Thoughts on Thwaites

a commentary on management training in the National Health Service

by Leslie Paine

King Edward's Hospital Fund for London

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department of social policy
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St Thomas' Hospital

Dr Bryan Thwaites
principal, Westfield College, University of London
and chairman, Brent and Harrow Area Health Authority

Dr Derek Williams
health services management centre
University of Birmingham

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Introduction

This slender volume owes its existence to a conference arranged by the King's Fund in July 1978 to discuss the report, *The Education and Training of Senior Managers in the National Health Service.*[6]

Because that report was produced by a working party under the chairmanship of Dr Bryan Thwaites, it was predictable that as a title for this one, the alliterative attraction of Thoughts on Thwaites would prove irresistible.

And so it has.

But the subtitle is also necessary not only to explain to the uninitiated what this book is about, but to indicate that it is not just an account of the conference but a personal commentary on the main points made at it.

What is said in the following pages, therefore, does not necessarily represent in any way the opinions of the Fund on this important subject with which it has been so intimately and successfully concerned for so many years.

The views expressed are, to the best of my knowledge and memory, those of the speakers to whom they are attributed. The comments on those views are my own.

All are set down here in the hope and belief that they may help produce better management in the service and so a better standard of care and comfort for the sick people who are its *raison d'être.*

Terminology

Writing a report and commentary of this kind on a subject that is both technical and controversial is a difficult and, to some extent, risky business. Difficult because one is (or anyway *I* am) always painfully aware of the extent of one's own ignorance on any subject; and risky because in reporting and commenting upon what you believe other people to have said, you cannot avoid laying yourself open to accusations of misquotation or misapprehension.

With those thoughts in mind, therefore, it would be wise before setting out on this particular adventure in communication to check, like any prudent traveller, the basic necessities for the journey – in this case, our terminology.

Ever since I first thought of putting pen to paper to write this report, I have been seized with what I can best describe as 'Joadish' doubts about some of the basic terms that must inevitably recur throughout it. Dr C E M Joad, for those who never knew or have forgotten that famous radio programme, The Brains Trust, was the panel member who, when asked a question on almost any subject from airships to zoology, would usually begin his answer with 'It all depends on what you mean by . . .'

In retrospect, I am inclined to reflect in much the same way on some of the things said at the conference. What keeps crossing my mind is a fragment of Alice's conversation with her table companions at the Mad Hatter's tea party during her Adventures in Wonderland.[7]

> ' ''Then you should say what you mean'' the March Hare went on.
> ''I do'' Alice hastily replied, ''at least – at least I mean what I say – that's the same thing you know.''
> ''Not the same thing a bit!'' said the Hatter.'

For while I have no doubt that all who spoke at the conference meant exactly what *they* said, did they say exactly what they meant?

Language, after all, may be the common currency of communication,

but in the words of the advertisement for Eric Partridge's excellent book *Usage and Abusage*[9] – 'it is all too often misused: directness and clarity disappear in a whirl of clichés, euphemisms and woolliness of expression'.

Not that I am accusing the conference speakers of misuse of language of this kind. I am merely suggesting that it is something to which, with the best will and vocabulary in the world, we can still all fall prey on occasion.

If, therefore, there are misinterpretations of fact or statements in the report which follows, may I assure readers that they are inadvertent, and may I also apologise for them in advance.

Either way it seems to me that it cannot be other than helpful to the readers (and incidentally to the writer) of this report, if I briefly set down here at the outset of our journey, my interpretation of the four terms which I see as basic to the conference discussion. These terms are, 'managers', 'administrators', 'education' and 'training'.

Managers and administrators

The trouble with these two words is that they are so often used as if they had exactly the same meaning, and for all practical purposes in general parlance, I suppose they have. The Concise Oxford Dictionary, for example, defines a manager as a person who conducts a business or institution, and an administrator as a manager.

In the NHS, however, there is a difference, although even here it is far from clear cut, and no doubt if you were to ask everyone who works in the service, including the managers and administrators themselves, to explain it to you, nine out of ten probably could not, and most would not be interested anyway.

The difficulty is that the explanation at first sight seems simple but given a little more thought becomes most complex.* One way of defining

*As an example of a recent attempt to differentiate between administration and management the following quotation from *Management by Uncertainty* by Brian Jameson, which appeared in the February 1979 issue of *Management Today* is of interest.

'. . . all situations and events that need to be managed are unstable. Stable situations and events are *administered.* Administration is the supervision of routines for distributing information, scheduling work flows and auditing outcomes. These tasks may also be part of what a person called a manager has to do; but their purpose is control not management. Management is creating situations and events that enable an enterprise to take best advantage of its resources . . .'[5]

'administrators' in the health service is 'all those staff above the level of higher clerical officer, who come within the purview of the Administrative and Clerical Whitley Council for the NHS'. And that is what most people mean when they refer to NHS administrators. They are, in other words, administrators as distinct from doctors, nurses, paramedical, professional, technical or ancillary staff. But are they also managers? And if they are, are they the only managers in the service? Obviously they are not for, as the Thwaites reports says in its chapter on definitions

> 'There are four broad categories of people, other than the Government itself, who organise and *manage* [my italics] the NHS: civil servants, members of health authorities, the medical profession and the management teams.'[6]

Whether or not you agree with this categorisation can be left for later consideration, but management teams, as we all know, have medical, nursing, financial and other professional members as well as administrators, all of whom are managers, presumably of equal status.

Administrators, therefore, are managers and so are other people of different professional backgrounds. But having got that clear, are *all* administrators *automatically,* because of the jobs they do, managers?

To answer that question let me quote from the other report mentioned regularly throughout the conference – that of the National Staff Committee for Administrative and Clerical Staff in the NHS, *The Recruitment and Career Development of Administrators.*[3]

> 'The definition of "administration" in the NHS is complicated by the great range of tasks performed by administrators, some of which are often described as "specialist" or "professional" . . . We therefore use the term "administration" to refer to the activities of all staff covered by our terms of reference. [ie, in the general administrative grade and above – the Whitley Council definition] Although the term is frequently used to refer exclusively to the tasks performed by general administrators, we believe it is more useful to regard general administration as a specific function within the family of functions of NHS administration . . .'

