ing Edward's Hospital Fund for London

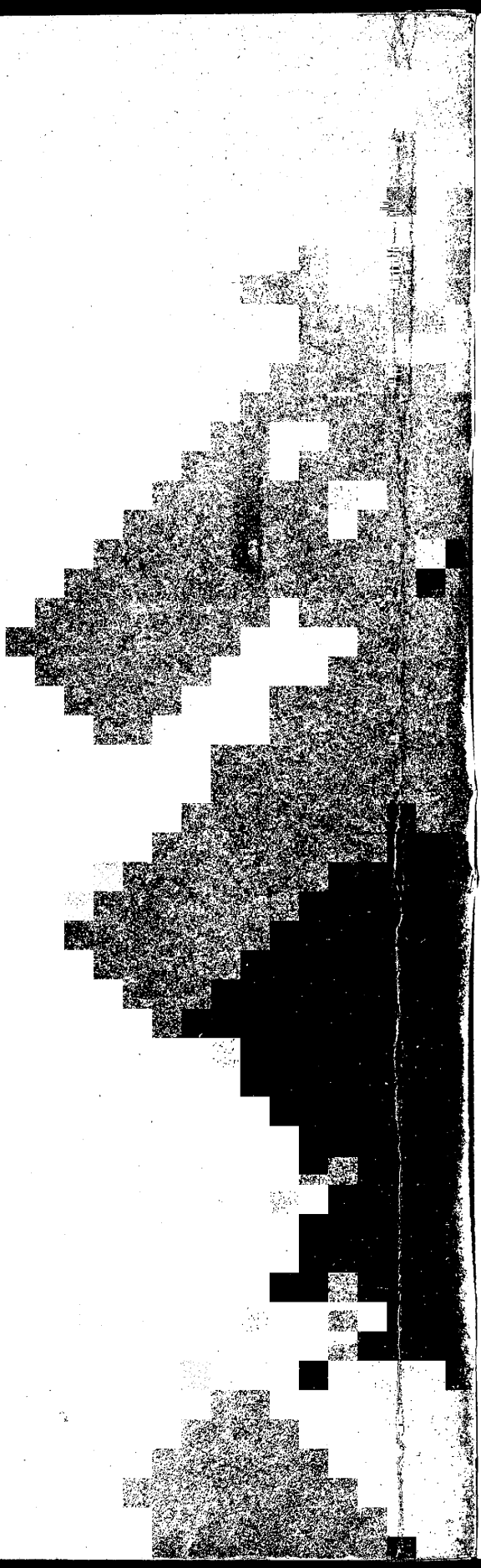
THE INSTITUTE
OF HEALTH SERVICE
ADMINISTRATORS

WORKSHOP FOR SECTOR AND UNIT ADMINISTRATORS

REPORT OF A WORKSHOP

HELD AT THE KING'S FUND COLLEGE

25 - 29 FEBRUARY 1980



KING EDWARD'S HOSPITAL FUND FOR LONDON
KING'S FUND COLLEGE

INSTITUTE OF
HEALTH SERVICE ADMINISTRATORS

Report of a Workshop for Sector and Unit Administrators held at the King's Fund College

25th - 29th February 1980

FOREWORD

Since 1974 there has been a growing recognition of the importance of health service administration at operational level. The management, supportive and co-ordinating task of the operational administrator has not only been increasingly seen by medical and nursing colleagues as vital to their professional work, but is accepted as essential to effective patient care.

In 1979 the King's Fund College and the Institute of Health Service Administrators agreed to collaborate in making arrangements for this Workshop to explore the role, needs and training requirements of those involved in administration at operational level. Strengthening administration at this level has since been stressed by both the Royal Commission on the NHS and the "Patients First" consultative document. New roles will have to be defined and training for them provided. This Workshop was a first step along this road.

