

Supporting great work and jobs

Here you will find a selection of blogs around the theme of supporting great work and jobs.

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Don't say it if you don't mean it! Guest blogger Jacqui Francis writes on NHS race (in)equality
Jacqui Francis, 22 June 2015 [pp. 4-5](#)

Do Fairtrade employers pay fair wages? The evidence suggests they do not.
Tom Holmer, 23 March 2015 [pp. 6-7](#)

Learning from Francis: Culture change and staff involvement in the NHS
Brendan Martin, 12 February 2015 [pp. 8-9](#)

Race in the workplace: a barometer of organisational health
Veena Vasista, 23 January 2015 [pp. 10-11](#)

Staff wellbeing and engagement will make or break NHS England's Five Year Forward View
Brendan Martin, 20 October 2014 [p. 12](#)

Yes, depression is an illness, but prevention is better and cheaper than treatment
Brendan Martin, 13 August 2014 [pp. 13-14](#)

Improving staff engagement does not require employee ownership of the NHS
Brendan Martin, 15 July 2014 [pp. 15-16](#)

The ups and downs of self-employment
Brendan Martin, 29 May 2014 [pp. 17-18](#)

The snowy white peaks of the NHS: time to end the denial
Roger Kline, 11 April 2014 [pp. 19-20](#)

Enough anti-PC jokes: women who are black, LGBT or have a disability are bullied more.
Brendan Martin, 2 April 2014 [pp. 21-22](#)

999 for the ambulance service?
Roger Kline, 26 March 2014 [pp. 23-24](#)

One year on from Francis: how much has changed in the NHS?
Brendan Martin and Roger Kline, 4 February 2014 [pp. 25-26](#)

Big Society and fractured organisations—is HR part of the problem?
Robin Stafford, 31 January 2014 [pp. 27-28](#)

Beyond Jobs: what if employment policy caught up with labour market reality?

Wingham Rowan, 13 January 2014 [p. 29](#)

Why should a junior lawyer earn more than a train driver?

Brendan Martin, 8 January 2014 [pp. 30-31](#)

Fixing the gender jobs split: are we starting from the right end?

Brendan Martin and Olivia Bryanne Zank, 7 November 2013 [pp. 32-33](#)

Why we need Radical Resilience at work

Elizabeth Cotton, 6 November 2013 [pp. 34-35](#)

No such thing as ‘the German model’: principles are universal, but routes must vary.

Brendan Martin, 21 October 2013 [pp. 36-37](#)

Mobilising informal economy workers for urban resilience

Bradley Cleveland, 15 October 2013 [p. 38](#)

The NHS can learn from aviation—but not from Ryanair

Roger Kline, 2 July 2013 [pp. 39-40](#)

Bullying part II: Speaking truth to power is good (but may be dangerous in the NHS)

Roger Kline, 14 June 2013 [pp. 41-42](#)

We need to talk about this: racial discrimination in NHS recruitment

Roger Kline, 3 June 2013 [pp. 43-44](#)

Freedom and security at work: can we have both?

Brendan Martin, 3 June 2013 [pp. 45-46](#)

The climate of fear in Britain’s public sector—and how to change it

Brendan Martin, 20 May 2013 [p. 47](#)

Bullying: the silent epidemic in the NHS

Roger Kline, 15 May 2013 [pp. 48-49](#)

Unions and the precariat: Guy Standing replies to Elizabeth Cotton

Guy Standing, 27 March 2013 [pp. 50-51](#)

The catastrophe of precarious work: Elizabeth Cotton challenges Guy Standing

Elizabeth Cotton, 21 February 2013 [pp. 52-54](#)

How do labour markets adjust to economic crises?

Rizwanul Islam, 13 December 2012 [pp. 55-56](#)

Why is NHS staffing black at the bottom and white at the top?

Roger Kline and Brendan Martin, 30 November 2012 [pp. 57-58](#)

Workplace bullying in health and social care: bad for staff, worse for the people they serve

Roger Kline, 22 November 2012 [p. 59](#)

‘Employee engagement’: control or empowerment?

Roger Kline and Brendan Martin, 15 November 2012 [pp. 60-61](#)

Jobs, growth and the private sector: beware the false syllogism

Brendan Martin, 6 November 2012 **pp. 62-63**

Whistleblowing: publicly encouraged but still dangerous

Kim Holt and Roger Kline, 29 October 2012 **pp. 64-65**

The World Bank: facing both ways on labour market regulation

Mike Waghorne, 24 October 2012 **pp. 66-67**

Health care professionals kept quiet about Jimmy Savile: why didn't they speak out?

Roger Kline, 12 October 2012 **p. 68**

How do power relations affect job creation?

Stephen Commins, 8 October 2012 **p. 69**

The price of misplaced loyalty

Roger Kline, 5 October 2012 **pp. 70-71**

Paternal leave for child care: how much has changed in 25 years?

Brendan Martin, 19 September 2012 **pp. 72**

Don't say it if you don't mean it! Guest blogger Jacqui Francis writes on NHS race (in)equality

Jacqui Francis, 22 June 2015

For as long as I can remember recruitment campaigns have been searching for 'The Holy Grail' – that day when they have a shortlist of diverse interviewees who reflect the communities and workforce they serve.

My experience of working with the NHS for over 10 years as an external panel member in the selection of non-executives directors to NHS Trusts and recruitment to expert bodies is that this grail is as elusive as ever.

However, every organisation I've worked with wants diversity. I know they want it because they say they do. They say it everywhere – in policies, at presentations, seminars, training courses, on websites, application forms and every advertisement for a post.

Usually at the bottom of the page, somewhere in the small print, you will see the ever-expanding statement, trying to keep up with changes in equalities legislation.

It can read like a list from the thesaurus. We would welcome, are committed to, are working towards, respect (respect and value), recognise. I could list more but you get the point. Organisations say it all the time.

However, according to Roger Kline, author of *The "snowy white peaks" of the NHS*, we are not increasing the numbers of people from ethnic minority backgrounds in NHS senior executive or non-executive roles.

The NHS has 1.3 million people working for it. A Health Service Journal survey in 2008 found that 16% were from an ethnic minority background. Kline's report quotes Trust Development Authority (TDA) and Health and Social Care Information Centre (HSCIC) figures showing that in 2013 5.8% of non-executive directors and 5.9% of senior and very senior managers were from an ethnic minority background. This is despite many initiatives – NHS Leaderships programmes, Bevan, Seacole, Jenner and research.

I shouldn't doubt the commitment. Staff are briefed, watch webinars, and receive emails and reminders of the values and expected behaviours of the organisations. They are also sent on training courses. They usually have at least one of the following words or phrases in the titles: under-representation, diversity, inclusion, equality, fairness and recently 'unconscious bias' training/awareness raising - although after all this time, I would have thought the title should be 'conscious bias'! They are told about the economic value, the social value, corporate social responsibility, governance, best practice and why diversity ultimately makes sense for patients, the organisation and stakeholders.

However, what keeps coming back to me are two points:

1. While undertaking training in Solution-Focused Counselling the trainer reminded us that we spent two thirds of our time discussing the problem and not enough time on the solution.
2. The second point is– 'the problem is not the problem'. We no longer work on the 'problem'. We've become stuck in the ecosystem that has grown up researching the problem, developing better data collection, organising and re-organising the metrics, re-writing policies, writing new policies and improving reporting systems.

We've become stuck in a systems, processes, numbers vicious circle. We continue to be told that we need more women – what should we aim for? Should it be 25%, 30% or 40%? At a recent [ESRC seminar at Aston University](#) on Equality Diversity & Inclusion, Binna Kandola helpfully told us the figure was 50%. (Just think about that for a moment and you'll get it). We keep going round and round the same issues and yet little changes.

It's time to take action, so don't say it if you don't mean it. If you say you are committed, why not try the Neil Armstrong approach - one small step.

You know that criterion usually found at the end of job descriptions; they all have it, they say things like ... 'demonstrate understanding of diversity, must have a commitment to'... etc. Try putting that criterion **first** – then stand back and listen to the reasons why you can't! You might be surprised how the discussion goes.

However, why should putting it first be a problem? Just take a look at your organisation's diversity statement. You are, after all committed to increasing the under-representation of diverse groups, and you welcome applications from under-represented communities. What better way to demonstrate that than by making sure it's the first criteria applicants read in the person specification for the role for which they have applied?

After all, you wouldn't say it if you didn't really mean it – would you?

- Jacqui Francis is a TDA panel member and an independent consultant

Do Fairtrade employers pay fair wages? The evidence suggests they do not.

Tom Holmer, 23 March 2015

Is a poor person, dependent on wage labour for survival, better off working for an employer with [Fairtrade](#) accreditation than for one without it? The answer produced by a major research project at the School of Oriental and African Studies (SOAS) in London might surprise you.

The £700,000 [Fair Trade, Employment and Poverty Reduction](#) project -- funded by the UK [Department of International Development](#) (DFID) -- was outlined last week by two of the SOAS research team, Carlos Oya and Deborah Johnston. The four-year study looked at the coffee and flowers sectors in Ethiopia and coffee and tea in Uganda.

It involved a quasi-census of the communities concerned, which established the extent of reliance on wage labour (about 60%), plus a survey of 1,700 workers, longitudinal research of 400 and 115 work history interviews. It compared not only Fairtrade employers with others but also large with small, so that the accreditation variable was distinguished from the effects of scale.

Under just about every indication, the [research report](#) showed that workers were better off working for organisations which were not part of the Fairtrade network. The three headline results were:

1. Wage employment was much more prevalent in agriculture than had been assumed in poverty reduction strategies focused on small or self-employed producers and farmers;
2. The agricultural workers researched were exceptionally poor, even by the standards of average wages within the countries concerned;
3. There was no evidence that Fairtrade certification improved conditions for wage workers.

At the lowest end of the labour market the conditions and wages for these mainly seasonal labourers is poor. The research highlighted not only low pay but also sexual harassment of women, child labour and lack of access to facilities which might be available to those who were in more secure employment, including support for education of their children.

The report is worth reading almost for these issues alone, the result of painstaking interviews with workers to discuss their lives. Indeed, some of the researchers faced threats of violence from various interests in both countries, experiences described in the [report's appendices](#).

Many of the results they found concerning Fairtrade echo those of other studies into certification and consumer movements – that the workers are often unaware that their workplace is part of an effort to ensure 'better' standards, and have no knowledge of the certification system or what it is meant to offer them.

Questions about who benefitted from Fairtrade, and the '[Fairtrade premium](#)' (i.e. "an additional sum of money paid on top of the Fairtrade minimum price that farmers and workers invest in social, environmental and economic developmental projects to improve their businesses and their communities," as the Fairtrade Foundation's UK website puts it) had equally disappointing replies at the SOAS seminar. The premium had been used in one case to provide a health centre which was only for permanent workers; toilets provided were only for the use of management; a dining room was only for the workers in the factory, but not for those in the fields, although the latter had the poorest and most precarious jobs.

The researchers put some of the blame for the conditions they discovered on the lack of emphasis on conditions for wage workers, previously thought to be an insignificant minority when compared to rural entrepreneurs, small holders and cooperative partners who are more likely to benefit from Fairtrade.

The report itself lists a number of recommendations for Fairtrade, including improving their system of monitoring in order to improve the conditions of wage workers. It recommends that governments and donors intervene to deal with the issues these workers face, including child labour, pesticide use and obstacles to trade union organisation.

Fairtrade published a [short response to the research](#), which acknowledged the need to do more for agricultural labour, and resolved to tackle the problems uncovered in Ethiopia and Uganda. The statement indicated that Fairtrade had made substantial progress in 2013 in improving their hired labour standards and in progress towards a living wage. Fairtrade expressed disappointment with the study, and made the point that they had made a difference to the lives of 1.4 million farmers and workers.

The implications of the SOAS study are unlikely to be limited to Ethiopia and Uganda and in any case go beyond Fairtrade, which covers only a tiny fraction of coffee, tea and cut flowers production. It underlines the huge barriers to being able to effectively improve the livelihoods of the poorest people in the world, showing that the trickle-down effect of helping employers, while necessary, is insufficient to reach the bottom of the pile, to the most exploited and the most vulnerable.

Those barriers are concerned not only with the terms of trade but also with greed. For example, while increasing the price of flowers to give the pickers a living wage would add only a tiny amount to the price paid by the consumer, it doesn't happen because others in the value chain could pocket the extra without passing it down as intended. Fairtrade would like to eliminate these barriers but cannot.

- **Tom Holmer** is an associate consultant with Public World, currently working on our new Goodship project in partnership with the International Transport Workers' Federation's [Seafarers Trust](#). Come back soon for more news about that exciting project!

Learning from Francis: Culture change and staff involvement in the NHS

Brendan Martin, 12 February 2015

In recent months I have been helping an NHS Foundation Trust respond to complaints raised by some staff about bullying, in a few cases linked to concerns about management behaviour or patient safety.

I have also been working with the [Society of Radiographers](#), training their reps to support members with concerns, many of which relate to the dehumanising effect of treating patients like objects on a 'conveyor belt'.

So the evidence outlined in Sir Robert Francis's [Freedom to Speak Up](#) report yesterday didn't shock me, but I was amazed this morning to receive an email about it from Jeremy Hunt and Andy Burnham, apparently intended for NHS England chief executive Simon Stevens.

How on earth they mixed me up with him I don't know, and the honesty and collaborative commitment expressed in their message was also a surprise. But as an eternal optimist, I don't want to believe it's a hoax. What do you think? Here's what it said:

Dear Simon,

You won't be surprised any more than we were by the grim picture painted by Sir Robert yesterday, and of course [we have both promised](#) to implement his recommendations while hoping the electorate blames the other for the problems.

But what we really believe is that we must show the culture change he makes clear is so desperately needed. And we mean 'show the change', not just talk about it.

So after our initial ritualistic statements we are going to pause to reflect on our own responsibilities for the cultures of blame and fear he describes, and for the way in which many staff who should feel cherished actually feel bullied and hopeless.

We hope that will enable us to really hear what dedicated NHS workers and many more in the communities they serve have been trying to tell us for years, and to understand why some responses to yesterday's report were more lukewarm than others.

Take the rather defensive response of [NHS Providers](#), for example. How easy it would be to attack them for it, as some of have done. But rather than do that, perhaps we should try to understand why managers in NHS Trusts feel caught between a rock and a hard place.

Pressured from above to reach ever tougher targets with every tightening budgets, they also feel the increasing desperation of their staff. Perhaps part of the answer lies in a key paragraph (1.118) of [Sir Robert's Mid Staffs report](#) two years ago, which stated:

"The patient must be first in everything that is done: there must be no tolerance of substandard care; frontline staff must be empowered with responsibility and freedom to act in this way under strong and stable leadership in stable organisations."

Do we empower NHS staff with "freedom and responsibility"? Are their organisations stable? Do we mistake command-and-control for "strong leadership".

I think all three of us know the answers to those questions, and Sir Robert's emphasis on culture change yesterday showed we can't avoid them any longer.

So here's our proposal. On 11 March, a month to the day after Sir Robert's report, we will have [NHS Change Day](#), when thousands of staff will once again pledge to take initiatives that will contribute to the change we need.

That's great, but we all know there is a limit to the difference those pledges can make unless they are matched by systemic change, and it is down to us to enable that.

It will mean accepting that the culture criticised by Sir Robert remains dominant in many organisations, despite the efforts of some quite heroic leaders to place staff engagement at the heart of their everyday organisational practice.

And it will mean accepting -- and learning from experiences such as [Buurtzorg](#) in the Netherlands -- that the route to better service and more efficient use of resources is to create trusting and transparent environments for health care teams to do their jobs.

"Freedom and responsibility", as Sir Robert said — not one or the other, but crucially the creative power that comes from linking the two.

I know it's not the kind of leadership we're used to, and it involves changing attitudes and learning new skills. But it's essential, and it's time we set the right example.

So, Sir Simon, could we work together to listen, consult and start planning along those lines?

Because, let's face it, none of our statements yesterday — [yours included](#) — came even close to what is required.

Of course we must enable staff to speak up about their concerns, and protect them when they do. But that's not enough. We'll know the culture has really changed when whistleblowing is no longer necessary because everyday staff involvement solves problems as they arise, and politicians and bureaucrats provide the support needed to do that.

