Leadership in Health Services

Addressing current and future challenges for the NHS: the role of good leadership

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Abstract

Purpose – This paper aims to describe and analyse some of the ways in which good leadership can enable those working within the National Health Service (NHS) to weather the changes and difficulties likely to arise in the coming years, and takes the format of an essay written by the prize-winner of the Faculty of Medical Leadership and Management's Student Prize. The Faculty of Medical Leadership and Management ran its inaugural Student Prize in 2015-2016, which aimed at medical students with an interest in medical leadership. In running the Prize, the Faculty hoped to foster an enthusiasm for and understanding of the importance of leadership in medicine.

Design/methodology/approach – The Faculty asked entrants to discuss the role of good leadership in addressing the current and future challenges faced by the NHS, making reference to the Leadership and Management Standards for Medical Professionals published by the Faculty in 2015. These standards were intended to help guide current and future leaders and were grouped into three categories, namely, self, team and corporate responsibility.

Findings – This paper highlights the political nature of health care in the UK and the increasing impetus on medical professionals to navigate debates on austerity measures and health-care costs, particularly given the projected deficit in NHS funding. It stresses the importance of building organisational cultures prizing transparency to prevent future breaches in standards of care and the value of patient-centred approaches in improving satisfaction for both patients and staff. Identification of opportunities for collaboration and partnership is emphasised as crucial to assuage the burden that lack of appropriate social care places on clinical services.

Originality/value – This paper offers a novel perspective – that of a medical student – on the complex issues faced by the NHS over the coming years and utilises a well-regarded set of standards in conceptualising the role that health professionals have to play in leading the NHS.

Keywords NHS, Challenges, Medical leadership, Leadership in medicine

Paper type Viewpoint

The Faculty of Medical Leadership and Management ran its inaugural Student Prize in 2015-2016 aimed at medical students with an interest in medical leadership. This essay is written by the overall prize-winner, Lotte Elton, a medical student at Newcastle University, currently intercalating in Reproductive and Sexual Health Research at the London School of Hygiene and Tropical Medicine.

1. Introduction

The care provided by the National Health Service (NHS) should meet the needs of everyone, be free at the point of delivery and be based on clinical need, not ability to pay; such were the three core principles of the NHS at its founding, which have been at the heart of its development over the past 68 years. More than ever, proficient stewardship

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of the NHS is vital to maintain these ideals in the face of ever-mounting challenges. Whilst the burden of many diseases has been lessened by new medical research and better technologies, the needs of our diverse and ageing population are ever more complex. The burgeoning costs of services and supplies and swingeing cuts to public services have led some to suggest that user fees for the NHS are inevitable, and the ability of the NHS to provide a quality service is thrown into question by public scandals of failings in care. In such a context, there is a need for effective leadership at all levels of the NHS as set out in the Faculty of Medical Management and Leadership's guidelines (*highlighted*) (Faculty of Medical Leadership and Management, 2015) to guide our health system to be as patient-centred, adaptive and efficient as possible.

2. Self

Health professionals have been described as having "two jobs: improving care as well as providing care" (The King's Fund, 2011). Self-reflection and development is therefore crucial to ensuring that those providing health care are constantly identifying areas for improvement, both in their own practice and in the wider clinical environment. The shift towards evidence-based medicine and standardised guidelines represents a move towards increased accountability and efficiency; the sheer turnover of such new information necessitates health professionals adopting a commitment to "*keep[ing their] own skills and knowledge up-to-date*".

Frontline professionals have a unique role in observing day-to-dare care and must exercise their responsibility to "*speak out when standards, quality or safety are threatened*". In such cases, such as the Bristol heart scandal at the Bristol Royal Infirmary in the 1990s, individuals have a crucial role in acting as whistle-blowers and "*challeng[ing] others when there is an opportunity for improvement*". Even those in more junior roles must feel able to exercise their leadership potential in highlighting areas for concern, and more must be done to protect whistle-blowers, many of whom reported receiving disciplinary action and being victimised as a result of their actions (Francis, 2015). There has been evidence of good leadership from junior doctors in the discussions around proposed changes to their contracts, with a clear message of concern about patient safety "*demonstrat[ing] […] a patient-centred approach*". In the face of difficult working conditions, junior doctors must "*acknowledge their own limitations*" and seek support to ensure that their own practice is of the highest standard and that patient safety is not compromised.

