

John Deffenbaugh blog: Stop digging

Gaza finally has a ceasefire, but the turmoil looks set to continue. This is a tragedy for all. I realise this is a contentious area, but let me venture forth nonetheless. Not that I'll solve anything that 2,000 years of intransigence hasn't managed, but there is some insight to be gained here.

It appears that the democratically elected government of Gaza has chosen to invest a significant amount of its resources on digging tunnels. I wonder about the public value of this investment and whether or not voters will take a similar view at future polls. They will be influenced by the leadership narrative of the contesting parties. Israel has had much the upper hand historically in getting its message across, but there are signs that US citizens aged 18-29 are less taken in by the value of destroying tunnels versus bombing schools and hospitals.

The context has also changed from the time of the 1979 peace accord between Israel and Egypt. No longer do we have the bi-polar world that allowed for effective negotiations based on trust. As Roger Fisher observed in his seminal book *Getting to Yes*, "**In any negotiation there exist realities that are hard to change**". The realities in Gaza are very hard to change.

So what can NHS leaders take from this? First is their interpretation of the **role of government**. As public managers, NHS leaders are in the job of building bridges. Some, however, dig themselves into holes, as they think 'organisation' rather than patient and the wider system in which they operate. Providers can easily find themselves defending the bulwarks of their services rather than taking a step back and considering what is public value and their role in achieving that. David Brooks, the author of *Social Animal*, summed up what he saw as the role of government when in London last year for an NHS Masterclass:

Government should not run people's lives. That only weakens the responsibility and virtue of the citizens. Government could influence the setting in which lives are lived. Government could, to some extent, nurture settings that serve as nurseries for fraternal relationships. It could influence the spirit of the citizenry.

Both NHS leaders and those of Gaza and Israel can reflect on their nurturing role. Irrespective of location, there does not appear to be a lot of nurturing going on.

A second reflection is the **leadership narrative** used by NHS leaders to convey their message to staff internally and to the public and politicians externally. Members of the public elect politicians, while NHS leaders are appointed. Legitimacy does, therefore, come into the equation, as it does in Gaza. Of course people will want to protect their services, their hospital, their community. In this age of social media, NHS leaders will need both to consider their narrative and to improve how they communicate it if they want to realise the changes they think beneficial. The old adage comes to mind here: 'sell the benefits not the features'.

Finally there is the question of **trust**. In relation to Gaza, forget it. It doesn't help that Obama and Netanyahu loath each other. I also see this playing out unfortunately in some local health economies. The NHS is not Gaza. There can be no excuse for leadership behaviours that destroy trust rather than build it. There is still space, time and inclination – and an urgency – to build bridges, to get to yes, to stop digging.

John Deffenbaugh

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