

The Experience of Policymaking in Healthcare: the Interaction of Policy Formulation and Frontline Staff Practice

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Abstract

My research focuses on the experience of policy development and implementation. It draws on my involvement in a government policy taskforce, the development of an organisation's strategy to the taskforce's recommendations and the commissioning of frontline services.

The research material is my personal experience contained in a number of narrative accounts of important happenings. These are then used as a basis to engage with literature and conversation with practitioners, academics and fellow researchers. It is from this iterative process that the argument develops. The approach is therefore qualitative and reflexive in nature. I have argued against the traditional separation between the content of research and methodology. This is on the basis that human experience does not distinguish between the two as we make sense of new emerging situations.

The research has been heavily influenced by analogies drawn from complexity sciences as a way of increasing our understanding of ongoing human interaction, namely complex responsive processes of relating (Stacey *et al*, 2000).

By paying careful attention to the experience of policy development and implementation over an extended period of time I am illuminating that the development of policy can often be seen in literature and in the techniques people use as an activity that is isolated from the work of frontline staff. For example, a policy group is formed, policy or a strategy is drafted and the work is then seen to be done. This can be demonstrated by paying attention to the modus operandi of how policy and strategy groups work and how performance criteria are established. When it comes to frontline practice, policy is often silent to the multitude of unfolding interconnected possibilities that present themselves to practitioners as they seek to go about their activities. The way that policy is often presented implies that there is linearity from policy to implementation.

Drawing on Elias's notion of Involvement and Detachment (1987) I am highlighting a paradoxical relationship between policy and implementation. In introducing the notion of paradox, there is a "vitality" that is required to prevent a collapse to one of the two ends of a continuum; for example a conscious or unconscious rejection of

policy in favour of embracing frontline practice, or an over reliance on policy to blindly drive through organisational change.

In spending three years looking at the policy and implementation I argue that it is more helpful to consider policy and implementation as a “flow”, rather than a series of discrete activities that are seen to be completed before moving to the next policy area. In looking at policy as something that occurs over a span of time (as opposed to an isolated bounded activity) there is an opportunity to prevent the collapse of the paradox outlined above.

By accepting the concept of paradox and considering policy from a temporal perspective, rather than one that is a spatially bound system, the issue of policymaking practice can be considered. There are books and management experts that recommend that managers should “walk the walk”, and get closer to frontline activity. My research has sought to add clarity here, arguing for an experiential and temporal form of reflexivity of practice (as opposed to reflective practice). In this context working and being present with frontline practitioners, paying very careful attention to the experience of the unfolding contingent nature of activity influences the practice of policy making. This is a different experience from simply being present, and being seen to be present.

It would be ironic for my research to be converted into a policy document with key elements extracted and condensed into bullet points to be applied like a rule. Instead my research is best kept alive in evoking stories and reminiscences between people as they make sense of their experience of policymaking and implementation together.

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Introduction

Having worked for the UK's National Health Service for some fifteen years, latterly in organisational change, I have often wondered how "change happens", particularly how policy (or an organisational "decision") affects people's practices. Over the years I have developed scepticism of the assumed and often unexamined link between the two. In essence, the application of prescribed change management formulae rarely went according to plan. For me something else was going on that I was keen to explore, something that current management discourse was not taking up in a way that related to my experience.

The organisation I work for, NHS Blood and Transplant (NHSBT) employs some 6,000 people across the UK and is responsible for the provision of blood and the coordination of organ donation and transplantation as well as specialist clinical services. During my research there were two main operating divisions to the organisation, these were: National Blood Service (NBS) which was responsible for blood collection; and UK transplant (UKT) which was responsible for organ donation. My role is the Head of Strategic Change, working over the last few years in organisational compliance and latterly in tissue and organ donation.

My involvement with the Doctorate of Management (DMan) programme coincided with an opportunity I had to sit on a Department of Health policy formation Taskforce to increase organ donation in the UK, to work through the recommendations of the Taskforce in the organisation I work for; and, finally, to implement a nationwide project that affected people's work. Therefore, instead of considering individual management activity in isolation, such as policy drafting, business planning, strategy, purchasing and contracting, I had the opportunity to experience the entire connected process. Although the context of the research: human organ donation and transplantation; may seem very specific (and it is), I believe my research has wider implications for healthcare policy in general.

The span of my research covers approximately three years developing into four projects along with the synopsis. In Project 1 I reflect upon the influences and experiences that have formed my way of thinking about organisations. In Projects 2, 3 and 4, I present a number of narratives about situations at work that I was facing at the time. In summary, projects 2 – 4 cover:

- Project 2: the formation and the working of the Taskforce aimed at increasing organ donation in the UK. Here I take the opportunity to discuss two of the Taskforce meetings in depth.
- Project 3: the Ministerial endorsement and launch of the Taskforce's report and the strategy and business planning processes of the organisation. Here I take the opportunity to discuss the launch event and workshops where we sought to make sense of the recommendations.
- Project 4: the commissioning of surgical teams to remove organs from donors. Here I take the opportunity to attend an organ retrieval operation and consider a number of meetings and conversations where we developed and implemented a service specification and contract.

Each of the four projects was written at the time of happening. This included the writing of narrative, the introduction and discussion of literature and the development of my understanding of method. In each of these three areas I carefully trace the development and movement of my thought through to the synopsis and finally to what I see as being my contribution to policymaking.

At this point I would just like to say a little about method and subject matter in relation to my research. I appreciate that method is traditionally located towards the front of a thesis to orientate the reader to the approach taken in the research. However, as I will explain, method was so interwoven with the content of my research, to treat it as a separate area for discussion would be incongruent. To illustrate this, Dan Schendel, the strategist and joint founder of the *Strategic Management Journal*, expressed his concern over the traditional split between the process and content of organisational strategy and policy. This concern not only related to strategy and implementation, but also to the approach to organisational research. He states:

The separation of content and method is artificial, and that process must be studied alongside or coincidentally with content. ... Method of research approaches need to be found that will make it possible to study actions taken and how context shapes strategic management processes generally. For example more extensive longitudinal studies might help show dynamic interrelationships more clearly between actions taken, processes used, and outcomes achieved (Schendel, 1992, p2).

In Project 2 and 3 I discuss the work of the US pragmatist philosopher, G.H. Mead. In 1916 John Dewey, also from a pragmatist tradition, discussed a similar issue of method and content in *Democracy and Education*. Dewey makes the following point: “Experience, in short, is not a combination of mind and world, subject and object, method and subject matter, but a single continuous interaction of a great diversity of energies” (Dewey, 2007, p127). It is here that Dewey explains that we need to go back to the concept of experience, particularly with respect to process. In citing examples from the act of eating to the playing of a piano he states that there is no distinction between subject matter and method in a well functioning activity. However, it is when we come back to reflect upon experience we inevitably distinguish between the two, particularly one’s own part and the object to which we are directing our attention. This separation, when looking back, is so natural that Dewey explains that we are only too quick to attribute this as a separation in existence and not a distinction of thought. That said, Dewey explains that knowledge does not just occur by “extemporized inspirations”, instead methods and techniques need to be developed and worked upon and there exists a “cumulative body of fairly stable methods ... authorized by past experience and by intellectual analysis” (Ibid, p129).

Having explained the unified relationship between method and subject matter there is an important implication for the former in relation to the development of the latter. As my research progressed so too did my understanding and application of my methods. In other words, the awareness of methods, particularly how they were to fit together to form a defensible methodology, did not come at once, they developed over the course of my research. In being true to this, at certain points in this thesis I take the opportunity to reflect on methods used and how these could be seen to compare with other approaches. To give the impression that there was one unified approach to method during the entire programme of my research would therefore be misleading and importantly would have hindered my argument and the final contribution I discuss at the end of this paper.

So far I have discussed the importance of considering subject matter and method together and how critical this has been in my research. However, I appreciate that there are both positive and negative consequences of taking this approach which I shall now discuss. When it comes to positives I can point to the following:

- Overall, it has enabled me to critically engage with the merits and limitations of the wider family of qualitative social research techniques. This is from the perspective of being integrally bound to the subject matter under investigation and to my practice.
- It has allowed me to contribute to the debate on methodology, particularly the association between complex responsive processes of relating (Stacey *et al* 2000; Streatfield, 2001; Shaw, 2002; and Griffin, 2002) and reflexivity. In an example I discuss later I have moved from considering reflexivity from an intellectual pursuit that I recognise in the likes of Alvesson and Skoldberg (2009), Cunliffe and Jun (2005) and Pollner (1991) to an experiential temporal form. Not only has this contributed to a developing understanding of methodology but directly links to my argument on policymaking.
- Linked to the above point, I suggest that I am openly discussing a struggle that is not uncommon with those researching the social world that is often suppressed by the convention to discuss and treat method and subject matter separately. To illustrate this point more widely I discuss this in terms of action research (Huxham, 2002) and ethnomethodology (Pollner, 1991).

Set against these merits there are drawbacks in how my research could be seen and how it could be taken up with the community of researchers. My first point is a general one, namely that of convention. Social qualitative research has tended to follow the approach taken in scientific and quantitative traditions; specifically to separate out and explain method and subject matter, albeit in a less clear cut way. The approach I have taken runs counter to this convention.

Secondly and more specifically, I appreciate that the methods one uses and how they develop into a methodology should be seen as a stable platform from which to engage with the research material. It enables the reader to clearly address in their own mind the area of knowledge being addressed. Building on this point the reader can then use their own understanding of the techniques used (action research, ethnomethodology, grounded theory) to take a view of the merits or otherwise of the research; in other words, to situate the research in the wider area of discourse.

In order to mitigate the above drawbacks I would now like to highlight areas within the paper where the issue of method receives particular attention. The aim is to clearly

orientate the reader to the development of my argument and how this relates to the wider discourse on method. For example, just after Project 3 I discuss a marked shift in my approach: here I consider the similarities and differences between grounded theory and reflexivity and how this relates to my research. In doing so I take the opportunity to comment upon the techniques I have used, the other methodologies that I could have adopted and ethical implications of my research. It is within the synopsis that I explicitly discuss reflexivity in the context of my research, the implications this has for policymaking and how I would like (and not like) my research to be taken up. As I have suggested, the separation of subject matter and method also extends to my research inquiry into policymaking. In paying close attention to the experience of policymaking I have been able to highlight and discuss the consequences of how policy formation and policy become static, or reified, and the implication this has for implementation and for professional practice. This was apparent in a number of examples that I will discuss, from how the dynamic and conflictual activities of the Taskforce became reified through to the contrast between the service specification and the frontline experience of attending an operation.

I discuss the generalisability and validity at points throughout the paper with a separate section at the end on the contribution my research makes to policymaking.

For the purpose of anonymity I would like to emphasise that names in the following projects have been changed. Furthermore, in terms of consent, I explained to people who were immediately involved that I was carrying out this research. With key people who participated more fully, their involvement also included in depth discussions of my research and the sharing of narratives, my developing argument and other written work.

Introducing Project 1

The next section of my thesis is my Project 1 which was written at the very start of my inquiry on this programme. You will notice the nub of a question, namely the interaction between policy and how it is taken up in practice, has been with me for a considerable time but had not been formed with any coherence and confidence. That said this did provide the energy and commitment to drive me on. Also, it is worth pointing out the discussion on my scientific background and training. This has had an important implication in the shaping of my question and the way I undertook my research, at least initially. I will pick this up again in a discussion on grounded theory.

Project 1

Policy development and implementation: working with conflict and ambiguity in multi-disciplinary settings

Introduction

I have several unanswered questions. On the one hand many management writers imply an orderly world made better with improved planning, and on the other, the muddle I see around me in my working life and just how difficult it is to get things done. Having studied microbiology and virology at university I was reminded of the contradictions that I saw between the neat world of mathematics, physics and chemistry and that of the fast moving hurly-burly world of microorganisms, where strict adherence to order was not apparent.

This has been magnified in my current role, where I have led or worked with groups on strategic change. Often these groups come from differing backgrounds and disciplines. Typically these strategic change areas are ambiguous; namely the need for change is apparent but its nature is unclear, as is the means to get there. The change initiatives do not fit neatly within the boxes, case studies, or management books such as *Leading Change* by John Kotter (Kotter, 1996).

It is within this context that my research will focus on policy development and implementation: working with conflict and ambiguity in multi-disciplinary settings.

Within this question the role of conflicts, animosities, anxieties and power plays will be explored with a view to establishing their contribution in enabling or constraining change.

In this paper I will draw attention to the features of my landscape. I will highlight features that draw my landmarks together. To use a mapping metaphor; these may be motorways or railways, by which I mean those connections that are obvious and manmade (consciously connected). Or connections that are a result of long-term interactions with my environment, beliefs and experiences that have eroded and formed my landscape in a similar way to how the seas, the weather and geology have affected our physical environment.

My role within the organisation

I have been fortunate to have a variety of roles in the UK public and private sector. I now work in the Directorate of Strategy Management as a Performance Improvement Manager, specialising in strategic change. Recent areas that I have led or been involved in have included:

- *Pandemic Flu* – developing a framework by which the organisation may respond to pandemic flu particularly with respect to staffing.
- *Compliance* – developing an organisational approach to legislative and good practice compliance.
- *Human Tissues Act (HTA)* – developing a pan organisational and multi-disciplinary approach to new legislation on human tissues.
- *Organ donation* – working with the UK’s Department of Health on the Organ Donation Taskforce with the aim of increasing the number of human organs for transplantation.
- *Disability* – developing the organisation’s approach to how we are more inclusive to the needs of disabled staff and donors.

My approach to work tends to focus on developing small multi-disciplinary groups to work on areas of intended change. Very rarely can I ever be considered a “technical” expert; instead I am often valued for a sense of independence of thought, being challenging, but in a way that gives voice to others, and being anchored to the needs of the organisation.

Looking at the above there is a strong link with developing orderly organisational approaches to issues that are externally driven, often in the area of compliance. However, there is a substructure too. And this relates to the high level of uncertainty. In the example of the HTA, the legislation was (and still is) highly ambiguous. So whilst the aim was clear (i.e. legal and good practice compliance) how we would get there was vague, both for the organisation *and* the Competent Authority (Human Tissues Authority). Again, with pandemic flu, whilst the aim was simple there were substantial complexities, built on vague assumptions that needed to be thought about.

Individuals within the groups that I have led have come from a wide variety of backgrounds including trade union representative, directors, clinical scientists,

clinicians, marketing professionals and many more. Sometimes the people know each other, sometimes not. On occasions there has been hostility between individuals.

Reflecting on my own history, there is a strong link between my development and values and the work I enjoy doing today, particularly in facilitating groups to develop a collective sense of a problem and response. This is exciting, particularly when I go into a meeting knowing that there will be a clash of personalities or an argument. To me this has life and is an environment whereby ideas between very different people can emerge and develop. In the concluding remarks of a recent meeting the Chairman of the Taskforce said: “There can be no dialogue without difference.” To me this is very true.

Shaping my attitudes to working life

The attitude I bring to work has been shaped by my experiences, reading and thoughts. It is these reflections, and the tensions between them that I will now discuss. I will do this by exploring two examples: when I was studying natural sciences at university; and, my experience of work, particularly corporate planning and the implications this has for innovation. I will then develop this by considering how business literature often responds to what I have seen and the implications this has for the areas of interest that I am starting to develop.

The following section on Natural Sciences is important as it marks a shift in my thinking. This results from examining my ingrained assumptions. As I move from a more scientific view of the world to one where the study of people becomes more important it is relevant for me to understand the implications for notions such as proof and the separation of the observed from the observer.

Natural Sciences

At university I studied microbiology and virology. The subject sits in an unusual hinterland between the “pure” sciences of mathematics, chemistry and physics and the study of life. Whilst the study of the former (i.e. “pure” sciences) is more abstract governed by the search for universal principles, the latter is very different. In studying the living, even microorganisms, universal principles can unravel. There could be many reasons, for example, incomplete or wrong principles, competing tensions that

the observer maybe unaware of, the way we measure things are not accurate enough, a myriad of minute inaccuracies spiralling to create a completely different picture. With microbiology these tensions are very evident with a strong reliance on scientific principle being questioned in just 24 hours with the growth in a petri dish. During my time at university this was not challenged or discussed, it was just accepted. Reflecting on this now, it sensitized me to the ideas of complexity. It captured the tension, or dichotomy, between what I heard people saying at work, namely the high degree of certainty and the value of detailed planning, and the vagueness and emergence I experienced.

For me the keystone between the “muddleness” I saw in microbiology and the universal principles in pure sciences was the notion of proof. The word implies an absolute. Something that cannot be challenged or fragmented, or as Norbert Elias puts it: “...the aim of science is to make eternally valid pronouncements or to promulgate absolute truths” (Elias, 1978, p51).

Simon Singh (1998, p27) writing on the theorems of Pythagoras, Fermat and others discusses the concept of mathematical proof. Here again proof is unending – true today, tomorrow and everyday in all situations. The concepts are abstract from our lives, often simple and quite beautiful. One can compare this with Durkheim’s (1982, p147) idea of sociological proof. Here Durkheim quotes John Stuart Mill that experimentation, even indirect, is not applicable in sociology. And almost by definition the idea of having a scientific control is redundant. Here proof is grounded in our reality and is very messy. Its “shelf life” is invariably short and is often tagged with a number of caveats – it tends to be context specific, tethered, for example, at a particular time, location and social interaction. And between these two poles there is a continuum of proof that almost defies a common definition of the word.

Although, when I studied microbiology, the question had yet to explicitly surface, I had unease about the separation of the observed from the observer. This was particularly the case in virology when studying the nature of human disease. Explicit here was the study of the virus, its host and the nature of the immunological response. Whilst in the culture dish separation was possible, it become harder in animal models and very challenging in human subjects. When applying science on humans in a pharmaceutical context there are set protocols which are tightly controlled, both scientifically and ethically. Although the aim may be the separation of the observed

from the observer, I believe that reality is more diffuse and complex. The positivist approach of drawing boundaries and then controlling all the variables is hard to sustain: it raises questions around the diffuseness or otherwise of the boundary; the nature of control over the variables; and, the lens or separation between the observed and observer. Durkheim (1982, p11) quotes Skolimowski when he says that objectivity is: “a figment of our minds; it does not exist in nature”. G.H. Mead (1923) also makes the point that social and moral conduct is so very different that the application of a scientific approach is problematic. In my experience, these ideas are rarely surfaced, particularly in everyday conversation in a way that seeks to challenge the mental rut by which we (and particularly me) tend to make sense of what is presented to us. Vladimir Nabokov summarised the dichotomy well when he said: “What can be controlled is never real; what is real can never be completely controlled” (Prigogine, 1997, p154).

The above reflections can be seen as part of a more general interest in complexity that has caught my imagination since the late 1990s when I read James Gleick’s book, *Chaos* (1997) and Roger Lewin’s book *Complexity* (1999).

Undertaking this reflection has been important. It has “swept the slate clean” and has made me aware of my hidden assumptions. Delving deeper into ideas of context and the separation (or not) between the object and subject contributed to my understanding of methodology, particularly as I move into project 2 and start my investigations into my research question.

In the next section I will develop these ideas in the context of my work. On the one hand there is the planning approach where I believe there are connections with the mindset (or search) for mathematical proof that I have described above. And on the other, there is innovation, which tends to be dynamic and emergent, more akin to what I have seen in microbiology. I also think there is something interesting to say as to how the mindset of business planning fits (or does not fit) with the search for innovation.

Management – business planning

Working in strategy management an important part of my change role was as part of the business planning team. The planning meetings were often held in a large, isolated Georgian house in Yorkshire. This was situated on a small island in a lake within the grounds of a beautifully manicured country estate. To the independent observer, conducting business planning in such a location may confirm some rather negative beliefs about the process. One could not help but get the impression that it was:

- Out of touch
- Remote
- Defensive
- Self referential
- Old fashioned
- People with ideas above their station
- Lavish

The organisation would habitually, in the words often used at the time “over promise, but would under deliver” and be sidetracked by new challenges. The plan was often an unsaid distraction. When things did not turn out as intended there was an habitual round of “post rationalisation” or “finessing” to reconcile what was planned with what happened. Did it matter? Well it certainly drained my enthusiasm and there was practically no creativity or innovation. Henry Mintzberg and others consider the notion of strategic planning to be a grand fallacy built up of predetermination, detachment and formalisation. To quote Mintzberg *et al*: “No amount of elaboration will ever enable formal procedures to forecast discontinuities, to inform detached managers, to create novel strategies” (1998, p66-77).

In this case the sense of detachment was not only metaphorical, but with its location on a manmade island it was actual. To make matters worse the group dynamics tended to be stifled with “rules” about how the work was to be undertaken, and, conversations were rarely free flowing or dynamic. When I reflect on this group and the interactions of many senior managers in the development of the NHSBT strategy there was a cosy self referential culture where challenge was not encouraged. In the

1960s Irving Janis (1972) developed the concept of Groupthink from his observation of several foreign policy “fiascos” in the US (Bay of Pigs, Korean War, Viet Nam etc) as a way of exploring the consequences of conformity to group norms. Marlene Turner and Anthony Pratkanis make a relevant observation when they comment on “groupthink” by stating: “The first ... symptoms of groupthink, includes illusion of invulnerability, collective rationalisation ..., self censorship..., and belief in the inherent morality of the group” (Turner and Pratkanis, 1997, p51-71).

I can certainly identify with this. This is one of the reasons why I am drawn to exploring the role and nature of conflict within groups and how it can enable or constrain change.

Ralph Stacey (2006a, p93-94) recognises the challenges of long-term and strategic analysis and raises the following questions: what do managers do when they innovate and face the unknowable and why do managers continue with the development of these types of plans? Stacey then advocates that a new strategic direction, renewal and transformation can only emerge, its success cannot be guaranteed, and occurs dynamically in real time. I return to the question – why bother? At the *micro* level there is benefit in taking a group of senior managers away and getting them to talk with each other. In my experience although the formal structure hindered this, there were many useful conversations that led onto different ways of working.

Implications for change and innovation

This section contrasts business planning with the more dynamic realisation of change in an ambiguous context. There are links with the work that I have been involved in, particularly bringing together people of different experience to work on change.

I have chosen innovation as one way to explore the unpredictable nature of organisational life. Innovation cannot be planned (although often sought), but nevertheless it needs to fit within an organisational context – a context where planning is often valued.

There is a paradox. Business planning, as I have experienced it, is a turgid process that saps enthusiasm and imagination. However, the organisation I work for has a major role in scaling up biomedical development and integrating it into the mainstream. Examples include universal leucodepletion¹, stem cell therapy, new forms

¹ The removal of white cells from blood to reduce the instance of vCJD

of testing, tissue engineering etc. Whilst many of these would have been apparent in the business plan, by sheer virtue of the long and complex nature of the work, the innovation was done far closer to the coalface. Fonseca (2002, p18) concludes that the planning approach to innovation, along managerial and administrative lines, is more akin to post rationalisation or reverse engineering. This strikes a chord with me and brings me onto the disconnection I see between the real world and many of the books on management. Stacey (2006a, p94) also comments on innovation by stating that managers often, perhaps unwittingly, rely on self organisation of political and learning processes to build an emerging, unfolding unpredictable picture of the future where tensions and conflict build a sense of dialogue. This happens in real-time and cannot be planned. When I reflect on how things have changed in the NBS, for example with the introduction of stem cell² immunotherapy, there were several interwoven dynamics that contributed to us being the largest provider of services in the UK. Firstly, there was the expertise and dynamism from clinicians and scientists. This included cryopreservation, working to very high licensed pharmaceutical standards and existing advanced knowledge of cancer care developed over many years. Secondly, there was the technical infrastructure in place, for example liquid nitrogen cryopreservation storage and transport links. The organisation also had a comprehensive histocompatibility and immunogenetics (i.e. tissue typing required for organ transplantation) laboratory network.

The additional dynamic was legislative. For example the Human Tissue Act, Blood Safety and Quality Regulations and the Tissue and Cells Regulations all increased the level of investment required by smaller healthcare organisations. This pushed the economies of scale towards larger providers such as the NBS. The consequences for each of these would have been hard to envisage. When one considers the collective dynamics of the factors above (and many more that took place locally and between a myriad of people) could they have been predicted in a traditional business planning model? If it cannot do what it says, i.e. plan, perhaps it has a legitimate if unsaid role in post-rationalisation, building a narrative that charts the story of what we have become in a comfortable way that gives stakeholders the illusion of control. I can certainly see what Stacey is referring to when he states: "...new strategic direction,

² The stem cells I am referring to are haemopoetic stem cells used for treating blood cancers such as leukaemia. It doesn't refer to controversial embryonic stem cells.

renewal, transformation and innovation can only emerge. They must be negotiated in real time and cannot be arranged in advance” (Stacey, 2006a, p94).

I do not want to sound critical of planning. I am acutely aware of the number of people whose lives depend upon our services and that stakeholders reasonably seek assurances. For example, in 2004 I was part of a group that considered the effect and response to a terrorist smallpox release on the UK and the subsequent mass vaccination of the whole population (Department of Health, 2005). The numbers of people who would die because of a massive blood shortage during a mass vaccination campaign³ would be substantial. Consider the following:

- What would people’s reaction, as a society, be towards the news of a possible smallpox epidemic affecting the UK?
- Can the utilities and infrastructure be relied upon?
- What would be the reaction of the public towards having the vaccine?
- How effective would the vaccine be?

To bring my thoughts on corporate planning and innovation together, I am therefore intrigued with the various different views of planning and the paradox and tension that I see. From my perspective there is an implicit assumption (or at least a nod towards the idea) that planning and dealing with things as they emerge are mutually exclusive. I was interested to read Wheatley’s (2006) view that the challenges of chaos almost negate the utility and function of planning. On the other hand, Pascale (1999) appears to be more optimistic that the outcomes of chaos can be controlled. Others, sitting between Pascale and Wheatley, also offer views of how much control there can be. And with increased control there is the tacit implication of increased worth of planning. Richard Williams (2006, p51), in a book on complexity in the public sector, discusses these tensions in a way that I can certainly relate to. Here he quotes Giddens in stating that anxiety in modern life often exists in the reconciliation between the gap of the here-and-now and an envisaged future state. Those in a power authority manifest this disconnect with increased targets, supervision and surveillance so as to minimise “deviant and non-compliant behaviours” that detract from the planned goal. We therefore have a situation where: on the one hand, there is a weak link between

³ Following immunisation with a live vaccine a person cannot give blood for several weeks because of the risk of transmitting a vaccine related illness.

cause and effect (Williams, 2006, p94); and, on the other a draconian penalty should the desired outcome not be achieved.

Getting back to the smallpox example above – would it be correct not to plan? The answer, given the stakes, is no. However, the Board and the emergency planning team accepted that planning could never hold *all* the answers. And, that much would depend on the circumstances at the time. There appears to be a paradox which occasionally is overtly stated, but more often I believe, sits within the “organisational subconscious” (a term I noticed used in a UK Parliament Report (UK Parliament, 2001) which: on the one hand, recognises the limitations of planning; but on the other attempts to drive as much value from it as possible.

The dark Star - boundaries

A dark star is a theoretical object from Newtonian mechanics. It is a star that has an enormous gravity from which light cannot escape. In a sense this is a useful metaphor that links Newtonian reductionalist thinking with unsurfaced and powerful assumptions that I am drawn to and bring to my work.

When I started Project One I was intrigued by the notion of boundaries. For me there was a strong link with my background in natural sciences. All cells have a boundary; these contain structures (e.g. mitochondria) and they too have a boundary, also cells often exist within a wider boundary (e.g. an organ such as a kidney) that forms part of a larger organism. The notion of boundaries is also commonly featured in management literature. There was a degree at which I accepted this proposition without reflecting on it in terms of my background (see above) and the way I work. There is a strong association with systems thinking and system dynamics (Jackson, 2003). To quote Jackson: “The boundary must be drawn so as to include all important interacting components and to exclude all those that do not impact on behaviour” (Ibid, 2003, p67).

I have since come to the view that the notion of boundaries is becoming less helpful. Indeed, Hans Joas (1999) offers words of caution to those applying principles from a scientific background (e.g. systems thinking and cybernetics) to the social sciences, advising that attention be given to the specific conditions to which they apply. Perhaps, it is more relevant for me to ask the question: how does an individual exist as an insider and outsider when they are working as part of a group (Elias and Scotson,

1994). Elias and Scotson undertook a long term investigation of a small town in Leicestershire, UK where two newly built communities had an effect on the established groups within the older community. The resulting study had a far wider application on a range of shifting patterns of inequality relating to inclusion and exclusion. However, Shotter (1993, p178), when discussing social construction, uses the idea of boundaries with less of a tie to the spatial and structural metaphor. In his discussion he states that areas of interest often lie in boundary zones between more orderly and settled institutional parts of social life. It is this idea of boundary that I find useful, particularly given my role working with newly formed groups on ambiguous issues.

In terms of the debate on boundaries I was interested in Karl Weick's when he said: "The image of boundary conditions ... works better for realists and positivists than for idealists and constructivists" (Weick, 1995, p176).

For me this summarizes the two ends of the spectrum.

Before I started to reflect on my assumptions of boundaries I had taken their use for granted. Not only has the act of unraveling my assumptions on boundaries been insightful, but (and perhaps more importantly) the process of that unraveling.

The Disconnect Between Books on Management and What I See

In previous drafts of this paper I discussed the tendency of management books to fall into one of two types: the easy to read, simplified "how to" books; and, the books that paint a more difficult and messy picture.

With respect to the books that paint a more difficult and messy picture I include the *Strategy Safari* (Mintzberg *et al*, 1998) and *Strategic Management and Organisational Dynamics* (Stacey, 2007). Both books consider critically the contradictions and challenges that people face in organisations. This includes the dismantling of commonly held beliefs and assumptions, for example on strategic planning, and consider the working of organisations as a dynamic and fluid entity where ends cannot be guaranteed, nor are they proportionate to, their inputs.

So, does it matter? To argue that it does matter I will point to a book by Scott Snook (2002), called *Friendly Fire*. The book centres on one incident in the first Gulf War when a US warplane shot down two friendly helicopters. Snook presents the official case, as presented in the Board of Enquiry. He then goes on, in great detail, to take the

reader through the different facets of the incident and the cultural and social norms that influenced people's behaviours going all the way back to the fall of the Soviet Union. The two pictures were very different. The personal, rich and complex picture presented by Snook offered a glimpse of a vivid connected web. Snook quotes Diane Vaughan in saying: "What matters most is that we go beyond the obvious and grapple with the complexity, for explanation lies in details" (2002, p65).

But he adds his own comment that if explanation comes in detail, so does confusion. His description runs counter to the more straightforward explanation from the Chairman of the Joint Chiefs of Staff in their final report, which was accompanied by an action list presented in a linear form, implying a level of simplicity that was at odds with Snook. This general point was discussed by Penelope Lacey (2006, p150) when she describes an NHS complaints procedure that often over simplifies complex issues in order to develop a response, and to be seen to be doing something. The desire of managers to present simple solutions in response to the chorus of "something must be done" needs to be seen in a wider context. Linking this back to my commentary on business planning, if there was a greater understanding of the patterning, behaviours and richer picture, there may be an opportunity to step outside the negative cycle of "over promising and under delivering" and to develop more effective ways of working.

This section has also had an impact on my methodology. I have already discussed the Dark Star, a metaphor that I used to explain my unsaid powerful assumptions. Those assumptions are also powerful in management literature and this section serves to remind me to examine and unpack those assumptions because the story can be very different.

People working together to create change

At the end of 2006 my boss, the Director of Strategy Management, asked me to sit on the Department of Health's Taskforce aimed at increasing organ donation in the UK. The aim of the Taskforce was to seek practical means to increase the number of organs for transplantation. The Taskforce was comprised of some well known and powerful names in UK healthcare and media. This led to some interesting constructive debates, and occasionally very heated arguments and conflict. Because the group came

together quickly the power relations were often poorly defined and I felt awkward, particularly given the egos in the room. There would often be unpredictable clashes and unexpected agreements. There were times when the conversation would be proceeding on a predictable tract and then suddenly would spin into a completely different area. At one meeting I was presenting on a particular issue when the dynamics suddenly changed from a constructive debate, with useful feedback, to a completely different tack changing my feeling and emotion from control and confidence to despair. In these sessions risk and conflict were very real and unpredictable. I could have taken the easy way out and kept quiet, but I continued to actively participate and put myself in the firing line. To me the experience was very intense because although I was part of the group I felt like an outsider, but to those on the outside I was seen and treated as an insider. It was also interesting to reflect on the power relations and the “porosity” of ideas and news between the group and those on the outside.

I mentioned earlier that NHSBT is a new organisation formed from the merger of UKT and the NBS. In response to the introduction of the Human Tissue Act I was asked to manage the organisation’s approach to the legislation. A key part of the Act was the issue of consent, namely obtaining the families consent to remove tissue from a person after death. Soon after the merger we agreed a policy, procedure and form to make sure this was done in a consistent way. I presented this to the Chief Executive of the Human Tissue Authority (HTA) and agreement was obtained. People in both UKT and NBS operating divisions soon reported difficulties with the form. At a meeting I managed to ascertain that the policy was fit for purpose, as was the procedure. I asked the group to “hold onto the moment in order to savour this agreement”. I then raised the question of the form. To my surprise it was agreed that the form was fine, the issue was to do with processes either side of obtaining consent. However, I still had the strong sense that something was wrong. Reflecting on this afterwards (after phone calls from both “sides” to thank me for how I handled the situation and had given support to their views) I came to realise that the form was a proxy. It was a proxy for their frustration at the merger and having to work with people with different values and cultures. The form was a physical item that could give vent to more deep seated frustration and worries, many of which were unsaid. This was underlined by a recent conversation on templates used for business planning and performance. My colleague,

James, was critical that people were not filling them in properly and was asking whether he needed to make the form clearer. Reflecting on this, and the HTA example, perhaps I had a tendency to focus on the physical manifestations as to how people work, rather than more deep seated assumptions.

