issue 60 | summer 2024

healthcare manager

election 2024

Our message to the next government:

- >> Free local managers
- >> Rebuild our workforce
- >> Invest for the future (but no 'reorganisations' this time, please)

Dr Phil Hammond

On humour, good managers and how to rescue the NHS

Midlife crisis, what crisis?

How to restart your career after redundancy

We've got your back

How MiP helps you to fight back against discrimination at work

The union for senior health & care managers

There's more to life than work

That's why UNISON Living is here to help you get the most from your own time too.

Maybe you want to head off to the sunshine on a budget, or perhaps upgrade your car and you want a good deal.

Whatever your need, UNISON Living can connect you with a trusted partner.

We've used the huge power of our 1.3 million members to secure some of the best deals exclusively for you.

Take a look at benefits.unison.org.uk

Or call UNISON Direct on 0800 0 857 857

You'll see how your UNISON membership can benefit your everyday life too.

UNISON Living

healthcare manager

Published by:
Managers in Partnership,
Centenary House,
93-95 Borough High St,
London, SE1 1NL

It's been a glum first three weeks to the election campaign, so with apologies to the late, great Ian Dury, here are my reasons to be cheerful, 1, 2, 3.

We're not hearing any of the "40 days to save the NHS" rubbish. The NHS certainly needs saving but it won't be rescued just by one party or the other winning. If, as looks very likely as I'm writing, Labour wins a majority on 4 July, Wes Streeting will face the same dense knot of problems that have confounded an endless succession of Tory health secretaries over recent years (*see page 9*). Although shallow, the debate about the NHS has been more a bit more grown up than usual, with a sober, even sombre, realisation that there's no quick fix to our problems.

No one's talking about restructuring. As MiP chair Geoff Underwood writes (*see page 8*), the NHS needs to reform itself, not to be restructured from above by politicians. Local managers need the freedom to get on with that. Apart from Reform UK, which wants to scrap the NHS altogether, no one is proposing major changes to NHS structures. Has the penny finally dropped? I think it might. But remember, David Cameron campaigned on "no top down re-organisation" in 2010 and then allowed Andrew Lansley to unleash one so big that the head of the NHS said it "could be seen from space". I don't need to tell you what a waste of everyone's time that was.

Public support for the NHS is unshakeable. Voters may be hacked off with long waits, ambulance delays and crumbling primary and community services, but support for the NHS model is as strong as ever. Polls show most people blame the NHS's problems on underfunding and how staff are treated. The public may not yet love NHS managers (we're working on it!) but they value what you deliver and they know you're working with one hand tied behind your back.

See you on the other side! //

Craig Ryan, Editor
c.ryan@miphealth.org.uk

headsup

News & noticeboard ---- 2

analysis & opinion

Leading Edge: MiP chair *Geoff Underwood* urges the next government to kick the reorganisation habit ---- 8

features

2024 Election Special: Your *Healthcare Manager* team set out MiP's agenda for the next government, dive into what's at stake for the NHS and see how the two main parties measure up ---- 9

Dr Phil Hammond: the comedian, doctor and health campaigner talks to *Matt Ross* ---- 15

We've got your back: *Jo Seery* and *Helen Carr* explain how MiP will help you to fight back against discrimination at work ---- 18

Mirror, mirror: Being an inclusive leader isn't as easy as it sounds. We need to start with ourselves, writes *Ramima Khanam* ---- 20

regulars

Legal Eye: How to law stands on direct race discrimination at work ---- 22

Tipster: *Lucy Standing* offers her tips on restarting your career after redundancy ---- 23

Meet Your Reps: Jenny Owen, nurse, manager at NHS England and MiP health and safety rep ---- 24

healthcare manager

issue 60 | summer 2024

ISSN 1759-9784

All contents © 2024 MiP or the author unless otherwise stated.

Design & Production: lexographic.co.uk

Contributors: Helen Carr, Ramima Khanam, Rhys McKenzie, Jon Restell, Matt Ross, Craig Ryan, Jo Seery, Lucy Standing, Geoff Underwood

Opinions expressed are those of the contributors and not necessarily those of *Healthcare Manager* or MiP.

Printed by Kind (kindagency.uk) on uncoated FSC-approved paper with vegetable-based inks. Please recycle when you're done.

Cover image: James Sparling, Lexographic

Managers in Partnership (MiP) is the trade union organisation representing health and social care managers in the UK.
020 3437 1473 // miphealth.org.uk // info@miphealth.org.uk // Twitter: @MiPhealth // Linked In: Managers in Partnership

headsup

News you may have missed and what to look out for

noticeboard

9 July 2024

New parliament meets after general election

17 July 2024

Expected date for state opening of parliament & King's Speech

17 July 2024

King's Fund Digital Health and Care conference

King's Fund, London

A deep dive into the practicalities of digital transformation and solutions. With panel discussions, presentations and workshops.

kingsfund.org.uk/events/digital-health-and-care-conference

18 July 2024

Health Foundation AI in the NHS: shaping the future of healthcare

Online event

Senior leaders will set out their vision for the strategic direction of AI and technology in the NHS. Speakers include NHS England director of AI Dom Cushnan, Health Foundation chief Jennifer Dixon, Avi Mehra from IBM and someone called Wes Streeting, who may or may not be secretary of state for health.

mip.social/hf-ai

11-12 September 2024

King's Fund Annual Conference

King's Fund, London

Annual conference of the NHS management think tank. Enticingly entitled "Hope, challenge and change". Speakers include Patricia Hewitt, Mark Britnell and Office for Budget Responsibility chief Richard Hughes.

kingsfund.org.uk/events/annual-conference

26-28 October 2024

UNISON Disabled Members Conference

The Brighton Centre

unison.org.uk/events/2024-ndmc

6 November 2024

Welsh NHS Confederation annual conference

Cardiff

Annual meet-up for health and care leaders in Wales. WelshConfed24 aims "to share learning and best practice, encourage innovation, and provide valuable networking opportunities".

nhsconfed.org/WelshConfed24

Got an event that MiP members should know about? Send details to the editor: c.ryan@miphealth.org.uk.

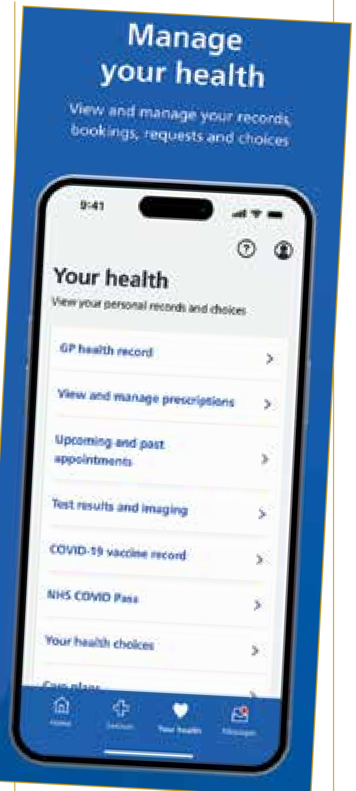
Digital

NHS App users soar as prescription service launched

Use of the NHS App has almost doubled over the last year following the launch of a new prescription service in January, NHS England has announced. More than 2.7 million people have already used the app to collect prescriptions from pharmacies, order repeat prescriptions or view information about their medication.

Logins to the app, which was first launched during the Covid crisis to streamline vaccination and testing services, grew from 16 million to 29 million in the year to February 2024. More than half the UK population, 34 million people, are now registered users of the app.

NHS England's national transformation director, Dr Vin Diwakar, said the app was "reducing the administrative burden for general practice as well as making it easier for people to access NHS services". NHS England says each online prescription order saves GP practices three minutes of staff time, while patients save an average 18 minutes.



In the March budget, the Conservative government announced additional funding to expand use of the NHS App as a "digital front door" for patients—an investment Labour has promised to maintain.

Agenda for Change

General election further delays pay rise for NHS staff

NHS workers face another long wait for their 2024 pay award after the general election halted publication of the already-delayed report from the NHS Pay Review Body (PRB), which recommends pay levels for Agenda for Change staff.

NHS staff were due a pay rise on 1 April, but ministers refused to negotiate with NHS unions and delayed starting the review body process. The government-appointed PRB had been expected to present its report at the end of May, but purdah restrictions during the election period mean it cannot now be published until after the new parliament convenes on 9 July.

"The government had the opportunity to resolve this year's pay round much earlier," said MiP chief executive Jon Restell. "Their refusal to negotiate with staff and their unions, opting instead to delay opening another lengthy review body process, has led to this situation. Whoever forms the next government must make giving NHS staff the pay rise they are already overdue their number one priority."

He added: "Fair pay is not just a moral imperative to reward hardworking staff, it's the most important tool to recruit and retain the workforce we need to bring down waiting lists, improve service access and deliver the high quality of care the public expect of the NHS."

The PRB gathers evidence from employers, staff, trade unions and government before making recommendations on the annual pay award for NHS staff and reforms to the Agenda for Change pay system. Its recommendations are not legally binding and the government can accept, amend or reject them.

NHS unions, including MiP, have cast doubt on the independence of the PRB, which is composed of members appointed by ministers and usually recommends pay awards close to the government's preferred figure.

"MiP wants to see reform of the pay setting process, which has once again proved itself unfit for purpose," Restell said. "We're calling instead for the government to negotiate directly with staff and their unions, to ensure pay awards are agreed and paid in a timely manner."

Violence & abuse

Bank staff face more discrimination and abuse, survey finds

Bank staff face more discrimination and are more likely to be abused or sexually harassed at work than substantive NHS workers, an NHS England survey has found.

