“Empowering all staff to lead continuous improvement is a key leadership role as chief executive, as well as supporting staff when the going gets tough – this is exactly when, as chief executive, you need to hold your nerve and encourage staff to keep focused on being the very best they can be.”

John Lawlor, Chief Executive, Northumberland, Tyne and Wear NHS Foundation Trust
Chapter 4

Leadership

There should be leaders at all levels of an organisation.

Organisations need to promote and develop leaders to make improvements a reality.

Leaders will support, promote and champion improvement through their ability to inspire others.

“The leadership chapter is honest and the quotes feel as though they genuinely come from the heart and admit to vulnerability and fallibility. It somehow takes out the myth that macho is best…” this section is a must read for all leaders in the NHS.”

John Brouder, Chief Executive, North East London Foundation Trust

Current situation

Leadership has a number of timeless, general characteristics. For instance, leadership implies authority, accountability and responsibility, so leaders need to be certain and decisive. Leadership means developing a clear vision and the means of achieving it. And leading other people is always a matter of relationships. However, improving services calls for particular kinds of leadership.

In today’s NHS, staff at all levels are asked to maximise clinical outcomes through innovation and improvement, while minimising NHS costs and meeting financial challenges (King’s Fund 2015). What kinds of leadership and initiative are called for in this context?

The national framework for improvement and leadership development, Developing People-Improving Care (NILD 2016) encourages leaders of NHS-funded services to adopt compassionate leadership skills by:

- “paying close attention to all the people you lead, understanding the situations they face, responding empathetically and taking thoughtful and appropriate action to help”

(NILD 2016)

King’s Fund research concludes that sustained improvement in the NHS needs a new kind of leadership (Ham et al 2016). In the current context of change and improvement in the NHS, today’s leaders need the abilities to:

1. Shake things up and create a sense of urgency in recognising the need for improvement.
2. Reach out to all parts of the system, communicating with partners inside and outside the trust, and championing their full engagement in improvement.
3. Employ sound judgement in selecting improvement methodologies, and remain present and involved in their implementation (see Chapter 6).
4. Support and embed a positive culture for improvement while also ensuring consistently high levels of compassionate care for those who use services.
5. Act as stewards for the next generation of leaders.

Today the term ‘leadership’ is used in the NHS to describe the various styles, beliefs and behaviours adopted by people and organisations when faced with complex challenges, risks to their own smooth running, or threats to survival. In contrast to management in calmer times, today’s healthcare leaders are expected to issue the rallying cry or call to action that triggers necessary change. This may emerge from anywhere in an organisation, not just from the top.

The importance of leadership in the NHS for continuous improvement also raises critical questions at the national level, including:

- how does the NHS sustain and maintain established leadership talent?
- how can future leaders be identified and nurtured?
- what are effective leadership practices and processes?

While acknowledging these questions, this chapter does not set out to answer them. Rather, its aim is to describe the leadership practices and behaviours that members of this group have found to work – and those that have not – in the course of making sustainable improvements in mental health organisations. It does not propose any single model of leadership for improvement.

However, all organisations taking an improvement approach to service change must be able to tolerate failure in leaders at all levels, so leaders feel able to take the risks inherent in implementing improvement or innovation in a trust. The stakes are high. Any tendency to blame people and sack individuals when things go wrong without analysing possible systemic failings endangers improvement (Janjua 2014). Prospective leaders today are sometimes reluctant to step up for fear of exposing themselves to what they perceive as an overly complicated and stressful organisational structure and culture. Creating an environment of care and support for leaders and prospective leaders is a must to enable leaders at all levels to flourish and to champion the cause of improvement.

Review of current thinking and practice

As suggested above, definitions of leadership tend to change over time and in different contexts. Peter Drucker famously said that the only definition of a leader is someone who has followers. While defining leadership in detail has proved difficult, leadership generally answers two fundamental questions:

1. Who is in charge?

Organisations in which people’s roles are clear, and where hierarchy and lines of command and communication are transparent, tend to find a settled, balanced state relatively easily, even when there is change. All organisations can experience disruption, but if there is order in the relationships between people – in short, when it is clear who is in charge – there is often calm and reassurance. Knowing who is in charge is closely connected to responsibility in each context: at every level people just want to know who has the power to call the shots. Sometimes this is a question of rank, sometimes expertise, and sometimes protocol. For example, when a person suffering a cardiac arrest comes into hospital, the training of all staff involved makes it clear who is following whom at any given moment.

