Politicians must behave differently and support NHS leaders to change cultures and improve patient care

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The late Harvard Business School professor, Clayton Christensen, once described hospitals as “some of the most managerially intractable institutions in the annals of capitalism.” Hardly surprising then that a stream of reports over the years have set out proposals for strengthening management in the NHS and social care. The latest contribution by Gordon Messenger and Linda Pollard was spun by the government as the “biggest shake-up of health and social care leadership in a generation” ahead of its launch and its recommendations have already been accepted by Health and Social Care Secretary, Sajid Javid.

Now that the report has been published, it is clear that the reality is both more mundane and more intriguing. For the most part, the Messenger/Pollard report makes a series of practical and sensible recommendations designed to tackle what it calls the “institutional inadequacy in the way that leadership and management is trained, developed, and valued” and the lack of status of managers. These recommendations include putting in place a set of unified standards for managers supported by training to meet these standards, creating a new talent management function, and encouraging top talent to take on some of the most difficult leadership roles.

More intriguing are the report’s criticisms of the leadership of the NHS where it argues that “constant demands from above, including from politicians, creates an institutional instinct ... to look upwards to furnish the needs of the hierarchy rather than downwards to the needs of the service-user.” One of the consequences is unacceptable behaviours in the workplace. As the authors note, “we have encountered too many reports to ignore of poor behavioural cultures and incidences of discrimination, bullying, blame cultures and responsibility avoidance.” They are clear that these behaviours “should not be tolerated as they directly affect care of the service-user as well as the staff, and ... they can be tackled but only through determined cultural change from the top of the system to the front-line.” They stop short of making specific recommendations on how to do so, other than to observe that “it is the role of the centre to demonstrate and drive the appropriate cultures and behaviours, around a set of unified values and purposes.”

Changing cultures and behaviours in the NHS in England will not be easy. While national leaders of the NHS self-evidently have a major role in fostering the compassionate, collaborative, and inclusive leadership the report advocates, ministers and civil servants must play their part by respecting and valuing the workforce. This includes avoiding the temptation to blame those delivering care for the difficulties patients experience in accessing services and demonstrating an empathy and understanding of the realities of care on the front line that has often been lacking. Reducing the demands placed on NHS organisations would also help in creating time and space for leaders and managers to look out more to the communities they serve and to support staff in performing to the best of their abilities.

On a related point, the report argues that “a positive legacy of the pandemic is that it has changed the workplace dynamic across health and social care; driving accountability downwards, encouraging innovation, magnifying the value of teamwork including across sectoral boundaries, and strengthening a workforce sense of community through common experience and shared hardship.” Ministers, civil servants and national NHS leaders must work together to capitalise on this legacy by devolving responsibility for decision making, reducing the excessive burden of regulatory requirements, and giving greater latitude to local leaders and staff to use resources in a way that will bring most benefits for patients. This will only happen if they trust those closest to the delivery of care to make the right decisions and avoid the temptation to intervene when the going gets tough.

The Messenger/Pollard report was set up to examine social care as well as the NHS, but is honest in acknowledging its failure to do so. It also has little to say about primary care and clinical leadership, other than recognising that the career trajectories of clinical leaders are often “serendipitous.” Much more use could have been made of previous research setting out the barriers to clinicians becoming leaders and the changes required to remove these barriers. As the landmark Griffiths report on leadership and management argued in 1983, aligning clinical and management responsibility is essential if the NHS is to be well led and more needs to be done to achieve this.

More positively, the report does not fall into the trap of assuming that leadership is only the property of individuals in formal positions of authority, arguing that “The best organisations are those which invest in their people to unlock their potential, and which build strong teams around a unifying purpose. The most successful are those which also foster leadership and accountability at every level, and where everyone is encouraged to become an agent for something bigger than themselves. This should be our goal.” This emphasis on collective and distributed rather than heroic leadership must be sustained if the NHS is to navigate the most severe service pressures in its history.
Running through the report is a tension between viewing the NHS as a unified organisation capable of being transformed from the top and understanding it to be “a complex ecosystem where personal, professional, and organisational accountabilities flow vertically through distinct silos.” Work underway to strengthen collaborative leadership and develop partnership working under the Health and Care Act may help to overcome this tension, but at least for now the power of the ecosystem should not be underestimated. The onus is on NHS leaders at all levels to seize the opportunity offered by the Messenger/Pollard report to transform behaviours and cultures for the benefit of patients, but they need politicians to behave differently if they are to succeed.

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Chris Ham is co-chair of the NHS Assembly and writes here in a personal capacity.

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