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The Transferability of Strategic Management Best Practice Between
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The Transferability of Strategic Management Best Practice Between Private and Public Sector Organisations

ABSTRACT

The United Kingdom's publicly funded National Health Service (NHS) is entering a period of transition due to a growth in private healthcare providers. In response, the NHS must become more competitive; identifying competitive advantage, best practice and adopting formal management methods.

The research objectives herein aimed to investigate whether strategic management tools developed for the private sector can be used successfully within a public healthcare system and whether the NHS in turn has developed best practices that would contribute to private sector strategic management.

The research findings prove successful use of formal management tools exists within the NHS, although these are repackaged to support integration within organisation. The findings add to the field of organisational strategy by identifying a framework of transferable best practices developed within the public healthcare sector. These include techniques to ensure flexible and responsive strategic architecture, supporting the achievement of day-to-day and long-term strategic goals.

INTRODUCTION

The healthcare of the United Kingdom (UK) is primarily provided for by the National Health Service (NHS), accompanied by a small number of private providers. The NHS is a publicly funded service, provided free at the point of delivery to all UK residents. The NHS provides emergency and planned treatment comprising inpatient procedures supported by outpatient healthcare. Traditionally, the strategy of individual hospitals has been initially set at governmental level and integrated at local level via interpretation by the Department of Health (DoH) and regional Strategic Health Authorities (SHA). The strategy has perceptibly been focussed on areas such as; reducing waiting times, improving management of financial resources and improving quality of care. However, certain changes within the situational context have forced hospitals to realign their strategic direction.

The growth in private healthcare in the United Kingdom (UK) and the Government's plan to dissolve the NHS' monopoly, indicate that the strategy literature and research should be of increasing importance to strategy developers within UK healthcare. NHS managers within the Strategic Health Authority (SHA), Department of Health (DoH) and Primary and Secondary care Trusts should ensure that they are aware of strategic planning principles developed for both the private and public sector and adapt these to suit their organisation. As the private UK healthcare market grows, it will be increasingly necessary for NHS organisations to become more market aware and able to adapt to changes within the market environment in terms of the flexibility of their short, medium and long-term strategies.

This research aims to add new theory and best practice to the field of organisational strategy in healthcare by focussing on the changes in the UK healthcare market which require hospitals to review their strategies to ensure that services provided meet with the changing demands of the population and contemporary developments in the external environment. As a result of the research findings, the researcher discusses the strategy development and implementation process within the research organisation and concludes by identifying new transferable best practices which can be used by NHS hospitals as well as other public and private, service and manufacturing organisations. These best practices contribute to the field by supporting organisations in ensuring their strategy is relevant, supports a changing situational context and ensures organisational success through proficient human resource management, flexible strategic architecture and comprehensive communication plans.

RESEARCH METHODOLOGY

The research was carried out over a two year period while the researcher was employed as a project manager at the research organisation. Research was collected from both primary and secondary sources including; one-to-one and group interviews and media and governmental publications, supported by a survey of 680 hospital outpatients. The primary evidence was collected in a direct manner and of both a qualitative and quantitative nature, grouped via thematic coding. The researcher conducted interviews, facilitated group discussion and was present when respondents completed survey data. The researcher ensured accurate responses through the use of triangulation of formal and non-formal interviews. In order to achieve this, the

researcher carried out interviews with the organisation's staff in both the formal setting of the organisation and in an informal setting outside of the organisation when staff were asked to wear casual clothes rather than their uniforms. The aim of the triangulation was to remove the effect of the organisational setting that may cause bias in responses or hinder open, honest communication. Additionally, the researcher ensured the validity of the research by collecting data from a wide cross section of the organisation including the Chief Executive, Senior Management, Operational Level Management and front line staff. Additional research was collected through a participant-observer approach which was facilitated through the access to the organisation granted via the researcher's period of employment.

SUMMARY OF THE LITERATURE

An extensive literature review was carried out encompassing general strategy theory and tailoring the literature review to the subject through a focus on research in the fields of Service Sector Strategy, Hospital Strategy and UK Healthcare Strategy. The researcher summarises the wealth of literature into the conceptual model presented below.

