Strengthening NHS management and leadership

Priorities for reform

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The
Health
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Contents

Key points

- Good management is key to the NHS's ability to provide high-quality services and to maximise the impact of its resources in the face of growing demand for care. However, in recent years, the importance of good management has been somewhat forgotten in the policy debate at the expense of a focus on leadership.

- As part of the Health Foundation's research on management in the health service, we interviewed NHS managers and leaders in England to understand the challenges they face, what works well and what could be done differently. In this long read, we set out some of the insights from these interviews, focusing mainly on the role and practice of managers, and how they are trained and supported.

- This coincides with government commissioning a review of leadership in health and social care in England, led by Sir Gordon Messenger, which is expected to report to the Secretary of State for Health and Social Care at the end of March. Here, we conclude with a series of recommendations for the Messenger review to consider, focused around the need to: better support providers and systems to tackle variation in management practice; improve access to training and development opportunities; ensure training equips managers and leaders with the skills they need today; tackle the reporting burden facing managers, and ensure the role of managers and leaders is better understood and valued.

- Arguing that we should better value NHS managers and leaders, and increase the support available to them, might not be the most politically popular case. But it is the right thing to do, and indeed will be essential if the NHS is to improve the quality and efficiency of its services as it recovers from the COVID-19 pandemic.

1. Introduction

NHS leaders and managers can get a bad press. Blame for delays, waste and inefficiency in the health service tends to be laid firmly at their door, often without any real attempt to understand the pressures and constraints facing them. So it is refreshing to see Sir Gordon Messenger and Dame Linda Pollard, the chairs of the latest England-wide review of health and social care leadership and management, acknowledge the excellence of many leaders and managers in the NHS, as well as the strain under which they operate.

The fact that management and leadership are each receiving the same level of attention from the review is also encouraging. In recent years, the importance of good management has been somewhat forgotten in the policy debate at the expense of a focus on leadership. Given that the NHS employs over 30,000 managers (see Box 1), it is important this imbalance is addressed.

We interviewed NHS managers and leaders in England in autumn 2021 with a view to understanding the challenges they face, what works well and what could be done differently. In this long read, we set out some of the insights from these interviews, focusing mainly on the role and practice of managers and how they are trained and supported – this is, we believe, the area that warrants most attention. We also present some recommendations for the Messenger review to consider on how the challenges facing NHS managers could be addressed.

Box 1: Management – key definitions and figures

What are management and leadership?

Management involves the control, monitoring or organisation of people, processes and systems in order to achieve specific goals. It has been described as consisting of six key tasks: planning, allocating resources, coordinating the work of others, motivating staff, monitoring output and taking responsibility for the process.

Meanwhile leadership refers to influencing and inspiring others in pursuit of common goals, setting the tone and direction for a group or organisation, and identifying and framing problems for others to solve. In practice, leadership and management are closely interconnected and health care employees at all levels often have to deploy both leadership and management skills in order to carry out their job effectively.

How many managers are there working in the NHS in England?

- In September 2021 there were just over 34,300 full-time equivalent managers. 12,000 of whom are classified as senior managers. However, this figure may not include all staff who have some management responsibilities.

- It is estimated that around a third of NHS managers are doctors and nurses with part-time management roles.

- Managers account for around 2% of the NHS workforce, considerably less than the 9.5% of the workforce in the wider UK economy made up of managers, directors and senior officials.

- The NHS management population peaked at just over 38,300 full-time equivalent managers in April 2010 before falling to a low of 26,000 in May 2013.

2.   Why management matters

What impact does management have on NHS performance?

Good management underpins the success of many high performing, 'well led' NHS organisations. It is key to the NHS's ability to provide high-quality services and to maximise the impact of resources in the face of growing demand for care. Managers also play a pivotal role in improving the way services are delivered. Some evidence on the impact of management on health care providers' performance is summarised in Box 2.

Box 2: Evidence on the impact of management on NHS performance

A number of academic studies have highlighted the positive contribution that effective management plays in health care:

- Improvements in health care providers' 'management practice' scores have been associated with improved clinical outcomes. For example, in the UK a one point improvement in the management practice score is associated with a 6% fall in the rate of deaths from heart attacks (Dorgan, Bloom, Van Reenan 2010).

- A statistically significant correlation between the proportion of managers in a provider organisation and its performance has been observed. An increase in managers, from 2% to 3% of the workforce, has been associated with a 15% reduction in infection rates and a 5% improvement in hospital efficiency (Kirkpatrick 2018).

