ECONOMIC AND SOCIAL RESEARCH COUNCIL

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REFERENCE NUMBER
Public Services Programme RES-153-25-0088
TITLE
Regulation, 'donated labour' and the NHS reforms
INVESTIGATORS
Timothy Ainslie Ensor Anne Kilby Roger Hay Jerrett Myers
INSTITUTION
Oxford Policy Institute

REPORTING REQUIREMENTS

The ESRC End of Award Report is a single document comprising the following sections:	
End of Award Report Form	Declaration 1: Conduct of the Research Declaration 2: ESRC Society Today Declaration 3: Data Archive Project Details Activities & Achievements Questionnaire
Research Report	c5000 words free text (guidelines attached)
Nominated Outputs (Optional)	A maximum of two (fully referenced)
Eight copies of the End of Award Report document and any Outputs must be submitted to ESRC.	

Award holders should note that:

1 The final instalment of the award will not be paid until an acceptable End of Award Report is received.

2 Award holders whose reports are overdue or incomplete will not be eligible for further ESRC funding until the reports are accepted.

ESRC reserves the right to take action to reclaim up to **20%** of the value of awards where submission of an acceptable End of Award Report is more than six months overdue. For grants issued after 1st October 1999, where the End of Award report has not been submitted within six months of the termination date, ESRC may recover all payments made on the grant.

DECLARATION ONE: CONDUCT OF THE RESEARCH

This Report is an accurate statement of the objectives, conduct, results and outputs (to date) of the research project funded by the ESRC.

1. Award Holder(s) Signature

NB. This must include anyone named as a co-applicant in the research proposal.

TITLE	INITIALS	SURNAME	SIGNATURE
Dr	T.A.	Ensor	

2. Administrative Authority Signature

	DATE:

3. Head of Department, School or Faculty Signature

	DATE:

Photocopies of this page are acceptable in the seven additional printed copies of the report. This page should be left blank in the email copy.

DECLARATION TWO: ESRC SOCIETY TODAY

ESRC Society Today is a publicly available online research database, containing summary details of all ESRC research projects and their associated publications and outputs. This includes Summary and Full reports from End of Award Reports since 2005. ESRC Society Today provides an excellent opportunity for researchers to publicise their work; the database has a large user base, drawn from Higher Education, government, voluntary agencies, business and the media.
Summary details of publications and/or other outputs of research conducted under ESRC funded awards must be submitted to the ESRC Society Today Awards and Outputs Database.
For queries relating to ESRC Society Today, please contact:
societytodaysupport@esrc.a.cuk or 0871 641 2115 (technical queries, eg uploading outputs)

Please sign at either A or B below.

A. Details of relevant outputs of this award have been submitted to ESRC Society Today and details of any ensuing outputs will be submitted in due course.

Signature of Principal Award Holder

	DATE:

B. This award has not yet produced any relevant outputs, but details of any future publications will be submitted to ESRC Society Today as soon as they become available.

Signature of Principal Award Holder

	DATE:

Award holders should **note** that the end of award report cannot be accepted, and the final claim cannot be paid, until either ESRC has received confirmation that details of relevant outputs have been submitted to ESRC Society Today or the award holder has declared that the award has not so far produced any relevant outputs

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DECLARATION THREE: DATA ARCHIVE

A machine-readable copy of any dataset arising from the research must be offered for deposit with the Economic and Social Data Service (ESDS) at the UK Data Archive within three months of the end of the award. All enquiries should be addressed to the Acquisitions Team, ESDS, University of Essex, Wivenhoe Park, Colchester CO4 3SQ or by email to acquisitions@esds.ac.uk

ESDS maintains an informative website at http://www.esds.ac.uk/

Award holders submitting qualitative data should refer to the ESDS Qualidata website at http://www.esds.ac.uk/qualidata/

Please sign at either A or B below.

A. Machine-readable copies of datasets arising from this award have been, or are in the process of being, offered for deposit with the ESDS.

Signature of Principal Award Holder

DATE:

B. There are no relevant datasets arising from this award to date.

Signature of Principal Award Holder

DATE:

Award holders should **note** that the ESRC will withhold the final payment of an award if a dataset has not been deposited to the required standard within three months of the end of award, except where a modification or waiver of deposit requirements has been agreed in advance.

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PROJECT DETAILS

ESRC END OF AWARD REPORT: PROJECT DETAILS

AWARD NUMBER:	Public Services Programme RES-153-25-0088		
AWARD TITLE: (the box will accommodate up to 4 lines of text)	**Regulation, 'donated labour' and the NHS reforms**		
AWARD START DATE	**1 December 2007**	**TOTAL AMOUNT EXPENDED:**	**£102,603 (100%FEC)**
AWARD END DATE	**30 June 2009**		
In the case of awards which have transferred please include: the full expenditure at each institution and relevant transfer dates.			

