
HSJ Leadership Forum

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A business critical briefing from HSJ's Leadership Forum

Key themes

- Achieving quality through leadership in a difficult financial climate
- Embedding change in organisations
- Developing a culture of inclusive leadership
- Working collaboratively
- The importance of developing clinical leaders

Action points

- Learn the behaviours shared by effective leaders.
- Take risks to achieve quality despite budget constraints.
- Nurture future generations of leaders, plan for succession and ensure all staff are involved with setting values.
- Build and embed a robust diversity and inclusion strategy.
- Work collaboratively across organisational boundaries to provide better health outcomes for local populations.
- Use world class commissioning to deliver transformational change.

Speakers

- Richard Vize, editor, Health Service Journal
- Professor Sir Bruce Keogh, NHS medical director, Department of Health
- David Fillingham, chief executive, Royal Bolton Hospital Foundation Trust
- Yvonne Coghill, programme lead, Breaking Through Programme, NHS Institute for Innovation and Improvement
- Peter Bradley CBE, chief executive, London Ambulance Trust
- Mike Cooke, chief executive, Nottinghamshire Healthcare Trust
- Christopher Long, chief executive, NHS Hull. [Download Mr Long's presentation.](#)
- Elisabeth Buggins, chair, NHS West Midlands
- Mike Farrar, chief executive, NHS North West
- Alwen Williams, chief executive, Tower Hamlets PCT
- Gareth Goodier, chief executive, Cambridge University Hospitals Foundation Trust

Delivering quality and innovation through leadership, Professor Sir Bruce Keogh, NHS medical director, Department of Health

- Clinical leadership has a key impact on good and bad clinical practice.
- Good leaders take risks and are prepared to fail from time to time.
- Quality, innovation and leadership are all inextricably linked.
- Leaders need to "think the unthinkable" and provide belief to the workforce that they work in a successful organisation.
- Providers need to demonstrate cross-boundary working.
- Commissioners need to show leadership.
- Regulators should focus on improvement and not just scrutiny.
- The DH should give permission for the NHS to innovate and know when to let go.

- Boards should use the pursuit of quality to lead financial strategy - not the other way around.

Leading through turbulent times, David Fillingham, chief executive, Royal Bolton Hospital Foundation Trust

- We are facing the largest reduction of funding ever, which could mean a 25 per cent decrease in budget in some trusts.
- Improvement skills should drive reforms to take costs out, but initiatives should be “deepened, spread and accelerated”.
- We should set clear goals for efficiency gains including establishing robust redeployment processes, setting up better benefits tracking systems, and being honest with staff and unions about the requirement for alternative approaches.
- We need to move transformation to a holistic systems level and work together to reduce preventable illness, invest in chronic disease management, redesign care pathways and reshape financial flows.
- We need leaders who can lead, manage and coach, are enthusiastic pragmatists, and will look after themselves and their colleagues well.

The importance of inclusive leadership, Yvonne Coghill, programme lead, Breaking Through Programme, NHS Institute for Innovation and Improvement

- The NHS Constitution clearly focuses on the provision of a comprehensive service to all, irrespective of background.
- The NHS has a social duty to promote equality.
- It is vital for the NHS to build and embed a robust diversity and inclusion strategy.
- We need to drastically improve representation at senior leadership level within healthcare.
- The National Leadership Council will look to remove barriers for talented people from all backgrounds. The council will work towards creating a system that is more in tune with local population needs, ensuring the NHS is an employer of choice, and act as a driver for innovation by releasing untapped talent.
- This will be achieved with board-level commitment to providing mentoring opportunities and more values-based training, enhancing mechanisms for talent spotting, and creating strong networks to provide support to staff.

Panel discussion, Peter Bradley CBE, chief executive, London Ambulance Trust; Mike Cooke, chief executive, Nottinghamshire Healthcare Trust; David Fillingham, chief executive, Royal Bolton Hospital Foundation Trust; Christopher Long, chief executive, NHS Hull

- Peter Bradley commented that the NHS is good at doing things, but not always good at measuring the benefits. He noted that service transformation would enable his organisation to be less reactive and capitalise on the chance to promote better health in the community. He also spoke about the ways the London Ambulance Trust is professionalising the service, and focusing on quality measures more than targets.
- Mike Cooke spoke about the extremely challenging environment the NHS is currently facing. There is a need to decrease management costs and enhance collaboration and competition. The major challenge is that improvements need to be achieved with fewer staff, working harder and smarter, in fewer organisations.
- Christopher Long illustrated the size of the budgetary crisis, equating the £20bn savings to the total combined budget of the health services in Northern Ireland, Wales and Scotland. Collaboration and open communication between organisations is imperative - an open book policy is the way forward. There is a need to grab the “low hanging fruit” now to provide financial headroom for the future. The NHS should continue to take best practice from the private sector and move to supply chain leadership to develop services on behalf of the consumer.

