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# Report

## The Institution That Wasn't: The British National Health Service University

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## The Institution That Wasn't: The British National Health Service University

### Abstract:

*This report presents a detailed account of a major educational initiative in the British health service, the organisation with the largest workforce in Europe. The initiative was to set up a 'university for the National Health Service', an aspiration that gave birth to 'NHSU'. Work began in 2001, but the project ended abruptly in 2005. This paper is based on the analysis of a series of in-depth interviews with senior managerial staff and a review of policy documents. Our analysis explores both the political and the organisational aspects of NHSU. We conclude that two aspects of the initiative are key to understanding its demise: its politically-led nature and its challenge to the idea of a 'university'. Finally, we attempt to draw conclusions from the experience of NHSU to inform other state-sponsored education and training interventions.*

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# The Institution That Wasn't: The British National Health Service University

## 1 Introduction: A University for the British National Health Service

Most of us have strong opinions about the idea of the university: what it should look like physically, what it means to be a graduate, what it should or shouldn't be philosophically, how staff should behave and what they should do with their paid working time, what the institutional criteria are for use of the title, the privileges and responsibilities associated with studying or working in one. These opinions are surrounded by ghosts of an ideal of the university, and also by what a university is not. This paper is about a British state-funded initiative that briefly challenged notions of what a university is or could be, the NHSU<sup>1</sup>, where the 'U' stood for university—although as one participant in our study told us it also came to signify 'Unfunded or Unclear, then eventually Unwanted and Unloved'. We draw on in-depth interview and documentary data to trace significant moments in the initiative's three-year life and chart its birth, existence and death (see Appendix). In our analysis we present seven themes:

1. the management of skills and training in the NHS;
2. the idea of the university;
3. disconnection from 'The Service';
4. government policy;
5. funding;
6. organisational death; and
7. what might have been.

Whilst we realise that such a large number of themes represents an unusual analytical scheme, we argue that NHSU was an initiative that demands to be understood as multi-faceted and highly complex. Understanding the NHSU, an organisation born of interest group lobbying, nurtured by political commitments, and attempting to bring together the two most controversial and difficult to 'manage' aspects of contemporary Western societies (health and education), takes us into many different areas. This approach also allows us to respect the complexity of the stories that respondents told us in interviews, rather than imposing a single-sided (and simplistic) explanation of why an initiative that cost at least £53 million came and went so rapidly.

Our analysis begins from the recognition that the idea of the university is and always has been highly contested. Universities are represented in society in a variety of ways; autonomy of thought and action is often central, showing up in the idea of an 'ivory tower', popular representations of academic work, and perception of campuses as shelters for the development of radicalism. However, as an institution of study and work the university has never been granted the autonomy it is popularly supposed to have:

Neither in its medieval nor in its modern form has the university disposed freely of its own absolute autonomy and of the rigorous conditions of its own unity. During more than eight centuries, "university" has been the name given by society to a sort of supplementary body that at one and the same time it wanted to project outside itself and to keep jealously to itself, to emancipate and to control.<sup>2</sup>

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<sup>1</sup> We refer to the National Health Service University initiative as NHSU as this is the title it carried for most of its life.

<sup>2</sup> Derrida, J. (1983) 'The principle of reason: The university in the eyes of its pupils', *Diacritics*, 13.3: 2-20, p.19. We have deliberately referenced this paper as lightly as possible in order to present the narrative and analysis more clearly.

In common with 'proper' universities, NHSU had to negotiate an identity with society, but in addition powerful professional groupings, the educational establishment in which the term university is a unique indicator of identity and complex micro and macro political settings all affected its progress as an initiative. The research on which we draw began more than five years ago, when we received funding from the British Economic and Social Research Council funded Centre for Skills, Knowledge and Organisational Performance (SKOPE<sup>3</sup>) to conduct an evaluation study of NHSU. We arranged exploratory interviews and tracked the many documents and press articles related to NHSU, built relationships in regional healthcare Trusts that would enable access to conduct interviews once the initiative had settled in and had some effects, and prepared to gather data to analyse the impact of the initiative after three to five years of its existence. Then, in mid-2004, we read media reports of a government-sponsored review of the 38 'Arm's Length Bodies' (ALBs) that exist to support the NHS. The review had been commissioned earlier that year by the Department of Health, with the stated aim of reducing the 38 ALBs to 20, as well as to 'improve efficiency and reduce bureaucracy'. NHSU was one of the bodies recommended for closure in the report delivered in October 2004.

After a brief period of reflection and conversation with our funding body we decided to persevere with the research and try to understand NHSU as an initiative in itself. We approached this by conducting in-depth interviews with some of the senior executives, senior managers, academics, and NHS managers involved, to try to identify hegemonic meanings attached to NHSU, how they shifted over time as different groups affected the nascent and then dying organisation, how legitimacy was negotiated or contested, and how/why the initiative ceased. We also continued to collect Department of Health documents, NHSU documents, and media reports. We attempted to access the NHSU archive after the closure of the initiative, but were unsuccessful in this.

In this paper, we outline the organisational context of NHSU and give a brief factual account of its rapid progress from idea to death. We then outline the data collection methods and analytical approach, we present data analysis according to our categories that we argue gives insight into the 'unmanageable' complexity of NHSU, and finally we suggest a set of tentative conclusions relating to the idea of the university and large-scale training and education interventions.

## **1.1 The British National Health Service: Development and Organisation**

The NHS employs around a million people. As an organisation it has tended to reflect current government policy and societal norms; most recently this has been reflected in moves towards local autonomy and corporate rationalisation to replace the previous model of clinically-orientated consensus management, a focus on efficiency and economy rather than clinical issues, and extensive audit technologies. Alongside this, however, there have also been attempts to make the NHS into a more coherent organisation, rather than a set of occupational communities or a dispersed group of independent Trusts.

Training and development in the NHS is dominated by professional associations, universities and trade unions, dependent on whether individuals are pre-registration, post-registration, or non-clinical staff. Personnel/human resources seems to have relatively low status, both in local Trusts and centrally at the Department of Health.

The notion of a 'university for the NHS' was first mentioned in a British Association of Medical Managers paper, citing the private sector fashion for 'corporate university' initiatives as a good model for developing the NHS as a 'learning organisation' in which

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<sup>3</sup> Economic and Social Research Council Centre for Skills, Knowledge and Organisational Performance (SKOPE), URL: <http://www.skope.ox.ac.uk/>. Last accessed 1 December 2007.

'organisational culture' could be shaped and staff commitment encouraged. The idea's next appearance came in the British Labour Party general election manifesto in 2001, which stated 'we will set up a university of the NHS'. The idea was then passed to the Department of Health Strategy Unit for further development, a chief executive was appointed for NHS University after the May 2001 election, a budget was allocated, and there were a series of consultation exercises during 2002 and 2003.<sup>4</sup> In December 2003 the initiative that had by then become NHSU was constituted as a Special Health Authority, and the 2003-4 report contained the following introduction from the chief executive and vice-chancellor designate:

NHSU was set up in response to the Government's commitment to establish a university especially dedicated to health and social care, which would help transform the quality of healthcare delivered by the NHS, and which would guarantee to staff at all levels opportunities for training and career development... 2003/04 has been a year of development, and of careful preparation for delivery. NHSU is now poised to make a major difference to the lives of staff in health and social care, and to patients, carers and service users.<sup>5</sup>

Around the same time the review of ALBs (including NHSU) was set up, and by summer 2004 NHSU employees were talking openly about when the initiative would close. In November 2004 the Health Secretary published his plans for 'reconfiguring' the 38 ALBs to a maximum of 20 by April 2008, and it was announced that the Modernisation Agency, the NHS Leadership Centre, and NHSU would 'merge' to form a new Institute for Learning, Skills and Innovation (which subsequently became the NHS Institute for Innovation and Improvement). On 31 July 2005, NHSU was formally dissolved. In the space of four years the initiative moved from an idea inspired by practice in the US private sector, to a political promise, to a UK-wide initiative employing around 300 people, to closure. NHSU was funded to around £50 million over three years and laid claim to delivering training to more than 100,000 people, and involvement in setting up 23 degree or post-graduate level programmes as well as other training and development programmes.

