



King Edward's Hospital Fund for London

CORPORATE MANAGEMENT PROGRAMME

King's Fund College, 2 Palace Court, London W2 4HS Telephone 01-229 9361

PROGRESS REPORT

1980 - 1983

JULY 1983

HOHAB:FN (Kin)

CORPORATE MANAGEMENT PROGRAMME

The King's Fund Corporate Management Programme is a new and distinctive offering in the array of management development opportunities for health service managers.

- The focus is on health services specifically, informed by reference to other public and private sector activities.
- The Programme concentrates on corporate and strategic aspects of health services management.
- Programme members are drawn from the most senior levels of health services management in the various disciplines.
- The Programme content is tailored as far as possible to meet individual needs.
- The structure of the Programme encourages the immediate practical application of the knowledge and skills acquired.

OBJECTIVES OF THE PROGRAMME

The Corporate Management Programme has been designed to meet the developmental needs of corporate managers in health services.

Its basic objective is to increase the effectiveness of these managers in the complex and uncertain conditions that characterise health service management.

To meet this basic objective and to accommodate the different individual and professional needs, the Programme will enable members to

- develop knowledge and skills in areas with which they are relatively unfamiliar
- apply these knowledge areas and skills in analysis of practical issues and problems
- manage their own professional and corporate work more effectively and thus direct the development of their organisations.

PARTICIPANTS

The Programme is particularly aimed at chief officers on management teams in the NHS but is also relevant to others in senior roles in health services and related organisations.

Most benefit is likely to be gained from the Programme by those senior managers who, while performing ably in their jobs, feel the need to develop new approaches, broaden their perspectives and take a fresh look at their jobs and their careers.

The membership is multi-disciplinary with a maximum of twenty members in each Programme. A balanced mix of the health professions will be sought in order to enhance the opportunity to share experience and learn from others.

PROGRAMME STRUCTURE

The residential sections of the Programme are organised on a modular basis and comprise an initial two-week Core session followed by a series of one-week Options on particular aspects of health service management from which each member will be asked to select at least three Options. The Programme members come together again in a one-week Core session.

During this part of the Programme members will be planning the objectives, methodology and content of their projects to be carried out subsequently with faculty guidance.

CORE SESSIONS — to develop an understanding of the generic issues involved in corporate management in health services, to lay the foundation for the more specialised topics and to integrate the various themes in the Programme.

OPTIONS — to allow concentrated work on a number of knowledge areas and skills relevant to the corporate manager's role.

- Health policy and politics
- Organisational analysis and design
- Analytical methods and planning
- Economic aspects of health
- Financial management

PROJECTS — to provide a vehicle for the integration of the various topics and approaches and to test the relevance of the knowledge gained by application to a real issue in the working situation.

Throughout the Programme the emphasis will be on tailoring the content to meet individual needs. Much of the work will be in small group settings and extensive use of practical and illustrative case material will be made. Individual work outside the residential sections of the Programme will be necessary.

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KING'S FUND CORPORATE MANAGEMENT PROGRAMME

PROGRESS REPORT

1980-1983

BACKGROUND

The Corporate Management Programme is now into its third year of development and it seems an appropriate time to take stock and make a general report on progress.

The intensive planning work for the Programme took place in 1981 and drew on previous work, notably the Thwaites Report¹, which had argued the case for a high level management development programme for the most senior health service managers. During that year, market research and programme design were undertaken through a survey of chief officers on management teams in the NHS in England and Wales², a series of workshops for the major professional groups and consultations with a wide range of management educators and practitioners.

The first Programme started in January 1982, the second in January 1983 and the third in May 1983. Although there have been changes in the Programme during this period, its basic aims and philosophy have remained the same. Extracts from the Programme prospectus on the opposite page describe the Programme's objectives and structure.

The chart on the next page shows how the Programme fits into the range and type of management development courses available to health service managers.

The Programme's combination of a modular structure, a health service focus, the chief officer target group and non-qualifying status make it, if not unique, certainly a distinctive contribution to the management development field. The number of Masters courses available in health

¹ *The Education and Training of Senior Managers in the National Health Service.*
King Edward's Hospital Fund for London, 1977.

² *Dixon, M and de Metz, A; Management Development for Chief Officers in the NHS.*
King's Fund Project Paper 35, 1982.



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EXAMPLES OF MANAGEMENT PROGRAMMES AVAILABLE TO HEALTH SERVICE MANAGERS

	QUALIFYING (Degree/Diploma/Certificate)	NON-QUALIFYING
HEALTH SPECIFIC (OR WITH HEALTH OPTION)	University-based Masters degree (Bath, Bristol, Hull, Birmingham, Leeds, Manchester, Brunel) Diplomas in Management Studies IHSA	Corporate Management Programme (King's Fund) Senior Management Development Courses Administrators' Development Courses Health Systems Management (Harvard)
GENERAL MANAGEMENT	MBAs Part-time Masters (London Business School) DMSS Senior Managers Development Programme (Oxford) Masters (Henley/Brunel)	Continuing Executive Programme (London Business School) Senior Managers Programme (Ashridge) General Management Programme (Henley)

services management or related fields increased during the late 1970s. So during the development period, the question of whether the Programme should result in a degree, diploma or other qualification was considered. Only 13.6% of the respondents to the survey thought the Programme should result in some kind of qualification, 31.9% thought it should not and 54.5% thought it was not important. One or two overseas members of the Programme have felt that there should be a certificate awarded on completion, arising from their greater need to justify the investment of time and money. But for the time being the Programme continues on a non-qualifying basis. It is therefore particularly important that we maintain high academic standards and select Programme members carefully.

The focus on health services management does seem to be fully justified although there will no doubt continue to be those who prefer the more

general programmes providing for managers from industry and/or the private sector as well as the NHS.

RECRUITMENT

CMP 3 is now underway and in June we held a final Work in Progress session of 2½ days for CMP 1. Lists of the members of the three Programmes appear in Appendix I and some analyses of the enquiries, applications and members in Appendix II.

The membership mix is close to the intentions for the Programme apart from:

- a somewhat smaller proportion of NHS chief officers and other chief executive officers (56%) than we had hoped (75-80%). This may have to do with problems of reorganisation and we may achieve the higher proportion next year;
- an imbalanced professional mix, notable absentees being treasurers (4%) and community physicians (7%);
- a patchy regional response, some regions showing great interest and support, others showing little interest or being unable to give financial support to individuals whose districts cannot fund the whole fee. The pattern of response cannot be totally explained by proximity to London although this is obviously a factor.

On the other hand, the membership includes a wide range of health service roles and organisations - for example, a DHA chairman, a unit management group (nurse, administrator, consultant) and all four officers on a DMT. There is a member from DHSS on each Programme.

