The Rose review of NHS leadership: better leadership for tomorrow

In June 2015, Lord Rose published his review of leadership in the NHS, *Better Leadership for Tomorrow* (Rose, 2015). The fate of many government commissioned reviews is that they quietly gather dust and produce little in the way of change. It is hoped that a better future awaits the current report, although it is noteworthy that it was published on the same day that Jeremy Hunt, the Secretary of State for Health, gave a keynote address regarding the new working contract for doctors in the NHS. Consequently, the Rose review received scant publicity compared to the furore that erupted over threats to impose new contracts on both junior doctors and consultants.

Lord Rose found strong commitment of staff of all levels and in all parts of the NHS and profound goodwill among stakeholders. This arises from the fact that most NHS staff view their jobs as a vocation and gain significant personal satisfaction from being part of a system designed to help people at their point of health-care need. All staff are ultimately users of the service as well as providers and have a vested interest to ensure it is well-led, effective and safe.

Rose hits the nail on the head when he notes that the high standards of clinical care seen in the NHS are not matched by mechanisms to train, support and assess staff in leadership positions. He observes that the level and pace of change remains unsustainably high and that this results in competing demands at all levels of leadership and management. He concludes that there is a lack of 'one vision' for the NHS and the performance of leaders and managers is not properly directed or coordinated.

The need for a vision

The review identifies 19 recommendations to improve leadership and management in the NHS. Two of these are considered 'pre-conditions'. The first is to create a short document summarizing NHS core values and the second is to develop a single, service-wide communications strategy to promulgate this vision. Unfortunately, these two pre-conditions are probably the hardest and most contentious of all the recommendations.

The vision and core values of the NHS require people to take a profoundly political stance. Stripping out political dogma results in very generic position statements that almost everyone agrees to, but that are of little practical value. Attempts at defining core NHS values have been tried before, e.g. the NHS Constitution. The reason Rose was unable to find a unified core vision for the entire NHS is that the public, staff, leaders, managers and politicians all have their own views of what the NHS should aim to achieve.

A sector-wide communications strategy is equally problematic. Who decides which 'good news' stories should be publicized and which stories should be suppressed? Political stances, such as that on so-called '7-day working', provide a good example of how central control of an NHS-wide communications strategy risks alienating the workforce rather than making it feel valued and well-led. Fortunately, it is debatable whether the first two pre-condition recommendations are really essential to deliver the improvements addressed by the rest of the review.

Training managers

Six of the review's recommendations relate to the training of NHS managers and leaders. These include placing the responsibility for such training with Health Education England, expanding the NHS graduate entry scheme (ten-fold) and requiring senior managers to attend accredited courses to ensure consistent training levels across the NHS. If carefully implemented, these recommendations could yield significant benefits. Health Education England is ideally placed to define, commission and monitor the delivery of NHS leadership and management training. Schemes will need to be flexible enough to allow leaders from outside the NHS to transfer into the sector, another one of the Rose recommendations. Training should be open to all – doctors, nurses, other clinicians and non-clinical staff – recognizing that people have different aspirations regarding how to balance their leadership and management roles with their professional and other vocations. It is astounding that the NHS graduate entry scheme is limited to only around 100 entrants each year when the NHS employs thousands of managers and leaders.

Performance management of NHS leaders and managers is currently undertaken in a local and piecemeal fashion. Doctors, and more recently nurses, are surprised that while they are subject to annual appraisal, revalidation and regulation, this is not universally the case for those who manage the service. Rose recommends the establishment of core competencies and behaviours by which all NHS leaders and managers can be judged. Some will consider it disappointing that the review does not call for professional regulation and a compulsory licence to practise for NHS managers. The revolving door of poorly performing leaders being shifted from one organization to the next or parked in central roles waiting for sufficient time to pass before they are redeployed is a cultural norm in the NHS that many will recognize.

Rationalizing the regulators

Regulators and oversight bodies such as Monitor, the Trust Development Authority and the Care Quality Commission have placed an exponentially increasing demand on NHS trusts to provide data and evidence of compliance with centrally imposed targets. Rose is to be congratulated for recommending that this is rationalized and harmonized. It is far from uncommon for a single trust to be working on multiple overlapping action plans,

each subtly different and occasionally contradictory. Not only does this create unnecessary work, it also gives trusts a route for obfuscation by telling different regulators that the matter is being dealt with by another body. A burden impact assessment template for all centrally imposed evidence and data requirements would be excellent.

In the area of management support, Rose suggests a formal review of non-executive directors in NHS trusts and clinical commissioning groups, including their competence and remuneration. Such a review is long overdue. It is interesting that Rose lists this recommendation under the heading of 'management support'. The reality is that non-executive directors should be providing robust challenge and leadership to the executive directors, including the chief executive. All too often there is a perception that non-executive directors do not have the competencies, training or support to adequately fulfil their obligations. Many will only remain on boards while they enjoy the confidence of the executive directors rather than the other way around. One of the lessons of recent systemic NHS failings is that non-executive directors do not always hold chief executives or medical directors to account.

KEY POINTS

- The Rose review makes 19 separate recommendations.
- A single NHS 'vision' and unified communications strategy should be developed.
- Health Education England should coordinate NHS leadership and management training.
- The competencies of non-executive directors require further assessment.
- Robust performance management systems are required for NHS leaders and managers.
- The review falls short of recommending professional regulation.

Conclusions

The NHS certainly does not lack reviews and reports from the great and the good, and the political environment has shifted considerably since Jeremy Hunt commissioned the Rose review in 2014. It is encouraging that some of the recommendations, for example making the NHS Leadership Academy part of Health Education England, will be implemented promptly. Only time will tell whether the more structural and contentious changes will receive the support required. **BJHM**

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Rose S (2015) Better leadership for tomorrow. NHS Leadership Review. www.gov.uk/government/uploads/system/uploads/attachment_data/file/445738/Lord_Rose_NHS_Report_acc.pdf (accessed 31 July 2015