
“A Three-Stranded Cord is not Quickly Broken”: the potential to develop leadership and learning through inter-organisational Collaboration and Commitment.

Professor Stephen Prosser*
Business School
University of Glamorgan

**Apart from the Foreword and Postscript, this paper is a substantially abridged version of Prosser S and McClelland S (2004) Lessons in Learning and Leadership: A Staff College for NHS Wales, Trafford Publishing, Cheshire, UK and Victoria, Canada. Parts of the abridged version have been re-ordered and supported by additional commentary.*

Foreword

Corporate universities, centres for public leadership, councils and centres for excellence in leadership, leadership foundations, and national leadership agencies: it appears that the public sector is determined to improve the leadership capacity of its senior, middle ranking and up and coming staff. And the same can be said of the private and not-for-profit sectors.

In 1995 I was appointed as the founding chief executive of the NHS Staff College Wales. In the following seven years I ran this successful enterprise and, with others, oversaw its substantial contribution to the learning and development achievements of countless professional staff, and managed the more than ten-fold growth in the organisation's staff and operating budget.

This article is based on the experience of the Staff College and is presented as a contribution to the organisational memory of the public sector, to help today's decision-makers, especially those concerned with investments in leadership development and organisational learning, to be evidence-based and reflective practitioners.

The article's title, A three-stranded cord is not quickly broken (Ecclesiastes 4:12), was the inspiration for the Staff College's logo and symbolised the crucial importance of collaborative ventures, the significance of learning and working together, and of the need to overcome organisational, cultural and intellectual barriers. These barriers, whilst appearing substantial, are often mere artificial constructs that can be overcome.

Background

NHS Staff College Wales was formally established in January 1995. It had taken over ten years to get to the point where the National Health Service in Wales could be served by a staff college with a mission to develop management and leadership amongst general managers and clinicians alike and help change managerial and organisational cultures.

The introduction of general management into the NHS, in the mid 1980s, had created a cadre of general managers who held responsibility for the running of health services. Prior to this the language of administration and consensus management dominated the running of the NHS. Over the next decade emphasis was also increasingly placed on involving clinicians in management to recognise the key role that doctors in particular played in the allocation of healthcare resources. Whilst developing managerial skills and knowledge was considered important within the NHS, leadership, which could more readily be seen to span both the clinical and managerialist perspectives, became even more important.

In addition, various Conservative Government policies ushered in the era of the 'internal market' with a greater emphasis on competition and the business and market based skills that would support the development of a quasi market in healthcare. The introduction of business style principles into the NHS included cash limited budgets, value for money, compulsory competitive tendering and cost improvement programmes, to name just some of the initiatives enacted in the name of the dominant driver of efficiency. Whilst there has been much debate as to how far market principles really permeated the NHS the split between the purchasers or commissioners of healthcare and those who provided health care services was to continue to dominate the structure of the NHS into the New Labour era of 1997 onwards.

The election of Labour did witness a further shift towards collaboration and partnership working, for example between health and social care agencies in Wales and with the private sector in England.

In England concepts of modernisation, focusing on the continuous improvement of healthcare services in a highly target driven manner, were to dominate the NHS agenda. At the end of its first and particularly during the second administration of New Labour the NHS saw significant increases in funding but ones which were increasingly tied to achievement of modernisation targets.

1999 also saw devolution for Scotland, Northern Ireland and Wales. Health and health services became a devolved matter and in Wales occupied the largest proportion of the Welsh Assembly's budget and the considerable attention of Welsh politicians. The devolution settlements offered a challenge to the concept of a National Health Service with different structures and priorities emerging. Thus in Scotland the vestiges of the internal market were abandoned and in Wales the 2001 Improving Health in Wales saw an emphasis on partnership working between health and local government and on the importance of public health measures.

So, the emergence and development of the Staff College occurred during a lengthy yet dynamic period of change for the NHS in which managers and leaders emerged and in which the structure and organisation of the NHS changed and continued to change radically. The Staff College was innovative within the NHS. Whilst similar colleges had developed within other organisations, both in the public and private sectors, the NHS had not provided such a facility for its staff. Therefore, the tale of the quest to establish this College and then run and develop it is an important one to tell. It offers insight not just into the developmental needs of the NHS, both in terms of its staff and its organisation, but also into the policy environment in which new organisations can both flourish and fail.