The views expressed in this Report are those of the Workshop itself: they must not be regarded as the official views of either the King's Fund or its College, nor of the Institute. Nonetheless, the Report shows a wide range of training needs felt by administrators already holding senior posts in major health service units or sectors. Some of these can no doubt be met by established courses. But there remains a requirement for development of the roles which are essential to team-working with other professions and to direct supervision of specialist functions.

The question is whether and how a scheme for meeting the essentials of these requirements might be developed in a form adaptable to local and personal needs.

Hence, the College and the Institute warmly welcome the contributions of the members of the Workshop for Sector and Unit Administrators recorded in this Report. They commend the Report to those working in operational administration, to those involved in their development and to those both in the NHS and elsewhere who are involved in planning the forthcoming reorganisation of the Service in the interest of its patients. The College and the Institute would welcome views from these quarters on how progress can best be made and are considering what input they themselves could usefully make at this stage.

P J TORRIE
Director
King's Fund College

L B AKID
Secretary and Director of Education
Institute of Health Service Administrators

CONTENTS

1. Background and Aims of the Workshop

For some time since the re-organisation of the NHS in 1974 the King's Fund College has been aware of certain "needs" in the administration of health services at operational levels and has discussed problems both with senior administrators and those working at Sector and Unit. The Institute of Health Service Administrators has also for the last couple of years been concerned to seek out ways of assisting the development of sector and unit administrators. The College therefore welcomed an approach made to them by the Institute of Health Service Administrators during 1979 to help run a "workshop" which would explore the role, needs and training requirements of those involved in the administration of the Service at operational level. The King's Fund agreed to meet the residential and tuition costs of the Workshop which was held at the College from 25th to 29th February 1980.

The planning of the Workshop was given added topicality by the publication of two important statements about the future management of the NHS - the Royal Commission Report and the Government paper "Patients First" (and the equivalents for Scotland and Northern Ireland). These emphasised the need for special attention to be given to administration at operational level.

Recommendations 105 and 106 of the Royal Commission had advocated that the role of the hospital administrator at unit or sector level should be expanded and that there should be a review of the number of functional managers above unit level.

The DHSS Report "Patients First" envisaged "the maximum delegation of responsibility to hospital and community services level and proposes that for each major hospital or group of hospitals, and associated community services, there should be an administrator and nurse of appropriate seniority to discharge an individual responsibility in conjunction with the medical staff".

The course was jointly designed and steered by the staff of the College, John Ranker and Eddy Eardgett, together with two members of the Council of the Institute, Bob Nicholls, Area Administrator, Newcastle Area Health Authority (T) and Ken Jarrold, Assistant District Administrator, South Tees Health District, whilst Barry Akid, Secretary and Director of Education of the Institute, was both an observer and a contributor to the discussions. Ian Beach, District Administrator of Leicestershire South West Health District from the IHSA Council, and Colin Harris of the Association of Unit and Sector Administrators attended for part of the Workshop.

2. Workshop Objectives:

1. To help administrators of large single institutions:
   a) identify the administrative needs of large institutions
   b) identify the key characteristics of a well-administered sector
   c) clarify and improve their relationships, especially to -
      District Administration
      Functional Managers
      Administrators within the large single institution
      Providers of services to patients
   d) identify their key training needs and ways of meeting them
   e) develop their skills of co-ordination, initiative and leadership necessary for them to implement an action plan after the workshop

2. To help senior administrators (eg District Administrators, Operational Services Managers)
   a) help administrators of large single institutions achieve their workshop objectives
   b) determine what has to be done at higher levels to enable operational administrators to be fully effective
   c) formulate proposals on more effective operational administration for action in the NHS/IHSA, etc.

3. Introductory Remarks

The representatives from the IHSA and the King's Fund College Tutors introduced the Workshop programme, emphasising the need for a re-assessment of the role of the unit administrator, the devising of an organisational structure above and below him in which he could work effectively and the definition of skills, expertise and training programmes which he would need.