Conceptual Model of the Literature
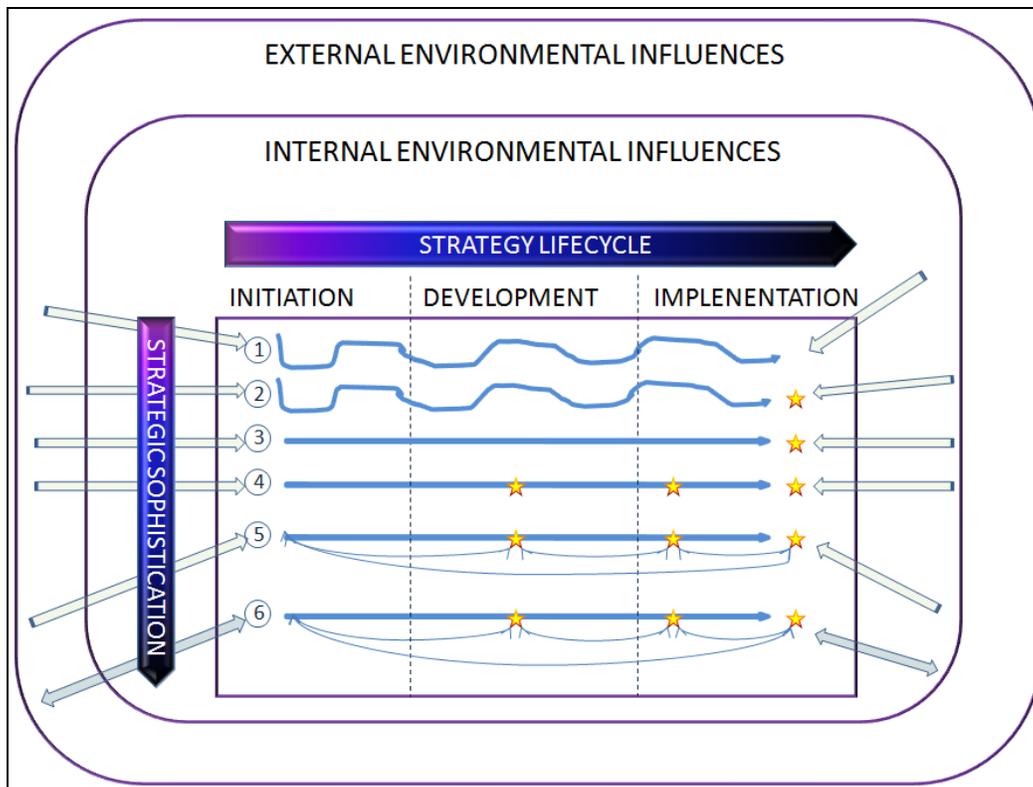
1. Both **internal and external environmental issues** affect organisational strategy.

2. There are **three fundamental timescale groupings** to the organisational strategy process;

    2.1. Initiation

        2.1.1. Developing an understanding of the organisations desires, capabilities, capacity (Wilcocks, 1998:130), culture (Calfee, 2006:229), regulation, internal and external environmental pressures (Munive-Hernandez, E., et al, 2004:691) and market environment (Wilcocks, 1998:130).

    2.2. Development

        2.2.1. Developing a comprehensive Johnson and Scholes, 2002:74), flexible (Calfee, 2006:229) and realistic strategy with defined goals using methods such as core competencies identification (Calfee, 2006:229),

employing tools to improve communication and application of quality management methods (Vinzant and Vinzant, (1999:56).

2.3. Implementation

    2.3.1. Utilisation of formal methods to create focus and alignment (Eisenstat, 2004), encourage support and commitment (Carter, 1971), methods to improve communication channels (Nohira, Joyce and Roberson, 2003), goal setting (Lagace, 2005) and facilitation of lasting, positive change and achievement (Vinzant and Vinzant, 1999:156).

