 435-450.
- Ferlie, E., Ashburner, L., Fitzgerald, L. and Pettigrew, A. (1996) *The New Public Management in Action*. Oxford: Oxford University Press.
- Fulop, N., Allen, P., Clarke, A., and Black, N. (eds) (2001) *Studying the Organization and Delivery of Health Services: Research methods*. London: Routledge.
- Galliher, J.F. (1982) 'The protection of human subjects: A re-examination of the professional code of ethics'. In M. Bulmer (ed.) *Social Research Ethics*. London: Macmillan.
- Harrison, S. and Pollitt, C. (1994) *Controlling Health Professionals: The future of work and organization in the National Health Service*. Buckingham: Open University Press.
- Lee, R. (1993) *Doing Research on Sensitive Topics*. London: Sage.
- Lee, R. (2003) 'The re-enchantment of the self: Western spirituality, Asian materialism', *Journal of Contemporary Religion*, 18(3): 351-367.
- McNulty, T. and Ferlie, E. (2004) 'Process transformation: Limitations to radical organizational change within public service organizations', *Organization Studies*, 25(8): 1389-1412.
- Pfeffer, J. (1992) *Managing with Power: Politics and Influence in Organizations*. Boston, Mass: Harvard Business School Press.
- Salancik, G.R. and Pfeffer, J. (1977) 'Who gets power – and how they hold onto it: A strategic contingency model of power', *Organizational Dynamics*, 5: 3-21.

- Scott, W. (1992) 'Health care organizations in the 1980s: The convergence of public and professional systems', in Meyer, J. and Scott, W. (eds) *Organizational Environments: Ritual and rationality*. London: Sage.
- Spencer, M. (1970) 'Weber on legitimate norms and authority', *British Journal of Sociology*, 21(2): 123-134.
- Strauss, A. and Corbin, J.M. (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, Calif.: Sage.
- Strong, P. and Robinson, J. (1988) *New Model Management: Griffiths and the NHS*. University of Warwick: Nursing Policy Studies Centre.
- Vince, R. (2001) 'Power and emotion in organizational learning' *Human Relations*, 54: 1325.
- Weber, M. (1978[1925]) *Economy and Society*. Berkeley: University of California Press.
- Wiggenhorn, W. (1990) 'Motorola U: When training becomes an education' *Harvard Business Review*, July-August: 71-83.
- Yanow, D. (2000) *Interpretive Policy Analysis*. London: Sage.



## Appendix 1: Policy documents and newspaper reports

### *Relevant policy documents*

DH (2000) *The NHS Plan: A plan for investment, a plan for reform*. London: Department of Health Command Paper CM 4818-I.

DH (2004) *Reconfiguring the Department of Health's Arm's Length Bodies*. London: Department of Health paper 40378.

Labour Party (2001) *2001 Labour Party General Election Manifesto: Ambitions for Britain*. London: The Labour Party.

Department for Education and Skills (2003) *The Future of Higher Education*. Norwich: The Stationery Office Ltd.

NHSU (2004) *Improvement Through Learning: First Annual Report 2003-2004*. London: NHSU.

### *Reports on NHSU in The Guardian*

Carvel, J. (2002) 'A tricky operation', December 17<sup>th</sup>.

McLeod, D. (2004) 'This is an emergency', November 23<sup>rd</sup>.

McLeod, D. (2004) 'NHS university axed', November 30<sup>th</sup>.

Carvel, J. (2004) 'Quango cull will save health service £500m a year', December 1<sup>st</sup>.

Tuckett, A. (2005) 'Lame academy', March 22<sup>nd</sup>.

McLeod, D. (2005) 'NHS 'university' takes final breath', July 29<sup>th</sup>.

### *Web-based material*

e-health insider (2007) <http://www.e-health-insider.com/news/item.cfm?ID=2597>, accessed 05/04/07.

<http://www.rodspage.co.uk/blog/blogger.html>, accessed 05/04/07.

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<sup>1</sup> The initiative began life as 'University for the NHS', then appeared as a 'University of the NHS', changed into the 'NHS University', and finally became 'NHSU', mainly as a result of controversy relating to the use of university title (although one interviewee told us the 'U' also came to signify 'Unfunded or Unclear, then eventually Unwanted and Unloved'. For the sake of economy we refer to the initiative throughout as NHSU.

<sup>2</sup> The NHS is present in all the constituent parts of the United Kingdom, but takes a slightly different form in Wales, Northern Ireland, and Scotland. Although NHSU was set up as a UK-wide initiative, our data and analysis refer primarily to the English experience and NHS structure.

<sup>3</sup> A measure of the sensitivity surrounding NHSU can also be read into the Department of Health's refusal to release the report which led to its closure (the 'Wells Report'), despite requests under the Freedom of Information act by journalists and academics. The report was finally made public in 2007 after a ruling from the Information Commissioner in favour of release; the Department of Health appealed but then withdrew hours before the appeal hearing and released the report.

<sup>4</sup> There is of course an evident irony in the objections we heard on the subject of how 'clubby' the NHS top team were, when we remember that NHSU was itself a 'closed' organization in terms of its recruitment and selection: the majority of our respondents were recruited to the initiative through personal acquaintance with the chief executive or another senior member; the gender balance was skewed towards the masculine; all of our respondents were white; and most were recruited on the basis that they signed up to a very particular ideological vision of the NHS and training/learning.

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<sup>5</sup> The report was finally made public in 2007 after a ruling from the Information Commissioner in favour of release, following a series of applications made by Rod Ward (Faculty of Health & Social Care, University of the West of England). The Department of Health appealed the initial ruling but withdrew hours before the appeal hearing and released the report.