“A good leader is someone who will want you to do more in a positive way… someone you like coming in to work for.”

Barry Bryan, Facilities Co-ordinator, NHS Improvement

2. What could be?

This question is about the future and the drive to do new or better things. Leadership sometimes concerns the process of identifying and taking the actions needed to create a collective movement from ‘what is’ to ‘what could be’. A leader is a person who occupies a special position within that process.
Every organisational system has a purpose. Over time, as it meets new situations and demands from its environment, it must plan, adjust and prepare to keep going in its mission. This second leadership question is about survival and sustainability when business as usual will not be enough. The world is rapidly changing, presenting leadership paradoxes and dilemmas. Leaders need followers, but may encounter resistance to change because of fear of the unknown.

The NHS draws on many theories and traditions for its current thinking on leadership development in healthcare. West et al see the leader’s job as ensuring “direction, alignment and commitment”, primarily at team and organisational levels (West et al 2015, page 2). This is a well-established view, which draws on explanations of leadership that include:
- the traits and characteristics of the person
- a set of learnable competencies or skills
- a set of particular behaviours.

In brief, it says organisations should identify the right people, develop experts in the right skills, and then train them with the right knowledge to influence others. The result is an extending range of outcome-driven NHS leadership training and development courses designed, usually, for particular contexts or levels of experience.

There is certainly a need for this type of support and outcome-driven training for improvement (see Chapter 6). But improvement also demands that leaders develop high levels of emotional intelligence and self-awareness. These traits are much harder to develop and measure using traditional training methods. Developing self-awareness, or “knowing thyself”, is a sign that a leader is taking care of their own health and wellbeing to serve the health and wellbeing of their team, organisation and society.

“Leadership is like being the conductor of an orchestra; not the solo violinist… your job as the Chief Executive is to bring everyone back around the script”

Joe Rafferty
Mersey Care NHS Foundation Trust

“Leadership should be practised as a universal responsibility, as improvements can only be sustained through collaborative engagement and trust of each other.”

Ronke Akerele, Director of Innovation & Transformation, Hertfordshire Partnership NHS Foundation Trust
Foundations of good leadership for improvement

‘Authentic leadership’ and ‘appreciative inquiry’ are two reliable foundations for leading improvement in today’s NHS.

Authentic leadership

Self-aware leaders are authentic. Accepting ownership and responsibility for oneself and acting with no hidden intentions or agendas are the bases of authentic leadership (Gardner et al 2005).

Authentic leadership leads to effective collective leadership because when leaders are true to themselves, they naturally lay the foundation of trust required for others to be the same. Collective leadership (West et al 2015) is a good way of distributing and disseminating change, but it can also mask where individuals are struggling.

Leadership of others begins with a non-judgmental and reflective understanding of self. Below are six tips for leaders in developing their self-awareness (based on Dalton 2017):

1. Acknowledge things as they are, without judgement.
   This stance is key to self-awareness because it brings to consciousness the leader’s own beliefs, strengths and weaknesses for re-examination.

2. Be driven by insatiable curiosity
   Always seek further information. The art of leadership is not finding the right answer but looking for better questions.

3. Use authority in service of the health of the system
   Leadership roles bring power, but this influence should flow through the person in that role, not from them.

4. Love the problem, just enough
   Leaders are often conditioned to solve problems as quickly as possible, to close things down and to move on. This frequently leads to new problems popping up in other places because underlying issues are not addressed, or hidden assumptions are not seen.

5. Give everyone a voice
   Leaders respect the expertise of others. They know that there are many blind spots in their experience and knowledge and that no one can know, see or do everything. They retain their humility, honouring the diversity of wisdom of others. Above all, they listen.

6. Trust the process and assume the possibility of positive change
   If the leader doubts the competence of the people around them, they cannot possibly earn the trust of others to bring about change. Whatever the improvement approach to designing and shaping new models of care, the ability to understand and have confidence in the techniques and be involved in the process is crucial.

The last point on this list is in line with an approach to learning and change in organisations known as ‘appreciative inquiry’ (Cooperrider and Whitney 2005, Lewis and Passmore 2016).

