

UCL Partnership NHS Staff College

What is leadership? Can it be taught? What difference does it make? Health care is changing faster than we can change ourselves. The about-to-be implemented NHS reforms will depend on clinical leadership to an extent that is unprecedented (Department of Health, 2010). Are we ready for the challenge? Primary care-led commissioning will necessitate a radical change in how the NHS operates, at the heart of which the effectiveness of clinical leadership will be tested as never before (Ham, 2012).

Little of what is taught on leadership courses really prepares would-be leaders for the realities of leading. Often (more than we care to admit), many of us have problems saying what we mean and even when we do, we have trouble implementing what we say. We have a significant capacity to delude ourselves and to dream up exceptional performances in the abstract, which fade away on contact with gut-wrenching real interpersonal difficulty. What matters most to ultimate success in those leadership moments is not what we do but what we choose not to do, our shedding of distractions, finding a masterly presence of mind and the concentration that we bring to the moment. The Staff College leadership programme is a powerful learning experience and helps leaders to confront a number of issues that they know about but have not found the time to consider or resolve.

The Staff College programme is, uniquely, an experiential, very practical, grounded initiative that has proven to be immediately relevant and impactful on personal development, quality assured by working with highly trained directing staff from the military and proven NHS leaders. Without uncertainty, we would not need leadership. Health care is dominated by the extreme, the unknown and the high impact of the highly improbable. Effective leadership development in the Staff College equips leaders to design the environment to cue behaviours around teamwork and communication.

How will we persuade colleagues to do the same thing as opposed to what they

believe to be the right thing? How will we manage colleagues who are not team players? How will we deal with the fear and anxiety of being honest? In many ways, this was easier to do some years ago until the ascendancy of targets and finance moved health care from a clinically-led service to a managed service. More regulation, more appraisal and revalidation emerged as paper-safe solutions. There has been enormous investment in leadership development but because the end product is so difficult to measure, there has been little proper rigour in assessing its effectiveness. Besides mapping agreed standards against framework domains, competencies and levels, there is little understanding of how to bridge the leadership knowing–doing gap. But we know when it is present and feel the void when it is not.

Facing the challenges

A central challenge for clinicians and leadership development lies deep in the culture of medicine and the apprenticeship model: clinicians develop a mindset that while someone else looks after the system, their job, as clinicians, is to deliver excellent care, one to one, to patients. We are loath to tell the truth to a colleague, even in the patient's best interest. We respect clinical variation as our professional right, even to the detriment of safety and quality. We seek to influence, but only at a distance. We abhor self-regulation and deny our duty to self-police.

For these reasons, at a profoundly deep cultural level, few clinical role models today have built their careers on organizational leadership. The Staff College attempts to address this gap: it serves to awaken in clinicians a sense that the delivery of excellent care requires effective organizations and systems, and that taking on leadership and management roles can be a highly effective way to deliver one's professional calling. Through leadership, one can create a multiplier effect, influencing the day-to-day behaviour and practice of hundreds, potentially thousands of professionals. As a practitioner, the number of patients one can treat directly is inherently limited.

People notice everything and they believe their own data. We are constantly assessed by our peers and others on how we manage the unexpected, how we manage uncertainty, how we manage fear and success. Our colleagues know if we keep our promises and whether we spend time on the things we say are important. Trust and confidence is built by our actions, not our words. Are we decent to be around when things go wrong and do we speak well of others in public and private? Do we really care?

Leadership skills

Working in partnership with the armed services, for whom the acquisition of this set of leadership skills is equally critical, we have developed an experiential senior leadership programme spread across four modules over 9 months (Halligan, 2010). The modules include self-awareness, self-management, leading teams and 'big leadership', accessed through an assessment for development selection process. The faculty is composed of proven leaders, the methodology is experiential and the learning is facilitated by video feedback and peer review.

Does medical school prepare medical students for what it is really like to be a doctor? Medical school deans would emphatically suggest that it does – there is a curriculum, it is adhered to and, by every measure we traditionally apply, it appears to be fit for purpose. But how does the newly qualified doctor deal with his or her acute anxiety at midnight on a busy shift dealing with a really sick patient when the registrar is too busy to attend and the consultant traditionally is not contacted? How does a young registrar deal with his or her consultant's bizarre and potentially, if not actually, dangerous behaviours? These situations happen all the time.