The general view seems to be that, although the finance and community medicine fields should be more heavily represented, the crucial factor is that members should be able to make an individual contribution to the process and thus broaden the perspective of the group as a whole. At this level, particular professional backgrounds do not seem so significant as they may be for a more junior group.

PROGRAMME STRUCTURE

The first three Programmes have all been organised on a modular basis, comprising an initial two-week Core session followed by a series of one-week Options and a final one-week Core session, all spread over a period of seven or eight months. But there has continued to be support in principles for running the Programme as a single block. Forty-six per cent of the respondents to the survey preferred this model. We therefore designed and advertised a six-week programme on this basis in the autumn of 1982 but received only one application. Many senior managers said they could not contemplate being away from their jobs for a six-week period. Even the much shorter absences required by the modular structure prove difficult for some.

It is clear that the 1982 reorganisation is still putting extraordinary demands on NHS managers. The single block model could well be tried again in the future but for the time being the evidence is clear enough for us to plan Programmes 4 and 5 in 1984 on the modular basis.

Apart from the convenience of the modular structure, the other identified benefits can be generally described as ease of transfer of learning. That is, members bring actual, topical work problems into the sessions and are able to apply and test out new knowledge and skills during the back-at-work period. In a recent article on chief officer development, it was argued that developmental approaches should be well integrated with the practical issues but should also allow chief officers to distance themselves somewhat

from their experience and reflect on it³. This is very much the dynamic created by the modular arrangement, members tending to make judgements about the quality and relevance of the Programme content in terms of - how will this help me solve a problem or be a more effective corporate manager?

EDUCATIONAL APPROACH

The complex structure of the Programme requires careful linking and coordination, particularly since the core Faculty are drawn from many education and research organisations in addition to the King's Fund. (See Appendix III for a list of the Programme Faculty.) Most of the current Faculty were involved in planning the Programme and regular Faculty meetings are organised to compare notes and agree necessary changes to content and structure.

The emphasis in all sections of the Programme is on teaching methods that encourage the application of principles and concepts - case studies, small group work, individual work with Faculty, practical exercises. The relatively small size of the groups aids this emphasis as does the practice of the core Faculty being present and taking part for the whole of the relevant sections of the Programme. As much flexibility as possible is built into the Programme so that issues of particular interest to the group or individuals can be pursued.

The role of Option Coordinator is a particularly important one. The Coordinators design and present the one-week programmes with their colleagues and ensure that their material complements the other Options and develops the ideas examined in the opening Core.

Extensive reading lists have been developed for each section of the Programme and these are amended and kept up-to-date. Any required reading before or during the Programme is provided for the members as few health service managers have access to comprehensive library

³ Edmonstone, J; *Chief Officer Development: An Area of Neglect. Health Services Manpower Review*, Vol 9, No 1, May 1983.

facilities. This background study is seen as an essential element of the Programme and means that members become familiar with at least part of the vast range of health services literature. Case studies and practical exercises are used extensively and in both the Cores and the Options members are asked to test out the theory by application to real problems from their own organisations.

The overall approach seems to fit the learning needs of senior managers well. Members particularly appreciate the continuous presence of Faculty, the emphasis on practical application of knowledge and the feeding in of relevant and topical research findings. There has been a tendency to overload the members with reading, particularly in advance of some of the Options and we have had to be more selective. Some members ask for more 'free time' during the Options for reflection; others feel that they should be working as hard as possible during these periods and reflecting on the experience when back at work.

CORE SESSIONS

The two Core sessions which comprise the beginning and end of the residential sections of the Programme are aimed at developing an understanding of the generic issues involved in health service management. What corporate management means in the health service context is inevitably a central theme in the discussions. Our working definition of 'corporate' roles is those in which decisions are primarily concerned with the functioning of the organisation as a whole and its place in the external environment, rather than with internal, operational management within particular professional or functional divisions. The emphasis is on the long-term, strategic implications of such decision-making.

The opening two-week Core includes consideration of:

- the environment: the economic and political environment and prospects; social and cultural factors in post-industrial society; the impact of technology; institutions in society; values and ideologies;

- principles of management: managerial perspectives; policy, its implementation and management; policy, strategy and system building; analysis and managerial judgement;
- corporate management in health services: the nature and content of corporate management and corporate roles; corporate management in relation to health authorities, to professional and occupational groups and to operational management systems.

The opening Core now also includes a section on Personal Skills and the Management of Change which was originally presented as a separate Option. This section is aimed at developing the corporate manager's knowledge and skills with regard to the achievement of commitment to organisational objectives, coordination of people, planning organisational change and developing internal improvement mechanisms.

The final one-week Core is intended to provide a setting in which the individual member can begin to integrate both the various themes in the Programme and the Programme and work experiences. During this week, members also present their ideas, as developed as they are at that stage, on their subsequent project work.

We are just preparing for the final Core session for CMP 2 so we do not yet have a great deal of experience upon which to assess the Core concept. Members responded favourably to both opening Cores, finding that the topics and level of analysis opened up new approaches and challenged some of their working assumptions. The final Core was felt by some members to be too discursive. They were perhaps looking for an all-embracing framework into which to slot their own experience. Whether such a framework exists is one of the more interesting questions raised by management development at this level.

OPTIONS

The topics for the one-week Options were derived largely from the survey findings and for CMP 1 were:

- Health Policy and Politics
- Organisational Analysis and Design
- Analytical Methods and Planning
- Economic Aspects of Health
- Personal and Interpersonal Skills
- Financial Management.

Each member selects at least three of the Options. Previews of the Options are given during the opening Core and members are then asked to make their selection. There is an increasing tendency for members to take four or five Options.

The order of the Options was carefully planned so that there is a logical development and the organising Faculty share curriculum content and development so that they are as complementary as possible.

After CMP 1, the members felt that Personal and Interpersonal Skills was different in kind from the other Options, being concerned with behavioural aspects of management and organisational development. It was therefore suggested that this section should be incorporated in the opening Core and, as already mentioned, this was the arrangement for CMP 2 and 3.

TAKE-UP OF OPTIONS - CMP1-3

	<u>% of members</u>
Health Policy and Politics	56
Organisational Analysis and Design	56
Analytical Methods and Planning	84
Economic Aspects of Health	64
Financial Management	69

We had anticipated that the more 'quantitative' Options might be less attractive but in practice they have been the most popular. The smallest Option group was 6 members, the largest 15.

We are now going through the third set of Options. Detailed changes of content or presentation have been made as a result of members' assessments. Each of the three groups has responded rather differently to the Options and it is clear that the content must be designed to meet the needs and special interests of the members and be as flexibly organised as possible. Both members and Faculty enjoy and benefit from the continuous presence of the Core Faculty during the week and the selective use of presentations by outside speakers.

