

*SHORT TERM REVIEW  
OF NHSIA SPONSORED  
MANAGEMENT DEVELOPMENT PROGRAMMES*

*REPORT TO THE  
NATIONAL HEALTH SERVICE  
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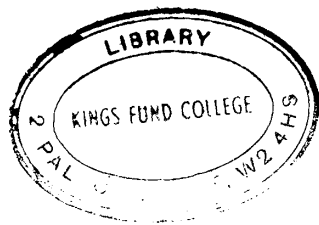


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*SHORT TERM REVIEW  
OF NHSTA SPONSORED  
MANAGEMENT DEVELOPMENT PROGRAMMES*

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Dr Iden Wickings  
Graham Smith  
August 1985



## CONTENTS

SECTION	SUBJECT	PAGE
	Acknowledgements	1
1	Purpose of the Short-Term Review	2
2	Review Methods	4
2.5	Review Timetable	6
3	Comments upon the programmes and activities presented at each of the five centres	8
3A	19 March 1985 The Nuffield Centre for Health Service Studies, Leeds	9
3B	21 March 1985 The Centre for Health Services Management, Leicester	16
3C	22 March 1985 The Health Services Management Unit, Manchester	21
3D	12 April 1985 The King's Fund College, London	28
3E	13 May 1985 The Health Services Management Centre, Birmingham	36
4	<u>Report to the NHSTA by the Director of the Review</u>	43
Table	Statistical data on activities and costs of the Centres' programmes reviewed	55
5	<u>Summary of principal conclusions and recommendations</u>	56
Appendices	Detailed reports of the visits	

171

171

### Acknowledgments

It was in November 1984 that Mr Bob Deardon first asked me to lead this review. Despite the timetabling problems involved, I have learned a great deal from the exercise and would like to thank him for the opportunity.

From the start, it was recognised that any such short term review of the academic centres and their programmes would be a difficult and delicate exercise, and would heavily rely on the goodwill of all involved to ensure its success. I therefore wish to thank all the staff from the five National Education Centres who helped facilitate the Review through the preparation of papers, making presentations, collecting information, or welcoming the visiting Review Team Members at each of the Units. Particular thanks are due to Professor John Greve and Mrs Avril Hindcliffe at the Nuffield Centre, University of Leeds, to Mr Mike Barnwell at the Centre for Health Service Management, Leicester Polytechnic, to Professor Gordon Forsyth at the Health Services Management Unit, University of Manchester, to Mr Bill Fraser and the late Tom Evans at the Kings Fund College, and to Dr Mike Drummond, Ms Penelope Mullen and Mr Brian Read at the Health Services Management Centre (Birmingham University); all of these played key roles in co-ordinating or organising Review Team Visits, or supplying information to the Review Secretariat.

I am also grateful to those colleagues who helped me by taking part in the review and who contributed so much. In addition to some of those already mentioned, the Review Teams also included at different times Mr Doug Weller (Birmingham), Mr David Thompson (Birmingham), Mr Steve Harrison (Leeds), Mr Jack Hallas (Leeds) and Mr David Williams (Leicester).

Despite the help given by all those above, the key role throughout the Review fell to Graham Smith, now of Smith Farrell OSD. His understanding of the world of management development was crucial and his constructive criticisms and hard work were essential. I am personally very grateful to him and I also enjoyed his company.

Iden Wickings  
31 July 1985

SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

1. PURPOSE OF THE SHORT TERM REVIEW

1.1 The Chief Executive of the NHS Training Authority first proposed an "immediate and short term review of current programmes sponsored by the NHSTA in the National Education Centres" in December 1984\*. His intention was to ensure that all extant management programmes were directly contributing to the development of the new general management culture, and to major Service objectives.

1.2 The Five National Education Centres sponsored by the NHSTA are:-

- the Centre of Health Services Management, Leicester Polytechnic;
- the Health Services Management Centre, University of Birmingham;
- the Health Services Management Unit, University of Manchester;
- the King's Fund College, King Edwards VII Hospital Fund for London;
- the Nuffield Centre for Health Service Studies, University of Leeds

1.3 The five Centre Directors or their representatives met in February 1985 and agreed to support the Short Term Review. They recognised the need for all programmes that were nationally funded to be compatible with, and to promote, national concepts of general management. Centres could, of course, promote different views if they were independently financed. The Directors also welcomed the opportunity for mutual exchange and constructive debate.

1.4 The Short Term Review therefore sought to ensure that all NHSTA sponsored management development programmes at the NECs were supportive of general management principles and philosophies. This would mean they reflected a drive towards establishing the new management culture and also emphasised related topics such as performance measurement, delegation to units, and involvement of clinicians in management and clinical budgeting.

1.5 The Review Team therefore looked for evidence of 'Griffiths thinking' pervading Centres' programmes. Attention was particularly paid to the achievement of those nationally identified service objectives and to obtaining information on how programmes had changed over the past few years to accommodate the content of the Management Inquiry Report.



1.6

During their visits the Review Team also investigated a variety of other factors which could support the general management orientation and contribution of the Centres. These included:

- the range and coherence of each Centre's portfolio of programmes, and of the national NHSTA sponsored portfolio of management development activities for instance, were all types and grades of manager being adequately covered?
- integration with the NHS - Were Centres aware of key service initiatives, and close to general managers?
- educational design - Had programmes changed and/or did their design promote general management thinking and attitudes?
- research - Were Centres informing and revitalising their programmes from adequate research into general management issues?

1.7

The NHSTA is also undertaking a major Review of Management Education and Development throughout the Service. It is to be hoped that this Short Term Review will both contribute towards the larger investigation, and ensure that central management development programmes are properly focussed in the period prior to the implementation of the impending more major Review's recommendations.

\* NHSTA Chief Executive's letter to NEC Directors : 11-12-84

2.  
REVIEW METHODS

2.1 The Short Term Review (hereafter, the Review) was intended as an immediate and relatively brief exercise and has therefore relied heavily on published information, papers and presentations from Centre Staff, discussion during Review visits, and costing/workload data supplied by the Centres. It was a general management review, not an exhaustive academic inquiry.

2.2 The broad organisation of the Review was agreed at the meeting of the NEC Directors on 14 February 1985. The Review comprised several phases:

(i) It was decided that visits should be undertaken by all the Directors (or their nominees) and that they would advise each other and me of their views at the end of each day of presentations. However, the final conclusions of the Review would be for me as Review Director, to reach independently. The detailed procedures and the programme of visits are described below.

(ii) The analysis and study of published programmes and papers.

On February 26th the Review Secretary wrote to each of the five Centres requesting copies of all curricula and course programmes for each of their management programmes run from January 1st 1983 to date. For each type of programme, a statement of philosophy, objectives, unique contribution, and recent (or planned) changes, was also requested. These papers were sent to all of the Review Team members, and enabled each of them to make a preliminary assessment of how programmes had changed over time, their general management and service objectives, their content, the quality of their design etc.

(iii) Review Team Visits

Each Centre was visited by a Review Team comprising myself, as the Review Director, the Review Secretary, and a representative from each of the NECs (usually the Director). The Review Team met Centre Staff as a group for what was usually a whole-day meeting.

The Review meeting had a standard format:

- The Review Director presented the terms of reference of the Review, and the method of working.
- The local Centre Director outlined the philosophy of his Centre, introduced his Staff and described the available resources and the Centre's portfolio of programmes.

- Programme directors (i.e. individual members of the Centre's lecturing Faculty) then made a brief presentation on individual, or a family of, programme (s) and responded to questions. Each major programme was discussed in the large forum.
- Centre Staff were invited to speak about their research and consultancy interests, and the Centre Director was then asked to draw attention to other significant factors of interest to the Review Team (e.g. a close working relationship with another University Department).
- With the exception of Leeds, at each visit the Review Team then privately met with the Centre Director to discuss the apparent strengths and weaknesses of the Centre's portfolio and resources, in the context of its contribution to establishing general management in the Service. At Leeds, Professor Greve had another commitment in the afternoon of the visit, but I described the overall conclusions reached to Professor Greve at a subsequent private discussion in Birmingham on 12 May.
- On other occasions, the visits ended when the Centre Director and I each summed up our impressions of of the day.

(iv) Analysis of Workload and Costing Data

Early visits to Centres highlighted the need for more detailed information on Centre workloads. On March 25th the Review Secretary wrote to each of the five Centres requesting information on all their 1983/84 and 1984/85 programmes. This information included their title and dates run, their duration, numbers attending, participant lists if possible, and their source of funding. Financial details on the level of NHSTA sponsorship to each Centre were also requested.

2.3

A record of each of the Review Team's Visits and their final discussion was made by Graham Smith, the Review Secretary, and sent to the appropriate Centre for confirmation, commentary and correction of any factual errors. These draft reports also contained staff, workload and financial data, and were sent out from June 28th 1985 onwards. The Appendices to this Report include a complete copy of each of these documents. On July 12th Graham Smith wrote to all Centres requesting news of any significant changes to programmes or staffing for inclusion in the overall, composite report.

2.4

At each stage of the Review, Graham Smith and I met to analyse and discuss the nature and content of the information gained from and about each Centre. Initial views were formulated which were then checked at successive stages of the Review where this could be

done empirically. Finally, conclusions were drawn about the strengths and weaknesses of each Centre, and on some key issues which now face the Training Authority which arose during the Review. These conclusions, and accompanying recommendations for NHSTA action make up Sections 3 and 4 of this Report.

2.5

The TIMETABLE for the Review was as follows:-

December 11th 1984	NHSTA Chief Executive proposes the Short Term Review to NEC Directors and appoints Dr. Iden Wickings as Review Director.
February 14th 1985	NEC Directors meet, and agree to support the Review.
February 26th	Review Secretary (appointed 11-2-85) writes to all Centres confirming the objectives of the Review, giving the Review Visit agenda, and requesting published programmes and supporting papers.
March 3rd	Each Centre Review Visit date and timetable confirmed, and representative on visiting Review Teams requested.
March 7th to 15th	Supporting papers sent from the various Centres
March 15th	Detailed agendas and arrangements for Leeds and Leicester visits sent to Centres and Review Team members.
March 18th	Detailed agenda and arrangements for visit to Manchester sent to Centre and Review Team Members.
March 19th	REVIEW TEAM VISIT to Nuffield Centre for Health Service Studies, University of Leeds.
March 21st	REVIEW TEAM VISIT to Centre for Health Service Management, Leicester Polytechnic.
March 22nd	REVIEW TEAM VISIT to Health Services Management Unit, University of Manchester.
March 25th	The five NECs were asked for further information on all events run in 1983/84, dates, duration, participants, and funding, and for information on sponsorship finance for the two financial years.
April 3rd to July 18th	Further information requested on March 25th sent from Centres, beginning with

Leeds on 3-4-85 and concluding with Birmingham on 18-7-85.

April 3rd Detailed agenda and arrangements for visit to King's Fund sent to the College and Review Team Members.

April 10th Detailed agenda and arrangements for visit to Birmingham sent to Centre and Review Team Members.

April 12th REVIEW TEAM VISIT to King's Fund College, Bayswater.

May 13th REVIEW TEAM VISIT to Health Services Management Centre, University of Birmingham.

June 28th to July 22nd Draft individual Reports sent to Centres.

July 9th to .... NECs despatch commentaries on Draft Reports to Review Secretary.

July 12th NECs asked to up-date Review Director on significant changes, since Review Team visit, at each Centre for inclusion in the final composite report.

July 31st Review Director's report completed.

3. SUMMARIES OF REVIEW REPORTS ON INDIVIDUAL CENTRES

3.1 Initial Comment by Iden Wickings

The following five sub-sections are distillations of the content of each of the individual Centre Review Reports to be found in the Appendices. They were prepared by Graham Smith, as Review Secretary, and I would like to pay tribute to his enthusiasm, skills and constructive comments. Each includes a brief description of the Centre's location and resources, the presentations given during the visit, a report of some matters debated by the lecturing staff and Review Team, and a summary of the Review Team's final discussion and comments. In addition, however, these sections now include my own comments. I have identified these separately in the text. My overall conclusions based on all of the visits, and the data subsequently received from the Centres, are set out in Section 4.

3.2 In Section 3, in the hope that it will help the NHSTA, I have tried to distinguish between the views of the other team members and myself, where appropriate. I have also accepted the invidious duty of making comparisons and judgements, because that was what I was asked to do.

3.3 I am well aware that ultimately one cannot be objective but I can simply say that I have tried to be so. It is for others to judge, on the evidence which follows and that to be found in the appendices, whether the following comments on each of the NECs and the programmes they presented to the Review Team, are just and constructive.

3A.  
REVIEW REPORT SUMMARY

Nuffield Centre for Health Service Studies  
Department of Social Policy and Health Service  
Studies  
University of Leeds

Head of Department: Professor J. Greve

Review Team Visit: Tuesday 19th March 1985

Review Team

Dr Iden Wickings	Review Director
Professor Gordon Forsyth	Health Services Management Unit University of Manchester
Mr Doug Weller	Health Services Management Centre University of Birmingham
Mr Mike Barnwell	Centre for Health Services Management Leicester Polytechnic
Mr Graham Smith	per pro NHS Training Authority

3A1

The Nuffield Centre occupies a self-contained block, including residential and teaching accommodation on the periphery of the Leeds University site. The facilities are good, include an excellent library, and the Centre is well administered. The Faculty include ten lecturers who are funded - in whole or part - by the NHSTA (7.99 w.t.e.). The Centre is part of the Department of Social Policy and Health Service Studies, and received NHSTA sponsorship of £390,000 in 1984/85.

3A2

The Visit

Centre Staff made presentations on seven families of programmes. These were: Griffiths Short Workshops for Authority Chairmen and Members; Personnel Programmes; Workshops for General Managers; the Advanced Management Programme; Management Information Workshops; Programmes for Clinicians; Planning Workshops. A brief summary of each presentation is given below.

3A3

The Programme of Short Workshops for Chairmen and Members had begun in 1984. Two such events had been run at the Centre, attracting 20 members in total. Their objective was to explore the impact of HC (84)13 and the consequent organisational changes, identify concepts of effective management and produce draft job descriptions for District General Managers. Tutors usually found chairmen resistant to the revolutionary implications of Griffiths, and had to work hard to get members to address the key issues. Despite such difficulties the Review Director highlighted the wide range of important issues not debated during the workshops which were of significance in the general management context. (see appendix).

COMMENT:

I ended up particularly concerned about these workshops. The Nuffield Centre may have been unfortunate in opening their presentation with this programme, but the sequence was their own choice. My concern lay in the fact that any general manager trying to implement the Griffiths recommendations with a hostile authority will have difficulties; yet here it appeared that those HA members attending the workshops had not changed their cynical attitudes, and major components of the operational and cultural shift in perspective needed in all authorities had not even been covered in the workshops.

The inevitable consequence would appear to be that the national initiative would be greatly hindered in the HAs represented. It was also notable that only one chief officer had thought these workshops likely to be sufficiently informative to make the effort to attend.

3A4

The Nuffield Centre has a strong portfolio of Personnel Programmes, built on ten years experience of Industrial Relations and personnel management. These personnel programmes were aimed at line managers as well as personnel specialists. The portfolio tabled included:

- "Managing People" a collection of courses aimed at all NHS managers.



- "Disciplinary Appeals and Tribunals" a three day event.
- "Course for the Professional Personnel Officer" a strengthened version of a successful two week Industrial Relations Course.
- "Strategic Consequences (of Griffiths) for Personnel" workshops on Appraisal and staff development, and organisation development, designed around the consequences of the Griffiths Report.
- An interesting series of new workshops - some using external resources - is planned (e.g. "Creating a corporate identify").

COMMENT:

Out of all the portfolios of personnel management programmes seen in the five NECs the programmes presented at Leeds seemed the strongest. There was good variety on offer, and programmes were designed both for specialists and generalists. There was also active research in progress.

3A5

Two types of Workshops for General Managers were introduced: "Workshops for General Managers and Members of Management Teams" and "Team Working and General Management". The Workshops have three elements: reviewing devolution (including finance) to Units; debating different approaches to Authority organisation and management; and an emphasis on "detrribalisation". Participants also build their own agenda during these two and three day workshops, and prepare an action plan towards the conclusion. To date, however, general managers were reported to be reluctant to attend these courses.

COMMENT:

It seems significant that top managers had not chosen these courses at Leeds even though major developments are afoot in every HA in the land. This should be contrasted with some of the other NECs.

3A6

Nuffield Centre presented several different programmes for senior managers. The discussion of the proposed Advanced Management Programme also included presentations on the Experienced Senior Manager Courses (ESMC) and the Senior Management Development Courses (SMDC) run by the Centre. The ESMC was multi-disciplinary and incorporated both a three day, and a ten day module: participants' calibre had been high, but these events had been discontinued due to fluctuating demand. SMDCs are four/five weeks long and encourage self-education. They have emphasised multi-disciplinary, considered, management and paid attention to the practical challenges facing managers. However, during the Griffiths 'turbulence' managers were found to be unwilling to leave their organisations for a five week programme. The prospective Advanced Management Programme (AMP) is a direct and ambitious response to Griffiths, and will comprise three modules, each of two weeks duration or more, with themes on the role of strategic management, effective resource management, and the management of the human resource. The AMP aims to change attitudes, and especially to promote better information management. Participants would be selected by an Assessment Centre, and have access to staff consultancy at its conclusion. Although a relatively high cost programme, general managers were already evincing considerable interest.

COMMENT:

Nuffield are to be congratulated on developing the new AMP, which impressed us all as well designed and enthusiastically directed. The weak recruitment for the SMDC and ESMC should be noted, however, and is discussed in Section 4.

3A7

Management Information Workshops were also being developed. The first was being planned for June 1985. They aim to heighten awareness of management information issues, and explore information access, retrieval, and communication, together with both its policy implications and possible future uses. These three day workshops were a response to an extant need in the Service, and other similar initiatives would follow. The presentation concluded with a description of HELMIS (Health

Management Information Service) a valuable and important service situated in the Centre.

COMMENT:

The HELMIS work, in particular, seemed worth encouraging..

3A8

The Nuffield Centre runs three types of Programmes for Clinicians, the most important of which is that for "Clinician Representatives on Unit Management Teams". This event had begun to focus on the role of the UGM, but it was hoped that clinical UGMs would attend the AMP. It was noted that consultant medical staff lacked basic knowledge about the Health Service and that the "Newly Appointed Consultants and Senior Registrars Workshops" were designed to meet this need. "Weekend Topic Seminars" are also held on issues of moment such as Clinical Budgeting and General Management for Doctors.

COMMENT:

This seemed to be a very slim portfolio in the light of the emphasis in Griffiths upon clinicians as managers, and the need for better clinical and economic evaluation of clinical programmes. This impression is confirmed if one looks at the attendance figures (39 course days in two years).

3A9

A variety of two day Workshops on Planning Issues had been run; to promote a more critical understanding of how planning can contribute to the Service. Topics had included Performance Indicators, Planning for Community Care, etc. The Centre was currently investigating the needs for future work in this area by canvassing 200 NHS Managers.

COMMENTS:

The Centre is to be congratulated on initiating this market survey. The results should be published.

3A10

Nuffield Centre Staff were involved in running in-Authority Seminars (e.g. Clinicians' events in East Anglia RHA) and had a limited consultancy workload (e.g. Information Planning

consultancy in Grimsby HA). Lecturers' research interests included the assessment of UGM potential, conceptual bases of general management, and Griffiths implementation. This external work was valued by Faculty members, as it informed their programme work. However, they felt it to be disappointing that they had lost their close relationships with their zoned Regions which would have enabled better discussion of the future implications of Griffiths.

COMMENTS:

In the final discussion at the end of the visit, I noted that the Review had visited Leeds first and I accepted that all the NECs would have different markets, programmes and mixes of activity. However, I questioned at the time whether the Centre was paying sufficient attention to supporting the Griffiths implementation, particularly in thinking through the consequences of the changes, accommodating the principles and practice of general management, and reviewing its whole portfolio of programmes. More research into NHS managerial issues - to form and inform Centre work - would also be valuable in my view.

The Review Team, as a whole, also expressed concerns about the brevity of many of the Workshops and of sessions within them, which would restrict debate and attitudinal change. The cessation of the ESMC also increased this market 'gap'. Questions were also raised about the Centre's workload. These issues are dealt with in Section 4.

The Review Team were impressed by the strength of the Personnel-orientated programmes, some of which were clearly a direct response to the demands of general management. The design and content of the Advanced Management Programme was also welcomed. The high quality of the Centre's physical, library, and administrative resources were also noted with pleasure.

3A11

In response to these comments the Centre Staff drew the Review Team's attention to the totality of their work; they were concerned that the Review Team had concentrated on some individual programmes at the expense of others. As the Review Director, I acknowledged this to be possible but emphasised my concern over the weak general management orientation of some programmes and the gaps in the manager 'market'. Professor Greve concluded the Review Team's Visit by noting that the Nuffield Centre's entire strategy was currently being revised and he hoped shortly to appoint a Director for the Health Services Programmes section of his Department. Professor Greve also expressed

concerns over the NHSTAs funding policy which might restrict both experimentation, and the sensitivity of the NECs' responsiveness to service needs.

The Centre has notified the Review Team of the following relevant changes at the unit since the Review Team visit in March:

- Peter Wood took up appointment at the Nuffield Centre from May 1st 1985 as Senior Teaching Fellow with the major responsibility of leading the work of the NHS group. Gerald Larkin, lecturer in sociology, left the faculty.
- Dates for the Advanced Management Courses have been set for June and October 1986, and February 1987. A new organisational development programme, co-ordinated by Stuart Dimmock, entitled 'Managing Change' will be established, and run between April and July 1986.
- New syllabi have been published for the Introductory, Middle and Senior Management Development Courses, incorporating changed content in all cases.

3B

REVIEW REPORT SUMMARY

Centre for Health Services Management  
School of Management  
Leicester Polytechnic

Director: Mr M. Barnwell

Review Team Visit: Thursday 21st March 1985

Review Team

Dr Iden Wickings	Review Director
Professor Gordon Forsyth	Health Services Management Unit University of Manchester
Mr David Thompson	Health Services Management Centre University of Birmingham
Mr Steve Harrison	Nuffield Centre for Health Service Studies, University of Leeds
Mr Graham Smith	per pro NHS Training Authority

3B1

The Centre for Health Services Management occupies a floor in a block of office accommodation in the heart of Leicester. The School of Management will shortly move into the same building. Lecturing accommodation is limited and the Centre regularly uses external classroom facilities. It has no residential accommodation of its own and has contracts with large local hotels. Four of its lecturing staff are funded by the NHSTA who awarded £82,200 sponsorship to CHSM in 1984/85.

3B2

The Visit

The Centre Director opened the Review by emphasising that CHSM was part of a large Polytechnic which had a wide range of NHS associated activities. Being small, the Centre concentrated on a limited, but high quality, portfolio of programmes. The two main themes of CHSM work were; general management in action, and information technology. The Faculty then gave presentations on five 'families' of programmes; the Experienced Senior Managers Course; the Mereworth Programme, Workshops for Chairmen and

Members; the Information Technology Programme; and Clinicians' Seminars.

3B3

The Experienced Senior Managers' Course had been aimed at very experienced managers with no recent formal training, and had changed considerably over its eleven years of existence. It comprised two modules - a two day diagnostic even followed by a two week workshop. Early demand had been satisfactory, but there had been a marked reduction over the past three years. This, together with the variable calibre of the participants, had led to a review of the future and design of this particular course. A prospective new ESMC might emphasise various themes such as General Management, performance measurement, clinical budgeting etc., and build upon the Faculty's own experiences in NHS management. The Centre would like to run a SMDC and was not yet certain whether to continue with the ESMC.

COMMENTS:

The Review Team were concerned that this ESMC was now the only such course filling an important gap in the management development provision for sound, "plateau" managers. These managers were not regular programme attenders, and therefore all key issues should be comprehensively covered when the opportunity arose. It was noted, however, that the Centre was finding difficulty in attracting participants.

3B4

The Mereworth Approach to planning has been a major part of the Centre's activity and has grown considerably over the last year and a half. It provides Authorities with a mechanism to identify key planning issues, which are inherent in the General Management of their services. CHSM now specialise in running workshops for complete Planning Teams at the Centre; thirteen such workshops have been run. Additionally, Mereworth courses have been run in a number Regions, and lengthy consultancy - using the approach - has been constructed elsewhere (e.g. Central Nottinghamshire Health Authority). The approach assumes that planning is a key task of managers, but Mereworth has suffered from its origins in Estate Management; Officers have to experience it to appreciate the value of the approach. CHSM is further improving Mereworth by

developing a stronger financial base, and including Community-based information.

COMMENT:

I question the very structured approach taken by this planning model, but recognise its obvious popularity with the many Authorities using it, and thus far it has received support from the DHSS Works Division, although I understand this position might be changing. I appreciate its value for improving site management but the mixed scanning approach to planning seems more in tune with the frequently reforming strategies of general management concepts.

3B5

One Workshop for Chairmen and Members has been run, but others planned were cancelled due to poor response. The aim was to enable discussion of general management implications and consequences within Authorities, and for participants to develop a plan for action on their return home. The Workshop lasts one evening and the following day, and the one that ran concentrated on General Manager job descriptions. The Centre has no District General Manager programmes, but is considering a series of topic seminars for Unit General Manager.

COMMENT:

The scale of activities here shows that this Centre is currently playing the most modest of parts in the managerial change that is nationally demanded.

3B6

The Centre has a large investment in its portfolio of Information Technology Programmes. This interest grew from the Mereworth exercise, and led to the first purchase of a microcomputer in 1978. Computer Appreciation courses were begun, and the market rapidly developed, including a commission from the NSC (Nurses and Midwives) to conduct Computer Appreciation Training for all nurse managers at DNS/DNE level and above. This has resulted in 75% of the information technology capacity being devoted to nurse managers for the last two years. The Centre is now designing Workshops on the Use of Management Information for nurse managers, and running a series of specialist courses (e.g. spreadsheet modelling for Planners).



COMMENT:

The Centre is to be strongly congratulated on this initiative but the Review Team expressed the opinion that the I.T. activity should be more multidisciplinary and general management oriented. We welcomed initiatives such as the "Open Door" policy allowing local NHS managers free access to these resources, and recognised the Centre's importance in this field of work within the NHS. Having made such a good start it is essential that the Centre becomes familiar with the many other initiatives in the NHS, including the M.I.P.P., KÖrner, Performance Indicators and Management Budgeting Initiatives. The Centre should also build up a number of joint activities with the Polytechnic's Computer Sciences Department which is nearby.

3B7

For each of the last eight years the CHSM has run two three-day Clinicians' seminars for the Trent RHA. Recent events have included the RGM presenting a session on Griffiths, management budgeting sessions, and the Birdwall Management Decision exercise. Seminars for junior medical staff have been run elsewhere.

COMMENT:

At the end of the visit I opened the FINAL DISCUSSION by noting that the Centre was at a watershed: should it enter the main stream of NHS Management Education (by establishing a Senior Management Development Course and developing general management programmes) or should it concentrate on its specialist areas? In either case I believe that an expanded Faculty is required. The Review Team considered that the Centre's strengths lay in practical, technique oriented, programmes and it was not currently equipped for long management courses.

The Review Team also recognised the CHSM's very strong links with its local Health Authority, and with some others such as Trent RHA. It has some consultancy work, but showed little evidence of applied research or evinced much knowledge of some contemporary information developments in the Service at large. The Centre also seems to make little or no use of the extensive Computer Sciences Department nearby in the Polytechnic. If Leicester is to be a nationally recognised training centre in IT, then it has a long way to go. Concerns were also expressed about the proportion of the IT work devoted only to Nurses, and a review of this approach was recommended. The brevity of some events and their sessions was discussed, but the Review Team noted the very low level of NHSTA work in the wider programme portfolio. Was the Centre expecting to expand here?

The Review Team noted the Centre's existing work in Information Technology and Mereworth and congratulated CHSM on its contribution in these fields. But the expertise shown in these areas could well be more oriented to give more support to general management in the Service. With the ESMC in abeyance, the Centre has no current national management programme and concern was

expressed because this course had become the only NEC course for the 'plateau' managers.

3B8

The Centre Director confirmed that it was CHSMs intention to further develop Mereworth, and expand its Information Technology programmes into communications technology and management information. The Centre is also interested in running an SMDC, and initiating programmes for Unit General Managers, although these would require a review of its resources.

The Centre has notified the Review Team of the following relevant changes at the unit since the Review Team visit in March:

- CHSM has appointed a new lecturer in Information Technology: Mr Reg Tattersall. Two NHS officers - Dr Shelley Sharma and Mr Henry Watkins - are now working with the staff. Mr Mike Williams has become Head of Consultancy Studies at the Centre of Health Services Management.

- The Centre has run a one day workshop for potential Clinical UGMs commissioned by the BMA, and has also established links with Basingstoke and Oxford HAS (First and second Generation Management Budgeting Districts).

3C.  
REVIEW REPORT SUMMARY

Health Services Management Unit  
Department of Social Administration  
University of Manchester

Director: Professor G. Forsyth

Review Team Visit: Friday 22nd March 1985

Review Team

Dr Iden Wickings	Review Director
Mr Doug Weller	Health Services Management Centre University of Birmingham
Mr Jack Hallas	Nuffield Centre for Health Service Studies University of Leeds
Mr Mike Barnwell	Centre for Health Services Management Leicester Polytechnic
Mr Graham Smith	per pro NHS Training Authority

3C1

The Health Services Management Unit occupies accommodation in the heart of the Manchester Business School. It has access to all MBS Facilities, including overflow classroom capacity and library. All residential accommodation is in the same building complex as the offices and teaching rooms. The Unit has six NHSTA funded lecturers, (5 w.t.e.) and received £217,000 of Training Authority sponsorship in 1984/85.

3C2

The Visit

The Unit Director began the Review by noting that, although part of the School of Social Administration, HSMU drew tutorial staff from both the Business School and the Faculty for Economic and Social Studies. NHS General Managers are heavily involved in programme teaching, and five are honorary lecturers. Particular attention is paid to maintaining close working relationships with 'zoned' Regions, especially North Western RHA. Faculty staff then presented ten programmes, or 'families' of activities: Administrators Development Courses (ADC); Middle Management (with

ADC); Senior Management Development Programme; the Targeted Management approach; Workshops for Chairmen and Key Members; Workshops for District General Managers; Specialist Workshops for District General Managers; Specialist Workshops for Chief Nursing Officers; Management Courses for Clinicians; and Training Schemes.

3C3

The Unit had a successful Junior Administrators Development Course (ADC), and has run three programmes every two years, each programme accommodated twelve to fourteen participants. The ADC had three main elements; a work-based project, a management module, and an emphasis on policy analysis. The Unit spends considerable time with students in the field, and also supplies extensive individual tuition. The ADC had been remodelled to accommodate general management concepts, but it is to be replaced by a new, multidisciplinary, Management Development Course. This new programme will take sixteen participants. It is planned to recruit a wide membership from junior professional managers, who will be assumed to have been given a management theory 'base' by Regional Training Departments.

3C4

The Middle Management Administrators Development Course has been run for scales 9-18 since 1981 and also attracts specialist as well as General Administrators. Its objectives are those defined by the NSC (A&C) and the MMADC recruits high calibre participants. 40% of the programme comprises project work, and major NHS issues (plus comparisons between NHS and non-NHS management practice) are explored. The Unit plans to retain this unidisciplinary programme for some time as there is a continuing demand, and its abandonment would leave a gap in the portfolio.

3C5

From 1968 to 1983 the Unit ran a six week Senior Management Development Programme (SMDP); 50% of its membership was nurse managers, 25% administrators, and the rest other professional managers. Administrator nominations dried up because of the poor management knowledge of the other professions. The SMDP was

redesigned in 1983 to be more attractive to the dynamic manager and is now spread over ten months. It now comprises: a 3 day diagnostic workshop, a mandatory two week core programme; a range of optional modules; and a concluding consolidation workshop. Much of the agenda is participant determined, but Faculty ensure that general management themes are addressed. This new programme is strongly multidisciplinary, intended for managers with UGM potential, and is continually improved and updated to meet the development needs of individual participants.

COMMENT:

I have taken these three programmes together (ADC, MMADC and SMDP) because they seem particularly strong, well thought out, and in a steadily evolving format designed to meet new needs as they appear. The Review Team was impressed by: the efforts made to visit the ADC students home base; the planned cross relationship between the Regional Training Centres and the new MDC; the high level of recruitment for the MMADC and the recognition of this large area of training need; and the well designed SMDP. The Health Services Management Unit are to be congratulated on this strong and evolving set of programmes.

3C6

Targeted Management (TM) is an industrially developed system which assumes two areas of managerial competence which can be improved; interactive skills and decision making abilities. Two staff members are now licensed to use the analytical tools, and range of training modules, in this American package. This investment illustrates the Unit's view of management. It includes detailed diagnostic devices involving bosses and peers as well as junior staff. TM has been piloted in ICI and the NHS, but NHS managers proved somewhat resistant. However, some DGMS are actively interested in using the approach in their Health Authorities.

COMMENT:

We were unable to judge the quality of this system, but regarded it as refreshing that this innovation had been brought in from a company with a widely respected industrial management development approach. Such initiatives should be welcomed and encouraged in NHS Management development centres.

3C7

Workshops on Managerial Philosophy and Resource Allocation are planned from January 1986. The need for them was identified due

to participant's problems in understanding financial and economic concepts, in vacuo, during other programmes. The understanding of these subjects requires their integration into practical managerial decision making. The Centre has therefore requested an NHSTA grant to build high level case studies and other teaching materials for use in these new types of Workshops and elsewhere. The Workshops should encourage better decision making by grounding tools such as risk/benefit analysis, and project appraisal, in selected case studies of managerial behaviour and practice.

COMMENT:

Again this is a good example of the evolving programmes that we saw at the HSMU. There could be a danger if decision making about resources was to be seen as something separate from general management - but we were assured that the case studies would also be used in mainstream programmes.

3C8

HSMU has run four short Workshops for Chairmen and Key Members. Each was of one evening and a day in duration, debated general management issues around a central input, and included a presentation from an industrialist. Some Chairmen had clearly been seeking a prescription for Griffiths implementation. The Workshops had resulted in one member of staff being invited to do consultancy work in two separate Health Authorities.

3C9

The Unit had experienced problems with the three Short Workshops for District General Managers. These arose from the DGMs being so disparate, and wishing to concentrate on their immediate problems (structures) rather than begin with general management principles. These events also lasted an evening and a day, and participants developed their own agenda with appropriate inputs from staff. The future for these events is under review, and the Unit expects 'packaged' Workshops to be replaced by more field work to meet the individual needs of DGMs.

COMMENT:

It sounded as if these workshops had provided valuable experience for both HSMU staff and the participants. It is not surprising that 24 hour workshops proved too short for working through

practically the general management principles and their relevance for DGMs. The field work proposal seems much more suitable.

3C10

The Specialist Workshops for Chief Nursing Officers provided a forum for CNOs to explore the opportunities which could be seized within General Management. Two three-day Workshops had been run, each attracting 14 or 15 CNOs. Participants drew up their own agenda, and worked through it with the help of the Faculty. These events were particularly well timed, and served a particular purpose.

COMMENT:

These workshops now seem in need of reconceptualisation, but we saw nothing comparable in the other centres.

3C11

The Unit runs five types of courses for Clinicians. The national 'Five Day Seminar' takes two dozen Consultants and provides a grounding in a variety of NHS management issues including NHS structure and financing and performance indicators. Short sessions were integrated by the continual presence of a tutor. The Unit also mounts monthly Evening Discussion Groups for local Consultants and Senior Registrars, on current topics. These can attract up to one hundred participants. One day seminars on 'Current Issues in Management' also allow Consultants to concentrate on a single topic in a short seminar. A 'clinical General Managers Programme' will begin in September 1985. This resulted from a BMA request, and will mix inputs on management skills and theory with a problem solving workshop during a one week programme. The Centre envisages a much more peripatetic future in this field, with its more successful clinicians' seminars being run within local Health Authorities in future.

COMMENT:

These programmes seemed to be responding to need, and evolving steadily. They form a strong part of the Unit's total portfolio and the clinical member of the staff obviously plays an important role here.

3C12

HSMU intends to integrate its Finance, Supplies, and FPC training schemes with the National Management Training Scheme from September 1985. Approximately thirty five trainees are involved in this attempt to reduce tribalism.

COMMENT:

Once again, welcome evidence of evolution and internal review and regeneration.

3C13

Several interesting examples of the wide range of in-Authority courses, consultancy, and research, undertaken by the Unit were then discussed. These included: organisation development projects in ambulance, mental handicap, and mental illness services; groups of clinicians working on their information needs; developing clinical budgeting systems in surgical departments; and potential research into computer packages in NHS management training.

COMMENT:

I introduced the FINAL DISCUSSION by noting that each of the NECs would have different resources programmes and markets. The Review Team had not had the time to discuss five of the Units programmes (for which papers had been submitted) at any length. These were; Seminars for DNSs, Seminars for NHS planners, Courses on Management budgeting, Workshops for UMTs, and the proposal for a Further Development Programme.

The Unit offers a commendably wide range of programmes, but this range lacked in activities for both top managers and the sound 'plateau' manager. It had 'fast track' programmes but little of substance for DGMS or UGMS. However, the overall portfolio contained a good mix of programmes, ranging from six week modular courses to evening sessions. The Review Team did express concern about the brevity of some key workshops and the large number of external speakers on a few of the events. The level of innovation in the Unit was refreshing e.g. the Further Development Programme and Targetted Management.

I greatly welcomed the clear evidence that programmes had been rethought to recognise the significance of general management, but I was concerned that no programme for General Managers was in an advanced stage of development.

The Unit produces a high volume of work for its relatively small Faculty. The calibre of staff was high, but the Review Team felt that the Unit should concentrate on two or three topics of special



expertise if it is to continue employing only such a small Faculty. The Team welcomed the prospective appointment of a second micro-economist. Some concern was expressed that all the Unit's research was applied research arising from its consultancy work. The Unit Director strongly emphasised that the Unit's purpose was to run educational programmes; other agencies existed to do major consultancy or research. As far as the plateau managers were concerned, the Unit has agreed locally that they were a Regional training responsibility.

The Review Team complimented the Unit on its relationships with its zoned Regions - especially North Western RHA - and with NHS practitioners, including the honorary lectureships established with five general managers. The Unit Director commented that he would wish to strengthen the Unit's links to the NHS at a national level. The Team also noted that HSMU enjoyed excellent facilities within the Manchester Business School with the proviso that the Health Services Section of an otherwise very extensive library, was small.

The Unit Director concluded the Review Visit by confirming that HSMUs three major developments for 1985 would be; further orientating programmes towards general management, developing targeted management and building programmes for Unit General managers.

The HSMU has notified the Review Team of the following relevant changes at the unit since the Review Team visit in March:

- the part time lecturer with commercial management background has resigned to move to another NEC. No replacement has yet been found, although this officer will continue to be involved in the Managerial Philosophy and Resource Allocation Workshop developments.
- the NHSTA has agreed that the Unit begin work on major Managerial Philosophy and Resource Allocation case materials
- the NHSTA and MSC have jointly agreed to fund the launch of 'Targeted Management', and five Health Authorities are to be involved in a comparative study of the approach in the NHS and ICI
- The Joint Liaison Group between HSMU and the North Western RHA has been remodelled to include University Staff, the RGM and Assistant RGM (Personnel), four DGMs, a Management Consultant, and a Training Officer from ICI.

3D.  
REVIEW REPORT SUMMARY

Kings Fund College  
King Edward's Hospital Fund for London

Director: Mr Tom Evans

Review Team Visit: Friday 12th April 1985

Review Team

Dr Iden Wickings	Review Director
Professor Gordon Forsyth	Health Services Management Unit University of Manchester
Mr Doug Weller	Health Services Management Centre University of Birmingham
Mr Mike Barnwell	Centre for Health Services Management Leicester Polytechnic
Mr Graham Smith	per pro NHS Training Authority

3D1

The Kings Fund College occupies three buildings, about fifty yards apart, in Bayswater, Central London. One building comprises lecture and syndicate rooms, residential accommodation, library and offices for 14 members of the Faculty. The second comprises the administrative and catering facilities and offices for 11 Faculty. A Third building provides some further residential accommodation. Some Faculty members have no offices available to them. The College also rents 10-15 hotel rooms during term times. The Fund has a growing Faculty with some thirty Fellows by November 1985. It received £351,500 of NHSTA sponsorship in 1984/85.

3D2

The Visit

The College Director welcomed the Review and recommended that it should be a regular NHSTA practice. He noted that the Review Team were interested in NHSTA programmes, but wished these to be seen in the context of the entire College strategy, which had four explicit themes: a new model of management education and development, recruitment of a professional Faculty, the

development of consulting activity, and the attempt to lead in ideas for NHS management improvement. The College Faculty had grown from three to thirty Fellows in three years, enabling an increase in management programmes and the generation of some £<sup>1</sup>/<sub>3</sub> million consultancy income. The College had now begun to review its own priorities in consulting and research to ensure their contribution to the overall strategy, rather than allowing itself to be demand led. The rapid growth within the College had not been matched by its internal management, and this was currently under development. The College Director emphasised two sides to its education philosophy; responsiveness to current issues, and setting 'tomorrow's agenda'. The College's concern with developing ideas and practice on future issues facing the Service had resulted, he hoped, in it being a recognised "social leader".

3D3

The Review Team enquired about the distinctive role of a King's Fund Fellow, and how such a large Faculty shared ideas and co-ordinated its efforts. It was noted that Fellows formed special interest clusters around specific issues, and that staff occupied a generalist, role rather than an academic one. The College also recognised that the Faculty increase had resulted in a diminishing input from Service managers into its management programmes and that this balance should be reconsidered. Fellows presented eight programmes, or families of programmes: the General Management Development Programme; the Corporate Management Programme; National Management Training Scheme; the Doctors and Management Portfolio; Strategic Financial Management; the Administrators' Development Course; Senior Management Development Programme and Unit General Managers Programmes.

3D4

The College was in its third month of the First General Management Development Programme (GMDP) which reviews the General Manager's work in terms of establishing a general management framework, the implementation of the general management function, and the isolation of the GM. The GMDPs principal working method is regular meetings of a learning set of five General Managers, enabling a sharing of experience and skills, and co-consulting.

In all it comprises five modules spread over eighteen months, plus ten days Faculty consultancy, available to each participant. Three learning sets have already been established, and three more are planned; experience so far showed that the more varied the membership of a learning set, the more effective was its outcome.

COMMENT:

In addition to the thirty regional and district general managers recruited to this programme the Review Team was told that there was a further waiting list. The College is to be congratulated on this strong programme which demonstratably appeals to top managers despite the considerable time commitment involved.

3D5

The Corporate Management Programme (CMP) arose from the Thwaites Report, and now comprised three two-week modules and a final seventh week. It is designed to increase the effectiveness of those senior managers who provide the strategic leadership of Health Services, and has changed substantially with CMP6 which started in January 1985. CMP now has a stronger general management framework, and longer modules to enable a variety of perspectives to be taken on key issues. CMP7 will begin in September 1985, and will feature a new development; short placements in Industry, or other Public Services (e.g. the Police).

COMMENT:

The Review Team complemented the College on continuing to attract top managers to long courses, and the work focus of the CMP, but wondered whether the relatively large group (≈ 20) inhibited attitude change and personal development amongst the members. It was encouraging to see that this programme, despite its success, was continuing to evolve and incorporate new ideas.

3D6

The College's approach to the National Management Training Scheme has a number of themes; a management rather than an administrative approach, breaking the emphasis on acute units, developing skills rather than knowledge, fieldwork is used in the class room, and the use of both personal tutors and personal development plans, Future developments for this two year scheme included an outdoor management component (currently being evaluated) to promote

leadership and problem solving. Other major changes to NMTS were proposed, but the College awaited the outcome of the NHSTA review of national training schemes.

COMMENT:

The Review Team raised the issue of training for direct-entry graduates (who could be accommodated by the ADC) and I questioned the adequacy of the general management thinking in the NMTS programme. Consideration needed to be given to the College's submission to the NHSTA review of the scheme. However, the existing programme appeared to be well thought out and enthusiastically directed.

3D7

The College had been running two one-week residential programmes on Doctors and Management until 1985, when it will mount five additional courses for Consultants in particular specialties. The new programmes are intended to develop greater awareness and understanding of major NHS processes and offer an opportunity for Clinicians to explore the implications of moving to a UGM post. These courses emphasise three themes; general management, the relationships between general managers and doctors and major Service issues of moment. The College also provides clinicians training programmes for various RHAs. An interesting and recent development was that some clinicians had doubts about co-operating with general managers in the light of perceived government policies. The College had decided to continue with a number of unidisciplinary workshops for clinicians, partly so that doctors could air their ignorance of management issues in private. However, an increasing number of doctors were attending other programmes (GMP, SMDC and Unit Management Programmes).

COMMENT:

The Review Team were interested in consultant involvement in non-course development, and the Faculty evidenced a number of examples including doctors working on issue-centred management development within Health Authorities. The Team was also told of the College's part in the Thames and Anglian Consortium for Community Medicine trainees, and the programmes for general practice course organisers.

These programmes all seemed to be a strong element in the College's portfolio and to recruit well.

3D8

The Strategic Financial Management seminars directly address the dichotomy between professional (in this case, financial) management and general management. Professions have their own problem solving models, and central ideas of effective performances, whereas general management concerns local performance and developing coping strategies. This programme began in 1984 and three workshops have been funded by Regional Treasurers with a fourth planned. Participating Treasurers bring work problems, and are asked to take a variety of perspectives on their problems. These unidisciplinary workshops provide a safe environment to challenge the professional management culture, and ex-participants are now applying for the multidisciplinary management courses. The College now intends to extend the same approach to Community Medicine.

COMMENT:

The College is to be congratulated on this successful innovation and this is particularly evidenced by the willingness of RHAs to fund the programme.

3D9

The College runs two Administrator Development Courses (ADC) per year, each of six weeks duration with a maximum of twenty participants per course. Applications are increasing which is making selection more difficult. The ADC is based on the original NSC (A&C) objectives (which the course director feels should be reviewed) but the College has added large scale, joint project work. Participants' managers are now being asked to briefing days because of problems with pre-course boss-participation dialogue.

COMMENT:

The Review Team drew attention to the relatively few changes in the ADC over the last few years and expressed concern over its apparent knowledge-based (rather than developmental) approach. It seemed too concerned with prescriptions in DHSS circulars and was due for redesign in the light of the general management initiatives nationally.

3D10

The Senior Management Development Programme (SMDP) has been completely overhauled, and now comprises a four week residential

block followed by a two day residential review. Two SMDPs are run per year, with approximately 28 participants per course. The programme uses the participants' own experience to balance skills development with an understanding of strategic and general management concepts, and utilises management games, case studies, group work, and major project work based on action learning sets. The College now intends a new format for the SMDP (2 X 2 week blocks) and has a number of issues under debate, including: a major increase in applications has demanded improvements in the selection procedures, participants need more time for reflection, and participants high aspirations are often frustrated on their return to work. The College regarded the SMDP as a successful and important part of the portfolio, aimed at sound managers, and based on the premise that general management does not solely depend on general managers.

COMMENT:

The Review Team was impressed by this strong and lively programme that was clearly still developing. The College is to be congratulated upon it. In particular it was notable that a large course, with 28 members each time, could still provide a real opportunity for the members' personal development.

3D11

The College's new Unit General Manager Programmes (UGMP) comprises a two week module, followed by a one-week workshop, and includes project work. UGMPs examine the roles and responsibilities of Unit Managers, and use participants' experience to discuss major issues occurring at Unit level. Two UGMPs are planned for 1985, replacing the Unit Management Programme discontinued in 1983. The April programme has seventeen members including Doctors, Nurses, and ex-administrators.

COMMENT:

The Review Team questioned the possible market overlap between CMP, SMDC, and the UGMP, but the Faculty stated that there had been little difficulty in practice because each programme had distinctive features. Once again, it was encouraging to see strong programmes in a continuing state of development.

3D12

The final presentation concerned initiatives in the internal management of the College. To manage the expansion in activities effectively, four groups of Faculty members had been created to develop principles and procedures covering educational programme planning, consultancy, research and publication, and contracts and employment policies. The Educational Programme Planning Group had tackled two major tasks to date - a computerised programme planning system and a protocol for programme/course running - and is working on several other issues.

COMMENT:

I opened the FINAL DISCUSSION by noting that each NEC would have different resources, programmes and markets. Other members of the Review Team then commented on the presentations, and the overall portfolio of the College. The Review Team began by complementing the College on the degree to which general management thinking pervaded their programmes, and its leadership in management thinking within the Service.

The Faculty was thought to be of high calibre, but restricted by a juggernaut workload which would prevent flexibility, research and publication. This workload requires more effective management. Research and publication is required to seed the Service with new ideas, and demands academic discipline. The Review Team sensed a danger of intellectual arrogance amongst the staff, in that they felt that there was little to learn outside the College. The College Director recognised this danger, and welcomed the Review as a first step in exchange between Centres.

The College portfolio of programmes for top level managers was excellent. Top Manager programmes were very strong; particularly the GMDP. The Review Team expressed concern over how the developmental needs of plateau managers were being met, but the Faculty said they felt the process should begin with senior managers. Faculty were aware of programme weaknesses and were taking remedial action. The Team urged the College to use its innovative abilities in the structured evaluation of programmes, and to overhaul the ADC which was educationally the weakest programme presented.

3D13

The College Director concluded the Review Team Visit by airing the idea of a Master's Programme in Health Services Management to provide a good professional foundation for practising managers. Participants would be experienced officers moving into new levels of responsibility within their careers. This prospective masters' programme could be an integral part of management development in



the Service during the first ten to fifteen years of a managers career. Such a scheme would require a massive investment to establish. The Review Director noted the strong entrepreneurial attitude of the Faculty and thanked them for the uniformly high standard of their presentations.

COMMENT:

The College has, overall, a commendably strong set of programmes and a high quality Faculty. However, the Faculty appeared to be very hard pressed and the new members should be used to provide more room for individuals to achieve personal development. The distribution of Faculty offices over three or four buildings is not ideal, and nor is the mixture of rented and in-College residential accommodation. Finally, the library is far too small for the growing size and range of interests contained within the College.

The College showed good evidence of innovation and ideas leadership and the current consideration of a Master's programme is to be cautiously encouraged.

The College has notified the Review Team of the following relevant changes at the unit since the Review Team visit in March:

- The Kings Fund College has had a number of changes to the Faculty apart from the untimely death of its Director: Mr Tom Evans. Leaving the staff are Dr John Horder (Visiting Fellow) and Dr David Pendleton (Fellow in Managerial Psychology) in August, and Bill Fraser (Fellow in Health Service Administration) at the end of December 1985.

- Six new Faculty members take up their appointments this Autumn:

James Coles BSc, MSc(Eng), FSS - Part time  
Fellow in Case Mix Accounting

Robin Douglas BA, MA -  
Fellow in Health and Social Services  
Development

Jennifer Hunt BA, MPhil, SRN, FRCN -  
Fellow in Quality Assurance  
Studies

Lawrence Ijebor MA, PhD, ACCA, ACA -  
Fellow in Financial and  
Management Systems

John McClenaham M.S. PhD -  
Fellow in Management and  
Planning Systems

David Rye BA, SRN, RMN, RNT -  
Fellow in Organisation of  
Nursing Management

3E.  
REVIEW REPORT SUMMARY

The Health Services Management Centre  
University of Birmingham

Acting Director: Dr M. Drummond

Review Team Visit: Monday 13th May 1985

Review Team

Dr Iden Wickings	Review Director
Professor John Greve	Nuffield Centre for Health Service Studies, University of Leeds
Professor Gordon Forsyth	Health Services Management Unit University of Manchester
Mr David Williams	Centre for Health Services Management Leicester Polytechnic
Mr Graham Smith	per pro NHS Training Authority

3E1

The Health Services Management Centre is an autonomous department within the University of Birmingham and on the periphery of the main campus. It has two sets of buildings about one hundred yards apart; one containing lecturing/teaching rooms, catering and administrative facilities, and the other comprising residential accommodation. Eight of the eleven lecturers have University tenure, and nine w.t.e. are NHSTA funded. The Centre received £383,293 under NHSTA sponsorship in 1984/85.

