

LEADERSHIP AND WORKFORCE

Special report editor
Helen Mooney

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LEADERSHIP ACADEMY

Huge change in the NHS means that its future leaders will drive a whole new range of challenges. How should the envisaged 'NHS Leadership Academy' prepare them? Helen Mooney finds out

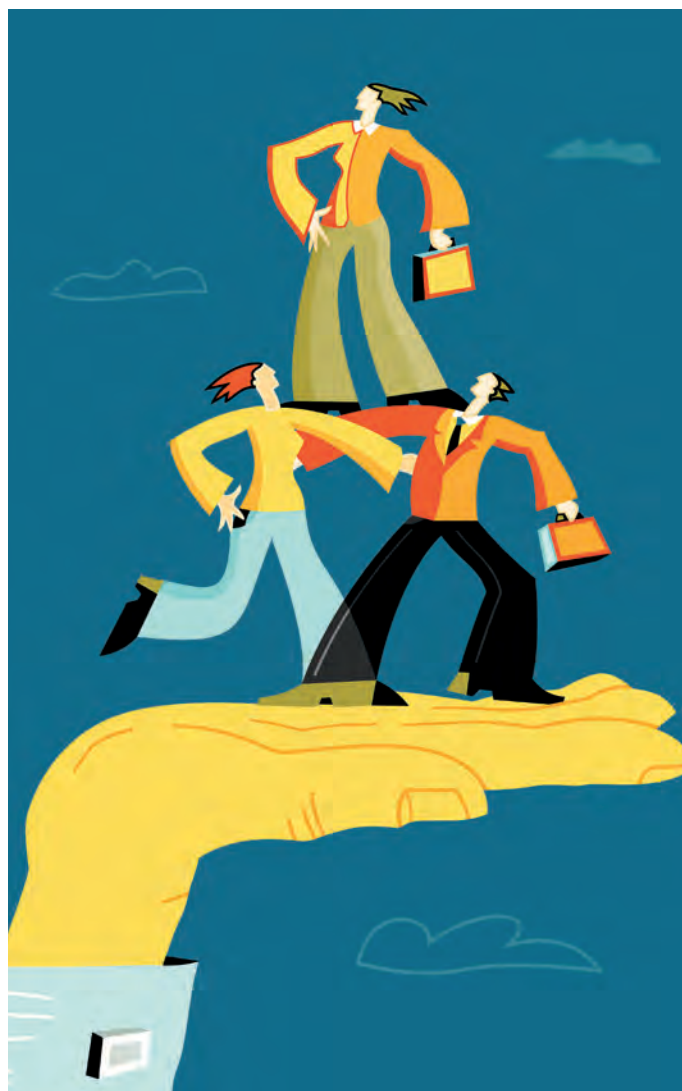
PEOPLE TO LIFT THE NHS HIGHER

Ever since the government announced its proposals for a radical overhaul of the NHS, and the structures within it, there has been much discussion about what this will mean for the NHS managers of the future. What new skills, attributes and expertise will they need if they are to succeed in a world of clinical commissioning groups, commissioning support, and the NHS Commissioning Board?

In July, health secretary Andrew Lansley announced the government's intention to set up a new NHS Leadership Academy, which is due to launch in shadow form this month and be fully functioning from April 2012 (see box, page 20). Mr Lansley described his vision of the NHS Leadership Academy as "a national centre for developing leadership excellence across the NHS".

"The job of managers and clinicians will change and grow, but you will not be alone. For while the centre will no longer dictate, it will support. And that goes especially for leadership."

The academy will be charged with setting national standards for leadership development, preparing "aspiring leaders" and challenging "poor or inappropriate leadership behaviour wherever it finds it", he said.



Department of Health director of leadership Richard Jeavons has been charged with leading the academy and admits that the planned changes to the NHS pose a "threat to the continued success of leadership development across the NHS".

He says that it is "vital" for the government to develop a "new model for delivering leadership activities at a national level". The academy intends to provide a "home" for these activities.

According to Mr Jeavons, the purpose will be to provide expertise that will "advance the development of outstanding leadership in healthcare".