PROJECTS

An integral part of the Programme is the project work which each member is encouraged to undertake after the formal sections of the Programme have been completed. The expectation is that the projects will fulfill two major aims:

- provide a vehicle for the integration of the various topics and approaches which the individual member has studied in the Programme
- test the relevance of the knowledge gained during the Programme by application to a real issue in the work situation.

During the later sections of the Programme, particularly the final Core, guidance is given on the identification of manageable project topics and on the methods of enquiry which might be appropriate. A project adviser is identified to work with each member on their project and the other resources of the King's Fund libraries and the College are also available to assist members in their project work. We did not set up specific deadlines for completion of project work but the expectation was that in most instances the project would be completed within twelve months or so. As projects near

completion, sessions for progress reports and review are organised as appropriate and members are encouraged to consider publication of their project work.

Since the members of CMP 2 are just about to enter this phase of the Programme, we do not yet have a lot of experience of project work. But it does seem that it is quite difficult for many members to sustain and complete projects once they are back at work full-time. The particular pressures in the NHS over the last year or so may have intensified this problem but other management courses with the same kind of project element experience similar difficulty.

Other things being equal, there seem to be a number of factors which contribute to successful project work:

- relevance and topicality in the member's organisation
- the intrinsic containability and manageability of the topic
- the member's personal interest and motivation
- a definable and time-limited objective
- the authority and ability of the member to implement the project results in their organisation.

EVALUATION OF THE PROGRAMME

The objectives of the Programme address both knowledge and behaviour:

To increase the effectiveness of corporate managers in health services by enabling them to:

- develop knowledge and skills in areas with which they are relatively unfamiliar
- apply these knowledge areas and skills in analysis of practical issues and problems
- manage their own professional and corporate work more effectively and thus direct the development of their organisations.

We anticipated the considerable technical difficulties in evaluating the effectiveness of any management development exercise and therefore arranged for CMP 1 to be studied by two independent external evaluators, A Mant and J Lathlean, in order to test out two different ways of approaching some of the intractable evaluation questions. The study was funded by the Office of the Chief Scientist, DHSS and the final report is awaited. A summary of J Lathlean's section of the Report is attached as Appendix IV.

We have also carried out continuous evaluation of each of the Programmes, largely by obtaining direct feedback and criticism at the end of each section and by visits to members some months after the formal sections are completed. The project work already described also reveals a lot about the value of the Programme for the individual. This information has been applied immediately and changes made to the Programme as it has progressed.

A useful by-product of the CMP evaluation was work carried out by Alison de Metz to help in the DHSS evaluation of the Masters Bursary Scheme and in looking at evaluation more generally for a Kellogg/EAPHSS Fellowship. (See Appendix V.)

A meeting of all Faculty is planned in September to consider the major substantive questions about the Programme and agree any necessary changes for CMP 4 and 5 in 1984.

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APPENDIX I

PROGRAMME MEMBERS

CMP 1 (January to July 1982)

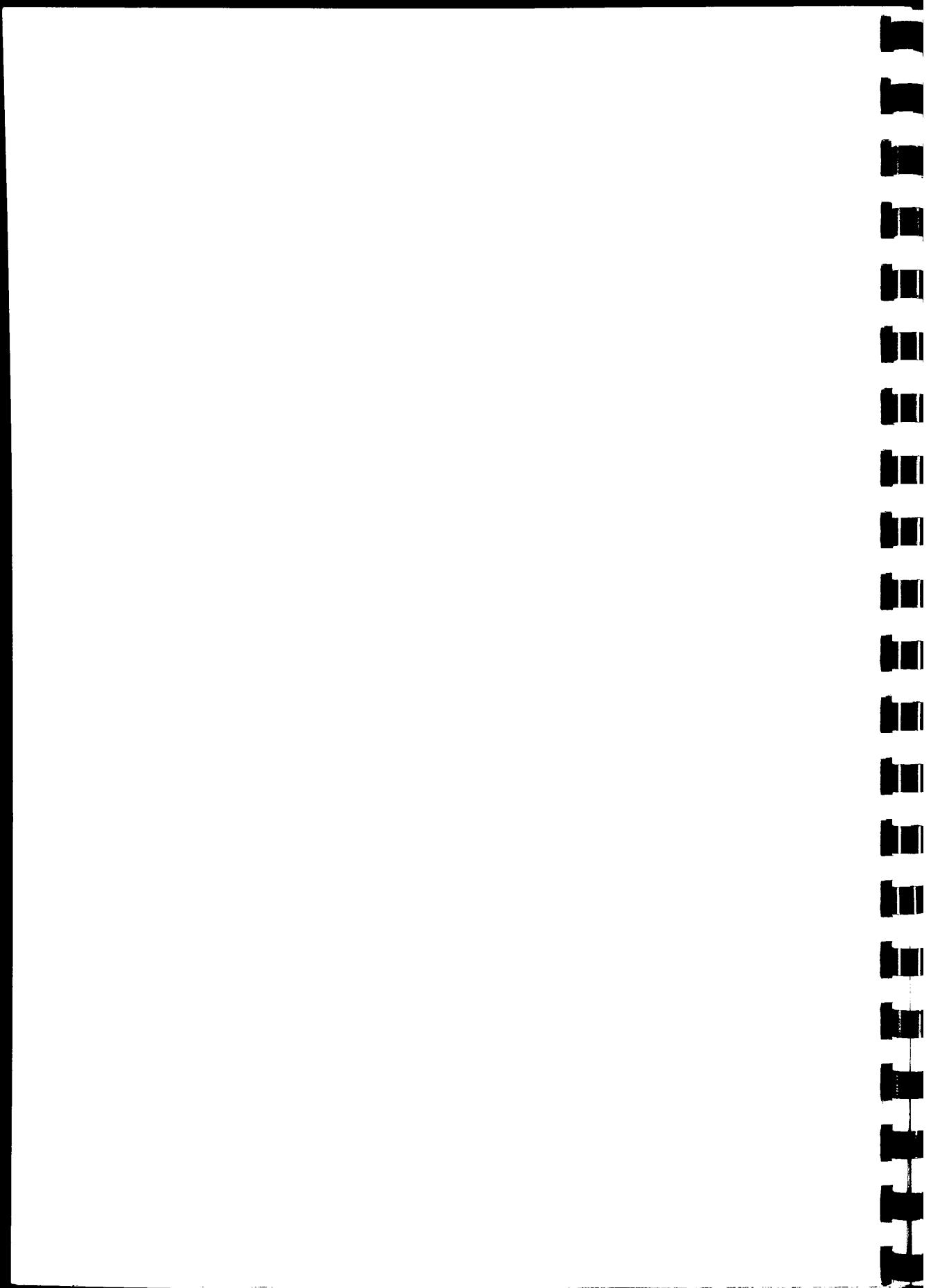
Dr June Crown	District Medical Officer, Bloomsbury Health Authority.
Mr Stan Griffiths	District Treasurer, Paddington and North Kensington Health Authority.
Mr David Gunnarsson	Director, Rikisspítalar, Reykjavik, Iceland.
Mr Terry Hunt	District Administrator, Paddington and North Kensington Health Authority.
Dr William Kearns	District Medical Officer, Paddington and North Kensington Health Authority.
Mr Roy Kirby	Personnel Officer, Barking, Havering and Brentwood Health Authority.
Mr James Lamb	District Administrator, Armagh and Dungannon Health and Social Services District, Southern Health and Social Services Board, Northern Ireland.
Mr David Marlow	Administrator, Hammersmith Special Health Authority.
Mr Tim Matthews	Finance Division, Department of Health and Social Security.
Miss Catherine McLoughlin	District Nursing Officer, Paddington and North Kensington Health Authority.
Mr Richard Meara	District Administrator, North West Surrey Health Authority.
Mr Graham Millard	District Administrator, Harrow Health Authority.
Dr Dorothy Rhydderch	Director of Medical Affairs, Green Crescent Health Services, Riyadh, Saudi Arabia.
Miss Gill Stephenson	Chief Nursing Officer, Durham Health Authority.
Miss Ann Whybrow	District Nursing Officer, Bath Health Authority.
Mr Arthur Wilson	District Treasurer, Plymouth Health Authority.

