

The mythbuster: Focus, not collaboration, is the key to good strategy

By [Steve Black](#)

Mirroring the concentration of a homeopathic medicine, NHS strategy lacks a good analysis-driven identification of problems and has a long list of 'focus' areas that wants to please everyone, writes Steve Black

Several years ago the NHS (wisely) [stopped funding homeopathic medicines](#). But that hasn't stopped the service applying the principles of homoeopathy in strategy and policy.

The basic principle of homoeopathy is that extensive *dilution* of an active ingredient makes it more effective (there are other ideas in there but they are even more dubious than the dilution thing). And it is the dilution of the active ingredient that appears to be a feature of NHS strategy.

I was reminded of this when NHS England announced the [creation of a National Improvement Board](#) whose job was partly "to agree the small number of shared national priorities" for NHSE to focus on.

Perhaps the logic of creating the NIB is that the [2022-23 mandate](#) (strictly, the blame for this is Department of Health and Social Care not NHSE but it does define what the NHS is supposed to be doing) has 13 major areas of focus. And each area has many subgoals to "focus" on. The pre-covid long-term plan was not much better (and has proved ineffective in shifting action not least because of backsliding on specific commitments to spend more on capital, IT, primary care and prevention).

The problem is that the 13 areas of focus are far too many. I've quoted Richard Rumelt's book [Good Strategy, Bad Strategy](#) many times to explain why:

"Unfortunately, good strategy is the exception, not the rule. And the problem is growing. More and more organizational leaders say they have a strategy, but they do

not. Instead, they espouse what I call bad strategy. Bad strategy tends to skip over pesky details such as problems. *It ignores the power of choice and focus, trying instead to accommodate a multitude of conflicting demands and interests.* Like a quarterback whose only advice to teammates is “Let’s win,” *bad strategy covers up its failure to guide by embracing the language of broad goals, ambition, vision, and values*. Each of these elements is, of course, an important part of human life. But, by themselves, they are not substitutes for the hard work of strategy.”

(my italics)

Good strategy, as I’ve argued, using a lot more words [here](#) and [here](#), needs a good *diagnosis* of the causes of problems and a relentless *focus* on addressing them (not all of them, just the small handful the organisation has the capacity to tackle).

The NHS strategy does not look strong on Mr Rumelt’s criteria. It looks about as strong as tea would if made with a five second dip of the teabag in tepidly warm water.

The big failure, and the one that seems to be driving the creation of the National Improvement Board, is a failure to *choose*

The first problem with NHS strategy is it lacks a credible or coherent *analysis* of the big underlying problems so its goals are broad and fuzzy. But NHSE flees analysis as a vampire flees a silver crucifix wrapped in with garlic.

But the big failure, and the one that seems to be driving the creation of the NIB, is a failure to *choose*. NHSE could and should choose to focus on driving improvement in just a handful of areas. But the mandate demands improvement in essentially every area of NHS activity. That sends a powerful signal to the service that there is no need to make trade-offs. Instead of giving the whole organisation a clear and common sense of direction, it gives everyone freedom to do whatever they want, even if it saps energy from the important, critical goals.

There are two possible reasons why NHSE has problems with both diagnosis and focus. One is that it seems to try to build strategy from consensus. The other is that it seems to want to keep every lobby or interest group happy. Consensus-driven strategy is a problem in an organisation as siloed and balkanised as the NHS as nobody wants to admit that the big problems are in someone else’s patch. This also makes focus hard as nobody wants it to be somewhere else. Hence a strategy that

lacks a good analysis-driven identification of problems and a list of “focus” areas that wants to please everyone.

The system is also obsessed with the idea that collaboration will solve all problems. But the best way to get collaboration is to have clarity about the *goal* . A small number of clear goals is far better than a general exhortation to collaborate.

Focus is essential. It creates clarity. It creates a common goal for everyone. It ensures there is enough capacity to make a big dent in the most important problems: if the effort is spread across too many areas, none will have the critical mass to make progress. *Everything Everywhere All At Once* might be the best movie of the millennium but it isn't an effective strategy for the NHS.

Will the NIB make any difference to this?

I fear not. It feels as though NHSE is passing the buck for decisions and choices only it should or could make. And there is no indication that the job of the NIB will involve creating a better analysis of what the underlying problems are. Plus, the creation of the new body will take time and effort before any useful work can be done. Its DNA will be largely inherited from its parents, DHSC and NHSE both of whom have severe congenital myopia and are too haughty to wear correcting spectacles to enable them to focus.

So, we might be left with an NHS strategy with all the concentration of a homoeopathic medicine. And homoeopathy is no more effective in a strategy than it is in a medicine.

Source: *Health Service Journal*, 9 May 2023.