During its life NHSU generated a series of hostile articles in the British media, many focusing on its title and the supposed intent behind it. This makes the naming and representation of the initiative an obvious theme to explore, empirically and analytically. The representation of NHSU as a university was crucial, operationally and symbolically. It featured in the recruitment of senior staff, many of whom came from academia, and helped to set the managerial tone of the organisation, allowing senior staff to invoke discourses from both academia and corporate university literature as they sought to define the initiative as independent. Finally, the signifier chosen for this initiative was useful politically, in two ways: first it allowed the portrayal of the NHS as a unified organisation when it was becoming increasingly localised and differentiated, and second, it enabled a presentation of public service work as grounded in good HR practice and the enterprise discourse. Publicity material emphasised that employees should be aiming to move up through the NHS, potentially from ancillary work to the clinical professions—the route from porter to consultant was suddenly open, thanks to NHSU.

NHSU was extensively criticised for using the symbolism of universities, for aping 'university style' management practices, and for setting up a structure that mirrored a traditional university in its complexity. Corporate universities have also been criticised for pretending to be something they are not and for making use of the cultural capital that attaches to the term university without contributing to its maintenance. Others argue that 'traditional' universities are themselves changing: some commentators suggest that universities have

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<sup>4</sup> A detailed and insightful analysis of the early life of NHSU is provided by Davies, C. (2002) *From Conception to Birth: A Policy Analysis of the NHS University*. London: Nuffield Trust.

<sup>5</sup> NHSU (2004) *Improvement Through Learning: First Annual Report 2003-2004*. London: NHSU.

become credential factories, and that the US in particular is a 'credential society' in which the primary determinant of occupational success is your educational certificate.<sup>6</sup> Education acts as a status differentiator and an initial socialisation into the corporate world, with the paradoxical result that credentials will become steadily devalued as access is widened and students become more instrumental. We might see echoes of this in objections to NHSU; if such an institution were able to award degrees then it would challenge established universities and the differentiating value of their product. Others are more optimistic, suggesting that universities can reclaim a role in the formation of 'critical persons who are not subject to the world but able to act autonomously and purposively within it'.<sup>7</sup>

The hostility towards NHSU, and the willingness of its main interest groups (education, healthcare, and politicians) to allow it to die, is clearly related to debates about the idea of the university, and it is this approach to analysis that is perhaps the most obvious. However, NHSU also touched on a wide variety of other areas. We therefore locate it within a complex web of dynamics relating to training and skills in the NHS, relations with its main customer the NHS, the policy formation process, and organisational death. First, however, we present a brief outline of our data collection methods and analytical approach.

## 1.2 Data Collection Methods and Analytical Methodology

As we note above, the research reported here began as an evaluation study but changed as NHSU changed. After the announcement in November 2004 that NHSU was to close we approached the acting chief executive to negotiate access to collect data during the closure process; this request was refused. However, we visited NHSU headquarters in central London and sought to maintain links with organisational members as they left to take up posts elsewhere (or not, for some participants — a number of those we approached for interview found it difficult to secure permanent employment after leaving NHSU, or took early retirement).

Towards the end of 2005 we began to contact senior executives and managers who had worked for or with NHSU. This process would have been impossible without the involvement of Lee Taylor, who had been seconded to work with NHSU from the Open University in 2004-5. Between November 2005 and May 2006 we interviewed 18 people, each interview lasting between 90 minutes and two hours. All interviews were fully transcribed. As some of the data we collected could be considered sensitive, both in relation to the topic (a publicly funded policy initiative that is generally considered to have 'gone wrong') and the people involved (politicians, senior civil servants, high profile academics, government advisers, and senior NHS employees), we have edited data where necessary to provide anonymity to both participants and those involved in NHSU. Where we considered this necessary we have indicated edits or the removal of names in square brackets [thus]. In addition we attribute direct quotes from interviews to the generic descriptors 'senior executive', 'senior manager', or 'middle manager'.

We intended to load both interview and documentary data into qualitative data analysis software; however it became clear that such a relatively small data set could be analysed 'manually' more effectively and flexibly. In addition, the iterative nature of data collection, in which we continually related participants' accounts back to both theory and the narratives of previously-interviewed participants and documents, meant that our dataset contained a very high degree of analytical reflection on the participants' part. Participants were also, almost without exception, highly articulate and well able to theorise their own experiences — many had worked in or were seconded from academic appointments, all held higher degrees, and all showed high levels of reflexivity in their accounts of NHSU.

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<sup>6</sup> Collins, R. (1979) *The Credential Society: An Historical Sociology of Education*. New York: Academic Press.

<sup>7</sup> Barnett, R. (1997) *Higher Education: A Critical Business*. Buckingham: Open University Press, p.4.

For all of these reasons we decided to take a mixed approach methodologically to data analysis. First, as illustrated by this paper, is a thematic analysis in which we follow participants' categories-in-use as they explore the reasons for the birth and death of NHSU. This is not to deny any influence on our part: clearly we collected data from particular perspectives, asking participants to explore specific issues. As far as possible, however, we sought to follow emergent categories of explanation that participants constructed in their reflections on working with NHSU. Second, we sought to develop narrative analysis of the stories participants told during interview, to compare and contrast with NHSU documentation and policy documents related to the initiative. Our analysis is therefore informed by an interpretive approach to understanding policy, management and organisation.

## **2 Understanding NHSU**

### **2.1 Skills, Training and Education in the NHS: Ideas and Practice**

The idea behind NHSU in relation to skills and training was straightforward. One respondent was still able, two years after leaving the organisation, to recite that 'the vision was a very clear one — "To contribute to radical change and improvement in health and social care through the transformation of learning".' For many involved in NHSU this ideal was born of a sense within the Department of Health that education and training in the NHS were not 'delivering the type of staff needed', as one senior executive put it. The same senior executive reflected on this gap, and refined his perspective to a sense that the politicians involved and the Department of Health in particular were unsatisfied with behaviours and the level of commitment of staff in the NHS; hence the idea of a corporate university as an attempt to socialise staff and encourage more commitment to or identification with 'The Service'.

Drawing on managerialist notions of the learning organisation and culture change, unions, managers, and other interested parties persuaded policymakers that 'learning is actually an inherent part of service delivery'. Many managers in many organisations have heard these ideas in one form or another since the early 1990s; all of our respondents thought 'it was a fantastic idea'. Recruits to NHSU were convinced that they were at the vanguard of reshaping the entire organisation:

It was, you know, very much about joined up government, that there was no point in keeping on putting more and more money into the system to have more doctors and nurses and hospitals unless you were also going to learn how to do things differently. I mean I was absolutely fired up as I think, you know, we all were on joining – you know, that this was a vision you could really get behind, that you thought it was going to make a real difference to everybody's life, which was fantastic really; and the opportunity to build a new brand, start something from scratch was just, you know, a great opportunity I think. I was really enthused to join.

The presentation of NHSU to early recruits was ambitious, involving:

the idea that you would have both the development of programmes and the advice to individuals and to HR people and line managers and so on and the researching of needs all within a single organisation and that you would be also trying to push the frontiers of delivery methods and so on – you know, all those are things that people have done in individual bits in different places, but I can't think of an example of anybody ever trying to do the whole thing in one big go before. That was the really exciting, arguably impossible challenge. Certainly impossible [in 3 years].

Many respondents emphasised that their enthusiasm for NHSU was a political commitment as much as a managerial decision:

I saw a reference to the establishment of NHSU in the [2001 Labour Party] manifesto. Being a loyal party member and ensuring I was checking through what I was campaigning for I saw that a university for the NHS staff was proposed and I thought, you know, it was a fantastic idea because I interpreted that to mean an extension of learning opportunities for all NHS staff and thought that an all-embracing approach to ensure that learning was available to the full range of staff in the NHS would be fantastic from where I came from [a trade union].

