

# Article for Conservative Home on NHS management

There are 36,000 managers in the NHS. They should be asking themselves why the patients are unhappy, struggling to get a GP appointment, and why so many of their staff are unhappy, with thousands on strike. The well paid Chief Executives and senior managers have been largely invisible to the public over the strikes. They have in their rare interviews told us the disputes are between Ministers and Unions. They claim to be neutral.

It is difficult to see how managers can be neutral. They hire and fire the staff. They promote some and not others. They grade the jobs, they award increments and decide how many people to employ. They have big powers over huge budgets. They can make an employee's life better if they handle staff well.

I and others have been urging the NHS to publish a manpower plan. The Opposition has taken up the cry. The NHS needs to reassure patients there will be enough staff to look after them, and reassure staff there will be enough colleagues for the workload. I find it bizarre that they do not have a public plan already and that it has taken so long to prepare one. The main NHS cost is staff.

The NHS top managers also need to tell taxpayers they want to look after them as well. Productivity has been falling in the last three years when record extra sums have been put into NHS budgets. Managers spent a lot of money on Nightingale hospitals which were then little used and closed down whilst non covid waiting lists soared. They spent a lot on taking over private health capacity during the pandemic yet underused the facilities there. Test and trace costs went very high, with limited positive results. Now the pandemic has subsided clearing the backlogs has been impeded by poor labour relations.

If the senior managers thought the pay review bodies decisions on pay were wrong they should have pressed for an early additional cost of living supplement or override. If they thought the system was still correct they could have given more support to Ministers in making the case, and helped more staff with increments, gradings and promotions. Doctors say a lot of their unease is about work patterns, shifts and availability of support staff. These are matters managers can manage better. They have of course kept the Pay Review body system implying their support for it.

It is not just senior management in the NHS that can help more. There has been a very poor productivity performance in many parts of the public sector at a time of big rises in budgets. There are many examples of public services making choices that annoy many members of the public. In highways Councils have plenty of money to narrow roads, complicate junctions, reduce access for vans and cars, paint more lines and erect more signs. Meanwhile potholes go unattended and bypasses are delayed. In Housing illegal migrants get hotel places as a priority whilst legal residents are on waiting lists for homes

for years. The state struggles to carry out Ministerial wishes to end the small boats trade across the Channel.

The public sector performs many administrative tasks. Computing power can assist, streamline and improve much of this. The public sector spends a lot on new computers, so where are the savings from automation? Where are the civil service proposals to simplify, reduce cost and raise quality that the digital revolution allows? What is the future for applying artificial intelligence in everything from health to education , where it could assist valued professionals with diagnosis, prescribing and tutoring?

Ministers have allocated lots of extra money to key services, especially health. They have set out what the public would like to see, including easier access to a GP, shorter waiting times and more hospital beds. It is time we heard from managers about how these services can deliver more and serve the public better. Getting on well with the staff would be a good starting point.

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