3. Team

Good leadership has moved decisively beyond the concept of the "great leader" – an individual acting single-handedly to produce high standards – to a "post-heroic" model of leadership (Turnbull James, 2011), emphasising collaborative and shared leadership, whereby a good leader "*empowers and motivates others to deliver and innovate*". Leadership must therefore be seen not as an individual endeavour but as a collective pursuit shared amongst all levels of staff. The empowerment of NHS professionals of all grades to lead in their work is vital to creating a culture, whereby everyone is able to contribute, raise concerns and strive for best practice.

Increasing sub-specialisation of clinical staff coupled with the rise of ageing-related multi-morbidity means that communication between medical professionals is ever more essential, yet inter-professional working must also be viewed as key. The effective utilisation of multi-disciplinary teams (MDTs) in medical care has been emphatically shown to reduce

adverse events and increase satisfaction for both patients and staff (Epstein, 2014), and it is thus essential that leaders "*fully participate […] in MDTs*" to achieve the best outcomes. In particular, the problem of poor communication within NHS services – which leads to poor morale, mistakes and inefficient use of resources – must be addressed. Teams must "*seek […] new perspectives*" and embrace innovations such as safer surgical checklists, which have been shown to break down the "complex hierarchies" between members of a surgical team and significantly reduce communication failures (Walker *et al.*, 2012).

Better joint working between the health and social care sectors must also be a priority, particularly given the complex needs of an ageing population; identification of "*opportunities for collaboration and partnership*" is crucial to assuage the burden that lack of appropriate social care places upon hospitals and clinical services and to identify how best to utilise resources for end-of-life care (Georghiou and Bardsley, 2014). As medicine's focus moves beyond treatment to prevention, better integration between NHS bodies and other organisations, including local councils and care providers, is vital to ensuring the success of new NHS care models such as the Vanguard programmes.

4. Corporate responsibility

The political nature of health care in the UK – whereby health policy priorities change on a five-yearly basis – creates conflict and tension, and health-care professionals must "*recognise and navigate [these] political tensions*" to navigate debates on austerity measures and health-care costs. The political and economic climate calls for intensified scrutiny of the use of resources within the NHS – particularly given projections suggesting a funding gap of £30bn by 2020 (NHS England, 2016) – and randomised controlled trials and systematic reviews have been integral in deciding how to distribute increasingly limited resources. Nonetheless, there remains a perception that evidence-based medicine, particularly concerning restriction of NHS-funded treatment, is harmful or overly obstructive. Good leadership is essential for ensuring "*fair and appropriate allocation*" of resources and making "*clear, transparent evidence-based decisions*" but must also extend to communicating such decisions to the wider public in an appropriate and accessible manner (Belsey, 2009).

The FMLM's vision of a leader as "*a role model for an organisational culture that values […] transparency, openness and candour*" is in keeping with Turnbull James' view of good leadership as going beyond personal behavioural style to "changing organisation practices and processes" (Turnbull James, 2011). The importance and urgency of this is evident in the inquiries into major breaches in standards of care, such as the Francis Inquiry into failures at the Mid-Staffordshire NHS Foundation Trust, which urged a transformation of hospital culture to ensure that failures of care were avoided. "*Good corporate and clinical governance*" must be recognised as essential assets, not only in preventing breaches of care in the future but also in improving the quality and productivity of NHS services, particularly given that hospitals which are well-managed have lower mortality rates and better financial performance (Dorgan *et al.*, 2010). It must also be acknowledged that hospitals and health-care systems are changing: as innovations such as telemedicine, acuity-adaptable rooms and mobile radiography are proposed as solutions to streamline and improve quality of care, clinical leaders must be "*forward thinking*" and prepared to embrace inventive solutions.

5. Conclusion

Effective leadership is not a panacea – resources are likely to remain scarce, certain diseases seem incurable for the near future and political pressures are unrelenting. In the face of austerity and budget cuts, investment in leadership may seem a costly drain on resources, yet innovative and strategic leadership is vital to address many of the problems the NHS currently faces or can expect to face in the future. Leaders must change the culture of their organisations to place patients at the heart of the agenda; leaders must seek new ways of working with one another, as well as new partners; and leaders must ensure that the passion and commitment of NHS staff at all levels is harnessed.

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Further reading

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