However, referring to a point I made earlier on innovation, the work of the HTA Group was seen as a great success, dealing with several high profile, ambiguous and complicated issues under the scrutiny of the Department of Health, HTA and our Board. I felt very pleased with myself for a job well done. However, I cannot help but get the feeling that all I have achieved is a delay in the clash of cultures to another day. That is not to say that there was not some reconciliation, I think there was, but a substantial chunk of distrust remains. Here the battlefield was to the form and with that denied them, will battle be joined over another issue? However, with the experience of working through the various problems, developing an understanding of each other's cultures and ways of working, the nature of any future battle may be different, both in intensity and constructiveness. It is for this reason that I used the term "proxy" rather than "projection" which is problematic in a complex responsive process perspective (Stacey, 2003, p142).

From my experience with business planning, or other various groups, inclusion and exclusion are often not explicitly spoken about. However, they are referred to obliquely, examples include:

- They work in a silo ...
- It would be better if they ...
- They do not understand ...
- They have their own agenda ...

Comments such as these are often externally focused with little reflection on one's own behaviour and attitude. Elias and Scotson consider a similar theme where one group of people, the "established", focused on the negative qualities of the newcomers. And because attention is paid to the negative, with the positive remaining silent: "Phenomena which are inseparable and interdependent [are seen as] separate and independent" (Elias & Scotson 1994, p165).

I was intrigued to read Alvesson and Willmott's view of group categorization and affiliation. Here they state:

The dividing up of the social world into "us" and by implication, although more or less clearly pronounced, "them" creates or sustains social distinctions and boundaries. By engendering feelings of belonging and membership, a sense of community, however contrived this may be, can be developed (Alvesson and Willmott, 2004, p449).

The way that groups form and work together interests me on two counts.

- *Inter organisationally* – where there is increased emphasis for organisations to work "in partnership" to deliver a particular outcome. The UK Government has been keen to promote public/private partnerships, particularly in healthcare. An example of which is the Department of Health's Taskforce on Organ Donation.
- *Intra organisationally* – in large organisations, like the one I work for, I have seen groups come together in response to external or internal pressures. There are questions as to how they develop and how they affect the wider organisation. An example I discuss later is the Human Tissue Act group that I manage.

Complexity and postmodernism: how it is beginning to affect the way I think about work

Jacques Derrida, in developing his idea of post-structuralism, challenged the relentless quest for reason and certainty, or logocentrism as he termed it. It highlights the contrast between the scientific view of my world, with the messiness of developing corporate strategy, and then being hit by the reality when things do not go to plan. Cilliers (1998) suggests the work of Derrida has implications for our appreciation of language and complexity. Ian Burkitt's (Burkitt, 2000, p46) reflection on G.H. Mead and Natsoulas's ideas on how language develops around the sense of consciousness of *experience* and *awareness* speaks to me of a postmodern agenda, particularly regarding the many experiences of reality, albeit drawn together by a common thread. Derrida argues that language is an open system. This has interesting implications for how we think language develops between people. Derrida suggests that relationships change in an unpredictable way. If so, how are we to say anything specific or general

about language? However, to be understood, there needs to be some rules and stability, but these are not permanent or complete (Cilliers, 1998, p43). At the first residential, works of John Shotter were introduced. There is a connection with his article on Social Construction (Shotter, 1997), when he says: “it is in the contingent, unbroken responsive flow of language intertwined interaction between people, as they spontaneously cope with each other in different circumstances that I suggest we should situate our studies” (1997).

There is a further link in Patricia Shaw’s book (Shaw, 2002) where the immediacy and unpredictable nature of conversation is discussed. Quite what the links between postmodernism, Derrida, Shotter and Shaw are (both in terms of strength and connection with other writers) is unclear for me at the moment, but it is an area for exploration.

The philosopher Jean-Francois Lyotard suggests that individuals tell different stories about their experiences. Indeed, he defines postmodernism, in a very simple way, as being; “*incredulity towards metanarratives*” (Lyotard, 1984, p xxiv). People’s stories are not necessarily structured in a logical way. Therefore they cannot contribute to a wider understanding, or Grand Narrative i.e. the logic does not allow for these individual parts to be added together providing a “truthful” Grand Narrative. However, each person or group believes that their narrative has worth (and why shouldn’t they). There is no logic to the formation of these stories or how they link with other narratives. Ankersmit (Ward, 1996) also suggests there should be less reliance on the Grand Narrative and more significance given to smaller local narratives. I can think of several examples that bind these ideas to my own experience. I instinctively knew that any idea of a single story that everyone agreed upon would be impossible. In contrast however, up until a couple of years ago I spent a lot of time developing organisational policy. This involved talking with many people in the organisation at different levels. These conversations also took place the length and breadth of the country. What I found particularly interesting was the fact that people could be saying similar things, but their meaning was different. This had practical challenges when it came to implementation. Very recently the organisation has been keen to develop the “corporate story”. This is aimed at collecting, in a few hundred words, the challenges we face, our legacy, and our response to the future. So in this context what is its relevance? By all means the opinions of the directors should

be expressed and in doing so contribute to the “cacophony of narratives” (Gephart, 1996), but I doubt whether it is a shared view.

Emerging area of research

The focus for my question relates to: policy development and implementation; working with conflict and ambiguity in multi-disciplinary settings.

To expand on this a little, the research will include the work of taskforces in the public sector who are charged with developing and implementing policy and plans for ‘delivering strategic change’ in critical areas. Such taskforces typically bring together people from different backgrounds, disciplines, convictions and loyalties and demand that they develop coherent thinking in controversial and politically fraught areas with high levels of ambiguity. Questions that arise include:

- How people deal with the conflicts, animosities, anxieties and power plays that arise in these circumstances?
- How different ways of thinking about this work and different ways of participating and leading such taskforces affect the quality and usefulness of the results produced?
- How does the work produced contribute to constraining or enabling change?

Project 1 – The End

My interpretation of Project 1 and orientation towards Projects 2 & 3

Thoughts on Project 1

In writing the synopsis I would now like to take the opportunity to comment on some of the important themes as I now see them, from the experience of having undertaken the research. In Project 1 I was invited to consider the influences, experiences and ways of thinking that have led to how my questions have developed as I *started* my inquiry. In the project I mentioned that I studied microbiology and virology at university, pointing to the “unusual hinterland between the ‘pure’ sciences of mathematics, chemistry and physics and the study of life” and how, within a small petri dish those elegant equations and theories can be undermined within just a few hours.

As I now look back one particular example troubled me. I remember being frustrated by how the nature of discussion on virology focused on either the virus itself or the life form it infected. Where the two were discussed it would be as one fighting the other. The discourse, with its emphasis on conflict, would introduce a duality, for example host/virus, death/life and even values such as good/bad. The conversation rarely developed into discussing the dynamic of how the two developed together and were (or would become) dependent upon each other in the context of their surroundings. What was not discussed, and interested me at the time, was how the virus and host continued on together and evolved. After all, the virus is dependent upon the host, so rather than being a combative relationship there was an evolutionary advantage for the virus to confer a selective advantage on the host. In short, seeing them as static separate entities was problematic and affected how they were being thought of, which in turn affected the nature of inquiry.

As I progress through my career, various models of understanding and responding to the world have been presented to me from strategy to quality to safety to procuring services and so on. I can see similarities between the issues that bothered me when I studied virology and the way that various models were offered to me at work, namely a form of separation that affected how we considered and reacted to the temporal flow of what we were doing together. And it is this that has influenced my inquiry as I moved to the research phase of my thesis. What else are we doing together when we

use the various organisational approaches and models as we endeavour to make something happen; how do we keep aware and excited of future ongoing possibilities?

There is something else that I would like to draw attention to as I start working with my narratives of practice. You will notice that I use words such as “uncovering”, “actual”, “hidden”, “reality” and so on, particularly in projects 2 and 3. The implication in these words is that there is something there, a “one” correct and fixed form. Looking back this line of thought has its roots in my scientific development. It was not until I was working on Project 4 that the implication of my scientific and systems thought started to become substantially more apparent to me. There is something of an irony; my interest in science and microbiology specifically was both hiding me from and yet drawing me to my longstanding line of enquiry. The implications of this will become important within Project 4 as I become increasingly aware of the contingent and open possibilities that occur in practice and what this says for policy.

Introducing Projects 2 and 3

In Project 2 I discuss the setting up and the operation of the Taskforce; at the beginning of Project 3 I examine the conclusion of the Taskforce and the launch of the report. At the beginning of Project 2 I explain how the Terms of Reference clearly stated the question to be addressed and how we were told that we were to work on the problem in confidence, only bringing others into the fold with care and ensuring similar confidentiality was to be respected. At the launch of the Taskforce’s report, reference was made to the Terms of Reference and how the question had been addressed. In Project 2 I draw an analogy between the way that it was established and ran and classical systems thinking. The point I made is still relevant, but one thing that is worth noting before starting to read both projects is the implication this had. This relates to how the Taskforce was seen: as a reified object, both at the time (from those on the “outside”, intrigued by what could be going on) and afterwards as I take this up in Project 3. In particular, I discuss the effect the launch and the Ministerial endorsement had when it came to reification, even amongst those who were part of the Taskforce who experienced firsthand the drama and tension of the process. Although there is considerable literature on policy taskforces (Barker *et al*, 1999), (Platt, 1998), (Smith, 1999), (Tepper, 2004), (UK Government, 2000), the drama, the theatre and emotion is very rarely discussed, the exception being Doloff (2005). I discuss this in

depth as part of Project 2. I argue that reification and systems thinking have the effect of obscuring the ongoing social process of a group of people coming together and the activities that went before and would continue afterwards.

It is relevant to reflect that there was nothing new in the recommendations, which either medically or managerially, a point confirmed to me in a conversation with the former chief executive as part of a number of discussions I had in writing up the synopsis. When it came to the recommendations of the Taskforce the consensus of the group was seen as being more important than the specific content of the recommendations. This resulted in recommendations that lacked detail and in some areas were open to interpretation. Moving to Project 3, and latterly Project 4, the consequence of this becomes apparent and amplified as people seek to make sense of their inheritance from the Taskforce. This is despite the clear and confident way in which the recommendations were presented at the launch, implying that these were discrete isolated activities.

As I move from Project 2 to 3, in other words moving from policy making in the Taskforce to planning within the organisation, the issue of time becomes more apparent. For example, whilst the Taskforce is interested in increasing donation by 50% in five years, the attention of the organisation focuses on the trajectory over the period of time within Project 3. It is here that increasing awareness of the temporal starts to develop. This has important implications that I take up in Project 4. In Project 4 I discuss the development of the specification and contract, including targets that have been ascribed for the various activities. I discuss this in relation to the experience of attending an operation, particularly the experience of the flow of time and events.

Project 2

An experiential investigation into the art of taskforcing – the hidden paradox that created the conditions where something new emerged

There is a “genetically modified mutation” at loose in the body politic. It has evolved over the last fifty years and its numbers are growing at an alarming rate ... the Taskforce has landed! (Barker *et al*, 1999)

Introduction

Taskforces tend to be defined as an adhoc group of people brought together to work on a focused objective, for a limited period of time, and are associated with being able to readily and organically adapt to new challenges, which are often at odds with the organisation(s) from which members are drawn (Tepper, 2004), (Hackman, 1990, p 87), (Bennis, 1966), (Wickesberg & Cronin, 1962) and (Zand, 1974). They are often discussed in terms of an intra-organisational function. However, the focus of this study is the Taskforce that draws people from several different organisations.

I would like to paint a picture. A thousand people die each year in the UK because they need an organ transplant. The UK used to be the world leader, now it is “way down the league table”, to use a football term commonly used by Taskforce members. This has led to frustration and despair and has resulted in a number of separate initiatives over the years, which have been sponsored by the Scottish Government, Royal College of Surgeons, UK Transplant and others. However, it was not until England’s Department of Health set up the Taskforce that the whole pathway was looked at. Although taskforces offer a hope for something new, they are, however, contentious within the UK public sector. This paper seeks to explore why this is the case and some of the thinking in setting up taskforces, particularly the similarities with systems theory, and the tensions that are experienced both from within and outside the Taskforce. My role, amongst other things, was to support the Taskforce by providing evidence and coordinating the activities of the Taskforce at and between meetings. This included working with Taskforce members, and others too, such as operational researchers at the Department of Health, fellow managers and directors at NHS Blood and Transplant and others. The purpose was to ensure that the Taskforce was not just a talking shop; its recommendations were to be backed up with evidence. Much of the

evidence is included in the Supplement Report, available in the next paragraph's web link.

In January 2008 the Taskforce published its findings. This had been the culmination of a year's work. The aim of the Taskforce was to produce a body of evidence (including demographics, health economics, health inequalities, ethical considerations, an analysis of the whole donation pathway) to build a compelling case for additional investment and management in areas that could increase the number of organs for transplantation (Department of Health, 2008a). The Taskforce made 14 recommendations across the whole pathway from the identification of the potential donor to the arrival of the organ at the door of the transplant unit.

There are different views as to how taskforces work. Firstly, there is an approach that focuses on the overt and what happens on the surface. This includes strict terms of reference and confidentiality. People are brought into the fold or excluded in an absolute black and white sense. The information flows are similarly tightly controlled. Taskforces are expected to produce a piece of work that neatly addresses the terms of reference and additionally (and perhaps more challengingly) achieve the consent and approval of the communities affected. The second view is very different. Despite the controls mandated by the sponsors, there is dialogue between those on the "inside" and those elsewhere. The way that people are brought in and how people's voices are heard is dynamic; also the activity, when compared with the Terms of Reference, shifts and flexes to new and emergent needs.

The point I will be making is this: in the mind of those who set up taskforces there is an approach that is akin to aspects of systems thinking, although this is not explicitly stated. In the experience of those within the Taskforce there is instability and tension, of a kind that the metaphor of being 'at the edge of chaos' describes. This is more acutely felt as the Taskforce is not held back or "stabilised" by the trappings of organisational structure and history. And it is in this instability that there is creativity and the hope that something new will emerge.

In exploring this idea I have a community in mind for whom I am writing. It is those individuals who establish taskforces in the UK public sector and those who take part in them. In developing this paper I have chosen not to focus on the obvious artefacts (for example reports, minutes, official communications); instead I will examine the less obvious, the detail of what happened between people.

I decided to focus on the work of the Taskforce during Project 2 because it was due to publish its findings part way through the project. Its findings would also develop the policy framework from which later projects that would consider implementation could be built.

Taskforces: the wider picture

Smith explains that there is no shortage of taskforces within the UK public sector with the aim “to co-opt the expertise and experience of industrial, commercial and consumer groups ... into public policy” (Smith, 1999, p10). At one time more than two a day were being established (Platt, 1998). It is therefore relevant to ask: what is it about a taskforce that seems to hold the opportunity to achieve something that traditional organisational structures in the public sector cannot? In the face of this opportunity it is perhaps surprising that taskforces have become so contentious, to quote Lord Forsyth of Drumlean in a House of Lords Debate on 24th January, 2008 (Hansard, 2008):

Quangos⁴ are used or established to hive off difficult decisions by this Government. This Government have created hundreds of taskforces, action teams, and working parties and has more tsars than the Romonovs.

In addition the Sixth Report of the Committee on Standards in Public Life (UK Government, 2000), paid particular attention to the use of taskforces and expressed concern in several areas. These concerns included the fact that no one knew how many there were; there was a lack of rigorous and open appointment processes for taskforce members; the influence they have over government policy; and, the opportunity they pose for patronage. The point was also made that, despite the Government’s pledge on diversity, women, ethnic minorities, the young and trade unions were under represented when compared with the private sector and business (Platt, 1998). Platt also questions the motives of the sponsors in suggesting that the aim, in part, was to neutralise political opposition, rather than to have meaningful debate on policy. Others have suggested that (Smith, 1999, p7) they became a focus for nepotism and patronage which became an integral feature of sleaze in the Thatcher and Major Governments in the 1990s.

One of the main criticisms of taskforces is the lack of “considered framework of rules and practice ...”, for example, how they work and how people are appointed to them (Barker *et al*, 1999, p34). However, despite this there is a common feature that Smith warns us against when he states: “They [taskforces] must not be allowed to coagulate into an hermetically sealed policy universe that effectively undermines due process and inhibits widespread open discussion” (Smith, 1999, p7). Although there are few if any rules that govern how they are established and are to work, there is concern that they have tended towards a pattern that is at odds with wider public debate and openness of process. This pattern includes the ability of politicians and others to define the terms of reference, membership and operation, when compared with other approaches such as a Royal Commission and parliamentary committee.

The formation and working of taskforces often compares starkly with the bureaucracies from which they emerge, particularly in the public sector, (Cooper and Dartington, 2004, p142-143). Pines (1986, p180-185) explores the appetite for change, particularly how coherent this appetite is within its social context. My experience of the Department of Health is certainly consistent with this. I remember one meeting where we agreed, quite quickly, that we needed to get a senior person in another Department involved in setting up an NHS wide group. Although this decision was taken quickly we spent the rest of the meeting listening to the process of how this would occur. When I asked if we could send the person an e-mail the answer was that there were protocols to prevent them getting bogged down with too much detail. The protocols, when they were described to me, along with all those involved, made me wonder if he received any calls, visits, e-mails at all. What made the contrast between the working of the Department of Health and the Taskforce even more apparent was that a couple weeks after this meeting I received an e-mail to say that the Chairman of the Taskforce, had called the person and had made an appointment to see him. All the gates and barriers that were there to manage (or enhance) the bureaucracy were ignored. Given the very different approaches there is little wonder why taskforces come under so much scrutiny for those who establish them.

When considering the social context of the Taskforce, it could be argued that the formation of a taskforce is as a consequence of institutionalised aversion to change. The establishment of a bounded taskforce is, perhaps, an unconscious way of firstly

⁴ Abbreviation for: quasi-autonomous non-governmental organisations

recognising there is a problem to fix, but lacking the social commitment to resolve it. The setting up of a taskforce, with terms of reference and secrecy, is a way of maintaining the tension, until (or if) its findings hit the cold light of day.

Currently what I have discussed relates to why taskforces are set up and operate. There is another tension too, the experience of how they actually work, particularly when compared with an organisational setting that either sponsored them or has to deal with their output. This will form the basis of this paper, but for now I would like to point to what Doloff (2005, p 63 -64) states when she says:

Taskforces also provide the theatrical setting for the real human drama unfolding before us. If all the world's a stage, then each taskforce is a tiny theatre troupe ...

The official records of the taskforces pay very little attention to the dynamic interaction of those involved. Whilst they may record what has been agreed or actions taken, they won't paint a picture of the tensions, arguments and conflicts that played out. This is a point that Barker *et al* (1999, p17) agrees with when he states "... how the groups [taskforces] have worked or are still working – their constitution and methods, leading to their reporting to ministers – is not so readily listable". There will also be little or no account of the conversations and meetings that were held on the periphery that were so important.

Taskforces: the hope of the rational

As described in my introduction, a lack of progress to increase organs for transplantation over the years pushed the Department of Health to do something different: they formed a Taskforce.

In this section I am going to explore the means by which I have experienced how the sponsors seek to constrain anxiety by adopting, in an unsaid way, an approach akin to systems thinking.

This will be used as the context in which a narrative will be presented that paints a very different picture. It is the narrative that will give an insight into what it is like to be part of a taskforce and how the outputs set an agenda for change across several organisations, particularly the organisation I work for – NHS Blood and Transplant.

And it is here, in the difference between unsaid expectation of method and what actually happens, that I will explore the tension and conflict that arises.

With respect to the Taskforce the Terms of Reference were as follows:

To identify barriers to organ donation and transplantation and recommend solutions within existing operational and legal frameworks. To identify barriers to any part of the transplant process and recommend ways to overcome them to support and improve transplant rates.

The conditions under which the taskforce was to work were simple; namely, appointed people, from different professional communities were to work together, in confidence, to develop a report that addressed the question in the Terms of Reference. People were approached to sit on the Taskforce; there was no selection or interview process.

The word “taskforce” like “organisation” is a noun and implies a static fixed structure and “conceal[s] the fact that organising is about flows, change and processes” (Weick, 1995, p187). I believe the noun is important and offers a reflection as to the hopes and assumptions of those who set it up. Weick (1995) writes of the attraction of those in organisations, to create fixed entities and to seek to fix things, once and for all, before moving onto the next problem, or to produce static solutions from static entities.

There was certainly a desire to fix the problem. This static fix is in contrast to the changing picture in organ donation that has seen the UK lose its pre-eminence in organ transplantation from the premier league to the lower divisions, again an analogy often used in the transplant community. The changing picture has included the following over the last few years:

- Growing concerns over the ethical and legal issues of organ retrieval.
- The changing pattern of organ donation between cardiac and brain death (this has some very real practical implications).
- Increasing constraints by hospitals to provide theatre and anaesthetic support.
- Increased regulation for consent with the introduction of the Human Tissues Act.

And the list continues. There is therefore a difference between the search for fixed solutions, as implied in the Terms of Reference (as noticed by the use of language such as “barriers” and “overcome”), to the shifting demands, situated in a shifting context. As I reflected this to several people at the time, even if all goes well and we

make the changes we need, we may well be in the same position in having to set up another taskforce in a few years time.

I would like to suggest a reason why taskforces are so tempting: identify a problem, agree terms of reference, establish a boundary around it, get all people in a room, and expect results. However, this leads to frustration when solutions start unravelling, or when the solution no longer fits the problem, or when the reality of everyday life starts to amplify apparent solutions into problems. As I have already mentioned, the aspiration has a parallel with a systems based approach where there is a boundary, various subsystems within the boundary and clear inputs and outputs. In this case the boundary is created by the confidentiality under which Taskforce members were expected to work. The appointment of Taskforce members meant that they were also being excluded from discussing the work of the Taskforce from the very same communities that they were representing. A common feature of systems thinking is the presence of subsystems. There were subsystems in the Taskforce too, namely the additional work sponsored by the Taskforce, each with its own conditions of confidentiality. For example I was chairing a group looking at ethical issues, health economics, and demographics developing a clear understanding of the donation pathway and looking at international comparisons. I also sat on the British Transplantation Society group considering surgical retrieval arrangements. And there were a couple of other groups too. As I have already mentioned, in addition to the conditions of confidentiality, the sponsors sought to tightly control who could take part in the Taskforce. They were also keen to vet all outputs, particularly the report to the Minister and subsequent press launch. The only time when the mask slipped was at the time of the launch of the Taskforce's report (The Observer, 2008) where there was some behind the scenes friction as to who should announce what and when.

What I have described in this section has similarities to a rationalist teleology, namely that the goal is chosen by a group of people and movement advances towards that goal, the progress is rational, with meaning being located in the end state (Stacey, 2000, p72). For example in setting up the Taskforce, the sponsors, from an external view, sought to identify the goal, as articulated in the Terms of Reference, with a defined process and set of conditions in which the Taskforce would operate. However, in this approach (Ibid, 2000, p82) the output and conditions by which people work together are already contained in the system. There is therefore no self

organisation and very little opportunity for something new to emerge. There would therefore be very little point having a Taskforce if all it achieved was a rehash of what had occurred before. In a later section titled “What Changed” I will discuss what emerged from the Taskforce and what was new. Although not wanting to pre-empt this discussion it is worth noting that something new and unexpected did emerge and we are now walking a very different path. Despite the artefacts on the surface that pointed to a systems based approach there was clearly a very different set of events that were being played out in a less obvious way. To illustrate this point, in a systems based approach the output (in this case the two reports on the Department of Health’s website) would have matched the input (namely the Terms of Reference). However in comparing the Terms of Reference to the work actually carried out the Taskforce only considered the donation pathway up until the organ reached the transplant unit’s door (and not transplantation itself) and it considered legal ethical issues where this was excluded.

The unsaid application of a system based approach is perhaps an admission that organisational life is changing and one possible way to “stay in control” and to solve a collection of problems that the organisation, or a number of organisations, have an inability to tackle, at least on the surface or in a cognitive way, is the formation of a Taskforce, with which there is hope that one can control inputs and outputs as well as the task. To explore the reasons in a little more depth I would like to turn to Hirschhorn. He describes (Hirschhorn, 1988, p143-144) the increasing challenges of organisational life as the “post industrial milieu”, where more people outside of the tight-knit organisational community can exert a growing wish to become involved, to quote Hirschhorn “... culture, politics, and technology of a post-industrial milieu integrate once divided roles, tasks, departments and levels so that people and interest groups outside the organisation ... are nonetheless more present and find it easier to press their claim”. This serves to increase anxiety by complicating roles between and within organisations and individuals. He also makes the point that existing compromises and ways of doing things are less likely to contain anxiety. So, in the face of increased anxiety, groups have a tendency to develop social defences and barriers, some of which are very sophisticated. A means by which to achieve this is the approach I have described above which includes the formation of taskforces with tight terms of reference and confidentiality. In applying Hirschhorn’s views to the

Taskforce there are similarities: the transplant community is highly political, with very well established connections to ministers and the body politic; sharing of experience and technology internationally (with a developed understanding of what works and what does not); and there is a strong non-professional lobby represented by patients or families of those who need a transplant. Also the transplant community is more dynamic and, it could be argued, more influential than the civil servants at the Department of Health. We now have a situation where those who are sponsoring the Taskforce (and thereby seeking to exert control) of the “system” are “outgunned” by the more dynamic and influential transplant lobby, who have pressed their claim, in the “milieu” as Hirschhorn describes. But, there is a tension and interdependence. The transplant community needs to have the authority and backing of the Department of Health for the sponsorship of the Taskforce. And the Department of Health needs the appearance and cover that the Taskforce is working within its own tight terms of reference to give it legitimacy. Not only was there a tension, but there is a dynamic that maintains a consensus to keep the actual experience and what it was like to be a part of a taskforce hidden. This tension extends beyond how the Taskforce was viewed; it touches on how the Taskforce operates. For example, a discussion in the open about the relationships and conflict that occurred within the Taskforce could only raise concern over the lack of consensus and this could undermine the report; to score an “own goal” in other words. It served the purposes of all protagonists to show a united front. Of course they said that there were “heated debates” or “differences of opinion”, but these were underplayed.

If Taskforces were rational, and operated to the standards above, it is unlikely that they would be controversial. Instead they would be seen as another legitimate tool of Government. However, this is not the case, they are controversial and the focus of the criticism is located within the government and body politic who find them so valuable. Is it possible that the controversy is a telltale sign of the dissonance between the unsaid aspired systems based approach and the more complex and diffuse activity of human relating?

To summarise, the response from a bureaucratic organisation, faced with increasing calls from a diverse and noisy range of people and organisations was to set up a taskforce whose aims sought to establish a fixed solution to a dynamic array of problems. The taskforce bore many of the hallmarks of a systems based approach, that

I believe, in an unconscious way, sought to contain the anxiety of the sponsors. The approach, if it had been applied, would have meant that nothing new could have emerged. The fact that something new and exciting did develop meant that there was another story to tell.

Taskforcing: explored

In this section I will explore a paradox, namely the increased anxiety that members of the Taskforce experienced which was due, at least in part, to the sponsors search to contain anxiety. The nature of what is to be discussed is neither superficial nor easy to pinpoint, so I am going to offer an account of a conversation between myself and the Chairman of the Taskforce. We were discussing the very fluid nature of the Taskforce, the lack of a history of organisational norms, where to break new ground requires a willingness to venture into unpredictable territory. This is explored in more depth in a personal account with a narrative titled, *A tale of two meetings*. This describes what it is like to be part of a Taskforce, the sense of inclusion and exclusion, excitement, shame and embarrassment and how quickly the mood within the group changes. But let me start with some early experiences.

The Taskforce met about six times, the first meeting I attended was at the Department of Health's Whitehall offices, Richmond House, an impressive 1980s building from the outside, but rather cramped and awkward on the inside. The meeting was held in the Cathedral Room. This is an imposing room with a long polished table, long pointed windows and entrances at both ends. We all sat down and the Minister was ushered in by her aides. The first thing she said was that she entered by the wrong door. I found this was very odd because there was an excited conversation by civil servants before she entered as to where she would sit down and what door she would come through, namely that she would sit at the top of the table at the door nearest the point she came in. She read from a brief that she had been given; muddled a few terms and we sat and listened. Ten minutes later, she thanked us all, stood up and left, followed by her aides. The whole experience felt very detached and awkward, the set piece was more important than what was spoken about. This gave me my first inkling into the culture and the nature of the bureaucracy at the Department of Health, where it seemed that the process of how things were done was more important than the

outcome. But it did feel as though it gave a sense of legitimacy and focus to our work, even if she did get the words wrong.

Confidentiality was frequently mentioned by many including by those not on the Taskforce. I remember several conversations with people who would say “I know you cannot discuss the Taskforce, but ...” and then go on to ask questions in a roundabout way. As the Taskforce progressed I became aware of more meetings on the periphery where thoughts were shared, some of which I was involved in, some that I was not, but it led to an increasingly confusing picture of inclusion and exclusion. As I mentioned, I was leading a group at UK Transplant looking at economics, ethics, health inequalities, demographics and considering the practical implications of the Taskforce’s recommendations. I was also a part of working party of transplant specialists on the surgical technicalities of organ donation. In both groups some people were on the Taskforce, but most were not. Those who were not on the Taskforce were aware of some of the issues being discussed at the Taskforce; others less so. I did not experience exclusion and inclusion as two absolutes; it was grey, mixed and confused. There was gossip and excitement about what the Taskforce was discussing and there was a sense that there was a real opportunity - that we were on the edge of making a big difference. Over the life of the Taskforce the grip on confidentiality gradually became more relaxed, but it was never far from the surface.

Having given an overview of my experience at the beginning of the Taskforce and how this moved with the inclusion of more groups and people I would now like to explore this in more depth starting with a conversation with the Chairman of the Taskforce that occurred in December 2007, to share experiences and to make sense of the Taskforce meetings over the past few months. We discussed the volatility of the meetings. It was her view that the volatility was vital if progress was to be made. We shared the view that there was a dynamic, whereby there needed to be enough stability to get the work done and to keep people together, as witnessed by the protagonists. However, without a very real sense of instability there could be no progress, people would keep to their long held beliefs. It was her view that one Taskforce member, Michael, and his very challenging views were “grist to the mill”, in other words that his contribution added to the sense of instability and flux, without which there would be no progress. However, there were times when Michael, or other protagonists, could have walked away, shattering any sense of consensus that would be so important in

order to sell the ideas to the various professional communities. We then discussed how much of this conflict and volatility was out in the open and overt, and how much was hidden and sorted out behind the scenes. She said that much of the contentious work was done behind the scenes, almost to the point where it had become a part time job. I mentioned that there were times when I found the Taskforce meetings very odd, with dynamics that were hard to understand. The Chairman mentioned to me that others had said this too and was, in some respects a reflection of the “opacity” and different forums where discussions were being held. Although I could accept that there needed to be a “safe haven” for these difficult conversations to occur it does raise an interesting question: in reflecting on the work of the Taskforce in, say a couple of years, to what extent will the official version, as illustrated by the minutes and documents, account for the deeper and more covert dynamics that played such a vital role?

We then discussed the nature of a “taskforce” and “taskforcing”, namely in paying attention to what it does in terms of action, rather than an object that implies stasis. How is it that the UK public sector and the NHS in particular is drawn to the use of taskforces to resolve its problems. The Chairman was of the view that they allowed different thinking to emerge and benefited from having no single organisational context. In terms of organisational context she was of the view that there were advantages and disadvantages. On the plus side there was little in the way of organisational history, baggage or dependence. There is also the opportunity to constitute a taskforce to cut across multiple boundaries, be it professional, geographic, function and so on. On the negative side, there was little in the way of organisational loyalty that could be drawn on at times of difficulty.

Towards the end of Project 2, after reflecting on the conversations, narratives and my experience, I started to notice something new that I had not seen with as much clarity. The issue centres on the meetings that occurred behind the scenes and how the dynamics of the meetings were occasionally very odd and difficult to understand. The point I will be making is this; the Taskforce meetings were, in many cases a stage, where actors came to play out their rehearsed scenes that they had developed in meetings and conversations elsewhere. Much of what was new was developed in these side meetings. From the perspective of complex responsive process thinking, the situation can be understood in terms of “the interaction between the agents can be said

to be local in that each agent is interacting according to its own rules of interaction, with only a small proportion of the total population of agents” (Stacey, 2006b, p125). This is a way of understanding how these ‘behind the scenes’ meetings came about (how they were arranged and who was involved) and how they played out. The meetings often involved small groups comprising people from differing communities. For example, the meeting to discuss Donor Transplant Coordinator roles included representatives from both the surgical and anaesthetic communities. Similarly, the discussion of the surgical technicalities of organ retrieval was away from the bright light of the Taskforce, being held within a surgical society specialising in transplantation (which also had the function of giving additional legitimacy to the work in the surgical community). These scenes, having been played out and rehearsed then came to the Taskforce. Goffman makes a relevant point where he discusses how groups work within a “social establishment”:

We often find a division into back region, where the performance of a routine is prepared, and the front region, where the performance is presented. Access to these regions is controlled in order to prevent the audience from seeing backstage and to prevent outsiders from coming into a performance that is not addressed to them (Goffman, 1959, p231).

This very much relates to what I had experienced, and to what the Chairman said others had experienced too. What I believe made this more vivid were the interactions occurring on at least two ‘levels’. These ‘levels’ were: firstly the development of something new behind the scenes in select groups in order to agree a tentative position; and, secondly, the performance of this position to the larger community at the Taskforce (which will be the subject of the following narrative), where another iteration of discussion occurred in order to agree (or not) the Taskforce’s position. Occasionally the various performances seemed edgy; either the protagonists adopted positions that were unexpected or the speed and nature of the dynamic seemed too quick, implying some behind the scenes discussion, or the dynamic became stationary, implying an unexpected blockage.

There were several issues to explore here, including the interaction between many of the players, the lack of strict hierarchy that could otherwise dampen down the number and speed of the interconnections and the multiplicity of voices from different communities. The lack of stability also provided the fertile ground in which the seeds

of ideas could take hold. However, there was constant risk that the dynamic environment could turn and scorch the earth. I will now present a narrative, *a tale of two meetings*, featuring two Taskforce meetings.

