**Fear and leadership in the NHS**

Research suggests that current concerns may not be a passing fad, but there are ways forward, write Douglas Board and Robert Warwick

Was the *HSJ* survey of 81 NHS chief executives which highlighted a ‘climate of fear’, with 43 per cent planning to leave their posts in the next two years (13 per cent in the next six months) an example of the NHS having a mild panic attack, convincing itself too easily of the specially difficult nature of the challenges which it faces? If not, what can be done about it?

Discussions with NHS audiences in the same week in which the *HSJ* reported (22 November 2012), in which we shared some research findings on which we had worked, add substance and shape to the survey’s concern. The first was an open seminar conducted by the Centre for Health Enterprise, Cass Business School and the second was a private dinner for chief executives hosted by headhunters Saxton Bampfylde.

Ann Bourne, head of the health practice at Saxton Bampfylde, said that her increasing concern at the systemic difficulty in sourcing candidates for chief executive shortlists had led her to raise the issue with the Department of Health at the highest level. An acceleration in the already high number of major CEO vacancies combined with a culture of fear making candidates wary of coming forward, and boards wary of appointing new individuals, would make things worse. A psychologist at Saxton Bampfylde experienced in assessing senior executives across different sectors had found the bar of expectations now being set in the NHS extraordinarily high.

Unfortunately, according to the King’s Fund paper ‘Leadership of whole systems’ (2012) a short-term, task-focused, risk-averse focus is precisely the opposite of what is needed. Reviewing available research on the leadership of increasingly complex systems, of which the NHS is a prime example, the paper places centre stage the need to surrender fantasies of control. Complex systems can’t be controlled, even if you shout at them loudly. Instead, the research emphasises the need for leaders – and by implication those who appoint them – to be open and curious, embracing uncertainty and being positive about change, and investing as much energy into relationships and behaviours as into delivering tasks.

This complements research into the selection of individuals at or near board level ‘Choosing leaders’ (2012) published by Gower. The research breaks new ground in exploring why recognised HR good practices such as competencies and structured interviews, which have transformed most junior and middle level selection in the past 40 years, have – across all sectors – left boardrooms and senior executive positions largely untouched. It makes the case that senior selection, and other senior executive activity, can be better understood by seeing in it the constant jostling of three impulses: science, politics and intuition. In this context ‘science’ refers not only to lab coat science but to the whole impulse to treat management as an objective, measurable and targetable activity.

Having worked for 18 years on senior search assignments across a wide range of sectors, it seemed to the author likely that the NHS was putting exceptionally high voltages through all three sets of cables – more targetry, more politics and more clinical and other experts (with fiercely held but not easily articulatable intuitive expertise). If so, this would corroborate the psychologist’s observation: NHS senior leadership jobs may be becoming hard to a level which should not simply be accepted. The relevant political pressures included not only changes of minister, local authority or party, but the senior managerial politics of becoming ‘toast’. Becoming *de facto* blacklisted because of an association with failure in the minds of a few pivotally connected senior individuals, with no curiosity about the individual’s actual contribution, keeps fantasies of control well supplied with sacrificial victims but does nothing to overcome fear or increase the system’s human capital.

However rather than writing leadership in the NHS off as a horror story, we might find inspiration, oddly enough, in a story told by a master of the macabre (Edgar Allan Poe) which has been picked up by scholars such as Norbert Elias. Some fishermen in a boat are being dragged down into a whirlpool, wreckage swirling around them. All were lost bar one who, despite fear, was curious enough to notice the different extents to which differently-shaped objects were sucked down into the maelstrom, and so threw himself overboard lashed to a cask. We think it likely that worrying about fear and NHS leadership is more than a fleeting panic attack, and may reflect genuinely exceptional structural challenges. However curiosity and courage, with each of us helping the other to name the security blanket of control for the fallacy that it is, may make a new beginning.

*Dr Douglas Board and Dr Robert Warwick are senior visiting fellows at Cass Business School. The former is author of ‘Choosing Leaders and Choosing to Lead: Science, Politics and Intuition in Executive Selection’ (Gower 2012) and the latter a co-author of ‘Leadership of whole systems’ (The King’s Fund 2012).*

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