No mention as yet, you notice, of managers – but wait; a little later in

the same chapter the report states with just a tinge of *hauteur*

> 'We have not thought it useful to spend time making fine distinctions between administration and management. ''Administration'' is used to describe the ''family'' of administrative functions. ''Management'' in this report, is used to describe the activity of directing and co-ordinating corporate activities of a function, unit or organisation, at any level of the service, the skills for which all senior administrators, as heads or potential heads of the service, must develop and which is the particular province of the general administrator.'

Finally, later still in the same chapter, the brief comment is added

> '. . . the more senior the administrator in any of the functions, the more important are his or her ''management'' and ''corporate'' skills.'

And that, despite the somewhat opaque language of the middle quotation, seems to me to make the position reasonably clear.

All administrators in the NHS are not *automatically* managers, although many will be who direct and coordinate corporate activities and practice general administration at any, but especially at the more senior, level of the service.

Then, just to complete the picture, let us not forget that the other groups of NHS staff (in the Whitley Council sense) and especially the doctors and nurses (who are not mentioned in the National Staff Committee's report because its remit confined it to administrative and clerical officers) also have their managers, and not just at management team level.

Additionally, to my way of thinking, many of the middle and lower level staff in these groups – and especially in nursing – are administrators although of a particular, professional kind.

But that, perhaps, makes the whole concept too complicated.

Anyway, not to over-elaborate my argument any further, let me simply say that when I speak of 'managers' in the following pages, I try to do so in one of two ways which are, I trust, quite unambiguous in each context.

Usually, I use the term collectively to mean managers and administrators of all kinds. Occasionally, however, I use it more precisely to mean just those whose jobs make them managers.

The term 'management' is used in exactly the same way, including (as explained in the next section) the phrase 'management training'.

Education and training

The only point I wish to make about the phrase 'education and training', which on the face of it appears so simple and straightforward, is that the way it is commonly used among those working in the service (as distinct perhaps from its use in the Thwaites report) is often tautological and sometimes ambiguous.

Let me explain why I think so, and call once again upon the Concise Oxford Dictionary as I do. In my copy of that dictionary the definition of 'education' is, for our purposes, the provision of systematic instruction, or the development of character or mental powers.

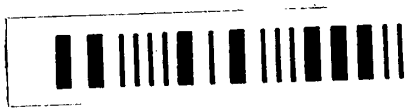
The word 'training', on the other hand, appears as a noun only in the sense of training for something like a race; while the verb 'to train' is primarily defined as to bring a person to a desired state or standard of efficiency by instruction and practice.

Thus, when the Thwaites report speaks of education and training, it presumably means something like, to give systematic instruction and bring to a desired standard of efficiency by means of that instruction, and by practice.

But that is only what I assume it means, using dictionary definitions. Others may well use the phrase quite differently, for few of us check our words with a dictionary as a routine before using them.

The phrase 'education and training' could for all I know be used by some to mean the provision of basic and further training, undergraduate and postgraduate education, theoretical and practical instruction, or perhaps a mixture or permutation of all three.

Rather, therefore, than use this particular phrase, I have chosen, as you will already have seen from the subtitle, to speak just of 'management training'.



I use the term as a convenient shorthand expression to cover the education and/or training of managers of all kinds, of administrators as previously defined, and of all others, such as members of health authorities, doctors and other senior clinicians, and even civil servants, whose jobs are concerned with the organisation of the service or of specific parts of it.

So, let us turn now to the conference itself.

Management training for whom?

An equally appropriate title for this little volume would have been 'Turning Thwaites into Action', for as Lord Hunter, the conference chairman, emphasised in his opening remarks, and as Robert Maxwell, a member of the Thwaites working party, iterated in his closing ones, what is necessary in the health service at the present time is not to discuss better management training but to do something about it.

Grandiose plans and ideas for the future are all very well, said Lord Hunter, but what are required at this juncture are limited, short-term objectives that can be achieved quickly so as to benefit managers now at work. After all, as the famous economist, Professor Pigou once remarked, it is the short run in which we should be interested because in the long run we are all dead. And while that may be a somewhat brutal statement of the obvious, it serves to remind us of the natural dangers of delaying beneficial action too long.

This is a point, as Sir Patrick Nairne, Permanent Secretary at the Department of Health and Social Security, suggested in a postscript to the conference, that is particularly apposite to NHS managers today. No other group of managers in the public services in the UK, he proposed, has been subjected to greater strains and pressures in recent years than those whose job it is to organise and run our health services.

Manifestly, therefore, anything that can be done to ease those strains and relieve those pressures, should be done. And if one course of action is the provision of better forms of management training, then these should be introduced as soon as possible.

But for whom should they be introduced?

On this simple, basic point there was a clear divergence of view between what appeared to be a majority of those at the conference and those whose report they were considering.

And yet, although this divergence tended to dominate the early exchanges, it was perhaps more apparent than real, for it seemed to me to be based on misconception rather than disagreement.

In a nutshell, what the conference members complained of was the concentration by the Thwaites working party on the needs of an élite group of top managers instead of on the needs of all who are involved in management in our health services. In this respect, as Oriole Goldsmith, administrator of the Coventry Area Health Authority, implied, the proposals of the National Staff Committee's report were not only more democratic than those of the Thwaites working party but more realistic and sensible too.

As a member of the National Staff Committee and of the working party which produced its report, her views are understandable – and may well be right. But in the context of the conference discussion they seemed to me to be misconceived. For the two reports, of course, are concerned with two different, albeit overlapping, groups of people.

The National Staff Committee's report is about administrators, some of whom are managers. The Thwaites report is about managers, some of whom are administrators.

The Thwaites report does not suggest that management training should be reserved solely for senior managers. The National Staff Committee's report does not imply that management training should be reserved solely for administrators.

Indeed, I am certain that no one, whether writers of the reports, attenders at the conference, or interested people in the service, would disagree with the principle that everyone undertaking or concerned with NHS management requires some form of management training at sometime in their careers, and probably at regular intervals throughout them. Otherwise, as several conference speakers hinted, with top managers today likely to remain in post for a generation, the whole NHS management pool could soon begin to stagnate.