Almost one in seven bank staff say they have been discriminated against by patients or the public during the last year, compared to one in 12 substantive staff reporting similar experiences in the 2023 NHS staff survey. Bank staff are also much more likely to experience physical violence at work, with 24% reporting an incident within the last year. The equivalent figure for substantive staff was less than 15%.

Navina Evans, NHS England chief people officer: "the level of violence is wholly unacceptable".

The survey of 26,000 staff working for providers' banks but without a substantive NHS contract, was published in May. It found that bank staff were slightly more likely to face harassment, bullying and abuse from patients and the public than substantive staff, but slightly less likely to experience such behaviour from managers and colleagues.

Among more positive results, almost nine in ten bank workers said they felt their work made a positive difference to patients and two-thirds said they would recommend their organisation as a place to work.

Commenting on the survey results to the *Health Service Journal*, NHS England's chief people officer Navina Evans said most bank staff felt "supported, valued and keen to stay in the NHS and caring for patients". But the level of violence experienced by bank staff was "wholly unacceptable", she added. "All staff are encouraged to report any instance of such behaviour, with support from the national Freedom to Speak Up policy."

Read the full results of the bank staff survey at: nhsstaffsurveys.com/results/bank-worker-results

Cyber security

Operations cancelled as London trusts hit by "Russian" cyberattack

Ciaran Martin, former head of the National Cyber Security Centre

PA IMAGES / ALAMY STOCK PHOTO

Russian criminals are believed to be behind the major cyberattack on London hospitals in early June which led to the cancellation of hundreds of operations and the disruption of trauma services across the capital. The ransomware attack on pathology services at Guy's and St Thomas' and King's College trusts was one of the largest cyberattacks yet seen in the NHS.

Ciaran Martin, former head of the government's National Cyber Security Centre (NCSC), told the BBC that the attack was most likely the work of Qilin, a network of cyber criminals operating "freely within Russia". The same group had previously attacked car manufacturers, the Australian courts system and the *Big Issue* magazine in the UK, he said.

Most ransomware attacks involve cyber criminals stealing sensitive data and demanding a ransom for not disclosing it, but the NHS attack was of a different kind where hackers seize control of IT systems and stop them from working until a ransom is paid.

Martin said a political motive for the attack was unlikely. "They're simply looking for money," he said, adding that UK government policy rules out the payment of ransoms.

The pathology systems attacked are provided by Synnovis, a firm majority-owned by European tech firm Synlab in which the two NHS trusts each have a minority stake. Synlab's laboratories and clinics in Italy were hit by a similar cyberattack in April, which led to a complete shutdown of the firm's computer system.

At the peak of the disruption on 4 June, Guy's and St Thomas' said only 10% of affected services were operating normally and the trust warned normal services might not be fully restored for "a few weeks". A week after the attack, the trust was still asking medical students to work extra shifts to support pathology services, while some operations were still being postponed.

Health secretary Victoria Atkins said she had broken off from the election campaign to meet with NHS England and NCSC officials to oversee the response to the attack. "My absolute priority is patient safety and the safe resumption of services in the coming days," she added in a statement on X (formerly Twitter).

In recent months, cyberattacks on healthcare services have been increasing worldwide in both number and intensity. In February, Change Healthcare, a subsidiary of major US provider United Healthcare, was hit by two attacks, which continued even after it paid a $22 million ransom to a notorious cybercrime syndicate known as BlackCat. Two months later, Ascension, another major US healthcare provider, had its health records, patient communication and medication ordering systems taken down by a similar attack.

Management cuts

Atkins unveils plan to axe managers' jobs to fund community services

Health secretary Victoria Atkins is planning a further cull of NHS managers if the Conservatives win the general election in what she described as "a really thoughtful and interesting way" to fund expansion of pharmacy and community health services.

The Conservatives announced on 3 June proposals to expand the Pharmacy First scheme, which allows patients to get prescriptions directly from pharmacists without a GP appointment, as well as "building or modernising" 250 GP surgeries and building 50 new community diagnostic centres.

"Of course this expansion will be funded as well, and we're doing it in a really interesting and thoughtful way, because we know that during the pandemic we had a really big increase in managers because the NHS had to cope with that, and now we want to bring it back to pre-pandemic levels," Atkins told Sky News.

She said a Conservative government would expand the Pharmacy First because "it's good for patients walking in of the off the street with the seven most common conditions" and "is also good for pharmacists because we want to use these highly skilled professionals to the top of their licence." She added: "This is part of my reforms to the NHS to make it faster, simpler and fairer and bring care closer to us as patients."

Responding to the proposals, MiP chief executive Jon Restell said: "This paper-thin proposal completely disregards the overwhelming body of evidence that shows good managers have a positive impact on service efficiency, retention of staff and quality of care."

He warned that "taking from this slim resource to pay for initiatives elsewhere" was "a false economy" that would undermine the aims of the policy itself.

"Managers don't exist to get in the way of their clinical colleagues," he added. "They're there to create environments where clinicians can focus on what they do best—spending their time caring for patients. NHS productivity will always be held back if politicians continue to ignore this."

ELEVENTH HOUR PHOTOGRAPHY/ALAMY LIVE NEWS

Health Secretary Victoria Atkins: "an interesting and thoughtful way to fund" community services

If implemented, the Conservative Party plans would see a further 5,500 management posts cut from NHS organisations "not providing frontline patient care"—understood to refer to ICBs and NHS England—and the introduction of new controls on management consultancy spending. The party claimed the measures would save £1.2 billion a year by 2029-30.

The plan would come as a blow to staff at NHS England which has already shed around 7,000 jobs in the last two years as part of an often-chaotic organisational change programme following its merger with NHS Improvement. Further job losses would also be likely at England's 42 ICBs, which are already cutting staff as a result of a 30% government cut in admin budgets.

Sarah Woolnough, chief executive of the King's Fund, said that while the pledge to invest in community services was a "welcome direction of travel", it came with "a considerable sting in tail" in the form of management cuts which "risk sabotaging the goals of the policy".

She added: "The NHS already has a lower ratio of managers compared to other industries and a smaller administrative spend compared to other health systems globally. Achieving an efficient and productive health service requires experts who can streamline processes, align incentives, and create the environments for clinicians to focus on what they do best—delivering patient care."

Single CSU chief appointed as review continues

NHS England has named Michael van Hemert as the single managing director for the four remaining Commissioning Support Units (CSUs) in England. Van Hemert, appointed in April, was previously managing director of the South, Central and West CSU.

The move comes as part of NHS England's latest review into the structure of CSUs, 25 of which were originally set up to provide expertise and support to the hundreds of Clinical Commissioning Groups established by the 2013 Lansley reforms. Consultations with staff at the four remaining CSUs are continuing with concerns raised about the long-term future of the organisations and how the review will affect staff.

Michael van Hemert

"MiP recognises the high value support work CSUs provide for the health service and we will keep making this point during our engagement with the review," said MiP chief executive Jon Restell. "We're committed to working in partnership with employers to ensure organisational change is managed well and staff are treated fairly. Our reps and officers will continue to support members in CSUs throughout the review process."

MiP reps and national officers have contacted van Hemert, asking for more information on the review process, and to stress the importance of keeping staff informed and engaging with unions through existing partnership channels. Further engagement with the managing director is planned as the situation with CSUs develops. MiP is also hosting a series of drop-in sessions for members to raise concerns or seek advice.

If you work in a CSU, make sure we have your current contact details so you don't miss important communications on the review. Visit miphealth.org.uk to update.

Nottingham and Black Country plan job cuts as pressure mounts on ICS deficits

MONTAGE JAMES SPARLING/LEXOGRAPHIC

Trusts and other NHS employers in two Midlands ICS areas are planning cuts to substantive staff numbers as the squeeze on NHS finances begins to bite.

According to a workforce plan for the Midlands region, leaked to the *Health Service Journal* in June, the Black Country and Nottingham and Nottinghamshire ICS areas are both planning cuts to permanent staff in 2024-25. NHS organisations across the Midlands also face sharp cuts to the number of bank and agency staff, the document reveals.

Black Country ICS has submitted plans to shed 544 substantive jobs (1.4% of the workforce), while Nottinghamshire plans to cut staffing by 70 posts (0.2%). Bank and agency staff will be reduced by an average of 22% across the Midlands region, with cuts ranging from 40% in Leicestershire ICS to 8% in Derbyshire.

Both affected ICSs are under financial pressure, with Nottinghamshire expecting a outturn deficit of £113.7 million for 2023-24, according to board papers revealed in May.

In a statement to the *HSJ*, Black Country ICS said it hoped the staffing cuts could be achieved through "natural attrition". It added: "NHS leaders have agreed enhanced vacancy and expenditure controls as part of the financial recovery plan. These include enhanced workforce controls, along with quality impact processes, to support a safe reduction in our headcount where appropriate."

In May, England's 42 ICS areas were instructed to find further savings after NHS England rejected financial plans showing a projected deficit of £3 billion for 2024-25, up from £2 billion last year.

UNISON Health Service Group election results

The results of UNISON's Health Service Group Executive (HSGE) election were announced on 10 June.

The HSGE is made up of elected members who make important decisions about UNISON's and MiP's priorities, campaigning and bargaining. These currently include campaigning to improve pay progression in Bands 8 and 9, to which the vast majority of MiP members belong. HSGE members have seats on the NHS Staff Council, the governing body for NHS Agenda for Change, make decisions on strike ballots and guide MiP's negotiations with employers and government on its members behalf.

As MiP is a national branch of UNISON, its members were eligible to vote in the election. MiP is part of the Yorkshire and Humberside region for administrative purposes because UNISON rules require all branches to be allocated to a specific region. This means MiP members vote for candidates in the available Yorkshire and Humberside seats, regardless of they work.