- However, other research has produced findings that are more equivocal. One recent study found no evidence of an association between quantity of management and various measures of hospital performance (Asaria et al 2022), though it did find some evidence that higher quality management is associated with better performance.

- Middle managers have been shown to play a particularly critical role in creating the conditions for innovation and improvement to flourish in health care organisations. As well as encouraging and supporting teams to identify and test new ideas, they can unlock barriers to innovation, for example by finding the necessary resources to support scoping and testing activities (Birken 2018; Engle 2017; Gutberg and Berta 2017).

What type of organisational culture facilitates good management?

The organisational culture in which managers work has a critical bearing on their ability to do their job effectively. As well as maintaining stability at executive level, both in terms of personnel and strategic approach, many of the best performing provider organisations in England have focused on developing an inclusive and respectful culture and promoting good communication across the workforce. For example, the leaders and managers of these organisations are often skilled in brokering agreement between a diverse range of professionals and in ensuring that change is shaped and owned by front-line teams, rather than imposed from above and driven by a handful of senior figures. They also support initiatives aimed at breaking down inter-professional boundaries and fostering a sense of shared purpose across the organisation. The presence of an inclusive culture, as described in the NHS People Plan, geared towards learning and knowledge sharing, is critical in enabling managers to communicate well, build effective teams and establish good relationships with their senior colleagues, peers and direct reports.

3.   Addressing the challenges facing NHS managers

Our interviews highlighted a number of challenges to tackle for improving management practice in the NHS. In this section we describe some of these and suggest ways they could be addressed.

Rationalising managerial workload

A decade ago, the role of an NHS middle manager was described in an NIHR-funded study as having strong similarities to the highly paid 'extreme jobs' found in the world of international finance and management consulting. The financial rewards may have been very different, but the pace and intensity of the work, the long hours and the punishing delivery targets were largely the same. Little seems to have changed since then.

For many managers the pressure is every bit as intense as the NHS strives to tackle the care backlog in the wake of COVID-19, as well as the longer term pressures from increasing demand for care. According to our interviewees, finding a way to juggle an impossibly long and complex list of tasks, all of which are billed as urgent priorities, is still a constant challenge for a large proportion of NHS managers, especially for those working in front-line clinical settings.

It is important that managerial workload is feasible and management time is spent where it can add most value. All employers, as well as regional and national bodies, should reflect on how they can reduce the upward reporting burdens on managers and the volume of priority tasks they are assigned. Those organisations that have stopped 'boiling the ocean', or expecting managers to deliver everything at once, and focused instead on establishing a few clear overarching quality goals, have helped to establish a climate in which managers are able to function effectively. In these organisations, clarity of purpose and an emphasis on ensuring their core goals are aligned and interlocking creates a context in which managers at all levels can be much more strategic about how they use their time and what they focus on.

Ensuring managers have the licence, space and 'air cover' from their leadership teams to lead the development of creative solutions to quality challenges also matters. Management teams need to earmark time away from their usual activities to reflect on the way that their service is managed and identify ways to improve it. This is key for enabling managers to switch from a mode of 'firefighting' to one in which they are able to identify and tackle emerging problems, or avoid them altogether.

Addressing variation in management practice and training

The question of whether managers should be subject to a set of agreed professional standards and national regulation governing their conduct, responsibilities and development has been at the forefront of many national reviews of NHS leadership and management over the past decade (including the Kerr, Rose, Smith, Dalton, Berwick and Francis reviews). The debate has been

highly contentious. Proponents have argued that regulation has the potential to reduce variation in management performance, as well as bringing full-time managers in line with the medical and nursing professions and, in doing so, raising the status and profile of managers. Meanwhile, critics have pointed to the costs and feasibility of regulation and questioned whether it is really an effective lever for tackling variation. Some have worried that it may just provide another stick with which to beat an already beleaguered profession.

While the prospects of achieving a consensus on regulation appear slim, there is general agreement on both sides of the debate that there is a pressing need to achieve greater consistency in a number of key areas relating to management. Here we look at two particular issues, which emerged during our interviews: addressing the style of personality led management found in many organisations and improving the training and development of managers.

Reducing the prevalence of personality led management

A strong theme that emerged in our interviews was the extent to which the style and practice of NHS management varies, not just between organisations but *within* them. In many NHS trusts, for example, a group of clinical service lines is led by a 'triumvirate' consisting of a clinical lead, an operational lead and a nursing lead. But if you look beyond this standard structure, at the way in which power and responsibility is divided between the triumvirate in different groups, even within the same trust, a more varied picture emerges.

