

NHS management inquiry

Small, central management board recommended

The Secretary of State for Social Services established an independent National Health Service management inquiry in February this year. The inquiry (see box) was set two main tasks:

- To examine the ways in which resources are used and controlled inside the health service, so as to secure the best value for money and the best possible services for the patient.
- To identify what further management issues need pursuing for these important purposes.

Mr Griffiths and his team have now reported in the form of a letter to Mr Norman Fowler and this was published on 25 October.

Announcing the publication of the report in the House of Commons Mr Norman Fowler said: "The government very much welcomes the general thrust of this advice and is very grateful to Mr Griffiths and his colleagues. I shall be setting up within my department the health services supervisory board as recommended. Among its first tasks will be to establish the management board and to initiate action in respect of health authorities. Clearly, I shall consult the health authorities and professional and other interests involved, but subject to the outcome of these consultations I would hope that authorities would be able to start implementing the general management function from April 1984. The NHS is one of the largest undertakings in western Europe. The service needs and deserves the very best management we can give it. One of the best contributions we can make to patient care is the improvement in NHS management along the lines recommended in the Griffiths report."

The recommendations are in the form of the management action to be taken by the Secretary of State, health authorities, or other bodies concerned. All are designed to be implemented without undue delay; none of them calls for legislation or for additional staff overall; and all are consistent with present initiatives to improve costs.

The letter consisted of recommendations, general observations, the reasoning behind the recommendations, and conclusions. The recommendations and the conclusions are reproduced in full.

Recommendations

Secretary of State

(1) The Secretary of State should set up, within DHSS and the existing statutory framework, a health services supervisory board and a full time NHS management board.

(2) The role of the health services supervisory board would be to strengthen existing arrangements for the oversight of the NHS. It would be concerned with:

- (a) determination of purpose, objectives, and direction for the health service;
- (b) approval of the overall budget and resource allocations;
- (c) strategic decisions;
- (d) receiving reports on performance and other evaluations from within the health service.

It should be chaired by the Secretary of State and also include the Minister of State (Health), the permanent secretary, the chief medical officer, the chairman of the NHS management board, and two or three non-executive members with general management skills and experience. It would relate to

statutory and professional bodies in the same way as ministers and the Department of Health and Social Security do at present.

(3) The small, multiprofessional, NHS management board would be under the direction of the supervisory board and accountable to it. The role of the NHS management board would be to plan implementation of the policies approved by the supervisory board; to give leadership to the management of the NHS; to control performance; and to achieve consistency and drive over the long term. The board would have no separate corporate status. It would include a chairman, who would perform the general management function at national level—for example, as general manager, chief officer, or director general. He would act on behalf of, and be seen to be vested with executive authority derived from, the Secretary of State. As such he would ensure that regional chairmen were fully consulted and involved in the discharge of responsibility reserved to the Secretary of State. It would be consistent with these functions for him to be appointed accounting officer for health services expenditure. The membership of the management board would include other functions such as personnel, finance, procurement, property, scientific and high technology management, and service planning.

(4) The chairman of the NHS management board would need to have considerable experience and skill in effecting change in a large, service oriented organisation and the personnel director would need a similar background. To meet these criteria, and to achieve credibility in establishing the new management style, these appointments would initially almost certainly have to come from outside the NHS and the Civil Service. Other functions would have to be strengthened by people with management experience in business, the NHS, and government. For example, the finance function would need strengthening from business, in respect of management accounting, and from the NHS for management budgets. In short, the NHS management board would have members drawn from business, the NHS, and the Civil Service.

(5) The management board should cover all existing NHS management responsibilities in the DHSS, including regional and district health authorities, family practitioner committees, special health authorities, and other centrally financed services.

Regional health authorities and district health authorities

(6) Regional and district chairmen should:

- (6.1) extend the accountability review process right through to unit managers;
- (6.2) identify a general manager (regardless of discipline), at authority level, charged with the general management function and overall responsibility for management's performance in achieving the objectives set by the authority;
- (6.3) be given greater freedom to organise the management structure of the authority in the way best suited to local requirements and management potential;
- (6.4) clarify the roles of chief officers accordingly;
- (6.5) make explicit the main decisions reserved to the authority meeting itself; the major reports and regular information required of particular officers by the authority at set times; and how individual members should be involved in particular spheres of interest;
- (6.6) review and reduce the need for functional manage-

Nhs Management Inquiry Report 1983

SA Adler



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Table of Contents Nhs Management Inquiry Report 1983

1. Understanding the eBook Nhs Management Inquiry Report 1983
 - The Rise of Digital Reading Nhs Management Inquiry Report 1983
 - Advantages of eBooks Over Traditional Books
2. Identifying Nhs Management Inquiry Report 1983
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Nhs Management Inquiry Report 1983
 - User-Friendly Interface
4. Exploring eBook Recommendations from Nhs Management Inquiry Report 1983
 - Personalized Recommendations
 - Nhs Management Inquiry Report 1983 User Reviews and Ratings
 - Nhs Management Inquiry Report 1983 and Bestseller Lists

5. Accessing Nhs Management Inquiry Report 1983 Free and Paid eBooks
 - Nhs Management Inquiry Report 1983 Public Domain eBooks
 - Nhs Management Inquiry Report 1983 eBook Subscription Services
 - Nhs Management Inquiry Report 1983 Budget-Friendly Options
6. Navigating Nhs Management Inquiry Report 1983 eBook Formats
 - ePub, PDF, MOBI, and More
 - Nhs Management Inquiry Report 1983 Compatibility with Devices
 - Nhs Management Inquiry Report 1983 Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Nhs Management Inquiry Report 1983
 - Highlighting and Note-Taking Nhs Management Inquiry Report 1983
 - Interactive Elements Nhs Management Inquiry Report 1983
8. Staying Engaged with Nhs Management Inquiry Report 1983
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Nhs Management Inquiry Report 1983
9. Balancing eBooks and Physical Books Nhs Management Inquiry Report 1983
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Nhs Management Inquiry Report 1983
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Nhs Management Inquiry Report 1983
 - Setting Reading Goals Nhs Management Inquiry Report 1983
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Nhs Management Inquiry Report 1983
 - Fact-Checking eBook Content of Nhs Management Inquiry Report 1983
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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