CMP 2 (January to July 1983)

Mrs Kate Bennett	Chief Nursing Consultant, Manpower Services Commission.
Mr Donal Devitt	Principal Officer, Mental Health and Services for the Mentally Handicapped Division, Department of Health, Eire.
Miss Roslyn Emblin	International Secretary, Royal College of Nursing.
Mr Tom Frawley	Chief Administrative Officer, Western Health and Social Services Board, Northern Ireland.
Miss Pamela Hudson	Regional Nursing Officer, North West Thames Regional Health Authority.
Mrs Noelle Kelly	Director of Nursing Services, Bloomsbury Health Authority.
Mr Alan Langlands	Unit Administrator, Bloomsbury Health Authority.
Mrs Margaret Maisey	District Nursing Officer, North Devon Health Authority.
Mr Michael McLoone	Programme Manager, North Western Health Board, Eire.
Mrs Margaret Moodie	Regional Principal, Department of Health and Social Security.
Mrs Anne Marie Nelson	Chairman, Maidstone Health Authority.
Dr Brendan O'Connor	Specialist in Community Medicine, Bloomsbury Health Authority.
Mr Edward Pearson	Chief Administrator, South Tyneside Health Authority.
Dr Jonathan Secker Walker	Consultant Anaesthetist, University College Hospital.
Mr Roger Stokoe	District Administrator, North West Herts Health Authority.

CMP 3 (May to December 1983)

Mr Tom Amos	District Administrator, North Tyneside Health Authority.
Mr Vincent Baalman	Head of Department for Hospital Management, Organisation and Regionalisation, National Hospital Institute for the Netherlands.
Mr Peter Catchpole	District Administrator, Mid-Downs Health Authority.
Mr Victor Flintham	Regional Personnel Officer, North West Thames Regional Health Authority.
Mr George Gibson	District Administrator, Wandsworth Health Authority.
Miss Oriole Goldsmith	District Administrator, Coventry Health Authority.
Mrs Daila Hoadley	Chief Nursing Officer, Mid-Downs Health Authority.
Mr Gerald Hoare	Deputy District Administrator, South Sefton Health Authority.
Mr John Langan	Deputy District Administrator, Kingston and Esher Health Authority.
Mrs Pamela Mason	Community Health Services Administrator, Brighton Health Authority.
Mr John Rogers	Regional Principal, Mersey Region, Department of Health and Social Security.
Mrs Jean Turner	Chief Nursing Officer, North Tyneside Health Authority.
Miss Susan Westbrook	Director of Nursing Services, Acute Unit, Guy's Hospital, London.
Miss Barbara Young	District Administrator, Haringey Health Authority.



APPENDIX II

CMP RECRUITMENT STATISTICS - PROGRAMMES 1 - 3

REGION/COUNTRY	ENQUIRIES n	APPLICATIONS n	MEMBERS			
			1	2	3	ALL
N.W. Thames	27	11	7	2	1	10
N.E. Thames	31	7	2	4	1	7
S.W. Thames	17	5	0	0	4	4
Northern	12	4	1	1	2	4
S.E. Thames	17	4	0	1	2	3
S. Western	13	2	1	1	0	2
W. Midlands	10	2	0	0	1	1
Mersey	7	2	0	0	1	1
Wessex	8	1	1	0	0	1
Oxford	9	1	0	0	0	0
E. Anglian	2	1	0	0	0	0
N. Western	7	0	0	0	0	0
Trent	4	0	0	0	0	0
Yorkshire	4	0	0	0	0	0
N. Ireland	12	4	1	1	0	2
Wales	3	0	0	0	0	0
Scotland	3	0	0	0	0	0
Other U.K.	26	7	1	1	3	5
Eire	7	2	0	2	0	2
Iceland	4	1	1	0	0	1
The Netherlands	2	1	0	0	1	1
Saudi Arabia	1	1	1	0	0	1
Jersey	1	0	0	0	0	0
New Zealand	1	0	0	0	0	0
Denmark	1	0	0	0	0	0
Spain	1	0	0	0	0	0
Austria	1	0	0	0	0	0
U.A.E.	1	0	0	0	0	0
The Gambia	1	0	0	0	0	0

24% enquirers applied

80% applicants accepted and took up place

CMP 1 - 3

ENQUIRIES AND MEMBERSHIP BY:

<u>PROFESSION</u>	<u>ENQUIRIES</u> n=233	<u>MEMBERS</u> n=45
ADMINISTRATION	38%	49%
NURSING	29%	27%
COMMUNITY MEDICINE	8%	7%
FINANCE	8%	4%
MEDICAL	2%	2%
MEDICAL ADMINISTRATION	2%	2%
PERSONNEL/TRAINING	6%	4%
OTHER	7%	4%

ORGANISATION

NHS	78%	78%
DHSS	3%	7%
OTHER CIVIL SERVICE	4%	4%
HOSPITAL	3%	2%
PRIVATE HEALTH ORGANISATION	3%	2%
OTHER	9%	7%

LEVEL OF POST

NHS CHIEF OFFICER	36%	54%
OTHER C.E.O.	7%	2%
NHS 2ND IN LINE	24%	22%
OTHER	33%	22%

APPENDIX III

PROGRAMME FACULTY

The Faculty associated with the Corporate Management Programme are drawn from the health service fields and from major centres of research and education and include:

Core Sections

J Carrier BSc MPhil, London School of Economics and Political Science
M Dixon BA MPhil PhD, King's Fund
T C Evans MSc(Econ), King's Fund College
J R Gourlay MA(Cantab) DipIET MIPM AHA, Wessex Regional Health Authority
Professor J W Hunt BA DipEd MBA PhD, London Business School
J Huntington BA PhD, King's Fund College
Professor M Jefferys BSc, Professor Emeritus, University of London
E Körner JP BSc, Chairman, Health Services Information Steering Group
R J Maxwell JP PhD, King's Fund
A Maynard BA BPhil, University of York
G Smith BA MA MInstM, Wessex Regional Health Authority
G Swarder BA, Imperial Chemical Industries

Options

Health Policy and Politics

C J Ham BA MPhil PhD, University of Bristol (Option Coordinator)
J James BA(Oxon) DipEcon and PolSci, Department of Health and Social Security
Lady McCarthy DipEcon and PolSci (Oxon), King's Fund College
D Morris, Department of Health and Social Security
D Towell MA PhD, King's Fund Centre and King's Fund College

Organisational Analysis and Design

S Cang MA(Cantab), Brunel University (Option Coordinator)
M Dixon BA MPhil PhD, King's Fund
I Wickings BSc PhD, Clinical Accountability, Service Planning and Evaluation Research Team and King's Fund College

Analytical Methods and Planning

G Best BArch MSc MSc(Econ), King's Fund College (Option Coordinator)

G Parston BA BSc MArch PhD, Downstate Medical Center and New York University and Fellow Designate, King's Fund College

J Rosenhead MA(Cantab) MSc, London School of Economics and Political Science

Economic Aspects of Health

R Akehurst BSc(Econ), University of York

M Buxton BA, Brunel University

Professor A J Culyer BA, University of York (Option Coordinator)

M F Drummond BSc MCom PhD, University of Birmingham and McMaster University

Financial Management

R G Bevan MA MTech, University of Warwick and King's Fund College

Professor J R Perrin BSc MBA PhD, University of Warwick (Option Coordinator)

C Whitt BA MSc, South East Staffordshire Health Authority

In addition, individual sessions are given by practitioners from the NHS, DHSS, professional organisations and visiting speakers from abroad. For example, during 1983 Professor Bob Evans from the University of British Columbia and Professor John Thompson from Yale University made presentations on their current work in health services research.

PROGRAMME STAFF

Maureen Dixon BA MPhil PhD

Alison de Metz BSc

Barbara Lane BA

APPENDIX IV

EVALUATION OF THE
KING'S FUND CORPORATE MANAGEMENT PROGRAMME:
THE REPORT OF THE FEASIBILITY STUDY

SECTION 2:
THE CORPORATE MANAGEMENT PROGRAMME AND JOB BEHAVIOUR

Judith Lathlean BSc(Econ), MA
May 1983

PREFACE TO SECTION 2

The feasibility study for the evaluation was conducted in two parts. These two parts will form one major report to the DHSS. However, as the two approaches were quite separate it is possible to consider their findings in discrete sections.

Section 2 represents the part of the feasibility study undertaken initially by two researchers, Deborah Jones and Judith Lathlean, and subsequently by Judith Lathlean on her own.

SUMMARY OF SECTION 2.

1. The King's Fund Corporate Management Programme (CMP) focuses on corporate and strategic aspects of health services management. Members are drawn from the most senior levels of the various health service disciplines. The programme is structured to encourage the immediate practical application of the knowledge and skills acquired, with the content tailored to individual needs as far as possible.
The first programme began in January, 1982.
2. An independent feasibility study for the evaluation of the CMP was undertaken between November, 1981, and October, 1982. Two different evaluation approaches were used. This second approach starts from the premise that the programme is concerned with those aspects of job performance where a manager 'must do well' in order to meet the organisation's needs.
3. The second part of the evaluation aimed to test out the research methods employed, and to explore the relationship between a number of criteria for job performance and the CMP.
4. Data were collected mainly by questionnaires (three in total); interviews (with members and course organisers/providers); non-participant observation of aspects of the programme; reference to programme documents.
5. The evaluation provided information on: profile of course membership; changes in jobs; discussion prior to programme; team/individual membership; attendance at other management courses; members' expectation of programme benefits; perceived value of programme; the first core of the programme (adequacy of information, organisation, course mix); the options (which ones, option previews, options by name); review day; final core; projects; management criteria for job performance; relationship of criteria to jobs and the programme; individual members' responses.
- 5.1. Seventeen members commenced the programme in January, 1982. Of these 17, ten were NHS Chief Officers, four were from outside the NHS. The group was mixed in terms of disciplines but with a predominance of administrators (9 administrators, 3 nurses, 3 physicians and 2 treasurers). After the first course, one member withdrew. By the end of the final core, three quarters of the membership were NHS Chief Officers. The CMP attracted the younger senior managers and Chief Officers from within and

outside the NHS with collectively less experience than is average * amongst NHS Chief Officers.

- 5.2. During the programme, 80% of the membership experienced changes of 'a considerable degree' or 'to some extent' the programme was felt to be equally as or more relevant to the changed roles.
- 5.3. Discussion of the programme with peers prior to its commencement occurred for 10/17 members.
- 5.4. No conclusions could be drawn about the desirability of team or individual membership. There was an equal division between the two, but the question was interpreted in different ways by the respondents.
- 5.5. More than half the membership had not previously attended top management courses. The most popular reasons for choosing the CMP were its specific focus on the needs of NHS Chief Officers and its health orientation.
- 5.6. The benefit members expected to gain from the programme included; the development of knowledge (e.g. economics, politics, finance); the corporate management focus, specific subjects, interaction with others. After the first core, members found such aspects as; case studies, management principles, corporate management and sessions by 'named' speakers most valuable. Option previews were by far the least valued aspect.

There appeared to be no major gaps between expectations and actuality. However, members were most appreciative of high level input and particular teaching strategies (e.g. case studies) and least certain about the integration of themes.

- 5.7. The greatest value of the programme was felt to be in terms of personal development and the new knowledge and skills to enhance (members') current roles. 'Improved promotion opportunities' was felt to be least appropriate.

* As found in the King's Fund Survey of Chief Officers.

5.8. In the first core, members were generally satisfied with the proportion of time allowed for 'individual contact with staff', and 'general discussion with colleagues'. Half the membership felt that there was insufficient time for group teaching sessions. There was greatest disagreement over the time allowed for reading and consolidation of teaching (56% said 'about right', 25%, 'too much' and 19% 'not enough').

5.8.1. The majority of members felt that the whole programme met their expectations in terms of input, quality of teaching and co-ordination by the King's Fund Faculty.