In some places, longstanding governance conventions and practices mean that one of the leads has a higher profile and reach than their peers. Elsewhere, it is the personalities and preferences of the respective leads that shape their management style and approach. Sometimes there are engaged and assertive clinical and nursing leads with a wealth of management experience who take the time to form an effective and even-handed partnership with their operational lead. In other cases, the operational lead dominates management decision making and the main function of the clinical and nursing leads is to review and sign off decisions.

Each of these versions of the triumvirate may work perfectly well for the individuals in post at the time and allow them to manage the division effectively. But this style of 'personality led management' (that is, contingent on the personality, style, interests and preferences of the individual) presents some risks. Chief among them is the inherent instability it can cause. If one person moves on to a new post and is replaced by someone with a different style, or a different set of priorities and preferences, then an entirely new working relationship needs to be struck, and staff are forced to adapt to a new management approach and set of power dynamics.

While 'personality led management' can be seen in the senior and middle management tiers of many NHS organisations, our interviewees suggested that it is not entrenched everywhere in the NHS. Some organisations have developed a consistent management culture and standardised way of

working that is sufficiently well embedded that new appointees fit seamlessly into the team. As well as seeking to embed the right values and behaviours, leaders and managers of high-performing services have created management structures and processes geared towards ensuring consistency, clarity and stability. They have created standard job descriptions, and established managerial protocols, procedures and competency frameworks at each level to ensure that there is clarity about what each role involves, the skills and experience required and where the boundaries between specific roles lie. Underpinning them is often a transparent training and development pathway to ensure that prospective managers know what they need to do to progress their career, and what support they will get to do so.

The priority now is to ensure that good practice of this kind is the norm, rather than the exception. There is no single way of doing this. In large provider organisations it may be a question of gradually building on the success of high-performing, well-managed divisions and services as part of an organisation-wide strategy. In some areas, it may be appropriate for provider collaboratives and integrated care systems to pool resources with a view to driving change on a collaborative basis. Whatever path is chosen, it is important that organisations and systems are prepared to allocate sufficient time, resources and priority to planning and implementing their chosen approach.

While improving management practice is sometimes discussed as a route to tackling variation in performance between providers, it is important to remember that there can also be huge variation in performance within individual providers. Ensuring greater consistency in the approach to management within an organisation, and replicating good management practice across the whole organisation, can therefore be important levers for addressing this type of performance variation.

Improving access to training and development

A common complaint from the managers we interviewed is that they have had to work out for themselves how to be a manager. Sometimes there is training available, but they have not had the support to take time away from their day job to take advantage of it. Sometimes there is nothing suitable on offer at all. But what virtually all managers find is that the onus is firmly on them, unless they have a supportive supervisor, to find relevant training and then justify why it is necessary. Few it seems have access to a structured development programme in which they are expected to participate. As a result, there is significant variation in the training and skills of NHS managers.

There has been some progress over the past decade in increasing the availability of training programmes. According to our interviewees, for those who want it, it is often now easier than it was to find training in specific management skills, such as how to manage a budget or a team. Meanwhile, an increasing number of NHS trusts have understood the value of creating a standardised development offer for their managers and leaders (for example, Sheffield Teaching Hospitals NHS Foundation Trust). There are also a plethora of national schemes open to managers (see Box 3). And

the importance of making line management training more readily available was recently acknowledged in the NHS People Plan.

Nonetheless, evidence that structured training for managers is widely recognised as important is elusive. The persistence of certain stereotypes about what it takes to become a manager may be partly to blame for this. In the case of clinicians, many of our interviewees drew attention to what they felt was an unhelpful assumption that clinicians' medical training and clinical decision-making expertise provides them with the requisite skills to take on leadership and management responsibilities. As a result, they argued, many clinicians find themselves in management roles without any grounding in the theory and practice of management, and are then forced to play catch up for the rest of their careers. According to our interviewees, the presence of very senior NHS managers on management training modules, designed for far more junior colleagues, is much more common than it should be – testament to the lack of a structured development pathway earlier in their careers.

A clinical background offers many advantages for prospective managers, and it is clear that more needs to be done to encourage clinicians interested in leadership and management to take on responsibilities in this area. After all, clinical leadership at NHS trust board level has been associated with a range of performance benefits. But, in the view of our interviewees, the NHS lags behind other health care systems in Europe and North America in terms of preparing clinicians for a management and leadership career.