And if training is seen and provided solely as a sort of placebo for frustration or boredom, you might as well, as Professor Klein of the department of social policy, University of Bath, quite rightly

suggested, pay to send your staff on holidays abroad. After all, who wants to go off to a course, perhaps with little apparent direct relevance to your job or aspirations, knowing that all the time you are away, your real work is piling up on your desk?

If, therefore, the apparent disagreement expressed at the conference reflects any real difference of opinion between the proponents of the two reports, it can only be one of emphasis or priority. Whose needs, in other words, should be considered paramount? Who should get first bite at the training cherry? And how can we produce a cherry of the right size and consistency to ensure that everyone who should, gets something from it – apart from the pip – within a reasonable time?

These in themselves are points worthy of serious consideration, however, and despite my suggestion that the first part of the conference discussion was flawed by misconception, it seemed to me to serve several useful purposes.

First, it had the simple but salutary effect of reminding us that managers in the NHS are not a homogeneous group of staff all doing basically the same job, but they are a variety of people of different backgrounds and experience, undertaking a variety of tasks involving varying amounts of responsibility.

Second, that management training, in the broader sense of the term, as I use it, is required not just by top managers but by all who are involved in management in the service.

Third, that such training must genuinely help to develop, rather than just placate, or relieve the frustrations of, those who receive it.

Fourth, that resources for training, like all others in the service, are limited and are likely to remain so, and that the question of priority of provision will have to be considered.

Fifth and last, since the needs of all concerned (anyway in their eyes) will be seen as equally urgent, carefully planned training programmes will be necessary which avoid any rigidity of approach and which are flexible enough to encourage experiment, innovation, ingenuity and, inevitably, self help – so that those at the end of the training queue do not have to wait too long.

But while the training requirements of all concerned need to be considered, the Thwaites report, which was the subject of the conference, is only about the training of senior managers.

Since I have suggested that the Thwaites definition of senior managers merits further examination, it is fair and logical I think to carry out such examination.

Let us, therefore, before going on to look at the sorts of management training required in the service, how they should be organised and who is to provide them, pause for a page or two and consider who are the senior managers in the service and what they do.

Who are the senior managers and what do they do?

You will recall that, apart from the Government, the Thwaites report listed four other groups of people who, in its view, organise and manage the NHS – civil servants, members of health authorities, doctors and the management teams. Yet the report concentrates almost exclusively on the management teams. Why?

According to Dr Thwaites himself, in a prologue to the conference, it was mainly a question of deciding how best to allocate the working party's time, which was limited not only by the availability of individual members but by the need for them jointly to produce a report with expedition on a matter of some urgency.

So the working party devoted its attention to members of management teams because, I assume, it accepted that, by virtue of their individual jobs and collective titles, they are the obvious top managers in the service and also a relatively small group, whose management training should pose no insuperable financial or resource problems.

In taking this decision, as I understand Dr Thwaites's comment, the working party retained some reservations about the efficacy of consensus management as it appeared to be operating up and down the country.

That, including its reservation, seems a reasonable enough conclusion, but what about the other three groups of so-called senior managers – discounting as I think we should, the Government as being too busy trying to run the country to be seriously concerned with trying to run the NHS.

Dr Thwaites said that his working party, when musing on the possibility of considering the role, responsibilities and, so, training requirements of health authority members, had been prompted to review the present

administrative structure of the NHS. However, this was neither sensible nor practicable when time was short and the royal commission on the NHS was soon to publish its report.

Similarly, his members had concluded that despite the great practical influence of the doctors on the way that health resources are used, there was insufficient time to consider how their activities might best be helped by management training for their own good, for that of their patients and of the service generally.

And as for the senior civil servants at the DHSS, they had had to be omitted from the working party's deliberations, again primarily because of lack of time, but also presumably because they already have recourse to management training organised by the civil service – though this may not be particularly appropriate to their NHS work.

The working party left these groups unstudied with some reluctance, especially perhaps the last whom Dr Thwaites described as the 'bull elephants in the herd'. The phrase was meant, I assume, to refer to the leadership and seminal influences which our senior DHSS colleagues provide, but to some it could be taken as an unintentional *double entrendre.*

Leaving that aside as the workings of a misplaced sense of humour, I am still left wondering whether anyone at the conference apart from myself questioned the correctness of the five Thwaites categories of senior NHS managers.

I accept, as the report says, that all five have something to do with the organisation of the service, but does it necessarily follow that all form part of its senior management?

I do not think so, and I believe it is important to try to be as precise as possible in these sort of descriptions, because if each group, like all their other management colleagues, is to receive in due course training appropriate to its role, then at least in general terms we should attempt to decide what that role is.

As I have already suggested, I assume we are not thinking of giving the members of the Government training for their NHS responsibilities.

And, as for our senior colleagues at the DHSS, we should not overlook, in the context of this report, the fact that they themselves have spent a number of years specifically asserting that they are not responsible for managing any part of the service.

Similarly, the Secretary of State's agents, the health authorities, seem to me to be less senior managers than 'directors', in the sense that companies have boards of directors or schools, colleges and similar institutions have boards of governors.

And finally, the doctors – Thwaites's other group – are surely not senior managers of health care in the wider meaning of that term. Some, of course, when serving as part-time members of management teams or as chairmen of medical committees of various sorts, are exceptions to such generalisation. For the vast majority of the medical profession, however, in hospital or general practice, management responsibilities are confined to the provision of adequate care and treatment for patients. It is the very essence of the health service, but it is not senior management.

What does senior management entail?

But while it is one thing to know – or anyway to suggest that you know – what senior management is *not,* it is quite another thing to know what it is!

Let me, therefore, make one point clear before we go further. The rest of this chapter is *not* devoted to a detailed analysis of the duties of management team members working in health districts, areas and regions. There is no space for that even were I capable of the task, and anyway the functions of senior managers are examined extensively in the two reports I have referred to.

My main purpose in apparently sidetracking at this point from the main road of the report is primarily to remind readers that senior management in the NHS, like tinned soup, comes in several varieties; that individuals and circumstances will alter the way that the jobs are done, and that what senior managers actually do may not always accord with what their job descriptions say they should do.