5.8.2. The majority, of members, felt the course mix to be 'about right', 'good' or 'excellent', but comments were made on the imbalance of the disciplines and the appropriateness or otherwise of including non-NHS members.

5.9.1. The majority of members did not pursue the precise options they had specified prior to the programme. The changes were mainly influenced by the presentation of the option previews and by practical considerations.

5.9.2. The option previews helped to confirm the previous opinions of some members and dissuade others. They gave an idea of the teaching style, but were less helpful in providing an overview of the material for someone not taking the option. Many members felt that too much time was devoted to the previews.

5.9.3. The health policy and politics option, attended by relatively few (6) members, was rated highly in terms of relevance of the inputs to members jobs, increased knowledge of subject matter and quality of teaching.

5.9.4. The organisational analysis and design option was rated highly in terms of relevance of inputs and quality of teaching. Value was placed on the framework it provided for looking at and understanding organisational problems.

5.9.5. The majority of members attended the analytical methods and planning option. It received a variable rating for relevance of inputs, increased knowledge and quality of teaching. The option raised important concepts and ideas which were sometimes unfamiliar and at first, difficult to grasp.

5.9.6. The economic aspects of health option, also attended by 6 members was rated highly on all aspects. The option comprised a good deal of

material of a sophisticated 'technical' nature.

5.9.7. The personal and interpersonal skills option received a variable rating for increased knowledge and quality of teaching. The focus was on experiential learning with the resulting outcome of personal development rather than increased 'technical' knowledge. The material was felt to be sufficiently important to be included in the opening core of the subsequent programme.

5.9.8. The ratings achieved by the financial management option were variable. Again much of the material was complex, although at times familiar e.g. R.A.W.P. and there was felt to be some overlap with the economics option.

5.10. The review day (May 6th) was rated as average to poor in all aspects. The majority felt the day to be about 'research' methodology and 'projects'. They were critical of the need for the former and the over-emphasis on the latter. The request was for a review day with a speaker, a theme and the chance to report on current job events.

5.11. The final core week received an average rating overall, with little consistency about the positive and less positive aspects. Members were critical of the lack of a theme, the inclusion of 'one-off', apparently disparate sessions, and the over-emphasis on the projects. For some, it was a disappointing week when compared with the high standards of previous components, yet significant in that it marked the perceived end of the institution of the Corporate Management Programme.

5.12. The majority anticipated the value of the projects to be high with comments ranging from the optimistic to the uncertain. The project was considered to be: an enabler of self examination, an imposer of discipline, an integrating activity. Little distinction was made by some members between project work and normal management problems requiring action.

5.13. Twentyfive management criteria were identified from previous research studies, as being particularly relevant to the jobs of health service managers. Respondents were asked to rate each of these criteria according to: (a) the importance to the job;
(b) the expected value of the programme to enhanced performance;
(c) the actual value of the programme to enhanced performance.

5.13.1. In terms of importance of the criteria to members' jobs, 15/25 of the

criteria were considered 'very important' by at least 75% of the members. Only two criteria ('impact' and sociability) had relatively low scores of importance. In respect of members' expectations of the value of the programme: 3 criteria - planning and organising, environmental awareness and problem analysis - were rated high by 75% or more of the members. These high ratings were also gained when members were asked about the actual value of the programme, showing considerable congruence between job importance, anticipated and actual programme value in relation to these three particular criteria.

- 5.13.2. The instances where there was a combination of 'considerable' importance to the job and high anticipated and actual value of the programme, were relatively few, (i.e. 17% of all possible combinations by criteria and members).
- 5.13.3. These data can be interpreted in a variety of ways. The value of this information lies in the articulation of 'importance' and 'perceived value'. It is useful to know how members see their jobs in relation to the managerial components. It also enables programme planners to examine the match or mismatch between the important aspects of jobs and the provision of inputs to enhance these aspects.
6. The methods employed provide an external picture of the programme and members' expectations and experiences. They complement the evaluation conducted by the King's Fund, and provide a baseline for comparison between the members, and with the objectives of the programme. The methods have their limitations, a major one being that of the time span. Ideally, an 'assessment centre' technique would have provided a possible means of validating needs and gains. In conclusion, this approach to evaluation is important and valuable in combination with the other 'illuminative' or 'ideographic' approach.

* * * * *

TABLE 4 MANAGEMENT CRITERIA FOR JOB PERFORMANCE

	Importance in job			Expected value of programme			Actual value of programme		
	(a) Very	(b) Fairly	(c) Little	(a) Consid	(b) Some	(c) Not rel	(a) Consid	(b) Some	(c) Not rel
i Flexibility	75%	25%		13%	81%	6%	53%	47%	
ii Tenacity	69%	31%		6%	56%	38%		73%	27%
iii Decisiveness	82%	18%		46%	27%	27%	13%	60%	27%
iv Stress Tolerance	76%	24%		12%	63%	25%	20%	40%	40%
v Sociability	47%	53%		19%	56%	25%	43%	43%	14%
vi Impact	24%	70%	6%	20%	47%	33%	14%	43%	43%
vii Interpersonal sensitivity	64%	24%	12%	36%	50%	14%	20%	53%	27%
viii Persuasiveness	94%	6%		56%	44%		46%	54%	
ix Teamwork	63%	31%	6%	47%	33%	20%	47%	47%	6%
x Written Communication	76%	18%	6%	19%	50%	31%		33%	67%
xi Oral Communication	88%	12%		38%	56%	6%	27%	60%	13%
xii Listening	76%	24%		50%	50%		36%	50%	14%
xiii Planning and Organising	88%	12%		88%	6%	6%	80%	20%	
xiv Delegation	81%	6%	13%	38%	44%	18%	60%	20%	20%
xv Management Control	62%	32%	6%	60%	27%	13%	50%	43%	7%
xvi Leadership	75%	25%		50%	50%		20%	73%	7%
xvii Subordinate Development	76%	18%	6%	13%	74%	13%	27%	53%	20%
xviii Organisational Sensitivity	69%	31%		62%	38%		71%	29%	
xix Environmental Awareness	69%	31%		88%	6%	6%	87%	13%	
xx Problem Analysis	88%	12%		88%	12%		93%	7%	
xxi Numerical Analysis	59%	29%	12%	44%	50%	6%	20%	67%	13%
xxii Creativity	88%	12%		73%	27%		53%	47%	
xxiii Self motivation	75%	25%		27%	46%	27%	50%	36%	14%
xxiv Work Standards	65%	29%	6%	25%	56%	19%	67%	33%	
xxv Initiative	82%	18%		27%	60%	13%	33%	60%	7%

