

## TRANSCRIPT

### Leadership series – Edna Boampong



**Paul Parsons** – This is Not a Consultation. I'm Paul Parsons.

**Caroline Latta** - And I'm Caroline Latta. Welcome to Not a Consultation

**Paul Parsons** - Our podcast on all things patient and public involvement and NHS service change.

**Caroline Latta** - Well, hello, everybody, and welcome to the fourth episode in our series exploring leadership with experienced service change leaders.

**Paul Parsons** - In this series, we're talking to different service change leaders about the projects they've been involved in, what they've learned about leadership and their tips for aspiring service change leaders.

**Caroline Latta** - Today we're talking to Edna Boampong who is the director of communications and engagements at NHS Shropshire, Telford and Wrekin. We're looking forward to hearing about her experiences of leadership and if she's got any tips to share with us.

**Paul Parsons** - Hello, Edna. Welcome to Not a Consultation. Thanks for joining us today.

**Edna Boampong** – Hello, both Paul and Caroline. And thank you very much for inviting me today.

**Paul Parsons** - It's lovely to have you with us. Can you tell us a bit about your career background and how you got to be director of communications at NHS Shropshire, Telford and Wrekin?

**Edna Boampong** - So I guess I'll take myself back to when I finished university. I did a degree in public relations and was always interested in the PR, marketing, comms element of that specialism. And I started my career in the private sector working for an IT company. And I quickly realised that this wasn't an area that I would last very long in just because of my value base, really. So when my dad died of a smoking related cancer, that is when it gave me that push to think about doing something different and to come and work for the public sector. So I actually got my first job in the NHS working for the stop smoking service in public health in Manchester, and I led some really big programmes of work. Biggest programme I worked on was the smoke free Greater Manchester programme, which you'll probably remember back in the day, I think, 2007, when we were looking for smoke free status.

So public health is where I started, which gave me the background in social marketing, behaviour change, looking at community development, looking at how we work more with our more deprived communities, particularly where smoking was concerned, because there was that link between deprivation and smoking. And then that led me to working in service transformation, in particular the stroke reconfiguration in Greater Manchester. One of the big programmes in Greater Manchester at the time was the Healthier Together programme, which was about the reconfiguration of acute services. And that was where I really found my love for service transformation and was able to bring in my experience around public health, inequalities, community development and engagement.

**Caroline Latta** - The Healthier Together Acute services reconfiguration across Greater Manchester. That's a big introduction to reconfiguration. Tell us a little bit about what that was like, Edna.

**Edna Boampong** - So it was almost like we were building a plane whilst it was in the sky. It was new territory to lots of us who were working on this and actually looking back on it, we made some mistakes, partly because we were all quite green. We'd worked on some big projects before, but this programme in particular felt quite politically driven. It was right before a general election, so the level of political scrutiny that we had was immense. And also, if I'm totally honest, we didn't bring people with us from the start, which is one of my biggest learnings. We jumped into it thinking that everyone would think that making these changes was the right thing to do. And even though it was, actually, we didn't create the right narrative so people didn't understand it. So what we ended up doing was getting into the territory of where our trusts were fighting against each other. They felt like there was winners and losers and quite frankly, the public and other stakeholders didn't know what to think and what to believe. So how was it? Tough.

**Paul Parsons** - Tell us about leading the comms and engagement function for service transformation.

**Edna Boampong** - I've just said that it was tough and it was difficult when I first started, but it gets easier than when you start earning your stripes and you start understanding how to do it well and how not to do it. I think, from my perspective, leading communications and engagement around big service transformation programmes is amazing. I love it. That's why I've stayed in this area for the last ten years. It's what gets me out of bed in the morning, because I genuinely believe that the work we do is for the good of our patients and our public. I wouldn't be in it if I didn't really believe that it was about making services better and about trying to improve the health and well being of people that use our services.

I also think that generally, the people that work in this area, they're committed, they're hardworking and they have the same values as I do. So whilst it is tough, I'm completely committed to it because overall, I feel like we're doing the right thing. Doing the right thing isn't always easy. But at the end of the day you've got to always remember what is the goal. As I say, it's about improving services and improving lives and saving lives, quite frankly. So leading comms and engagement within service transformation, it can be challenging, but it's varied, it's interesting and it's well worth doing.

**Caroline Latta** - There's some really great challenging experiences there. What do you think you learned about leading service transformation and what are the leadership principles you hold yourself to?