A tale of two meetings.⁵

The April Meeting. Before I start to discuss this particular meeting I need to explain that at a previous meeting I had been asked to draft the Taskforce's report. It is the presentation of the latest draft that I am going to explore. I am doing this because it provides a vivid and personal account of the dynamics of the Taskforce.

The April meeting was held in the basement of the Department of Health. It was a big room, with tables arranged in a large square. The room was pale blue in colour, newly refurbished, but with little natural light. At previous meetings there had been a tendency for those with differing views to sit as far apart from each other as possible, and so it was this time. When I arrived at the meeting I was one of the first people there in addition to the Chairman. She confided that she was worried that one of the members might "walk out" and put the success of the Taskforce in jeopardy. I noticed that she had a couple of large Tupperware boxes she had brought down from her home in the Midlands. It turned out later that she had made some cakes for people to share during morning coffee. The cakes created a lot of interest and affected the conversation. The previously difficult and tense conversation exchanges stopped as people became directed towards the cakes. It might seem a small point, but I heard people recounting their favourite recipes and giving a small insight to their home life. This struck me as being worth noticing, particularly the time and trouble the Chairman had gone to bake the cakes and carry them on the train and underground. However, I think the gesture was significant. The offering of food indicated her role as a facilitator and mediator of disparate communities rather than being a dominant leader forcing her will on the group.

As the room filled up I was struck that there would not be many opportunities for such a diverse range of people to be in the same room together, not only

⁵ The following narratives are indented. This was done at the time of drafting Project 2, the implications of which I discuss later.

because of their different professional and social circles, but for some there was an active professional dislike and mistrust. This point was made clear when one Taskforce member publicly and in writing described another professional group as being “slippery”. At the heart of this difference were very real professional, ethical and legal difficulties and ambiguities where there was a substantial lack of agreement in the intensive care community. I always felt uneasy at the meetings. Before the meetings I had feeling of “what will happen this time?” I felt concerned but excited.

As the meeting was about to start my phone rang. I was on call that week so I had to keep my phone on. I was aware of people looking at me as if I was a nuisance (perhaps I had not helped matters by having a loud and annoying ring tone so that I would not miss any calls). But it made me feel very self conscious.

Before the meeting I sent around the latest draft of my report. It was a work in progress, but it sought to capture the developing thoughts of the Taskforce at the time. Just before we sat down a couple of people came up to me and said how well the report was coming along and how amusing some of the typographical errors were. My former Chief Executive came over to me to ask if there was anything he needed to do to support me.

I stood up to present my recent thoughts on the Taskforce’s paper. There was quiet, attentive listening, but little in the way of active engagement. And then came a point where I felt that I was at the centre of the Taskforce’s anxiety and tension. There were comments that the report was unbalanced, with too much attention paid to supply chain issues at the expense of clinical issues, the terminology I had used in dealing with the body after organ retrieval was wrong, and so it went on. It is difficult, or impossible, to untangle my feelings of anxiety, shame and embarrassment. I felt myself blushing and wishing that I was somewhere else. I felt confused, as if I had missed something, a part of the jigsaw. Graham suggested an “editorial board” which I thought would be a good idea. Then Ian stepped in to volunteer to draft a summary report in addition to the longer technical report that I was drafting. And this was how it was left.

After the meeting a couple of people came up to me to express surprise at what had happened. Later the events of the day went through my mind. It was at this point it started to occur to me that there was more to the discussion of the report, and my reaction to it, than there seemed at first. I started to consider that the events of the report, and my involvement in it, had as much to do with the dynamics and tensions of the Taskforce as people looked for an issue on which they could vent their pent up frustrations. The report was a focus for the surfacing of conflict, just as the cakes were a focus for surfacing connection. Conflict and collaboration were constantly emerging in an unstable, surprising and interdependent way.

A couple of weeks later I was with the Chief Executive, at a leadership forum. He raised the subject of the meeting and mentioned how strange it was. He suggested that it might have been a “stitch up” or collusion and conjectured that it might have been informally discussed between some of the “players” at a meeting the day before. It was interesting that the dynamics of the meeting had been playing on his mind too.

The September Meeting. This next meeting was held in a rather tatty hotel near Euston Station in London. Carpets were deep green and the walls had dark wood panelling. Tables were arranged in a horseshoe and were very cramped, the chairs were very close and there was not much room to put papers and other items, this made me feel uncomfortable. Our new interim Chief Executive (the previous CEO had since retired), came in and sat next to me. Again, those with the most differences sat far away from each other.

Two of the Taskforce members, the two greatest protagonists, who were sitting far apart from each other, started to discuss an important, contentious and technical issue on the notification of potential organ donors. Mark, who had expressed considerable concern in previous meetings, said that he would now go along with the suggestion. Not only this, but he went further. Michael looked astonished and was about to say something when the Chairman stepped in to make sure the point was captured. Agreement had suddenly emerged unexpectedly.

The way that the Taskforce was established meant that there were official Taskforce members and those who were “in attendance”. I was in

attendance. For most of the time this distinction was immaterial, but at other times it was acutely noticeable. And so it was at part of the September meeting when the Chairman, went through the recommendations and asked the Taskforce members to clarify their agreement with them. This was important as it would be the Taskforce members that would have to justify their decisions and have to “sell” the ideas to their professional communities. But it did heighten the sense of inclusion and exclusion, and I was excluded. However, I can rationally see that this was a necessity. When the recommendations were agreed there was a sense of relief – I felt this, and I could tell the others did too.

The two reports were presented, the summary report and the more comprehensive or supplementary report, which I had drafted. There was debate about the summary report drafted by Ian. The recommendations had been agreed and the discussion centred on the format and presentation. Although there was more varied opinion and discussion, it did not have the heat or emotion of the April meeting. There was then discussion on the report that I had drafted. Although the report that I had drafted was long (about 200 pages) I had decided to use a very simple format comprising of three areas: 1) why the current situation was untenable; 2) the strengths and risks of the “future state” envisaged by the recommendations; and 3) healthcare benefits. People thought the report was excellent. And there was agreement on this from all quarters. I had done a good job and put a lot of effort into the report, but I did wonder afterwards whether my contribution at the April meeting was a “lightning conductor” for the emotion and dynamics of the Taskforce. It certainly felt like this. I felt pleased, but the sense of emotion was not as intense as I had felt in April’s meeting.

After the meeting there was an implementation workshop that the Chairman had asked me to support her with. The workshop was facilitated by a director of transformation from a part of the NHS that specialised in innovation and improvement. Although the report had yet to be sent to the Minister, the focus of the work had changed from policy development to implementation. The work of the Taskforce was now, for the most part, over. Implementation would now be down to healthcare organisations (including NHSBT for the

most part), the Department of Health and Devolved Health Administrations. At the workshop I felt more comfortable, in some ways the agenda was moving from the clinical to the managerial – playing on home turf. As I now reflect on this, the ambiguity of policy development was now replaced by ambiguity of implementation, from questions of “what” to “how and when”. And soon this was to start to develop its own tensions.

I have described a situation where people have come together to form a taskforce. The nature of taskforces is that they do not draw on loyalties or organisational anchors that could otherwise provide them with additional stability. Furthermore, individuals drawn into a taskforce often have loyalties at odds with others within the group. However, there is a further tension. Despite protagonists loyalties being elsewhere, for example in other professional communities, there is an interdependence created by the need to produce results as a taskforce. It was this tension that created the conditions from which something new could emerge. A vivid example was where a surgeon on the Taskforce called anaesthetists, in general, a “slippery” bunch.

The above narrative and the conversation with the Chairman paints a very different picture compared to the discussion of how the Taskforce was established and the mechanisms that were put in place to contain the anxiety of the sponsors, with the requirement for confidentiality and working to tight terms of reference. It is therefore relevant to discuss this and particularly the impact on the Taskforce of anxiety and the nature of inclusion and exclusion. Within the narrative I acutely felt what it was like, on the one hand, to be included, but on the other (and at the same time) a deep sense of exclusion, rejection, shame and embarrassment. The speed of inclusion and exclusion was far more dynamic when compared with the often more staid environment of the organisational settings from which members were drawn. In my discussion in the last narrative I mentioned the various smaller meetings that were held on the periphery where difficult issues were discussed in safer surroundings. Reflecting on this narrative these smaller meetings had an implication for the nature of inclusion and exclusion at the Taskforce meetings. One person had commented to me that there had been a stitch up, my intense experience, and the speed at which opinions seemed to coalesce amongst different groups added weight to this. The nature of this, combined with the anxiety of the people I spoke to, including the Chairman, contributed to the intense and sometimes bewildering processes that unfolded during the course of the

Taskforce meetings. The sense of inclusion and exclusion was occurring within different communities which were overlapping and affecting the Taskforce. This emphasized the experience of surprise, shock and lack of stability. The other point to make is this: the sense of constraint, inclusion and exclusion was forming and reforming and co-existing in different communities at the same time, with each individual experiencing something new.

The unpredictable emergence of conflict/agreement between the various communities within the Taskforce had an implication for anxiety. Hirschhorn (1988, p10) makes the point that individuals in groups seek to minimise anxiety in a number of ways, one of which is the social defence of creating a distorted relationship between the group and the wider environment, often scapegoating others to control the anxiety, as Michael did in castigating the anaesthetists. The fact that Michael and others from diverse communities are drawn together on the Taskforce leads to a further twist in the dynamic. What I found interesting, particularly amongst the anaesthetists, was this. As the work of the Taskforce progressed I noticed a shift in the social defence. There were fewer disparaging comments directed towards other members of the Taskforce and more directed along the lines of convincing other members of the anaesthetic and critical care community to go along with the proposals, citing where there would be difficult pockets of practice and individuals. It was as if the locus of the social defence had started to shift towards the professional communities beyond the Taskforce rather than between those on the Taskforce itself. The anaesthetic community was very important, because it was here that there was most concern over legal and ethical issues and where most change in the medical community was needed.

The sense of inclusion and exclusion as well as anxiety had implications for the nature of conflict that became apparent during the course of the Taskforce. Grant (2008, p106-162) presents a view of conflict that I can relate to in terms of the Taskforce, particularly the dynamic shifts that become apparent, exemplified by the relations between Michael and the anaesthetic community. Here Grant discusses conflict in terms of an essential feature of relationships that arise from the need to understand generalized norms in specific contexts. This is described by his terms of polarized and explorative conflict, where polarized conflict is associated with static win/lose positions and explorative conflict where there is discussion to explore difference. Grant suggests that both are features of human relating that are never far from each

other. Grant's account of conflict offers something particularly relevant to the experience of the Taskforce. In the process of engaging in explorative conflict, made very acute in the Taskforce by the presence of different communities, polarized conflict emerged suddenly and unpredictably as did agreement. Grant makes the point that leaders have to accept that they are not in control and that risks need to be taken if the process of negotiation is not to become stuck; issues that became clear to me in my experience of the Taskforce and my conversation with the Chairman.

Jehn (1997, p93-97) suggests three conditions which influence the dynamics when groups come together. Conflict develops, but out of this something creative emerges. These are: the high degree of variability in the task and lack of certainty; the diverse nature of group members; and the interdependence of group members. This is not unlike a crucible, where metal is formed from its ore; concentrated and heated to a critical point where change can occur. Although Jehn describes the attributes one commonly sees, she holds back from discussing the dynamics at play within a group.

I would like to explore the nature of conflict with respect to power. This is in the context of the power of the Chairman, the values that the protagonists bring to the Taskforce and the need to maintain consensus if the work of the Taskforce is to be accepted. The difficulty in defining power makes discussion challenging (Lukes, 2005, p1). Stacey (2007, p342-344) explores the contribution Elias and Mead make as to how we may choose to understand power, particularly with respect to communicative interaction and how cult values may constrain and enable social interaction, explaining:

Mead (1923) held that people not only generalise habitual patterns of interactions to imaginatively construct some kind of unity of experience, usually understood as some kind of "whole", they also inevitably idealise these imaginatively constructed "wholes. Mead pointed to how people have a tendency to individualise and idealise a collective and treat it 'as if' it had overriding motives or values, amounting to processes in which the collective constitutes a cult (Stacey, 2007, p342).

Stacey goes on to explore the movement of cult values into functional values. In doing so tension develops between cult values and the day-to-day reality in which they need to be interpreted, occasionally in the face of competing cult values from others. Conflict develops requiring negotiation in the local context. The nature of cult values,

in that they idealise a perfect view, has an impact on the nature and intensity of belonging and conflict. Reflecting on the Chairman's comments that much of the contentious work was done behind the scenes in a safe environment for the protagonists, I now believe that this was part of the process of exploring those deeply held cult values and testing them in a safer functional context. To do this at the Taskforce in an open situation would have risked almost certain fracture and split. Although the approach of functionalising these cult values behind the scenes was an important step it did have a consequence of increasing the intensity of inclusion and exclusion that the Taskforce members reported.

In a taskforce, where people are drawn together from different and sometimes hostile communities for a short period of time it is worthwhile asking: from where do people draw their belonging and what is the implication of their cult values on this belonging? Lyth (1960) stresses that members of an organisation develop social defence systems by collusive interaction and agreement, both consciously and unconsciously, over a period of time in order to cope with anxiety. This can take many forms, but can include how the organisation is structured, its culture and the way it works. In a newly formed taskforce, such mechanisms to constrain anxiety were not formed. Indeed, where they were present, they were there to support the differing and confrontational communities. The surgeons on the group had their own group and cult values as did the anaesthetists and the management community. To take examples that I heard amongst anaesthetists: firstly it was not only unethical but unlawful to prolong treatment of an organ donor who has been declared dead until an organ retrieval team arrives; secondly, to even think about organ donation until the patient dies is unethical and could be seen as compromising treatment. On the other side of the coin, the surgeons were of the view that these people were dead and all should be done to save other people's lives. In many cases, particularly at the beginning, it was their loyalty to their wider community that would override the loyalty to the Taskforce.

Simultaneously, this is the very reason they were on the group. In the narrative I noted that the Chairman had baked some cakes and brought them down on the train to share amongst the members of the Taskforce. This, coupled with the comment that she was worried that one or two members may resign, indicates that the Chairman's function is not the distribution of power like the conductor in front of the orchestra. By this I mean that she did not have a source of power that could be directed at will in order to

control others. Instead, the experience of power and its inter-relational dynamics was similar to what Flyvbjerg (1998, p5) described as:

Power ... is a dense dynamic net of omnipresent relations. It is not simply localized in “centres”, nor is it something one can effectively “possess” and regulate by law.

Arendt, in developing a more communicative sense of power compared to, say, Russell, Weber and Dahl (Lukes, 1996, p 1-27) states the following: “Power is never the property of an individual; it belongs to the group and remains in existence only so long as the group stays together” (Arendt, 1970, p44). For the Chairman to retain the power, the existence of the group and its consensus were therefore vitally important. However, this was important in two senses; firstly amongst the Taskforce itself, but secondly in presenting the case to the minister and external stakeholders. I was therefore aware of a situation where people were drawn together to form a taskforce and where the power of the Chairman stemmed from the group, but only whilst the group stayed together. However, it was a group whose loyalties, unlike an established organisation, did not reside within the group, but from those communities they represented.

From what I have discussed there is a question as to how I could choose to understand what has occurred. Given the lack of organisational anchors within the Taskforce and the rapidly shifting sense of inclusion and exclusion and the implication this had for conflict I have chosen to discuss this in the context, of the “edge of chaos” metaphor.

This provides a way of exploring the unpredictable emergence of conflict/agreement within a context developed from the natural sciences with the modelling mathematical interactions of large networks of interacting ‘agents’. From this the idea of the “edge of chaos” is a “dynamic that occurs when certain parameters measuring the activity between agents falls within a critical range, for example, critical rates of information flow, degrees of connectivity and diversity between agents” (Stacey *et al*, 2000, p146). Building on the work of Prigogine (1997), Holland (1998), Gleick (1997) and others, Pascale and colleagues (Pascale *et al*, 2000) developed a particular approach which they suggest can be applied directly to solve problems in organisations. The model is presented as following on from initiatives such as Total Quality Management, Kaizen, Business Process Reengineering, suggesting that as the interest in one trails off another one takes its place, or in Pascale terms “follow[s] the ‘S’ curve trajectory”.

The model claims to “dramatically improve the hit rate of strategic initiatives and attain the level of renewal necessary for successful execution” (Pascale, 1999, p57), presenting the case that complexity “makes strategic challenges more understandable and the task of strategic renewal more accessible” (ibid, p59). Pascale discusses a series of interventions at Royal Dutch Shell that imply a degree of external control and manipulation whereby the organisation is destabilized and is moved to the “edge of chaos”. This suggests that firstly the “edge of chaos” is always desirable and secondly that it can be managed. Given Pascale’s “4th law” that “One cannot direct a living system, only disturb it”, this seems problematic. Although Pascale makes a robust case pointing to the dangers of equilibrium and stasis, the argument becomes weaker in the assumption that the opposite, i.e. chaos, is necessarily good and that both have some external objectivity that can be controlled. Others (Stacey *et al*, 2000, p145 - 154) have raised concerns over this approach in that it loses the notion of paradox between stability and instability, restricting it to a formative and rationalist teleology. Fonseca’s (2002, p71) view of the edge of chaos is of a paradoxical pattern of temporal co-existence of stability and instability offering the opportunity for very small changes to spiral rapidly into something new to form a new global pattern. To quote Fonseca (2002) when discussing the edge of chaos:

In other words, transformative change occurs through the amplification of small differences. ...in these particular kinds of dynamic, it is quite possible for both continuity and potential transformation to emerge at the same time. In other words, they show how novelty, creativity or innovation can emerge in interaction (Ibid, p71).

This was particularly evident for me in the account of the conversation with the Chairman, where we discussed the dynamic between stability and instability in the Taskforce and the lack of the features often seen in established organisations that dampen the connectivity, diversity and interaction. There were examples I can point to where there was dialogue between different groups in the Taskforce that led to new, and previously un-hoped for, approaches. A good example this was the early notification of potential organ donors. There is now the opportunity that this will form the new “global pattern” leading to the opportunity to increase the number of organ donors. The astonishment on people’s faces and the fact that the Chairman stepped in to capture the moment certainly spoke to a more transformative teleology, namely:

[The] competitive constraints on emerging forms arise within the micro interactions themselves and shape the form from within, not as a subsequent imposition from outside. The micro interaction themselves are simultaneously cooperative and competitive. In transformative teleology, it is the micro interaction, in the form of conflicting constraints, that is the process of perpetually constructing the future and constraining itself (Stacey *et al*, 2000, p50).

Stacey (2007, p252-253) makes it clear that as humans we have freedom to choose and can learn from that choice, rather than being caught up in a deterministic roll out of events. The use of chaos as analogy allows us to take the elements that help us to explain what we see and experience, rather than being captured in a pedantic application of theory. In a previous section, *Taskforces – the hope of the rational*, I discussed rationalist teleology where there was no self organising and there was movement only towards a given objective. However, as I have discussed, there was no planned and organised movement towards the chosen goal, even the goal, as set out in the Terms of Reference, turned out to be different and I have mentioned examples where there was surprise and something new developed. A rationalist teleology, implicitly developed by Pascale, could not explain the nature of the human relating that was consistent with my experience.

My reflection of change at the time

In objectifying that which was largely hidden, the Taskforce also had another effect. It increased the range of people who took an active interest in organ donation, including ministers, civil servants, the devolved health administration and pressure groups.

In a sense, what I have described has been a very social phenomenon. There was a sense that people moved from a position where they did not or could not trust each other to one where they were starting to work together and see each other's points of view. But I do have concerns on two counts that will be played out in implementation. Firstly, although members of the Taskforce shifted their views of one another, will this be, or has it been, replicated in their wider communities? A further question is to what extent did the conditions of confidentiality, that were so important to constrain (yet paradoxically accelerate) anxiety, affect the commitment of those wider communities.

For example, the animosity between the medical groups will still be there, but it will be relevant to question how this will shift during implementation. My second concern is this: the recommendations were carefully drafted so as to provide as much detail as possible, but not too much so as to affect the consensus of the group. Consensus was felt to be more important than specificity. As time rolls on and we get into the nitty gritty of implementation it will be interesting to see what the implication of this will be. For example, recommendation ten suggests that there should be robust arrangements for the surgical retrieval of organs. Only now are we in the detail of what this means, how much money should be spent, the funding mechanism to promote innovation, how much clinical freedom there should be, the type of performance measure, and so on.

Looking at the vistas ahead

The Taskforce produced something new and it is this that I would like to explore. At times there was concern that the Taskforce would fragment and break up, but there was also worry that it would be another talking shop and there would be nothing new. The first thing I noticed was that there was very little medically or scientifically new compared to current practice. What was new was far less tangible. The fourteen recommendations came together to form a clear picture or “wholeness” over the entire donation pathway from identification of the donor to the organ arriving at the door of the transplant unit. All the other initiatives had focused on specific issues rather than looking at the whole pathway. Organ donation had been an activity that people had tended to put to the back of their minds. Even the surgical retrieval of the organs was only implicitly funded by the commissioners in that they provided money for transplantation on the assumption that they retrieved the organs from the donor. The Taskforce had objectified that which was largely hidden. This was particularly the case compared with the other side of the transplantation pathway, where the organ is implanted and quickly the patient looks and feels better, often brought back from the brink of death. In summary, the Taskforce made visible that which was largely hidden and in doing so it became something that could be spoken about, something that could be worked on and improved. Instead of a number of unconnected activities that occurred in an ad-hoc fashion, the focus was now on the whole connected pathway.

A common theme has been conflict. At times conflict was polarised, others, more explorative, engaged and creative. However conflict served to shift attitude and thought. The nature of this shift is relevant, particularly the dynamic interaction between the general and particular. The isolated world of the Taskforce supported the development of a generalization that was particular to itself. This was only made manifest to those not on the Taskforce at the launch of the Taskforce's findings and publication of the reports. Interpreted in the openness (in the media, professional communities and in gossip) it created a plethora of emerging generalizations, each interacting with their local context; the nature of which the Taskforce could not plan for, but would either make or break the Taskforce's aim of increasing the number of organ donors by 50% in five years. I believe that there are parallels here to other groups where individuals work in secrecy, but at some point in time, their work is given to others to bring about change. This is particularly the case where change is contentious (for example moral, ethical, competition for resource, where the benefits are not clear and so on) and involves multiple stakeholder communities and relies upon many organisations for successful implementation.

In developing a consensus that was all important to the Taskforce members, the specificity of the recommendations was occasionally compromised. It might be that this does not matter and that detail will develop over time when more people face the practicalities of making change. Perhaps this is appropriate. However, it is possible that the lack of specificity does matter and all that was achieved was a delay in the conflict that would stop progress in its tracks. Perhaps this is to offer a view that is too simplistic. The making visible a set of activities that occur in a highly emotional and complex environment, over several acute healthcare settings, that were, up until the publication of the Taskforce's findings, largely hidden, was probably the biggest achievement of the Taskforce. The actual recommendations may well just turn out to be signs indicating an approximate direction of travel. What is important is that we have started our journey.

Towards the beginning of Project 2 I reflected on the hopes and fears of those who set up the Taskforce. I made the point that much of what I saw had resonance in a systems based approach as a way of seeking to reduce anxiety. What transpired highlighted a paradox. The devices that were introduced to contain anxiety led to its increase. What was new emerged, not from the systems based approach and a

rationalistic teleology, but from a complex mesh of human relating and in and between several different communities that led to something quite transformative. For me the tension between the two is captured by Shotter when he states the following on social construction:

It is the ... really vague (that is, lacking a completely determinate character) flow of continuous communicative activity between human beings that we must study. Thus, the assumption of an already stable and well formed reality “behind appearances”, full of “things” identifiable interdependently of language, must be replaced by that of a vague, only partially specified, unstable world, open to further specification as the result of human, communicative activity (Shotter, 1993, p179).

With respect to conflict/diversity of the group and the impact this has on the quality of decision making Amason & Schweiger noted the following paradoxical pattern of both stability and instability:

For instance, the antecedents of high quality decisions, cognitive diversity and structured debate, appear to make the realization of consensus and the maintenance of team member affective acceptance more difficult. Likewise, pursuit of consensus or affective acceptance appears to reduce decision quality. A paradox results whereby decision quality, consensus and affective acceptance are, together, necessary for enhanced organisational performance. Yet, individually, decision quality, consensus and affective acceptance appear incompatible (Amason & Schweiger, 1997, p103).

In Project One I discussed the nature of Groupthink in relation to the development of NHSBT's strategy, particularly the way I observed a cosy self referential culture where challenge was not encouraged. Janis (1972, p9) defined Groupthink as: “a mode of thinking that people engage in when they are deeply involved in a cohesive in-group, when members' striving for unanimity override their motivation to realistically appraise alternative courses of action”, resulting in deterioration of mental efficiency, reality testing and even moral judgement. Janis discusses the driver of Groupthink as being intense external criticism where, as a form of defence, group members look to themselves for support and confirmation that their decisions are correct. This is quite different from the Taskforce where conflict and a rapidly shifting sense of inclusion and exclusion contributed to what I believe were higher quality

decisions and an argued case for more investment in organ donation. This contrast supports Amason & Schweiger's (1997) observation above.

As a general point I was surprised by how many taskforces there were in the UK public sector and how contentious they have become. On the one hand, they are reliant on the public sector and body politic that created them, but on the other existing in tension, and at odds, with their creators' ethos. The fact that taskforces have been in existence for such a long time, in one form or another, gives weight to the notion that they provide a useful function. The paradox, namely the way that they are established to constrain anxiety contributes to the opposite effect and forms the essential grain of sand, without which there would be no pearl. As a way of understanding this paradox it is interesting to note the role of boundary. In studying organisations it can be tempting to reify boundaries. However, in this paper I discussed this in terms of those in the public sector who sponsor taskforces. Here, I believe, the idea of boundary, enforced by terms of reference and confidentiality, was in the mind of those who set them up. And it is a point of contention of those who have been critical of them. However, the realities of taskforcing mean that the idea of boundaries is far more complex and diffuse, both within the Taskforce and in its interaction with those on the "outside". Perhaps the systems thinking approach of boundaries, in the mind of the sponsors, when faced with the messiness and tension of taskforcing, is one of the elements that keeps the paradox alive.

Towards the end of Project 2 it is relevant to ask where Project 3 will take me. Project 2 has opened several interesting doors. Probably the most interesting are those relating to implementation, particularly in the context of Amason & Schweiger's (1997) paradox noted above. How do organisations, working in a connected mesh, take what are broad recommendations (intentionally so in order to maintain consensus), make sense of them, and build up sufficient detail to enable change? And how does this happen in the context of the shifting interpretation of what the taskforce means in the various communities? In the context of this, what does the development of commitment; detailed planning and allocation of resources have on conflict in the wider community, both within and beyond the strict confines of the organisation?

The developing understanding of method

I have noticed that I start most narratives with a description of where the meeting was and how the environment felt to me. This was not intentional in that I set out beforehand with a clear picture as to how the narrative would develop. In looking at the narratives now the description of where we met helps me to enliven my senses as to what it was like and how I felt as the events unfolded. Instead of recounting a sequential list of events, this has enabled me to situate each narrative as a central experience and being able to move in and around that experience.

Towards the end of Project Two I have given thought as to the difference between this project and Project One. In Project One I was discussing what had happened, often in the distant past. Although some of the issues I discussed were difficult I did benefit from being able to look back from the perspective of knowing how things played out. With many of the issues I discussed in Project Two the future is uncertain. The work is contentious and I am still trying to make sense of it. The recommendations of the Taskforce have only been published in the last few months. I am now within a wider community of the NHS trying to make sense of them, moving from the general (i.e. the Taskforce) to the particular (i.e. making sense of them in different contexts, inter-linking with different NHS services, in different countries of the UK). The Taskforce consensus has shifted and dispersed into the wider community. This is very different from my reflections in Project One. This has an important implication for method. Although more challenging I believe there is a greater authenticity in working with the here and now. For example, to take a social constructionist rhetorical-responsive perspective where: “it is in the momentary relational encounters occurring between people in their dialogue exchanges that everything of importance to our studies should be seen as happening” (Shotter, 1997). I therefore need to be attuned to the confusion of the present compared to the rationalisation of my past. There are several occasions where I have felt, from a research point of view, fascinated by the events as they unfolded. However, from my perspective as a manager, the very same events have caused me very different feelings from despair, a sense of achievement, frustration and anger. That is not to say that I have been able to neatly separate the researcher from the manager, but I am aware that I am thinking differently.

The experience of Project 2 was tense and clunky. Over the last few months I have written a number of narratives and have sought to become familiar with the breadth of literature. Initial iterations lacked a central question around which the project could be situated. This was frustrating for me. Towards the latter part of the project a theme started to develop, but I felt I was slow in recognising it. I was too tense to see what was there. It was only in our set meeting in Berlin that the threads start coming together and the connections were made. A part of this is method; how could I know what the question/theme was until I had experienced it? To fabricate a question around which the narratives and literature would be built would be a failure in method and integrity. In the course of Project 2 I have written and discarded thousands of words and have travelled down many blind alleys. At times it has felt that I have been walking in a maze where I have not been able to see the walls, only to then walk into them.

Project 2 – The End

Project 3

How people in organisations work with externally imposed requirements

Introduction

Project 3 begins at the launch of the Taskforce at the Department of Health's headquarters in Whitehall, London. The Taskforce report was presented in a clear and purposeful manner implied that: there was consensus and agreement amongst Taskforce members with the recommendations; and, that the hard work was done and it was now largely a matter of implementation. If I had not been on the DMan programme I would not have given it much more thought than that. However, I became aware of others in the room, those who would be charged with making sense of the Taskforce report and its recommendations. I became alert to how they were interacting with each other, making sense of what they were hearing and beginning the process of working out what it meant for them – in their situation, with others. The launch also marked another change, the Ministerial endorsement had now reified the work of the Taskforce: members no longer reflected on their participation, instead the phrase “the Taskforce stated ...”, became common, meaning that it was now non-negotiable. This had consequences for how the organisation I work for, NHS Blood and Transplant, sought to implement the recommendations. The non-negotiability, combined with ambiguity of the recommendations posed challenges in terms of: what was (and was not) legitimate to discuss; how the strategic planning process within the organisation promulgated the ambiguity; and how sense was made of the recommendations in a variety of situational contexts. I draw on the work of James C. Scott, in his book *Seeing Like a State*, in pointing to government's tendency to establish neat administrative order, in this case the simplicity implied by setting up a Taskforce to solve a very complex problem, but failing to account for how things actually work in the practice and milieu of everyday life. Indeed, I go on to explore how Scott's notion of the formal approaches of government are actually parasitic on the informal interactions that make change possible. The reflections on the Taskforce launch prompted three questions that are explored in the paper. Reflecting on my experience these questions centre on how people in organisations make sense and implement externally mandated government requirements. In particular the tensions between: the defined methods used within organisations such as strategy and

performance measures; and, what actually happens when people work together to understand these requirements in the context of their own situations.

The legacy of the Taskforce

I am going to start Project Three with a description of the launch of the Taskforce's Report. It was 9am and we gathered in the reception area in Richmond House, the headquarters of the Department of Health. In Project Two I described the building as being impressive from the outside, but cramped on the inside. This was particularly the case in reception as we had to go through various security checks. On this occasion we went downstairs into a larger basement room used for press conferences with low ceilings which made it seem even more cramped. After the usual milling around talking, we sat down. The Chairman of the Taskforce and a few others sat behind a large impressive desk. There was a neat backdrop, bottled water and microphones. We were sat on rather uncomfortable chairs arranged in a few untidy rows, which became more untidy as people moved around to talk with each other.

The Chairman, followed by Ian, a senior person from UK Transplant, began to speak. Sitting at the back of the room the haphazard arrangement of people sitting on chairs in the foreground was in marked contrast to the neat backdrop and large desk from where the presentation was coming from. The case for improved organ donation was made and the recommendations were presented. The recommendations were presented in a confident and direct way. Other than recognising that all the fourteen recommendations were important if the 50% increase in organ donation was to be achieved there was no recognition of how the recommendations would mesh together or fit within the wider healthcare picture. They were presented as clear and discrete areas of work that had been carefully thought out in the work of the Taskforce. This is not a criticism, I would have done the same and I certainly would not have pointed out how difficult it would be. Confidence and clarity were as important as the content, if people in the room and beyond were to be convinced that the changes were to be made. The presentation finished and we left, walking out of Richmond House on a cold January morning.

There are several things that I would like to point out that have only struck me as I have written this:

- The clear and confident manner in which the Taskforce report was presented. There was very little to hint at the arguments and tensions that were so evident behind closed doors. There was also very little to indicate attention paid to the ambiguity of the recommendations and the potential for conflict that was woven within them. Rather, the recommendations were presented as if they were a toy model such as an Airfix kit, with clear instructions and pre-fabricated items to be glued together.
- The way that the recommendations were presented as being crisp and clear with neat discrete boundaries. They were presented as being static and immovable features which were to be venerated. There was little hint at how they were to be made sense of, understood and flexed in order to fit them in with the rest of the NHS.
- The amount of movement in the room where people in front of those presenting shifted their chairs to talk with their friends and colleagues, the chatter that interrupted the presentation and the scattering of paper, bags and coffee cups that littered the floor. This being in contrast with the neat presentation from the Chairman and Ian. Also the observation that people's attention was drawn to Ian and the Chairman, but absent from the melee in the rest of the room.

I believe that these are important observations to consider in more depth. They are important for two reasons. Firstly, they were nearly overlooked, and secondly, they were overlooked because, in my experience, they are so common.