The Genesis - mid 1980s

The first mention of a Staff College for Wales appeared in notes from the All Wales Personnel Committee of 1984 and in a Deloitte, Haskins and Sells report of 1987 which examined the feasibility of the NHS in Wales owning its own training centre, and the report highlights important tensions: the emphasis on training and the differences between concepts of training and development and between individual, group and organisational interventions; and the issue of a physical entity called the Staff College as opposed to a "college without walls" - a virtual Staff College.

The Deloitte report also identified another issue concerning the role of the Staff College:

"There appears to be an overall lack of a corporate identity within the NHS with few staff taking pride in the achievement of their organisation. They tend to think of themselves as either belonging to a specific authority or profession and thus not working to corporate objectives."

The debate regarding the objectives of the Staff College was to dominate its history. This is in part a reflection of the tension in the views and requirements of the stakeholders and the view (of some) that the Staff College could promote the concept of corporateness within NHS Wales.

The report also identified the tension between centralisation and decentralisation and the need for the College to be clearly located within the NHS family. This notion of 'central diktat' versus 'local ownership' is a common thread in public service management and delivery and one which continues to impact throughout the United Kingdom.

Much of the discussion also reflected a continuing discussion, within the emergence of managerialism in public services, of the role of professions particularly in the NHS where the medical profession had traditionally acted as the most powerful stakeholder. The attempt to draw physicians into management and into the Staff College fold was also to become of importance.

Moving from Idea to Reality - mid 1990s

One other reason for the stasis in the development of the Staff College was the need for convergence between the policy environment and the idea. At this point the corporate centralist notion of the Staff College was increasingly at odds with the market driven environment that was emerging throughout the NHS.

The period also saw the emergence of a discussion regarding the links between the academic world and training and development in the NHS. The links between academia and practice were ones which were to challenge both organisations. The research and theoretically driven world of academia was often seen as being of little relevance to the 'hands on' fire-fighting world of the NHS manager engaged as he or she was with day to day matters of service delivery. However, it was recognised that creating a chair in health services management would develop and give credibility to a new academic discipline which would seek to bridge the gap between the two worlds. As will be seen the notion of providing an evidence base for policy, management, organisation development and leadership was eventually to become a dominant driver for the NHS in the late 1990s.

The emerging view of the Staff College as an instrument of government policy was also new and potentially one which would cast the College more in the role of 'think tank' than as a deliverer of development activity.

The Establishment of the Staff College - 1995

In late 1994, the NHS director concurred with the view that the College needed to be seen as owned by the NHS itself, rather than as a centralised organisation. A NHS trust chief executive was nominated as chair of the Management Board and a Staff College chief executive appointed. Both the chair and the chief executive commanded respect within NHS Wales and possessed a commitment to learning and development. From this point onwards the proposal took on a momentum which reflected its pragmatism and the convergence of the Staff College proposal with the current policy and organisational environment, and without this congruence the Staff College would never have got off the ground.

It was agreed that core costs would be transferred from the Welsh Office on a ring-fenced basis for a three-year period. Thereafter funds would go to Health Authorities on a weighted capitation basis with the intention that Health Authorities would then fund the College.

Funding the New College

The issue of funding was one that would be a source of discussion as the Staff College developed reflecting the discussions held prior to its establishment. Funding is key, not merely because it provides the financial resources through which objectives can be achieved, but as an indication of policy priorities and organisational imperatives. The pragmatic and somewhat entrepreneurial approach that led to the establishment of the new College provided for a flexible base in funding which had both advantages and disadvantages. Positively it allowed the organisation to work more responsively and take on work to meet emerging priorities. Negatively it made for a constant struggle to assure a solid foundation for the College, particularly in respect to funding its staffing establishment.

The funding of the College also raised issues of who was actually the customer in the post internal market world. Health Authorities had had training resources devolved to them and there was much debate regarding how much should be repatriated to the Staff College.

The funding of the College also demonstrates the growth in the wider range of activities it undertook, combined with a corresponding increase in operating costs. This can be seen in the College growing from just 5 staff at its inception to some 60 staff by 2001, together with a range of associates and contractors who contribute to the delivery of schemes and other activities. It is interesting to explore why the College grew so quickly and across such a wide range of activities. In part this must be attributed to the success of the College in delivering its products. This gained the confidence of those using and paying for services which meant in turn that the College was used more and more and developed increasingly diverse activities. Moreover, although the College had initially considered acting primarily as a commissioning organisation this was seen to be easier in theory than practice. The time spent in writing specifications and monitoring and developing these with a limited range of providers was outweighed by the advantages of providing services internally and this was evidenced in the development of a number of programmes, particularly those for clinicians.