3E2

The Visit

The Acting Centre Director began the Review by noting that the central purpose of the HSMC was "to improve the effectiveness of Health Services management by bringing academic ideas and skills to bear on practical issues in the organisation, management and evaluation of Health Services". Staff consider their programmes to be responsive to changes in the NHS, which gives the Centre the credibility to challenge traditional thinking in the Service, e.g. on the measurement of outcome. All lecturers mix teaching,

research, and consultancy. The Centre also contains the Inter-Authority Comparison Unit, and the National Association of Health Authorities is on its site. There is also a strong relationship with the University's Institute of Local Government. Centre staff were involved in empirical research in the Service and felt that their programmes had been adapted to meet the demands of general management. Consultancy informed the Centre's programmes, enabled understanding of the Service, and gave value to their Health Authorities.

3E3

HSMC has a mix of unidisciplinary and multidisciplinary courses with some unique features. Faculty presented eight programmes, or families of programmes: those for General Managers; Programmes for Unit Level Managers; Administrators Development Course (Junior Management); Administrators Development Course (Middle Management); the Issues in Health Care Programme; Workshops for Clinicians; Programmes in Financial Management; and Specialist Seminars.

3E4

HSMC runs both General Manager Workshops (two days in duration) and Workshops for Chairmen and Members (three events of one day each thus far). General Managers build their own agendas with lecturers reminding them of the imperatives of general management and the new perspectives required of top managers. Two DGM Workshops have been run so far, and some of the fifteen participants have moved onto a support programme which included action planning, and consultancy support from Centre Staff over a six month period.

COMMENT:

I questioned whether these events only attracted the higher calibre DGMs and asked what should be done for problem Districts. Faculty noted 'back door' entry points through Chairmen or middle managers. However, I remain concerned that this was only the second programme we had encountered (the other being at the King's Fund) which was working intensively with general managers over any prolonged period. Even so, the numbers involved at the HSMC are small and not all the DGMs were taking advantage of the consultancy on offer.

3E5

The Centre has run one workshop for twelve officers interested in Unit General Management, which provided an opportunity for those thinking of becoming UGMs to explore the key issues involved. In the Autumn of 1985 HSMC plans three Introductory Seminars for new Unit General Managers which will investigate accountability, objective setting, performance measurement and other issues. These seminars could form the first part of a potential personal development programme for individual UGMs. Most of these workshops last about ten hours. Other events in this series included strengthening Unit Management, and Financial Management at Unit level; both seminars of 2½ days duration.

COMMENT:

The Faculty responded to the Review Team's concerns about the brevity of these workshops by regarding them as the first part of a development programme, and noting that general managers prefer short, open-ended events.

3E6

The Administrators Development Course (Junior Management) (ADC) is a mature course and receives participants at a formative stage of their careers. The programme is spread over twelve months and has five principle themes including the content of the NHS, the environment and ethics of Health Care, the functions of management and the use of information. Participants have the opportunity to attend an Introductory Statistics Week, which is for those who are unsure about quantitative methods. Although the main event is designed as a whole, difficulties occur in programming external speakers. The ADC had also bridged the learning/workplace gap in conceptual terms, but staff were concerned about the practical transfer of learning back to the counter members' workplaces.

COMMENT:

This seemed to be a good, well designed programme with a commendably broad perspective.

3E7

The Middle Management ADC is for administrators of scales 9-14 and has been running for five years. It offers participants, many of whom are potential UGMs, the opportunity to spend four weeks away

from the pressures of work; discussing current issues in the NHS and new ideas in management. This programme has consistently attracted four times as many applications as places available. Some key changes are under consideration for the Middle Management ADC including: pre and post course conferences; involving bosses in setting learning objectives; follow up of action plans; and a review of membership. HSMC wishes to make this programme multidisciplinary, but not reduce its calibre by including managerially naive professions.

COMMENT:

Again this seemed a strong programme and to be evolving steadily. The involvement of the participants' bosses is to be commended.

3E8

The Centre has discontinued its Senior Management Development Course and replaced it with the Issues in Health Care Programme. This new programme is to be owned and run by its participants; the Senior Managers choosing the issues for exploration with staff acting as facilitators. It is intended to challenge orthodox thinking and practice in the NHS; participants being given the opportunity to test and extend their skills and knowledge through the systematic study of current issues in health care rather than studying discrete management subjects. The programme extends over one full year, involving five events including two major modules (three and two weeks long respectively). Programme membership was a maximum of twelve; the two programmes to date had nine and eleven participants after rigorous selection.

COMMENT:

This new programme seemed to be well thought out and exciting and it has a course director truly committed to it. The HMSC is to be congratulated.

It does, however, raise two issues discussed elsewhere: the cost of programmes with only 12 members but with more potential to develop individual participants, and the absence once again of programmes for the 'plateau managers'.

3E9

A variety of Workshops for Clinicians are run by HSMC staff; some within the Centre and others jointly with the University of Aston

for the West Midlands RHA. Most internal events are two or three days in duration, and cover specialist topics such as clinical budgeting, and Comparisons in Health Care Systems. Workshops for medical UGMs are also planned to bring them to the same level of management development as other UGMs. Workshops within the West Midlands include both Introductory and Advanced Workshops for consultants and seminars on special topics such as the management of doctors time and leadership skills. Events are usually two or three days long, and comprise twenty or more doctors. Only the leadership courses aim for attitude changes and have a follow-up seminar. The Faculty have many ideas for developing clinician support but the resources are currently unavailable.

COMMENT:

These programmes seemed well thought out and attractive to the field. It is important, however, to remember the scale of the task: there are some 2,000 consultants in the West Midlands Region alone, and even more general practitioners. If each is to be offered some management development opportunity every five years or so, then the HSMC itself would be hard put to meet the needs of even this one RHA. At present a maximum of 25/30 days a year have been devoted to courses for doctors. Some of the NECs are offering much less in this field than the HSMC.

3E10

The Centre runs two types of Programmes in Financial Management; Specialist Events for Finance Staff, and Appreciation Seminars for non-finance Staff. These latter include Financial Management for UMTs, Day Seminars for Authority Members, and Budgeting for Clinicians. Topics for Treasurers included Value for Money, Planning Control, and Performance Measurement. Three District Treasurers have Visiting Lecturer status to support the Faculty.

COMMENT:

The Review Team again drew attention to the variety of objectives these short workshops were designed to serve, especially those for Clinicians. There was a need to integrate these programmes more strongly within a general managerial context.

3E11

HSMC is trying to establish a co-ordinated range of short and long Specialist Seminars to meet NHS needs and to recognise new developments (e.g. clinical evaluation and appraisal).

COMMENT:

Although very brief these seminars seem a worth while effort.

3E12

Centre Staff have an extensive consultancy load, and have worked in thirty three Health Authorities within the last twelve months. This in-Authority work included management development, organisation development and a selection service. HSMC intends to be helpful and responsive, and give value to clients. Consultancy also provides live case-study material, and informs the teaching. The Centre now faces a critical decision: whether to promote or restrict its consultancy. Although the Centre Director supports the principle of all staff keeping in direct touch with the Service, HSMC staff also had a wide range of research interests. Current topics include Unit management, capital expenditure planning and control, the evaluation of alternative clinical practices, performance indicators and information, and criteria for excellence in Health Authorities.

COMMENT:

As an introduction to the FINAL DISCUSSION I complemented HSMC staff on their collegiate approach, and the coherence of their presentations. The Centre was firmly rooted in the University and has strong links with Inlogov, but could perhaps be making more use of these and of NAHA and the Inter-Authority Comparisons Unit.

The Faculty had built general management thinking into their programmes, but the portfolio now included little of substance for DGMs or UGMs. The existing portfolio was strong, but no intensive UGM programmes were in an advanced stage of planning. The Administrators Development Course (Middle Management) should be remodelled to incorporate more of the general management philosophy.

Some concerns were expressed by the Review Team about the integration and focus of the financial management inputs in many programmes.

The Review Team welcomed the extent of the Centre's consultancy load, but were concerned that resources were being stretched too thinly. The purposefulness of the consultancy activity was welcomed, as was the empirical research currently being undertaken which was informing staff teaching. However, I would hope that HSMC would also explore new ideas and innovate more, and predict key issues for the longer term. The integration between teaching, research and consultancy impressed the Team, however, and the level of ability was clearly high.

The brevity of many of the Workshops was again questioned, the Team feelings that such short events might not promote attitude change. The Issues in Health Care programme was seen as an exciting innovation. The Centre had strong relationships with DHAs but seemed less aware of Regional and National initiatives. The Centre Director stated that HSMC were already considering ways of improving such links.

I expressed some concern about the size of the Faculty, since the result is that the Centre can only offer the views of one individual specialising in most topic areas. These specialists may be spread too thinly, and be insufficiently challenged and stimulated by colleagues. Overall the Review Team was impressed by the enthusiasm and calibre of HSMC staff and, in particular, I thanked them for the excellence of the papers submitted for the Review.



4. REPORT TO THE NHSTA BY THE DIRECTOR OF THE REVIEW

4.1 Caveat Emptor

In this report to the NHSTA I would advise 'the buyer to beware'. I have tried to be as objective and fair-minded as I can be; in particular I listened with more concentration than they may have realised to the statements of the other members of the Review Teams at our visits. I am very grateful to them all for their comments and advice - but the following report to the NHSTA is my own responsibility and sets out my own views. In the end others must detect where I am biased and where any suggestions are idiosyncratic and unsound.

4.2 Should there be five NECs?

I begin with this question, for which I suggest an answer later, because it raises four consequential questions!-

- (i) Did the Review use the correct standards when trying to assess the performance of the NECs?
- (ii) What tasks are and will the NECs be expected to perform?  
This depends in part on estimates of the size of the various markets to which they are supposed to be the principal, nationally designated, suppliers.
- (iii) If the NECs cannot or should not meet all of the markets' demands, what might this imply for the Regional Training Centres and other management development centres such as Harrogate, Keele, Templeton, Warwick etc?
- (iv) Should the various centres have planned roles, or simply compete in an open market?

4.3 The Standards used in the review

The methods used in the review are detailed in section 2 and the Review's general purpose was quoted in Section 1.

In particular, the papers and faculty presentations of the five NECs were being assessed on three counts (i) their contribution to the nationally determined change in the NHS management culture (ii) the quality of each NECs' performance in relation to its cost to the NHSTA, and (iii) the NEC's contribution to the future in terms of its research, innovation and 'ideas leadership'.

The standards used to assess each NECs contribution to the nationally specified paradigm shift in management culture were pragmatic: did the designs of teaching programmes show major changes in relation to:

- the role and requisite performance of the general manager at Region,

District and Unit?

- the intention to delegate real discretion to units and to clinical managers;
- the intention to introduce management and clinical budgeting;
- the intention to involve clinicians in management much more than in the past
- the intention to improve standards through the use of performance measurement and the application of economic and clinical appraisals?
- the development of tests of consumer opinion?

As far as I was concerned, the Review was seeking evidence that these aspects of the managerial culture change had not only been grasped at each NEC but had led to reformulated teaching programmes. It was also important that the teaching staff could confidently argue why these changes were requisite in the NHS and could express coherent philosophies supportive of the national initiatives.

That is not to say that NECs, or individual staff members, should not be entitled to argue a quite different case, since new thinking will always challenge the existing wisdom. However, NECs should not be using NHSTA funds that are intended to finance educational programmes designed to bring about the managerial shift concerned, and yet be concentrating on different managerial philosophies or simply be paying lip service to Griffiths ideas.

#### 4.4

##### What tasks should the NECs be performing?

This is obviously a complex question which raises two issues - the size of the 'manager market' in need of continual development, and the respective roles of other academic centres and the Regional Training Centres.

I have been unable to obtain any of the market estimates that, presumably, the NHSTA itself must use. I have therefore made the following approximations. In the 'average' District there could be:-

- 5 General Managers
- 18 Second-in-line supports to the general managers
- 60 Senior Managers eg  
District/Superintendents  
professional and technical staff,  
works professionals, hotel  
services managers, unit accountants,  
ADNS, Nurse tutors, CHC secretaries,

Community Medicine Specialists  
etc etc. Many of these will be  
managing staff who are themselves  
managers.

75 Consultants  
120 General practitioners  
---  
278  
---

There are 192 Health Authorities, and extra numbers should be added for the teaching authorities, RHAs and some DHSS officials. There are then the FPCs and other SHAs, special groups etc. to be included. This would produce a total 'senior' manager market of, say 60,000. If one further assumes that each senior manager should receive a minimum of one week's management education every five years, and this is probably too little, the 'market' can be envisaged as 12,000 training weeks per year. To allow for the roughness of the assumptions and the calculations, we may estimate somewhere between 10,000 and 15,000 training weeks a year.

All the above calculations assume that the most junior managers received their own training elsewhere (eg in nursing, the ward sister and her immediate manager; in administration, the hospital records officer; in medicine, the Registrars and the doctors in the clinics). 12,000 training weeks per year is equal to 62,500 student contact days per year, or in the wider range 50,000 to 75,000 days per year. Over the two years studied in this Review the 5 NECs average:

	TOTAL	NHSTA SUPPORTED
Leeds	2,710	2,710
Leicester	2,801	320
Manchester	4,892	3,308
Kings Fund	6,415	3,146
Birmingham	4,179	3,426
	<u>21,997</u>	<u>12,910</u>

Some Regions play a significant role in senior management development, but some not. Significant contributions are also made by Harrogate, Keele, Templeton and Warwick as well as others.

However, when considering the following recommendations the NHSTA should be aware that I am assuming:

- (a) that the principal role of the NECs is in senior management development, and
- (b) that the national market demand could lie within the range 50,000 to 75,000 student contact days per year, and
- (c) that other organisations will and should be encouraged to provide competitive training of a sufficiently high calibre for

the total market need to be met, if the NECs do not themselves meet the total market needs.

If the NHSTA is unhappy with some of the hair-raisingly fragile assumptions made above, then the next questions might be answered quite differently.

4.5

Should there be five NECs and are their costs reasonable for what they provide?

The costs to the NHSTA and the activities for each of the NECs can be seen from the table on page 55. It is immediately apparent that the costs vary very widely (from £66.35 per NHSTA student contact day to £211.89) and the relative dependence on NHSTA funding also varies. (13.2% to nearly 100%) The figures in the table are not always exactly comparable, but greater accuracy would not alter the overall impression given.

I can see no logical reason for the NHSTA to sponsor each of the NECs and their competitors in such different ways. As far as courses are concerned the NHSTA has stated that it expects the field health authorities to increasingly meet the full costs of established patterns of management developments, and this is to be commended. The NECs or other centres should, perhaps, be sponsored for innovative and high cost training events where the field authorities prove reluctant to meet the charges, or where the benefit is national, not local (eg NMTs). The costs of high risk training events might also be subsidised by the NHSTA, but these sponsorships should be the exception and not the rule. However, to be fair it would be important that Harrogate, the Regional Training Centres and others also charged either their full costs, or moved straight forwardly to an open market situation. Of course, the NHSTA's influence will be much reduced if there is a real move towards developing an open 'training market'.

If the NHSTA favours the open market approach to courses, then the question at the start of this section becomes academic; NECs, as now known, will have no special status and will simply survive or founder.

The general support grant given to each of the NECs is of a different nature to course support, although the costs of both are included in the table. Presumably, it is intended to achieve specific objectives which are not readily marketable, such as providing basic libraries, allowing time for research and ideas development etc. It would seem essential that these grants are given for specific purposes in future and that NECs are expected to account in some way for how they have been used and to what effect. During the Review, several centres, expressed concern that the general support system might be changed, but it is difficult to justify the way in which it currently operates. In 1984/85 the general support grants were:

Nuffield Centre, Leeds	262,541*	(Note: the
CHSM, Leicester	78,700	NHSTA makes
HSMU, Manchester	98,000**	additional
King's Fund, London	169,300	allocations for
HSMC, Birmingham	265,453	specific courses
		and projects)

\* Excludes support for Library Group.

\*\* Estimated

If the NHSTA does not favour the 'open market' approach to managerial development in the NHS, then the following comments about the five centres may be relevant. Again I take the NECs in the order they were visited:-

4.5

(i) Nuffield Centre, Leeds

The Nuffield Centre, on the evidence submitted to the Review, was by far the weakest of the four centres offering general development training for senior NHS managers, authority members and senior doctors. Its costs were also the highest. (I exclude Leicester from these comments for reasons set out later)

The position may now change, with the appointment of Peter Wood, which should clarify the managerial arrangements within the Centre. However, at the time of the Review the orientation towards general management was very weak and ambiguous, most of the courses had changed little, the Centre was finding difficulties in attracting senior managers to its courses, the ESMC had been abandoned, and the SMDC was in doubt.

The Personnel programmes offered, in contrast, seemed strong and valuable to the NHS and a new Advanced Management Programme for senior managers looked very promising. Despite these strengths, the whole portfolio appeared slim and a total NHSTA grant of well over £370,000 must be questioned.

The basis for these criticisms can be seen in the Appendix and Section 3A of this report.

I recommend that, if the NHSTA rejects the 'open market' approach, there should either be a specific contract negotiated with the Nuffield Centre, specifying the type of service it will offer for the sponsorship offered, or that it should be encouraged to play a specialist role only, centred around its existing Personnel portfolio. At the time of the Review, its value within the national management development scene, contributing to a major shift in NHS attitudes and performance, seemed to me to be very questionable.

4.5

(ii) The Centre for Health Services Management, Leicester

The CHSM raises different issues. It is, in my view, certainly too small to support a full range of management

training for senior managers, and it does not attempt to do so. Although it is a part of Leicester Polytechnic's School of Management, relatively little advantage appears to be taken of this location. It has two strong activities - the Mereworth programme and its role in computing training. It has some good local NHS contacts (as can be seen in the Appendix) but in general management training; and in managerial development overall, its activities are very limited indeed. The ESMC programme is the last of its kind in the country, and has a doubtful future. The Centre has also had difficulties in attracting district general managers and chairmen, and it has no SMDC or programmes for Unit General Managers.

The Mereworth programme, which only Leicester offers, is being strongly encouraged nationally and although I have some doubts about it as an approach to planning, it is obviously popular with field authorities as well as with the DHSS. It should therefore be kept as a specialist function for as long as it is nationally needed. The computing/IT training at Leicester is also unique. At present, it has provided hands-on experience mainly for nurse managers. Although this is valuable, in my view it is somewhat trapped in a cul-de-sac. There is an explosion of computing/IT activity within the NHS and outside it. These developments seemed to be passing by Leicester. I take the view that good information management is high priority for the NHS. Within the Polytechnic I was assured that there was an extremely advanced computer sciences department but this was clearly almost totally separate. In the CHSM, the IT side was relatively poorly developed and its training for nurse managers seemed unrelated to national developments that will affect them, such as Körner, management and ward budgeting, quality assurance, performance indicators and so on.

The CHSM is to be commended in that it has marketed its products well, and the NHSTA only supports 13% of its course days. The Centre has a good but very small staff. However, its cost per student day to the NHSTA is the highest of any of the NECs. This needs to be questioned, and if it is the result of the small overall scale of activity, then this should be questioned as well. The per day cost to the NHSTA is £211.89 whereas the cost to the DHSS for its 'Mereworth days' appears to be £88.78.

To conclude, the CHSM should not be encouraged to expand its major programmes in general and senior management unless the Faculty is greatly enlarged. It should be encouraged to continue with the Mereworth and, possibly, the ESMC programmes provided that course design and staffing improvements are made. The IT activities are in need of substantial reformulation and development if Leicester is to be funded as a national resource in this area; the CHSM would have to demonstrate that it was intimately aware of current IT developments in the NHS and was itself working at the leading edge.

Conversely, if the strategy of an open market in training is to be adopted, then these would be matters solely for Leicester to consider, but I return to this point later.

4.5 (iii) The Health Services Management Unit, Manchester .

The Unit at Manchester was impressive and its costs per student day are the lowest of all the NECs to the NHSTA. The junior and middle management programmes seemed particularly strong and there were good linkages with local and regional health authorities. The consultant programmes were also interesting, varied and lively. The SMDP appeared to have benefitted from its redesign in 1983.

The Unit has, however, few strong programmes at top management level, that is for Unit, District and Regional Managers and those who sit on their Management Boards. The short workshops had not proved very successful.

I recommend that the Unit should be warmly encouraged to continue and expand its excellent range of programmes for young middle and senior managers. In addition, I would hope that the NHSTA might encourage very much greater integration with the Manchester Business School itself. The Unit could readily become a nationally recognised centre in which interchange and cross fertilisation with one of the best business and commercial management schools in the country played a significant part in most programmes. In my view, the NHS needs a management development centre with this particular orientation, and Manchester would be ideally placed to expand into this area. Why should patients be offered 'hotel' services that are often so much worse than those marketed by Trust House Forte? How do business managers assess consumer opinion? What methods would marketing managers use to improve local preventive health care? The Manchester Business School and its HSMU could provide a national lead to translate best business practices into the NHS.

4.5 (iv) The King's Fund, London

The King's Fund College has a very strong Faculty and a wide range of successful programmes for top managers. It was impressive that 30 or more Regional and District General Managers were fully involved in the General Management Programme which lasts 18 months. The College also has the Corporate Management Programme, which is well established and recruiting strongly despite its considerable length and its costs. The Unit Manager programmes, the Consultant and General Practitioner Courses, the Strategic Financial Management and the SMDC are also amongst the best programmes for senior and top level managers seen by the Review Team.

The College has, however, a number of weaknesses. Its facilities are no longer adequate for its much enlarged activities. Its library is not large enough or broad enough

in scope and, for trainees, the fact that there is another larger library at the King's Fund Centre is not much help. The College has also lost many of its links that were previously maintained by a panel of external lecturers. I recommend that the College should, as at Manchester, appoint some part time or honorary lecturers who are serving General Managers or working in other senior capacities. The College's record in publications did not seem to reflect the size and strength of the Faculty.

If it is envisaged that NHSTA funds might be involved, then the College should work up its proposals for a new masters' programme so that a decision about whether to support it, or not, can be taken. Currently it is simply a confusing idea within the College's strategic thinking.

The College's widespread consultancy activities are to be commended as they clearly contribute to the teaching programmes as well.

I recommend that the College should be encouraged to build on its strengths which currently lie in senior and top management training, often allied to field work and consultancy. The College also has particularly wide international contacts. It should be able to combine its top management programmes with appropriate trans national activities, and thus provide more breadth and perspective for the NHS principal decision makers.

4.5  
(v) HSMC Birmingham

The Centre's staff, facilities and programmes are generally good and provide an essential component in the national management development scene. The Birmingham faculty have in particular a commendable record in publishing their work and in this way contribute to the development of new ideas in the NHS. The Centre's consultancy work is also valuable.

In common with all NECs except the King's Fund, however, the Centre appeared to have difficulty in attracting Regional, District and Unit General Managers onto longer programmes, and indeed it had a limited portfolio on offer. Conversely, the middle and junior management programmes and the new Issues in Health Care programme looked to be sound, well designed and attractive programmes.

The Centre should be encouraged, in my view, to take advantage of the proximity of the Institute of Local Government. Joint courses with Inlogov, staff and student exchanges, joint research and consultancy activities could all combine to give Birmingham the leading role in this field. Obviously this is of growing importance with the current emphasis upon de-institutionalising health care. The renewed emphasis upon comparative performance provided by Griffiths, Körner, Performance Indicators, Management Budgeting and so on also suggest that the Centre could advisably be asked to make even more use of John Yates' unit;



the Centre's existing activities in this field, including the work on economic appraisal should be strongly encouraged.

4.6

Three, four or more Centres?

It will be seen that the Review Team saw three NECs, (Manchester, the King's Fund and Birmingham) which were making powerful contributions to the national intention of changing the management culture in the NHS, and two centres (Leeds and Leicester) which were not. Leeds appeared somewhat ambivalent about the whole Griffiths package - although there were individual exceptions - but they appeared strongest of all the NECs in their personnel programmes and have the new Advanced Management Programme which offers considerable potential. Nonetheless, this was a slim portfolio overall and relatively expensive to the NHSTA. Leeds also have little support from other sources such as consultancy, or HA funded activities. This may all change following the arrival of Peter Wood, but there is a long way to go on the evidence presented to the Review Team. Leicester make no pretence of offering a full range of management courses and are even considering abandoning the last of the ESMCs. However they have some strong specialised activities and have a wide range of well marketed activities funded by field authorities.

As far as Manchester, the King's Fund and Birmingham are concerned, the first and last have quite small faculties. This admits the danger that local 'experts' may not be challenged or stimulated sufficiently. There are difficulties for University departments about recruiting without guaranteed funding for a good number of years. This is a disadvantage which is not shared by the King's Fund which can thus behave in a more risk-prone, entrepreneurial fashion. It is arguable whether maintaining five NECs and encouraging new expansions at other academic centres is a practicable strategy if reasonably sized faculties are important to maintain standards. My own view is that there is a minimum acceptable size but this is dependent upon what the NEC is doing. The requisite faculty size will usually require at least two persons within significant disciplines/approaches and enough whole timers to undertake teaching, research and paid field consultancy. The last is important as a test of face validity to senior managers.

However, looking at the scale of the total market in relation to the number of NECs the NHSTA should be seeking to expand the supply rather than contract it. Later in the report I make some suggestions about how this might be done. I have not been able to consider the financial implications, as these were outside the remit of the review.

4.7

The market needs, the plateau managers and the regions and other centres

I suggested earlier that approximately one quarter of the total market need, roughly calculated to be in the range 50,000 to 75,000 student days per year, was being part-funded currently by the NHSTA at the NECs. The field authorities are funding

approximately one sixth at the NECs. This leaves a 'need' of more than 25,000 student days that is either being met by other academic centres and the Regions, or simply not being met. However, a recurrent impression at every one of the NECs was that they were trying to concentrate on the managerial high flyers. Only Leicester currently has an ESMC and that may soon be abandoned. Inevitably the NHS has many thousands of managers who are not going to become General Managers, but general management itself and the improvement of NHS performance overall are also dependent upon changes in the culture and behaviour of these managers, whom we have rather crudely called the 'plateau' managers.

As a result of the Review Team's visit I am sure it is very important that the NHSTA begins to formalise specific performance contracts with the NECs, the other academic centres and the Regional Training Centres, firstly to see that a reasonable quality is assured and secondly to ensure that the needs of the plateau managers, and other managers whose needs are currently unmet, can be properly accommodated. Certainly the most senior managers and the high flyers, must continue to receive at least as much, and probably more managerial development than they now do; but the yawning gap in management development which we encountered must be filled rapidly or the momentum for change will run into the sands.

It is beyond the Review's remit to suggest how these responsibilities should be shared, but the task seemed to all members of the Review, to be an urgent one for the NHSTA.

4.8

Should the centres simply compete or have planned roles?

I have referred several times to the fact, as it seems to me, that the NHSTA could rapidly lose influence if the NECs obtain the greater bulk of their financial support from the field authorities. If an open 'training market' developed there would be a number of advantages. There would also be obvious dangers. Price cutting might lead to quality reductions, while a market instability would cause great difficulties for University based NECs with tenured staff. There were already serious questions which the Review could not address properly about the appropriate cost/quality trade-offs for the NHSTA, about the educational relevance of short term workshops and seminars, about large or small course memberships and so on. At present, if the 'experts' are uncertain about these points it is unreasonable to expect the market, that is the field authorities, to be well informed.

4.9

Accreditation

I recommend that the NHSTA should adopt two working methods:-

- (i) To formally contract with the NECs and other centres, for periods of at least three to five years in each case, for major developmental programmes to be built up, staffed, and offered to the market. It would then be up to the NHSTA to see that necessary improvements and the subsequent

maintenance of satisfactory standards did in fact take place. As examples of these major programmes, I have suggested that they might include:-

- Leeds - Personnel portfolio
- Leicester - IT and Mereworth portfolios
- Manchester - Combined business and NHS management portfolio
- King's Fund - Top and General Managers portfolio
- Birmingham - Combined local government and NHS management portfolio

If these portfolios are to be well designed and staffed, the centres will need to have reasonably long term contracts. These portfolios could be given some appropriate NHSTA title to recognise their national focus. The NECs would, of course, also provide other competitive programmes as suggested below.

- (ii) All academic centres and the Regions should be encouraged to offer the courses of their choice to the market. However, to avoid poor quality programmes, or over/under supply problems, these programmes should be awarded, once they have been adjudged suitable, NHSTA accreditation. The field authorities could be advised only to use accredited programmes. This system would allow, for instance, all five NECs (and others) to compete if they chose in the SMDC/SMDP/ADP market provided that the quality and overall volume of the supply gained NHSTA support. For less popular programmes, for instance at present those for plateau managers, the NHSTA would seek to place contracts so that the overall needs of the NHS were met.

There is, of course, nothing very novel in what I have suggested. But the Review Team saw evidence of a lot of run-of-the-mill programmes and a number which frankly seemed shoddy. It was also apparent that the main strategies of the NECs were almost totally dependent upon who had been recruited - there was no suggestion that they were contributing to a national strategy for management development. Some of the University based centres are also very vulnerable if the level of funding changes unpredictably, and yet the best features of market competition should surely be incorporated into NHS training.

4.10

#### Proposed Annual Conference

A noticeable feature throughout was the lack of awareness that each NEC had about the others, and in several cases this lack of knowledge also applied to NHS, NHSTA and Regional initiatives. Research undertaken at one NEC might be totally unknown at another. I believe the NHSTA would raise standards and educational awareness by organising and hosting an annual conference of the NECs and relevant others. Each Centre could

present papers, or take part in workshops so that the common level of performance and awareness was raised. I am envisaging that virtually the whole of the teaching staffs of the centres would attend. When appropriate, speakers from other public or private sector management development centres, or from abroad, might be incorporated. My own view, but it is eminently open to challenge, is that representatives of the field authorities should not be there unless they are already serving on the NHSTA or its working parties. It would be a workshop for the professional senior management developers to develop themselves.

4.11

Another Review?

As a final comment, I believe that the Review was found to be informative by those who took an active part in it. Probably something like it, but better and longer prepared, should be repeated every few years.

	NHSTA Funding (1)		Average of 'student contact' days over the 2 years		Per cent of all student days funded by NHSTA	NHSTA Cost per student day(2)
	1983/84	1984/85	All programmes	NHSTA funded (2)		
	Nuffield Centre, Leeds (excluding library grant) £352,287		£378,611	2710 (5)		
CHSM, Leicester	£74,600	£82,200	2801	370	13.2%	£211.89
HSMU, Manchester	£221,914	£217,045	4892	3308	67.6%	£66.35
King's Fund, London (3)	£271,628	£314,729	6415	3146	49.0%	£93.21
HSMC, Birmingham (4)	£374,606	£383,293	4179	3426	82.0%	£111.88

- (1) NECs will in addition have received fees from field authorities for some programmes.
- (2) Where appropriate, this figure has been adjusted to incorporate shared funding, i.e., if a training event was half funded by the NHSTA than only 50% of the trainee days have been counted. The cost is the average over the two years 1983/84 and 1984/85.
- (3) All the Kings Fund data above excludes the Corporate Management Programme. The NHSTA contributions for this were £10,000 and £36,800 in the two years concerned 1983/84 and 1984/85. To be strictly comparable, the King's Fund costs should be adjusted downwards to exclude London Weighting.
- (4) HSMC Birmingham funding figures include payments from field authorities, and their cost per student day is based on 1984/85 only. However, the broad picture would not be changed by more precise comparisons.
- (5) No information was provided about the non NHSTA days, but the Review Team was told that there had been additional clinicians' events in East Anglia and a short event for Leeds East HA. See Appendix for details.

5. SUMMARY OF PRINCIPAL CONCLUSIONS AND RECOMMENDATIONS

5.1 Background consideration

Dr Christina Townsend has suggested that it would be helpful here if I first set out 'my own criteria' so that they can be taken into account by those considering the Review's recommendations. All of us have prejudices, as I emphasised in paragraph 4.1. I set out some of my own views below:-

- (a) The Review was established to ensure that all extant management programmes in the five NECs were directly contributing to the development of new general management cultures, and to major service objectives. The standards applied in the Review are described in paragraph 4.3. The methods used are set out in Section 2. Those who do not accept the standards or the method might have reached different conclusions.
- (b) I should emphasise that I accept, almost entirely, the Griffiths analysis of NHS managerial weaknesses. British medicine, nursing and paramedical standards are amongst the best in the world. I doubt if the same can be said about NHS managerial standards, despite the generally good value for money that the NHS provides.
- (c) In the case of the NECs, I believe they should:-
- set high standards of performance for themselves and the students and colleagues with whom they have a professional relationship
  - strive consciously to improve their performance and not rest on their laurels
  - be determined, through systematic enquiry or research, to check out the validity of what they teach profess, and through publication submit their ideas to criticism.
  - attempt to initiate in the NHS and to produce what the late Tom Evans called 'tomorrow's agenda'.
  - be determined to know about and where appropriate incorporate, the best practice examples from the NHS in their teaching and other activities.
- Those who think differently will probably disagree with my recommendations.
- (d) I believe that the NECs should have to submit most of their products to the test of market opinion, and that the faculty should be involved in field work as well as class work. This consideration need not apply to 'pure' research, but business

schools should ensure that they remain credible with the business!

5.2

### Conclusions of the Review

Speaking generally, the teaching programmes, field work and other activities at Manchester, the King's Fund and Birmingham seemed to me to be sound or better. There are detailed criticisms in Section 3, but I believe the NHSTA can be pleased with the general standards being attained in these three centres.

5.3

To my surprise, I formed a different view at Leeds. This maybe because there has been a longer period of unsettled management there, but the programmes relevant to general management were much as they had been for some years, and showed little evidence of change to reflect general management. I am sure they need major changes. The personnel portfolio looked strong. There is a new Advanced Management Programme worthy of encouragement and the HELMIS system deserves support. But these comprise a very slim portfolio for a very high cost NEC. Furthermore, the Nuffield Centre earns little from consultancy, and has a very poor record in attracting senior managers to its courses. I believe that the local managers and the NHSTA should together ensure that the necessary changes are brought about.

5.4

Leicester is a small NEC with a very limited portfolio. It cannot, and does not currently pretend to, offer a full range of management education activities.

Its specialist activities, however, also need reconsideration. Its IT work made a good start in the NHS, but no-one could claim that these programmes are now at the forefront or even that the teaching staff were well informed about current NHS IT developments.

5.5

At all the Review visits we became aware that the NECs are not meeting the immense need for managerial development in the NHS, particularly for the plateau managers. In paragraph 4.4 I have made some tentative estimates of the shortfall in supply. I believe the NHSTA should publish some better researched evidence. My own suggestion is that the current provision is probably about half what is needed, even if 'need' is assessed only as one training day per senior manager per year.

5.6

### Recommendations

The NHSTA intention to change the existing general support grants should be encouraged. In future, what they are provided for should be spelled out in detail. (para 4.5)

5.7

Probably, all the existing NECs should be retained if the expansion in supply that NHS managerial development needs takes place. However, if the overall level of NEC activity is to remain

constant, then three bigger centres would be preferable to the existing arrangements. (para 4.6)

5.8 The NHSTA should formalise specific performance contracts with each of the NECs and in the case of the Nuffield Centre, Leeds, and the CHSM, Leicester, there should be some major changes. (para 4.7)

5.9 The NHSTA should negotiate formal contracts with appropriate NECs, for periods of 3-5 years. These should spell out major developmental programmes. I suggest that these should include:-

- |             |  |
|-------------|--|
| Leeds       | - Personnel portfolio                                    |
| Leicester   | - IT and Mereworth portfolios                            |
| Manchester  | - Combined business and NHS management portfolio         |
| King's Fund | - Top and General Managers portfolio                     |
| Birmingham  | - Combined local government and NHS management portfolio |

(para 4.9)

5.10 All academic Centres and the Regions should be empowered to market the courses of their choice, but should be encouraged to submit them for NHSTA accreditation. Through the accreditation mechanism the NHSTA should seek to assure quality and ensure appropriate supply levels. (para 4.9)

5.11 The NHSTA should organise and host an annual conference or workshop for professional management developers. (para 4.10)

5.12 There should be another Review in a few years. (para 4.11)

5.13 General

I would like to emphasise my gratitude for the help given to me in undertaking this Review. Those most involved are referred to in the Acknowledgments at the start of this report. However, in addition, I would like to record my thanks for the help provided by Suzanne Higgs in its final typing and preparation.



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

THE

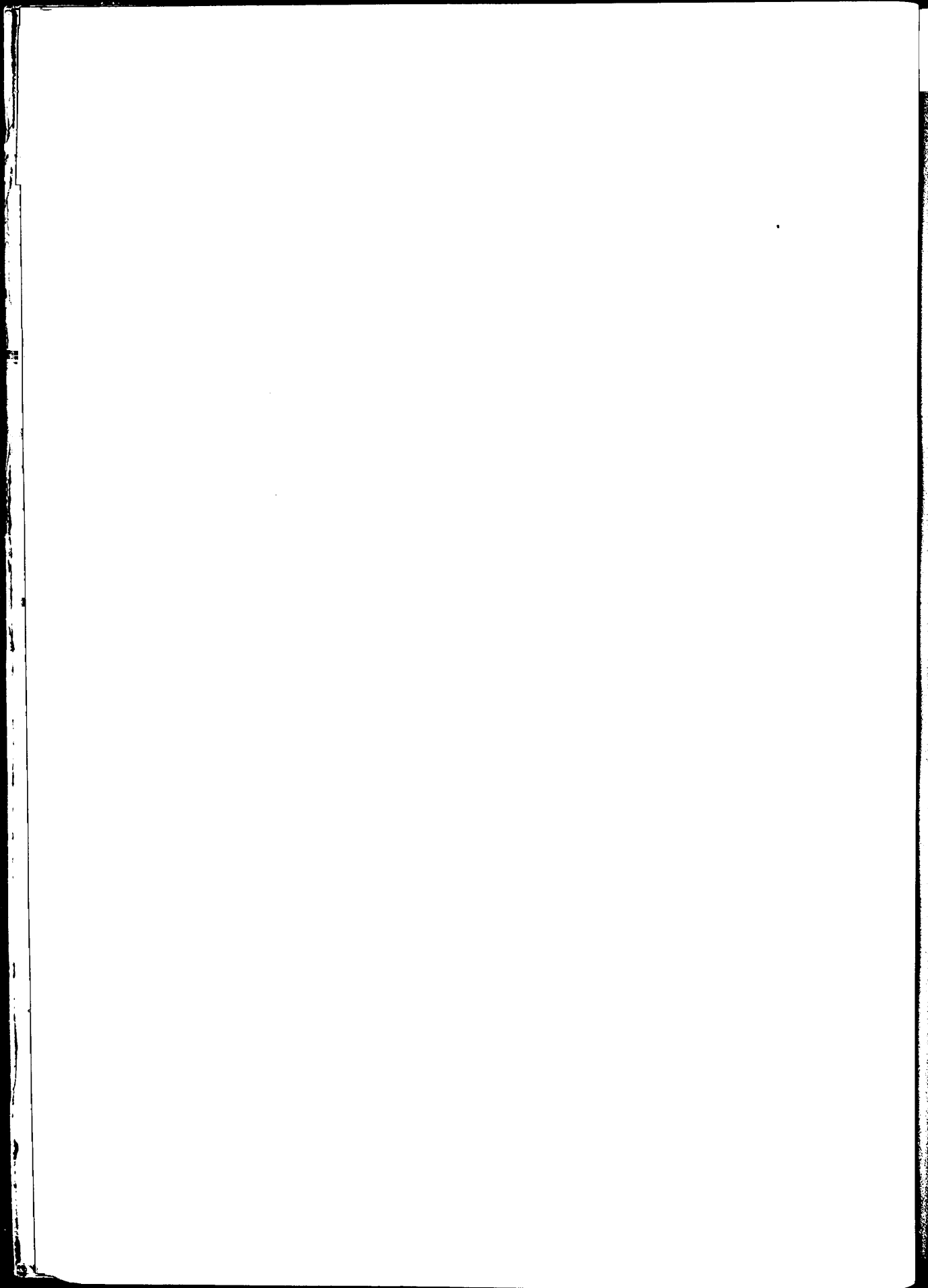
**NUFFIELD CENTRE FOR HEALTH SERVICE STUDIES**

Department of Social Policy and  
Health Service Studies  
University of Leeds

REVIEW TEAM VISIT

19th MARCH 1985

Dr. Iden Wickings  
Graham Smith



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

NUFFIELD CENTRE FOR HEALTH SERVICE STUDIES

University of Leeds

REVIEW TEAM VISIT: Tuesday, 19th March, 1985

CONTENTS

Page

Contributors to the Review

(i)

**VISIT REPORT**

Review Director's Opening Remarks

1

Centre Director's Introduction

1

Griffiths Short Workshops

2

Personnel Programmes

3

Workshops for General Managers

4

Senior Manager Development Courses (and ESMCs)

5

Advanced Management Programme

6

Management Information

7

Clinicians' Training

8

Planning Workshops

8

External Activities and Research

9

Final Discussion

10

**APPENDICES**

Centre Staff

A

Centre Financing

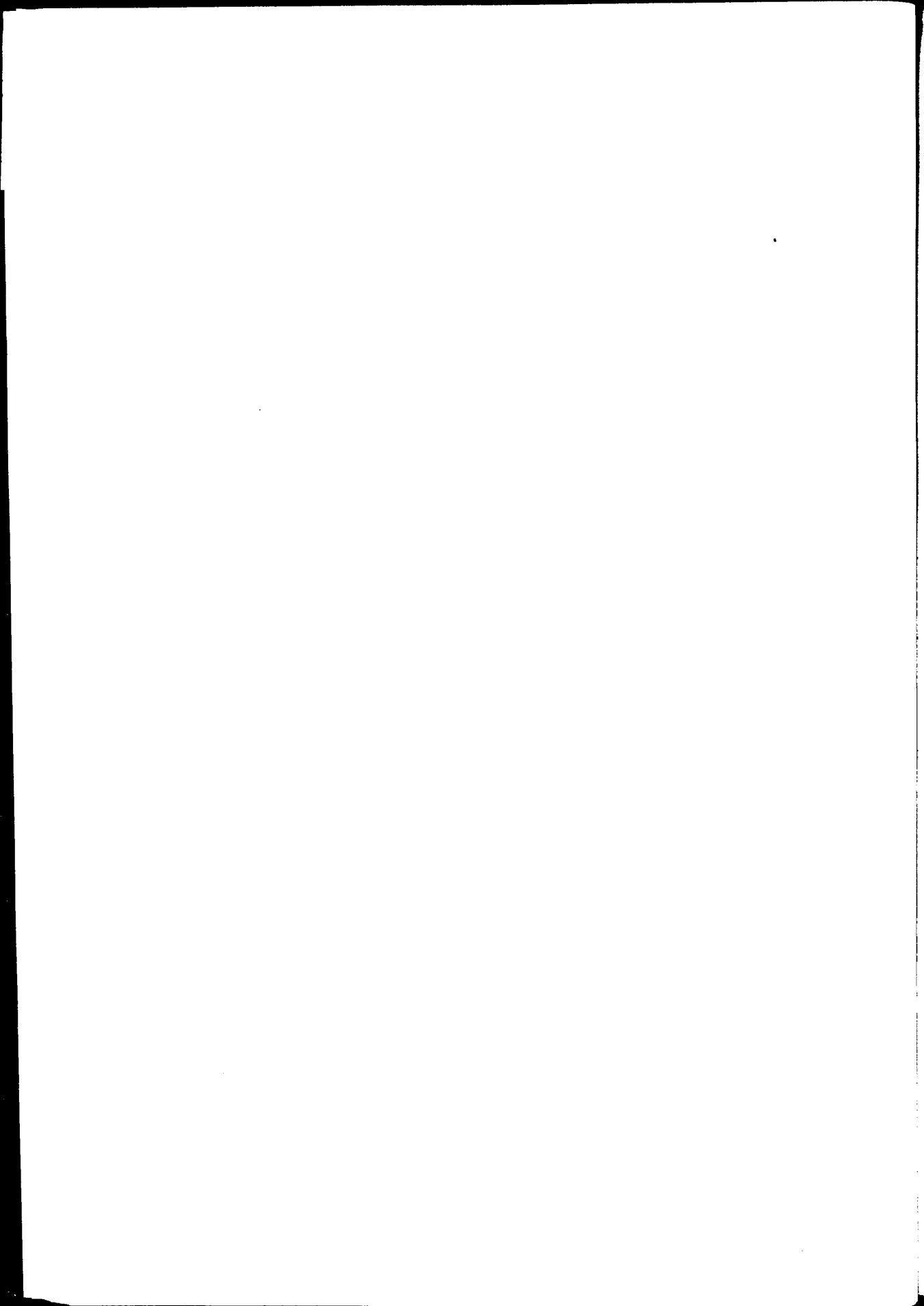
B

Programmes 1983/84 and 84/85

C1

Workload

C2



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

NUFFIELD CENTRE FOR HEALTH SERVICE STUDIES

REVIEW TEAM VISIT : Tuesday, 19th March, 1985

CONTRIBUTORS

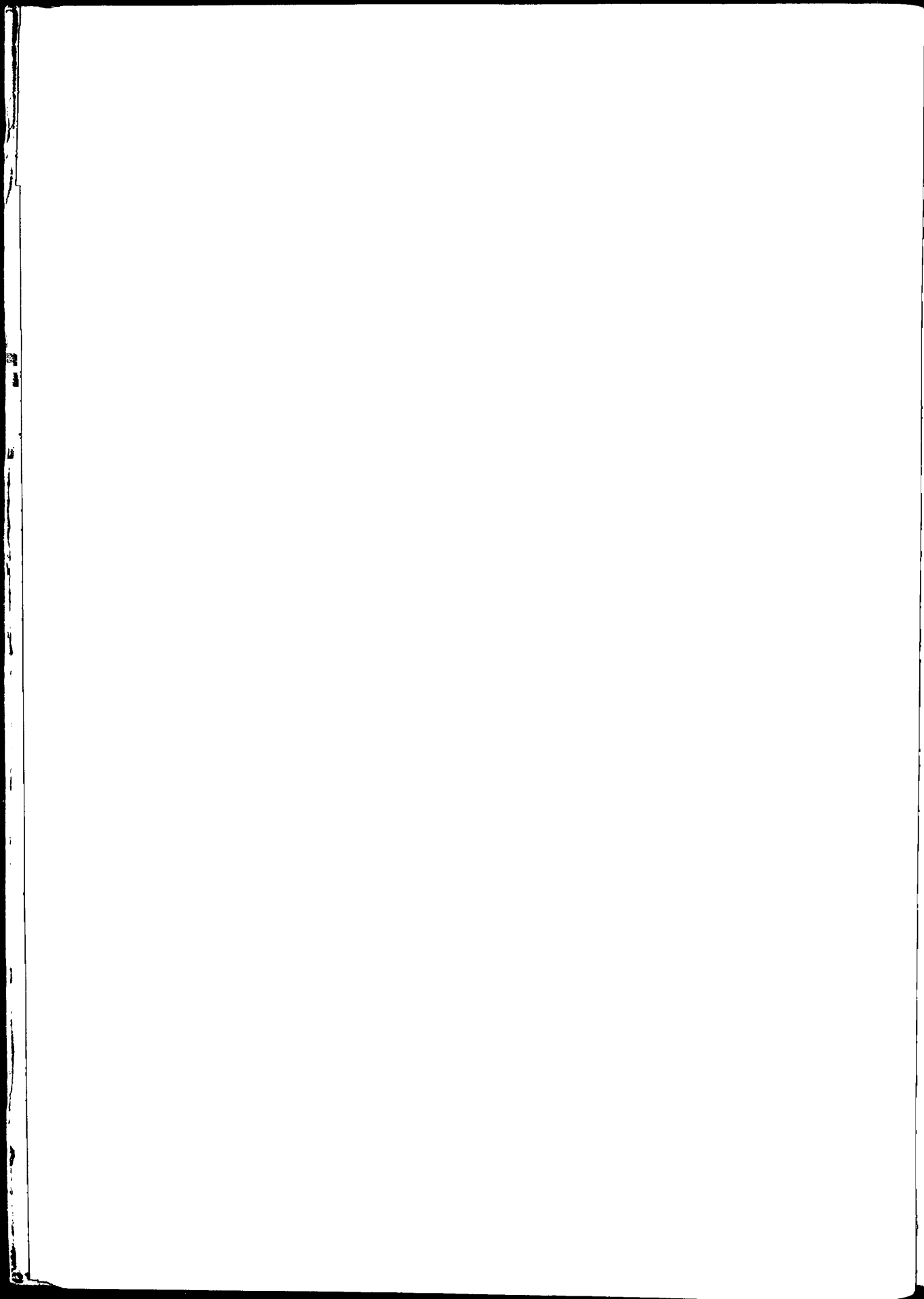
**Nuffield Centre for Health Service Studies**

Professor John Greve	Head of Department
Dr. Beverley Alban Metcalfe	Lecturer in Organisational Psychology
Mr. Jack Hallas	Lecturer in Policy Studies
Mr. Stuart Dimmock	Lecturer in Industrial Relations
Mr. Tom Rathwell	Lecturer in Health Planning
Ms. Helen Browne	Lecturer in Health Services Management
Mr. Ray Maily	Lecturer in Labour Law
Mrs. Avril Hinchcliffe	Finance and General Administrator
Mr. Colin Perry	Assistant Librarian
Mrs. Jane Bailey	(in attendance)
Miss Carole Munro	(in attendance)

**Review Team**

Dr. Iden Wickings	Review Director
Professor Gordon Forsyth	Health Services Management Unit University of Manchester
Mr. Doug Weller	Health Services Management Centre University of Birmingham
Mr. Mike Barnwell	Centre for Health Services Management Leicester Polytechnic
Mr. Graham Smith	per pro NHS Training Authority

**Venue:** Conference Suite  
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SHORT TERM REVIEW VISIT

NUFFIELD CENTRE FOR HEALTH SERVICE STUDIES

Tuesday, 19th March, 1985

VISIT REPORT

1. Review Director's Opening Remarks

- 1.1 Dr. Wickings began the meeting by thanking the Centre and its staff for receiving the Visiting Team, and then stated the purpose of the Review.
- 1.2 The NHSTA believed that its sponsored Management Development Programmes should be supportive of Griffiths principles and philosophies; reflecting a drive towards General Management and emphasising related topics such as performance measurement and clinical budgeting. Broadly, the Training Authority wished to ensure that National Educational Centre Programmes were working for - not against - the implementation of General Management.
- 1.3 The Review Team was therefore looking for evidence of 'Griffiths thinking' in the Centre's programme, and were particularly interested in how major management programmes had changed over the past two years to accommodate the content of the Management Inquiry report.
- 1.4 The Review would also seek information on: the Centre's priorities and how programmes were designed to meet them; the coherence and comprehensiveness of the range of courses and other activities; the markets for its programmes; and the balance of its workload. In essence, the Review was seeking to award an NHSTA "Good Housekeeping Seal of Approval".
- 1.5 The Review Team's Report would be submitted to the Training Authority; who were likely to refer it to the Steering Group managing the current Review of Management Education and Development.