- David Fillingham commented on research conducted by Bridge Consulting, which identified the enduring themes of the best leaders exhibiting authenticity, political savvy, personal energy, balanced resilience and the ability to maintain long-term relationships.

Collaborative leadership: developing the skills of leaders to achieve truly integrated care, Christopher Long, chief executive, NHS Hull

- Hull is the 11th most deprived area in England and presents significant strategic challenges in the provision of healthcare.
- Local councillors claim democratic mandate to dominate partnership activity, and the health improvement agenda squeezes out other considerations. There is insufficient engagement with the private sector, and everyone tends to chase their own targets.
- To tackle this, Hull decided to focus on four themes: healthy, earning, learning and safe. The communities that don't achieve in one area are likely to fall behind in all themes.
- Partnerships need to be built on relationships with a forward-looking risk matrix and a greater acceptance of accountability.
- A "Total Place" strategy (i.e. spend across the whole community) will ensure long-term foundations can be built in order to survive challenging times.

The National Leadership Council: bringing world class leadership to the NHS, Elisabeth Buggins, chair, NHS West Midlands

- The NLC will assist in providing the NHS with outstanding leadership and development at every level to ensure a high standard of care for all.
- This will be achieved through enhanced board level development, refreshing governing the NHS, supporting the quality and productivity agendas, and producing a digital platform of resources for boards to draw on.
- The chairs will take overall responsibility, but every director will take accountability for the strategy.
- This programme will fill in the gaps and not replicate what is already on offer, and the material will be relevant and compelling, but not compulsory.

Getting to grasp, grip and gravitas, Mike Cooke, chief executive, Nottinghamshire Healthcare Trust

- Boards need to avoid reticence, reluctance, resistance and risk aversion.
- They should focus on good governance, grasp, grip, gravitas and granularity.
- Trusts need a forward-looking board that drives them to success, based on patient needs, adding value, not overhead.
- Grasp refers to the environment, core business values, opportunities and risks, regulation and quality. Grip relates to trajectory, performance, partnerships, brand, good behaviours, reputation, scrutiny and assurance. Gravitas involves the way leaders exude pride, performance at AGM, networking with purpose and clarity of strategy.

Transforming NHS leadership, Mike Farrar, chief executive, NHS North West

The seven key messages for effective leadership:

- Think more, do less.
- Be more aware of the emotional and less pre-occupied with the rational.
- Be more aware of power as opposed to position.
- Be more honest and less fearful of the truth.
- Understand and develop better relationships with clinicians.
- It's not what you say but what people hear that counts.

- Deliver the reality but manage the perception.

Inspirational leaders possess four attributes:

- They selectively show their weaknesses.
- They heavily rely on intuition to gauge the timing of actions.
- They manage employees with tough empathy.
- They reveal their differences.

Leading a commercial and efficient health service through world class commissioning, Alwen Williams, chief executive, Tower Hamlets PCT

- The NHS in north east London has launched a strategic collaboration across the seven PCTs and five acute trusts to review care patterns, demand and capacity planning, and transformation of care out of hospital.
- A formal consultation is looking at an acute provider reconfiguration and this needs to be implemented rapidly and expertly to secure the economic future.
- Effective commercial leadership is required - a leadership group that understands the commitment to change and individually and collectively act as role models that demonstrate change is possible.

Clinical leadership: developing the essential role of clinical leaders in a quality-driven NHS, Gareth Goodier, chief executive, Cambridge University Hospitals Foundation Trust

- Promote leadership roles for clinicians, as many are not interested in leadership. Give them opportunities to grow, while still retaining the security of positions and salaries.
- Training must be provided and senior resident posts can be used as platforms to develop staff.
- Simultaneously train non-clinical operational management in basic clinical issues in order to bridge the gap.
- Avoid nepotism and patronage.
- Robust programmes should identify clinical champions (including nurses), nurture future generations, plan for succession and ensure that all staff are involved with setting the values in order to avoid a simply top down approach.

Key questions and answers

Q How do you bridge the gap between clinicians and management?

It's essential to promote leadership roles for clinicians, as many are not interested in leadership. Training must be provided and senior resident posts can be used as platforms to develop staff. It's important to simultaneously train non-clinical operational management in basic clinical issues in order to bridge the gap.