3. **Organisations vary in their strategic sophistication**, illustrated by the six types above;

3.1. Unplanned, no goal setting

3.2. Unplanned, end goal setting

3.3. Planned, end goal setting

3.4. Planned, end and intermediate goal setting

3.5. Planned, end and intermediate goal setting, review mechanism

3.6. Planned, end and intermediate goal setting, review mechanism, internal and external environmental awareness

Throughout the escalating strategic sophistication improvements from type one to type six, organisations will become increasingly more competent in the tools presented within the literature review such as responding to the external environment (Hax, 1990), establishing targets and objectives (Munive-Hernandez, E., et al, 2004:691), creating a culture of openness (Beer and Eisenstat, 2004), improving environmental awareness and influence (Thompson, 2003, p28) and as a consequence, Calfee's (2006:229) Flywheel effect may take place.

SUMMARY OF THE KEY FINDINGS

In order to remove the influence of bias and to improve accuracy of results, the researcher carried out one-to-one formal interviews at various locations within the hospital buildings, in addition to informal group discussions outside of the organisation. The position of staff within the organisation who took part in these investigations included:

1. Chief Executive

2. Paediatric Staff Nurse

3. Modern Matron, Dermatology

4. Director of Strategy and Planning

5. Inpatient Flow Manager

6. Physiotherapist

7. Elderly Care Health Care Assistant

8. Directorate Manager, Medicine

Staff were asked to describe the internal and external influences on the organisation's strategy along with the barriers to strategic goals and the tools employed by the research organisation in the achievement of strategy. The formal interviews took place within the organisation on a one-to-one basis with the researcher who used a framework of questions to elicit information relating to the influences on organisational strategy and the tools employed by the organisation in order to ensure strategic success. The staff who participated in the formal interviews were selected as they were active in the strategy development and implementation processes either on

an organisation-wide or departmental basis. In order to gain a broader perspective of the influences on hospital strategy, the researcher also interviewed a group of nurses and physiotherapists in an informal setting away from the workplace. Staff were asked to wear casual clothes and not their uniform. They were interviewed in an informal setting in the researcher's home in order to encourage them to speak freely and give honest opinions that were not bound by the culture of the organisation or what staff feel they should say about their organisation.

The results of these interviews are summarised in the figure below which presents the organisational influences on organisational strategy and strategic tools employed by the organisation;

EXTERNAL INFLUENCES

•Needs of the Population
•Government
•Competitors
•Patient Choice Agenda
•Civil Service
•Demographics
•Primary Care Trust
•DoH
•SHA

TOOLS

•EFQM
•Continuity Strategy
•Efficiency Management
•Service Redesign
•Capacity Flexibility
•Human Resources
 oTraining
 oRole Extension
 oRole Redesign
•Training Needs Analysis Log
•Feedback Mechanisms
•Communication Strategy

INTERNAL INFLUENCES

•Staff Aspirations
•Risk Taking Capacity
•Departmental Operational Strategy
•Directorate Managers
•CEO's Decision Making Skill
•Additional Funding and Grants
•Capacity
•Resources

BARRIERS

•Complex Situational Context
•Failure Mindset
•Lack of Focus
•Capacity and Capability
•Day-To-Day Challenges
•Complacency
•Resources

The value added to the field from this research is through the identification of tools used in the successful development and implementation of strategy within the research organisation. The analysis of these tools provides support to existing formal management methods and identifies new and unique techniques. The following discussion of the research findings explores these nine tools further.

1. EFQM Model

The EFQM Model is well respected as a useful tool for benchmarking within healthcare but it has the drawback of being rather bureaucratic. It is seen as an important and useful Model in supporting change and that its nine components provide a good, well balanced mix. Although the EFQM Model is seen as being a coherent, intellectual tool; within a hospital it is often viewed as being of less practical significance and more as a "silent framework"

The EFQM Model is not being actively used in the research organisation or to any extent within other UK hospitals. In order to be successful, the Model needs to be adopted via an organisation-wide framework and be able to evolve and be updated with the strategic direction of the organisation. The ISO quality standards would also be useful within a hospital setting as these standards have been proven to improve quality within manufacturing but also bring about a change in culture.

In order for hospitals to improve, they need to identify themselves as an "improvement organisation" and for all staff to recognise that this is part of their role.

