The King's Fund

Ideas that change health care

Chris Roebuck

Developing effective leadership in the NHS to maximise the quality of patient care

The need for urgent action

Commission on Leadership and Management in the NHS

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This paper was commissioned by The King's Fund to inform the leadership commission.

The views expressed are those of the author and not of the commission.

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1 Overview

The challenges facing the NHS at present are the same core challenges that face all organisations, commercial or otherwise: the delivery of an effective and efficient service with limited resources. While commercial organisations may additionally seek to make profit from this process, the differences in ownership, objectives and structure between the NHS and commercial organisations do not alter the core challenge they both face.

The problem for the NHS now is that the difficulty in implementing the scale of changes required in the time available would severely challenge even a world-class commercial organisation.

I sought feedback from a number of experienced NHS leaders (full list attached in Appendix 1) to get a perspective on past NHS leadership development and identify the areas that they felt needed to be addressed in the future. There was a strong feeling from the feedback that the NHS had played at 'doing leadership' a number of times over the past 20 years but had never been successful in making it fully effective. Significant resources had been used on designing models and systems and launching initiatives, but overall, these had not had the desired transformational effect in terms of performance. This inability to achieve such significant performance uplift, even with significant resources allocated to leadership development, is a problem seen in many commercial organisations as well.

This previous poor level of success in leadership development in the NHS suggests that a totally new approach is required in the future to stand any chance of being effective in the time available. The feedback also identified the themes and challenges that the NHS has in common with the commercial sector, which enabled identification of leadership development options from the sector that would benefit the NHS.

This short report is therefore structured to cover seven key areas:

1. evidence of the benefits of good leadership for organisations
2. leadership capability required for good organisational performance
3. high-quality leadership: non-NHS examples
4. frequent problems in leadership development
5. examples of effective transfer from the commercial sector into the NHS
6. NHS progress in developing leadership
7. recommendations.

2 Evidence of the benefits of good leadership for organisations

There is significant evidence that good leadership has a positive effect on organisational performance as measured by a range of metrics. These benefits are delivered via a combination of improving the formal systems and processes that are in place together with enhancing the prevailing culture. The benefits are delivered at both strategic and operational levels. There must be both good strategic and operational leadership to maximise the benefits of leadership. Good strategic leadership alone will not deliver top-level organisational performance.

Strategic level

At strategic level, the benefits of good leadership relate to the development of the performance of the organisation as a whole.

In most organisations that are quoted on the global stock markets, intangibles now account for over 70% of share value. Intangibles include the capability of the current leadership, the quality of the current strategy (set by the current leadership), the brand value (a product of past leadership), the quality of future leadership, and sustainability of earnings (again, determined by the current leadership and their development of the future leadership). This confirms the real value of leadership to organisations as determined by the market.

In relation to specific financial measures, top-tier leadership development organisations outperform their peers in Total Shareholder Return (TSR) by 10% over a three-year period. This means that an organisation of £2 billion market value increases market capitalisation by approximately £200 million due to leadership development and talent.

As well as good leadership having a benefit, poor leadership has a cost. Low-quality leadership organisations lose about 6% on TSR over a three-year period and about £110 million on market capitalisation. Further, organisations with stronger leadership development systems have higher return on earnings and profit than competitors, up to 7% higher.

Internally, the quality of strategic leadership in the organisation will determine the culture which impacts significantly on bottom line performance. A good organisational culture is vital in getting high performance from staff at all levels. If a good culture is created by strategic leadership, these are the potential increases in discretionary effort from staff delivered by each of the elements listed:

- effective communication: +29.2%
- reputation of organisational integrity: +27.6%
- culture of innovation: +26%
- culture of flexibility: +24.7%
- customer focus: +23.3%
- future orientation: +23.1%

- equity and recognition: +21.5%
- company success: +21.5%
- culture of risk-taking, lack of a blame culture: +20.6%
- community involvement: +18.6%.

Hewitt's *Top Companies for Leaders* reports (2005/7) had a sample of 273 organisations. This showed that top-quartile performing companies have a higher focus on developing leadership than those in the bottom quartile. Further, 85% of the top 20 performing organisations held their leaders accountable for developing talent. The same reports show that good leadership and talent systems can enable organisations to perform 10–20% better than those without.

Operational level

At operational level, it is possible to benefit from good leadership even if an integrated approach to leadership at strategic level is not present. Individuals, teams and departments can perform well even if the rest of the organisation does not. Practical improvements that are simple, quick to implement and low cost can be delivered day-to-day by quality leadership at the operational level.