This also made the College an attractive place for NHS staff to come and work within. The College started to attract creative individuals who were keen to 'grow' new roles for example in research and learning technology. More staff were also required to work on the increasing range of internally provided activities. The growth of the College was not without its challenges. It is often assumed that organisations grow hierarchically and in a straight line. This was not the case with the College whose structure was perhaps more akin to those seen in creative organisations such as advertising agencies. The growth in staff led to some breakdowns in infrastructure and, given the College's place within the accountabilities of the NHS, a requirement to make a step change to introducing stronger systems and mechanisms to manage the organisation. The development of a robust project management regime, as adopted in similar organisations outside the NHS, might have provided some solutions had this been initiated from the outset. There was however an inherent tension in this change as the need to create the apparatus of a larger organisation was at odds with a more flexible organisational structure. This was a key challenge for this type of organisation and the search for appropriate accountability and infrastructure arrangements is one that is not easily resolved.

Staff College Activities

By 1998 the Staff College Annual Report identified activities in seven general areas, a number of which would have been familiar to those first involved with the creation of a College in the mid-1980s:

- Develop leadership capability of managers, clinicians and others
- Promote lifelong learning and development
- Encourage development activities in individual organisations, between professions and across organisational boundaries
- Deliver first rate development activities including programmes, courses, consultancy and individual guidance
- Create time and space for thinking and reflective practice
- Extend the influence of organisation development and learning
- Undertake academic work in leadership, learning development and change management

These general areas were translated into development programmes for clinical directors, executive directors and chief executives; middle manager courses and graduate development programmes. There were also educational programmes at postgraduate certificate, diploma and masters' level and a range of education and development bursaries. In addition, the consultancy arm of the

College supported what it called the "family of health" through the provision of coaching and career guidance, executive seminars, occupational psychology, organisation development and organisational learning interventions.

Developing new models of learning and of content development was a key concern for those planning, organising and delivering the programmes within the College. Iterative and self-directed approaches to learning were complemented in programmes by more structured modular inputs exploring key theories and models of good practice.

The emergence of inter-agency co-operation is to be particularly noted as it reflected an emerging emphasis on joint working between health and local government, notably social services. The College saw its activities being potentially expanded from the health arena into making links and working with those within local government and organisations. (Indeed, the College became so successful at encouraging these links that in 2001 the publication of a national plan for the NHS in Wales - a plan highlighting the importance of joint working as a key lever for change - proposed that the Staff College should become the Centre for Health Leadership with a remit across much of the health and care sector. The Staff College was renamed in April 2001 and started to fulfil its wider remit.)

Both the Management Group and College Fellows played a key role in the College. The Management Group oversaw the operational activity and strategy of the College, agreed its business plans, ensured corporate governance and maintained and developed its activities. The group was composed of managers and clinicians drawn from a range of backgrounds and locations who were able to act in a similar way to non-executive directors within NHS Trusts. The expert chairing of the group allowed for a creative tension and a 'critical friend' approach to develop. Moreover it was intended that members of the group would act as 'goodwill ambassadors' for the College and ensure continued commitment and support from the NHS itself. This was critical in establishing the College and would continue to be so in its continued development.

The concept of Staff College fellows also emerged, through which senior health services managers and clinicians provided expertise and support across the range of College work, especially the development programmes. This was an important development in gaining support for and involvement in the College from a range of key stakeholders within NHS Wales. It also provided the opportunity for these individuals to pursue their own development and to ensure that College work reflected and was grounded in NHS practice. The Fellows played an important role in supporting and promoting the College and in helping with the development and promotion of College activities. Fellows supported specific areas of Staff College activities and were very closely and personally linked with the promotion and delivery of their specific area of activity.

An Evidence Base for the Staff College

Training and development interventions must always be questioned in terms of their value to the organisation. The financial costs of engaging in these activities are significant and must be related to the benefits achieved not just by the individual participants but also by their organisations. In the NHS the need to demonstrate an impact on improved patient experience or service improvement is the key measure by which any intervention may be judged. It is however, very difficult to make the link between training and development and improvements in service and patient outcome.

