Witness Name: Professor Judith Anne Smith
Statement No.: 3
Exhibits: [XXXX]
Dated: 13/02/2025

**THIRLWALL INQUIRY**

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**WITNESS STATEMENT OF [XXXX]**

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I, Professor Judith Anne Smith, will say as follows: -

1. I provide here additional information as requested by the Chair of the Inquiry during my evidence session on 9 January 2025 [1]. This addresses two questions confirmed for me by the Inquiry Solicitor in a letter dated 20 January 2025:

    - In your witness statement which states that 4% of the workforce in the NHS are managers, and a high percentage of those are also clinicians, which you call "hybrid" managers. You agreed to provide the Chair with further information as to whether the percentage of those that are clinically qualified are in addition to, or form part of, the 4% figure.

    - You gave evidence to suggest that managers with clinical duties spend their "own time" doing their management duties. We would be grateful if you could provide the Inquiry with further information on the experience of clinical managers.

2. **Size and composition of the NHS management workforce**. Data about the size and composition of the NHS management workforce are notoriously difficult to locate and confirm [2]. This is due to the following reasons:

    - There is no agreed definition of an NHS manager within national workforce data collection. For example, it is not clear whether the term refers to a person who spends 100% of their time on management and leadership activities or includes those with a part-time management role. In similar vein, it is unclear whether it refers to all those with some line management or similar component to their role, such as catering supervisors, head porters, ward sisters/managers, or only those considered to be in more senior and 'pure' management roles. Furthermore, there is no agreed definition of what tasks or functions comprise management work.

- There are two different data sets from which estimates of the numbers of NHS managers are usually made. First, data held by NHS England drawn from electronic staff records; and second, the database held and regularly updated by Binley's, a long-standing provider of business intelligence about the NHS workforce, now hosted by HSJ Market Intelligence (Wilmington) [3].

- In NHS England workforce data sets, the NHS manager is neither defined nor recognised as a specific occupation, hence inferences have to be made about which staff to include in any analysis of the management workforce. The NHS England database also includes junior administration and line management roles, and those managers working in central infrastructure such as NHS England, the Care Quality Commission and other arm's length bodies and regulators.

- The Binley's database has a more precise definition of 'manager' and lists over 100 discrete management roles. This database is updated twice a year by collecting data about management roles directly from all NHS trusts (but not NHS England and arm's length bodies).

3. **The NHS management community as reported in the Binley's database**. In 2022, Binley's recorded approximately 30,000 managers in the NHS, representing 2% of the overall NHS workforce in England [2].

4. This figure of 2% of the overall NHS workforce includes many of those people who are both in primarily management roles and clinically qualified. For example, the data relating to medically qualified managers include job functions such as Chief Executives, Chairs, Non-executive Directors, Medical Directors, various support roles (e.g. Clinical Governance Leads), Clinical Directors and service or departmental level Clinical Leads (over 3000 in the NHS). The Binley's database similarly includes many roles that relate to managers who have a nursing/midwifery or allied health professional (e.g. physiotherapy, dietetics, occupational therapy) qualification.

5. Analysis by Professor Ian Kirkpatrick of the University of York and his team estimates that 15% of managers within the Binley's database are medically qualified [4] (Kirkpatrick et al, 2021). Research undertaken by the Health Foundation [5] suggests that another

15% of this population have a nursing or allied health professional qualification. This supports the assertion that I made in my statement of evidence to the Inquiry [1, paragraph 17] that approximately one third of NHS managers have a clinical background. It is not possible to work out from the Binley's database if these clinically qualified managers are working full-time in management roles or continue to spend some proportion of their time in clinical work. It is however assumed (from my experience of working with the NHS management community and reading of the available academic literature) that many of these clinically qualified managers will also be working as clinicians, for example those who are Clinical Directors, Clinical Leads, Nurse Managers, and Clinical Governance Leads.

6. **The NHS management community as reported in NHS England workforce data**. In September 2024, there were 1.52 million people working in the NHS hospital and community services in England (representing 1.36 million full-time equivalents), as set out in NHS England data [6] and analysed for this statement by Dr William Palmer of the Nuffield Trust. Around half of these (804,794; 52.8%) are professionally qualified clinical staff which includes all doctors, qualified nurses and health visitors, midwives, qualified scientific, therapeutic and technical staff and qualified ambulance staff in hospital and community services.

7. Doctors account for around one in ten (156,368; 10.3%) of the NHS hospital and community workforce [6]. There is limited information in NHS England workforce data on the number of these in management roles such as clinical or medical directors. However, there is some administrative data, albeit which needs to be treated with a degree of caution, on the remaining non-medical roles (1.21 million full-time equivalents). In September 2024, approximately 74,000 (or 6.14%) full-time equivalent staff (excluding doctors) were recorded as being in some form of management role. It should be noted that this is a broader (and less specific) categorisation than that used by the Binley's database and includes very junior supervisory roles (i.e. all people with some form of line management responsibility).