I would like to start the discussion by looking briefly at Foucault. Foucault, like Elias, was keen to see power in a relational context, rather than in a purely metaphysical sense. Previously, power has often been seen as a quality possessed by an individual, that could be used to restrict the behaviour of others and to do what the powerful wanted (Burkitt, 1993). The implication for Foucault and Elias's approach is that power is not so much an object of possession, to be used in an absolute sense, but more of a shifting relation between people. I would like to discuss Foucault to begin to make sense of what I experienced in the presentation I have described. In 'Disciplinary Power and Subjection', Foucault (1976) discusses "manifold" relations of power which permeate and constitute the social body. I see a challenge being offered when he states:

Let us ask, instead, how things work at the level of on-going subjection at the level of those continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviours etc. In other words rather than ask ourselves how the sovereign appears to us in his lofty isolation, we should try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts etc (Ibid, 1976, p233).

Here Foucault offers the opportunity to shift the gaze from those with the apparent power, and by implication seeing power as absolute property, to the myriad that are affected and effect power, in the multiple relationships between each other and those, in the case that I have described, at the “top table”. The sovereign, as metaphor for the Taskforce’s report, was presented in such a way as to suppress noticing the complex power relations that were in the wider room. Foucault works with the concept of agonism (Foucault, 1986, p221), which I understand as being a form of political theory developed largely by Nietzsche, which focuses on the potential benefit of some aspects of political conflict and is sceptical of the effort to eliminate deep seated divisions in society (Burkitt, 1993). Agonism was an issue that concerned Foucault throughout his working life, leading to a focus on resistance towards his later years (Pickett, 1996). Agonism is dependent upon both power relations and freedom between people; they are not opposite, but integral to each other. I am going to discuss this in relation to the following quote from Foucault:

The relationship between power and freedom’s refusal to submit cannot be separated. ... At the very heart of the power relationship, and constantly provoking it, are the recalcitrance of will and the intransigence of freedom. Rather than speaking of an essential freedom, it would be better to speak of “agonism” – of a relationship which is at the same time reciprocal incitation and struggle; less of a face to face confrontation which paralyzes both sides than a permanent provocation (Foucault, 1986, p221-222).

As power is therefore not a property or an absolute, it needs to be considered in the wider net of relations. The sense of theatre I have described at the Taskforce launch had its roots in a “sender/receiver” style of communication (Stacey, 2007, p274); here there is an assumption that by clearly articulating thought in, say, a presentation, one can package and convey a message to a group of people. And, should there be

feedback to suggest it has been misunderstood, another round of communication should put that right. This systems based “command and control” approach, masked the net of complex relations in the wider room. Take recommendation ten for example which states:

A UK-wide network of dedicated organ retrieval teams should be established to ensure timely, high-quality organ removal from all heartbeating⁶ and non-heartbeating donors⁷. The Organ Donation Organisation should be responsible for commissioning the retrieval teams and for audit and performance management. (Department of Health, 2008a, p 45).

Despite the sense of theatre and “sender/receiver” mindset of the communication which implied that the report and its recommendations were non-negotiable, how could this be considered in relation to what I have discussed?

On the issue of agonism, I would like to point to the following. I was sitting next to John, a professor of transplantation. Next to him was a chief NHS medical person. John later recounted that they had a brief conversation where this person asked how many more surgeons they would require. John, off the top of his head, thought of a number. This number has now been ingrained in official policy. Both John and this person were there of their own free will. However, both knew of the constraints within the Taskforce recommendations. Neither constraint or freedom were present in isolation, both were there together. Subsequently this helped form a context whereby the ambiguity of the recommendations was made sense of. Indeed, it was made sense of within a far wider network of relationships than the Taskforce could have envisaged.

The Taskforce realised that if the recommendations were to be accepted by the Minister and the communities, then consensus amongst the Taskforce members was seen as being critical. To achieve this there was considerable ambiguity built into the recommendations. As we move into implementation there is a legacy that needs to be understood. The recommendations were presented as being the agreed unanimous position of the Taskforce members. However, the vagueness of the recommendations sought to mask a contradiction. The legacy handed down from the Taskforce was the potential for conflict wrapped in agreement. In the few months since the Taskforce

⁶ A neurological death

⁷ A cardiac death

published its report this hidden conflict has been like an open wound, too painful to touch and too difficult to talk about. What did this actually mean? Given that a group of transplant specialists, working in parallel to the Taskforce, had not agreed how this was to happen, the clarity on the face of the recommendation masked, from a different angle, a constellation of ambiguities and inter-connected conflict laden puzzles. I will return to this later.

I would now like to explore the tension that I have seen between, on the one hand, the Taskforce report being presented in a theatrical “sender/receiver” style, implying an absolute power, and on the other the more complex set of power relations that will bring the recommendations of the Taskforce to life. And it is this sense of disconnection that I would like to pick up in a discussion on the work of James C. Scott.

Before I start my discussion on how Scott can contribute to this debate I would like to point to an observation that a fellow student made at a set meeting where I was discussing the work of the Taskforce. According to Kathy, I would often refer to the Taskforce as a thing, for example I would say “the Taskforce recommended the central employment of Donor Transplant Coordinators”. This was despite my involvement in the Taskforce. What surprised me was that I had not noticed this before. I instantly remembered several occasions when other members of the Taskforce referred to it in a similar way as if the Taskforce had legitimacy greater than its members. A case in point was at an evening meeting to discuss the progress of the Taskforce’s recommendations when Ian, who had drafted them the previous year, presented a critical analysis of them, speaking in the third person. For example he said: “this recommendation was a metric . . . , and “this recommendation, an aspiration where it is difficult to assign responsibilities” and so on.

Since the Ministerial endorsement it had become static and non-negotiable. It had become distant from the people who were involved in it. It had become reified. And it is this that I want to focus on in Project Three. James C. Scott (Scott, 1998), in his book *Seeing Like a State*, gives an account of the elements of state initiated social engineering that, when combined, have resulted in some of the greatest human disasters in the twentieth century. In his account he draws on diverse examples from city planning to agriculture, to social collectivization to draw out consistent themes of how the state approaches problems. These include the state seeking to simplify issues

for ease of administration; a reliance or trust in high modernist ideology; combined with an authoritarian government and weak civil society. It is when all four are present together that the potential for the truly dreadful exists. However, I am not suggesting that this potential exists here, but I would like to point to the first attribute, the tendency for the state to seek the “administrative ordering of nature and society” (Ibid, p4). Firstly I would like to point to Scott’s claim that this is vital for the efficient running of the state, but secondly the transformative effect this has. In seeking a neat and ordered approach to simplify administration there are consequences for those affected and for the state. However, Scott makes the point that the state, in attempting to establish administrative order, fails to account for how things actually work in practice when policy meets the milieu of everyday life and how this is made sense of by those with practical knowledge. In fact Scott goes further and argues:

The formal scheme was parasitic on informal processes that, alone, it could not create or maintain. To the degree that the formal scheme made no allowance for these processes or actually suppressed them, it failed both its intended beneficiaries and ultimately its designers as well. (Ibid, p6)

In the face of the static orderly generalizations of the state, Scott presents the case for how people with practical knowledge and the ability to improvise actually deal with the shifting and unpredictable nature of how things turn out to be. This project is therefore about the Taskforce report, now that it has been reified by the State, and the implications this has had for those who have to make sense of it. They are often the very same people who were part of the Taskforce itself; using the context of the launch as a reference point around which to orientate the complex scattering of activity, some of which I have been heavily involved in.

Despite the fact that myself and the people I work with have been instrumental in writing the Taskforce report, the act of Ministerial support has now changed it into a reified object that is now distant from those of us who worked on it and is now non-negotiable. This raises a number of questions as to how this is dealt with within the organisation I work for, namely:

- What are the formally accepted methods that those within the organisation use to make sense of external requirements?

- What is actually happening in the present whereby people work together to make sense of what they have been asked to do?
- What are the consequences for these differing approaches regarding how those in the organisations implement change?

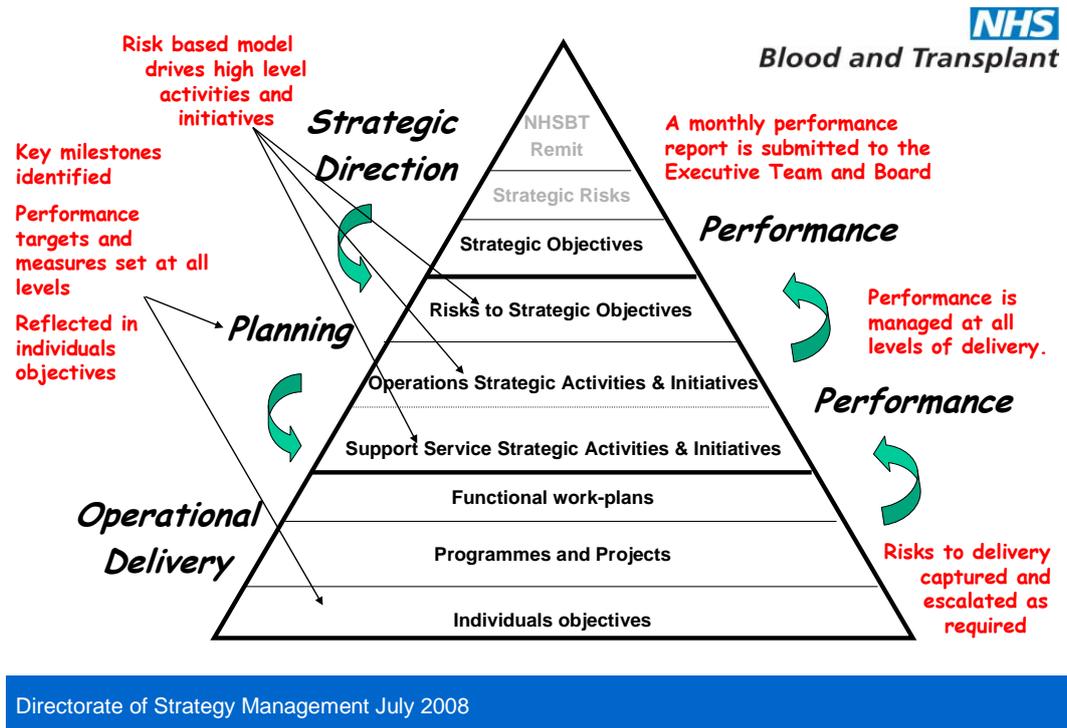
These questions are discussed in the next section of this paper.

The inheritance from the Taskforce to the organisation: three questions

What are the formally accepted methods used to make sense of external requirements?

I work in the Directorate of Strategy Management, the part of the organisation that is responsible for developing the organisation's strategy, risk management, performance monitoring and so on. This includes both developing the approach to these issues and its deployment within the organisation. On planning and performance, a hierarchical model was developed that had NHSBT's remit at the apex with strategic objectives, operational strategic activities and functional workplans cascading down. In a neat and convenient way, planning is shown flowing down the cascade whilst performance is fighting its way up and the two are shown held together with robust risk management. See figure 1 for a corporate slide showing the model. The model is the outcome of discussion about the logic of a workable approach and represents how what is actually done will be rendered legitimate.

Figure 1.



As a team, having developed the approach, we went about its deployment within the directorates. Planning was the focus of our regular Tuesday meetings in a rather featureless office in Leeds. These meetings focused on obtaining information on risk, planning and performance and the timetable of how this was to be achieved in order to fit with the timings of corporate events such as board meetings, accountability reviews, audit committees and so on. Very rarely did we actually talk about content (i.e. the detailed activity) or actual experience. This, as I now reflect upon it is very important, we spent our time talking about the process of “how” at the expense of experience, of the “what”. Or, to put it another way, we spent our time continuing to discuss only what the model can refer to. We spent very little time together actually try to make sense of what we were hearing and seeing going on in the organisation. To give an example, in one conversation a colleague of mine reflected that we would need to do some “environmental analysis” to consider external influences and how this could affect the organisation. Before we could start a discussion a colleague said that we should plan for this to take place between March and May the year after, the outputs of which to coincide with another event that was due to commence months later. Again, the opportunity to probe the implications of actual activity was lost. The conversations at the Tuesday meetings were lifeless, lacking interconnectivity and

energy, a point which I confirmed with others who were at the meetings. With perhaps one exception, namely the person leading on this, I would see, on the faces around me, similar expressions. It was by these means that the outcome of the Taskforce would officially enter, and be made sense of, by NHS Blood and Transplant.

With the planning approach agreed (namely the model, timescales and responsibilities) it was my job, amongst other things, to work with senior managers at UK Transplant to support them to develop their annual and three year plan along with targets. I was lucky that UK Transplant accepted the planning framework as others considered it bureaucratic or claimed not to understand it – something that my colleagues often found bewildering and a source of frequent moans. Over the course of two of three months I would regularly find myself in Bristol, at UK Transplant offices, developing their plans and their performance metrics for the next three years (quarterly in the first year and annually thereafter).

At this point it is worth looking at a few specific examples. The strategy, with respect to organ donation, stated as its main priority:

Establish NHSBT as an Organ Donor Organisation and begin the implementation of the [Taskforce] recommendations as they relate to NHSBT. In 2008/09 the levels of organ and cornea donation will increase by 0.6% and 3.7% respectively and the foundations will be laid for a fundamental change to Donor Referral, Donor Co-ordination and Organ Retrieval, supported by the development of a major publicity awareness campaign (NHS Blood and Transplant, 2008a, p2).

A closer look at one of the planned initiatives that I am closely involved in that relates to Taskforce recommendation 10 which simply states: “Implement nationally commissioned Organ Retrieval Teams (Taskforce Recommendation 10)”; along with the following targets: 08/09 – Prepare and deploy framework develop capability, 09/10 - 7 teams part year effect, and 10/11 - 7 teams full, 2 ‘new’ teams part year effect (NHS Blood and Transplant, 2008a, p18).

It is relevant to ask why this is important. I have already discussed how the Taskforce, in developing its fourteen recommendations presented a façade of consensus and agreement, behind which there was a legacy of conflict. What I have noticed here is

something very similar within the organisation, both in terms of how the planning and performance framework was developed, in an environment where process was valued over content. But now, this not only relates to planning, but it has now extended to performance too. The development of the Strategic Plan was akin to a two dimensional charcoal sketch of a complex imagined landscape. When I look back at the Strategic Plan, and my involvement in it, what was absent? For me it lacked the connectivity with other parts of the organisation, including human resources, estates and IT, all of which would be critical in establishing relationships that would deliver what was aimed for. It did not capture the moving fluid relationships within the organisation and beyond or how it would knit together. It did not take into account the deep seated historical traditions that would affect behaviours and attitudes.

In terms of the discussion above one additional factor has now been included, that of time. The Taskforce was confident that the recommendations could increase organ donation by 50%. However, it was the trajectory of this increase that would be the focus of the first round of conflict. But the 50% figure was non-negotiable because it was in the Taskforce report (however, when talking with Taskforce members this figure was seen as being “plucked from the air”), or at least, it could not be seen to be negotiable. As part of the planning it was relevant to ask the question: for each of the five years how much would the number of organ donors increase by? At first it was suggested that the increase would be linear. I felt that this would be very challenging as investment would be needed in the first two years before any improvement would be realised. The numbers were re-evaluated and the percentages for the five years were agreed as being 2, 8, 13, 28 and 50%. There was no basis for this and it did not take into account all the other things that were needed in the wider NHS to make this happen. This went to the Board and they were not happy. Apparently it did not show a “can do” attitude. I was involved in several discussions, some of which were very heated, to try to understand the numbers more. I found it strange that there were more heated discussions on this than there were on the actual actions that were needed to achieve the increases. However, as they were largely guess work this was difficult. In the end it was agreed that the projection increase in organ donors would be 2, 8, 20, 35 and 50%. However, there were to be no additional actions or resources to achieve these increased targets, this to me being an indicator that the conversation had more to do with commitment. My boss reflected to me that of the two hours where the

strategy was discussed at the Board meeting three quarters of the time was spent on these numbers. Given the other parts of NHSBT, for example the National Blood Service and specialist clinical services that needed agreement I found this quite extraordinary. What was really at the heart of this? As I have already said, year five was a given – the Taskforce stated 50% and that was it. Three and four years in the future is a long time and a lot could happen, both within the organisation and the wider NHS. The NHS is particularly important as many of the recommendations rely on changes to all hospitals in the UK. The people I spoke with about this were deeply sceptical of the worth of such predictions. The comment that the lower figure showed a lack of “can do” attitude caused concern with the Board and elsewhere. I believe this discussion was a proxy for something that could not be discussed – “are we up for this”, or namely – commitment within a highly ambiguous context. Weick (1995, p93) cites twelve characteristics of ambiguity in changing situations. These include: the nature of the problem is itself a question; multiple and conflicting interpretations; unclear goals; contradiction and paradoxes; fluid participation in decision making, and so on. All of these I can relate to in the context of people in the organisation making sense of the Taskforce’s recommendations as explored in the above account. For example, the recommendation on the arrangements for the surgical retrieval of organs seems highly ambiguous and problematic.

It is within this context that the Board’s commitment was tested. Weick suggests that there are three strands to commitment (Weick, 1995, p157-162), namely: it has to be public (i.e. in front of others who can hold them to account), it needs to be irrevocable, it has to be done at a person’s own volition. This view is supported by Kiesler (1971, p 167 – 172) where he states that major factors affecting commitment include choice, an external dimension to committing, and effort. Weick states:

Before a commitment is made, all kinds of different perceptions, experiences, and reasons are loosely coupled to the evolving situation created by uncommitted action. However, as commitment develops around specific actions, these diverse cognitions become organised into those that support the action, those that oppose it and those that are irrelevant to it (Ibid: 1995, 159).

Weick discusses the nature of commitment in terms of different types of organisation (1995, p160). He discusses how people in organisations, which could be considered as bureaucracies, inherit explanations of what they are doing uncritically rather than to

construct then continually. Firstly, I would see the organisation I work for as a bureaucracy, and secondly I can see how, when faced with something very different and new, there was a dissonance between the stated way of making sense of things and the very new challenges. It was the discussion on the trajectory on the increase in organ donation that was the means.

I would liken this to the mindset of linearity, particularly with respect to the issue of planning, targets and time. The reason being is as follows. In making sense of the recommendations of the Taskforce and starting on the path of implementation, considerable effort was spent looking at what was to happen when and codifying this in plans along the lines I have described above. It was the issue of timing that marked the main difference between the Taskforce recommendations and the organisation's plans. As I have already discussed, the issue of timing and targets became a focus for commitment amongst the Board.

What is actually happening in the present whereby people work together to make sense of what they have been asked to do?

Walker (2006), as an experienced manager in the UK health service, discusses his experience of the inadequacy of planning to deal with improvised issues and emerging circumstances. This is a pertinent issue for me in making sense of the taskforce recommendations, but which are highly ambiguous and show hidden conflict.

The planning approach to time reduces the present to a mere point in time which I have now realised affected my experience. In thinking about the present G.H. Mead, a US philosopher of the pragmatist school stated the following within the chapter, 'The Present as the Locus of Reality' in a collection of works under the title *The Philosophy of the Present*:

The pasts that we are involved in are both irrevocable and revocable. It is idle ... to have recourse to a "real" past within which we are making constant discoveries; for that past must be set over against a present within which the emergent appears, and the past, which must be looked at from the standpoint of the emergent becomes a different past (Mead, 1932, p36).

This way of thinking about time has implications both for how it is constructed and constructs the past and what this could mean for the future, particularly when Mead goes on to state:

Yet we look forward with vivid interest to the reconstruction, in the world that will be, of the world that has been, for we realise that the world that will be cannot differ from the world that is without rewriting the past to which we now look back. And yet the character of irrevocability is never lost. That which has happened is gone beyond recall and, whatever it was, is slipping into the past seems to take it beyond the influence of the emergent events in our own conduct of in nature” (Ibid, p37).

What does this mean with respect to my experience of the present? As I have already mentioned, the issue of targets was contentious and became an issue of commitment amongst the Board. So, although the figures within the targets were known to be based upon weak information and were unreliable, the targets were still very important. Several months after the strategy was agreed Luke and I sat down, as we regularly did, to review what had happened (i.e. performance) against the targets. The focus of our conversations was not what was happening and what had happened and how we were making sense of it. The conversation was directed; instead, at why there was variance with the target in the strategy, a target we knew was largely arbitrary. For example, we had committed to transfer over four teams of Donor Transplant Coordinators; however, due to technical reasons in one of the Devolved Health Administrations, this was unlikely for one team. Instead of sticking with three and doing them well, we “evoked the contingency plan” to start bringing another team over.

The following section seeks to build on the above discussion and explores the experience of living with the detail, in the here and now. I now move from discussing how we made sense of planning and performance to focusing on two workshops that I ran, one with a group of donor transplant co-ordinators, the other with a group of transplant surgeons.

The workstreams – Donor Transplant Coordination (DTC) & Organ Retrieval

As I have already mentioned the work of the DTC Workstream it is worthwhile discussing the activities of the organ retrieval Workstream in a little more depth.

As I mentioned previously, one of the recommendations was to set up teams across the UK to surgically remove organs from donors. For reasons that I am still unclear about I was put in charge of this. Having been appointed to lead this workstream, until we

would appoint a Head of Commissioning, two things became apparent to me: firstly I knew very little about the surgical procedures to remove organs from a donor and, secondly I know very little about commissioning (other than having a letter printed in the Health Service Journal about the subject).

I have previously described how organ retrieval appeared in the Taskforce report and NHSBT's business planning, namely in a very sanitized and abbreviated form. However, to understand the actual challenges, more detail is required. The death of a donor is always a tragedy for the family and those involved in their care. Some of the stories that I have heard have been heartbreaking. It is in this context that a highly complex surgical procedure needs to take place. The surgical team needs to respond quickly if the organs are to be transplanted. This means having efficient national coverage with the ability to respond to multiple donors at the same time. The surgical retrieval of organs is therefore highly emotional and stressful for all those involved, made more challenging by the logistical complexity. There was another feature to this that I will describe in the breadth and depth of relationships. With respect to breadth, there was a very large array of stakeholders who have a legitimate interest in how this will work. Examples include the various communities of surgeons (cardio-thoracic, hepatic, renal etc), anaesthetists, hospital management who need to manage organ retrieval with other hospital commitments and health administrations in the four countries of the UK. Regarding depth, from my previous involvement with a society of transplant specialists I knew of the long lasting relationships between surgeons that would have an impact. These relationships, in many cases, went back years with long held traditions and cultures making their presence felt in a silent way. The networks of power and relationships extended into many spheres and across many paths of time. What I have described is just some of the detail that lies behind the neatness of those forty one words of Recommendation ten of the Taskforce report on improving organ retrieval in the UK (see page 5) and synthesised within NHSBT by the business planning process.

Having discussed the work of the organ retrieval team and previously the DTC Workstream, I will now discuss two workshops that I ran in July 2008. The reason for doing this is to explore the experience of talking with groups of individuals about changes that would affect them directly, both personally and professionally. I will use this narrative to explore the passage of the recommendations, as delivered to the

organisation by the Taskforce, via the planning process, the Implementation Group, and the workstreams through to those people who will be directly affected.

The Donor Transplant Coordinator (DTC) Workshop

I was asked to chair two workshops. These were high profile and were a consultation exercise on how the DTCs would work differently in order to deliver the benefits envisaged by the Taskforce. My role included introducing the event and summing up at the end, making sure the event kept to time and achieved its objectives, introducing speakers including our new CEO. In summary I was to act as host and facilitator.

I am going to focus on the workshop that was held in London, particularly the “question and answer” session in the afternoon. My role was to field questions between the participants and a panel of directors and others who had been on this particular area of work. I felt like the lightning conductor between the two groups. As a result I was in a unique position to experience how people would interact with themselves and others. I was concerned about the numbers attending the workshop and due to some clerical over-booking, we were expecting about seventy people, which I felt was far too many.

The day progressed well until I asked the DTCs to discuss the outline job descriptions that had been prepared. It was to be a common format to both workshops: work through the material, discuss with peers a number of questions, and report back to the wider group. I had felt the tension building up to this point for a couple of hours. The DTCs were desperate to see the details of how, it was being envisaged, they would be working in the future. Over the previous few months the DTC Workstream had been developing the job descriptions, including the likely pay banding, and some of the detail of how the DTCs would be working in practice. I had lobbied that before the workshop we should send the job descriptions to the DTCs so there were not too many surprises. This idea was rejected on the basis that some people were uneasy to give the impression to the DTCs that work had been done before the event; bearing in mind that the event was aimed at getting their ideas on how the new service should be shaped. However, the DTCs would have known that the work had been done. The idea was even mooted that a few spelling mistakes could be added to give the impression that the job descriptions were recently drafted and in an unfinished state, an issue that I felt very uneasy about because it added to the deception. The beginning of the workshop session was like a flood of emotional anxiety aimed at me as

facilitator, anxiety focused on why the job descriptions had not been sent out before and what was being hidden. I felt alive, in the moment of the experience. The “fight or flight” reflex brought a sense of sharpness and acuteness for me. I felt determined to stay with this experience through the course of the event. Although the anxiety subsided on handing out the job descriptions, the vibrancy of the experience continued. What I find interesting, as I write this, is that I can still feel that sense of energy, energy that I had felt was absent during the meetings on planning I have discussed. The questions and feedback focused on: why was the job role to be split? This would be seen as a devaluation of the DTC role; the removal of recipient co-ordination⁸ role would remove a lot of job satisfaction, there were questions on the robustness of service, career progression and where the additional staff would come from. There were also questions relating to important personal issues such as the loss of on-call money, transfer to a new employer and moving away from teams where relationships and friendships had developed over many years. During the workshop I was aware of how the questions developed and were built upon by others in the room and how some points kept coming up time and time again, whilst others emerged and faded away. Also, how the conversation often focused around a few vocal individuals. During this, whilst acting like a lightning rod between the DTCs and the directors and others, I noticed a shift. At the start those with the upper hand, in terms of seniority within the organisation, appeared confident in presenting their view of the future. The projected slides were accompanied with polished explanations of the future. However, it was in the question and answer section that I noticed how control shifted and flexed throughout the room. It was in those moments that I saw little in the way of power and confidence that had accompanied previous presentations, particularly at the Department of Health, discussed earlier in the paper. If Foucault were to offer an explanation of power at the Taskforce launch, I would now like to turn to Elias. Both were keen to move away from seeing power as a form of metaphysics and towards seeing power and freedom as relations between people. In his book, *What is Sociology* Elias states:

[S]imply to use the word “power” is likely to mislead. We say that a person possesses great power, as if power were a thing he carried around in his

⁸ The Recipient Co-ordinator works with the patients who will receive organ transplantation and is seen as a very rewarding part of the job.

pocket. This use of the word is a relic of magico-mythical ideas. Power is not an amulet possessed by one person and not another; it is a structural characteristic of human relationships - of *all* human relationships. The models demonstrate the relational character of power in a simplified form. In order to use the models of game contests to bring a series of power figurations into close focus, the concept of “power ratios” is replaced here by the term “relative strength of players”. Even this phrase can be misunderstood as an absolute. However, it is obvious that a player’s playing strength varies in relation to his opponent’s. The same goes for power, and for many other concepts in our language. The game models help to show how much clearer sociological problems become, and how much easier it is to deal with them if one reorganises them in terms of balances rather than reifying terms. Concepts of balance are far more adequate for what can actually be observed in investigating the nexus of functions which interdependent human beings have for each other, than are concepts modelled on stationary objects (Elias, 1978, p74-75).

Here Elias explores power in a different way, making no mention of the concepts akin to agonism, used by Foucault, to explore the everlasting contest between people (Burkitt, 1993). Foucault’s long held interests were in “the modes of objectification which transform human beings into subjects” (Foucault, 1986, p208). From what I experienced, the notion of subjection diminished in the shift from the presentations to the question and answer session.

As I was concluding the session a person in front put up her hand to make a point. The reflective nature of her contribution, in the heat of the living encounter, made me pause. She asked me whether I was surprised at the consistency of the feedback despite only being given the lengthy job descriptions at the beginning of the session. The other thing that surprised me in the feedback was its diversity; it was not just concerned with the role itself. Instead, feedback included contextual issues such as the robustness of the service, both in terms of day-to-day work, but also how it would recruit people and sustain itself in the future; how it would fit with the rest of the organisation and how it would affect them personally. If I had not been on the DMan programme I would not have been aware of these issues. Not only would I have not

been fully aware of the dynamics and what had emerged, I also would not have been aware of the effect it was having on me.

The workshop concluded and I said farewell. Actually, I was invited for a drink with twenty or so of them in a bar around the corner where we reflected on the day.

The Surgical Leads Workshop

The Surgical Leads Workshop was a very different event. It was a workshop where sixty transplant surgeons across the UK were invited to discuss organ retrieval commissioning arrangements, a Workstream that I was leading. The people from the commissioning consultancy arrived as did a few of the invitees. As I opened the workshop I was struck by the faces in front of me – all men in their late middle age, dressed in shirt, tie and suit. I was awaiting one more person, John, the professor of transplant medicine. It was John who had been helping me to develop a commissioning strategy and importantly the specification as to what would be commissioned. It was John's presentation that they had really come to see. I was becoming increasingly nervous and I was aware of my own reaction to my nervousness – becoming breathless and feeling rather hot. John then appeared, and I became less attentive to my reactions and more to the faces looking at me. It was quiet, they were listening and I was talking, talking about the format of the day. We had a number of questions that we wanted to explore – and these were presented. A little time later it was John's turn. He went through his PowerPoint slides one by one. Shortly before the end, someone put up their hand to ask a question. The send/receive format of the day was at an end and the PowerPoint would no longer be used. Questions were politely asked, but challenging. At the end of the session, which lacked that raw emotion I described in the above session on DTCs, I was surprised that all the questions had been discussed. And, being aware of the flow of conversation in the room (something else that I have become increasingly aware of as a result of the programme), I noticed that the vast majority of people had contributed and said something. However, there were a couple of people who focused the conversation around their particular interests, but that did not surprise me. What I found interesting was the flow of the conversation. I became aware of how the broad nature of the conversation suddenly changed and went into great depth, examples of which included the training of junior staff and the work of scrub nurses. Then, as if there had been a signal that I had missed, we were back on the broader issues.

What I became aware of was the heritage, or lineage, of the people in the room. Many had trained together and there were long held animosities and friendships. They were friends with or knew many of the great names in transplant medicine. And this was within a wider heritage and tradition of surgery that went back centuries. It is difficult to put my finger on exactly what I mean. There was no single thing that I could point to and say that was the clear indicator of a deep seated heritage and culture, other than perhaps the chiding between the cardio-thoracic and the abdominal surgeons about various skills required to do their job. There was a wider pattern of how people, in the room, acted and behaved to each other, how they looked and their mannerisms that I had not seen in the DTC workshop, or for that matter, other groups. Although I felt an outsider, I did not feel uncomfortable.

Again, I was very aware of being in the present, although on this occasion it was John and I who were answering the questions. The development of the strategy did not take into account the sense of history and figurations of power that I experienced in the room. Although organ retrieval will be commissioned from the organisation (i.e. providing the funding and framework for performance and setting clinical standards) it will be those in the room that will develop the detail of how it will be carried out. And it will be in this community where the conflict will be played out, as I had witnessed behind closed doors on the working party of transplant specialists on organ retrieval and from gossip, talking with surgeons.

There is a clear difference between the official macro approach to strategy within the organisation and the actual experience as it plays out and how we sought to reconcile the two. To take this one step further I would like to explore the above two narratives with respect to micro-strategy and strategizing, by which Johnson *et al* (2003) define as: “the detailed processes and practices which constitute the day-to-day activities of organisation life *and* which relate to strategic outcomes”. Here Johnson *et al* (2003) call for attention to be drawn away from seeing strategy at the macro level and to focus upon what happens in detail between people in everyday life. By doing so he seeks to acknowledge, firstly, how important those detailed micro level interactions are, but secondly, how little attention is paid to them, particularly in management research literature, a point I take up later in a discussion on de Certeau . In a paper, of the same series, Samra-Fredericks (2003) makes the point that when studying managers and strategists what we see “is a lot of talk”. In developing this Samra-

Fredericks makes the following observations: “This is all the more complex if we acknowledge that it is through talking that strategists negotiate over and establish meanings, express cognition, articulate their perception of the environment (etc) and from this basis, legitimate their individual and collective judgement”. In a later paper Rouleau (2005) makes the point that strategic sensemaking and sense giving occurs in daily interaction between managers and others, particularly those outside the organisation, drawing on their tacit knowledge. She makes the point that it is in these many small interactions that managers make change happen, in the situational context in which they find themselves. As I have already said, Johnson *et al* (2003) make the point that the study of strategy is focused at the macro level. From the above account, of the approach to strategy within the organisation I work for, this attention to the macro does not only belong to those studying organisations, but to those within organisations too. And it occurs in a way that draws attention from the micro interactions.

What are the consequences for these differing approaches regarding how those in the organisations implemented change?

In his book *The Practice of Everyday Life*, (1984, p34-39) seeks to shine a light on the hidden action of people and groups in the normal day-to-day activities of life. As interactions between people in organisations are equally ordinary I thought this would be a relevant source of literature to explore the dynamic between planning, as I have discussed, and the interaction of the present that I explored in the narratives on the workshops. In discussing strategies and tactics, de Certeau uses poetic language to describe the “guileful ruses” in which, as I understand him to be saying, ordinary people make sense of what they see and how they interact with the “prefabricated space” of established systems. In discussing measurement and statistics he states: “[They] can tell us virtually nothing about the currents in this sea theoretically governed by the institutional frameworks ...”. He makes the point that the fixed nature of institutional frameworks are eroded by currents and movements of everyday interactions. But this remains hidden, unrecognised and unspoken, except for the erosion of the terrain that gradually becomes apparent. He then goes on to describe, continuing with his metaphor of fluid/liquid and solid terrain, both the limitations and pervasiveness of the fixed terrain of institutional frameworks. I would like to draw attention to a consequence that has relevance to my narrative on planning.

In discussing the passage through time de Certeau reflects on how, in an assumed way, he was tempted into seeing the course of events as a linear “trajectory”. However, he realises the temptation and draws back by saying:

Indeed this ‘representation’ is insufficient, precisely because the trajectory is drawn, and time and movement are thus reduced to a line that can be seized as a whole by the eye and read in a single moment, as one projects onto a map the path taken by someone walking through a city. However useful this ‘flattening out’ may be, it transforms the *temporal* articulation of places into a *spatial* sequence of points (de Certeau, 1984, p35).

