

MANAGING ORGANISATIONS

ORGANISATIONAL STRUCTURE



PERSPECTIVES OF THE ORGANISATION

“ It is vital that we understand what organisation is, what it does, and the grounds on which it can be justified because it is not just a means to achieving better economic performance but also exerts a profound influence on the societies in which we live....The form of organisation we employ transports values back into society and comes with a message about how to treat other people”.

Organisation: Contemporary principles and practices,
Blackwell Publishing(2005)



THE ORGANISATION

- Complex social system - Why & how?
- A function to perform - purpose ?
- Exist in order to achieve objectives - what is the key objective/s
- A structure of people – what does this look like?
- Allows management to take place - how ? what is the management like?
- Creates a framework of order and command - how? theory?
- Activities can be planned, organised, directed and controlled - how? theory?
- Includes both private and public sectors - communication ?

THE ORGANISATION

- Many different types – different purposes and meet a variety of needs.
- Many forms, shapes and sizes as well as cultural differences.

3 Common factors

- People
- Objectives
- Structure

*The interaction of **people** to achieve **objectives** forms the basis of an organisation. Some sort of **structure** is needed to channel and co-ordinate efforts. **WHY?***



WHAT IS ORGANISATIONAL STRUCTURE?

‘The structure of an organisation can be defined simply as the sum total of the ways in which it divides labour into distinct tasks and then achieves co-ordination between them.’ how?

Mintzberg (1979)

‘Structure is a means of attaining the objectives and goals of an organisation.’ what is the goal ?

Peter Drucker (1993)



QUESTION

1. What would be the consequences of an organisation not having a structure?

2. How would this affect:

- a) Employees
- b) Managers
- c) The Organisation itself

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- What problems might occur ?

5 KEY STRUCTURAL DESIGN ISSUES (CHILD)

1. The extent to which jobs will be **specialised** or broken down into narrow job descriptions (also known as differentiation)
2. The number of **hierarchical levels** and the span of control (who reports to whom);
3. **Departmentalisation** - how to group jobs together;
4. **Co-ordinating** mechanisms to ensure that everybody in the organisation works together towards the organisation's goals (also known as integration);
5. The extent of management **control** (centralisation or decentralisation).

OBJECTIVES OF STRUCTURE

- The economic and **efficient performance** of the organisation
- Monitoring the **activities** of the organisation
- **Accountability** for areas of work undertaken by groups and individuals
- **Co-ordination** of different parts of the organisation
- **Flexibility** in order to respond to future demands and adapt to changing environmental influences
- The **social satisfaction** of members working in the organisation

THE IMPORTANCE OF GOOD STRUCTURE

‘Good organisational structure does not by itself produce good performance. But a poor organisational structure makes good performance impossible, no matter how good the individual managers may be. To improve organisation structure... will therefore always improve performance.’

Drucker

CONSEQUENCES OF BADLY DESIGNED STRUCTURE

- Low motivation and morale
- Late and inappropriate decisions
- Conflict and lack of co-ordination
- Poor response to new opportunities and external change
- Rising costs

A LACK OF LEADERSHIP AND POOR WORKING STRUCTURE & CULTURE ARE TWO OF THE 'DEEP-ROOTED AND SYSTEMIC' PROBLEMS IDENTIFIED IN A HIGHLY CRITICAL REPORT OF NHS CARE IN SCOTLAND.

Matt Scott



The NHS is often referred to as inadequate.

There are reports which identify poor leadership and an inappropriate working culture that can lead to systemic failings.

For example :

A **report** from the Academy of Medical Royal Colleges in Scotland found key issues that contributed to 'serious failings' at NHS facilities across Scotland:

Poor leadership at all levels resulting in a defective culture, a disconnect between clinical staff and management, inappropriate targets and poor accountability mechanisms;

- The above could result in problems in the day to day and longer term running of the NHS.
- Why , what problems might start to occur ?
- Discuss



PROFESSOR ALAN PATERSON SAID THE MANAGEMENT PROBLEMS IN THE SCOTTISH NHS WERE 'DEEP-ROOTED' AND ACTION WAS NEEDED TO RECTIFY THE PROBLEMS SO FAILURES WERE NOT REPEATED.

- “It is clear that serious failings in team working between clinical staff and NHS management played a significant role in the failings in care identified,” he said. “These failings are deep-rooted and systemic. They must not be ignored if we are to learn from them and to prevent repetition”.
- “It is also clear that a combination of factors led to some appalling failings in care, a loss of basic compassion and the prioritisation of inappropriate targets over patient care. In addition, leadership and accountability were all too often sadly lacking”.



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- The report made 20 recommendations for rectifying the problems it highlighted as a result of its review of NHS care across the country.
 - These included improving the management capabilities through better communication and aligning targets and performance measures with good clinical outcomes.

SOLUTION STRATEGIES

- Emphasising the importance of good communication comes with good leadership: A **supportive, listening environment must** be created to **produce a culture which instils confidence in staff, patients and relatives** and in which innovation is encouraged;
- **Quality of care must become the primary influence** on patient experience and NHS Boards, **a routinely discussed and acted upon agenda** item at Board level and the primary indicator of performance;

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- Action needs to be taken by NHS Boards **to improve the working culture** within the NHS and in particular to address the **‘learned helplessness’** that can be experienced by staff when **poor standards of care are condoned and perpetuated due to a combination of organisational and external pressures and a sense that this cannot be changed at an individual level;**

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- Government and NHS Boards should work together to develop **minimum, safe staffing levels** for all professions in hospital settings, **providing the required skills mix and under appropriate supervision**, so as to ensure that **all patients receive safe and high quality care** delivered by **appropriately trained and experienced professional staff**;

“TEAMS MUST WORK TOGETHER UNDER EFFECTIVE LEADERSHIP IF THE RECOMMENDATIONS WERE TO BE SUCCESSFUL IN FIXING THE PROBLEMS WITH THE SCOTTISH NHS”.

IAN RITCHIE, CHAIR OF THE ACADEMY OF MEDICAL ROYAL COLLEGES & FACULTIES IN SCOTLAND,

- “This cannot be done by any one group,” he said. “Clinical staff and management must work more effectively together as teams. They must also be supported in doing so by ending the focus on inappropriate targets and making quality of care our over-riding priority.”



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- So what does leadership and management need to look like within the NHS ?

- <https://www.nhsconfed.org/-/media/Confederation/Files/Wales-Confed/Conference-2018/Welsh-Confed-18-Michael-West-presentation.pdf>

- Michael West - Compassionate Leadership