The points may be obvious but they are important nonetheless because the conference was clearly in favour not just of management training

for all, but of 'bespoke' rather than 'off the peg' training. And if the training is to suit the individual, one must know the individual's management needs and understand the circumstances of his or her work.

The first will vary depending, among other things, on each senior manager's experience. The second will be affected by a number of factors. To start with, we have over 100 separate health authorities independently employing staff in England and Wales. In addition, as we all know, the actual job that any manager, senior or otherwise, can do will depend not only on his or her personality and ability, but also on what he or she is allowed to do by colleagues, by the employing authority, by society generally and, last but far from least these days, by staff organisations and trade unions.

Sir Patrick Nairne's comment on the difficulties of NHS management does not need repeating here. In a service stumbling under the burden of a cumbersome administrative superstructure, clogged by industrial unrest and legislation, stiff with independent professionals, and guaranteed to be forever short of the resources it would wish, such repetition would indeed be stating the obvious.

But it is perhaps just worth noting *en passant* that such problems are not confined to the UK.

In 1975, a report was published in the USA by the Commission on Education for Health Administration.[1] In a rider to a definition of health administration, the report's writers were quick to point out that the world in which health service managers have to work today is a widening, complicated and unstable one.

> 'The definition of health administration implies leadership in community policy decisions as well as organization and management of resources gathered together in increasingly complex organizations. The administrative process must be carried out in socially responsible ways under conditions of continuous change and increasing uncertainty in the social, economic, political, technological and professional environments.'

Most senior managers in the NHS would, I believe say 'Amen' to that, and certainly if you are looking for examples of uncertainty over a

variety of aspects of the senior management role in the service, you need seek no further than the comments of a number of speakers at the conference.

For example, Christine Hancock, divisional nursing officer of West Roding Health District, sought enlightenment from fellow members on which professional skills nurses were expected to bring to team management. Stuart Heywood, assistant director of the Institute of Health Studies, University of Hull, questioned whether the Thwaites working party really was aware of what senior managers in teams actually do. In his opinion, many of them *process* rather than *take* decisions. They should be encouraged and taught to be policy makers, he implied, and for this reason he strongly supported Rudolf Klein's view that the most important element in any senior management training programme must be concerned with making and analysing policy rather than with any sort of management technique.

Professor Klein himself had earlier questioned the need for community physicians to be planners of services – a job he thought that non-medical staff could do just as well.

Stuart Horner, area medical officer of Croydon AHA, who also enquired whether we really knew what our senior managers were doing, asked whether we believed that training could motivate them to work in better ways. In this connection, he warned of the dangers of over-emphasising the excellence and relevance of the professional training for community physicians, particularly bearing in mind the high 'wastage rate' in this specialty. Other conference members who shared his concern included Dr A S Mackenzie, regional medical officer of North West Thames RHA, and Derek Williams of the Health Services Management Centre, University of Birmingham.

D J Gold, executive officer of the Regional Management Centres Association, was another who felt that an analysis should be made of the needs of health service managers and of their actual activities. In this connection, a comment by Dr Rosemary Stewart of the Oxford Centre for Management Studies also seemed highly relevant. She drew attention to the King's Fund project with which she is concerned and which is designed to try to discover what district administrators do.

In the wider world of management, outside the NHS, these uncertainties

and doubts about the manager's role and activities, are well known. The Thwaites report refers briefly to the subject in Chapter 3 and reminds readers of its importance to any consideration of management training.

> 'Mintzberg and other modern writers . . . set out to tell us what managers actually do rather than what textbooks say they ought to do. Such realism is the basis of any useful thought about training for management.'

My own experience in recent years tells me that similar doubts of our ability to define precisely and uniformly what senior managers do in their various settings are by no means uncommon in health services throughout the world.

At an international seminar organised by the King's Fund in 1975 for senior health care managers of my kind from a number of English-speaking countries, a collective view on the job of the general health care manager was reached only after a long and meandering deliberation on this subject.[8]

> 'Occupying for the most part a position that has evolved somewhat haphazardly rather than being designed for him [the general health service manager's] authority and influence inevitably vary according to his own ability and personality and to local circumstances. Basically he is concerned with the creation of an "enabling process" (and particularly with its financial implications) which will allow the clinicians of all kinds to work to their full capacity in treating and caring for the sick. For certain institutional services comprised within this process he holds a direct responsibility, and in other ways – through his knowledge of structures and systems, and through his involvement in industrial relations – he is concerned in the allocation of resources.
>
> 'He certainly has a responsibility also for seeing that the money he helps to obtain, and the resources it buys, are wisely invested and properly accounted for. This responsibility makes it necessary for him to confer regularly with professional colleagues and understand their individual needs and points of view, while still keeping the total requirements of the whole institution or service firmly in mind. For this reason co-ordination of those who manage resources; of the "getting and spending" functions of his organisation (budgets, estimates and accounts) and of policies for the future – is a vital component of his job.

'He has a clear part to play in the production and regular review of what might be called a corporate plan for his organisation, and in some circumstances may be in a position to influence government health policy. In the drawing up of his corporate plan he must be aware not just of the service with which he is directly concerned, but of its place in the wider framework of the total health care system. It is his job to ensure that his colleagues and especially his clinical colleagues are also aware of this wider framework within which they work and the need to husband resources. To this latter end he must help them to try to appraise the effectiveness of what they do.'

I apologise to readers for inflicting upon them so long a quotation and one that is concerned only with the job of the generalist manager. But bearing in mind that it represents the view of an international seminar, it seems to me – especially when considered along with the comments just quoted – to support the contention made earlier that if effective management training is to be introduced for senior (and other) managers in the NHS, its style and content must be based on the needs of particular individuals and the facts of local situations rather than purely on generalisations of management theory.

What kinds of management training?

Before considering the suggestions made at the conference for improving management training, I should make one point clear about the views expressed in the previous chapter.

In presenting them I am in no way suggesting that we should delay the introduction of any new and useful form of training – for either senior managers or others – while, like Hamlet, we sit and muse on what best we might do.

