LEADING IN THE NHS

Also by Rosemary Stewart

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Leading in the NHS

A Practical Guide

Rosemary Stewart

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Acknowledgements

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I am especially grateful to my two research associates on the Templeton project, Sue Dopson and Dr John Gabbay, for their great contribution in all respects to that research and to the nine Issue Studies that came from it (see Appendix A). However, the views expressed in this book may not necessarily be theirs. I am most grateful, too, for their many contributions to the research, to Professor Derek Williams who was consultant to the project and to Peter Smith who was a part-time research associate to the project and with whom I have had the pleasure of working on earlier studies in the NHS.

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It was a pleasure to interview the young leaders described in Chapter 9, and I am encouraged by what I heard. There is clearly some good young talent getting into middle and senior management posts. I owe a particular debt to the DGM who is the subject of Case Study 4, and who provides such a good example of leadership in action.

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ROSEMARY STEWART

Guide to Reading This Book

Readers from different backgrounds, and at different stages in their career, can use this book, but they should use it differently, hence this guide.

1. *If you want to skim the book* – Read the Introduction, Contents page, Summary and **bold type** passages of Chapter 1, the Summaries of the chapters that interest you, and the comments ‘In Conclusion’ (p. 185).
2. *If you only want to read what is most relevant to you* – Everyone read the Introduction, Contents page, comments ‘In Conclusion’ (p. 185) and at least the Summary of Chapter 1.

Who you are	What to read
<i>Junior and middle managers in any profession including administration</i>	Chapters 1, 2, 9, 10, 11, 12 Bold type passages and Summaries of Chapters 3, 4, 8
<i>Senior nurses</i>	Chapters 1, 2, 3, 11, 12 Bold type passages and Summaries of Chapters 4, 8 If you like Case Studies, read Chapters 9 and 10 – Case Study 1 is of a hospital manager who is a nurse
<i>Doctors</i>	Chapters 1, 4 and bold type passages and Summary of Chapter 3 Chapters 11 and 12 for those involved in management
<i>General managers and other senior managers</i>	Chapter 1 Start with the Summary of each chapter, and then read the chapters that interest you

<i>Chairman, Vice-Chairman</i>	Chapters 1, 3, 4, 5, 6 Summary of Chapters 7, 8 You may find the Case Study in Chapter 10 interesting to compare with your DGM
<i>Members</i>	Chapters 3, 4, 6, 8, 10
<i>Those involved in management development in the NHS</i>	Chapters 1, 9–12 and the chapters on relationships that are relevant to those with whom you are working
<i>Students</i>	Chapters 1, 2, 9, 10, 11, 12 and any of the others relevant to your course
<i>Others working with the NHS</i>	Chapter 8 You may also find Chapter 10 of interest
<i>Others</i>	Chapters 1, 2, 11, 12 are of value to managers in other organisations and to management students

Glossary of Acronyms

CHC	Community Health Council
CNO	Chief Nursing Officer
DA	District Administrator
DGM	District General Manager
DHA	District Health Authority
DMO	District Medical Officer
DMT	District Management Team
DNA	District Nursing Adviser
DNO	District Nursing Officer
FPC	Family Practitioner Committee
GP	General Practitioner
IHSM	Institute of Health Services Management
IPR	Individual Performance Review
JCC	Joint Consultative Committee
MEC	Medical Executive Committee
MP	Member of Parliament
MSC	Manpower Services Commission
NAHA	National Association of Health Authorities
NHS	National Health Service
NHSTA	National Health Service Training Authority
OPCS	Office of Population Censuses and Surveys
OT	Occupational Therapist
RGM	Regional General Manager
RHA	Regional Health Authority
RMO	Regional Medical Officer
UGM	Unit General Manager

Introduction

This book has a mission. This mission is to persuade you, the reader, that the NHS needs leadership and that you should be leading, and preparing yourself to be a better leader. There *are* opportunities for leadership even in junior jobs. My mission is also to help you to understand leadership, to think boldly about what you could achieve and to suggest ways of doing so. It is a guide to leading the different groups that make up the NHS.