This is the first step to quality improvement and TQM; improvement should be "part of an organisation's DNA" (Chief Executive). As part of his vision for quality improvement within the research organisation and the NHS, the Chief Executive has been a key member in setting up the Improving Hospitals Group. The strategy of the group is to challenge the scope of quality improvement in the NHS. They are broadening the capability of change management methodology within a number of hospitals as change methodology in the NHS has traditionally been dominated by performance management. The establishment of groups such as this helps to give continuity to strategies for improvement within organisations that may see a number of different CEOs in a relatively small number of years. The group also facilitates benchmarking, practical use of academic theory and a support network of hospitals who "aspire to be excellent" and who can learn from each other.

Many hospitals are starting to look at *lean* methodology as a format for updating and improving services. In common with the IHI's *Management of Variability* programme, the NHS is starting to understand the importance of paying particular attention to patient flow. As part of a Boston research visit, the researcher met with key representatives from the IHI in 2005 to learn more about this work (See Boston case study of East Coast USA healthcare). Similar focuses are being recognised in the UK as key solutions to improved, flow, throughput and service quality. Many hospitals are now focussing work on levels of acute elective admissions in order to better control and manage throughput.

Few NHS hospitals have successfully integrated TQM into their organisation. Like many organisations, hospitals can fail in the use of TQM as they may see the analysis

of quality improvement activities as the solution to quality improvement but do not follow up with the integrated, long term vision which is necessary. Using TQM within NHS hospitals is extremely complicated as it requires large-scale cultural change. One of the main barriers to success of TQM is the relatively short tenure of hospital chief executives within the UK. It is often accepted that the integration of TQM within an organisation is a 10 to 15 year process as a minimum. It is hoped that the Improving Hospitals Group will create the continuity in UK healthcare to overcome problems such as this.

All quality improvement methods can be useful in developing a hospital's strategy. It is often *how* quality improvement thinking is implemented and not the specific improvement method which is the most important factor in use and success of particular models and methods. For this reason, it is imperative that quality improvement is supported within a hospital's strategy from a holistic, top management level with the support of internal audit departments. Therefore, it may not matter which improvement process a hospital decides to use as part of its strategy. What is most important is having the confidence to follow quality improvement activities through thoroughly over a long enough period of time.

2. Continuity Planning

The current two year strategic overview (2004-6) for Dermatology Services is given below. In response to the new strategy for dermatology, the following year a two year strategy for one of the specialities within Dermatology, Tissue Viability, was developed as given below.

Dermatology and Tissue Viability Strategic Overview

DERMATOLOGY STRATEGY OVERVIEW 2004-6	TISSUE VIABILITY STRATEGY OVERVIEW 2005-7
'The key focus of these developments is to sustain and introduce 'new' working practices within Dermatology, which address the local and national modernisation agenda.'	*The key focus of these developments is to sustain and introduce 'new' working practices within Tissue Viability, which address local and national strategies.'*

In order to provide more structure to the strategic objectives, the key strategic aims of Dermatology and Tissue Viability are given below.

Dermatology and Tissue Viability Key Aims

DERMATOLOGY KEY AIMS 2004-6	TISSUE VIABILITY KEY AIMS 2005-7
1) Develop nurse services to improve waiting times 2) Move boundaries between primary and secondary care through improved communication	1) Develop Secondary care Tissue Viability services 2) Address service inadequacies 3) Clarify role of Tissue Viability Nurse

3) Develop nurse services in Primary care	4) Improve patient experience
	5) Reduce hospital acquired skin breakdown/pressure ulcers

4) Improve patient experience
  a) Fewer visits
  b) Reduced waiting time
  c) Improved quality
	6) Formalise referral pathway for Tissue Viability

The Key Aims are further broken down into Key Themes to reflect both the strategic priorities of the department and those of the organisation as a whole. The aim of the Key Themes is to expand on the Key Aims and give more specific details in order to improve communication and understanding of the strategic objectives.

Both the strategy for dermatology and tissue viability have two year timescales. However, they are staggered one year apart in order that the department remains proactive and that consistency is created through a two year plan but the opportunity to introduce new strategy within the department occurs on an annual basis

3. Efficiency Management

The manager of Inpatient Flow is also aware that it is important to ensure there is no complacency in her department. When people feel they are comfortable to carry on what they have always done and do not challenge ways of working, they may become

complacent. She encourages her staff to question their daily work practices and to analyse what they do in detail, not to carry on doing things because they have always been done. Her mantra is;

"Don't just do it, do it if it is necessary."