The need for action, as I hope I have made clear, is too pressing for that, and anyway the best is well known to be the enemy of the good.

But it is perhaps not unreasonable to remind ourselves here that management training is not an end in itself. It is a means to an end. And that end, let us never forget, is the better care of patients that should result from better management in, and better organisation of, the service.

As Catherine Hall, general secretary of the Royal College of Nursing, remarked when speaking about management training for nurses, we must not become 'hung up' on training courses as a series of hoops through which staff have to jump solely in order to gain promotion. The development of managers is a variable process, a package – as another conference speaker put it – that is far from being neat and tidy.

Changes in the pattern of such training must aim, as psychiatric care did many years ago, to remove the straight-jacket and substitute for it more flexible arrangements designed to meet the variety of needs of a variety of people.

In this chapter and the next, therefore, I have tried to extract from the conference discussion the main forms of the more flexible, varied

and 'personalised' training arrangements suggested by speakers, and the proposed methods whereby such arrangements may be put into practice.

So to the meat of the conference pie – the kinds of management training now required.

The ideas put forward by members were interesting and in a few cases, to my taste, piquant. Some were general and others raised more specific suggestions. Of the general comments, one or two have already been reported, or touched upon, in previous chapters. For the sake of completeness and ease of reference, however, they are repeated here.

All the statements and proposals advanced are, in my opinion, worthy of the attention of those who in due course will be involved in making arrangements for improved management training.

General comments

First, and fundamental to the basic idea of introducing a wider range of management training more apposite to the work of individual managers, is Sir Patrick Nairne's previously quoted comment on the difficulties of their jobs. The organisation and management of health services on an equitable national basis, he reminded us, is a stressful and complex business at the best of times and particularly so during periods of rapid social, political, economic and technological change.

That view, it seems to me, provides strong support for the argument that something should now be done urgently to help managers to cope with their difficult jobs, and to help them as far as possible individually.

And if corroboration of Sir Patrick's opinion and my interpretation of it are required, I think they can be found to some extent in a comment of Dr Derek Williams on the first research paper produced for the royal commission on the NHS.[10]

As that paper points out, the aims and objectives of different parts of, and different staff in, the NHS, cannot help at times being in opposition or even in conflict. The size and nature of the organisation, and the variety of work it does, make this inevitable. For example, national

interests conflict with local, hospital and community services are in competition for scarce resources, clinical specialists are in similar rivalry, health authorities do not necessarily see eye to eye with each other or with their own officers, and staff organisations and trade unions disagree with managers.

In such circumstances, those who manage the service must be capable of adapting to change and conflict, and should be helped to do so by appropriate training. They must be people who, to use Dr Williams's words, 'are able to move in wider areas with wider knowledge – especially political and social'.

The point, as readers will have noted, complements the view of the Commission on Education for Health Administration in the USA.

Management training in the health service, in other words, must, if it is to be successful, take cognisance of the basic difficulties and growing complexity of organising and managing the provision of health services.

Such training – appropriate, dynamic, designed to instruct and inspire rather than be a placebo for frustration or boredom – must be available on an equitable basis to all managers at all levels.

The Thwaites report concentrated on senior managers because it was asked to do so – but senior management does not exist in a vacuum. As A G H Perkins, general training officer of the National Training Council for the NHS, quite rightly pointed out, the quality of senior management depends among other things on the quality of support it receives from below. This vital relationship could be adversely affected by any proposal that smacks of attempting to restrict to a favoured few entry in the management training stakes.

Equally important, as several speakers mentioned, is the use of training to help select the potential and actual senior managers in the service. Admittedly, we have national training schemes for university graduates and others, but they alone will not produce automatically at an early stage the likely 'high flyers' in management.

A further strong argument for introducing better management training for all, in appropriate forms, therefore is the help that such provision can give to the process of sifting out the best managers from the rest.

In a nutshell, any revised management training policy should ensure equality of opportunity for all managers in the NHS while at the same time helping to identify and develop those most capable of occupying the senior posts.

Training also has a part to play in assisting the variety of people who are concerned with mangement in the NHS to understand and respect each other's role and responsibilities.

As Sir David Perris, chairman of the National Training Council, implied, the service has a lot of people involved in some way or other with management, who need a lot of different forms of training if their relationships are to be correct, cordial and conducive to good organisation in the patients' interests. We should therefore pay close attention to both the Thwaites and the National Staff Committee's reports, as his Council intended to do – especially at a time when the tendency to denigrate management and blame it for all or most of the service's problems, seems to be growing.

Another comment of Sir David's iterated by other speakers, provides a further point worth noting here.

The National Training Council, he said, would be looking closely at Thwaites's proposals for training managers of different professional backgrounds, for corporate management and team leadership. But those proposals appeared to set too much store by the academic approach to training. There are others, and we would need to consider them all if the variety of needs is to be met.

The limitations of the academic model, said Dr Williams, could be illustrated by the sort of problems already referred to in connection with training community physicians. And as J C Gardner, member of the National Nursing Staff Committee, added, no amount of formal training or paper qualification would make a good senior manager of someone who lacked the ability, personality and experience for the job.

On the other hand, he proposed, there could be advantages in giving nurse managers the chance to study for master's degrees in management – presumably because of the relatively limited opportunities for academic management study otherwise available to them. It was a point supported by Ian Beach, administrator of South West District (Teaching),

Leicestershire, who made much the same comment about other managers who otherwise would have no experience of formal academic training.

Theirs, however, were two of the few voices heard which actively favoured the wider introduction of degrees of this kind. Although the conference saw a place for such degrees in any overall training policy, the general opinion, despite a reasoned plea from Robert Maxwell to the contrary, was that the Thwaites report had emphasised their importance too strongly.*

D J Gold stoutly affirmed, for example, that master's degrees were unlikely to meet the real needs of NHS managers and that greater attention should be paid instead to the sort of short courses aimed at meeting practical managerial needs, which were now increasingly being used in industry. The General Electric Company was one such organisation which was particularly interested in the use of action-learning methods.