The three candidates elected to the HSGE for MiP's region were:

- General seat: Adrian O'Malley
- Female seat: Julie Marsland
- Reserved seat: Anne-Marie Pedley

Members elected to the HSGE will begin their two-year term after UNISON's national conference on 21 June. MiP looks forward to working with the HSGE on joint priorities once they take office.

/ Jon Restell, MiP chief executive

Building local influence and promoting good management top MiP's agenda

MiP chief executive Jon Restell sets out the MiP National Committee's priorities for this year and next.

MiP's National Committee 2024-2025

Building MiP's capacity to influence change locally was one of the priorities set for itself by MiP's National Committee, meeting in Newcastle at the end of March. The committee, elected for a two-year term until the end of 2025, also agreed three campaign goals:

- better management of organisational change
- real action by employers to improve managers' wellbeing
- holding employers to account for honest, compassionate and professional leadership

The committee's priorities arose from a close examination of the pressures faced by MiP members. The intense squeeze on budgets pressures is rapidly changing system behaviour, leading to greater risk-aversion and short-termism. The burden of cost-cutting is falling disproportionately on managers and capital investment. Poor staff wellbeing with "people running on empty" is caused by poor management practice, sky-high expectations and the downsides of digital working. Endemic re-organisation is often poorly executed and counter-productive. Staffing shortages, fuelled by poor work-life balance and uncompetitive pay, adds to the pressures on management.

The committee is confident that good management could overcome these challenges, but MiP will need to push for change locally, not just nationally, through massively expanding the number and influence of its reps.

The committee also debated the pros and cons of statutory regulation of NHS managers, and the proposed nurses-only pay spine. It was unconvinced that policymakers knew to what question regulation was supposed to be the answer, with members worried politicians would use regulation as a lightning rod to shift responsibility when things go wrong. The committee agreed that, even if it could be made to work, regulation had to be a relatively small part of a much broader framework for supporting managers and holding them to account. The committee also restated its outright opposition to a nurses-only pay spine and resolved instead to pursue pay reforms that will benefit all Agenda for Change staff.

leadingedge/**Geoff Underwood, chair of MiP's National Committee**

Please! Reorganisation has to stop

Cast your mind back to 2009. Hope shines from the United States as Barack Obama is sworn in as President. The World Health Organisation declares a global pandemic—not that one!—as swine flu sweeps the globe. And at the Royal College of Nursing conference in Harrogate, a future lord stands in front of the assembled nurses and says: "There will be no more of those pointless reorganisations that aim for change but instead bring chaos."

He said it again and again. He campaigned on it. And a year later, David Cameron agreed with Nick and the coalition published its programme for government. It said: "We will stop the top-down reorganisations of the NHS that have got in the way of patient care."

Well, it didn't turn out like that, did it?

We've had relentless reorganisation in the NHS ever since. Lansley went for broke with his 2013 reforms, which the King's Fund said were "damaging and distracting", "created a system of considerable complexity and confused accountabilities," and "resulted in a vacuum in system leadership at local and national level." Yikes!

Simon Stevens got involved in 2015 with Sustainability and Transformation Plans, which started the ball rolling towards the Integrated Care Systems we have now. Cue several years of Clinical Commissioning Group mergers, while in the background 25 Commissioning Support Units quietly absorbed each other until only four were left. NHS England and NHS Improvement decided they might get together... sort of... and their kinda-merger left plenty of unfinished business.

By 2022, we'd seen PCTs... then CCGs and CSUs... now ICSs with ICBs and ICPs! WTF!?

> *// This is what happens when organisations are restructured and people don't feel psychologically safe. The opportunity cost is massive: thousands of people spending time being re-organised instead of making changes we actuallty need. //*

Formalising ICSs was a good thing, but the implementation has left them hobbled and hand-cuffed to savings targets. A ruthless decapitation strategy meant many incumbent CCG leaders didn't get jobs in ICBs. But while the new executive teams were still waiting for the names to be changed on the office doors, they were told to cut their running costs by 30%.

Fast-forward to today. In less than two years, most of those new exec teams have been thinned out and most ICBs are running organisational change programmes affecting all their staff. NHS England has been busy reorganising its national and regional teams. Again. And the four remaining CSUs now have a single managing director leading a process to determine yet another future operating model.

This is important. NHS staff in all the major commissioning and support organisations are being reorganised at once. These people aren't staffing wards, driving ambulances or performing surgery. But the wards aren't getting staffed either. The ambulances aren't driving, they're queuing. And more than seven million people are waiting for surgery.

Alongside clinical and operational staff, who are banging their heads against the walls of a system that isn't working, the NHS needs commissioners and business analysts, accountants and procurement specialists, contract managers and digital transformation teams, strategists and workforce planners if it's to have any hope of getting the wards staffed, the ambulances moving and the waiting lists down.

Right now, all of those people in ICBs, NHS England and the CSUs—who are as passionate about saving the NHS as their clinical colleagues—are distracted yet again by uncertainty about their future. It's not their fault. It's what happens when organisations are restructured and people don't feel psychologically safe at work. The opportunity cost is massive: thousands of people spending time being reorganised instead of making changes we actually need.

At the time of writing, we've yet to see the election manifestos. So far, the Conservatives have said much more about national service and pensions than the NHS. Labour have promised to deliver 18 week waits. Again. But every time Wes Streeting says that NHS investment must come with reform, I worry about what he means.

The NHS doesn't need to be told that reform is necessary. In between the consultations and P45s, the 42 ICSs have written 42 Integrated Care Strategies and 42 Joint Forward Plans showing exactly what they will do and how they will do it. The NHS now has 42 systems, thinking like systems. I plead with whoever forms the next government to resist the temptation to reorganise again, so we can get on with what we need to do. //

Managers need a government that supports their drive & ambition for the NHS

As polling day nears, Jon Restell and Rhys McKenzie set out MiP's agenda for the next government: supporting the workforce, stabilising the health and care system, boosting productivity and giving managers freedom to do their jobs.

Heading into this election campaign, public satisfaction with the NHS was the lowest it's ever been. With seemingly insurmountable waiting lists and chronic staffing shortages, it's harder than ever for the public to access timely care. Health and care staff work tirelessly for patients, but they're burnt out and need better support from the next government.

As the union for health and care managers, MiP know that our members are ready to do what it takes to get healthcare services delivering again. All they need is a government that matches their drive and ambition.

MiP has identified four priority areas the next government must address to get the best out of its managers:

» Workforce
» Stability
» Productivity
» Autonomy

Cutting waiting lists

What the experts say

The Nuffield Trust says politicians promising to bring down waiting lists need to set out clearly how they will achieve it. Trying to make staff work "harder, smarter and more efficiently" is "hugely complex" and will take time especially when staff are "burnt out, unwell and, increasingly, leaving".

The King's Fund says improving access to out-of-hospital care is crucial to bringing down waiting lists in the long term. This requires a "radical refocusing towards primary and community settings", targeting future investment on community services and "meaningful reform of social care". The Nuffield Trust adds that existing party proposals in this area are too "small scale" after "years of funding flowing away from community services".

What the parties offer

The **Conservatives** have promised to "free up" 20 million GP appointments by expanding the Pharmacy First scheme, which allows patients to access more treatments from pharmacies without seeing a GP. The party has also pledged to "build or modernise" 250 GP surgeries and set up 50 new community diagnostic centres. These proposals would cost £1.2 billion a year, the Tories say, and will be funded by cutting a further 5,500 NHS management jobs (see page 5).

Labour have pledged to deliver an additional 40,000 hospital and clinic appointments a week, by asking staff to work overtime on evenings and weekends and using spare capacity in the private sector. The party also promises to double the number of MRI and CT scanners and to meet the target of 92% of patients starting treatment within 18 weeks within five years. Labour says these policies will cost £1.3 billion in the first year, to be funded by abolishing non-dom tax status. **[RM]**

key policy areas

Reforming social care

What the experts say

The neglect of social care has been "a terrible failing of British public policy", says the Nuffield Trust. "Both government and opposition… fear that taking action will bring more blame than credit because of low awareness among voters and tight finances." The think tank has called for a "credible funding system" through general taxation to "spread the risk of high costs across the whole population", as well as a workforce plan for care staff and measures to stabilise the care market — including "fair" fees for private providers.

The King's Fund says over half of older people are not receiving the care they need. It has called for big increases in social care funding to stabilise the sector, recruit and retain more staff and meet growing demand. With one in six services falling below CQC standards, it also wants reforms to regulation to drive improvement in service delivery.

What the parties offer

Not much if you want detail. The **Conservatives'** 2019 pledge to "fix" social care has unravelled, with the social care levy scrapped in 2022 and plans to cap social care costs kicked into the long grass (although both parties still back the idea). But the government has increased funding for adult social care by £7.5 billion over the last three years and the Conservatives now promise to improve service delivery by digitising care records and investing in technology to support independent living.

Labour offers a ten-year plan to "build towards" a comprehensive National Care Service, "locally delivered but underpinned by high national standards", with the emphasis on supporting people at home and giving them more control over their care. The party's also promises a workforce plan for social care with better working conditions and a fair pay agreement negotiated across the sector—including with private providers. Details remain sketchy and and, like many of Labour's promises, funding will depend on economic growth over the next parliament. **[CR]**

Action on each of these will help to get the NHS back to where it should be: delivering high quality timely care to everyone who needs it.

Workforce, workforce, workforce

You can have all the policies you like, but they mean nothing without the staff to implement them. The NHS has been carrying over 100,000 vacancies in England for several years, while social care, with 150,000, has even more. Dealing with these chronic shortages may be the most important way to get services back on their feet.