This is primarily based on general engagement data, which show that less than 20% of staff in most organisations are engaged, roughly 65% 'just do the job', with 15% negatively impacting on colleagues – ie, are disengaged. The 65% who 'just do the job' could potentially give the organisation 30% more discretionary effort if they wanted. However, it is not possible to determine if an individual is giving discretionary effort through the normal appraisal process. It is possible for an individual to withhold this extra 30% and still be seen as an acceptable performer in most performance management systems.

At the highest level of improvement, if the organisation can get disengaged staff to become engaged, this will improve the individuals' performance by up to 57%.

In many cases, it is simple actions that can be taken by leaders day-to-day that make a real difference to performance. For example, making clear the line of sight from individual to corporate objectives can improve discretionary effort by up to 28%, fair and accurate feedback, by up to 39%. These cost the organisation nothing to implement and not only deliver better performance but also start to create a culture that adds further benefit in due course.

The organisation can add potential value at operational level by initiating these most basic of activities. For example, 'onboarding' – the co-ordinated joining of the organisation by new hires – can have a significant impact on the performance of new staff. If the following content is included in the onboarding process, these potential increases in effort could be obtained:

- clearly explains importance of job: +23.4%
- teaches about organisational vision and strategy: +21.9%
- teaches about group or division: +21.5%
- clearly explains performance objectives: +20.9%

- clearly explains job responsibilities: +20.3%
- introduces new hire to other new employees: +19.2%.

Having a coherent approach to other basic elements such as development plans can also have a positive impact. For example, good credible development plans can increase potential by +37.8%, engagement by +45.4%, ability by +15.7%, and aspiration by +22.5%. Unachievable development plans can reduce potential by -18.9%, and development plans that managers do not support or take seriously can reduce potential by -12.5%.

Of the decision to give high performance by an employee, 57% is rational and 43% emotional. Of the emotional, over 80% is determined by the immediate line manager's behaviour. Overall, a good line manager who inspires and develops people can increase an individual's potential and performance by at least 30% and reduce risk of talent loss by over 80%. Of the key influencers of high performance, the line manager is responsible for 6 of the top 10 and 17 of the top 20 influencers of retention.

But frequent changes in projects, assignments and line managers can reduce performance by 27%, so consistency is essential.

While the majority of leadership impact comes from line managers, senior management do have an impact. Certain things that they do will impact across the organisation by virtue of the actions they take and the effect these have on the culture. These are the possible changes in discretionary effort as a result of the senior executive team showing that it….

- is open to new ideas: +22.9%
- deeply cares about employees: +20.7%
- makes employee development a priority: +19.7%
- is strong in leading and managing people: +15.6%
- is strong in strategy selection and implementation: +15.6%.

All data above, unless otherwise stated, are sourced from the Corporate Leadership Council: **Managing for high performance and retention – an HR toolkit for supporting the line manager.** Winter 2006. Based on their 2004 survey identifying the top 300 drivers of employee engagement. Data from 50,000 employees in 50 organisations, 27 countries, and 10 industries.

3 Leadership capability for good organisational performance

To be world class, modern organisations need a minimum level of different types of leaders in approximately these proportions:

- a key group of good senior leaders that are capable of leading effectively within the most challenging environments the organisation is likely to encounter – at least 10% of the leader population
- another 80% being competent in day-to-day operation but likely to encounter difficulty when challenges become very severe
- 10% being less than competent due to the need to develop and engage these individuals as they join the organisation and are brought up to the benchmark standard.

Obviously, if it is possible to increase the size of the good group from the competent group, then this is desirable. However, in reality, the evidence would suggest that most organisations are more on the lines of:

- 5% of leaders being good quality
- 25% being competent
- 60% being less than competent – unable to be fully effective leaders even in day-to-day activity, primarily due to lack of leadership development
- 10% being counter-productive – their approach to leadership is so bad that it degrades the performance of others, primarily due to lack of leadership development.

This is confirmed by the levels of staff engagement from survey data suggesting that in the region of 50–60% of staff are not engaged. If staff were receiving consistent levels of competent leadership, these engagement figures would be much higher. High-performing/world-class organisations demonstrate this from their engagement data, which show much higher engagement levels.

The challenge that the NHS faces is exactly the same as commercial organisations – namely, to move average quality leaders from the 'less than competent' to 'good' or at least 'competent'. There are a number of simple key steps in creating a talent and leadership system for any organisation that will achieve this. These are the same for a commercial organisation as for the NHS at trust, regional or national level.