Box 3: Examples of management development and training programmes

There is an increasing array of options for those looking to develop their leadership and management skills in health. Many higher education institutions offer courses in health care leadership and management, while a range of immersive development opportunities allow early career professionals to gain valuable experience.

NHS Graduate Management Training Scheme (GMTS)

The GMTS is a structured 2-year programme aimed at university graduates, providing placements across community, primary, secondary and tertiary care – with opportunities to specialise in different areas of management including finance, policy and human resources. The scheme provides opportunities for mentorship in addition to formal qualifications through the NHS Leadership Academy.

NHS Leadership Academy

The NHS Leadership Academy offers a range of development programmes leading to a qualification, with target audiences ranging from early career professionals to senior leaders looking to move up to board roles. The Elizabeth Garrett Anderson programme leads to a postgraduate degree in Healthcare Leadership accredited by both the University of Birmingham and University of Manchester.

Faculty of Medical Leadership and Management (FMLM)

The FMLM was established in 2011 by the UK medical royal colleges as a professional home for medical leadership. Over the past decade, the FMLM has run a 12-month immersive fellowship scheme for early career health care professionals, allowing them to step away from traditional NHS careers and gain exposure to a diverse range of organisations.

Full-time managers are also affected by some unhelpful assumptions, according to our interviewees. Whereas new doctors in training are generally afforded a certain amount of latitude and protection by colleagues because they are still learning their craft and adjusting to professional life, it is rare to see new junior managers offered the same understanding. They may be managers in training, but they are often expected to perform complex tasks that require a detailed understanding of NHS structures, regulations and processes with only the minimum of support or training. Rota management, highlighted in Box 4, is just one example. In many health care organisations, access to structured training is just as haphazard for full-time managers as it is for clinical managers.

Box 4: Examples of management development and training programmes

Medical rota managers typically work within human resources teams in hospitals, with responsibility for the work schedules of hundreds of clinical staff. These roles are made up of individuals working at a band 3 or band 4 level. Due to the banding of these roles, when recruited they are not typically expected to have qualifications or experience in managing complex rostering systems and patterns, and have minimal opportunities to gain formal or informal education in this area.

This can be a problem given the complexity of the work, which involves not only meeting the workforce requirements of clinical services but also the contractual technicalities of the staff. If rotas are not managed effectively, this can result in inadequate staffing, creating risks to patient safety, and distress among clinicians who feel their contractual rights are not being met. The result can be tensions between clinical and HR staff groups. While rota managers are often blamed for these tensions, the issue lies with a system that often puts people into management roles they are not fully equipped or supported to do.

How could this management training deficit be addressed? One priority is to ensure management training has the status, profile and resources it deserves. There is a good argument for making such training a core and non-negotiable element of the development of clinical managers and full-time managers alike, meaning that everyone with management responsibility would be expected to undertake some form of accredited training.

Another priority is to widen access to management development opportunities. According to our interviewees, it is often extremely difficult for junior staff who aspire to management (such as those working in administrative roles), to get the training and development they need to do so. Broadening training access, and promoting management among staff groups from which few have historically progressed into management, will help to increase the size and diversity of the NHS management talent pool. Further action is also needed to address the barriers to management careers faced by minority communities and those from backgrounds currently under-represented in management.

A further priority is to establish how and by whom training should be commissioned and delivered. It makes little sense for every employer to develop their own bespoke, standalone offer, although there are clear advantages in ensuring that training content reflects the context in which managers work. For this reason, it may well make sense to develop new accredited training programmes on a regional scale, as part of an integrated training and talent management strategy, which will provide economies of scale as well as a consistent approach. Nonetheless, care will be needed to ensure that

any regional offers complement and build on existing established local programmes, such as those put in place by large teaching trusts.

Strengthening collaboration and improvement skills

There is a long list of competencies and skills that management development programmes should include, and this has been amply described elsewhere. However, there are key management challenges facing health care in the years ahead that require particular skills which have not traditionally been the focus of such programmes. According to our interviewees, among those management skills set to play a pivotal role in today's increasingly networked, place-based, data-driven and improvement focused health care landscape, are:

- **Collaborative leadership skills**: A vital skill for leaders and managers at every organisational level is the capacity to work effectively with their peers across the local health care system. Leaders who are used to exercising their positional authority to drive change in their own organisation need a different skillset when operating at system level. In this place-based context, progress is contingent on leaders' *relational* authority, which is built on trust and mutual respect, and requires well developed influencing and relationship skills. With integrated care systems set to become statutory bodies in 2022 there needs to be a greater emphasis on collaborative leadership skills in the training of all leaders and managers.