The NHS Long Term Workforce Plan, published last year, was a step in the right direction, but its sole focus on increasing clinical numbers still leaves substantial gaps in the workforce. Its ambitious modelling relies heavily on a rapid expansion of university spaces and training placements, and on the assumption that those newly trained staff will stay in the NHS for a career. The lack of an equivalent plan for social care is another glaring hole that needs addressing.

Over a decade of declining public sector pay has left NHS workers worse off now than in 2010. With both the Conservatives and Labour admitting that investment will be limited, improving pay will be a challenge. A good start would be moving on from the tired pay review body process. Its recommendations have never been significantly different from what the government says it's willing to pay and the protracted nature of the process means staff do not see the award in pay packets until months after it was due. Although the government portrays it as an independent advisory body, the review body plays a far more political role, giving ministers an expedient excuse when defending what is ultimately their own decisions on pay. It's also time to refresh Agenda for Change so that it meets the ambitions of the Workforce Plan.

Pay is just one part of the puzzle. Staff turnover remains higher now than before the pandemic and the NHS is not retaining enough staff to stabilise the workforce. Culture, flexibility and career progression

all play a role here. The next government must work with employers and unions to find ways to keep staff motivated, supported and ambitious in their careers.

Most of us also recognise the truth in the saying 'people leave managers, not jobs'. Skilled managers have a hugely positive impact in the workplace, but they need the right tools, expectations and culture to succeed. Investing in management, through training and proper resources, and creating 'do-able' jobs, helps managers drive standards across their organisation, benefiting workplace culture and improving colleagues' morale, productivity and retention.

End the flux in NHS structures

After numerous costly, often wasteful, reorganisations and mergers in the past 12 years, now is the time for stability.

It becomes impossible to plan for the long term when you don't know the headcount of your organisation, its purpose or whether you will have a job in it or not. Organisational change creates an environment of uncertainty, fear and, more often than not, chaos. It is hugely demoralising to staff and often "brutal", as one NHS executive described it to us. Structure is not set in stone, but form must follow function—allowing structures to evolve and adapt without tearing everything down and starting from scratch every few years.

Further organisational change will be disruptive and counterproductive. The next government must avoid major structural reform and allow staff to get on bringing down the backlog, improving access and getting health and care services back on their feet.

The productivity trap and how to avoid it

Productivity has come up fast on the rails in the race for attention from politicians and NHS leaders. It will be a priority whatever government we get. NHS England's board recently considered a report suggesting a 10% gap in productivity has opened up since 2019.

Measuring productivity in healthcare is difficult and controversial, because the quality of care aspect of 'output' doesn't get a full look in. Analysing causes and planning responses is also hugely complex. MiP wants a genuine discussion between the service and its trade unions about how to improve productivity.

In our view, previous attempts to improve productivity via pay restraint and headcount reductions have led to the industrial strife we see now. We need better, more sustainable solutions. MiP's case (and that of several think tanks) is that you cannot cut your way to efficiency. Investing in management, estates and IT is critical for short, medium and long-term productivity gains.

The experience of our members is that fewer managers are being asked to do the same or more. NHS England itself says we have seen a big loss of skills and experience in the operational tier of management since the pandemic.

This approach will never improve efficiency. Further downsizing an already slim administrative and managerial workforce hinders productivity rather than improves it. Research last year found that these gaps in management and administrative staff simply lead to clinical staff spending less time with patients and more time with paperwork. An efficient healthcare system needs to consider the quantity and quality of its managers. In MiP's view, this is the key to unlocking NHS productivity.

Give managers more autonomy

Members tell us about how it becomes impossible to plan for the long term as you lurch form one crisis to the next, with quick-fix political interventions coming too late to make a meaningful difference. Short term funding pots, last minute directives and ministers' shifting priorities all hinder strategic and long term planning, creating a chaotic environment where staff are under relentless pressure but have little say about how to turn the tide.

This leaves staff working to political cycles and, in many cases, political priorities, limiting managers' ability to plan for the long term. When staff feel like they are being made scapegoats for problems in the health service often driven by politicians themselves, the impact on morale is huge.

No one knows their local health systems better than the managers working in them. Managers should be given national direction on a few well-chosen targets and then trusted to make the long-term, strategic decisions they know will benefit local populations. By equipping managers properly and giving them enough autonomy, the next government can enable them to move away from the short-termism that has failed to deliver service improvement.

Healthcare managers want the same things as the public—waiting lists to come down, better access to services and care to be delivered safely. They are experts in finding solutions and delivering change, making them ideal partners for a government looking to reform services, improve workplace culture and raise standards of care.

Whoever forms the next government needs to tap into the unique skillset and expertise of health and care managers, and work with them rather than against them. Doing this will benefit them as much as it will patients and staff. //

Growing the NHS workforce

What the experts say
Experts agree that staff shortages in the NHS need to be tackled urgently and that much more work needs to be done to make the NHS Workforce Plan a reality. The Nuffield Trust has made this its number one priority for the next government, alongside the King's Fund, which says making careers in the NHS and social care more attractive will help to "fix" services.

NHS Providers and the NHS Confederation have both pressed the parties to commit to "fully fund" the Workforce Plan, and called for an equivalent plan for social care to tackle the workforce crisis there.

What the parties say
At the time of writing (three weeks before polling day) neither main party had made any pledges likely to have a speedy impact on NHS workforce shortages. **Labour** have promised 7,500 more medical training places and 10,000 more nursing and midwifery clinical placements each year. They have also pledged to train 700 more district nurses and 5,000 more health visitors to support care in the community, and to recruit 8,500 more mental health professionals. These pledges are over and above the plans set out in the government's Workforce Plan.

So far, the **Conservatives** are sticking to the NHS Workforce Plan as published last summer. This aims to recruit 60,000 more doctors, 170,000 more nurses and 71,000 more allied health professionals by 2036-37. This will be achieved by increasing medical school places and expanding apprenticeships, the government says. **[RM]**

key policy areas

Investing in buildings

What the experts say
Experts worry that the record £12 billion maintenance backlog for the NHS estate in England is increasingly skewed towards "high risk" and "significant risk" projects, which now make up more than half the total. Even if the entire NHS capital budget were spent on the estate this year, it would barely cover the backlog, leaving nothing for new repairs or investment in technology and equipment.

Nuffield Trust chief executive Thea Stein advises treating extravagant promises about new buildings and tech with caution. Instead, politicians should promise to "invest sustainably, predictably, relentlessly and for the long term in capital", she says. The Nuffield Trust has called for a "once-in-a-generation capital settlement", including investment in "modernising crumbling buildings" as well as in technology and replacing outdated equipment.

What the parties offer
Neither party has set out specific plans to tackle the maintenance backlog. The **Conservatives** have insisted they will honour their 2019 pledge to build "40 new hospitals" by 2030, although many projects are beset by delays and some are little more than refurbishments of existing buildings. The government has increased NHS capital spending significantly but has targeted investment on new technology and modernising medical equipment.

Labour says "we can't go on with a crumbling NHS estate", promising new investment without any specific spending pledges. The party is expected to rebrand the New Hospitals Programme as part of a comprehensive review of NHS capital spending, with priority given to projects that will cut waiting lists. Labour will also encourage ICBs to co-locate services and establish a new network of Neighbourhood Health Centres to bring together local health and care services under one roof. **[CR]**

Under the radar

The next UK health secretary will face an in-tray stacked with knotty problems, many of which the NHS can't solve on its own. Craig Ryan looks at four potential sources of trouble you won't hear much about during the election campaign.

Local NHS finances are under water

One of the first headaches for new health ministers will be the growing gap between the NHS budget for England and the spending plans of trusts and ICSs. In May, NHS England rejected as "unaffordable" financial plans from the 42 ICS areas which showed a £3 billion deficit. Last year, it topped up ICS budgets twice as the deficit swelled from a projected £700 million to £2 billion, with more than half of ICSs overspending.

Many local NHS leaders say they were pressured into unrealistic plans for 2023-24 and have nothing left in reserve to plug holes in this year's budget. Some trusts are already cutting jobs, with even some clinical posts said to be at risk.

The Nuffield Trust's Sally Gainsbury says politicians need to be more realistic about NHS funding: "Last year the gap was only closed as a result of raids on the capital budget, planned spending on service improvements being suspended, and elective recovery targets being substantially relaxed. None

of those were things anyone in the NHS wants to see happen on repeat, yet with a funding settlement that looks unlikely to absorb the expected inflationary pressures this year, that's where everything is pointing."

Children's mental health services are in crisis

According to NHS Digital, 20% of children aged eight to 16 have a probable mental health disorder, but most get no support from child and adolescent mental health services (CAHMS). At 1.2 million, referrals are up 50% since before the pandemic but, shamefully, two in five children have their referrals closed when they reach 18 without ever receiving any support. Failure to diagnose and treat children's mental health problems can lead to a lifetime of poor mental and physical health, costing the NHS much more in the long run.

Experts blame the crisis on funding, chronic workforce shortages and the lack of services for children who don't meet the CAHMS threshold but still need support. Children's mental health services being split between an overstretched NHS, cash-strapped councils and struggling private and voluntary providers doesn't help.

"Behind every number is a young person facing impossible challenges," says Laura Bunt, chief executive of mental health charity Young Minds. "We cannot allow this to be accepted as the new normal: every day without action is another day thousands of young people are without the mental health support they need."

Private care providers and charities are struggling

Private providers and charities make a big contribution to health and care services in the UK, but many are at risk of going under—potentially piling more pressure on NHS and local council services.

