

GGI's reaction to the NHS leadership review

By Darren Grayson, GGI partner and executive director



At the weekend, the [government announced](#) its intention to conduct what it called the 'most far-reaching review of health and social care leadership in 40 years'.

The review, to be led by the retired vice chief of the defence staff General Sir Gordon Messenger, will deliver its findings in early 2022. It will encompass clinical leadership as well as general management.

There are three main aims:

1. Establishing how to 'rapidly foster and replicate the best examples of leadership' in health and social care, and determining how they might be used to 'reduce regional disparities in efficiency and health outcomes'.
2. Deciding how best to develop the necessary 'leadership skills across both health and social care' by reviewing how leaders are trained and developed.
3. Working out how to 'bring in fresh ideas and talented leadership' to the sector, 'to ensure every pound is spent well.'

The announcement said: "The review comes as the government invests a record £36 billion to put health and social care on a sustainable financial footing and deliver the biggest catch-up programme in NHS history. Any recommendations made as the review progresses will be considered carefully and could be rapidly implemented to make every penny of taxpayer's money count."

The first thing to say is that the review is nothing new. Reviews of NHS leadership come around every few years, the last being the [Rose Review of 2015](#). But of course that makes it no less significant a prospect for NHS leaders.

This seems an opportune moment to make a few general points that we hope Sir Gordon takes into account.

The first is that NHS leadership is about both complex systems and institutions, not exclusively one or the other. It is always changing and adapting to the demands of politicians, who tend to be around for much less time than NHS leaders and so more focused on the short term and the electoral cycle.

NHS leadership isn't just about board members, it's about leadership at all levels, informal and formal. It has many of the complexities and challenges of leadership in other sectors, with the added complication of intense public and political scrutiny. In short, perhaps uniquely everyone cares about the NHS and everyone has an opinion on what should be its priorities and how it should be run.

Perhaps partly because of this scrutiny, regulation of the NHS has tended to create risk-averse behaviours where too often courageous actions to address underlying issues of safety and sustainability are discouraged because there is little or no appetite for some of the consequences of widescale change. The behaviour and approach of some regulators is considered by many leaders to hamper rather than support drives for improvement.

It is GGI's pleasure and privilege to work with outstanding leaders across the public sector and especially in the NHS. There is no doubt that improvements are always possible and it is important to learn from the best. It's also true that occasionally some leaders do themselves and the reputation of NHS leadership no favours and there are definitely some past and present who would be well advised to spend less time on Twitter. However, we would urge against oversimplification and making the assumption that parachuting in accomplished people from other sectors is the answer – it has been tried before and wasn't often successful.

Whatever Sir Gordon's undoubted virtues, the institution he was part of is certainly flawed. [As this blogger attests](#), the armed forces have plenty of their own leadership issues, not least an over-reliance on tradition and significant administrative inefficiency.

Rather than attempting to impose solutions from other sectors, we hope the review focuses on the principles and practice of good governance, which enables leaders to deliver better for patients and taxpayers. GGI uses as its benchmark the King IV report on corporate governance, which frames good governance as the exercise of ethical and effective leadership by the governing body towards the achievement of four governance outcomes:

- Ethical culture
- Good performance
- Effective control
- Legitimacy

Sir Gordon could do worse than adopt these

outcomes as his criteria for success in NHS leadership.

I'd like to close by echoing the sentiment expressed by Dr Toby Garrood, a consultant rheumatologist from Reigate, in a letter to The Times today. Dr Garrood wrote that the review should not be taken as an excuse to 'disparage NHS management', adding that clinicians rely on the expertise of operational colleagues to optimise capacity and efficiency, manage flows of patients and ensure that clinicians can spend as much time as possible seeing patients.

He concluded: "In my experience managers often go into the NHS as an alternative to far more lucrative careers elsewhere, and are every bit as committed to patient care as clinicians are. This review ought to ensure that they do not feel any less valued than they deserve."

We would hope that Sir Gordon will take this into account as he gets the review underway.

GGI will seek out opportunities to contribute to the review as it progresses.