“Getting the best from people is always possible if we take the right approach and adopt the right values and behaviours.”

John Brouder, Chief Executive, North East London Foundation Trust
Appreciative inquiry

Appreciative inquiry makes the connection between what is working well in a system and what needs to be done to maintain success in the future. It was originally developed from positive psychology as a means of exploring change and improvement. Appreciative inquiry starts by identifying and analysing what works, to develop a credible vision for the future. Taking this route, people often come up with ideas and goals they had not thought possible. Appreciative inquiry rests on the premise that an organisation will grow in whichever direction its attention is focused, whether on long-term strategy or short-term tactics.

The method has four stages:

1. Discovery

Asking positive questions engages people in discovering their organisation's diverse range of achievements, values, strengths, best practices, financial assets. Appreciative inquiry invites leaders to ask people questions about their work to understand their organisation’s ‘positive core’. This makes appreciative listening to answers another vital leadership skill.

2. Dream

Reflecting on the organisation’s positive knowledge took place in 'Discovery'; in the ‘Dream’ stage, leaders clarify the organisation’s higher purpose. The result is a clear and motivating vision for the organisation linked to past accomplishments, which people can connect to in a positive way.

3. Design

This stage develops ideas for making the dream real. For the vision to be truly shared and widely understood and realised, everyone should be involved in designing its detail, so that each person in the organisation knows what to aim for in their job. Leadership here is about starting initiatives and putting in place the support and processes to help improvement.

4. Destiny

This final stage is to keep everyone in the organisation interested in the future. Leaders’ visible and authentic commitment to an improving organisation’s values are vital to achieving its purpose: leaders must be seen to ‘walk the talk’ to build and maintain the momentum to improve. By the same token, any hypocrisy or double standards among leaders (‘do as I say, not as I do’) will undermine progress: the organisational grapevine will spread the news immediately. Acknowledging success is another key to building a culture of change and improvement. Celebrating local improvements keeps enthusiasm high. Leaders seen to ‘praise the good’ will have a far more positive impact on quality than those who rely on chastising the bad.

In general, to build the leadership foundations for improvement described above, leaders in healthcare organisations should expect to spend a lot of time and attention on both their personal and collective awareness. This also has to be consistent with and reflected in their people processes and structures – recruitment, supervision and leadership development.
Practising good leadership for improvement

Whatever the style or school of leadership that an organisation follows, from a practical viewpoint it must:

- enable the organisation to identify, analyse and accept the need for change
- meet the challenges that introducing a systematic improvement approach and methodology will raise
- provide the excellent leadership and management skills needed at every level to implement change successfully.

“... felt overwhelming for people in my teams, there was so much we needed to change and the task seemed too big and impossible to achieve. By using quality improvement approaches I was able to help the team to break the task down into manageable chunks.

With a defined vision for where we wanted to get to, I supported the team to be more comfortable with the ambiguity of not always knowing how we would get there. I was able to show the team how taking incremental steps using plan-do-study-act testing cycles, we could ‘get going’ and start making small improvements towards our overall goal, learning as we went.

I would say that a key part of my leadership role around improvement has been to start to change how people think. In particular I help them to see that they are ‘allowed’ to take actions to improve and that if these don’t work out quite as they planned, this is OK – as long as they learn and take additional action.”

John Murray, Service Line Leader, Acute Services, Hertfordshire Partnership University NHS Foundation Trust

Leaders of improvement must recognise that different people accept the need for change at different speeds, so efforts to improve will bring discomfort and significant challenge. Leaders need to be resilient: things may get quite heated as worries and fears aroused by change come to the surface.

Improvement implies accepting that things may have gone wrong or that good practice could still improve. So it requires intelligent collection and analysis of data from all departments. This too can pose a considerable challenge to well-established departments and their leaders. Improvement leaders need to maintain a visible presence and ask appreciative questions at different stages of this process, as well as identifying and securing the resources to make it happen.

The greatest challenge in any improvement process is to implement change successfully. Excellent leadership is crucial to bringing in a new way of doing things, especially when the previous practice was strongly embedded. During implementation, leaders need continually to express their confidence in the vision and their unwavering intention to do what was promised. Excellent leadership at this time, as earlier in the process, takes courage, ability and determination.

