Dear Mr Sarwar

Leadership and workforce challenges: health and social care sectors

1. Thank you for your letter of 30 October 2020.

2. At the end of that letter, you posed the following questions:

   2.1. how the pandemic has impacted on my views on leadership and workforce challenges in the health and social care sectors;
   2.2. what lessons can be learned from this experience;
   2.3. and how can we move forward?

Leadership

3. One of the challenges for leaders throughout the pandemic has been how to react to emerging data and developing understanding of Covid. That renders decision making harder, and is likely to mean that some decisions will have to be changed (and some changes will have to happen very quickly). Robust scrutiny of such decisions is essential but in order to be effective it needs to be well informed. The first challenge therefore is how to have effective scrutiny in a fast changing situation; the second is, where scrutiny is retrospective, how to scrutinise fairly in light of what was known at the time when decisions were made. One answer (although not a complete answer) to both of these challenges is to have the maximum possible transparency throughout. This is not a one sided point – leaders make decisions, but scrutiny is also a leadership role. Where both are done well, in a context of transparency and willingness to learn, there is a greater likelihood of future improvements in decision making.

4. A consequent test of leadership is willingness to change course if the evidence changes; and willingness to change a decision if it turns out to be wrong in practice. The personal resilience required to
face such setbacks and to adjust accordingly should not be underestimated.

5. Another challenge for leaders has been to **delegate decision making and implementation to where it is likely to be most effective**. The success in moving a substantial body clinical consultation from face to face, to on-line (through rapid deployment of NHS Near Me) is an example of this, as is the construction of the Louisa Jordan hospital. I want to acknowledge here the welcome contribution of the military to a number of aspects of the response to Covid – it is an important aspect of leadership to **accept help from where it can best be provided**.

6. A further challenge has been **demands for certainty where none can be provided**. This is not a new challenge but it has been amplified by the pandemic. The risk of demanding certainty is at least two-fold: one risk is that leaders are drawn into false promises in order to deflect these demands, leading to reputational damage and loss of confidence when these promises are not fulfilled; the other risk is that over time decisions become increasingly risk-averse, for fear of reputational impact. The leadership challenge is to **be clear about what is known, but also about what is not known, or still emerging**. No leader can possibly know everything – anyone who claims to do so is misguided or untruthful. It is reasonable to expect a leader to be well informed and up to date; but leaders need to be clear about what they do not know, as well as what they do: and they need to guard against being forced into false precision.

7. **Boundaries do not generally help, and they help even less in a pandemic.** When issues arise, it has been essential to focus on the outcome, rather than on traditional lines of accountability or budget allocation. Consultation must be as streamlined as possible, and it is a key role of leaders to **focus on outcomes, rather than processes or institutional boundaries**. Leaders need to make sure that decision making is transparent and recorded, but they have to value delivery over detail; leaders who are serious about working across boundaries need to adapt their style to suit different contexts, and be willing to accept advice from other than the usual suspects.

8. **Lee Hsien Loong, Prime Minister of Singapore, said in a recent interview with McKinsey, “To be a good leader you must muster a capable team that you can trust, and tap on others who know more than you. You must also be psychologically prepared for surprises and setbacks, and make the best decision based on the knowledge you have. Above all, focus on your responsibilities and fulfil your duty to your people,**
regardless of any personal consequences to yourself.” That is the essence of leadership – a focus on others and not on self, resilience in the face of adversity, and the humility to accept advice from wherever it can best be found.

Workforce

9. A key challenge has been the extent to which the social care workforce has been undervalued, and the contribution of unpaid carers has been under-recognised. This is the crystallisation of a long standing issue – looking after the most vulnerable in our society, namely the old and frail, people with significant needs, and pre-school children, is among the lowest paid employment available. Set alongside this is the extent to which the third sector’s contribution has been under-recognised. And just for the avoidance of doubt, these are issues that I did not do enough to tackle when I was CEO of NHS Scotland, and I am sorry about that.

10. The pandemic has required a significant number of professionals involved in the care of people (and elsewhere) to work in different environments, in a different way. This is very welcome flexibility – but it should not mask the fact that in some areas, resources do not match demand, and they certainly do not match the pent up demand which will be released when the pandemic recedes. However, a bidding war (more of x versus more of y, or just more of everything) would be catastrophic – what is needed is a much more nuanced and careful consideration of the optimum approach to the future delivery of health and care services, and the type of teams that are required for the future, and the kind of leadership that is likely to make such teams more effective. (The Independent Review of Adult Social Care in Scotland, chaired by Derek Feeley, may provide some pointers in this context.) The fact that services have been severely disrupted and curtailed by the pandemic means that this is an optimum moment to restore them in a fashion that builds for the future, rather than seeking to re-establish an already creaking and unsustainable past.

Lessons

This is not an exhaustive list, but it is based on the points above:

10.1. Transparency matters, especially when the situation is unclear
10.2. Robust but realistic scrutiny supports improvement
10.3. Leadership is not easy – it requires insight, flexibility and resilience
10.4.  Certainty is not always possible
10.5.  Willingness to change is important
10.6.  Valuing a wide range of inputs improves decisions
10.7.  Outcomes and delivery matter more than process
10.8.  We need to value the social care workforce, unpaid carers and the third sector more
10.9.  Valuing people is demonstrated by what we do, not what we say
10.10. There is a golden opportunity to make health and care services fit for the future

How can we move forward?

11.  This, as ever, is the hardest question. A wish-list is easy, but should be avoided. Health and care services do need reform; that was not in dispute and some of these reforms were already underway. The pandemic has only made the reforms more pressing. But what the pandemic has also done is damaged the economy severely, and had a real and enduring impact on education; and it is likely to leave a lasting legacy of mental and physical health issues, besides the effects on matters such as employment.

12.  So reform of health and care services is not the only issue in play by any means. The prospects of a “more of everything” agenda actually being delivered are so remote as to be non-existent.

13.  The question then is, what to prioritise? Based on the lessons set out above, I suggest immediately:

13.1.  Deliver for the people who have had their diagnosis, treatment or procedures delayed
13.2.  Concrete action (not words) to demonstrate that we value the social care workforce, unpaid carers and the third sector
13.3.  Concrete additional action to tackle mental health issues
13.4.  Prioritise the voices of patients, carers and families
13.5.  Listen to staff in all settings who have been involved in delivering changes and responding to the pandemic
13.6.  Develop and refine options and choices based on what is heard, and on the best available data
14. And thereafter urgently:

14.1. Offer a transparent and open explanation of what can be achieved with the resources available, and what the hard choices are, including changes to the way services are delivered

14.2. Make space for an open and honest conversation about these choices

14.3. Test and scrutinise the available choices against the dimensions of accessibility (can people access them appropriately?), quality (are they safe, person centred and effective?), and sustainability (are they affordable now and in the future?)

14.4. Make the choices, being clear, from the standpoint of the benefit to people, about why some things have been prioritised over others

14.5. Change structures, delivery models and accountability if they need to be change but do not make these matters the focus

14.6. Delegate decisions, within that overall framework of choices, to where they are most effectively implemented

14.7. Scrutinise for improvement

**Conclusion**

15. Thank you for the opportunity to make a submission to the Committee. I am of course happy to discuss this further.

Kind regards,

**Paul Gray**