This traditional structured approach to developing leadership would take the NHS and organisations in it, or at least the organisations that wanted to participate, through a proven process of putting in place the key elements that a commercial organisation would utilise, namely:

- credible, consistent and effective performance management system
- development with staff of clear single vision for the organisation with sub-visions as required
- development with staff of operational objectives to meet the vision

- communication cascade of agreed objectives to all
- development of a comprehensive delivery chain and culture change strategy to deliver the above
- development of underlying talent and leadership systems to make the above effective, eg:
  - development of a talent and leadership flow chart for the organisation (Appendix 2)
  - identification of key organisational roles – succession planning (demand)
  - talent identification systems – potential leader identification (supply)
  - assess leader supply and demand matching
  - effective talent development interventions – leadership programmes, coaching, mentoring and other activities
  - general development for all (operational and strategic leadership)
  - specialist development for all (clinical, management, functional expertise)
  - recruitment for specific roles when required (matching supply to specific demand)
  - alignment of development activity to ensure all initiatives support overall organisational objectives.

Within generally expected timelines, this process would take about three to four years to implement fully, although benefit would start to accrue after six months if implemented in a tactically optimum way.

4 High-quality leadership: non-NHS examples

From personal experience, there are three good examples of top-quality leadership that the NHS could draw lessons from, all of which I have personal knowledge of:

- leadership development in the British Army
- leadership development at UBS 2002–5
- leadership development at General Electric.

Leadership development in the British Army

The British Army is extremely effective at building top-quality operational leaders who can function well in even the most challenging environments. The systematisation of the leadership process enables this to happen. Such systematisation of leadership and process is also used by the NHS in areas such as A&E to ensure low risk levels in critical situations. However, such a systematic approach does not extend to wider leadership delivery across NHS organisations where it could add value.

The Army seeks to develop five critical elements:

- confidence in your capability
- culture of service and success
- comradeship
- complete trust in your leader
- courage.

To one degree or other, the NHS requires these elements, although obviously not to the same level and proportions as demanded by combat operations for the Army.

The advantage of the approach used by the services is that it is simple to learn, practical, adaptable to different situations, and memorable. Unlike many commonly used commercial leadership models, and some in the NHS, it focuses on being practical and effective rather than theoretically correct and perfect. The main model used by the Army is the 'Action Centred Leadership Model' developed by John Adair (*see* Appendix 3). In this, the leader has to consider and balance only three factors:

- completing the task
- maintaining the team
- motivating the individuals.

The core difference between the services and the commercial sector is that leadership capability is the prerequisite to recruitment/appointment and that functional capability is developed afterwards rather than the other way round. While this is not an option within the commercial world or NHS in general terms, the principle that good leadership capability must be present in all staff who influence the performance of others, and must underpin the delivery of all activities, is transferable to the NHS.

Further, the introduction of the concept of Mission Command (*see* Appendix 3) in the 1990s by the Army resulted in the delivery of more freedom to those on the front line to make their own decisions about what actions to take within the context of an overall objective. Previously, the Army had worked on the principle of controlling exactly how individual teams had to do every element of the task through a tight control system. With the move away from a potential concentrated conventional warfare environment in Western Europe to dispersed UN support activities in the Balkans, close control was no longer a practical option. Thus, the Mission Command system was introduced, whereby it was vital that teams were given significantly more knowledge about the 'bigger picture' and more freedom to make their own decisions about specific actions within a general framework of desired outcomes.

This also played to the strengths of an increasingly intelligent and professional 'workforce' among both officers and men. Such operational freedom within operating boundaries gave more responsibility at lower level and improved the overall levels of performance by virtue of that cascade of information and the associated additional freedom of action.

The use of an approach that uses simple leadership principles to get base leadership capability in place as the military does would be a quick and simple way for the NHS to move forward. The core approach used by the military is both relevant and transferable to the NHS. Further, elements of the Mission Command process might well be applicable to some parts of the NHS where empowerment is required and strict controls have been counter-productive.

Leadership development at UBS

The development of leadership at UBS (2002–6) was an example of leadership being improved to drive better organisational performance. I was one of the leaders of this project so have detailed knowledge of how it worked. It is still regarded as one of the best examples of driving organisational performance through leadership, and is even now being replicated by a number of global organisations.