She reinforces the idea that there must also be bottom up contribution into the development of strategy to encourage staff to embrace and take ownership of change. Without bottom up communication, staff in any organisation become disempowered, reluctant to change and reluctant to contribute to organisational strategy. Therefore in order to improve efficiency, the inpatient flow manager encourages the ideas and observations of front line staff to be incorporated in to top level organisational strategy.

4. Service Redesign

The Urology outpatients department has recently been awarded a grant to fund the development of a strategy to improve the service. A strategy has been developed with the Matron, Consultants and nursing staff to improve nurse education and develop a nurse-led biopsy clinic, a practice which had previously been carried out by Consultants. The new strategy for the department has also included the development of a one-stop-shop for pre-surgery assessments. The one-stop-shop includes assessments by Consultants, tests carried out by nurse-led clinics and fast-tracked clinical processes so patients receive their results on the same day. The Modern Matron for outpatients comments that her strategy for all outpatient specialities would be a similar streamlining process if sufficient funding was available. However, all

outpatient specialities share a common strategic focus as all are aiming for one-stop-shop services wherever possible.

The key to improving outpatient services has been to create defined roles and identify staff who show particular potential in certain areas. This strategy has been achieved by employing one or two clinical nurse specialists within each speciality. These nurses work with the other clinical staff to identify individual's areas for potential and develop the personal development plan of each member of staff to maximise on their potential. This system has facilitated the development of more specific roles for nursing staff and by building on personal areas of potential, a number of outpatient clinics are now being run by healthcare assistants. By developing the skills of healthcare assistants and giving them increased responsibility, nurses can focus their skills on more complicated tasks which also maximises their potential and ensures that the hospital gets value for money from the staff it employs by putting their skills and training to best use. The Matron for outpatients confirms that the majority of the ideas to improve the service come from the nurses themselves as by using a bottom-up approach to strategy development; it is much more likely that changes are accepted and long-term progress is made. The underlying principal of the outpatient department's strategy was described by the Matron as being;

"To evaluate the *expanded* not *extended* role of the nurse"

The Matron believes that by focussing on expanding rather than extending roles, nursing staff are given more opportunities and the traditional boundaries of the nursing role are questioned. As a result of positive feedback from nursing staff and improved levels of service, this scheme has been expanded to cover administration, clerical and technical staff.

Outpatient nurses are continually encouraged to think of ways to improve the service. Their ideas are valued and often trialled. The Matron particularly encourages ideas which "look outside the box" and challenge the way things have always historically been done. The Matron is proud that the strategy for her department works well in empowering the staff to follow up their ideas and she aims to "provide the structure to make things happen". One of the ways in which the Matron facilitates the contribution of improvement ideas from her staff is through observations of care. A team of clinical staff will meet to discuss their observations of a particular patient's care. As a result of all of their ideas, an action plan will be developed which will be used as a basis for the improvement strategy of the department. The team will be encouraged to take part in a lively debate. All members of the team will be advised that they should not tell others what they should or should not do but offer constructive support. Team members are encouraged not to become emotive and to rely on fact based evidence. The facilitator for the discussion also ensures that all team members have contributed and put forward their opinions. The Matron will then formulate the results from the care observations into a strategic plan, also taking into account that this fulfils the government's plan for the NHS and is in line with the organisational holistic strategy.

5. Flexible Capacity

The Dermatology speciality prides itself on its highly developed nursing team who have specific skills and can carry out minor surgery, specialist clinics and Cytotoxic drug monitoring, in addition to a number of other services. By investing in training a number of clinical staff in a range of skills, the dermatology workforce becomes more

flexible and can cope with unpredictable changes in demand. Staff are also more motivated as their jobs are more varied and they feel increasingly valued as they are given opportunities to develop specialist skills. As attitudes and motivation of hospital staff were previously defined as the most salient influence on the achievement of strategy, the ongoing training given to nurses encourages them to take the strategy for the speciality onboard into their daily work and also provides a flexible working team that can minimise day to day operational variations and disruptions due to enhanced flexibility of the roles of its staff.