- **Performance measurement and analysis skills**: The ability to interrogate a performance dashboard and lead a team discussion aimed at understanding why a performance issue has emerged, and what approaches, methods and tools might be used to address it, is a key skill for service managers. Equally important is the capacity to identify suitable metrics to evaluate whether any changes made to a process or system achieve the intended outcome. According to our interviewees, many service managers lack confidence and expertise in these areas.

- **Quality improvement skills**: A core function of operations management is to improve the systems and processes that underpin the delivery of care and ensure that there is a consistent approach to managing quality. For example, it is important to understand how to identify and tackle problems that cause delay, waste and duplication within services, or impede patient flow along care pathways spanning multiple organisations. An awareness of specific quality improvement approaches is essential for managers to help redesign services and pathways and tackle unnecessary variation. Managers also need to be well versed in the relational aspects of change, such as how to involve and engage colleagues and patients. Yet in the NHS, quality improvement rarely features in the formal training and development of operations managers, or in their job descriptions.

- **Technology appraisal and implementation skills**: An understanding of how to deploy new technologies is becoming an increasingly important skill for NHS managers, whether to improve service quality or deliver service changes (for example, those seen in response to COVID-19). However, there is very little training or support available to managers in how to critically appraise and effectively implement technological and digital solutions.

Strengthening these skills as part of an integrated and aligned training and development offer for managers will have significant benefits for health care providers in the coming decades.

Raising the profile of NHS managers

Many previous leadership and management reviews have underlined the importance of changing the way in which NHS managers are perceived. The persistence of anti-management narratives arguing that the NHS has far too many managers, diverting resources away from front-line care, suggests that more still needs to be done in this respect. Some criticisms of NHS managers are ideologically-driven, representing a broader antipathy to the public sector. In many other cases, perceptions of managers are undermined by the frequent failure to acknowledge their contribution to the NHS. Even within the health service, it is rare to see managers mentioned in reports of successful innovation or best practice, even if they were instrumental in getting them off the ground.

Why is it so hard to shift attitudes towards managers? One issue may be that there is little understanding of what managers in the NHS do. Patients rarely encounter an operations manager, service manager or general manager, or anyone in the dozens of other managerial roles in the NHS – unless the manager happens to be a clinician who also works as a manager. Even some clinicians struggle to say exactly what it is their own service and operations managers do day to day. This creates the space for misplaced assumptions and stereotypes to emerge.

Another issue is that while many clinicians have a royal college or professional society in their corner, with good connections to national bodies and influence with the media, the bodies representing professional managers do not yet have the same reach. There are signs that this may be changing thanks to the efforts of networks like Proud2beOps (see Box 5) and bodies like Managers in Partnership, but there is still a lot of ground to make up.

Box 5: Examples of management development and training programmes

Proud2bOps

Proud2bOps is a grassroots network founded in 2017, aiming at bringing together operational managers under one banner to share learning, provide peer support and consolidate the voices of NHS operational managers to advocate for themselves and their services. The network now operates nationally with over 750 members across the country working at the levels of Divisional General Manager, Deputy Chief of Operations or Chief of Operations. Proud2bOp's impact includes co-creating the Aspiring Chief Operating Officer Programme with NHS England and NHS Improvement.

#ProjectM

Facilitated by the NHS Leadership Academy, #ProjectM is aimed at supporting and connecting managers in health and care. #ProjectM is not membership based, instead using Twitter as a platform to connect all those with management responsibilities in health services enabling peer-to-peer support, sharing of learning and mentoring opportunities to develop.

As such, there is an onus on policymakers and other influential figures in health care to make the case for why management matters and why managers deserve our respect. This is vital if the NHS is to retain good managers and recruit talented people into the profession.

4.   The role of national and local leaders

Much of the responsibility for tackling the challenges outlined above lies with local leaders. The task of ensuring that pockets of good management practice are replicated across organisations and wider systems, for example, lies predominantly with organisation and system leaders. Local leaders can also help to ease the burden on managers of front-line services by stripping back the number of delivery targets and reporting requirements they face. However, national policymakers have several critical roles to play.

First, it is important they champion the cause of managers and celebrate the contribution they make to the delivery of quality health care. NHS England and NHS Improvement's new 10-year strategy for NHS human resources and organisational development does underline the talent and ability present within the NHS's managerial ranks, but these sentiments need to be echoed across the whole of government.

