

Worry when the priority for the NHS is balancing the bo...

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This [statement was issued by Sir Amyas Morse](#), head of the National Audit Office, yesterday:

Running a deficit seems to be becoming normal practice for acute trusts. There is a risk that poor financial performance is seen as the least worst option compared with poor healthcare provision. The Department, NHS England, Monitor and the NHS TDA must take a rounded view of how to improve trusts' finances. The government's commitment to give the NHS more funding, with almost half of this coming upfront, could be a significant step towards financial sustainability, if this funding can be devoted to improving the financial position of trusts rather than dealing with new costs. Continued demand for healthcare services means that the pressure on acute trusts will not go away. Until there is a clear pathway for trusts to get back to financial stability, we cannot be confident that value for money will be achieved.

I would add, before commenting, that Sir Amyas Morse was previously a senior partner at PWC.

Maybe that is what informs his view. I cannot, of course, be sure, but what is offered here is quite extraordinary. First there is surprise that:

Running a deficit seems to be becoming normal practice for acute trusts.

Of course it is! Why on earth would an NHS trust want to underspend the money it has been given? When its job is to provide health services why would it decide not to do that? These are not private sector activities run for gain. They are public sector services run to meet need. In that case of course deficits are what they should expect. That Sir Amyas does not comprehend that leads to doubt as to his fitness for the task given to him.

So does this lead to similar questioning:

The government's commitment to give the NHS more funding, with almost half of this coming upfront, could be a significant step towards financial sustainability, if this

funding can be devoted to improving the financial position of trusts rather than dealing with new costs.

Or, to put it another way, balancing the books comes before meeting health care need.

Now, I admit, the last two sentences might suggest some comprehension of the conflicting aims within the NHS, but only some at best. As the report also notes:

Despite recent efforts to work together, interventions from the Department and its arm's-length bodies risk creating perceived or actual competing priorities for trusts. One area where advice to trusts could have created actual or perceived conflicts is on safe staffing. The Department's interventions to reduce trusts' spending on agency nursing staff, for example, came at a time when acute trusts needed to recruit more nurses to meet safe staffing guidelines, and when the vacancy rate for permanent nursing staff was high.

It's right to point out that the NHS's senior management are confused. But it seems to me that Sir Amyas may be no less confused as to priorities: it would seem he values financial stability more than healthcare, as well a former PWC partner might. But for the country as a whole that is the wrong priority and when those tasked with key roles within its management do not understand that we need to worry about three things.

The first is the future of public services.

The second is who we can stop such inappropriate appointments.

The third is how we might restore a proper civil service, which was once the backbone of much that worked well in our society.