It seems the government has recognised that leadership skills need to be developed quickly for the NHS to function effectively. Alongside the Leadership Academy it has also established a leadership framework, which it says is intended to provide a "consistent approach to leadership development for staff in health and care irrespective of discipline, role or function" and will represent "the foundation of leadership behaviour throughout the NHS".

The government's proposed NHS reforms mean that new skills and expertise will need to be developed across a range of staff groups and organisations.

Staff in the new clinical commissioning groups in particular will have to quickly learn how to work effectively in the new environment.

However, National Association of Primary Care president James Kingsland questions what the government and NHS mean by leadership.

He says: "Often it is about an individual filling a position and going on a course to become a leader. These programmes have been going for time immemorial and there will always be educational establishments to provide this training. What's missing in this is the type of leadership that needs to evolve."

He says leadership needs to be a style of practice that spreads through the service "so everybody works differently and the NHS has leaders who want to work in a different way".

He warns that clinicians have become disenfranchised because a "massive bureaucracy" deters future leaders from coming through the system.

"We have got a massive lack of clinical leadership, across the Wirral [where Dr Kingsland's practice is situated]. We've got more than a handful of clinicians in the prime of their career who are going off travelling or to be a farmer. These are real issues and it is happening all over the country. We don't have the clinical advocates in place," he says.

He warns that "putting people on a course" will just turn clinicians involved in CCGs into "pseudo-managers" who will still fail to get the support they need from frontline staff.

"We need to change the culture so people take more responsibility for day to day activity and know that it is okay to take risks and push boundaries. These are not necessarily things that are going to be taught," he adds.

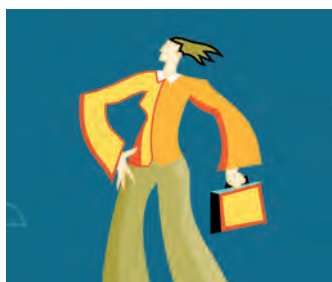
Mark Goldman, a healthcare consultant and former chief executive of Heart of England Foundation Trust, agrees. He says that leadership is a "hard thing to hot house".

"It is not about drawing up charts about what makes a good leader but about working over months and years to hone leadership skills."

Dr Goldman says: "At the moment on the provider side, where you have more experienced clinical leaders, this is evolving reasonably well but it is still patchy. But there is a new



'We need to change the culture so people know it is okay to take risks and push boundaries' **James Kingsland**



THE AIMS OF THE LEADERSHIP ACADEMY

- Deliver national leadership programmes to develop leaders, including clinical leaders, to improve outcomes, the patient experience and staff satisfaction, and to deliver value for money
- Provide an evidence base for leadership development, development to support leadership values and access to expertise
- Help create a talent pipeline for senior leadership positions
- Establish high standards for leadership development at a national level and challenge inappropriate leadership behaviours
- Commission leadership development that delivers for organisations as well as individuals
- Act as the primary guardian of the leadership values required to uphold the NHS constitution

cadre of leaders on the commissioning side who have had frankly precious little to do with management or finance who are used to functioning in one to one relationships and who will have to make population based decisions... There will be so much pressure on these clinical leaders."

Dr Goldman warns that although there are a number of "enthusiasts" who could be future leaders and who are "very earnest about what they can achieve" they are still very inexperienced about managing organisations and business.

"Doctors are very clever but being a clinician doesn't automatically give you these skills," he says.

However, he does credit the government for setting aside money to train clinicians to become managers of CCGs.

The government is hopeful that through the Leadership Academy and the Leadership Framework the skills and attributes needed to lead their vision of the NHS can be embedded quickly and successfully. But there is a risk that what is currently available could be lost.

Caroline Stanger, director of commissioning and leadership at the National Leadership Council (soon to be subsumed by the Leadership Academy) and head of leadership and organisational development at NHS East of England, is also charged with CCG leadership development at the DH.

"The focus of my work is on CCG leadership development and the focus will then move on to commissioning support organisations and direct commissioning support, both PCT and specialist commissioning support," Ms Stanger explains.

Joining forces

She says the government is working on what is available to support and train CCG staff.