It was successful as the performance of key individuals, their teams, and subsequently the wider organisation improved. This was evidenced by improvement in official industry rankings, better financial performance, lower staff turnover, global awards for the leadership programmes, and the whole project becoming a Harvard Business School case study in excellence. Further, UBS won the title 'Best Company for Leaders Europe 2005' and was number 8 in 2007 even after the financial crisis started.

To improve the performance of the organisation, alignment, consistency and world-class quality had to be delivered in everything the organisation did. The objective was to create 'One UBS' to deliver a seamless service by an integrated organisation. To deliver this, the top 500 leaders of the bank had to be aligned to a new organisational strategy, to create a new culture and to make their own business area world class. They would then work in partnership with colleagues to do the same for the whole Group. This would be delivered simultaneously in the five different divisions through 70,000 people spread over 100 countries. So the supporting talent and leadership activity also had to meet a world-class benchmark.

To be successful, the implementation had to create the desire and capability within the senior management cadre to move into a new world and new way of thinking. The existing complex and unaligned legacy Human Resources (HR) system was not capable of doing this, hence a new approach. The new talent and leadership strategy had to be focused on delivering business benefits, developing capability, enhancing motivation, aligning effort and building networks – not just the delivery of a range of talent or leadership products. A value chain had to be created by starting from the organisational need and working back to quick and simple interventions that, when aligned and integrated, would deliver the required outcomes effectively.

The key principles of success at UBS were to engage staff with a single, clear, overall objective and to make sure that all processes were aligned to deliver that objective. This was underpinned by three key deliverables: understand the whole system, world-class delivery to the client, and to be a world-class leader. The initiative had full top management support and was delivered in a simple and pragmatic, operationally focused way. In many situations, both process and culture realigned to new objectives. It was also important to have consistency across the organisation in different functional areas and for the project as a whole to be owned by line management not HR, to maximise staff engagement. In relation to leadership, getting the best person in the right place at the right time was the objective of the talent system to maximise performance.

The critical components required to achieve this were: a new consistent global performance management system for everyone, available online; the identification of key roles in the organisation to enable risk minimisation through succession plans; the identification of individuals to fill those roles through accurate performance and potential measurement; the development of those people through a small suite of business-focused development experiences; and the creation of a leadership network and community. All the above were designed to deliver the alignment of the leadership group to the new strategy and culture to achieve the UBS vision for 2010. So this was no short-term plan but a long-term strategy. Developing leadership was applied to all levels, not just at the top; this was a critical success factor.

The development activities for leaders always focused on business-driven content designed to deliver not only individual development but also organisational performance improvement as well. Development programmes were delivered by senior leaders, not external academics.

Even with the desire to develop performance of staff at all levels, it became clear that many line managers, even if they had the desire to develop their people from the engagement strategy, did not have the capability to do so. To address this, a core leadership and management skills programme was instituted, linking into existing offerings by business divisions. The key component was the ability to have effective discussions about performance and development between line manager and employee, and then deliver the agreed development plans and performance improvement.

By 2005, UBS was producing 14% more revenue than its main competitor with a 10% smaller wage bill; it had significantly moved up the global bank rankings and was seen as an example of excellence in the sector. The UBS Leadership Academy team created a benchmark centre of excellence driven by business need that delivered simple and effective solutions quickly. It used a world-class global team that gained initial credibility via effective

execution and then subsequently worked in the closest possible partnership with both HR and business leaders to achieve a common aim – maximising the performance of the Group as a whole.

Leadership development at General Electric

General Electric (GE) is a global corporation that owes much of its long-term success to the way it works on leadership. Founded over a century ago by Thomas Edison, GE was determined by Hay Group/Business Week in their 2009 study to be the 'Best Global Company for Leaders' (Hay Group/ Bloomberg Businessweek.com – 2009 Best Companies for Leadership study)

. Through crisis and downturn, chaos and restructuring, GE has retained its global business credibility, largely because of the quality of its leadership and the constant development of its leaders to meet market needs.

At GE, learning is a key part of the culture, with the global Leadership Development Center at Crotonville, near New York. Due to significant investment for more than 50 years, the Leadership Center has been at the forefront of practical application of thinking in organisational development, leadership, innovation and change acceleration. It was the first of its kind in the world, and attracts some of the world's leading minds in academia and business. Every year, for thousands of GE people, from entry-level employees to their highest-performing executives, a journey to Crotonville is viewed as a pilgrimage – a transforming learning experience that many describe as a defining career event.

