

John Deffenbaugh blog: On the beach

Normandy became the centre of attention 70 years ago on 6th June. The Allied landings on what was called D-Day began the liberation of France and the end of the war in Europe. Normandy today is described as an open air museum. It is preserved by the victors and those who were liberated. I visited the D-Day beaches this month – Utah, Omaha, Gold, Juno, Sword – and the tranquil setting today belies the terror of 70 years ago.

Touring the museums brings home the reality of what the soldiers went through – but what brings tears to the eyes are the human stories of bravery, sacrifice and survival. There was considerable planning behind the landings, but once the battle commenced, it was down to the individual soldiers and their squads, platoons and companies to get the business done – groups ranging in size from 10 to 100.

I will venture into dangerous territory here – and that is to extrapolate some of the lessons from Normandy to the NHS. Others have recently fallen foul of making comparisons – Prince Charles, for instance, and pretty much all the mainstream politicians when it came to whatever they were comparing Ukip to. Nevertheless, I think three comparisons are valid: leadership, teamwork and training.

The real **leadership** that had an impact on D-Day, particularly the battle at Omaha beach, was provided by the leaders of the squads and platoons – think Bands 6 and 7 particularly. When the more senior officers fell, these NCOs, sergeants and lieutenants filled the breach. Stephen Ambrose reflects this in his narrative on D-Day:

The individual and small unit initiative carried the day. Very little, if any, credit can be accorded company, battalion, or regimental commanders for their tactical prowess and/or their coordination of the action.

This is why leadership development in the NHS is so critical. Boards and exec teams can huff and puff, push buttons and pull levers, but it is the middle leaders who get things done. It is very difficult to make a direct link of development to impact, but this was demonstrated on D-Day. Continuing commitment to leadership development will also show up over time in the NHS.

This links to the second point around **teamwork**. What motivated the citizen soldier on the Normandy beaches was not sheer survival, but also teamwork. Soldiers willingly jumped from landing craft in the early waves on Omaha into murderous fire. The cemetery on the bluff at Colleville shows that many did not make it off the beach. Their oral histories highlight the camaraderie and teamwork that caused them to act in support of their buddies. These soldiers had been moulded together in training for two years, so when the moment came they did not want to let the team down.

Effective teamwork in the NHS has been shown through the work of Michael West to have a direct impact on patient mortality. Small teams – sharing objectives, working closely, meeting regularly – improve their performance and deliver better patient care.

Finally **training**. The soldiers at Normandy had trained intensively for two years: Infantry School, specialist tasks, assigned targets. They knew exactly what they were supposed to do, and a system was in place for them to follow. Yet very little went according to plan. This meant that troops had to improvise, try new things, invent new methods, but within the experience of their training.

The NHS and universities provide training, but the connection between core training and outcome could be further strengthened. The travails around Mid Staffs are but one example of this. While the NHS is moving slowly to share best practice and make uniform some of its core processes, it will still want staff who can take charge when things get tricky, improvise when necessary, build teams and take leadership roles. They will not, however, be expected like the D-Day soldiers to land on beaches.