2. Centre Director's Introduction

- 2.1 Professor Greve welcomed the visiting Review Team, and set out the agenda for the visit. This agenda had been scheduled to accommodate both the requirements of the Review, and to illustrate the activities and interests of staff at the Centre.
- 2.2 The Nuffield Centre formed part of the Department of Social Policy and Health Service Studies within the University of Leeds. The work of the Department comprised four main areas: postgraduate degrees; undergraduate degrees; an International Programme; and Health Service programmes and Research.

2.3 Professor Greve stated that Nuffield Centre courses strongly emphasised the principles of the Management Inquiry Report, but he distinguished between those courses which were designed to support the implementation of Griffiths, and those which offered a balanced assessment of the consequent changes.

3. GRIFFITHS SHORT WORKSHOPS For Chairmen and Members

3.1 Stuart Dimmock introduced the '**Programme of Short Workshops on the Challenges facing General Managers**': which started in 1984. The programme philosophy was to assist the NHS in maximising the potential offered by the Management Inquiry Report. Two such workshops had been run at the Centre (July 25th/26th, 1984 and October 3rd/4th, 1984) and an additional one day event, with the same theme, for East Anglia Health Authority.

3.2 The objectives for these events included: assessing the impact of HC(84)13; identifying concepts of effective management; examining the management of change in organisations; and producing draft job descriptions for District General Managers. The Centre's workshops had attracted eight and twelve members respectively, and the final event had been evaluated by a DHSS observer.

3.3 Dr. Wickings expressed considerable concern over the range of issues listed in the evaluation report which were not debated in detail during the workshops. In his view the listed topics were core components of any cultural shift towards General Management, and yet the DHSS observer had noted their omission from the discussion. The topics\* were:-

- a. concepts and models for re-organising the management structure including Units (also what constitutes a Unit)
- b. requirements of the Authority on its General Managers (roles/tasks)
- c. skills the GM's should possess and how to identify potential GM's
- d. support required for the GM's
- e. Chief Officers and their role
- f. role of Chairman
- g. role of Authority Members
- h. delegation or responsibility and lines of accountability
- i. need (or not) for professional heads
- j. access to the Authority (what is a professional matter/management matter)
- k. emergence of: personnel function  
: formal assessment of service provision
- l. requirement within the structure of planning and reviews.

\* (quoted in full from papers presented to the Review Team)



3.4 Stuart Dimmock replied that

- (i) the workshops were exploratory, and that their content was informed by a paper on General Management by Gordon Best (Kings Fund)
- (ii) Chairmen and Members consistently avoided discussing these key issues; despite them being emphasised by course tutors.
- (iii) Chairmen were also resistant to the far-reaching implications of HC(84)13, and supported evolutionary, rather than revolutionary, change.

3.5 The Centre had hoped that Chairmen attending these events would bring DGMs (or potential DGMs) with them; but it had proved difficult to attract these top managers (a total of one DGM across the three events):- "Top Managers are not long course attenders".

#### 4. PERSONNEL PROGRAMMES

- 4.1 Ray Maily introduced these programmes and emphasised the Centre's experience and skills in Industrial Relations and Personnel Management built up over ten years. Both the longer courses and the shorter workshops were aimed at all middle and senior managers; not just personnel professionals. The Centre's reputation in this field was based on the two week Industrial Relations Course, which had now been amended to emphasise different aspects of personnel and a new nine-day programme had been drawn up.
- 4.2 Reference was made to the Griffiths Report, and those paragraphs dealing with personnel matters. Workshops would be arranged on the issues raised in the Report; but emphasis would also be placed on managing the changes through people.
- 4.3 The Centre tabled various programmes relating to personnel, under the title "Managing People". These included:
- 'Strategic Consequences (of Griffiths) for Personnel: Workshops on 'Appraisal and Staff Development', and 'Organisation Development'
  - Courses in negotiating skills
  - 'Course for the Professional Personnel Officer'.
  - Workshop on Disciplinary Appeals and Tribunals: a three day event.
- 4.4 Ray Maily noted that the short workshops on Tribunals, and Appeals, were initiated to meet managers' needs for skills in advocacy. Beverley Alban Metcalfe emphasised that appraisal and interpersonal skills are crucial in determining the effectiveness of management. Stuart Dimmock noted that the entire range of workshops concerned changing the management culture of the NHS.

- 4.5 The 'Strategic Consequences' Workshops used a variety of perspectives and approaches - from inside and outside the Service - and asked participants to assess their local utility. Centre staff have run Appraisal Events within Regions, and have occasionally been asked to advise within Districts. The Centre was discussing possible subjects and content of further short workshops with commercial Organisation Development consultants. Further events would address such issues as:-

"Close to the customer"

"Exploiting intrapreneurship"

"Creating a corporate identity"

The Review Team briefly discussed each of these proposals.

#### 5. WORKSHOPS FOR GENERAL MANAGERS

- Workshops for General Managers and Members of Management Teams

- Team Working and General Management

- 5.1 Jack Hallas introduced these workshops by emphasising that the success of Griffiths hinges on changes at Unit level. The Workshops have three elements:-
- (i) reviewing devolution to Units, and making Units viable in financial terms
  - (ii) The Centre describing the different approaches being taken by various Authorities and course participants discussing the advantages and dangers of each.
  - (iii) "detrribalisation".
- 5.2 Stuart Dimmock noted that the Centre's views about General Management had become more positive since commencing the Griffiths Short Workshops. These programmes were offering General Managers and Teams the chance to come to the Centre, identify an agenda, and to work on it. Action plans from previous workshops do exist, but staff have not yet followed them up.
- 5.3 Jack Hallas noted that the Griffiths changes were still in their early stages, and that the Centre had not thought through the detailed implications of the Management Inquiry Report. Professor Greve noted that the NECs were being asked to support a complex change in the absence of a central blueprint, and observed that the NHSTA should be aware of the scale and complexity of the environment in which the Griffiths reforms were being introduced. The changes in attitude would take years to work through the system, although it was essentially "a loose description of an old idea of management".

5.4 The Centre's approach to Griffiths-oriented events would change over the next few years as it receives feedback from the Service. Professor Greve requested that the NHSTA acknowledge that all the NECs were operating in a formative stage of the new management culture. Dr. Wickings then suggested that the Centres should be instrumental in forming the nature and content of the post-Griffiths management paradigm.

5.5 Professor Forsyth drew attention to the inherent cultural inertia of the NHS; the vast numbers of managers with whom the Centres have no contact. He then asked Centre staff how well they integrated with their zoned Regions (East Anglia; Northern; Trent and Yorkshire) on Griffiths initiatives. Staff felt that, apart from some activity within East Anglia, they were not familiar with their local Regions' responses to the Management Inquiry Report.

6. SENIOR MANAGEMENT DEVELOPMENT COURSES/EXPERIENCED SENIOR MANAGEMENT COURSES

6.1 Andrew Long introduced the **Senior Management Development Course** which comprised a three day Preview Workshop, followed by two modules of ten days each. These courses were founded on the acknowledgement that NHS management 'is an extremely complex activity concerned with subtle and ambiguous relationships with institutions and individuals both within and outside the Service, as much as with the more orthodox managerial relationships of authority and accountability' (quoted from submitted papers).

6.2 Centre staff made a variety of points concerning the SMDC:

- (i) the focus is on developing participants as managers across professional boundaries. Therefore membership was multi-disciplinary.
- (ii) its intent was to develop a more considered and thoughtful approach to management
- (iii) the course content was generated through discussion and negotiation with course participants; with staff offering ideas for consideration. Budgeting, and Performance Review were likely to receive greater emphasis in the future.
- (iv) participants' dissertations concern challenges they faced at work. Course members found the dissertations 'stretching' and developmental, and had access to Centre staff during these projects.
- (v) SMDCs emphasised self-learning.
- (vi) evaluation occurred at the end of each module; providing an opportunity for corrective action.

6.3 The future of the SMDC was currently under discussion, with the intention of adapting it to Service needs and practice. It was likely that SMDCs would be retained, but with a new style and content.

- 6.4 Andrew Long then spoke to the paper on the **Experienced Senior Management Courses**, designed for managers of 'considerable seniority and experience'. These courses aimed to relate this experience to developments in management theory, and to provide a forum for debate. An ESMC comprised two modules: the first a three day Preview, the second a ten-day workshop.
- 6.5 ESMCs were also multi-disciplinary and exhibited many of the qualities of the SMDC: encouraging a more thoughtful approach; generating content out of discussion with participants etc. The recent ESMC focus on Unit Management Teams had resulted in a request for a one week module within a DHA.
- 6.6 Dr. Wickings expressed concern that the ESMC did not appear to have changed since August 1983, and that the Centre had now discontinued Experienced Senior Manager Courses. Andrew Long noted that the provision of SMDCs had been increased to replace the Experienced Senior Manager event; but that the Centre considered it unlikely that managers would attend five week courses at present. The likely demand for a reinstated ESMC was not known, although the calibre of participants on previous events had been high.
- 6.7 In response to a question on General Management oriented change within SMDCs, Andrew Long emphasised issues of performance, the importance of the dissertation, and budgeting. Dissertations had the potential to produce change in home organisations, and were used as a basis for self-learning. SMDCs were also becoming more multi-disciplinary; although member mix resulted from a review of applications rather than marketing.

## 7. ADVANCED MANAGEMENT PROGRAMME

- 7.1 Beverley Alban Metcalfe then introduced the proposed **ADVANCED MANAGEMENT PROGRAMME** as an ambitious addition to the Centres programmes; resulting from a need to review SMDCs and ESMCs, to support the new Griffiths culture, and to produce a modular programme.
- 7.2 The Advanced Management Programme "is designed to increase managerial effectiveness within the NHS, and to prepare participants for a more responsible role in its management by providing a grounding in a range of basic management functions, their theories, methodologies and techniques. It is intended to increase participants' knowledge and insight into the nature and process of management and to extend and develop their practical skills of analysis, judgement, and implementation". (quoted from submitted papers)
- 7.3 The AMP will comprise three modules:
- |          |            |  |
|----------|------------|--|
| Module 1 | (2½ weeks) | General Management: The Role of Strategic Management |
| Module 2 | (2 weeks)  | Effective Resource Management                        |
| Module 3 | (2 weeks)  | Management of the Human Resource.                    |

Plus an intended three weeks experience in a commercial organisation. The Centre plans to run one AMP per year, accommodating twenty members per course.

- 7.4 The programme aimed at major attitude change, to shift traditionally functional perspectives, and to increase the use of information to improve decisions. Managers should look at their roles in new ways, have opportunities to work on 'back home' problems, and have access to consultancy from Centre staff. Manpower utilisation, performance measurement, and quality assurance will be included in the AMP, although not mentioned in the supporting papers.
- 7.5 AMP participants will be selected during a two or three day Assessment Centre (using psychometric tests etc), with career counselling for both the successful, and otherwise. Beverley Alban Metcalfe emphasised the use of review sessions during the modules, the quality of participants' action planning, and feedback from nominating officers, as part of the evaluation process.
- 7.6 The financial implications of the proposal were discussed. The Centre had submitted a bid to the NHSTA for a Lecturer in Economic and Financial Management. The AMP would be expensive in both financial terms, and in participants' time. Centre staff acknowledged the risks of any high cost course in the current climate, but cited General Managers who have shown considerable interest in the proposed Advanced Management Programme and who thought it a worthwhile investment.
- 7.7 The first AMP was scheduled for 1986.

## 8. MANAGEMENT INFORMATION

- 8.1 Andrew Long introduced the paper on the prospective **Management Information Workshops** planned by the Centre: The first scheduled for June. A number of such events had been included in the long management courses, but the free standing, three day, workshop was an innovation. Further such events will be based on participants' needs identified during the AMP.
- 8.2 The purpose of the **Management Information Workshop** was to "heighten awareness and consciousness of the issues in the area of management information. More particularly, it would explore: ways to access and retrieve information; ways of communicating information effectively; and an appreciation of managerial and policy implications of implementing comprehensive information systems in the NHS" although "exactly what role information plays within decision-making (is a) ..... problematic issue" (quoted from submitted papers).
- 8.3 Andrew Long emphasised that the proposed Workshop:
- was not review of the Korner recommendations, nor did it concentrate on computers;
  - was focussed on the role of information in decision making and problem solving, involving both quantitative and qualitative information;
  - was for Information Officers and those involved in the general management functions;

- concerned both with the role that information does play, and that which it might play.

8.4 Mr. Long and Mr. Colin Perry concluded the session with a short presentation on HELMIS (Health Management Information Service).

## 9. CLINICIANS TRAINING

- **Clinician Representatives on Unit Management Teams**
- **Newly Appointed Consultants and Senior Registrars**
- **Weekend Topic Seminars**

9.1 Jack Hallas introduced the Centre's Medical Management Training and stated that the most important programme was that for **Clinician Representatives on Unit Management Teams**. These events will be supplemented with workshops for Clinician UGMs later in the year, also of two or three day duration. However, many clinical UGMs would be expected to attend the AMP.

9.2 In response to questions, Jack Hallas noted that

- (i) since 1984, the "Clinician Representatives" courses had begun to focus on the role of the UGM;
- (ii) unidisciplinary events were more credible to clinicians, but accepted the need for more multi-disciplinary ("detrabalising") activity in the future.

9.3 Most existing consultant medical staff lacked basic knowledge and information about the Health Service. The **Newly Appointed Consultants and Senior Registrars Workshops** (two day events) were designed to meet this need for the future. Participants were intelligent and keen to gain information on NHS structures and roles particularly for use at interview.

9.4 The Centre had also run two weekend workshops for Clinicians. The topics were:

- (i) Clinical Budgeting :
- (ii) General Management and Doctors.

## 10. PLANNING WORKSHOPS

10.1 Tom Rathwell introduced the Centre's programme of Planning Workshops and said that they offered the opportunity for participants to share and compare ideas, they promoted a critical understanding of the current issues in NHS planning, and facilitated ways in which systematic planning could contribute to the satisfaction of the population's health needs.

- 10.2 The Planning events (all two day seminars on a variety of topics e.g. 'Performance Indicators and Planning'; 'Issues in Strategic Planning'; 'Planning for Community Care' etc) would emphasise strategic management for the future. However, to establish a direction for this work, the Centre had recently sent questionnaires to 200 managers to see how they viewed NHS planning. The workshops investigated policy, rather than technical skills (although an element of this remains), and could include a number of major case studies which emphasised the negotiation aspects of planning.

## 11. External Activities and Research

- 11.1 The Centre concluded its presentation with brief descriptions of its external commissions, and the research activities of its staff. **External activities** include:

- clinicians events in East Anglia RHA;
- a short event for Chairman and GMs in Leeds East Health Authority;
- Manpower Planning in Trent RHA;
- Information Planning consultancy in Grimsby Health Authority

- 11.2 Centre staff said that they valued external commissions; although few had such commissions at the present time. Presence in Health Authorities enabled the identification of clients needs. The Centre was not well integrated with its zoned Regions and, in particular, staff felt that it was too soon to discuss Griffiths with key Regional staff.

- 11.3 The Centre had a small number of NHS staff currently reading for part-time M.A.s. Amongst its **research** interests;

- Jack Hallas was pursuing continuing research into CHCs;
- Keith Barnard was working on a profile of mortality and morbidity characteristics, and potential measures of effectiveness in Grimsby Health Authority;
- Tom Rathwell was directing the development of a variety of health care planning case studies, and was also studying joint private and public health care policy making;
- Ken Lee and Andrew Long had received a two year ESRC award to develop new approaches to NHS manpower planning (being conducted in Trent RHA);
- Steve Harrison was researching perceptions of Clinical Freedom and the possible reactions of Clinicians to managerial activity;
- Beverley Alban Metcalfe was investigating NHS and Private Sector Managers' attitudes to work, and the effects of Griffiths initiated job changes.

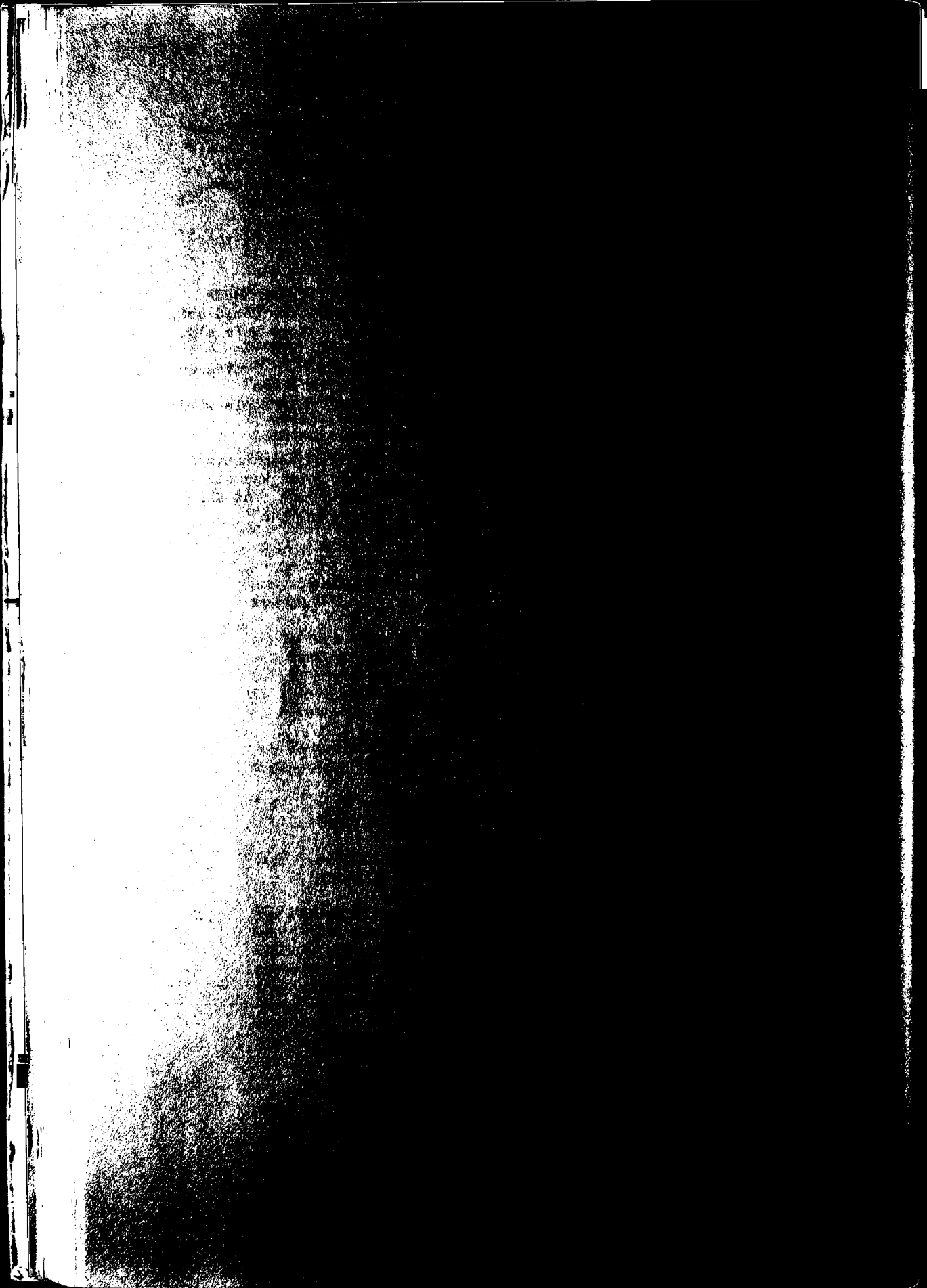
11.4 Centre staff also pursued a number of international research interests, and have organised a variety of trans-national Workshops.

## 12. FINAL DISCUSSION

- 12.1 The Review Director opened the final discussion by noting that each of the National Education Centres would be different; each will have differing markets and programmes. It was therefore not appropriate for the Review Team to make any final judgements until all the Short Term Review Visits had been completed.
- 12.2 The Review Team complimented the Centre on its strong Personnel-oriented programmes, but asked whether they had been significantly changed to accommodate the General Management initiative. The design and intent of the Advanced Management Programme was also praised, but the Team had some concern that this event represented a high risk strategy; being high cost and aimed at a restricted market.
- 12.3 Dr. Wickings questioned whether the Centre had paid sufficient attention to supporting the implementation of Griffiths in the Service: Whether staff had sufficiently thought through the implications of these changes, and whether the whole portfolio of programmes had been reviewed to ensure that it sufficiently accommodated and expressed the principles and practice of general management.
- 12.4 The Review Team also sought for more evidence that the Centre was undertaking sufficient developmental work within the NHS to form and inform ideas on the key issues of the moment. The Team also discussed appraisal: as a University Department the Centre did not have internal staff appraisal but operated a peer review system.
- 12.5 The Review Director brought the Centre's workload into the discussion. and asked whether
- (i) sufficient resources were being invested in supporting the Griffiths changes, and
  - (ii) sufficient staff time was being invested in educational activity.
- 12.6 The Review Team also highlighted the Centre's concentration on short workshops, and on short sessions within these events. The brevity of many workshops would not enable extensive debate and consideration of key topics. It was difficult to see how participants could be expected to change long held attitudes in such short workshops. The Centre's difficulty in attracting general managers to longer courses was noted, but it was felt that the portfolio as a whole required some rethinking.



- 12.7 Tom Rathwell noted that the Review had paid more attention to some programmes than others, and that the totality of programmes should be considered. Dr. Wickings acknowledged this, emphasised his concern to ensure that Centres are supporting General Management, and pointed to gaps opening in the manager 'market' with the cessation of ESMCs. He was also concerned that sessions on Griffiths appeared to be recent afterthoughts within some of the programmes that had been discussed.
- 12.8 Professor Greve expressed concern over the prospect of the NHSTA withdrawing the General Support Grant because Authorities could not, or would not, bear the full costs of the courses. There were also high costs associated with developing new programmes, and the General Support Grant was needed for these initiatives. Professor Forsyth stated that the Support Grant enabled Centres to be responsive to real Service needs, rather than have to grapple with Regional Health Authority bureaucracies.
- 12.9 Professor Greve concluded that the Nuffield Centre's presentations were within a revised strategy for the institution which was still being formulated. Dr. Wickings thanked Professor Greve, and all the Nuffield Centre staff, for their presentations and the hospitality shown to the visiting Review Team.





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PART-TIME TEACHING

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Health Service Finance	P. LONGDEN, AHA, ACIMA, IPSA
Health Service Management	B. EDWARDS, AHA
Community Health	Ms. S. SIMMONDS, SRN
General Practice	J. SINSON, MB, BS, FRCGP
Health Economics	Ms. A. MILLS, MA, DHSA
Health Service Management	E. H. GREENWOOD, BA, AHA, AIPM
Community Services	F. R. REEVE, BSc, ACIS, DMA
Special Health Groups	Ms. M. PEARSON, MA, SRN
Personnel Management	P. JOHNSON, AHA, MBIM

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ADMINISTRATIVE

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International Division	Mrs. M. HORROX
Finance and General Administrator	Mrs. A. M. HINCHLIFFE, BA
Librarian	Ms. G. E. PARRIS, BA, ALA
Assistant Librarian	C. PERRY, BA

---

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	Mrs. E. J. BAILEY
	Miss S. BARKLAM, BA Leeds
	Mrs. B. BARROTT
	Mrs. B. MASKILL
	Miss C. MUNRO
	Miss O. J. PATCHETT
	Mrs. M. ROEBUCK
	Miss J. THOMPSON
	Mrs. M. TIMM
	Mrs. L. WARD, BA London
	Mrs. J. WELSH
	Mrs. S. WHALE, BA Leeds
Library Assistants	Mrs. E. BRECKIN
	Mrs. J. FRAME
	Mrs. L. GREAVES
	Mrs. S. WILLIAMS
Receptionists	Mrs. B. INGHAM
	Mrs. A. TIFFIN

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RESEARCH ASSISTANTS

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	Ms. F. M. BROOKS, BA
	Mrs. A. F. SICS, BA, MA
	Mrs. S. A. R. WILLIAMS, BA, DC, MA

APPENDIX B

NUFFIELD CENTRE FOR HEALTH SERVICE STUDIES

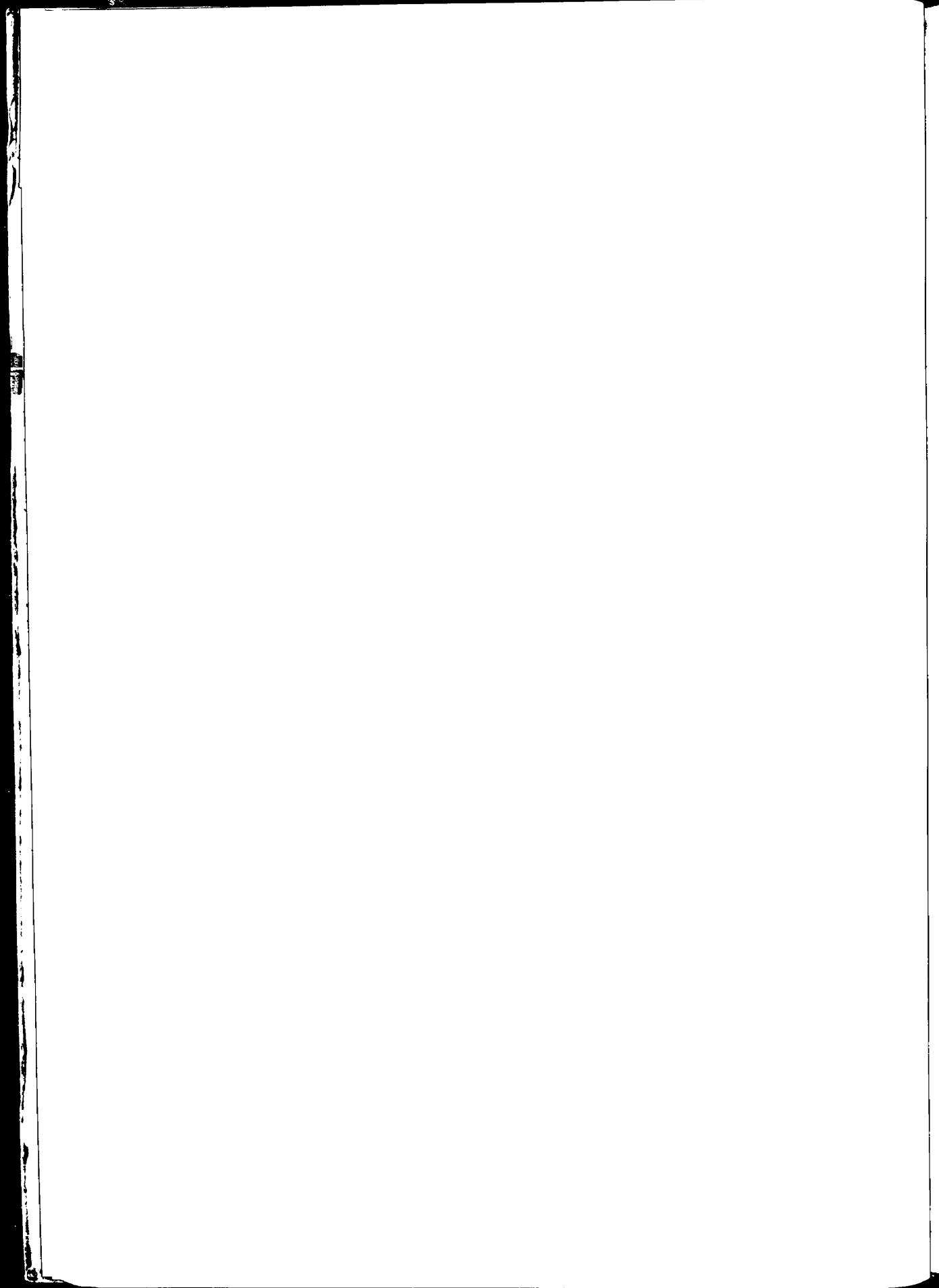
UNIVERSITY OF LEEDS

FINANCIAL INFORMATION

1983/84 and 1984/85

	1983/84		1984/85	
	Income; excluding fees	Total Income	Income; excluding fees	Total Income
	£	£	£	£
DMT, Top and Senior Manager Programmes	29,000	29,000	4,767	23,550
ADCs	22,928	22,928	28,623	42,687
Planning Workshops	4,205	6,625	3,968	7,248
Industrial Relations	13,980	21,910	16,433	17,183
NMTS	13,074	14,274	15,292	18,802
Clinicians	4,150	4,150	6,600	6,600
General Support (Salaries and Costs)	-	253,400	-	262,541
Library Group	-	(31,735)*		
<b>TOTAL</b>		<b>352,287</b>	<b>TOTAL</b>	<b>378,611</b>

\* not included in final totals



## APPENDIX C1

Nuffield Centre for Health Service Studies

PROGRAMMES: 1.4.83 to 31.3.85

Course days	Year	Number of Participants	Number of Course days	Student Contact Days
<b><u>INDUSTRIAL RELATIONS</u></b>				
IR Course for Senior Personnel Specialists	1983	13	11	143
ditto	1983	19	11	209
ditto	1984	18	11	198
I.R. for U.M.Ts	1983	10	4	40
ditto	1984	10	4	40
ditto	1984	17	4	68
ditto	1984	14	4	56
I.R. Course for Personnel Specialists	1984	16	5	80
ditto	1984	14	5	70
ditto	1985	19	11	209
I.R. Workshops				
Handling Appeals	1984	11	3	33
Negotiating Skills	1984	14	4	56
Handling Appeals	1985	12	3	36
INDUSTRIAL RELATIONS SUB TOTALS			<b>80</b>	<b>1238</b>

LONG MANAGEMENT COURSES

E.S.M.C. (No.13 Preview)	1983	10	3	30
E.S.M.C. (No.13)	1984	9	10	90
S.M.D.C. (No.21)	1984/85	19	23	437
S.M.D.C. (No.20)	1984	max 20	23	460
S.M.D.C. (No.19)	1983	14	20	280
Middle Managers ADC	1983	9	20	180
ditto	1984	18	20	360
ditto (Review)	1984	12	2	24
ADC (XVI) Module One	1983	15	5	225
ADC (XVI) Module Two	1984	15	15	225
ADC (XVII) Module One	1984	18	15	270
ADC (XVII) Module Two	1985	18	15	270
LONG COURSE SUB-TOTALS			<b>171</b>	<b>2851</b>

SHORT MANAGEMENT WORKSHOPS

U.M.T. Workshop	1983	11	5	55
U.M.T. Workshop (31.20.83)	1983	13	5	65
Team Working and G.M. (2.1.85)	1985	6	3	18
Team Working and G.M. (6.3.85)	1985	14	3	42
Top Managers Seminar (5.10.84)	1984	10	2	20
Top Managers Seminar (20.3.85)	1985	21	2	42
SHORT WORKSHOP SUB TOTALS			<b>20</b>	<b>242</b>



PLANNING WORKSHOPS

DMT Policy Worksho	1983	11	2	22
ditto	1983	12	3	36
ditto	1983	10	2	20
Resource Allocation (27.4.83)	1983	13	2	26
Roles & Responsibilities (16.5.83)	1983	15	2	30
Epidemiology (6.6.83)	1983	8	2	16
Performance Indicators (19.9.83)	1983	15	2	30
Strategic Planning (24.10.83)	1983	12	2	24
Principles (14.11.83)	1983	14	4	56
Financial Aspects (5.12.83)	1983	10	2	20
Joint Collaboration (5.2.84)	1984	15	2	30
Principles (15.5.84)	1984	15	2	30
Manpower (25.6.84)	1984	18	2	36
Community Care (11.10.84)	1984	11	2	22
Manpower (8.11.84)	1984	21	2	42
Primary Health Care (17.12.84)	1984	15	2	30
Consultation (7.2.85)	1985	10	2	20
Computer Aids (20.2.85)	1985	18	2	36
Primary Health Care (20.3.85)	1985	16	2	32
PLANNING WORKSHOPS SUB TOTAL			41	558

CLINICIANS EVENTS

UMT Responsibility (10.5.83)	1983	12	3	36
ditto	1983	13	3	39
ditto (21.6.83)	1983	16	3	48
ditto (18.7.83)	1983	9	3	27
ditto	1984	9	3	27
ditto	1984	12	3	36
ditto	1984	17	3	51
Weekend Seminar (13.7.84)	1984	24	2	48
Weekend Seminar (7.9.84)	1984	22	2	44
Weekend Seminar (15.2.85)	1985	14	2	28
Newly Appointed Consultants and Senior Registrars (19.1.83)	1983	21	2	42
ditto (17.1.84)	1984	10	2	20
ditto (28.2.84)	1984	16	2	32
ditto (1.6.84)	1984	10	2	20
ditto	1985	10	2	20
ditto	1985	6	2	12
CLINICIANS EVENTS SUB TOTALS			39	530

**WORKLOAD**

1.4.83 to 31.3.85

SUMMARY: TWO YEAR TOTALS	COURSE DAYS	STUDENT CONTACT DAYS
INDUSTRIAL RELATIONS	80	1238
LONG MANAGEMENT COURSES	171	2851
SHORT WORKSHOPS	20	242
PLANNING WORKSHOPS	41	558
CLINICIANS EVENTS	39	530
<b>TOTALS</b>	<b>351</b>	<b>5419</b>

	1983/84	1984/85	TOTALS (two years)
NHSTA Funding (including fees)	£352,287	£378,611	£730,898
NHSTA Funding (excluding fees)	£340,737	£338,224	£678,961
Total NHSTA Funded course days			351
Total NHSTA funded student days			5419
The Centre has 7.99 w.t.e. NHSTA funded lecturing staff			

**RATIOS****1. Course days per lecturer per year**

$$\frac{\text{NHSTA Funded Course days}}{\text{w.t.e. NHSTA lecturing staff}} = \underline{22.0} \text{ NHSTA Course days per year per lecturer}$$

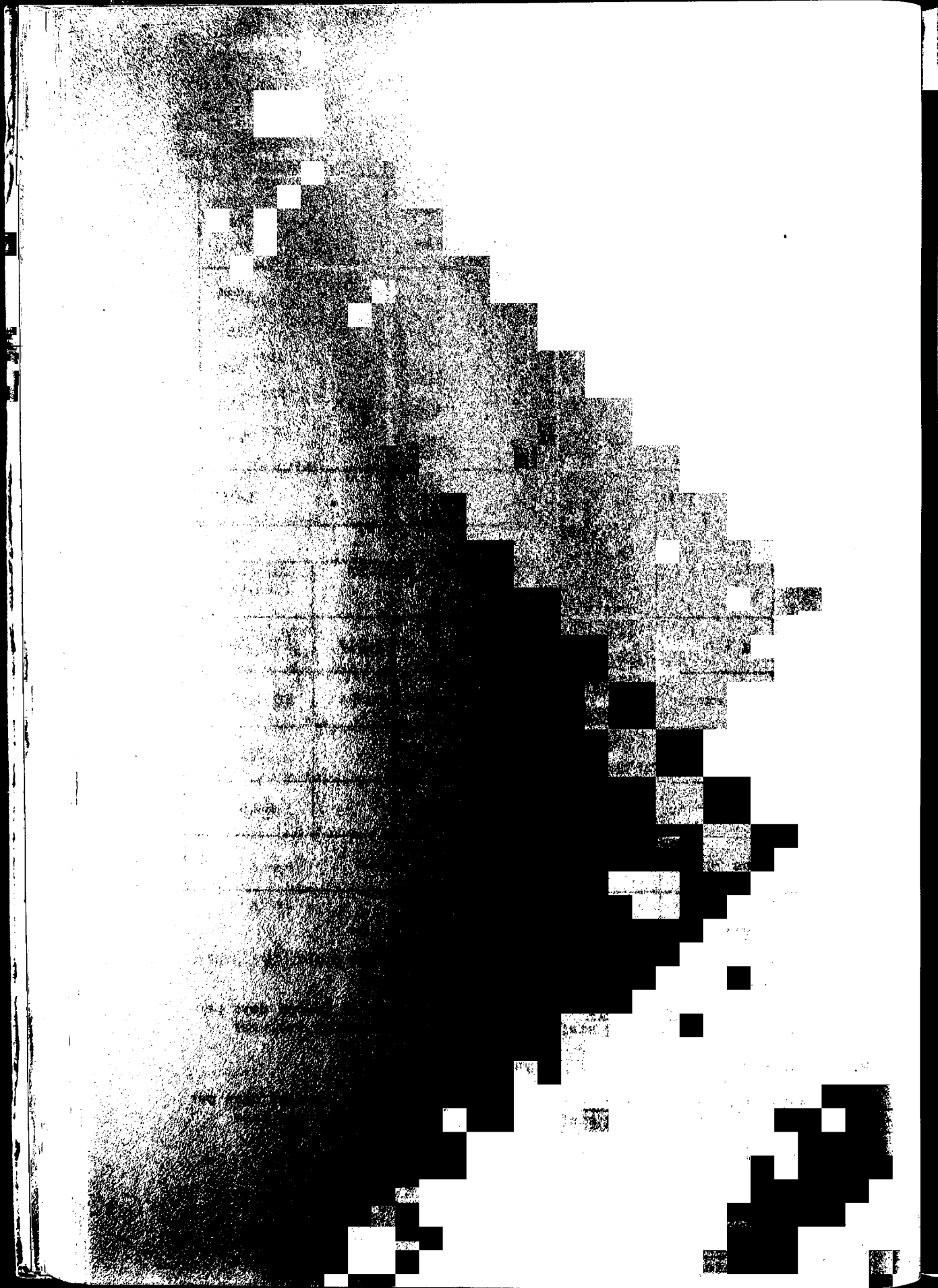
**2. Student days per lecturer per year**

$$\frac{\text{NHSTA funded student days}}{\text{w.t.e. NHSTA lecturing staff}} = \underline{339.1} \text{ NHSTA student days per lecturer per year}$$

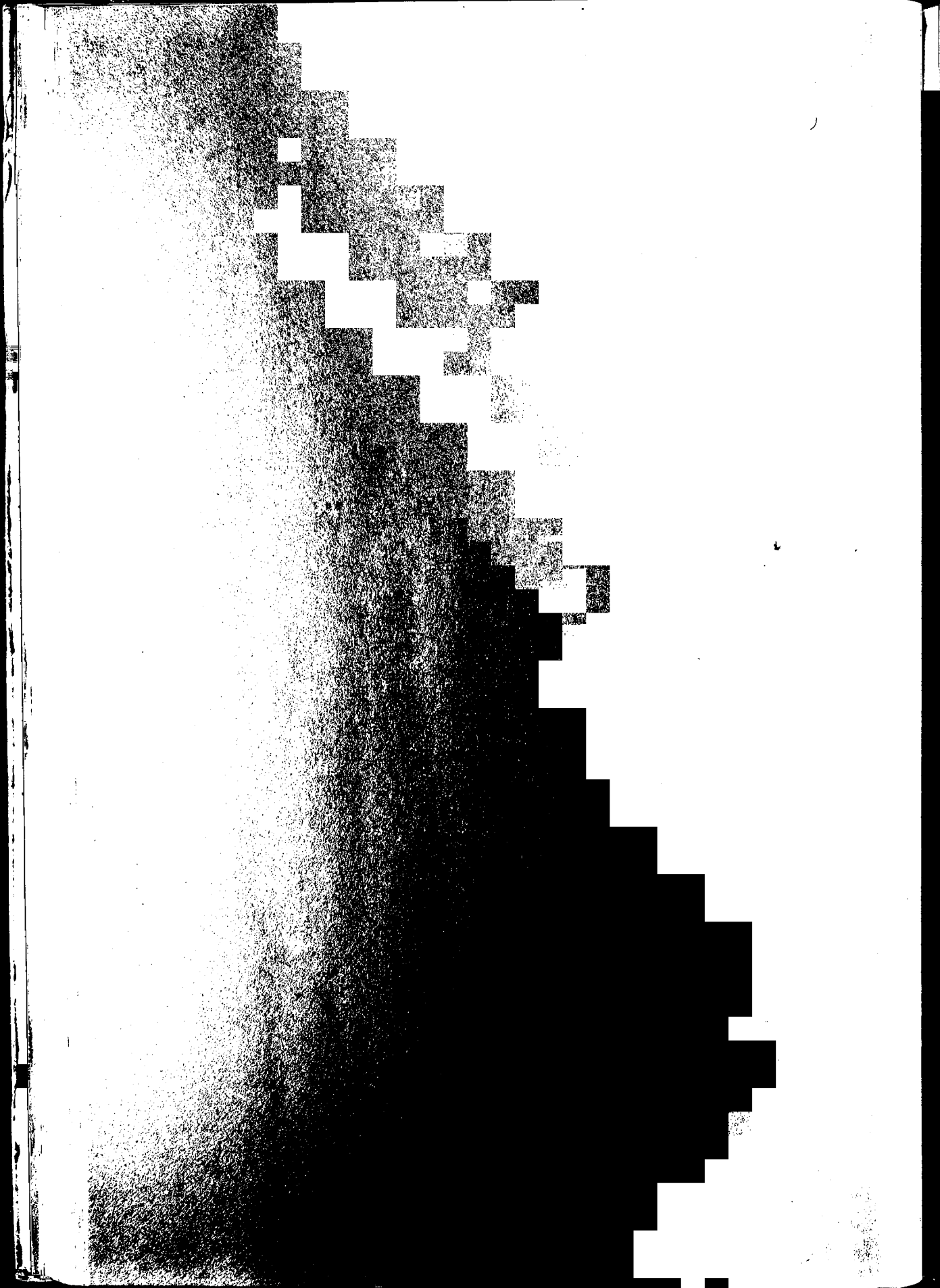
**3. Cost per student day**

$$(a) \frac{\text{NHSTA funding (including fees)}}{\text{NHSTA student days}} = \underline{£134.88} \text{ per NHSTA student day}$$

$$(b) \frac{\text{NHSTA funding (excluding fees)}}{\text{NHSTA student days}} = \underline{£125.29} \text{ per student day}$$







SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

THE

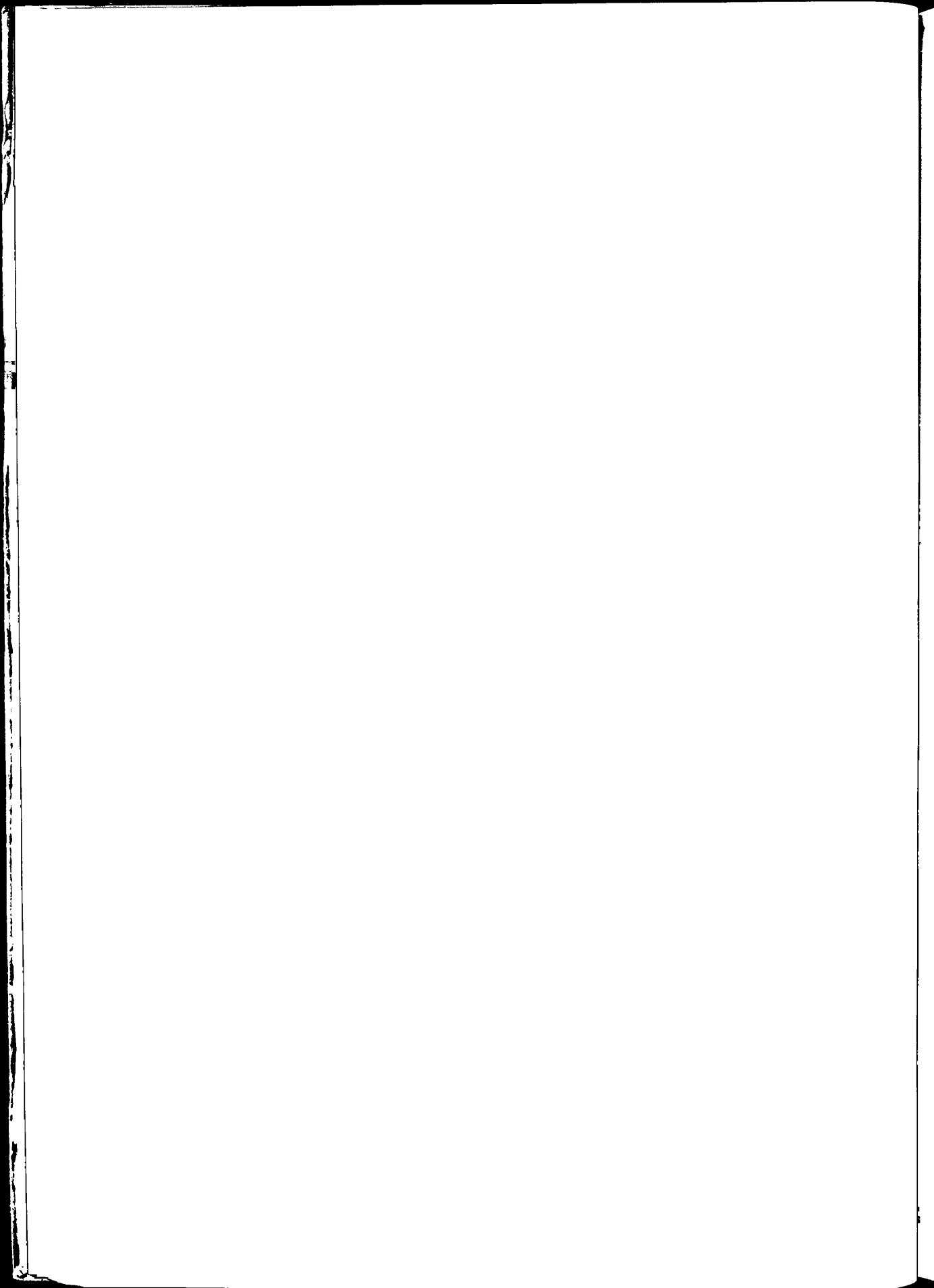
**CENTRE FOR HEALTH SERVICES MANAGEMENT**

School of Management  
Leicester Polytechnic

REVIEW TEAM VISIT

21st MARCH 1985

Dr. Iden Wickings  
Graham Smith





SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

**CENTRE FOR HEALTH SERVICES MANAGEMENT**

Leicester Polytechnic

REVIEW TEAM VISIT: Thursday 21st March 1985

**CONTENTS**

Page

Contributors to the Review (i)

**VISIT REPORT**

Review Director's Opening Remarks 1

Centre Director's Introduction 1

Experienced Senior Managers' Course 2

The Mereworth Programme 4

Workshop for Chairmen and Members 5

Information Technology Programme 6

Clinicians' Seminars 8

Final Discussion 9

**APPENDICES**

Centre Staff A

Centre Financing B

Programmes 1983/84 and 84/85 C1

Workload C2

SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

CENTRE FOR HEALTH SERVICES MANAGEMENT

REVIEW TEAM VISIT : Thursday, 21st March, 1985

CONTRIBUTORS

**Centre for Health Services Management**

Mr. Frank Mee	Assistant Director, Leicester Polytechnic
Mr. Don Candlin	Head, School of Management
Mr. Mike Barnwell	Head (Designate) Centre for Health Services Management
Mr. Mike Williams	Head, Centre for Efficiency Studies, CHSM
Mr. John Gentry	Head, Information Technology, CHSM

**The Review Team**

Dr. Iden Wickings	Review Director
Professor Gordon Forsyth	Health Service Management Unit University of Manchester
Mr. David Thompson	Health Services Management Centre University of Birmingham
Mr. Steve Harrison	Nuffield Centre for Health Service Studies, University of Leeds
Mr. Graham Smith	per pro NHSTA

**Venue:** Conference Room  
Centre for Health Services Management  
Bosworth House  
Leicester Polytechnic  
Southgate  
Leicester

SHORT TERM REVIEW VISIT

CENTRE FOR HEALTH SERVICES MANAGEMENT

Thursday, 21st March, 1985

VISIT REPORT

1. Review Directors Opening Remarks

- 1.1 Dr. Wickings began the meeting by thanking the Centre and its staff for receiving the visiting Team, and then stated the purpose of the Review.
- 1.2 The NHSTA believed that its sponsored Management Development Programmes should be supportive of Griffith's principles and philosophies; reflecting a drive towards general management, and emphasising related topics such as performance measurement and clinical budgeting. Broadly, the Training Authority wished to ensure that National Education Centre programmes were working for - not against - the implementation of General Management.
- 1.3 The Review Team would therefore concentrate on those programmes associated with general management, although they were interested in the whole portfolio of the Centre. The Team would be looking for evidence of 'Griffiths thinking' in the Centre's programmes, and were particularly interested in how major management programmes had changed over the past two years to accommodate the content of the Management Inquiry Report.
- 1.4 The Review would also seek information on: the Centre's priorities and how programmes were designed to meet them; the coherence and comprehensiveness of the range of courses and other activities; the markets for its programmes; and the balance of its workload. In essence, the Review was seeking to award an NHSTA "Good Housekeeping Seal of Approval".
- 1.5 The Review Team's Report would be submitted to the Training Authority who were likely to refer it to the Steering Group managing the current review of Management Education and Development.

2. Centre Director's Introduction

- 2.1 Mr. Frank Mee (Assistant Director, Leicester Polytechnic) welcomed the Review Team and introduced the Centre in the context of the Polytechnic. He noted that Polytechnic operation was different from Universities in their financing.
- 2.2 Leicester Polytechnic was organised in five Faculties: one of which was the Business Faculty. The Business Faculty was itself organised into four Schools: Mathematics and Computing (one of the largest Computing and Computer Research organisations outside of a University); Economics and Accounting; Law; and the School of Management. The Business Faculty had seven Masters programmes; two of which were in the School of Management and accommodating two hundred Postgraduate students.

2.3 The School of Management included a number of small specialist units, such as those for Local Government, and Health Services Management. Each of these specialist units had a core of staff that were able to link to the resources of the wider Faculty. Each unit was encouraged to draw upon these wider resources. Most of the fixed costs of the Health Services Management Centre were borne by the Faculty of Business; the NHSTA had historically only paid staff and some accommodation costs. Mr. Mee noted that the Polytechnic itself was having to charge consumers more realistic costs.

2.4 Mr. Mike Barnwell (Acting Director) introduced the work of the Centre for Health Services Management. CHSM was part of a large institution which contained a wide range of Health Service associated activities. The Centre itself was much smaller than other National Education Centres; so its objective was to provide high quality education in restricted areas.

2.5 There were two main themes to the current work of CHSM; both intended to provide managers with immediate practical help. These themes were:

(i) general management in action (including the Mereworth planning approach);

(ii) information technology (including management information, Korner, etc.)

### 3. Experienced Senior Managers' Course

3.1 Mike Barnwell introduced the Experienced Senior Managers' Course which was 'aimed to benefit senior managers who have much experience at this level but who have not had a recent formal training.' This event had been run nine times in eleven years, and had changed considerably. It was originally targetted at senior managers in their fifties who had missed out on their management training; however the age range had been variable and included managers from twenty-eight to fifty-nine years of age. The Course grew out of a report by Don White, and Mike Barnwell had been a tutor since its inception.

3.2 The original ESMC comprised two modules: the first of two weeks duration followed by a further one week event. This changed to a one week module, followed by a two week module. The last ESMC began with a two day Diagnostic Module (November 1984) followed by a two week workshop (February 1985). Mike Barnwell noted that the demand for this Course had never been overwhelming and had fallen off over the last three years; the calibre of participants had also been variable. The Centre for Health Services Management mainly relied on the Health Circular to generate demand for ESMC. The Course had never been marketed, and no market research had been done into potential participants (the "plateau" managers).