According to the Nuffield Trust, elderly care costs for 'self-funders'—people who don't meet tight criteria for state funding—are "spiralling" as providers try to shore up their finances. "Several providers have gone out of business due to… financial pressures exacerbated by the Covid-19 pandemic, staffing shortages and market instability," the trust reports. The CQC's 2023 *State of Care* report found that local authority budgets were failing to meet rising costs and care home profitability was at historically low levels.

Meanwhile, charities are struggling with rising costs and sharp falls in donations. Four health and care related charities closed in May 2024 alone: Age UK West Cumbria, Jo's Cervical Cancer Trust, mental health charity Listen Well Scotland and eating disorder

charity the Molly McLaren Foundation. The Charities Aid Foundation says over half of charities are worried about their ability to survive and only 48% can meet current demand. Many NHS and local council contracts are "underfunded and no longer viable for charities", it warns.

The situation is "more perilous than ever", warns Martin Green, chief executive of Care England, which represents independent care providers. "As we count down to a general election, the government must now make good on their promise to fix our sector."

Health inequalities are getting worse

Health inequalities between different areas, social classes and ethnic groups have all been widening in recent years. According to the King's Fund, people in the most deprived parts of the UK experience on average 20 years less good health than those in the least deprived areas, while death rates from Covid were twice as high. Health disadvantage is baked in from the very beginning of life: black parents or those living in the poorest areas are twice as likely to have a stillborn baby as white parents or those living in the most prosperous neighbourhoods.

"Successive governments have shied away from the bold action needed to tackle inequalities," says the Health Foundation. It calls on the next government to "make bolder use of tax and regulation" and spend more on public health to reduce smoking, alcohol use, unhealthy diets and physical inactivity. The foundation also wants measures to tackle economic inactivity and more local council funding targeted at the poorest areas.

In its 2023 report *Tackling Health Inequalities*, the foundation called for targets to "drive action" on health inequalities, similar to those for waiting lists and cancer care. "While difficult, reducing health inequalities has been done before and can be done again," the report said. //

Reorganising the NHS

What the experts say

Experts are united in saying there should be no further top-down restructuring of the NHS during the next parliament. Avoiding this is the top priority for NHS managers, according to the NHS Confed, while Nuffield Trust chief Thea Stein has told managers to pin any such pledges from politicians to their noticeboards.

Experts also warn against further cuts to the management workforce. The Health Foundation says research shows that managers have a positive impact on efficiency, financial outcomes and quality of care. The King's Fund warns that the NHS "already has a lower ratio of managers compared to other industries" and that managers are needed to ensure clinicians can focus on delivering care, rather than filling the gap left by under-management.

What the parties offer

So far, neither Labour nor the Conservatives have unveiled plans for any major re-organisation, and both look set to work within the existing NHS structures.

However, the **Conservatives** have announced plans to cut 5,500 managerial posts in NHS organisations "not providing frontline patient care" in order to fund an expansion in community services. This could see a further downsizing of ICBs and arms-length-bodies like NHS England. **[RM]**

key policy areas

Investing in technology

What the experts say

The Nuffield Trust says what technology we invest in, how it's deployed and how the NHS uses the time saved are just as important as how much money we spend on it. Experts suggest the investment need lies more with day-to-day tech—the clapped out computers and wonky software in GP surgeries and hospital wards—than with high-end stuff like AI systems, for which research money and private capital can more easily be mobilised.

Investment also needs to be sustained, targeted and not overly focused on shiny new kit, says the King's Fund. "It's not just the widgets that enable transformation but also staff time and skills, and having the right culture and capacity to change processes," says the Fund's digital technology expert Pritesh Mistry. It's also important, he adds, that money for tech is not raided to plug gaps in current spending as has often happened in the past.

What the parties say

There's little difference between the two main parties on this. The **Conservatives** point to the £3.4 billion of new investment announced in the March budget, which the chancellor claimed, somewhat fancifully, would modernise all the outdated IT systems in the NHS "so they're as good as the best in the world", as well as paying for digitising operating theatres, upgrading MRI scanners, extending the use of AI systems and developing a new apps for patients and NHS staff. The party also promises to accelerate the roll-out of 160 Community Diagnostic Centres, due to be completed next year.

Labour promises to double the number CT and MRI scanners within five years, develop the NHS app "to end the 8am scramble for GP appointments", and develop a new streamlined NHS procurement process to encourage the adoption and spread of new technologies. Shadow health secretary Wes Streeting is also promising a new network of "Neighbourhood Health Centres", integrating health and care services and equipped with modern technology including digital health records and telehealth services. **[CR]**

Humour is a coping mechanism—but also a cry for help

Doctor, comedian, broadcaster, writer, health campaigner and politician *manqué*, Dr Phil Hammond is now drawing up a manifesto to rescue the NHS and boost the nation's health. On the eve of a watershed general election for the UK, he speaks to *Healthcare Manager's* Matt Ross.

Contemplating the imminent general election, Dr Phil Hammond is recalling his own ill-fated venture into politics: during an appearance on Channel 4's Countdown in the run-up to the 2019 election, he rashly announced that he would be standing against Tory MP Jacob Rees-Mogg. "Everything we do in medicine goes through the prism: 'Is it intelligent and is it kind?' So I founded the Intelligent Kindness Party—IKIP," he explains. "I was going to have a field day."

Unfortunately, Labour and the Liberal Democrats—having initially suggested that they'd give him a clear run—changed their minds. "Labour hated the LibDems for going into coalition with the Conservatives, and the LibDems hated Labour because they didn't think Corbyn was strong enough against Brexit," he recalls. "I said, 'Would you like to win collectively or lose individually?' and they said, 'We'd like to lose individually.' So I had to step aside."

Hammond has enjoyed much greater success in medicine, comedy, journalism, broadcasting and health campaigning—approaching each discipline with the same

idiosyncratic flair that he might have brought to the world of politics.

First of all, he's a doctor: qualifying as a GP in 1991, he spent 20 years in general practice, five years in sexual health, and 11 years working with children suffering from chronic fatigue syndrome. But meanwhile, he's also been *Private Eye*'s medical correspondent since 1992—writing under the pseudonym MD—and a broadcaster for nearly as long, producing series including BBC2's *Trust Me, I'm a Doctor* and Radio 4's *Struck Off and Die*. He recently interviewed eight senior medics for Radio 4's *Doctor Doctor*, and is currently preparing for two Edinburgh fringe shows—one of which, presented with former Royal College of GPs president Dame Clare Gerada, aims to devise "a manifesto to improve the NHS, social care and the nation's health."

As every NHS worker knows, medicine and comedy are close bedfellows. "Everyone who works in a life-or-death industry—whether paramedics, police, nurses or doctors—has a dark humour that sustains you through the wee small hours," says Hammond. "It's a coping mechanism; but it's also a cry for help in a high-pressure situation."

Combining the two in his career hasn't always been straightforward. In the 1990s, Hammond helped expose high death rates among babies receiving heart operations in Bristol. "I broke shocking medical scandals on stage at the Edinburgh fringe, which I think in retrospect was inappropriate, but I also documented them seriously in *Private Eye*," he recalls. The recommendations made by the subsequent public inquiry—at which Sir Brian Langstaff, who's just chaired the infected blood inquiry, was leading counsel—pushed agendas such as patient empowerment, continuing professional development, care standards and transparency on performance which have become mainstream since.

Many of these changes have been positive, says Hammond, but some recommendations have not been implemented, while others have had unforeseen consequences. The inquiry's report, for example, argued that "we need to replace clinical negligence litigation, where to gain compensation you have to prove that an individual was to blame—and that often takes decades—with a system where if somebody suffers serious harm from healthcare, they're compensated without having to prove damage," he explains. "Successive governments have shied away from that, because they think it will be monstrously expensive, but putting a case through court for ten years is monstrously expensive!"

Meanwhile, healthcare regulatory bodies have multiplied and the performance of clinicians and hospitals has come under far greater scrutiny. But in Hammond's view, until errors are understood as systemic failures rather than the fault of individuals, the incentives to hide problems and shirk responsibility will remain powerful. As with the infected blood scandal, in Bristol "the cover-up went to every single level" of the hierarchy: constantly increasing the pressure to find scapegoats only encourages people to bury problems deeper. "This angry litigation-blame culture actually has the effect of suppressing the truth rather than encouraging it," he argues.

It also drives clinicians out of the system—the General Medical Council and General Dental Council have "been aggressively prosecutory over fairly minor errors," he says—and fosters a harmful aversion to risk. "Some heart surgeons will say that they don't want to do harder operations now because they don't want to be top of the deaths league," comments Hammond. "There's a consequence to saying that we want to be aggressively transparent about everything."

People need to better understand risks, he argues, rather than pretending they can be eliminated. "There is no such thing as 'do no harm'," he says. "Every single drug or vaccine causes serious side-effects for some. If you give resources to one area, you're necessarily depriving another. What we're trying to do is the most good for the least harm at an affordable cost—and that's what management is all about."

Hence the importance of good management in health and care. "There are few more complex and important roles than managing a health budget, a health estate etcetera," comments Hammond, decrying the "absurd, pathetic divide between doctors and managers". In the best-run health providers, he adds, senior leaders know their organisations inside out—"they walk the wards"—and benefit from "really senior clinical input, from people who are prepared to collaborate with the managers rather than fight them".

The most effective NHS leaders, he believes, are also able to "make a moral case, a clinical case and a financial case" for sensible reforms at the Integrated Care System (ICS) level, such as concentrating specialised care provision within centres of excellence and focusing resources on public health goals.