This includes offering them individual and group coaching from an NHS Institute of Innovation and Improvement list of coaches, media training, and designing commissioning.

Three strategic health authorities, NHS East of England, NHS Yorkshire and the Humber and NHS North West have also joined forces to develop case study tools to help emerging leaders understand what it is like to be a leader, to

test their skills and get feedback, Ms Stanger explains. And the government has awarded contracts to four organisations – the Foresight Partnership, Practive, OPP and the King's Fund – to run training for CCG in four key areas:

- setting up and leading high performing CCGs;
- working collaboratively across boundaries;
- managing and influencing local and national politics; and
- distributed leadership and engaging and leading colleagues across all the professions.

Ms Stanger says that the government is also developing "a major framework of development providers to deliver innovative development support to CCGs".

"We are trying to quality assure a number of development providers and subsidise access to them through the National Leadership Council. At the moment there are a lot of people out there providing development support and it is difficult to navigate them," she says.

It remains to be seen whether CCG leaders will achieve the success that is expected of them, but it is clear they will need to be given the right tools to do the job insofar as they will have full control over their budgets and will at the same time be held fully accountable.

Dr Kingsland says he is "confident" that there is a big cohort of potential clinical leaders. "These are not the chairs of the CCG but the people who will meet service redesign clinically," he says.

"Medical and nursing students have got leadership qualities inherently and the vast majority of clinicians are very skilled leaders who have been disenfranchised, it is about how you reignite what is already there."

Ms Stanger is also optimistic. "My sense is a lot of people are emerging now as leaders who have already led for many years in different ways, whether it be GP fundholding or practice based commissioning. A lot of these people are seeing this as a really good opportunity now to achieve what they have been trying to achieve over a number of years," she adds.

She says that the Leadership Academy will be looking at trying to "bring on bright young things as the new leaders". ●

SUCCESS IS A TEAM EFFORT

If the NHS is to survive and thrive then it will be as a result of developing the skills of all its employees, from board to ward, writes Helen Mooney

How to get more for less seems to be the new NHS mantra and nowhere is this more true than when it comes to the workforce. As the cutbacks bite it will become increasingly necessary for NHS organisations to ensure ever greater value for money and productivity from their workforce.

Staff will also need to be adaptable and flexible in their approach if the government's planned new NHS organisations are to work.

The NHS in England employs approximately 1.3 million staff, 70 per cent of recurrent provider costs relate to staffing, and more than £4bn is spent annually on staff training.

Securing a sufficient number of staff with the appropriate skills and deploying them effectively is a highly complex challenge, and one that is all the more important now that the NHS has entered one of the most financially constrained periods in its history.

Alex Bush, NHS programme director for emerging leaders and head of the NHS graduate

'Current and new staff will need to work more collaboratively in the new landscape'

management training scheme at the NHS Institute for Innovation and Improvement, says: "Current staff and staff new to the NHS will need to work more collaboratively and in partnerships in the new landscape, whether across healthcare organisations in a

defined location, with social care, with local government as well as with private sector, independent and voluntary sector providers for the benefit of the patient."

She says that staff will increasingly need to understand not only their own organisation but also the wider picture "so that each patient receives the joined up services they require".

Ms Bush adds: "This is an opportunity to bring staff from health, social care and local government together through their respective leadership development organisations to develop and train together in order to improve the service to patients."

Some believe the financial situation gives the NHS the perfect opportunity to drive and invigorate the NHS workforce like never before.

There are those who think that the biggest gains will come from working across organisational boundaries and the most successful senior managers will be those who have best improved productivity rather than those sitting on the



biggest budgets. Many think the new freedoms proposed for the NHS and the chance to make all the individuals in the workforce more accountable presents a once in a lifetime opportunity to allow them to innovate and work differently.

Jo Cubbon, chief executive of Taunton and Somerset Foundation Trust, is one of those people. She says the problem with the current system is that the NHS, both as a whole and within organisations, does not reward people adequately.

"For me as a chief executive one of the things I can see we have got to get realigned for the NHS to be successful is the way we reward the workforce around productivity and efficiency.

"At the moment this does not happen, so people can come to work every day and do nothing different and get the same [pay] as someone who is really trying to change things and innovate."