6. Human Resources

The organisation has developed a vast range of human resources tools in order to manage and develop its 4000 staff. The key tools are summarised below into three categories:

1. Involvement of front-line staff
2. Training and role design
3. Motivation

Involving Front Line Staff in Strategy

METHOD	BENEFIT
1. Involve front-line staff in strategy development as they have the highest levels of patient/customer contact	Create a customer focussed strategy
2. Allow staff to contribute to strategy development	Encourage feelings of strategy ownership and staff buy-in

3. Develop strategy with a realistic perspective of the aspirations and capabilities of staff	Accurate and achievable goal setting
4. Encourage staff to put forward suggestions for organisational improvement	Enhances motivation and sense of being valued
5. Develop training packages in conjunction with those receiving the training	Training tailor-made to specific skill gaps

<u>Training and Role Design</u>

METHOD	BENEFIT
Role redefinition	Update roles to match customer demands
Job enrichment	Motivate staff and keep roles varied
Job enlargement	Supports flexible working
As a tool for motivation	Staff feel valued
Maximise capabilities	Identify core competencies
Create competitive advantage	Improve competitive position
Improve capacity flexibility	Ability to cope with changed in demand

<u>Motivation</u>

METHOD	BENEFIT
Provide training	Improve staff capabilities
Involve staff in major decisions	Make staff feel valued and make decisions with accurate background information
Equality between clinical and corporate staff	Supports team working and reduce obstinacy

| Improve aesthetics | Give the impression of a clean, organised, successful organisation |
| Internal and external marketing | Make staff feel proud to be part of a successful organisation. |

7. Training Needs Analysis Log

In order to ensure that the department is capable of performing against its strategy, staff are regularly given a Training Needs Analysis. Each member of nursing staff receives a Training Needs Analysis which is carried out by a Specialist Nurse, Modern Matron and Project Leader. The assessments build up a picture of the training that staff need and would like and this information is used to develop a funding grant application for training programmes to help staff in achieving organisational strategy by improving their skills and personal development. Funding is negotiated with the PCT and when funding has been secured, the strategy for the department is proposed to make best use of the new skills which will be acquired by nursing staff.

BUSINESS PLAN AND KEY THEMES					
		Meeting the Training & Development Needs			
Key areas of the business plan with associated development	Training & development needs from business plan	Learning & development activity	No. staff	Corporate training & development required?	Method of evaluating impact of training & development

needs	& organisation's themes				activity
Governance	Risk Management	In-house course	28	Yes	Competence of training & cascading information.

Reduce risks.

Reduction in adverse incidents. |
	Customer care	In-house training	28	Yes	
	NSF[1] for children	Child protection training	28	Yes	
	IWL[2]	Time out days, yearly IDR, ongoing training	28	No	
	Trust format patient literature	In-house training	28	Yes	

8. Feedback Methods (from service users)

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[1] National Skills Framework (NSF), national NHS government initiative
[2] Improving Working Lives (IWL), national NHS government initiative

The manager responsible for developing strategy for Dermatology relies heavily on service user (patient) feedback to inform her long-term plan for improving the department. Information from patients is gathered by a number of means including;

1. Comments cards, patient letters and feedback, number and type of complaints.

2. Presentations by patients to nurses on their experience of being a patient at the hospital

3. Observations of care

4. Patient stories

    a. Unbiased interviews which are taped and transcribed.

    b. This has worked particularly well in developing a successful strategy for Dermatology.

9. Communication

The most important part of strategic success in outpatients is perceived to be the celebration of success. By celebrating success, staff are given motivation and feel more confident in putting forward their ideas for improvement. The Chief Executive stresses that in order to encourage participation and motivation from staff, it is essential to involve them in the strategy development process from the earliest possible opportunity. The essential mechanisms that are in place at the hospital in order to enable this high level of staff participation are effective forums for top down and bottom up communication and feedback, a supportive culture, keenness of staff to constantly improve, sagacious risk taking and an acceptance of the long and short term benefits achievable from organisation-wide participation in strategic change.