What are the consequences of this in relation to my enquiry? I can point to two.

Firstly, that attention is paid, not to the actual experience, but to the artefacts (or relics) that remain in a mental model. In using the term, “mental model”, I take Senge’s use of the phrase, namely: “... deeply ingrained assumptions, generalizations, or even pictures or images that influence how we understand the world and how we take action” (Senge, 1990, p8). de Certeau concludes by stating: “this is the *quid pro quo* typical of the reductions which functionalist administration of space must make to be effective”. By this I take de Certeau as saying that the actual artefacts are reified over and above actual experience and there is a self perpetuating cycle that sustains this. In the case that I have described above, those few words in the strategy and workplan and the performance metrics that were developed, have an existence as an institutional framework and have a greater legitimacy over and above the reality of experience.

In relation to the question posed above, namely the consequences for these differing approaches, I would now like to build on de Certeau’s work. I will do this by exploring the issue of why a literate and time orientated society is drawn towards the abstract and the implication this has for the attention we pay to the present. I will then draw on the post modernist philosopher, Lyotard, to compare the grand narratives of strategies and taskforce reports to how people make sense of the context of their own situation.

In his essay, *Time and Timing* (Elias, 1998, p253-268), Elias discusses time from several perspectives. Elias suggests that despite time, as a means of orientation, being relatively recent for humans (Ibid, p253) it exercises a very strong compulsion on people, despite its very high level of abstraction, an issue that I will be returning to. Elias then makes a relevant point by stating that the growing appreciation of time

allows a society more autonomy from nature. The consequence is that people “live to a greater extent within a world of symbols of their own making”. With respect to my narrative, it is the Taskforce report, NHS Blood and Transplant’s strategy and workplan that have become the symbols. These symbols, along with the implication for time and targets, have become dominant over and above the actual experience of dealing with and making sense of the present.

Alison Donaldson (2005), a previous participant of the programme, draws on her own experience and the writing of Walter Ong in his book “Orality and Literacy” (Ong, 2002) to discuss the role of writing in organisational life; particularly how writing encourages abstract and precise thinking which allows a person to distance themselves from their own momentary situations. Donaldson (2005 p184-187) points to the privilege that abstract categorisation, planning and structured meetings have over improvising, free flowing conversation and direct experience. My experience resonates with Donaldson’s, particularly how the act of planning and writing strategy have elevated the planned future and has subdued the experience of the present. And in doing so this has demoted the act of making sense of the problems and opportunities we face. I will come back to this a little later after I have discussed Lyotard’s essay the “Post Modern Condition”.

In the discussion above I have highlighted de Certeau’s argument of how attention is drawn to established systems and not to the informal flows and everyday interactions that it ultimately shapes. In terms of my narratives I have come to realise that the activity of planning, in the preparation of the strategy and workplan, and establishing time bound performance criteria, of which there is a strong cultural background in NHSBT, developed into the “prefabricated space” described by de Certeau. An important aspect of this space is abstraction. I have indicated above two sources of abstraction that I have noticed in my narratives. One is the act of writing, in terms of drafting the workplan and strategy, the other is the view of time, again alluded to by de Certeau and discussed by Elias. In the rest of this section I discuss the tensions, or parasitic nature, that I became aware of between this abstraction and the experience of what actually happens as it plays out.

Planning as a Grand Narrative and the mess of the present

One way that I have chosen to consider the organisation’s approach to the Taskforce, namely the strategy and workplan is as a metanarrative. This is a term used by

Lyotard in his essay “The Post Modern Condition” (Lyotard, 1984). He uses the term to describe the post enlightenment modernist approach to knowledge whereby it has a legitimacy by forming a part of a meta-discourse and “grand narrative”. Post modernism is defined by him as an “incredulity towards meta-narratives” (Lyotard, 1984, pxxiv). The point that I believe that Lyotard is making is that different groups, peoples, communities and professions and so on make sense of what they see in different ways and tell different stories of their experience; experience that is centred on their values, history, who they interact with and so on. As in the case of the DTCs or surgical leads, their stories are pertinent to them, but not logical in a way that can be reconciled to form a greater story, or grand narrative. These narratives exist with each other and many more to form a multiple of heterogeneous discourses. To me this is what I experienced standing in front of the workshops of the DTCs and surgical leads and listening to them. There were multiple narratives that were making sense of the emerging present. It could be argued that the multiplicity of discourses are mere ramblings of un-connected stories. However, Cilliers (1998, p115) makes the point that the implied collapse of knowledge would be to mis-interpret Lyotard. Such a collapse could lead to a situation where “anything goes” and everyone would answer to oneself. However Lyotard goes on to point out:

A self does not amount to much, but no self is an island; each exists in a fabric of relations that is now more complex and mobile than ever before. Young or old, man or woman, rich or poor, a person is always located at “nodal” points” of specific communication circuits, however tiny these may be. Or better: one is always located at a post through which various messages pass. No one, not even the least privileged amongst of us, is ever entirely powerless over the messages that traverse and position him at the post of sender, addressee, or referent (Lyotard, 1984, p15).

There are links with Foucault’s view of power, discussed earlier and with Elias’s notion of figuration I have discussed previously. I believe that Lyotard is suggesting that instead of people working and acting in isolation they are aware of the people around them and an awareness of the matrix of wider connections.

However, a form of meta-narrative does exist; it is in the form of the Taskforce report. As I mentioned earlier, in a discussion on James C. Scott (1998), the state does have a tendency to seek a neat and ordered approach to simplify the business of

administration. Although Scott goes on to make the point that administration fails to account for the un-orderliness of everyday life this failure is often hidden by the focus of the state. For example, take my observation at the launch of the Taskforce, where attention was paid to the orderly theatre at the front of the room, and not those in the rest of the room who were tasked with implementation and making sense of the ambiguous recommendations. It was this meta-narrative of the Taskforce that entered the planning system of NHSBT and formed the three year strategy and one year workplan. However, the preparation of the strategy and workplan and the development of performance measures abstracted the experience of the present into the future. In doing so targets were agreed, on the basis of very little evidence and this formed a greater sense of legitimacy than the present. However, it was in the present that I noticed people in different groups and settings trying to make sense of the ambiguous recommendations of the Taskforce and its incarnation into the Strategy. Whilst a form of grand narrative can therefore exist in a future policy, either in the Taskforce report or in an organisation's strategy, it has less legitimacy in the present where people are seeking to apply the policy to their situation. However, reflecting on my narratives, this observation remains hidden and subdued in organisational life. And I would like to explore the reasons for this.

I am now going to return to the work of Walter Ong to explore the implication this has for the elevation of planning over living experience. Walter Ong explored the work of Alexander Luria, a Soviet psychologist who was influenced by Lev Vygotsky and worked in the early 1930s, studying communities with very low levels of literacy, i.e. predominantly oral cultures. Ong (2002, p49) introduces the section by stating: "Oral cultures tend to use concepts in situational, operational frames of reference that are minimally abstract in the sense that they remain close to living lifeworld". Ong then goes on to discuss the several different forms this takes in Luria's work. In just one example illiterate (or oral) individuals were shown various geometric shapes. Instead of referring to them as a circle or square, they described them as objects such as a door, a pan, the moon, a bucket etc. The point that is made is this: those within an oral culture tend not to deal in geometric shapes, formal logical reason or abstract categorization (Ibid, p55). It also takes "only a very modest degree of literacy to make a tremendous difference in thought process" (Ibid, p50), in other words, there is an undiscussed assumption towards the abstract rather than the situational. In the context

of this paper; whilst it is therefore legitimate to discuss the strategy, planning and performance (i.e. the abstract), it is far harder to discuss the situational aspects of how we make sense of the recommendations of the Taskforce as articulated in the strategy and workplan.

In summary, in a literate society Ong suggests that there is a tendency towards the abstract. Reflecting on my narratives this was the case with the Taskforce Report and the organisation's response to it in the form of strategy and performance measures. This abstraction was emphasised by Elias in his work on time, pointing to people's increasing "autonomy from nature", by which I take him to suggest that less attention is paid to how people make sense in their own situational context. This was particularly the case in discussions about performance and targets that had very little to do with context. It was, to use Lyotard's turn of phrase, the grand narrative and associated meta-narratives that became legitimate, not how people made sense of things. However, these meta-narratives were being eroded and moulded, in a covert way, as explored by de Certeau, by how people made sense of what they were being asked to do in a multitude of settings and conversations.

The legacy handed down from the Taskforce was the potential for conflict wrapped in agreement. In the few months since the Taskforce published its report this hidden conflict has been encoded into the organisation's strategy, workplan and performance measures. In considering the recommendations of the Taskforce and the strategy, I would like to turn to Wittgenstein when he states:

This was our paradox; no course of action could be determined by a rule, because any course of action can be made out to accord with the rule. The answer was: if any action can be made to accord with the rule, then it can also be made out to conflict with it. And so there would be neither accord nor conflict here.

It can be seen that there is a misunderstanding here from the mere fact that in the course of our argument we give one interpretation after another; as if each one contented us at least for a moment, until we thought of yet another standing behind it.

Hence there is an inclination to say: any action according to the rule is an interpretation. But we ought to restrict the term "interpretation" to the

substitution of one expression of the rule for another (Wittgenstein 2001, p69, para 201).

Paul Winch (1997), a Wittgenstein scholar, explored the above quotation, pointing to the importance of context within which a person can act “appropriately”. He then discusses the difficulty in defining what this actually means, particularly with respect to how people *act* in a given context. In describing a number of examples, from the unusual to everyday interactions between people, he makes the point that “being in tune” with others lies at the centre of understanding, and that it is being in the presence of people that words make sense in practical life. For me he separates out the act of writing from the act of how people make sense of those words together within a specific context that will be unique.

For me the above quotation and discussion captures the abstract nature of the recommendations made by the Taskforce and the organisation’s strategy allowing them to be filled with many different interpretations, despite the apparent robustness and rigidity in which they were presented. The recommendations cannot take into account future discussions and sense making that will occur between people as they work to understand them in the context of their specific situation. I have already pointed to how vague and open to interpretation they were and how they were “finessed” to show how reality neatly coincided with what was pre-planned.

The alternative was to make the recommendations and the strategy even more detailed. This would have been tempting by those in command in order to give them the assurances that the change they had envisaged would actually occur. However, it would reduce further those informal practices that Scott (1998, p6) and de Certeau (1984, p35) indicated as being so important to deliver results. Indeed, to follow Scott’s line of argument (1998, p6) that the formal scheme is parasitic on the informal, to do so would have had the opposite effect. But in the case of the above narratives there was something parasitic that I can point to; it was the conflict between the defined methods used by those within the organisation to make sense of external requirements (namely the strategy) and what actually happened when people worked together in the present to make sense of it. It is this that I am now going to explore.

To return to Walker (2006, p109), he introduces a concern that although planning and performance are important (for example in dealing with complaints or understanding the future political agenda etc) little attention is paid to the present. Walker makes the

point that a leader, who is present in the moment, and acting spontaneously, encourages others to do likewise which is important for movement and healthy organisational functioning. Within the above narratives, attention to the present was attuned to how best we could “finesse” what we were doing so as to fit the script within the plan. The words “finesse” and “finessing” were frequently used in the strategy management team. However, it was not until I was describing this narrative at a DMan residential that I used the word for the first time on the programme, an indication of how deeply lodged it was within me and a point that fellow participants quickly pointed out. It was this “finessing” that occupied the regular meetings I would have with Luke as we would write our regular monthly reports for the Board. To return to a quote of Scott again (1998, p6), the formal scheme, in this case the strategy, had become parasitic on our experience, particularly in how we were trying to understand the many interconnected important small details being discussed in many settings that is the heterogeneous discourses I discussed above. Whilst it was legitimate to discuss formal strategy and performance, these detailed conversations remained largely in the background. Furthermore, it was these formal discussions on planning and performance that were the basis of conversations that were considered as legitimate to be escalated up and cascaded down the organisation as reported via the formal programme/project structure and organisational communications. It was only justifiable to openly discuss the broad sweep of the past to the present to the future that conformed to the pre-set story, namely a rationalist teleology. By this I mean:

The future will be a repetition of the past. This amounts to saying that meaning is in the past and the movement of time is from the past to the present. If one thinks in terms of a Rationalist Teleology then what happens now is an action chosen to fulfil some selected goal in the future. (Stacey *et al*, 2000, p35).

The phrase “broad sweep” is used intentionally and in a way similar to Stacey *et al* (p36) uses the term in order to distinguish between the macro view of time, where the present is a mere point on a continuum, compared to the micro view of time. It is this micro-view of time that I discuss above with respect to my experience explored in relation to Mead. It was this frequent finessing, which I now understand as being the reconciliation between the plans on the macro scale and our living experience, which I see as being parasitic. To give one example of what I mean by “finessing” there were

various discussions as to how many people could be transferred into NHSBT employment in order to constitute a team. We had committed to four teams in the year. However, as problems stacked up, conversations took place as to how few people (down to as little as two on one occasion) in different parts of the UK could be called a team so the target could be achieved, albeit with some considerable licence. What was far less legitimate to discuss were those events that imply a transformative teleology whereby the future is under perpetual construction by the very movement itself. It is here that diverse micro interactions both sustain identity and potentially transform it.

Noticing the change within me as I worked on this project

In this paper I have commented on several occasions about how I have started to look at things differently and to think differently. Things that I would have missed I now notice. And those things that I now notice change the way I do things. I would like to point to one example. People within the organisation have dabbled with the use of process mapping and some of the directors were keen to extend their use. Process mapping refers to a type of analysis of organisational processes whereby an activity is located before or after another and a diagram is drawn whereby one can follow a line to see what, in some people's view is an exact definition of what the organisation actually does. From these performance indicators, responsibilities and dependencies can be identified. I was being interviewed by an external consultant because of my previous use of them. In the conversation I became increasingly aware of how challenging of these I had become. When I was asked of the benefit of an organisational wide process map I challenged the view as to whether this could ever be achieved. And if one was drawn how it could ever represent the detailed interactions between people in how they do their job together. I challenged the view that there could ever be a static representation; that by paying attention to the process, and by talking about the process as if it was reality, there was little room for actual experience in the present. I relayed a story about a discussion I had with a couple of surgeons on how they retrieve organs from a donor. They gave a five minute account of what they did, and I drew this down in a flowchart. But when asked about particular points in detail they found it very hard to describe. Surgery had to do with experience gained over many years whereby one person learnt from another person in different situations and contexts. I made the point: how could you ever capture this in a process map or

standard operating procedure in a way that could ever mean anything? How could this tacit knowledge ever be written down? In discussing this I became aware of my own reactions; I was clear and confident. And we were having a meaningful conversation whereby the external consultant and I were discussing both the advantages and the drawbacks to such an approach in a far more critical way than I would have done before.

Looking at the vistas ahead

Towards the end of Project 3 it is relevant to ask where Project 4 will take me. This week I ran two workshops that I believe will be relevant to Project 4. Above, I described the Surgical Leads Workshop where I invited a number of transplant surgeons to contribute to the commissioning strategy for organ retrieval. The commissioning strategy has now been completed and we are now in the process of implementation. At the first workshop this week there were sixty transplant surgeons, nurses and managers in a hotel conference room in Birmingham. At the second there were thirty cardiothoracic surgeons, nurses and managers in a similar venue in London. Given that Taskforce recommendation ten, to commission organ retrieval services, has now been incorporated by NHSBT the question is: how will the community of experts work together to implement the change that will be demanded of them? With a nationally commissioned service, that needs to knit together in a complex pattern, there will be a need for national standards, for example, clinical protocols for the removal of organs and the management of the donor. The question can be honed down further. In developing these national standards how will they reconcile with local practices that have formed over the years by experts whose tacit knowledge, as I have discussed above, has never been written down in any substantial depth. In exploring this it is likely that I will discuss the concept of “*mêtis*”. *Mêtis* is a Greek notion (Scott, 1998, p311) which refers to “comparing the forms of knowledge embedded in local experience with the more general, abstract knowledge deployed by the state and its technical agencies”. I appreciate that this is a vast area, both in scope and duration, so Project 4 is likely to focus on the development of these standards over the next few months and the tensions that I expect between the general requirements, as codified in national standards, and those practices that occur locally.

Project 3 – The End

Methods, ethics and orientation towards Project 4

Thoughts on Grounded Theory

As I leave Projects 2 and 3 and move to project 4 I would like to comment on method as there is an important shift at this point. During the course of my research I have been meticulous in collecting detail in terms of observation and noting the course of conversations I have been involved in. The material presented here is a small reflection of the amount obtained. At a set meeting towards the end of the programme it was suggested that this approach has similarities with grounded theory. This is an issue that I would like to explore here as it has implications for my approach in Project 4, the movement of my thought throughout the projects and the early influence of science in my practice.

Grounded theory was an approach developed by Glaser and Strauss originating from their studies with dying patients; engaging with patients themselves, their carers, family, nurses and chaplains (Glaser and Strauss, 1967). Glaser and Strauss made the point that up until then research had tended to seek verification of theory that was formed prior to research being undertaken. They expressed frustration in the lack of cohesion between the development of theory and how this could be affected as data emerged. Their response was to come to a research question free from theory⁹, developing it with the careful and systematic collection and analysis of data which in turn shapes theory and the subsequent direction of research in an iterative process. Glaser and Strauss explain: “Our strategy of comparative analysis for generating theory puts a high emphasis on theory as process; that is theory as an ever developing entity, not as a perfected model” (Ibid, p32).

Indeed, I do recognise some similarities with grounded theory, particularly in how I amassed and paid attention to a considerable amount of varied information during the projects. That said, I did not undertake the thorough and systematic coding and sifting of information often associated with the method (Bryman and Bell, 2003, p427-435). I recognise that I did not come to a particular situation, from which I would write narrative, with a particular theory or idea in mind. Instead I became fascinated with the experience and keen to work with literature and talk with people as theory developed. Although careful attention to detail and data is important, particularly

when it comes to the development of theory, I now recognise that it did little to move my thought on as I continued to take my experience seriously through the span of my research. In other words, I had yet to consider it in a way that I would now recognise as influencing my practice and thought. It is therefore relevant to ask the question: at what point do I stop adopting an approach that could be recognised as being grounded theory and allow myself to be moved in a reflexive way and then to ask: what does this mean, both for method and research? Take Project 2 for instance where I discussed the workings of the Taskforce. Here I notice a separation, or a commenting on, the events that occurred. Details such as environment where discussion took place, the Chairman bringing cakes to the meetings and how the relationships between people were discussed in detail, but as I now look back I was absent, still in the mindset of an observer separated from the subject of investigation. Even the layout of the paper, whereby the narratives of two meetings were indented, implied a data collection phase, analysis and development of theory as being separate from themselves and separate from me.

Moving to Project 3 the indented narratives have gone, replaced with a more integrated narrative, but vestiges of scientific separation of observer and observed remain up to a certain point. The issue of risk was important in moving from a scientific approach to a more reflexive method, something that I will begin to discuss in the next section. For the moment however I would like to comment that it was not the recognition of risk that struck me, rather it was the consequences of its absence. Notice for example when I describe a meeting, of which I was part, in relation to what I experienced as the closing down of conversation as to how we might all jointly explore the environmental impact on organ donation:

The opportunity to probe the implications of actual activity was lost. The conversations at the ... meetings were lifeless, lacking interconnectivity and energy, a point which I confirmed with others who were at the meetings (Project 3).

For me this is a change, a point where I recognize that I became less reliant on scientific thought and more reflexive, a point that I will now discuss.

⁹ One criticism of grounded theory is the expectation that the researcher can suspend awareness of theories and concepts until late on in the research.

Thoughts on Reflexivity

I do not want to discuss grounded theory here without taking the opportunity to introduce reflexivity and how this relates to the approach taken on the DMan programme, before I return to it within the synopsis.

In an article on the role and the missed opportunity of “radical” reflexivity within ethnomethodology, the sociologist Melvin Pollner describes reflexivity as “an ‘unsettling’ i.e. an insecurity regarding the basic assumptions, discourse and practices in describing reality” (1991). He argues that it does not lend itself to be separated from the researcher’s own experience, to be studied from afar and fixed conclusions made; these are notable differences from the points I raised with grounded theory. In my opinion such words as “unsettling”, “assumptions”, “discourse” and “practice” are important to the methodology. Although listed here as discrete areas this was not the case; the process of my research was frequently confusing, disturbing and challenging. On the issue of considering my assumptions this was partially the task that I undertook in Project 1, specifically in considering the influences and experiences that influenced me and affected my current practice. However the issue of assumptions was with me throughout and was an important part of my developing method. Cassell *et al* (2009), in a recent paper on qualitative management research, stated that assumptions should be made transparent. Furthermore, this should be an issue that deserved “time and space” and “classroom debate”. In an article on reflexive enquiry in organisational research, Cunliffe (2003) highlights the importance of “engaging in at least one self referential loop by interrogating the impact of [one’s] own assumptions”. In both cases there is a separation or external process that is required from ongoing experience. However, this seems too simplistic; firstly there is an implication that assumptions come preformed and secondly, that they exist separately from the ongoing nature of human relations between people. This is not how I have thought about assumptions. Project 1 was a valuable start to a process of thinking about my assumptions as I became orientated towards research. However, it was the continual influence of experience, discussion and practice that was important in the continual engagement and shaping of assumptions as I went on.

As discussed earlier, Pollner (1991) stresses the importance of being aware of one’s practice and the change to practice as an important element to reflexivity. This is emphasised by Stacey and Griffin (2005), indeed they make this the focus of the

research programme and a source of contribution to knowledge. They suggest that a complex responsive process view of research offers the possibility to notice how meaningful themes emerge during the course of one's own practice (Ibid, p24-25), an issue I will discuss in more depth later. This in turn is a source of knowledge that is relevant to one's own professional community¹⁰. Therefore over the course of several projects, themes of practice have emerged which are intensively engaged with. This culminates in a discussion of the major themes as part of this synopsis. The development of practice is therefore a central element that emerges during the course of the programme. I shall be returning to methodology towards the end of the thesis.

Techniques used in my research

I would now like to take this opportunity to consider the techniques I used in my research. A key element of the reflexive methodology that I have adopted is the use of narrative as a source of material to engage with. In each project there have been three or four narratives that related to current events which occurred during the course of the project. Although only a small number would appear in each project, I developed a habit of regularly writing notes and recording conversations. Before I would attend a meeting, which I thought could be important, my attitude and alertness would change. The best way to describe it would be to say I was present in two minds; the first, as a manager and someone who needed to achieve a particular result, the second as a researcher, interested to see how things would develop and how the interactions between people would play out. I now look back and think this was an intense experience, which contributed to heightened awareness of my actions and the actions of others, an intensity that grew further as I would later work with the narrative. With voice recordings I would pay particular attention to the language people would use, the words, the utterances, the emphasis and the pauses.

A common theme of my narrative would be an intricate description of the environment: cups and saucers; wood panelled rooms, flashing lights; sweet smoky smells; homemade cakes and so on. The inclusion of the environment would rapidly take me back to the scene enabling me to work with the material with an increased intensity. From iteration to iteration, irrelevant detail would become eroded.

¹⁰ To me this is the relevance of a professional doctorate that combines research with professional practice.

Occasionally, like hard granite outcrops, they would remain and would form part of the argument, as was the case of the untidy room at the Taskforce launch in Project 3.

Over the last three years there have been a number of important conversational settings that have shaped my research. These have included:

Residentials; there were five residentials, each lasting five days where various concepts and ideas were introduced by the faculty and occasionally by the students. Each residential would start with a ninety minute meeting where there was no script or agenda, where there would be an opportunity for reflection and to discuss issues that arose. This would be an opportunity to experience a form of self organisation between people. Thinking back to my days as an undergraduate science student, I would liken this to the practical. My view of this changed during the residentials, going from bewilderment, anxiety and surprise (this was not something that I had expected) to anticipation. Anticipation for how I, with others, would be making sense of events.

Set meetings; these would run over a couple of days. For me these were the most intense conversational settings. Due to changes in the cohort of students the learning set changed during the programme. Sometimes this affected the dynamics and “the work” of the group for the better, sometimes not. This setting was the opportunity to engage with the narrative raw material, for me to receive (and give) feedback on the depth of reflection, engagement with literature (both in range and depth) and how sense was starting to emerge. Both the set meeting and the residentials were intense experiences, lasting well into the evening in less formal surroundings.

Many conversations with people at work; in many respects this was the raw material, engaging with people either in groups or individually, as set piece events (e.g. meeting or workshops) or informally, facing the ethical and research challenges I will discuss later.

New networks; it would be wrong to focus just on conversations at work and as part of the course. During the last three years I have found myself in new conversational settings and groups that have introduced me to new writers (for example Ryle and Goethe). This has been important to my method. Without this wider interaction there could have been a temptation only to refer to the literature and ways of thinking that predominate within the faculty. Instead I have been able to be more challenging of my

assumptions and those of others and to introduce a wider breadth of literature to my argument.

However, the discussion extended beyond those conversations above, and included a growing intensity in the act of writing. In a paper recounting his reminiscences of his ethnographic research career, VanMaanen (2006) introduces his concept of “textcraft” (p14) to mean the hard intensive labour that represents much of the work done by the researcher that is rarely discussed. He points to how typically textcraft is discussed uncritically, without attention to all the other things that happen and influence one’s life. For me this is particularly the case; mixing work life, family life, reading and a myriad of other “distractions”. Nothing was isolated; a point that VanMaanen makes that is relevant when I think of my writing. In commenting on the uncritical examination of textcraft he states: “As such, it suppresses the social and contextual aspects of writing that includes reading others, discussing our ideas of content and styles with colleagues, the various shaping roles that are played by critics, reviewers and friends, ... and others in a language whose grammar, tone, voice, genre and figures of speech literally encode collectively” (2006). Here I would like to explicitly add one more, Linda, my wife, who read everything that I wrote – several times. Writing for me was a very social act, at my desk I would be in a mental conversation between myself and others, imagined or real who were as much a part of the wider discussion described above.

Ethics of my research

Linked to the techniques and the way I went about my research is the issue of ethics that I would now like to discuss. I have been very conscious throughout my work that there has only been one taskforce of this nature. For me there has not been the opportunity to obscure my work behind a label of “an NHS trust in the North East of England”, a “government department ...”, or “client x”

In discussing ethics and leadership Griffin (2002) suggests that ethics is an issue that requires constant negotiation and thought within the present, as opposed to being considered at some point in the future, or thought about in the past. Referring to G.H. Mead on the issue of ethics, Griffin stresses: “What [he] is proposing is a different way of thinking about everyday social interactions, not as observers of experience but rather as participants in experience, the nature of which is self-organising sense making”. In line with the methodology that I have adopted throughout my research

the issue of ethics has been continually present. Etherington, who specialises in qualitative research techniques and psychotherapy, explicitly discussed ethics with respect to reflexivity and makes the following point that it: “requires researchers to come from behind the protective barriers of objectivity and invite others to join us in our learning ...” Etherington goes on to offer the following guidelines to support the ethical researcher adopting a reflexive methodology:

- To remain aware of the potential power imbalance between researcher and participants, ...
- To negotiate research decisions transparently with participants, and to balance our own needs with those of participants and the agencies involved.
- To provide ongoing information as it becomes available, even when that requires the use of appropriate and judicious researcher self-disclosure.
- To include in our writing and representations information about research dilemmas that may occur, and the means by which they have been resolved (Etherington, 2007, p615).

In writing up my synopsis I can identify with these points made by Etherington. It is points such as these that have been with me as I have undertaken the research and in the conversations that I have had as part of the synopsis.

I would now like to offer some examples during the course of my research.

- *Key people in the process.* Here I include the Chairman of the Taskforce, the Chief Executive and my boss the Director of Strategy Management. All of these people were informed of my research in writing; indeed the Director of Strategy Management sponsored me. At various times during the process and at the end I shared detailed narrative with these key people and sought their views in conversation.
- *Close colleagues.* Here I would always mention that I was undertaking a research degree in the area of policy and implementation and would stress that the raw material for my research was my day-to-day experience at work.
- *People that I might only meet once or twice.* If I thought it was likely that they would appear in a narrative, even if I changed their name, I would discuss that I was doing a research degree and using my day-to-day experience as a source of material.

There were occasions, for example when I was on video-conference with some Australians and Canadians where people were very interested to know more. In this case I arranged a follow up call with one person and went through, in considerable detail, the methods being used and the nature of the research.

As Etherington (2007) suggested in the above quote, and developed further in the article, the ethics of my research were with me constantly, it was not a form to be filled-in, submitted to the university and filed. That said, the conversations about my research highlighted above, not only contributed to my research, which I can defend ethically, but also added to the quality and validity of my findings.

My approach within the wider family of research methods

I would now like to return to methodology and to explore other approaches within the family of qualitative methods. Having already discussed grounded theory as part of a realisation of my methodology as I worked on Projects 3 and 4 I would like to discuss ethnomethodology and action research as I can see similarities but important differences with the approach I have taken.

Firstly I would like to turn to action research. Reason and Bradbury (2006), who have done much to develop the methodology, stress that it is not one fixed method, a point they stress when they say: “We describe action research as a ‘family of approaches’, a family which sometimes argues and fall out ...” (Ibid, p xxii), a point which emphasizes the contested, interactive and essentially contextual nature of the methodology. Those adopting action research tend to be sceptical of the predominance given to academic learning at the expense of achieving pragmatic results and change within the area of investigation.

Given the varied approaches of action research, Eden and Huxham (1996) have sought to define it from the perspective of what it seeks to achieve. These include (p78-80):

- A utility to the client that develops as the research is undertaken (i.e. it is not reliant on a final report handed to the client).
- It needs to have implications beyond the immediate focus of research, which I take as being a way to address the requirements for research to achieve a level of generalisability. However, they warn against the problem of abstraction, namely of producing meaningless jargon ridden research that has little relevance to the practitioner’s community.

- It needs to result in practical change and the development of theory from the conceptualization of experience.

It is relevant to note an almost evangelistic tone (or at least an explicit expectation to do “good”), for example, they stress that it should be “empowering” for the client. When referring to practitioners who later go on to read the research and make connections with their own experience, they state that it should “promote excitement” (Ibid, p80). Personally I find this problematic. In my discussion on grounded theory I have already mentioned how I come to my research, being alive to the experience without any overt preconceived agenda, whilst accepting my developing assumptions. Perhaps the objection I have to mixing research with pursuit of a “purpose” relates back to my scientific background, however well intentioned that purpose purports to be.

Stacey and Griffin (2005, p28-29) point to the similarities between action research and reflexivity from a complex responsive processes perspective, these include: the limitations in taking a positivist stance of researching social phenomena; focus on relationships and participation; seeking to explore everyday experience; and the exploration of emergent experience. However, there are important differences. In order to explore these I would like to introduce a research paper that uses action research as its methodology. Referring back to Huxham, he published an account of research undertaken into New Public Management (2002), a subject I discussed in Project 4. Here Huxham used action research to explore the practical issues that managers face to implement policy to make a difference on the ground. In the research he points to the inability to understand in advance how their endeavours can (and were) being thwarted by factors that were particular and inherent within the situation and context. I am not going to discuss further the content of their research here. However, I would like to make two observations. Firstly, what I would interpret as Huxham’s anxiety is the split between the object and the subject of the research in actual research practice. Note for example:

It was unclear how we would recognise the subject we were studying. Action research of this sort demands that the theory is derived emergently from the data. So far as is practical, the aim is to suppress pre-understanding in order to promote the emergence of new and creative insights (Ibid, p297).

However, in just a few lines he goes on to make the case of how difficult this is in general, and specifically with respect to this research study of which he has had previous experience. The second point I would like to make is how data is interpreted and theoretical concepts are developed, an issue that Huxham stresses is the most challenging aspect of action research. Here he quotes Jim Thomas when he states: “Interpretation of data is the defamiliarization process in which we revise what we have seen and translate it into something new, (distancing ourselves from the taken-for-granted aspect of what we see) ...” (Ibid, p304). The question for me is: what does this tell me about action research in comparison with reflexivity? In essence it can be summarised as:

- *Separation of process*; there are attempts to establish “boundaries” around investigators pre-existing knowledge and how information is dealt with through the research.
- *Spatial, not temporal*; the distancing of the researcher plays down the ability to see the ongoing temporal nature of contradictory, confusing and ambiguous experience.

To apply an action research approach to my research would have affected my ability to consider in depth the intense nature of my practice, particularly how it has changed and developed over time. Whilst I might have obtained some valuable reflective insights, the reflexivity which has been an essential thread would have largely gone unnoticed and unexamined. There is a personal reason that I need to make clear. Whilst I can admire the evangelistic tone and the agenda to seek improvements, to me this is different from the activity of research. Again, perhaps this attitude harks back to my scientific background discussed in Project 1.

I would like to turn to ethnomethodology, a term coined and developed by Harold Garfinkel (1967). Garfinkel describes ethnomethodology as “the investigation of the radical properties of indexical expressions and other practical actions as contingent accomplishments of organised practices of everyday life” (Ibid, p11). As Alvesson and Skoldberg (2009, p78-82) illustrate, attention is paid to the exploration of how the microprocesses of social interaction go on to develop the shared social everyday world, and the development of assumptions and rules. Here there are similarities with the approach I have taken in how I have worked with narrative through the four

projects. Also, there is acknowledgement of the importance of reflexivity; in recognising that the researcher and the object of research are influenced and have been influenced by each other.

There are also important differences, the nub of which is captured in Garfinkel's own words when he says of the methodology that it is "directed to the tasks of learning how members' actual, ordinary activities consist of methods ... from within actual settings ..." (1967, pvii – viii). The reference to a "within" speaks of an assumption that there is an inside and outside, there is a location for research that is separate from interpretation. In other words, there is a spatial system for investigation. Also, in what Garfinkel describes as "indexical expressions", the methodology seeks to identify and separate units of meaning. Here there is an implied "reality" that is to be discovered, rather than an ongoing exploration and development of understanding with others. As I discussed in Project 4, the attempt to separate out and to categorize these units, with the taxonomic implications, also differs from the approach I have been taking.