One key to this success lies in the relevance of the Crotonville syllabus to the day-to-day practice of leadership within GE. This is directly linked to how closely the learning experience there is linked to GE's business reality and its corporate identity. While Crotonville (and its distributed global campuses) gets participants out of their offices, it does not take them out of their work. The Crotonville curriculum and the learning experience are regularly revisited to enhance their business relevance and impact. Key to the faculty are GE business leaders as well as top academics. This drives the leaders' actual business activities into the development process.

Business relevance is integral to Crotonville's global leadership offerings. As an example, complete management teams attend the 'Leadership, Innovation, and Growth' programme to revisit and reshape their own business strategies as they absorb new thinking from a range of expert perspectives and engage with their actual business sponsors in close quarters. As the *Harvard Business Review* (January 2009) described it, the teams 'emerge with an action plan for instituting change in [their] business and… feel obligated to deliver on it'.

Other courses assemble ad hoc teams from different GE businesses to investigate specific strategic challenges out in the 'real world', returning later to Crotonville to report their findings and recommendations to top executive sponsors. Senior leaders are visible at Crotonville weekly to actively guide and engage with GE's upcoming leaders as they grapple with real GE business challenges and their solutions. This mirrors the UBS approach, and was also used successfully by Goldman Sachs and other top global players.

GE has created a range of systematic links between their business strategy, their organisational culture, and the way they develop and engage their

leaders. In contrast to 'top tier only' executive development programmes used by many organisations, GE deliberately invests in leaders at all levels. Talented leaders are identified early in their tenure, often placing them in stretch assignments before they even think they are ready.

One such programme is Xcellerate, launched in 2010, which accepts aspiring executives showing a combination of 'ability, aspiration, and engagement' for two years of career acceleration that includes individualised development, coaching, and stretch job assignments. In one set of leadership programmes, recent college graduates rotate through a broad range of business assignments that are supplemented with formal classroom study. In 'Experienced Leadership Programmes', seasoned new hires directly collaborate with top innovators in their fields.

While these training programmes create quality and success in their own right, the Human Resources function plays a key role in ensuring that these programmes maintain cohesion, focus, and business relevance. HR within GE is a critical business partner that draws its own top talent, has its own leadership acceleration programmes, and participates actively in decisions about the shape and composition of the workforce required to realise short- and long-term business objectives. GE has implemented detailed and rigorous operating mechanisms that connect its strategy and operations; HR links these to people, culture, and values, with equally robust processes and leadership.

Company-wide processes for talent review and planning drive professionalism, defined through corporate values, and fair standards for high performance. The annual cycle for people performance management requires HR and business leaders to jointly assess leadership and skills development for all employees, and personal development is planned deliberately as part of goal setting and appraisal discussions.

5 Frequent problems in leadership development

These are some of the key challenges that restrict commercial organisations from developing effective leadership. These would have had to have been solved in the examples in the previous section to deliver the success achieved.

- Lack of clarity around roles and responsibility for leadership, producing confusion
- Confused organisational objectives
- Lack of good organisational data, not just about leadership but for effective organisational decision-making
- Need for leadership development at all levels, not just at the top
- Need for talent identification at all levels using a consistent and simple system
- Lack of consistent performance management, a basic system
- Need to better align individual and organisational success
- The use of varied and complex HR-based tools rather than standardised, output-focused, simple and practical systems and measures
- Lack of HR capability to deliver the leadership agenda
- A silo mentality, restricting partnership working
- A desire to build complexity rather than simplicity
- A blame culture and micro management – need for more empowerment and trust
- A need to increase initiatives on team performance – not just individual development
- Need for better proactive communication that engages, not just 'tells'
- Need for ownership, responsibility, living the values, flexibility, partnership working
- Encouraging people to be more proactive
- Building an understanding of the wider organisation, seeking knowledge, building networks
- Poor culture – just doing the job is not enough, seeking to improve service is needed
- Coaching more than directing

These issues were also identified in feedback from senior NHS staff as being issues that prevent effective leadership in the NHS. This confirms the similarities between the needs of the NHS and those of commercial organisations.

Examples of effective transfer from the commercial sector into the NHS

There is a building volume of evidence that quality leadership does improve the performance of health care organisations. This report is too short to go into any depth on this, but it is essentially because, whatever the sector, any organisation performs better with good leadership.

To demonstrate that it is possible to take commercial approaches and adapt them to the NHS, GE is an interesting example. GE has adapted its own successful leadership programmes and process improvement for delivery in health care environments.