Second, and related to this, particular attention needs to be given at national level to attracting and retaining good managers and leaders, especially in organisations with performance challenges. Given that the median tenure of NHS trust chief executives is reported to be only 3 years, and that many of our interviewees cited a high level of managerial turnover in their trusts as a particular challenge for improving performance, it is clear that more work is required in this area. Financial incentives, such as relocation allowances, performance-related pay and loyalty bonuses probably have a role to play here, but they will need to be accompanied by efforts to boost the professional kudos associated with turning around struggling organisations. As long as leadership and management roles in large metropolitan teaching trusts continue to be seen as far more prestigious than those in other trusts, including in smaller urban centres or rural areas, then the latter will find it harder to recruit and retain talented managers and leaders. Recruitment and retention are not the only reasons why trusts in smaller urban centres or rural areas sometimes face performance challenges, but they certainly play an influential role.

Third, policymakers have an important contribution to make in creating a climate in which leaders and managers can flourish. Providing long-term strategic clarity, while avoiding overly prescriptive interventions and disruptive reorganisations, helps give organisations the security they need to set long-term objectives aligned with national goals. And by cutting the upward reporting burden, tackling 'priority thickets', and avoiding a punitive culture, national policymakers can help provide leaders and managers with the space they need to focus on improving services. Indeed, punitive policy and regulatory measures may have the effect of deterring innovation by leaders and managers, and encouraging a focus on compliance with short-term targets, rather than on long-term transformation.

Finally, policymakers need to consider the question of how to fund any increase in training provision. Ensuring that there are sufficient resources available to train and support senior leaders is relatively feasible given the modest size of the health and social care leadership population (and there are some excellent programmes already in place). Providing high-quality training for the NHS's army of junior and middle managers is a more significant undertaking. Yet it is important that funding is made available if local organisations and systems are to have the resources they need to address their training and development priorities. After all, a lack of resources is one of the reasons why the recommendations of previous reviews to strengthen the management training offer have not been realised. So policymakers need to ensure that extra investment is made available over the next decade.

5. Recommendations for the Messenger review

In summary, we have highlighted several important areas for the Messenger review to consider:

- **Support providers and systems to tackle variation in management practice**. Management practice and culture varies considerably across the health and care landscape, including within individual providers. Such variation is unlikely to be resolved through a one-size-fits-all intervention. Instead, local leaders need to be encouraged and supported to develop strategies tailored to local needs and context to ensure good practice is replicated across organisations and systems.

- **Improve access to training and development opportunities**. Training and development opportunities are currently patchy and hard to access for many current and prospective managers and leaders. Significant resources need to be earmarked to strengthen the infrastructure for training, development and talent management. It could make sense to develop new accredited training offers and programmes on a regional basis, while ensuring these complement existing local programmes and are tailored to local needs.

- **Ensure training equips managers and leaders with the skills they need today**. Training must include the knowledge and skills managers and leaders need to flourish in today's landscape, which is networked, place-based, data-driven and improvement focused. This includes more emphasis on collaborative leadership skills, so that managers and leaders can work effectively with their peers across the local health care system, as well as on performance measurement, quality improvement and technology appraisal and implementation skills.

- **Tackle the reporting burden and 'priority thickets' facing managers**. Employers, and regional and national bodies have a responsibility to help ensure management workloads are feasible and that management time is spent where it can add most value. They should reflect on how they can reduce the upward reporting burden, tackle priority thickets and avoid unnecessary reorganisations – all of which can consume management capacity and make it harder to manage effectively.

- **Ensure the role of managers and leaders is better understood and valued**. Employers, regional and national bodies should work collaboratively to shift perceptions of NHS managers and leaders and to challenge negative stereotypes, as well as ensuring that remuneration supports effective recruitment and retention. This will be particularly important to help employers recruit and retain good managers, particularly in those parts of the country facing recruitment challenges.

Arguing that we should better value NHS managers and leaders, and increase the support available to them, might not be the most politically popular case to make given some of the myths and negative stereotypes that have been allowed to take root. But it is the right thing to do – and indeed will be essential – if the NHS is to improve the quality and efficiency of its services, and meet the growing demand for care as it recovers from the pandemic.

6. Supporting information

This long read was published originally on 26 February 2022 at the following address
www.health.org.uk/publications/long-reads/strengthening-nhs-management-and-leadership