Introducing Project 4

Earlier I mentioned that the issue of risk was important in my research, with implications for reflexivity and practice. I would now like to consider in more detail the instance I found myself at risk, running a workshop on Donor Transplant Coordinator's (DTC's) job description where I was facilitating a discussion between seventy or so DTCs and the directors. I mentioned how I felt as I found myself at risk; even in writing the project I felt the sense of energy that was in the room between people. The questions and feedback focused on a range of areas that were more detailed, specific to the local situation and more connected than had been anticipated by those of us who had organised it. Examples included the splitting of job roles, job satisfaction, how the service would work, career progression, where staff would be attracted from, as well as personal issues such as the loss of on-call money and so on. The experience and the risk that I felt in the moment as it was playing out felt very different to the experience I felt in the business planning meeting previously discussed. However, it is in Project 4 that I actively start to put myself in situations of risk. Here I do not mean risk in terms of personal safety, organisational risk management or governance. I will now consider what I mean by risk in this context.

I mentioned in the above section, “Introduction to Projects 2 and 3” how I started to find myself at risk and began to explore the implication this had for my practice and research. You will notice in this project how risk has developed further. In addition, it was those situations that enabled me to pay attention to the unfolding events as they were to occur and for me to notice how I felt and became alive to the experience. The examples I cite are as follows. Firstly, how I organised a stakeholder event whereby surgeons and other people came together to discuss how the new service would develop. Here I left large parts of the day unscripted leaving open the opportunity for conversation to develop. The second had a more profound effect on me. Over the course of a night I accompanied an organ retrieval team as they travelled a hundred or so miles to a district hospital to remove organs from a donor. Only now, as I look back, do I consider that in putting myself at risk and being open to the experience have I moved beyond the scientific separation of observed and observer, moving to a more participatory reflexive mode.

Project 4 relates to the commissioning of a front line service; that of the commissioning of organ retrieval services across the UK. Early on, reference is made to the literature and manuals on commissioning, particularly pointing out the neat circular diagrams and systems that are to be commonly found and advocated (Abbott *et al*, 2009), (Curry *et al*, 2008), (Department of Health, 2007a & 2007b), (Department of Health, 2008b), (Murray, 2008) and (Sobanja, 2009). I also discuss a similar approach within the project management methodology in which I account for myself as part of this work. Only occasionally within this discourse is the complexity of human relations discussed in any depth (Dopson and Lock, 2002), Gillan and Lewis, 2009) and (Smith *et al*, 2004). I also draw a common thread towards a trend in new public management, namely an increasing separation between the provider of services and those who purchase them, along with attendant forms of measurement (Dunleavy and Hood, 1994), (Flynn, 2002), (Lapsley, 2008), (Murray, 2008) and (Osborne and McLaughlin, 2002). In doing so the tension, or more precisely the paradox, between policy and the activity of frontline staff, collapses. This is an issue that I discuss in Project 4 and within the synopsis.

I introduce the work of Henri Bortoft and his interpretation of Goethe (Bortoft, 1998), (Bortoft, 1996) and (Seamon, 1998) as a way of beginning a discussion on the nature of “wholeness”. By this I mean how the specification, or a similar list of

requirements, can account for a complex interconnected activity, such as organ retrieval and how it fits with other services such as transplantation. In recognising the limitation of Bortoft, as well as my own attraction to a scientific way of thinking, I introduce the work of Raymond Williams (1977). In doing so I discuss the inadequacy of the continual use of a spatial metaphor (i.e. the “whole”) in considering what we were doing, turning instead to the temporal.

In the project there are several narratives, for example the experience of developing the specification that would be used as part of the contract, workshops that were held with those who would be providing the service and finally attending an organ retrieval operation. In presenting the narratives as I have it could be implied that I favour one form of organisational life over another; that of frontline staff practice, over that of planning. This would be wrong. I go on to explore this relationship or paradox with Elias’s notion of involvement and detachment (1987), and it will be a theme that I pick up on later as I discuss the implication this has for policy and other abstractions during the course of a wider social process.

Project 4

Experiencing the relationship between static central commissioning and the fluid in the local situation

Introduction

Following the publication of the Taskforce (Department of Health, 2008a) report, the theme of Project 3 was to consider how the recommendations from that report were to be implemented within the organisation I work for, particularly in strategy and business planning. Project 4 continues with this theme, specifically the emotional experience of attending an organ retrieval operation and my involvement in the commissioning of this service from a number of hospitals throughout the UK.

Previously organ retrieval had not been clearly funded and was the poor relation to organ implantation, the consequence being that important issues affecting the quality and quantity of organs were not regularly discussed and improvements were not made.

I have located Project 4 within a wider Government policy context of New Public Management and more specifically with UK healthcare commissioning. In doing so I am suggesting that this project, whilst focused on a particular healthcare need, has wider application.

This project has several narratives including a stakeholder event where the commissioning specification was discussed with the providers a meeting of the evaluation panel to discuss the business cases and costs from the providers in response to the specification and, finally me attending an organ retrieval operation.

I consider how the specification was developed and communicated. I notice how the fluid and context specific activity of organ retrieval was reduced to a few sentences and a fixed list of requirements presented as a number of bullet points, along with attendant performance measures. I compare the commissioning approach, which I argue has a bounded spatial perspective, to the temporal experience of the organ retrieval operation. The spatial and temporal nature of the service is therefore important to my argument. I explore this in relation to my experience and with a number of writers throughout the entire paper. I discuss the implications of this, both in terms of how this enabled conversations on the development of the service and the allocation of resources, but also the impact this had on those delivering the service.

I explore the interaction between commissioning and the actual activity of organ retrieval by drawing on Elias's paradoxical notion of involvement and detachment. I am critical of much of the commissioning literature that I will be discussing, namely that it is a detached process to be applied and results realised. It will be in the following synopsis that I will discuss the implication for my practice.

For reasons that will become apparent, the names of those involved in the Project have been changed.

Healthcare policy: a review of commissioning policy and implementation

I am going to start this project by considering the wider policy context of public services and how this relates to my project. Osborne and McLaughlin (2002, p8-12) describe the nature of public services in the UK and how they have developed since the late nineteenth century. Here they chart a progression from minimal state involvement to an unequal and uneasy partnership between the state and the voluntary sector through to the post war welfare state. By the late twentieth century the public were seen to demand services that are tailored to the needs of the individual citizen, rather than basic uniform provision for all. In addition there was growing scepticism by politicians of trade unions (Mishra, 1984, p87-88) and the professional cadres, charged with delivery, both perceived in terms of their vested interests. A key development was the split between the purchaser and the provider (North, 1997), (Higgins, 2007) and (Dusheiko *et al*, 2006). Higgins (2007) locates the original idea to Alain Enthoven in 1985, advocating an internal market to increase incentives and improve quality and efficiency. However, it was not until the early 1990s that the split was introduced in earnest (Dusheiko *et al*, 2006). The most recent response to this changing context has been termed "New Public Management" (NPM) (Lapsley, 2008), (Flynn, 2002) and (Dunleavy and Hood, 1994). Although definitions vary there are common themes. These include: the separation of the purchaser from the provider along with forced competition (Pollitt *et al*, 1998); an increasing focus on the outcomes and targets (Boyne & Gould-Williams, 2003); the setting of standards and their performance measures (Osborne *et al*, 1995); and, the parsimonious use of

resources. It is within this long term context that the policy commissioning within the NHS is located.

A definition of commissioning¹¹ in the NHS is the investment of “funds to secure the maximum improvement in health and well-being outcomes from the available resources” (Department of Health, 2007a) and is seen as the way to deliver the goals set for the National Health Service (NHS) of a: “fair, personalised, effective and safe [service], ... relentlessly ... improving the quality of care” (Department of Health, 2008b). With this in mind commissioning has attracted considerable interest in the UK healthcare sector. Later in this paper I focus on the development and implementation of a service specification that formed the basis of contracts with providers. The effective development of service specifications is seen as a key competence of commissioners (Department of Health, 2007b) as a way to “drive innovation and improvement” and to effectively allocate resources towards optimum benefits for patients. The focus of such service specifications is explicitly on outcomes, rather than the processes by which these might be achieved. I will discuss the implications of this focus later.

It is relevant to note that literature on commissioning considers process in purely abstract terms (Department of Health, 2007a), (Department of Health, 2007b), (Murray, 2008) and (Sobanja, 2009), as Higgins illustrates when she states: “Neat circular diagrams are devised, ..., [with a] logical series of steps towards the satisfied patient” (Higgins, 2007, p23). Dopson and Locock (2002) make the point that despite the complexities, emotional arguments and lack of reliable information most “attempts to change aspects of the NHS draw on a linear, rationalist model, defining the complex challenges of change as a mere technical issue” (Ibid, p210). With this in mind it is relevant to ask whether commissioning has been effective in improving health. With the exception of the speed by which services are delivered, it is interesting to note the dearth of evidence, as Smith *et al* (2004, p3) state: “There is little evidence to show that ... commissioning ... has made a significant impact on the way hospital care is delivered”, points echoed by Gillan and Lewis (2009), Curry *et al* (2008) and Dopson and Locock (2002). Indeed going back to the early 1990s, in describing commissioning aims of improving population health, North compares the task

¹¹ The discussion on commissioning relates to the NHS in England and Wales. Scotland has not opted to pursue the split between the purchaser and provider in this way.

“unfavourably with the quest for the Holy Grail”. Despite the circular diagrams, Curry *et al* (2008) point to the following weaknesses as to why commissioning fails to achieve its aims: poor relationships, the wider context, conflicts of interest, capacity and capability and roles and information (p8-10). Chris Ham (2008) explains these weaknesses by pointing to increasing reliance on “adversarial and legalistic approaches” (2008, p120) where outcomes are codified in contracts which lack sufficient attention to long term relationships between different parties. The other relevant factor to note in a review of the literature is the lack of clinical engagement in commissioning and the call for more clinical involvement (Gillam and Lewis, 2009), (Smith *et al*, 2004), (Dopson and Locock, 2002), (Klein, 2007).

Bate *et al* (2004a and 2004b) have reflected that in general when it comes to NHS reform, current top down policy approaches lack coherence with what happens locally and are seen to be isolated. This has resulted in change which has been slow to take hold and lacks sustainability over the longer term. Bate *et al*, (2004a and 2004b) go on to consider the role of social movements in bringing about change. Social movements are “collective action by individuals who have voluntarily come together around a common cause; they often involve radical action and protest which may lead to conflict with accepted norms and ‘ways of doing’ things” (2004b, p10). This concept was developed from the ideas of Zald (2005) and others. However, other than noting that any change initiative inevitably enters into an existing ongoing social process, Bate *et al* do not offer a new theory or approach to change in the NHS. Nevertheless, they do suggest a lack of “reflection, hypothesising or consideration of alternative action” in large scale NHS change, which is an issue that Dopson and Locock (2007) make with respect to NHS commissioning.

Turning from commissioning to implementation similar issues were apparent with the project management approach that we adopted. It gave an appearance of a straightforward approach to implementation, including timelines (with bar graphs) stretching into the distant future, along with various actions that were to occur. I was struck by the following comment on the virtues of the Gantt Chart, often used in project management: “The Gantt chart, because of its presentation of facts in their relation to time, is the most notable contribution to the art of management in this generation” (Clark, 1922, p3). This was quoted in a paper that discusses the visual artefacts of time and how they have become woven into organisational life (Yakura,

2002). The Gantt Chart implies a strongly formative teleology, by which I mean an unfolding process whereby the final state is embedded in the past. I am raising this at the beginning of this project because this was the context in which I was working and had to account for myself.

Application of policy: linear relationships within static frameworks

In the following section I track the development of a specification, how this was communicated to the providers and how their responses were dealt with. I describe the language used, the structure of the requirements and the style of communication with providers. I note how the requirements became fixed and the implications this had for the developing service.

Writing the specification

In October 2008 I sent providers a document called “National Organ Retrieval Service (NORS) - Service Delivery Requirements”, or specification. In considering how I developed the specification I would like to reflect on a telephone call I had with Luke, the newly appointed surgical lead in organ donation who replaced John, the surgical lead I mentioned in Project 3. Sitting at my desk I had drafted the specification, drawing on a range of documents that I had been given, a number of data analyses and the notes I had made of various conversations that had taken place over the previous weeks. As Luke and I talked about the practice of organ donation I scribbled notes over the paper with arrows, pictures and a small mindmap; all of which were quite different from the linear set of bullet points I wrote in the specification. As we went down the page, bullet point by bullet point, the conversation felt clunky and disjointed, which contrasted with my usual conversations with Luke which were quite fast moving, enthusiastic and fluid. I found it difficult to recognise how the parts of the specification connected with each other. Indeed there were times I could hear surprise in Luke’s voice as if the issues we were discussing were difficult for him to recognise. As I reflect on this now, both Luke and I were at ill at ease, even as we were making final changes to the specification. Mine stemmed from the fact that I had, as yet, no experience of the practice of organ retrieval to draw on. I took Luke’s unease to come from the perspective of describing a complex process, which he knew well, in terms of what amounted to a linear list of items.

I would now like to describe some of the wording within the specification. Firstly, I would like to point to what we called the “Strategic Commissioning Vision”, a few sentences which stated:

The future vision ... is to have a sustainable service for organ retrieval ..., that is available 24 hours a day, 365 days a year, that is able to respond to calls for retrieval within a 3-hour timeframe, adhere to a standard service specification, is staffed by a full complement of Clinicians and Nurses, is focused on outputs and performance and is managed by a dedicated commissioning function. Sufficient capacity must be available to exceed the 50% targeted increase in organ donors, (NHS Blood and Transplant, 2008b).

The Service Delivery Requirements went on to describe the nature of national service as a “model” with the following characteristics, in bullet point fashion, these included:

- All (potential) donor hospitals to be covered by up to three (primary, secondary and tertiary teams) identified retrieval teams ...
- The retrieval team to be self-sufficient and capable of managing the donor preoperatively and all aspects of the donor operation.
- The retrieval teams to be able to arrive at a donor hospital within three hours of receiving a request on at least 90% of occasions (Ibid).

If this described the nature of the communication from NHSBT, as a commissioner, to the thirteen providers across the UK, the nature of the communication from the provider to NHSBT was also stipulated, for example:

As part of the application process, Providers are required to submit a detailed business plan (Years 1 to 3) describing how they will transition to the new arrangements and establish a future service that meets the service specification and delivers the required future capacity (Ibid).

In this project I will be drawing attention to the abstract nature of the specification when compared with the experience of organ retrieval and its use of future tense.

Communication with providers

A stakeholder event was held in November, a month after the specification was sent out. The purpose of the meeting was for the suppliers to hear what was to be expected of them and to ask questions on the development of their service.

I organised the stakeholder day, decided who was to be saying what as well as giving one of the four presentations. I knew that it had to go well and I was nervous. I had optimistically expected about 40 people to attend, but in the end 60 turned up from around the UK, an indication of intense interest from surgeons, managers, nurses and others as to how the service would develop. This further added to my anxiety. As a result of my development in thought and practice I did something that I would not have done before, I gave time for the emergent conversation to occur and develop. Normally my reaction to this growing nervousness would have been to plan and “script” the event to the smallest detail, and to limit the opportunity for discussion to take its own course, in other words to maintain the impression of being “in control”.

Of the four sessions, I will describe mine, which was about how the service will be commissioned from April 2009. The presentation, taking twenty minutes, focused on the specification above. With me standing in front of the sixty or so people, questions were asked and I would answer them, there was little by way of follow up questions; clarification, discussion or argument. What surprised me was the general nature of the questions; there were very few questions that related to how the specification was to be taken up in relation to their existing service. Most of the questions were of a similar kind, for example: do the teams need to be up and running from the 1st April; it will be very difficult to recruit staff, is this practical; how will the retrieval zones be decided; how much money have you budgeted for; and so on. We did not discuss the nature of the new service in the context of their existing operations, which was unique to each provider. It was a conversation based upon generalised requirements, free of context. Thinking about this now I find it surprising that we did not break out of this, it was as if we were following a pattern that continued from the specification sent out some weeks before. There was an exception to this which made the transactional nature of the conversation up to this point stark. When we got onto the subject of donor management¹² the room became lively and the conversation changed – the energy became noticeable, touching on several different connected areas, from demanding clinical requirements to the challenges of building a sustainable national service. I became aware that we were taking part in a conversation where we were trying to understand an emerging picture together as opposed to a list of individual

¹² Donor Management is what happens after the death of an organ donor in order to stabilise, maintain or improve the physiological condition of the donor so as to ensure more organs for transplantation and of better quality.

requirements in the specification. I noticed that people from different disciplines were voicing, exploring and listening to their own and different approaches to the issue. I recognise here another shift in my practice. I am now more aware of how the nature of conversation develops and am more curious as to the opportunities this offers.

Discussion

There is an observation that I would like to make at this point that will be relevant to the discussion that will follow on the nature of language. The communication between commissioners and providers implied a send/receive way of thinking. By this I mean a way of thought whereby explicit knowledge is sought to be created and transmitted by the sender, only for it to be unpacked by the recipient. This was apparent in both the way that the specification was written and at the stakeholder day.

I would now like to discuss the specification (with its bullet points and attendant measures) and the conversation at the stakeholder day in relation to the work of Gilbert Ryle. Ryle was an English Philosopher of the mid twentieth century who was influenced by Wittgenstein, particularly with respect to language. Dennett (2000), a former PhD student whom Ryle supervised, stressed that Ryle's ambition was modest, not seeking a scientific or formal thesis of mind (p x). Rather, a theme of Ryle's work was the clear, but sometimes subtle, revealing of mistakes and assumptions of language; assumptions that are rarely examined, but lie beneath the surface of what is commonly said or written. This is something that I recognise in the specification I discussed above. For example there were assumptions within the bullet point rules on what a full complement of team members would be and the nature of self sufficiency, both issues that have since caused problems. Dennett, commenting on his supervision from Ryle, shares Ryle's mistrust of rules, stating: "one cannot learn ...by memorising a few simple rules, but only by immersing oneself in practice" (p xviii), a theme I discuss in detail later in this project.

In setting out his argument in *Concept of Mind* (1949) Ryle introduces the term "official theory", to describe the prevalent Cartesian split of mind and body. He wrote:

I shall often speak of [the official theory] with deliberate abusiveness, as 'the dogma of the Ghost of the Machine' I hope to prove that it is entirely false, and false not in detail but in principle. It is not merely an assemblage of

particular mistakes. It is one big mistake and a mistake of a special kind. It is, namely, a category mistake (Ryle, 1949, p17).

Ryle is making the case that “category mistakes” are made by perfectly able people when they find themselves in unfamiliar situations where their abstract thinking allocates concepts that appear logical, but are misplaced. To illustrate this Ryle presents several analogies (also indicating how common, but un-noticed, they are), for example:

A foreigner visiting Oxford ... for the first time is shown a number of colleges, libraries, playing fields, museums, scientific departments and administrative offices. He then asks “But where is the University?” It has to be explained ... that the University is not another collateral institution; some ulterior counterpart to the colleges ... The University is just the way in which all that he has already seen is organised. When they are seen and when their coordination is understood, the University has been seen (Ibid, p17).

Ryle’s explanation of Category Mistake, particularly his phrase “when their coordination is understood”, suggests that he still sees the organisation of the university as a fixed picture that can be comprehended, the use of the word “seen¹³” points to an objective position from which it can be observed all in one go. In other words, the organisation of the university is in danger of being reified in much the same way as the collection of buildings and artefacts that bewildered the visitor. I suggest that the specification is a category mistake. The general description and the list of rules in the bullet points imply that there can be a fixed picture that can be seen and understood as an intellectual exercise where there is no appreciation of the unfolding nature of time. I will discuss this fully later.

The specification, key performance indicators, clinical protocols and outcomes and governance protocols did not amount to an account of organ retrieval as it would be experienced from someone who knew the actual procedure, despite the overview and summary at the beginning. As part of developing the service there were now yet more hard copy policies and standards that listed what was and was not acceptable and how these were to be measured. Examples include written algorithms for back up arrangements, measurement of the time it takes to send out a team, agreements in the

¹³ A word he used more than once in the examples he gave.

devolved health administrations, and protocols of what is to happen by when, and so on. With the specification, along with its overall description of the service, detailed bullet points and with the way it was communicated, there was a strong implication that the entire service was examined, understood and described and was now set in the past tense; it was now a static item, which can be comprehended and “seen” all at once.

For Ryle the issue of “Category Mistake” is linked with the use of language, particularly in diverting attention from the ongoing human activities of the here and now. To explore this I would like to point to the use of language, both in the specification and the discussions with stakeholders. Taking the words from the specification above it is interesting to note how many of the verbs refer to some idealised future state, namely what will be achieved, not the unfolding process of how this will be done. Perhaps, from a purchaser’s perspective, this does not matter; after all if the job is done does it matter how? I would argue that it does matter; in this particular case the providers’ services needed to knit together to ensure an integrated national service. Therefore, in this case, it was important to know how the service was to develop and unfold over time. Turning to Ryle (1949) he discusses the problem between what he refers to as “task verbs” and “achievement verbs”. The former refers to activities, processes and actual experience and the latter only to the outcomes that the activity will have:

Many of the performance verbs with which we describe people ... signify the occurrence not just of actions but of suitable or correct actions. They signify achievements. Verbs like ... “catch”, “solve”, “find”, “win” ... and countless others, signify not merely that some performance has been gone through, but also that something has been brought off by the agent of going through it.

They are verbs of success (Ibid, p125).

Turning back to the stakeholders’ day, very few of the discussions centred upon the unfolding activity of developing an organ retrieval service; for example, how it would integrate with other activities in the transplant unit or wider hospital, how on call arrangements would be sorted out, the training and competency of staff as they would be recruited and so on.

So although Ryle’s notion of category mistake begins to explain why the service specification fails to accurately describe the “organisation” of organ retrieval as a

practice, it does not take me far enough. He does not help me to understand how individual elements can be seen in relation to a developing process.

Receiving provider responses

After the Stakeholder Day the providers were asked to complete a pro-forma business plan as to how their service would develop to meet the specification and to complete what was termed a Cost Model Template. The following section discusses the Tender Evaluation Meeting where we were gathered to consider the applications from the retrieval teams in response to the specification. I should just add, in a commercial setting, we could have been discussing a competitive situation whereby suppliers would have been selected (or not) on issues such as cost or quality of service.

However, here all the suppliers would be appointed, and the only question was the amount of money and the level and nature of service we would be commissioning. This is a common feature of NHS commissioning as Abbott *et al* (2009) observed when they described the quasi-market as being: “characterized by an emphasis on cooperative long-term relationships rather than true competition”.

The Tender Evaluation Meeting was a turning point for me, a few hours when we jointly had come to realise that something had changed; the control and confidence that was present in the development of the specification crumbled. The meeting included Luke the transplant surgeon, an expert in donor coordination and transplantation, James from finance and Charles an expert in commissioning. In late November the tender returns were received in our procurement office and sent to the Evaluation Panel for our meeting.

Here I discuss what happened at the meeting. This was the first occasion where we would discuss the bids jointly. I took my voice recorder to take a few notes. At the meeting each of us voiced surprise at the amount of money and the variability of cost the providers were asking as well as the differing ways the providers were seeking to provide the service. This surprise was more acute because we had thought the specification, along with the supporting documentation and subsequent stakeholder events, would have minimised the variability that we were now seeing. Listening to the voice recorder again, comments were made of “hopeful punts”, “losing the plot”, and I hear anxiety lightly disguised as laughter. Take two comments from Mark and James respectively:

“[Pause] Ah, ammm. My impression has been, to all good intentions, that we have a fairly robust specification but in *talking* [emphasis by extending the length of the word] to all the providers everyone has had a different approach. It is a case of ‘well, actually yes, we appreciate you have a different approach, but in order to standardise things across the country we need you to work to a standard spec.’”

And:

“I mean ... all of that feedback totally supports the project plan about: ‘OK we’ll fund existing systems costs with some challenge in between now and January; develop a plan to work with the spec and we want you to work with us on it, build capacity once you are selected and then from this date it goes live’”.

There was surprise and frustration in what they said, both in words and tone of voice, that the clarity we had sought to impart to the providers in terms of the specification (with its costs templates and pro-forma business planning forms) had been taken up in different ways. In other words it failed to take into account local interpretation and adaptation, and the opportunity that people would seek to take advantage of what they could, and the tussle that we would be engaged in.

Returning to the specification and the stakeholders day, very few of the discussions centred upon the unfolding activity of developing an organ retrieval service; for example how it will integrate with other activities in transplant units or the wider hospital, how on call arrangements will be sorted out, the training and competency of staff as they would be recruited and so on.

To discuss this further I would like to turn to Haridimos Tsoukas. Tsoukas, influenced by Wittgenstein amongst others, developed an interest in organisational studies and policy, particularly in relation to tacit knowledge and how it is used by laypeople in organisations (Tsoukas, 1998). Tsoukas (1996, 1998 & 2005) introduces and develops the term “propositional knowledge”. By this he means statements that are based on the assumption that the situation they refer to can be composed of objectively available elements which can be re-presented via abbreviated formula (Tsoukas, 1998, p45), an important feature I can recognise in the development of the specification. However, he also makes clear the limitations of propositional knowledge in that it

cannot accommodate or capture knowledge that is context specific to local conditions, particularly how they unfold over time and different locations (Tsoukas, 1996, p12). Tsoukas further posits that being free from context enables propositional knowledge to be mobile and malleable. To quote Tsoukas, in discussing the rules set by a UK Government agency he studied, he explained that “their consequences ... are meant to be applied to future instances, while their factual predicates are either derived from knowledge of past regularities ... , or are based on current assumptions about behaviour in the future” (Ibid, p49). What he points to therefore, which is relevant to my discussion, is that the nature of the present, being tied to a shifting and unfolding context, is sacrificed in favour of rules that are seen to apply from one situation to another.

In relation to this the specification was a general and idealised statement, or indeed an invitation, for others to take up locally; in this case in the funding of thirteen organ retrieval teams in the UK. What Tsoukas illustrates is prominence and privilege given to propositional knowledge (Tsoukas, 1998, p44-48) (i.e. the fixed statements describing an idealised future state), in this case the specification. How this was to be taken up in the local situation (i.e. the dynamic way that it was being interpreted) went largely un-noticed. I am not suggesting the rigid application of macro policy in the local situation. Indeed Richard Williams (2005), a graduate of this programme, illustrated that the inflexible application of policy in local situations can lead to unwelcome distortions and unintended consequences.

In the following section I explore the static nature of policy and the implication this had for subsequent events that occurred in implementation, particularly in project management. Before discussing this I would like to introduce ideas of the fixed and static from Raymond Williams as this is relevant to my argument.

Although better known for being a Marxist Sociologist, it is his reflexive thought that I discuss in this project, in this case the movement of his political beliefs in relation to literature (Williams, 1977). It is here that there is something relevant to say with respect to policy, particularly the association between the static, finished view of policy and the fluid nature of actual practice. I shall return to his reflexive contribution later, but for the moment I would like to discuss his interest in emergent phenomena, not as a detached observer, but from within experience, whilst in the act of participation.

Williams points to the tendency of description and analysis habitually being expressed in the past tense and the difficulty this causes in seeing the ongoing human activity as anything but a fixed object. Note for example: “the strongest barrier to the recognition of human ... activity is this immediate and regular conversion of experience into finished products” (Ibid, p128). He then points to the tendency of engaging with these static forms as a means of currency in communication, particularly when he notes: “Analysis is then centred on relations between these produced ... formations and experiences ... so that now only explicit forms exist, and the living presence is always, by definition, receding”. Williams uses the chemistry based analogy of “solution” and “precipitate” to explain his thought, pointing to the tendency to think and communicate via the latter rather than the former (Ibid, p134). With this in mind I would now like to reflect on how the detail of the Tender Evaluation Meeting was presented to others, and particularly within the project management framework.

On listening very carefully to the recording of the Tender Evaluation Meeting, terms like “extract”, “being clear” and reference to adhering to “the project plan” were frequently used. This implied a fixing of our position, ensuring that we had the one story that we would stick to. The frustration at the varying interpretations and what we were to do afterwards, was not something we could allow others to see and was something we suppressed and practised in our meeting. By practising, I mean working on the arguments and rehearsing what we were to say to others who were not there; others to whom we would need to influence and to give confidence that we were in control. To relate this back to Williams’ metaphor, this was the point of precipitation and something that I would have missed if I had not listened to the recording of the meeting again.

For my part I strongly felt that there was an expectation to present an account of the work as a straightforward set of linear events that stacked up with the project plan written some months previously. Pointing back to the context in which I had to account for myself I did not feel that it was legitimate to point to the “solution” (as Raymond Williams put it) and the difficulty we had in making sense of all the bids. There was good reason to come to that view. A list of achievements and forthcoming actions, with risks identified separately, was how the Board and the Programme Management Office wanted information presented to them on a strict fortnightly basis. Not only were there rigid excel templates (along with graphs that measured “progress

against plan”), but these in turn were aggregated together to give a master picture of organisational change.

I would like to relate this back to Williams; he explains the implications for reducing the fluidness of experience into static forms. As I have illustrated above, there are consequences, for example to miss the: “... complexities, the experienced tensions, shifts, and uncertainties, the intricate forms of unevenness and confusion” (Williams, 1977, p129). If Williams points to what is lost in forming and working with abstractions in the present, he also illustrates the implications this has on the possibilities that are yet to come when he states: “And from the abstractions formed in their turn by this act of debarring – the ‘human imagination’, the ‘human psyche’, the ‘unconscious’ – new and displaced forms of social analysis and categorization, ...are more or less rapidly developed” (Ibid, p13).

The presentation of the complex context specific interactions that became rehearsed and fixed had implications, not only for how past activity was to be presented and discussed in the subsequent meetings I have described, but also for the potential of “human imagination” and the possibilities that arise in the future. Although Williams draws attention to this, he does not consider this in detail. This is something that I discuss in the next section of project 4 by exploring the nature of the parts of the service and how they associate with the dynamic processes that are being commissioned.

In this section I have argued that the way the specification, with its bullet points and performance measures, was drafted and communicated implied that the service was now examined, understood and was fixed in the past tense. This was an implication that went unnoticed. I go on to argue that the specification which presents a future state, downplays the role of staff and other organisational members in how they work together in the shifting and unfolding context of the present, which I explore in the next section. I also make the case that it is this fixed proposition in the form of the specification that forms the basis of what is legitimate to discuss within the organisation, both within the programme structure and to the Board. I also point to the nature of opportunities that are lost, an issue that I take up in the next section.

Experience of policy and practice: relationships of the parts in creating the ongoing service

I would now like to take up experience in a different way. In introducing the literature on commissioning at the start of this project I discussed how attention was given to the process of commissioning rather than the detail of what actually happens, either clinically or how people work together. I should add, given the nature of organ donation I had a fear of getting involved in the detail, that of being with a bereaved family or attending an operation where the organs were removed. However, I knew that if I was to take my research seriously this would need to change. This section therefore takes a different tack; that of being involved in the experience of organ retrieval and reflecting on the impact this has had on me.

At the end of the last section I noted how Williams had become aware, from his own reflexive practice, of how social practices can become fixed. In this section I am going to discuss the ongoing connected experience of the present.

Sandra was found by her partner; they think she had been on the floor for about ten minutes. Her first suicide attempt had been in August the year before; this time it had been successful, an overdose had caused irreversible brain damage at the age of forty two. Death had been confirmed with two sets of Brain Stem Death tests. Her medical notes continued in two light blue folders of loosely bound paper. I put the notes back down on the table which was in the coffee room outside the operating theatre where Sandra lay. I continued a conversation with Helen, the lead surgeon for the organ retrieval.

It was the early hours of morning when the double doors opened and I saw Sandra and the others in the theatre. A brown antiseptic was dabbed from her throat to her groin, I felt powerfully conscious of myself, my gut reaction and felt strongly disorientated; I leant against the wall for support. I was intensely aware of what was happening and of the others in the room. Knife to skin, it started, and from that point I felt detached from her, only to think of her as a person when I would glance at her head when the anaesthetist was to adjust the drapes. The occasional conversation with Luke, the Donor Transplant Coordinator, who would say how lovely her partner and mother were brought me back to thinking of Sandra as a person again. As soon as the blue electric knife started I was aware of a sweet smoky smell, not unpleasant, and I

remember feeling confused that I did not find the smell disgusting as I thought I should. As I think about it now I can still feel that very strong sense of presence and acute connection with the people and what they were doing.

I will write a few words as to how I found myself on this retrieval. Luke, the surgeon I mentioned earlier, and I popped our heads around the door of the Donor Transplant Coordinators' office. After a couple of minutes he mentioned that there might be a donor in the North of England that night. I expressed an interest in attending and a few minutes later they had my phone number and it was arranged that I would be there. The anticipated departure time was 19.00hrs. Due to various complications we ended up meeting at 01.00hrs the following day with an anticipated theatre time of 03.30hrs. I learnt that complications were not uncommon; here they involved the donor, the allocation of the liver to a super-urgent case in Edinburgh, the hospital where the donor was and the ongoing conversations with the family. There were many threads drawing together, and they were threads that were shifting and changing, a sign of a dynamic connectedness that I will reflect upon later. I had become very frustrated about the wait. This changed when I was told later of all that had been happening between the various people, including the decision as to which person was to receive the liver. Indeed, I felt quite ashamed of my expectation that it should all run like clockwork, which was a reflection of my policy making mindset perhaps.

Not wanting to be late I got to the hospital at 12.15hrs – bitterly cold, dark, alone; plenty of time to think; a sense of acute, claustrophobic darkness. I tried to make sense and prepare myself. However, to do so would have needed fragments of previous experience to draw together with what people had been telling me and what I had read. But as I thought, no meaningful picture emerged. At that point the search for meaning had become important. As I thought of the specification, with its itemised bullet points, none of it seemed to add up to anything that could help me piece together what I was to encounter and I felt confused and disorientated.