- 3.3 It was noted that the ESMC offered the opportunity to become familiar with latest management techniques and to improve personal effectiveness as managers. 'Delegates will be asked to define their own training needs, and tuition will be directed towards strengthening individual work skills'. (quoted from supporting papers). Mike Barnwell emphasised that the Course is intended to give immediate practical help to Course members. It also attempted to use Senior Managers experience as part of the teaching vehicle, but this had proved difficult. In reply to questions, Mr. Barnwell confirmed that the ESMC was very technique orientated, rather than developmental.
- 3.4 The content of the two week ESMC module was built up from a diagnosis of course members needs. These needs were identified from the application forms, the Diagnostic Module, and tutorials. Many of the topics requested could be anticipated by Centre Staff. There were two mandatory themes to the longer module: broad issues of general management; and budgeting and information technology. The Centre would like to improve its diagnosis of participants needs by research into their roles, using questionnaires, and bringing bosses in to identify the essential components of the Course.
- 3.5 In reply to questions, Mike Barnwell agreed that the Diagnostic Module lacked coherence; the various sessions were unintegrated as the diagnosis was interspersed with topics known to be useful to the participants (e.g. rapid reading) in order to make the diagnostic phase more acceptable. Many managers found diagnosis of needs difficult to undertake. No particular model was used for the diagnosis; staff fed information into participant groups who, after discussion, picked six priority needs for inclusion in the two week module.
- 3.6 The two week workshop usually included staff development issues covering appraisal, staff development, coaching etc. The aim was to raise awareness or develop practical skills. However, sometimes insufficient time was available so that participants were expected to follow the subject up at a later date.
- 3.7 The Centre was concerned about the future of its Experienced Senior Manager Course. They were considering redesigning the course on a modular basis; with a theme for each module. Themes might include: general management; performance measurement; finance; etc. Centre staff might visit bosses but this is a costly process. The Centre built debates on Griffiths (using Rachel Kelly), management budgeting and information technology into their last ESMC. However, Mike Barnwell recognised that the Centre was short of financial expertise. CHSM was building relationships with local Treasurers, but in the longer term would like to recruit lecturing staff to cover management and clinical budgeting. The Centre was currently using District Treasurers as lecturers, although they tended not take a Griffiths approach (i.e. costs related to throughput) to the subject. The Centre also hoped to mount short workshops on clinical budgeting using in-Service lecturers.
- 3.8 One strength of CHSM was that many of the Centre staff have considerable experience in the NHS in management positions.

- 3.9 Mike Barnwell, in noting that the CHSM's Experienced Senior Management Course was now the only one of its kind running in the NECs, questioned the future of this Course. The ESMC was under threat because:
- (i) the longer Course seemed unacceptable (participants clearly preferred shorter courses);
  - (ii) the Service was in turmoil, and people did not want to be away from their home organisation;
  - (iii) the SMDC was seen as more prestigious than ESMC. (CHSM would be interested in running an SMDC).
- 3.10 Dr. Wickings noted that the ESMC was the only course attempting to fill an important gap in management development provision and, because these managers were unlikely to attend further Courses for a considerable time, key issues must be comprehensively covered. Mr. Barnwell did not share Professor Forsyth's view that practical skills training of the ESMC type was compensating for the failure of Regional Training Departments, and stated that CHSM regularly met representatives from Trent RHA.
- 3.11 The ESMC was evaluated using a standard proforma at the end of each Course week. This proforma attempted to separate participants enjoyment of the Course from its usefulness. Participants also completed a daily diary which was intended to translate Course content into the back home situation. Course objectives were 'worked up' by CHSM lecturers on a contingency basis, but visiting speakers did get a comprehensive briefing. Evaluation about the long term effects of ESMC had proved difficult because of problems of receiving reliable feedback, and the timescale over which benefits materialise.

#### 4. The Mereworth Programme

- 4.1 Mike Barnwell introduced this programme by stating that the Mereworth Approach was a "co-ordinating management discipline". The Mereworth Approach comprised 'a data base and a set of procedures which address the key issues inherent in the General Management of DHAs. It is presented as a good practice model which is suitable for use both by individual DHAs and on a regionally co-ordinated basis. It provides an analytical framework for use in strategic and annual policy formulation and subsequent operational management'. (quoted from submitted papers).
- 4.2 Mereworth was a major part of the Centre's work which has grown considerably over the last eighteen months. It provided RHAs and DHAs with a mechanism to identify some of the key planning issues that they face.

- 4.3 The early Mereworth Courses took place at Falfield and were uni-disciplinary. CHSM now specialised in getting the whole of an Authority's Planning Team to undertake a workshop at the Centre. So far, CHSM had run thirteen such Courses comprising three or four teams (of about six officers each team) to each event. The Centre was also running Mereworth Courses in certain Regions (Wessex; South East Thames; and West Midlands in prospect), and did Mereworth consultancy in District Health Authorities. This in-house consultancy supported District strategic planning, and was usually of twelve to eighteen month duration.
- 4.4 For example, Mr. Mike Williams drew the Review Team's attention to the consultancy work undertaken by Centre Staff in Central Nottinghamshire Health Authority. This new District wanted to develop its strategic planning process. The consultancy started in 1984 with an initial contact from the District Medical Officer. Centre Staff met the DMT, the Planning Team, and UMTs. It took eight weeks of Centre Staff time to complete the first phase of the Mereworth model, and now attention had moved to particular services. A similar exercise was about to be undertaken in Oxford Health Authority.
- 4.5 Mr. Barnwell emphasised that Mereworth provided General Managers with a vehicle to bring about change in their Authorities. The whole approach was based on the assumption that planning was a key task of any manager. However, Mereworth was more than a planning procedure as it included local assessment of need, the performance of facilities, etc.
- 4.6 Mereworth had suffered from its origins in Estate Management. This did not give managers a proper idea of its potential. Key managers were much better disposed to Mereworth after they had been on one of the Centre's programmes; it was not possible to have NHS officers appreciate the approach through a short verbal presentation.
- 4.7 The Centre was looking to improve Mereworth by developing the financial base and the Community-base operations. In the longer term, CHSM would like to develop a computer model to handle the Mereworth process.
- 4.8 Mike Barnwell noted that the DHSS Works Division were championing Mereworth and that George Wilson had been commissioned to write a National Planning Manual (possible publication in November 1985). Mereworth (partly funded by NHSTA) would be wholly funded by the Training Authority from April 1st, 1986. In-house Courses were partly charged to District Health Authorities, and consultancy was charged at current School of Management rates.

## 5. Workshop for Chairmen and Members

- 5.1 The Centre had run one such workshop so far; all other similar events had been cancelled due to a poor response. Two future events were unlikely to run as it had proved difficult to attract Chairmen and Members of Health Authorities. The Centre had deliberately taken no particular marketing initiatives in this field. The one event that did run appeared very successful.

- 5.2 The purpose of this Workshop was to enable participants to view, consider and discuss the developments of General Management within their Authorities and this may be pursued with or without their General Manager and Chief Officers. Planning action and its successful implementation will be a specific element of these workshops'. (quoted from supporting papers).
- 5.3 The workshop that did run included much discussion and group work, with Chairmen and Members considering issues which currently concerned them (e.g. the job descriptions of District General Managers). The workshop lasted an evening and the following day, and was mainly tutored by Centre staff but included one external speaker: the Managing Director of Bassett Sweets.
- 5.4 Mike Barnwell noted that this Workshop had resulted in the local Leicester Health Authority commissioning a Workshop on Joint Planning from CHSM.
- 5.5 In response to a question from Dr. Wickings, Mike Barnwell confirmed that the Centre for Health Services Management currently ran no programmes for District General Managers. The Centre would like to work with Unit Managers and Unit Teams: getting groups of UGMs together on Diagnostic Workshops. This approach would identify the content of a series of short seminars on particular topics (e.g. Unit budgeting). CHSM had been invited to help North West Thames RHA mount programmes for potential Unit General Managers.
- 5.6 Dr. Wickings then confirmed the Centre's current Griffiths portfolio:
- (i) Workshops for Chairmen and Members had finished.
  - (ii) No programmes for District General Managers
  - (iii) The Mereworth approach being expanded for use at District Management Group level (a major activity for the Centre).
  - (iv) Topic centred workshops for Unit General Managers in prospect from October 1985.
  - (v) The Centre was considering mounting a Senior Manager Development Course, but expected to stop the ESMC.
  - (vi) Other programmes with a General Management orientation (in prospect) might include workshops on Quality Assurance and would include Management Information.

## 6. Information Technology Programme

- 6.1 John Gentry introduced this programme and distributed a list of courses run by the Centre in the field of Information Technology. Subjects included:
- Computer appreciation for Regional Nursing Officers;
  - Computer appreciation for Directors of Nursing Services/Education;
  - Computers for Senior Nurse Managers;



- Micro-computer spread sheet modelling course;
- Computers for Senior Managers; an appreciation and application course;
- Computer appreciation and Systems Development course;
- Communication technology course;
- Computer Training for FPC staff;
- Computer Training for Finance staff.

6.2 Information Technology teaching at the Centre originally grew from work on Burdwall and associated exercises. This interest led to CHSM buying its first micro-computer in 1978, and developing Computer Appreciation Courses of two to three days in duration. These courses were originally targetted at Treasurers but the market grew.

6.3 Three years ago CHSM was approached by the NSC (Nurses and Midwives) to conduct Computer Appreciation training for nurse managers. These events started at RNO and CNO level (the last CNO course was in February 1985). Eighteen months ago the Centre began running Computer Appreciation courses for DNSs and DNEs with a nomination list of two hundred and fifty. This backlog had almost been cleared, but it had meant that seventy-five to eighty per cent of the information technology resources at the Centre had been devoted to the Nursing profession over the last two years.

6.4 The Centre's Computer Appreciation courses were very practical, and intended to

- (i) fill a knowledge gap;
- (ii) build an understanding of systems development.

6.5 John Gentry felt that the real potential of information technology was in the use which managers made of the information. The Centre was now designing Workshops on the use of Management Information Systems (at Director of Nursing Services level) for problem solving and decision making. This would involve the production of a data model relevant to nursing management. These Workshops would begin with invited DNSs, but the Centre hoped that the work will have implications for disciplines other than Nursing. Dr. Wickings expressed the concern that nursing was not a separate part of management, and that this information technology work must be compatible with both General Management and the Management Budgeting Systems. Graham Smith noted that a more robust strategy would be to emphasise the management of nursing, rather than target courses at nurse managers; because of the fragility of the nursing management structure in the future.

6.6 Mike Barnwell stated that the Centre saw the initiation of computer systems at District level as the key responsibility of managers. They therefore hoped that all their information technology based events would move into the multi-disciplinary arena in time.

- 6.7 John Gentry noted that the Centre was now running more specialist, computer-based, events e.g. Spread Sheet modelling for Planners. In this case, each participant brought a problem with them; to work on and solve during the course of the workshop. The Centre was also about to approach the Training Authority for financial support to train trainers in the field of information technology. However, the biggest development in information technology over the last eighteen months had been in the area of Communications Technology. The Centre was beginning to mount events to fill the existing knowledge gap in the NHS. Mr. Gentry noted that the Leicester Health Authority was a national leader in communications technology and that the Centre staff were working in this District.
- 6.8 The Centre was running two or more Information Technology Workshops per month. On average, sixteen participants attended per event. The workshops intended to fill the knowledge gap concerning computing, and then provide managers with the opportunity to consider the management implications of information technology. John Gentry stated however that, because information technology training needs were so vast, CHSM would like to pay much more attention to training trainers in this field.
- 6.9 In order to make full use of the Centre's resources (both equipment and skills), CHSM intended to open its doors to staff from the Leicester Health Authority and wider (The Leicester IT Clinic); so that all managers could come and use their computing resources. This could provide a model for other Education Centres. The Health Services Management Centre intended to fund this initiative itself for the first six months (out of the NHSTA block grant) and then ask Leicester Health Authority to meet the cost. The Centre also had a special relationship with Trent RHA.
- 6.10 Dr. Wickings recognised that the Centre for Health Services Management provided an important centre for information technology within the National Health Service. He suggested that the Centre made links with institutions developing Management Budgeting systems (especially those Districts which have acted as first or second generation development Districts for the DHSS). CHSM might also consider developing computer based training packages for the NHS; filling another gap in the education provision for the Service.

## 7. Clinicians' Seminars

- 7.1 Mike Barnwell introduced the Seminars for Clinicians which the Centre has run for eight years for the Trent Regional Health Authority. These seminars are not Training Authority funded. Two of these events were mounted per year to give new Consultants an appreciation of management. The Trent Regional Team of Officers had used it as an opportunity to meet new Consultants, and the seminar was started by the (current) Regional General Manager.
- 7.2 The Trent RTO had always held strong views on the design of the Clinicians Seminars. Recent events had included the RGM presenting an early session on Griffiths, and the Burdwall Management Decision exercise running throughout the Seminar. General Management was also introduced into the management budgeting sessions, but not elsewhere in these three day events.

Dr. Wickings confirmed that CHSM is only training new Consultants for Trent RHA. The Centre did not have programmes for Consultant representatives on UMTs, or Clinician Unit General Managers. Mike Barnwell noted that the Centre had been approached by the British Medical Association on these topics, and had run seminars for junior medical staff in Northampton Health Authority.

## 8. Final Discussion

- 8.1 The Review Director opened the final discussion by noting that each of the national Education Centres would be different; each with differing markets and programmes. The Centre for Health Services Management, in particular, had properly concentrated much of its activity in the field of Planning and Information Technology. The Review Team would not make any final judgements until all Review Visits had been completed and, at this point, these differences would be taken into account.
- 8.2 In response to a question from Dr. Wickings, Mike Barnwell confirmed that the Centre's intention was to further develop the Mereworth approach, and to expand their Information Technology programmes into Communications Technology and Management Information. The Review Team agreed that it was appropriate for the Centre to concentrate on these specialist topics, as it felt that the Centre itself did not currently have the resources to run Senior Management Development Courses.
- 8.3 Dr. Wickings noted the Centre's strengths in Information Technology and the Mereworth Approach, but asked that these two major areas of work be reviewed to ensure that they supported, and related to, General Management. Both specialisms were making an important contribution to the Service which could be enhanced through a greater Griffiths orientation.
- 8.4 The Review Team also expressed concerns about the greater proportion of work being done on Information Technology only for nurse managers. It was recognised that this initiative came from the NSC (Nurses and Midwives). However, a much more robust approach would be to emphasise the "Management of Nursing". Mike Barnwell confirmed the Centre's intention to make their Information Technology programmes multi-disciplinary.
- 8.5 Having stopped the Experienced Senior Management Course, the Centre now had no national management programmes. The ESMC filled a unique gap in national management development provision and consideration should be given, by the NHSTA, to the retention of such courses at some National Education Centres. Mike Barnwell confirmed that CHSM would not do any more Workshops for Chairmen or District General Managers unless asked. However, the Centre was very interested in starting a Senior Management Development Course, and in initiating programmes for Unit General Managers.
- 8.6 Dr. Wickings suggested that the Centre was at a watershed: they must now decide which direction to take. Should the Centre enter the main stream of NHS Management Education (by mounting an SMDC etc) or should they stick to their areas of specialty. In either case, they will require a larger faculty. The Review Team felt

that the Centre's current expertise was more technique orientated, and of immediate practical use for managers but there were significant weaknesses in the capacity for overall managerial development work at several levels in the NHS. Therefore, any events for Unit General Managers should utilise the Centre's specialisms, and be concerned with helping them with immediate problems. The Centre was currently not equipped for long term management development programmes.

- 8.7 Professor Forsyth questioned the Centre's relationships with local Health Authorities. Centre staff agreed there were no formal relationships, but strong informal links existed between CHSM and a number of Health Authorities, including Leicester H.A. and Trent R.H.A. The Centre had a modest array of consultancy work within Authorities, although there was little evidence of applied research presented during the Review. Dr. Wickings expressed disappointment that the Centre's staff seemed unaware of many of the major developments (e.g. 'second generation' clinical budgeting etc) occurring in the wider NHS.
- 8.8 The Review Team expressed some concern about the brevity of many of the events being run by the Centre for Health Services Management. These events were conferencing rather than developmental. This problem was sometimes compounded by the shortness of sessions within the event. Dr. Wickings also strongly questioned the level of workload of the Centre, in particular the pace and intensity of their commitment to facilitating national changes such as had resulted from the Griffiths proposals.
- 8.9 Dr. Wickings concluded the Review by thanking all the Centre staff, and the officers from the wider Polytechnic, who had given presentations to the Review Team and offered such warm hospitality.

## APPENDIX A

CENTRE FOR HEALTH SERVICES MANAGEMENT  
LEICESTER POLYTECHNIC

### CENTRE STAFF 1984/85

Head of Centre Dr. G. C. Battye BA, PhD, FMS, MBIM

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#### TEACHING

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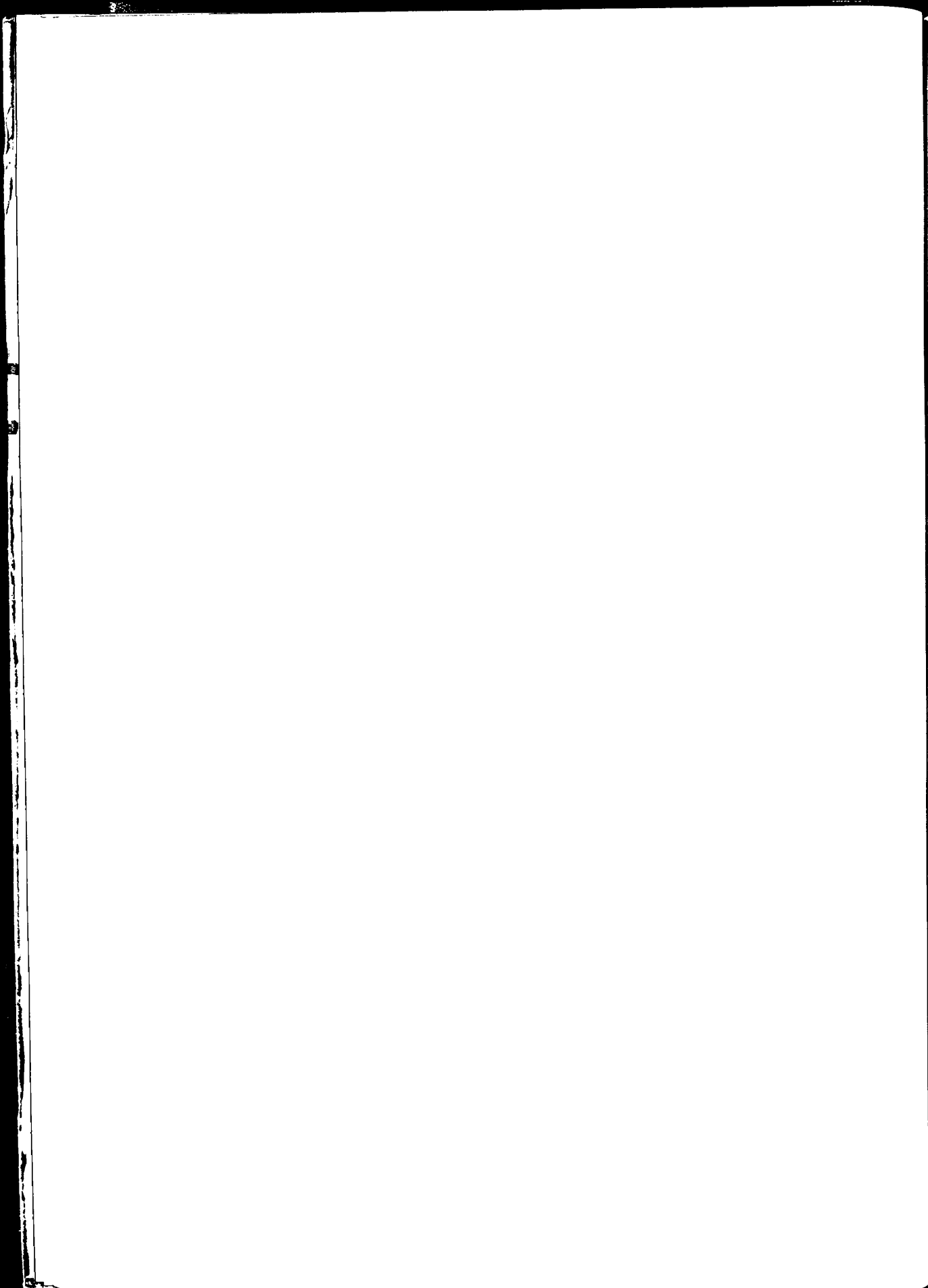
Head Designate	M. Barnwell MPhil, ACIS, AHSM, MBIM
Head of Centre for Efficiency Studies	D. M. Williams FMS, MBIM, MIAM
Head, Information Technology	J. Gentry BSc, MBIM
Senior Nurse in Computing & Information Technology	Madeleine Gillies SRN
Lecturer	J. Roberts BSc, (Econ), MSc
Lecturer	M. Smith BA, DHSA
Computing Assistant	P. Soady

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#### ADMINISTRATIVE

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Centre Secretary	Pauline Spong
Administrator/Demonstrator	Sandie Richards



APPENDIX B

CENTRE FOR HEALTH SERVICES MANAGEMENT

LEICESTER POLYTECHNIC

FINANCIAL INFORMATION

1983/84 and 1984/85

	1983/84	1984/85
	£	£
General Support Grant	64,600	78,700
Activities	10,000	3,500
DHSS Works Division	20,000	16,000
TOTALS	94,600	98,200

The Centre has 4.0 w.t.e. NHSTA funded lecturing staff.





## CENTRE FOR HEALTH SERVICES MANAGEMENT

PROGRAMMES : 1.4.83 to 31.3.85

Course Title	Course No	Date	No of Days	No of Members	Funded by	Student Contact Days	
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/64	19 April	83	0.5	20	AUTHORITY	10
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/64	9-27 May	83	15.0	20	AUTHORITY	300
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/64	23 June	83	1.0	20	AUTHORITY	20
UMT WORKSHOP	UMT1	12 May	83	1.0	18	NHSTA	18
COMPUTER APPRECIATION - FPC ADMINISTRATORS	FPC17	23-25 May	83	2.5	12	AUTHORITY	30
COMPUTER APPRECIATION - SENIOR MANAGERS							
NORTH WEST THAMES NURSES	CM23a	6- 8 June	83	2.5	18	AUTHORITY	45
COMPUTER APPRECIATION FOR CNOs	CNO7	15-17 June	83	2.5	7	DHSS	17.5
COMPUTING - LEICS SW DISTRICT	CLSW2	4- 6 July	83	2.5	16	AUTHORITY	40
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS1	26-28 Sept	83	2.5	17	NHSTA	42.5
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/65	27 Sept	83	0.5	19	AUTHORITY	9.5
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/65	17 Oct - 4 Nov	83	15.0	19	AUTHORITY	285
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/65	1 Dec	83	1.0	19	AUTHORITY	19
MIDDLE MANAGEMENT (TRENT)	HM5/5	3-14 Oct	83	10.0	19	AUTHORITY	190
MIDDLE MANAGEMENT (TRENT)	HM5/5	6-10 Feb	84	5.0	19	AUTHORITY	95
COMPUTER APPRECIATION FOR CNOs	CNO8	3- 5 Oct	83	2.5	10	DHSS	25
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS2	10-12 Oct	83	2.5	16	NHSTA	40
TRENT CLINICIANS	TC12	19-21 Oct	83	2.5	19	TRENT	47.5
MID.MGT.IMPROVING PERSONAL EFFECTIVENESS	HM4/50	24-28 Oct	83	5.0	17	AUTHORITY	85
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS3	24-26 Oct	83	2.5	16	NHSTA	40
TRENT CLINICIANS	TC13	23-25 Nov	83	2.5	19	TRENT	47.5
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS4	28-30 Nov	83	2.5	18	NHSTA	45
COMPUTER APPRECIATION - KINGS FUND	KF1	1- 2 Dec	83	2.5	10	KF	25
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/66	12 Dec	83	0.5	20	AUTHORITY	10
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/66	16 Jan - 3 Feb	84	15.0	20	AUTHORITY	150
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/66	1 Mar	84	1.0	20	AUTHORITY	20

COMPUTER APPRECIATION FOR DNSs & DNEs	DNS5	16-18 Jan	84	2.5	18	NHSTA	45
MID.MGT.IMPROVING PERSONAL EFFECTIVENESS	HM4/53	23-27 Jan	84	5.0	15	AUTHORITY	75
THE MEREWORTH APPROACH	M3	23-27 Jan	84	4.5	11	DHSS	49.5
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS6	30 Jan - 1 Feb	84	2.5	17	NHSTA	42.5
THE UMT AND PLANNING	UMTS	2 - 3 Feb	84	1.5	13	NHSTA	19.5
MID.MGT.STAFF DEVELOPMENT & TRAINING	HM4/54	13-15 Feb	84	3.0	17	AUTHORITY	51
COMPUTER APPRECIATION - SENIOR MANAGERS	CM24	20-22 Feb	84	2.5	11	AUTHORITY	27.5
MIDDLE MANAGEMENT (TRENT)	HM5/6	20 Feb - 2 Mar	84	10.0	18	AUTHORITY	180
MIDDLE MANAGEMENT (TRENT)	HM5/6	4 - 8 June	84	5.0	18	AUTHORITY	90
MANAGEMENT TRAINING FOR DOCTORS (NORTHANTS)	MTD1	20 Feb - 18 June	84	2.5	14	AUTHORITY	35
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS7	12-14 Mar	84	2.5	10	NHSTA	25
INDUSTRIAL RELATIONS - CHARTERED SOC.PHYS.	CSP8	2- 6 Apr	84	5.0	20	CSP	100
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS8	2- 4 Apr	84	2.5	14	NHSTA	35
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS9	30 Apr - 2 May	84	2.5	14	NHSTA	35
THE MEREWORTH APPROACH	M5 Brief	1 May	84	1	12	DHSS	12
MICROCOMPUTER SPREADSHEET MODELLING	CP3	9-10 May	84	1.5	13	AUTHORITY	19.5
THE MEREWORTH APPROACH	M5	14-18 May	84	4.5	12	DHSS	54
COMPUTER APPRECIATION - SENIOR MANAGERS	CM25	21-23 May	84	2.5	9	AUTHORITY	22.5
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/67	22 May	84	0.5	19	AUTHORITY	9.5
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/67	4-22 June	84	15.0	19	AUTHORITY	285
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/67	5 July	84	1.0	19	AUTHORITY	19
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS10	30 May - 1 June	84	2.5	18	NHSTA	45
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS11	25-27 June	84	2.5	17	NHSTA	42.5
MID.MGT.INDUSTRIAL RELATIONS	HM4/55	2- 6 July	84	5.0	17	AUTHORITY	85
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS12	2- 4 July	84	2.5	13	NHSTA	32.5
IMPLEMENTATION OF GRIFFITHS WORKSHOP	RG1	18-19 July	84	1	10	NHSTA	10
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS13	24-26 Sept	84	2.5	11	NHSTA	27.5
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/68	2 Oct	84	1.0	20	AUTHORITY	20
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/68	22 Oct - 9 Nov	84	15.0	20	AUTHORITY	300
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/68	6 Dec	84	1.0	20	AUTHORITY	20
MICROCOMPUTER SPREADSHEET MODELLING	CP3	4- 5 Oct	84	1.5	11	AUTHORITY	16.5
MID.MGT.IMPROVING PERSONAL EFFECTIVENESS	HM4/56	8-12 Oct	84	5.0	14	AUTHORITY	70
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS14	8-10 Oct	84	2.5	11	NHSTA	27.5
COMPUTER APPRECIATION - LEICESTER GENERAL HOSPITAL	LGen	15-17 Oct	84	2.5	16	LHA	40

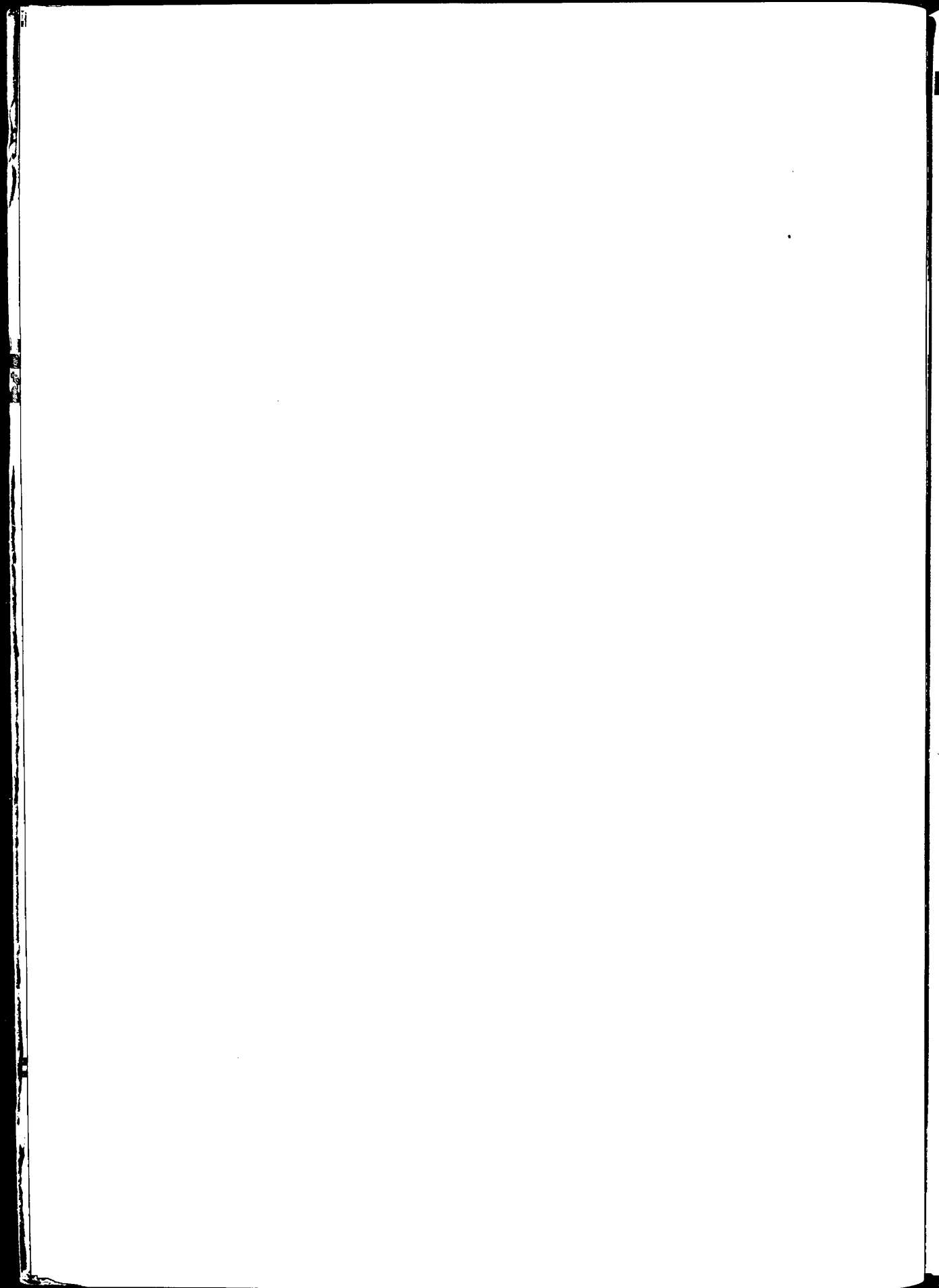
TRENT CLINICIANS	TC14	17-19 Oct	84	2.5	22	AUTHORITY	55
MICROCOMPUTER SPREADSHEET MODELLING	CP4	24-25 Oct	84	1.5	10	AUTHORITY	15
COMPUTER SYSTEM DEVELOPMENT	CSD1	29-31 Oct	84	2.5	10	TRENT	25
COMPUTER APPRECIATION - LEICESTER							
ROYAL INFIRMARY	LR1	5- 7 Nov	84	2.5	18	LHA	45
EXPERIENCED SENIOR MANAGERS COURSE	ESMC9(i)	5- 6 Nov	84	1.5	10	NHSTA	10
MID.MGT.MANAGING WITH NUMBERS	HM4/57	12-16 Nov	84	5.0	15	AUTHORITY	75
MIDDLE MANAGEMENT (TRENT)	HM5/7	19-30 Nov	84	10.0	19	TRENT	190
MIDDLE MANAGEMENT (TRENT)	HM5/7	4- 5 Mar	85	5.0	19	TRENT	95
TRENT CLINICIANS	TC15	21-23 Nov	84	2.5	21	TRENT	52.5
COMPUTER APPRECIATION & SYST.DEV. TRENT	CASDT1	3- 7 Dec	84	5	12	TRENT	60
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/69	11 Dec	84	1.0	20	AUTHORITY	20
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/69	14 Jan - 1 Feb	85	15.0	20	AUTHORITY	300
FIRST LINE MANAGEMENT (LEICESTERSHIRE)	HM1/69	28 Feb	85	1.0	20	AUTHORITY	20
THE MEREWORTH APPROACH	M10Brief	4 Jan	85	1	10	DHSS	10
COMPUTER SYSTEM DEVELOPMENT	CSD3	7- 9 Jan	85	2.5	15	NHSTA	37.5
THE MEREWORTH APPROACH	M11Brief	8 Jan	85	1	17	DHSS	17
MEREWORTH APPRECIATION DAY		10 Jan	85	1	?		?
THE MEREWORTH APPROACH	M10	14-18 Jan	85	4.5	10	DHSS	45
COMPUTER APPRECIATION FOR DNSs & DNEs	DNS15	21-23 Jan	85	2.5	10	NHSTA	25
THE MEREWORTH APPROACH	M11	28 Jan - 1 Feb	85	4.5	17	DHSS	76.5
MID.MGT.IMPROVING PERSONAL EFFECTIVENESS	HM4/58	4- 8 Feb	85	5.0	20	AUTHORITY	100
EXPERIENCED SENIOR MANAGERS COURSE	ESMC9(ii)	4-15 Feb	85	9.5	10	NHSTA	95
MIDDLE MANAGEMENT (TRENT)	HM5/8	11-22 Feb	85	10.0	19	TRENT	190
MIDDLE MANAGEMENT (TRENT)	HM5/8	20-24 May	85	5.0	19	TRENT	95
THE MEREWORTH APPROACH	M12Brief	25 Feb	85	1	18	DHSS	18
COMPUTER APPRECIATION & SYST.DEV. TRENT	CASDT2	4- 8 Mar	85	5	12	TRENT	60
MID.MGT.STAFF DEVELOPMENT & TRAINING	HM4/59	11-13 Mar	85	3.0	20	AUTHORITY	60
THE MEREWORTH APPROACH	M12	11-15 Mar	85	4.5	18	DHSS	81
MEREWORTH APPRECIATION DAY		18 Mar	85	1	?		?
COMPUTER APPRECIATION & SYST.DEV. TRENT	CASDT3	18-22 Mar	85	5	15	TRENT	75
COMPUTER SYSTEM DEVELOPMENT	CSD4	25-27 Mar	85	2.5	12	AUTHORITY	30

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TOTAL DAYS (Two Years) 346

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TOTAL STUDENT CONTACT 5,602  
DAYS (Two Years)



WORKLOAD

1.4.83 to 31.3.85

	EVENTS	COURSE DAYS	STUDENT CONTACT DAYS
<b>SUMMARY: TWO YEAR TOTALS</b>			
Health Authority Funded	58	260	4456.5
DHSS Funded	11	31.5	405.5
NHSTA Funded	21	54.5	740
	88*	346	5602

\* Does not include two Mereworth Appreciation One-Day Seminars, or in-house IT and Mereworth development activity.

	1983/84	1984/85	TOTAL (2 years)
NHSTA Funding	£74,600	£82,200	£156,800
NHSTA Funded course days	20.0	34.5	54.5
All course days	142.0	204.0	346.0
NHSTA Funded student days	317.5	422.5	740.0
All student days	2296.5	3305.5	5602.0

RATIOS1. **Course days per lecturer per year**

- (a)  $\frac{\text{NHSTA funded course days}}{\text{w.t.e. NHSTA lecturing staff}}$  = **6.8** NHSTA funded course days per lecturer per year
- (b)  $\frac{\text{All course days}}{\text{NHSTA lecturing staff}}$  = 43.3 course days per lecturer per year

2. **Student days per lecturer per year**

- (a)  $\frac{\text{NHSTA funded student days}}{\text{w.t.e. NHSTA lecturing staff}}$  = **92.5** NHSTA funded student days per lecturer per year.
- (b)  $\frac{\text{All student days}}{\text{NHSTA lecturing staff}}$  = 700.3 student days per year

3. **Cost per student day**

- $\frac{\text{NHSTA funding}}{\text{NHSTA funded student days}}$  = **£211.89** per NHSTA student day.

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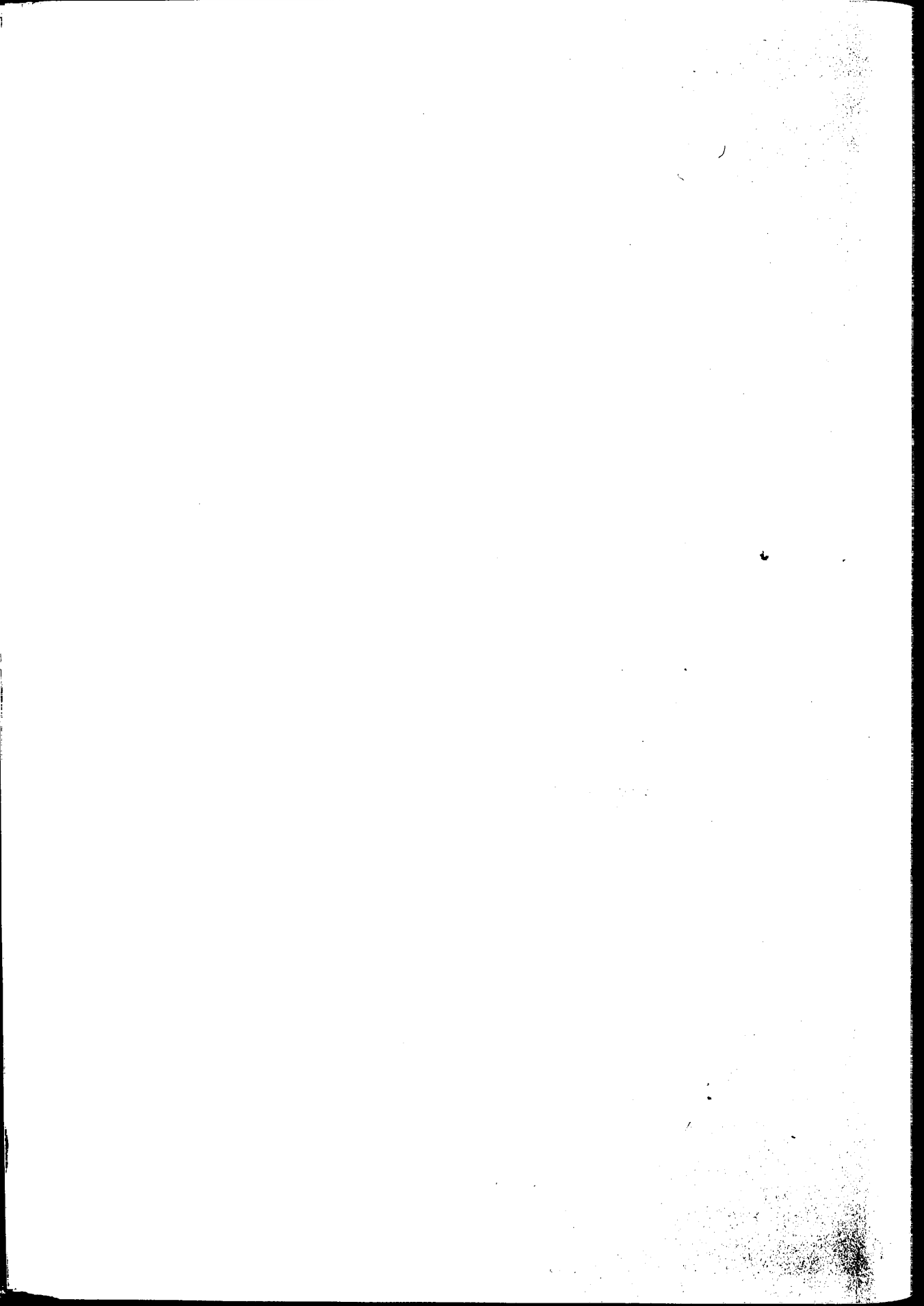
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SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

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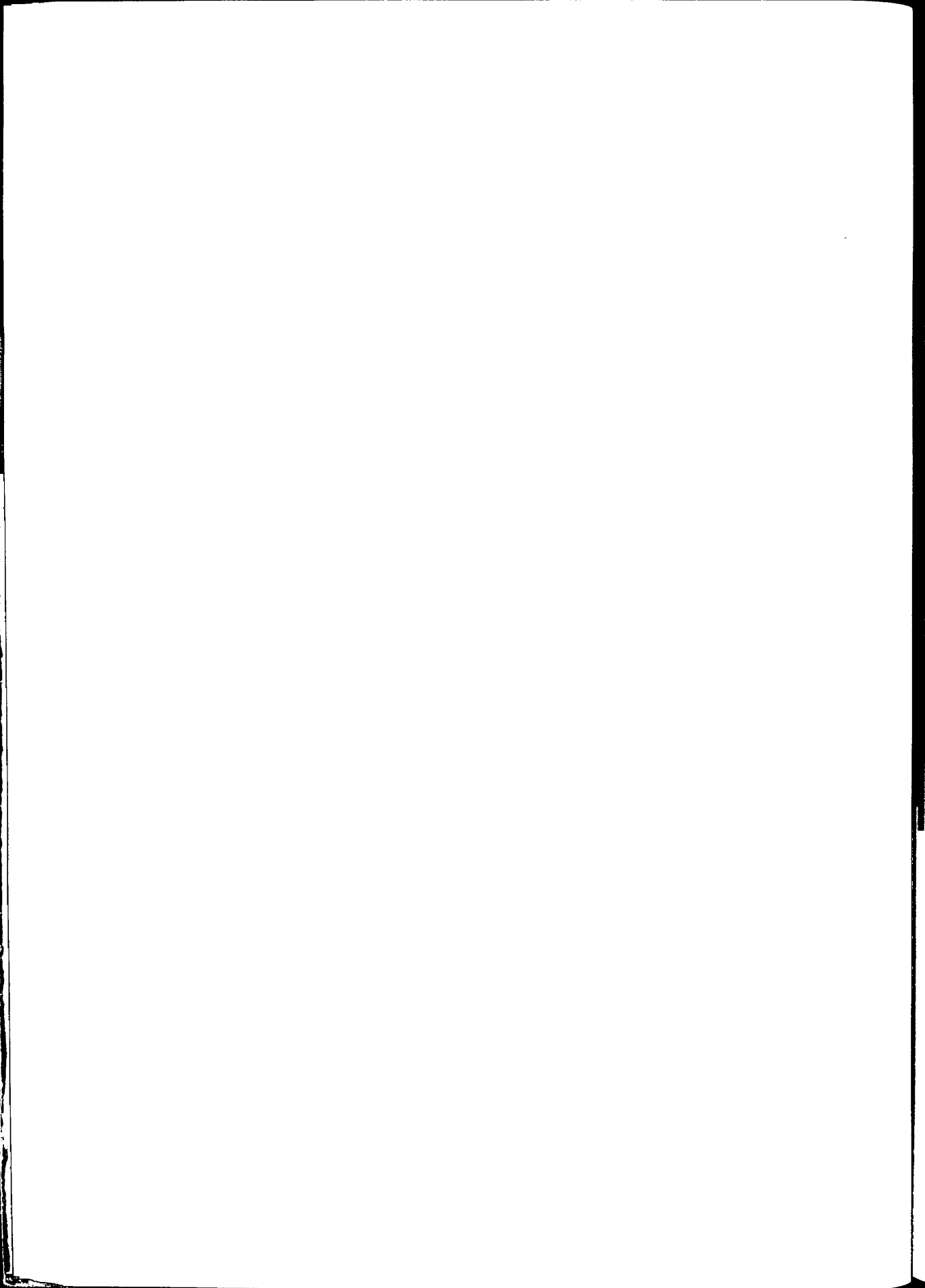
HEALTH SERVICES MANAGEMENT UNIT

Department of Social Administration  
University of Manchester

REVIEW TEAM VISIT

22nd MARCH 1985

Dr. Iden Wickings  
Graham Smith



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

HEALTH SERVICES MANAGEMENT UNIT

University of Manchester

REVIEW TEAM VISIT: Tuesday 19th March 1985

CONTENTS

	Page
Contributors to the Review	(i)
<b>VISIT REPORT</b>	
Review Director's Opening Remarks	1
Unit Director's Introduction	1
Administrators' Development Course	3
Middle Management Administrators' Development Course	4
Senior Management Development Programme	4
Targeted Management	6
Workshops on Managerial Philosophy & Resource Allocation	6
Griffiths Workshops for Chairmen and Key Members	7
Specialist Workshops for Chief Nursing Officers	8
Management Courses for Clinicians	8
Training Schemes	9
External Commissions and Research	10
Final Discussion	10

**APPENDICES**

- A : Health Services Management Unit Staff 1984/85
- B : Financial Information 1983/84 and 1984/85
- C1 : Programmes 1.4.83 to 31.3.85
- C2 : Workload



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

HEALTH SERVICES MANAGEMENT UNIT

REVIEW TEAM VISIT : Friday, 22nd March 1985

CONTRIBUTORS

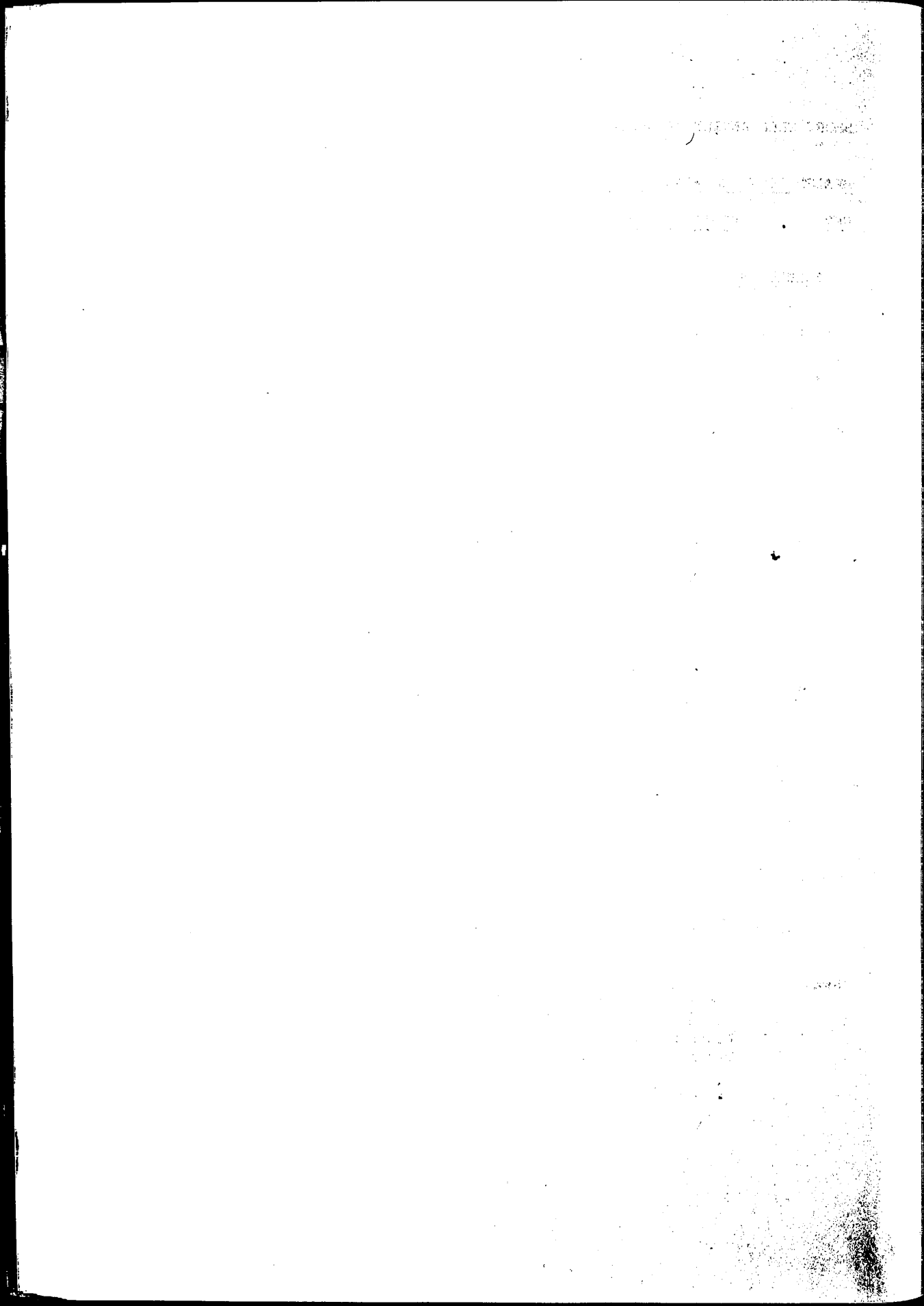
**Health Services Management Unit**

Professor Gordon Forsyth	Director
Dr. David Allen	Senior Lecturer in Health Service Studies
Mr. James Hughes	Lecturer in Health Services Law & Industrial Relations
Mr. John Pantall	Lecturer in Organisation Development
Mr. Robert Steele	Lecturer in the Economics of Health
Mr. Peter Wood	Lecturer (P/T) in Organisational Development.

**The Review Team**

Dr. Iden Wickings	Review Director
Mr. Doug Weller	Health Services Management Centre University of Birmingham.
Mr. Jack Hallas	Nuffield Centre for Health Service Studies, University of Leeds.
Mr. Mike Barnwell	Centre for Health Services Management, Leicester Polytechnic
Mr. Graham W. Smith	per pro NHS Training Authority.

**Venue:** Meeting Room  
Health Services Management Unit  
Manchester Business School  
Booth St. West  
Manchester M15 6PB



SHORT TERM REVIEW VISIT

HEALTH SERVICES MANAGEMENT UNIT

Friday, 22nd March, 1985

VISIT REPORT

**1. Review Director's Opening Remarks**

- 1.1 Dr. Wickings began the meeting by thanking Professor Forsyth and the Unit staff for receiving the Visiting Team, and then stated the purpose of the Review.
- 1.2 The NHSTA believed that its sponsored management development programmes should be supportive of Griffiths principles and philosophies; reflecting a drive towards General Management, and emphasising related topics such as Performance Measurement and Clinical Budgeting. Broadly, the Training Authority wished to ensure that National Education Centre programmes were working for - not against - the implementation of General Management.
- 1.3 The Review Team was therefore looking for evidence of 'Griffiths thinking' in the Centre's programmes, and were particularly interested in how management programmes had changed over the past two years to accommodate the content of the Management Inquiry Report.
- 1.4 The Review would also seek information on the coherence and comprehensiveness of the range of programmes and other activities being offered by the Centre. It was interested in the Centre's priorities and how programmes were designed to meet them. Dr. Wickings also noted that one intention of the Review was to assess whether NHSTA sponsored courses show value for money. In essence, the Review was seeking to award an NHSTA "Good Housekeeping Seal of Approval".
- 1.5 The Review Team's Report would be submitted to the Training Authority; who were likely to refer it to the Steering Group managing the current Review of Management Education and Development.

**2. Unit Director's Introduction**

- 2.1 Professor Forsyth welcomed the Review Team, and placed the Unit in its organisational context. The Health Services Management Unit was in the department of Social Administration within the School of Economic and Social Studies of the University of Manchester. The Unit was located in The Precinct, owned by the University but leased to the Manchester Business School. HSMU leased its premises from the Business School, and was therefore situated within it. The Unit only paid for the teaching accommodation that it used, but occasionally had to use outside venues.