**Edna Boampong** - That's a good question about the leadership principles, and I think I have three. I think the first one, and it's probably a principle I live by that my parents always taught me, it's about treat people as you like to be treated. And that comes from the people that you work with to the people that we're here to serve because we are public servants. So for me, it is about just being kind, being respectful, treating people as equals and always living by that motto about just do unto people as you'd like them to do unto you. I think the other principle in the public sector and in service transformation is about patients and public first. When you get into service transformation, sometimes, particularly now, it is so politically driven sometimes, and sometimes you feel like, why are we doing this? Are we doing this because this is what the politicians want? And do they want it for the right reason? Or are we doing this because this is what's in the best interest of the public purse and for the patient? And the patient first rather than the public purse - of course we've got to live within our means, but actually we've also got to do it in a way that is going to improve the lives of people. So I think thinking patient first, public first is really important.

And then the third principle I think that we all need to live by, again, because we are public servants, is be honest and open. I think that's really tricky because sometimes you don't always have the answers. But actually, I think treating people with respect means being open and honest with people and bringing people with you. Because actually, in service transformation, the way to bring people with you is showing that vulnerability sometimes, when you don't have all the answers, you're saying, I don't know, but we're trying hard to find those answers. We want to work with you, but also ensuring there's no surprises, so people can see that you're genuinely trying to be open and transparent. And that works across even me working with my team and working with leadership. Those three principles, I think if you cut me in half, that's probably what you'll find.

**Paul Parsons** - Is there anything different about being a director compared to the other roles you've had in the past?

**Edna Boampong** - I think being a director comes with having more responsibility. And that's not just for delivering the job, because these roles, being a director of communication and engagement for an Integrated Care System, the big job, you're working across a lot of stakeholders, a lot of partners, you're working with people with varying agendas. And the Integrated Care System is a construct that is not necessarily recognised by all partners, particularly partners across the local authorities. So it's really quite challenging sometimes to kind of bring them in and make them feel, or encourage them to feel as part of a system when actually it feels like an NHS construct to them and they don't really get it. And that's the same with the public as well. I'm not sure if the public really understand what Shropshire, Telford and Wrekin means. I think people, if they live in Shropshire, understand Shropshire. If you live in Telford and Wrekin, you understand Telford and Wrekin. So actually getting them to understand system is really tricky. So as the director of comms, that's partly my challenge to raise the profile of what an Integrated Care System is, etc.

And also what comes with being a director is having a team of people that work to you, that look up to you, that take their lead from you. And, make no mistake, that's probably one of the biggest responsibilities I have, making sure that my team feel valued, my team understand what they're doing, why they're doing it and feel like they are contributing all the time and making a difference. So there is a big responsibility that comes with it. But, yeah, I really enjoy it and that's why I do it.

**Caroline Latta** - You talked earlier about how you learned from mistakes in the work you did in Manchester. In your role as a senior communicator, working across a complicated Integrated Care System what have you learned about leading service change?

**Edna Boampong** - It is really about bringing people with you and I think that's all your stakeholders. So that's not just the public, that's your political stakeholders and that's your staff as well. So your staff are your biggest asset. And actually, partly, I would say

we don't spend enough time working and engaging and involving our staff. And actually, if we spent as much time working with the staff as we quite often do with our politicians and the public, actually, you would get possibly a different result, because the staff can be your biggest advocates, especially our frontline staff that come across patients and the public every day. If they understand it, if they get it, if they're bought into it, then actually they're going to spread that message. Your staff are also quite often they live as well as work in the area that you're working in. So actually they are the public as well. So there is a big thing with me about doing better engagement with our staff and that ODP around preparing them for change. What does change look like? Involving them in terms of how we are designing services and really leaning on them to help and support us to deliver what we need to do.

Your messaging from the outset, I think is so important. So we in the Healthier Together programme, we came unstuck because we just used to put out some comms and without testing it with people and did not realise that it would raise antibodies with people because of the terminology that we used or the way we presented something. And you quickly learn that once you say something, you can't unsay it and then that's out there. So I do think from the outset, before you start any service change, you should really take some time to really hone in your communications piece, not just the engagement and involvement. What's your message, how is it relating and how will it resonate to your various audiences? Have you tested this with the public, with your staff, with your politicians and your stakeholders to ensure that what you're trying to say is coming across in the right way? I would say those are my biggest learning. It's about being open, honest with people from the beginning, bringing people with you, engaging better with your staff and making sure you get your comms right from the outset.

**Caroline Latta** - Edna, can you tell us how leadership has helped you overcome some of the challenges?

**Edna Boampong** - So I think being in a leadership position has helped me bring to the surface some of the lack of representation in leadership positions and inequality that often exists within the public.