“Well, we all did the design together. We were promised that the service would change to be like this. Now we are waiting to see if it happens”

Person who uses services

Summary

This chapter describes theories currently used in the NHS. It does not define what makes a good or bad leader. It shows that leaders’ relationships with colleagues, people who use services, carers and their families, who know its systems better than anyone, and – perhaps most importantly – their relationships with themselves, are all worthy of time and attention.

Understanding and managing these relationships is a leadership challenge facing every individual in an NHS trust today, wherever they sit in the organisation. Stepping up to this challenge brings the whole organisation into play to achieve the common goal: better care for people who use services for the resources available.
References


Case study 15 - Leadership

John Lawlor

Northumberland, Tyne and Wear NHS Foundation Trust

“Empowering all staff to lead continuous improvement is a key leadership role as chief executive, as well as supporting staff when the going gets tough – this is exactly when, as chief executive, you need to hold your nerve and encourage staff to keep focused on being the very best they can be.”

John Lawlor is Chief Executive of Northumberland, Tyne and Wear NHS Foundation Trust, a mental health trust employing 6,000 people.

He describes his role as setting the right tone from the top, developing a supportive, values-driven culture and creating a senior leadership team whose style is open, honest and enabling.

Self-awareness

He explains the dichotomy of wanting to know what is going on while empowering people to act without always having to seek permission. Aspects of the role demand that he is clear about the organisation’s few non-negotiable expectations (such as national targets and quality standards), and that he explain to staff why he must be so.

Organisational structure

The trust has structured its care group operational structure to be clinically led and professionally managed. The leadership teams are multidisciplinary, comprising those who manage the trust’s day-to-day and strategic business: a senior manager, doctor, psychologist, nurse and allied health professional. This ensures a collective leadership approach to running the trust’s services, working across professional boundaries and focusing on the whole person and their needs. Members share accountability for their team’s entire business.

Leadership development

The trust board’s support was instrumental in developing this devolved leadership model. The trust has developed professional and collective leadership programmes, as well as a general leadership development programme for all grades and roles. This is aimed at any staff looking to develop their leadership capacity. The trust is seeking to build, bottom up, its leadership capacity and capability in pursuit of continuous quality and organisational improvement.

Leadership style: John Lawlor’s top tips

Effective leadership requires always taking the time to explain why something needs to be changed. Engage, engage, and engage again.

As Senge says: “people don’t resist change they resist being changed.”

If there is a reason a leader feels it necessary to intervene, make clear what that reason is. Always explain why, and have an exit strategy already devised to step away again as soon as possible.

Always seek to provide the context, as everyone’s take on the world is not the same. The view from a ward manager’s chair is very different from that of a director of estates, for example.

Keep people up to date with what is going on around them. It is particularly important to communicate even when there is little to say. Otherwise, the rumour mill will do it for you.

Prioritise regular timeouts with the board, the executive team, the collective leadership teams, the wards and departments, and in support of all leaders at whatever level in the organisation.

And above all: be yourself, be honest and transparent, engage and be genuinely interested in others. Support people through the hard times, always say thank you, celebrate your staff’s successes and keep a clear focus on morale.
Case study 16 - Leadership

John Short

Birmingham and Solihull Mental Health NHS Foundation Trust

“Do you embody the compassion and commitment needed for the organisation? As the Chief Executive, you are the guardian of our values.”

John Short is Chief Executive of Birmingham and Solihull NHS Foundation Trust, a mental health trust in the Midlands employing more than 4,000 people.

He notes that in a leadership position having a good team in place is vital, and focusing on culture is key to success.

Self-awareness

He explains that you have to understand how people perceive you in this job, and be careful where you step. Patience and tolerance are important attributes for his role.

He trained and practised as a social worker. This clinical background has really helped with his self-understanding.

Leadership style: John Short’s top tips

It’s all about the people and the culture

As the Chief Executive, whatever I do reflects on the culture in our organisation.

“My experience as a leader is like running a really long race wearing a rucksack, and you’re not sure who’s putting stuff in.”
Case study 17 - Leadership

Sheena Cumiskey
Cheshire and Wirral Partnership NHS Foundation Trust

“We are a people organisation. ‘Getting people’ is our business.”

Sheena Cumiskey is Chief Executive of Cheshire and Wirral Partnership NHS Foundation Trust (CWP), a community and mental health trust in the North West of England employing approximately 3,500 staff.