- 2.2 The Unit had five full time academic staff (Messrs. Allen, Hughes, Pantall, Sheaff and Steele) and one part-time (Mr. Wood). Professor Forsyth's post was funded by the University Grants Committee. The NHSTA met the costs of all other staff except Mr. Sheaff who was jointly funded by Mersey Region. The Unit also had four clerical staff.
- 2.3 Professor Forsyth noted that the Unit's staff act mainly as programme organisers, but also did some teaching. They drew a lot on the Business School, and the Faculty of Economic and Social Studies, for tutorial staff. In addition, the Unit also had five honorary lecturers. These were: Mr. Duncan Nicholl (Regional General Manager, Mersey); Mr. Gordon Greenshields (Regional General Manager, North Western RHA); Mr. Mike Schofield (District General Manager, Rochdale Health Authority); Mr. Paul Whitfield (District General Manager, Lancaster Health Authority); Mr. Mike Ruane (District General Manager, Central Manchester Health Authority).
- 2.4 The emphasis on involving General Managers in Unit teaching had been reinforced by the appointment of an ex ICI General Manager (Peter Wood) to the staff to lead the Griffiths oriented programmes. The Unit had made a number of short term responses to accommodating general management in its programmes, but had some long term developments designed to strengthen its response to the new culture. These included;
- (i) the appointment of a micro-economist to resource budgeting sessions on Clinicians' courses;
  - (ii) movement to integrate four training schemes; the National Management, Regional Supplies and Finance and Family Practitioner Committee Training Schemes;
  - (iii) a firm policy to involve managers from the private sector in Unit programmes; especially NHSTA sponsored courses for younger managers;
- 2.5 The Unit had tried to develop strong relationships with its 'zoned' Regions. This relationship was particularly good with North Western Regional Health Authority, utilising a liaison committee comprising three District General Managers. The Regional General Manager of Mersey RHA was currently considering the establishment of a similar group, although HSMU was represented on the Mersey Regional Staff Development Committee (which was not an influential body). The Unit had regular liaison meetings with key Health Managers from Northern Ireland, but relationships with Welsh Health Authorities were much weaker. Professor Forsyth emphasised that the Unit discussed potential courses with their zoned regions to ensure that the HSMU utilised its own strengths effectively, and that local Regional Training Departments also did what they do best. The strength of the Unit's relationships with its local RHAs was borne out by the number of commissions for Authority-based research and courses.



### 3. Administrators' Development Course

- 3.1 Professor Forsyth introduced the paper on the Unit's Junior Administrators' Development Course. The HSMU had rebuilt its ADC to accommodate general management. Its objectives were to:
- (a) prepare junior managers for middle management;
  - (b) develop the common core of skills and knowledge necessary for middle managers;
  - (c) benefit the Service as well as the participants;
  - (d) prepare for the NHS of the late 1980s and beyond;
  - (e) introduce quality control and individual appraisal into management development at this level;
- 3.2 To achieve the above objectives, the Junior Administrators' Development Course comprised three elements: a work-based project; a management module; and policy analysis. Participants received individual tuition and appraisal in all three areas. Unit staff spent a lot of time with students in the field.
- 3.3 The Unit currently ran three ADCs every two years. Each event took between twelve and fourteen participants. One further Junior ADC, of the current design, will be run in 1985. The Unit will then recast this course as a Management Development Programme (to start in September 1985). The new **Management Development Course** will accommodate sixteen participants per programme from a multi-disciplinary background. The Unit was currently developing criteria for selecting participants (rather than taking a quota from each discipline).
- 3.4 Dr. Wickings asked how the new MDC will be made multi-disciplinary in practice, recognising that many professionals will not have the management background of administrators. Professor Forsyth replied that the Unit expected to add junior nurse managers, therapists, laboratory staff with a management role, etc. to their membership list. A package of information will go out to all participants in advance of their attending the course so that all will have an opportunity to obtain a grounding in the literature. Professor Forsyth emphasised that the Unit also assumed that active Regional Training Departments were giving junior officers a grounding in management. The Unit would however retain some uni-disciplinary education for nurses and doctors.
- 3.5 Jim Hughes noted that the Unit was considering a **Further Development Programme** which would expose managers to a series of developmental opportunities, not just courses. This new programme, currently only in the concept stage, would include: jobs with a developmental potential; various types of work experience; and the new Management Development Course would form one integrated component of this proposed Further Development Programme.

#### 4. Middle Management Administrators' Development Course

- 4.1 John Pantall introduced this course which the Unit had run since 1981 for Administrators of Scales 9-18. Participants came from Finance, Supplies, and specialist administration as well as General Administration.
- 4.2 The objectives of the Middle Management ADC were defined by the National Staff Committee (A & C) as "to assist the members further to develop and improve their administrative and managerial capacity by providing opportunities for the examination in depth of relevant concepts and skills from both the behavioural and quantitative sciences and by drawing on the knowledge and experience of tutors and fellow course members." (quoted from supporting papers).
- 4.3 A major element of this course was project work undertaken in local District Health Authorities. Up to 40% of this uni-disciplinary programme was taken up on the project work. This Middle Management ADC attracted a better quality of participants than the SMDP. Members have cited four themes as most relevant:
- (a) learning from other course members;
  - (b) comparisons between NHS and non-NHS management practice;
  - (c) project work in groups;
  - (d) detailed examination of major NHS topics;
- 4.4 The Unit saw a continuing need for this type of programme, as to discontinue it would leave a gap in their range.

#### 5. Senior Management Development Programme

- 5.1 John Pantall introduced the SMDP which has been running at the Unit since 1968. Until 1983 it had changed little; half the members had been nurse managers, 25% administrators and 25% other professional managers. Nominations from administrators had gradually dried up as they felt they were being held back by other professions' lack of experience and knowledge in the management field. The old SMDP was a continuous six week course and included major project work.
- 5.2 In 1983 the Unit established a redesigned SMDP with higher level managerial content and intended to be more attractive to dynamic young administrators. The new SMDP was spread over ten months. It comprised a three day diagnostic workshop, a two week core programme (mandatory), and a series of five to seven modules - of which participants must take at least four. The programme concluded with a consolidation workshop.

- 5.3 Participants were given a proforma for discussion with their boss before coming on the programme. This was used at the diagnostic workshop, which was also intended to develop the content for the two week Core Programme. This had resulted in attempts to deal with too many topics on the Core Programme, and a lack of coherence between the topics. However, the Unit did deliberately scatter General Management topics throughout the Core Programme to ensure that participants kept returning to the theme of General Management.
- 5.4 The discussion identified that late circulation of NHSTA circulars caused the Unit some problems. John Pantall tried to visit SMDP participants before they come on the course, and usually managed to see between 30% and 50%. The lateness of the circular, and hence nominations, prevented early identification of participants and the systematic assessment of the participants' needs by their bosses.
- 5.5 During the Diagnostic Module, Unit staff agreed objectives and content of the Core Programme, later modules, and possible contributors, with participants. The Mintzberg General Manager typology was used as a diagnostic instrument (the Unit would also like to do an activity analysis). A 'strengths and weaknesses' inventory was also used as a tool for self-analysis, and participants usually discussed its findings openly. Unit staff intended there to be much more sharing and exploring of issues, rather than lecturing, during this workshop.
- 5.6 In reply to a question from Dr. Wickings, John Pantall stated that the continuous six week format was dropped in favour of intermittent modules because managers preferred this arrangement. In future, he wanted to move away from the course focus and introduce other activities (visits, projects etc) which would more closely meet the development needs of individual participants. Further intended improvements included:
- (i) more non-NHS inputs (to provide greater challenge);
  - (ii) longer sessions;
  - (iii) more individual development for the participants;
- Professor Forsyth emphasised that the function of the NECs was to give NHS managers new perspectives on their job.
- 5.7 Unit staff agreed with Dr. Wickings summary that the SMDP was intended for a multi-disciplinary mix of participants, mostly with Unit General Manager potential. They emphasised that the Unit relied on RHAs to properly select managers for this programme.

## 6. Targeted Management

- 6.1 Jim Hughes introduced Targeted Management. This was a management development system which classified management behaviours into two areas of managerial competence: interactive and decision making activities. Two members of the Unit staff were now licensed to offer Targeted Management to NHS and other public services. Professor Forsyth saw Targeted Management as an important support to the Griffiths implementation as it could identify what the top thirty or forty managers in an Authority must achieve for their organisation.
- 6.2 Targeted Management, originally developed in the USA, provided a framework against which managers analysed their activities. They could then use this framework to build solutions to their own local problems. The Targeted Management package contained a range of modules, of which those on planning, on groups, and on interactive skills seemed particularly useful to the NHS. The Unit had used ICI staff to pilot Targeted Management on a group of NHS senior managers; but this group proved more resistant to the approach than had commercial managers. However, the participants felt there were uses for this system at all levels in the NHS. The Unit had particular hopes that the system would prove suitable for work with Clinicians.
- 6.3 Targeted Management assumes that there are very few aspects of a manager's behaviour that can be changed. However, some behaviours can be changed, including interactive skills (e.g. running a meeting) It is these behaviours, which are amenable to change, which are targeted. Targeted Management also includes a questionnaire to be completed by the participant's manager, his boss, two colleagues, and two subordinates. This comprehensive diagnosis then leads to the selection of particular modules from the range provided by the package.
- 6.4 The potential of the Targeted Management system within the NHS has led the Unit to invest in licensing two tutors (£2,500 each, plus £8,000 worth of re-usable material). Each TM module took approximately twelve participants and costs another £800. It was noted that District General Managers of both Salford and Manchester Central Health Authorities were actively interested in using Targeted Management within their organisation.

## 7. Workshops on Managerial Philosophy and Resource Allocation

- 7.1 The Unit had recently asked the NHSTA for a grant to allow its staff to build a series of major case studies for workshops on Managerial Philosophy and Resource Allocation. The need for this programme, which will start from January 1986, arose from problems experienced in getting participants involved in financial and economic subjects at other workshops. These subjects were ineffective when treated as an abstract science, and must be integrated into managers decision making. This will require a set of high level case studies, with associated teaching material to put the cases into context.

It was hoped that these case studies would add coherence to various courses as they would remove the sectionalisation of differing specialists doing a number of separate sessions on individual programmes.

- 7.2 The workshops would be aimed at a wide range of NHS staff. Initially they would be used on uni-disciplinary events, to bring professional managers to an appropriate level of understanding. The case studies would then be used on multi-disciplinary courses, and fed into the wider portfolio of management programmes. Each workshop "would comprise the basic elements of managerial philosophy and techniques married to the basic elements of economic theory and economic techniques" (quoted from supporting papers). Techniques such as risk/benefit analysis, project appraisal and probability theory would be considered in the context of general manager philosophies and practices. The workshops would encourage better decision making by grounding the various tools in managers' behaviour and practices.

#### 8. Griffiths Workshops for Chairmen and Key Members

- 8.1 Peter Wood introduced these workshops, for which there were no supporting papers, saying that they were an evening and a day in duration. The Unit had run four such events each of which began with an industrialist giving the evening session. Various general management issues were then debated, around a central input based on 'In Search of Excellence' and Kotter's 'The General Managers'.
- 8.2 The workshops had been intended to make chairmen and members consider their local general management issues more intensively and extensively. Some chairmen were clearly looking for a prescription for Griffiths implementation. These events had now finished, but had resulted in Peter Wood being commissioned to conduct consultancy with Northumberland Health Authority and having a further project in prospect with another Authority.

#### 9. Workshops for District General Managers

- 9.1 The Unit had organised three short seminars for District General Managers. The first was intended as a diagnostic seminar which would identify topics to be discussed at subsequent workshops to be run by Peter Wood and David Allen. They had proved difficult to structure because the few attending DGMS were so disparate. Unit staff also had to stop participants concentrating on management structures at the expense of the principles of general management.
- 9.2 Each workshop was one evening plus one day in duration. Essentially, each was a forum for participating District General Managers to discuss issues amongst themselves with appropriate inputs from Unit staff. The intention was to develop a 'rolling agenda' for change, and have participants logically work through their concerns about structures, delegation, etc.

9.3 Dr. Wickings questioned the Unit's intentions concerning management programmes for District General Managers in the future. Peter Wood declared that this strategy was not yet clear. The Unit expected to identify both large organisation development, and personal development, needs on the part of DGMs. This made packaged workshops difficult, and the Unit expected to do a lot of work in the field. HSMU staff were currently liaising with the North Western RHA Training Service to work with Authorities in that Region.

10. Specialist Workshops for Chief Nursing Officers

10.1 John Pantall introduced the workshops for Chief Nursing Officers, which followed a previous series of specialist workshops on Unit Management. There had been two CNO workshops, both run in early 1985. Each attracted fourteen or fifteen Chief Nursing Officers, and provided a forum for CNOs to explore the opportunities which could be seized within General Management.

10.2 Workshop participants drew up their learning agenda for the three days and, with the help of facilitators, worked through it. The February workshop covered the following topics:-

- (i) what is unique about general management;
- (ii) general management functions within the CNO role;
- (iii) professional accountability;
- (iv) major issues (eg standards of care, sources of professional advice etc);
- (v) roles and relationships with other professionals, general managers, authority members, external agencies etc.;
- (vi) networks;
- (vii) management structures;
- (viii) how are CNOs going to influence implementation?

11. Management Courses for Clinicians

11.1 David Allen introduced the five types of courses for clinicians run by the Unit:-

- (a) introductory five day seminars;
- (b) evening discussion groups;
- (c) seminars on current issues in management;
- (d) one day seminars on specific topics;
- (e) seminars for clinical General Managers;

- 11.2 The **Five Day Seminar** grew from a Senior Registrar's course originally run within North Western RHA. The national course now took two dozen consultants' from anywhere in the NHS, and involved considerable discussion between participants and other NHS officers. The events were directed by David Allen and Dr. David Grimes. The seminars included a management exercise and sessions covering:-
- the structure and financing of the Health Service;
  - the work of NHS managers;
  - managerial problems;
  - sessions on issues of particular importance to their work (e.g. relationships between General Practice and the Hospitals);
  - clinical budgeting;
  - industrial relations;
  - information and performance indicators;
  - the role of the Authority member.
- 11.3 The Review Team commented on the shortness of many sessions during the clinician's seminars. David Allen agreed, but said that there was an attempt to integrate the various presentations by having a tutor continually present. Responses from participants had been very positive, and the numbers of consultants attending remained high.
- 11.4 The Unit also ran monthly **evening discussion groups** for local Consultants and Senior Registrars. Topics were generally chosen by David Allen. The last presentation was given by the Regional General Manager from the North Western RHA and was attended by eighty-five Clinicians.
- 11.5 '**The Current Issues in Management**' seminars covered current topics such as quality assessment, private practice, inequalities in health care etc. These one day seminars allowed consultants an opportunity to consider a single topic in a short seminar. Other recent short seminars included 'computers and information' and 'the role of the unit clinician'.
- 11.6 The seminar for **Clinical General Managers** originated with a request from the British Medical Association. The Unit set up a one day event on what management preparation clinical general managers might need. This resulted in a proposed one week development programme for clinicians, which mixed inputs on management knowledge and skills with a problem solving workshop. This programme will begin in September 1985.

- 11.7 David Allen said that he also envisaged a 'travelling road show' which would take both the one day seminars in current demand (e.g. clinical information) and/or the five day Clinicians Seminar, around local Health Authorities. Professor Forsyth felt that the clinicians events formed a very strong series of programmes which, with the exception of the costly evening seminars, would continue even if the Unit had to charge full costs.

## 12. Training Schemes

- 12.1 The Health Service Management Unit intended to integrate their Finance, Supplies, and embryonic FPC training schemes with the National Management Training Scheme. All trainees from these four schemes would be joining a main core course in September 1985. This innovation attempted to reduce tribalism in the NHS and it is hoped that, although trainees would go off on separate professional training activities, they would be brought back together again as much as possible. It was noted that there are currently fourteen NMMS trainees, six or seven Supplies trainees, ten to twelve Finance trainees, and one FPC trainee based at the Unit.

## 13. External Commissions and Research

- 13.1 The Unit ran a considerable number of courses, and conducted much research for and with local Health Authorities. Several interesting examples were briefly described by Unit staff.
- 13.2 Professor Forsyth, Bob Steele and Peter Wood have been running informal, monthly meetings of clinicians who were looking at their information needs. Participants came from a mix of specialties and Districts, and the group contained a computer specialist from ICI. Members of the group had agreed to monitor information systems as they built them, and the Unit had now got the Nuffield Trust interested in studying how consultants react to information systems. Bob Steele had also worked in Salford Health Authority developing a clinical budgeting system in their specialist surgery department. It was now hoped to extend this medical management audit approach to General Surgery. Bob Steele had a number of other field work projects, including work in Huddersfield Health Authority on designing management information for both clinicians and managers as they implemented their management budgeting system.
- 13.3 The Unit also had a variety of organisation development projects. Rod Sheaff was investigating the management of the Mersey Ambulance Service. Other staff were working on large mentally handicapped and mental illness institutions moving to community based services. John Pantall did OD courses in Northern Ireland and was particularly interested in how personnel issues were dealt with in the NHS compared to ICI and other commercial organisations. The Unit also had a bid into the NHSTA for research assistance to assess the use of computer games and packages in management training within the NHS. The Unit was currently not aware of the range of available computer packages.



13.4 A number of NHS officers were doing research degrees at the Unit: an Assistant General Manager reading for a PhD; a Unit Administrator applying Mintzberg and Kotter to a study of Unit Administrators; two District Treasurers doing part time research; and a variety of other overseas and internal students.

14. Final Discussions

14.1 Dr. Wickings opened the final session by thanking Unit staff for their interesting presentations, and apologised for the Review not having time to address all the programmes and activities undertaken by the Centre. In particular he acknowledged the lack of discussion on the following programmes for which details had been provided:-

- (i) seminars for Directors of Nursing Services;
- (ii) seminars for NHS Planners;
- (iii) courses on Management Budgeting;
- (iv) workshops for Unit Management Teams;
- (v) the proposal for a Further Development Programme;

The Review Team would be taking these activities into account both in the final discussion, and the Review Report.

14.2 Dr. Wickings noted two specific points for possible NHSTA action that had arisen from the discussion:-

- (i) greater consideration being given to the timing of publicity for NHSTA sponsored Management Development Programmes: to allow sufficient time for the Centres to contact and brief participants;
- (ii) the NHSTA could institute a monthly newsletter to all Health Authorities detailing current and future initiatives at National Education Centres and other key institutions.

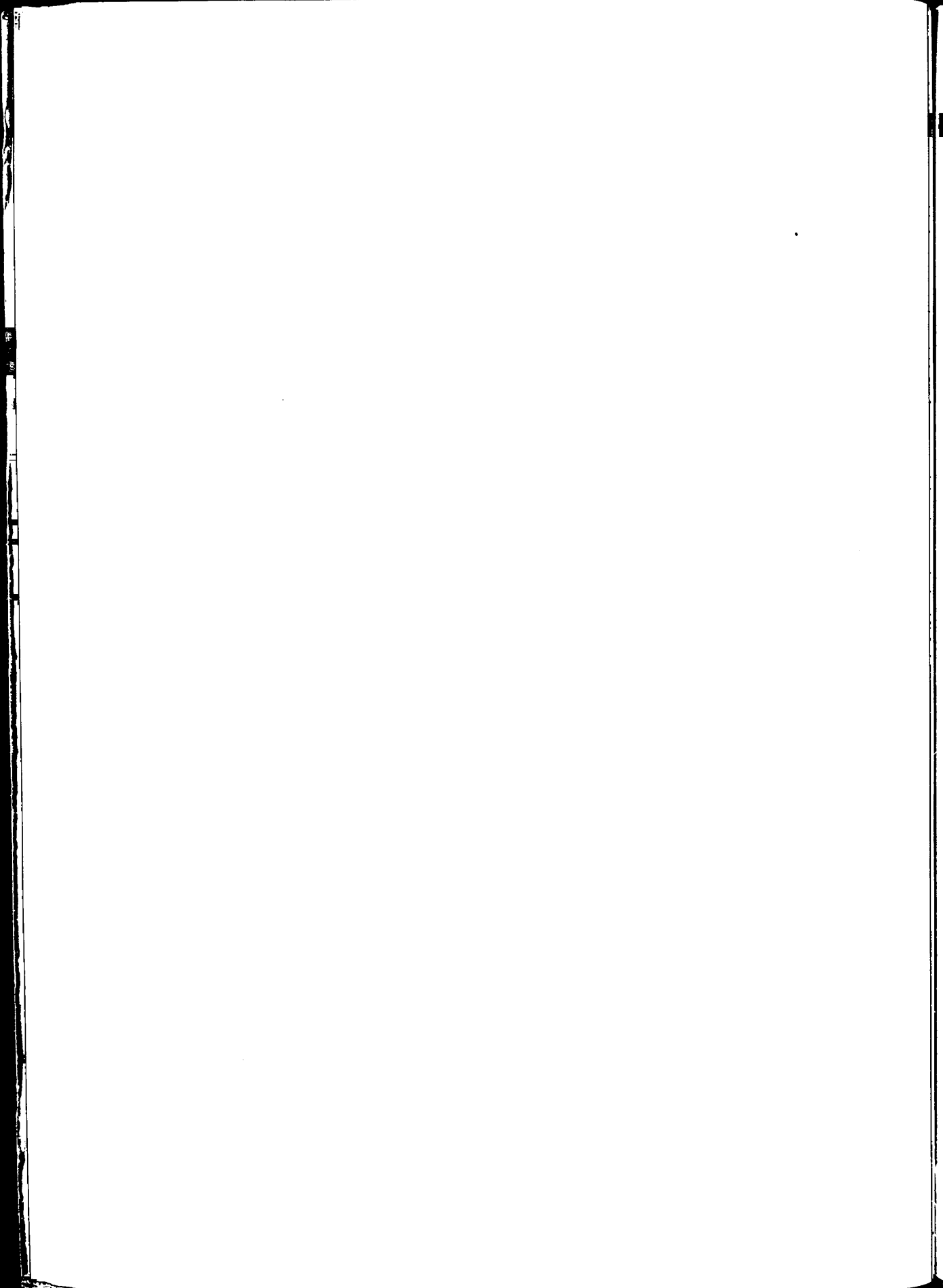
14.3 Dr. Wickings also noted that each of the National Education Centres was different; each had different markets and programmes. It was therefore not appropriate for the Review Team to make any final judgements until all the Short Term Review visits had been completed.

14.4 The Review Team complimented the Unit on its relationship to NHS practitioners, especially through its liaison with the North Western Regional Health Authority, its joint liaison groups, and its Authority-based consultancy and work with clinicians. These broad contacts were reinforced by the honorary lectureships established with five General Managers.

- 14.5 Professor Forsyth agreed that the Unit enjoys a special relationship with North Western RHA. However he felt that representation with both Mersey and Northern Ireland could be strengthened. He felt that the Unit was good at relationships at local level, but had not paid sufficient attention to links at national level.
- 14.6 The Review Team also noted that the Unit enjoyed excellent actual and potential facilities because of its location within the Manchester Business School, and links to the wider University. The full time Ph.D., Masters, and Diploma Programmes were also strengths.
- 14.7 Dr. Wickings said the Health Services Management Unit produced a high volume of work for a relatively small staff. The quality of its staff was good, but the size of the faculty concerned the Review Team. Even with a slight growth in staff, the Unit should probably concentrate on developing two or three topics of special expertise, and not attempt to cover all management topics from its own resources. Jack Hallas suggested that one of these topics be Management Information; building on a current strength. Dr. Wickings also noted that having only one economist on the staff at present was a high risk strategy in that he might become isolated. He was pleased that a second micro-economist was to be employed. Professor Forsyth noted the Unit's links to the Departments of Econometrics and Economics but agreed that the recruitment of another economist was of high priority.
- 14.8 The Review Team noted that most of the Unit's research was applied research - arising from consultancy work being done in various Health Authorities. Unit staff were also supervising Health Service employees undertaking pure research. However, Professor Forsyth emphasised that the Unit, and indeed the University, was not in the consultancy business. The Unit's purpose was to run educational programmes. Individual members of the Unit staff were conducting effective work within local organisations, but authorities requiring management consultancy should go to the appropriate agencies.
- 14.9 Dr. Wickings noted the wide range of programmes offered by the Unit, but commented that this array lacked activities for both top managers and the 'sound' manager with limited potential. Many of the Unit's programmes were designed for 'fast track' managers with high potential, although the Unit currently had no programmes for District General Managers or Unit General Managers (the short workshops having been discontinued). Neither were programmes available for the sound managers who would not be accepted on any of the fast track programmes. This was proving to be a national problem.
- 14.10 The Unit also had a nice mix of programmes, ranging from a six week modular course to evening sessions, but the Unit did not have a long management development programme of its own. Some members of the Review Team were also concerned about the brevity of some of the key workshops e.g for District General Managers, and the shortness of sessions on many of the other courses. For example, attention was drawn to the list of twenty-six speakers taking part in the two week core module on the Senior Management Development Programme.

These sessions were considered to be too short to bring about any real change in either the individual or the organisation and posed almost insuperable difficulties in integrating all the speakers' contributions. Professor Forsyth emphasised that continuity was provided by the continuous presence of a designated tutor.

- 14.11 Professor Forsyth also noted that District General Managers in the North Western Regional Health Authority were expecting the Unit to liaise with the Regional Training Service to do Unit General Manager training. Having developed this training within the North Western RHA, the Unit expected to offer it to the wider NHS in due course.
- 14.12 Dr. Wickings congratulated Unit staff on having more General Management oriented programmes than the Review Team had seen at the other Centres so far visited. There was clear evidence that many of the current programmes had been rethought to recognise the significance of Griffiths, and the level of innovation e.g. the Further Development Programme, was refreshing. However, concerns were expressed over the current lack of programmes in an advanced stage of development for General Managers.
- 14.13 Dr. Wickings then confirmed with Professor Forsyth that the Unit's three major developments for 1985 would be:-
- (i) making the family of programmes still more oriented to incorporate general management and other aspects of the Griffiths initiatives;
  - (ii) developing targeted management;
  - (iii) developing programmes for Unit General Managers.
- 14.14 Dr. Wickings concluded the Review by thanking Professor Forsyth, and all the Health Services Management Unit staff, for their presentations and the hospitality shown to the visiting Review Team.



## APPENDIX A

### SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

#### HEALTH SERVICES MANAGEMENT UNIT

#### UNIVERSITY OF MANCHESTER

#### UNIT STAFF 1984/85

Head of Department                      Professor G. Forsyth BA(Econ)

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#### FACULTY

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Senior Lecturer in Health Service Studies and Director of Studies	Dr. D. E. Allen BCom, MSocSc, PhD.
Lecturer in Health Services Administration	J. A. Hughes LIB. Dip. Soc. Admin.
Lecturer in Health Services Administration	J. N. Pantall BSc, Cert. Ind. Admin.
Lecturer in Health Services Administration	Dr. W. R. Sheaff BA, D.Phil
Lecturer in Health Services Administration	R. Steele MA., M.Litt.
Part-Time Lecturer in Health Services Administration	P. E. Wood, BA, MSc, DipEE, C.Eng, MI Mech E, MIEE.

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#### ADMINISTRATIVE

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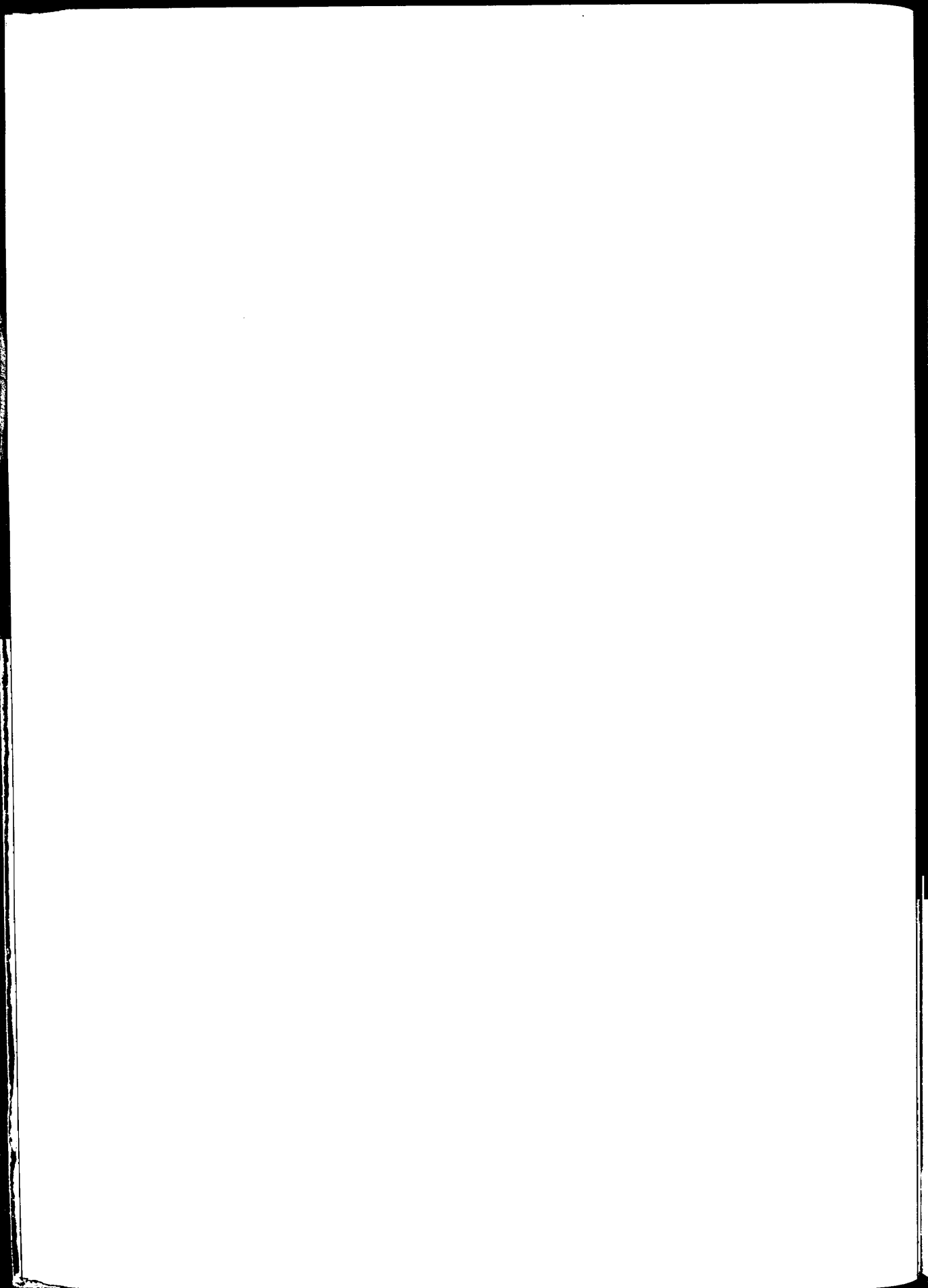
Administrative Officer	Mrs. W. Bennett
Secretarial Staff	Mrs. C. Pennington Mrs. J. Noble Mrs. K. Moulton

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#### HONORARY LECTURERS

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Regional General Manager Mersey R.H.A.	D. Nichol
Regional General Manager North Western R.H.A.	G. Greenshields
District General Manager Rochdale Health Authority	M. Schofield
District General Manager Lancaster Health Authority	P. Whitfield
District General Manager Central Manchester H.A.	M. Ruane



## APPENDIX B

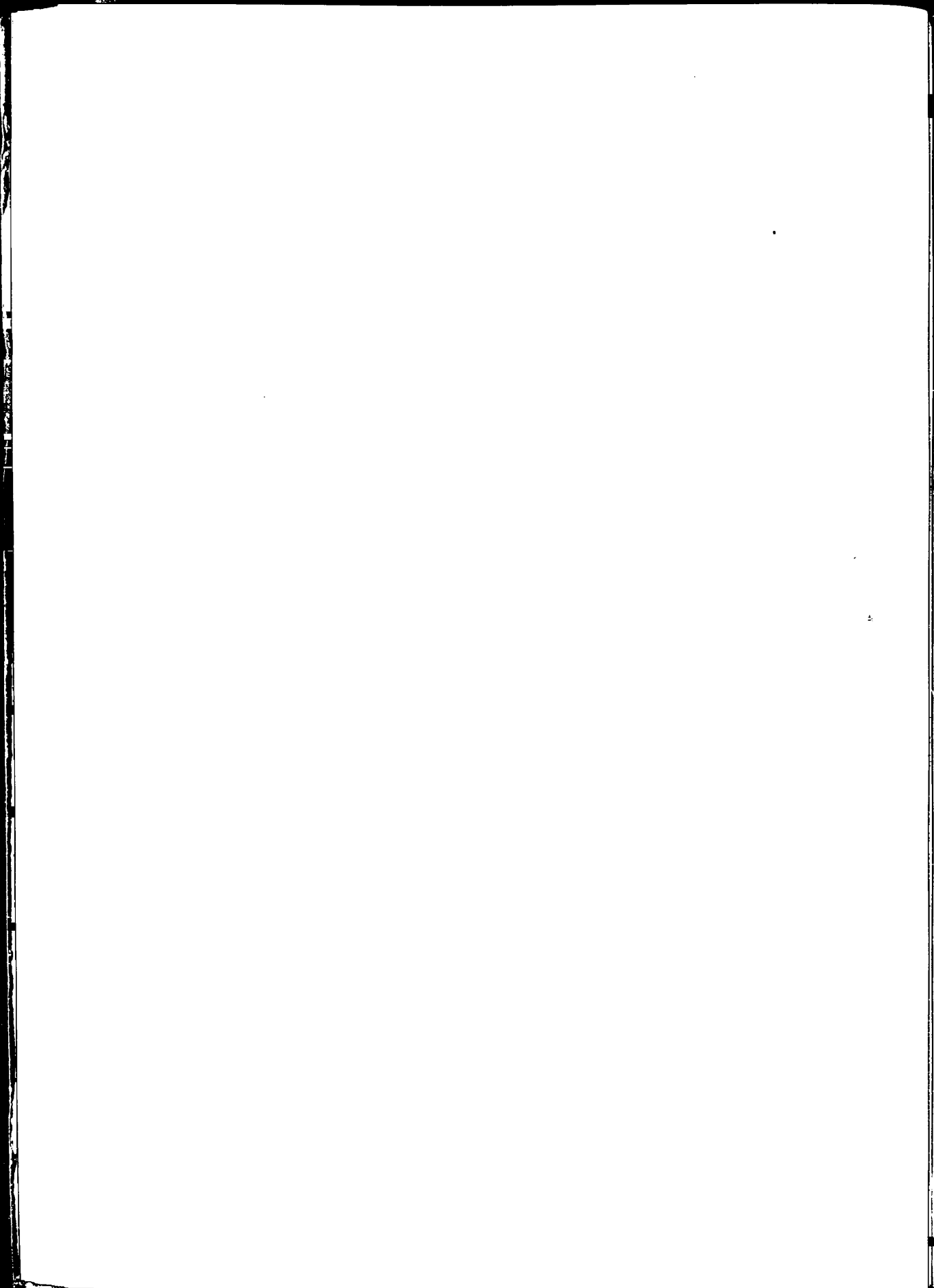
HEALTH SERVICES MANAGEMENT UNIT

UNIVERSITY OF MANCHESTER

FINANCIAL INFORMATION1983/84 and 1984/85

	1983/84	1984/85
	£	£
ex SCMET	122,465	121,422
ex NSC(A & C)	99,449	95,623
<b>TOTALS</b>	<b>221,914</b>	<b>217,045</b>

Note: Central funding has so far been from two main sources. SCMET have provided a block grant supporting three academic posts and three secretarial posts, a sum for office expenses, the rent at Manchester Business School and the costs of the SMDP. The National Staff Committee (A & C) have funded two academic posts and one secretarial post and have also funded the NMTS, the Junior ADC and the Middle-Management ADC.



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APPENDIX C 1

HEALTH SERVICES MANAGEMENT UNIT

UNIVERSITY OF MANCHESTER

PROGRAMMES: 1.4.83 to 31.3.85

Funding Body	Course Title	Dates	Year	Course days	Number of participants	Student contact days
<b>Senior Management Development Programme:</b>						
NHSTA	SMDP 18: Core Course	18-29/4	83-84	10	21	210
"	SMDP 18: Health Economics Module	5- 8/9	"	4	13	52
"	SMDP 18: Decision Making Module	10-13/10	"	4	10	40
"	SMDP 19: Briefing	14-16/10	"	2	17	51
"	SMDP 18: Managing Change Module	7-10/11	"	4	9	36
"	SMDP 19: Core Programme	14-25/11	"	10	18	180
"	SMDP 18: Industrial Relations Module	5- 8/12	"	4	11	44
"	SMDP 19: Planning Module	16-18/1	"	3	16	48
"	SMDP 19: Computing Module	20-23/2	"	4	18	72
"	SMDP 18: Review	1- 3/3	"	3	18	54
"	SMDP 19: Health Economics Module	19-23/3	"	5	13	65
Total events: 11 *See p.6			83-84	54	164	852
NHSTA	SMDP 19: Information Module	30/5-1/6	84-85	3	8	24
DHAs	SMDP 19: Northern Ireland Module	2- 5/7	"	4	11	44
NHSTA	SMDP 19: Review	2- 4/11	"	3	17	51
"	SMDP 20: Briefing	22-24/11	"	3	24	72
"	SMDP 20: Core Programme	14-25/1	"	10	24	240
"	SMDP 19: Decision Analysis Module	26/2-1/3	"	4	13	52
"	SMDP 20: Health Economics Module	4- 7/3	"	4	19	76
"	SMDP 20: Planning Module	25-29/3	"	5	20	100
Total events: 8 *See p.6			84-85	36	136	659
<b>Administrators' Development Course:</b>						
NHSTA	Junior ADC 16 Part I	11-29/4	83-84	15	11	125
"	Junior ADC 16 Part II	25/6-15/7	"	15	11	125
"	Middle-Management ADC	19/9-14/10	"	20	14	280
"	Junior ADC 17 Part 1	6-24/2	"	15	15	225
"	Middle-Management ADC Review	17-19/2	"	3	14	42
"	Junior ADC 17 Part II	26/3-13/4	"	15	15	225
"	Junior ADC 15 Review	23-24/4	"	2	12	24
Total events: 7			83-84	85	92	1046
NHSTA	Middle-management ADC Review	18-20/5	84-85	3	8	24
"	Middle-Management ADC	17/9-12/10	"	20	18	360
"	Junior ADC 18 Part 1	26/11-14/12	"	15	15	225
"	Junior ADC 17 Review	4- 5/2	"	2	11	22
"	Junior ADC 18 Part II	11/2- 1/3	"	15	15	225
Total events: 5			84/85	55	67	856

<u>National Management Training Scheme</u>						
NHSTA	Second Review 1982 Intake	23-27/5	83-84	5	14	70
"	Introductory Course 1983 Intake	5-16/9	"	10	15	150
RHAs	Introductory Course (Finance)	5-16/9	"	10	8	80
NHSTA	Graduate Management Course 1982 Intake	30/9-4/11	"	25	13	325
"	First Review 1983 Intake	9-20/1	"	10	13	130
Total events: 5			83-84	60	63	755
NHSTA	Second Review 1983 Intake	21-25/5	84-85	5	13	65
"	Introductory Course 1984 Intake) Allen	3-14/9	"	10	15	150
RHAs	Introductory Course (Finance) ) Hall	3-14/9	"	10	8	80
NHSTA	Graduate Management Course 1983 Intake	22/10-23/11	"	25	13	325
"	First Review 1984 Intake	7-18/1	"	10	15	150
Total events: 5			84-85	60	64	770
<u>Consultants' Occasional Groups:</u>						
NHSTA	"Developments in Medical Career Structures" Mr. D. E. Bolt	14/4	83-84	½	30	15
"	"Doctor/Patient Relationships" Mrs. Jean Robinson	7/6	"	½	42	21
"	"Regional and District Reviews" Dr. John Roberts	29/6	"	½	32	16
"	"Law and Medicine" Mrs. Diana Kloss	28/9	"	½	46	23
"	"Management of the NHS" Rt. Hon. Lord Ennals	27/10	"	½	40	20
"	"Regional/District Reviews and Performance Indicators" Mr. Gordon Greenshields	24/11	"	½	40	20
"	"Business Management and the NHS" Mr. D. Stables (Ciba-Geigy)	12/1	"	½	40	20
"	"Medical Employment and Unemployment in the USA" Prof. Irene Butter	14/1	"	½	34	17
"	"Implications of Griffiths for Clinicians" Dr. L. B. Hunt and Mr. M. Ruane	15/3	"	½	38	19
Total events: 9			83-84	4½	342	171
NHSTA	"Potential for Clinicians in Management" Dr. S. B. Foulds	12/4	84-85	½	44	22
"	"Griffiths and Clinical Budgets" Mr. Robert Steele	17/5	"	½	44	22
"	"The Role of Scientific Journals" Dr. S. Lock	13/6	"	½	32	16
"	"The Office of Health Economics Prof. Teeling-Smith	5/9	"	½	36	18
"	"The Work of the Health Services Commission" Sir Cecil Clothier	25/10	"	½	48	24
"	"The Work of the House of Commons Social Services Committee" Mr. A. Lloyd MP	29/11	84-85	½	40	20
"	"General Management in the North Western Regional Health Authority" Mr. Gordon Greenshields	24/1	"	½	84	42
"	"The Regional Strategy" Dr.A.J. Lane	21/3	"	½	46	23
Total events: 8			84-85	4	374	187

**Seminars for Senior Registrars in the  
North Western RHA**

NWRHA		21-25/11	83-84	5	21	105
"		12-16/3	"	5	26	130
Total events: 2			83-84	10	47	235
NWRHA		26-30/11	84-85	5	22	110
"		18-22/3	"	5	33	165
Total events: 2			84-85	10	55	275
Seminar for Consultants: (1 week)						
NHSTA		12-16/12	83-84	5	14	70
RHAs		25-30/3	"	5	18	90
Total events: 2			83-84	10	32	160
RHAs		11-15/6	84-85	5	17	85
NHSTA		29/10-2/11	"	5	21	105
RHAs		11-15/2	"	5	21	105
Total events: 3			84-85	15	59	295
Seminars for Geriatricians:						
RHAs		31/10-4/11	83-84	5	16	80
Total events: 1			83-84	5	16	80
RHAs		15-19/10	84-85	5	26	130
Total events: 1			84-85	5	26	130
Seminars for Clinicians in Management						
NHSTA		11-15/4	83-84	5	22	110
"		13-17/2	"	5	27	135
Total events: 2			83-84	10	49	245
NHSTA		25-29/6	84-85	5	13	65
Total events: 1			84-85	5	13	65
Seminars for Consultants: (1 day)						
NHSTA	"Multi-disciplinary Psychiatry"	21/6	83-84	1	18	18
"	"Bridge Building"	7/11	"	1	17	17
Total events: 2			83-84	2	35	35
NHSTA	"Quality Assessment"	9/10	84-85	1	15	15
"	"Information Technology in Clinical Practice"	13/12	"	1	25	25
"	"Bridge Building"	28/3	"	1	17	17
"	"The Elderly and Disabled: Is there a Role for the Private Sector"	2/4	"	1	11	11
Total events: 4			84-85	4	68	68

<b>"Management Budgeting for DAs and DTs"</b>						
DHAs		23/11	84-85	1	23	23
"		5/12	"	1	20	20
	Total events: 2		84-85	2	43	
NHSTA	<b><u>Planning Courses:</u></b>	16-20/5	83-84	5	22	110
"		5-9/3	"	5	21	105
	Total events: 2		83-84	10	43	215
NHSTA		9-13/7	83-85	5	17	85
"	(At Allen Hall)	25-29/3	"	5	20	100
	Total events: 2		84-85	10	37	185
NHSTA	<b><u>"Joint Planning and Community Care":</u></b>	3/4	84-85	1	30	30
"		22/5	"	1	24	24
"		19/6	"	1	24	24
	Total events: 3		84-85	3	78	78
DHAs	<b><u>Seminars for Directors of Nursing Services:</u></b>	20-22/4	83-84	3	21	63
"		11-13/5	"	3	20	60
"		6-8/7	"	3	26	78
"		18-20/1	"	3	24	72
	Total events: 4		83-84	12	91	273
DHAs		2-4/5	84-85	3	16	48
"		19-22/11	"	4	17	68
"		4-7/3	"	4	23	92
	Total events: 3		84-85	11	56	208
NHSTA	<b><u>Workshops for Chief Nursing Officers:</u></b>	6-8/2	84-85	3	17	51
"		20-22/3	"	3	12	39
	Total events: 2		84-85	6	30	90
Mersey	<b><u>Workshops on Unit Management:</u></b>	31/10-2/11	83-84	3	20	60
NWRHA		8/11	"	1	35	35
"		1/12	"	1	44	44
Mersey		18/20/1	"	2	19	57
DHAs		1/2	"	1	23	23
NHSTA		7-9/3	"	3	11	33
	Total events: 6		83-84	12	152	252
NHSTA	<b><u>Griffiths Seminars for Chairmen and Key Members:</u></b>	11-12/7	84-85	2	18	36
"		24-25/7	"	2	20	40
"		6-7/9	"	2	19	38
"		21-22/9	"	2	12	24
	Total events: 4		84-85	8	69	138

**Griffiths Seminars for DGMs:**

NHSTA " "		14-15/12	84-85	2	6	12
		25-26/1	"	2	7	14
		14-15/3	"	2	5	10
	Total events: 3			84-85	6	18
NHSTA	<b><u>Seminars on General Management for Clinicians:</u></b>					
		19-20/3	84-85	2	5	10
	Total events: 1			84-85	2	5
CHCs	<b><u>Workshops for CHC Members:</u></b>					
		24/5	83-84	1	23	23
Total events: 1			83-84	1	23	23
CHCs "		23/5	84-85	1	30	30
		5/3	"	1	58	58
	Total events: 2			84-85	2	88
NHSTA "	<b><u>*Optional Computer Weekends for Senior Management Development Prog:</u></b>					
	SMDP 18	1-3/7	83-84	3	13	39
	SMDP 19	13-15/1	"	3	15	45
	Total events: 2			83-84	6	28
NHSTA	SMDP 20	25-26/1	84-85	2	12	24
	Total events: 1			84-85	2	12
DHAs "	<b><u>Conferences:</u></b>					
	"Management implications of the Mental Health Amendment Act"	26/5	83-84	1	190	190
	"The Griffiths Report"	13/1	"	1	230	230
Total events: 2			83-84	2	420	420

**Study Visits:**

DHAs	"Collaboration between Public and Private Hospitals in the French Insurance System" (Nice)	24/4-1/5	83-84	7	35	245
U of T	"Regional Planning in the NHS" (Carlisle)	30/10-5/11	"	7	40	280
Total events: 2			83-84	14	75	525
LHAM	"Hospital Planning in Britain" (Manchester)	1-7/7	84-85	7	8	56
Total events: 1			84-85	7	8	56
<b>Management Forum:</b>						
DHAs	"Performance indicators: are we doing the right thing?" Mr. M. Ruane	6/12	83-84	½	48	24
"	"Moving Elephants: Innovations in the NHS" Mrs. B. Stocking	27/3	"	½	36	18
Total events: 2			83-84	1	84	42
<b>"Road Show":</b>						
DHAs	Management for Clinicians: Huddersfield	20/10	84-85	1	20	20
"	Management for Clinicians: Wrexham	7-9/12	"	3	30	90
Total events: 2			84-85	4	50	110

**Abbreviations:**

NHSTA	National Health Service Training Authority
RHAs	Regional Health Authorities
DHAs	District Health Authorities
Mersey	Mersey Regional Health Authority
NWRHA	North Western Regional Health Authority
CHCs	Community Health Councils
U of T	University of Tilburg, Netherlands
LHAM	Les Hospitaliers des Alpe-Maritimes

APPENDIX C2

HSMU Manchester

WORKLOAD

1.4.83 to 31.3.85

	1983/84	1984/85	TOTAL (two years)
NHSTA Funding	£221,914	£217,045	£438,959
NHSTA Funded course days	229.5	194.0	423.5
All course days	298.5	257.0	555.5
NHSTA Funded student days	3426	3190	6616
All student days	5413	4371	9784

The Health Services Management Unit has 5 w.t.e. Lecturing staff funded by the NHSTA

RATIOS

1. Course days per lecturer per year

(a)  $\frac{\text{NHSTA funded course days}}{\text{NHSTA funded lecturers}} = 42.4$  NHSTA course days per lecturer per year

(b)  $\frac{\text{All course days}}{\text{Number of lecturers}} = 55.6$  course days per lecturer per year

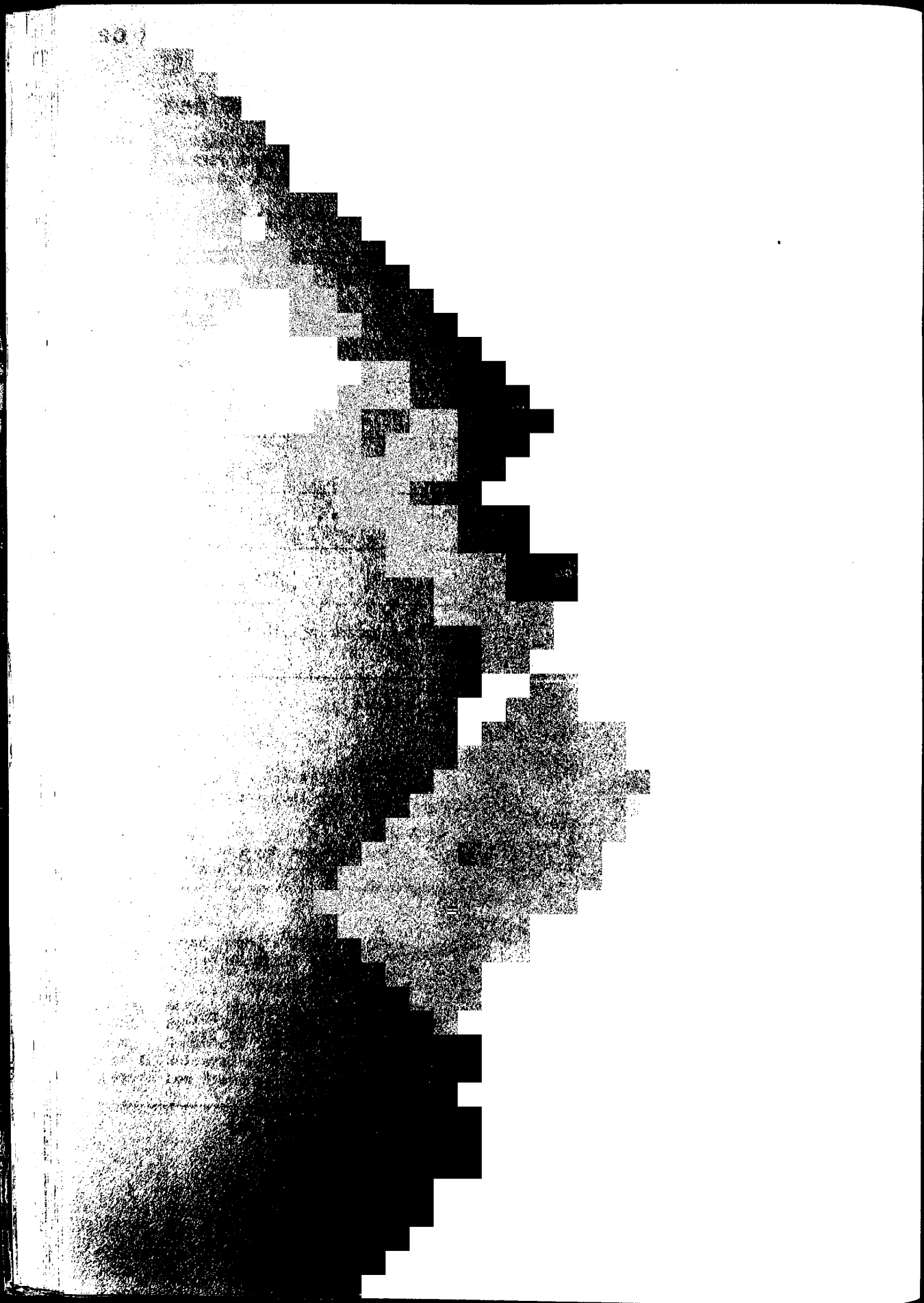
2. Student days per lecturer per year

(a)  $\frac{\text{NHSTA funded student days}}{\text{Number of lecturers}} = 661.6$  NHSTA student days per lecturer per year