Yours sincerely,

Jeremy and Andy.

Race in the workplace: a barometer of organisational health

Veena Vasista, 23 January 2015

In December, NHS Providers published [Leading by example: the race equality opportunity for NHS provider boards](#). This report was published to support NHS bodies in implementing the Workplace Race Equality Standard (WRES), which is mandatory for NHS employers from April this year. When I heard about the Standard and received the NHS Providers report, I rolled my eyes. I thought, “Another standard and another push to promote race equality that won’t do very much.”

But by the time I had finished reading the report I was struck by what I think of as shifts in beliefs that bode well.

- The report highlights that the experiences of Black and Minority Ethnic (BME) staff can be a barometer for the wider health of an organisation. As recently as November 2010, when I wrote a report called [Snowy Peaks – ethnic diversity at the top](#) for the Runnymede Trust, I and many others were writing from this perspective and it didn’t feel like the message was getting through. How we treat people from traditionally marginalised and more-vulnerable-to-abuse-than-other groups mirrors home truths about what kind of communities, e.g. workplaces, we are cultivating.
- The report questions the value of diversity champions; their presence on a management board can easily become an excuse for others to relinquish their personal responsibility for promoting what I now refer to as equity.
- The report highlights that creating communities rooted in equity and justice for all is at its heart a culture issue. This emphasis, to my mind, is an improvement over pushing for mere compliance with a standard.
- The case studies in the report are not presented as “here’s an organisation that’s cracked it!” Instead, some explicitly state that this work is ongoing with one step leading to another. In the past, even just four years ago, reports were all about saying “here’s people who are doing it, why can’t you?” with pithy case studies that ignore the complexity of this cultural work.

I walked out of the public policy and equality arena four years ago after writing Snowy Peaks. While I know many people felt the report was valuable, I felt it was a sham. I had hoped to make the point that, ultimately, this is a moral or ethical matter. Our workplaces are communities and the task at hand is to create communities that are nourishing and equitable for all. Full stop.

So I was disappointed by the Foreword to my report, in which a senior person from Lloyds Bank brought the argument for taking action back to a business case.

I felt, too, that I had come under pressure to frame the issue in terms of how to assess leadership potential and identify assets when assessing people from ‘different’, e.g. low-income, non-White, non-Christian backgrounds, whereas I wanted to challenge this ‘Us’ and ‘Them’ way of thinking about workplace relationships.

I also thought that the report was neither explicit nor forceful enough in its challenge to the then conventional change model, which focused on:

- leadership in the form of a diversity champion on the management board;
- the idea that you can’t manage what you can’t measure and thus change must be driven by quantifiable metrics;
- accountability rooted in knuckles getting wrapped when the metrics weren’t generating good looking numbers;

- communication as vehicle for getting the message out there that leaders in the organisation are committed to equality, e.g. statements such as “We are committed to be an equal opportunities employer”.

I aspired to nudge people to question that approach to culture change and think about it in a wider sense:

- To focus on leadership everywhere in the organisation – with each individual taking a lead to be responsible and hold themselves and others accountable.
- To be driven by the work itself, the work essential to cultural change, rather than by number crunching.
- To explore how we talk with each other about sensitive issues such as injustice and racism in the workplace, rather than on communicating a lovely sounding message.
- To get people thinking “oh, we need to talk openly about values, morals and ethics – rather than business cases.”
- To consider the role empathy must play in changing beliefs and behaviours.

I am still very much engaged with framing racism and racial discrimination as ethical issues. I also believe even more deeply that in any community wanting to address these issues, people must be prepared to step into self-reflection, open and honest dialogue and conflict.

The road to peace generally involves experiencing conflict and taking risks. When we navigate these conflicts and risk-taking constructively, we generate the necessary shifts in beliefs and behaviours. Because that’s what this is about: questioning our beliefs and behaviours day in and day out.

Creating healthy workplace and service communities in the NHS or any other organisation is about relationships – how we relate to ourselves, others, the work we do, power, conflict and more.

Let’s receive the NHS Workplace Race Equality Standard as a welcome nudge to kick-start people into doing the work of rooting our creativity (ability to bring into being) and power (capacity to take action) in love (or compassion if the word ‘love’ makes you feel uncomfortable) and justice.

And this means EVERYBODY. No exceptions. No us, no them – just WE in this all together and having to wake ourselves up, speak truth, listen to one another and take responsible action.

And I think what we’ll find is that dialogue about racism and racial discrimination open up into dialogue about sexism, bullying, homophobia and oppressive behaviors more generally. We’ll find that fear plays an important role in toxic, oppressive cultures.

Having stepped into fear, anger and sadness, shame and other shadowy, emotional landscapes, we’ll start to discover that the foundation for a culture that usefully embraces diversity (to be frank, I can’t stand this term anymore - I prefer to talk about pluralism) and equity is one that embraces the notion of our shared humanity.

Paying more attention to what we have in common is what will give us a strong foundation to navigate our differences.

As a brown-skinned woman from the USA, in my personal life dealing with racism and racial discrimination has been one entry point into taking back my autonomy and reclaiming my dignity, into practicing love and justice in my relationship with myself and others.

And I believe the same can happen collectively, if we are willing to go there.

- *Veena Vasista is an associate consultant with Public World*

Staff wellbeing and engagement will make or break NHS England's Five Year Forward View

Brendan Martin, 20 October 2014

Just when [NHS staff have gone on strike](#) for the first time in 30 years because their pay is frozen while their workload intensifies is hardly the ideal moment to suggest they shell out for gym membership and take on more responsibility.

Judging by the tone of the hundreds of comments following yesterday's [Observer piece](#) leaking details of NHS Chief Executive Simon Stevens's [Five Year Forward View](#) they are in no mood to add either obesity prevention to their duties or gym fees to their ever tighter personal budgets.

But Stevens is surely right about the need for a radical shift to preventative care, and NHS staff know it as well as he does. So winning them over will be easy -- provided he goes about it the right way. The key is to place staff wellbeing and involvement at the centre not just of an obesity prevention push but of everything the NHS does. The evidence that doing so would benefit patients is very clear, as we have reported time and again.

As [NHS Employers](#) itself puts it: "To deliver high quality patient care, the NHS needs staff that are healthy, well and at work. Looking after the health and wellbeing of staff directly contributes to the delivery of quality patient care."

It adds: "High performing NHS organisations also often tend to have good [staff engagement](#) policies." It is high time hospitals offered their patients, staff and visitors a more healthy diet, and if Google provides gym facilities to its staff why shouldn't the NHS? The benefits to patients would more than justify the cost.

But more and more diktats from above is exactly what NHS staff do not need — particularly if they are simultaneously deprived of the time and resources they need to deliver.

So the way in which Stevens goes about achieving his aims will determine whether or not he achieves them.

If he wants NHS staff at the forefront of preventative as well as curative health care the first step must be to do all he can to support their wellbeing and engagement at work.

Yet NHS England's web page on his Five Year Forward View not only makes no reference to staff engagement in general but gives no sign that Stevens plans to consult them about the review itself. Quite rightly, the review is involving [National Voices](#) and [NHS Citizen](#), and "we will seek active engagement with a wider list of stakeholders upon publication of the report, which we will use as the beginning of a conversation with the wider system," it says.

That must include a systematic approach to enabling the voices of the staff to be really heard. Mobilising their knowledge effectively will not only improve the review itself but also contribute powerfully to the NHS culture change without which the review's aims will not be realised.

- *Brendan Martin is founder and managing director of Public World.*

Yes, depression is an illness, but prevention is better and cheaper than treatment

Brendan Martin, 13 August 2014

The lonely death of Robin Williams has produced a welcome eruption of concern that we should all be kinder and more understanding about mental illness, and treat diseases of the mind as we would diseases of the body.

This has highlighted the scandal that only one in three adult sufferers of anxiety and depression in Britain today receive treatment, with most other countries no better off.

With mental health services suffering even harsher cuts than the rest of the NHS, and the same austerity measures that have produced that trend also leading to more anxiety and depression, the gap between need and support will surely widen further.

Alastair Campbell, the journalist and former spin doctor, summed up the prevailing mood in Britain's [Guardian newspaper today](#), by commenting that we should understand depression, from which he suffers, as we would asthma, cancer or diabetes.

"There still needs to be a debate about depression as an illness because there is still a lack of understanding that illness is exactly what it is," he wrote, adding: "Some people get it, some people don't."

That is true, and the human case for understanding and treating depression more effectively is reinforced by the economic case, made by [Martin Wolf in the Financial Times](#) recently, when he wrote:

"Given the economic costs to society, including those caused by unemployment, disability, poor performance at work and imprisonment, the costs of treatment would pay for themselves. The cost of therapy is also not high: about the same as six months' treatment of diabetes routinely supplied by health systems today."

In these confessional times, and to do my bit for destigmatisation, let me add my voice to those that say it is impossible in words to fully capture what depression is like.

I won't bring you down with details, but I have long thought that Winston Churchill's revival of Samuel Johnson's 'black dog' metaphor never quite captured my experience, which had more in common with being surrounded incessantly by an angry pack of them.

We sufferers know that the early signs of the ground slipping from under our feet again are invariably accompanied by diminished capacity to prevent the slide. Yet, if we are lucky enough to enjoy the right support and circumstances, some of us do learn how to mobilise our remaining resources at the first sign of renewed trouble, and it's that knowledge that sets some alarm bells ringing for me about the primarily medical focus of the last few days of commentary.

If we are truly to treat depression and anxiety as we would asthma, cancer or diabetes we must surely be similarly focused not just on treatment but also on prevention. This involves building an enabling and supportive environment to strengthen personal preventative responsibility.

Just as we know that pollution contributes to asthma, we know that mental illness has external triggers, such as workplace stress. Indeed, according to the [Mental Health Foundation](#), not only are

more than 90 million working days a year in Britain lost to mental illness, but also “work-related stress is estimated to be the biggest occupational health problem in the UK”.

So we need not only to treat mental illness with the compassion and care it is due but also tackle the working environments that can contribute to its causes. We need, indeed, to include in our definition of economic and social sustainability a commitment to regimes and relationships in the workplace that keep stress within the bounds required to prevent it causing illness.

Our compassion must include acceptance that our personal capacities and circumstances vary, and that each of us has responsibility to support each other and ourselves to make the most of them without overloading them.

We must treat every lung cancer patient with the utmost compassion and care, whether or not their behaviour contributed to their illness, but we should not let the tobacco merchants externalise their responsibility. Similarly, while accepting that depression is indeed an illness, and treating it as such, let’s not over-medicalise it and avoid the work-related challenges.

Prevention is better than treatment, as well as cheaper, and that means, among other things, changing how we work, how much we work and how we relate to each other at work.

That in turn means that employers must accept their responsibilities for their work environments, and governments theirs to enable all of us to earn our livings securely and healthily.

- *Brendan Martin is founder and managing director of Public World.*

Improving staff engagement does not require employee ownership of the NHS

Brendan Martin, 15 July 2014

The correlation between staff engagement and health care standards is so strong, and the gap between existing and desirable levels of staff engagement so wide in many hospitals, that it is tempting to welcome any and every new report on the subject.

In 2014 alone, the Point of Care Foundation led the way with its excellent launch report, [Staff Care](#), in January, since when several more reports have confirmed its core message about the importance of staff wellbeing and engagement.

Despite repeating many of the same key messages, however, the new Report of the [Review of Staff Engagement and Empowerment in the NHS](#), published today, needs to be read with an especially critical mindset.

Commissioned by the government and chaired by King's Fund chief Chris Ham, it suggests that the best route to higher levels of staff engagement is through hiving off National Health Service organisations into employee-owned or mutual companies.

Moreover, it makes that case by linking two sets of literature in a way that, while sleight of hand would be overstating it, is certainly on the dubious side.

One set of literature shows the correlation between staff engagement and performance, and the other links employee ownership to staff engagement. But while the first set concerns public services, the second draws on the experience of employee share ownership in private companies.

Much can be learnt from both, but the two contexts are quite significantly different, particularly when considering staff engagement, because each has its own motivational dynamic.

Is it right to infer from higher levels of staff engagement among employee shareholders of private firms that such a structural arrangement in the NHS would have the same effect? Judging by paragraph 22 of the report, it would appear that Ham's review team were not all convinced that it is. "A core question on which opinion was divided within the Panel", it states, was "the relative importance of ownership and governance in comparison with other critical factors such as leadership, culture, and ways of working in securing a highly engaged workforce."

How much more useful the report would have been if, rather than simply mentioning that difference of view, it had explored it in detail, as presumably the panel itself must have done.

Instead, having set out convincingly the case for better staff engagement, and despite acknowledging other approaches to improving it, the report ends up pointing firmly in the direction of hiving off NHS trusts to employee-owned or mutual firms.

The argument draws heavily on the experience of Circle Health, the company owned largely by hedge fund millionaires, which gave the staff of Hinchingsbrooke NHS Trust a small minority of shares when, in 2012, it became the first private company to run an NHS hospital.

Circle introduced some staff involvement practices that appear to have improved performance, and there is no doubt that other trusts might learn some important lessons from that experience. But it is as important to distinguish those lessons from Circle's corporate structure as it is to distinguish the Mid Staffs scandal from public ownership.

The reality is that it is not only possible but essential to improve staff involvement in the NHS -- and no ownership change is required to achieve it.

As the Ham report states (paragraph 2), an “engaged and valued workforce” is “a necessary condition for meeting the NHS’s unprecedented challenges against a backdrop of growing service pressures and tightening finances”.

It adds: “We need to unleash the power of NHS staff to drive service improvements and innovations that transform care,” and “successful leaders are those who work in partnership with staff, giving them a strong voice, involving them in decision-making and empowering them to improve care.” Those are powerful messages, and the report is also right to note (paragraph 7) that “the NHS culture has traditionally been one of performance management in which providers have been expected to deliver improvements based on centrally determined targets and standards”. That culture must change because we need “coaching and participative approaches if staff are to be engaged effectively”.

Perhaps there is a place for mutuals and social enterprises in the NHS. Perhaps that would help dismantle bureaucratic obstacles to improving staff involvement and engagement. But the evidence of those causal links is not strong, whereas the costs and risks of NHS fragmentation and privatisation are great.

We know that it is possible to improve staff involvement in public organisations. If the Ham report diverts us from that path it will have done a disservice to its own premise.

- *Brendan Martin is managing director of Public World.*

The ups and downs of self-employment

Brendan Martin, 29 May 2014

You wait years for a good report about self-employment and micro-entrepreneurship in Britain, and then ... following the RSA yesterday and the Resolution Foundation earlier this month presumably there'll be another one along in a minute.

Largely confirming the findings of [Just the Job or a Working Compromise](#), published by the Resolution Foundation earlier this month, the RSA's [Salvation in a Start-up](#) shows that the scale of self-employment has been growing fast, to around 15% of the workforce at any one time.

Between them, the reports suggest that a combination of cyclical and structural factors explain the increase, that self-employed earnings are below average and falling, that most self-employed people have no pension, and that many struggle with mortgage payments.

Both also show, however, that — despite those considerable downsides — most self-employed people are happy to be so. What does that tell us about how disengaged from their work many employed people must feel?

Generalisations mislead. As Nicola Smith of the TUC put it at the RSA launch, the rise of self-employment is not so much one trend as many trends happening at the same time, and their causes and effects are equally heterogeneous.

There are many whose self-employed status is dubious, in some cases because they want it that way for tax avoidance reasons, and in others because their unfair employers deny them the protections to which they are entitled.

Those are important issues for public finance and employment rights, but it would be a mistake to allow them to overshadow a key message of both reports — that most people who work for themselves are choosing autonomy over security.

As [I wrote in a blog](#) last year, however, rather than settling for a trade-off between those needs shouldn't we be thinking about how to reconcile them more?

That involves humanising relationships in organisations that treat their staff like cogs in a machine and redesigning social security so that it is based in citizenship rather than a person's place in the labour market.

It also means that government, employers and unions — and, for that matter, think tanks — need to listen better to what both employed and self-employed people say they need and want.

At a 'Freelance Rights' workshop organised by workers in the creative industries last year, a range of young people who are content to be self-employed asserted their 'rights' and complained that those rights are not honoured.

