

Dear

## **Is more regulation, management and inspection always better?**

### **What hope for 2019?**

*Large mouthfuls often choke*

– Italian proverb

The NHS now has many choking spasms ... not just from its enormous workload, but also – rather more – from its serial, cumulative and then inassimilable reforms. Remarkably, each is vaunted as a clever step to ‘transformation’.

Transformation to what? How confident are you that this coming New Year will bring reforms that will bring improvements in the care we provide, or the working conditions to do so? And if you are pessimistic, why is this?

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It is worth considering here our distinction between cleverness and wisdom. For in recent years we have seen just how unwise our waves of ‘clever’ transformations and reforms have been. Few experienced practitioners or observers disagree with this.

This gathered unwisdom is now seriously unravelling our NHS and importantly – more widely – our kindred Welfare services: education, social care, rehabilitation and housing.

What are these cumulative unwisdoms? Well, planners, managers, economists, and the responsible politicians, have increasingly turned to speciously 'clever' strategies: in particular, adopting models based on commercial manufacturing and distribution industries' to chivvy and shape our healthcare.

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This largely mistaken cleverness has, in the last two decades, been coordinated and accelerated particularly by a new genre of IT-mediated Welfare governance: we can call this *REMIC* (remote management, inspection and compliance).

REMIC systems have a 'mother ship' of centralised computerisation, so all activities are necessarily informed and fuelled by generic data, templates, codes, statistics ... and then, of course, the need for workforce 'compliance' – in thought and deed – to make the system work. The advantages of such systems, evident to those in the managing cadres, are several: clarity, precision, accessibility, speed, impartiality, 'objectivity' and standardisation ... All good, surely?

Not so. But why?

Because in this process of mass-management crucial human aspects of healthcare activity and community are clearly getting damaged or lost. As REMIC management operates more and more like an air-traffic control-tower so our healthcare employees are losing their work's human heart, identification, connection and sense: and so it is that we are losing these people faster than we can replace them.

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So our 'transformational' reforms have, in fact, increasingly yielded us an unsustainably alienated, sick and demoralised healthcare community.

How and why is this happening? If you are interested in these seminal questions I offer the attached long letter from this departing year, 2018. It is to a senior, thoughtful, officer of the Care Quality Commission, and so both samples and explores our increasing difficulties both with and within REMIC.

It may provide some answers or, at least, more interesting questions that may redirect how we are in 2019.

Happy New Year? Easier said than done...

David Zigmond

**Attachment**

*How may disciplining authorities best be dialogic?  
Should governance have limits in Welfare?*

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**From the office of Dr David Zigmond**