The British government had already promised, as part of the NHS Plan policy document, that all 'unqualified' staff in the NHS would have support to achieve formal qualifications and an annual personal learning budget.<sup>8</sup> As this same respondent emphasised, estimates of training/learning budget across the NHS suggest that well in excess of £3 billion is spent annually, yet between four and five hundred thousand employees are without qualifications beyond basic school certificates. This idea was crystallised in the rhetorical flourish of the idea that an NHS porter could learn his/her way to being a consultant —'a genuinely integrated seamless lifelong learning offer' as one senior executive put it. Yet regional staff in NHSU found that widening participation and encouraging lifelong learning was low on the agenda of HR managers and chief executives at a local level. Thus the 'political line of command' came into conflict with the 'managerial line of command', as one respondent put it. In addition, at some point the idea of setting up a *corporate* university mutated into the aspiration to establish a 'proper' university. This key shift is examined in detail below.

In the NHS, however, an extremely well established and complex system of training and learning is already in place:

In the Health Service, where learning gets considered at all, it gets considered in one of two ways. Or three ways. The first way it gets considered, very seriously, is in knowledge development. Research and expertise and so on. And British clinical work is amongst the best in the world, in any measure that we would normally use in academic circles for measuring its you know, citations, and prizes and publications, all that stuff, it's fantastic. It is taken seriously there. It's secondly taken fairly seriously, it doesn't mean it's always good, but it's taken pretty seriously, in some kind of notions of training, whether that be for clinicians, particularly for clinicians, doctors, nurses, allied health professionals and so forth, but you know, they spend a lot of bloody money on training, you know, more than any other civilian organisation in the world, as far as we can judge, so they do take it seriously, but not for all of the staff. So there is a hugely disproportionate spend, in terms of money and time and energy, and resource allocation and so forth, to some bits of the workforce against others. So they do take it seriously in that way, and I suppose the third way they take it seriously is that they've produced some very interesting bits of what you might call the architecture of learning in recent years.

Into this context NHSU senior executives began to present the possibility that learning could lead the service, but they received a mixed reception —often 'polite coughs' from audiences not convinced that The Service needed radical transformation. This may have been as they were talking to people who were more familiar with the numbers involved: 'NHSU was impaled, if you like, on a much bigger dilemma here which was to do with how you could

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<sup>8</sup> Department of Health (2000) *The NHS Plan: A Plan for Investment, a Plan for Reform*. London: Department of Health Command Paper CM 4818-I. URL: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4002960](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960). Last accessed 1 December 2007.

serve on the one hand a work force of 1.2 million people in health and 1.5 million people in social care; 1.2 million people working for 600 organisations, 1.5 million working for 25,000 different employers and many of them micro enterprises’.

Senior managers within NHSU were advised from the outset that they should think carefully about duplication of provision or activity. A key criticism of the initiative was based on conflict with and lack of integration with other NHS training, education and skills development initiatives. According to one respondent, a workforce development manager within the NHS, all suggestions made to NHSU staff about collaboration were ‘pooh-pooed’ for reasons of ‘empire-building’. Others also noted the ‘supply side driven’ nature of NHSU, suggesting that those working within it took little notice of the needs of either employees or managers in the NHS. One respondent illustrated this argument with an account of the induction programme developed:

There’s an apocryphal story that may or may not be true... the induction programme takes a specification of a computer that most NHS Trusts can only dream of, so if you loaded up it couldn’t run, and it lasted for like, the whole induction lasted two days, or something like that, I forget how long it was. You know, most inductions last about 45 minutes and then, there’s your uniform, get on with it. I mean it shouldn’t be like that, I know, but these apocryphal stories about these interventions, just really gathered momentum.

However another respondent drew a very different picture of the induction programme and the rationale for its existence:

It [the induction programme] was a response... to a piece of research that had revealed how detached most staff in the NHS felt from The Service. They all said, ‘The unit I’m in is wonderful. We really work our socks off and I quite like this hospital I’m in, but the NHS is rubbish... it’s profligate with money, it’s always wasting time and money and bureaucratic and doesn’t do a good job for its patients. However, in my GP’s practice, don’t we do a wonderful job’ and, you know, there was this kind of disconnect. So there was an idea [from the government and the Department of Health] that there would be an induction programme that made people feel they were part of the NHS, this was all part of the same entity and that was the kind of driving force to do it.

These two very different accounts of a key part of NHSU activity provide a clear sense of the different directions in which a supposedly autonomous institution could be pulled. Simultaneously, one interested group defines it as selfishly supply-side driven, whilst another suggests that it was too responsive.

This could also be seen in the approach taken to marketing NHSU and (eventually) its products. There was a deep and intractable contradiction between the desire to promote the initiative and its offerings and the need within the NHS to be seen to be concentrating available funds on patient care:

Our... marketing material was very professional [but] hugely expensive. It was too flashy for the NHS. I know there’s a fine line between the black and white photocopy that everybody will say, ‘that’s not professional, who do they think they are? We’re not listening to them’, but ours was way at the other end, and that doesn’t go down very well. We spent a fortune on... marketing which really we shouldn’t have... there wasn’t one person in communications and marketing that worked in the NHS, and I think that says volumes for that department. They were very good and very experienced, and I learnt a lot about brands and marketing, which was actually quite

important within the organisation, so I don't want to belittle some of that, but it was all very, very commercially driven.

Ultimately we begin to see NHSU as less of a skills and training initiative, and more of an organisation that is pulled in contradictory directions by various interest groups (including from within). A central dynamic that all involved in the initiative spoke of was the idea behind the idea, the university.

## 2.2 The Idea of the University

NHSU was set up very much as a U rather than as an NHS and the government's arrangements, the whole style of the idea of a vice chancellor designate was all giving pretty strong signals... to the power-brokers in the NHS that this wasn't necessarily part of the family and one of us. It didn't look like an NHS body, therefore the assumption was made it must be academic... the debates about pedagogy were ones that one would never have in the health service, therefore it must be an academic institution. And, you know, it's got a vice chancellor. Well, we don't have vice chancellors, so it must be an academic institution and, you know, it's preaching academic independence, so it must be an academic institution.  
(Senior executive)

All staff recruited to NHSU that we interviewed were clear that they had worked for an institution that aspired to university title or status. They were, as one senior executive put it, 'pushing the envelope about what is meant by the term 'university' in a context where it was a contested term'. The British government has a recent record of setting up national training and development initiatives under the term university, and during NHSU's brief life there was considerable public debate about the use of the university title:

The Higher Education White Paper [was] published January '03<sup>9</sup>... which for the first time clearly articulated the possibility of corporate universities achieving university title and I think there were legitimate questions being raised about was this a short-cut to university title and NHSU was probably the first high profile example. Of course if you look at the amount of income that universities receive and generate through work relating to health care, it is very significant and therefore you can see why NHSU was a major issue whereas, I don't know, Volkswagen University or Motorola University... there would only be a relatively small number who were already doing work for them. So NHSU was a much bigger threat in that sense.  
(Senior executive)

Whilst most respondents argued that political commitment was secure until relatively late in the initiative's life, academic commitment was more difficult to gain. Many respondents noted that it was at best unforthcoming; more often there was outright hostility. It became clear very early on in the initiative's life that academic hostility should be expected, but equally that political support for the pursuit of university title would be as firm: 'there was debate across Whitehall... and we tested the ideas and the thinking with No. 10, because the Prime Minister had been personally involved in supporting the idea of NHSU when it first emerged and he was very clear, this was going to be a university, it wasn't going to some kind of trumped up FE [further education] college'.