Long a campaigner for action on public health, Hammond argues that "if you want to improve future health outcomes, you put money into education before the NHS, because there's strong evidence that the better educated and wealthier you are, the healthier you are." Far better, he says, that "instead of pulling people out of a river of illness, we wander upstream and stop them falling in". ICSs will "get more bang for their buck" if they channel resources into supporting people to eat and sleep well, take exercise and develop "warm human connections".

The UK's track record on public health is terrible, says Hammond—so when Covid-19 arrived, "we were sitting ducks: public health and waiting lists were out of control. We'd had a decade of austerity, rising health inequalities, child poverty etcetera, and the virus mercilessly found all the weaknesses in our system."

Sadly, the measures introduced to curtail the pandemic created new problems. "Scaring the shit out of people about a killer disease then sending them home on their own had a double whammy on mental health," he says: fear and isolation formed a poisonous combination. And in the pandemic's wake, NHS services have fallen into a vicious circle, with delays further stoking need: "The increases in waiting lists mean that [health

“People need to be honest and say: ‘Look, we’re in a bit of a mess. We can only fix certain things in one go, and this is the one we’re going to focus on first.”

conditions] aren’t being picked up early, and we’re waiting until they translate into emergency events,” he explains. “Then the emergency services are overloaded, so people are stuck in the back of ambulances. At every level of the system, there are pinch points that explain why health has gone downhill.”

Some of the health and care system’s problems are rooted in demographic changes and the nature of Covid, says Hammond, but others have their roots in decisions by successive Conservative governments. Making steady improvements in public service delivery demands stability, he says, but the Tories oversaw two major reorganisations, then appointed five health secretaries within the last three years. Meanwhile, private providers have taken on the simple procedures and less complex cases, leaving NHS bodies with the hard ones: “The NHS has become the safety net for all the really sick people, without the profits from the easy cases to help fund that,” he says.

“I’m not party political, but I think we probably do need a change of government,” he concludes. After the pandemic and months of industrial action, “the bottom line is that trust has broken down between this government and frontline staff.”

At the time of writing, it looks very much as if Hammond will be getting his wish on 5 July. What would he like the next government to prioritise in health and care? Above all, he replies, don’t throw everything up in the air again: “If anyone says they want a major structural reform of the NHS, they should be sent to Rwanda.” Elected leaders should be open about the system’s problems, he says, and focus on getting one big thing right—ideally social care. “People need to be honest and say: ‘Look, we’re in a bit of a mess. We can only fix certain things in one go, and this is the one we’re going to focus on first’,” he argues.

Hammond also wants to see a simplified system for regulating health providers, and—23 years after it reported—the implementation of the Bristol inquiry’s recommendations on clinical negligence. “When there’s a scandal, there’s still a tendency to burn the notes and bury the X-rays and protect your backside, because you know you’ll be hung out to dry in the courts,” he says, yet in most cases, problems occur because too few staff are rushing to deal with overwhelming demand within organisations long starved of capital investment. “If you don’t have the right staff on a plane, it’s not allowed to leave the runway—but the NHS has to take off with a load of demented patients, half a wing missing and a hole in the fuselage every day,” he says.

Ideally, Hammond would like to see mandatory safe staffing levels. Failing that, “improving the offer to staff is the most fundamental thing. We’ve got to make the NHS a decent place to work.” He also backs a Public Health Act, requiring an audit of all new government policies which would block those likely to foster ill health.

Labour’s focus on public health gives Hammond hope here—and he’s been impressed by shadow health secretary Wes Streeting. “He clearly understands what it’s like to be poor, to be gay, to recover from cancer,” he comments. Streeting has been “slightly pugnacious with doctors and unions and managers and middle-class lefties. People in opposition are necessarily a bit pugnacious,” he adds. “But I think he will learn that you have to collaborate to really achieve stuff.”

Hammond also admires Labour leader Keir Starmer for “making them electable” after the Corbyn era; meanwhile, the Tories’ “fag-end government that partied through the pandemic” looks ever more unelectable. Yet even if Starmer does pull off the first Labour general election win in 19 years, it will be a long road back to recovery for our health and care system.

“The economy is in a pretty dire state. Brexit and the pandemic have made us demonstrably poorer. A lot of really good European staff have left the NHS, and we can’t keep on stealing staff from poor countries that need them more than we do indefinitely. So they’ve got a handful of problems that aren’t quickly fixed,” says Hammond. “I think they genuinely will give a shit. But gosh, it’s going to be hard.” //

standing up to discrimination at work: we've got your back

If you're facing discrimination at work, MiP is there to support you with expert advice and representation. Jo Seery and Helen Carr explain how to build your case and get the best result for you and your colleagues.

Unfortunately, many of us experience discrimination at work. It can be shocking and feels very personal. Discrimination can undermine your sense of being valued in the organisation and make you question whether you want to stay in the job or have the energy to challenge it. Dealing with discrimination can be exhausting; it leaves you feeling isolated and can harm your mental health and wellbeing.

This is where your MiP rep, national officer or other members can give you valuable support. Whether you are dealing with inappropriate questions, jokes or assumptions, less favourable treatment than colleagues or policies or practices which put you at a particular disadvantage, MiP are here to support you.

Our casework and discussions with reps show that discrimination occurs in many forms across the healthcare sector. If it happens to you, we want to make sure we support you in the right way and you have the right information to work with us on your case.

All of us are covered by the Equality Act 2010, which sets out a number of 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The purpose of the act is to eliminate discrimination on any of these grounds and it covers both direct discrimination (being told your disability was why you didn't get the promotion, for example) and indirect discrimination (the job requires a qualification which is not related to the work), as well as harassment. Your employer cannot dismiss or downplay discriminatory behaviour by saying things like, "Oh, they didn't mean it". They need to own the issue and deal with it.

Meeting your rep

Your local MiP rep or national officer will be a reassuring presence throughout what will be a stressful process. Although it can take time to process what's happening, it's best to contact your rep as soon as possible; it will help you to feel less alone and you can talk through your concerns and get advice on the next steps. There are also very tight time limits if the case is not resolved internally and you need to pursue a legal claim.

Let's say, for example, that you have just come back from maternity leave and are getting constant comments about looking tired or not being up to speed with a new IT system. That will make you feel vulnerable and not valued—and it has the potential to escalate. That's the time to get in touch.

When meeting your rep, think about what would be a satisfactory outcome for you. Most members just want the discrimination to stop. Starting any process against your employer can feel daunting. The employer may deny there has been different treatment or try to justify the difference.

You can discuss with your MiP rep whether the issue can be resolved informally, by raising it with your manager, HR or directly with the individual. Your rep will help you gather the relevant evidence and guide you through the steps of your employer's internal process. Resolving the situation internally is often less stressful and can result in an individually-tailored solution which cannot be awarded by an employment tribunal, such as reasonable adjustments, promotion or a reallocation of duties.

We want to challenge all discriminatory behaviour, but legal thresholds for tribunals can be high. Focusing on the internal process first helps to get your voice heard, and your rep can use their negotiation and influencing skills to push for change across the organisation. If your issue affects other staff, it could become a trade union campaign and lead to improvements in policy,

Challenging discrimination: your step-by-step guide

Worried about how you're being treated at work?	Start collecting the evidence you need to build a case and write your timeline. Contact your MiP rep or talk to a trusted colleague.
Meeting with MiP rep	Agree an action plan: who is doing what and when? Agree when to meet again. Note any time limits for a potential legal claim.
Internal process	Make yourself familiar with your employer's policies and the strategy you have agreed with your rep. Discuss any potential grievance claim or initial legal advice.
If your case is unresolved	Review the outcome with your rep and make sure all policy and procedures were followed, including the appeal process.
Do you need legal advice?	Discuss your next steps with your rep, including legal advice on a potential claim.

processes, training and culture, as MiP national officer Jamie Briers found out with one recent case.

'Receiving an anonymous complaint about sexual harassment, led to the UNISON branch working with the chief people officer as well undertaking activity in the branch, including a survey and seminars," he explains. "Not only were there changes to confidence in reporting but the policy was reviewed, and the activity had a knock-on effect in raising other health and safety issues such as the menopause at work. Working with local reps with that local knowledge created long lasting change and a better workplace."

How to build your case

First, record each act which you feel was discriminatory:

- ❑ the date
- ❑ details of what happened
- ❑ details of any witness

Second, think about how the behaviour compares with how others are treated. Note:

- ❑ the name and position of each comparator
- ❑ what about their circumstances is the same
- ❑ what about their circumstances is different

Third, gather all the documentary evidence you can, such as:

- ❑ your record or diary of events
- ❑ your statement
- ❑ comparators
- ❑ employee policies relevant to you
- ❑ correspondence (letters, emails, texts etc.)
- ❑ notes of meetings & phone calls

Your rep will also collect evidence from previous cases. It's quite common for employers to fail to follow their own policies and processes, and evidence of a pattern of behaviour will support your case. Your rep may have evidence that a disproportionate number of black staff are being disciplined on capability grounds, for example, or that the employer regularly fails to implement reasonable adjustments for disabled staff.

Your rep can also use resources like the ACAS Ask and Respond questionnaire, or make subject access requests under the Data Protection Act 2018 or freedom of information requests under the FOI Act 2010. Your employer also has equality obligations under the Public Sector Equality Duty, so there are many tools to support you through the internal process.

Feeling the stress

Your MiP rep will understand the pressure and strain you are under. If you're feeling anxious, remember that you're both on the same side and the problem is with your employer. With your rep, you can talk through your issue and any wider context which is having an impact on you. If you are experiencing racism at work, for example, you may also be worried about your children's safety and their experience at school and on the streets.