The GE Healthcare Performance Solutions team works with hospitals and health care organisations to develop leadership to enable new ways of organising, measuring and managing health care delivery using GE techniques. This helps health care organisations shift their culture and practices by adopting elements of the business systems and methods that have allowed GE's own leadership and talent systems to be effective. The results can be measured in the increasing leadership capabilities of people in health care organisations and, ultimately, in the quality of care experience and outcomes delivered to patients.

In several large foundation trusts, GE has been involved directly, developing cohorts of NHS leaders to unify teams and lead improvement, and to develop the ability of organisations to develop their own leaders. This has taken a range of forms: self-sustaining programmes for change agents or organisational values champions, implementation of leadership talent review processes, and design of employee goal setting, feedback, and appraisal systems, to name a few. Always, these initiatives' methods follow the GE formula of tying leadership development experiences to the real work of leadership: building personal and organisational capacity to learn and lead for the long term, accelerating the capabilities of the organisation as well as the individual. GE is involved in the National Leadership Council's NHS Top Leaders development programme to equip UK health care leaders to succeed in the changing health care environment, and provide a system to deliver the NHS with a pipeline of leaders ready to lead in the future.

Another example is that a significant number of NHS trusts and a strategic health authority (SHA) now use an adaptation of the system developed by UBS to identify talent/ potential. They do this as the system is simple, fast and effective, to a greater degree than the available NHS tools. This system, or adaptations of it, is currently used by more than 80 trusts across the NHS.

6 NHS progress in developing leadership

There are a small number of NHS organisations that do practise and develop good leadership, using support from various sources; but these are the exception. The real risk to the system, as in the commercial sector, is from the many organisations that either do not see leadership as an organisational priority or do not have the capability to do anything about it.

The Department of Health's guidance for talent and leadership plans (*Inspiring Leaders: leadership for quality* 2009) sets out a broad approach to the principles of effective leadership and its application across the NHS. I was involved in the development of this via the East Midlands SHA as one of the proof of concept SHAs, and then subsequently, with the Department of Health. In quality terms, this set out an approach that was as good as the better strategies used by the commercial sector.

However, from my personal experience, despite its value, the guidance has not been widely adopted. Feedback on the guidance clearly demonstrated that most trusts are not generally capable of developing effective leadership systems without support, as they lack both the internal resources and expertise. The guidance sets out an overview and advisory role for SHAs that could have met this need to some degree, but similar shortages in SHAs caused questionable levels of support capability and low levels of adoption in many areas.

Certainly, implementing the Department of Health's guidance is not a one-year project, and its adoption and embedding would be expected to take three to four years as similar projects do in commercial organisations. But with the proposed changes to the NHS, that timeline is now not likely to be viable.

7 Recommendations

Irrespective of whether the NHS operates as a co-ordinated service or a number of independent trusts, quality leadership must be present at all levels or patient care will suffer. Leaving individual trusts to adopt their own approach to developing leadership is both inefficient in terms of overall resources, and creates risk. The commercial sector is investing significant resources to build co-ordinated leadership systems across complex global organisations. This suggests that no matter what the final governance and structure of the NHS becomes, there should be some form of co-ordinated approach across the service.

If three to four years were available to implement good leadership in the NHS, it would be logical to adopt the traditional structured and comprehensive approach as used in the UBS and GE examples. However, in the current situation, the NHS is unlikely to have either the desire or capability to achieve a strategic leadership system across the country, even with the Department of Health guidance and National Leadership Council (NLC), for at least three to four years. But good leadership is vital in the NHS now, and leadership is also needed in areas previously not exposed to it – general practitioners (GPs), for example.

A practical and pragmatic approach is required when there is a real need to improve leadership on the ground urgently, even if not all the strategic supporting systems are in place. It is sometimes used in commercial organisations during times of enforced change or crisis. This is, in effect, exactly the situation the NHS is in. It quickly puts in place a base level of leadership competence and would deliver a benefit in organisations that implement it within a few months. There would be no need to alter the work being developed by the NLC, which would continue and come on stream at strategic level in due course.

This approach works on the principle that if a majority of leaders in an organisation are known not to be fully competent, then all leaders can be developed via a broad brush approach rather than a targeted approach based on individual needs assessment. This is not to say that the delivery is not tailored to individuals; just that everybody gets consistent core content. This is what the NHS needs to do now, not to waste time and engage in a detailed self-assessment as it would probably be tempted to do.

This solution is a simple and practical delivery-focused system that can be rapidly implemented as soon as possible, directly at trust level. The existence of the SHAs until 2013 lends itself to some support provision being delivered at regional level to make this happen via leadership academies or other channels delivering an agreed syllabus of core content. However, the core lack of capability in SHAs remains a problem.

