Simon Stevens: leading culture change in the NHS

I said on my first day in this new job about six weeks ago that, five years into the longest period of budget austerity that the NHS has ever faced, the stakes have never been higher. We also know that there is more opportunity in front of us and we see that through the persistent quality and cost variations that continue to exist through the NHS. But as NHS managers, we are not just in the business of performance; as NHS leaders, we are in the business of change. To those of us in healthcare management roles, wherever we are doing that, as career managers or as clinicians, let’s always remember that we are here for a social purpose, not as of right. The ultimate test of everything we do has to be, “Does it help improve the health and care of the people that we serve?” But let’s also have self-confidence and ambition.

To those armchair naysayers who assert that good management is a luxury the NHS can do without, let’s remind them that the evidence is in fact now clear. Quality of care, staff fulfilment, a wide stewardship of resources all go up when great managers get to work in the National Health Service. I think it was former ICI Chairman, Sir John Harvey Jones, one of a long line of outside gurus given a review panel or TV show to look at how the NHS is run, who once said that if the Victorians were still around, they would be erecting statues to honour NHS managers, just as they did years ago for industrialists and municipal leaders and public figures in Manchester, Birmingham and London.

But to those of you who fancy the idea – and I think I’ve met a few people who quite easily see themselves on a plinth - don’t hold your breath! Statues are out of vogue and for the reasons that Chris has set out a moment ago, they miss the point. It is not a few heroic individuals in the mould of Thomas Carlyle that are going to save the National Health Service; it’s a different type of leadership and a more nuanced range of management skills and behaviours and today’s new King’s Fund report on collective leadership makes that case well.

Frankly, that would be easier when the leadership of the NHS better mirrors the people that we serve. It can’t be right, for example, as Roger Klein’s recent research has pinpointed, that ten years after the launch of the NHS Race Equality Plan, while 41 per cent of NHS staff here in London are from black and minority ethnic backgrounds, similar in proportion to the Londoners they serve, only eight per cent of Trust Board directors were and two-fifths of London Trust Boards have no BME directors at all, yet diversity in leadership we know is associated with more patient-centred care, greater innovation, higher staff morale and access to a wider talent pool.
In my own career I reflect on the fact that down the years I have benefited from having had three black bosses and a woman as my line manager, but in each case that has been when I have been working outside the NHS. In my view that’s got to change. Getting movement on this will of course mean winning hearts and minds, but I also want to use this opportunity this morning to re-state the importance of technical management skills and the necessity of strong operational disciplines.

Yes, we do need inspirational leadership in the NHS with all that implies but we also need strong management skills and one is not a substitute for the other. So in our commissioning processes, let’s have rigorous use of quantitative analysis, empirical modelling and well-designed, controlled experimentation. In our provider services, let’s not under-value the need for well-run hospitals; community and primary care services; outpatient departments where the phone is answered; clinics where tests and investigations are all linked up; accurate waiting list management and PTLs in routine use; patient discharge information in the hands of GPs on the day someone goes home, if not before. We know how to do this. Most places do it well. It makes a huge difference to patients.

So, I’ll just end the quest where I began with these remarks, with the observation that I do genuinely believe that if it’s the NHS’s capacity for change and improvement that is central to its future, then it is going to be the quality of management and leadership that has never been more important. We need leaders drawn from the clinical professions; from third sector organisations; from local government; from overseas; from the private sector, but we also need to nourish and invest in home-grown NHS leadership. Wherever our leaders come from, we are looking for people in my view who respect our history without being a hostage to it; who inspire for the future while juggling in the present; who understand both that the ‘devil is in the detail’ but where there is no vision the people perish; who create unconventional partnerships to generate non-obvious options; who find win-win solutions while challenging emperors with no clothes; who lead by example but make the unpopular call; who blend rigorous experimentation with the courage of their convictions, and of course who think like a patient and act like a taxpayer.

Yes, these are some of the toughest leadership roles in the world but they are also some of the most worthwhile and that’s why it is a huge personal privilege to have the chance to work with you, and thank you for all that you do.