

TRANSCRIPT

Episode 1 - Leading service change



Paul Parsons - This is Not a Consultation. I'm Paul Parsons...

Caroline Latta - and I'm Caroline Latta.

Paul Parsons - Welcome to Not a Consultation. Our podcast on all things patient and public involvement and NHS service change.

Caroline Latta - Today we're focusing on the role of leadership in NHS major service transformation programmes.

Paul Parsons - This often means bringing together multiple organisations with a range of statutory functions and complex interorganisational relationships, and asking them to deal with difficult, large scale transformation programmes.

Caroline Latta - The issues these programmes are dealing with are often very contentious, for example, reconfiguring maternity or urgent emergency care services, building new hospitals or retiring old estate.

Paul Parsons - These topics can be a motive for patients, the public and, of course, the clinical and support staff who've spent years building and developing the patient services they offer.

Caroline Latta - We invited some guests to talk to us about leadership and culture in NHS service change programmes and we started by asking them to introduce themselves.

Dr David Hamilton - Hi I'm Dr David Hamilton and until recently I was the chief executive of South Tyneside CCG in the north east of England. I'm a clinician by background, so a consultant Geriatrician in an acute hospital. I moved to be a director of commissioning at a large PCT cluster before I took the commissioning chief officer role. I guess my interest has always been in clinical service transformation and I've been lucky enough to lead several large scale programmes of change. I was very fortunate to have experience of the Canterbury model in New Zealand over the last five years, and that's taught me a lot about how to build coalitions and partnerships from clinicians managers and leaders to deliver change.

Sian Jarvis - Sian Jarvis. I started life as a journalist with BBC and breakfast television and then I moved into the Department of Health where I became director general for communications across the NHS and the Department of Health and Public Health marketing, where I was for 12 years. I served six secretaries of state and, I don't know, 30 ministers! Some of the things I'm most proud of actually was the NHS plan and leading the stakeholder engagement around that, but also Change for Life, which was the big marketing campaign to tackle childhood obesity, which really taught me all about coalition building.

From there, I went to Asda and then I set up my own business where I operated for about five years as an independent consultant. And from there, I went back into the NHS when we were bringing together NHSI and NHSE and trying to create a coherent system leadership. The last 18 months I've spent at Newton Consulting, Newton Europe actually, which is a fabulous management consultancy focused on operational improvement. But I've been developing their communications and transformation function around leadership and service change.

Caroline Latta - Sian Jarvis, what do you think makes good leadership in the NHS?

Sian Jarvis - Well, Caroline, how complex and how everchanging is the world of health and care, you know, and that requires, over the years, a very different style of leadership. We're now in an NHS that requires system leadership and it's, I think, very different from the old style, maybe even 20 years ago, which required that charismatic, heroic leadership where people would run their organisation brilliantly. We require something completely different now, which is in order to serve our communities and our population, many of whom have really very complex needs, long-term health conditions.

They're being served by different agencies, different services, moving in and out of hospital, in and out of home and different environments. That requires a collaboration and a cooperation across that system to be able to deliver the right care for those people. I think it requires a very different sort of leader. It requires leaders to be compassionate, to have real courage, because in order to address some of those complex issues, sometimes you've got to work across professional boundaries, work across clinical boundaries, and then also work across organisational boundaries, and you've somehow got to be able to have that vision in order to lead people on that journey because you can create a vision at a national level, and you can say what it is that you think is the right approach.

But ultimately, you've got to get that vision to land right through every organisation, right through the whole system and at every level and at every team. And you can really only do that - you can't do that from behind your desk with a pen in your hand - you've really got to get out there and to engage with people. And, I've always thought that actually, not just in the NHS, but really anywhere that the E in CEO stands for chief engagement officer. Leadership is such a powerful influence in driving the right culture that you need.

And engagement is such a huge part of that. You need to have people who have empathy, who have compassion but also have courage and ultimately resilience as well, in order to keep going. You've got to be flexible. So, yes, you've got to have that really amazing vision, but you've also got to be flexible. You've got to be able to listen to people, to be able to paint the destination, but to be able to flex about how you get people there

and not everybody's going to come at the same time or in the same way; change takes enormous amounts of time.