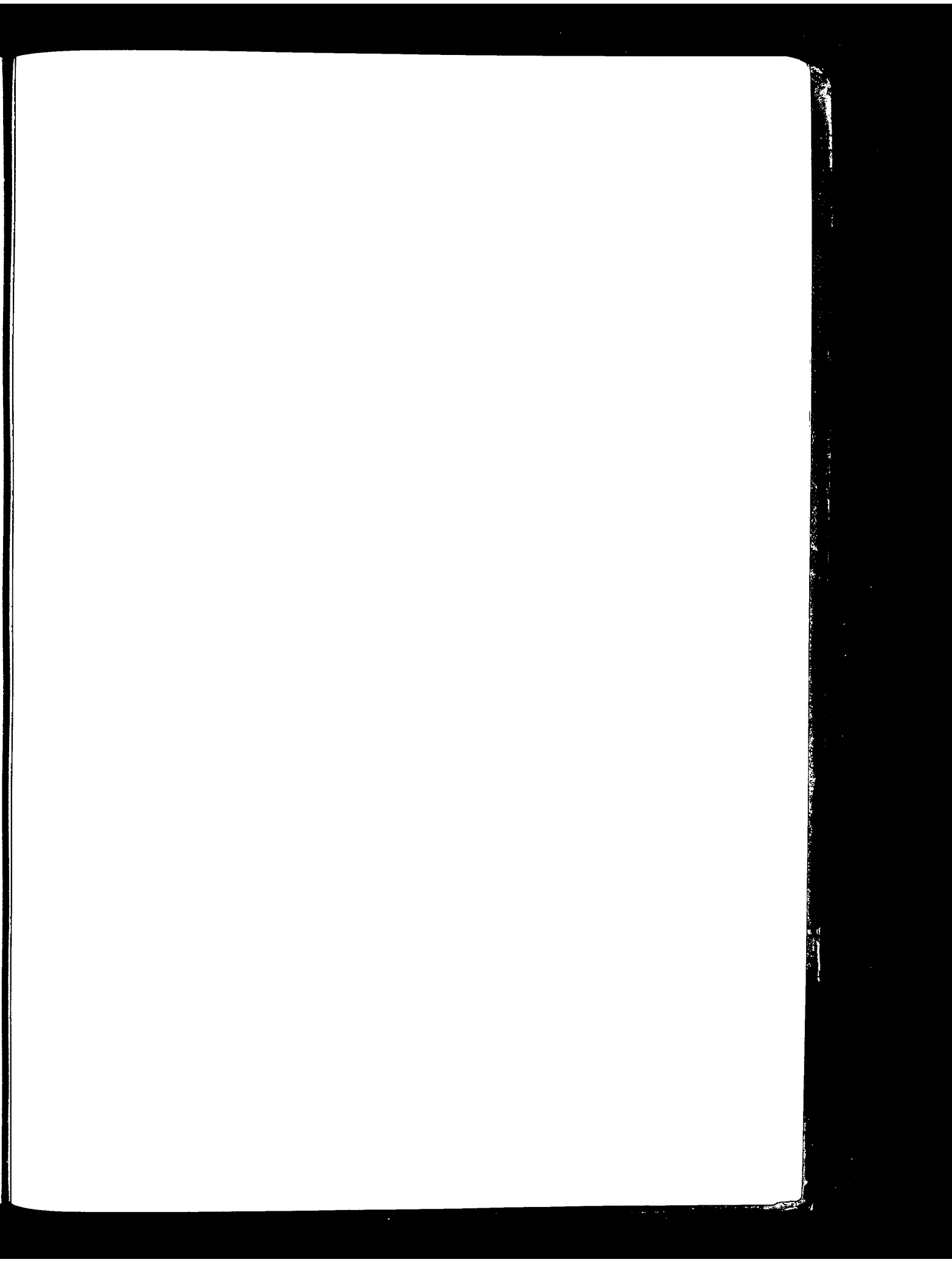
(b)  $\frac{\text{All Student days}}{\text{Number of lecturers}} = 978.4$  student days per lecturer per year

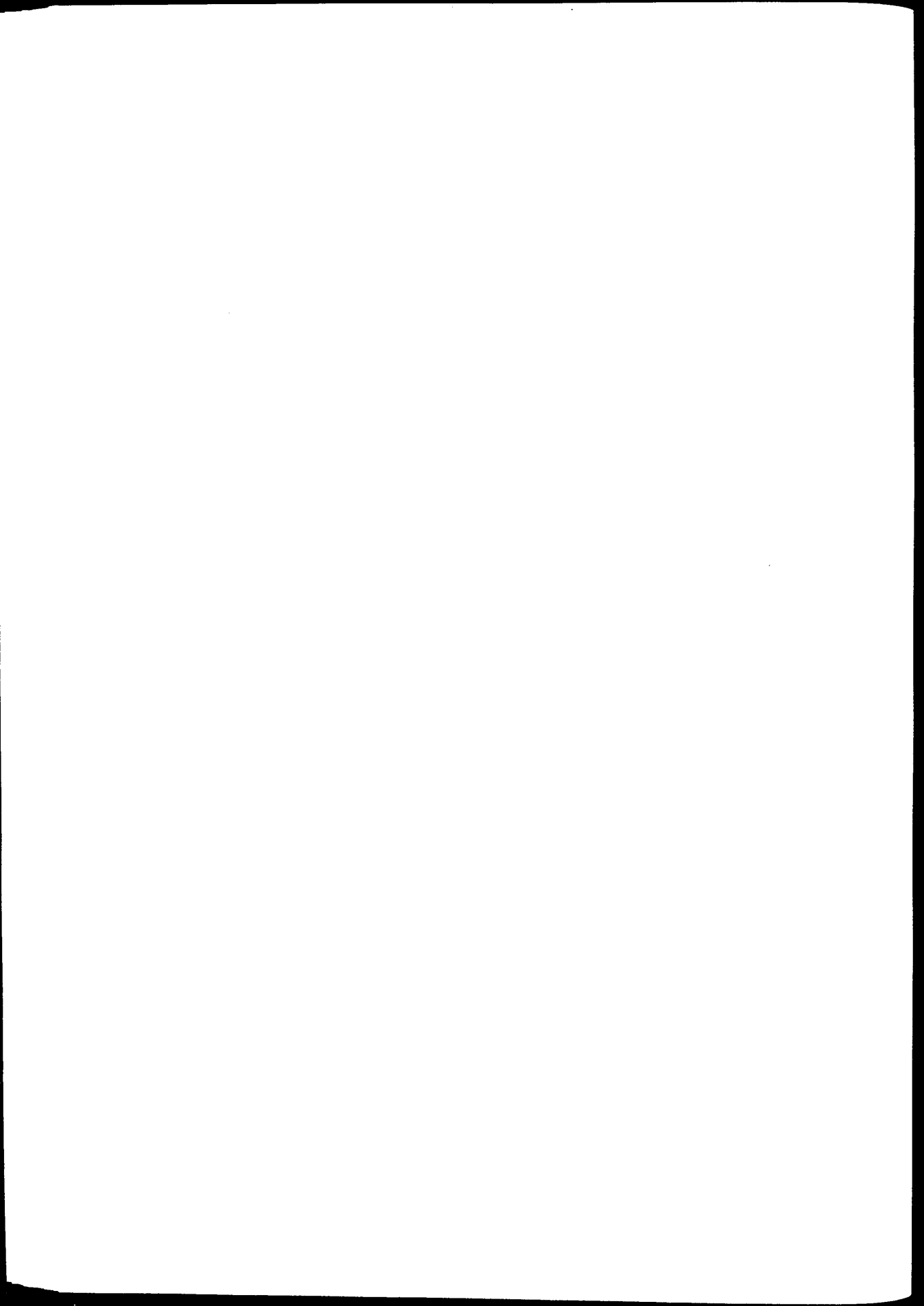
3. Cost per student day

(a)  $\frac{\text{NHSTA funding}}{\text{NHSTA funded student days}} = £66.35$  per NHSTA trainee day









SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

THE

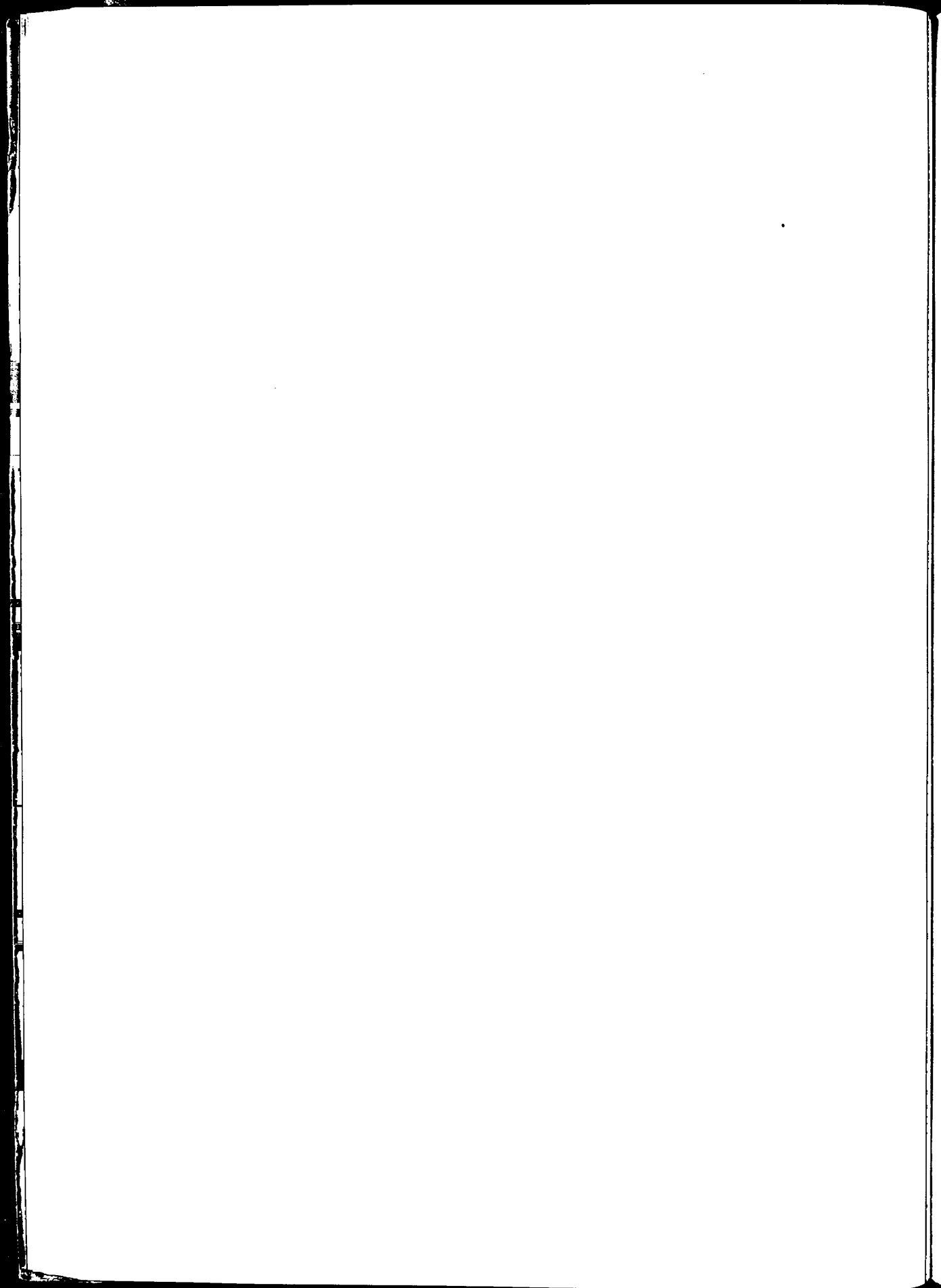
KINGS FUND COLLEGE

King Edward's Hospital Fund for London

REVIEW TEAM VISIT

12th APRIL 1985

Dr. Iden Wickings  
Graham Smith



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

KINGS FUND COLLEGE

King Edward's Hospital Fund for London

REVIEW TEAM VISIT: Friday, 12th April, 1985

CONTENTS

Page

Contributors to the Review

(i)

**VISIT REPORT**

Review Director's Opening Remarks

1

College Director's Introduction

2

General Management Development Programme

5

Corporate Management Programme

6

National Management Training Scheme

7

Doctors and Management

8

Strategic Financial Management

9

Administrators' Development Course

10

Senior Management Development Programme

11

Unit General Managers' Programmes

13

Educational Programme Planning

14

Final Discussion

15

**APPENDICES**

Centre Staff

A

Centre Financing

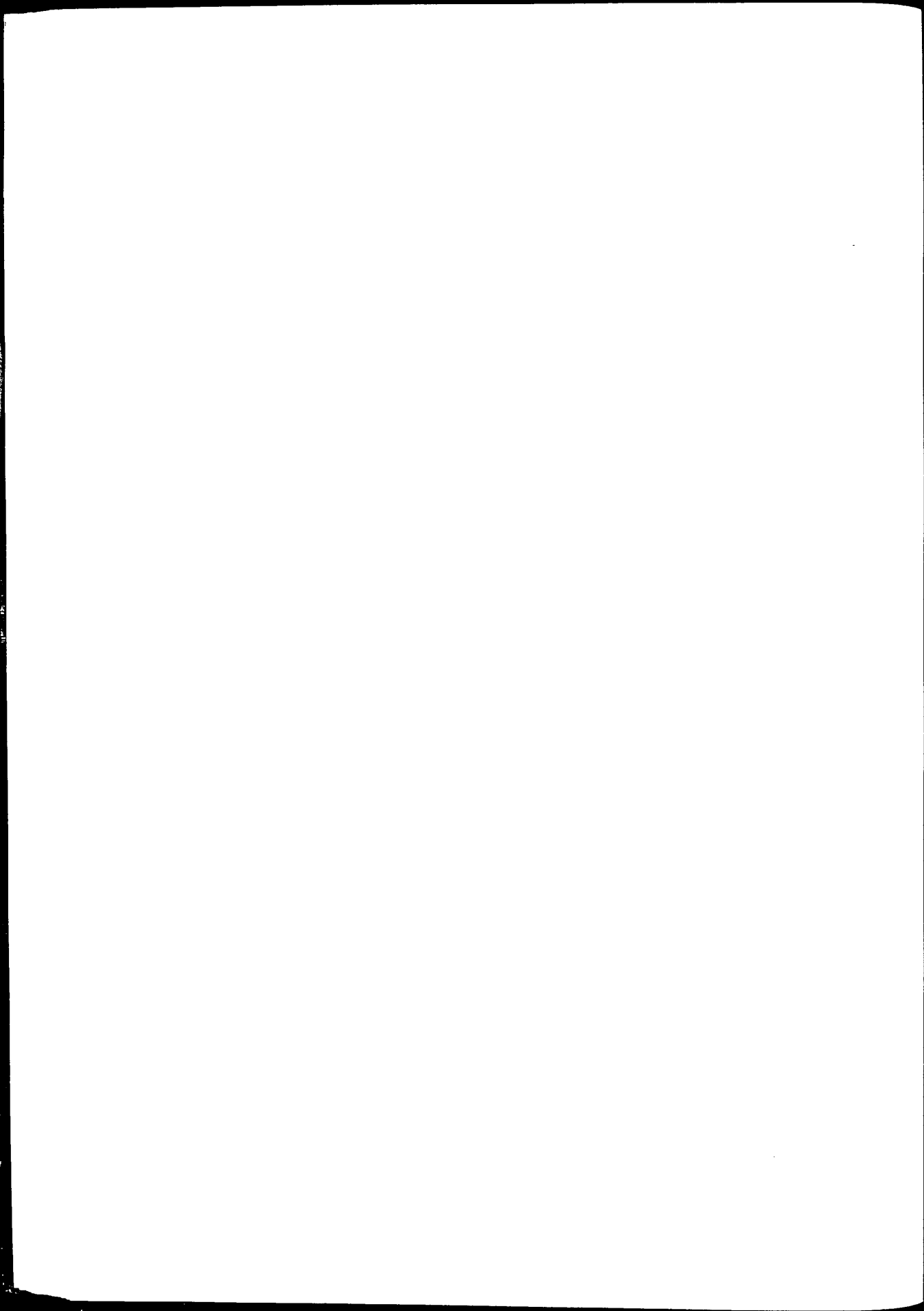
B

Programmes 1983/84 and 84/85

C1

Workload

C2



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

KINGS FUND COLLEGE

REVIEW TEAM VISIT: Friday, 12th April, 1985

CONTRIBUTORS

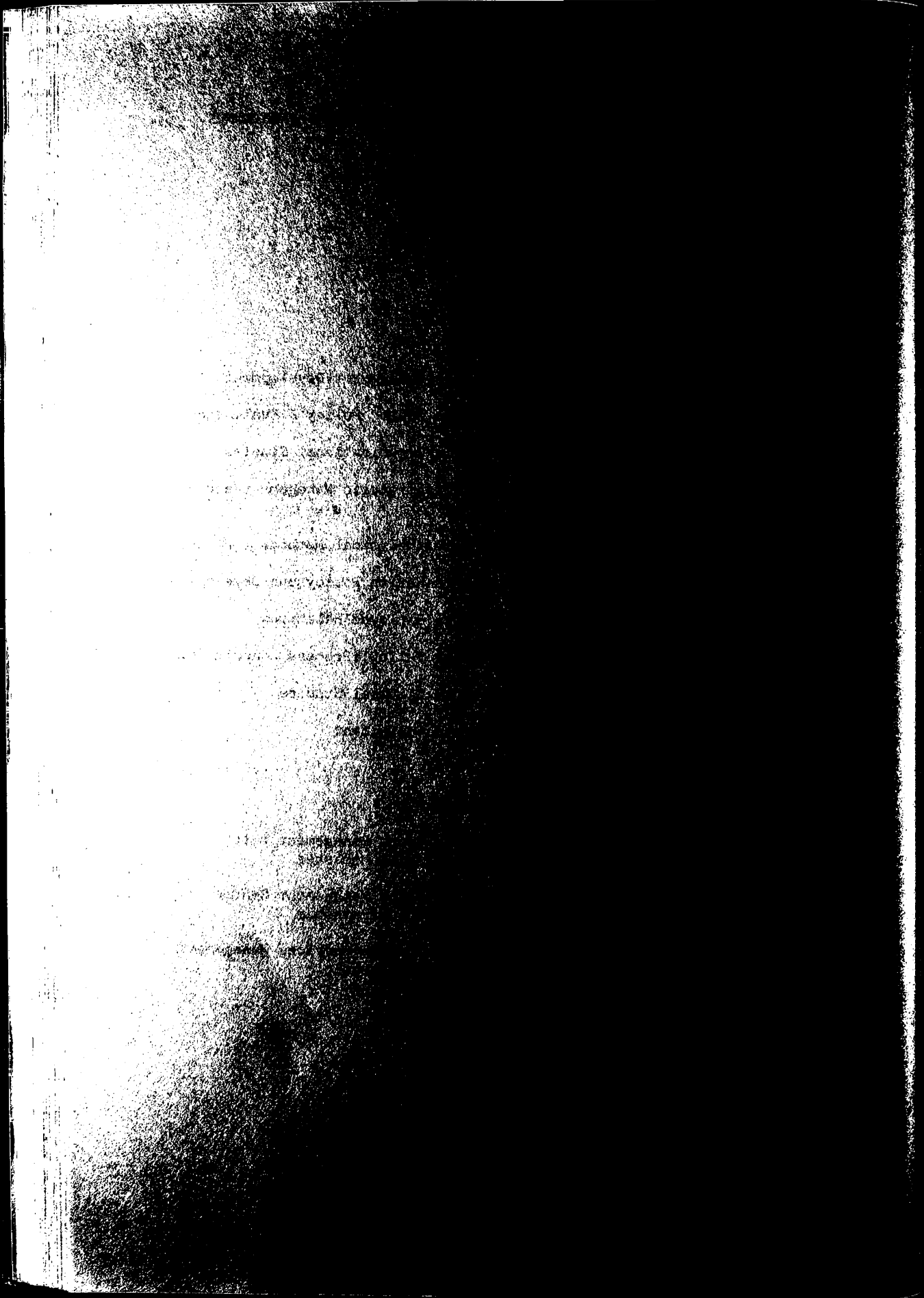
**Kings Fund College**

Mr. Tom Evans	Director
Mr. Laurie McMahon	Fellow in Management Development
Ms. Barbara Stocking	Fellow in Health Policy & Evaluation
Dr. Maureen Dixon	Fellow in Organisational Studies
Dr. Greg Parston	Fellow in Strategic Management and Planning
Mr. Gordon Best	Fellow in Analytical Methods & Planning
Dr. David Towell	Fellow in Health Policy and Development
Lady Margaret McCarthy	Fellow in Employee Relations
Ms. Judy Hargadon	Associate Fellow (Process Consulting)
Mr. Max Rendall	Fellow in Clinical Studies
Mr. Peter Marlow	Associate Consultant

**Review Team**

Dr. Iden Wickings	Review Director
Professor Gordon Forsyth	Health Services Management Unit University of Manchester
Mr. Doug Weller	Health Services Management Centre University of Birmingham
Mr. Mike Barnwell	Centre for Health Services Management, Leicester Polytechnic
Mr. Graham Smith	per pro NHSTA

**Venue:** Conference Room  
Kings Fund College Annexe  
21 Palace Court  
Bayswater  
London





SHORT TERM REVIEW VISIT

KINGS FUND COLLEGE

Friday, 12th April, 1985

VISIT REPORT

1. Review Director's Opening Remarks

1.1 Dr. Wickings began the meeting by thanking the College and its staff for receiving the Visiting Team, and then stated the purpose of the Review.

1.2 The NHSTA believed that its sponsored Management Development Programmes should be supportive of Griffiths principles and philosophies; reflecting a drive towards General Management, and emphasising related topics such as performance measurement and clinical budgeting. Broadly, the Training Authority wished to ensure that National Education Centre programmes were working for - not against - the implementation of General Management.

1.3 The Review Team was therefore looking for evidence of 'Griffiths Thinking' in the College's programmes. They did not intend to evaluate its teaching methods. The Team were particularly interested in discussing how major Management Development programmes had changed over the past few years to accommodate the content of the Management Inquiry Report.

1.4 The Review Team would also seek information on:

- the College's priorities and how programmes were designed to meet them;
- the coherence and comprehensiveness of the range of courses and other activities;
- the markets for its programmes; and
- the balance of its workload.

In essence, the Review was seeking to award an NHSTA "Good Housekeeping Seal of Approval" in assuring that College activity was working in support of Griffiths and General Management implementation.

1.5 The Review Team's Report would be submitted to the Training Authority; who were likely to refer it to the Steering Group managing the current Review of Management Education and Development.

## 2. College Director's Introduction

2.1 Mr. Tom Evans, in welcoming the visiting Team, suggested that this type of Review procedure should be undertaken on a regular basis. He recognised that the Review Team's interest was focussed on NHSTA-funded General Management programmes, but felt that these programmes should be presented in the context of the entire College portfolio. Tom Evans noted that the last three years had been a period of enormous growth and change for the College, whose approach was now entirely post-Griffiths.

2.2 The College had adopted an explicit strategy since 1981. This strategy had four themes:

- (i) A new model of education
- (ii) Management education and development
- (iii) Recruitment of a professional faculty
- (iv) Development of consulting activity.

The College did not claim this strategy was yet coherent, but welcomed debate upon it.

2.3 A particular change within the College was the generation of a new model of education. The old model was one of students witnessing a series of external speakers. College programmes now tried to be developmental; getting managers to look at themselves and make a personal commitment to their own development. This required them to develop a personal agenda. However, this new approach had meant the reduction of one historic Kings Fund strength which was that of using many practitioners from the field as lecturers and tutors.

2.4 The College had paid particular attention to recruiting its own Faculty, and had emphasised the variety amongst these staff. In three years the Faculty had grown from 3 to nearly 30. The large Faculty had enabled an increase in management programmes and the development of the consulting functions. The College expected an income, in 85/86, of £350,000 from consulting. Some consultancy projects were very long term and established enduring relationships with client Health Authorities. However, Tom Evans expressed some concerns that consulting activities had been demand-led. The College now wished to review its own priorities and then select consulting projects against considered criteria (e.g. organisational learning, and emphasis on the developmental approach). This would require potential clients understanding the particular contribution which the College had to make.

2.5 The College had also taken careful stock of its activities. However, none of the courses were changed until they had been evaluated using the College's new educational philosophy. One particular problem was the lack of internal information on the cost effectiveness of College activities. Steps were now being taken to improve this internal management. The College also had a unique funding system.

- 2.6 Tom Evans noted that the internal management of the College had not grown as quickly as its volume of activity. It was recognised that the image of the College rested on the quality of individual staff. The Faculty wished to continue with a flat organisation structure and wanted the College to remain an exploratory, open, institution. However, there was little space for personal development amongst staff who were living off their existing capital, and who were concerned about producing high quality work into the long term future. The College also considered that it did relatively little formal research and publication and was now trying to establish a modular management system to manage both its work activities and internal administration.
- 2.7 The Director saw two themes to the educational philosophy of the College: responsiveness to current issues and leading 'tomorrow's agenda'. A major part of the College's role should be social leadership within the NHS. This meant discussing key issues (and setting directions) well before their implementation in the Service. The College was also involved in a major debate on educational philosophy: moving towards the developmental approach and supporting managers while they learnt to draw upon concepts and tools, rather than 'pot filling'. Tom Evans envisaged the College developing a distinct managerial perspective on the NHS; which equipped managers with a transactive perspective. This would become particularly appropriate as General Management takes a hold in the Service.
- 2.8 Tom Evans noted a number of unresolved issues within the College and its environment. Firstly, a felt need to increase research and publication. Secondly, an active network involving the National Education Centres in which each could make a distinctive contribution. Thirdly, the shortage of professional management education within the NHS. Finally, the College was reasonably confident about the effectiveness of its programmes but could not demonstrate this through objective evaluation. Were any mechanisms available to show whether work was worthwhile or not?
- 2.9 Dr. Wickings thanked Tom Evans for his introduction but asked for any evidence that the College's developmental approach was better than 'pot filling'. In reply, Tom Evans recounted Business School experience: students did not pick up techniques, they acquired confidence, frameworks and processes. No credible educational philosophy underlay 'pot filling' as it was not linked to managers real problems. Managers should be enabled to cope with situations that did not fall easily into 'techniques boxes'.
- 2.10 The Review Team questioned the diminishing input of managers from the field into College programmes. College staff agreed that the sense of association of key Service personnel with the College had been rather reduced. The College was forgoing any major contribution from practitioners in the field because of the emphasis on co-ordinated work-related learning programmes.

- 2.11 The College's educational activities gained credibility from its consultancy work within the Service. Laurie McMahon noted that the College was much wider than the classroom; consultancy provided a basis for staff learning, and an important medium for management development. There was also considerable feedback from consultancy activity into the classroom, and vice versa.
- 2.12 Mike Barnwell enquired about the distinctive role of a 'Kings Fund Fellow'. Tom Evans replied that the College was unique in not seeing itself as an academic institution. Therefore, it could corporately define a generalist role for a 'Fellow' which was much broader than the normal academic model. To some extent a Kings Fund Fellow was expected to be a polymath, taking on consultancy, teaching, research etc. A broad range of Fellows provided extra value in dialogue based on the different views held.
- 2.13 Professor Forsyth then asked how such a large group of Faculty Members shared ideas and discussed issues. Gordon Best noted that the high workload of the College presented problems in getting the Faculty together: a period of stability was required after the latest period of growth. However, recent major consultancy projects had involved large numbers of the Faculty, and sharing ideas often occurred through this medium. Laurie McMahon noted that the Faculty did not work within disciplines, but formed clusters around issues of a special interest. There were currently twelve clusters each discussing a particular topic e.g. quality. Tom Evans expressed a concern that the current volume of work did not allow sufficient space for College staff to develop new ideas.
- 2.14 Professor Forsyth also enquired how the College saw itself differing from a Regional Training Department. The Director replied that the College was not part of any Authority structure and was therefore neutral. It saw itself having a role developing major ideas (e.g. Griffiths, or Strategic Planning) and networking these concepts. Review Team Members emphasised:
- the calibre of College staff;
  - the value in the Faculty members holding contrasting views;
  - The College's high level of social leadership.
- 2.15 Mr. Barnwell questioned the costs of the College. Tom Evans recognised that the College was relatively expensive, especially in non-staff costs although these had been reduced over recent years. The College was developing a modular approach to its internal management and administration. He noted that NHSTA funding did not cover the full costs of sponsored programmes. The College had wished to use the King Fund's money for development purposes, not to subsidise NHSTA courses.

### 3. General Management Development Programme

- 3.1 Dr. Greg Parston introduced the new General Management Development Programme. This programme, in its third month, was "specifically designed to assist in the implementation of Griffiths, was a sustained General Management Development Programme for Regional and District General Managers" and integrated classroom and consultancy work.
- 3.2 Greg Parston emphasised that this was a General Management programme rather than a General Manager programme (CMP was the College's top flight programme for top Managers). The GMDP reviewed the General Managers work in terms of:
- (i) assisting in the implementation of the General Management function; establishing a general management framework within the organisation
  - (ii) the central isolation of the General Manager.
- 3.3 Much of the General Manager Development Programme took place in the field, with fellows working with General Managers on their unique problems. The principal working method was regular meetings of a learning set of five General Managers. Each learning set provided an opportunity for General Managers to 'co-consult' and for self reflection. Co-consulting - General Managers sharing experience and skills - reduced the sense of isolation.
- 3.4 Each Learning Set comprised five General Managers with a member of the Faculty working together over some eighteen months. Faculty members could provide support on immediate issues, and process consultancy. The GMDP itself comprised five modules: 3 x 3 day modules during the first three months and a series of meetings spread out over the programme period, and field-based consultancy. The first module introduced Managers to the programme and established the learning sets with their Faculty members. For the second module, General Managers brought other key Managers from their organisation. Each General Manager had ten days Faculty consultancy available to him/her to provide help in the field. In addition, there was considerable informal contact between learning set members outside of the programmed learning activities.
- 3.5 Thus far, three learning sets had been established. The first began in January 1985, the second in February and the third was just under way. These three learning sets represented fifteen Health Authorities across seven Regions and one special Health Authority. Of these fifteen General Managers; ten were ex-District Administrators and three were doctors. Three further learning sets were already planned, the sixth beginning in September 1985. The learning sets were put together after personal interviews by Faculty members.

- 3.6 Professor Forsyth asked whether learning set members were obsessed with structural issues. Greg Parston and Maureen Dixon noted that, although current demands concerned structure, the issues being debated were much more complex than this. It was apparent that different development needs were emerging from the differing backgrounds of General Managers on the programme. However, the more varied the background of participants, the more effective the learning set appeared to be.
- 3.7 Greg Parston noted that each learning set must be more than simply supportive of its members. Faculty staff, as well as encouraging members to look at the wider implications of issues under discussion, must also facilitate constructive criticism between General Managers represented.
4. Corporate Management Programme (CMP)
- 4.1 Barbara Stocking introduced the Corporate Management Programme which arose from the Thwaites' Report. The CMP "aimed to increase the effectiveness of the Senior Managers who provide the corporate and strategic leadership of Health Services. The programme will help Managers understand their strategic and corporate role, broaden awareness of their working environment (both within and outside the NHS) and develop knowledge, skills and perspectives which will enable them to manage more effectively". (Quoted from supporting papers).
- 4.2 The programme now comprised three two-week modules and a final seventh week. It is about leadership, giving confidence, and enabling senior managers to get to grips with their problems. Since CMP 6, which started in January 1985, the programme had changed substantially. It had adopted a stronger General Management framework and tried to relate an appreciation of various techniques to strategic management. The modules were now longer to allow a variety of managerial perspectives to be brought to bear on key issues; for example in the 'Organisations and People' module, structural, human relations, and micro-political analyses were used. By having the three approaches alongside each other, programme members could consider their relevance and application comparatively.
- 4.3 Future CMP participants will undertake three-day placements in industry or other parts of the service sector (e.g. the police). These placements were designed to broaden experience and increase confidence. Individual CMP members also had access to three days of tutor consultancy time for work on a consultancy project should they so wish. Professor Forsyth questioned whether three days in an external organisation was long enough for participants to gain any value from their work.
- 4.4 CMP 6 was currently under way. CMP 7 would begin in September 1985. Groups of members from previous Corporate Management Programmes continued to meet. Barbara Stocking noted that the College had attempted an evaluation of CMP using follow-up interviews: this looked at how the programme had influenced individual managers or their work, or where it failed them.

4.5 Doug Weller enquired about the teaching material used on the CMP. In reply, Barbara Stocking noted that various approaches were used, including cases studies, exercises and group work, but particular attention was paid to participants' own work problems.

4.6 The Review Team congratulated the College on continuing to attract top managers to such a long course. However, they questioned the College's assurance that a general management philosophy was built into the course as it might be difficult to produce real change (i.e. to a general management mode of thinking) in individual participants within such a large group.

#### 5. National Management Training Scheme

5.1 Judy Hargadon introduced this two year programme for graduates and stated that the College had taken a management approach - rather than administrative - to the scheme for at least two years. The National Management Training Scheme attracted bright young people, but usually with no experience of either management or the Health Service.

5.2 The key features of the Colleges NMTS were:

- (i) an attempt to break the emphasis on trainees working in Acute Units both during visits and attachments.
- (ii) not always to establish bases for trainees in administration
- (iii) that each trainee had a personal development plan
- (iv) to develop skills rather than knowledge. The College wished trainees to get working experience as quickly as possible, and therefore only the first week of the Scheme was knowledge based. Skill enhancement used role play, case studies, outdoor management development as well as in-house development.
- (v) that each trainee had a personal tutor. Personal tutors also acted as regional liaison for the Scheme.
- (vi) that trainees fieldwork was used in the classroom

5.3 The National Management Training Scheme was evaluated using reports from students, supervisors, and mentors. However, particular attention was now to be paid to evaluating outdoor management development part of the Scheme, particularly its utility in promoting and understanding leadership and problem solving.

5.4 In response to a question from Graham Smith concerning the re-design of the Scheme, Judy Hargadon stated that - if starting again - she would support: a longer overall Scheme; more early work experience; the level of current academic input; more monitoring of trainee development; encouraging more developmental experience on the job. Professor Gordon Forsyth welcomed the differences between NECs approach to NMTS and asked whether a mechanism could be found to share and compare methodologies.

5.5 The Review Team also questioned whether the College had concerned itself with the development of direct-entry graduates into the Service. Judy Hargadon intimated that this was being reviewed and Lady McCarthy stated that some of these problems could be coped with by attendance at the Administrator Development Courses. Dr. Wickings also questioned the general management input to the National Management Training Scheme, and wondered whether it was currently adequate.

6. Doctors and Management

6.1 Laurie McMahon introduced this single week residential programme for experienced doctors with wider management responsibilities. The event attracted some 20 participants; often younger Consultants from a wide mix of specialties but including a growing number of General Practitioners.

6.2 "The programme is not specifically a preparation for Doctors about to enter Unit General Management posts, but offers an opportunity for Clinicians to explore the implications of such a career move." (Quoted from supporting papers). This course provided a taster for aspiring General Managers, and let them explore some of the key features of a UGM's role. It was also intended to develop greater awareness and understanding of major NHS processes. The week had three themes:

- (i) General management
- (ii) relationships between General Managers and Doctors
- (iii) major issues of moment.

6.3 The programme used the high level of experience which participants already had in discussion groups. However, problems had arisen in trying to balance the needs and experience of Consultants against those of General Practitioners.

6.4 The issues which Clinicians had explored included:

- the politics of decision making;
- resource allocation and financial management;
- health care planning in times of uncertainty;
- the multi-professional environment of the NHS



Evaluation of the programme was becoming more systematic, with Faculty members writing to participants two months after their attendance - to assess the use they have made of Course content. Participants regularly stated that they had worked very hard during this programme.

- 6.5 The college had recently run two Doctors and Management Programmes per year. However, for 1985, it had negotiated five more one week Courses for Consultants within particular specialities. The College also mounted courses for uni-disciplinary and multi-disciplinary clinicians groups which were not NHSTA funded, together with the Community Medicine Consortium established with East Anglia RHA. It also provided courses for the consultants from the N.E. and N.W. Thames RHAs.
- 6.6 Dr. Max Rendall stated that the Service, and the College, were at a watershed concerning the involvement of clinicians in management. Ethically, there were questions as to whether doctors should currently collaborate with managers. Practically, it was difficult to pick out those clinicians who are really committed to becoming managers. Furthermore, these Appreciation Courses for Doctors probably needed to be uni-disciplinary so that they could safely air their ignorance. Many doctors are surprised that there is a body of knowledge on management existing in institutions such as the King's Fund College.
- 6.7 Graham Smith questioned the integration of the College's initiatives with consultant management education within the Service. Dr. Rendall noted that the College was fairly well informed about local arrangements, but felt that the job to be done was sufficiently large for the various institutions not to 'tread on each others toes'.
- 6.8 The Review Team also asked whether the College had involved consultants in non-course development. Laurie McMahon noted that consultants were often included in action-oriented consultancy, and in Workshops run with Authorities. Dr. Towell drew the Team's attention to the networking between the College and Health Authorities which included clinicians working on issue-centred management development; for instance on changes to big psychiatric hospitals. The Organisational Change events enabled Districts to send a changing membership to the College in order to sustain activity back in the District. The essential focus of these activities was within the District, with the College as a support.

## **7. Strategic Financial Management**

- 7.1 Gordon Best introduced this General Management orientated programme which pre-dated Griffiths. It addressed the issue of professionals who saw themselves as 'happening' to have a management responsibility. The programme began in 1984 with five Regional Treasurers funding a series of three workshops, each comprising five days followed by a further two day module. A third had been run in 1985, and another was planned.

- 7.2 Participating Treasurers were asked to bring major problems from their work, and to identify their measures of success. They were then given a variety of perspectives on strategy, and invited to review the problem. Finally, after peer discussion, they were asked to reflect on the process of the workshop, and what they required in the second module. Many Treasurers expected the programmes to be technical, but instead were exposed to clinical budgeting (and other developments) as managerial issues.
- 7.3 Gordon Best noted that each profession had an associated problem solving model. However, management was more concerned with coping strategies. These coping strategies were central to General Management. Managerial responsibilities concerned taking risks, whereas professional responsibilities were those of competence and risk avoidance. Professions had developed central ideas of effective performance whereas managers were responsible for local performance. The move from this professional culture, to a managerial one, was critical to the successful implementation of Griffiths. Highly experienced professionals needed to shift attitudes, and these uni-disciplinary workshops provided a safe environment. There were now signs that Treasurers who have attended these workshops were beginning to apply to attend multi-disciplinary management courses.
- 7.4 The College now intended to apply the same model to Community Medicine.

## 8. Administrators' Development Course

- 8.1 Lady McCarthy introduced this Course whose objectives were originally set out by the National Staff Committee (Admin. and Clerical). Lady McCarthy considered that the NHSTA should review and re-write these objectives. The objectives of the ADC were:
- (i) to raise the knowledge of experienced Administrators about the NHS overall.
  - (ii) to improve their management skills
  - (iii) to improve self confidence.
- 8.2 The College ran two ADC courses per year, each of six weeks duration, and having twenty participants per course (working in two groups of ten). Selection was proving difficult as the numbers applying for each course were increasing: selection was supposed to be age limited, but the ADC did take returning older women.
- 8.3 The College's unique contribution to the ADC was the inclusion of a project: groups of students did a joint project in local Health Authorities. These projects were on a large scale and had important outcomes for the host Authorities. They were an exercise in analysis, tackling problems, and producing a coherent outcome. The course was partly designed to assist with the projects, and linked to Griffiths because bringing about change was a general management function.

- 8.4 Lady McCarthy stated that the main problem with the ADC was the context in which it occurs for the student: how they were selected and what happened to them afterwards. The ADC should be an integral part of an individual's development programme. However, very few participants were either briefed or de-briefed by their managers, and many students seemed to be getting new jobs during or after the course. To try to remedy this, the College asked student's managers to come to briefing days. These managers also proved anxious, and have to be persuaded that staff development was part of their job.
- 8.5 Professor Gordon Forsyth emphasised the value of a triologue, within Districts, between the student, his tutor, and his boss. This was all the more powerful if associated with a work based project. Lady McCarthy suggested that individual projects were not appropriate because these were usually of relatively small scale with no substantial outcome to motivate the student.
- 8.6 The Review Team noted that the ADC was under review but expressed concern about the relatively small changes that had taken place in the ADC programmes over the last few years and its apparent knowledge based - rather than developmental - approach.

#### 9. Senior Management Development Programme

- 9.1 Laurie McMahon introduced the Senior Management Development Course which now comprised a four week residential block followed by a two day residential review module. The traditional SMDC programme had been completely overhauled to become an important aspect of the College's portfolio of activities. The College intended to mount two SMDCs per year, with approximately twenty eight participants per course.
- 9.2 "The SMDC is manager-centred, concerned to provide a basis for self-evaluation and development of the individual manager within the framework of the General Management function. It is based on the proposition that good management is about the effective use of discretion and judgement as well as management techniques. It focuses on the problems and issues involved in managing a highly professional, politically sensitive and institutionally complex organisation in an equally complex and turbulent environment." (Quoted from supporting papers). The course had four inter-related streams. These were:
- perspectives in Health Care management;
  - facets of management;
  - issues in Health Care;
  - the development project.

- 9.3 The SMDC was aimed at officers at the head of both administrative and professional functions. They should be intellectually capable, and looking to develop the Service. The course intended to help move officers from a professional to a managerial ethos. Applications for the SMDC were increasing in number, calibre, and geographic spread (over seventy applications for the last event).
- 9.4 Laurie McMahon noted that the SMDC was not particularly skills oriented; rather it used the managers own experience and encouraged them to develop strategic and general management concepts, and to discuss current major issues. It was hoped that the SMDC would create enthusiastic managers for their return to the Service. The programme used many management games, case studies, exercises and group work.
- 9.5 The College had also introduced project work into the SMDC. These used Action Learning Sets, with seven members, where the group worked on individual projects. It was intended to try a new format for the SMDC (2 x 2-week blocks) to encourage a stronger work basis to both projects and Action Sets. The Faculty also tried to generate a network of relationships between course members and staff: participants could and did call upon tutors when they returned to their home organisations.
- 9.6 Particular attention was paid to the sessions in the first week of the SMDC, to ensure that they were coherent and integrated. A number of external speakers were used, but these were fully briefed. In response to a question, Laurie McMahon noted that self-evaluation was not a part of the course structure, rather the enormous amount of group activity provided opportunity for participants' self-evaluation and co-counselling.
- 9.7 SMDC staff took evaluation of the course seriously, spending time on evaluation and using the results. Each Action Learning Set spent two hours per week evaluating their programme. Two months after their return to work, participants received a research instrument; the results of which were used as a basis for the two day Review Module. SMDC staff tried to keep the evaluators informed of changes made to future courses.
- 9.8 Laurie McMahon then discussed some of the issues concerning the SMDC currently under debate:
- (i) further work needed to be done on student projects; these should be more substantial and integrated with participants' work.
  - (ii) the staff had tended to fill the programme with many useful inputs; participants needed more time for reflection
  - (iii) the SMDC produced high aspirations amongst members, which were often frustrated on their return to their home organisation.
  - (iv) the College was being swamped with applications for the SMDC: the current selection process was not adequate, and needed improvement at national level.

- (v) managing the end of the course had proved difficult: many SMDC groups retained their group networks and continued to meet. This may provide support otherwise unavailable at work.
- (vi) should the SMDC comprise two week or four week blocks? A four week programme meant that participants jobs were covered in their home organisation, and also enabled greater learning momentum.

9.9 The Review Module was a particularly important part of the SMDC. It provided the final stage of the evaluation process, paid attention to individual projects, and helped participants with their problems of re-entry.

9.10 Laurie McMahon concluded his presentation by stating that the SMDC was an effective course, and that the Griffiths Report had given it 'a shot in the arm'. It should continue to exist, as General Management does not solely depend on General Managers.

#### 10. Unit General Managers Programmes

10.1 Dr. Maureen Dixon introduced the College's Unit General Managers Programme which consisted of a two week module, followed by a one week workshop, and included project work. "The intention of the Course is to help Unit General Managers to formulate and develop their respective management functions". The programme examined the roles and responsibilities of Unit Managers, and used participants' experience to discuss major issues occurring at Unit level.

10.2 The UGMP was a new initiative for the College, which planned two such programmes in 1985/86. The UGMP replaced the previous Unit Management Programme which last ran in 1983. The April 1985 UGMP had twenty-two applications, of which seventeen were accepted. These were four Consultants, one Specialist in Community Medicine, two Directors of Nursing Services, one participant from an independent hospital, and nine ex-Administrators.

10.3 Maureen Dixon noted that the continuing theme of the UGMP was to help these managers to adapt to required change in the Service. However the current state of affairs in the NHS would cause particular dynamics amongst the members. This programme also used a number of outside speakers and had generated some useful learning for College staff but this would not get published because of the current workload.

10.4 The Review Team raised the issue of a market overlap between the CMP, the SMDC, and the UGMP. Maureen Dixon noted that Regions were also conducting programmes at Unit General Manager level. However, in practice, there seemed to be little problem because each College programme is distinctive.

10.5 Doug Weller raised the issue of strategic management versus general management and how the College distinguished between these two approaches. Tom Evans stated that publicity materials used the

term 'strategic management' to move away from the idea of strategic planning. Strategic management was what top managers should be doing; concentrating on the process of change as well as its substantive results. 'Strategic Management' described the ideas underlying the College's concept of General Management: it was a management style which should permeate the whole organisation.

## 11. Educational Programme Planning

11.1 Dr. Maureen Dixon began the final presentation concerning internal management within the College. The expansion in College activities had placed special demands on both the College and its Faculty. To manage these demands effectively, four groups of Faculty members had been created to work on;

- (i) Educational Programme Planning
- (ii) Consultancy
- (iii) Research and Publication
- (iv) Contracts and Employment Policies

11.2 The Educational Programme Planning Group had tackled two major tasks to date:

- (i) A computerised programme planning system and
- (ii) A protocol for programme/course running.

This recognised the College's need to plan in advance and be more prospective in order to create room for flexibility. The College also intended to be more systematic in using Faculty members on their programmes, and to balance staff continuity and Faculty development. The EPPG was also producing a Guide to Good Practice for programme management, which would concern educational process and design.

11.3 The EPPG group was also working on:

- (i) course costings and a budgeting system; the long term aim being that individual Course Directors had their own budgets
- (ii) marketing: the College wished to develop a distinctive but more flexible house style, and one more appropriate to commercial methods of approaching their markets.
- (iii) application and selection: the group was looking at internal standardisation of application forms, and then intended to approach the NHSTA to discuss national forms.
- (iv) evaluation: the group was not particularly concerned with an academic evaluation of programmes, rather with setting priorities within the College concerning acceptance/refusal of programmes.

## 12. Final Discussion

- 12.1 The Review Director opened the final discussion by noting that each of the National Education Centres would be different: each had different markets and programmes. The Review Team would not be making any final judgements until all the Short Term Review Team visits had been completed. Dr. Wickings then invited other members of the Review Team to state their impressions of the College and its activities.
- 12.2 Members of the Review Team complimented the College on the degree to which Griffiths and General Management thinking had been integrated into their programmes. The College was clearly leading the Service in management thinking, and had taken care to integrate general management concepts into most of its programmes.
- 12.3 The College also exhibited a dynamic Faculty, who were innovating within the portfolio of programmes (e.g. the SMDC). This portfolio of programmes for top level managers was excellent. However the Review Team expressed concern over how the developmental needs of 'plateau' managers were being met. Tom Evans considered that these middle ground managers would only be developed if a developmental attitude was first promoted in top managers. Review Team members did wonder whether the College could generate an innovative approach in this area, perhaps by a major investment in distance learning.
- 12.4 The Faculty was considered to be of high calibre, but restricted by a juggernaut workload. This workload restricts flexibility, research, and publication within the College, and freedom for staff development and activities outside the College. The Review Team noted that two or three more members of Faculty were to be recruited. The team emphasised that this extra space and flexibility should be carefully managed to ensure its most effective use.
- 12.5 The Review Team felt that the set of top manager programmes was very strong, particularly the General Management Development Programmes. Staff were aware of weaknesses in these activities, and striving to do something about them. The Review Team drew the Faculty's attention to:
- (i) managing the end of courses (many courses still had groups of members meeting for mutual support) and
  - (ii) the need for more structured evaluation of some programmes although evaluation was clearly on the faculty's agenda.
- The College's commitment to evaluation was noted, but the team felt that more innovation might be considered in this area.
- 12.6 Following a discussion concerning the use of venture capital for investing in new management development initiatives, the College Director aired the idea of a Masters' Programme in Health Services Management. Tom Evans felt that the Service lacked a good professional foundation for practising managers. He envisaged a programme taking thirty/thirty five managers through a disciplined,

intellectual, approach to management ideas and practise. Such a programme would quickly build a large cadre of professional managers. Attendance on the programme would not be for junior managers, but experienced officers moving into new levels of responsibility within their careers, for instance preparing for general management posts. The programme would be a managerial experience, rather than an academic one. A Masters' Programme could be an integral part of management development in the Service during the first ten to fifteen years of a manager's career. However, such a programme would require a massive investment to establish.

- 12.7 The Review Director agreed that the national portfolio of Management Development Programmes lacked this sort of lengthy professional management development experience. Dr. Wickings also expressed concern about the lack of programmes nationwide for the 'plateau' manager. This issue should be considered both by the King's Fund College, and the National Health Service Training Authority
- 12.8 Another issue for both College and Training Authority concerned research and publication. The Training Authority must be aware of the importance of research and development in systematically seeding the Service with new ideas. The College, due to pressure of work, was not sharing its ideas on educational technology and management practice with the Service at large. Publication was a good discipline for academics as it both tested what they know, and allowed scrutiny of their ideas by others.
- 12.9 Members of the Review Team noted the high calibre and high morale of the College Faculty. They felt that there was a danger of chauvinism: the assumption that there was not much to learn from those outside of the College. Tom Evans recognised the dangers of intellectual arrogance and welcomed the Review as the first step in the process of sharing between Centres and an exchange between their staff.
- 12.10 Some concern was expressed over the College's Administrators' Development Course. This appeared the weakest of the Colleges programmes in credibility, educational approach, and uni-disciplinary membership. It did not appear to have developed as had the other courses. The Team felt that this Course needed a complete overhaul, and to be linked directly to junior managers' work.
- 12.11 Dr. Wickings concluded the Review by noting the strong entrepreneurial attitude of the College and the high calibre of its staff. He thanked all the contributors to the Review for the uniformly high quality of their presentations, and particularly Tom Evans for the attention paid to the Review Visit and the hospitality shown to the visiting Team.