4. What was Looked for in a Well-Run Hospital

The Workshop was provided with inputs from contributors from Medicine, by Max Rendall FRCS; Nursing, by Christine Hancock, Area Nursing Officer from Camden & Islington AHA(T) and Hilary Flunder, Sister from the Royal Free Hospital; and by a Community Health Council Secretary, Joan Gornall, on what the patients and the hospital medical and nursing staff expected from a unit administrator. All emphasised that, whilst administrators might have broadened their role into the service planning of an integrated health service they had neglected their traditional role as hospital managers and depleted the resources at this level.

In his overall co-ordinating role the administrator was seen by Max Rendall as an intelligent facilitator rather than a controller, someone who was able to identify the generally agreed goals of an organisation and to influence a wide cross section of staff to work together to achieve them.

Nursing colleagues saw the administrator mainly as a provider of support services who ensured that the environment, organisation, equipment, supplies and supportive staffing was available at the necessary standards without failure for the 24-hour day, 7 days a week continuous nursing care of patients. Administrators should not only be intelligent, but have common-sense, and be readily approachable and accessible when advice or action was needed by clinical staff. They should also visit and be seen to visit all wards and departments on a regular basis.

Mrs Joan Gornall, Secretary Havering CHC, saw the administrator not only as the provider of support services and as an overall co-ordinator but as a leader and motivator of the total institution.

5. Managing the Hospital

The Workshop discussed the Managing of Patients Services which was accepted as a field of activity which included professional clinical responsibility but which nevertheless remained an area of administrator's concern.

Iden Wickings of CASPE (Clinical Accountability Service Planning and Evaluation) described one acceptable entree for administrators into what might otherwise be sacrosanct clinical areas, through the common interest of doctors and administrators in costs and the effective use of beds and resources.

Using Brunel concepts of management roles and relationships as developed by Ralph Rowbotham and Elliott Jaques, Colin Hayton, General Administrator, Lancaster Health District, described an arrangement for the provision of Support Services on a directly managed, co-ordinated or service provided basis and developed the likely role of the administrator in the light of the expected cessation of functional management above hospital level as

continued

foreseen in the "Patients First" document, stressing the need for flexibility in the light of local circumstances.

The managing of financial resources, financial co-ordination and control and the developing use of budgets was presented by Mark Callingham, District Finance Officer of Southampton & S W Hampshire Health District, and progress was made into the likely organisation needed to ensure effective budgetary control at unit level by the administrator being concerned with both the compilation of budgets and the monitoring of expenditure, possibly assisted by the out-posting of a finance officer to proposed Hospital Management Teams.

Other inputs to the course included brief contributions on the managing of specialist services such as dealing with legal matters, information systems, project development, public relations and the organisation and conduct of meetings.

Graham Millard and John Tyrrell of Harrow Health District developed the theme of managing staff in a large hospital identifying the tasks of line managers and personnel specialists and indicating which personnel functions in the revised management structures might be undertaken more effectively at unit level by an outposted personnel officer and which might most effectively be retained at District level. The workshop considered that this division might be as follows:-

District Functions	Unit Functions (D = shared with departmental heads)
Manage District Personnel Dept.	Recruitment
Establishment overview	Leave procedures (D)
Manpower Planning and Information	Monitor Disciplinary and Grievance hearings/procedures
Whitley Advice	Termination
Job Evaluation	Staffing level control and records (D)
Industrial Relations	Attend interviews
Staff Handbooks	Implement Bonus Schemes
Health & Safety Policy	Industrial Relations
Training Co-ordination	Joint Consultation
Training Information	Safety Representative Systems
Appraisal Policy	Sickness Records
Personnel Policy	Induction (D)
Image/Identity	Appraisal
Occupational Health Policy	

Broad classifications of this kind were needed for other functions as a basis for local discussion.

6. An Organisation That Can Work

The Workshop absorbed material provided by the College on relevant management theory and principles especially the schools of organisational thinkers in the classical tradition brought together by Col.Urwick, the Brunel University analysts into hospital organisational roles and relationships and recent concepts on Matrix Organisation.