So ultimately, that resilience is absolutely essential. And, of course, particularly in the NHS, we need more clinicians leading this process. We need much more involvement of people, patients and the public, local authorities. And ultimately, you've got to have a really powerful case for change that's based on the evidence. So an awful lot there. It's an incredibly complex world, probably more complex than anything that I've seen anywhere else. And ultimately, you've got to believe in it. I think that's what kept me going through sometimes. Anybody who's worked in the NHS, it's kind of quite difficult, but I think you've just got to be passionate about what you're doing and that really, really helps.

Caroline Latta - So what can we do to support those leaders that have previously just been focused on their own individual organisation and run it really well or asking them to act differently in the system transformation. How can we support those leaders in making that transition?

Sian Jarvis – Yeah, I mean, I think support is absolutely essential in this. As I left NHSE&I, the work around the people strategy was ongoing and this was a huge theme in that. I mean, we are asking an awful lot of our leaders. We put an awful lot of pressure on them. Some of the work that we need to do is around that kind of culture about developing new skills, because ultimately we need leaders who make a success of local health and care systems their priority as much as they see the success of their own local organisation.

And that requires the real shift that can come through engagement. So I think engagement is a really important tool, getting people to sit and talk together to create a shared vision. Some cases it's pooling budgets, being able to step down and maybe think that your priority isn't perhaps the main priority. Putting patients and clinicians in the centre of that debate so that people are holding up a mirror and using it to reflect their communities better. I think in certain cases it's around engagement. In certain cases, it's

around developing those leadership skills and putting people and putting those training and support processes and programmes in place.

Sometimes it's about changing the nature of the conversation and making sure that people understand that involving people in the communities is absolutely critical. Sometimes it's about actually making sure that our leadership teams are reflecting the communities that they serve. We don't have brilliant diversity across the NHS, making sure that that happens. So, broadening the reach and the recruitment of our leaders. And also there's an awful lot to do to make the national system support that local vision.

Again, when I was at NHS improvement up until 2019, one of the big things we were looking at is how can we make regulation and the national commissioning system support that. Quite often we're driving that command and control approach, whereas actually what we wanted to do was to create a system that was much more coherent and less about fragmentation, and that the whole assurance and regulation process supported that instead of driving the old behaviours around, e.g. you must make sure that your organisation is performing well with a massive focus on financial performance. Whereas actually we wanted much more around what are you doing to improve the patient experience? What are you doing to reflect the support that you are giving to your local communities? So I think it is a fundamental change, but it's not one thing.

Caroline Latta - Thinking about your own career, what would be your advice to others? What are your top tips to take away when thinking about leadership?

Sian Jarvis - Well, I try hard, but I'm no expert. There will be all sorts of gaps in my own leadership style. I think the things that are really, really important, as I've mentioned before, communication is essential; making sure that people understand what it is, the direction that you're moving in. And I've always said that we were born with one mouth and two ears and we should use them in that ratio. In other words, we should spend more time listening to people than we do telling them what to do. I think that's kind of really essential. Speaking truth to power is something that I have done.

You know, you've got to be pretty tough and resilient to do that. I think it makes it easy if you're really passionate about what you do, but you have got to be prepared to do that. You've got to be really clear about your own values and what that means in terms of then the behaviours that you show, because as a leader you are so influential in creating the culture around you. People are watching what it is that you care about, what you monitor, what you talk about, what you measure, how you hold people to account.

And so you have to make sure that what you say and what you do are really well aligned. I think that's absolutely critical, whether you're an individual or whether you're an organisation and I think data, the evidence base, is absolutely essential. And then bringing that to life through the use of stories is also really helpful, but I think trying to be clear and consistent, and communicating with people, and also allowing people to make mistakes. But then being really clear that you have their back, you want people to have control and to feel that they have autonomy.

But at the end of the day, if there is a mistake that you will stand up for them and you won't turn around and blame them. And I think that's really one of the kind of the critical elements of good leadership, allowing people to have their head but then also protecting them at the same time.

Caroline Latta - Sian Jarvis, thank you.

Paul Parsons - Dr Hamilton, you've led some very big change programmes. Change programmes of any size can be a challenge for local leaders. What are the things that you've learned and you'd like to pass on to people, perhaps at the other end of the process in leading these programmes?

