

## TRANSCRIPT

### Leadership series – Rebecca Malin



**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.

**Caroline Latta** - Our podcast on all things patient and public involvement and NHS service change.

**Paul Parsons** - Hello, everyone, and welcome to the first episode in our series about leading service change.

**Caroline Latta** - In this series, we'll be talking to different service change leaders about the projects they've been involved in, what they've learned about leadership and any top tips they have for aspiring service change leaders.

**Paul Parsons** - Today, we're going to be talking to Rebecca Malin, the Programme Director for the Lancashire and South Cumbria New Hospitals Programme, about what she's done in the past and what her experience is of leadership and particularly leading NHS service change.

**Rebecca Malin** - Hi, delighted to be here with you today.

**Paul Parsons** - Thanks for joining us.

**Caroline Latta** - So, Rebecca, tell us a bit about yourself. What's your history and what brought you to NHS service change?

**Rebecca Malin** - I fell into it rather than chose, but I'll come on to that in a minute. So I started life out in IT with IBM on their graduate programme and I was a coder, I should say I was an absolute rubbish coder. All my code needed to be rewritten. I was sat in a room with a load of people who didn't talk. I hated it and I was rubbish. So, my first piece of code was writing reordering system for tights and stockings at George and Asda. I wanted to go out and talk to people in the store about how they use the technology. So once I found my way out of that coding room, I went on and did just that. So into analysis, talking to people about what they want, how do they want to use it, what makes a difference to them and their working lives. I then moved into, still in IT but into Virgin Atlantic, and that was a real step change for me, because I was going from a very corporate organisation to one that was very just try it, try it and if it fails, you have another go and try again.

They were absolutely all about people and how people design and influence and use their products. The bad thing about Virgin, it was down south and I wanted to come back up north, that I left Virgin Atlantic and came back up to Yorkshire and fell into the NHS and I thought, well, just do this for a couple of years, then I'll go back and do something else. I would say within the first couple of months, it got me, completely got me and it was the people, it was the being able to connect what I was doing to the people walking down that hospital corridor and the opportunity to make things different, make things better. I didn't know how to, but that's what got me on my NHS journey and led me into service change.

**Paul Parsons** - So you said you fell into it and that brought you to NHS service change. What was your first experience of service change. What project were you working on?

**Rebecca Malin** - So my very first one in the NHS was rolling out a radiology system into an acute trust. And then I went on and did lots of IT related service change. If I had to pick out one that really stood out for me. It started as an IT project, but it wasn't at all. It was something called Gold Line. And that is still one of my proudest moments in my whole

career. So Gold Line is a dedicated 24/7 phone line and video for people in the last twelve months of their life to be able to connect to an acute nurse, senior nurse and palliative care. So whilst the technology was crucial, what mattered was the people, and what mattered was hearing from people who use it, people who we wanted to use it, people who were going through that time in their lives or with their family and friends just needing that support. So that was one of my early projects, but remains the one that I am most proud of.

**Caroline Latta** - Can you tell us a little bit about what you've brought from the private sector into your NHS role, in particular in relation to transformation and involvement?

**Rebecca Malin** - Once I'd stopped saying passengers and switched to patients, which took me a while. There are so many similarities, but we're not always opening to hearing about them. So if I take my experience in Virgin Atlantic, I've said their style was really try something, fail, learn and do it again, and do it again and do it again. It wasn't always easy bringing that into my service transformation in the NHS, but the more you can involve those people who A) work in it every single day and B) use it, the more we can involve them. We will only get to a better outcome. It may not always be the answer we want to hear, but if we don't listen and listen with intent and be prepared to take what people are saying to us, we'll never get there. And we can only do that with really trusted relationships and people feeling, genuinely feeling it's okay and we don't always get that right.

**Paul Parsons** - What has being involved in NHS service change taught you about leadership and leading those programmes as opposed to what you were doing in the private sector beforehand?

**Rebecca Malin** - It's okay to not have the answer. It's okay to share with people that we are involving that we don't have the answer. It's okay to say, "I don't know where to go with this. Help me, help me out, help me think it through". The more we can be so genuine and genuinely want to hear from them, the better. The worst thing we can do is be a box ticker and tokenistic in our involvement. I think my work in the private sector, they just did

it. They just did that. They invited people in, they had groups of users that they would use for different things, but they just did it. It was part of how we work. I think there have been times, and I hope we do it naturally far more now, but there have been times when we see it as something different. We see involvement as a task to be done, as something separate rather than part of how we work. It is just what we do. So the more we do it, the more we get comfortable with it, the more we'll get to a better place. And accepting it is not linear, it is really complex because we're dealing with people and behaviours and emotions and it may bounce from A to B to Z back to B. It's not linear, it's not necessarily something you can write, highlight report on.

**Paul Parsons** - You're involved in one of the biggest service change programmes in the country. You're out there carrying the banner for it. What are the challenges that you faced in that? And kind of, how have you overcome them? What have you learned from them?

