



Exploring management capacity and capability in the National Health Service (NHS) in England

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Managing the National Health Service

Public health system, funded via taxation, characterised by:

- Strong central oversight by the Department of Health & Social Care.
- A complex organisational structure across national, regional and local levels, with direct accountability to national government underpinned by national targets and standards.
- Recent reforms are encouraging place-based integration of services and reduction in duplication at national level.
- Local managers of NHS services are typically 'general managers', a professional cadre distinct from 'hybrid managers' which constitute a third of all managers.

The Impact of NHS Managers

Limited evidence, abundant media attention

‘Manager bashing’ is common – NHS managers are construed as too numerous, ineffective and ineffectual. This is despite:

- The number of managers in the NHS being significantly less than ‘pure play’ managers in the broader UK economy (2% compared to 9.5%).
- The evidence showing that managers have a positive impact on organisational performance.
- Middle managers being found to be enablers of innovation and improvement.

However, evidence is still limited, especially **mixed-methods research in the NHS** exploring the **relationship between management capacity and organisational performance** in different service settings.

Research Aims

1. To determine the current level of management capacity of NHS trusts in England.
2. To examine whether the current capacity is sufficient to meet the strategic and operational demands that trusts are currently facing and are likely to face in the next decade.
3. To examine the extent to which managers in English NHS trusts have the capacity to lead and support the identification, testing, adoption and spread of innovation, especially innovation that is technology related.
4. To identify how management capacity could be strengthened in English NHS trusts and what strategic, cultural, operational and infrastructural factors need to be in place in order to allow this to happen.

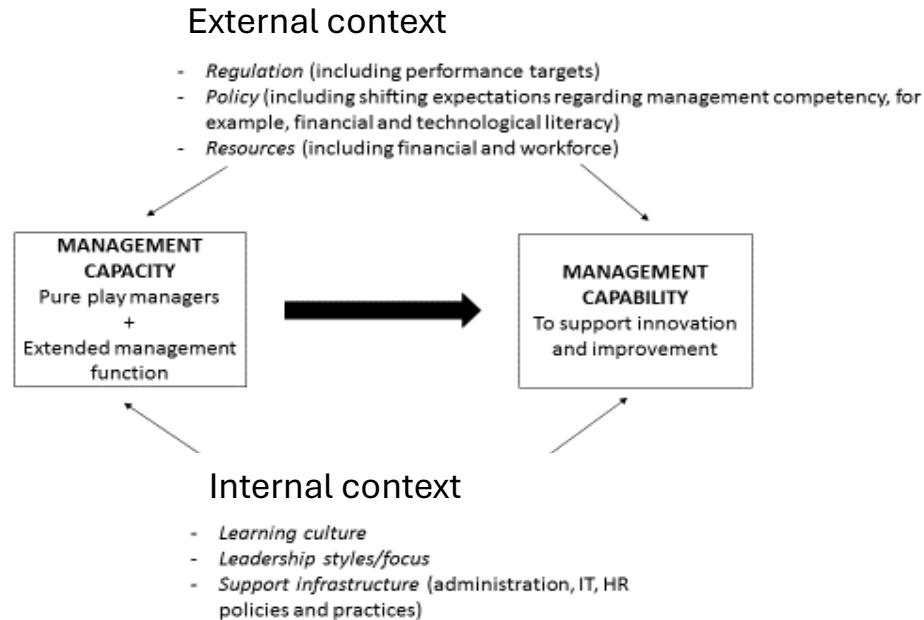
NHS Case Study Site Selection

*How did we select
case study sites for our study?*

Case Study Selection Approach

- Nationwide Trust analysis conducted drawing on Care Quality Commission (CQC) ratings and other organisational level performance data
- From this, 7 case study trusts were identified using a capacity/performance framework, considering geography too.
- Three types of Trust were identified for participation: Acute (3 study sites); Mental Health (2 study sites); Ambulance services (2 study sites)
- Contextual data for each Trust sourced through Trust research 'gatekeepers' (e.g. organisational structure, departmental budgets and information, publicly available data, such as Binley's database, and staff survey data)
- In tandem with primary data collection, a stakeholder engagement series is running with key senior NHS and related representatives to discuss key themes around management capacity, capability and innovation.

Analytical Framework



Key milestones so far

- Nationwide Trust analysis to inform case study selection
- Scoping meetings with each of the 7 NHS Trusts conducted to identify suitable innovation projects to focus on for our study, and appropriate participants at different strategic levels in each NHS Trust.
- Two of five stakeholder events completed

Next steps...

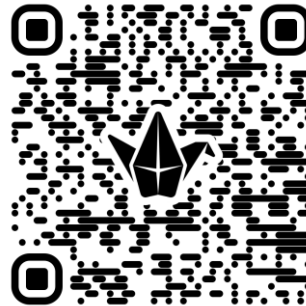
- Case study fieldwork to commence across the three types of case study NHS Trusts.



Over to you...

We would love to hear from you about your own research in this area and how you feel this model would apply to health systems in other countries.

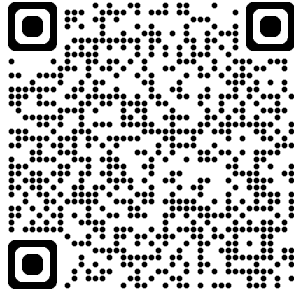
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Additional resources

For more information...

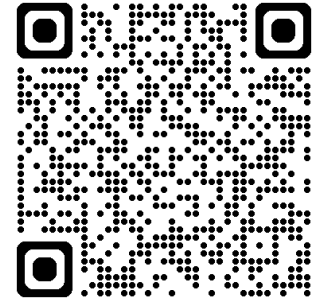
University of York
project webpages



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For more information about the project, please contact Project Lead: Professor Ian Kirkpatrick.
ian.kirkpatrick@york.ac.uk, or feel free to come and chat to us during the conference!

Thank you!