When the workshop examined what they meant by 'rights', the main bugbears were unfair contracts — loading risk on to one side of the relationship and benefits on the other — and late payment or even non-payment of fees.

This is where I have difficulty with the typology offered in the RSA report, which responds to the challenge of the heterogeneity of the self-employed experience by forcing these 4,500,000 people into six 'tribes', from 'visionaries' to 'dabblers'.

While the typology is useful in categorising what drives people into self-employment, and some of the challenges they face, its inference that individuals are either happy and motivated or insecure and angry is mistaken.

In fact, the self-employment experience usually combines positive and negative aspects in different ways to different extents at different times — and that reality, albeit with different salient concerns, is shared by employed people too.

I write as someone who left a very secure, intrinsically interesting and fairly paid job 24 years ago to go freelance, has regretted that decision for no more than 20 minutes in all that time, and now runs a small and growing self-founded social enterprise.

I love being my own boss, and I haven't missed wasting time and energy on office politics. But I have had periods of great insecurity and overwork, and I would have made fewer mistakes if I had enjoyed access to some basic advisory services that are still too scarce and expensive.

That is a key gap in public service provision, and it really should be filled now that one in seven are self-employed.

Neither of the new reports address that issue in detail, but both make very helpful contributions to taking the discourse beyond the stereotypes by showing that the rise of self-employment and micro-entrepreneurship has both positive and negative drivers and effects.

Above all they confirm that it is time for public policy to tackle more seriously and far more concretely the challenge of improving both security in life and freedom at work — and making wellbeing and happiness key goals of both.

The snowy white peaks of the NHS: time to end the denial

Roger Kline, 11 April 2014

Last year Public World published a report of my research on recruitment in the NHS, [Discrimination by Appointment](#). It showed, in results similar to those of earlier surveys, that Black and Minority Ethnic (BME) staff are disadvantaged in recruitment, even after being shortlisted for posts. White shortlisted applicants were found to be 1.74 times more likely to be appointed than shortlisted BME applicants.

My latest research considers the governance and leadership of the NHS and finds remarkable under-representation of BME people at senior levels. I examined London in great detail and then checked whether similar patterns existed nationally in NHS Trusts and in the national bodies of the NHS. [The “snowy white peaks” of the NHS](#) finds that the BME population is largely excluded from senior management and trust board positions to a degree that is serious and systemic.

I found no evidence that NHS Boards and senior management have become more diverse in recent years, as government ministers have suggested.

The gap between the diversity of the local population and the local workforce on the one hand, and the leadership and governance of the NHS on the other, appears to be particularly serious in London. Despite 45% of the London population and 41% of the NHS workforce being from BME backgrounds:

- The proportion of London NHS Trust Board members from a BME background is 8%, an even lower number than the 9.6% reported in 2006.
- The proportion of chief executives and chairs from a BME background has decreased so much that there is currently one BME chair and (as of this month) no BME chief executive.
- Two fifths of London’s 40 NHS Trust Boards had no BME members (executive or non executive) on them at all, and most did not have both a BME executive and non-executive member.
- There has been no significant change in the proportion of BME non-executive appointments to Trust Boards in recent years.
- The proportion of senior and very senior managers who are BME has not increased since 2008, when comparable grading data was last available, and has fallen slightly in the last three years.
- The likelihood of white staff in London being senior or very senior managers is three times higher than it is for black and minority ethnic staff.

The research also found that there is not a single BME executive member on the board of any of the key national English NHS bodies, and that BME people and women are under-represented on those boards as a whole.

Research evidence suggests BME under-representation in the leadership and management of the NHS nationally and locally is likely to have adverse effects on the provision of services. It also denies the NHS the potential contribution a diverse leadership could make.

In his last interview before retiring, former [NHS England Chief Executive David Nicholson](#) said he “regrets not making more progress in increasing the number of black and minority ethnic senior NHS leaders,” and that senior NHS management was “too monocultural”. He described the barriers to improvement as a “systemic problem”.

I hope this report will finally lead to an acceptance that things are bad and getting worse, and will prompt a radical rethink of strategy. The strategy used for the last decade has failed BME staff and their patients.



There is much talk about staff “engagement” but it is an empty vessel unless BME staff who make up one in five nurses and over a third of doctors are central to it.

We need to work together to urgently embed a new strategy on race equality for everyone’s sake.

- Roger Kline is an Associate Consultant with Public World and Research Fellow at Middlesex University Business School. He tweets at [@rogerkline](#).

Enough anti-PC jokes: women who are black, LGBT or have a disability are bullied more.

Brendan Martin, 2 April 2014

You might have seen the shocking news that in the [biggest ever British survey of its kind](#), published today, more than half of the women said they had experienced workplace bullying or harassment over the last three years.

But if those headline numbers were not bad enough, some less widely reported details from the survey of 25,000 women aged 28-40 by the Opportunity Now campaign are even more troubling. Turn to page 23 of the report and you will read:

“The figures are still more disturbing when disaggregated for women’s diversity. Among the 52% of women who have experienced workplace bullying and harassment during the previous three years, the rates were highest for Black British / African / Caribbean women (69%), women with disabilities (71%), bisexual (61%) and lesbian and gay women (55%).

“These bullying and harassment figures exclude sexual harassment, which we asked about separately. Among female respondents, 12% said they had experienced sexual harassment in the workplace during the previous three years.

“Again, LGBT women, ethnic minority women and women with disabilities were more frequently targets of sexual harassment.”

The report adds: “When we asked participants an open ended, unprompted question about what their organisation could do or could have done to improve the culture in their workplace, addressing bullying and harassment was the most frequent suggestion: one in six women recommended it.” The second most frequent suggestion was to “address the stigma associated with flexible/agile working”, an issue that still affects women more than men since our society has made only glacial progress towards equalising responsibility for weekday parenting.

The report makes four recommendations, the first one of which addresses equality of opportunity. “If you are serious about change,” it reads, “you as CEOs and senior leaders need to take the lead on women’s progression, moving this from a diversity initiative to a core business priority. Set aspirational targets for the numbers of women you want to see at each level in your organisation.”

I have no argument with that, but it follows from the report’s own evidence that particular attention needs to be paid also to other aspects of diversity, and not least the presence of ethnic minority and LGBT people, and people with disabilities, in senior positions.

Last year [Public World published disturbing evidence](#) suggesting that black and minority ethnic applicants are significantly less likely to be appointed -- even having been shortlisted -- than white applicants for NHS jobs, and more likely to be disciplined.

Our report did not break the numbers down by seniority of grade, because the data to which we had access for the report did not do so, but there is plenty of other evidence showing that the higher the grade the less likely it is to be filled by a non-white person.

Clearly, if efforts to combat the scourge of workplace bullying are to be effective -- and for plenty of other good reasons -- we cannot allow ourselves the complacent belief that equal opportunities in the workplace have been won. Far from it.



But if bullying, like many other workplace challenges, has a diversity and equality aspect, it is also associated with a range of other cultural and management issues in organisations. I will return to that in a future blog.

Meanwhile, Public World is working with a number of employers and unions to support their efforts to improve diversity and tackle bullying and other organisational culture challenges. If you would like a chat about how we might be able to help you, do please [drop me a line](#).

- *Brendan Martin is managing director of Public World*

999 for the ambulance service?

Roger Kline, 26 March 2014

Isn't it about time someone took serious notice of the NHS national staff survey results for ambulance staff? They look like a case for the casualty department.

Last year's results were pretty dismal. This year's are worse.

The survey report itself states: "It is important to note that ambulance staff work in a distinct and different environment to others in the NHS and they report poorer experiences on many of the issues picked up by the staff survey."

But why should that different environment mean worse staff experience, and what can be done about it?

The good news is that 86% of staff agree that their role makes a difference to patients, but that's about the only plus point in the staff survey.

- In the NHS as a whole, 41% of staff "were satisfied with the extent to which they felt that their organisation values their work", an increase from 40% in 2012. For ambulance staff the figures was half that at 21%, down from 23% in 2012.
- While 38% of all NHS staff say their appraisals — an important indicator — were well structured, up from 36% in 2012, for ambulance staff the figure is 18%, and this falls to a truly dismal 11% in London.
- 36% of NHS staff reported good communication between senior management and staff. That's hardly good, but drops to 19% (down from 20% in 2012) for ambulance staff. In SE Coast ambulance service just 9% of staff reported good communication with senior management!
- For the NHS as a whole, just 30% of staff feel that there are enough staff to enable them to do their jobs properly but this falls to 20% for ambulance staff.
- 69% of NHS staff said they felt able to contribute towards improvements at work. This dropped to 44% for ambulance staff and to an astonishing 29% in London.
- 39% of NHS staff reported that during the last 12 months they have felt unwell as a result of work related stress, rising slightly from 38% in 2012. This figure is higher among staff in ambulance trusts at 51% (up from 44%) and highest in London (61%).
- 23% of NHS staff reported they had experienced bullying, harassment or abuse from either their line manager or other colleagues. This rose to 26% among ambulance staff (33% in London and SE Coast).
- 29% of NHS staff say they would not feel safe raising concerns and this rose to 39% for ambulance staff. Only 41% of ambulance staff say they feel confident their organisation would address concerns if they did raise them compared to 54% in the NHS as a whole.
- 85% of NHS staff believe their trust provides equal opportunities for career progression or promotion but this fell to 68% amongst ambulance staff.
- 11% of staff said they had experienced discrimination at work in the last 12 months. This rose to 18% for ambulance staff and to a shocking 28% for London ambulance staff.

These statistics are yielded by data collected from 9,000 ambulance staff, and they paint a grim picture of the service's workplace culture.

Yet we know how this can be fixed, through leadership based on listening to and involving staff more effectively to enable them to participate in setting clear goals and evaluate progress in achieving

them, and by ensuring there are enough staff with the right training, support and equipment to do their jobs well.

As inquiry after inquiry and report after report has shown, that is urgently needed in the NHS as a whole — and even more so, it appears, in the ambulance service in particular.

One year on from Francis: how much has changed in the NHS?

Brendan Martin and Roger Kline, 4 February 2014

On 6 February 2013 the [Francis Report](#) set out in immense detail how Mid Staffordshire NHS Trust, in its pursuit of Foundation status, systematically neglected and mistreated its patients and ignored or bullied those who challenged that descent into cruelty.

One year on, how much has changed in the National Health Service?

The “Francis effect” reversed the fall in nurse staffing levels, but only temporarily, and real terms funding cuts allied to low morale continue to make the problem worse.

The report vindicated the local Cure the NHS group, but then its leader, Julie Bailey, was subjected to a hate campaign, which included the desecration of her mother’s grave. The heroine of 12 months ago was forced out of Stafford, closed her business and now lives in a caravan park.

The previous rotten CQC regime was replaced by new leadership who appear determined to shine a light on both good and bad care. But while its reports can show what needs to be done they do not produce the fundamental cultural change that is required.

NHS Trusts have become vicariously liable for how their staff treat whistleblowers, and “gagging clauses” have been banned. But whistleblowers continue to be victimised and the annual staff survey revealed the shocking extent of bullying.

Francis gave encouragement to staff and leaders for whom care standards always trumped targets. But their task has been made harder by a government whose priority has been to force through a radical reorganisation that, by forcing market forces into the NHS, will undermine precisely the co-operation and transparency required to sustain and replicate such practice.

The government has also continued to cut real terms funding at a time of rising demand and waited nearly a year before asking NICE to draw up guidance, which is yet to appear, about staffing and skills mix levels.

Building on Francis, the [Berwick Review](#) amounted to a manifesto for patient safety, and the [Keogh Review](#) provided CQC with a model of how to conduct inspections that are motivated by learning rather than blame.

However, the [Cavendish Review](#) was hampered by the government’s refusal to accept the Francis recommendation to regulate health care assistants, although the government has imposed top down regulation to enforce its marketisation agenda.

Both Francis and Berwick showed the need for staff to be properly valued, supported, listened to and engaged, and some Trusts have taken steps to improve staff wellbeing and patient safety. But in too many others leaders talk the talk without walking the walk.

Robert Francis QC himself has expressed his continuing commitment by becoming the president of the Patients Association and joining the board of the new [Point of Care Foundation](#), which has pioneered the introduction of Schwartz Rounds to improve the emotional and psychological support available to NHS staff.

The Foundation also published a launch report, [Staff Care](#), which draws attention to the importance of improving staff engagement through such initiatives as Public World's *Best Workplace* methodology, which we are introducing in the NHS following a successful workshop with NHS Employers.

Public World also produced our *Duty of Care handbook*, which provides practical guidance to healthcare professionals about how to assert their right to put patients first, even when they come under pressure to do otherwise. This has been received enthusiastically in several NHS trusts and a special new edition has been commissioned by Unite the Union and will be published imminently.

In short, many NHS leaders, staff, union representatives and supporters are working to bring about the kind of culture change demanded by the millions of words, thousands of pages and hundreds of recommendations of the Francis Report.

But if those initiatives are to become mainstream rather than pockets of good practice we need a government and NHS leaders committed to what we identified a year ago as, and still believe to be, the paragraph of the Francis Report that best sums up its key message.

Having noted the cultural degeneration experienced in Mid Staffs, Francis states that while the characteristics revealed there were not present throughout the NHS all the time, "their existence anywhere means that there is an insufficiently shared positive culture".

He added (paragraph 1.118): "To change that, there needs to be a relentless focus on the patient's interests and the obligation to keep patients safe and protected from substandard care.

"This means that the patient must be first in everything that is done: there must be no tolerance of substandard care; frontline staff must be empowered with responsibility and freedom to act in this way under strong and stable leadership in stable organisations."

Public World is passionate in its commitment to work positively and creatively in the NHS to support the efforts of its leaders, staff and unions to make that vision a reality, everywhere. To discuss how we can help you, please contact us at admin@publicworld.org

Big Society and fractured organisations—is HR part of the problem?

Robin Stafford, 31 January 2014

There has been much debate about the fragmentation and atomisation of society, not least with the Government's claimed concerns for family and community, and their suggested aim of a 'Big Society'.

But could it be that the changing shape and culture of today's organisations, be they public or private, is contributing to social breakdown, and to all the psychological and emotional difficulties associated with that?

If there is an economic recovery happening it is one in which too many, perhaps most, of the jobs being 'created' are low income and insecure, being short-term, part time or even zero hours. This of course is not new, in that the 'hollowing out' of organisations in all sectors has been happening over at least 20 years. This also contributes to the rapid growth in inequality and reduced social mobility, as those jobs with increased incomes and security are no longer available.

Charles Handy wrote about this when he coined the phrase 'Shamrock Organisation' in his 1989 book *The Age of Unreason*. He described how organisations would have only a small core of full-time staff, well paid with secure employment. Around them there would be self-employed consultants and experts who would be bought in as required – the second leaf on the shamrock. A third leaf of lower paid contract and part time workers would do the unskilled or semi-skilled work. Handy seemed then to view these developments through somewhat rose-tinted spectacles, anticipating the freedom that this would bring to people, rather as zero hours contracts are defended by some. However, he was much less clear about the darker sides.

Is this what most people really want? Or do they value security and continuity more than the highest possible income?

And who is going to train these 'experts', skilled or even semi-skilled workers when all organisations are merely expecting to buy them in as required? Apprenticeships and management training schemes, which used to develop these skills, have declined.

Meanwhile companies bemoan the lack of skills, be they technical or managerial, and complain that schools and universities are not producing people ready-trained for the world of work. Is training supposed stop at the end of school or university?

But there is another dimension. Politicians and commentators debate the fragmentation and atomisation of wider society, and the impact on families and communities. Yet this has paralleled the break-up of organisations.

Corporations, companies and other organisations are communities to which people belong - or used to. They have their cultures and norms, good and bad, and people build relationships that can last a lifetime. They are - or have been - hugely important to people, not least because people spend most of their lives amongst them, for better and worse.

Instability and insecurity in people's working lives has to have a huge impact on their personal lives, as psychologists and therapists have known for years. Yet 'Big Society' ideas somehow suggest that we can compensate for insecure working lives with more robust families and communities, as though they can be somehow inversely correlated.

I suspect that in fact they are very directly correlated, with stresses and strains in families and communities being directly linked to destructive and badly managed changes in organisations in which those people work.