As something of a counterbalance to this somewhat anti-academic lobby, both Dr Williams and Professor Klein advanced the view that there is an obvious place for academic courses in any management training programme, so long as these courses are of length and depth sufficient to *teach* new concepts rather than merely to give a general appreciation of them. Such courses, they felt, should be concentrated in centres of academic excellence, preferably with international associations, where an active interest in appropriate research ensures that teaching does not deteriorate into dogma.

In general terms, this view is manifestly correct, though I would have thought that short-term appreciation courses on some subjects, such as industrial relations, health and safety at work, and the more complicated techniques of scientific management, could be useful in any nationally organised programme of management training.

*DHSS Health Notice HN(78)154 published in November, 1978 announced the introduction of an experimental programme developed by the National Training Council whereby 11 centrally funded bursaries are to be provided each year to allow selected applicants to take master's degree courses at certain listed educational institutions. Two of the 11 bursaries are reserved for candidates from Wales and Northern Ireland, in addition one further bursary will be provided for a Sloan Fellowship at the London Business School. The scheme starts in 1979-80 and lasts for five academic years in the first instance.[2]

As for detailed content of academic management courses, Stuart Heywood, like Professor Klein, felt strongly that these should be concerned more with making and analysing policy than with management techniques, and should concentrate primarily on the practical reality of management in the service rather than on organisational theory. Rosemary Stewart, while giving no particular view on this point, made the general comment that from her experience at the Oxford Centre for Management Studies it was extremely difficult to be certain that one could get the content of a management course absolutely suitable for the group of people for whose benefit it was supposedly being produced.

The good sense of Dr Stewart's opinion appears to me to be patently obvious, if only because of the problem of defining, let alone teaching, the skills that managers require if they are to be successful. The Thwaites report makes some attempt to do this in general terms, as does the report of the National Staff Committee. But whether you can teach anyone what I believe to be some of these basic skills – the ability to take decisions and get things done, the possession of what I can only call 'flair' for the job, and the exercise of that characteristic that we used to call 'leadership' – I beg leave to doubt.

On the other hand, it does not seem unreasonable to suggest that if such skills or qualities are latent in any individual, one way of developing them is by means of appropriate training – including academic training.

Another way, proposed by Dr Stewart but supported, I suspect, by many members, brings me to my fifth more general comment.

Managers, she suggested, should become more mobile. Movement from one job to another, in her opinion, is more likely to stimulate managers into thinking about, discovering, and doing, some of their tasks in new, different and better ways, than any management course.

Dr Williams not only agreed with the idea but thought that it should include the possibility of experience inside and outside the NHS, and in countries overseas.

It has of course been tried before – including the pre-1974 'planned movement' scheme for junior and middle grade administrative

staff – and not always successfully. The report of the National Staff Committee, on the other hand, considers the question in some detail in Chapter 6, and with certain reservations recommends in favour of its implementation. Manifestly, therefore, it is something that must be seriously considered for the future.

Miss M Storey, registrar of the General Nursing Council for England and Wales, produced the sixth and last general point when she proposed that what is important is *team* education as well as the education of individuals. This, as many members argued, is because consensus management, in practice, is undertaken at levels much lower than those where the official consensus management teams operate, and even at the top level has not proved universally successful. Anyway, as far as these teams are concerned, Professor Klein had already questioned earlier in the day the Thwaites report proposal that we should be thinking of separate training programmes rather than shared ones for the various professional team members.

Miss Storey, however, was more precise in her views. Team education of the sort she felt to be necessary is not obviously susceptible to a formal training programme she argued, and should be undertaken instead in an inservice programme with outside experts being with and advising the corporate teams during their ordinary work.

This proposal, with its emphasis on training that is practical rather than theoretical, on an incentive that is local rather than national, and on an arrangement designed to meet the needs of individual managers in an individual way, epitomises the remainder of the more specific comments made at the conference which, for the sake of brevity, I have gathered together in the concluding few paragraphs of this chapter.

Specific comments

First, we should recall the question asked earlier by Miss Hancock. Which of her special skills as a nurse was she expected to bring to, and develop as a nurse-manager for the better working of, her consensus management team?

Second, Dr Williams produced two ideas on how we might advance in the management training race without great expense. Health

authorities could help senior managers to help themselves by giving them time for self-evaluation and the opportunity of reviewing their own organisations: and senior managers in their turn should fulfil their training responsibilities by ensuring the proper development of their junior colleagues.

Third, John Bettinson, chairman of the National Association of Health Authorities in England and Wales, proposed that health authority chairmen have a special responsibility for training members as well as senior staff. His organisation had held seminars and intended to produce a manual on the role of the health authority member. This, it hoped, would be generally helpful to members, but every individual authority chairman *must* take his or her training responsibilities seriously.

Fourth, and finally, just to remind us that health service management should be designed basically to help sick people, Peter Simpson, surgical registrar at Northwick Park Hospital, asked how would we be able to judge the benefits to the patients, if any, that resulted from improved management training? Are the proposals of the Thwaites report not too schematic? Are we contemplating doing a 'boy scout job' over improved training, when we should be thinking of an 'outward bound' experience?

In other words, should we not be spending some of our training time and money to the direct benefit of patients by instructing doctors in the better organisation of their clinical practices?

Special pleading? Yes, I agree, but a useful and valid comment nevertheless. For it provides an opportune warning to managers of all kinds in the NHS that their jobs – senior or junior, full- or part-time, prestigious or mundane – all fundamentally have the same, simple and single aim – to help make sick and disadvantaged people better quicker.

How should they be provided?

As I hope previous chapters, and especially the last, have now made clear, the conference (as I interpreted its discussions) reached a fair measure of agreement on three points about training NHS managers which could be of some importance to those who have to plan and provide it.

The first, which is by no means new, is that *all* those whom one might describe as career managers should have opportunities for appropriate training and career development throughout their careers, whether or not they are actual or potential senior managers.

Second, these opportunities should not be few and stereotyped but many and varied, to meet, as far as possible, a wide range of individual needs.

And third, appropriate, similar opportunities should be afforded to those other people who, although not career managers, are concerned one way or another with managing health services. Such people include those whom I see as directing the service: members of health authorities; those who directly manage its resources in limited but highly important spheres, such as the doctors, in particular, but also, to my mind, other professional and technical heads of service; and those civil servants at the DHSS who broadly control the NHS finances and help to plan its strategies.

