

The NHS

Yesterday I joined in the Parliamentary discussion of an Urgent Question on pay talks and strikes in the NHS. There was nothing new and nothing the two sides have regarded as particularly urgent in what was talked about. The Labour front bench was controlled in its demands, just wanting a resumption of talks but not backing the junior doctors' demands for 35% and understanding that several of the Unions favour accepting the current offers made to NHS staff by the government. A few on the Labour left intervened to demand higher taxes to pay for bigger pay rises but were out of tune with their front bench and the government.

I asked about the role and work of the senior managers in the Trusts and NHS England. The Secretary of State confirmed that the junior doctors have raised a number of issues about rosters, work practices, technology and staff support for their roles. I asked what the managers were doing to improve the rosters, work packages and support for the doctors. I pointed out again that senior managers have considerable powers to change the work of doctors, to reward good ones with promotions, salary increments and revised gradings of jobs. Should more of these flexibilities be used to improve the mood of the workforce and to achieve more with the people the NHS does employ?

I find it very strange that Ministers take all the burden of the pay negotiations with the staff. Senior managers rarely come onto the tv or radio to talk about the NHS though they claim considerable independence in running the service. When they do if asked about the strikes they always say it is a dispute between Ministers and Unions. Surely they must have strong views on what is affordable, what is needed to recruit and retain, and what should happen going forward to make it easier for them to run a good service?

The establishment of NHS England was designed to distance Ministers from day to day management of the service and to leave most of the decisions in the hands of professional managers and with the clinicians they employ. So why when the service is being damaged by strikes and when employee relations are so strained is there this silence from highly paid senior managers? Why will they only talk about trying to offset the worst impact of the strikes and not have ideas on how to end them? Why are we still waiting for the manpower plan, which should be a basic evergreen necessity in a service that relies so heavily on what employees do for patients?