Clinical Leadership in the NHS

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Leadership in the NHS

- Firstly the NHS today
Health in the media

- Bad news sells
- Distorted picture
- Mid Staffs
- Morecambe Bay
- Keogh Review
- Special measures
What is the Reality?

- Commonwealth fund
### EXHIBIT ES-1. OVERALL RANKING

<table>
<thead>
<tr>
<th>COUNTRY RANKINGS</th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
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<th>UK</th>
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#### OVERALL RANKING (2013)

| Quality Care | 2 | 9 | 8 | 7 | 5 | 4 | 11 | 10 | 3 | 1 | 5 |
| Effective Care | 4 | 7 | 9 | 6 | 5 | 2 | 11 | 10 | 8 | 1 | 3 |
| Safe Care | 3 | 10 | 2 | 6 | 7 | 9 | 11 | 5 | 4 | 1 | 7 |
| Coordinated Care | 4 | 8 | 9 | 10 | 5 | 2 | 7 | 11 | 3 | 1 | 6 |
| Patient-Centered Care | 5 | 8 | 10 | 7 | 3 | 6 | 11 | 9 | 2 | 1 | 4 |
| Access | 8 | 9 | 11 | 2 | 4 | 7 | 6 | 4 | 2 | 1 | 9 |
| Cost-Related Problem | 9 | 5 | 10 | 4 | 8 | 6 | 3 | 1 | 7 | 1 | 11 |
| Timeliness of Care | 6 | 11 | 10 | 4 | 2 | 7 | 8 | 9 | 1 | 3 | 5 |
| Efficiency | 4 | 10 | 8 | 9 | 7 | 3 | 4 | 2 | 6 | 1 | 11 |
| Equity | 5 | 9 | 7 | 4 | 8 | 10 | 6 | 1 | 2 | 2 | 11 |
| Healthy Lives | 4 | 8 | 1 | 7 | 5 | 9 | 6 | 2 | 3 | 10 | 11 |

#### Health Expenditures/Capita, 2011**

- AUS: $3,800
- CAN: $4,522
- FRA: $4,118
- GER: $4,495
- NETH: $5,099
- NZ: $3,182
- NOR: $5,669
- SWE: $3,925
- SWIZ: $5,643
- UK: $3,405
- US: $8,508

**Notes**: * Includes ties. ** Expenditures shown in US PPP (purchasing power parity); Australian $ data are from 2010.

**Source**: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).
However

- OECD
Britain ranked 28th out of 30 countries in health rankings

A damning report ranks Britain as 28th out of 30 for healthcare resources, with fewer doctors, nurses, beds and medical scanners than most wealthy countries.

The UK has fewer doctors, nurses, hospital beds and crucial medical equipment than most other wealthy nations, according to a damning report.

Research comparing Britain with 30 wealthy Organisation for Economic Co-operation and Development countries places it 28th on the league table when it comes to healthcare resources.

Daily Telegraph  6 May 2015
Reality?

- Mixed
- Excellent care
- Poor care
Why the variability?

• Is it money?
• Is it policy?
• We had failed organisations
  – Times of plenty
  – Under every policy
• These are significant contributory factors
• Leadership
Money

• Reduced tariff for past 6 years
• 98% trusts predicting deficit
• Additional centrally driven costs from areas like minimum staffing levels
• Money a significant contributory factor
Policy
Evolution of NHS

• Hospitals used to receive blanket allocation of funding
• Good hospitals who treated more patients spent more money, often overspent
• Griffiths report
• Ken Clark
• Purchaser /provider split
2003 Act

Parliament

Dept. of Health

SHAs

Health Care Commission

PCTs

Foundation trusts

Non Foundation Trusts

Membership

Independent regulator

Elite

Instruction
Money
Accountability
Quality

Money

Accountability

Quality

Health Care

Improvement
Amendments 5: to 2012

World Class Commissioning

Parliament

Dept. of Health

SHAs

Care Quality Commission

Foundation trusts

Non Foundation Trusts

PCTs

Practice based Commissioning

Membership

Instruction
Money
Accountability
Quality
Evolution of NHS

- More complex
- Structural solutions to all issues
- Demand rising
  - Problem or success?
- Finances
  - Restricted
  - Efficient compared to other systems?
- Solution?
- Reduce demand
- Flawed logic
  - Bevan
- How was health policy to evolve to respond?
2013 Act

- Lansley
- Principles
- GPs as commissioners
- Reduction in bureaucracy
- Decentralisation
- Results?
The NHS in England before the reforms

Ignores regulators and FT model

Department of Health

10 strategic health authorities (SHAs)

152 primary care trusts (PCTs)

Health services: NHS trusts and primary care services
The NHS in transition: Jan – Mar 2013

Ignores regulators and FT model

Department of Health

4 merged strategic health authorities (SHAs)

50 primary care trust (PCT) clusters

200+ shadow clinical commissioning groups (awaiting authorisation)

