Spot the manager

. . . how to identify middle and front line managers in the NHS . . .

Cranfield Healthcare Management Group
Research Briefing 5

How do they manage?
a study of the realities of middle and front line management work in healthcare

David A. Buchanan: November 2010
Our study is called *How do they manage?*. But with regard to middle and front line managers in the NHS, who are they? Identifying this group is not straightforward.

The NHS in England employs just under one and a half million people. About 44,000 of them are ‘managers and senior managers’ - 3 to 4 per cent of the total. This means a ‘span of control’ of over 30 - with every manager supervising 30 or more employees. There’s an ongoing debate about the optimum span of control - how many people can one manager effectively supervise? But 30 is a lot of staff appraisals to conduct each year.

Are those figures correct? That depends on how you define ‘management’. As we will see, the ‘official’ count underestimates by a wide margin the numbers of those who either have a management role, or a role with a managerial component.

**If we include those who have managerial responsibilities and other (eg clinical or medical) duties, as well as full time managers, then the proportion of NHS staff who are managers rises to 30 or 40 per cent, not 3 or 4 per cent. That’s a striking difference.**

Rosemary Stewart defines management as ‘deciding what has to be done, then getting someone else to do it for you’. Julian Birkinshaw defines a manager as ‘someone who is responsible for a whole organization or for some identifiable part of it’. Most writers, from Henri Fayol (early 20th century) to Henry Mintzberg (early 21st century), focus on *describing* what managers do. Fayol’s list of managerial activities was extended by Luther Gulick to include Planning, Organizing, Staffing, Directing, Coordinating, Reporting, and Budgeting - POSDCORB for short and clumsy. Peter Drucker added staff development. In Mintzberg’s recent model, management work is described as having three dimensions:

- **Information**: communicating, controlling
- **People**: leading, linking to others
- **Action**: getting things done, building coalitions, conducting negotiations

**If your job involves doing any of that, then you are categorically a manager.**

It doesn’t matter whether we use the definitions of Stewart and Birkinshaw, or the descriptions of Fayol and Mintzberg. Either way, ward sisters, path lab team leaders, bed managers, floor managers, modern matrons, domestic supervisors, directors of nursing, clinical directors, heads of service, medical directors - are all managers. Clinical specialty leads may not have direct responsibility for individual staff, or a team, or a budget. But if they are involved in service improvement, they will be leading, planning, organizing, coordinating, communicating, and getting things done - and they will be managing.

Most of these roles don’t have ‘manager’ in the job title. But that doesn’t matter. Many are ‘hybrids’, combining clinical duties with managerial responsibilities.

**There are probably many more ‘hybrid’ managers in the NHS than there are ‘pure plays’ or ‘professional’ or whole time managers. This has significant consequences.**
How do we get from 3-4 per cent to 30-40 per cent? Census data from the NHS Information Centre rely on the Occupational Code Manual Version 7 (2010). Managers are covered in the ‘G matrix for administration and estates staff’. This includes those with responsibility for budgets, staff or assets, or who are accountable for significant areas, including chief executives, board directors and deputies, and service managers reporting to them.

However, if you need to be a qualified doctor, nurse, therapist, or scientist, then you are counted in your relevant area, and not as a manager. The G matrix guidance also asks that, ‘junior managers and supervisors should be included in the clerical and administrative category. For example a team leader or reception supervisor would be included here’. This means that none of those hybrids or team leads count as managers at all. When it comes to identifying the actual NHS management population, the official figures are misleading.

Now let’s go over to Greenhill Hospital which launched a leadership development programme in 2010. The aim was to develop leadership and management capabilities at all levels - senior, middle, front line - from band 8 to band 2, including the executive team, clinical directors, general managers, modern matrons, ward managers, and team leaders. On a first pass, ‘our best guess’, they identified 1,600 staff in those pure and hybrid management roles, from a total employment of 7,500. The proportion of staff with management roles was thus estimated to be around 20 per cent. But the head of the programme explained:

I think it’s higher than that. We have identified leaders at four levels. Starting from bands 2 to 5, because a band 2 domestic supervisor has a management role. Might be only supervising one or two other people. So, if we’re saying anybody who line manages somebody else has an element of management in their job, I think we’re talking significantly higher numbers. I think we’re looking at 35 to 40 per cent.

Project leads don’t have line responsibility - for staff or budgets. But they exercise influence across the organization to implement service improvements, and they are accountable for the results. So they are managers too. The proportion of managers could thus be higher still.

What are ‘hybrid’ management jobs like? Here is the director of nursing at Netherby Hospital describing the mix of clinical and managerial responsibilities in key nursing roles:

Head nurses are ‘50-50’. They’re responsible for the managerial nursing aspects in their directorate. But I hold them accountable for nursing professional issues as well. For a matron, I would expect that to be very much more clinical. And probably it should be 75-25, clinical - managerial. For a ward sister, the ideal is that they should have two days a week where they can deal with the managerial elements of their role, but it’s also about making sure standards are adhered to. So probably a 60-40 split.

In your judgement, are some of those staff spending more time on their management responsibilities than they should?

No. I would say it’s the other way around. They don’t get enough management time.
Management roles are more widely distributed than is recognized. Many clinical staff have managerial responsibilities, and many managers have clinical backgrounds. The distinctions between managers and other groups are blurred. Implications for policy and practice include:

**Be careful what you cut** The current fashion for cutting management costs focuses on ‘pure plays’, and not hybrids. As well as losing expertise and corporate memory, cutting the former places a heavier management burden on the latter, reducing the time that they are able to devote to patient care. **Could be a big mistake.**

**Have an inclusive guest list** If you need to develop leadership and management capability in the organization, think broad when deciding who to invite onto the programme. The numbers may be much higher than first estimates, and many hybrid managers have had little or no management training. **Should have greater impact.**

*If you have a view on any these issues, please let us know.*

**Sources**


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**The research**

This study is based on interviews and focus groups with middle and senior managers at six acute trusts and one primary care trust. The next stages of the project include a management survey, debriefing groups, and case studies exploring how changes are managed in the aftermath of serious incidents.

**Participating trusts**

Bedford Hospital NHS Trust  
NHS Bedfordshire Primary Care Trust  
Northampton General Hospital NHS Trust  
Cambridge University Hospitals NHS Foundation Trust  
Gloucestershire Hospitals NHS Foundation Trust  
Whipps Cross University Hospital NHS Trust

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