She describes her role as “seeking to understand” the needs of the population that CWP serves and supporting staff who enable those needs to be met.

She reflects that mental health and community trust Chief Executives are particularly well-placed to lead and support the ‘new world’ of sustainability and transformation partnerships because of their strong history of partnership and collaboration, and because most mental health contacts occur in the community.

**Self-awareness**

She explains that understanding where people are coming from and what is going on in their lives is vital as a leader: you need good listening skills to ensure that you get the most from people.

She welcomes challenge from colleagues, recognising that no leader has all the solutions. Having an enabling approach facilitates quality improvement and change.

She describes how people only achieve good outcomes if they work in partnership. Relationships are key both within the organisation and the wider system.

**Organisational structure**

She describes the organisational structure at CWP as “clinically and service-user led, and managerially enabled” (see Figure 9). Operating within a flat structure, everyone works in partnership together and each person’s role is equally valued and important.

**Challenges in the system**

She notes the importance of regulation because it sets standards by which to operate. However, regulation is not yet done in a systematic way. “Our challenge is to look at systems, not just organisations.”

Some aspects of regulation are still about ‘hitting the target but missing the point’: this is the symptom of a bigger problem.

**Leadership style:**

Sheena Cumiskey’s top tips

Everyone is a leader: leadership is not confined to one person or group of people.

Have a person-centred philosophy: everyone needs to take a leading role in whatever position they hold.

Consistent messaging from the board is important.

Sheena suggests giving staff a “licence to operate”, so they feel enabled to try things, make mistakes, learn from them and make things better for the population.
Case study 18 - Leadership

Joe Rafferty
Mersey Care NHS Foundation Trust

“...the leader is the catalyst for change, we believe everyone is a leader at Mersey Care and it is everyone’s responsibility and within our gift to improve our services and create an open, healthy and compassionate culture for people who use our services and staff alike. We know that providing care is all about relationships and that the best care and staff experience’s is delivered through high performing teams and leadership at its best. Our ability to create a Just and Learning Culture is highly dependent on people’s psychological safety, so our people feel safe in speaking out and when they do so, they feel supported. The key is the leader’s ability to engage and listen to staff, to create the environment in which learning, improvement and innovation is collaborative and forward looking and takes us into the space of prevention. We are not there yet, but we are well on our journey of improvement together.”

Joe Rafferty is the Chief Executive of Mersey Care NHS Foundation Trust (Mersey Care), a community and mental health trust in the North West of England employing more than 7,000 people.

He describes his role as articulating why collective and co-produced cultural change needs to happen. His principle assumption is that nobody comes to work to do a bad job. He describes Mersey Care as wanting to make sense of mistakes (or in their new language moving away from right and wrong to when things have not gone as planned or as expected) within the time and context they occurred. His wish is to move towards a restorative culture together.

Self-awareness

He sees authenticity as the key to fulfilling his role. The capacity for reflection is essential, especially on how compassionate leadership is seen in action. Leadership positions require you to understand your preferences and behaviours and to create checkpoints for reflecting on them along the way. Indeed, Joe reflects that no organisation or individual is immune from the unconscious bias that hinders judgement and stifles learning and creativity. Indeed, “learning can only flourish when we are self aware as leaders and are prepared to learn and lean into our own vulnerabilities, and that includes sharing our own lessons and learnings along the journey.” Clear, understood lines of accountability are equally critical to a just and learning culture to ensure that the lessons are not only learnt by front line care givers, but by the organisation and ultimately those that are accountable.

Organisational structure

People who use services, carers and professionals all co-design the services that Mersey Care provides. The organisation has a strong focus on ensuring there is alignment between the organisation’s strategic intentions, which everyone understands; the machinery to execute intended change; the values and behaviours which are needed by which Mersey Care is experienced and the wherewithal to adapt to an ever-changing external environment.

Senior leaders at Mersey Care talk about its organisational approach in terms of foresight (what we want to be like), insight (design thinking) and oversight (candour and openness, which promotes learning and innovation).

Figure 10: Improvements works across 5 domains, starting with outcome

The temptation is to spend most (all) of the time here
**Culture**

At Mersey Care, people who use its services and its professionals stand side by side. They are constantly working to understand the power imbalance between them and what shifts and can shape it going forward.