APPENDIX A

KINGS FUND COLLEGE

COLLEGE STAFF

1984/85

Director T. C. Evans BSc(Econ) MSc(Econ)

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THE FACULTY

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Fellow in Analytical Methods and Planning Gordon Best BArch MSc MSc(Econ)

Part-time Fellow in Economics and Industrial Relations Nick Bosanquet BA MSc(Econ)

Fellow in Organisational Studies Maureen Dixon BA MPhil PhD

Part-time Fellow in Organisational Development Kathryn Evans BA Cert Ed MA

Associate Fellow (Resource and Information) Ray Flux BSc MPhil AMIPM

College Administrator and Fellow in Health Service Administration Bill Fraser MA AHA

Associate Fellow (Process Consulting) Judy Hargadon BA MSc(Econ) AHA

Visiting Fellow John Horder CBE MA BM BCh FRCGP FRCP FRCPsych

Fellow in Organisational and Professional Studies June Huntingdon BA PhD

Associate Fellow (Evaluation studies) Anne Jamieson MA MSc

Associate Consultant Sue Kingsley BSc MSc

Associate Consultant Peter Marlow BSc MA

Secretary to the King's Fund and Fellow in Health Service Policy and Institutions Robert Maxwell JP PhD

Fellow in Employee Relations Margaret McCarthy DipEcon & PolSci

Fellow in Management Development Laurie McMahon BSc MSc

Associate Consultant Peter Mumford BSc

Fellow in Strategic Management and Planning Greg Parston BSc BA(Econ) MArch PhD

Fellow in Managerial Psychology David Pendleton DPhil ABPSS

Part-time Fellow in Clinical Studies Max Rendall FRCS

---

THE FACULTY

---

Consultant (Mersey Project)	Geoff Scaife
Fellow in Health Policy, Innovation and Evaluation	Barbara Stocking BA MSc
Fellow in Health Policy and Development	David Towell MA PhD
Fellow in Health Service Systems and Policy and Director of CASPE Project	Iden Wickings PhD

---

CASPE RESEARCH (Clinical Accountability, Service Planning and Evaluation)

---

Research Assistant (Diagnostic Related Groups)	M. Bardsley BSc
Assistant Director	J. Coles BSc MSc(Eng) FSS
Project Leader (Diagnostic Related Groups)	L. Jenkins BSc FSS
Health Economist	A. Shiell BSc MSc
Research Assistant	C. Wheatcroft BA DMA
Research Analyst	T. Childs BSc AMICE

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ADMINISTRATION

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Librarian	N. M. Badger
Administrative Services Manager	M. Gibbens
Catering Officer	J. Mellor BSc
Housekeeper	J. M. Shill

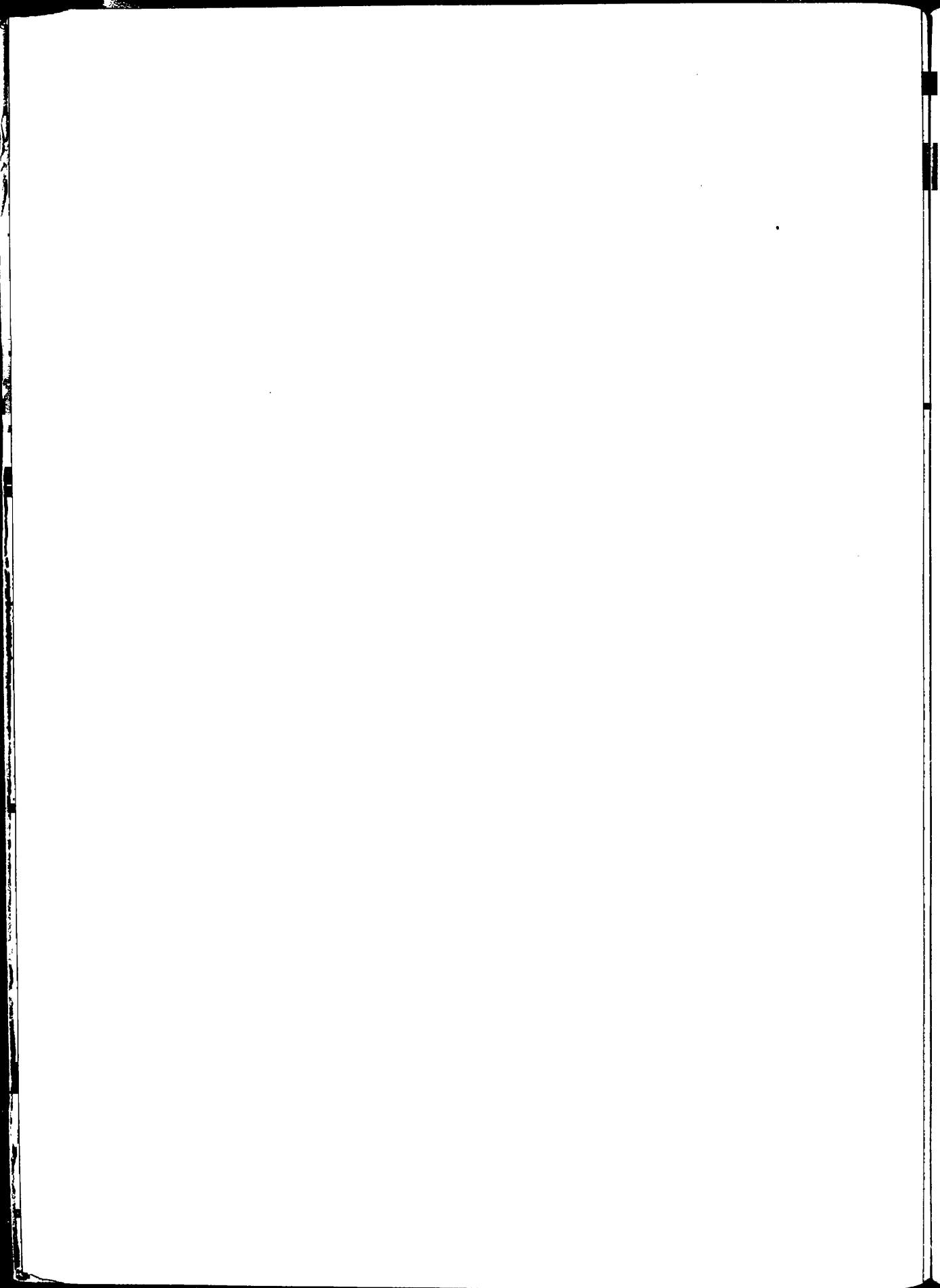
APPENDIX B

KINGS FUND COLLEGE

FINANCIAL INFORMATION

1983/84 and 1984/85

	1983/84	1984/85
	£	£
NHSTA BLOCK GRANT	105,000	169,300
NHSTA COURSE FEES	166,628	145,429
NHSTA CMP SUPPORT	10,000	36,800
HEALTH AUTHORITY CMP FUNDING	92,468	150,845
HEALTH AUTHORITIES (all other events)	52,033	121,619
TOTALS	426,129	623,993



KINGS FUND COLLEGE

Programmes: 1982/83 and 1983/84

## 1. NHSTA FUNDED

Course No.	Date	Title	Participants	Member Days
843	11 - 15 April 83	Applied Management Course for Senior Registrars in Psychiatry	17	85
841(A)	18 - 20 April 83	General Medical Practitioners Part I	11	33
839(B)	16 May - 3 June 83	Administrators Development Course Part I	18	270
825(D)	20 June- 1 July 83	27th National Administrative Training Course	14	140
841(B)	5 - 6 July 83	General Medical Practitioners Part II	9	18
846	11 - 15 July 83	Applied Management for Senior Registrars in Community Medicine	14	70

Course No.	Date	Title	Participants	Member Days
836(A)	12 - 16 Sept 83	28th National Administrative Training Course	15	150
856	26 - 30 Sept 83	Management in Accident and Emergency Departments	17	85
854(A)	26 Sept- 14 Oct 83	Administrators Development Course Part I	20	300
874(A)	6 Oct 83	One day Seminar for General Practitioner Members of Inner London District Management Teams	8	8
857(A)	17 - 28 Oct 83	Unit Management Part I	16	240
857(B)	5 - 9 Dec 83	Unit Management Part II		
825(E)	31 Oct- 4 Nov 83	27th National Administrative Training Course	12	60
874(B)	3 Nov 83	One day Seminar General Practitioner Members of Inner London District Management Teams	8	8

Course No.	Date	Title	Participants	Member Days
858	14 - 18 Nov 83	Management Education for General Practitioner Course Organisers	18	90
860	14 - 18 Nov 83	Health Service Planning	14	70
836(B)	28 Nov- 2 Dec 83	28th National Administrative Training Course	15	75
854(B)	28 Nov- 16 Dec 83	Administrators Development Course Part II	20	300

Course No.	Date	Title	Participants	Member Days
868	9 Jan	Senior 84 Management Development Course	28	560
836(C)	6 - 24 Feb 84	28th National Management Training Course	15	150
825	12 - 13 March 1984	27th National Management Training Course	15	30
870	20 - 24 Feb 84	Management Education for General Practitioner Course Organisers	15	75
877(A)	27 Feb- 2 Mar 84	Health Service Planning	16	80
871	5 - 9 March 84	Applied Management for Senior Registrars in Psychiatry	19	95
885	13 - 15 March 84	Experimental Course for Family Practitioner Committee and District Health Authority Administrators	18	54
875(A)	14 - 16 March	Practice Management for General Medical Practitioners Part I	19	57



Course No.	Date	Title	Participants	Member Days
872(A)	19 March 6 April 84	Administrators Development Course	20	300
868(B)	8 - 9 May 84	Senior Management Development Course Part II	28	56
HRO/135	30 May	Day Seminar for Neuro Surgeons. Head injury Management	26	26
875(B)	31 May- 1 June 84	Practice Management for General Medical Practitioners Part II	18	36
836(E)	14 - 15 June 84	28th National Management Training Scheme	14	28
872(B)	11 - 29 June 84	Administrators Development Course Part II	20	300
889	3 - 4 July 84	General Management Workshop for Regional Health Authorities, Health Districts and Hospital Special Health Districts	13	26

Course No.	Date	Title	Participants	Member Days
933	11 - 12 July 84	General Management Workshop for Regional Health Authorities, Health Districts and Hospital Special Health Districts	13	26
836(F)	3 - 14 Sept 84	28th National Management Training Scheme	14	140
888(A)	10 - 14 Sept 84	29th National Management Training Scheme	16	80
890(B)	24 Sept- 12 Oct 84	Administrators Development Course Part I	20	300
858 & 870	6 - 7 Nov 84	Management Education for General Practitioner Course Organisers. Review Workshop	17	34
900	12 - 16 Nov 84	Management Education for General Practitioner Course Organisers	19	95
888(B)	26 - 30 Nov 84	29th National Management Training Scheme	16	160
890(C)	26 Nov- 14 Dec 84	Administrators Development Course Part I	20	300

Course No.	Date	Title	Participants	Member Days
914	10 - 11 Jan 85	General Management Workshop for Regional Health Authorities, Districts and Hospital Special Health Districts	13	26
C902(A)	16 - 18 Jan 85	Practice Management for General Medical Practitioners	20	60
903	28 Jan - 22 Feb 85	Senior Management Development Course	27	540
888(C)	11 - 22 Feb 85	29th National Management Training Course	15	150
906	25 Feb - 1 March 85	Management Education for General Practitioner Course Organisers	21	105
907	4 - 8 March 85	Doctors and Management in the N.H.S.	20	100
909(A)	11 - 29 March 85	Administrators Development Course Part I	20	300

LINK

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Cc

19

## OTHER ACTIVITIES

Course No.	Title	Participants	Course Days	Student Days
1983/84				
843	Sen. Reg. Psychiatry	Scot 1	5	5
862	SWTRHA Nurses Workshop	12	2	24
845A	Thames & Anglian Consortium	8	5	40
825	27 NMTS (NWTRHA Personnel Trainee)	1	10	10
(0)	27 NMTS (Wessex Supplies Trainees)	2	10	20
846	Sen.Reg. Community Medicine	Scot 1	5	5
847	Positive Employment Policies	18	3	54
852	Mgt. in A & E Depts.	(18) 1	5	5
866	Psychiatric Services: Transition	30	3	90
825E	27 NMTS (Supplies & NWTRHA)	3	5	15
845B	Thames & Anglian Consortium	7	5	35
865	NETRHA Consultants	12	5	60
860	* Health Service Planning	18	5	90
861	Doctors & Mgt in the NHS	19	5	95
857A/B	* Unit Management	16	15	240
869	Mgt Skill in Geriatric Medicine	18	5	90
879	Psychiatric Services: Transition	3	26	78
				956
1984/85				
877	Health Service Planning	16	7	112
867	UKCC	16	3	48
899	NWTRHA Consultants	20	3	60
881	Thames & Anglian Consortium	9	5	45
873	Positive Employment Policies	5	9	45
933	* Gen. Mgt. Workshop	13	2	26
889	" Ditto "	13	2	26
876	Sen. Reg: Community Medicine	17	5	85
880	Doctors & Management in the NHS	13	5	60
891	Mgt. in A & E Depts	15	5	75
881B	Thames & Anglian Consortium	10	5	50
898	NWTRHA Consultants	21	3	63
894	NETRHA " Ditto "	11	5	55
896	* Health Service Planning	17	5	85
917	Thames & Anglian Consortium	6	5	30
883	NWTRHA Consultants	17	3	85
890	* ADC	20	30	600
888	29 NMTS (NETRHA Supplies)	1	10	10
914	Gen. Mgt. Workshop	12	2	24
944	NWTRHA Consultants Review	16	1	16
945	" Ditto "	22	2	
903	* SMDC	27	20	

1984/85 Contd.

Course No.	Title	Participants	Course Days	Student Days
	1 NON-NHS	1	20	560
938	Manpower Planning	49	1	49
888C	29 NMTS (NETRHA Supplies)	1	10	10
907	Doctors and Mgt in the NHS	14	5	70
909	* ADC	20	15	300
939	Gen. Mgt. Development Programme	5 (+ sen. member)		79
				2668
N.B.	* Employing Authority Component of NHSTA Funded Courses.			

TREASURERS' WORKSHOPS

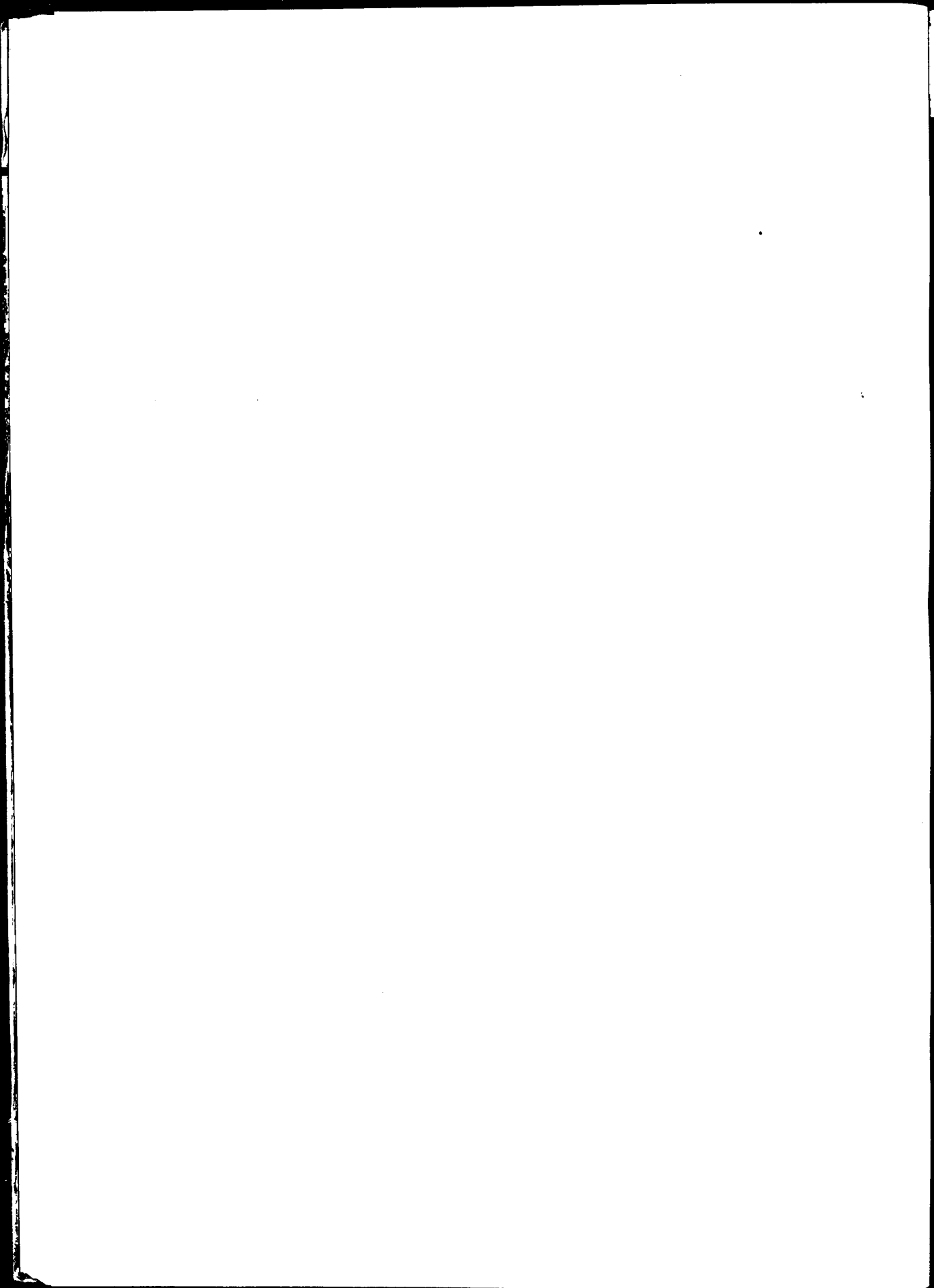
January 1984	12	7	84
June 1984	15	7	105
October 1984	13	7	91
January 1985	7	7	49

## KINGS FUND COLLEGE

## 3. CORPORATE MANAGEMENT PROGRAMMES

1983/84

CMP No.	Dates	Participants	Student Days
2	11th - 15th April 1983 9th - 13th May 6th - 10th June 18th - 22nd July	15	300
3	23rd May - 3rd June 1983 27th June - 1st July 25th July - 29th July 5th Sept. - 9th Sept 10th Oct - 14th Oct 7th Nov - 11th Nov 12th Dec - 16th Dec	14	560
4	9th Jan - 20th Jan 1984 13th Feb - 17th Feb 19th Mar - 23rd Mar	16	320
	1984/85		
4	30th April - 4th May 1984 4th June - 8th June 16th July - 20th July 3rd Sept. - 7th Sept.	16	320
5	14th May - 25th May 25th June - 29th June 23rd July - 27th July 10th Sept. - 14th Sept. 8th Oct. - 12th Oct. 12th Nov. - 16th Nov. 10th Dec. - 14th Dec.	20	800
6	14th Jan - 25th Jan 1985 18th Mar - 29th Mar	19	285





## APPENDIX C2

Kings Fund

### WORKLOAD

1.4.83 to 31.3.85

	1983/84	1984/85	TOTAL (two years)
NHSTA Funding (not including CMP)	£271,628	£314,729	£586,357
All Course Funding	£426,129	£623,993	£1,050,122
NHSTA Funded Course Days	175.0	163.0	338.0
All course days	371.0	448.0	819.0
NHSTA Funded Student Days	<b>3,103</b>	<b>3,188</b>	<b>6,291</b>
All student days	5,323	7,506	12,829
The Kings Fund has a Faculty equivalent to 18 full time lecturers: no NHSTA funded lecturer posts are established per se.			

### RATIOS

#### 1. Course days per lecturer per year

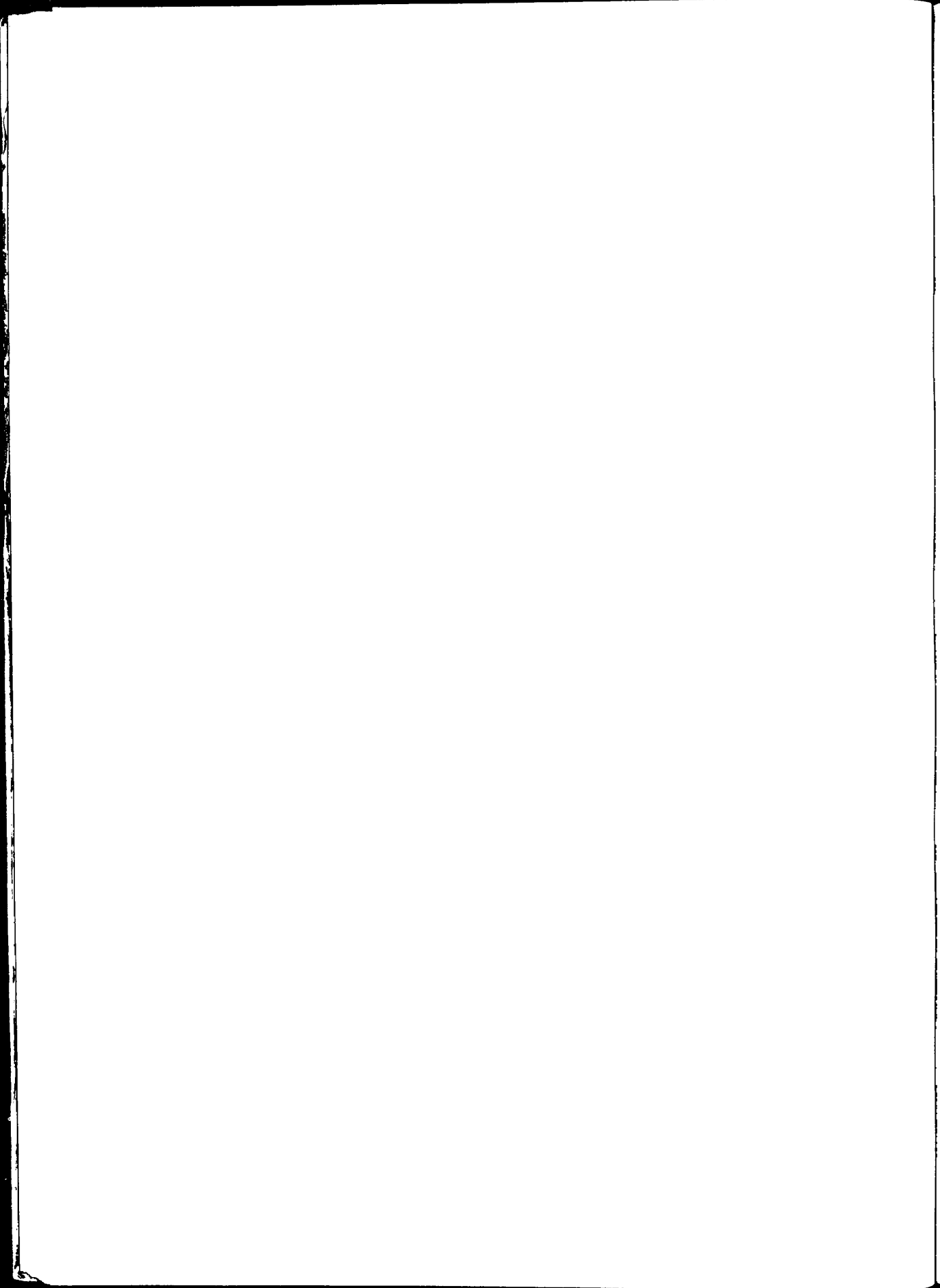
- (a)  $\frac{\text{NHSTA Funded course days}}{\text{Number of lecturers in Faculty}}$  = 9.4 NHSTA course days per lecturer per year
- (b)  $\frac{\text{All course days}}{\text{Number of lecturers}}$  = 18.7 course days per lecturer per year

#### 2. Student days per lecturer per year

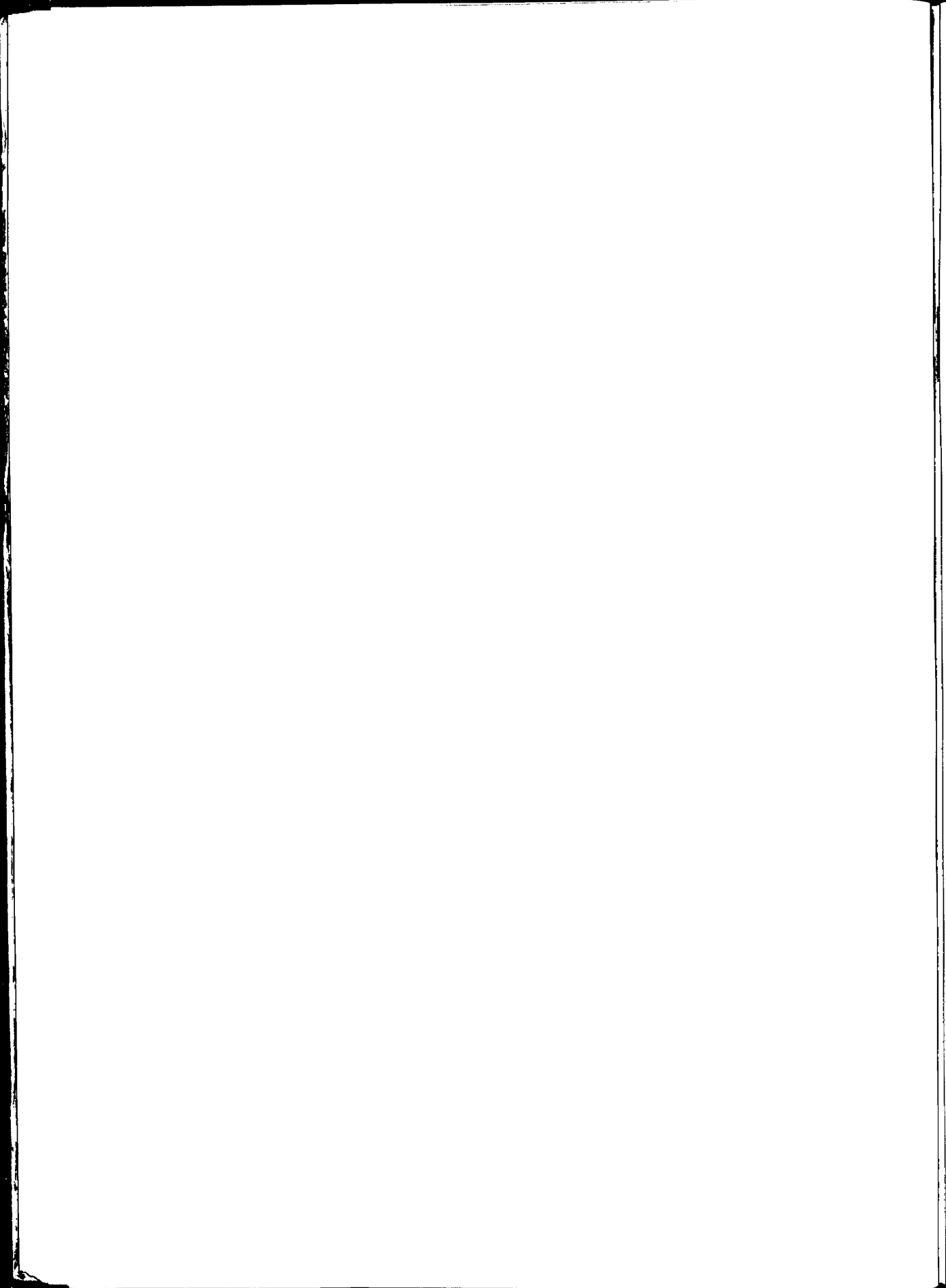
- (a)  $\frac{\text{NHSTA Funded student days}}{\text{Number of lecturers in Faculty}}$  = 175.0 NHSTA student days per lecturer per year
- (b)  $\frac{\text{All student days}}{\text{Number of lecturers}}$  = 356.0 student days per lecturer per year

#### 3. Cost per student day

- (a)  $\frac{\text{NHSTA Funding}}{\text{NHSTA funded student days}}$  = £93.21 per NHSTA student day
- (b)  $\frac{\text{All Funding}}{\text{All student days}}$  = £81.86 per student day







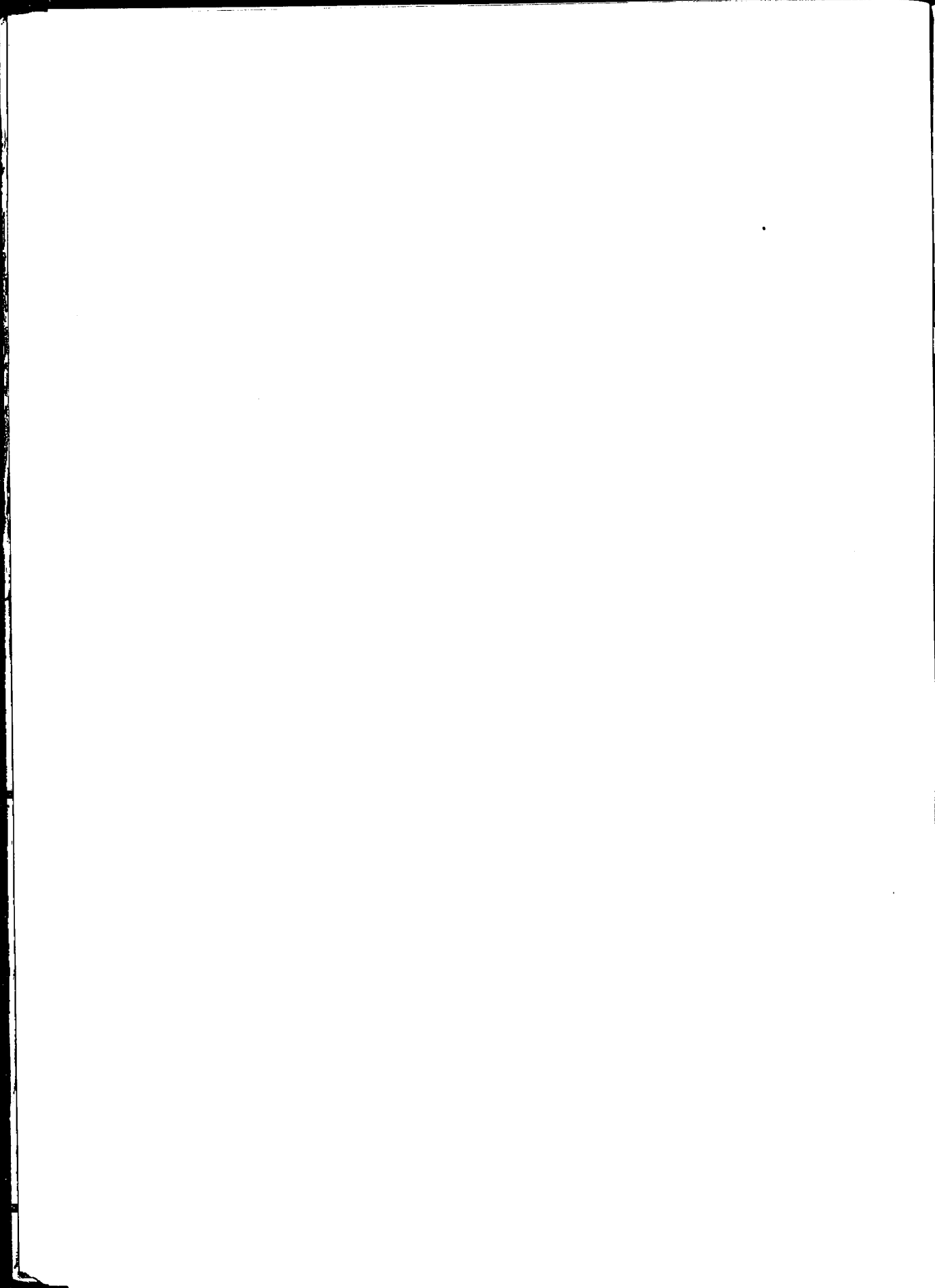
SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

THE  
HEALTH SERVICES MANAGEMENT CENTRE  
University of Birmingham

REVIEW TEAM VISIT

13th MAY, 1985

Dr. Iden Wickings  
Graham Smith



SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

HEALTH SERVICES MANAGEMENT CENTRE

REVIEW TEAM VISIT : Monday, 13th May, 1985

CONTRIBUTORS

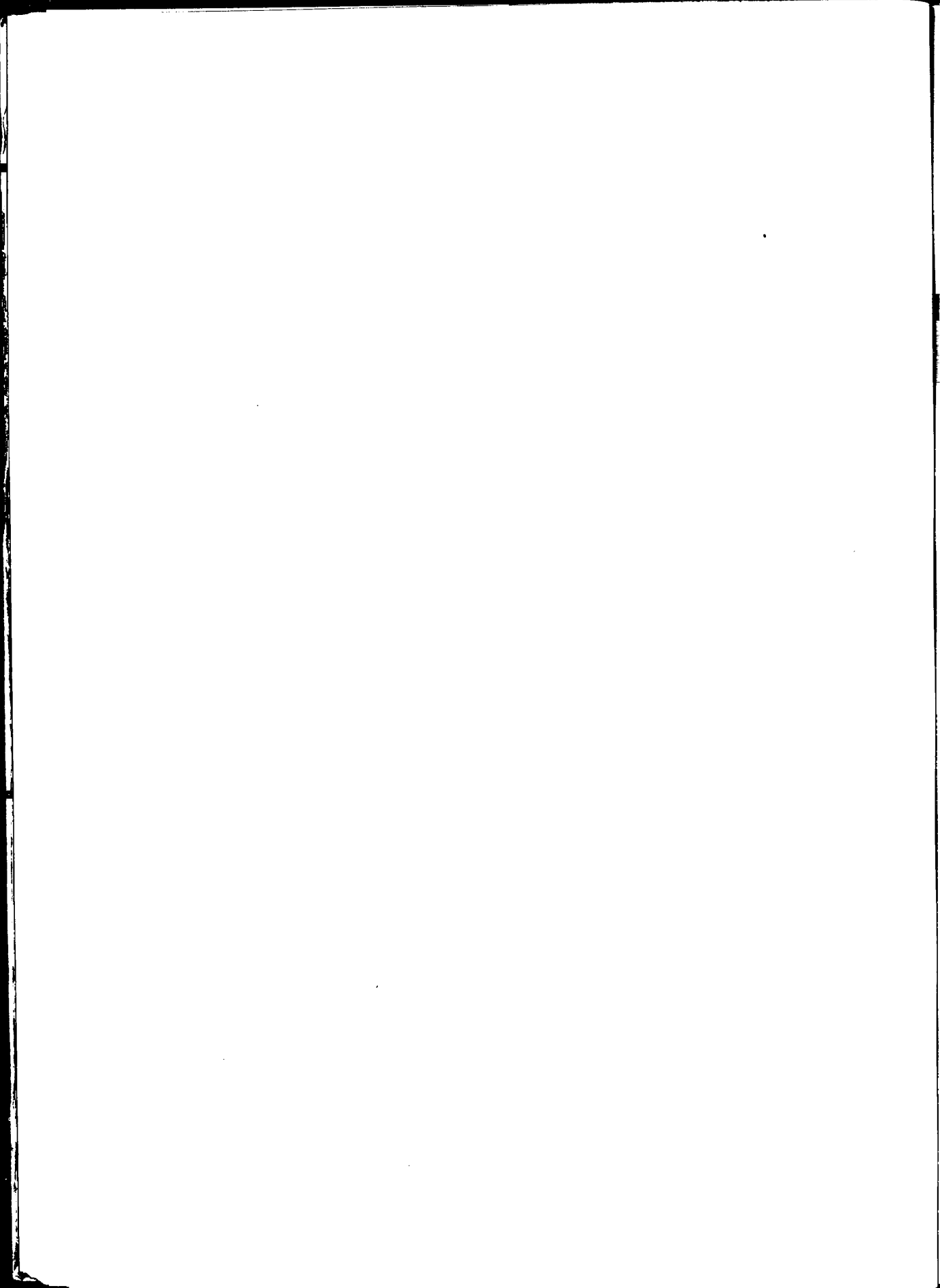
**Health Services Management Centre**

Dr. Mike Drummond	Acting Director
Ms. Jane Carruthers	Lecturer
Mr. Tony Cook	Lecturer
Mr. Stuart Haywood	Senior Research Fellow
Ms. Penelope Mullen	Lecturer in Quantitative Analysis
Dr. Graham Page	Lecturer (Part-time)
Dr. Peter Spurgeon	Lecturer
Dr. David Thompson	Lecturer
Mr. Doug Weller	Lecturer

**Review Team**

Dr. Iden Wickings	Review Director
Professor John Greve	Nuffield Centre for Health Service Studies, University of Leeds
Professor Gordon Forsyth	Health Services Management Unit University of Manchester
Mr. David Williams	Centre for Health Services Management Leicester Polytechnic
Mr. Graham Smith	per pro NHS Training Authority

**Venue:** Small Lecture Room,  
Health Services Management Centre,  
Park House,  
40 Edgbaston Park Road,  
BIRMINGHAM  
B15 2RT





SHORT TERM REVIEW OF NHSTA SPONSORED MANAGEMENT DEVELOPMENT PROGRAMMES

HEALTH SERVICES MANAGEMENT CENTRE

UNIVERSITY OF BIRMINGHAM

REVIEW TEAM VISIT : Monday, 13th May, 1985

CONTENTS

Page

Contributors to the Review

(i)

**VISIT REPORT**

Review Director's Opening Remarks

1

Centre Director's Introduction

1

Programmes for General Managers

4

Programmes for Unit General Managers

5

Administrators Development Course (Junior Management)

6

Administrators Development Course (Middle Management)

7

Issues in Health Care Programme

8

Programmes for Clinicians

9

Programmes in Financial Management

10

Specialist Seminars

11

Consultancy within Authorities

11

Research

12

Final Discussion

13

**APPENDICES**

Centre Staff

A

Centre Financing

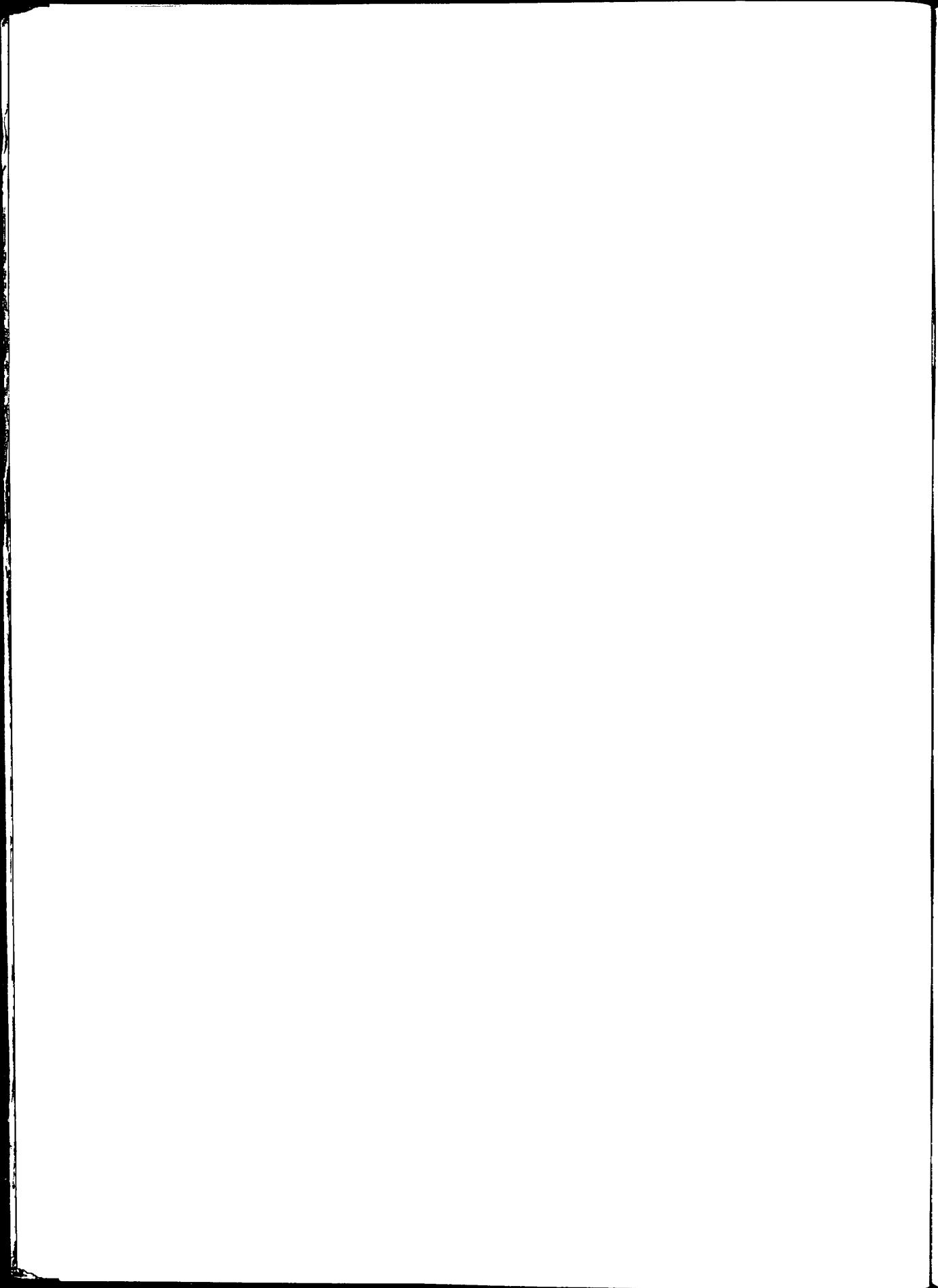
B

Programmes 1983/84 and 84/85

C1

Workload

C2



SHORT TERM REVIEW VISIT

HEALTH SERVICES MANAGEMENT CENTRE

Monday, 13th May, 1985

VISIT REPORT

**1. Review Director's Opening Remarks**

- 1.1 Dr. Wickings began the meeting by thanking the Centre and its staff for receiving the Visiting Team, and then stated the purpose of the Review.
- 1.2 The NHSTA believed that its sponsored Management Development Programmes should be supportive of Griffiths principles and philosophies; reflecting a drive towards General Management, and emphasising related topics such as performance measurement, management budgeting, quality assurance etc. Broadly, the Training Authority wished to ensure that National Education Centre programmes were working for - not against - the implementation of General Management.
- 1.3 The Review Team was not trying to evaluate teaching methods. It was looking for evidence of 'Griffiths thinking' in the Centre's programme, and was particularly interested in how programmes had changed to match the new management culture.
- 1.4 The Review would also seek information on:
- the Centre's priorities and how programmes were designed to meet them;
  - the coherence and comprehensiveness of the range of courses and other activities;
  - the market for its programmes;
  - the decline of uni-disciplinary courses; and
  - the balance of its workload.

In essence, the Review was seeking to award an NHSTA "Good Housekeeping Seal of Approval".

- 1.5 The Review Team's Report would be submitted to the Training Authority; who were likely to refer it to the Steering Group managing the current Review of Management Education and Development.

**2. Centre Director's Introduction**

- 2.1 Mike Drummond welcomed the Visiting Review Team. HSMC staff had approached the Review Team Visit as a team, and looked forward to discussing their portfolio of programmes.

- 2.2 The central purpose of the HSMC was "to improve the effectiveness of Health Services management by bringing academic ideas and skills to bear on practical issues in the organisation, management and evaluation of Health Services". (quoted from supporting papers). The Centre sought to "assist NHS managers in improving their own and their organisations performance, not only by helping them respond to the main issues of the day, but also by challenging existing managerial concepts". Mike Drummond emphasised that the Centre sees itself as supporting the Griffiths implementation.
- 2.3 Centre staff had debated whether the Unit should be a Policy Institute, or a Management Development Agency. Staff considered it their responsibility to ensure that programmes were responsive to changes in the NHS. This sensitivity gave the Centre the status to challenge current practice in the Service. HSMC tried to adapt its programmes to reflect the key issues facing NHS managers. The responsibilities for individual courses were clearly identified amongst its staff, and the portfolio was integrated and managed by a Teaching Activities Working Group.
- 2.4 The Centre now had eleven staff on the Core Faculty. Eight of these staff had University tenure. There was very little demarcation amongst staff, and the Centre expected all of its lecturers to mix teaching, research and consultancy. HSMC had the advantage that the Inter-Authority Comparisons and Consultancy Unit (John Yates) and the National Association of Health Authorities were nearby. These were separate units, but sometimes combined to mount events (e.g. NAHA, SAUS and HSMC were running a programme for newly appointed Authority Members in the autumn). Three members of HSMC's staff were members of local Health Authorities.
- 2.5 In response to a question from Dr. Wickings asking for evidence of the Centre challenging existing NHS tenets, Mike Drummond noted the emphasis placed on measurement of outcome; not a popular subject with NHS managers. Centre staff also quoted the Planning Evaluation Programmes, which were developed long before the DHSS took similar initiatives.
- 2.6 The Centre would like to strengthen its research portfolio, but recognised that its activities were essentially practical. Staff did not want to do purely academic research: what research was undertaken informed the programmes for managers, and vice versa. Staff felt that the Centre gained considerable respect by virtue of its research portfolio.
- 2.7 The Review Director noted that the Centre researched what people think, rather than what they should think. He questioned what the Centre was doing to provide 'ideas leadership' in the NHS. Mike Drummond replied that there was a need to find out what is going on in the Service, and agreed that the Centre's research on Health Authority Members and quality measurement concentrated on this approach. Penny Mullen noted the need for managers to gain a wider perspective on local issues (e.g. planning) and such research could facilitate this.

- 2.8 Mike Drummond noted that the Centre's consultancy work allowed staff to understand how the Service functions, as well as provided value to host Authorities. The Centre was likely to develop its in-Authority work further so that it mutually reinforced its teaching commitments. However, the Centre was not a consultancy agency, and was therefore not attempting to gain any particular market share in this field. Centre staff were also looking at proactive consultancy: making approaches to those Authorities with real problems. The Review Team recognised that this was a sensitive area, and an interesting discussion ensued.
- 2.9 HSMC had some joint appointments with Health Authorities (e.g. North Warwickshire). This was seen as an effective and economic way of buying in scarce or expensive skills, and enabling growth.
- 2.10 Centre staff felt that their Management Development Programmes had been adapted over time. The research into how managers learn, carried out by David Thompson and Don White, informed some of these changes. The restructuring of the National Management Training Scheme, and research into the role of the mentor done by John Clark was also quoted. There had also been a shift towards more problem-based learning: the 'Issues in Health Care' programme built its agenda from course members identified needs.
- 2.11 The Centre currently had a mix of uni-disciplinary, and multi-disciplinary courses. A unique activity was the joining up of the Upper Middle Management Course to the Community Physicians Course for a short time, so that a mix of administrators, nurses and doctors appeared in syndicate groups for a week. The Centre would like to offer programmes to NHS managers at all stages of their career, mixing longer programmes with specialist topic seminars. It was noted that the Centre also had some more personalised development programmes available (e.g. the NHS Fellowship Scheme and the MSoc.Sc. degree).
- 2.12 On balance, Centre staff felt that being based in the University was an advantage. This arrangement meant that the Centre can offer a Master's Degree at little staff cost when co-operating with the Local Government Department of the University (approximately ten students per year take the Health Service options). The University also offered wider facilities such as the Library and Computing Services.
- 2.13 Mike Drummond noted that although the Centre was accommodating Griffiths in its programmes, it felt that a lot more could be done for some target groups (such as Clinicians). The Centre had now grown to a relatively large organisation, and had established Convenors to manage the main areas of its activity e.g. teaching, publicity, finance, consultancy and overseas work.
- 2.14 HSMC was also putting effort into the development of its own staff, through appraisal, information exchange, and ideas seminars. The Acting Director concluded his introduction by noting that the Centre had just shortlisted for a Lecturer in Management Development; a post financed from its own income.

### 3. Programmes for General Managers

- 3.1 Stuart Haywood introduced the General Managers Workshops (two days). These Workshops were based on the philosophy that the implementation of the Management Inquiry Report will lead to a fundamental change in the management of the Service, particularly:
- an extension of the responsibility of Managers (managers will be concerned with a different Agenda than in the past)
  - a change in the perspective for the role of top organisational managers
  - a diminution in Government confidence in public sector managers.
- 3.2 The General Managers' Workshop Agendas were built by participants. If the discussion faltered, then HSMC staff reminded participants of the imperatives of General Management. Stuart Haywood felt that these Workshops had made significant changes in DGMs understanding of the management style required in the new culture.
- 3.3 Two of these two-day workshops had been run so far, totalling fifteen participants. The participants came from mixed backgrounds (50% were ex District Administrators), and it had proved very beneficial to mix the internal and external DGMs. Two more such workshops were planned: one particularly for DGMs new to the NHS. DGM Workshops in 1986 will look at the practical appraisal of performance.
- 3.4 Some District General Managers moved from the Workshop on to the Support Programme to tackle key projects identified during the short event. This Support Programme was linked to MSC funded research, and also to the Change Management Fellowships. DGMs came back to the Centre after six weeks, having assessed their own pressures (whilst HSMC staff discuss the support that they can provide). An action plan was agreed, which included six months of support from Centre Staff (totalling five to ten consultancy days per project). Such projects had included; identifying decision making levels, specific performance criteria for senior officers, developing an in-house management development approach, etc. Most of the projects were a direct result of Griffiths initiated changes.
- 3.5 Dr. Wickings suggested that these short Workshops were only attracting the better District General Managers, and asked whether the Centre had a strategy to gain entry to problem areas. Stuart Haywood said that there had been opportunities to get into Districts through 'the back door' via Health Authority Chairmen and Members. If the centre had more resources, then staff could get into Districts through interaction with managers at other levels. David Williams asked whether the Centre felt it should have incorporated speakers with commercial expertise into the DGMs events. Stuart Haywood felt that this could have led to defensiveness on the part of DGMs present.

3.6 Dr. Wickings noted that allowing DGMs to build their own programmes sounded rather dilettante, and not very purposeful. Stuart Haywood disagreed, saying that Centre staff had decided that Griffiths was a critical change in the NHS in the summer, and since then staff had pursued this programme with zeal. The Centre was also expecting an upsurge of projects as District General Managers were confirmed in post. The Review Team expressed concerns that the Workshops were too short to cover topics intensively.

3.7 Dr. Wickings also noted that the National Education Centres were not involved in the majority of Health Districts, and that this problem would be exacerbated as UGMs were appointed. Peter Spurgeon agreed, and emphasised the importance of making the concept of General Management pervasive at all levels: therefore consultancy work was as important as Management Development programmes.

#### 4. Programmes for Unit Level Managers

4.1 Jane Carruthers introduced the programmes for Unit General Managers and Unit Level Managers.

4.2 The Centre had run one workshop for officers interested in Unit General Management. This attracted twelve participants in March 1985, and another was planned for June. These events provided an opportunity for those interested in Unit General Management to discuss its major issues.

4.3 In autumn, the Centre will run three Introductory Seminars for new Unit General Managers (at the request of the NHSTA) which will investigate accountability, objective setting, and performance measurement. These events will include some other specific issues such as budget management. It was also hoped that UGMs will do some action planning during these events, and Centre staff hoped to mount specialist workshops to meet some of these needs at later dates. These introductory seminars could form the first part of a possible personal development programme for individual Unit General Managers.