How will a newly appointed medical director challenge heads of divisions to improve their services – which, on occasion, may involve the very unpopular action of changing the leadership of some teams? How will he or she deal effectively with the interpretation of shared data and deliver benchmarking along a pathway

and between stakeholders? How will he or she achieve effective engagement with GPs and clinical commissioning groups? Traditional leadership programmes respond to these challenges through developing learning sets and offering insights about leadership traits and characteristics. Leadership frameworks describe, with great precision, the necessary domain competencies that need to be developed in a leader (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2009; NHS Leadership Academy, 2011).

Elementary mathematics, algebra and classical geometry is to management what calculus is to clinical leadership. It is the difference between dealing with perfect objects and formulae mostly found in text books compared to dealing with complex and irregular situations that come up more often in the real world. The art of influencing, the skill of resilience and the ability to judge risk lie at the heart of effective leadership.

Traditional NHS leadership programmes offer excellent skills acquisition and development of technical competence in three areas: understanding of systems and local health service context, core service leadership and management capability, and management for continuous improvement in value. Staff College, explicitly, does not assess or train for these skills and clinical competences. It is additional and complementary to existing development programmes in these areas. Staff College creates, in clinicians and others, a sense of purpose and belief that one would acquire these skills and technical competencies not in the service of any 'tick boxing' requirement, but because one understands their importance in achieving one's professional purpose and enabling real influence to make effective change.

Why do so many smart, ambitious, incredibly able doctors find their upwards trajectories flattening into a plateau? High achievers often let anxiety about their performance compromise their progress. Because they are used to having things come easily to them, they tend to shy away from assignments that will truly test them and require them to learn new skills. They have successful images to preserve so, instead of embracing risk, they lock themselves into hierarchy and routine at the expense of personal growth.

Our personalities are integral to the way we do business and Staff College training, with its particular emphasis on experiential learning, gives individuals the confidence that they can overcome obstacles in their path – whatever they may be. It teaches effective self-awareness, self-management, motivation, empathy, moral courage and mental resilience. Without these character components, there cannot be competence in social skills, such as communication skills, advocacy skills, negotiating skills, influencing skills, team-working skills, decision making and situational awareness. Staff College sees the acquisition of these skills as the learning outcomes against which it should be assessed.

Tom Winsor's Independent Review of Police Officer and Staff Remuneration and Conditions, part 2 (Winsor, 2012) addresses the current police culture in a service that is frequently unclear of its role: often risk averse, process dominated and defensive. The report recognizes the redundancy of the bizarre decision of the Police Staff College in the early 1990s to concentrate on management rather than leadership on the grounds that the latter was divisive and elitist. The parallels with the health service are unavoidable (Halligan, 2011; Ham, 2011).

Conclusions

The health service needs to learn its own variety of leadership calculus if GP-led commissioning is to be successful. The inertia built into existing ways of working will act as a powerful brake – the obstacle to implementation will not be a lack of legislation or resource but, as it has always been, cultural. Team working needs to expand beyond disciplines and become something that bridges the gap between organizations. Well-led teams are built on trust, do not avoid conflict, commit, are accountable and deliver results. Multi-organizational team working should become the norm.

The revised NHS constitution makes clear the existing legal right for staff to raise concerns about safety, malpractice or other wrong doing without suffering any detriment (Limb, 2012). Moving this aspiration from a paper promise to reality can only be built on solid leadership. Understanding our leadership role will inevitably progress towards redefining self-regulation, self-

policing and embracing a philosophy of telling the truth to power, both political and clinical. Martin Luther King Jr famously once said: 'Our lives begin to end the day we become silent about things that matter'. The Staff College leadership programme ethos is an aspiration to do the right thing, particularly on a difficult day. **BJHM**

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KEY POINTS

- Frontline NHS staff deserve the very best leadership.
- Little of what is taught on leadership courses really prepares would-be leaders for the realities of leading.
- Working in partnership with the armed services, UCL Partnership has developed an experiential senior leadership programme spread across four modules over 9 months.