

**THE NEW DISTRICT HEALTH AUTHORITIES:  
PREPARING FOR BUSINESS**

**A Report from the King's Fund College  
and NAHA**

## Introduction

In March 1990 the King's Fund College and NAHA were commissioned by the Department of Health to undertake a quick survey of the training and development needs of the new-style DHAs. The survey followed on from the discussion paper, Managing With Authority (Ham, Huntington and Best, 1990), which identified the importance of training and development in helping authorities to function effectively. The aim of the survey was to find out how a number of chairmen and general managers were thinking about the needs of the new-style authorities (throughout this report we use the term chairmen to denote men *and* women who chair health authorities).

Its specific focus was the training and development of chairmen, executive and non-executive directors. A questionnaire was prepared for the survey and this was sent to 21 chairmen. In addition, personal interviews were conducted with 6 chairmen and 11 general managers. The responses to the questionnaire and the information gathered during the interviews were presented at a seminar at the King's Fund College in June 1990. A list of those attending this seminar is included in Annex 1.

Behind the survey was a concern that the new-style authorities might need training and development of a kind not previously provided in the NHS. This concern stemmed from changes in the composition of authorities, most notably:

- a significant reduction in the number of members/non-executives serving on authorities
- the allocation of up to five places on each authority to executive directors
- an end to the practice of places for members/non-executives being set aside for people from designated organisations such as local authorities and the health professions.

These changes reflect the Government's wish to focus the attention of authorities on management issues and to model the work of DHAs on boards of directors.

Against this background, it seemed important to identify at an early stage how those most closely involved perceived future training and development needs. This report presents the results of the questionnaire survey, and goes on to highlight issues raised in the interviews that were conducted. This leads into a summary of conclusions and recommendations which were formulated in the light of the discussion held at the King's Fund College seminar in June.

## The Questionnaire Survey

### 1. Training and Development Needs of Chairmen

The survey found that there was support for briefing seminars for chairmen after the NHS bill has become law and for seminars to update chairmen on particular policy issues as they emerge after 1990 (see table 1). There was less support

for training in particular skills, especially in the art of chairmanship where a clear majority felt that this was not required.

TABLE 1

Training and Development Needs of Chairmen \*

	YES	NO
Do you think there will be a need for:		
a) briefing seminars after the NHS bill has become law on the implications of the legislation and the operation of the new competitive arrangements	14	3
b) seminars to update chairmen on particular policy issues as they emerge after 1990	15	2
c) training in particular skills such as:		
dealing with the media	7	6
the art of chairmanship	4	11

\* Responses do not total 21 in all cases because not all chairmen answered all questions.

2. Training for Non-executive Directors

There was support for nationally organised induction seminars and briefing seminars for non-executive directors (see table 2).

TABLE 2

Training and Development Needs of Non-Executives

	YES	NO
Do you think there will be a need for:		
a) nationally organised induction seminars on issues such as organisation and financing of the NHS, the role of authorities and the contribution of non-executives	15	5
b) nationally organised briefing seminars on specific issues such as:		
i. health service finance	11	5
ii. the purchaser role	12	4

Respondents also identified a number of areas in which briefing seminars might be held including major policy initiatives such as care in the community and quality, the role of health authorities in relation to DMUs, rationing and decision making in the public arena, information technology, the rigidity of professional barriers, team building, the provider role and the interface with executive directors.

There was also support for written training materials for non-executives including a handbook on the NHS and policy briefings on specific initiatives (see table 3).

TABLE 3

	YES	NO
Do you think there will be a need for written training material such as:		
a) a handbook providing an introduction to the NHS and the work of DHAs	19	0
b) policy briefings on specific initiatives	15	1

The survey went on to ask what kind of training and development individual DHAs needed to organise for non-executives. As table 4 shows, there was support both for orientation and induction specific to the authority itself and for a retreat or time-out at which the authority as a whole could decide how to do business.

TABLE 4

	YES	NO
What training should be organised by individual DHAs:		
a) orientation and induction specific to the authority itself	18	0
b) a retreat or 'time-out' at which the authority as a whole (including executive directors) can decide how it intends to do business	18	0

Respondents listed a number of areas in which work would need to be done locally including team building, sorting out meetings in public, and the authority deciding how to organise its business.

In terms of other support required by non-executives, the survey produced a mixed response (see table 5).