It is no coincidence that people talk about some of the best organisations as being like families, that care for their employees' wider interests, rather than seeing employment as just a narrow transactional relationship.

This is not an argument for an old fashioned paternalism, but we should recognize that there are real social costs from the fragmentation of organisations, and that they are being externalised just as environmental costs are so often externalised.

'Big Society' applies at work, not just in the home. That means that 'human resource management' should become part of the solution, instead of a big part of the problem.

- *Robin Stafford is an associate consultant with Public World and was formerly Group Head of Programmes with Standard Chartered Bank*

Beyond Jobs: what if employment policy caught up with labour market reality?

Wingham Rowan, 13 January 2014

A [report from the UK Department of Business, Innovation and Skills \(BIS\)](#) towards the end of last year confirmed what too many workers already knew: the UK labour market is hollowing out. Jobs at the top of the economy are expanding slightly, jobs at the bottom more so. But the middle is collapsing.

Quality admin and production jobs are being automated, with people finding themselves increasingly forced into low paid, insecure, low skilled, monotonous roles in the service sector. Despite this, creating new jobs remains key government policy. In the UK we spend around £1bn a year on employment support schemes such as the Work Programme, despite [questionable returns](#). Other countries have had similar experiences. The European Union (EU) is spending £6bn to create more jobs for young people, despite [little evidence of success](#).

Perhaps policymakers are missing the point? Perhaps the days of most people having a sustainable, satisfying, job are – like it or not - behind us?

Nowadays, the reality is that citizens are grasping whatever economic opportunity they can. That's why websites like AirBnB, which allows you to rent your sofa to tourists, or Taskrabbit, which creates a market for running errands in any neighbourhood, are growing exponentially.

But this kind of activity is also insecure. Could policy be used to make it more fulfilling and rewarding? It could, but that would entail government thinking beyond job creation to how it might foster a gamut of economic activity.

We already have a government-initiated database of available jobs nationally: the [Universal Job Match service](#). Government provides it, in competition with the private sector, because it is so crucial to have such a tool for work seekers.

Imagine a database of hours of availability that was also officially sanctioned. Anyone could list the hours they were available for ad hoc activity, what they were prepared to do and the terms on which they would trade.

Anyone wanting to purchase such services ranging from haircutting through hire of a bike to homecare or peak hours cover for a retailer could access the database. It would show all the people ready to fulfil the need, each one costed and bookable with a few clicks. The site would enforce regulations and deduct tax.

The system could show anyone where their opportunities were locally and help them into trading in, perhaps, dozens of sectors that were appropriate to their circumstances.

It wouldn't offer a job for life. But it could create immediate, diverse, sustainable, economic activity. Anyone working this way would quickly build networks, experience and confidence. It could supplement or even replace a so called "McJob" for many.

The technology to do this is ready. Financing would not be a problem if governments threw their weight behind such a scheme.

Maybe the time is coming when we will have to fill in the hollows of the labour market in this way?

- *Wingham Rowan is the Director of the [Beyond Jobs](#) programme.*

Why should a junior lawyer earn more than a train driver?

Brendan Martin, 8 January 2014

English [lawyers went on strike](#) for the first time ever this week, although, being lawyers, they called their half-day walk-out a “mass non-attendance”.

They were protesting about the government’s cuts to the public legal aid budget. [According to the Criminal Bar Association](#) (CBA), the cuts mean that “the very future of our criminal justice system is in jeopardy”.

Already the famous Tookes Chambers has closed, with [this warning from its ‘legendary founder’ Michael Mansfield](#): “Very soon there will be one law for the rich and one for the poor.”

Mansfield represented the family of [murdered black London teenager Stephen Lawrence](#) after police failed to properly investigate the crime. It led to a judicial review, the eventual conviction of the killers, and, along the way, an inquiry that added the term ‘institutional racism’ to British understanding of discrimination.

The legal aid cuts mean “it will be harder for citizens to bring a judicial review,” Mansfield told the Daily Mirror, adding: “If you are wrongfully convicted you will find it increasingly difficult to mount an application for leave to appeal.”

So this is a very serious issue, and the campaign deserves public support. But the lawyers will find it hard to build that support unless they confront what might be called the institutional classism revealed in their public relations effort.

The [Financial Times reported](#) CBA chairman (sic) Nigel Lithman as highlighting the plight of his junior colleagues by noting that “a young lawyer was earning less than his train driver father who had moved to England from the West Indies”.

Presumably the comparison is supposed to highlight an obvious injustice, but why shouldn’t an experienced train driver earn more than a junior lawyer?

The Ministry of Justice has defended the legal aid cuts by claiming that the mean salary for criminal barristers is £72,000, and the median £56,000. Those numbers are misleading, says CBA, because they include expenses, overheads and value-added tax. Deducting these would reduce the median to £35,000.

But that is still some 40 per cent above the [median wage for all full-time employees in the UK](#), and the CBA itself does not dispute that about a quarter of its members gross more than £100,000, and a few more than £500,000 from legal aid work alone.

With those numbers at the top end, obviously there are some lawyers, especially young ones, struggling on earnings that hardly reach [Living Wage](#) levels.

The same can be said of other recent university graduates, however -- indeed many do much worse than that -- and young people who have not had the benefit of higher education and professional training are on average doing much worse still.

So let's take outmoded assumptions about relative entitlement out of this argument, particularly since the it looks as though the legal profession should be putting its own house in order by challenging the gross inequalities therein.

Legal aid is an absolutely vital resource for people who would otherwise be denied access to justice, and lawyers who specialise in defending the most vulnerable members of our community perform a vital public service. But the same can be said of train drivers.

If we are to protect access to justice and build a decent future for all working people, and especially the young, it is time to deposit outdated class-based assumptions about relative merit on the same scrapheap as some of our finest lawyers dumped institutional racism.

Fixing the gender jobs split: are we starting from the right end?

Brendan Martin and Olivia Bryanne Zank, 7 November 2013

A report published last week by the British Trades Union Congress (TUC) makes sobering reading for anyone concerned about ending all forms of unfair gender discrimination.

Written for the TUC by Ian Brinkley, Katy Jones and Neil Lee of the Work Foundation, [The Gender Jobs Split: How young men and women experience the labour market](#) is based on analysis of the UK's Quarterly Labour Force Surveys.

It draws out several empirical trends in employment for 16 to 24-year-olds, and particularly striking are the data on occupational segmentation.

While young people of both sexes are more likely than 20 years ago to go into 'elementary occupations', such as cleaning, and less likely to go into jobs defined as 'administrative and secretarial', the tendency for young men to enter 'skilled trades' while young women go into 'personal service occupations' is even more marked than in 1993.

A closer look behind those broad categories of 'skilled trades' and 'personal service occupations' shows that men still dominate in construction, vehicle maintenance, plumbing and engineering, while women are in hairdressing; children's care, learning and development; beauty therapy; and health and social care.

That does indeed mean that young women tend to be over-represented in apprenticeships with lower pay and worse career progression compared to young men, but look again at those occupations: are they really less skilled, intrinsically?

"These gender differences have some important implications," notes the report, with some understatement. "If young men and women enter occupations with different pay and prospects, this may entrench inequality of opportunity and the gender pay gap."

Indeed, but that is why it is unfortunate that the report fails to explore the possibility that its classification of occupations is itself gendered, and that the definition of 'skilled trades' drawn from the Labour Force Survey is perpetuating the very inequalities highlighted in the report. Take social care, for instance. Its mainly female workforce is low paid and precariously employed. Many among the 1.5m people in that sector earn less than national minimum wage and most are on zero-hours contracts or fake self-employment.

Their work is also often referred to as low-skilled -- and is certainly excluded from the 'skilled trades' category -- but we all know that quality home care is not only highly skilled but highly demanding of a range of aptitudes.

The problem is that, although social and child care, hairdressing and other sectors with female over-representation may require just as much skill as construction, vehicle mechanics and other male-dominated sectors, those skills are less highly valued.

This not only leads to a pay gap but may also mean that the extent and quality of the training available is also lower, with the circular result that many in those sectors are indeed less skilled than they need to be to produce the quality of service we all want.

The reasons for gendered occupational segmentation are complex, and do indeed pose challenges. But perhaps we need to address the skills, pay and career progression problem from the other end. Indeed, if we raise the status of those vital 'personal service occupations' perhaps more young men will want to do them!

- *Brendan Martin is managing director and Olivia Bryanne Zank a researcher at Public World.*

Why we need Radical Resilience at work

Elizabeth Cotton, 6 November 2013

As someone who has never been to a single work's Christmas party it might seem rather contrary of me to reveal that I'm a big fan of resilience at work.

Resilience means the capacity to cope with and adapt to difficult situations and is going through something of a boom in the recession. The field of resilience can be sourced from different disciplines, from environmental science to infant psychology.

In the clinical hands of psychologists such as Garmezy, Masten and the father of child psychiatry, Michael Rutter, the research question is why some children who have experienced trauma go on to develop and others don't. This approach is like a psychic calculator, identifying those risks and protective factors that influence our chances of surviving trauma. It involves trying to reduce both the internal and external risks to our mental health.

One reason why I like the term resilience is that, instead of choosing sides on whether you're mentally ill or not (crazies versus us) or whether mental distress is caused by bad employers and can be eradicated by decent employment relations (gaffers versus us), it is based on the fundamentally humane position that, given sufficient risks and insufficient protections, we are all vulnerable to mental health problems.

Another thing that I like about resilience is that it uses the word 'trauma' in its definition. We consistently downplay the brutal goings on at work and how they affect our states of mind. Defensive denial works up to a point, but under strain the veneer of good jobs starts to wear thin. To make matters worse, if you are unfortunate enough to actually crack up, you're going to struggle to find good quality mental health services. In the UK, if you are unable to pay you'll get a short course on psychological wellbeing or a phone call with an over-qualified agency worker in a mental health call centre.

Demand goes up as supply goes down, a traumatic trend.

In this environment I don't think it makes me Mary Poppins to suggest that we might need to find a way to up our chances of surviving work. The dominant workplace resilience model is based on positive psychology, which focuses on the individual and what they can do by self-regulating and changing pessimistic attitudes in favour of optimistic ones.

The idea behind the [Surviving Work Library](#) is what we're calling Radical Resilience. We believe that if you want to survive work you need to understand what's really happening around you, try to be honest about who you really are (not a superhuman, just a super human) and learn how to have the humility and grace to rely on other people. It means building our sense of agency, something like our belief that we are the gaffers of our own lives.

This requires a bit of emancipation, from our external and internal oppressors, who tell us there's nothing we can do to break our contract with despair. That's what I mean by Radical Resilience. Resilience here is a model of development that says human beings need other human beings to survive and thrive. My undoubtedly crude and possibly hippy understanding of resilience at work takes as a given that we need each other.

The [Surviving Work Library](#) is based on real expertise from people who are actually surviving work (you). We have anonymous podcasts, ranging from top tips to stories about bullying and anger. We do

not seek advice from positions of relative security or leaflets telling us to eat fruit. We want to know right now how to actually survive work.

This means that we need you to become our published authors by sending in your top tips, your stories and ideas to the website. And if you wanted us to come over for tea and a chat and do some recordings with you or the people that you work with then just give us a buzz on info@survivingwork.org.

Please tell people about the [Surviving Work Library](#). Send the link to your friends, tell the people you work with about it, put it on your websites and tweet @survivingwk like crazies.

No such thing as ‘the German model’: principles are universal, but routes must vary.

Brendan Martin, 21 October 2013

Given that no prospective British Prime Minister for at least a generation is showing more interest in positive lessons from Germany than Labour leader Ed Miliband you could forgive German social democrats for talking them up on a visit to London.

So it was refreshing -- and all the more convincing -- that the message from the [Hans Böckler Foundation](#)'s Roland Köstler this morning was that there is no such thing as ‘the German model’. Rather, he suggested, other countries should learn from the experience of Germany and other countries in designing their own approach to corporate governance and workplace democracy, while recognising that basic standards should apply everywhere.

Herr Köstler was speaking at a highly informative and stimulating seminar called Workers on Boards, organised by the London office of the [Friedrich Ebert Foundation](#) and the [High Pay Centre](#). He began his remarks by noting that, far from being exceptional in the European Union (EU), his country's commitment to employee voice is closer to the norm.

Nineteen EU countries now have institutional arrangements for worker representation on boards, the most recent to join the majority being France earlier this year. But the precise arrangements vary from country to country, he pointed out.

“There is no German model,” he said. “It is how we behave.” Arguing that there should indeed be a ‘basic standard’ of worker representation throughout the EU, he noted also the significance of the differences between the German and Swedish approaches.

In Germany, companies with between 500 and 2,000 employees have elected worker representatives as one third of their boards, while larger firms have supervisory boards of between 12 and 20 members on which there are equal numbers of shareholder and employee representatives.

Of the between six and 10 employee representatives on the boards of those larger companies, two or three represent the staff union and one represents management. The others are drawn directly from the workforce, but all are subject to election by all the German employees of the company.

Sweden, on the other hand, has two or three workers on the board, and they make up no more than a third of its membership. But alternative routes to worker involvement are provided by the higher level of union membership density there and other avenues, Herr Köstler said.

It is an important point because there are indeed many legal, institutional and cultural differences between countries, and this reality can become an obstacle to change, or even an excuse.

As the [Workers on Boards](#) report launched at today's event pointed out, German employers were bitterly opposed to the ‘co-determination’ arrangements when workforce participation on boards was made a legal requirement for all listed and state-owned companies in 1976.

But today the arrangements are seen as one of the key factors in the country's economic success, and in 2009 the powers of the supervisory boards were extended to include setting executive pay -- a power that led to a pay cut for the chief executive of Volkswagen! (Ok, he still gets nearly €15m a year, but at least he has to justify it to his staff.)

How to achieve such progress in countries, such as Britain, that remain laggards in all kinds of staff involvement? Should we aim for the statutory introduction of the fully fledged German institutional arrangements, or even the earlier forms that eventually led to them?

Certainly, as Herr Köstler said, there needs to be a basic commitment to employee representation if there is to be a reasonably level playing field in a single market, but he is surely right that the detail must vary.

After all, even Germany is falling well behind realities of the global market in that its representative arrangements do not involve employees of German firms outside the country or the increasing number of contingent workers in Germany itself.

One of the very useful publications on the Hans Böckler Foundation's website defines 'co-determination' in terms of principle, stating that it "defines a set of rights that give employees the possibility of actively participating in the shaping of their working environment".

To bring that definition up to the standards of the modern international labour market, the word 'worker' needs to replace 'employee' and the rights of workers right along the international supply chain need to be accepted as equally important.

The principle is universal but the next steps to achieving it must vary, and without strong, independent and democratic workers' organisations everywhere they will not be taken.

Mobilising informal economy workers for urban resilience

Bradley Cleveland, 15 October 2013

Cooperatives and associations of informal sector workers could become key players in global efforts to alleviate extreme poverty and enhance disaster resilience in urban slums.

By engaging these worker-led organizations in community-based efforts to reduce disaster risk, the urban poor who live in informal settlements and work in the informal economy can exert their collective power to overcome their social and economic marginalization.

Such a strategy can transform the precarious jobs into what the International Labour Organization defines as '[decent work](#)' that provides a fair income, job security and social protection, and promotes social dialogue.

The United Nations is advancing a development agenda to replace the [Millennium Development Goals](#), and a new disaster resilience strategy to replace the [Hyogo Framework for Action](#), both of which expire in 2015.

There is a growing consensus to link the development agenda and disaster framework to achieve three goals:

1. To lift workers and their families out of poverty;
2. To reduce the vulnerability of informal settlements by implementing '[no-regrets](#)' measures that provide both short-term and long-term benefits; and
3. To develop an inclusive participatory process that ensures social dialogue and builds social cohesion.

In the policy brief, [Mobilizing informal workers for urban resilience: Linking poverty alleviation and disaster preparedness](#), published by the [Institute for Research on Labor and Employment](#) at the University of California, Los Angeles, I argue that these goals can be met by engaging associations of informal workers in efforts to reduce community disaster risk.

Worker-led membership organizations can provide the political leverage to ensure the adoption of inclusive policies and practices that integrate marginalized communities and informal workers into the fabric of the city.