And I'll give you an example. There is no surprise, and no one will be shocked for me to say this, that we know that in the NHS there is a real lack of diversity in leadership positions. And I often do find myself being one of the only people of colour in leadership spaces and in senior meetings. I used to have this imposter syndrome, sitting in these leadership meetings and being a black woman from southeast London. But actually, what it's taught me is being able to use my position to actually raise that awareness and positively advance equality and diversity inclusion within a leadership space. And one of the areas I'm particularly proud of is during COVID whilst I was the interim director of communications in the Cheshire and Merseyside Integrated Care System, when COVID first occurred, we could see that stark inequality and the majority of people that were dying from COVID were people from ethnic minorities. And I started saying to my leadership team, okay, what are we doing about this? COVID is widening that inequality gap, which means that when we get out of COVID people of ethnic minority are going to find, or minorities are going to find, it even more difficult to recover from COVID. So what are we going to do now to actually try and overcome some of that?

And on top of that, I had heard anecdotally when we started talking about a vaccination, I had heard anecdotally through my family connections and my community, that actually people in ethnic minorities were very sceptical about the vaccination and didn't want to take a vaccination. So then it worried me more that gap would keep on getting bigger. So being a person of colour in a leadership position, I was able to keep pushing that and was able to secure some funding, both nationally and locally, to do a piece of work which is now nationally recognised as kind of a flagship piece of work that was ahead of its time.

So the getting under the skin piece of work that I did that won a number of awards over, it was 2021 I think it won all these awards, which really helped us to understand what some of the barriers were to the COVID vaccination, but also to what we needed to do to support people from ethnic minorities to recover from COVID, but also helped us to segment our ethnic minority groups. So we weren't looking at them as one homogeneous group and making these assumptions about this is what people from ethnic minorities think, rather than this is what people from different backgrounds think.

I fundamentally believe if I wasn't a black woman who was sat in a leadership position, that piece of work would never have been done. Some of the challenges that I've overcome over the years is about learning to speak up, learning to feel like I do belong in these big important meetings, sat around the table with decision makers, but it's taken a while to actually feel like that. And now partly I carry a sense of responsibility on my shoulders where I feel like I can't represent people from all backgrounds because I'm one person of colour. But what I will do is try and encourage other people of colour to kind of step forward and aspire to be in leadership positions like I am.

**Paul Parsons** - For anyone out there aspiring to lead a service change programme at some point in the future of their career, what advice would you have for them?

**Edna Boampong** - Give it a go. I think that it's fast paced, it's interesting, but you can really make a difference. I can't sit here and guarantee that it will be an easy ride because quite often change is not easy. It is difficult. Anything worth doing is difficult, isn't it? So I think that if you are the type of person that enjoys some of those wicked and complex issues. Also, if you are someone like me that likes being led by insight data, why are we doing this? What's the best way to do it? And likes being creative in terms of your approach. Because this is the thing with service change you can read a manual, so to speak, that's out there that talks about the different steps and how you approach service change, but the reality is, until you get into it, until you start understanding who the public is, what you're trying to change, who are the people that are working within your system that you need to nudge or change their behaviour or change their thinking, you never really know what you get into until you get into it. But I think if you are like me, that likes talking to people, likes influencing people in the positive way, and likes being able to see the fruits of their labour, then you'll love it you'll really enjoy it, like I do.

**Paul Parsons** - What a brilliant conversation that was. It's so interesting to hear about how Edna's background has helped to inform her leadership in such a practical and impactful way.



**Caroline Latta** - I know as part of the vaccination programme, I'd heard about the impact her involvement had had on vaccine uptake across the country. It's really inspiring to see. I also really appreciate her recognising that she hasn't always got things right in her career.

**Paul Parsons** - Absolutely. It speaks volumes of Edna as a person to see how she was able to take it in her stride and learn from her experience in Greater Manchester to help make her the incredible leader and communicator that she is today.

**Caroline Latta** - That's it for this episode. A huge thanks to Edna Boampong for joining us to talk about her experiences of leadership.

**Paul Parsons** - And we'd love you to be part of the conversation too. We'd love to hear about your experience of leadership, especially if you've got some tips to share. Join in by following us on what used to be Twitter, X, @NotConsultation or email us at [listen@notaconsultation.com](mailto:listen@notaconsultation.com).

**Caroline Latta** - Don't forget there's loads more learning in our other episodes, all available on our website [notaconsultation.com](http://notaconsultation.com).

**Paul Parsons** - You can find us as Not A Consultation wherever you get your podcast and hit subscribe to be first to get all our new episodes.

**Caroline Latta** - Thanks for listening and remember, this is not a consultation,

**Edna Boampong** - It's a podcast.

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