Your rep will be clear about what MiP is able to do and can put this in writing. It's your case, but listen to your rep's advice: their knowledge and expertise is invaluable. They may ask you some probing questions, not because they don't believe you but because it's essential preparation for your employer's rebuttal.

Your health and wellbeing matters, so your rep will work with you to consider all the options. It's a common tactic by employers to introduce unacceptable delays into internal investigations. The impact on everyone involved is huge and can create lasting damage. MiP will do everything we can to make sure that investigations are timely and the process is clear.

It's on all of us to challenge poor behaviour at work and support our colleagues. At a recent meeting of MiP BME reps, we talked about the NHS code of conduct. Thinking and reflecting on how we want to show up for work and how we want to be treated is important for all of us, but when things go wrong MiP is here to help you. So don't hesitate to get in touch. **//**

Jo Seery is an employment law specialist at Thompsons, MiP's legal advisers. Helen Carr is head of operations at MiP.

Turning the mirror inwards: why inclusion starts with self

Reflecting on our own assumptions and behaviour is the first step towards inclusive leadership. By putting ourselves in other people's shoes and learning from conversations we can use the power we have to create more inclusive and productive workplaces, writes Ramima Khanam.

Just as plants need soil, water and sunlight, we human beings can only thrive if our behavioural needs are met. Over 65 years ago, the American psychologist William Schutz identified inclusion, control and affection as the three fundamental behavioural needs we all have, regardless of our position in society. The extent of each need varies but all three elements must be met for us to feel whole. Just like a plant, if our basic needs are not met, we'll start to wither away.

I'm going to focus on inclusion, as it's a cornerstone of organisational values and culture. Given that there's lots of information available about this relatively simple act of including people, why do so many of us find inclusion difficult to put into practice?

To answer this, I undertook a small-scale, action-based inquiry with a group of people representing a cross-section of English society. I called it 'Acts of Inclusion'. My experiential model involved noticing, reflecting and acting, where safe to do so, all the while recognising that failure is important for growth and and continuous learning. We used philosopher Donald A Schön's model of reflective practice, which emphasises reflection both during and after taking action (see mip.social/schon for a brief explanation). The strength of this study was that it humanised inclusion, something I found missing from a lot of the literature.

I've grouped my findings under six interconnected headings.

1. Inclusion is subjective

No matter how many policies or strategies are written, programmes developed or mandatory training sessions held, inclusion will always be subjective. We feel included or excluded. Inclusion doesn't happen just because the idea has been planted. It's a felt sense of belonging and individuality that is created by behaviours.

2. Inclusion depends on behaviours

Who and what we are exposed to—good or bad—nourishes our behavioural roots and becomes our mental model for responding in social environments. We seldom question this lived and imparted knowledge and consciously model other people's behaviours, especially those who we hold in high esteem.

Our motivations also drive our behaviours. When we're rewarded, through praise for example, we feel good and want to get that feeling again by repeating the same act. The reverse is also true. Our mental model is deeply ingrained and full of assumptions, which manifest themselves in how we interact

with others and the language we choose to use. This affects our ability to treat people inclusively.

3. Assumptions drive our behaviours

Assumptions are fact-less, habitual thoughts that we believe to be true based on past experiences. They inform every decision we make and drive our behaviours. This is because we use mental shortcuts called 'heuristics' to help us navigate our experiences. These shortcuts are prone to cognitive biases and affect how we think and interact with people. Assumptions and biases fuel judgements that can turn into harmful exclusionary behaviours such as stereotyping and discrimination.

We all have the seeds of assumption within us and they grow the more we tend to them. So it's important to challenge our own assumptions by consciously noticing them and how they affect our ability to see.

4. Seeing is selective

For many of us, seeing is an immediate sensory response to stimuli that trigger our brain. But research in perceptual psychology shows that our brain uses a filtering system to focus only on what it thinks is important based on our mental model.

This selectivity is further compounded by our wandering mind, with its uncontrollable and kaleidoscopic flows of thoughts and feelings. These are influenced by an invisible mental load we all carry but seldom share: maybe we didn't sleep well, have financial or family worries, or have just had an argument, for example.

All these factors affect how we show up in social environments, and our ability to truly see, and be engaged and inclusive—as well as our interpretation of what inclusivity means. Subconsciously, we relinquish many of our choices by not fully paying attention. It's easy to miss something you're not looking for, don't want to see or don't think is important.

By slowing down our brain and tuning into our internal and external world, using our senses and paying attention, our eyes can see what's really going on beneath the surface of our experiences and respond accordingly. But this requires power.

5. Power can be used to promote inclusion

Power resides everywhere. But while we sense it and feel its impact, other people around us are also experiencing the impact of the power we have.

Privilege is an embodied imbalance of power. We all have privilege to a greater or lesser extent. It's what gives some people an advantage over others and that advantage is acutely felt by people who are not in the dominant group. With privilege can come ignorance, but allyship is when someone uses their privilege to create inclusive experiences. Being truly inclusive means relinquishing some power in order to influence change through leadership.

6. Leadership is a catalyst for change

We tend to underestimate the impact of our behaviours on people. The way we lead is influenced by our lived experiences. Good leadership plays a significant role in creating an inclusive culture because it's a catalyst for change—allowing transformation to happen through transparent role-modelling, and by paying attention to the needs of others and responding in a inclusive way.

Good leaders treat everyone equally. They recognise that exclusive leadership stimulates resistance and damages people, while inclusive leadership gives people a greater sense of self. This requires self-awareness, integrity and humility, which creates psychological safety and trust. Paradoxically, these qualities give leaders more power through better staff engagement, productivity and retention.

Reflecting on our own practice

While inclusion is a multi-factorial, subjective phenomena, we can all make a conscious choice to be inclusive based on how we would like to be treated ourselves. We've all been in situations in our lives where we felt left out, not listened to or heard, and we can recall how it made us feel.

We can also think of times when we acted like this towards others—even unintentionally—and know it had an impact on them. Because time is limited, we can all become exclusionary in our practice. So we need to make time to consider the needs of the people around us.

The fact that you feel included, doesn't mean everyone does. We need to put ourselves in other people's shoes, because inclusion is fuelled by empathy—having common feeling with other people and wanting to connect with them. But first, we need to connect with our own sense of curiosity and the starting point is noticing: what is our reaction to this situation? What feelings do we experience? What questions does it raise for us?

To answer these questions, we need to do what the systems thinker Peter M Senge—who introduced the concept of 'the learning organisation'—describes as "turning the mirror inward" to reveal our mental model. As it's easier to spot assumptions in other people than in ourselves, this can sometimes be uncomfortable. But by reflecting on our actions and having "learningful conversations", we can open new perspectives and gain richer insights into ourselves and others. This will prompt growth and behavioural change, improving our ability to choose adaptive responses that create a more inclusive environment. This requires both power and leadership.

Practicing inclusion will make it a reflex action, helping you to cultivate and nurture a culture where everyone can thrive, and no one withers away.

After all, inclusions is a behavioural need for all of us, and by meeting it we are raising the standards for everyone. Inclusion simply requires the intention to do it.

Inclusion starts with self! //

Ramima Khanam is professional relationship programme manager for NHS England.

legal**eye** /Jo Seery

A brief guide to race discrimination law: direct discrimination

Jo Seery explains how the law deals with direct race discrimination in the workplace and the evidence you need to build a case.

The law distinguishes between two different types of race discrimination in the workplace: direct discrimination, covered by Section 13 of the Equality Act 2010, and indirect discrimination, provided for in Section 19 of the same act. Different legal tests apply depending on whether a worker claims direct or indirect discrimination. This article focuses on the law on direct discrimination. We will look at the law on indirect discrimination in a future issue.

What is direct discrimination?

If an employer treats a worker less favourably than someone else of a different race that is direct discrimination. To bring a successful claim, workers must prove two things at a employment tribunal:

- that they have been treated less favourably than another worker not of the same race; and
- that the reason for the difference in treatment is their race

Proving Less Favourable Treatment

Less favourable treatment means to be put at a disadvantage. For example, if an employer selects only black and minority ethnic workers in a redundancy situation that will amount to less favourable treatment. Similarly, in a promotion exercise, if the employer selects the white candidate rather than a black candidate, then the black candidate will be able to show that they have been put at a disadvantage.

Proving race is the reason

This is more difficult to prove than it may sound. Although a black worker might be able to show they have been treated less favourably than a white colleague, this is not enough for a claim of direct race discrimination to succeed. They must be able to show that the difference in treatment was because of their race.

To decide if race is the reason, a tribunal will compare how the black worker was treated with how a white worker was or would have been treated in similar circumstances. The fact that the employer did not intend to treat a worker less favourably is not relevant. Also, to prove discrimination the worker does not need to show that race was the sole or even the main reason for the treatment, only that race played a significant part in the reason for the treatment.

In the above examples, a tribunal would consider the circumstances of white workers who have not been selected for redundancy and, based on that comparative information, decide whether the reason the black workers were selected for redundancy was because of their race or for some other reason, such as the nature of their jobs.

In the promotion case, a tribunal would take into account the white candidates' qualifications, skills, experience and performance at an interview. If the two candidates are similar in all other respects but the black candidate is more qualified, the tribunal is likely to draw the inference that there could be race discrimination. This does not necessarily mean that they will find that race discrimination actually took place.

This is because the tribunal will ask the employer to provide a non-discriminatory reason for why they selected the white candidate. If the employer is not able to provide such a reason, a claim for race discrimination is likely to succeed.