One respondent emphasised that s/he 'took very seriously the fact that university title is not something to be played with, that actually it's a brand, if you want to use that horrid

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<sup>9</sup> Department for Education and Skills [now the Department for Children, Schools and Families] (2003) *The Future of Higher Education*. Norwich: The Stationery Office. URL: <http://www.dfes.gov.uk/hegateway/strategy/hestrategy/foreword.shtml>. Last accessed 1 December 2007.

language. It's a brand, which counts for something'. The level of knowledge and understanding as to the nature of gaining university status and title was considerable:

They've been made first of all by charter, and that's been done... in the case of the OU and [civic or redbrick] universities. A particular way of giving them that charter was discovered, which was a terrific way... you established an independent committee of high standing in the academic world that devised a plan for the university, and it was on the basis of that plan that charter was granted. So that's one model. The second model was, existing institutions were transmogrified. In '92 they [ex-polytechnics] were transmogrified simply by legislation, by legislative fiat... so you took an existing institution and you changed it... thirdly you could go through the process established under QAA, by first of all getting degree awarding powers, and then post-graduate degree awarding powers, and then subjecting yourself to a kind of review [generally thought to be a 12-15 year process]... And the fourth route was that you could simply establish this by law 'there will be an NHS University'. [Sighs] [Politicians] favoured the fourth.

From the outset senior executives and NHSU documents emphasised the initiative's autonomy. However, as one respondent put it, the notion of a university 'was an intellectual construct that was construed as a political construct'. This is not surprising if we remember that government ministers displayed a high degree of desire to 'own' and direct the initiative from the beginning (although this was to change; as one respondent put it, 'I think ministers quite liked the idea of having their own university and when they found out that this was actually a hellishly more complicated thing than they had envisaged then I think there was some more residual cooling off'). This issue came to a head when 'the Department of Health were told that a university is an autonomous body, because as soon as they were told that there was absolutely no chance that they were ever going to put money into an autonomous body'. One respondent traced this tension to the politicians who originated the notion of a university for the NHS:

You know, the idea in [the politicians'] heads was that it would be something that would shake up the NHS... that whole university thing was deliberate because he did want something that would sit slightly outside the structures of the NHS, the Department of Health and so on, and that it would have the kind of clout and the authority to criticise and to do something different. That I think is what made it quite so scary for the Department and for [The Service]. I'd always understood that the idea of being a university was kind of scary for some of the other universities, [but] I hadn't really appreciated that it was very scary for the Department because I think it meant they saw us as being potentially a terrible loose cannon.

We might then conclude that the idea of the university that underpinned NHSU from birth also formed a significant aspect of its death.

However, many respondents with experience of the higher education sector challenged the idea that NHSU resembled a university. As one memorably put it, 'people were saying 'oh, this is so academic!' and I was thinking 'this is so academic not!'. Alongside this, 'branding' issues bedevilled NHSU members from the outset:

We [were] caught up in endless little niggles with journalists going on about, you know, 'what does the U stand for if it doesn't stand for university?'. I don't know quite why it became such a problem when Barclays has a university - that doesn't cause major upsets to the higher education sector.

Name changes didn't help; the initiative moved from being a 'University for the NHS', to 'NHS University', to 'NHSU'. As one respondent noted, 'the U could stand for anything but

university. Get a competition going, what could U stand for? [laughter] NHSU was greeted with fear and loathing, but by different groups — fear by those people who said ‘ooh, no, our family don’t go to universities and, you know, we sort of come from a very under-privileged background’, and loathing by the people who said ‘oh well it’ll never be Oxford or Cambridge’. In addition, a gap opened up in functional terms:

[There is] an immediate tension that... here is something that calls itself a U... but actually most of the programmes it’s majoring on are 20 minute e-learning programmes for basic induction or increasing interest in basic skills development for people who have no formal qualifications.

In this context of hostility from both educational and health sectors (as one senior executive commented, ‘I think it antagonised the universities, it mystified the health service; people in the health service couldn’t think why they needed a university; it created institutional hostility and deep suspicion amongst people in the health end of Higher Education’), the political beginnings of NHSU came back to haunt its members when a new Secretary of State for Health announced in 2004 that all ‘arm’s length bodies’ providing services to the NHS would be reviewed. ALBs have been a feature of the NHS since its birth in 1947; they are defined as ‘national organisations sponsored by the Department of Health undertaking executive functions’.<sup>10</sup> By the time of the review, the Department of Health supported 38 of these organisations, employing almost 25,000 people at an operating cost of over £1.8 billion. The stated aim of the review was a reduction of the number of ALBs and staff reduction of at least 25%. Documents published by the Department of Health provide a clear sense of the rationale behind the review, making frequent reference to waste, bureaucracy, confusion among NHS staff, and too much centralisation.

The inclusion of NHSU in this review process is a complex, contested, and sometimes murky part of this story. A number of respondents claimed that NHSU was initially excluded from the review because of its relative youth; others suggested that the chief executive had insisted NHSU be included so that members could learn from the process; yet others argued that the review of NHSU had been commissioned with the specific intent of closing the initiative and saving the government any embarrassment as to the nature of its activity and the amount of public funds invested over three years. Some of the accounts have an air of conspiracy; others allocate blame very clearly to individuals within NHSU or in politics. Perhaps the only clear aspect is that a review was commissioned, a report written, and a clear recommendation made to merge NHSU with two other bodies, the Modernisation Agency and the Leadership Centre.<sup>11</sup> The idea of the university was not included in the merger process to form an ‘Institute’, nor were NHSU staff, all but one of whom were asked to find new positions. Many respondents spoke of how the new Institute sits within and is owned by the NHS, and this is the next theme we address.

### **2.3 Disconnection from ‘The Service’**

Virtually all those interviewed, including those who spoke positively about NHSU, emphasised that it had been disconnected from ‘The Service’, that it lacked ‘NHS-ness’. Assessments ranged from the blunt, such as ‘[the chief executive] was pressing for his own

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<sup>10</sup> Department of Health (2004) *Reconfiguring the Department of Health’s Arm’s Length Bodies*. London: Department of Health Publications, p.3. URL: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4096628](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4096628). Last accessed 1 December 2007.

<sup>11</sup> Wells, W. (2004) *Review of NHSU: Progress and Performance and Looking Forward: A Focused Role for NHSU in the Wider Health Education and Training System*. Both reports are available on the Department of Health website, URL: [http://www.dh.gov.uk/en/Publicationsandstatistics/Freedomofinformationpublicationscheme/feedback/FOIrelease/s/DH\\_073921](http://www.dh.gov.uk/en/Publicationsandstatistics/Freedomofinformationpublicationscheme/feedback/FOIrelease/s/DH_073921). Last accessed 1 December 2007.

particular agenda. There was no real ownership from 'The Service', to more subtle, when a senior manager spoke of the way in which NHSU had sought to 'impose an educational culture' instead of seeking partnership. This obviously fits well with the definition of NHSU as a university, an independent and autonomous body that does not belong to the NHS or the Department of Health. However it seems that a 'challenging critical friend', as some put it, was not welcome either in the NHSU's funding government department or in the organisation that it was established to work with.

Respondents' perceptions of the NHS varied widely, but common ground could be found in the assessment that it is unwise to think of 'an NHS'. One senior executive compared 'it' to something that resembles a whale from a distance but on close inspection turns out to be a shoal of fish; another observed that it is 'fragmented, full of warring tribes and factions'. Estimates of the number of people involved with the NHS, the number of different local organisations, whether social care ought to be included as well as primary healthcare, and of course the amount budgeted for training and development, vary widely. Once again the foundations of NHSU, this time as a corporate university, provided even more ambiguity:

With a corporate university there's a sort of diktat that comes from the hierarchy... and it's just kind of, you know, part of the structure and the framework. Now the NHS doesn't have that structure or framework, so we were sort of pretending to be inside the walls of something that hadn't got walls.

Respondents considered that a lack of engagement with 'service targets and the culture of the service' were fundamental to difficulties in connecting. Training managers working within healthcare often respond to centrally set ideas, such as 'Agenda for Change', a payment system introduced in 2004 that covers all NHS staff except doctors, dentists and some very senior managers.<sup>12</sup> This initiative includes a job evaluation scheme and links to a knowledge and skills framework. The targets that emerged from this were central to training managers' working lives through most of the NHSU's activity, yet respondents spoke of an almost complete lack of understanding or curiosity about it from within NHSU. This lack of engagement with NHS frameworks also applied to the NHSU itself; hence during the final months of existence staff found that the executive decision not to incorporate them into the Agenda for Change framework or train them in it made them virtually unemployable elsewhere in The Service, resulting in a scramble during the last six months to put all those about to be made redundant through the programme to enhance their employability within the NHS.

