Growing management numbers in the NHS

Is this fact or fiction?
In the build-up to the 2015 general election, David Cameron referred to NHS Management as “a bureaucrat with a clipboard”. Media coverage has questioned the comparison between the numbers of doctors, nurses and other clinical staff with the high numbers employed in management of the NHS. National reports show that the perception of bullying behaviours is increasing in the NHS. Could this behaviour in any way be connected to the increased disparity between the numbers employed in management and those responsible for the medical and clinical needs of the NHS? Is it also one of the reasons for an abundance of whistleblowing cases?

What has happened to the NHS structure and culture? How could an organisation that was launched in 1948 out of the ideal that good healthcare should be available to all, regardless of wealth, reach a position of so much negative publicity and behaviours?

Is the growing number of clipboard holders fact or fiction? Has the growth of managerial bureaucrats been responsible for a growth in perception and belief of bullying behaviours? Above all, would the NHS be better for patients and the tax payer if non-clinical managers were instead replaced with clinicians who were empowered with leadership skills?

To answer these questions we need to take a step back, remove the rhetoric and consider some of the facts.

The NHS Confederation stated in their July 2015 statistics that managers and senior managers accounted for 2.67% of the 1.388mn staff employed by the NHS in 2014. It stated that the number of managers and senior managers increased slightly in 2014, having declined in each of the previous four years. This data suggests that the growth of managers in the NHS is not significant.

In contrast, the findings from a 2014 survey of 2000 NHS staff by the King’s Fund revealed a consistent disconnection between the views of executive directors and of other NHS staff. For example, 63% of executive directors said there was a “pride and optimism” among staff although only 20% of nurses and 22% of doctors felt these emotions.

Alongside national reports, social media contains a plethora of personal experiences about bullying in the NHS. According to the findings of a 2015 inquiry led by some of the most senior British doctors, infighting amongst overworked departments and disciplines in Trusts has led to trainees feeling “bullied and undermined”. When the word “whistleblowing” is used we see a similar effect.

Lord Rose, in his June 2015 NHS Leadership Review titled ‘Better Leadership for Tomorrow’ demonstrated that the level and pace of change in the NHS is unsustainably high. This demonstrates that significant, often competing, demands are placed on all levels of its leadership and management. The administrative, bureaucratic and regulatory burden has already become insupportable and shows no early signs of abatement. With David Cameron’s electoral pledge to make the NHS a truly 24/7 service, the pressure will only increase to breaking point. Rose identifies three areas of particular concern. Firstly, that there is a lack of “One NHS Vision” and of a common ethos. Secondly, that although the NHS is committed to a vast range of reforms, there is insufficient management and leadership capability to effectively deal with the scale of challenges associated with these changes. Finally, there is a need for a specific direction and development for careers in managerial roles across the medical, administrative and nursing cadres.

“...although the NHS is committed to a vast range of reforms, there is insufficient management and leadership capability to effectively deal with the scale of challenges...”

Lord Rose,
Better leadership for tomorrow,
NHS Leadership Review,
June 2015

In 1948, three principles were established to guide the newly formed NHS. In 2011, these three were increased to seven principles by the Department of Health. These were derived from extensive discussions with staff, patients and the public. The third of these seven principles states:
“Respect, dignity, compassion and care should be at the core of how patients and staff are treated – not only because that is the right thing to do, but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.”

In 2015 Hillcroft House, the research and training provider, conducted surveys which asked 220 managers in the NHS if they were aware of the seven core principles. Did they know principle three? The findings showed that 100% were unaware of their existence. More concerning still, 100% were unaware that their employer, the NHS, has seven core principles that underpin its core values.

Further surveys, again by Hillcroft House, have found that the majority of NHS frontline staff value thoughtfulness, teamwork, humility, stability and harmony. In contrast, the majority of NHS managers value results, independence, achievement, decisiveness and success.

The detailed work by Hillcroft House shows that the way people behave and communicate dictates which of these values are of highest priority. The impact of this can result in significant misunderstandings. Frustration, combined with low levels of self-awareness can lead to unacceptable behaviours. For example, people felt they were being bullied even though, after investigation, it was found that this was neither the intention nor the motivation of the other party. When bullying appears rife, stress levels rise, absences escalate and the duvet days increase. Approximately 9.5 sick days per year per employee are lost according to HSIC figures covering 2012 for total sick leave, and irrevocable damage is done to service provision and morale. Human beings on all sides suffer. Trust in one another is lost.

Case studies have shown that when people invest time to understand their own behaviours and their effect on others, they are able to create a culture of success which breeds further successes.

Frances Tippett heads up the South West Integrated Personal Commissioning (IPC) programme (a national demonstrator site for NHS England, Local Government Association and TLAP (Think Local Act Personal). The South West IPC team invited Hillcroft House to assist them with understanding differences in communication and behaviour styles and the impact on team and organisational dynamics. They believe this is essential if they are to successfully tackle the cultural changes needed for teams to give people choice and control over their care. Tippett said: “Although no one local area, organisation, or team has got all the answers, between us we have many of the elements needed to make it happen here. We need to enable teams to learn from each other, challenge positively and rapidly adopt changes that will benefit the people we are here to support. To do this we have to invest in increasing our peoples’ self-awareness and understanding of the impact of their behaviours. By communicating more effectively they are more likely to positively influence colleagues from a different professional discipline or organisational culture, breaking down barriers to integration”.

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Frances Tippett, South West Integrated Personal Commissioning (IPC) programme

Perhaps extensive reports like Francis and Berwick will initiate a review of the self-awareness levels of all the committed people within the NHS. Maybe learning from the work of South West IPC will lead toward better behaviours, cleaner communication, greater trust, improved patient care and a demise of the extensive negative publicity that the NHS receives. Could the solution be as simple as Adam Crizzle, MD of Hillcroft House believes, “Understanding behaviours makes outstanding people, creating extraordinary organisations”?

Frances Tippett