4.4 Jane Carruthers noted that there will be a need for Unit General Managers to discuss how General Management will affect their key officers. The Centre hoped to offer workshops on this topic in 1986.

4.5 Dr. Wickings asked about the problems and differences that Unit General Managers will meet during the first year of their tenure. Jane Carruthers specifically mentioned:

- coming to terms with the District General Manager;
- setting specific targets;
- setting objectives in previously 'no go' areas;
- Assessing performance etc.

The Centre had a group of District Treasurers which it called upon from time to time to provide financial expertise. In response to a question, Jane Carruthers noted that so many Unit General Managers would require help nationwide, that there was room for both Regional and NEC activity at this level. Both Jane Carruthers and Peter Spurgeon were doing consultancy work on, or with, Unit General Managers.

- 4.6 Dr. Wickings expressed concern that these workshops were so short, the General Manager at Unit Level event lasted for some ten hours as did the workshops for Unit Management Groups. The Strengthening Unit Management was two and a half days in duration as was the Financial Management at Unit Level seminars. Dr. Wickings emphasised his concern about short 'sheep dip' seminars but recognised that there was a resourcing issue in that Centres could not support the development of a large number of UGMs, much of which work would be within Authorities. The ensuing discussion centred around whether the investment being made by NECs into UGMs was sufficient when compared with the task facing the Service. Stuart Haywood noted that, even if each NEC aimed to make a significant impact in twenty Authorities, it would still need further resources. Dr. Wickings suggested that the Centres should be such obvious value for money that Authorities would pay for their work anyway. Doug Weller noted that effective management development - based on individual's problems and practices - was much more resource intensive than traditional approaches.
- 4.7 Dr. Wickings used this opportunity to ask about the Centre's relations with its 'zoned' Regions. Stuart Haywood said that HSMC staff did not have a lot of knowledge about General Management arrangements within these Regions because HSMC was more of a national Centre. However, staff members did attend various Regional Staff Committees, and met Regional Training Officers from the zoned Regions. Advice was sought from NHS officers on various programmes, but they were not necessarily discussed with the zoned Regions.
- 4.8 Stuart Haywood returned to the criticisms concerning the shortness of the workshops. The Centre recognised these problems, and wished to regard the workshops as the first part of a development programme: a modular development programme was more supportive, but experience had shown that DGMs and UGMs wanted shorter, open ended, discussion.
5. Administrators Development Course (Junior Management)
- 5.1 David Thompson introduced this course. The ADC received participants at a formative stage in their career. "It enables them to consolidate and extend knowledge and skills, usually acquired on the job, broadens their understanding of the Service and strengthens their confidence". (Quoted from supporting papers). The NHS was constantly changing, and junior managers needed to understand, and be exposed to, the changes although they were not immediately involved in them. Junior Administrators were immersed in the practicalities of the Units, and it was sometimes difficult to get them to see the implications of major issues such as General Management. The ADC was a development course; participants were



seen periodically over a period of twelve months. It also placed considerable emphasis on bridging the learning-workplace gap and was grounded in theories of learning.

- 5.2 The ADC (Junior Management) had five principal themes. These included the context of the NHS, the environment of Health Care, the functions of management, the ethics of Health Care, and the use of information. Tutors used participants' formal debates to expose key issues. Further programme development was unclear. The current format would probably be kept for at least a year as David Thompson felt that changing the approach might be more confusing than necessary.
- 5.3 ADC participants had the opportunity of coming to an Introductory Statistics Week. This seminar was for those who had not done statistics, or felt unsure about quantitative methods. The aim was to produce critical consumers: who knew what to ask for when confronted with statistical analyses. It also enabled them to develop basic information presentation skills themselves.
- 5.4 Graham Smith commented on the apparent discontinuities in the course programme; various themes and subjects seemed to be interrupted or lack a logical flow. David Thompson agreed that, although there was an overall learning design, practical difficulties occurred when programming external speakers. The ADC courses depended on a large number of outside speakers, some of whom he felt were not adequately briefed, but who provided an important wider perspective on key issues.
- 5.5 Dr. Wickings noted that most of the programme was timetabled for speakers, and that there was not a lot of private study time. HSMC staff stated that this was a deliberate process; based on their experience of the participants. This did not reconcile with the research which Centre staff had done on taking learning from an educational institution to participants (based on the Kolb Learning Cycle). Professor Forsyth welcomed the involvement of bosses, but noted that tutored project work was costly if the Centre had to charge full costs in the future.

## 6. Administrators Development Course (Middle Management)

- 6.1 Doug Weller introduced the Middle Management ADC and noted that the Hoare Working Party suggested ADC courses for Scales 9 to 14 some five years ago. HSMC then put forward a proposal, and he took over the directorship of the programme four years ago. This four years experience has led to certain changes being considered. Many of the participants, but not all, were potential Unit General Managers.
- 6.2 The Centre found the NSC (Admin & Clerical) objectives for ADCs, and their application forms, unhelpful. HSMCs own objective for the ADC (Middle Management) was "to take good administrators and make them better managers ..... it does this by offering them the opportunity to spend four weeks away from the day to day pressures of work discussing with academics, leading practitioners, and

colleagues from various parts of the Service current issues and problems facing the NHS as well as new ideas in management." (quoted from supporting papers).

6.3 This course was four weeks long, and had consistently been one of the most popular programmes offered by the Centre, with applications running at about four times the number of places available. Professor Forsyth noted that these programmes were originally intended for those who had not had any development for some five years, and for specialist professionals. Doug Weller agreed, and noted that for many course members it was the first time that they had participated in any developmental activity since entering the service.

6.5 The changes being considered to the Administrators Development Course (Middle Management) included:

- pre and post course conferences;
- involving bosses in establishing learning objectives (currently bosses are not involved at all);
- more deliberate follow-up of action plans (via the post course conference);
- a review of membership.

The involvement of FPC Administrators had brought a useful community orientation to the course, but non-administrative managers had not been included. It was the Centre's intention to include other disciplines in time, but they did not want the calibre of participants watered down by having naive managers from other professions. Graham Smith asked what differentiates the administrative approach, from a management approach. Doug Weller emphasised a wider perspective, the management of change in organisations, and less specialisation.

6.6 HSMC staff felt that the ADC (Middle Management) programme was more generic than the Unit General Manager courses. Participants were unlikely to become UGMs for at least two years.

## 7. Issues in Health Care Programme

7.1 Jane Carruthers introduced the issues in Health Care programme which replaced the Senior Management Development Course (the SMDC was now discontinued). It was intended that this new course was owned and run by its participants; this made the programme more relevant to what Senior Managers were actually doing. Senior Managers chose the issues for exploration, and staff acted as facilitators.

- 7.2 The objective of this programme was "to challenge and to examine critically the orthodox assumptions which underly management thinking and practice in the NHS. Participants will be given the opportunity to test and extend their management knowledge and skills through the systematic study of current issues in health care rather than by following the more traditional course format of studying management ideas in a series of discreet, identifiable subject areas". (Quoted from supporting papers).
- 7.3 The programme attracted a wide range of participants, who were all 'self-starters'. All applicants were interviewed, and were expected to come with prospective projects. The pre-course conference identified the agenda for the programme but this schedule is flexible. Centre staff did put up issues for discussion and therefore created part of the agenda. The programme relied heavily on HSMC staff and individual participants were tutored by individual staff members (there were no routine visits to their home organisation, although ad hoc visits did occur if tutor or participant identified a need).
- 7.4 The Issues in Health Care programme extended over one full year, involving five events including two major modules. It began with a pre-course conference (two days) followed some two months later by Module One (three weeks). An Inter Module workshop (three to five days) followed two months later. Module Two (two weeks duration) took place some four months later, and the programme concluded with a post-course conference (two days) taking place after a further three months.
- 7.5 Dr. Wickings asked about the size of membership for the programme, particularly noting that groups of nine and eleven respectively were small and therefore expensive. Jane Carruthers noted that there was more demand for this programme than for the old SMDC, and that the HSMC had set programme membership at twelve. Numbers applying remained high, but a large percentage was rejected.
- 7.6 Dr. Wickings also asked Centre staff to identify the major differences between the SMDC and the new Issues in Health Care Programme. Mike Drummond emphasised the difference in learning style: for the new programme the members determined the issues to be explored, briefed the speakers, and managed the sessions. Graham Smith questioned how staff ensured that General Management issues were explored. Mike Drummond reassured the Review Team that the Griffiths culture permeated the course, and that HSMC staff ensured that issues of performance etc. were covered.
- 7.7. The discussion concluded with the Review Team expressing concerns about the Centre vacating the middle ground of development for sound, plateau managers. This was particularly problematic as most of the other NECs were also no longer offering programmes for the ordinary manager; they were concentrating on the 'high fliers' and District or Unit General Managers. One explanation was that the NECs were responding to what they believed were the NHSTA's priorities.

## 8. Workshops for Clinicians

- 8.1 Dr. Graham Page, who had been involved in Clinicians programmes at HSMC for some seven years, introduced the various workshops which the Centre ran for medical staff. These fell into two broad categories: those jointly run by the HSMC and the University of Aston for the West Midlands Regional Health Authority; those events run within the Health Services Management Centre.
- 8.2 The West Midlands RHA had a well developed policy for, and considerable commitment to the training of doctors (the Regional Medical Officer is especially supportive). Workshops were run for both Senior Registrars, and Consultants. The Consultants workshop comprised an Introductory and an Advanced Workshop. Seminars on special topics included:

The management of a Doctor's time;

Legal aspects of practice;

Leadership Skills Course.

Most events were for twenty plus Doctors, and were two to three and a half days in duration. They were residential and informative. Only the Leadership Skills Course was aimed at attitudinal change, and had a six months follow up Seminar. It was noted that Stuart Haywood also ran events for Northern RHA for Clinicians.

- 8.3 Most Clinicians events within HSMC were two to three days in duration, and covered specialist topics (e.g. clinical budgeting). Dr. Page noted that he had inherited a programme for Clinician members of Management Teams, but these events were discontinued due to lack of demand. However, Dr. Page wished to mount some events for Clinician Unit General Managers to bring them to the same level of management development as other UGMs. As well as clinical budgeting events, the Centre ran seminars on Comparisons of Health Care Systems, and (jointly with the University of York: workshops on 'Effectiveness and Efficiency in Patient Care') Dr. Page confessed that he had many ideas for further events, but did not have the resources. HSMC would like to build a team of Clinician Support Tutors who could then resource workshops in problem districts.

## 9. Programmes in Financial Management

- 9.1 Tony Cook introduced this topic, and noted that management budgeting must be seen in a context. It was an integral part of NHS financial management. The Centre's work in this area had two themes:

Specialist events for Treasurers and finance staff;

Appreciation Seminars for non-finance staff.

- 9.2 Events for Treasurers included workshops on Value for Money, Planning Control, and Performance Measurement. Workshops for non-financial staff included:

Financial management for Unit Management Teams;

One day seminars for Authority members; and

Budgeting for Clinicians.

Tony Cook noted that the Griffiths recommendations gave this last event topicality, although the approach was designed to overcome real problems in NHS financing.

- 9.3 Tony Cook also noted that the Centre was not trying to compete with the Kings Fund College's activities; there were opportunities for all in this area. The Centre must try to keep abreast of developments in the Service and, to this end, three District Treasurers had visiting lecturer status, Tony Cook was a member of the West Midlands Treasurers Association and its Research Group, and the HSMC had recently hired John Perrin to review developments in Finance within the NHS.
- 9.4 Tony Cook felt that the Centre should be clearer about the nature of the financial input to its ADC courses, that the Training Authority should fund more active research in this area and that the Centres should put pressure on the NHSTA to do this.
- 9.5 The Review Team expressed concern about the brevity of some of the budgeting events, especially those for Clinicians. These two day events were intended to serve a variety of major objectives. Such workshops could not promote a General Management perspective amongst Clinicians. Centre staff noted that participants preferred the short event, but that slightly longer events were planned for the future.

## 10. Specialist Seminars

- 10.1 Penelope Mullen introduced the Centre's portfolio of specialist seminars, and said that HSMC were trying to produce a co-ordinated range of short and long courses to meet the needs of the Service and new developments. Specialist seminars (ten days or less) fit into this wider body of work. These short seminars were developed to meet new areas (e.g. Unit General Managers) or new approaches (e.g. Evaluation and Appraisal) as they arise. However, some were intended to maintain the Service (e.g. Introduction to Planning; Introduction to Statistics etc.). Specialist seminars were usually multi-disciplinary, although a few were solely for Clinicians. They were used to complement other longer courses, and could also serve to make them more multi-disciplinary.
- 10.2 Dr. Wickings asked whether the Centre ran courses for Paramedical Managers. Mike Drummond noted such officers would come to other programmes such as the "Issues in Health Care", or the specialist seminars. Senior Nurse Managers came on all the multi-disciplinary programmes. Penelope Mullen noted that the specialist seminars had proved very successful, and a very high percentage of planned events did run.

## 11. Consultancy within Authorities

11.1 Stuart Haywood introduced this topic, and noted that HSMC staff had an extensive consultancy load. They had worked in at least thirty three Health Authorities within the last twelve months, including twenty Authorities where their consultancy was associated with the District General Manager. In-Authority work included:

running short workshops;

organisation development activities;

a selection service;

problem analysis; and

management consultancy.

11.2 The Centre's philosophy was to be helpful and responsive, with the intent of improving both HSMC, and the Authority's, effectiveness. Centre staff also found it very satisfying to see practical improvement. Such consultancy generated live case study material and informed teaching. In addition it brought in about £45,000 worth of income per annum. Stuart Haywood noted that the Centre now faced a critical decision in this field. Should the Centre promote its consultancy work? If so, who should be the target of such work? Should the Centre concentrate on those that ask, or those who need help? Does the Centre want to concentrate on a restricted set of consultancy topics (to sharpen their image) or should it keep a wide range? Should all staff have a balance of teaching, research, and publication (50% of the staff are well involved in consultancy although many of these are running workshops within Authorities)? Mike Drummond emphasised that the Centre believed that all its staff should be undertaking some activity which kept them in touch with the Service.

11.3 The Centre expected that its consultancy work could be expanded if it chose to do so. Its current charges varied, but HSMC staff were concerned that relatively small District training budgets could not sustain the charges which HSMC would levy when funding arrangements changed.

## 12. Research

12.1 Mike Drummond briefly outlined the research interests of Centre staff. This included:

(i) Jane Carruthers was doing research at Unit Management level with Derek Williams and others.

(ii) Tony Cook was undertaking a PhD thesis on capital expenditure planning and control (in Bath). He would like to develop a definitive funding model for Health Authorities.

- (iii) Mike Drummond was looking at the economic evaluation of alternative clinical practices (usually at the request of Clinicians), including Community Care for the Elderly Mentally Infirm, and neo-natal Intensive Care. He was also using option appraisal to evaluate new technologies and clinical developments.
- (iv) Stuart Haywood was taking an international focus on the budgetary behaviour of Health Systems in difficulties. He also had a special interest in the development of Health Authority Members and Chairmen.
- (v) Penelope Mullen was still publishing on Health Care Planning Teams, and was following this up with a pilot survey on the current status of HCPTs. She was working on performance indicators and information, and acted as a research methods consultant to HSMC staff.
- (vi) Peter Spurgeon was conducting an MSC funded project synthesizing existing management literature. He was also doing work on psychometric norms for various groups in an attempt to identify those with potential for General Management. He was currently finishing writing a Penguin book on Applied Psychology.
- (vii) David Thompson had management development as the central theme to his research and was concentrating on decision making at District level, and how Managers formed coalitions in the pursuit of goals. He was also interested in learning theories in order to inform the work of the Centre.
- (viii) Douglas Weller was researching criteria for excellence in Health Authorities, and the development needs of FPC Managers. His main research was in the Centre for Study of Organisational Change at Bath University and concerned Cognitive Mapping.

12.2 Mike Drummond noted that the Centre still had three Officers on the NHS Fellowship Scheme. The Centre did not have the resource to sustain more at the moment, but they added an interesting dimension to the work of the Centre. Dr. Wickings asked whether any other Centre activity has not been covered. Mike Drummond drew the Review Team's attention to the Nursing Management Development Programme; ten members starting in December 1985. The Centre hoped that this programme would be amalgamated with its multi-disciplinary work. HSMC also had a large commitment to working with overseas students, and its staff also worked overseas.

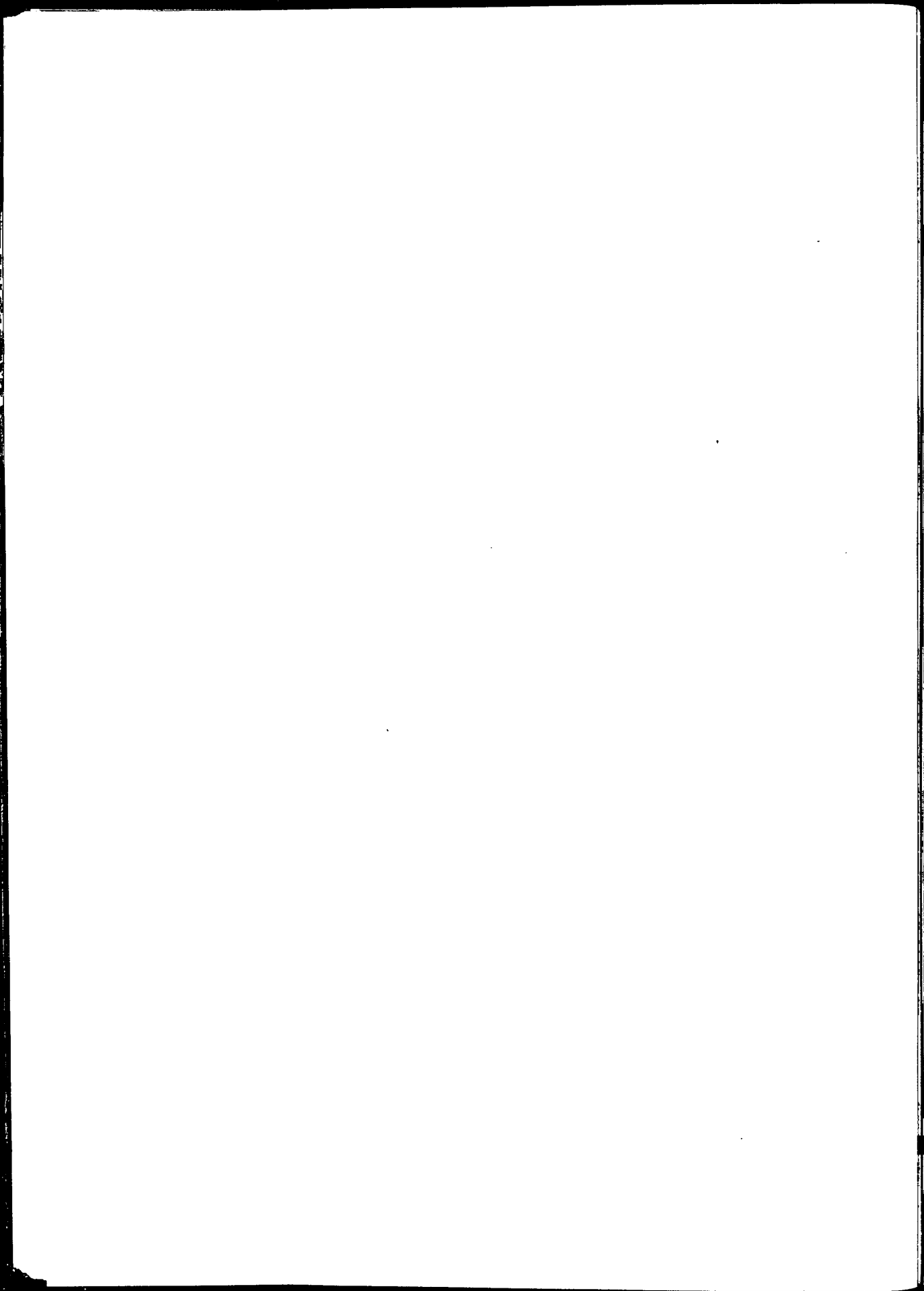
### 13. Final Discussion

13.1 The Review Director opened the final discussion by noting that each of the National Education Centres was different, each had a different market and programme. The Review Team would therefore not make any final judgements until all the Short Term Review Visits had been completed. He then invited Review Team Members to comment on the day's discussion.

- 13.2 Professor Greve thanked HSMC staff for a clear and coherent view of their programmes and future intentions. He was particularly impressed with the integration between teaching, research and development and the way these three dimensions enriched each other. The Centre had a wide range of activities amongst its teaching, consultancy, and research commitments. Was it perhaps involved in too many things? Its consultancy activities were particularly strong as they involved the co-operation of many senior managers.
- 13.3 The Review Team felt that the Centre was firmly rooted within the University, and was making good use of its relationships, especially with the Local Government Institute. There was a strong feeling that the Centre staff operated as a team, and had an enquiring and professional attitude.
- 13.4 David Williams also noted the supportive atmosphere amongst the staff group. However, he felt that the financial management input could be both strengthened, and better integrated, in many of the Centre's programmes (especially within Unit Management activities). Dr. Wickings reinforced this concern and questioned whether financial inputs really concentrated on management budgeting. David Williams also questioned the low level of information technology input on many programmes.
- 13.5 The Review Team commented on the strengths of the Centre's consultancy activities. They were concerned that resources were being stretched rather thinly and that the programme might not be too robust. The Centre really required a second well respected generalist such as Stuart Haywood. Dr. Wickings liked the Centre's purposefulness in its consultancy; using it to inform its teaching, strengthen the internal resource, and to provide a source of funds. Mike Drummond commented on the need for NECs to steer a sensitive course between academic research, and becoming a consultancy business.
- 13.6 The Review Team questioned whether the Centre was too committed to the West Midlands RHA. Mike Drummond assured the Team that this was merely the balance of the presentation, the Centre was also conducting much work in South Western RHA. They were also considering ways to ensure better links with Regions, including establishing Fellows. Dr. Wickings expressed concern that, as a National Education Centre, HSMC had at times seemed relatively unaware of National and Regional initiatives. Much of its work was being undertaken within District Health Authorities, and a wider perspective was being lost.
- 13.7 Dr. Wickings, in commenting on the overall strengths of the Centre's portfolio of programmes, questioned whether there was a clear vision of an effective Unit General Manager informing the UGM programme. The UGM programmes were not substantial, required a clearer understanding of General Management, and should focus on the key priorities of the new culture. There was no evidence that the Centre was building strong UGM programmes for the future. Mike Drummond assured the Review Team that a strong team would be dedicated to UGM events in the future, but that lack of resources had prevented such concentration thus far.



- 13.8 The Review Team re-emphasised their concerns about the shortness of some programmes, and that such brevity would not lead to attitudinal change on the part of course members. A few programmes included too wide a selection of speakers to properly manage. However, many programmes evidenced significant change to accommodate General Management thinking. The Issues in Health Care programme was exciting and a proper successor to the SMDC. Dr. Wickings accepted that a Junior Management ADC should be more didactic in tone, but thought that the Middle Management ADC programme should have shown greater change and evidence of a pervasive general management approach.
- 13.9 The Review Team felt that the Centre might capitalise more on its relationships with NAHA and the Inter-Authority Comparisons Unit. The links to the University, and Inlogov were fruitful.
- 13.10 The Centre's empirical research was praised, and was clearly informing staff activity on Management Development Programmes. There was, however, some feeling that HSMC should show more 'ideas leadership' within the Service. More proactive research would enable innovation, and predict key issues for the longer term.
- 13.11 Dr. Wickings congratulated the Centre on the quality of its staff, their enthusiasm, and their collegiate feeling. He expressed some concern about the size of the Faculty which, if feasible, should be enlarged. Currently, they had a single specialist in most subjects. This should be a concern for the longer term as, not only are these specialists being thinly spread across the various programmes and activities, but their ideas may not be sufficiently challenged and tempered by informed colleagues' criticisms.
- 13.12 The Review Team recognised that many HSMC staff had effectively built a general management orientation into their programmes. The portfolio of such programmes was relatively wide, but little of substance was now available for District or Unit General Managers. HSMC had already mortgaged its staff resources through its DGM Support Programme.
- 13.13 Dr. Wickings, in closing the Review Meeting, thanked Dr. Drummond and all the HSMC staff for their presentations, the hospitality shown to the visiting Review Team, and particularly for the excellence of the papers submitted for the Review.

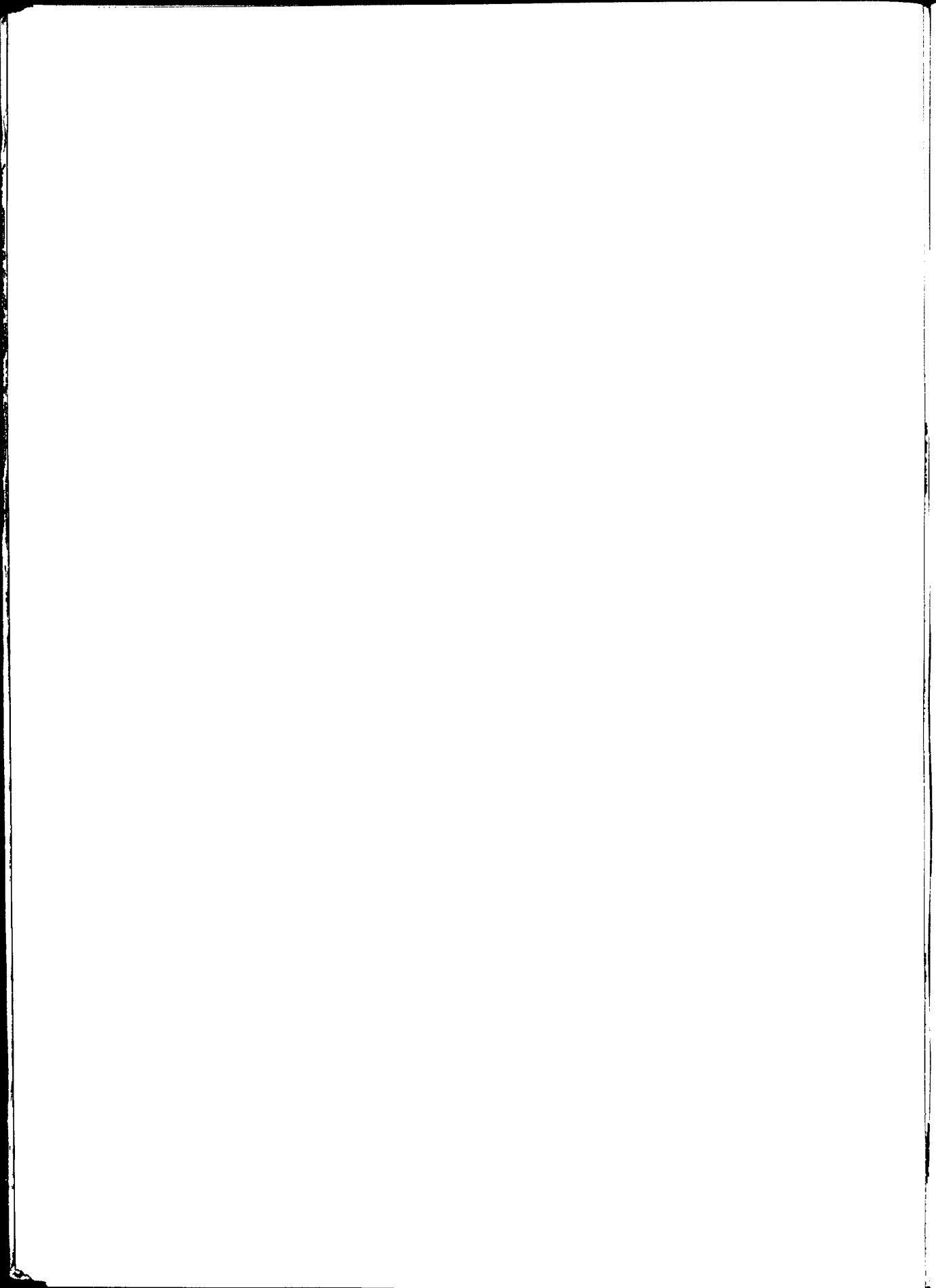


## APPENDIX A

HEALTH SERVICES MANAGEMENT CENTRE  
UNIVERSITY OF BIRMINGHAM

CENTRE STAFF1984/85

Acting Director	M. F. Drummond BSc, MCom, DPhil
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<u>Faculty</u>	
Professor of Health Services Management	D. T. E. Williams, OBE. BA, PhD.
Lecturer	Ms. L. J. Carruthers BA, SRN, DMS
Lecturer	A. N. Cook BSc (Econ), FCMA
Honary Research Associate	M. Davidge, BSc, BCom
Research Fellow	D. C. Day MA, FHA
Lecturer	M. Harley, BSc, PhD.
Senior Research Fellow	S. Haywood BA, DSA, AHA
Lecturer in Quantitative Analysis and Information	Ms. P. M. Mullen BSc (Eng), ACGI, MSc(Eng).
Lecturer (Part-time)	G. Page MB, BChir, MRCCP, MACPM
Lecturer	P. Spurgeon BSc, PhD
Lecturer	D. Thompson BA, PhD, MIPM
Research Associate	Ms. L. Vickerstaff BA
Research Fellow in Health Economics	H. Ward BA, MSc
Lecturer	D. Weller, BA, Dip Soc. Admin, MSc
Senior Lecturer	D. White, PhD, MA, FHA
Research Associate	J. Yates AHA
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<u>Administration</u>	
Administrator	B. Read M.A.
Librarian	Ms. C. Irving BA, ALA
Library Assistant	Ms. C. Mainstone
Secretarial	Ms. S. F. Elias Ms. J. Smith Ms. D. M. Cook Ms. W. Bayliss Ms. C. M. O'Reilly Ms. J. Waldron Ms. Y. Barnett Ms. R. Fernyhough



APPENDIX B

HEALTH SERVICES MANAGEMENT CENTRE

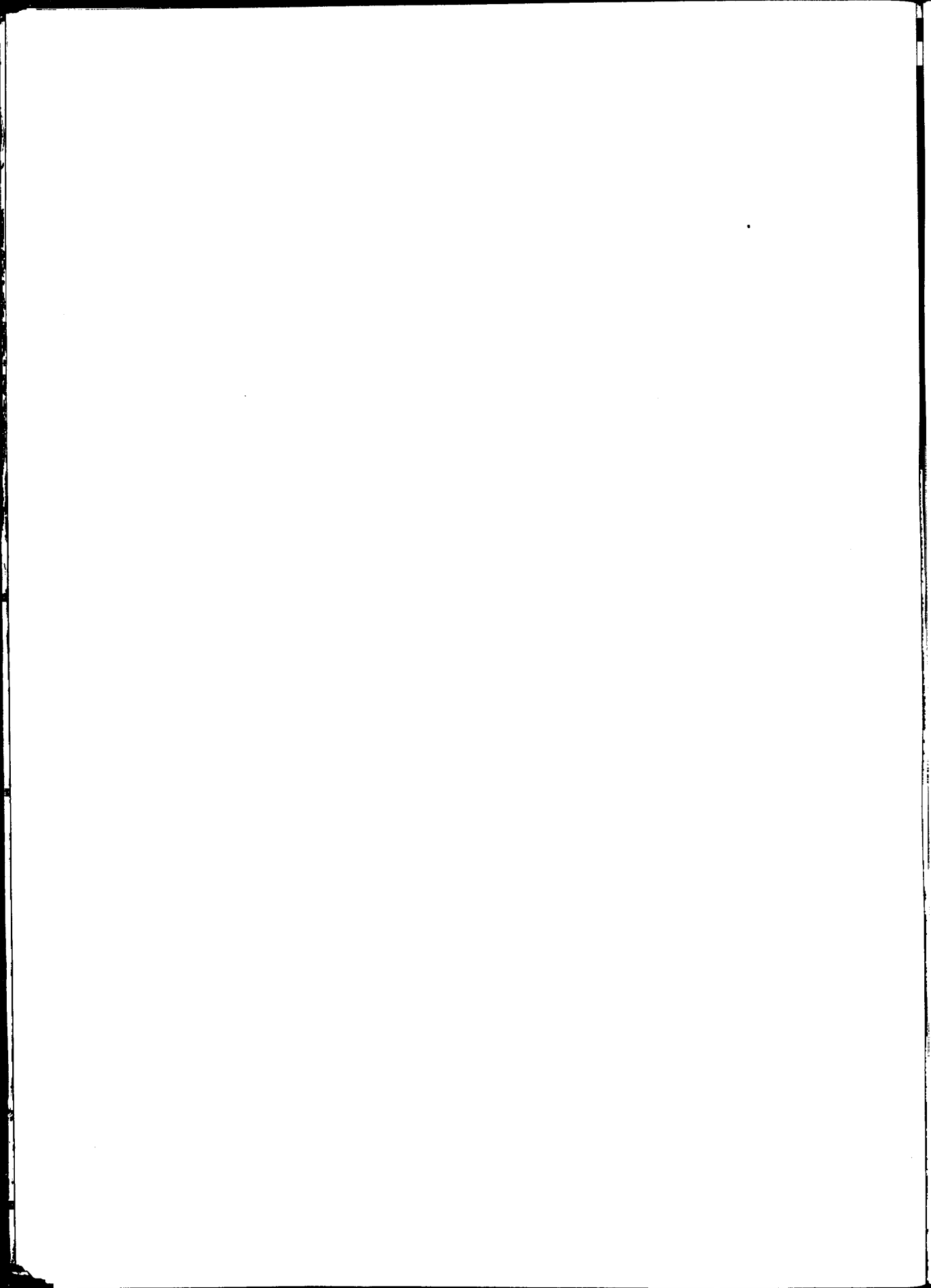
University of Birmingham

FINANCIAL INFORMATION

1983/84 and 1984/85

	1983/84	1984/85*	
	Total	Funding less income	Total with fees income
	£	£	£
General Support Grant	261,474	265,453	265,453
Senior Management Training	13,299	8,475	9,203
ADC and NMTS	73,304	35,347	57,154
Finance Training	26,529	26,983	26,983
Special Projects	-	24,500	24,500
TOTAL	374,606	360,758	383,293

\* These figures do not include £9,969 awarded for setting up the National Management Development Team for Nurses.



APPENDIX C 1

Health Services Management Unit

University of Birmingham

PROGRAMMES: 1.9.83 to 31.3.85

September 1st, 1983 to March 31st, 1984

Title	Date	Duration	Participant	Status	Student Days
Use of Performance Indicators	2. 9.83	½	25	IACC	12.5
NATS Introductor Course	5/16.9.83	10	16	NHSTA	160
Use of Beds	6. 9.83	½	15	IACC	7.5
Performance Indicators	7. 9.83	½	6	IACC	3
Use of Beds	14. 9.83	1	5	IACC	5
Use of Performance Indicators	17. 9.83	¼	200	IACC	50
Use of Performance Indicators	19. 9.83	½	30	IACC	15
Performance Indicators in Mental Illness	21. 9.83	½	40	IACC	20
Performance Indicators	27. 9.83	½	20	IACC	10
Performance Indicators	29. 9.83	½	25	IACC	12.5
Use of Performance Indicators	30. 9.83	1	100	IACC	100
Management Course for Senior Registrars	-10.83	3	20	WMRHA/ NHSTA	60
Seminar for Health Authority Members	10.10.83	½	20	SHA	10
Performance Indicators	14.10.83	½	25	IACC	12.5
Performance Indicators	17.10.83	½	25	IACC	12.5
Performance Indicators	19.10.83	½	25	IACC	12.5
Use of Beds	19.10.83	½	30	IACC	15
Introduction to Planning	17/21.10.83	5	20	NHSTA	100
Use of Performance Indicators	20.10.83	½	15	IACC	7.5

Title	Date	Duration	Participant	Status	Student Days
Information for Health Authority Members	31.10.83	½	34	FCF	17
Administrators Development Course (Junior)	31.10 to 2.11.83	3	16	NHSTA	48
Course for Consultants	- .11.83	3	20	WMRHA/ NHSTA	60
Use of NHS Data	1.11.83	½	25	IACC	12.5
Role of Health Authority Members	3.11.83	½	20	WHA	10
Administrators Development Course (Junior)	3/3.11.83	2	16	NHSTA	32
Seminar for Health Authority Members	6.11.83	½	50	BOHA	25
Mental Illness Hospitals	8.11.83	½	10	IACC	5
Strengthening Unit Management	8/9.11.83	1½	12	DCF/ NHSTA	18
Effectiveness and Efficiency	9.11.83	¼	19	IACC	5
Presentation of Statistics	10.11.83	1	20	DHA	10
Use of Surgical Services	15.11.83	½	25	IACC	12.5
Health Authorities in the Private Sector	16.11.83	1	21	FCF	21
Information and Performance Indicators	16.11.83	1	20	DHA/ NHSTA	20
Seminar for Health Authority Members	19.11.83	1	20	CHA	20
Introduction to Statistics	21/25.11.83	5	19	DCF/ NHSTA	95
Use of Hospital Statistics	24.11.83	¼	23	IACC	6
Inter-Hospital Comparisons	24.11.83	¼	24	IACC	6
Administrators Development Course (Junior)	28.11 to 16.12.83	17	16	NHSTA	272
Resource Constraints and the Clinician	- .12.83	1	N/A	DHSS	-



Title	Date	Duration	Participant	Status	Student Days
Strengthening Unit Management	1/2.12.83	1½	25	DCF/ NHSTA	22½
Unit Management Workshop	2/3.12.83	2	20	SAHA	40
Dental Performance Indicators	6.12.83	¼	27	IACC	7
Performance Indicators	8.12.83	½	37	IACC	18.5
Seminar for Health Authority Members	10.12.83	1	20	NHSTA	20
Politics of NHS Management	14.12.83	1	18	FCF	18
Clinicians Seminar: How Can We Save Money	15.12.83	1	11	DHSS	11
Use of Statistical Data	16.12.83	¼	28	IACC	7
Treasurers Workshop: The Salmon Report	19/20.12.83	2	20	SF/ NHSTA	40
National Administrative Training Scheme	9/27.1.84	15	22	NHSTA	330
Planning Evaluation and Appraisal	16/18.1.84	3	16	SF/ NHSTA	48
Performance Indicators	18. 1.84	½	9	IACC	4.5
Training Scheme in Community Medicine	23/27.1.84	5	18	CM/ NHSTA	90
Performance Indicators	27. 1.84	¼	70	IACC	17.5
Issues in Health Care: Pre Course Conference	30/31.1.84	2	9	SF/ NHSTA	18
Administrators Development Course (Jun. Man) II	30.1. to 17. 2.84	15	16	NHSTA	240
Financial Accountability and the Clinician	-. 2.84	1	35	DHSS	35
Mental Illness Indicators	3. 2.84	½	45	IACC	23
Introduction to Statistics	6/10.2.84	5	15	SF/ NHSTA	75
Seminar for Health Authority Members	9. 2.84	½	20	GHA	10
Performance Indicators	10. 2.84		9	IACC	4.5

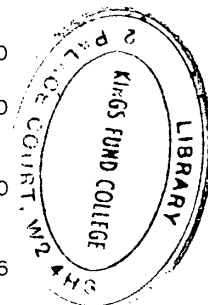
Title	Date	Duration	Participant	Status	Student Days
Financial Accountability and the Clinician	14. 2.84	1	35	DHSS	35
Performance Indicators	14. 2.84	½	22	IACC	11
Use of Performance Indicators	17. 2.84	½	24	IACC	12
Quantitative Analysis for Planning	20/23.2.84	4	13	SF/ NHSTA	52
Management of People	21. 2.84	1	40	LHA	40
Effectiveness and Efficiency	23. 2.84	½	22	IACC	11
Administrators Development Course (Mid. Mans)	27.2. to 23. 3.84	20	18	NHSTA	360
Use of Surgical Resources	28. 2.84	½	N/A	IACC	-
Unit Management Workshop	29. 2.84	1	36	CBHA/ NHSTA	36
Performance Indicators	7. 3.84	1	18	IACC	18
Performance Indicators	8. 3.84	1	18	IACC	18
Effectiveness and Efficiency	9. 3.84	½	23	IACC	11.5
Use of Orthopaedic Resources	12. 3.84	½	6	IACC	3
Presentation and Statistics	12. 3.84	1	15	DHA	15
Effectiveness and Efficiency	15. 3.84	½	19	IACC	9.5
Seminar for Health Authority Members	15. 3.84		15	GHA	7.5
Use of Performance Indicators	16. 3.84		60	IACC	30
Seminar for H.A. Members	20. 3.84	1	20	THA	20
Information and Performance Indicators	22. 3.84	1	15	DHA	15
Issues in Health Care (Module 1)	26. 3.84 to 13. 4.84	15	9	SF/ NHSTA	135

April 1st, 1984 to March 31st, 1985

Title	Date	Duration	Participant	Status	Student Days
Management Course for Senior Registrars	- . 4.84	3	24	WMRHA/ NHSTA	72
NATS Personnel Management Module	2/6.4.84	5	14	NHSTA	70
District Information Services	3. 4.84	1	30	WBHA	30
Effectiveness and Efficiency	5. 4.84	½	24	IACC	12
Unit Management of Group Review	5. 4.84	1	6	UMRP/ NHSTA	6
Use of Performance Indicators	10. 4.84	½	27	IACC	13.5
Strategic Planning	12/13.4.84	2	12	SMHA/ NHSTA	24
Mentall Illness Performance Indicators	16. 4.84	½	20	IACC	10
Capital Appreciation Seminar	16/17.4.84	2	14	SF/ NHSTA	28
Use of Performance Indicators	30. 4.84	½	47	IACC	23.5
Library Services	- . 5.84	1	70	WMRHA TNHSTA	70
District Information Services	1. 5.84	1	30	WBHA NHSTA	30
Use of Performance Indicators	3. 5.84	¼	90	IACC	22.5
Introduction to Planning	8/17.5.84	8	11	SF/ NHSTA	88
Review of Financial Information Developments	11. 5.84	1	12	SF/ NHSTA	12
Performance Indicators	16. 5.84	½	19	IACC	9.5
Orthopaedic Resources	17. 5.84	½	6	IACC	3
Orthopaedic Resources	21. 5.84	½	6	IACC	3
NMHS Financial Management Module	21/25.5.84	5	24	NHSTA	120

Title	Date	Duration	Participant	Status	Student Days
Performance Indicators	29. 5.84	1	24	IACC	24
Performance Indicators	30. 5.84	½	14	IACC	7
Statistics for Nurse Managers	30. 5. to 1. 6.84	3	16	DCF/ NHSTA	48
Performance Indicators Workshop	31. 5. to 1. 6.84	2	19	DCF/ NHSTA	38
Multi-professional Management	4/8.6.84	5	27	WMRHA/ NHSTA	135
Performance Indicators	13. 6.84	½	8	IACC	4
Performance Indicators	14. 6.84	½	6	IACC	3
Effectiveness and Efficiency	15. 6.84	½	21	IACC	10.5
Comparative Health Care	19. 6.84	1	10	DHSS	10
Planning for Health Education Officers	14/15.6.84	2	12	WMRHA/ NHSTA	24
NMTS Planning and QA Module	18/22.6.84	5	16	SF/ NHSTA	80
Clinical Budgeting Workshop	25/26.6.84	2	23	SF/ NHSTA	46
Performance Indicators	26. 6.84	½	46	IACC	23
Effectiveness and Efficiency	29. 6.84	½	24	IACC	12
Disasters in Mental Hospitals	2. 7.84	½	26	IACC	13
Financial Management for UMGs	2/3.7.84	2	20	SWRHA/ NHSTA	40
Financial Management for UMGs	3/4.7.84	2	20	SWRHA NHSTA	40
Griffiths Implementation Workshop	11/12.7.84	1½	9	SF/ NHSTA	13.5
Orthopaedic Services	16. 7.84	½	6	IACC	3
NMTS (1984 Intake)	3/14.9.84	10	12	NHSTA	120
Griffiths Implementation Workshop	7/8.9.84	1½	11	SF/ NHSTA	16.5

Title	Date	Duration	Participant	Status	Student Days
NMTS (1983 Intake)	17/18.9.84	2	13	NHSTA	26
Management Course for Consultants	-. 9.84	3	N/A	WMRHA/ NHSTA	-
Course for Senior Registrars	-. 9.84	3	N/A	WMRHA/ NHSTA	-
Issues in Health Care (Module II)	17/28.9.84	10	9	SF/ NHSTA	90
Administrators Development Course (Junior)	26/28.9.84	3	16	NHSTA	48
Authorities after Griffiths	29. 9.84	1	30	FCF	30
Management Course for Clinicians	-.10.84	3	20	WMRHA/ NHSTA	60
Clinical Budgeting Workshop	1/2.10.84	2	16	SF/ NHSTA	32
Griffiths Implementation Workshop	2/3.10.84	2	10	SF/ NHSTA	20
Joint Planning and Collaboration	10/12.10.84	3	17	SF/ NHSTA	51
Implementation of Griffiths	15.10.84	1	15	HHA	15
Introduction to Planning	22/26.10.84	5	13	WMRHA/ NHSTA	65
Members Seminar	23/24.10.84	2	20	WDDHA	40
Performance Indicators	23/24.10.84	2	15	SF/ NHSTA	30
Management Skills Workshop for Consultants	-.11.84	3½	20	WMRHA/ NHSTA	70
Time Management for Consultants	-.11.84	1	6	WMRHA/ NHSTA	6
Management for Clinical Heads of Departments	-.11.84	2	11	WMRHA/ NHSTA	22
Administrators Development Course (Junior)	1/2.11.84	2	14	SF/ NHSTA	28
Planning Evaluation and Appraisal	5/7.11.84	3	13	SF/ NHSTA	39



Title	Date	Duration	Participant	Status	Student Days
Authorities after Griffiths	8.11.84	1	40	FCF	40
Authorities after Griffiths	9.11.84	1	34	FCF	34
Finance for UMGs	4/15.11.84	1½	18	DCF/ NHSTA	27
Finance of UMGs	15/16.11.84	1½	23	DCF/ NHSTA	44.5
Introduction to Statistics	19/23.11.84	5	17	SF/ NHSTA	85
Implementation of Griffiths	20.11.84	½	20	COHA	10
Role of the Member	22.11.84	½	15	THA	7.5
Introduction to the NHS	24.11.84	1	30	Fees/ NHSTA	30
Budgeting for Clinicians	26/27.11.84	2	13	SF/ NHSTA	26
Administrators Development Course (JM)	26.11. to 14.12.84	15	14	SF/ NHSTA	210
Information for Planning	28/30.11.84	3	16	SF/ NHSTA	48
Unit Management Group Review	6.12.84	1	6	SDHA	6
Budgeting for Clinicians	11/12.12.84	2	14	SF/ NHSTA	28
Clinical Budgeting Seminar	17/18.12.84	2	39	SF/ NHSTA	78
Finance for UMGs	3/4.1.85	1½	28	DCF/ NHSTA	42
NMTS (1984 Intake)	7/25.1.85	15	16	NHSTA/ RHAs	240
Issues in Health Care (concluding Convergence)	14/15.1.85	2	9	SF/ NHSTA	18
Implementation of Griffiths	17. 1.85	½	10	COHA	5
Community Medicine Training Scheme	28.1. to 1. 2.85	5	17	COMM.MAD NHSTA	85

Title	Date	Duration	Participant	Status	Student Days
Administrators Development Course (Junior II)	28.1. to 15.2.85	15	14	SF/ NHSTA	210
Organising Paramedical Services	30. 1.85	½	35	GDHA	17.5
Members Seminar	29. 1.85	1	20	KHA	20
Introduction to Statistics	4/8.2.85	5	16	DCG/ NHSTA	80
FPC Finance Officers	11/12.2.85	2	18	FPS/ NHSTA	36
FPC Finance Officers	21/22.2.85	2	18	FPS/ NHSTA	36
Primary Care Issues	23. 2.85	1	30	Fees	30
Administrators Development Course (MM)	25/2 to 22.3.85	22	18	SF/ NHSTA	396
Workshop for General Managers	28.2 to	2	9	SF/ NHSTA	18
Management Course for Senior Registrars	-. 3.85	3	24	WMRHA/ NHSTA	72
Time Management for Consultants	-. 3.85	1	25	WMRHA NHSTA	25
General Management at Unit Level	11/12.3.85	1½	11	SF/ NHSTA	16.5
Budgeting for Clinicians	21/22.3.85	2	14	SF/ NHSTA	28
Effectiveness and Efficiency in Patient Care for Clinicians	25/27.3.85	3	12	DHSS	36
Performance Indicators Workshop	28/29.3.85	2	18	DCF/ NHSTA	36
Issues in Health Care	-. 3.85	15	9	NHSTA	135

**KEY**

NHSTA	National Health Service Training Authority
DHSS	DHSS Budget for Clinical Training
IACC	Inter Authority Comparisons and Consultancy Unit
WMRHA	West Midlands Regional Health Authority
SHA	Somerset Health Authority
SF	Standard Fee
FCF	Full Cost Fees
WHA	Warrington Health Authority
BOHA	Blackpool and Ormskirk Health Authority

DCF	Direct Cost Fee
DHA	Dudley Health Authority
CHA	Croydon Health Authority
SaHA	Sandwell Health Authority
NTHA	North Tees Health Authority
Comm Med	Consortium Training for Community Medicine
GHA	Grimsby Health Authority
LHA	Leicester Health Authority
CBHA	Central Birmingham Health Authority
THA	Torbay Health Authority
WBHA	West Birmingham Health Authority
SMHA	South Manchester Health Authority
SWRHA	South Western Regional Health Authority
HHA	Hereford Health Authority
WDHA	West Dorset Health Authority
CHA	Coventry Health Authority
SDHA	Solihull District Health Authority
RHAS	Regional Health Authorities
GDHA	Gloucester District Health Authority
KHA	Kettering Health Authority
FPS	Family Practitioner Service Training Unit



## APPENDIX C2

HSMC Birmingham

### WORKLOAD

1.4.84 to 31.3.85

	1984/85
NSTA associated course-days	244.5
All Course Days in financial year	259.5
NHSTA associated student days	3894.0
All Student Days in financial year	4179.0
'Adjusted' NHSTA Student Days *	<b>3426.0</b>
* Adjusted to accommodate joint funded events.	
The Centre has 17 academic staff, including 11 lecturers, of which 9 are NHSTA funded.	

### RATIOS

#### 1. Course days per lecturer per year

- (a)  $\frac{\text{NHSTA Funded course days}}{\text{W.T.E. NHSTA lecturing staff}} = 27.2$  NHSTA course days per lecturer per year
- (b)  $\frac{\text{All course days}}{\text{w.t.e. NHSTA lecturing staff}} = 28.8$  course days per lecturer per year

#### 2. Student days per lecturer per year

- (a)  $\frac{\text{NHSTA adjusted student days}}{\text{NHSTA lecturing staff}} = 380.7$  NHSTA student days per lecturer per year
- (b)  $\frac{\text{NHSTA associated student days}}{\text{NHSTA lecturing staff}} = 432.7$  NHSTA associated student days per lecturer per year
- (c)  $\frac{\text{All student contact days}}{\text{NHSTA lecturing staff}} = 464.3$  student days per year per lecturer

#### 3. Cost per student day

- (a)  $\frac{\text{NHSTA Funding (including fees)}}{\text{'Adjusted' NHSTA student days}} = \underline{\pounds 111.88}$  per NHSTA student day
- (b)  $\frac{\text{NHSTA Funding (without fees)}}{\text{'Adjusted' NHSTA student days}} = \pounds 105.30$  per student day
- (c)  $\frac{\text{NHSTA Funding (including fees)}}{\text{NHSTA associated student contact days}} = \pounds 98.43$  per student day