In addition, early senior appointments at NHSU, according to one respondent, alienated both educational and healthcare constituencies:

A lot of people who were brought into the NHSU... had no connection at all with the British healthcare system. Not only did that not build networks, it positively cheesed people off. The assumption was [they were] mates, and that was the criterion [for recruitment into NHSU]. How true that is doesn't matter, because that was the perception that got around, and so rather than using appointments to build connectivity with the system, it decreased the connectivity. People felt very insulted I think. I think that kind of thing is very important, but I see it more in terms of how you build a kind of a network of support, that's something that needs to be carefully nurtured, rather than how you get the best people for the job, because if they're not

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<sup>12</sup> Department of Health (2004) *Agenda for Change: Final Agreement*. London: Department of Health Publications. URL: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4095943](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4095943). Last accessed 1 December 2007.

nurtured and supported, whether they're the best people or not is actually immaterial, because they wouldn't be able to do the job.

Despite the staggering size of the NHS many emphasised that it is a 'close community' in terms of the senior managerial cadre. It seems that there is a small group of 'fast-track graduate entrants' who 'have been around running hospitals or health authorities for a number of years. They know each other... they've picked up their chief executive jobs in their 30s, early 40s, and... it's quite a hard drive to get up there... [and] they've been through quite a mill to do it'. The introduction of NHSU into this context, an organisation that was 'separate, new', 'imposing it on the NHS which is pretty well what happened, is expecting a lot of acceptance' – acceptance that evidently was not given. As another respondent expressed it, the relatively small senior management group 'rely on and trust each other and I think to ignore that and not to curry your support in connection with those folks is causing disaster'. This is in contrast to the external perspective of NHSU as 'a sort of polyglot, multi-cultural organisation... highly diffuse and geographically dispersed', as it is 'actually run by a very small number of highly influential people, all of whom or most of whom went through the graduate management programme together. And if they embrace you, you're in and if they don't, then, you know, you've got an uphill battle to actually be influential'.

In addition, some respondents with experience within the NHS noted that those working in patient care also come under considerable pressure from the central funding agency, the Department of Health. One argued:

what do you think Trusts work on? They work on trying to meet tomorrow's, not next year's, targets. It's this year's targets, otherwise the SHAs are down on them and you find Boards and executives are replaced. I mean it's happened. So I mean the reality on the ground has to be short-term operational activity.

Ultimately, as one senior executive noted, this meant that 'those receiving [the ALB report] and making decisions upon it felt able to move against NHSU in the confidence that there wouldn't be any serious opposition to its abandonment'. For many respondents this, when considered alongside our next theme of public policy, provided the core of explaining why NHSU had such a short life.

## **2.4 Policy was 'Moving On'**

As is clear throughout this paper, NHSU was not only dependent on public funds during its three-year existence, it was a profoundly political initiative from the outset. Lobbied for in political circles, it made its first public appearance in a political party manifesto, according to one respondent thanks to pressure from government special advisers rather than politicians or civil servants, and in the view of many (see below) was closed in part because of political pressure. According to respondents, NHSU also constituted a 'handy way of saying they [politicians] had done something' and was perceived as a means of delivering training that the Department of Health considered necessary. One respondent suggested that 'anything we did was at the instigation of ministers'. In addition, NHSU's home within the Department of Health, the personnel development section, went through a major restructuring programme between 2001 and 2004 to reduce its size by 90%:

they were trying to manage the sort of double whammy of this new, squealing, rapidly developing infant on the one hand and trying to manage terminal care for their own department.

For NHSU this meant a rapid erosion of whatever micro-political support members had built up within the Department, as the 'network of people who were potentially supportive in the

personnel development part of the Department of Health were progressively diminished, dwindled out, outsourced, you know, down-sized or whatever euphemism’.

In addition, political support and politically led funding came with strings attached. Among numerous uncomfortable moments, one respondent told of:

an incredibly difficult stage when we got to the spring where the one penny increase on National Insurance kicked in and we came under unbelievable pressure from the Department [of Health], which I guess was also under pressure from No. 10, to come up with good news stories, show where the money was going, what were we doing and so on and this was where the lack of anything in the larder became a real problem.

Another respondent provided a fuller version of these events:

When we hit the 1<sup>st</sup> April increase in National Insurance and we got initially a call through from [the Department of Health] office saying could we make an announcement about customer care, we were months off having anything about customer care, so we just said ‘well no, I’m really sorry. It’s going to come across as sort of empty promises and spin’. And then the same request came through again, you know, a bit harder, so we had to kind of do a rather more detailed response and so on. And they just carried on and on and on, ‘surely we can say something? Surely we can say something?’. In the end I produced a kind of multi-coloured powerpoint diagram with different arrows that showed exactly what we could and couldn’t say now and when we did think that different stages would kick in at least so that they had some sort of promise of what we’d say in the future, but... it was... really annoying people.

Most other respondents also told stories of the political background to NHSU, often involving chance meetings on trains or conversations at formal meals, arguing that it became ‘a receptacle for hip projects with politicians and senior civil servants’. According to many, the secretary for state for health in the run-up to the 2001 election took a strong personal interest in NHSU, making decisions that civil servants then had to find a way of implementing. There is perhaps nothing particularly unusual in this, but given the sometimes rapid turnover of ministers in government posts it indicates that an initiative will be vulnerable once the original champion has departed and always prey to demands or policy changes. In addition, another UK government department, Education and Skills, was then responsible for higher education and for controlling the use of the term ‘university’ — as one respondent commented, the early days of NHSU were often punctuated by requests from that department to ‘get your tanks off our lawn’. Hence from the outset NHSU sat in between two departments, increasing the potential for conflict and confusion. Within this already complex position, the question of political ownership of a theoretically autonomous institution is also present.

Members of NHSU also found government policy on the management of the NHS moving underneath them. Thus, by 2002 respondents became aware that the Department of Health had moved to a less centralised form of authority, in which civil servants and politicians no longer ‘required’ adherence to policy by managers at local level. Instead a complex system of patient-led targets has been put into place to encourage certain behaviours. NHSU managers, however, found themselves outside this system, as local managers were encouraged to make use of freedom in, for example, commissioning training programmes. One respondent summarised this shift:

you had therefore at the heart of the operation a sort of dichotomy in terms of lines of command, but also an organisation – i.e. NHSU – that may have been working

with one conception of how they would relate to the health service and the NHS actually reinventing how they related to themselves and everyone else and coming up potentially with a different kind of conclusion as to how they wanted to be related to.

This 'dichotomy' or tension quite clearly had the potential to lead NHSU managers into difficult positions locally, as one respondent experienced:

I mean (a) we were not under their control and at a time of stress that's not very nice, [and] (b) if we took off we would start creaming off a lot of their education and training budgets potentially because if the idea of doing it [training] in a national way took off, then all these little local power structures were vulnerable....

A vivid explanation of the kind of hostility at the local level was given by another senior NHSU executive, reporting on conversations with a Trust training manager he knew:

[She] made it quite clear that, you know, she and her colleagues did not see the value of NHSU to date and that, you know, they were quite wary about where we were coming from and what we were doing and, you know... they couldn't see what we were adding... frankly, she couldn't see the need for NHSU if, you know, they'd been properly resourced [at local level].

This tension resulted in one regional training manager taking a 'watching brief' on the initiative, neither engaging nor disengaging. This respondent also noted that he would be working for a foundation hospital within two years, which would mean that he and his organisation would be free of 'NHS straplines' and unlikely to offer to share resources and facilities free of charge with another organisation. National politics played a crucial role in NHSU, not least as funding came from central government; the next theme provides detail on this controversial aspect of NHSU.