TABLE 5

	YES	NO
What other support might non-executives need:		
a) a senior manager (other than the DGM) whose main responsibility is to provide support to the authority	6	7
b) secretarial/typing services	11	4
c) photocopying	12	3
d) use of an office	5	8

### 3. Training for Executives

Opinion was divided on whether executive directors would want to participate with non-executives in nationally organised induction seminars (see table 6).

TABLE 6

Training and development needs of executive directors.

	YES	NO
Do you think executive directors would want to participate with non-executives in:		
a) nationally organised induction seminars on issues such as the organisation of the NHS, the role of authorities and the contribution of non-executives	7	8
b) nationally organised briefing seminars on issues such as health service finance	10	5

There was more support for participation by executives in national briefing seminars on issues such as the purchaser role of DHAs and health service finance.

Opinion was also divided on whether the appointment of general managers and their senior colleagues to serve on authorities would create a special need for training and development (see table 7).



TABLE 7

	YES	NO
Do you anticipate that the appointment of general managers and their senior colleagues to serve on authorities will create a need for training and development?	9	8

Respondents who felt that there would be a need for training and development identified a number of issues as being important. These included working as boards with non-executives, organising the health authority's business, the role of executives vis a vis the general manager, involving people from the private sector, developing a wider perspective of the executive's role, the role of non-executives, and the importance of open sharing between executives and non-executives.

#### 4. Other Issues

The questionnaire sought views on whether DHAs should co-opt people to serve as 'associate' members (see table 8). In general, the idea of using associate members was supported.

TABLE 8

	YES	NO
Do you support the suggestion that DHAs should co-opt people to serve as associate members to carry out duties such as Mental Health Act responsibilities?	14	4

The questionnaire also canvassed opinion on the suggestion that directly managed units should have their own boards of executive and non-executive directors appointed by the DHA itself. This suggestion received little support from respondents (see table 9).

TABLE 9

	YES	NO
Do you support the suggestion that directly managed units should have their own boards of executive and non-executive directors appointed by the DHA?	4	11

Finally, respondents were given the opportunity to raise any other issues they considered important. This revealed a long list of concerns, illustrated in table 10.

TABLE 10

Key issues in how executives and non-executives work together in public arena.

Opportunity for chairman and general managers to meet Ministers and the Management Executive.

Development needs of units.

Management development needs of clinical directors.

DMUs - how to establish arm's length.

How to avoid destabilisation.

Must ensure training is relevant and at relevant level e.g., local, regional, national.

Train executives to present data in a precise and meaningful way.

Development of data analysis for non-executives.

Quality Assurance - Quality Management.

#### Results of the Interviews

The personal interviews that were conducted reinforced some of the results of the questionnaire survey and introduced new perspectives on others. The main points to come out of the interviews were:

- (a) Support for the idea of seminars for chairmen after the NHS bill becomes law as well as briefing seminars for chairmen. Training in particular skills was seen to depend very much on individual chairmen's needs.

- (b) Opinions were divided on the need for nationally organised induction seminars and briefing seminars for non-executives. A number of respondents suggested that seminars should be targetted at particular kinds of non-executives. Those new to the NHS would need briefing about the organisation and financing of health services. Those who have previously served as health authority members would need help in adjusting to the new non-executive role.
- (c) Strong support for written training materials for non-executives including a handbook and 'executive summary' style policy briefings.
- (d) Strong support for work in individual DHAs to clarify the roles and relationships of chairmen, executive and nonexecutive directors and to help in building a team spirit and corporate approach.
- (e) Concern that executives would need as much help as non-executives in taking on their new role as directors. Respondents argued that this issue was best tackled locally in individual districts.
- (f) Opinions were divided on the need for associate members with some respondents arguing that executive directors could take on tasks previously performed by members.

(g) Little support for the idea of DMU boards involving non-executives.

(h) A suggestion that RHAs, as the bodies responsible for appointing non-executives, should play a part in training and development in their regions, including setting out criteria for success of non-executives.

Beyond these specific points, the interviews raised a number of other issues. For example, several respondents felt that the word 'training' was not the best way of describing what needed to be done in the new-style authorities. Briefing, support and development more accurately reflected what was required. It was also felt that there might be difficulty in finding appropriate people to serve as non-executives, one of the reasons being the time commitment involved, particularly in the case of people from business and professional backgrounds. The estimate of 20 days a year contained in Managing With Authority was seen to be on the high side for some candidates.