On the way to the district general hospital in the ambulance I spoke at length to Helen. We discussed the commissioning plans for organ retrieval. She was sceptical that there could be one overarching plan that could work. We discussed how the plans had changed from the original work of the British Transplantation Society, how that each time they were considered in depth they were found to be wanting and could not offer a universal solution. In fact, it was the only time that I saw Helen becoming animated.

I had touched a raw nerve. It is interesting to note that this conversation took place several weeks before the commissioning contracts came into force and I got the impression that she had not even seen it.

My sense of disorientation had developed into a strong feeling of how difficult it would be to write down a description of the entire organ retrieval process in a way that could be used to describe how it could happen again, let alone in some generalised form such as a specification. This became even more clear to me as I later reflected on how many people worked together, some of whom I met, many I did not; the people in the hospitals where the patients were, the transport staff who drove us to the hospital and the organs to the various destinations and the medics that were talking with each other assessing what organs could be used and for whom and those that could not. The fact that Sandra had taken an overdose meant that, in this particular situation, some organs could not be used for transplantation. In another donor, in another situation, where a potential recipient had a particular illness, the decision may have been different. It struck me how difficult and brave one would be to tamper with this complex figuration of people working together, but at the same time how resilient this was, being sensitive to and working with the shifting criteria on which they had to make decisions at that particular time. We were all wearing theatre greens. On the one hand we were all as one, but with an unsaid hierarchy. As the operation occurred I noticed how closely they had to work together, but yet how they hardly talked to each other, apart from a few quiet words.

As the organs and the vessels were being removed, one of the surgeons, who by this time realised that I was deeply interested in what was happening, gave me his opinion of their quality: “Look at these vessels, almost no fat, I would have expected”; “look at the sharp edges of the liver, no fat, perfect, no sign of any alcohol damage, see how the perfusion fluid runs through the liver, almost no resistance, very good, look at the colour, no blotchiness”. I came to realise that I was shaping my view of her life from her in death, from her organs and how they were being described. A life free from excess, both in drink and food – was this a “good life”? How did this tally with the unhappiness of her life that took her to make those final choices? How did this reconcile with what Luke had told me of the family and the deliberate and careful signatures that I had seen on the consent forms I had read in the coffee room?

I now realise the importance of attending the retrieval, both personally and professionally, particularly in getting the strong sense of how the processes came together and how this is different from the second hand accounts that I have heard over the years. I was also surprised at the reaction of the surgeons. Within a couple of days I had several phone calls from clinicians over the UK asking me about my attendance. A couple of weeks later I met the surgeon from Edinburgh who implanted the liver. He came over to me and we had a lengthy discussion about what went well and what did not and what I had learnt. What surprised me was how much my attendance had been appreciated and how quickly the news travelled. My conversations about organ retrieval took on a different tone; one of being “in the camp” as opposed to being an outsider. I had not realised this before, but for a manager to attend a retrieval is almost unheard of. Amongst the management community too there was surprise and admiration.

Developing my understanding of the whole service

Previously I discussed my unease as to how the specification could describe organ retrieval in a way that could adequately make clear what was expected to be done and by whom. To discuss this further I would like to turn to the work of Henri Bortoft, particularly his interpretation of the early nineteenth century German polymath, Johann Wolfgang von Goethe. Bortoft, a physicist and philosopher was a student under the quantum physicist, David Bohm. Bortoft developed Goethe’s ideas of science and his view of “wholeness” as a counter to the current scientific tendency of seeing things in isolated units that could be aggregated together (Bortoft, 1996). I feel that it is important to outline what has drawn me to Bortoft and indirectly to Goethe. In Project One I described the lack of adequacy in how science, particularly microbiology, explained the workings of the natural world and the variance I saw between experience of observation and the account of what “ought” to be happening. In later projects I developed this tension further by positing similar observations of my experiences at work, namely the difference between the activity of planning, strategy and performance and that of the actuality we were planning for.

I will now discuss the nature of wholeness, as experienced from attending a retrieval operation, and how this differs from what was articulated in the specification. Firstly, I would like to discuss the nature of wholeness from Bortoft’s perspective and how I have interpreted this. Bortoft explains that:

We cannot know the whole in the way in which we know things because we cannot recognise the whole as a thing. If the whole were available to be recognised in the same way as we recognise the things that surround us, then the whole would be counted among those things as one of them. ... But the wholes come into presence within its parts, and we encounter the whole in the same way as we encounter the parts (Bortoft, 1998, p285).

Here Bortoft is suggesting that the whole is of a different nature than its parts. And that an attempt to capture and describe the whole in the same way, as I believe Ryle attempted, is problematic. Ryle considers the whole from an intellectual perspective, holding onto the idea that parts can be laid out and meaning obtained by the observer. However, for Bortoft the whole is to be understood experientially. Here time is required to develop an ongoing understanding of unfolding events.

What were these parts that formed this whole? For me, when I consider the donor (both in death and what I had learnt of her in life), the people working together in theatre and the conversations that occurred in many locations, there was a powerful sense of connection that was specific to the unfolding specific context. This was very different from the specification. For example, the description of the service as bullet points and sub-headings did not provide an adequate description, when aggregated together that could accord to the whole I described above.

Bortoft makes a relevant point in a section of a chapter called “Encountering the whole – the Active Absence”. In a description of the act of reading, Bortoft makes the case that in moving from a word to a paragraph, to a chapter of a book, a person loses awareness of an individual word or words (unless they make a particularly memorable quote). However, this is not to say that they have become nothing, as Bortoft says:

We do not take the meaning of a sentence to be a word. The meaning of a sentence is no-word. But evidently this is not the same as nothing, for if it were we would never read! The whole presence within parts, but from the standpoint of awareness that grasps the external parts, the whole is an absence. This absence, however, is not the same as nothing. Rather it is an active absence inasmuch as we do not try to be aware of the whole as if we could grasp it like a part, but instead let ourselves be open to be moved by the whole. (Ibid, p286)

Bortoft then goes on to provide a further example that relates to organ retrieval. This relates to actors working together to perform a play at the point of transformation between a group of separate performing players and the emergence of the wholeness of a play in performance:

The actors no longer impose themselves on the play as if it were an object to be mastered, but they listen to the play and allow themselves to be moved by it. In this way they enter into the parts in such a way that the play speaks through them. This is how, their awareness occupied with the lines to be spoken, they encounter the whole of the play (Ibid, p286).

At this point it is important to dwell on the nature of the whole, both in relation to my experience and how other writers have taken this up. Although Bortoft considers that we cannot recognise the whole as a “thing”, the problem is the use of the word itself. The word “whole” implies a bounded and complete spatial form, something with edges and physical resistance, a structure and a form that defies change over time. Although Bortoft makes substantial strides to explain his meaning, connotations of the word “whole” remain. Another interpretation is that the word, with its association to wholesome, implies something that is mysterious, good, nourishing or natural.

In considering the nature of the word “whole” from a different perspective I would like to return to Williams (1977). As I have previously discussed, Williams usefully illustrates the tendency to convert experience to fixed finished forms, namely the lack of attention to the fluid, or solution, in favour of the static and precipitate (Ibid, p134). I would argue that a tendency to see things as a fixed and static precipitate, as Williams (1977) suggests, is associated with the notion of the whole as a spatial form that I have described. In taking Williams’ cue, in considering the nature of the whole in terms of the fluid or solution enables a shift in thinking of the whole from the spatial (i.e. bounded and static) to the temporal. To illustrate the temporal nature of the whole, consider the point I made earlier on how: “...difficult and brave one would be to tamper with [organ retrieval], but at the same time how resilient the complex figuration of people working together was, being sensitive to and working with the shifting criteria on which they had to make decisions at that particular time.” Here it is worth noticing the paradox between continuity and the potential for transformation with the movement into the future, which I believe is the essence of Bortoft’s argument above, but becomes obscured by the word “whole”, a point that Stacey and

others make in a discussion on movement towards an unknowable future (Stacey *et al*, 2000, p29-33). Therefore, in this way of thinking the whole is not a complete form (or indeed a form at all); it is developing, under constant construction that is specific to the emerging context and as such does not lend itself to prior intention and design. Take for example the narrative that included the allocation of the liver to an urgent case in Edinburgh and how this developed in the context of the donor, the final choices she made, her physiological condition after death and other life choices she made in her life that meant her liver was in the condition it was. It is in this context that I have defined and used the word “whole”.

I have now, with reference to my experience and literature, discussed and defined what I mean by the word “whole”, being different from the aggregated accumulation of separate items listed in the specification, described earlier. I would now like to move from my interpretation of Bortoft’s concept of wholeness to how this can be used to understand the nature of the whole as being different from the component parts.

In his essay “metamorphosis of plants”, Bortoft (1996, p77) works with Goethe’s observations of the growth of plants in a way that I see as being useful here. In describing the problem, Bortoft indicates that we normally see a plant as an assembly of unconnected static structures that are independent from each other, a plant in “flatland” as Goethe put it. Indeed, the taxonomic focus of science is on difference. This is at odds with Goethe’s interest in looking at plants holistically. In doing this Bortoft became aware of a new dimension, that of a more intensive depth whereby the differing structures are ultimately related. Take the following:

The intellectual mind does not understand omnipotentiality dynamically in terms of coming-into-being of the plants, but statically in terms of the plants that have already become. It conceives it as if it were a state which already contained the finished plants beforehand. This is an analytical counterfeit of something which can only be understood holistically. (Ibid, p84)

When I read this I developed a picture in my mind of eighteenth century botanists and taxonomists in British museums, or similar, poring over long dead pressed specimens that have been returned from the colonies, focusing on differences of plant structure, without the understanding of their environment or how they grow and developed when they were alive. It also takes me back to the rather uncomfortable conversation I had

with Luke that I recounted at the start of this project, when we discussed the specification and the list of requirements in bullet points.

The point that Bortoft was making in relation to Goethe's work was that it takes effort, concentration and time to understand and that this appreciation comes within the wider context, not that it could not be detached, but that it had a different quality. By quality in this case I refer to my discussion on the different nature of the whole, when compared to its component parts.

Here the focus of attention has been on plants, but there are social examples too, such as the act of reading and actors' interpretation and performance of a play (Bortoft, 1998, p284). In developing this Bortoft stresses Goethe's point of the need to slow down and take in detail; to carefully follow the development of one leaf, then another and gradually to become aware of the interconnectedness in an intuitive way. Goethe called this "exact sensorial imagination" (Bortoft, 1996, p42). As I have said, it takes time, but also practice and commitment (Seamon, 1998, p4) to develop the essential process (or ur-phenomenon as Goethe termed it), the "essential core of a thing that makes it what it is and what it becomes"; an intuitive notion of its past, its existence, and future. In doing so there often comes a sudden moment when one senses the movement. Seamon (1998), who studied physics with Bortoft, and stated:

Each person must develop his or her perceptual powers through effort, practice, and perseverance. ... If we cannot understand a particular phenomenon, we must learn to make fuller use of our senses and "to bring our intellect into line with what they tell" (Ibid, p3).

Here Seamon not only points to the challenge of developing one's powers of perception, but also how individual this is to each person. To return to the example of the plant, the picture of an individual leaf fades and the sense of a dynamic movement emerges. I have now come to realise that this not only has relevance to the development of the specification, it has also has something to say about my method, an issue I will reflect on later.

Involvement and detachment: implication for the policymaker

In considering my paper so far, in relation to setting up the commissioned organ retrieval service and then the actual experience of attending a retrieval, it could be seen in terms of: good guy/bad guy; authentic/inauthentic; right/wrong; and so on, namely as a split between one extreme or another. It is a split that can also be seen in terms of the macro of policymaking and the micro of practice. In other words it is reduced to a polarity.

This dichotomy and conscious shift to one side or the other does not accord with my experience; instead there is a paradoxical relationship. For example, to relate this back to the commissioning of organ retrieval, it did bring about positive change with clinicians working differently: there are now back up arrangements for each team; clinicians are now free from elective surgery whilst on the rota; and, there are organ retrieval standards which explain what is and is not acceptable. To discuss this further I would like to introduce the way that Elias develops the notion of involvement and detachment. In the next few paragraphs I will explain what Elias meant by this.

Involvement and detachment was a thread that ran through Elias's work, being influenced by Hegel and developed from his earlier work, the *Civilizing Process* (Elias, 2000). In this section I am going to focus on two of Elias's works; firstly his essay of the same name, *Involvement and Detachment* (1987), and secondly, *The Society of Individuals* (Elias, 1991), which he wrote in the late 1930s.

In his essay, *Involvement and Detachment* (1987) Elias stresses the ubiquitous nature of involvement and detachment and begins by emphasising:

One cannot say of a person's outlook in any absolute sense that it is either detached or involved Normally adult behaviour lies on the scale somewhere in between these two extremes. In some groups, and in some individuals of these groups, it may come nearer to one of them [end] than in others; it may shift hither and thither as social and mental pressures rise and fall (Ibid, p3).

In other words, with the exception of small children and the insane (a point Elias emphasised), people are never totally detached or involved in a situation, they lie in-between, moving fluctuating along according to influences from others or themselves.

To emphasise the point Kilminster (2004), an Elias scholar, stated:

The relationship between involvement and detachment in Elias is not conceived as a “zero sum” relation that is, it does not imply as involvement increases, so detachment decreases. Rather, it is to be seen as a dynamic tension balance embodied in social activities (Ibid, p31).

There is something implicit here that I think is worth stressing. In feeling the need to draw attention to a phenomenon that was ever-present, I believe Elias was also making it clear that it was largely un-noticed. I would now like to relate this observation to the above discussion on the nature between the specification and the experience of attending the retrieval. I would suggest that this lack of noticing also relates to how we continue to hold on to the view that drafting a specification (with measures) can best be undertaken by detached observation without appreciating the nature of involvement.

The nature of involvement is of emotional attachment within the moment of happening, indeed such is the strength of experience people can do little to escape the intense spiral of emotion and anxiety to see their situation from a more distant perspective. Elias describes this thinking as “magical-mythical” (1987, p49) in a more pre-scientific age when humans had little control over their fate, where violence was common place and where they found little by way of rational explanation to help explain their circumstances.

Although involvement, including the threats, emotion and anxiety associated with it, has diminished it certainly has not disappeared (1987, p5). However, detachment has amplified as a result of increasing scientific knowledge of our natural world and our ability to control the elements of nature. In greater detachment there is a tendency to separate the viewer from the viewed, the object and the subject and to develop the ability to form “an intriguing symbolic representation (a ‘model’, a ‘theory’), and to change their situation in accordance with their requirements by means of an action based on this symbolic representation” (Elias, 1987, p46). By adopting a more

observer like stance, anxiety diminishes, but is never eliminated, leading to greater objectivity and the appearance of control over one's environment.

Elias uses Edgar Allan Poe's (Poe, 1987) story, "The Descent into the Maelstrom", of three fishermen facing almost certain doom when their boat gets caught in a whirlpool at sea, to illustrate the dynamic relationship. With one of the three brothers having drowned the other two are caught, paralysed with fear. This is until one is able to emotionally detach himself enough and to notice that round flotsam manages to escape. With this insight he tells his brother, but he is too caught up in the moment and eventually drowns. The observant brother, in climbing into a barrel, manages to escape and saves himself.

Stacey (2005) takes this up in a particular way that relates to the way people act and behave in organisations today. Stacey draws on Elias's metaphor that, as individuals, we are all bound together by forms of invisible tethers that both constrain and enable ourselves and others; some of which we may know, but others that we do not. The point being that unlike a bounded system "no one is in charge, no one stands outside" (Elias, 1987, p10) and has overall knowledge of the entire picture. Stacey, drawing on Elias, suggests that the "experience of the social nowadays" is similar to the experience people had many years ago with the vagaries and uncertainties of nature, along with anxieties, fear and emotion. With this in mind Stacey points to the return of the "magical-mythical", in an otherwise detached and rational age, in the form of organisational culture, mainstream management discourse and leadership development (Stacey, 2005, p5). Note for example the high level of emotion that was experienced at the Tender Evaluation Panel, when the tender returns from providers were discussed, but how an element of detachment was practised and performed so as to give the air of objective reasoning to our sponsors.

I would now like to take up involvement and detachment from another perspective, that of time; to do this I would like to introduce another of Elias's works, *The Society of Individuals*. Before I get to the substance of the argument there is a point I would like to make clear. Instead of referring to "involvement" Elias tends to use the term "flow". The reason for introducing this part of Elias's argument is that organ donation exists within an historical stream of medicine and surgery. And it is within this context that the commissioning for organ retrieval sits. In *The Society of Individuals*, Elias distinguishes and works between the historical context when seen from above

(somewhat detached) and from within the flow (more involved) of experience. In discussing this Elias states:

... The insight that one gains through such conscious detachment certainly loses none of its value if one then begins to look again through the eyes of someone who has to take decisions here and now within the historical flow. Only the longer-sighted perspective gives a certain security to the decision taken under the pressure of short-term impulses. But it in turn needs to be balanced and complemented by that which is perceived better and more easily in the moment of action itself. *If what strikes us most of all from the elevated viewpoint is the rigorous way in which the historical flow is constantly urged on in a particular direction, the person engaged in action within the flow is much more aware of how varied – often if not always – are the paths by which structures and tensions of one kind are able to turn themselves into structures and tensions of a different kind.*¹⁴ To him, history seems like one of those mighty rivers which, although they always follow a particular direction, towards the sea, do not have a fixed, pre-ordained bed before them but a broad terrain within which they have to seek a definite course; within which, in other words, they can still form a bed in a large number of possible ways (Elias, 1991, p47).¹⁵

In considering the nature of the specification it could only offer a broad pattern that implied a simplified detached view (or flow) over time. However, the experience of the actual retrieval had a quality of both conforming to, but also being contradictory, to the specification. It was conforming in the sense that each of the building blocks in the specification related to specific activities that could be seen as part of the retrieval. But it did not account for the connected intertwined activity of the temporal whole that I discussed in my account above. This was a contradiction that came to life for me with the conversation I had in the ambulance with Helen.

I have previously mentioned William's observation of the frequent tension between the received interpretation and practical experience (Williams, 1977). Here I discuss this further, building on the perspective of time discussed above and bringing it back to Bortoft's interpretation of the work of Goethe.

¹⁴ My emphasis

With respect to both the specification and various reporting requirements, time was seen as an important measure when it came to confidence that all was going to plan. In his essay *Time and Timing* (Elias, 1998), Elias discusses the shift in the concept of time over the generations and how time in relation to nature has gradually become eroded as a result of increasing socialisation and urbanisation (Ibid, p256). It is my view that, and I believe it is suggested by Elias, the increase in human to human reference of time has allowed people to view time as something that can be controlled and has been reified and thus affects one's understanding of the connection with what has happened and what will happen. Time, in other words, has become abstracted and detached. Indeed, Elias goes on to point out (Ibid, p260) the difficulty in distancing oneself from the "homely metaphors" which make time appear as an object. The consequence of the reification can be seen in the case of the development of the specification and the planning. It is also reflected within New Public Management discussed earlier, with an emphasis on the separation of the purchaser from the provider and greater attention given to performance. An example of this is the point I made earlier when waiting to attend the retrieval and my frustration that we did not set off when planned and the embarrassment I felt later when I heard of the complex interconnected reasons for the delay. In other words, it was in the actual experience of the organ retrieval where time was not abstracted; the experience of time as judged by the clock had almost vanished; what mattered was the relation of one emerging event with another.

Consider the conversation I had with Helen, the transplant surgeon discussed earlier, who became strongly animated and sceptical of a policy driven approach that could be applied in a mechanistic way.

Shortly after we had the conversation on the way to the hospital she had a fraught conversation about the allocation of the liver. Indeed, on the way back from the hospital I noticed that this was something that she was still fretting about. I heard some days later there had been many fractious conversations in the dead of night involving many different people.

¹⁵ It is interesting that when I came back to reading both the Society of Individuals and Involvement and Detachment for this work I had already underlined this section from the reading for an earlier project.

Concluding remarks: my journey in policy making practice

I would like to consider what the specification and commissioning achieved.

Commissioning was the means by which a net increase in resources for organ retrieval was provided. Previously it had come from the general pot for overall transplantation services. The additional resource meant that teams were available twenty-four hours a day and could provide back up for each other. The benefit was that more donors could be attended to quickly, improving the number and quality of organs for transplantation. The whole commissioning process provided a means by which organ retrieval could be discussed. These discussions occurred at different levels, forums and communities (eg accountants, surgeons, anaesthetists, managers and civil servants in the departments of health). When I consider my conversation with Helen, the transplant surgeon, the issue that she became most animated about was the imposition of a fixed model determined by others. This contrasted with the conversation that I had at the stakeholder day on donor management, where people were engaging together to explore future possibilities.

However, as I mentioned earlier, I am critical of most literature and prescribed models, for example those of the Department of Health (Department of Health, 2007a, 2007b) in suggesting that commissioning can be a detached process to be applied the and results harvested. This scepticism is shared with Ham (Ham, 2008), commenting that commissioning has become adversarial and legalistic, and Curry and others (Curry *et al*, 2008) view of the various reasons why commissioning has failed to achieve its sponsor's aims.

There are others, for example Senge (Senge *et al*, 2004, p5), in recognising similar problems of detachment, who suggest the application of greater involvement with a utilization and application of Goethe's thinking. In my opinion this has led to a mystic and meditative tone throughout their work, emphasized when they advocate a "... deeper learning in the context of a more integrative science, spirituality, and practice of leadership" (Ibid, p16).

What Elias contributes to my argument is the paradoxical presence of both involvement and detachment in the development and application of the specification and how this relates to the unfolding experience of organ retrieval. Rather than seeing commissioning and the specification as a fixed process to be applied as a rigid

framework, with the overt send/receive means of communication I described earlier, there is a different view that can be taken. Commissioning can be used as a means by which to engage a wide group of people on a particular health issue, the ripples of which (as I have experienced) move beyond the formal meetings. This contrasts with much of the focus on commissioning, namely on the adversarial legalistic approach between purchaser and provider.

I am not sure how many policies I have drafted; they have ranged from those on genetic modification, disability, pandemic flu, laboratory safety, occupational health as well as the more comprehensive report for the Taskforce I discussed in previous projects. In addition to writing policy I have been involved in implementation; for example, carrying out training, the production of guidance material and working with groups of people as to the interpretation of policy in their particular area.

The organ retrieval was an important experience for me. It was here, in paying attention to the unfurling detail, that I became aware of and defined the temporal nature of the whole, particularly how it differed from the specification discussed earlier. This differed from considering the nature of the whole from a spatial perspective. It was this connected temporal whole that brought the benefits to the patients, in Edinburgh and elsewhere. There were also the subsequent discussions within the clinical community of my attendance and interest in the retrieval that changed the nature of further conversations. There are important implications as to how this has changed my practice.

Earlier, in discussing Goethe and the intuitive nature of “exact sensorial imagination”, I mentioned the implications this had for my argument on the specification but also my method, an issue I would like to return to as I conclude this project. From the beginning of my research, and particularly from Project 2 when I started to consider my actual practice as it was happening, I have been engrossed in detail, using the above metaphor, the studying one leaf after another as it grows and develops.

However, it is only now I am starting to see the connected wholeness. As I now reflect on my method, attending to the detail has not been easy, and it has taken time and practice to work differently, to quote Goethe: “How difficult it is ... to refrain from replacing the thing with its sign, to keep the object alive before us instead of killing it with the word” (Bortoft, 1998, p3). This was an important theme I recognised in several of the writers I engaged with in Project 4, above all however in

Raymond Williams. In considering all four projects it will be in the Synopsis that I explain how my practice has changed, but particularly in relation to this. Drawing on this project, for example, I will discuss my developing understanding of the use and hazards of language and how my presence at the organ retrieval affected my thinking and that of others. Within the synopsis I will also consider the importance of participation in the detail, paying attention to the unfolding dynamic, and the paradoxical way this relates to the policy maker, charged with drafting generalised detached statements of intended future practice.

Project 4 – The End

Synopsis

In Project 4 I discussed the concern of Bate *et al* (2004a and 2004b) that current top down NHS reforms lack coherence with what happens at the local level, are slow to take effect and lack long term sustainability. They introduce the notion of Social Movements to describe “collective action by individuals who have voluntarily come together around a common cause; they often involve radical action and protest which may lead to conflict with accepted norms and ‘ways of doing’ things” (Ibid, 2004b, p 10). Whilst they discuss the work of policymakers and social movement to discuss how change happens, they do so separately. The only point where they substantially discuss both is to point to a lack of reflection and hypothesising in the formation of policy. My research has enabled a more thorough understanding of policy and local interaction, particularly in the consideration of policy as an ongoing activity. It is this that I will discuss here.

Enlivening and deadening: experience, reflexivity and method

Firstly, I would like to explain the title to this section. In my research into policymaking, and the approach I have taken in terms of method, I have been keen to explore the relationship between the static forms of policy and the lived experience in its playing out in the present. This is the reason for the reference to “enlivening” (i.e. life) and “deadening” (i.e. death) in the title; the two are as inseparable from each as the method and content in my research.

I would now like to begin the synopsis by recounting a vignette of conversation with the director of strategy management and my former boss at NHS Blood and Transplant. As part of writing the synopsis I have been holding a number of conversations with people involved in my research. Prior to meeting with him for lunch I had sent him Projects 3 and 4, a summary of all papers and notes on method. Although not expecting him to have looked at them in any detail, it soon became apparent that he had read the papers in considerable depth. On his note pad, which he brought to our meeting, was a small diagram: two rectangles with the words “policy” and “implementation” written in them and a circular doodle situated between them. It became evident in our conversation that this doodle referred to the ongoing action, dialogue and activity between people and became the nub of a lively discussion and more animated scribbling as we went on. This is relevant because it affects how I

would like people to engage with my research. It is not about those static prescriptions, either in the boxes drawn by my former boss or the bullet points listed above as to how my research could be taken up. To me that would be a collapse that I often experience with others at work and would beg the question: is this what our working life is all about? It is worth for a moment dwelling on what I mean by collapse. This is difficult to describe, so I will start a discussion that will continue through the synopsis by illustrating an example. In Project 4 I described a conversation I had with Luke, in developing an organ retrieval specification for a contract that will feature a number of requirements listed in bullet points. Luke is a surgeon who I had been working with closely and who features several times in this thesis. Just to recap, here is an excerpt from Project 4 where we discussed the development of the specification:

As Luke and I talked about the practice of organ donation I scribbled notes over the paper with arrows, pictures and a small mindmap; all of which were quite different from the linear set of bullet points I wrote in the specification. As we went down the page, bullet point by bullet point, the conversation felt clunky and disjointed, which contrasted with my usual conversations with Luke which were quite fast moving, enthusiastic and fluid. I found it difficult to recognise how the parts of the specification connected with each other. Indeed there were times I could hear surprise in Luke's voice as if the issues we were discussing were difficult for him to recognise. As I reflect on this now, both Luke and I were at ill at ease, even as we were making final changes to the specification (Project 4).

So, from this and other examples, what are the features of the collapse? From my research the collapse is the lack of recognition, the closing of the possibilities of working in the live present where people make connections with others, jointly looking to explore the possibilities in the immediate future. In the conversation above, both Luke and I were abstracting a complex number of activities into a few bullet points that would appear in the contract. I will not be making the claim that work of this sort should not happen and that specifications do not have merit. Indeed, I recognise that abstractions of this nature are important in a modern state, particularly in complex organisations such as the NHS. However, I will be discussing the implications of policy on the activities of frontline staff and how those activities

affected me as a policymaker. In using a reflexive methodology I will be drawing attention to my changing experience of risk throughout the projects as I engage with frontline staff and others and its implications for policy.

At the end of Project 3, at a point where the question arose for me, I discussed how my methodology could be seen to have similarities with grounded theory. At that point I discussed important differences as my method developed, particularly in realising how the issue of risk was significant in becoming more reflexive and alive to the possibilities as they opened up. To emphasise this one can consider the deadening approaches that Donald Levine, from a book that explores the loss of capacity in the modern world to deal constructively with ambiguity, illustrates:

In their quest for precision, social scientists have produced instruments that represent the facts of human life in one-dimensional terms. They have defined concepts with rigour in order to represent dominant traits and tendencies univocally. They have constructed scales in order to measure the strength of specified variables on one dimensional continua. Investigations that rely on such instruments produce representations of attitudes and relations that strike us time and again as gratuitously unrealistic. For the truth of the matter is that people have mixed feelings and confused opinions, and are subject to contradictory expectations and outcomes, in every sphere of experience (Levine, 1985, p8).

I would like to relate this back to Project 4 and my discussion of Gilbert Ryle (1949). He made the specific point that a Category Mistake most often occurs when perfectly able people find themselves in unfamiliar situations where their abstract thinking allocates a misplaced logic. I therefore suggest that a more isolated approach to methodology as well as policymaking has its own weaknesses, particularly when it comes to researching those mixed and confused feelings as people make sense of unfolding events that I have studied here. This is the opportunity that a reflexive methodological approach that I have used can shine a light on.

The term “reflexivity” is often used synonymously with “reflection”; indeed, Alvesson and Skoldberg do this intentionally at the beginning of their book *Reflexive Methodology* (2009, p 8-10), only later drawing the important distinctions between the two.

Drawing on Heidegger's work, Cunliffe and Jun (2005) state the following of reflection:

[It] is a "going towards" objects or willing something into truth by representing it as we think it is. This means an objective observer reflecting on a situation to understand what is really going on and to develop theories that explain that reality (Ibid, p227).

Cunliffe and Jun explain that this form of thinking seeks "closure and categorization" and is a form of thinking that does not seek to question underlying assumptions. With reflection there is a spatial separation, that of stepping outside and looking in. Little attention is paid to the temporal; either with respect to one's assumptions that have led to that point, or indeed, being open to future possibilities. This approach contrasts with a reflexive methodology which, according to Cunliffe and Jun, (2005) is:

... concerned with understanding the grounds of our thinking by opening ourselves to the hidden nature of truth. This does not mean developing an accurate description of reality, rather emptying ourselves of acceptable ways of thinking and opening ourselves to other possibilities. In particular, it means engaging in the reflexive act of questioning the basis of our thinking, surfacing the taken-for-granted rules underlying organizational decisions and examining critically our own practices and ways of relating with others (Ibid).

When I talk of methodology and methods I do not want to give the impression, as I emphasised in the introduction, that they were pre-conceived before I commenced my research as the previous discussion on grounded theory illustrates. When I started my research I knew little of the overall approach to be taken. What I did know about methodology lacked context and experience of use. This is not unlike my thoughts before I attended the organ retrieval operation in Project 4 where I pondered how the specification could account for the experience of the operation itself. VanMaanen (2006) goes further; stating that a standard uniformly applied methodology in such qualitative areas of research would neuter or destroy the inquisitive and adventurous. He argues that for ethnomethodology in particular: "... it remains open to a relatively artistic, improvised and situated model of social research ..." (Ibid, p18). Although Van Maanen is discussing his use of ethnomethodology this is a sentiment that I would

argue equally applies to reflexivity. In some respects the temporal nature of reflexivity makes this more explicit.

Up until now I have used the term “reflexivity” in a broad sense. I would now like to pin this down to a more specific use of the term with respect to complex responsive processes of relating. Complex responsive processes of relating, developed by Stacey and others (Stacey *et al* 2000; Streatfield, 2001; Shaw, 2002; and Griffin, 2002), is an approach to understanding ongoing temporal human interaction. This includes the nature of communication in the form of gesture and response in which meaning emerges, inclusion and exclusion and identity and power. In essence it is an approach where attention is paid to everyday experience, avoiding the temptation to abstract this detail into organisational recipes and systems. As Stacey and Griffin (2005, p8-9) point out; it enables understanding of organisations as ongoing widespread patterns of interaction between people, influenced by propositional themes and played out in local interactions. The consequences are that individuals cannot step outside their interaction with others; this is because they too are a part of the ongoing process. Secondly, there is no overall design or blueprint. Stacey and Griffin stress that, in so far as there are plans, blueprints and designs exist; they are present only as a propositional theme to be taken up locally. Therefore, it is argued that global patterns can only be understood within local interactions. In summary therefore, reflexivity, from a complex responsive process perspective, is different from other methodologies, particularly those that I will discuss later, and offers ways of undertaking research which can reveal new and distinct insights into organisational life. This leads me to quote directly from Stacey and Griffin when they state:

This means that the insights/findings of the research must arise in the researcher’s *reflection* on the micro detail of his or her own *experience* of interaction with others. It follows that the research method is subjective, or rather a paradox of *detached involvement* (Ibid, p 9)¹⁶.

Earlier I quoted Levine (1985) in stressing the mixed and confused feelings people have, not least me, as I engage with my research, paying careful attention to the lived experience of being alive within the present, as opposed to distant memory. These feelings ranged from fear, intense excitement, boredom, a visceral intensity within the operating theatre, insecurity and so on. These were feelings that would have faded if I

were not paying attention to them at the time and would have been inaccessible if I were to have relied on others for their account of experience.

This brings me onto the issue of validity. In looking through the above list of experiences and the explanation of complex responsive processes, it could be argued that this approach is somewhat inward looking, lacking in reproducibility and relevance. To this, I would firstly state that, at their roots, I would see similar traits in other qualitative methodologies, however here they are made explicit. Aram and Salipante (2003) consider the issue of validity in the context of management research, particularly the challenge of reconciling relevance (namely, the particular at the expense of the general) with rigour (this time, the general at the expense of the particular). In the following section on the issue of validity they state:

The goal of bridging scholarship is to produce pragmatic science, work that is high on both rigour and relevance. Concepts abound that cast validity as rigour. High levels of such validity rest on careful conceptualizing and design, and on self-critical reflexivity in the face of operational and interpretive choices. However, while necessary, these are inadequate for the achievement of pragmatic science. Achieving relevance calls for a concept of validity that rests on utilization of knowledge in the world of practice. The ultimate standard of such validity is adoption in communities of practice¹⁷. A bridging scholarship shares ... intent of producing know-how but seeks to produce it for communities beyond those immediately engaged in the research (Ibid, p202-203).