## **2.5 'Following the Money'**

Money was one issue that research participants were often reluctant to talk about. It is unclear exactly how much money was invested over the life of NHSU. During data collection we worked to the figure of around £54 million, based on the initial NHSU business plan in which the Department of Health guaranteed funding of £18 million per annum over three years as seed funding; now we estimate that around £90 million passed through NHSU budgets over its lifetime. Money runs through the Wells report on NHSU that recommended closure, in particular value for money and potential embarrassment for the Department of Health were anyone to explore this area in detail. Our data collection was not aimed at either establishing precisely how much money was channelled through NHSU or whether the initiative provided value for money, but we were interested in the role that funding and money played in perceptions of NHSU, both from inside the 'palatial' offices in central London that the organisation occupied and from 'outside' in the NHS and other stakeholder organisations.

Of course attempting to analyse an initiative such as NHSU according to its funding is a complex task. There is however a theme through both our interviews and media reports that a lot of money was invested (and spent), often with the implication that little was produced. One senior executive recruited from the NHS noted 'we had enough money. I've never known NHS not to spend the budget, but we couldn't spend the budget. [laughter] It was a real different sort of role for me, how do you make people spend money. It was decided as part of Department of Health policy, and it was embedded in stone then as to what the NHSU budget would be, whether we needed it or not'. Another asserted: 'remember money was never an issue, never an issue, had bags of it, never an issue'. On the whole

respondents were, unsurprisingly as all had been employed with NHSU in some capacity, somewhat defensive about the 'money question'. Most acknowledged that the use of external consultants had been excessive and not well integrated, or that 'some of the things that were kicked [out] deserved to be kicked out' but assessment of this aspect was always tempered with the observation that 'already quite a lot of public money and time and effort had been spent' and that there was a strong argument to continue funding. However, as the final report on NHSU emphasised again and again, questions were being asked throughout the NHS, the Department of Health, and by journalists about how funding had been allocated in the first three years. This observation led almost inevitably to the decision to close NHSU in the expectation that it would be forgotten as just another NHS initiative that had come and gone.

A number of respondents spoke of both the accounting process and the procurement process as unusual. This was dependent on previous organisational background, with some recruited from the NHS struck for example by their ability to spend money and submit expenses claims rather than request travel bookings centrally. This freedom to direct one's own activity meant that senior managers arriving from the NHS found the accounting processes surprising:

There wasn't any history of budgets and there weren't any budgets set for the coming year, so it was very difficult to understand. We knew what we'd spent, but only because [a colleague] had kept a check of it. We knew what we'd spent in total, but we didn't actually know what we'd spent it on.

The process of budget setting expressed the micro-political nature of life within NHSU and acted as an indicator of the fragmented nature of the organisation. One senior executive compared it unfavourably to her experience in the NHS:

It was very unprofessional as well, our budget setting. I'm used to that in hospitals with doctors. One [senior executive] burst into tears at the thought of [a budget reduction], she just couldn't cope with it, two threatened to resign and one just stomped out and didn't come back. [laughter] I think the problem with it was that [some] seemed to take the view that this was [their] organisation and their money.

The final assessment reflects once again the institutional confusion surrounding NHSU: were they working for the NHS, the Department of Health, an autonomous university, or something else again?

The decision to close NHSU may then be seen once again as closely linked to policy and the desire to manage perceptions of NHS funding. Respondents exhibited a curious attitude towards this; whilst most welcomed the NHSU as an idea that was generated by politicians to achieve political ends, there was also condemnation that closure of NHSU should be linked to politics, as 'investing in any major initiative, on the basis of a number of knee jerks, is an improper use of public spending'. Yet an obvious assessment of NHSU is that its formation was a political or 'knee jerk' response to issues in the NHS. In addition, many respondents noted that members of NHSU were, albeit briefly, in a privileged position in relation to peers in the NHS:

I do think we paid high salaries to people who'd not necessarily got that level of experience coming out from wherever they came from, and so they were kind of over-promoted in NHSU, but didn't bring with them the level of discipline that you would expect from either a managerial point of view, a professional point of view, a staff development point of view, so I was quite amazed by some people's lack of ability to manage.

This judgment of former colleagues as well-paid, over-promoted, and under-skilled is particularly blunt, but echoes of these sentiments are found in many respondents' accounts. A senior executive noted that 'the remunerations committee never met, they never met, which is unheard of, you know, and there were reasons for that which were not right', suggesting an organisational approach that would have struggled to withstand external audit. Another, recruited from the private sector, judged that:

HSJ [Health Services Journal] is meant to be the major publication for managers in the NHS. Now the quality of discussion about management issues there is kind of... well, you know, it's sort of GCSE level probably! You know, there isn't that kind of real sense that there are higher level people who are really kind of getting to grips with this. And I feel bad saying it because I know that, you know, managers in the NHS are an easy target, but I do actually think that there has been more emphasis on volume rather than on real, you know, quality, calibre and an understanding of getting some of these issues, you know, right the way through The Service.

Within this, however, we find the argument that 'there is a double-edged discourse here where people are saying 'we want the very best, we want everything to be fantastic, world-class' but if you do really polished, shiny stuff then you must have too much money and you're not paying attention to, you know, bed pans and hip replacements. So, you know, it's very much you're damned if you do and damned if you don't'. This reflects a widespread tension in public sector organisations that is perhaps fuelled by political rhetoric and promises to provide 'world-class' services yet keep costs down. Following the money that passed through NHSU provides a snapshot of this and other fundamental tensions; whatever the financial reality, it seems clear that NHSU was closed in part to avoid difficult questions about value for money and funding.

## 2.6 The 'Bitter End' of the Affair

In the NHS it seems entirely normal and natural that you review something after 2 years and decide whether to close it or not.  
(Senior executive)

I suppose I, towards the end, felt just a bit sad really. [It was like] being culled.  
(Senior manager)

The death of an organisation is almost certain to be painful, contested, and complex. Despite the truism that, like people, organisations must die, there is almost no analysis of the process in organisation studies. All respondents were, however, keen to talk about their experience of the death of NHSU.<sup>13</sup> As with any experience of death, some spoke of it with anger, others with sadness, others again in terms of loss. As might be expected, a number of respondents drew medical analogies:

All the antibodies started being released across the system and there was this sort of, you know, germ warfare and NHSU was sort of isolated and then excreted. Simple as that. You know, the organisation finally prevailed and said 'Well, we've got rid of them'.

For some, it was unexpected:

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<sup>13</sup> Two interview requests were refused by individuals who did not want to revisit what they experienced as a painful and unpleasant process.

I expected the organisation to continue... you know, to become a permanent fixture pretty much and to become a kind of new version of the Open University. I hadn't expected it to be a short-lived initiative.

At the point at which interviews were conducted, respondents were also keen to reflect on whether NHSU was being missed as an organisation. One, who had transferred into another NHS post, commented:

It's been missed in the terms of something that was there but it's now taken away. It's missed in the sense that it was a missed opportunity, never quite realised, that never happened because the opportunity was lost. [But there is also] a rather more sober observation that so many opportunities were missed that, all in all, the institution itself didn't make enough of a mark to be missed when it went. As you say, you're not feeling any pain. You've not got people clambering at your door saying this is terrible because I used to have this and now I don't. You've not had that.

Many respondents also argued that had the ALB report on NHSU ('the death knell' as one senior executive put it; a 'hatchet job' in the opinion of another) been a better informed piece of work then 'we could have well ended up with a much smaller organisation, which would have worked with the service to identify gaps, commission material and deliver. And I think that's what the service needs'. As set out above, many respondents attributed the demise of the NHSU to shifts in policy and political personnel; whatever the reasons for the merger in which almost all NHSU staff lost their jobs, the contents of the ALB report took on a mythical significance.