Dr David Hamilton - I think looking back what I've learned, probably most of all, is that you do require some clarity of purpose at the outset. So, what is it that's driving your need to change particular services? Is it the delivery of care model? Is it workforce pressures? Is it money? So, just be clear what it is that is driving you to make a particular change that will help you as you go forward. To be honest with people, that actually there

are some genuine reasons and that will allow you to have a better and different conversation.

If you yourself are clear on why you think you are being driven to make a change in services. I think it's important because whether the service appears to be very large scale or something fairly small, it will matter to local people. It will matter in terms of its location, how it's provided, who is providing it. So, before you embark on making any change, let's just be clear why you're doing it, because it will stir up a reaction among local people that's for sure.

Paul Parsons - Earlier on, Sian mentioned speaking truth to power. You've just mentioned involving stakeholders and being honest with them about the drivers for change. What role does communication openness, transparency play in leadership of these things? And how important is it to that process?

Dr David Hamilton - I think that it's completely critical. Communication starts at the earliest possible stage. So, at the point where you're even thinking that you might need to make a change, that is the point at which you should identify who are the key people you need to be talking to. Some of the people who are often the most challenging and difficult are people like the patients who will be affected, the members of the public, the local MPs and local councillors. I think you should embrace those stakeholders as early as you can and be upfront with them and clear on what it is you're considering and why.

That does not mean that that will prevent any further problems and reactions in the future. It doesn't mean that everyone will simply say yes, we agree with your plan, service changes and the model that you're putting forward eventually at a public consultation. But it does mean at least you have some authenticity and that you are very clear with people that this is not just some whim that you're following. This has got some real evidence behind why you're trying to make a suggested change. So, I think communication, you can never do enough of it.

So engage with people early, be clear on the messages, and I think also be clear with them on what it is that is up for change. What is it you can listen to them on and they are going to be able to influence and equally be clear with them on what it is that they cannot influence and it is a given. There will be some, but probably there will be far fewer things that are not able to be influenced than there will be things that they can change.

So have that upfront dialogue. I think that's really important.

Paul Parsons - We've seen lots of these change programmes up close, and it strikes me that one leader does not a change programme make. We've seen these change programmes up close. They're big. They involve dozens, if not hundreds of people on the NHS side in stakeholder organisations. What does the leader need to do to make sure that the values that you've just talked about are consistent at every level in that programme?

Dr David Hamilton - Great question, Paul. I think the most important thing is probably to lead by example. So if you're talking about needing to listen to individuals and key stakeholders, if you're talking about being clear about what the purposes, then you must demonstrate. You must show that you yourself will live by those. So, whether it's talking to clinicians from the local hospital, local GPs, or whether you're talking to a local interest group, be really clear what it is that you think the rationale is, but also make sure that you are listening to what those people say to you. If possible, it's really great to be able to listen to people's comments and feedback and actually change your views and opinions on the basis of that. I have done that several times. It's really humbling, but also very empowering for people. So, you need to live and breathe that as a senior leader. It is not always easy to do. We have been brought up with a leadership style which is characterised as Sian said, by a heroic knight in shining armour who has all of the answers to the system's problems, and we just need to do what this individual has got to say. That style of leadership belongs somewhere in the day 20-30 years ago. That is not what gets you through in a complex relational system in which we actually live. So it takes a degree of bravery to be able to admit that you don't have all the answers. And in fact, what you are seeking is other people's views because frankly, they know better than you do. That's a hard thing to get leaders to admit.

Paul Parsons - It's really interesting perspective. Thank you. Change takes energy. Leading change takes energy, and sometimes the changes that you want to make are addressing problems that you're facing on a daily basis in the NHS. So how do you create that extra resource? How do you prioritise the need for change against a situation which has its daily demands on your time?

Dr David Hamilton - I think this gets to the heart of why you're bothering with the service change. If it isn't important, why are you doing it? There must be some key things that are sitting behind the suggestions that you're going to put to the public and your key stakeholders. So those drivers are often workforce, finance, clinical standards, whatever they are, they are generating pressures for you both in the here and now, and they will also generate you more problems in the future if you don't address them. So I think that these types of service changes that we're talking about should be a leader's top priority. And if they're not going to be your top priority, then be honest with yourself and say that you should not be leading them.