8. Just over half (39,891; 54%) of this NHS workforce (excluding doctors) with job levels indicating they are in managerial roles are recorded as being from non-clinical staff groups with the remainder (34,065; 46%) recorded as being professionally qualified clinical staff. The majority of managers in this latter group of clinical staff, appear to be nurses (around 22,700) who account for nearly a third (30.7%) of all recorded full-time equivalent staff manager roles – this again is analysis by Dr William Palmer of the

Nuffield Trust of NHS England workforce data [6]. This is unsurprising given that nursing is by some margin the largest professional staff group in the NHS.

9. Based on analysis undertaken by Dr William Palmer in 2025, the proportion of non-clinical staff in manager roles in the NHS in England has remained broadly consistent over the last decade. However, the proportion of professionally qualified clinical staff (excluding doctors) in manager roles has increased (from 4.3% in September 2014 to 5.9%).

10. **General observations about the size and composition of the NHS management community**. The proportion of NHS staff in management roles lies between 2% and 5.9% depending on the data set used but is considered by management scholars and analysts working in health services research to be much closer to the 2% figure, assuming that people in primarily management or leadership roles at middle or senior levels are of particular interest.

11. The Health Foundation has recently funded a major two-year study to quantify much more precisely the NHS management workforce, describe its roles and activities, and assess the extent to which the available management capacity is sufficient for current and future service needs [7]. This work has been commissioned from the University of York and is being led by Professor Ian Kirkpatrick.

12. As noted in my statement to the Inquiry of 7 June 2024 [1], the proportion of managers in the NHS in England is low in comparison with the proportion of managers in the wider UK economy, which is estimated to be 10%. Analysis by economists at the Health Foundation suggests that NHS administration costs (including managers) are lower than those of comparable European health systems. For example, the EU14 average was 3% of total health care expenditure allocated to administration in 2020, compared with 1.9% for the NHS [8].

13. **The consistently under-managed nature of the NHS and associated risks**. Analysis by the Health Foundation and the University of York, prepared as a submission to Lord Darzi's review of the NHS [9] highlighted the under-managed nature of the NHS and noted that the overall proportion of managers overall has hardly changed since 2009/10 and has not kept pace with the growth of the clinical workforce (see Appendix one). In acute trusts, the proportion of medical managers also appears to have fallen from 19.21% in 2007 to 16.52% in 2018 (a 16.83% decrease). The Health Foundation and

University of York submission to the Darzi Review is attached at Appendix 1, as it contains helpful detail about the management numbers and capacity in the NHS in England.

14. The under-managed nature of the NHS has also been noted by the Institute for Government [10]. In this 2024 report, Hoddinott and Davies confirmed the central themes from analysis of NHS management by York University, the Health Foundation and Nuffield Trust as follows:

    *'Effective management is vital if the NHS hopes to make the most of its expensive and extensive workforce. Despite that, the number of managers per NHS worker has fallen since 2010. In March 2024, 2.96% of the NHS workforce were managers, down from 3.75% in September 2009 – a decline of more than a fifth (21.0%). By comparison, across the entire UK economy, approximately 11% of staff work in management roles, although a good proportion of management work in hospitals is (and should be) carried out by doctors and nurses. Management spending is also lower versus other countries.'*

15. There are risks to this under-managed nature of the NHS, in particular the factors associated with uncompassionate leadership [11] explored in my 7 June 2024 statement and in my oral evidence to the Inquiry on 9 January 2025, will be more likely to emerge. These include stress and burnout; making mistakes when time and attention are spread too thinly; passing stress to those managed by these stretched leaders; and the risks of dehumanisation of patients and disengagement of managers and staff [11].

16. **The experience of clinical managers in the NHS**. As noted in my statement of 7 June 2024, a distinctive feature of healthcare management and leadership is that many managers, at all levels of the organisation, are clinically qualified, often combining their leadership role with clinical work.

17. One of the most extensive studies of middle managers in the NHS, which included research into the role and experience of what he termed 'hybrid' managers (those who were clinically qualified as well holding their management role) was undertaken by Professor David Buchanan, funded by the National Institute for Health Research (NIHR) and published in 2013 [12]. This research

with 1205 middle managers in the NHS (a mix of hybrid and 'pure play' managers) highlighted the fact that most hybrid managers had little or no management training, held part-time management roles, and were sometimes concerned about being referred to as 'managers' given the often disparaging treatment of NHS managers by government ministers and the media, preferring to be known as 'leaders' in these hybrid roles.