Additional communication best practice arising from this research is the development of the methods employed by the research organisation in order to ensure honest, accurate and open discussion. In evaluation of the case studies, it was found that the conversation that generated the most honest contributions by a large extent was that which took place in an informal setting outside of the workplace when staff were assured that their responses were solely for the purpose of this research and would not be fed back to the organisation. In addition, staff also agreed that unstructured, impromptu staff room chat was more likely to lead to honest discussion as staff felt that their comments were 'off the record'. This would indicate that it would be impossible for the research organisation to structure an atmosphere within which staff gave their full contribution and honesty in the development of or feedback on the organisational strategy.

What transferable best practices exist?

These best practices are grouped under the three headings below with the following sub-categories.

1. Holistic transferable best practices (primary findings)

    a. Training needs analysis log

    b. Increase personal skill base

    c. Flexible strategic architecture

    d. Fit with organisational personality

    e. Holistic approach

2. Use of formal management tools (primary findings)

      a. Performance Management

      b. Balanced Scorecard

      c. Reducing variation

      d. Whole Systems

      e. Capacity Management

3. Tools to improve staff honesty (secondary findings)

      a. Remove staff from workplace

      b. Interview one-to-one or with contemporaries

      c. Do not wear work uniform

      d. External interviewer

      e. Ensure anonymity

It was found to be a particular challenge for the researcher to ensure that the research was accurate as the researcher found significant variations were possible in the levels of honesty and openness of interviewees. Therefore, the researcher developed a framework of five best practices in order to support honest, open discussion. These best practices would be of use to strategy developers, in order to generate accurate feedback within organisations and to improve the accuracy of future research particularly within organisations that have a complex culture or internal environment.

Tools for Improving Staff Honesty

Tool	Reason for Use	Benefit
1. Remove staff from workplace	Reduces constraints of organisational culture	More accurate response as less biased by organisational loyalty
2. Interview one-to-one	Reduces pressure to	Employee more at ease and more

or with contemporaries	impress superiors	honest
3. Do not wear work uniform	Reduces constraints of organisational culture	More accurate response as less biased by organisational loyalty
4. External interviewer	Reduce bias and encourage honesty	Reduces pressure to impress therefore more accurate response
5. Ensure anonymity	Improve honesty	Willingness to offer information and a 'warts and all' response

Five holistic key best practices are presented below as the primary findings. These are holistic as they can contribute to the achievement of strategy organisation-wide. Each best practice is accompanied with a description of its use within the research organisation and presentation of its associated benefits, academically supported by references to the literature. The reasons for the use of these tools is given alongside the associated benefits of each. Due to the assumption that there is a low take up of formal management tools in the NHS, it is valuable to present those which can be proven to bring about best practice. Herein, these formal management tools are supported by existing literature and research in the field and through the researcher's investigations within the NHS.

TOOL	DESCRIPTION	BENEFIT
1. Training Needs Analysis Log	Detailed departmental plan comparing strategic business areas with methods and scope of training required.	Ensure the right people receive the right type, amount and frequency of training (McCracken and Wallace, 2000) to support implementation and ongoing success of organisational strategy while improving motivation and enhancing core competencies.
2. Increase personal skill base	Train staff in a variety of roles. Expand their current capabilities and teach them new capabilities.	Staff feel valued and motivated as the organisation is investing in them (Elliott, 2004). Staff with rare, in-demand skills can make best use of these core competencies while other staff take on more routine work (New, 1996). Increasing personal skills also means the organisation is more able to cope with unpredictable variations in demand type or volume (Ellis, 2003).
3. Flexible strategic architecture	A strategic implementation plan that is structured in order to support achievement of strategy but which allows for unpredictable changes in demand and the ability to absorb these.	Strategic architecture means that the organisation has the necessary structure, plans and frameworks to implement its strategy accurately on an organisation-wide basis. Flexibility within the strategic architecture plan means that while focussing on the core strategy, the organisation is able to respond to and deal with day-to-day challenges without losing long-term focus (Hagel, 2004).