So for me personally, I was really clear that if I was going to, as a commissioner, be leading major reconfigurations, which would probably result in independent reconfiguration panel, Secretary of State referrals, then they should be really important to me. And I personally am going to commit to being there, fronting these things up and listening to what people say. So I think senior leaders have got a duty to be the people who are leading them and not leave it to others in the team. It's that important for me.

Paul Parsons - Thank you. Sian, how do you go about making the space and creating the resources to achieve change in an environment which has continuous demands on your time, energy and processing ability?

Sian Jarvis - Yeah. How do we find the time to focus on change? Your question sort of suggests that somehow there is a separate activity called change and transformation, and then there's the day job. I think as David was just talking about, they are absolutely

one and the same thing. And if they're not, then don't waste your time doing it. As a leader, I think one of the most important things is to, because people are watching where you're spending your time, how you're operating, what your priorities are, and so therefore you absolutely have to be immersed yourself in the change that's going on. Ensuring that your teams have time for the engagement around that, that you're making the connections across the system to allow that to happen and that you're out at those most critical points in order to demonstrate just how central this is.

I think that's right. One, make sure that you're absolutely sure about what it is that you're focusing your time on. I mean, there are all sorts of changes that are really nice to have, but life is just too busy to focus on some of those so be absolutely ruthless in how you prioritise, and then absolutely back it and make sure that all of your teams can see that and can see that this is important, because as I said earlier, it's essential that vision transformation isn't just the top leaders of the organisation.

Every single team at every single level, both within organisations and across the system, need to be living that same vision. And that does require time. But it will be essential because if you can make the case for the benefits, both in terms of high quality care and the patient experience, but also in terms of productivity, then I think it becomes very powerful that it's a must do.

Dr David Hamilton - Can you add to that, Paul? I think that's a really important point to be clear on why it requires so much of your leadership time, because it also requires perseverance, too. So this will almost certainly not be a short journey that you're on. So it will require you to put time and energy, not just for a small, limited period, but actually over months, probably years. So that's why you need to be really clear that it is a priority. So don't do it if you're not there to commit that time.

Paul Parsons - You've had some experience of different leadership approaches in different situations. Can you tell us a little bit about your experience of New Zealand?

Dr David Hamilton - Sure. I mean, I was really fortunate to have the opportunity to see first-hand a really different scalar leadership in Canterbury and very much embracing a whole of system approach rather than an approach which was based on the success of individual organisations. We live in a complex system. The world of health has probably never been more complex, and therefore, I think what's required for us to succeed is an approach which is based not around organisational success but success of systems. And we have tried really hard to do that locally.

We have tried to follow the approach within Canterbury, but it does require a great deal of time and energy, and it requires leaders to act in a way which is frankly counter to what's in some of their constitutions. So if I look at Foundation Trusts, they are meant to compete with each other for business, make a profit, and frankly those things just won't cut it in a world where we're focusing on the success of the system. So I think we have tried to be very upfront with our local leaders, and if you are going to embark on this journey, we are going to require a completely different set of behaviours.

We've try hard to articulate what that looks like. So empowering clinical staff really trusting frontline clinicians is what we aspire to. We have tried really hard to demonstrate how you do that. It takes a lot of effort, but once you start to show results and that you really will be prepared to put your trust in others, I think the results speak for themselves, but it is an extremely challenging environment in which to try and operate that sort of leadership style.

Caroline Latta - The last several months have been the most significant in terms of pressures on the NHS responding to a global pandemic. Do you think there's any learning for leadership that come as a result of those NHS organisations, local authorities, and local systems that have been responding?

Sian Jarvis - It's a good question because I think that there have been really great case studies and examples in certain areas where people have come together and used almost a burning platform of COVID to achieve change. They've seen it as a COVID has almost become a catalyst, because what it's done is it's created that burning platform. Suddenly

there is an absolutely imperative case for change. There is a unified sense of purpose and it's driven in certain cases. I mean, I know that Newton, for example, are working in Northampton and they were looking at working across professional boundaries and getting change, which was taking quite a long time. And actually what had been anticipated as something that would take a number of years was achieved within four months. And I think that in many organisations it would well be worth looking at. What is it, what has COVID done and the response to COVID to have actually accelerated some of the changes that people wanted and to really analyse what were the conditions that allowed that to happen? And how could we put those in place again? Was it that the different people were having different conversations together?

