

Efficiency savings

When management is hard to manage.

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On the cover of a recent issue of the *BMJ* there was an illustration comparing the appointment to top NHS trusts of a crop of new Chief Executives from abroad with football team managers. No doubt there will be an increasing market for high-flying CEOs in the future and, although they may not command the salaries of the Premier League bosses, some will still be taking home half a million before tax. That's four times more than most consultants and ten times more than many of the hospital staff.

It's an extremely difficult job, of course, and trusts will want to attract the best. Ask this new breed of managers, as they did in the *BMJ* piece, for their solutions to NHS woes and for their reactions to the NHS compared with their previous home patch, and they noted poor IT, too much bureaucracy, and the need for more efficiency. Yes, efficiency savings – isn't that what recent Ministers of Health think will fund the transformation of the NHS? 'Doing things better', which also means doing things more cheaply, is classical management consulting speak. See also: engineer the process, cut out waste, get the troops motivated. Easy.

I was in turn angry, sad, depressed and proud as I watched the recent BBC series *Hospital* on a Sunday evening. If you didn't get a chance to watch it, you can still do so on YouTube. It is set in St Mary's Paddington and the four episodes gave an honest view of managing the bed problems of a major acute hospital. The patients were savvy, delightful

and, well, patient. They had to be, for the hospital was constantly full-to-bursting. The knock-on effect, of course, was that there were no beds for planned and semi-emergency surgery. The bed manager was trying so hard that she was exhausted. And then our surgeon colleagues were experiencing what we have all had to do, but in spades. Find a patient to discharge, wait for an ITU bed, juggle the existing lists. Sit around and wait. Get frustrated or angry. Age quickly and look knackered. And, crucially, go back and on behalf of a broken system and explain to the patient and their relatives why there is another delay. The surgeons were honourable, dignified, and still committed. What a terrible waste and what a way to misuse your star performers.

Because there seems no easy solution; it is all accepted as 'just the way it is'. Perhaps we need to train our future surgeons for this real world of delays and frustration. It makes a mockery of the efficiency savings and productivity mantra of our CEOs.

In this edition, we have a look at the other reasons for disquiet, from declining applications to specialist training, to surviving the Intercollegiate exam and the problems for the 'second victim'. This is why our hard-working colleagues need us to speak up for them constantly. Otherwise no one will seek a surgical career and the brightest and the best will want to be a manager of care rather than that most difficult task of all – delivering care to the highest possible standard.

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