An account was given of an all-embracing administrative organisation in an 800-bedded teaching hospital in which all wards, departments, services, administrative and committee responsibilities had been allocated to accountable or co-ordinating administrators with a three-pronged sub-structure of Operational

continued

Management, Support Services Management and Personnel Services under the unit administrator. In addition, the administrative role in policy formation embraced a multi-disciplinary management team, service planning and medical advisory machinery.

7. Workshop's Own Agenda

Primed with these indications of possible areas of developing the administrators' role to achieve what the public and patients on the one hand and medical, nursing and para-medical colleagues on the other expected of unit administrators the Workshop established its own agenda as follows:-

1. Defining the role of the administrator
2. Identifying the Key Areas of this role
3. Testing out of different models for the role of the administrator
4. Implications for (a) the administrator
   (b) the support required
   (c) the organisation above unit level
   (d) the organisation within the unit
   (e) training needs.

8. The Role of the Unit Administrator

Ken Jarrold developed the Workshop thinking on the role of the Unit Administrator. Whilst accepting that there were enormous variations at present and that the geographical distribution, size and character of hospitals to be administered might well affect local arrangements, it was considered that the unit administrators' role should include direct management accountability, co-ordination, monitoring and policy formation as follows:-

a) Direct management accountability for the following Support Services:

Para-medical and scientific services, including Pharmacy, in their managerial role
Catering, possibly with one designated unit catering manager providing advice at District level if required
Domestic management with one designated unit manager giving any District advice required
Fire Prevention Officer
Portering
Telephones
Security
Laundry if based on site
Linen Service
CSSD if based on site
Medical Records
Grounds and Gardens
Needleroom
Refuse Collection
Car Parking
Operating Department Assistants (unless managed by nursing administration)

b) Co-ordinating responsibility for the following services:

Works capital and maintenance. This would include management of locally delegated projects. (The Works service would be managed by a District Works Officer who should be accountable to the District Administrator.)

continued

Hospital Engineers and Building Officers. These might be outposted for local accountability to the Unit Administrator
Supplies, but local stores officers would be accountable to the Unit Administrator
Voluntary services and Leagues of Friends activities.
Outposted Finance Officer, who would attend and might be a member of the Hospital Management Team.
Outposted Personnel Officer who would be accountable inter alia for Occupational Health Service.
Staff Nursery.

c) Monitoring Responsibility

Clinical Services in the sense of broad provision and cost aspects

d) Policy Formulation

Whilst the unit administration would follow the policies of the District Health Authority it was thought that there should be an important input into the policy formulation cycle from unit level and that the unit administrator would play an important role in achieving this. He would ensure that the hospital was administered by an effective Hospital Management Team consisting of Unit Administrator, Senior Nurse and Chairman of the medical staff and that in a complex hospital there was effective medical advisory machinery reporting to the Hospital Management Team although perhaps also to a medical advisory body at District level. This medical advisory machinery at Unit level should be capable of eliciting a responsible commitment from the medical staff.

9. Ideas from Nursing Administration

It was understood that some thinkers within the nursing profession saw the possibility of streamlining the nursing administrative hierachy by having Clinical and Junior Sisters, instead of Nursing Officers, with certain defined Senior Sisters being called upon to give specialty nursing advice whilst not being divorced from day to day clinical care of patients. The Workshop welcomed this suggestion and thought the general principle of obtaining advice from designated practitioners at operational level could be applied to the Catering and Domestic Management services and possibly to the Pharmacy in order to achieve similar stream-lining of the functional administrative hierarchies which had been established in these fields after the 1974 re-organisation.