TABLE 6 BREAKDOWN OF THE VALUES GIVEN TO MANAGEMENT CRITERIA, BY PARTICIPANTS
AND CRITERIA

	PARTICIPANTS																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
i	aba	aba	bcb	aba	aba	bbb	abb	aba	aba	aa-	aab	bba	abb	aba	bbb	ab-	--b
ii	abb	bbc	acb	acb	bbb	bab	abb	acb	abb	ac-	abb	abc	acb	acc	abb	bb-	--c
iii	aab	aac	aca	aab	bab	abb	a-b	acc	aab	ab-	aab	bbb	acb	bcb	aaa	ac-	a-c
iv	aaa	bcc	acc	abb	aba	abc	abb	abc	bbc	bc-	aab	bbb	abb	abb	aba	ac-	a-c
v	baa	abb	cba	bba	abb	abc	aaa	bbb	bcc	cb-	bba	bc-	bcb	acb	bba	aa-	a-b
vi	baa	b-c	bbb	aab	aab	ab-	bbb	bbc	bcc	cb-	bcb	bcc	bbb	bba	bcc	ac-	b-c
vii	aaa	bbc	c-b	abb	aab	abc	aab	aac	abc	cc-	bba	b-b	abb	aab	abb	ac-	b-a
viii	aaa	abb	abb	aaa	aaa	aab	aaa	ab-	aab	aa-	aab	ab-	abb	baa	aba	ab-	a-b
ix	aab	bbb	bcb	aba	aaa	acb	aaa	abb	aaa	---	aaa	bbc	aca	cba	bab	ca-	b-b
x	abb	acc	bbb	abc	aab	abc	aac	abc	acc	ac-	aab	bcc	acb	bbc	abc	cb-	a-c
xi	aaa	aaa	bab	abb	aba	abc	aaa	abb	abb	ab-	aab	cb	abb	abb	abb	aa-	a-c
xii	aaa	aab	aaa	bba	aba	aab	aaa	abc	abc	bb-	aab	bb-	abb	abb	bbb	aa-	a-b
xiii	aaa	baa	aca	aab	aaa	aaa	aaa	aaa	aaa	aa-	aaa	-ab	aaa	baa	aba	aa-	a-b
xiv	abb	aaa	acb	aba	aaa	aaa	aaa	aac	baa	cb-	aba	-bb	aba	ccc	aba	ac-	a-c
xv	baa	baa	abb	aaa	aaa	aab	aaa	aa-	cba	ba-	aab	--c	abb	bcb	bba	aa-	a-b
xvi	aaa	bba	aba	abb	abb	aab	abb	abc	bab	ba-	aab	-ab	aab	abb	aab	ab-	b-b
xvii	abb	abc	acb	aba	aaa	abb	aba	aac	bbb	cb-	abb	bbb	aba	bcb	acb	ab-	a-b
xviii	aaa	aaa	aab	aba	aaa	aaa	aaa	aa-	bba	bb-	aab	-bb	bba	baa	bba	aa-	a-b
xix	baa	aaa	baa	aaa	aaa	aab	aaa	aaa	aab	ab-	aaa	-aa	aaa	bac	baa	ac-	b-c
xx	aaa	aaa	aaa	aaa	aba	aaa	aaa	aaa	aaa	aa-	aaa	aaa	aaa	aaa	aaa	aa-	a-b
xxi	baa	caa	bcb	aab	aab	aab	aab	abb	abb	bb-	abb	bbb	acb	caa	abb	bb-	a-c
xxii	aaa	bab	aab	aaa	abb	aaa	aaa	aba	aab	aa-	aab	--a	aaa	aaa	abb	ab-	b-b
xxiii	aba	aba	aaa	abb	aba	aaa	aac	ac-	bbc	---	aba	bcb	acb	bbb	aaa	bc-	a-b
xxiv	aba	aba	aab	aba	aaa	aaa	bbb	aca	aaa	cb-	aba	bba	acb	bbb	bba	ac-	b-b
xxv	aab	bbc	abb	abb	aba	aaa	aab	aba	baa	ab-	abb	a-a	acb	abb	abb	ac-	b-b

*
aaa = importance to job - very important
expected value of programme - considerable
actual value of programme - considerable



APPENDIX V

Publications Arising From or Related to the Corporate Management Programme

Meara, R J; CMP 1, Hospital and Health Services Review, July/August 1982

Dixon, M; Corporate Management Development, Health Services Manpower Review, August 1982

Dixon, M and de Metz, A; Management Development for Chief Officers in the NHS, Report of a Survey, King's Fund Project Paper 35, King Edward's Hospital Fund for London, 1982

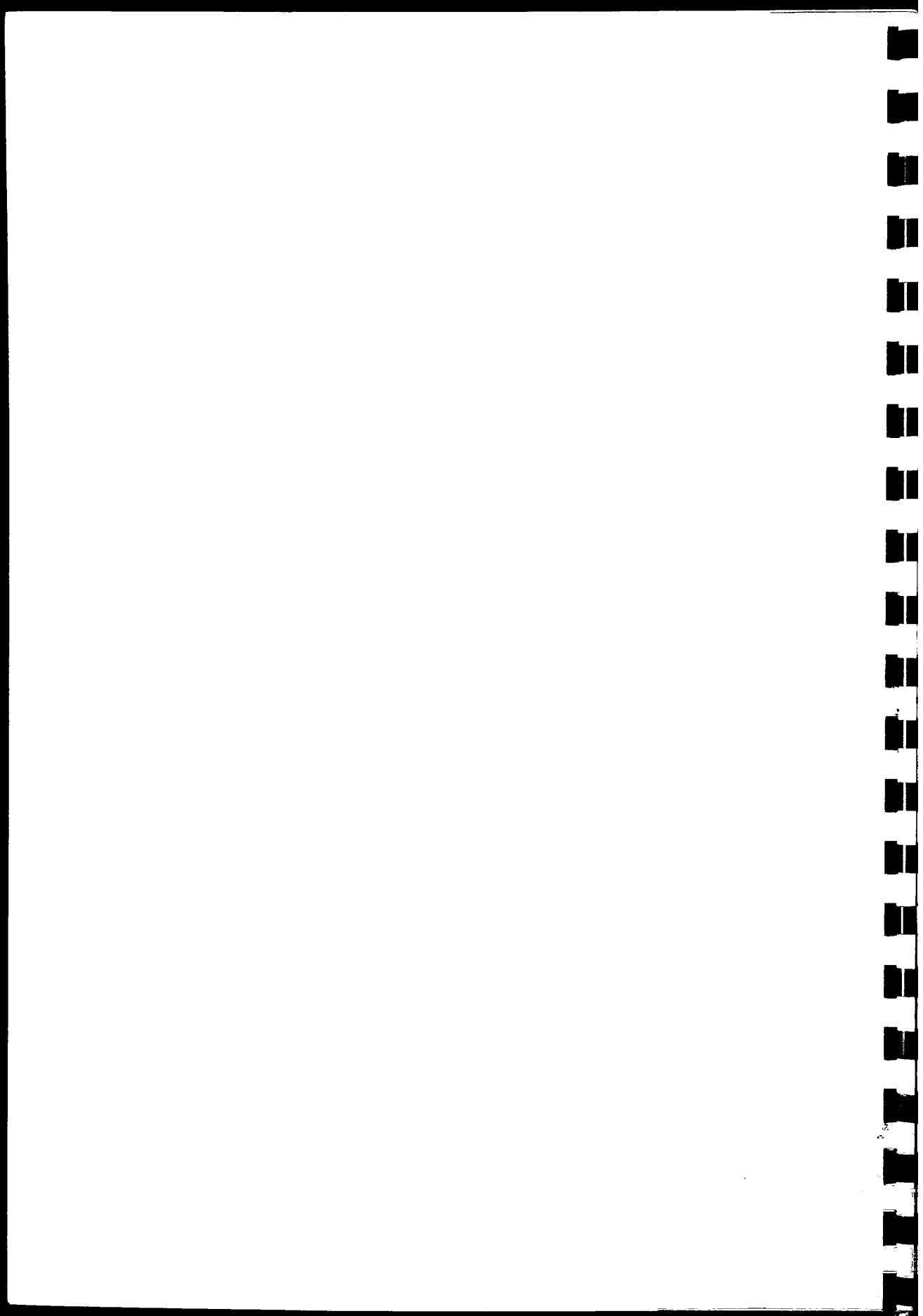
Dixon, M and de Metz, A; How Managers Measure Up, THS, January 14, 1983