Evidence to show that race is the reason for less favourable treatment will depend on the particular facts of the case (see some examples above). The mere fact that the employer has behaved unreasonably does not necessarily mean that a tribunal will find that the treatment was discriminatory. If you believe you have been discriminated against, your MiP rep or national officer can advise you on what evidence you need and help you to build your case. //

Jo Seery is a senior employment rights solicitor at Thompsons Solicitors, MiP's legal advisers. For more information visit: thompsonstradeunion.law.

Legal Eye does not offer legal advice on individual cases. Members needing personal advice should contact MiP by emailing MemberAdvice@miphealth.org.uk.

Evidence of race discrimination

Examples of evidence that may show that race is a reason for less favourable treatment.

Stereotypical views	For example, comments that a black woman is aggressive
Irrational treatment	No explanation given for a low score in an appraisal
Trends in employment	Statistics showing fewer black workers are promoted or in senior positions
Failing to follow policies & procedures	Not following good equality practice. Refer to examples in the Equality and Human Rights Commission's employment code (mip.social/ehrc-code)
Employers evidence is not credible	Other people in a similar situation have not been treated in the same or a similar way

How to restart your career after redundancy

Being made redundant or looking for work in later life can be an unsettling experience. Lucy Standing, co-founder of Brave Starts, offers her tips on how to explore your options and boost your chances of finding the job you want.

1. Understand it's not you: recruitment is broken

In a recent poll of Brave Starts members, 87% agreed "recruitment is broken". It isn't unusual to hear nothing back or get 'ghosted' when applying for jobs. Some jobs boards and agencies are better than others, particularly for people in midlife: Try Working Wise (workingwise.co.uk), Jobs Redefined (jobs-redefined.co), Career Returners (careerreturners.com) and CJ Talent (cjtalent.com). You can read why we recommend these sites on the Brave Starts website (mip.social/job-boards). Another site full of useful resources is Careers Can Change (careerscanchange.co.uk).

2. Take back control

When you're nervous, it's not uncommon to fire off hundreds of applications. Fewer than 10% of our members find work this way. It quickly erodes your confidence because it focuses time and energy on things you can't control (how many other people apply, who screens your CV, the state of the market and so on). Instead, focus on things within your control, such as reaching out to old networks, talking to people doing jobs that interest you and going to industry-focused events.

3. See your age as an asset

You've lived and learned a lot. As we get older we become more resilient. Our values move from being self enhancing (what can I get?) to self transcending (what can I give?). And with age comes crystallised intelligence: our understanding of what people need and how to treat them, and our skills in handling a crisis get better. You should be proud of your age, and being open about it will help you to stand out.

4. Target your job search

Many NHS managers looking for work will be aged over 45—the very demographic that OECD research shows employers are least likely to hire! (see mip.social/mid-career.) The jobs market is ageist. So try to identify organisations that are targeting older recruits (visit mip.social/age-friendly for help). Don't rely solely on job boards: according to the CIPD, 47% of organisations advertise jobs on their website while only 23% use jobs boards. And find out the age of the person recruiting, if you can. Someone over 45 is 38% more likely to interview you than someone younger.

5. Two heads are better than one

And four or five are even better! You can't introspect yourself into a job. Peer-to-peer learning is far more effective: this is a process of talking, sharing, meeting others, asking questions and experiencing. Try to build a cohort of people in a similar situation and meet every few weeks to share progress, motivate and support each other.

6. Be realistic

Don't follow your 'passion' or try to find a job you 'love'. This feeling is the reward of time and effort. If you stand under the finish line of a marathon without running the race, do you feel a sense of achievement? No! Love and passion are realistic goals in 12 to 18 months, but this bar is too high for the job search phase. Research shows the main drivers of satisfaction at work are learning, flexibility, autonomy and working with people you like. Look for a job that meets those criteria instead.

7. Look to learn new things

There are four fundamental human drivers: acquiring, defending, bonding and learning. As the first three tend to get met with age, the drive to learn becomes relatively more important: we get bored; we want to learn as well as share and give back what we know.

8. Look for flexibility

As we get older, we often acquire more commitments outside work and need to spend more time on physical activity to stay healthy. Many organisations have more appetite to support flexible working than is described in job descriptions and recruitment literature. Often established working patterns have simply not been questioned, so just ask!

9. Look for autonomy

As an experienced manager, you'll want a reasonable degree of autonomy. Asking about how much decision making responsibility you'll have or how you'd be expected to solve a problem will give you insight into how micromanaged (or not) you'll be.

10. Look for colleagues you'll like

You can't know this before you apply, but if you get to interviews you can ask to meet the team. Reviews on Glassdoor (glassdoor.co.uk) will also give you some idea of the culture and how an employer treats their staff. **//**

Lucy Standing is a chartered psychologist and co-founder of Brave Starts, a non-profit organisation which every year supports hundreds of people aged over 45 to explore their next steps in the world of work. Visit bravestarts.com to find out more.

meetyour**reps**:**Jenny Owen**

You see people at their most vulnerable —it's a privilege when they trust you

Jenny Owen, nurse, MiP health and safety rep and a manager in NHS England's North West region, talks to *Craig Ryan* about championing the underdog and why she still needs a "clinical fix".

"When you look at my career, it's all about sex, drugs and rock 'n' roll, isn't it?" observes Jenny Owen. She laughs, but her point is a serious one. What ties together her 30-year nursing career in sexual health, substance abuse and mental health is "championing the underdog", she says.

"As a nurse, it was a struggle advocating for patients with substance misuse and HIV," she explains. "Just getting basic things like incontinence pads was difficult. There's a lot of stigma attached to HIV, drugs and mental health problems, and they're often interlinked."

Mental health nursing can be tough, she says. "You're seeing people at their most vulnerable. If you're having a psychotic episode, suffering from anxiety or depression, or feeling suicidal, reaching out and trusting somebody can be really scary. But also as a nurse it's a privilege when people do that."

After working in the psychological day unit at Fazakerley Hospital (now Aintree University Hospital) and in substance abuse services for Mersey Care, she moved into commissioning with Halton council, where she led the development of the Young People's Plan for substance abuse.

"At that time there was a lot of money around—not like now," she recalls. "Being able to look at high risk groups and set up new services meant we could make a real difference to the community." When she later joined the local Primary Care Trust (PCT), she went "on the bank", working shifts as a sexual health nurse alongside her day job commissioning cancer and end-of-life services.

"That was completely conscious," she explains. "I think most nurses working as managers will say they need that clinical fix, where they still feel like a nurse. It's about being hands on, saying in touch with patients." Even today, she still works nursing shifts for a local urology clinic, alongside her job with NHS England as planned care and cancer manager for the North West region.

That job involves working with trusts on planning elective recovery, validating patient pathways, data quality and monitoring performance information. She also supports three 'Cancer Alliances'—provider collaboratives working across systems to plan cancer care.

Jenny says she became an MiP rep because she "was looking for opportunities to use the nursing and managerial skills which were missing in my current role". She took part in the MiP's reps training course—five 90-minute sessions—followed by three days of health and safety training with reps from other unions.

"They were a good bunch and we got on really well. The training really was interesting and relevant, as NHS England was going through organisational change and had issues with estates, flexible working and disabled colleagues needing personal evacuation plans," she says.

Jenny now sits on NHS England's health and safety committee alongside representatives from management and other unions. "It's a collective opportunity to make things better for staff," she explains. "We look at some of the risks and challenge the organisation about the training and level of support staff get," she says. She also supported MiP members affected by the recent organisational change programme at NHS England and its new hybrid working policy, which requires most staff to work in the office at least 40% of the time. Feedback from members showed that "having a safe space to talk to reps about their options, rather than just formal representation, was valued", Jenny says.

I asked Jenny if she had any qualms about 'going over to the dark side', as management is still seen in some quarters. "I saw it as an opportunity," she replies firmly. "I make it very clear that I'm still a nurse. I'm still registered and I'm still practicing. It's important to be recognised for that qualification and to use that experience and knowledge as a manager."

She thinks back to when, working for the PCT, she led the setting up of a sexual assault referral centre, working with Cheshire police, local councils and charities. "I developed the spec, I developed the model, I developed the performance matrix, the memorandum of agreement," she says. "I put it all in place and I couldn't have done that without my background in sexual health and nursing. We need people who have that crossover between clinical experience and management." **//**

If you're interested in becoming an MiP rep, contact MiP's organiser, Katia Widlak: k.widlak@miphealth.org.uk.

Our pledge to you

STANDING UP FOR YOU

Thompsons Solicitors has been standing up for the injured and mistreated since Harry Thompson founded the firm in 1921. We have fought for millions of people, won countless landmark cases and secured key legal reforms.

We have more experience of winning personal injury and employment claims than any other firm – and we use that experience solely for the injured and mistreated.

Thompsons pledge that we will:

- work solely for the injured or mistreated
- refuse to represent insurance companies and employers
- invest our specialist expertise in each and every case
- fight for the maximum compensation in the shortest possible time.

The Spirit of Brotherhood by Bernard Meadows

www.thompsons.law.co.uk 0800 0 224 224 *Standing up for you*

Managers are vital to the NHS, but does anybody actually know why?

At MiP we're launching a campaign to change perceptions by showing how managers, right at the heart of the NHS team, are ideally placed to make it work and to ***make it work better***.

Inspirational stories about real people

We're doing this by launching a documentary style campaign based on interviewing inspirational managers and publishing their stories backed up with key statistics and evidence from independent research.

Recognition and support for the work managers do

Because managers do a great job in challenging circumstances they need recognition and support from their colleagues, politicians, the media and from the public.

Get involved today by scanning the QR code

Nominate an inspirational colleague, a manager or even yourself to be featured in the campaign. It's happening throughout the UK on social media and in the press.

Help us make change happen!

Jon Restell
Chief Executive, MiP

MANAGING our NHS