10. A Balanced Role

Just as the 1974 re-organisation was seen with hindsight as having concentrated on an administrative structure to plan and change the service to an extent which had deprived and damaged the on-going day-to-day standards of institutional administration, so it was feared that Unit management might now be over-emphasised to the detriment of service planning, integration of hospital and community services and achieving change. It was desirable for administrators to achieve a balanced role arising from a synthesis of these two extremes of of administrative activity.

continued

11. Key Areas of the Role of the Administrator

The key areas to be developed in the role of the administrator were seen to be:-

Management
Co-ordination
Monitoring
Planning
Personnel and Industrial Relations
Site Management
Press and Public Relations
Finance and Budgetary Control
Team Membership

12. Skills/Expertise and Training Needs

To develop administrators to fill the strengthened roles at unit level, training, skill development and planned experience would be needed in the following areas:

Understanding organisation development
Developing political skills
Developing good working relationships with Medical, Nursing and Para-Medical staffs
Handling and Presentation of Information
Managing Meetings
Personnel Skills, including
- Negotiating Skills
- Interviewing Skills
- Counselling Skills
- Staff Development
- Local Training

Media Relationships and Public Relations
Oral and Written Communications
Motivation and Leadership
Delegation and Control

13. Administrative Organisation Above Unit Level

Bob Nicholls led the Workshop in considering what kind of organisation would be required within each District above unit level, under the forthcoming re-organisation, if administration was strengthened at unit level as envisaged.

The main District tasks would be the formulation of policy within National and Regional guidelines, the planning of health care for a defined population and the allocation of resources to achieve the agreed objectives.

Constraints which would have to be allowed for in pursuing these aims included:

Money limitations
Whitley agreements
Political considerations
Prescriptions and Guidelines from above
Management of Change
People available
Professional Aspirations
Social, geographical and historical environment
Chief Officers' Prejudices!

continued

Within these limitations and in pursuit of the agreed tasks or objectives, the functions at District level were seen as including:

District Health Authority business
Dealing with the Chairman and Members
Policy formulation
Service planning
Resource allocation
Co-ordination of services, institutions and activities
Advice, expertise and the management of some services
where more economically run at District level - eg
Supplies and Transport
Public Relations

Service Planners, a District Personnel Officer, a District Works Officer and a Supplies Officer would be employed at District level all being accountable to the District Administrator. Some servicing of medical advisory machinery would also be necessary at District level. Whilst there should be short effective lines of communication and a direct accountability of unit administrators to the District Administrator, wherever possible, the structure and definition of districts should not bring District Teams so close to Hospital Management Teams and the units that their roles overlapped or developed rivalries with each other. There was a need to ensure that District headquarters did not become too involved in operational matters.

14. Administrative Structure below Unit Level

It was appreciated that the administrative structure within the unit would be affected by

Geography
Administrative function
Medical and Nursing functions
Other Management structures (including Finance)
Key problem areas
Career development needs
History
The need for clarity
Responsiveness to change.

The structure within units might have two or three senior officers at unit level accountable to the unit administrator with one of them deputising in the latter's absence.

15. Action Plans

Members of the Workshop formulated a Group Action Plan arising from their deliberations and individual action plans adapted to their own personal circumstances within the Service.

The Collective Plans for the group as a whole, the IHSA representatives, and the King's Fund College, and the Action Plans for the Senior Officers who attended, and for the individual course Members are listed as Appendix A.

It was noted that Ken Jarrold has prepared a draft paper for submission to the DHSS on "Administration Below District Level" as a response to "Patients First".

