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 imside 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 organization 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

Wright, Jenny, Sim, Fiona, Ferguson, Katie

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Health Care Provision Audrey Leathard, 2000 Examines health care in England and Wales from 1900 to the year 2000 Scotland and Northern Ireland are reviewed separately Discusses the implication of Britain's involvement with the European Union and health care systems abroad The key NHS reforms are charted across time and the changes brough about under New Labour are reviewed The Essentials of Nursing Leadership Ruth Taylor, Brian Webster-Henderson, 2016-12-05 This new approach to leadership focuses on how students can develop leadership skills right from the start of their nursing programme through to transitioning to their first role The book first takes students through the underpinning knowledge and theory and then through practical skills to help them understand all aspects of leadership and how it is a key component of providing quality care to patients in a range of environments and settings Real stories from nursing leaders practitioners and students are included to inspire students and show them how they can impact positively on practice whatever level they are working at Key features include Real life focus grounded in everyday practice with lots of case studies and examples to help students see how theory relates to practice Activities to help students reflect about their own practice and about themselves as leaders Video interviews with nurse leaders and students on the companion website Further reading and links to journal articles in both the book and the companion website help students delve deeper and prepare for assessments The Male Nurse Kevin Hargreaves, 2019 Nursing until the 1960s and 1970s was seen as a female profession it is only in recent years that men in any number have entered this perceived female bastion It is generally thought or assumed that it has always been women who have been the only nurses through the centuries However with even the most cursory glance at the literature available or even on the Internet it is soon realised that this is not the case It is impossible to talk about or discuss trained nurses per se when there was no actual recognised training available in any shape or form Again it is a general assumption that historically the only trained nurses were female This certainly was not the case but nursing was seen up to quite recently as a job for women mainly because of the social and cultural norms **Contemporary British Industrial Relations** Fred Bayliss, Sid Kessler, 1998-11-11 In this third edition the authors have revised and updated their popular textbook to take into account the new government as well as to examine recent changes in government policy the law union and management together with their effects upon pay and productivity the nature and scope of collective bargaining and Britain's strike record An analysis of developments in the European Union is also included *Iustice* and Profit in Health Care Law Sabrina Germain, 2019-03-21 The issue of justice in the field of health care is becoming more central with concerns over access cost and provision Obamacare in the United States and the Health and Social Care Act 2012 in the United Kingdom are key examples illustrating the increasing pressure put on governments to find just and equitable solutions to the problem of health care provision Justice and Profit in Health Care Law explores the influence of justice principles on the elaboration of laws reforming health care systems By examining the role played by key for profit

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