If my interpretation of the collective opinion of the conference on these three important points is correct, as I believe it to be, then manifestly the health service is faced with a much larger set of proposals, a much greater task, and so the need for a considerably increased allocation of money and resources for training, than was ever envisaged by the Thwaites working party or even, I imagine, by that which produced the National Staff Committee's report.

Assuming, as I think we have to, that the provision of such extra money

and resources is itself a problem that will take a fair time to be resolved, who meanwhile is to sort out a national plan and a set of priorities for management training in the health service? And how are these to be implemented throughout the country?

This is what this final chapter attempts to examine.

The two questions to be answered – how to produce the policy and how to get it implemented – are reciprocal, interactive and difficult to separate. In practice, each will help to develop and change the other. Even so it is right, I believe, to consider them separately here and to take first the comments of the conference on the sort of policy-making 'machinery' necessary at a national level.

Who should produce the national policy?

Understandably, in the light of its views on the need to consider a training programme extending well beyond the ranks of senior managers, the conference did not support the proposal in the Thwaites report to establish a consortium of health authorities to be responsible for the evaluation of policy for senior management training and its continuing implementation.

On the other hand, the tenor of the discussion on this point *did* appear to favour the idea behind the Thwaites proposal, of setting up some kind of special national training policy group with executive powers to act. Also in this connection the conference did not disagree with the Thwaites view that such a group would work best if it were independent of immediate control by a central government department, had a close knowledge of and direct interest in good local management, and was able to encourage experiment and research and achieve swift action whenever necessary.

One speaker who did not accept this view was, understandably, Sir David Perris.

Sir David was obviously mindful of the fact that one of the other options considered by the Thwaites working party for some kind of national policy-making group was a sub-committee of the National Training Council.

This, Sir David said, was broad based, representative of management at all levels in the service and, therefore, the organisation most likely to secure ready approval of its recommendations. Why, then, produce yet another body to coordinate training when the Council already existed for this very purpose?

It is a good question, and I cannot say that any other conference speaker provided a completely convincing argument to refute it.

Some members appeared to imply that to leave all training policy in the hands of the Council and the national staff committees was not the best way of encouraging speedy, effective and imaginative action. But whether that is fair criticism, bearing in mind the track record of those bodies, and especially of the Council[4], over the past few years seems to me to be doubtful.

On the other hand, I would support those who proposed that any national policy-making body should – as intimated by the Thwaites report – have a fair measure of financial independence, the power to act on its own initiative and a constitution essentially representative of those responsible for providing training *and* those who are to receive it.

In these respects it can be argued that the Council and staff committees are deficient and that there is need for the DHSS, health authorities, academic institutions and organisations like the King's Fund, to be represented on any new national management training body.

The DHSS, Sir Patrick Nairne proposed, is an interested partner in any such venture because of its concern with management training not just for its own staff, those in the NHS, and health authority members, but also for workers in allied organisations such as local authority social service departments.

Dr Williams was more emphatic. The DHSS is an absolutely essential member of any national authority designed to plan and direct NHS management training, because it holds the purse strings and thus the ability to remedy what in his view is the prime weakness of the present system – a lack of resources. To Dr Williams's way of thinking the National Training Council is also the obvious body to monitor local practices in management training and publish nationally those it feels able to commend.

Whether this means that he accepts without question representation of the Council and the national staff committees on any newly formed national management training policy group, or whether he sees the former bodies as subordinate to the latter, neither he nor any other conference member said.

Exactly how all the authorities, bodies, organisations and institutions concerned are to be linked into a single national group capable of producing workable policies, setting priorities, encouraging experiment and research, and monitoring progress, is certainly not clear – anyway to me.

Perhaps it will mean a further conference of interested parties, and perhaps it will again be left to the King's Fund to organise it.

Leaving aside, however, how a national body of this kind will become established, what seemed to emerge clearly from the discussion was a general acceptance of the need for each health authority to start taking a much more active interest in the management training requirements of both its staff and its members.

Indeed, Dr Williams suggested in this connection that it might be more appropriate to allocate any additional funds and resources for training not to any particular national body or partnership that might be set up, but directly to the health authorities themselves, in order to encourage local action together with the sort of experiment and variety of approach that both the conference and the Thwaites report appeared to have in mind.

This emphasis on the health authorities' role in training, supports the contention that the production of policies for management training and their implementation – the thinking upon and the doing of the task – are two activities not only linked but interdependent. The recipe for success, in other words, calls for ingredients from the field as well as from the central kitchen.

Before, therefore, considering *how* in the conference's view, proposals for improved training should be implemented, we have to realise that *what* should be done is a matter to be decided not solely by some central policy-making group, but also by those who actually plan, organise and run the health service up and down the country. What they want,

do, and find useful, will and should have considerable effect on national training policies.

Remembering that many of those attending the conference were either members or officers of health authorities, let us briefly recall, mainly from the previous chapter, the sort of proposals for improvement that they seemed to think necessary.

Such proposals, you will remember, fall into two groups – general and specific.

Taking first the general proposals, there appeared to be a wide measure of agreement on certain basic assumptions about the direction and management of the NHS. One is that this work is important because of its effects, direct and indirect, on the quality of the care of patients. Another is that it is intrinsically difficult, complex and stressful to do. And a third is that a wide variety of people, from a number of different backgrounds and with different skills, is required to do it.

In order to be successful, therefore, its training policies should recognise the importance of the work, accept that it is difficult, and be designed to meet the needs of all the people concerned.

The career managers, for example, of whatever professional backgrounds and skills, require training tailored to meet both their individual needs and those of the jobs that service calls upon them to do. And in the service as it is today, special attention must be paid to the use of training to help to sift out the best senior managers from the rest, and to produce effective corporate management and effective consensus team leadership.

On the other hand, the requirements of the members of health authorities, of doctors, heads of other specialist professional and technical services, and of civil servants associated with the health service, are different and less extensive. They, for the most part, will be adequately served by fewer and more general training facilities including, in my view, appreciation courses of the sort that some conference members appeared to find so unsatisfactory.