COURSE 750

SCHEDULE OF ACTION PLANS

APPENDIX A

COLLECTIVE

Group	Influence likely re-organisation structure and management arrg't via other bodies: IHSA IPM Treasurers Assoc ACAHA Asscn.Sector & Unit Administr's AHSPM NALGO Directly:- Media Publications
IHSA	Education and Training plans Regional and Local - conferences
King's Fund College	Consider identified training needs Management of Change Training and up-date modular Consider short-term (crash) programme, longer-term on-going training needs Write up Workshop, possibly for publication Consider future Workshops Consider continuing contact with Workshop

SENIOR OFFICERS

	Rating
1. Listen to others (especially Sector Administrators) eg in Planning	(1)
2. Influence Policy/Systems in the light of the Workshop	(2)
3. Influence future management structure locally	(3)
4. Report back (Seminar)	(3)
5. Develop Staff for new Roles	(3)
6. Develop Managing Change	(1)

INDIVIDUAL

	Rating
1. Report back (up and down organisation)	(10)
2. Review existing management arrangements and staff deployment, (and communicate and clarify, including to HMTs)	(13)
3. Influence future District and local organisation	(8)
4. Listen to others	(1)
5. Improve information flows	(9)
6. Identify skills, needs and development (self and staff) Develop appraisal, leadership, motivation incorporating Financial arrangements and Organisational theory	(12)
7. Standards (set and review)	(3)
8. Identify and communicate objectives	(2)
9. Institutional Performance Review/Audit	(4)
10. Identify needs/aspirations of other professionals eg Power Groups	(7)
11. Identify key problem areas and attack, especially basic administrative tasks to ensure credibility	(7)
12. Develop opportunity visiting to wards and departments	(2)
13. Develop Personnel Section	(2)
14. Improve P.R.	(1)
15. Improve communications	(1)
16. Introduce or improve Budgetary control	(2)

MEMBERS

Mr I H Beach	District Administrator Leicestershire South West Health District
Mr L R Fenwick	Sector Administrator Eastern Sector Newcastle Area Health Authority (T)
Mr M M Goodey	Sector Administrator St Lawrence Hospital Croydon Area Health Authority
Mr J Haken	Sector Administrator Eastern Sector Southampton & S W Hampshire Health District (T)
Mr C Harris	Chairman Association of Unit & Sector Administrators
Mr D H R Harris	Sector Administrator St Andrews Hospital Newham Health District
Mr S Hayes	Hospital Administrator Hallamshire Hospital Sheffield Southern Health District (T)
Mr C R Hayton	General Administrator (Operational Management) Lanacaster Health District
Mr R A Hoyle	Sector Administrator, General Hospitals South Swansea Health District
Mr K Jarrold	Assistant District Administrator South Tees Health District
Mr G Millard	District Administrator Harrow Health District
Mr B Muir	Sector Administrator (General) Lincoln County Hospital Lincolnshire (North) Health District
Mr R M Nicholls	Area Administrator Newcastle Area Health Authority (T)
Mr B R Payne	Hospital Administrator East Birmingham Hospital East Birmingham Health District
Miss J Shaw	Sector Administrator Royal United Hospital Bath Health District
Mr I G Stephenson	Sector Administrator Queen Elizabeth Hospital Central Birmingham Health District (T) AND Association of Unit & Sector Administrators

continued

Mr W J Tayler	Sector Administrator Gloucester Sector Gloucester Area Health Authority
Mr R P Venning	Sector Administrator Manchester Royal Infirmary Manchester Central Health District (T)
Mr F Ward	Sector Administrator Durham/Easington Sector Durham Health District
Miss L Willis	Sector Administrator Carlton Hayes Hospital South West Leicestershire Health District (T)
Mr G Wolfson	Sector Administrator Claybury Hospital West Roding Health District
Mr C J Wright	Sector Administrator Nottingham City Hospital North Nottingham Health District (T)

SPEAKERS

Mr L B Akid	Secretary and Director of Education IHSA
Mr M Callingham	District Finance Officer Southampton & S W Hampshire Health District (T)
Miss H Flunder	Ward Sister Royal Free Hospital North Camden Health District
Miss C Hancock	Area Nursing Officer Camden & Islington Area Health Authority (T)
Mrs J A Gornall	Secretary Havering Community Health Council

COURSE TUTORS,
King's Fund College

Mr J P Ranken

Mr W E Bardgett

Mr A J Dennis

Mr W J Fraser

May 1980