At another level, the personal interviews uncovered a need to adapt to changes in attitude and role. A majority of those serving on the new authorities already work together under the existing arrangements and will have to adjust to a different style of doing business. This applies particularly to relationships between executives and non-executives. All the directors will have equal status and will need to develop into new roles.

Some respondents suggested that this process might be helped by the chairman arranging social events to assist in building understanding between executives and non-executives. The transition to a new way of working might also be eased through the use of environmental 'signals' such as meeting in a different room at a different time. External facilitators could make a contribution too by working with authorities to clarify roles and relationships. Many of those interviewed argued that tackling these issues was the key to the success of the new authorities, rather than more formal training.

This conclusion was reinforced by discussion at the King's Fund College seminar in June 1990. Those attending the seminar emphasised the importance of development work in individual authorities. This should include providing opportunities for authorities to exchange experience and share ideas. It was suggested that authorities would find it helpful to have some guidelines on the organisation of time-outs and retreats.

One of the new ideas raised at the seminar was the suggestion that chairmen might like to participate in a 'learning set' with the assistance of skilled facilitators. It was also argued that DHAs and FHSAs should be involved together in some joint training and development activities. At one level, this would involve national conferences and seminars on matters of mutual interest, and at another level it could entail local events bringing together people from different

kinds of authority in the same area.

The idea of a major national conference for non-executives in the autumn of 1990 was not supported. Seminar participants felt that induction seminars for non-executives should be organised on a regional or local basis in response to the demands of health authorities. There was greater support for briefing seminars on specific issues and seminars for chairmen on the implications of the NHS and Community Care Act. The idea of well-produced written training materials was also welcomed.

### Conclusions

In the light of the questionnaire survey and the interviews, and the discussion held at the King's Fund College seminar, a number of conclusions and recommendations have emerged. In summary, these are:

- \* NAHA should proceed with the production of a handbook for non-executives and policy briefings on specific issues.
- \* The King's Fund College and NAHA should organise seminars for chairmen after the NHS bill becomes law on the implications of the legislation for health authorities.

- \* The King's Fund College and NAHA should organise briefing seminars and conferences on specific issues relevant to the work of the new-style authorities
- \* Some of the seminars and conferences that are organised should be targetted at participants from both DHAs and FHSAs. This would help in the development of collaboration between the two kinds of authority.
- \* The King's Fund College and other management centres should offer support to individual authorities in the establishment of the new arrangements. This should involve help to brief new non-executives, and work with chairmen, executive and non-executive directors to clarify roles and relationships in time-outs and retreats.
- \* The King's Fund College and other management centres should organise induction for non-executive directors on a regional or local basis *if there is a demand for this kind of training from health authorities.*
- \* There should be opportunities for the sharing of ideas and experiences between districts and regions. This could be achieved through national conferences, seminars, and local events.



- \* Linked to the last point, efforts should be put into networking between districts to pass on ideas and information.
- \* There may be interest in the use of learning sets of chairmen bringing together five or six chairmen on a regular basis to exchange experience and ideas with the support of a facilitator.

Chris Ham, Philip Hunt and Judith Riley  
July 1990

### Reference

C Ham, J Huntington and G Best (1990), Managing With Authority, NAHA, The Society of FPCs and the NHS Training Authority, Birmingham.

LIST OF PEOPLE ATTENDING KING'S FUND COLLEGE SEMINAR 5 JUNE 1990

Ann de Peyer	DoH
Tim Matthews	DGM Maidstone HA
Peter Catchpole	DGM Mid-Downs HA
Andrew Wall	DGM Bath District HA
Chris West	DGM Portsmouth & SE Hants HA
Thelma Golding	Chairman Hounslow & Spelthorne HA
Martyn Long	Chairman Mid-Downs HA
David Leahy	Chairman Cheltenham & District HA
Rennie Fritchie	Chairman Gloucester HA
Robin Guy	Chairman Coventry HA
Mrs Christine Lynch	Director of Personnel NW Herts HA
Sidney Shaw	Chairman Barking, Havering and Brentwood HA
Mr R Blair	Chairman Grimsby HA
Mike Ruane	DGM Central Manchester HA
Sir Nicholas Hunt	Chairman, SW Surrey HA
Miss Delva Patman	Chairman, Redbridge HA
Colin Walker	Chairman, East Anglian RHA
Philip Hunt	Director, NAHA
Mr Derek Day	Secretary, Society of FPCs
June Huntington	KFC
Chris Ham	KFC
Judith Riley	KFC