My aim is to encourage you to think highly of your role, to lift your head above the immediate pressures and to see yourself as a *leader*. My message is for present and potential leaders at all levels in the NHS and in all occupations. It is also for Authority members, as you can encourage your managers to be leaders, as well as at times making a leadership contribution yourself.

This book is written because I believe – passionately – that leadership at all levels in the NHS is required to overcome the defeatist tendencies that have been a characteristic of the NHS over the years.¹

In 1984–5 the introduction of general management into the NHS led to a major reorganisation. The 1989 NHS review means more radical change. Leadership is now both more necessary, and more possible, than in the past. Management and administration remain necessary and it is important that they are well done. What is new is the growing need for leadership to help staff, whatever their professional background, to tackle the new situations with which they are faced.

Most books for NHS readers are about functions like planning, about resource allocation or structures. Surprisingly few are about the *people* in the NHS.² Yet the work of organisations gets done mainly through people, particularly in a service like the NHS. Changes affect people and to be implemented successfully require their support. Enthusiastic commitment and well directed energy are the marks of well led organisations that cope successfully with changes whatever their cause. Leadership can generate this commitment: leaders to do this are needed at all levels in the NHS.

The book originates from a two and a half year study, from 1985–7, of a sample of 20 District General Managers (DGMs) in the NHS in England and Wales,³ from an earlier study of District Administrators

(DAs),⁴ from a current study of changes affecting middle managers in all kinds of organisations, and from the author's experience of teaching managers in industry, commerce and the public service (including the NHS), how to review their effectiveness. The author has also co-directed an international conference on leadership.⁵

Part I, Chapter 1 describes the *concept* of leadership, and how it differs from management and administration, though all three are needed in the NHS. Part II is about *how to lead* the different kinds of individuals and groups with whom leaders in the NHS may have to work. Its introduction describes five common reasons for friction, and gives some general guidance on managing relationships and managing change. Each of the chapters in Part II has a common format:

1. A statement of the *ideal to aim at*.
2. *Difficulties* likely to be encountered in achieving the ideal.
3. Steps to be taken towards achieving the ideal.

These steps are based on the experience of leaders in the NHS and in other organisations. You can use the statement of the ideal as a checklist of points when deciding on *your own*. You can use the account of the difficulties as a warning of those problems you may need to *overcome*. The statement of steps to be taken will help you to decide how to *achieve* your ideal.

Part III gives *practical examples* of leadership in the NHS. Chapter 9 is based on interviews with fifteen young leaders in different occupations within the NHS and at different levels. Twelve of these are discussed together with individual illustrations, and three are longer accounts of how the individual describes and then goes about leading. These are Case Studies 1–3, which have questions at the end so that you can consider their relevance for you. Chapter 10 is a more detailed Case Study of a DGM which describes both his own views on, and his practice of, leadership and how his main contacts described and assessed his approach. The accounts of young leaders are there to encourage young readers to follow their example, and older managers to remember the importance of identifying and developing potential leaders. The Case Studies are there as examples of how different leaders tackle their jobs.

Part IV is intended to help you to become a *more effective leader*. Chapter 11 is about managing yourself and your job, and provides a variety of suggestions and models for doing so. It is therefore about management as well as leadership. It emphasises the need to *improve*

your understanding – of yourself, of your job and of ways of becoming more effective in your job. Chapter 12 is about how to develop yourself. The final comments, In Conclusion, are intended to encourage you to *act* on what you have read.

Knowing how busy you are, the book is designed to be read in two ways: to be *skimmed* for its main messages or to be *read* for its detailed help in deciding what you want to achieve, what difficulties you will have to overcome, and how to go about it. The Guide to Reading This Book on pp. ix–x will help you to identify the sections that are most relevant to you, depending on your position.

References are mainly given to acknowledge a quotation, or when the reader may be looking for help. The book is addressed to you, not to fellow academics, though they may find some sections useful for teaching in managerial programmes.

The book follows others in avoiding exclusive use of ‘he’ for men and women by the use of both ‘she’ and ‘he’, by the use of the plural, and sometimes of ‘he and she’. I have used the term ‘Chairman’ because that is still the official description for men and women who are appointed to chair their Authorities.

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