This system also makes sure strong core leadership foundations are in place to support the strategic leadership systems when implemented via the NLC or other bodies in due course. Too often, organisations attempt to put in place strategic leadership activities when these basics are not in place, and then the systems fail.

The content, which can be put in place quickly by the system, would need to be:

1. Basic management skills for all (including clinicians) – specifically project management, financial understanding, process improvement.
2. Basic leadership skills for all (including clinicians) – influencing, engaging, decision-making, briefing a team, running a task, giving feedback, building networks.
3. Building wider understanding of the 'whole organisation/ system' – so appreciating how the whole process works to deliver care, not just your own job.
4. Basic performance management and talent identification system.

It is anticipated that, if structured and delivered in the optimum way, these could be in place in a trust within 12 months for a majority of leaders. Those leaders who have attended other leadership development programmes would still attend to enable a common understanding and approach to be built. The expected time to deliver the leadership development would be four days, split into two two-day modules. These would be delivered either in-house for one organisation or in regional centres as required. It would not be necessary to gain agreement on the content across trusts as it would be so basic that those trusts with no existing systems would welcome the opportunity to implement it, and those with higher-level systems would have already met the required standard.

Most trusts do not have the capability internally to implement this. Many would need a source of proactive expert advice. But leaving the delivery of this to a large number of individual private sector providers would be possible; however, the alignment between organisations in terms of common language and approach would not be present. This could present a significant risk and would limit effective transfer of talent between trusts and knowledge transfer or networking.

The optimum solution would be the setting up of a number of centrally co-ordinated proactive teams that would visit trusts, and deliver consistent content across the NHS in partnership with each trust's current leaders. This would enable the trust to implement the base level systems quickly, in a matter of months not years. For example, a proven and effective talent identification system could be implemented in just eight weeks in this way, as was achieved in several examples.

This suggested strategy takes the best from the commercial sector and the military and tailors it to the NHS so that implementation can be quick and effective. The traditional, longer-term approaches would fail to deliver in the timescale the NHS has to meet. The last thing the NHS needs now is a long-winded debate that produces complex models that take many years to implement and then fail to have significant impact. This would be another repeat of the ineffective NHS leadership development 'cycle'. The NHS needs a simple, pragmatic, delivery-focused process that can make a difference quickly to the effectiveness of organisations and the quality of patient care, at low cost. This approach provides that.

Chris Roebuck, February 2011

Appendix 1

Interviews

Sir Robert Naylor, Chief Executive, University College London Hospitals

Clare Chapman, Director General Workforce, Department of Health

Gareth Goodier, Chief Executive, Cambridge University Hospitals Foundation Trust

Jacqui Harvey, Chief Executive, City and Hackney PCT

Jan Sobieraj, Director of Leadership, Department of Health, and Chief Executive, NHS Sheffield

Martin Lewis, Associate Director of Leadership Development, South West SHA

James Barbour, NHS Lothian

Email responses

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John Silverwood, Director of Human Resources, University Hospital South Manchester

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Paul Stanton, Director of Human Resources, Ealing Hospital NHS Trust

Beverley Dawson, Training Manager, North Staffordshire Combined Healthcare NHS Trust

Penny Harris, Chief Executive, South Gloucestershire PCT

Charles Waddicor, Chief Executive, NHS Berkshire West, and Regional Director of Commissioning

Michael Griffin, Human Resources Director, Imperial College NHS Trust

Yi Mein Koh, Chief Executive, Hillingdon NHS

Chris Born, Chief Executive, NHS North Somerset

Peter Murphy, Director of HR & Corporate Affairs, East Kent Hospitals University NHS Foundation Trust

Christine Bamford, Director of Leadership & OD, NHS Wales

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Caroline Taylor, Chief Executive, Croydon PCT