Health services: NHS trusts and primary care services
NHS April 2013 onwards

Department of Health

NHS England

- 23 commissioning support units
- 4 NHS England regional commissioning offices
- 27 Local Area Teams (LATs)
- 200+ clinical commissioning groups

Health services: NHS trusts and primary care services
New funding arrangements

Patients and public (general taxation) → Parliament → Department of Health

Public Health England → Public health departments based in local authorities

NHS England → Clinical commissioning groups

GPs → Community health services

Secondary care

Patients and public receive services

New organisation

Funding

Service provision

Holds contracts directly

Direct commissioning of specialised services e.g. specialised mental health services

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Regulating and monitoring
“Advice” and performance management
Patient and Public Involvement

- NHS England
- Sec. of State
- Monitor
- Parliamentary and Health Services Ombudsman (NHS complaints)
- Local Government Ombudsman (adult social care complaints, including private providers)

- HealthWatch England
- Health and Wellbeing Board

- NHS trusts/commissioners/GPs
  - Overview and scrutiny committees
  - Adult social services department

- HealthWatch

- Local councillors
  - Local involvement/campaigns

- Patient forums
  - ICAS*

- Complaints
  - PALS

New/reconfigured organisation
- support /guidance
- direct patient involvement
- other

* Independent Complaints Advocacy Service
Kings Fund animation

• Since then even more new bodies emerged
  – Burden Advice and Assessment Service
• Result
  – Stronger pull to centre
  – Much more command and control
  – No overall control or system leadership
• Reduction in Bureaucracy?
Organisations that treat and care for patients

- GPs
- Trusts
- Private providers
Organisations in health that do not provide direct care for patients

- DH
- NHSE
- Specialist commissioners
- Regional offices
- Local area teams
- CCGs
- Commissioning support organisations
- NTDA
- HEE
- NICE
- MHRA
- NHS Blood and transplant
- Monitor
- CQC
- NHSLA
- HRA
- NIHR
- LETBs
- AHSNs
- Strategic networks
- Clinical senates
- HSCIC
- NHSIQ
- Specialist Tsars
- Local authorities
- HWB
- OSC
- Child protection
- Public Health
- Healthwatch
- Parliamentary ombudsman
• Regulatory Authority Tissues and Embryos
• Environment Agency
• Waste management licensing
• Fire authorities
• Health and Safety Executive
• Information Commissioner
• National Audit Office
• Local authority environmental health departments
• Audit Commission
• NHS Business Services Authority
• Counter Fraud and Security Management
• NHS Estates- cleaning
• Cancer Peer Review
• Clinical Pathology Accreditation Ltd
• Council for Healthcare Regulatory Excellence
• General Chiropractic Council
• General Dental Council
• General Medical Council
• General Optical Council
• Health Professions Council
• Nursing and Midwifery Council
• Royal Pharmaceutical Society of Great Britain
• 12 Royal Colleges
• Postgraduate Medical Education and Training Board
• Royal Pharmaceutical Society
• Skills for Health
• Ministerial Industry Strategy Group
• Numerous Advisory committees
Numbers of bodies with quality in their remit

- Board of directors
- Council of Governors
- CQC
- Chief Inspector of Hospitals
- CCGs
- Area teams
- Regional teams
- Healthwatch

- Monitor
- Clinical senates
- Clinical reference Groups
- Cancer peer review
- Strategic clinical networks
- Oversight delivery Networks
Numbers of bodies with quality in their remit (2)

- AHSNs
- LETBs
- Health and Wellbeing Boards
- HOSC
- PEAT
- Library accreditation
- Deanery
- Royal Colleges
- MHRA
- NTDA
- CSUs
- HEE
Numbers of bodies with quality in their remit (3)

- PEAT
- NHSLA
- GMC
- NMC
- HSE
- NHS Centre for Frugal Innovation
- NHS IQ
- Numerous Advisory groups
Leadership

• Failure in times of plenty
• Failure under every structure
• Leadership
  – Not enough
  – Calibre
• >16% CEO posts vacant
• Average tenure of CEO is <30 months (Up from <20)
• Recycling
• Rise of the interim
Exclusive: High NHS chief executive vacancy rate a ‘wake-up call’

18 September, 2015 | By Sophie Barnes

More than one in 10 NHS trust chief executive posts are not filled on a permanent basis or will shortly be vacated, new analysis by HSJ shows.

- Fourteen per cent of trust chief executive roles not filled permanently or will soon be vacant
- Twelve per cent of chiefs in post for less than a year; median average tenure is three years
- Experts describe HSJ’s research as a “wake-up call” for the NHS
- NHS Providers say more support needed for up and coming leaders

King’s Fund chief executive Chris Ham said the figures were a “wake-up call” to the NHS to improve its talent management and ensure there is a “strong pipeline of leaders for the future”.