4. Fit with organisational personality	Develop strategy with the assistance of staff at all levels to ensure that goals are realistic and support the history, culture and ambitions of the organisation, its staff and customers.	A strategy that conflicts with the personality of the organisation will be rejected (Vinzant and Vinzant,1999: 516). In order for staff to desire to achieve the strategic goals of the organisation, the strategy must take account of and enhance culture, history and personality (Calfee, 2006: 229). For example, in an organisation with a historically slow cycle time for change, that uses in-house management methods, with an ageing workforce, strategy may be rejected if it includes contemporary, complex management practices. However, in the Lean manufacturing organisations of Japan, strategy would be expected to incorporate new concepts to produce rapid, BPR-style change. In such an organisation, workers may feel demotivated if the strategy is not radical enough.
5. Holistic approach	Organisation wide involvement in development and execution of strategy supported by comprehensive top-down and bottom-up communication and feedback channels.	This research confirms that in order to ensure buy-in, employees need to be involved in strategy development (Nohira et al, 2003). A holistic approach benefits the organisation as strategy is developed with the invaluable knowledge and ideas of front-line staff; primary channels for customer feedback. Involving all staff at every stage (development, implementation and review) encourages motivation, ownership, team working, reduces animosity and ensures a realistic, ambitious and progressive strategy (Calfee, 2006).

CONTRIBUTION AND LIMITATIONS OF THIS RESEARCH

This research is of particular significance to the field of organisational strategy for the three reasons given below;

1. The UK healthcare market is being rapidly revolutionised and ongoing research in the sector is required in order that research in this field is representative of the sector's contemporary status.

2. The growth in private sector providers, patients travelling abroad to receive treatment and the Patient Choice Agenda are introducing an unprecedented level of competition into the UK healthcare market.

3. The consequential competitive marketplace increases the need for application of the best practice, tools and techniques that exist in the wider field of organisational strategy research.

This research therefore, analysis transferability of methods to and from the NHS. The researcher also investigates the organisational conditions necessary in order to create and implement a successful organisational strategy in a UK hospital. Finally, researcher presents the best practice that can be transferred from the research organisation as a result of this research.

RECOMMENDATIONS FOR FUTURE RESEARCH

The scope of further research in order to broaden the studies herein is extensive. However, the researcher has focussed particularly on three recommendations below;

1. This research analyses the NHS in conjunction with the broad field of strategy research. However, further more sector-specific research would be of use and could include for example the privatised healthcare of the United States and the quasi public sector healthcare market of Japan. Such research may give rise to additional best practice for which transferability would be more direct.

2. As the possibility of inter-sector transferability has been supported by this research, it may be of worth to evaluate the transferability and use of tools developed specifically for the private sector alone. For example, to evaluate whether tools developed in order to directly bring about profit maximisation could be transferred to and give rise to further benefits within the public sector.

3. Additionally, enabled by the recognition of transferability, it would be of benefit to conduct research into the use of tools developed for the manufacturing sector for use within the service sector. For example, the application of Shingo's Single Minute Exchange of Dye (Productivity, 2007: online) in accelerating and improving the cleaning and change over of staff, equipment and patients between procedures in operating theatres. Application of SMED in this context may improve change-over time and create additional capacity which would support efforts to reduce waiting lists.

These three suggestions provide specific valuable focuses for further research. However, the fast pace of change in the UK healthcare sector suggests that research in

this field should always be an ongoing process in order for it to remain up to date, relevant, reliable and useful.

CONCLUSION

The significance of the research is attributed to the level of change in the market due to competition causing the need for greater commercial awareness and application of management tools and techniques in order that the NHS can remain competitive and constantly improve quality of services and efficient use of resources.. Additionally, the NHS is accountable for the health of the UK population and is consequentially an indicator of the wealth of the UK within a global context and the future strategy of the NHS acts as a political tool.

The significance of the research is also supported by the lack of existing research found within the UK healthcare sector (Huq, 2005). Further investigation into this sector found a requirement for research to take place as the marketplace was undergoing critical change and a requirement for the implementation of formal tools and techniques was emerging. This research gap has been bridged by the findings, discussion and conclusions that have taken place herein over a two year period of action research within a UK, NHS hospital. Furthermore, the research found many examples of organisational strategy best practice. From these, the five most significant are presented as the key examples of transferable NHS best practice. These tools contribute to the broader field organisational strategy research within

organisations faced with the need to adapt to volatile environments and maintain focus on long-term strategic tools while maintaining the flexibility, quality and efficiency to successfully respond to day-to-day challenges.

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