When things do not go as planned or as expected, consideration is given to the first victim (people who use services and their families) and second victim’s (staff and colleagues) of those incidents. This includes understanding the systems, policies and procedures that supported or prevented the best possible practice and outcomes. This approach helps the trust to look at human behaviour differently, seeing human error as a symptom and not the cause. Simply speaking, understanding why people did what they did, and if it made sense to that member of staff in practice it will probably make sense to other staff in the same situation. So we have started to look at these events as a window of opportunity and as a marker to learn.

**Challenges of embedding a Just Culture:**

Embedding a Just Culture is challenging as it requires peoples to hold a mirror up to themselves, it requires continual questioning to help shape the way in which Mersey Care learns and demonstrates commitment to, and the value of their people (staff). Like any new way of looking at things, it is frustrating at times. It can expose people taking positions that others may not understand. It also risks conflict with regulators and other stakeholders who may question the approach of not holding people to account when there are failings in systems and processes. It was initially scary for staff at Mersey Care but now they articulate the approach when things do not go to plan or as expected by asking what? and how?, rather than who? Organisational learning and change will be limited without this sort of shift.

Believing in restorative relationships rather than retribution requires trust and partnership working on a new level. The goals and objectives Mersey Care set year on year, will demonstrate how they are ‘walking the talk’. This defines compassionate leadership as a must. There is obviously much work to do, but overwhelming feedback from people has been positive, that they are at the beginning of a long journey, but their experience so far is that a Just and Learning Culture approach is the right approach for people who use services and staff alike.
Case study 19 - Leadership

**Melanie Walker**

Devon Partnership NHS Trust (DPT)

“It helps to hold a mirror up to people and provide them with clarity of purpose.”

Melanie Walker is Chief Executive of Devon Partnership NHS Trust, a mental health and learning disability trust in the South West of England employing around 2,600 people.

She describes her role as enabling and supporting people to do the right thing, ensuring that they can pay attention to delivery without being overwhelmed by the challenges. She stresses that the trust is clear that its work on values-based recruitment is a key component in getting the right people.

**Self-awareness**

She observes that in her role it is important to be open and transparent, accessible and visible to staff. She attends staff induction and leads extensive engagement programmes to work with members on what really matters to the organisation.

People describe her as an inspiring patient focussed leader, saying she enables improvement to happen as well as trusting staff to do the right thing.

**Leadership style: Melanie Walker’s top tips**

Be clear as a board about the purpose of your organisation:

“our job is improving services with the people who use them and everyone is clear on that”.

Empower people to work differently, as well as holding them to account.

Enjoy work and help others to as well.
Case study 20 - Leadership

Colin Martin

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

“You need to find out what staff need by way of support to deliver high quality services; you need a light hand on the rudder.”

Colin Martin is the Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, a mental health and learning disabilities trust in the North East of England employing 6,500 people.

He describes his role as more enabling than directional – “do we all agree that the following is the best way forward?”. It involves reaching a collective view on what needs to happen and helping everyone to get there.

Self-awareness

He describes one of the most important elements of being a chief executive as remaining calm. If a leader comes across as being too anxious about a situation, anxiety can spread across the organisation and hinder progress.

Understanding how a leader comes across to others is also important to achieving the necessary impact.

Organisational approach to improvement

Quality improvement methodology is embedded in the organization, TEWV having been one of the early adopters of Lean methodology in healthcare in England.

Leadership style

Colin Martin’s top tips

Staff engagement is key to improving services and working with people who use services – improvement is not something that can be directed.

“Seek forgiveness rather than ask permission.”

This is a particularly important message to give people when they are trying something new.

My job is like “lifting rocks out of the road.”

Understand and work with people on the “shop floor” – having a ‘bottom up’ approach means you will get the best out of people.

Case study 21 - Leadership

Tom Cahill

Hertfordshire Partnership University NHS Foundation Trust (HPFT)

“I see myself as an advocate for people who use our services, and someone who enables staff to go the extra mile”

Tom Cahill is the Chief Executive of Hertfordshire Partnership University NHS Foundation Trust, a mental health, community and learning disabilities trust in England employing over 3,000 people. In 2017, too, he was awarded Chief Executive of the year for 2017, by the Health Service Journal.

A former mental health nurse, he is passionate about engaging effectively with service users and staff. He describes his role as ensuring that service users and their families are at the heart of decision-making. He is equally adamant that staff at all levels have the opportunity to shape the Trust’s strategy and are empowered to deliver the highest quality of care.