If both groups are taken together, the variety of their needs will properly be met only if a suitably wide range of training opportunities are available to them.

Those opportunities specially mentioned at the conference include the following.

Academic courses should be limited to institutions of known excellence which are genuinely interested in research in management, and which also have some international as well as national involvement. And since the standards of such courses tend, if one is not careful, to erode with time, they should be regularly reviewed.

The content of courses requires careful and constant consideration, with emphasis given to analysis of policy and the practical realities of management rather than to organisational theory and the so-called 'scientific' management techniques.

Master's degrees in management, or similar, should not be given undue prominence, although their suitability and usefulness to those who have had no opportunity for academic study should not be underestimated. Such arrangements as sabbatical leave and study leave for research should be seriously considered whenever possible, and the chairmen of health authorities bear a special responsibility for seeing that their staff do not miss appropriate opportunities of this kind for lack of leave, lucre and locums.

The NHS, it was felt, could also learn from industry, where short courses, sometimes involving action-learning on Professor R W Revan's lines, and designed to meet specific managerial needs, were increasingly being used.

Mobility was another of the conference's favoured concepts. Managers should be encouraged to move from one job to another, presumably on secondment, to broaden their experience. Such secondments, some felt, might well include attachments outside the NHS as well as within it, and to health care institutions and agencies in other countries.

The use of inservice training for senior and junior staff was stressed. The former could find the opinions of outside experts helpful in the conduct of their daily affairs and especially perhaps at consensus management team meetings. They should, in addition, be given time for critical reviews of their own organisations and such reviews should include personal involvement in the counselling, appraisal and career

development of their more junior staff – an area in which the nursing profession is far ahead of the rest.

Finally, the special training needs of health authority members and the other groups previously mentioned should be borne in mind, with doctors requiring help not only for medical management duties in consensus teams or on medical staff committees, but with the better organisation of their clinical work.

Most of these proposals, general and specific, are not new. Many of the suggested forms of training either have been or are being attempted. And it did not seem to me that either the speakers at the conference or the writers of the two reports they considered, thought otherwise.

What both believe very strongly, however, is that all those who direct or manage our health services require the best possible training for the difficult and complex tasks they are called upon to do, and that at the present time they are not receiving it. This should be corrected, and forthwith, not primarily in the interests of the directors and managers themselves, but essentially for the benefit of those – the sick – for whom the service exists, and as a natural corollary to any structural improvement which may in due course result from the recommendations of the royal commission.

How should the policy be implemented?

But how is the appropriate correction to be made, not just at the national policy-making level, which we have already discussed, but locally throughout the service? How, in other words, can the variety of approaches to better training be introduced, especially bearing in mind the additional financial and resource implications they carry with them? Here I must refer to the summing-up of the proceedings by Robert Maxwell.

The Thwaites report, he said, had been put together somewhat hastily by a number of busy people, all of whom would accept in consequence that it undoubtedly had its shortcomings. Taken together with the National Staff Committee's report, however, the two surely provided a possible framework for considerable constructive action.

The reports had much in common, as Sir David Perris had stressed, but this did not necessarily mean that action along the lines of their proposals could be taken solely by the National Training Council.

The conference appeared to be agreed, Mr Maxwell reminded us, that management training must be undertaken *à la carte* rather than *table d'hôte*; that health authorities and individuals locally must be able to select from a variety of options in order to meet their varying needs at different times. The health authorities, we must remember, are the local 'directing' bodies which, as independent employing authorities, should be responsible for training their staff and their members, and are also quite capable of mounting and monitoring practical experiments.

But not all such experimentation could or should be purely practical. Theory has its place, and if appropriate research is to go hand in hand with training, academic institutions have important parts to play both as providers of training and as policy-makers for its provision.

For equally important reasons, the DHSS must be a partner in any action because everything costs money and it alone can produce what is needed to buy the necessary additional training resources.

Multi-involvement of this kind is not possible through the National Training Council as it stands, and calls for a combined national approach by representatives of the organisations mentioned in order to produce agreed objectives, and policies and priorities for achieving them; together with a considerable delegation of authority and responsibility to health authorities for direct local action and experiment.

These suggestions, which seemed to claim wide support among conference members, in no way denigrated the considerable achievements of the National Training Council since its inception in September 1975. Nor were they designed to underestimate the efforts of the various academic and similar institutions which already provide training courses and will continue to do so; for example, the proposed experimental programme for management training at master's degree level now being introduced.

There are also other organisations with important contributions to make, as D J Gold reminded the conference – referring, in particular, to the regional management training centres in the NHS. The fact that the Thwaites report had not mentioned these was, he thought, a regrettable omission, for the centres, many of which are based on or linked

with polytechnics and are undertaking research work involving health service staff, are capable of providing many courses and opportunities not dissimilar to those available at universities and similar institutions.

It was a comment with which Dr Williams agreed. It reminded us, he suggested, that we really *do* have to see that we make full use of any and every training resource we possess, including that neglected area – from the management training viewpoint – the medical schools.

With a lot of thought, a little ingenuity and maximum delegation to and encouragement of health authorities locally, much could be achieved, not all of which need be expensive. The Lord is said to help those who help themselves, and in the interests of the service, its patients and economy, let us use every 'inservice' and other resource we have.

But let us not dawdle. We must keep in mind Lord Hunter's exhortation to think 'short term' so that we can actually do something for the staff we have now. Everyone at the conference, said Mr Maxwell, could make a start by resolving to go away and take some action, no matter how small, to improve training in their localities.

Long ago, that great man of vision, Leonardo da Vinci, is said to have said something to the effect 'that if a man cannot do what he wants, let him do what he can'.

That was the final message left with me by the conference.

Perhaps it was due to Sir Patrick Nairne's closing comment that we should not lose momentum now that the Thwaites and National Staff Committee's reports had set the management-training ball rolling.

For he is right to remind us that half a loaf is always better than no bread. And while to say that the least we can do to improve management training in the health service is the best with what we have available, may seem a simple comment with which to end this report, to my mind it makes a fitting epilogue to a most important conference.

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