The College in drafting its evaluation methodology acknowledged the difficulties of evaluating interventions particularly when looking at attitudinal and cultural changes, as opposed to the

acquisition of skills and knowledge. The College proposed a three-pronged approach to the evaluation of programmes:

- Preparation of a service led specification
- Programme/module evaluation
- Behavioural outcomes

Evaluating behavioural outcomes was seen to be the most complex issue and a chartered occupational psychologist led the work.

Evaluation design was seen not to have a dichotomous outcome (either valued or not) but needing multiple criteria to assess outcomes. Context, Administration, Inputs, Processes, and Outcomes (CAIPO) was proposed as the framework for all evaluation. Programme outcomes and participant and service gain were all seen to be critical and would remain the primary focus. It was felt that there was a need to be flexible and to take account of evolving culture and service developments. Closed loop feedback would be provided as would a form of 'developmental evaluation' which was both iterative and action oriented. Evaluation was not to be governed by rigid experimental principles but based on observing best practice advice. Wherever possible, the evaluation was intended to contribute whilst the training or developmental intervention was being carried out thereby providing immediate feedback. Evaluation was to be locally based, collaborative, action based, qualitative and inductive.

Evaluation was to be undertaken on three levels and the focus of this was to be:

- What positive changes occurred?
- Is the change due to the development programme?
- What is required to ensure such positive change will occur with future participants in the same programme?

From these principles and methodological perspective the College established a rolling programme of evaluation.

Typically, the programmes subjected to this in-depth evaluation revealed strong developmental inputs and overall the programmes' strengths were in supporting leadership development whilst providing a contextual backdrop for the consideration of leadership. A strong development trend was demonstrated in:

- Self confidence
- Understanding leaders personal dilemmas and challenges
- Effective leadership styles
- Self awareness

The programmes were seen as a powerful model of reflective learning. Participant career progression and direct service benefit as a result of the programme were considerable as were the effects on participant awareness and practical leadership skills both during and following the completion of the programme.

Many of the educational courses were also evaluated, using focus groups, content analysis and evaluative frameworks, and the major benefits identified included a range of management skills. Enhanced understanding of team dynamics and key learning was also achieved in service and problem solving.

In addition to formal evaluations of programmes and activities the College spread its net wider in developing a range of 'think pieces' and evidence based resources. Think Tanks with prepared papers and drawing on the experiences of key stakeholders were held on areas such as locality commissioning and succession planning and the findings written up. The College also developed its own research and evidence based briefing papers the first of which was "Effective Models of Commissioning: The Evidence". This was designed to fit with a mission to disseminate ideas and good practice throughout the NHS and beyond and also to potentially give the College a place on a wider academic and practitioner stage.

The College also sought to develop its role in relation to research. This reflected a view that there was a place for the organisation to undertake research in policy, organisational and management areas which dated back to the first genesis of the idea for the College. By 1999 the strategy for research within the College had two main strands:

- *Developing managers' awareness and use of research.* This recognised that clinical colleagues were expected to incorporate research and evidence based findings into their practice but that this had been a poorly developed field in management. A key role the College took was to develop understandings of the philosophies of research and of research tools, ability to access evidence and understand what constituted evidence and to critically appraise and ultimately apply evidence based practice.
- *Developing the research base in policy, organisation development, leadership and management.* Part of the difficulty in getting managers to use evidence lay in the limited amount of research, as opposed to theoretically based work that had emerged in these fields. The College took a role in undertaking and to a limited extent commissioning and disseminating research to add to this body of knowledge.

The research activity resulted both in papers published and conference presentations and in wider dissemination to the NHS and broader community. At the same time a series of evidence based management workshops ran for health services managers which provided an introduction to evidence and gave hands on experience in accessing, interpreting and critiquing evidence for managers. This was accompanied by the development, in conjunction with the Wales Office for Research and Development and the Institute of Healthcare Management, of a research handbook for managers which included an introduction to research tools, details of ongoing research training and projects and the development of a network of active researchers within the healthcare management community.