She says that what is preventing the NHS from creating a better reward system for staff is the current national pay framework, which also needs to be changed and adapted to the new NHS environment or, she warns, it will be the author of its own demise.

"We need to have a debate about rewarding people financially for good work and there are clearly a whole host of other rewards for individuals, for teams, and in terms of organisational training and development and opportunities for higher learning," she says.

As it stands, NHS annual staff surveys have shown that relatively few staff in the NHS feel they are involved in important decisions, consulted about changes that affect them, encouraged to suggest ideas for improving services, or feel their organisation values their work.

Staff reward and incentive structures can provide an important way of aligning individual and organisational priorities.

Employee-owned organisations often thrive because staff can see the relationship between their own performance and the success of their organisation.

These benefits arise when employee ownership is linked to human resource management practices that foster staff



'We need to have a debate about rewarding people financially for good work'

participation and a culture of ownership that is associated with staff having a collective voice in the organisation.

However, whether the NHS workforce will be rewarded for working better remains to be seen.

Behind the government's rhetoric about protecting frontline staff and services from the most severe cuts the NHS has ever had to face, some worrying trends are starting to emerge.

A recent survey by the Royal College of Nursing found that one in 20 nurses expect to lose their jobs in the next year, with the same number fearful that their hours or responsibilities will also be cut back.

The figures show that 5 per cent of the NHS in England's 410,000 nurses – some 20,500 in all – believe their posts will disappear in the next 12 months. Another 24,600 anticipate a cut in hours, while another 28,700 expect to have their jobs reassessed as involving fewer responsibilities.

NHS Employers director Dean Royles is aware of the risks but says NHS organisations must think about the staff they need for the long term and how to get the best out of them.

"A lot of research went into the NHS constitution in terms of how to achieve good people management and patient satisfaction and quality and there is a good evidence base to suggest that looking after the health and wellbeing of staff is very important in terms of delivering productivity and quality," he says.

"We also need to make sure we have people in well-designed jobs where they feel they are making a contribution and feel engaged, and they need to have access to training and

development. If staff feel we are investing in their future then they will put more back into the organisation as well," he adds.

Securing a sufficient number of staff with the appropriate skills and deploying them effectively is a highly complex challenge, and one that is all the more important now that the NHS is about to enter one of the most financially constrained periods in its history.

If it is to thrive and survive, NHS productivity will need to make a step-change, and much of the scope for improvement lies in the workforce.

It will become ever more important to ensure that current members of staff have the right skills to meet future demands, indeed most of those who will be working for the NHS in 10 years' time are already employed by it.

It also will not be a simple question of asking how many clinicians are needed in the service but also about what specific skill sets are required, whether they are already in place and, if not, what can be done to develop them.

Mr Royles says that it will also be more important than ever to make sure staff feel involved in decision making and that they can influence the decisions being made.

"NHS leaders get paid for making the decisions they make but they will make better decisions if they have got the involvement of staff who know what is going on," he says.

"Investing in training and development will be a strategic choice most leaders will recognise that they need to develop and they will sustain it," he adds.

The future success of the NHS will rely heavily on the ability of its staff from board to ward. It will be important for leaders to engage with and encourage their staff to develop their skills, autonomy and accountability.

Ms Cubbon believes that this new type of NHS leader is already in the service but that the challenge will be in identifying them.

"It will also be about how we give them space to grow and think about the environment they operate in, it is not about writing up lists of who we think these people are, but when we spot them we need to know how we can support them within the organisation." ●

NEW WAYS OF WORKING

One of the features of the healthcare workforce is the tendency towards rigid role demarcation between different professional groups and grades, which can inhibit patient focused care and be inefficient. A more flexible approach can prove more productive. Some of the opportunities that changes in skills mix provide for staff to work more flexibly and productively include:

- Enhancement – increasing the depth of a job by extending the role or skills. An example would be nurse prescribing
- Substitution – expanding the breadth of a job working across professional divides (for example, where pharmacists take on some elements of a GP role for chronic disease management)
- Delegation
- Innovation – creating new jobs by creating a new type of worker