AWARD HOLDER(S):

NB. This must include anyone named as a co-applicant, as originally listed in the research proposal.

TITLE	INITIALS	SURNAME	DATE OF BIRTH	No HOURS PER WEEK/ % TIME ON PROJECT
Dr	T.A.	Ensor	31 August 1964	8 per cent

PRINCIPAL AWARD HOLDER'S FULL OFFICIAL ADDRESS (please list other addresses on a separate sheet if necessary)	**EMAIL**
	tensor@opi.org.uk
Oxford Policy Institute 3 Mansfield Road Oxford OX1 3TB	**FAX NUMBER**
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	TELEPHONE NUMBER
	01865 250 233

ACTIVITIES AND ACHIEVEMENTS QUESTIONNAIRE

1. Non-Technical Summary

The main objective of this exploratory study was to assess the effects of the NHS reforms on the motivations and performance of doctors and nurses at the University College London Hospital (UCLH) and, in particular, the extent to which the extrinsic incentives inherent in a more rigorous management regime undermined or enhanced the intrinsic incentives on which clinical activity and performance in the NHS had depended formerly.

The research was based primarily on interviews with 46 doctors and 48 nurses employed by UCLH and their psychometric profiles supplemented with information from interviews with Clinical Directors and General Managers, on data recording clinical activity extracted from the Hospital Episodes Statistics (HES) database and on financial data provided by the UCLH Accounts Department. Clinical activity was measured by the number of Finished Consultants Episodes (FCEs) per annum. An incomplete measure of labour productivity was given by FCEs per consultant.

After a period of activity stagnation and productivity decline, clinical activity at UCLH rose after 2002 followed by a rise in productivity after 2004. Although causality could not be attributed with certainty, these changes were associated with both national and Trust-level innovations.

The key changes at the national level appeared to be:

1. The reintroduction of service commissioning by Primary Care Trusts in 2004
2. The introduction of the new consultants' contract in 2004
3. The introduction of an 18 week maximum waiting time for hospital admissions in 2006.

The most significant changes introduced at the level of the Trust appeared to be:

1. The appointment of a new Chief Executive Officer in 2000 which gave stronger and more stable leadership then earlier
2. Investments in management since 2000, most significantly in General Managers working with Clinical Directors
3. Improved governance and oversight resulting from the appointment of an independent Board of Directors after the award of Foundation Trust status in 2004.

The main contributions of General Managers appeared to be the accelerated introduction of technical innovation, particularly day case care, and the more efficient use of fixed resources, primarily beds and operating theatres. Despite the Trust's investments in management, management costs (excluding the costs of Clinical Directors) did not exceed 3 per cent of total current costs or 5 per cent of total staff costs. Increasing productivity meant that, despite increases in wage rates, the average FCE cost was only slightly higher in nominal terms in 2007-8 (£5329) than it was in 2002-3 (£5113).

Although increases in clinical activity at UCLH were broadly mimicked across other London teaching hospitals, productivity increases were not: they have continued to decline. A tentative, conclusion might be that national level policy innovations may have created the incentives for activity growth but that they were less effective in creating incentives for

productivity growth which depended more on Trust-level attention to governance and management.

It was not possible to reach any conclusions about the reforms' effects on the quality of care although many of the survey respondents expressed concern that this may have suffered.

The results of the staff survey need to be interpreted with care. The sample was smaller than intended, unrepresentative and the doctors' sample was biased away from surgeons towards physicians. Respondents were asked to recall the number of hours they had worked in each post at UCLH introducing the strong possibility of recall errors. The reported hours worked were then compared with contracted hours to give a measure of time worked in excess of contract as a proxy for `public sector motivation' (PSM). This was then compared with each respondent's psychometric profile. As far as we know this is the first time this type of analysis has been carried out in a hospital management setting.

In line with other studies, the results suggested that clinicians who were more altruistic worked longer hours in excess of contract than others and that this `excess time' declined as stricter management controls were being introduced. However, the excess time worked by the less altruistic increased so that by 2006 the working patterns of the more and less kindly were not significantly different. The results for nurses are less clear.

These findings need to be tested by further studies. However, if confirmed, they have at least two implications for clinical management regimes. The first is that clinicians are not homogenous with respect to intrinsic incentives. Both the kindly (`knights') and the less kindly (`knaves') coexist in one organisation. The mix is likely to vary between settings and, possibly, over time. The returns to the additional costs of a more rigorous management regime may be lower if the altruistic types predominate. However, even the productivity of `the kindly' may benefit from supportive management. Despite an overall reduction in time spent at work due to working time restrictions and a reduction in excess time `donated' by altruistic doctors, activity and productivity rose at UCLH.

