Making clinical leadership work

Enabling clinicians to deliver better health outcomes

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Kate Wilson | Lubna Haq
Agenda

1. The context
2. Creating clear roles
3. Developing new ways of working
4. Aligning the organisation to change
5. Where is your organisation?
The context
Our starting point

National Programme Diagnostics (leadership styles, climate and competencies)

- Top Leaders – Medical Directors
- CCG Assessment for all Chairs and Accountable Officers

Working with 100s of medical leaders through Trust organisational development or clinical leadership development programmes and regional leadership programmes e.g.

- Dudley Group NHS Foundation Trust
- East of England Change Leaders and Provider Excellence Programme
- Ashford and St Peters Hospitals NHS Trust
Clinical engagement makes a difference

Clinical engagement is linked to:

- Safer patient care (Laschinger and Leiter, 2006)
- Fewer mistakes (Pris and colleagues 2010)
- Performance as measured by the Care Quality Commission (Spurgeon et al 2011)

Clinical leadership has a significant role to play

- There is a causal link between the right leadership for the organisation and outcomes
- Organisations with clinical qualified managers produce better results and give managers higher levels of autonomy (Dorgan et al 2010)

**Examples:**

**Ward managers**
- High performing ward managers had:
  - 36 per cent lower turnover
  - 57 per cent reduction in absenteeism
  - 40 per cent lower drug errors.

If the lowest performing 10 per cent were developed to perform as well as the best, it could save the average trust **over £650k each year!**
Creating clear roles
<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Leading on pathway design or clinical networks within their area of clinical expertise</td>
<td>Leading on service transformation, often beyond their own area of clinical expertise</td>
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<td>Setting standards of defining projects</td>
<td>Creating direction and/or aligning others around it</td>
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<td>Assuring clinical quality and safety and operating within budget constraints</td>
<td>Assuring performance and effective resource management</td>
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<td>Influencing and engaging colleagues</td>
<td>Both influencing and engaging colleagues across a broader range of stakeholders. Line managing colleagues directly and leading teams</td>
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<td>Managing projects or governance processes</td>
<td>Managing services, teams or organisations (in the case of CCGs)</td>
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<td>Inputting patients’ views and needs</td>
<td>Systematically assuring that patients’ views and needs are driving decision making</td>
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Medical leadership roles – in practice

- Medical leadership is bigger and broader than ever before
- It reflects a significant shift for individuals and organisations to make it work in practice
- Many organisations are still working through what they need from a role; in some cases this results in them being unclear, too broadly defined or given insufficient time to deliver

Ensuring medical leadership roles focus where it counts means:
- Thinking carefully about the distinct value these roles add
- Being very clear about what the roles look like in practice
- Helping role holders, and their managerial and nursing counterparts, to work through the relationships between their roles and how they best work together.
Defining roles – ask yourself these key questions

- **Strategic alignment:** Where is the emphasis of your strategy, what does this mean in terms of prioritising your clinical leaders’ time?

- **Added value:** What can only clinical leaders do, what are managers best placed to do?

- **People:** Who do you have amongst your clinical leaders and what are their strengths and motivations? How do you make best use of these given the work you need to get done?

- **Coherence:** Are the jobs doable in terms of time and the range of areas that are covered? If they have limited time to deliver what is most important for them to deliver?

- **Linkage:** How will they link with other roles – in particular other roles in the tier underate and in terms of professional/managerial reporting lines? Is everyone clear about this and where accountability and authority lies?
Developing new ways of working
The six leadership styles

- **Directive** → “Directives not directions”
- **Visionary** → “Selling ideas”
- **Affiliative** → “People first, task second”
- **Participative** → “Involving others”
- **Pacesetting** → “Follow me; do what I do”
- **Coaching** → “Long term development”
What are the best doing?

We analysed the leadership styles used by medical leaders that are producing a high performing climate, versus those who are not.

- Those producing a high performing climate are more likely to be using a broader range of leadership styles.

- Whilst they still use the Pacesetting style, they also combine it with:
  - a significantly higher use of the Visionary and Affiliative styles
  - a higher use of the Participative style.

- Therefore, those producing a high performing climate transition from leading only by example – to also thinking about how they provide a clear vision, direction and engagement with others. They do this through building relationships and/or facilitating involvement to create solutions themselves.
“
I’m starting to move away from thinking of myself as a clinician who does leadership on the side, to a leader who does clinical work on the side, but it’s been a long journey.
”
Where do medical leaders need support?

- Making the transition from ‘individual operator’ to ‘leader’ and understanding what their role looks like in practice.
- Focusing on leading rather than doing – getting the best from others.
- Setting direction – realising their role in creating clarity for others.
- Asserting authority – having difficult conversations and holding people to account.
- Influence – beyond using logic and rational argument.
- Understanding the processes and practice by which organisations ‘get things done’.
Vive la difference
Aligning the organisation to change
The organisational challenge – combining accountability with authority

The non-clinical leadership in the organisation also needs to change.

- Clinical leaders need explicit accountabilities, and clarity of responsibility.
- Formal and informal governance and decision-making should reflect these explicit accountabilities.
- Recognition of the real challenge of performance management in rotational roles and the clinical context and strong organisational support.
- Senior leadership modelling and alignment of behaviours.
Creating a clinically led organisation

- Authority
- Accountability
- Capability

Skills and behaviours
- Clarity of individual and team role
- Organisational alignment

Clinical leadership
Creating a clinically led organisation

- Treat like an organisational change process to embed clinical leadership, not purely a medical leadership development programme.

- Define roles and structures clearly: work back from what you need them to deliver and what your workforce has the capability for.

- Help leaders work through what the inter-relationship between leadership roles look like in practice, and what this actually means them doing/delivering.

- Support medical leaders to build a picture of what good ‘medical leadership looks like’ and to build skills and behaviours leading through others and negotiating organisational processes and practices.

- Re-visit governance structures and ensure you model the change in authority from the top. Support medical leaders to challenge and make change happen – shore up their authority with peers and colleagues.

- Consider changes in behaviour and ways of working needed in existing leaders from the top down.
Discussion

Where is your organisation on the journey?
Thank you – any questions?
Contact us

Kate Wilson

Email: kate.wilson@haygroup.com
Tel: 020 7856 7240

Lubna Haq

Email: lubna.haq@haygroup.com
Tel: 020 7856 7506