Greg Allen, Director of Human Resources & Workforce Development, NHS Devon

Robert Calderwood, Chief Executive, NHS Greater Glasgow and Clyde

George Brechin, Chief Executive, NHS Fife

Pauline Fryer, Director of Human Resources, Rotherham NHS Trust

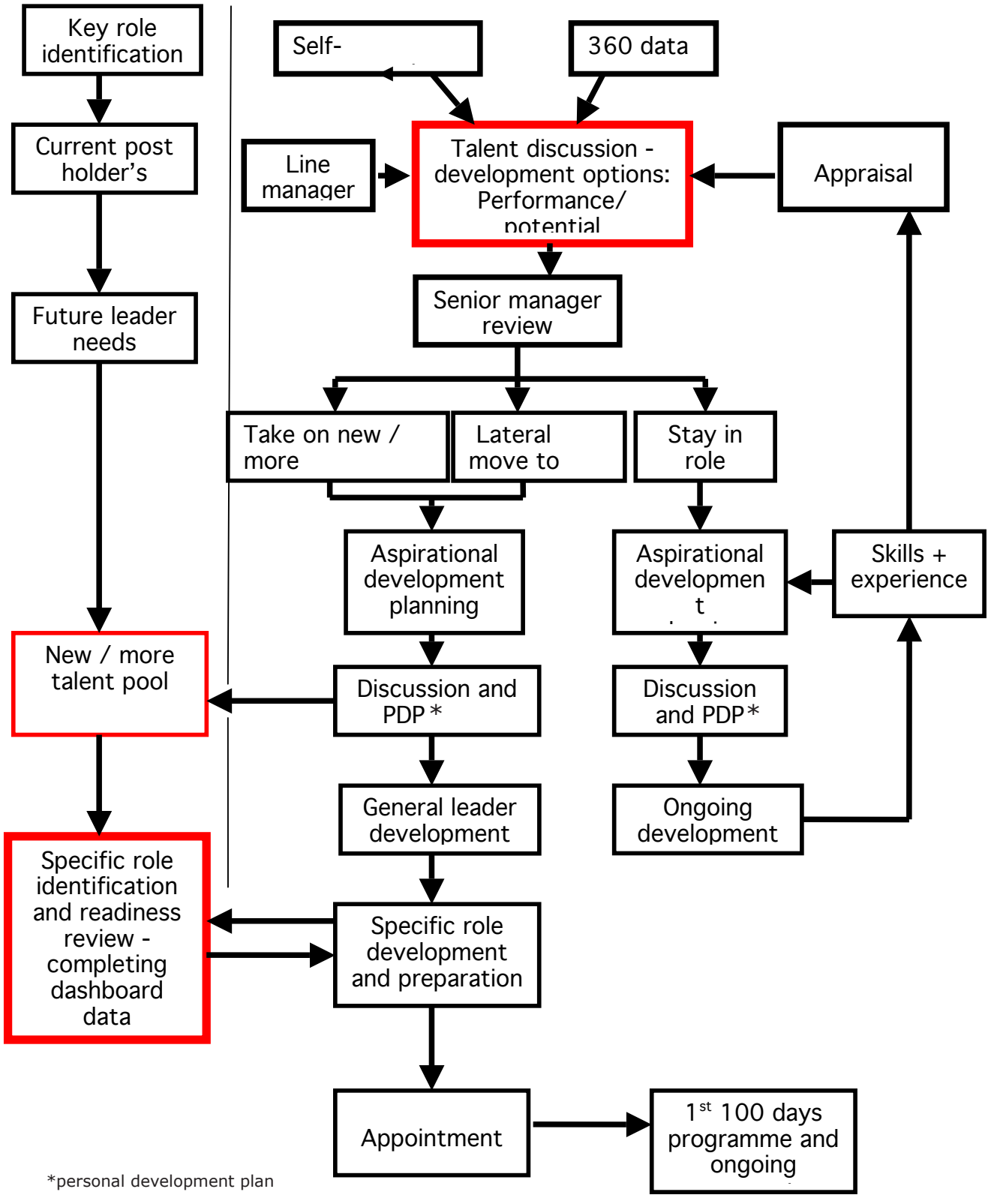
Nicky Ingham, Director of Workforce and OD, Royal Bolton Hospital NHS Foundation Trust

David Allison, Chief Operating Officer, Newcastle University Trust Hospitals

Ruth McAll, Director of HR and OD, Barking, Havering and Redbridge University Hospitals

Appendix 2

Talent and leadership flow chart – commercial practice



Flow chart for matching talent supply and demand. Includes all staff not just 'talent'.
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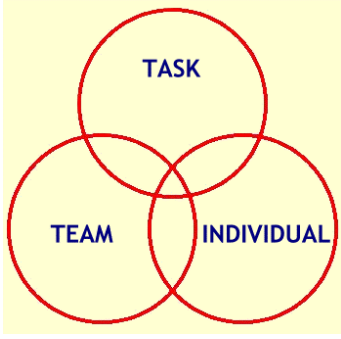
Appendix 3

Action Centred Leadership – John Adair



British Army Mission Command Approach