Self-awareness

Tom’s approach involves holding people to account for keeping service users safe but also trusting people to take risks and do the right thing. He believes that feedback is key to self-understanding. So he keeps an open door to feedback and creates the conversations and environment needed to receive it. He also sees self-reflection as a tool for supporting oneself in a leadership role.

Organisational approach to improvement

He describes people who work at HPFT as living the values of the organisation. By putting the people who use services at the heart of all of the improvement work, working with colleagues, adding value to everything that they do and by developing a mindset for improvement, people working at HPFT have also turned it into a learning and constantly improving organisation.

Leadership style:

Tom Cahill’s top tips

Put people first – remember everything we do connects to people’s lives

Be forthright and decisive when you need to be and maintain a level of grip alongside enabling improvement.

Remind people of how much scope they have to make improvements – sometimes they don’t realise just how far it extends.

Be approachable. People skills are vital – you need to be able to connect with people, to embrace the culture and not be too aloof in your approach and interaction.

Be brave. It is one thing to have the desire to do the right things – another to have the courage to do them.
Case study 22 - Leadership

Heather Tierney-Moore

Lancashire Care NHS Foundation Trust

“If you don’t know what good looks like you have nothing to compare it to – if you don’t look outward you don’t know what you don’t know… happy, engaged staff provide good care”

Heather Tierney-Moore is Chief Executive of Lancashire Care NHS Foundation Trust, a community and mental health trust in the North West of England employing 6,500 people.

She describes her role as not just about what you do, but how you do it, involving a congruence of leadership style and behaviour as well as an understanding the interplay between leadership philosophy and culture.

She notes that in some places there appears to be a disconnect between how clinicians and managers feel they should behave in demonstrating leadership.

Self-awareness

She contrasts servant leadership – “how do I help others be the best they can be” – with the ‘heroic’ state of mind, which can be distressing for all those involved and doesn’t work. She recognises the need to understand the nature of one’s leadership, how it’s experienced by others and how you might need to change your own behaviours. She notes that learning to lead is an ongoing, lifetime job. It needs practice until it becomes natural – organisations can spot a lack of authenticity a mile away.

Language – the words leaders choose – is vital. For instance describing a positive culture, exploring possibilities as opposed to a narrow problem solving approach. The things leaders pay attention to are equally important, although how individuals choose to attend to them may be different. The things that leaders pay attention to directly impacts on the culture.

It’s easy to assume that people in clinical roles will think and act the same as oneself and others in managerial/leadership roles. The “ask” of clinicians is that they approach leadership/managerial issues the same way as they would clinical opportunities and challenges.

Leadership style:
Heather Tierney-Moore’s top tips

Be aware of the high profile of your position. How does your leadership land? What is the impact of what you have said and done?

Take the initiative to meet clinical need with clinical innovation. How can leaders make that happen given today’s financial challenges?

System leadership is what you do day in and day out, not just what is discussed in STP meetings.

To create a culture, you have to act out the conversation.

Spend more time on people, less on processes and structures.

Have a really clear shared vision that everyone can connect with and work to.

Case study 23 - Leadership

Navina Evans

East London NHS Foundation Trust

“I am continuously reflecting on how I approach and deal with situations and thinking: Could I have done that differently?”

Navina Evans is Chief Executive of East London NHS Foundation Trust, a mental health and community trust employing almost 5,000 permanent staff.

She describes ELFT as a learning organisation, where people have permission to make mistakes. The trust has strongly embedded Quality Improvement methodology, with support from the Institute of Health Improvement. This has made a big difference to their improvement work.

Self-awareness

She observes that her clinical training as a psychiatrist and her own personal development have helped her to increase her self-awareness as a leader.

She uses a number of resources to increase her self-awareness, including 360° feedback, coaching, mentorship, a personal development plan and previously has had professional therapy. These help her to understand her blind spots and to develop as a leader.

She is also part of a group of new Chief Executives who work together and support each other in becoming authentic leaders, partly by being open to being vulnerable.

Leadership style:
Navina Evans’ top tips

Give people permission to make mistakes.

Ensure the culture and environment support improvement and learning.

Have hope when things are difficult.

Use your network – great things happen when good people come together.