Reviewing the College

Reflecting perhaps some of the difficulties experienced in actually establishing the institution, the Staff College was itself a recipient of a number of reviews as to its purpose, funding and activities. Comments on two of the reviews exemplify the approach taken:

1998 saw the College undergo a review of its programmes and projects (reporting in 1999) which drew on a series of key influences:

1. the need for health services managers to examine the following issues in all Staff College activities:
 - The extent to which new policies and plans are delivering their objectives
 - The extent to which current activities are in line with changing needs
 - The extent to which new plans are in line with emerging policy directives

2. This was to be achieved by the College through a three-pronged approach:

- Commitment: engaging further with the service to engender ownership of, and a commitment to, a strategy to meet the need for more reflective thinking
- Skills/capacity working with the service to develop skills and capacity to think reflectively within busy operational environment
- Forums/channels to disseminate learning: hosting think tanks on issues of organisational effectiveness within the Welsh context

In 1999/2000, the management consultancy firm Dearden's, who had the brief to look at the College's position, funding and governance in the new NHS Wales, reviewed the Staff College. This was a positive review recommending that the College be brought closer to the National Assembly's strategic direction while still remaining an integral part of the NHS Wales *"its funding will be settled and the long term future will be secure"*. This move towards locating the College more clearly with the central government agenda was one which was to cause some tensions. This raises interesting questions regarding the role and place of public servants and it can also be linked to the emergence of devolution and the desire to create a distinctive Welsh policy and service direction.

It is also interesting to speculate why the College, despite the positive outcomes of the various reviews, continued to be reviewed on a regular basis. This reflects a dynamic of organisational change which is common in much of the public sector, although few organisations were reviewed as frequently as the Staff College. In part, this may be attributed to the entrepreneurial and flexible way in which the College was established. Growing quickly yet without much of the infrastructure available to other organisations the College was vulnerable to continued question asking over both its function and funding. Much of this also related to many of the difficulties faced in trying to establish the College in the first place including issues of central control, 'ownership' of the College, and its range of activities. It could also be speculated that the College occupied a very unusual place in what was a large and predominantly bureaucratic organisation - the NHS. The College was increasingly attempting to position itself at the cutting edge of thinking and activities and it is debatable how far such an organisation can ultimately survive within a bigger organisation which charged with the distribution of public funds has, understandably, to impose high levels of controls, systems, processes and accountabilities.

Conclusions - what can we learn from the Staff College Story?

In the spirit of organisational and personal learning, that was central to the College in its development, there are many lessons that can be drawn from the genesis, creation, development and ultimately end of the NHS Staff College Wales. This article has sought to trace the history of the College and by doing so to explore some important and more wide-reaching issues, as it is important that organisational memory be exploited in order to learn lessons for the future. Too often this memory is lost in organisational change, or not made available to other organisations, and this article demonstrates the value of telling the story of an organisation. If an evidence base for organisation development and change is to be further developed other stories of developing organisations will become increasingly important.

The principal management lessons to be drawn from the story of the College are:

The importance of:

- Determining 'core' business
- Prioritising competing demands

- Clarifying primary and secondary customers
- Improving customers' understanding of Staff College player roles
- Internal systems management and operational efficiency
- A human resources framework to facilitate staff performance improvement
- Clarity about internal structures, roles and lines of accountability
- Evidence based and added value focus through robust evaluation frameworks
- Managing stakeholder expectations
- Cultural change allowing for synergised creativity; shared understanding of core values; allowing talented individuals to maximise their impact

However, the lessons to be learned can be cast in a wider frame of reference which may be of value to those seeking to set up and establish a similar type of organisation now or in the future:

1. Creating An Organisation

The College emerged as a small and flexible organisation within a much larger and somewhat bureaucratic organisation - the National Health Service. Throughout its existence the College always had to hold a place at the nexus of government, academia and of course the NHS. Meeting the needs and demands of these different stakeholders was always challenging.

The actual creation of the College demonstrates the importance of seizing opportunities and working innovatively and flexibly to get a development off the ground. Being locked into an unhelpful series of meetings, business plans and documentation frustrated the initial history of the College. The establishment of the College occurred by exploiting organisational changes within the NHS and by establishing a small and responsive organisation.

The early Staff College was non hierarchical and developed a range and diversity of activities that were strongly located within the needs of the NHS. The College grew rapidly, both in terms of budgets and staff. However, this created tensions with the requirements for infrastructure, mechanisms and accountabilities within the NHS. There must also be some debate regarding whether an organisation like the Staff College can ultimately survive within the constraints of the much larger parent body. This raises a much wider debate about the most effective ways to design organisations, particularly those which sit within much larger organisational systems, to facilitate flexibility and creativity but which are clearly accountable. This may be difficult to achieve as organisations like this are more familiarly found in the private sector, for example in advertising agencies or software companies. However, the links between organisational form and improved user experience and service improvement is a critical one for all public sector organisations.