Investments in infrastructure and services for informal settlements represent a '[no regrets](#)' [strategy](#) that can improve the public health and safety of urban residents, reducing costs over the long-term.

Developing and maintaining green and grey infrastructure can reduce flooding and landslides. Restored ecosystems can serve as natural buffers against hazards, while become the source of healthy, locally sourced food.

Finally, this strategy promises to be financially sustainable as the informal workers become more productive, as new markets are developed, and local governments achieve savings from their investments in resilience through lower costs of disaster response and recovery.

- *Bradley Cleveland is an urban planning and health policy consultant based in Oakland, California. A former organiser with the Service Employees International Union (SEIU), he studied urban planning initiatives in Medellin, Colombia, in 2011 as a Masters student at UCLA.*

The NHS can learn from aviation—but not from Ryanair

Roger Kline, 2 July 2013

Two weeks ago the Ryanair Pilot Group wrote to aviation regulators expressing concern that the airline's employment practices could undermine airline safety. [They warned](#) that the "confusing, uncertain and unpredictable employment situation" at Ryanair was becoming "an increasing distraction in daily flight operations" and that this was causing "stress and worry" for pilots, with implications for safety.

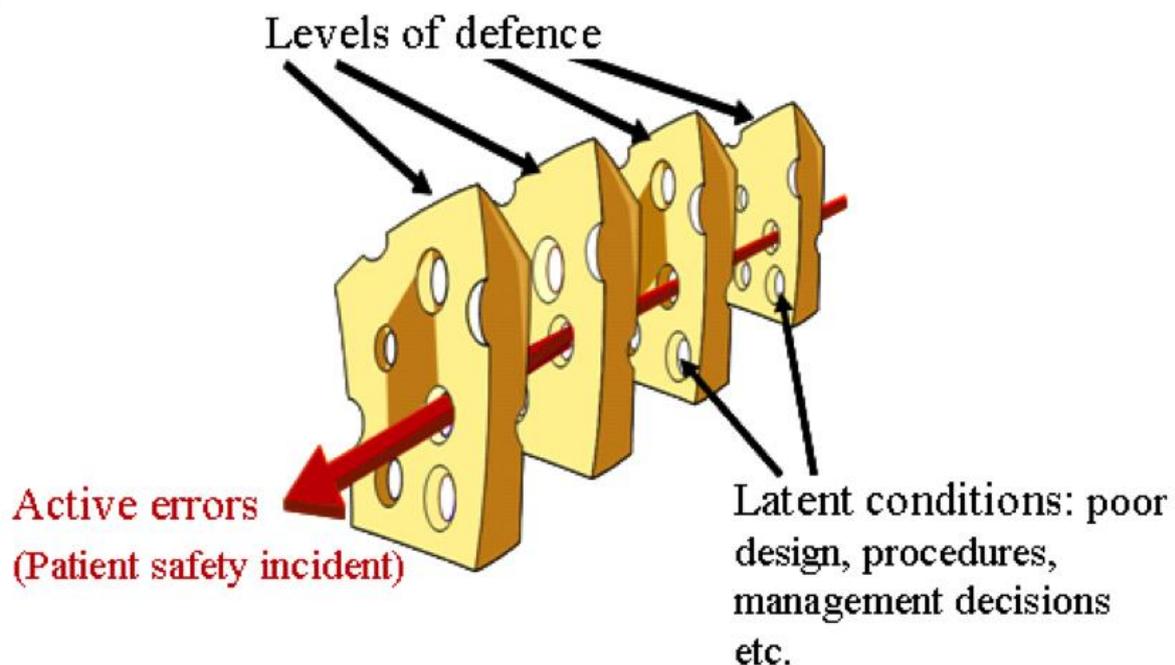
Ryanair, with its customary attitude to labour and customer relations, responded by writing to the pilots warning that any "who participates in this so-called safety petition will be guilty of gross misconduct and will be liable for dismissal".

The pilots responded: "Voicing concerns about safety and petitioning any government agency about those concerns is legal, necessary and in line with every pilot's legal obligations to report those kinds of concerns when they arise."

David Learmount, operations and safety editor of *Flight International* magazine, commented: "Ryanair are pushing their luck on human factors when they employ pilots like a warlord employs mercenaries. There is the worry that if they are self-employed that might place additional pressures on them to work even if, for any number of reasons, they might not feel entirely fit to do so."

The "human factors" Learmount refers to has a special meaning in aviation safety, and increasingly in healthcare too, as an excellent 'how to guide', [Implementing Human Factors in healthcare](#), has explained.

Its approach is informed by the Clinical Human Factors Group, founded in 2007 by Martin Bromiley after his wife Elaine tragically died after routine surgery. It starts from the fact that as human beings healthcare staff make mistakes, which can be fatal. So there need to be 'levels of defence' to prevent 'latent conditions' from leading to catastrophic consequences -- the so-called Swiss Cheese model.



Martin Bromiley and colleagues argue for an "open, just and informed culture" in which staff feel comfortable discussing safety incidents and issues, confident that the focus is on learning and prevention.

He points out that teams in healthcare are generally well trained in the technical aspects of their job but generally get no “human factors” training, which helps explain why the research literature and incident reports are full of examples of failures of leadership, situational awareness, communication, coordination and teamwork.

[Martin has written passionately](#), from his own experience as a pilot, about how “a regular feature in accident reports across all safety-critical industries is an inability of people to speak up, or an inability to be heard”, and he added: “From my own experience of observing interactions in a number of industries, I can assure you that this inability isn’t something that develops instantly, it has to be developed over time. I’d like to suggest that the problem isn’t so much the lone bully with a ‘personal issue’, but more likely the passionate, driven individual or team.”

Noting the weaknesses as well as strengths of leaders with passion and conviction, he says the bullying approach that “if you see anything unusual, shut up and do it my way” is not acceptable “on the flight deck, or in a nuclear plant, or during a Formula 1 pit stop”. So, “why should it be accepted in healthcare where you’re all at the cutting edge of safety?”

If you’re thinking of flying Ryanair, bear in mind that this latest incident is not an isolated one, and that bullying can be dangerous. If you’re working in the NHS, please do the same.

- *Roger Kline is a former national negotiator for the British Air Line Pilots Association, as well as a being a former senior trade union official in the health and education sectors. He is now a director of Patients First and an associate consultant with Public World.*

Bullying part II: Speaking truth to power is good (but may be dangerous in the NHS)

Roger Kline, 14 June 2013

Bullying in the NHS is widespread, and more so than in other parts of the economy. Almost one in four respondents in the [2012 NHS Staff Survey](#) said they had experienced bullying, harassment or abuse from a manager, team leader or other colleague during the previous year.

That is obviously bad for them, but the impact on patient safety could be just as serious if fear of the personal consequences of raising concerns makes staff reluctant to do so.

As Dean Royles, the head of NHS Employers, has explained: "Robust staff engagement and encouraging a culture of openness and trust are key in addressing under-reporting. Confidence to report bullying is directly related to confidence to report workplace concerns." ('Trust and culture change are essential to tackle bullying', *Nursing Times*, 12 July, 2011).

This might help to explain one of the anomalous findings of the 2012 NHS staff survey, which showed that while the percentage of respondents who said they had witnessed potentially harmful errors, near misses or incidents in the previous month was unchanged compared to 2011, at 30%, the proportion of staff reporting them fell by 6%.

There is probably no single explanation for this, but overall it seems that not enough staff felt sufficient confidence in the balance between potentially positive effects for patients and negative effects for their careers of raising concerns, and the 2012 staff survey shed light on both sides of the issue.

It showed that only just over half (55%) would feel confident that their organisation would address concerns if they raised them, and less than half (42%) agreed that their organisation gives staff feedback about changes made in response to reported errors, near misses and incidents. A small but significant minority - 14% - also felt that reporting of errors would lead to punishment or blaming of those involved.

If you add the fear of the negative to the lack of confidence in the positive consequences of raising concerns, it is clear there is a serious problem.

Over a decade ago the [public inquiry report](#) into child heart surgery deaths at Bristol Royal Infirmary concluded: "There is a real fear among junior staff (particularly among junior doctors and nurses) that to comment on colleagues, particularly consultants, is to endanger their future work prospects. The junior needs a reference and a recommendation; nurses want to keep their jobs. This is a powerful motive for keeping quiet."

Since Bristol, survey after survey of healthcare staff has confirmed the widespread fear of the consequences of raising concerns, and the fact that the majority of staff even have no idea if anything is done when they do stick their neck out and report a concern.

Academic research has underpinned numerous survey results. One report concluded: "Reprisal for whistleblowing remains a major concern for nurses. Future research should concentrate on developing an environment where nurses feel able to report incidents safely. Confidentiality should be given priority, thereby reducing the fear of reprisal or future repercussions." (Whitehead B, Barker D (2010): 'Does the risk of reprisal prevent nurses in the NHS from blowing the whistle on bad practice?', *Nursing Times*, 106: 43, 12-15.)

Research in 2010 for the Nursing and Midwifery Council, the regulator, found the fear of being victimised after blowing the whistle remained a major barrier to nurses and midwives reporting problems. The NMC surveyed 56 organisations and 395 nurses. Many expressed fears about the implications for individuals of raising concerns, particularly the risk of victimisation, being stigmatised as a “troublemaker”, bullying or intimidation. (Ben Clover, 'Fear of victimisation stops nurses whistleblowing, says NMC research', *Nursing Times*, 10 August 2010).

That fear is still there. [One writer noted recently](#) in the British Medical Journal: "One could forgive an outsider's bemusement at how it is that a modest number of NHS managers succeeded in creating such a hostile environment that only 11% of doctors have confidence in whistleblowing protection. If the majority of the powerful in medicine (which includes doctors as well as managers) believed that whistleblowers were a gift rather than a curse to the profession then the culture of fear would be overthrown and the problem would cease to exist."

The evidence is overwhelming. If we want staff to raise concerns they need to know they will not be punished for doing so, while patients will benefit because the organisation will learn from them and staff who make mistakes will be treated justly.

It is time we made the prevention of bullying a top priority for patients as well as staff.

This is Part 2 of a blog entitled "Bullying: the silent epidemic in the NHS".

For advice about how NHS staff can protect their right to exercise their duty of care, see our special handbook and advice notes.

We need to talk about this: racial discrimination in NHS recruitment

Roger Kline, 3 June 2013

A nurse recently said to me: "I have told my children. I don't care what they do after sixth form as long as they don't go into nursing. They shouldn't have to put up with the treatment I have had to put up with."

An exceptional attitude? Unfortunately not. She is one of a dozen or so black nurses I have represented or advised over the last 12 months who could have said the same.

The NHS's own data says their personal experience is all too common. Race discrimination is alive and well in the NHS and it's really time we did something about it.

Five years ago, Health Service Journal surveyed NHS Trusts and found black and minority ethnic (BME) applicants for NHS posts were three times less likely to be appointed than white applicants, and one and a half times less likely to be appointed even if they had been shortlisted.

Today we publish a **report** of our own research of a cross section of 30 NHS Trusts, which found pretty much the same results. Most shocking of all is that even once black applicants have been shortlisted (and presumably met the person specification for the job) white shortlisted applicants are 1.78 times more likely to be appointed.

It suggests there has been little or no improvement in the last five years, and there won't be over next five either judging by the diversity data at NHS England, which has just filled thousands of new posts and is supposed to lead on equality in the NHS.

For senior manager posts in NHS England, white applicants were between four and six times more likely to be appointed than black applicants. The HR lead for NHS England said the ethnicity data "does not make for easy reading". (Williams, D. 21 September, 2012). It certainly does not.

Survey after survey in the NHS over the last two decades has shown systematic discrimination in pay and grading, promotions, career advancement and disciplinary processes, and that black staff are more likely to be bullied at work. The grading pyramid with its snowy white peaks is complemented by occupational segregation as a quick look at almost any Trust's own data will show.

Occasionally the issue receives public scrutiny, as it did last year when scientist [Elliott Brown was awarded](#) £1 million damages from a Manchester trust for systematic race discrimination. [NHS-funded research](#) demonstrates an intimate link between the treatment of staff and the quality of services provided. One part of that research looked at whether there was a [connection between](#) race discrimination against staff and the quality of care. There was.

The glacial pace of change (if there is any at all) is not through any lack of initiatives, but in too many local employers race discrimination against staff is simply not accorded the priority it should be, and ministers largely look the other way.

A generation ago the [Macpherson Report](#) defined institutional racism as "the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people."

Who can say that definition does not apply to large parts of the NHS today when it comes to the employment of black and minority ethnic people? After all, in how many Trusts is there any serious look at what its own data show (if diversity data are even collected now)?

Even before we consider whether some services to patients are themselves discriminatory, such treatment of staff is to the detriment of both staff and patients. How can the NHS argue it recruits the best people for the job when such patterns of discrimination persist?

Our report may be a source of great embarrassment to some. We hope it will help trigger serious discussion in NHS Trusts, involving all management and staff, and we are ready to help facilitate that.

The first step must be to acknowledge the problem, and talk about it. If ever there was an issue for employee engagement this is it – provided the engagement leads to action, action leads to learning, and learning leads to better practice.

Freedom and security at work: can we have both?

Brendan Martin, 3 June 2013

Is it possible to secure rights as a worker without a formal employment contract? If not, where does that leave freelancers?

And can we enable employees to enjoy some of the upsides of the freelance life, such as more control of their time?

Those are key questions for social policy and organised labour, and last week I took part in two contrasting discussions about them.

At the Hub Islington in London -- sister to the Hub Kings Cross where Public World is based -- there was a meeting to discuss how freelance workers can win more rights.

The next day I was down the road at Unison, the public service workers union, for a seminar about home care workers, a growing number of whom are self-employed personal assistants.

Both events were fascinating, and explored many of the same themes, such as personal isolation, income insecurity and power inequalities. But the solutions favoured by most participants at each were quite different.

The Islington gathering was composed mostly of freelancers in the creative industries who are happy to be self-employed and have overcome some of the isolation by hot desking at the Hub. But they also want to tackle a range of other problems, such as broken contracts, low fees, late payment and copyright infringement.

Although some contract workers are determined to remain self-employed to avoid being taxed as an 'employee', most at the Islington meeting would like to be earning enough for that to bother them. Yet no-one there said they wanted a 'job', because they much prefer the relative autonomy and flexibility of freelance life. Anyway, they take it as given that self-employment is the new normal. It is indeed increasingly normal for Britain's home care workforce. Not only are most on zero-hours contracts, but there is a growing number of 'personal assistants' contracted on a self-employed basis directly to the people they care for.

They enjoy few if any of the advantages of freelancing, much less the tax benefits gained by some highly paid professionals -- think BBC -- who operate as contractors despite having only one employer.

In fact, personal assistants suffer the worst of both worlds, combining insecurity and isolation, and no sick pay or holidays, with a very high level of commitment to an employer who relies on them continuously.

To protect vulnerable workers and to catch professional tax avoiders, HMRC certainly needs to crack down on bogus self-employment.

But what about genuine freelancers? As many of the protections of employment law do not extend to them, can we reform commercial law and social protection systems to improve their security and wellbeing too?

There tends to be an underlying assumption that the price freelancers pay for their freedom is insecurity, and the price employees pay for their security is lack of freedom. But many workers now have neither, and our aspiration should be both.

That sets a dual challenge for unions.

On the one hand they must offer services and organising leadership to gain more security and wellbeing for all workers, whether formally employed or freelance.

But they must also become champions of the right kinds of flexibility in the workplace, and of innovation in the way working time and work itself are organised.

The temptation is to focus on one or other aspect of the dual challenge. But to ensure their appeal across the whole of modern society unions must do both.

The climate of fear in Britain's public sector—and how to change it

Brendan Martin, 20 May 2013

Britain's employees are feeling more insecure and pressured at work than at any time in the past 20 years, a major workforce survey published today reveals.

But -- and it's a big but -- they are more content and less anxious about job or status loss "where employers adopted policies that gave employees a degree of involvement in decision-making at work".

Those are the headline findings of the [2012 Skills and Employment Survey](#) (SES), based on face-to-face interviews with 3,000 workers aged 20 to 60.

The survey also showed that, for the first time since it was first undertaken 20 years ago, public sector workers no longer feel more secure than those in the private sector.