Whilst the report is now in the public domain, thanks to persistent Freedom of Information applications by a British academic working in health education, when we conducted the bulk of our data collection we could not locate a copy of it. Around half of our respondents had read the report; others had read a detailed response prepared within NHSU and felt as if they had a good sense of its content; one noted humorously that 'presumably those who saw it ate it — there were certainly some dyspeptic people around [when it was being circulated]'. Stories about the secrecy surrounding the document were common; most agreed that only seven (or perhaps nine) copies had been printed, each for a named individual, who was asked to shred it after reading. Tantalisingly, one respondent told how she had filed the copy of the report she had seen in the NHSU archive files, which we were then unable to locate. All spoke, without exception, of unsatisfactory aspects of the report, using terms such as 'biased', 'conflict of interest', 'flawed', 'inaccurate', 'not worth the paper you'd wipe your arse on' — summed up by two respondents:

It was the sort of consultancy report that if it had been sent to me by a junior consultant as a commissioner I would have sent back and told them to do it again.  
(Senior executive)

It did rather read as the result of a kind of, you know, a few after dinner conversations over cigars.  
(Senior manager)

We heard many detailed accounts of the report's flaws, mostly related to the lack of data collected to inform the judgments. According to senior executives, neither the report's author nor his associates spoke to any NHSU non-executive Board members; nor to anyone working with NHSU in The Service; nor to any of the academic partners. We received conflicting accounts of the data collection process that informed the report produced; perhaps the clearest issue is that the process was not systematic, and seemed to be based on an 'old boy' network of existing contacts, as one participant put it. The report

was not published until almost two years after NHSU's closure, perhaps because a Board member threatened to sue if it were, so strong was his/her feeling of being misrepresented.

But there was little space in which to protest; NHSU had become part of a wider political process, and the ALB report became the accepted version of NHSU's life, politically and within the NHS. One respondent claimed to have seen a document outlining how the new Institute would be formed, months before the report was commissioned; another noted how the appointment of the person who wrote the report made clear the Department of Health's intentions: 'if William Wells was getting involved, well, you might as well measure your coffin now because he was not the cuddly end of the Chair world. I mean we could see it [NHSU] was dying'. Thus the initiative ended as it had begun, subject to political decisions that perhaps had little to do with learning or skills development *per se*.

Within this context of contestation over the rationale for closure, the process was experienced as rapid and unsatisfying:

We stepped down as a Board, having given huge amounts of time, and the remuneration that we got is never a compensation for what you do. We never got a letter from the department even saying thank you and good-bye. We didn't get anything. We got a P45 [termination of employment form]. [Beyond that] nothing.

One senior executive spoke in detail about the administrative procedures, and in particular the desire of the Department of Health for a rapid resolution to what was apparently becoming an 'embarrassing problem':

We [the Board] were told [by the Department of Health] that the closure date was 1<sup>st</sup> April, which was actually impossible. First of all, it is illegal because you have to have a three-month consultation period followed by a three-month notice period in order to do a closure. You can't actually close something in three months. And I was having to tell the department this. Then there was the issue about TUPE<sup>14</sup>, about trying to act in a humane and dignified way to our staff... we had to actually deal with a huge number of staff issues. I personally had to go and see staff in the general offices and talk to them. It was a hugely erratic and difficult thing. I think that some members of the executive worked brilliantly. I think some of them didn't... I've had to close things before. It's always deeply, deeply upsetting to both the staff and the people who have to make them redundant.

The 'finality' of both the report's conclusions and the merger process to form the Institute, in the sense that almost no staff from NHSU would be transferred, came as a surprise to many. This may in part have been due to the speed of movement in commissioning and delivering the review, followed by rapid implementation. One respondent outlined the process succinctly:

The end of August (2004) was surreal because it was almost as though nothing's happened. 'Nobody's said anything, so nothing's happened. We carry on as normal. Don't worry about the iceberg. Just keep going'. There was a sense of denial with a number of people until quite late on in the day, until it was spelt out in very clear terms. The Board was asked to meet with senior people from the Department of Health just to get a sense of the likely outcome of the arm's length body review, at the end of October '04; formal announcement November 30<sup>th</sup>; meeting December 8<sup>th</sup> '04 with [the head of] the institute, bit of defensive behaviour, but very much a sense of how can the three organisations work together to create the Institute and [then]

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<sup>14</sup> Transfer of Undertakings (Protection of Employment) is British legislation that protects an employee's terms and conditions of work when s/he is transferred to a new employer.

over the period December/January/February a recognition that actually there was very little of NHSU that was going to go forward.

Central NHSU staff in this period were, according to one respondent, 'headless chickens..., bruised, confused and rudder-less', sometimes 'bitter', sometimes angry and litigious<sup>15</sup>. One regional manager attempted to place the staff in his office with local NHS Trusts, but failed in most cases. A new chief executive was appointed to steer the organisation through closure. One senior executive commented in detail on the process:

There wasn't a real closure plan at that point, because the people at the top table were not in the mood, they were still a bit angry and upset about the whole thing, so there wasn't any coherent way of closing it. The Board was still pretty negative about the whole thing; they were still smarting, hurting a lot. This dawning had just happened to the staff that this wasn't some sort of transitory thing where they'd all find themselves working in this new Institute, so morale had hit rock bottom... there was a lot of anger all round the place, there was a lot of angst, so actually getting people to try and focus on producing a programme and then following it through was quite difficult, and I spent a lot of my time... [talking] to people... communicating with staff. You've only got one strategy, and that is you're open as much as you possibly can be, you don't hold anything back, and you pray you've got it right.

During the closure period, which eventually turned out to be around nine months ('a phenomenally difficult period I wouldn't want to go through again', 'like being on death row'), senior staff from the three agencies involved in the merger met regularly. One respondent involved in those meetings, who 'put the lights out' on NHSU, reflected on the status of his organisation:

NHSU was usually the special case. I mean we were very much the bad boys because, you know, we had the strong union representation and they were very difficult to manage at sort of certain stages of it... we were just seen as a disorderly rabble.

NHSU finally closed in mid-2005. Consensus among our respondents was that few would miss it and that it left little obvious legacy. It appears to be unmourned within higher education or the NHS.

## 2.7 What Might Have Been

It started two years too late and took two years too long to do anything that the system could see being really useful and worth the bother.  
(Senior executive)

All respondents, often towards the end of each interview, reflected on 'what might have been'. We think of this as a counterfactual approach<sup>16</sup> to understanding NHSU; all respondents gave detailed analyses of how NHSU had failed, placing particular emphasis on relations with the NHS, engagement (or lack of) with existing structures and key

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<sup>15</sup> This was certainly the impression we gained when we visited NHSU offices in central London in early and mid-2005. Many staff had already left, and the space had a ghostly feel to it; numerous others were preparing CVs and working on how to find a new job; yet others were trying to put together paper and electronic archives. As noted in the methods section of this paper, we sought access to NHSU to collect data at this time, but were refused because of the sensitivity and difficulty of the process. At the time we found this frustrating and inexplicable; having heard accounts of the closure period we have more sympathy with that decision.

<sup>16</sup> Lebow, R. (2000) 'What's so different about a counterfactual?' *World Politics*, 52, pp 550-85; Tetlock, P. and Lebow, R. (2001) 'Poking counterfactual holes in covering laws: Cognitive styles and historical reasoning', *American Political Science Review* 95.4, pp 829-43.

individuals such as Trust training managers on their terms (i.e. taking account of their organisational needs and institutional targets). Regrets of this kind also extended to how NHSU had failed The Service, and the role of the Department of Health in obstructing NHSU from being what it might have been:

what the NHS needed from the NHSU was an institution that wasn't simply a tool of the Department of Health; and the Department of Health was never going to give the kind of autonomy to NHSU that it needed to be able to do the job that it was created to do because there is no tradition at all in the NHS of that happening apart from the Royal Colleges, who are a terrible inconvenience, but they were here before we had the NHS so we [don't know how] to stop them, though we keep trying.