Firstly, this is an issue that is particularly pertinent to a professional doctorate whose aim is explicitly to be relevant to professional practice (Edwards, 2009, p2) as well as contributing to academic knowledge. In the above paragraph, drawing on action research methodology, they illustrate (but do not depend upon) conceptualization and design. With this in mind I agree with Aram and Salipante when they point out the utilization of knowledge as contribution to validity in practice within a professional community. Within my research I have involved, and continue to involve, my professional community in my developing research in order to contribute to the validity of my research and its content. For example, as part of writing this synopsis I

¹⁶ Author's own emphasis.

¹⁷ "Communities of practice" is used in a general sense, and not as defined by Lave and Wenger (1991).

have held several discussions with a former chief executive, director of strategy and a chair of a strategic NHS body. All of those I spoke to, here and elsewhere, were of the view that my research was saying something relevant and substantial. In all three cases here we focused on different themes, for example: the interconnectedness of experience and how this relates to organisational strategy; the role of narrative in how experience can be explored; and, the nature of the temporal and spatial. As I think back there was something in common; they were all discussed, not as theories, but as cases and stories, either with the narratives here or elsewhere. There was one lively conversation, prompted by one person I was meeting, where we discussed the interconnected nature of experience via Tolstoy's *War and Peace* and how and why this differed from Napoleon's more straightforward account of his invasion of Russia. As an aside, it is interesting to note that Scott (1998) also saw the relevance of Tolstoy in explaining the relationship between the state and how things turn out in practice (Ibid, p252, 309 & 390). Several times in my research I have discussed the prominence and limitations of systems thinking. When I raised this, or occasionally complex responsive processes, in conversation (either implicitly or explicitly) there seemed to be a difficulty in getting my point across when discussed in a way that involved theory. That said, I found a willingness to think differently, one person saying she had not thought like that before and then reflected that it was "really quite intuitive". Perhaps this difficulty is not surprising, particularly when I consider the development of my thought over the three years. As discussed, this has moved from a sense of disquiet over current approaches, to being able to increasingly articulate that disquiet and finally to a position I found myself in Project 4 where I could explain this in a coherent way that related to theory and my practice. The issues discussed here of narrative and theory will have an implication for how I see my research being taken up. This will be discussed later.

A further point on the issue on validity is the primary source of material for my research, that of my contemporary experience. In writing narrative close to the time that experience occurred I have been able to catch interwoven connections as they played out, in essence to give an account as much as I can, of the contingent possibilities as one moves into the future. The French sociologist, Bourdieu (1986) offered the following warning that I took seriously: when one looks back and reminisces it is tempting to focus on events as if they are linear sequences. What

become lost or only partially visible are all those choices (forced or voluntary) and their consequences and the choices of others (known or unknown). As I explore my experience in the present, with greater awareness of those choices, I can develop an understanding of their interconnections and fluidity. In other words to avoid the trap that Bourdieu describes as:

... the autobiographical narrative is always at least partially motivated by a concern to give meaning, to rationalise, to show the inherent logic, both for the past and for the future, to make consistent and constant, through the creation of intelligible relationship (Bourdieu, 1986, p300).

The emphasis is to notice the experience that I am living, but also, as Bourdieu describes, the challenges and choices that I face that sometimes do, but sometimes do not, make sense and not to shoehorn a number of events into a pre-thought template or hypothesis.

Policy and abstraction

In this section I will discuss several interconnected themes that I will relate to abstraction and policy. Firstly, how the experience of risk has affected the movement of my thought and practice, particularly through Project 4. Secondly, I will discuss what drew me to a scientific line of thought, and through Bortoft, to the work of Goethe. I will consider the relationship between methodology and my thoughts on reflexivity. After this I will take the opportunity to consider my experience in relation to policy, with respect to the work of Stacey (2010) and Scott (1998).

Movement of Thought – Changing Experience of Risk

The UK's National School of Government and Public Service Leaders Alliance commissioned a report from professors John Bennington and Jean Hartley to address the question of improving public sector leadership. The report was published in the summer of 2009 (Bennington and Hartley, 2009). One of the major recommendations (Proposition 6) was the suggestion that all members of the senior civil service spend at least three months working at the frontline in what they call "the plunge" (Ibid, p10) in response to the criticism of being "too insulated from the complex realities of local communities" (Ibid, p11). The plunge is described as "a deep immersion scheme ... [spending] at least three months working (*not observing*¹⁸) at the front line ...".

¹⁸ The emphasis here is mine.

However, the report is silent as to the nature of experience that occurs within the “plunge”. My research is highly relevant to the nature of this experience and it is this that I now would like to address.

In Project 4 I discussed the nature of the “whole” by engaging with Bortoft’s interpretation of Goethe. I am now going to consider more critically some of my own assumptions that drew me to Bortoft and the implication this has for my research. In the Project I moved away from Bortoft’s idea of the “whole”, rejecting a bounded spatial metaphor in favour of the temporal. Specifically note the following from Project 4:

In considering the nature of the word “whole” from a different perspective I would like to return to Williams (1977). As I have previously discussed, he usefully illustrates the tendency to convert experience to fixed finished forms, namely the lack of attention to the fluid, or solution, in favour of the static and precipitate (Ibid, p134). I would argue that a tendency to see things as a fixed and static precipitate, as Williams (1977) suggests, is associated with the notion of the whole as a spatial form that I have described. In taking Williams’ cue, in considering the nature of the whole in terms of the fluid or solution enables a shift in thinking of the whole from the spatial (i.e. bounded and static) to the temporal (Project 4).

I am now going to discuss this in more depth as I realise that this is the point at which my thought substantially changed in relation to what Bennington and Hartley (2009) have described as the “plunge”. Bortoft, in considering the work of Goethe, was keen to explore the nature of the “*One*”¹⁹. An important area of Goethe’s investigation related to the growth of plants and how they are connected in terms of a single form, or “*urpflanze*” as he termed it. Bortoft quoted Goethe in explaining that as his thought became “more alive that it [was] possible to develop all plant forms out of one form” (Bortoft, 1996, p265), by way of “exact sensorial imagination” (Ibid, p42) in order to experience a growing and connected awareness of nature by thought. In other words, Bortoft makes clear that Goethe was of the view that there was a single unified form that was common to all plants, or an archetypal plant as he termed it. Bortoft recognises the difficulty in this concept of the “*One*” being reduced to either a mental

¹⁹The emphasis with a capital is Bortoft’s.

abstraction or, in recognising the separate forms, the “One” being considered independently of the many. In Bortoft’s explanation of the “One” he is making the case that there is a unifying thread, or singularity. And it is a singularity that Bortoft carries over into his explanation of the whole (Ibid, p22-23) that I became interested in as part of Project 4.

In the project I discuss my developing unease at Bortoft’s use of the word “whole”, particularly the implications for a bounded and complete spatial form. However, I had yet to make the association between this and the single unified form (urpflanze or urphenomenon (Ibid, p22) and how this related to my practice and thought. At a learning set meeting held whilst I was drafting my synopsis my attention was drawn to why I might be attracted to Bortoft. In looking for a singularity, albeit in a way that enabled me to pay careful attention to the unfolding nature of events, I was applying a way of thinking to organisational life which had its roots in my natural sciences background.

I will now address this development from an example in Project 4, that of the organ retrieval operation. It was here, in paying very close attention to the unfolding events, that I became aware of the interconnectedness over a wide spread of geography and time. Time was experienced, not in relation to the clock, but contingent on a web of possible connected opportunities and choices that were becoming manifest in the playing out. It was in the experience of attending the retrieval, and becoming emotionally absorbed in the detail, that I became increasingly alert to how we were weighing up with others the events that were unfolding. In those few hours there were many possibilities that could have opened up and closed which, when one looks back in hindsight, would fade from view. To consider the organ retrieval in terms of a singularity would not be consistent with my experience. As I have already stated, the issue of risk was important. Not only by putting myself at risk, but to be awake and open to the possibilities to notice and to think differently. Although not included in the final version of Project 4 I became interested in the contemporary interpretation of the Greek concept of *Métis* and how this could help my understanding of organisation, particularly with respect to the association between policy and practice. This is an interest shared with two authors I discussed in Project 3, namely de Certeau (1984) and Scott (1998), both of whom work with a modern interpretation of *Métis* by Detienne and Vernant (1991). Detienne and Vernant (1991) describe *Métis* as being:

... a complex but very coherent body of mental attitudes and intellectual behaviour which combine flair, wisdom, forethought, subtlety of mind, deception, resourcefulness, vigilance, opportunism, various skills, and experience acquired over the years. It is applied to situations which are transient, shifting, disconcerting and ambiguous, situations which do not lend themselves to precise measurement, exact calculation, or rigorous logic (Ibid, p3).

Both Scott and de Certeau are interested in Métis to explore the effect that policy has on people and the inventive ways that people respond. Scott goes on to explain that “formal order ... is always parasitic on informal processes which the formal scheme does not recognise, without which it could not exist, and which it alone cannot create or maintain” (Scott, 1998, p310). Scott goes on to observe that modernist schemes, including that of government policy with its scientific heritage, ignores and often suppresses those practical skills that underpin complex activities. As I now look back my interest in Métis was closely linked to my growing awareness of risk. Risk in the face of adverse confrontational situations is commonly associated with the concept of Métis, either explicitly or by implication (Detienne and Vernant, 1991), (de Certeau, 1984), (Baumard, 1999) and (Letiche and Statler, 2005), going back to Homer’s Iliad. I would now like to describe in more detail the intense experience of risk I felt in the moment (as opposed to putting myself in a situation where I could see risk) and how this related the qualities that I recognise in Detienne and Vernant’s description. I will do this by using the example of the organ retrieval operation. If I were to attempt to list important experiences they would include:

- Paying careful attention to the donor, making associations between what I read about her from her notes, what I knew of her from the DTC and the process that I was now experiencing. I was thinking about what made sense from the story that I was piecing together and what did not make sense. In doing so I was getting a connected sense of continuity and time that extended beyond those few hours, extending from her life as she lived it, her death, and the patients that would be transplanted.
- To take the experience of my senses seriously. I was not absenting myself in the present by thinking that I was “somewhere else”. I was paying attention to the

smell, the noise and quietness, what I was seeing and how people were reacting together. In a way I was amplifying the intensity of my experience from within that experience. And as I was doing this I became aware of, and wrote of, other people's reaction to me in the operating theatre and afterwards. In doing so it felt that I was becoming a part of a community, not just standing on the sidelines.

- To take seriously my emotional response, from the being dizzy and disorientated as I entered the theatre for the first time and seeing the donor, to knife to skin, to the incongruous conversations that I occasionally overheard.
- To pay careful attention to the conversations that took place within the operating theatre and on the phone to other hospitals. I was developing a sense of the dynamic web of interactions that were developing rapidly, both during and after the operation.
- Noting the sense of exhaustion afterwards in the bus back to the transplant centre, interrupted by the occasional phone call about the destination of the organs alongside distracted half-hearted conversations on the day ahead.

It was in the experience of attending the retrieval I became aware of the contingent, connected opportunities described above. It is here that I identified with those qualities cited by Detienne and Vernant above. Later I will discuss the implication for policy, how it both enabled but also obscured the local and contingent actions.

I came to the organ retrieval operation whilst in the final stages of preparing the specification and the contract for organ retrieval services. As I have already discussed, previously I was heavily involved in the Taskforce and in preparing the organisation's response to the Taskforce's recommendation. In other words, it was a two year span of time where I was involved in the formation of policy of one sort or another (eg the specification within the contract, the organisation's strategy, and the Taskforce report).

The question that I would now ask is how my reflexive understanding of risk has changed my practice. The first thing that I would like to dwell on is the paragraph above. As I discussed in project 4, I no longer see policy making, in whatever form, as a series of isolated (spatial) activities, it is part of a wider temporal social stream of activity. This in itself is a change to the way that I think about policy making. For example, I started this research with an exploration of the establishment and running of the Taskforce and ended with the commissioning of the organ retrieval teams.

However, the process began well before the Taskforce in specific actions to set the Taskforce up, as recounted by the former Chief Executive, and before that with all the activities that have happened over the years. And, as I now leave organ donation, organ retrieval teams will continue to change and develop. It is in this context of seeing policy in an ongoing temporal process, as opposed to a bounded form of systems thinking, that I will now consider.

To discuss the implications for policy further I would like to introduce a recent work of Stacey on complexity and organisational reality (Stacey, 2010) published shortly after the completion of Project 4. Developing the ideas of Scott (1998) and others, Stacey discusses the nature of abstraction in how people simplify the complexity of normal daily actions with others. Stacey stresses that the formation of abstractions is a way that people make sense of the world with others. It is therefore not something that can be “opted out” from. Stacey makes a distinction between first and second order abstraction that is pertinent to my argument, but first I will make some definitions. For Stacey, first order abstractions can be defined as an:

... interaction between people in which they are articulating, as categories of experience, some simplification, some generalization/idealisation, of what is emerging across the larger population that they are part of. They may well be using narratives, myths and philosophical frameworks to exercise control over others from a distance (Ibid, p111).

For Stacey there is an important distinction to be made when it comes to second order abstractions that have implications for my experience in policy making. A second order abstraction can be defined as:

... an activity of more precise categorizing, measuring and deliberately operating form of control. This also extends to simplifying the local interactions of others with whom they are not involved but want to exercise control over from a distance or resist the attempts those others are making to exert control (Ibid, p111).

Stacey goes on to describe examples of the types of activity that second order abstracting involves, and includes:

- *Objectifying*²⁰ and categorizing ... modes of thinking and individual human feelings ... in well defined bounded ‘spaces’ where differences within categories are obliterated and all difference is located at the boundary.
- *Measuring* the quantitative aspects of these categories ... using *standardised* forms of measurement.
- The *averaging* out of differences within categories and the interaction between categories.
- Selecting regularities and stabilities and forming hypotheses about relationships between entities, particularly *causal connection* often involving, by deduction, some hidden mechanism or whole (Ibid, p111).

Stacey explores some of the consequences of second order abstraction, particularly the rendering invisible of the experience of people in their local interactions. In other words, the application of uniform expectations described above simplifies the diversity of ongoing human activity. Stacey makes the point that such abstractions are an inevitable way of responding to the unfolding events of the world in a way that we can make sense of in our own local interactions with others. It is therefore not something that we can switch off from doing. Nor is Stacey stating that such abstractions, as expressed in policies and the like, should be abandoned. After all, as I stress in Project 4, the production and implementation of policy is how a modern state functions. That said, the ideology of design, control, rationality and the features of second order abstraction does render less visible the features of Métis I described above and the particular examples I cited from my experience of the organ retrieval. For example, in the organ retrieval specification, there was no mention of the subtlety of mind, resourcefulness and conflict in adapting and making the most of new opportunities in the face of the unfolding complex network of interconnected activities. In other words, it could not account for the complex network of interconnected activities that unfolded and how people reacted to them.

Stacey’s response to an apparent contradiction is explained in the paradoxical relationship between second order abstraction and local activity in a way that “holds together both the activity of immersing in the game and the activity of abstracting from it all at the same time” (Ibid, p206). In Project 4 I explore this at length, drawing

²⁰ Author’s own emphasis.

on Elias's notion of paradox explored in *Involvement and Detachment* (Elias, 1987) and *The Society of Individuals* (Elias, 1991). It is Stacey's contention that this relationship is drawn from thinking about organisations as simultaneous activities of abstracting from and involvement in the experience of local interaction in organisations which in turn produces emergent patterns across people within organisations and society in general (Stacey, 2010, p205). Therefore the organisation, or a group of people working together, is constantly under creation in a temporal sense.

In a section above I mentioned how my practice is changing to consider policy, instead of a bounded spatial activity, as a continual temporal flow of movement. I will now quote an extended piece from Stacey in relation to this as it is relevant to my experience. I will then discuss this in the context of my developing experience of risk. In the concluding chapter of his book Stacey states the following of those involved in healthcare:

Policy makers are players in the health game in which they and health service providers, users and regulators are pre-occupied. The policy makers are producing policies in the form of second order abstractions whose meaning arises in the immersion of all players in the health game. The moves in the game alter patterns of power relations, creating new categories of inclusion and exclusion, and the moves also reflect and affect competing ideologies. ... If as a policy maker I think I am to design a system of performance incentives and monitoring regulation which will be implemented, more or less, by people of goodwill, it would make perfect sense for me to focus attention on designing the right system, formulating the right plans, putting the right procedures and policing mechanisms in place. I will be focusing on designing the right tools and techniques. However, if as a policy maker I think of myself as a player in the health game who needs to reflect carefully on the nature of the game and the likely local moves all the other players may or may not make, it would make sense to pay far less attention to the tools and techniques of control and far more attention to the far more important dynamics of the game, to the potential for co-opting and corrupting the tools and techniques as other players practice the arts of resistance (Ibid, p213).

Here Stacey emphasises the shift from a spatial systems based approach, in “designing the right system” to one that I would describe as temporal, namely to pay attention as a “player in the health game” and the dynamics that roll forward with the interaction between policy and local action. I would now like to explore this in relation to my experience of risk. As I have said, it was different from simply taking the risk of being present. It enabled me, as a policy maker, to experience the myriad of connections that were less obvious as someone mainly pre-occupied with the necessities of policy and second order abstractions. Whilst I have developed an understanding of such techniques in the arts of resistance (to refer back to Stacey’s quote above), particularly in aligning a measure or form of control with the question “how this could be subverted” I experienced something else. In the experience I described above and in Project 4, I developed an awareness of the limitations of policy (and second order abstractions) and what it was that was being purchased, as detailed in the specification and included in the contracts. The value that was being bought, in contrast to the uniformity of outcome stated in the specification, was the experience and the means by which people had to make decisions in their local context and how they connected with the many others doing likewise, examples of which include the connections between the staff in the operating theatre, in hospitals across the country and future decisions that would affect ongoing activities and lives. In other words it was the features of Métis that were of value, albeit being obscured by the focus on uniformity within the specification and policy. In Project 4 I described the relation between involvement and detachment when it came to the relation between policy and practice, a point that Stacey discusses in developing second order abstractions (Stacey, 2010, p110 & p205). For me the intense experience of taking risk, either in attending the organ retrieval or in running stakeholder events, and the active involvement in experience increased my awareness of the limitations of policy and how people adapt and work with them. It kept me alive to the potential for collapse that I have often seen and heard spoken about. It is partly for this reason the experience of this thesis comes alive in the telling and the conversations, rather than being reduced to a number of bullet points and rules.

How My Research Could or Could Not Be Taken Up

Earlier I discussed a number of conversations I had during the writing of this synopsis. I mentioned that this has influenced how I would like my research to be taken up; it is

this that I would now like to discuss in relation to the approach I have taken to my research and for what I would dread.

As I introduced and engaged with my projects you will have noticed that I occasionally took the opportunity to pause and reflect upon various themes, for example how I came to see my work and the processes I went through to get there. The purpose in doing this was to present a developing process of thought that had consistency with my research. For instance, the way that the projects were presented implied a separation, moving neatly from one to another; indeed looking back this is how I mentally undertook my research. This can also be extended to the activities and scenarios that were discussed, from the workings of the Taskforce, the impact of the Ministerial endorsement, to corporate strategy and planning, to contact and commissioning, to attending an organ retrieval operation. As I now come to consider the overall span of my experience and research I would like to shift attention from three distinct phases, and the activities and scenarios contained within them, towards a continuing social process in which a number of activities took place. In many respects this tempers how I now intend this paper to be read. At its simplest, perhaps the reader will come to pick this up and have expected something practical in the conventional management sense, either by way of explanation or an answer to a clear and defined problem. Indeed, in being part of this world this is what I too would have expected if my research had not taken me off on a different course.

This brings me to consider for a moment a scenario that I would dread, whereby the findings from my research were to be reduced and distilled into a series of management techniques, perhaps along the lines of:

- Spending more time with front line staff, in other words, walking the walk (akin to Benington and Hartley, 2009) – a conclusion possibly drawn from attending the organ retrieval operation.
- Paying attention to the detail of everyday life in order to get a hidden insight into what actually happens – a conclusion possibly drawn from my research methods.
- Developing an audit tool to share good practice in policy development and implementation – a conclusion possibly drawn from the span of my research and the view taken by others that the Taskforce and its implementation has been a success.

- A new approach to run workshops in a more inclusive way – a conclusion possibly drawn from my narratives and discussion of workshops.

As I hope has become clear, this would sadden me deeply. It would be the application of an answer in the same mould as the problem itself. I would like to illustrate this with an example from the mainstream management literature with two articles published several years apart in Harvard Business Review by Kaplan and Norton (1996 and 2005). In 1996 they published their paper on the Balanced Scorecard in 1996, an approach which sought to provide “the management system for companies to invest in the long term – in customers, in employees, in new product development and in systems”. Nine years later they (Kaplan and Norton, 2005) recognised the limitations of their previous approaches and responded by making the case for a “new unit at corporate level to oversee all strategy related activity”. The functions of this unit according to Kaplan and Norton are to: develop and communicate strategy, create and manage the scorecard, to review strategy and to “align the organisation”. In the 2005 paper there was very little by way of exploration as to how their ideas were taken up, or thought as to what else was going on when people used these techniques, in a way that would promote or develop exploratory conversation between people in organisations. Rather, there was a structural solution of the same ilk as their initial proposal.

My description of what it felt like to be at risk and how I “entered” into it contrasts markedly with a bullet point on an action list described above that simply read “go out with frontline staff and pay attention to what they do”, or similar. Relating this back to the concept of *Métis*, Letiche and Statler (2005), who discuss de Certeau and Detienne and Vernant’s work make the following comment:

No objects of knowledge are produced, just tales of sagacity, foresight and (intellectual) flexibility. de Certeau (1984, p81–2) praises Vernant and Detienne’s book because it is not an argument, but a telling. As we have already noted, in the book *Métis* is not re-presented, but evoked. In this sense, it seems that cunning intelligence, to remain loyal to itself, must remain indissociable from the time of its experiencing. *Métis* must not be strategized into a principle or concept, but must be left as raw experiential possibility. Stories of *Métis* are thus entirely appropriate, whereas theories of *Métis* are entirely inappropriate. (Letiche & Statler, 2005).

In their explanation I strongly recognise my experience of risk that I described above. In writing the synopsis I have had several conversations with people involved in the projects. They have identified strongly with the research and engaged in energetic and intense conversations which have flowed into discussing other aspects of working life and literature. It is in this way that I see my research being taken up, rather than as a series of prescribed “actions” to be applied.

Contribution

The following words are from Robert Francis QC who was commissioned by the Secretary of State for Health, Andy Burnham, to investigate the premature deaths of more than 400 people who were under the care of Mid Staffordshire NHS Foundation Trust at the time.

If there is one lesson to be learnt, I suggest it is that people must always come before numbers. It is the individual experiences that lie behind statistics and benchmarks and action plans that really matter, and that is what must never be forgotten when policies are being made and implemented. (Francis, 2010, p4)

The published report identified multiple failures at the most basic level resulting in patients not receiving the care they needed and expected at the most vulnerable time of their lives. In compiling their report Francis and his team listened to the stories and experiences of patients and staff and trawled through the policies and documents of the Trust. This report was published towards the end of my research and spanned a period of time from 2005 to 2009, coinciding with my growing interest and research in healthcare policy. In an approach that has similarities with my research, Francis and his team included detailed narrative accounts, in this case from patients and their relatives. From my discussions with practitioners about the Francis report, it has been these accounts that have highlighted the nature of the separation between the Trust’s policy and their practice on the ground in a way that the numbers could not. However, there is a difference between Francis report and my research as to how these stories are then taken up. To highlight this I would like to point to:

- The bulk of the report comprising of narrative accounts summarised into ten pages (Ibid, p396 – 406) listing some sixteen areas of deficiency under the heading of “What went wrong?”
- From this, eighteen recommendations are made. For illustration, the first recommendation is: “The Trust must make its visible first priority the delivery of a high-class standard of care to all its patients by putting their needs first. It should not provide a service in areas where it cannot achieve such a standard” (Ibid, p403); the last is: “All NHS trusts and foundation trusts responsible for the provisions of hospital services should review their standards, governance and performance in the light of this report” (Ibid, p421).
- Finally, in an accompanying letter to all NHS Boards, David Nicholson, chief executive of the NHS, states in his second paragraph: “I am writing personally to every NHS board today to ask you, as a matter of urgency, to read the report of the Mid-Staffordshire Inquiry and to review your standards, governance and performance in the light of this. I am sure you will read the press coverage, but this is no substitute for reading the report and the patient stories in full. I am sure that you, like me, will be deeply moved at what you read, because the standard of care described in the report falls so short of what we all aspire to provide in the NHS.” (Nicholson, 2010)

Considering this statement, I would suggest that although he makes his urgency clear and how moved he was, it is his call “to your standards, governance and performance” that I would like to draw attention to. Dopson and Locock (2002) make the point that despite the complexities, emotion and heated arguments, the majority of attempts to change aspects of the NHS “draw on a linear, rationalist model, defining the complex challenges of change as a mere technical issue” (Ibid, p210). By taking seriously my own experience during a long term unfolding of events from policy formation to implementation I have been able to consider carefully the complexities, conflict, argument and emotion that have a vital, but often un-examined, role in change.

To locate this in a wider context, over several years there has been an increasing separation between the purchaser (or commissioner) and the provider and an escalating reliance on policy and other documents to codify expectations and working practices (Lapsley, 2008), (Dunleavy and Hood, 1994), (Flynn, 2002), (North, 1997), (Pollitt *et*

al, 1998) along with attendant performance measures (Boyne and Gould-Williams, 2003), (Osborne *et al*, 1995).

In years to come this question will become ever more important within an increasingly challenging economic climate in the public sector whereby the policymaker will be put under mounting pressure to show results and to draw a progressively more visible red thread between policy and practice. Returning to Nicholson's call for boards to review their governance, performance and standards and the red thread I have traced from his letter through the Francis Report to the experience of the patients and their relatives, I am illustrating an intellectual, static pursuit of improvement expressed through policy and performance measures.

From my everyday, routine conversations with people in the NHS and from reading the Francis Report there is a need to consider healthcare policy and how it affects change to frontline practice in a different light. And it is here that my contribution is aimed. In other words, how we can shift the conversation from a linear, static, rationalist model of the single manifest red thread to one where we pay increasing attention to the complex, experiential, fluid nature of practice. Although I discuss my experience in the rather narrow area of organ donation, it is in the wider field of healthcare policy that I am addressing my contribution, however modest it may turn out to be.

To illustrate the above point I would like to discuss how policy is often seen as a static form, both in formation and implementation. Whilst this has the beneficial effect of forming an agenda around which conversation and action can take place it also deadens the experience of a continual social process. To quote Raymond Williams: "the strongest barrier to the recognition of human ... activity is this immediate and regular conversion of experience into finished products" (1977, p128). This was apparent in a number of examples I worked with throughout my research; from how the dynamic and conflict laden activities of a policy group (i.e. taskforce) became reified and fixed through to the frontline experience of attending an organ retrieval operation. In other words, I have paid careful attention to how policy becomes a form of abstraction and how this is subsequently taken up at different parts of the process through to frontline activity.

I would now like to draw attention to the methods that have enabled me to pay attention to the dynamic, conflict laden and confusing nature of experience, the importance of which was illustrated by Levine when he stated:

In their quest for precision, social scientists have produced instruments that represent the facts of human life in one-dimensional terms. They have defined concepts with rigour in order to represent dominant traits and tendencies univocally. ... For the truth of the matter is that people have mixed feelings and confused options, and are subject to contradictory expectation and outcomes, in every sphere of experience (Levine, 1985, p8).

Over an extended period I have drafted and worked with narrative drawn from my own experience; during which time I have engaged with practitioners and academics in conversation as well as with relevant literature. It has been this approach that has enabled me to illuminate the “truth” in Levine’s above quote, in order to draw attention to what is occurring beyond the single red thread.

To illustrate the point further I would like to draw attention to an illuminating paper I referred to earlier by Samra-Fredericks (2003). Here she uses an ethnomethodological approach to study the activity of strategizing as a lived experience; this is in contrast as she puts it, “to a ‘reported’ experience in interviews, theorizing the ever-present and intricate nature of the emotional and moral domains of human interaction”. However, although she was present with the protagonists during a year of study, listening and recording conversations, being there during real time interactions, she was there as an observer, detached from the emotional happenings as they affected the individuals themselves. It is by paying careful attention to my experience, citing it alongside relevant literature and working with others in conversation that I have been able to consider the movement of my practice in more depth. This has enabled me to pay attention not only to the intellectual nature of policy formation, but also the experiential quality.

In order to illustrate the gap that I see between the recognition of a problem between policy formation and practice I would cite the following two examples. Firstly, Bate *et al* (2004a and 2004b) have commented that current top down NHS policy and reform lack cohesion with local practice. In recognising the self organising and emergent features of how policy affects change they discuss Zald’s notion of social movement (Zald, 2005). However, apart from recognising the limitations of policy

and the existence of social movement they struggle to explain an association between the two. Secondly, a recent paper published by UK's National School of Government and Public Service Leaders Alliance written by professors John Bennington and Jean Hartley (2009). In suggesting that organisations should be thought of as complex adaptive systems (Ibid, p1) they state that: "whole systems thinking and action includes the capacity to analyse and understand the inter-connections, interdependencies and inter-actions between complex issues, across multiple boundaries: ... between strategic management, operational management and front-line delivery" (Ibid, p6). Whilst they aptly identify and describe the nature of the problems, their answer, amongst several, is for senior civil servants to take: "the plunge" (Ibid, p10) to meet the challenge of being "too insulated from the complex realities of local communities" (Ibid, p11). However, nothing is said on the nature of experience that occurs within the "plunge". My research is highly relevant to the nature of what occurs during the course of these interactions.

It is within this context that I would now like to address the issue of professional practice. In my research I have differentiated between reflection and reflexivity (Cunliffe and Jun, 2005), (Alvesson and Skoldberg, 2009), paying particular attention to the nature of reflexivity. Building on the notion of complex responsive processes of relating (Stacey et al 2000; Streatfield, 2001; Shaw, 2002; and Griffin, 2002), the nature of my experience over an extended period of time and with Pollner's (1991) view of the unsettling nature of reflexivity, I argue that reflexivity can be seen in a different light. I have moved from considering reflexivity from an intellectual pursuit that I recognise in the likes of Alvesson and Skoldberg (2009), Cunliffe and Jun (2005) and Pollner (1991) to an experiential temporal form. In taking such an approach the policymaker can maintain an awareness of the inter-connected, contradictory complexities as they unfold over time.

An important feature that I describe with respect to an experiential form of reflexivity is that of risk, by which I do not mean risk in terms of personal safety, risk management or governance. Instead I mean the intense experience of risk felt in the moment of happening. This is in contrast to putting myself in a situation where I could observe risk. This is a form of risk that enables an awareness of experience that I recognise in Vernant and Detienne's contemporary description of *Métis* (1991) namely a: "complex but very coherent body of mental attitudes and intellectual

behaviour which combine flair, wisdom, forethought, subtlety of mind, deception, ... various skills, and experience acquired over the years” when applied to “situations which are transient, ... disconcerting and ambiguous, situations which do not lend themselves to precise measurement, ... or rigorous logic”(Ibid, p3).

By taking the above approach in my research I have sought to explain that the relationship between policy and frontline staff practice is not a split, for example between the macro and the micro, that can neatly be traced with a red thread. This dichotomy and conscious shift to one side or the other does not accord with my experience; instead there is a paradoxical relationship, an idea that I explored through Elias’s notion of involvement and detachment (Elias, 1987). In introducing the notion of paradox, vitality is required to prevent a collapse to one of the two ends of the continuum, namely the conscious or unconscious rejection of policy in favour of embracing frontline practice, or an over reliance on policy to drive through organisational change. It is Stacey’s suggestion (2010, p205) that emergent patterns across populations are formed from a paradoxical activity. It is a tension between the simultaneous activities of abstraction and immersion. In other words, it is under constant development within the organisation, which is being influenced by patterns that emerge in local interaction; whilst at the same time, local interaction, which is perpetually being subject to the pattern of the organisation. Instead of the red thread, I am drawing attention to the rich woven fabric of interaction, both intellectually and experientially. To illustrate this further I would like to give some examples of how this could affect the practice of a policymaker. Firstly, I would like to highlight the importance of writing and sharing reflexive narrative between those who are charged with writing policy and those who will be affected by it. In other words, I would encourage the use of narrative with conversation as a way of drawing out and exploring the interaction between the abstract prescription of policy and the context specific exploration of experience. Secondly, the use of narrative in order to engage in the development of an open and ongoing conversation during the formation and implementation of policy to shift attention from policy development being an activity that is static and time bound, divorced from action. Thirdly, I would advocate discussion on the limitations of policy; limitations that relate not only to the scope but how specific policy can reasonably be. In having this discussion I would like to encourage consideration as to what this means in practice, particularly when it comes

to the expectations and responsibilities of the policymaker and those charged with implementation. Finally, as a consequence of these former points, I recognise that the development of policy is in itself a practice that needs to be engaged with by policymakers and frontline practitioners alike. In other words, for parties to regularly take the opportunity to experience frontline practice together.

In summary, I have become keen to promote awareness within policymaking that moves the activity beyond a singularity, or a straightforward algorithm, of cause and effect. In other words, to experientially enable the practitioner to be aware and to sustain a sense of paradox between policy and frontline practice as events unfold. This contrasts with the treatment of such experience as a time-bound, intellectual exercise. I have argued that an experiential temporal form of reflexivity can enable the practitioner to become open to the contingent web of possible connected opportunities and choices that become manifest in the playing out of the present. It is a contribution to the “detail free” call that policymakers should “take the plunge” or “walk the walk” in order to increase their understanding of frontline staff practice.

I would like to think that my research strikes a chord with policymakers as well as those affected by policy alike and takes a small step to improve policy and its application.

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