The findings come the week after Public World's roundtable on *Staff Involvement to Improve the NHS*, held in Westminster with the participation of NHS Employers, revealed strong anecdotal evidence supporting the same conclusions.

Our roundtable brought together leading NHS managers with professional body and trade union representatives and other health care policy and practice specialists, who shared their insights about the benefits of staff involvement and the obstacles to increasing it in the NHS today.

The participants also heard from Lars-Åke Almqvist, of our Swedish partner Alamanco, whose *Best Workplace* staff involvement methodology Public World is now offering in Britain. (For details, please write to admin@publicworld.org).

The latest SES survey is the first since 2006. *Fear at Work*, one of three reports published today, says: "The major change that occurred between 2006 and 2012 was that for the first time public sector employees were quite clearly more concerned about losing their employment than those in the private sector."

People in workplaces that had downsized or reorganised are the most likely to feel these concerns, and the findings also reveal that:

- More than half of employees (51%) were concerned about job status -- and loss of voice at work was second only to pay reduction as a reason for their fear.
- Having been rife in the 1990s, work intensification has increased again, with pressures to work faster and to tighter deadlines at record highs.
- Job stress has gone up and job-related well-being down.

The research was led by academics at London's Institute of Education (IOE) and Cardiff University. Francis Green, IOE's professor of Work and Education Economics, commented:

"Since the start of the recession, the growth of fear not only of employment loss but of unfair treatment and loss of status was particularly strong in the public sector. Attention should be paid to the deteriorating climate of employee relations in this area."

Cardiff professor Alan Felstead added: "The slowness with which employers in Britain are enhancing employee participation is becoming an issue of considerable concern. In general, better job control entails increased employee involvement and participation."

Bullying: the silent epidemic in the NHS

Roger Kline, 15 May 2013

One quarter of the staff in the largest employer in Europe report that they were bullied at some point in the previous 12 months. The rate of reported bullying has doubled in just four years. It is some three times higher than elsewhere in employment. Such bullying is held to be directly responsible, in part, for the largest ever UK healthcare scandal in which hundreds of patients died. But almost no one wants to talk about it.

The Mid Staffordshire NHS Trust Public Inquiry considered research which interviewed some 50 very senior NHS stakeholders and concluded that a “pervasive culture of fear in the NHS and certain elements of the Department for Health” existed throughout the NHS and in parts of the DH, with fear among chief executives of public humiliation or losing their jobs as a prime driver for quality improvement. It [concluded](#):

“The NHS has developed a widespread culture more of fear and compliance, than of learning, innovation and enthusiastic participation in improvement.”

Robert Francis QC [repeatedly referred](#) to bullying as a key driver of the toxic culture at Mid Staffordshire hospital -- yet made not a single recommendation about stopping it. Bullying was not mentioned in the Government’s response to the Francis Report.

In 2009, Sir Ian Kennedy, then departing chair of the Healthcare Commission (now CQC), warned about the “corrosive” impact of bullying among NHS staff. He said bullying worried him “more than anything else” in the NHS and was “permeating the delivery of care”. [Sir Ian said](#) bullying was “one of the biggest untalked about problems in the delivery of good care to patients”.

The [2008 NHS staff survey](#) which prompted his remarks showed that 12% of staff said they had suffered bullying, harassment or abuse at work by colleagues in the previous year.

Four years later, two years after the first 2010 Francis report on Mid Staffordshire identified bullying of staff as a key cause of the scandalous treatment of patients, the [2012 NHS staff survey](#) reported that the proportion of staff reporting bullying by colleagues and managers had doubled in just four years.

Last year 24% (almost one quarter) of staff reported they had experienced bullying, harassment or abuse from either their line manager or other colleagues. This was a jump in just one year from 15%. Moreover, staff surveyed said less than half of cases of bullying, harassment or abuse cases were reported and the proportion of cases being reported is falling, down from 54% in 2004 to 44% now. In 2009, an [NHS Confederation \(employers\) survey](#) described a “culture of blame”. It reported that “several of our interviewees identified a problem of a perceived or real toxicity in the wider system inhabited by chief executives, describing the environment as 'brutal', 'arbitrary', 'prone to favouritism' and intolerant of risk-taking that isn't successful.”

In November 2012, another survey of 81 NHS chief executives suggested that the culture of fear reported to Lord Darzi in 2008 pervades the NHS right from the top.

Many respondents describe a “bullying culture”. Another respondent said: “A climate of fear pervades the NHS, driven by ruthless governance and accountability regimes that have little interest in achieving anything other than the avoidance of blame.” Another added: “The fear of speaking out is worse than I’ve known it in over 32 years in the NHS.”

NHS Confederation chief executive [Mike Farrar said](#) that, although he was worried by the working culture reflected in the survey results, he was not surprised by the comments. "Bullying is a word whispered in the NHS. Nobody wants to operate under a climate of fear and everybody needs to have a zero tolerance approach."

Every NHS employer has policies making bullying a disciplinary offence. Yet they are largely ignored and often not even understood.

Bullying is not specifically defined in law, but in their advice leaflet for employees, the statutory body Acas give the following definition: "Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient."

Bullying or harassment may be by managers or colleagues and may be obvious or insidious. Bullying need not be face to face but can be by phone or email. Whatever form it takes, it is unwarranted and unwelcome to the individual.

[ACAS give examples of bullying](#) ranging from undermining, marginalising, ridiculing, excluding, victimising, micromanaging, overloading, blocking development, physical threats or unwanted sexual advances. NHS staff surveys report BME and disabled staff are bullied more than other staff.

Not only is bullying widespread at every level, but there is [some evidence that a particular type of "corporate psychopath"](#) may be responsible for a disproportionate amount of bullying. One article described such people as a "threat to the development of a sense of corporate social responsibility because they have no sense of guilt, shame or remorse about the consequences of their decisions".

[One writer noted](#) last year: "One could forgive an outsider's bemusement at how it is that a modest number of NHS managers succeeded in creating such a hostile environment that only 11% of doctors have confidence in whistleblowing protection. If the majority of the powerful in medicine (which includes doctors as well as managers) believed that whistleblowers were a gift rather than a curse to the profession then the culture of fear would be overthrown and the problem would cease to exist."

Part two of this blog will consider the causes of this epidemic, its impact on patients and staff, and what can be done about it.

Unions and the precariat: Guy Standing replies to Elizabeth Cotton

Guy Standing, 27 March 2013

The editor of Public World kindly invited me to respond to Elizabeth Cotton's criticism of my work on the precariat. Normally I do not respond to blog postings but her remarks about my alleged attitude to unions, in particular, prompted me to try to put the record straight, especially as she has reposted the piece elsewhere.

First, it may be useful to note a couple of conceptual points. In [The Precariat](#), and in a related longer book, [Work after Globalization](#), a crucial distinction is made between work and labour. The precariat is exploited and oppressed as much in work done outside remunerated labour as in labour. Cotton seems to mean labour when she uses the term work.

A second distinction in the books is between employment security (stable long-term contracts, protection against loss of employment) and job security (having a stable occupational niche). Cotton suggests that I define the precariat chiefly by reference to a lack of employment security (which she calls job security). She then encapsulates my argument as "precarious work = creation of a precariat".

This is not the argument made in either book. There has always been insecure labour. The novel element is that the precariat lacks all the seven forms of labour security outlined in the books, while having distinctive relations of production and relations of distribution. It consists of denizens, lacking some or all of the rights of citizenship, and it is the first emerging class in which its modal members have qualifications greater than those they are expected to use in the jobs they are expected to perform. Those in the precariat have no occupational identity or narrative to give to their lives. Perhaps most importantly, they are essentially supplicants.

Cotton also claims I say the precariat is a "new underclass". Yet on the first page of *The Precariat*, it is stated that it "is not 'the squeezed middle' or an 'underclass' or 'the lower working class'. It has a distinctive bundle of insecurities and will have an equally distinctive set of demands." This is elaborated through the book.

In Marxian terms, a lumpenised underclass is a drag on accumulation and does not contribute productively. By contrast, the precariat is wanted by firms and governments. And whereas the proletariat in the equivalent period of the Great Transformation was slowly habituated to a life of stable labour, the precariat is being habituated to a life of unstable labour and unstable living. Now for the egregious assertion that "Standing grandly 'airbrushes out' trades unions describing them as old school labourists only interested in traditional membership." The words "airbrush out" mean to make something disappear or to pretend it is not there. In fact, unions are discussed throughout *The Precariat*. There are also two long chapters, thinking through past and potential roles of trades unions, in *Work after Globalization*, which argue that unions must revive their guild role as protectors of occupational work. (To add a personal point, I have been working with a new type of union for many years, as indicated at the end of this response.)

Unions are essential. In the early twentieth century, they were a powerful progressive force. But what is argued in both books is that they became trapped in labourism. Labourism was based on – how to put this? – airbrushing out all work that is not labour, and then building up so-called labour rights that privileged those in jobs compared with those doing other, unremunerated work.

In the twenty-first century, somehow labour unions must transform themselves radically if they are to relate to the insecurities, needs and aspirations of those in the precariat. I have been invited to present the books at many union meetings and have found widespread agreement with this argument, especially among younger union members and organisers (often themselves in precarious jobs).

But it is not “catastrophising” to say that no one should underestimate the difficulties unions face in the global, flexible market system. The example of union “success” cited by Cotton involved bargaining with a single multinational employer – collective bargaining of the traditional “labourist” kind, intended to protect the “core” workforce from being undercut by cheaper temporary workers. It does not address the multiple insecurities of the precariat.

Unions must re-orient their approach and character. Progressive politics must be based on providing everybody with two meta-needs, basic socio-economic security and equal, strong Voice, meaning a combination of individual and collective capacity to bargain with power of all sorts.

The Precariat builds on Hannah Arendt’s idea of associational freedom, and tries to take this forward in identifying the sort of associations or unions suited to the precariat and the globalising market system taking shape in the twenty-first century. Let us all respond to the challenge of the Global Transformation and the inequities of the austerity era with innovative thinking around new forms of collective action.

• *Guy Standing is Professor of Development Studies at the School of Oriental and African Studies (SOAS), University of London. He was formerly Director of the Socio-Economic Security Programme of the International Labour Organisation, and Director of Labour Market Policies. He is also a founder and co-president of the Basic Income Earth Network (BIEN). His books include Global Labour Flexibility (Macmillan, 1999), Work after Globalization: Building Occupational Citizenship (Elgar, 2009), and The Precariat: The New Dangerous Class (Bloomsbury Academic, 2011). He is currently working with SEWA, the Indian union of women outworkers, on a large-scale basic income pilot scheme.*

The catastrophe of precarious work: Elizabeth Cotton challenges Guy Standing

Elizabeth Cotton, 21 February 2013

The debate about regulating precarious work is a defining one in the field of employment relations, challenging established management practices and questioning the entire contents of business school libraries.

Despite the trend of flexibilisation and development of global production systems being in evidence since the 1970s, the precarious work debate is a relatively young one, in part trying to understand this process of externalisation.

Externalisation is the trend of obtaining labour from outside a corporation's boundaries, linked to the strategy of outsourcing and contracting out. This involves what is sometimes called a triangulation of the employment relationship, no longer a neat binary affair, with the introduction of a third party.

Along with this profound change in the employment relationship come other externalisations -- projections of risk and duties away from the principal employer on to others. This process of externalisation is seen graphically in the growth of private employment agencies (PrEAs), providing temporary agency labour mainly to other huge companies.

The employment agency industry reached US\$203 billion turnover in 2009, with Adecco, Randstad and Manpower representing some of the largest multinational companies in the world. Over 30% of the global agency industry is controlled by just 10 multinational companies. Clearly, they are not going away.

Academic discussions about this externalisation of labour are currently framed within a debate about 'precarious' work. Part of this debate is characterised by the writings of [Guy Standing](#), arguing that neo-liberal labour market flexibility has led to an increase in precarious work, defined by labour insecurity, lack of social income and work-based identity. This change is building a "class-in-the-making", a "precariat" representing a potentially dangerous new underclass which will over time reject existing institutions and demand autonomy to create new social and workplace organizations. Despite the lack of evidence of a global and revolutionary new class emerging from changes in work organisation, Standing's 'precariat' formulation has caught our attention. On some level, most of us can identify with the fear of social unrest during a global recession, threatening old structures and a world where people work safely 9-5.

However, it is important not to confuse an emotional reality of insecurity with structural insecurity of the employment relationship. For example, we often mix up job stability, defined as length of job tenure, with job security, a much more complex and 'messy' idea involving perceptions, probabilities and anxieties.

Our sense of job security is not just about the job – it's about what we think would happen if we lost it, involving other factors such as changes in welfare, occupational change and casualisation. Just ask an investment banker from Barclays.

In response to claims of the creation of a dangerous new class, [Kevin Doogan argues](#) that this "transformation thesis" (precarious work = creation of a precariat) involves significant generalisations and misconceptualisations about the scale and nature of the changes that have taken place. We haven't all become precarious to the same degree at the same time.

Doogan argues that this over-generalisation has resulted in a substantial gap between public perception and real labour market changes, grouping together different types of employment

arrangements, only some of which have inherent instabilities. He even goes as far as to say that if we take the example of part-time work in the UK and USA, we're seeing an increase in security for groups typically hard-done-by in traditional employment relations (read women with kids).

One of the problems with framing our thinking about the future of employment relations within a broad definition of precarious work is that it has a catastrophising tendency. In a context of global recession and flexibilisation of labour, the problem of precarity is too big to take on. We're all doomed.

This not only causes a catastrophisation of the problem of externalised labour, it serves to obscure concrete steps that can be taken to reduce labour insecurity. For example, Standing grandly "airbrushes out" trades unions describing them as old school labourists only interested in traditional membership. This is playing to the crowd, and those groovy middle-class kids interning as revolutionaries.

This isn't just about being rude, it's pretty disastrous for working people to ignore probably the most likely source of support for genuinely insecure workers. It's also inaccurate, denying the existence of the largest membership organisations in the world and failing to explain over 100 years of work by unions in precarious sectors like construction and agriculture.

To be sure, trades unions were late to the game, and continue at times to drag their heels doing the much needed job of organizing. But that's not always because they are old blokes, rather that organising externalised workers is inherently difficult and sometimes we don't raise to the real challenges in front of us. We're all guilty of that.

To remove trade unions from the strategic discussions about precarious work with a broad ideological sweep of the hand not only denies the reality of trade union work with 'non-standard' workers, but it also misses important opportunities for much needed change at the level of the workplace.

A second problem with Standing's formulation of class-based precarity unified by a utopian ideology is that this sets the basis of agreements very high, calling for the development of a utopian political identity.

Even if we are encouraged to think this political project could be achieved (and as an old person I can't begin to imagine how many rainy Tuesday night meetings that baby is going to take), a real question remains whether it is in fact necessary. Do we really need to agree on ideology to address the working conditions of a growing number of non-permanent and non-direct workers? Wouldn't we be better just trying to secure basic standards?

A few months ago a global union federation, [Industrial](#) (enormous with 50 million members), signed an international Temporary Work Charter with Volkswagen. The agreement commits Volkswagen to limit the use of temporary work to a maximum of five per cent of the workforce, along with the principle of equal pay and access to training for contract and agency workers.

This is not sexy, it's no revolution. But it commits one of the largest multinational companies in the world to putting a limit on insecure work. At the risk of sounding naïve, that's a pretty good regulatory outcome for contract and agency workers.

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trade unionism” (2nd edition published by Libri Publishing 2011). Elizabeth is also Director of a not-for-profit, [The Resilience Space](#), providing online and face to face education for anyone interested in building their resilience, and writes a weekly [blog](#).

- You can read more about precarious work in an upcoming book *Vulnerable Workers and Precarious Working*, published by Cambridge Scholars Publishing, in May 2013. Series Editors: Tayo Fashoyin and Michele Tiraboschi; Guest editors: Malcolm Sargeant and Martina Ori.

How do labour markets adjust to economic crises?

Rizwanul Islam, 13 December 2012

Although economic crises like the global economic crisis of 2008-09 are usually caused by economic factors, they affect the lives and livelihoods of people, and thus get transformed into social crises. This happens mainly through their impact on employment and labour markets. Hence, in order to address the challenge of social crises, it is necessary to understand how labour markets are affected by and adjust to economic crises.