In 33 trusts the chief executive position is filled on an interim or acting basis, or the permanent postholder has announced they will soon be leaving. This represents 14 per cent of the 239 NHS providers. Among acute trusts only, the figure is 18 per cent.
Success - UHB results

- Quality
- Outcomes
- Staff satisfaction
- Recruitment
- New building
- Financially stable for 18 years
- Why?
UHB Leadership team

• CEO
  – 10 years
  – 14 years in trust

• Executive team
  – 110 years
  – 129 years in trust

• Credibility

• Stability essential for success

• Develop philosophy

• Deliver 10 year strategy
Philosophy

• Do the right thing
• Vast majority of staff want to do a good job
• Frank Dobson
  – Consultants on golf courses
  – Consultant contract
• Deal swiftly and effectively with those who don’t
• Set the culture of not tolerating poor practice
  – Allows good staff to flourish
  – Bad staff leave
• Decisions based on values, strategy and philosophy
NHS today

- Complete risk aversion
- (need risk mitigation or disinvestment strategy)
- Culture of inaction and drift
- Someone else’s responsibility
- Wait to be given answer from on high
NHS culture

• Culture of “no decision better than a wrong one”
• Can’t be held to account for “no decision”
• NHS manager told CCG chair that he had made a successful career by never making a difficult decision
• Safety in the pack
• Leader stated
  – “disastrous for NHS if 6 or 7 trusts started really developing quality and going out ahead of others”
Sardines
So where are we now?
2013 onwards

- New Secretary of State
- Quality of Care
- Perceived problem with mortality rates
- Keogh Review into 13 “failing” trusts
- Subsequently called “troubled” then struggling”
- Identifying failure
- What is the solution?
- Past “solutions”
Examples of Initiatives

• Management consultancies
• Quality circles
• TQM
• Lean
• Six Sigma
• JIT
• MBWA

• EFQM
• 5Ps
• PDCA
• HIIs
• 7 Habits
• 7 Ss
• QIPP
Regulation

• Monitor
• TDA
• New body
  – NHS Improvement
• CQC
• Failure
  – Money
  – Quality
Solutions for failing trusts?

• If previous measures did not work, what would?
• Remove Chair and/or CEO
• Remove Board
• BUT
  – >16% CEO jobs vacant
  – Average tenure <30 months
  – Hugely difficult to attract good calibre NEDs
  – “Recycling”
  – Rise of the Interim
• Buddying
Buddying

- Borrowed concept from education and “Superheads”
- Improvement director
- Buddy trusts
- Role of buddies evolving
- Started process before any guidance
- Now new guidance issued
- Recognised not a long term solution
UHB experience

• “Buddied” 4 trusts now
• No official powers / authority
• Labelling did not help
• Some “troubled” trusts were victims of circumstance
  – Size
  – Location
  – Previous commissioning decisions
  – Leadership
• ? Permanent solution
Leaders

• Accepted not enough good leaders
• Solutions?
• Reduce demand
• Attract new ones
• How to spread good ones over wider area of NHS?
Reduce demand for leaders?

• Care outside of hospital
• Reduce demand by preventing ill health
  – Save lives?
  – Delays demand not removes it
  – We have not yet discovered immortality
• Always be a need for hospitals
• Always a need for excellent leaders
Train more

• Leaders born or made?
• Big Business
  – NHS Academy
• Standard approach to leadership development?
  – Einstein
• Fewer executive directors want to take last step
Clinical Leadership

- Inherent leadership role
  - Team
  - Seniority
  - Example

- Advantages?
  - Knowledge
  - Credibility
  - Stability

- Clinical leadership
  - Some clinicians are good leaders
  - Therefore all clinicians will be good leaders

- Becoming an unattractive proposition
Attract new leaders

- Is it attractive?
- Media profile
- Tenure and security
- Salary
- Complexity
- Autonomy v central control
  - Consistency at the expense of potential excellence
  - New Guidance/initiatives
  - Procurement
  - Safe staffing levels
  - Monitor: strategic planning toolkit
Spread the good ones further

- Dalton review
- Alternative models
- Health operates within general commercial law
- Competition
- Choice
- Governance
- Regulation
Other issues

• Can only act once a trust has failed
• Trusts in decline have to fail
• Unanticipated consequence of foundation trust status is independence at any cost for any reason
• Sovereignty of boards
• Political sensitivities
Current Financial Picture

• 98% trusts in financial difficulty
• Not a single cause
• Consider road traffic accidents
  – Bad driver
  – Road conditions
  – Other driver
  – Faulty car
• Up till now assumed always bad driver
• Financial regime forcing good trusts into difficulty
• Systemic problem
Summary

• NHS facing significant difficulties
• Rising demand
  – Numbers
  – Quality standards
  – Central control
• Decreasing money
• Not one simple solution
• Need excellent leaders
• Too few leaders of the right calibre
• How will we attract and retain leaders of the future?