**Rebecca Malin** - I'd say there is one massive barrier and it's still there, and that's trust. So inviting people in to come and talk to us about what they want out of their future hospitals. Yes, I will have a view, yes, our clinical staff, our operational staff, the people who live, breathe and work in our hospitals every single day will have some really valid views, but also will the people who use them. And we have to invite them in and to be a part of that process from the start. There is no milestone that you get to and say, right now we need to involve people, just involve people from the start in that conversation. But the trust has to be there. And I still find this I think it's a bit of cynicism, but overriding distrust. And some of that is because we haven't followed through on what we've said in the past. Some of it is, as we all know, the NHS is massive, it's complex and it's bound in politics and sometimes things just change, but we're not always honest about why those things have changed, which just fuels that distrust. So that has been a barrier. It has been a barrier on this programme of designing new hospital facilities for Lancashire and South Cumbria. To overcome it, keep on doing it. Just keep on doing it, having that conversation, keep on talking and be as honest and open as you possibly can be.

**Caroline Latta** - You're right, Rebecca. It's about that feeding back, that continuous loop and that transparency and honesty, can go back with the information and explain it, people then understand. And it's sometimes the case that where people give their feedback and they don't hear anything else as a result, and that directly feeds the mistrust.

**Rebecca Malin** - That's a really, really good point, Caroline. Paul will know. We've made a point right from the start of the new hospitals programme in Lancashire and South Cumbria to invite people into that conversation. And we've done it through digital means. We've done it when we could after COVID, we've done it by physically, face to face means. We've used a whole range of methods in which to do that. We did fall foul early on in the process of not feeding back quick enough. All it takes is a "thank you, we're just digesting it all and then we'll come back to you". And we didn't do that quick enough. Hopefully we've fixed that now and people are still in the conversation. But you are quite right about be honest. Say why we can't have a hospital there or have a hospital at the end of everyone's street, and how we could deliver services differently. I think part of that distrust comes because we don't often know what the end solution will be. But I think there's an expectation that we do, that it's all stitched up and that we know where this is going and what it's going to look like. And I would say 99.9% of the time we don't. And that's why we need people to come into the conversation to help us. But it's spot on. Caroline feedback. Feedback early and feedback with honesty.

**Paul Parsons** - I think your point there, Rebecca, people want to trust us, even those who will very forcefully tell you they don't trust you. And we can give them reasons to trust us by being open and honest. And Caroline and I encourage everybody that we work with to be open and honest. And in my experience, most people want to know that they've been heard. And going months after having spoken to somebody and not hearing anything doesn't give you any reason to actually build that trust, does it?

**Caroline Latta** - So quite often when Paul and I are advising service change leaders, the whole issue of not knowing all the answers, as you mentioned before, Rebecca, is a really important point. And it's okay to tell people you don't know. And I think from an authentic

leadership point of view, I think people appreciate that. I think that's all part of trust building. People can see that you care and that, yes, I don't know the answer to that, but I do know the answer to these other things, and we'll go back and find out about that and come back to you and fulfil it.

**Rebecca Malin** - Yeah. The bit I would add on to that, it's okay to not know all the answers. It's also okay to accept that you are not the right person or you are not best placed to engage and involve with specific groups of people. And that's where, again, another learning, which I'm sure many have done this, is use those people who already have connections and links into that a wider perspective as possible different group. We sometimes refer to hard to reach groups, and one of my colleagues will say, "they're not hard to reach, go down and knock on the door". They're absolutely right. They're not hard to reach. We just don't hear from them as much as we do some other groups. And I might not be the right person to knock on that door, but then use the people who already have those connections and relationships.

**Caroline Latta** - I agree the term hard to reach suggests it's their problem, not ours, and it's actually our problem and it's our responsibility in these programmes to find those people and make it as easy as possible for them to contribute.

**Paul Parsons** - Yeah, we've got to do things differently if we want to make sure that we hear from as wider a group of people as possible and we like being challenged to do that. The question becomes how to reach. There's sometimes a reluctance in NHS organisations to go and have those initial conversations. One of the things that Caroline and I hear regularly is "we haven't got anything to talk to them about yet". They've got plenty to talk to you about. And if we're at the stage where, very early the Major Service Change Handbook tells us to go out and have those conversations really early, then we can listen. So it's really not hard to start hearing from people.

I'd like to move us on, if I can, to the NHS Leadership Academy's Leadership Way, the principles that they've published for leadership in the NHS, and just ask for your thoughts and reflections. There's a link to the leadership principles on the show page of this

episode of the podcast for those of you who want to go and have a look yourself. But Rebecca, it's set out into six principles themed into three pairs. And what do you think of those principles in a service change context?