The answer to the above question is likely to vary from country to country depending on their level of development and the structure of the economy. Here, I am focusing specifically on developing countries where large proportions of the people are engaged in the informal parts of the economy, and productivity and earnings are already low.

The World Bank's World Development Report 2013 on jobs devotes some attention to the issue of labour market adjustment in response to economic crisis and acknowledges country level variations in adjustment patterns in terms of jobs lost or earnings declines. It concludes: "The less formalized the labour market, the more earnings shrank and the less the employment numbers gave away" (p.61).

In support of this conclusion, the report states: "In East Asia, where formal employment rates are very low, the average decline in GDP growth was 5.5 percentage points, and the total numbers barely changed" (p.61). The kind of conclusion mentioned above may tempt one to argue that if wages are flexible downwards, unemployment can be avoided. The reality, however, is more complex.

Labour markets in developing countries are not homogeneous; they consist of different segments, e.g., the more formalized modern sector consisting of manufacturing and modern service sectors and the less formal segment that includes a variety of activities. An economic crisis may affect these different segments in different ways.

The different mechanisms through which labour markets adjust include retrenchment of workers, reduction of wages, changes in the form of contract (e.g., from regular contract to casual one), and changes in the sector composition of employment, e.g., workers moving from manufacturing and construction to agriculture and other traditional sectors. It would thus be rather simplistic to remain limited to quantity vs wage adjustment and to say one or the other worked.

Even with regard to adjustment in terms of employment numbers vs reduction in earnings, one has to look at the situation in a disaggregated manner. The following examples may be useful for purposes of illustration. In India, a sample survey carried out by the Ministry of Labour and Employment showed that half a million workers had lost their jobs during October-December 2008.

It is well known that the recession continued through the first half of 2009 and may have led to more retrenchments. In China, reports in early 2009 mentioned that around 20 million migrant workers returned to their villages due to lack of jobs. In Bangladesh, a number of export oriented sectors, e.g., textiles and jute goods reported job losses during 2008-09.

In countries like those mentioned above, workers who lose jobs from the modern sectors may not appear as unemployed in labour force surveys because in the absence of unemployment benefits, they usually end up in the informal segments of the economy. As the informal sector already acts as refuge for those who cannot be absorbed by the formal sector, further pressure on it may lead to reductions in wages and earnings.

So, on aggregate, one may find very little decline in total employment (or increase in unemployment) and labour market adjusting through declines in earnings. But it should be clear from the above

examples that some sectors (especially the more modern parts that are closely linked to the global economy) did respond to the global economic crisis by retrenching workers. In other words, both quantity and price adjustments have been at work.

Economic crises cause changes in the composition of labour markets, and the global economic crisis was no exception. During economic booms, labour markets often adjust by taking in more workers on a contract basis. When the downturn comes, they are the ones to be retrenched first, the result of which may not show up in official data on unemployment.

The contract workers who are already in the informal segment of the formal sectors may suffer more by moving out to jobs with lower earnings that basically provide refuge from open unemployment. This kind of movement appears to have taken place in countries like Bangladesh and India where large numbers in the formal sectors are employed as contract workers. The survey in India mentioned earlier reported that the rate of retrenchment of contract workers was six times that of regular workers. In Bangladesh, those retrenched from the jute goods sector were mostly contract/temporary workers.

Another mechanism of adjustment that was at work was a reverse movement of workers towards agriculture and other rural activities and from one region to another. The former happened in China while in Indonesia there was large scale return migration of workers from plantations (that were affected by the global economic crisis) in Kalimantan and Sumatra to Java, a densely populated island with heavy pressure on the labour market. Such movement of workers has adverse implication for earnings of workers that, in turn, was caused by loss of jobs.

To conclude, the moot question is not just whether labour markets adjusted more through wages or unemployment. It is necessary to look at different mechanisms of adjustment that are at work.

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Why is NHS staffing black at the bottom and white at the top?

Roger Kline and Brendan Martin, 30 November 2012

The NHS Commissioning Board (CB) will be the most important body in Britain's National Health Service when it takes up its duties next April as part of the government's NHS reforms. It received its [mandate from the government](#) earlier this month in a document that states: "The NHS budget is entrusted to the Board, which shares with the Secretary of State for Health the legal duty to promote a comprehensive health service."

The [CB's website](#) states that "promoting equality and equity are at the heart of the Board Authority's values" and promises "to ensure that advancing equality and diversity is central to how it conducts its business as an organisation".

Yet data about the 'very senior management' and other appointments already made to the board's staff show that the proportion of white people being appointed to those positions is significantly higher than the proportion of white people applying for them, while the numbers for non-white applicants and appointments are skewed in the other direction.

The [data published on the board's website](#) last week reveal that 64.7% of applicants, but 88.7% of those appointed, were white. For 'very senior managers' the numbers are 81.3% and 95.8% respectively. Conversely, while 32.1% of applicants identified themselves as black and minority ethnic (BME), only 7.4% of the appointments are BME, and for 'very senior managers' the BME numbers are 15.2% and 4.2% respectively. Yet 9% of the English working age population is BME.

The CB will have 4,000 staff, most of whom are being 'slotted in' from existing NHS positions or appointed through 'ring-fenced competition' among existing NHS staff. We asked the CB if it could explain why, so far, white applicants are significantly more likely to be appointed if they apply than are BME applicants, and – if it could not yet explain it – what steps were being taken to find out. We were promised a response within 20 days.

The CB's website indicates that its HR director, Jo-Anne Wass, asked the board at its meeting on 8 November for permission to present a "strategy for promoting diversity in the organisation at a future meeting". As the minutes of that meeting have not yet been posted on the site it is not yet clear whether or not that was agreed, and if so when the strategy will be considered by the board. However, as nearly all 'very senior management' posts have already been filled, and the rest of the staff are supposed to have been appointed by the end of the year, the timetable for the diversity strategy brings to mind stable doors and bolting horses.

Although the evidence of white advantage and BME disadvantage in the CB is shocking, it is unfortunately far from surprising, in view of long-standing imbalances in the NHS, which is far more black at the bottom than at the top. A large amount of research and data shows BME staff are disproportionately employed in lower grades, with less chance of promotion and more of being disciplined than white staff. There was just one non-white face in the last [Health Service Journal list](#) of the one hundred most influential people in healthcare. The latest [NHS Staff Survey](#) repeatedly shows significant differences in the experience of white and BME staff.

The CB knows all this. Its transformation director [Jim Easton warned](#) in July that black and minority ethnic staff are "at risk of being significantly disadvantaged" as the system downsizes to fit within its new economic constraints. In September, the Health Service Journal reported that the CB's HR director [Jo-Anne Wass said](#) its then latest information on the proportion of appointees from different backgrounds "does not make for easy reading". Ms Wass added that she hoped publishing

recruitment data would “shine a light on the issue” and lead to a change in behaviour among recruiters”.

Yet the more recent CB data suggests nothing has changed, and the Board still cannot explain it and is planning a strategy to deal with it only after it will be too late to affect its own staff’s composition. Experience suggests that this is not only an issue of employment fairness, because inequalities in staffing affect how services are prioritised and delivered. In the context of the NHS reforms, the importance or the role of the CB cannot be overstated. From April next year it will be running the NHS.

The [CB asserts on its website](#): “We will ensure that equality and health inequalities is one of the underpinning ‘lenses’ or themes reflecting the core processes that support the values and culture of the NHS CB.” It adds that design of “the equality and health inequalities function of the NHS CB, including staffing and budget requirements” will be one of its “key quality objectives”.

It doesn’t seem to have made a very good start.

Workplace bullying in health and social care: bad for staff, worse for the people they serve

Roger Kline, 22 November 2012

Among the reasons given (or excuses made) for nurses, broadcasters and others not raising concerns about Jimmy Savile's behaviour was that they were afraid of the consequences. For themselves, obviously, not for the children. The fear of bullying in the workplace is alive and well.

In this [Anti-Bullying Week](#), it is worth remembering that bullying in caring professions damages the work staff do as well as the staff themselves. When people feel unable to raise concerns because of their fear of the consequences, all talk of a "learning organisation" goes out of the window, with mistakes covered up rather than acknowledged.

Teachers, nurses and care staff are the most likely occupational groups to report workplace bullying. While that might (or might not) reflect their greater expectation that reporting it will be effective, it also shows that the problem persists. Indeed, there is evidence that it is rampant and getting worse. Earlier this year the public service workers union [Unison reported](#) the results of a survey of 6,000 members indicating that more than 30% had been bullied over the previous six months, with a further 30% saying they had witnessed bullying during the same period.

The Unison survey suggested spending cuts had made the problem worse since its previous survey in 2009, the year in which Sir Ian Kennedy, chair of the Healthcare Commission (since merged into the Care Quality Commission), warned that a "corrosive" bullying culture was "permeating the delivery of care" in the NHS.

My professional experience suggests the problem is just as bad in social care. I recently represented a social worker who made a complaint about bullying by a manager, whose colleagues would not give evidence, despite privately supporting his claims, because of fear of what would happen to them as a result.

The Health and Safety Executive confirm bullying is bad for staff health and is a major cause of stress in the workplace. But the effects on those who rely on those staff can be even worse. The [Mid Staffordshire Hospitals NHS Trust public inquiry](#) into hundreds of unnecessary deaths of patients there heard repeated evidence of systematic bullying not just in that hospital but elsewhere in the NHS.

As with Savile's abuse, the failings in Mid Staffs persisted over a long period. Would that have happened in a culture in which staff felt able to report their concerns?

‘Employee engagement’: control or empowerment?

Roger Kline and Brendan Martin, 15 November 2012

Dean Royles, director of the National Health Service employers organisation in Britain, was among the signatories to this week’s launch statement of the government-backed [Engage For Success](#) website, which promotes ‘employee engagement’.

The statement points out: “Organisations with high engagement levels outperform their low engagement counterparts in both private industry and in public service. Engaged organisations also report lower staff absence, lower turnover, fewer accidents and are linked to increased employee wellbeing.”

The evidence is indeed strong that organisation that value their staff provide better services more efficiently, not least in health care. Robust research shows that:

- patient experience improves, inspection scores are higher and infection and mortality rates are lower (1);
- staff are significantly less likely to make mistakes (2);
- staff provide safer patient care (3);
- there is lower absenteeism and lower levels of turnover (4).

The Boorman Review of the NHS staff mental health (5) found a strong link between stress and poor trust performance. Healthcare Commission surveys repeatedly demonstrated that where staff rated the quality of leadership higher the trust performance was higher. Scores for clinical governance were also higher, and there were fewer patient complaints (6).

Unfortunately, in the NHS, despite the increasing acceptance of such evidence, the management culture of the last two decades is a parody of what the evidence would propose. Instead it was characterised by strong evidence of highly hierarchical, macho, and often bullying models of ‘leadership’.

Just eight months ago, a detailed assessment of 900 participants in the NHS Top Leaders programme concluded they are “high on over-confidence” and suffer from “an absence of attention to detail and completion of tasks”They are “not necessarily understanding their own limitations” and do not tend to listen to others. (7)

By contrast, a ten year research project funded by the Department of Health (8) found that:

- differences in human resources practices account for 33% of the variation between different hospitals in deaths within 30 days of emergency surgery and deaths after admission for hip fracture;
- the greater the proportion of staff from a black or minority ethnic (BME) background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction;
- strong links between staff ‘engagement’ and clinical outcomes: well-structured appraisals, a well-structured team environment with clear goals, a supportive line management, good training, learning and development are all good predictors of patient satisfaction, patient mortality and staff absenteeism and turnover.

It concluded: “Good management of NHS staff leads to higher quality of care, more satisfied patients and lower patient mortality.”

Mr Royles's NHS Employers organisation has itself reported that trusts with higher levels of staff engagement deliver services of higher quality, and perform better financially, as rated by the Care Quality Commission. They have higher patient satisfaction scores and lower staff absenteeism. They have consistently lower patient mortality rates than other trusts. (9)

On the other hand, when good management and leadership are absent then: "Bad treatment of staff by patients (whether via bullying, harassment, abuse or discrimination) is associated with poorer patient experiences; clear staff goals and greater commitment to the organisation are associated with better communication with patients; an emphasis on health and safety and on patient confidentiality are associated with patients' feelings of respect and dignity; and perceptions of insufficient staffing levels lead to poorer patient experiences."(10)

The evidence of what makes for a good health care provider is clear -- and international. Beverly Alimo Metcalf (11) and Donald Berwick in the USA (12) reach similar conclusions.

So it is certainly good news that Mr Royles -- who took up his present position two years ago and was voted the "most influential person in human resources" by HR Magazine earlier this year -- is publicly committed to 'employee engagement'. But the big question will be what kind of 'employee engagement' his NHS Employers organisation will promote.

Will it be a way of promoting compliance with top-down decision-making at time when the NHS is facing cuts, fragmentation and privatisation? Or will it be truly a way to mobilise, value and grow the experience and knowledge of health care workers about how to improve the services they provide? The difference will help determine the future of the National Health Service.

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(10) Dawson J. *Does the experience of staff working in the NHS link to the patient experience of care?* **Aston Business School**. 2009. <http://bit.ly/XVRjbj>

(11) Beverley Alimo Metcalfe. *Engaging leadership. Creating organisations that maximise the potential of their people*. **CIPD** <http://bit.ly/gziVLS>

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Jobs, growth and the private sector: beware the false syllogism

Brendan Martin, 6 November 2012

A regressive false syllogism crept into the impressive new premises of the Overseas Development Institute during the London launch of the [World Bank's 2013 World Development Report \(WDR\)](#) yesterday, but was quickly shown the door. At least, I think that's what happened, but on this occasion I'd be happier to be wrong.

The WDR is the World Bank's annual flagship publication. Each year it has a particular theme, and the latest is captured with refreshing economy in the report's title, Jobs. World Bank economists Kathleen Beegle and Dena Ringold introduced the report at the ODI, followed by comments from Stefan Dercon, chief economist at Britain's Department for International Development (DFID), and ODI research fellow Pedro Martins.

It was in Stefan Dercon's contribution that I thought I detected the false syllogism, and it wouldn't matter much except that its effect would have been to turn the core message of the WDR on its head - and take policy backwards.

The WDR begins with this sentence: "Jobs are the cornerstone of economic and social development." It goes on to argue that what it defines as "good jobs" -- those that benefit wider society as well as their holder -- contribute to development not only by enabling livelihoods but also by improving productivity and strengthening social cohesion.

The report also notes -- among the huge volume and scope of information it offers -- that 90 per cent of jobs are created by the private sector, a point that prompted Stefan Dercon to make the rather reductive comment: "Ultimately it is about private sector growth".

Well, yes -- but then again, no. By placing jobs front and centre, the WDR actually repudiates the idea that if development policy and practice focuses on supporting private sector development good jobs will follow. Rather, it argues, the creation of good jobs must be the objective of development policy and practice, and that must shape public policy about the nature of growth and of private sector development.

The difference between these propositions is not only important but fundamental. It might seem logical, if we agree that jobs are the objective and that the private sector creates the vast majority of them, to conclude that supporting private sector investment is a sufficient public policy intervention. But as World Bank president Jim Yong Kim states in his foreword to the WDR: "The problem for most poor people in (developing) countries is not the lack of a job or too few hours of work; many hold more than one job and work long hours. Yet, too often, they are not earning enough to secure a better future for themselves and their children, and at times they are working in unsafe conditions and without the protection of their basic rights."

That is not to say that the quality of jobs matters more than their quantity. As the WDR points out, we will need 600 million new jobs over the next 15 years just to maintain today's employment rate, let alone tackle today's growing unemployment. Among the more shocking statistics offered by the report is that 621 million youth are neither working nor studying.

So we certainly need more jobs, and combining quality and quantity is far from straightforward, not least in view of the fact that -- another killer number from the WDR -- half the world's working people are in the informal economy.

But if jobs are indeed the “cornerstone of economic and social development”, policy and practice must surely be aimed at building economies and societies in which everyone has a good job with ‘[decent work](#)’ standards.