One objective of the study was to assess the robustness of `time worked in excess of contract' (`donated time') as a proxy for Public Sector Motivation (PSM). While this may be a simple and useful tool in circumstances where shirking is common, the evidence from the study suggests that time worked in excess of contract may not have always been productive, at least in the narrow sense of producing more FCEs, so that the use of `donated time' as a proxy for PSM may be limited in detailed studies where finer discrimination is required.

These results have been reported in two OPI working papers (Ensor, Kilby, Myers & Hay (2009) Management reforms and performance at a London Teaching Hospital www.opi.org.uk; Hay, Myers & Ensor (2009) The NHS reforms at the University College London Hospital; www.opi.org.uk) as have the results of two literature reviews (Jerrett Myers (2008) 'Public service motivation' and performance incentives: a literature review: www.opi.org.uk and Martin Karlsson (2008) The economics of 'public service motivation': a literature review www.opi.org.uk).

A further paper has been submitted to the Journal of Health Organisation and Management (Ensor, Hay, Myers & Kilby The NHS reforms: clinical motivations and performance).

2. Dissemination

A. Plans for further publication and/or other means of dissemination of the outcomes and results of the research.

A further paper will be prepared for submission to a refereed journal based on the `NHS reforms at the University College London Hospital' working paper.

The study team will participate in the ESRC Public Services Programme final event in December 2009.

We have sought and so far failed to arrange a feedback meeting with the senior UCLH management. We will continue to try to do so. Feedback sessions with survey participants are being arranged.

B. Names and contact details of non-academic research users with whom the research has been discussed and/or to whom results have been disseminated.

3. Nominated Outputs

Ensor, Tim, Roger Hay, Jerrett Myers & Anne Kilby (2009) The NHS reforms: clinical motivations and performance (paper submitted to the Journal of Health Organisation and Management)

Hay, Roger, Jerrett Myers & Tim Ensor (2009) The NHS reforms at the University College London Hospital: OPI Working Paper www.opi.org.uk)

4. Staffing

Title	Initials	Surname	Date Of Birth	Grade	Appointment Date	Departure Date	Destination Type & Post
Dr	M	Karlsson	na	Research Fellow	1 December 2007	31 March 2008	Academic post
Dr	A	Kilby	na	Consultant	1 December 2007	31 January 2009	Personal

5. Virements

As a result of delays incurred in obtaining UCLH Ethics Committee approval and in recruiting survey participants, OPI reached agreement with the GMC to restructure the research team, reducing the use of consultants and increasing the use of OPI staff, in order to achieve greater efficiencies.

As a result, expenditure on consultants at 80% FEC was £11,900 compared with a DI cost budget of £23,500 and expenditure on staff at 80% FEC was £44,800 compared with a staff cost budget of £28,380.

6. Major difficulties

There were two sources of delay to the implementation of the project.

1. Delays in obtaining Ethics approval.

   Application was first made to the NHS National Ethics Committee on 11 October 2007. The project was not approved until 18 March 2008, although the Committee raised no issues. OPI was then informed that further approval was required from the Joint UCLH-UCL Biomedical Research (R&D) Unit. This was obtained on 4 June 2008.

   Some of the delays may have been the result of the introduction of new ethics procedures at UCLH but researchers should ensure that adequate time to gain ethics approval is built into the project workplan.

2. Difficulties and delays in recruiting survey participants

   The survey design called for a sample of 75 doctors and 75 nurses representative of the ten major specialities accounting for 89% of clinical activity at UCLH and drawn from three cohorts of clinicians: those qualifying before 1983, between 1983 and 1995 and after 1995. Although the survey was widely advertised at UCLH and well supported by Clinical Directors, General Managers and Modern Matrons the response rate was low. As a result, any attempt to interview a representative sample, was abandoned and Clinical Directors and Modern Matrons were asked to nominate staff for interview in the desired age cohorts. Warned by the low response rate it was decided to over sample and seek 117 doctors and 117 nurses for interview.

   The process of gaining agreement from participants to take part in the study, fixing appointments with them and completing the survey instruments also took much longer than originally anticipated so that the interviews were not completed until the end of January 2009. In the event, the final sample (46 doctors and 48 nurses) was around 40% of the original plan.

   As a consequence of these delays, agreement was reached with the GMC to extend the end date of the study to 30 June 2009.

7. Other issues and unexpected outcomes

8. Contributions to ESRC Programmes

The project was part of the Medical Regulation Sub-group of the ESRC Public Services Research Programme. There were useful opportunities during the course of the study to participate in Sub-group meetings hosted by the GMC and in PSRP meetings organised by the Programme. These meetings provided important context for the research and a number of valuable insights.

9. Nominated Rapporteur

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10. Nominated User Rapporteur (Optional)