LEADING IN THE NHS
A Practical Guide

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LEADING IN THE NHS

A Practical Guide

Second Edition

Rosemary Stewart

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Guide to reading this book

This guide seeks to save your time by telling you how to find what will most interest you. This will depend upon your preferences and your job.

Those who prefer practice should start with the case studies. Those who find theory more helpful or who like a mix of theory and practice should read the book in the order that it is written.

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’.
2. *If you only want to read what is most relevant to you* – Everyone read the Introduction, Contents page, comments ‘In Conclusion’ (p. 200) and at least the Summary of Chapter 1.

Who you are

What to read

Junior and middle managers in any profession

Chapters 1, 2, 6, 10, 11, 12, 13, 14 and **bold type** passages and Summaries of Chapters 3, 4, 9

Senior nurses

Chapters 1, 2, 3, 6, 13, 14 and **bold type** passages and Summaries of Chapters 4, 9
If you like Case Studies, read Chapters 11 and 12 especially cases 5 and 6

Doctors

Chapters 1, 2, 4, 6 and **bold type** passages and Summary of Chapter 3
Chapters 13 and 14 and cases 7–11 for those involved in management

<i>Chief executives and other senior managers</i>	Chapter 1 Start with the Summary of each chapter, and then read the chapters and the case studies that interest you
<i>Chair</i>	Chapters 1, 3, 4, 5, 6, 7 and Summary of Chapters 8, 9 You may find the Case Studies of chief executives of interest, nos 1, 2 and Chapter 12
<i>Non-executive directors</i>	Chapters 3, 4, 7, 9
<i>Those involved in management development in and for the NHS</i>	Chapters 1, 10–14 and the chapters on relationships that are relevant to those with whom you are working
<i>Students</i>	Chapters 1, 2, 6, 10, 11, 12, 14 and any of the others relevant to your course
<i>Others working with the NHS</i>	Chapter 9 You may also find Chapter 12 of interest
<i>Others</i>	Chapters 1, 2, 6, 13, 14 are of value to managers in other organizations and to management students

List of abbreviations

BMA	British Medical Association
BMJ	British Medical Journal
CHC	Community Health Council
DA	District Administrator
DGM	District General Manager
GP	General Practitioner
GPF	General Practitioner Fundholding
JCC	Joint Consultative Committee
ICI	Imperial Chemical Industry
MP	Member of Parliament
NAHA	National Association of Health Authorities
NHS	National Health Service
NHSE	National Health Service Executive
NHSME	National Health Service Management Executive
OPCS	Office of Population Censuses and Surveys
RHA	Regional Health Authority

Acknowledgements

My earlier debts were acknowledged in the first edition. Most important, of course, were my fellow researchers on the study of district general managers whose names are given in Appendix A.

My thanks for the second edition go primarily to those interviewed for the case studies in Chapters 10 and 11 which replace the earlier case studies. I enjoyed meeting them, where that was possible, and hearing what they had to say about leadership.

I am also grateful to Heather-Jane Sears for commenting on Chapter 3, Leadership and Nurses, and to Adrian Pollitt for commenting on Chapter 8 on Leading in the Regional Office. Of course the responsibility for the views expressed, and for the remaining defects are mine.

Maggie Latham, Secretary of the Oxford Health Care Management Institute, Templeton College has done the dreary work of preparing the book for the publisher with efficiency and good humour. I am most grateful to her for both these qualities.

ROSEMARY STEWART

Introduction to the first edition

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 reorganization. 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 organizations 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 organizations 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 organizations, 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 organizations. 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 young leaders in different occupations within the NHS and at different levels. There are 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. viii–ix 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.

Templeton College, Oxford
February 1989

ROSEMARY STEWART

Notes

1. Enoch Powell, for three years a Minister of Health, wrote in the early 1960s, that the NHS 'presents what must be the unique spectacle of an undertaking that is run down by everyone engaged in it.' That would be an extreme statement now, and no doubt was then, but unfortunately this distinctive characteristic of the NHS remains. Quotation from Joe Rogaly 'Hearts, Minds and Wallets', in the *Financial Times*, 22 January 1988, for Enoch Powell's book *Medicine and Politics* (London: Pitman Medical, 1975).
2. One of the exceptions is Robert J. Maxwell and Victor Morrison (eds), 'Working with People' (King Edward's Hospital Fund for London, 1983).
3. This study was funded by the NHSTA, and published by them in 1987 and 1988 as the Templeton Series on DGMs in nine Issue Studies (see Appendix A).
4. Rosemary Stewart, Peter Smith, Jenny Blake and Pauline Wingate, 'The District Administrator in the National Health Service' (King Edward's Hospital Fund for London, 1980).
5. Papers published in James G. Hunt, Dian-Marie Hosking, Chester A. Schriesheim and Rosemary Stewart, *Leaders and Managers: International Perspectives on Managerial Behaviours and Leadership* (New York: Pergamon Press, 1984).

Introduction to the second edition

Much has changed in the NHS since the late 1980s, hence the need for a new edition. The aim of the book remains the same but much of the content has had to be changed.

New case studies are needed to take account of the many new jobs and new opportunities for leadership in the new NHS. For one case study it was appropriate to do a part two to illustrate new opportunities for senior nurses. This time four of the case studies are of doctors, to reflect the much greater role that doctors are now playing in management and the new leadership opportunities for GPs. It is noteworthy that it was much easier this time to find people of 35 or less who qualified as young leaders in senior positions – doctors being a partial exception because of their long training.

Changes in the ways of working are reflected in the addition of a new chapter on Leadership in Teams and by the changes in title and emphasis to the chapter previously called 'Leading Subordinates' and now called 'Leading Staff'. Substantial changes were needed for the chapters on nurses, doctors, the DHA (now the board), and the region. Each of these chapters now has an introduction which discusses the implications of recent changes. More minor changes were made to the other chapters. Since chair has now become more common it is used in place of chairman, except in the case studies where the latter was the word used by the individual interviewed.

What has remained the same is the discussion on leadership in Chapter 1 and the framework for the first ten chapters of: the ideals to aim at, the difficulties in the way of achieving them and steps towards them. The book is still divided into four parts, as described in the original introduction. A guide for busy readers on how to find what will interest them is retained, so are chapter summaries and the highlighting of key points. There are questions to be used with the examples in Part

III to help students and others interested in considering the lessons that they can draw from others' experience.

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April 1995*

ROSEMARY STEWART