Getting there will be a struggle, and measuring progress won’t be easy either. The employment data are so poor in many countries that practical as well as ideological considerations will keep nudging development policy and practice back towards hoping that more easily measurable growth and private sector investment brings good jobs, rather than focusing deliberately on that objective. But that pressure must be resisted, because, while it’s true there is much we do not know about how to shape growth and investment decisions towards improving livelihoods, productivity and social cohesion, one thing we do know is that growth and private sector investment do not necessarily create more jobs, let alone good ones.

The ODI’s Pedro Martins pointed a way out of the chicken-or-egg trap when he argued yesterday that “inclusiveness should be the new development benchmark”. That was a rather different message from Stefan Dercon’s.

While I am glad that the latter denied my suggestion that his response to the WDR amounted to proposing ‘business as usual’, I left the ODI’s fine new home even more convinced than when I arrived there that, as discussion of the [post-2015](#) development agenda gathers pace, the good jobs challenge will be a key battle line.

Whistleblowing: publicly encouraged but still dangerous

Kim Holt and Roger Kline, 29 October 2012

A central concern of Robert Francis QC, when taking evidence at the [public inquiry into Mid Staffordshire Foundation Trust](#), was why more staff had not formally raised concerns, and why they had been so ineffective. It was, after all, the work of the relatives of hospital patients led by Julie Bailey, not hospital staff, managers or regulators, that forced the scandal into the open. No one can disagree with the sentiment of the [“speaking up” charter](#), launched last week. The question that has to be answered is why is yet another statement necessary?

The NHS is awash with statements of good intent on whistleblowing. Every trust and health authority is required to have in place policies and procedures which comply with the Public Interest Disclosure Act (PIDA).

Guidance for GPs was then issued following the inquiry into Harold Shipman. Two years ago, “Speak up For a Healthy NHS” urged employers to have good policies and practice in place. And in March this year Andrew Lansley published an updated NHS constitution, stressing the responsibility of staff to report concerns and of employers to act on them, but did not introduce any additional statutory obligations on employers.

It may be useful to have a restatement of the principles set out - but signed by even more organisations -- though it is curious that neither the Department of Health nor the health secretary signed the statement.

However, the reality on the ground is that the NHS remains, in too many places, a dangerous place to raise concerns. The 2010 NHS staff survey found that staff are increasingly aware of their organisation’s policies and process for reporting concerns, and that they understand how to raise concerns about risks to patient safety, with 80 per cent saying their “trust encourages us to report errors, near misses, or incidents”. But despite this, only 41 per cent of staff said their trust “treats staff who are involved in an error, near miss, or incident fairly”.

The saga over London paediatrician and Baby P whistleblower Kim Holt’s exclusion from her post for over four years has been well documented. Her story is supposedly a success and to be celebrated, but is long-term exclusion the best we can do?

The conclusion from [Patients First](#)’s recent inaugural conference, co-hosted with the British Medical Association, was that the law does not protect whistleblowers from punishment and bullying. We make two suggestions to turn the warm words into real cultural change.

First, signatories to the charter could insist that the original intention of the PIDA to protect whistleblowers, not just compensate them, is restated through changes to the act which reverse the effect of recent court cases. The case of Jennie Fecitt and other Manchester nurses who questioned a colleague’s qualifications utterly undermined the principle of vicarious liability in whistleblowing cases. Had this principle been applied to Helen Donnelly, the nurse at Stafford who was bullied by colleagues, she too would presumably have lost any PIDA case she brought alleging detriment.

There should be clear legal protection for job applicants who have whistleblown, for students on vocational placements in health and care settings, for all GPs and for public appointments such as Care Quality Commission board member Kay Sheldon. Ministers could abandon their attempt to slip another barrier to whistleblowing in place through clause 14 of the Enterprise and Regulatory Reform Bill now going through Parliament.

Second, signatories could call for decisive action to change the culture of denial and closing of ranks. How many people blew the whistle and were then promoted? Whistleblowing is seriously bad for your career. Should a chief executive allow the detrimental treatment of a whistleblower, or seek to gag them, then why shouldn't Jeremy Hunt or Sir David Nicholson oblige them to resign? Such decisive action might be just the trigger, in the wake of the Francis inquiry, to ensure the sector takes the issue more seriously.

The issuing of a charter on the day that the Francis report was due might be used by some to claim the NHS is putting its house in order. Not yet we're not.

These principles need to be implemented in every trust (and private sector healthcare organisation). Otherwise, instead of creating a service in which whistleblowing is not necessary, we will continue to have one in which it is unsafe.

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- Roger Kline is co-author of *Professional Accountability in Social Care and Health: challenging unacceptable practice and its management* (Learning Matters 2012) and an associate consultant with Public World.

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The World Bank: facing both ways on labour market regulation

Mike Waghorne, 24 October 2012

The 2013 edition of the World Bank's [Doing Business report \(DBR 2013\)](#), just released, claims that weakening labour regulations will stimulate job creation. It states that countries that reduce dismissal notice periods or severance pay "are addressing one of the main factors deterring employers from creating jobs in the formal sector". (DBR 2013, p.100)

This claim flatly contradicts one of the findings of the Bank's own [World Development Report 2013](#) on jobs, launched earlier this month, which stated: "New data and more rigorous methodologies have spurred a wave of empirical studies over the past two decades on the effects of labor regulation.... Most estimates of the impacts on employment levels tend to be insignificant or modest." (WDR 2013, p. 261)

The Doing Business report no longer includes an Employing Workers Indicator in its league table of national investment environments, although the data that would provide the rankings against that indicator remains available on the Bank's website. The report itself no longer includes that ranking because the International Labour Organisation (ILO) and the International Trade Union Confederation (ITUC) pointed out that it was encouraging lower labour standards.

ITUC General Secretary Sharan Burrow has called on the World Bank to develop a new balanced approach to labour market issues and in favour of decent work, inspired by the recommendations of the WDR 2013, and to remove the theme of labour from Doing Business once and for all.

Following publication of the DBR 2013, Burrow expressed surprise that Doing Business has reverted to promoting elimination of workers' protection rules: "We were hopeful that with WDR 2013 the Bank would finally recognize that labour regulations play an important role in providing protection to workers faced with job loss or exploitation by employers.

"Instead, the Bank's highest-circulation publication is again claiming that labour market deregulation creates jobs, an assertion which the Bank's own Independent Evaluation Group (IEG) already declared to be without foundation in a study it did on Doing Business in 2008."

Like the ILO and ITUC, the IEG criticised the methodology and the data used in the Employing Workers Indicator. The World Bank followed up on the IEG report in 2009 by ordering Bank staff to stop using that indicator for policy advice or loan conditions. Burrow is concerned that Doing Business 2013 mentions neither that staff directive, the IEG report, nor the findings of WDR 2013.

As well as being severely criticised by the IEG, the ILO and the ITUC, the indicator was challenged by the Trade Union Advisory Committee (TUAC) to the Organisation for Economic Cooperation and Development (OECD). In fact, I represented TUAC at an OECD meeting that discussed a policy paper from the OECD (whose title I forget) that same year in which the OECD cited Doing Business in its comments on investment and labour regulations.

TUAC argued that, in the light of the IEG, ITUC and ILO comments, it would damage the reputation of the OECD to note without comment such a discredited document. Better either to include a health warning or simply to omit the citation. The lame excuse from the OECD secretariat was that it was 'inappropriate for the OECD to criticise another intergovernmental organisation', so it stayed there. Burrow notes that Doing Business 2013 makes the further erroneous claim that "only 4 of the 188 ILO conventions cover areas measured by Doing Business" (p 127). In fact, she says, more than 30 of the ILO's 189 Conventions deal with the labour regulations measured by Doing Business, which concern hours of work, minimum wages, employee termination conditions, weekend work, night work and paid holidays.

Doing Business 2013 also asserts that its labour regulation measures “are consistent with the conventions of the ILO”. In view of what I have noted above about the ILO’s rebuttal in 2007, that seems an astonishing claim, and as the ILO and the World Bank have been reviewing the indicators together, it is hard to attribute the mistake to ignorance.

It also seems that the Doing Business team simply ignores at least the spirit of the instructions of the Bank’s leadership, making one wonder just who is running the Bank. As the Bank is about to begin a 10 year review of the DBR, its new president Jim Yong Kim has an early opportunity to answer that question.

Mike Waghorne is former assistant general secretary of Public Services International

Health care professionals kept quiet about Jimmy Savile: why didn't they speak out?

Roger Kline, 12 October 2012

[Nursing Times reports \(11 October, 2012\)](#) that "nurses advised young patients to 'pretend to be asleep' when Sir Jimmy Savile was visiting their hospital, it has been claimed."

These allegations, coming as they do after the Serious Case Review on [Winterbourne View](#) and ahead of the [Public Inquiry Report on Mid Staffordshire Hospitals NHS Trust](#), beg a fundamental question: Why did those who apparently knew so much say so little to absolutely no effect? Savile is not here to defend himself, but it now seems beyond doubt that his behaviour was known not only to plenty of media professionals but also to health care professionals.

Rebecca Owen was a patient at St James Infirmary, and Nursing Times reports her claims that "there was some sort of ironic chatter between the nurses about who would be the lucky one to go off to his room.....and then, as one of the nurses was leaving or passing by my bed, she leant over and said the best thing you can do is stay in bed until he's gone and pretend to be asleep."

As in the Winterbourne and Mid Staffs cases, why did more health care professionals not comply with their Code of Practice and draw their concerns to the attention of appropriate persons? Why did they not act as their ethical training and human decency would dictate? If they did voice their concerns, what was done about it? If nothing was done, why were those concerns not taken further - anonymously if necessary - by their managers or regulatory bodies?

If they didn't raise those concerns - and it sounds as if they should have been raised collectively as well as individually - then they were in breach of their Code and their duty of care to the children in their care. And so were their managers if they didn't take the concerns seriously, including those at the highest level who had not created an environment in which such concerns would automatically be reported without fear of detriment.

Raising such concerns cannot be the preserve of the odd brave whistleblower. It is the responsibility of every registered nurse, therapist, social worker, doctor and manager. It is time this message was embedded once and for all into the training and practice of every health care worker, and not just those with the courage to raise concerns.

The Francis report on Mid Staffordshire will rightly talk about the climate of fear and bullying that is so widespread in health and social care. It will rightly want to hold senior management to account. I know well, having represented several whistleblowers, and written extensively about it, the price that can be paid for speaking out, however professionally it is done.

But we all have a responsibility to stand up for those who cannot speak up for themselves. Professional bodies, employers and trades unions should be working to give everyone the courage to do so, individually and collectively.

We still have a long way to go, I'm afraid. Let's hope that when the Francis Report is published in January makes it just that bit easier to do so.

How do power relations affect job creation?

Stephen Commins, 8 October 2012

As a member of the core team responsible for the 2004 World Development Report (WDR 2004), [Making services work for poor people](#), and a consultant to the team that produced WDR 2007, [Development and the next generation](#), I appreciate the scale of the task faced by a WDR team working in a tight time frame.

In reading the overview to WDR 2013, [Jobs](#), one thing among many that I particularly appreciated was the way in which this WDR (unusually) built upon a number of themes from previous WDRs, including gender, conflict, youth and urbanization. The connections with previous themes deepened the analysis and added more depth and nuance to the document.

One area that the report could have usefully explored further, however, and to which the Bank and other donors should give more attention, is the political economy of jobs and livelihoods policies. The World Bank and DFID, among others, have been increasingly focused in the past few years on such themes as good governance and strengthening mechanisms for social accountability. But the connections between politics and employment are relatively unexplored in the governance and accountability literature, as compared to basic services.

Yet, as with basic services, clientilism may involve governments designing policies that are structured in ways to benefit specific political allies, or favoured religious and ethnic groups. This divide, rather than a clear 'rich' versus 'poor' or 'middle class' versus 'poor', may be an important analytical issue for donors and government reformers in relation to access to employment and livelihood opportunities.

The WDR 2004 introduced the '[accountability triangle](#)' to explore the links between governments, service users and providers, and sought to highlight the political nature of service delivery. But, in retrospect, this element of basic services probably required even more emphasis and analysis, as many of the obstacles to services that have been studied in the past decade are the result of politics not some technical failure.

For the policies outlined in the WDR 2013, and for alternatives to those policies as well, greater attention to the relationship between citizens and the state, and how political relations shape 'jobs policies' appears to be an area for further research as well as citizen engagement.

The price of misplaced loyalty

Roger Kline, 5 October 2012

I spent last Tuesday in the company of 100 staff of Britain's National Health Service (NHS), three quarters of whom identified themselves as whistleblowers, many with tales of ostracism, victimisation and dismissal to tell. It was clear that whistleblowing in the NHS can seriously damage your career.

Though there are some notable high profile successes, [surveys consistently show](#) the majority of its staff believe that the NHS is often not a safe place to raise concerns about patient care or poor practice or financial skulduggery.

This is quite remarkable for two reasons. Firstly, because there is [overwhelming evidence](#) that healthcare organisations where staff feel able to raise concerns about such matters provide better and safer care and are better places to work. Secondly because the political and strategic leaders of the NHS have spent a great deal of time in recent years assuring staff and patients that whistleblowing is indeed a thoroughly virtuous and important thing to do.

Circulars, speeches, and amendments to the NHS [Constitution](#) have all stressed the importance of staff being able to raise concerns and that no detriment should be suffered for doing so. Every NHS Trust has a well publicised procedure for doing so.

Last Tuesday's conference on whistleblowing was sponsored by the [British Medical Association](#) and [Patients First](#), the NHS whistleblowers network.

Speakers from the Care Quality Commission and the General Medical Council reiterated the importance of whistleblowing and stressed that if whistleblowing had to take place, then the organisation had already failed. But it was three other speakers who made us reflect.

Kim Holt, a paediatrician sent on special leave for four and a half years by Great Ormond Street Hospital for raising staffing concerns, not long before the death of [Baby Peter](#), described the [collusion and denial](#) that almost ended her career.

[Julie Bailey](#), in an immensely moving and brilliantly focussed speech, described how the entire health establishment ignored and then ostracised the group of carers and relatives raising concerns about Mid Staffordshire NHS Foundation Trust. Without the determined efforts of that group, which Julie Bailey helped to found, the fact that there had been 1200 unnecessary deaths there might never have been revealed.

David Holmes, former chair of United Lincolnshire Hospitals trust, told the conference he was made redundant along with his chief executive Gary Walker after they [refused to compromise](#) patient safety in order to hit waiting list targets set by Ministers.

All three spoke with a calm authority that belied their anger. All three insisted that warm words weren't good enough. All three spoke of the cultural change that was needed at every level of the NHS.

And all agreed that improving care and safety in the [NHS needs more than whistleblowers](#). It needs immense cultural change underpinned by better legal protection for those who do raise concerns. In evidence to the Mid Staffordshire Public Inquiry whose delayed report is now due in January 2013, it emerged that the Trust had [amended its whistleblowing policy](#) several years ago to "remind" staff considering raising concerns that "as members of staff have a loyalty to the Trust as their employer it is important that trust between employer and employee is not compromised".



That was before the 1200 deaths that led to the inquiry.

There is plenty of evidence about what a good employer looks like. It does not compromise its staffs' duty of care to patients and colleagues out of a misplaced loyalty to their employer, but understands and supports that their first loyalty is to those for whom they care.

Paternal leave for child care: how much has changed in 25 years?

Brendan Martin, 19 September 2012

In 1989, when I was working for the British trade union Nalgo -- long since merged into Unison -- I asked if my job could be shared, so that I could go part-time and share my young children's care equally with their mother.

By then a few Nalgo employees were job sharing, but I was the first man, and it was then so unusual that the Observer published a feature about my decision. The great Jane Bown even came to my house and took our picture, which appeared with the article.

My daughters are now 27 and 24, and I assumed back then that by the time they were ready to have children of their own (should they make that choice!) it would be normal for couples to share domestic and paid work. How naive I was, and maybe those of us who assumed the future would be more to our liking should have done more to make sure it turned out that way.

As it is, the other day I took part in a British TUC seminar that suggested very little has changed. In fact, the two young women who shared the lift with me on the way out both declared themselves thoroughly depressed by what they had heard.

What I found most striking in the TUC seminar was that when I asked "what are the obstacles" to reducing gender segregation in both paid and unpaid work, no-one suggested that the issue needs more priority in the trade union bargaining agenda. Now that the majority of British trade unionists are women, perhaps that will change?