2. Corporate Values

The Staff College had a particular role, from its inception onwards, in promoting the corporate values of the NHS. This is however by no means an easy issue. The culture of the NHS is marked by professional tribalism and organisational boundaries and establishing commonalities across these has been challenging. This is reflected in ongoing tensions between centralised directives and decentralised roles. Whilst NHS Wales had existed as a entity for a considerable period of time the introduction of the internal market created different cultural and organisational realities which were to be changed again in the wake of devolution and the establishment of the National Assembly for Wales.

The programmes and services of the College sought to promote a shared value base for NHS Wales. This included the provision of a wide range of programmes for clinicians, in particular medical staff, which sought to break down professional boundaries. There are clearly questions to

be posed regarding methods by which new and existing staff can develop to share a common value base for the NHS. In Wales, this needed to be complemented with discussion regarding partnership values across public and voluntary sector organisations and with the Assembly Government. This also needed to be placed within the context of the debate regarding the development of a distinctive public service.

3. The role of stakeholders

The story of the Staff College demonstrates the importance of gaining the commitment and ownership of key stakeholders in the health policy community both to create and sustain an organisation like the College which did not have a traditional and long established role within the healthcare sector. The early history of the College was dogged by the limited number of influential champions both within the NHS and the Welsh Office. The creation of the College in 1995 was achieved following an extensive consultation exercise and by ensuring that key individual stakeholders had a place in the running of the College through the creation of the Management Group and the College Fellows. The recognition of involving stakeholders beyond those of general managers, in particular to clinicians (both medics and nurses), was also noteworthy in establishing and developing the College.

4. Policy Climate

Understanding the history of the Staff College also requires an understanding of the policy climate within which public sector organisations, in particular, have to operate. Failure to analyse and understand the policy environment can pose major problems. The more centralised approach, during the genesis period of the College, was increasingly at odds with the decentralised notions of the introduction of the internal market which sought, at least in the early stages, to devolve power to NHS Trusts. The election of New Labour and the emergent political and policy context, which underpinned devolution, was to create a new policy paradigm. This was one in which corporate Welsh government values and an emphasis on collaboration and partnership were to become dominant. The development of strong emphases on governance and performance management were also to impact on the flexible market oriented Staff College and to contribute in its reinvention as the Centre for Health Leadership. The history of the Staff College demonstrates the importance of understanding both political and policy processes for those working in public sector organisations, and combining these with understandings of organisation, management and leadership theories and practice.

5. Research and Evidence Base

The Staff College sought to emphasise the need for an evidence base for management, leadership and organisation development. These are fields which are notably under researched and the College's work both in raising awareness amongst managers of the role of research in underpinning their practice and in developing a research base to assist with this were important activities. Demonstrating the impact of training and development interventions themselves were important activities within an organisation such as the NHS, where every penny diverted from direct patient care is rightly questioned. The College made progress in developing evaluations of their programmes although it was recognised ultimately some further demonstration of the impact of these interventions on service delivery would need to be established. There is still a considerable need to develop the evidence base for management, leadership and organisation development, although understanding the ways in which evidence can be constructed and ensuring that innovation is not stifled are also important messages. Investing in robust research in these areas is likely to bear significant dividends as will ensuring that major service changes are subjected to robust evaluation mechanisms.

6. Training and Development Interventions

The Staff College sought to move away from the model of a training centre to a much wider understanding of learning and development. The College should be noted for its role in developing programmes for clinicians. This resulted for example in many medical staff, from registrars through to medical directors, being touched by the College's programmes. This was coupled with the provision of a range of programmes both for nurses and professions allied to medicine. This allows for a sharing of corporate values and understandings across a range of professional groups who may not always have been comfortable with ideas around management and leadership. Challenges continue to be posed for those who seek to offer training and development interventions to ensure that new methods for delivering these, for example in e-learning, are maximised and that benefits for the individual, organisation, user and public are articulated.

7. Developing Human Capital

Recognising the importance of human and intellectual capital is an important challenge for contemporary organisations and one which the College sought to embrace. Intellectual capital is often considered to include knowledge management, the human beings working within the organisation, the intelligence and data held within the organisation and the various networks the organisation can utilise. The NHS remains a labour intensive organisation in which the knowledge, skills and experiences of its staff have a major contribution to make to service improvement. . Developing staff in a way that maximises intellectual capital particularly in times of rapid organisational change and loss of organisational memory is critical and perhaps one of the most important challenges and legacies of the Staff College.

Postscript

In 2006, the work of the Staff College and much else is being taken forward by the National Leadership and Innovation Agency for Healthcare.