**Rebecca Malin** - There's loads of leadership principles out there and I've been really fortunate to benefit from the Leadership Academy training and for anyone who hasn't, make the most of it because it's utterly brilliant. But when I look at the principles, they're all of a similar ilk with other leadership journeys and leadership principles out there. I think it's how we as leaders use them and it's really important to bring in our own style to that because that brings the authenticity. When I bring a bit of myself into those principles, that's what brings the authenticity and then builds the relationship and builds the trust and adapt it to the situation and the people around us. So I see those leadership principles. They're not meant to be prescriptive, they are there for us to deploy to match the situation. So engage the team, influence for results. I think if you remain focused on the outcome and deploy it as you think is best, so it's how leaders use those dimensions. And I would say the overriding thing for me is focus on the relationships. So relationship is king here, whether that is relationships with your colleagues, with your clinicians, with your operational colleagues, with your corporate services colleagues, with your visitors, with your patients, or your wider population. Those relationships at many different levels is king and will see you through to better outcomes. The more relationships you have, the more you get those trusted relationships and that is an enabler to change. I'm sure many of your listeners read Helen Bevan and some of the things Helen tweets. I recently read something where she was talking about relationships being fluffy and I'm sure we've all come across someone saying, "oh, that's a load of fluff". Well, it's not. It is the thing that will underpin every single one of those leadership principles and see you through to better outcomes.

**Paul Parsons** - Rebecca, you've got a lot of experience from different projects in the NHS and your previous experience. So what are your top tips for leading a major service change programme?

**Rebecca Malin** - I'll start with I certainly do not have all the answers every single day. We still learn, still testing, trying, failing, learning, doing it again. So that would be a top tip. It is okay to mess up and have another go. Relationships, which I know I've said a number of times, but relationships is king. Focus. Take that time to build those trusted relationships. Find the people with the passion and the motivation. So, motivation to make things different, make things better, because they will be your allies and they will really help. Within that, find the people that you're making it better for, that you want to make it better for, and just ask a question "what matters to you?" And lots will flow from just one simple question. As you have reminded me many times, Paul, I may not have much to say, but they will always have a lot to say to me and you have reminded me of that before. So find those people and ask them a simple question and then listen and listen some more, and listen some more and then tell them what you're going to do with it and do it and feedback.

**Caroline Latta** - Rebecca, for anyone aspiring to service change leadership, what would your advice be?

**Rebecca Malin** - Do it. Find someone that inspires you. Something or someone must be around you that has flicked that switch and made you think "Oh, I fancy having to go at that". So find someone or something that inspires you and then go and knock on their door, virtual door. Go knock on their door and have a conversation. And that can be as simple as, "Hi, I've seen what you do and I really like it, tell me about it". Those conversations I found in my experience, open doors, pave the way for your next thing. And I would also say find a mentor. Find someone who you can have those trusted discussions with and say, "I'm thinking about this. What do you think?" Or "Can you help me?" Because it is the role of that mentor to use their skills, experience, connections, networks, etc. So, yeah, go and find yourself a mentor and also find who else is doing it? Who else is doing service improvement, service change within your existing network or within your organisation? And it may not be the obvious people, it may not be the team that says service improvement, yes, they'll be doing it, but there will also be many other people just trying to make things better. So go and find them and then connect. Build



those connections and just start somewhere. Come up with a suggestion of how you can make things better and go and have a conversation about how you can do it.

**Paul Parsons** - Hey. It's really clear that Rebecca is passionate about getting people's experiences front and centre in service change, isn't it?

**Caroline Latta** - I couldn't agree more, Paul. In our line of work, we have to be genuinely curious about the experiences of the people we engage, and that came across so very clearly from Rebecca.

**Paul Parsons** - That passion that I think we all have enables us to see people for what they actually are. Experts in services. Thanks to the wealth of experience that they have, using them and engaging those people successfully means the NHS can benefit from that.

**Caroline Latta** - It's just really great to see an example of a leader that is really encouraging their people to develop themselves.

**Paul Parsons** - Absolutely. That try, fail, try again approach to this works in our field. Getting yourself a mentor and proactively looking for your next challenge will do wonders for your career and for the satisfaction that you get out of doing your job. I reckon she's going to be getting a few knocks on her door from people looking for a mentor after this podcast.

**Caroline Latta** - Might even be me. The thing I loved the most really was and I think it came across, didn't it, was Rebecca's application of her private sector experience and bringing that into the public sector. I think it's just wonderful to see really, truly putting the customer experience, which was the private sector experience, and developing that into the patient experience and putting that at the heart of how she transforms services.

**Paul Parsons** - And that's it for this episode. Huge thanks to Rebecca Malin for joining us for the first of these episodes on leading service change.

**Caroline Latta** - We'd love to hear about your experiences of leadership, especially if you have some top tips to share. You can join the conversation by following us on Twitter @notconsultation, or emailing us at [listen@notaconsultation.com](mailto:listen@notaconsultation.com).

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