Was it that bureaucracy was suddenly cleared out of the way? Was it that professional boundaries were somehow removed because of this? Was it a willingness? Was there a new coalition? Was it just that the evidence was so burning and so strong so, I don't know, for different areas and organisations there will be a different answer. But I really do think it's worth people looking at that because I think it has galvanised people in a way that has made, if you sort of put an optimistic and positive spin on it, that certainly COVID has been a catalyst for achieving some of the changes in the transformation that people had perhaps wanted in the first place.

Dr David Hamilton - I guess if I were looking on the optimistic side, I would say that COVID is shining a light on health inequalities. This virus does not affect the whole of the population equally, not by any stretch of the imagination. So, people in the most deprived areas in the most deprived communities have been affected in the worst way possible by the virus in terms of mortality and mobility. So I would hope that that would shine a light on the fact that we need to focus even more of our attention on health inequalities.

It isn't just about improving our overall levels of health across the country. It's about looking at those pockets where, frankly, some of the statistics make very grim reading. And unless we really target those areas and support those areas and individuals within them, then those inequalities are only going to get worse. So, I hope that what COVID has done is given us yet another example of how actually we need to be looking at our most

deprived areas very, very closely and unashamedly supporting them to a much greater extent than the average people in the population.

Sian Jarvis - David, I totally agree with you on that. I have a particular interest as I'm a charity trustee of a charity called Step Up To Serve, which focuses on young people and ensuring that young people's voices are heard. And I think that, of course, COVID has highlighted just how vulnerable older people are, people with diabetes, and with underlying health conditions, and particularly older people. But I think that actually the mental health issues facing young people are really prevalent, and I think that your point about the gap is getting wider.

And I think that we absolutely need to, I think quite often they're an overlooked part of our community. They have so much to offer, such a contribution to make and a very powerful voice. I just think it's essential to that we don't overlook anybody within the community and just jump to conclusions. And I think that really, really looking at the health inequalities, I think, is essential.

Paul Parsons - Thinking about all of the things that you've learned in your career. If you had one piece of advice to give to somebody starting their career in NHS leadership in leading change programmes, what would that piece of advice be? Sian, can I ask you?

Sian Jarvis - For me, I guess it would be communicate, communicate, communicate. Or perhaps I should change that to being listen, listen, listen.

Paul Parsons - Thank you very much. And, David?

Dr David Hamilton - I guess my message would be I agree totally with Sian's perspective that listening is a skill which you need to practise, so you must practise it every opportunity you get. I guess for me, the thing that I would want to encourage people to do is make sure you're clear on why you're embarking on a change. So let's have that

clarity of purpose. If you have that and then you listen to people continually as you go along, you really will not go far wrong on that journey.

Paul Parsons - Some great insights there from people who've been there and done it. Leading service change of whatever size isn't easy.

Caroline Latta - And what's clear from that conversation is it takes energy, aptitude and a relentless focus.

Paul Parsons - Change programmes are made up of hundreds, if not thousands of different moving parts. But it's hard to think of any other individual element that has such a bearing on chances of ultimate success.

Caroline Latta - And leadership isn't just at the top. It has to exist in every action, every level in the programme. Now, as Sian said, you have to give people a head and have their backs when mistakes are inevitably made. David made the important point that you have to be clear what you're doing and know exactly why you're doing it. That's as much about process as it is about outcome. Being clear on those mean you can communicate more effectively and will keep you on course through inevitable turbulence.

Paul Parsons - Well, we seem to have barely scratched the surface there. I expect we'll be returning to leadership at some point.

Caroline Latta - Yes, definitely. But for now, thank you to Dr. David Hamilton and Sian Jarvis for joining us and sharing their insights today.

Paul Parsons - Yes. Thank you both. That was excellent. And thank you for listening. We've put our other episodes on our website at notaconsultation.com. You can find us as

Not a Consultation wherever you get your podcasts and you can send your comments and questions to listen@notaconsultation.com.

Caroline Latta - And remember, this is not a consultation...

Paul Parsons - It's a podcast.