18. The Buchanan et al study concluded that middle managers (both hybrid and 'pure play') were highly motivated and deeply committed to the NHS and its services but faced increasing pressures as expectations of them to improve quality and safety of patient care rose, in the context of ongoing cuts to resources. These researchers termed these middle management roles as 'extreme jobs' noting:

    *'A variation on the 'extreme jobs' phenomenon, first met in highly paid international professional roles in finance and management consulting, now applies to many middle management roles in health care, with long hours, fast pace, constant demands and high intensity of work. Exciting for some, extreme jobs can lead to fatigue, burnout and mistakes.'*

19. Buchanan et al also noted the following in respect of what was required for middle managers to feel that they were working in an enabling environment:

    *'The attributes of an enabling environment for middle management contributions are common sense: good communications, timely information, streamlined governance, autonomy to innovate and take risks, information sharing not constrained by 'silo working', interprofessional respect, supportive support services, teamwork, adequate resources. These characteristics may indeed make sense but they do not appear to be common.'*

20. In my statement of 7 June 2024 [1], at paragraph 18 I drew on the work of Professor Huw Davies and Dr Alison Powell who studied the nature and experience of doctors in management roles (Clinical Director and Medical Director) in acute NHS trusts in 2002 [13] and 2016 [14]. Their analysis of the role of Clinical Directors in the NHS is I think instructive of the wider challenges faced by individuals in hybrid management roles:

*The study suggests overall that significant disaffection and frustration persist among doctors who hold clinical director posts. Some feel they have heavy responsibilities, but limited capability to actually influence anything. There are initiatives in some hospitals to make the role of clinical director a better-defined one with clear objectives and training and support, but these seem not to be widespread.'*

21. Davies and Powell's analysis included an examination of how doctors felt about being in a management role, noting that:

    *'Many doctors still saw medical management as a temporary option, from which the individual then returned to the clinical 'fold', rather than seeing it as a proper career choice with appropriate rewards. Several medical manager interviewees referred to general managers during the interview as 'the professional managers' […] It may suggest, for example, that medical managers are seen as retaining their primary medical identity rather than adopting a professional managerial one.'*

22. A study of clinical managers undertaken by Bresnen et al in 2019 [15] echoed the analysis of Davies and Powell about the competing identities that clinically qualified managers typically experience, and which likely makes their roles more stressful to perform as they work in two different 'worlds', professional cultures and with sometimes competing priorities that can impact on their wellbeing:

    *'for managers in hybrid roles, whose remit requires a more continuous effort to combine managerial and other professional interests, the tension is more permanent […]. It requires constant and intense identity work, and many may struggle to reconcile competing demands, both in their everyday conduct and in pursuing a coherent sense of self.'*

23. These researchers also pointed out that the extent to which the role of being a hybrid manager might be experienced as difficult and contradictory will depend on how far they originally aspired to and sought a management role, or 'fell' into it in a more accidental manner and hence may feel more agnostic about having such a role [15]. They argue that nurse managers are typically more likely to

have aspired to be in a management role as part of a natural career progression, whilst doctors are more likely to be 'reluctant' or 'incidental' managers.

24. Analysis by the Health Foundation in 2024 [16] highlighted the value and benefits of having clinically qualified health professionals involved in NHS management and leadership, noting the lack of training that is usually available to individuals moving into such roles, something also noted by the Messenger Review [17]. The Health Foundation also pointed to the fact that for many doctors, a management role will entail undertaking extra work without compensation:

    *'Many clinicians still choose to avoid management roles, seeing them as an additional burden that will eat into their spare time, and for which they will receive little support, credit or remuneration.'*

25. A national study funded by NIHR of medical leadership led by Prof Helen Dickinson [18] similarly revealed that such roles often entail more time than is available or remunerated:

    *'Across all sites there was a strong sense that medical leadership roles are challenging and tend to take a good deal of time to do well. Many of those in these roles suggested that it is difficult to be precise about how much commitment these roles take in practice as it is not easy to separate this out from other responsibilities, because many management and leadership activities take place "in the margins" of the job.'*

26. Kirkpatrick and colleagues [4] reported in 2021 on research drawing on multiple large-scale data sets that showed that a greater degree of medical involvement in NHS leadership and management is associated with improved organisational performance. They suggest that further research will be needed to understand in more depth the precise nature and impact of hybrid management and leadership roles in the NHS, and to draw comparisons with the health systems of other countries, many of which typically have higher proportions of clinically qualified managers and leaders that the NHS.

## 27. Conclusions

To answer the questions set for this supplementary statement of evidence in paragraph 1 above:

- Yes, the proportion of the NHS workforce designated as managers (whether 4% as in my 7 June 2024 statement or more likely from recent analysis by Kirkpatrick et al to be between 2 and 3%) does include those who are clinically qualified or 'hybrid'.

- Further examination of the experience of clinically qualified NHS managers suggests that their roles often entail significant tensions as they work in and across two 'worlds' of clinical practice and management and leadership. There is some evidence from research that this can entail them feeling pressured in terms of the work to be done, a conflict in respect of their dual identities as clinician and manager, and a struggle to undertake management work in the time that is available or funded. This recourse by clinically qualified managers to 'donated labour' reflects the under-managed nature of the NHS and the resulting pressures on individual managers (sometimes leading to uncompassionate care) whether clinically qualified or not.

## Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Personal Data

**Signed**: ________________ ______________

**Dated**: ______13 February 2025__________________________

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