This perspective was supported by another respondent, who suggested that universities 'are to do with values and particularly the notion of critical reflection, notions about arguments and evidence and those sort of things, some of which the Department of Health is very uncomfortable with'. Despite the apparent political support for NHSU and the persuasive skills of many involved, respondents also came to believe that 'you would have needed huge, more political diplomatic skills than we had available to us to do it, I think. It was a hugely ambitious project'. The ambition was, as noted above, what had attracted many to the initiative at the beginning but came to be seen as problematic. Similarly the organisational freedom to recruit, set direction, and define organisational aims, all positive aspects at the beginning of the initiative, came to be seen as negative:

It is irresponsible of government to set up a new organisation and not create a proper governance structure, especially if you're talking about something that purports to be the biggest higher education institution in the world, to name but one of a dozen things that it was going to do that had never been done before.

The decision to close NHSU, and in particular the very short time between review, decision and closure, meant that many respondents felt the skills and training ideas behind the initiative had been lost. This was summarised by one respondent with the view that 'I can see no discernible inheritance of the NHSU at the Institute, either personally or in ways of doing business'. A training manager within the NHS suggested that if more time had been given to assess NHSU and its progress then a decision could have been made:

Respondent: ... on an accurate basis of fact. It would not necessarily have meant NHSU had been reprieved but it might have meant that it would have been wound down in a different way and, in other words, the baby would not have been thrown out with the bathwater. Let's make that distinction. I think the bathwater would probably still have gone but we might have held on to the baby.

Interviewer: And what is the baby, do you think?

Respondent: I think that there was the potential for an arm's length body to have developed learning material in support of NHS strategic objectives effectively to a high quality, cost effectively and in an area where other people were not going to deliver it.

Another respondent, committed from the beginning to reaching the 'forgotten employees' without professional qualifications, argued:

I think some of the changes and some of the movements in attitude that were brought about by the establishment of NHSU and other things could be sustained and could be carried forward and that infrastructure can still be built on, but key decisions are going to be taken within the next 6 to 12 months which will determine that really. I think, you know, the jury's out and it's all to play for on the wider

question of opportunities for learning and development for staff without a professional qualification.

Another took a more pessimistic view:

The disappointment for me is I went in because we felt this was going to make a significant change to the education and training landscape in the NHS and that's not happened. Education and training is still, in my view, as Cinderella as it was four years ago now and there's lots of pleasantries made about education and training, but I just don't get a sense of it getting embedded in the same way and therefore these are seeds on infertile ground really, and I think it is the ground that has to change.

It is important to remember, however, that NHSU was only one of a long series of state-supported initiatives with the aim of reshaping or redefining skills, training and education. One respondent noted wryly that it was the third national training initiative for the NHS that he had seen in his 25 year career. Despite this well-known initiative history, he noted that 'one of the interesting things, which having worked in civil service and in the NHS I've seen so often, is that nobody seemed interested in reflecting on, you know, previous efforts or what had gone before. There's almost a perverse need not to know... you know, not to learn from previous experience'. This helps to explain another senior manager's feeling that 'there was an opportunity and we bugged it up and we aren't likely to get another opportunity for quite some period of time, so that's a bit irritating'.

## 2.8 The Cycle Continues?

She [the person generally credited with the idea of a corporate university for the NHS] had this brilliant idea that she got as far as Number 10, but it didn't get accepted at that point. And then it looks as though there was a point in the manifesto writing where people saw that it could serve several purposes and all of a sudden it's in the manifesto. There is a sort of opportunism. I mean I'm not a political scientist, but there is an opportunism that you see at work particularly in the creation of policy and so on and... the new Institute is a beneficiary of exactly the same dynamic.  
(Senior executive)

Despite the apparent erasing of NHSU from existence, both material and virtual, respondents suggested that parts of it 'live on'. Some of this is easy to see; training programmes developed by NHSU staff continue to be available and used within the NHS. However, aspects of the ideas that informed NHSU are also still visible. Protest from interested parties, for example, meant that 'when NHSU was closed, the UNISON leader was close to ministers and so able to influence in favour of the Unit for Widening Participation. The thinking was 'we need a focus of attention about how we can engage these staff in learning and development towards the new business agenda of the NHS.

Some respondents also suggested that the idea of NHSU was 'folded into' the new initiative that it was at least notionally merged into, the NHS Institute for Innovation and Improvement. However the Institute is managed and presented as quite different from NHSU, as all respondents noted:

Professor Bernard Crump who has taken over recognises that he's in a pool that's pretty shark infested and he's going about it slowly, building up confidence and understanding needs and not promising the earth.

The leader of the Institute was characterised as 'basically a clinician' with a 'completely different pedigree' to the first chief executive of NHSU, 'well respected by his peers' and seen as a 'safe pair of hands' by the NHS top team. The intent here is 'to go for selective consultations with significant opinion leaders. I don't know whether that's happened behind closed doors or not. It's very early days yet, but I mean I'm predicting that if he gets this right, the [Institute] will be stitched in ... will be zipped into the fabric of the NHS much more than NHSU ever was'. This is an entirely different approach to the open process of consultation that NHSU initially worked from, and indicates a different understanding of the NHS, as well as a different understanding of the kind of initiative that is required by the NHS or Department of Health. The Institute, from its title on, is not the 'critical autonomous' body that managers in NHSU sought to construct; rather, it exists within the NHS/Department of Health, draws key staff from those two organisations rather than education, and maintains a studiedly low profile.

### 3 Conclusion: Forgetting a University for the NHS

This paper is a narrative of contingency or possibility as well as a story of the birth, life and death of an organisation. Whilst exploring the birth, life and death of NHSU with those who worked within and around it we focused on a number of key areas, such as its success or failure, its contribution to skills and education, and the way in which the initiative itself was managed. The main story we have chosen to tell here is a narrative in which NHSU was constructed, operated briefly, and was then deconstructed to become a minor aspect of the NHS Institute. In some ways, our guiding themes contribute to this narrative; however in an important sense the question of whether NHSU succeeded/failed is one that we are unable to answer in this paper. Performance is significant, particularly when both the amount of funding and its source are considered. Our primary aim here however is to present a reflexive account of NHSU as a significant state-sponsored education and training intervention. In doing this we would also suggest that the 'true story' of NHSU becomes less important, as we become involved in thinking about how such interventions might be different in the future, as well as how they might have differed in the past. This leads us to reflect on three aspects of the initiative that we believe should be emphasised.

First, we would like to retain the sense that NHSU was created and happened through people, very few of whom now work at the NHS Institute. The visits made and interviews conducted with ex-employees are all notable for the emotion they contain. During research visits to NHSU offices in central London in 2005 we felt as if we were intruding on a wake to which we had not been invited; empty chairs and lunchtime goodbyes for people leaving reminded us of the individuals caught up in the death of the organisation. The continuing personal and professional effects on those involved are very material outcomes of the NSHU experiment.

Second is the idea of the university. Does NHSU help us to understand what a contemporary university is? It seems that the university title is escaping from autonomous research and teaching-oriented campuses. We can see other recent state-supported initiatives such as the University for Industry and e-university as part of this gradual migration of the idea of the university towards a much less separate, less theoretically-oriented institution. NHSU undoubtedly contributed to this, maintaining debate around the publication of the UK government white paper on higher education in 2003. Its failure to endure, however, in common with the two other recent British government initiatives that also took university title, provides a cautionary tale as to the difficulty of challenging or changing this particular cultural understanding.

Our final reflection is on the nature of time in the NSHU narratives. It is a commonplace and sometimes irritating cliché to assert that everything is getting faster, timespans are getting shorter, and so on. The case of the NHSU superficially appears to support this. Our analysis, however, allows us to locate NHSU within a thread of policy interventions that attempt to make training, development and education in the NHS manageable over a long period of time. Our final consideration, then, is to try to understand interventions such as NHSU, which are apparently short-lived and short-term, as part of a longer flow of attempts to structure a key activity in an exceptionally large and complex organisation. Perhaps in this way we might not forget NHSU: 'past things are abolished, but no one can make it be that they should not have been'.<sup>17</sup>

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<sup>17</sup> Ricoeur, P. (2004) *Memory, History, Forgetting*. Chicago: The University of Chicago Press, p.280.

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## Appendix: NHSU, From Idea to Closure