Dixon, M; Imagining the Unimaginable, Health and Social Service Journal, February 10, 1983

de Metz, A; Development Opportunities for Corporate Managers - a Review and Proposals for Evaluation, Kellogg/EAPHSS Fellowship Report (unpublished), February 1983

Edmonstone, J; Chief Officer Development: an Area of Neglect, Health Services Manpower Review, May 1983

de Metz, A; Developing Top Managers, Nursing Times, 22-29 June 1983 pp 24-26

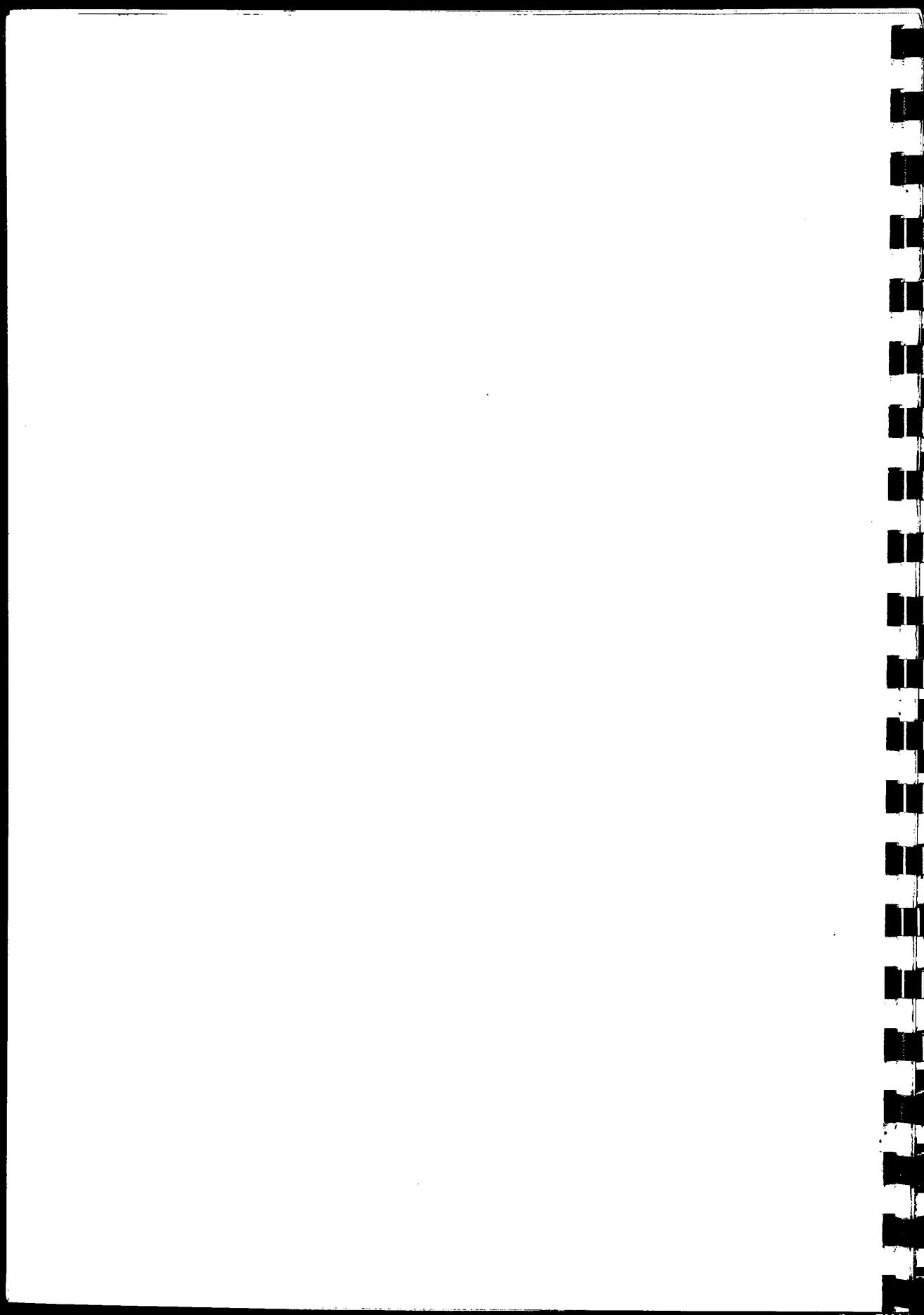


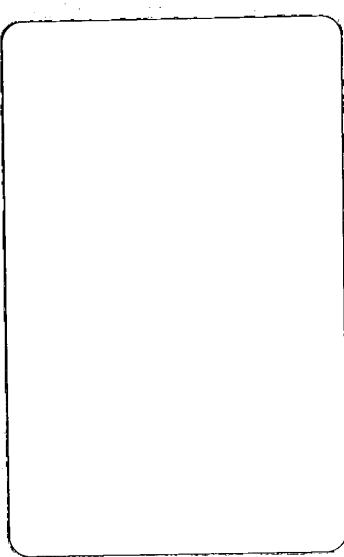
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