Focus on Leadership
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HSMC's contribution to leadership development in the NHS and social care over many years has been substantial, and has culminated in our development, with others, of two major programmes in the NHS Leadership Academy's suite of professional development programmes.

In this Newsletter, Deborah Davidson explains our approach to leadership development, in particular the need for a systemic approach rather than focusing only on individuals. We have had a valued chance to develop our thinking and approach in the Leadership Academy programmes, working with Manchester Business School, KMPG and other partners, including of course the NHS Leadership Academy.

As well as looking forward we also celebrate our work with the NHS Graduate Management Training Scheme over the past 15 years. This multiple award winning scheme is still going strong. As we discuss in the middle pages of the newsletter the scheme developed from an Administrative Training Scheme when it was set up to a Management Training Scheme after the Griffiths report was published in 1983 and General Management was introduced into the NHS.

The term ‘Management’ has largely disappeared from policy and discussion. It is now all about Leadership. Management is much more likely to be associated with bureaucracy, something to be cut. The Management Training Scheme retains its name though, possibly because of the ‘brand loyalty’ it has.

Many attempts to consider the differences between management and leadership rely on John Kotter (1990) and a summary that management is concerned with order and stability, and leadership is concerned with change. Keith Grint (2005) uses the distinction to consider the responses to tame and wicked problems. Wicked problems need leadership responses not management solutions, and most would agree that the issues facing the NHS are indeed ‘wicked’.

Leadership is often considered a role which can be taken up, and therefore leadership can be shared or distributed. The role of clinicians in this leadership process is key, although can be difficult as they can become ‘stuck’ between professional and managerial identities (Croft et al, 2014).

Discussing the differences between leadership and management does help to consider what the NHS needs at this time, but it may suggest a false choice. We do need change, but we also need stability and order. This debate was central to the responses to the 2012 NHS reforms which set out an ambitious target to reduce management costs, but an increased emphasis on leadership, particularly clinical leadership. The debate has now moved on to a more detailed consideration of the skills and behaviours needed by those – leaders or managers – who will be addressing the NHS’s wicked problems. The NHS Leadership Academy (2013) has published a Healthcare Leadership Model which outlines in some detail what these behaviours should be.

We also report on a review of our own programmes, including an MSc programme in Leadership for Health Service Improvement, and give updates on events, projects and publications.

References

HSMC on Twitter
www.birmingham.ac.uk/hsmc
HSMC Review of teaching

Mark Exworthy

HSMC delivers an impressive range of teaching but, like other organisations, it is healthy to assess periodically its quality. So, earlier this year, following a strategic review of HSMC, a review of teaching was set up. Chaired by Prof. Mark Exworthy, this review comprised staff from within HSMC and across the College of Social Sciences at the University of Birmingham.

It has examined four aspects:
1. Development of options for a more “flexible” MSc option, with more intake dates and building programmes on a modular basis
2. Introduction of a Professional Doctorate
3. Development of a more bespoke and flexible international stream
4. Enhancement of the role of e-learning

As part of the review we sent a survey round to alumni and stakeholders.

The top three issues rated as important in the health and social care sector, from an extensive list offered were:
- Patient safety and quality (99% felt this is important)
- Financial and resource management (97% felt this is important)
- Leadership (95% felt this is important)

We asked about preferences for types of learning activities. The most popular form of teaching delivery was blended learning (combining face-to-face classes and on-line delivery), being twice as popular as campus teaching or online only. This gives us useful feedback on a need to develop the on-line delivery element of our programmes. We have good experience now of working with the Anderson programme for the NHS Leadership Academy to draw on.

We also asked about funding and programmes. Over half of respondents would opt for individual modules (rather than full courses) if their employer was sponsoring them. Again this is very valuable. There is a great deal of flexibility in our programmes, but we do not actively encourage options for participants taking individual modules to suit their learning needs and resource opportunities.

We will be following up these issues. In addition, we are planning:
- A PG Certificate in ‘International health management and policy’ possibly in conjunction with a ‘summer school’.
- A possible professional doctorate to be introduced in 2015.

Further details will be reported in a subsequent newsletter. For further information about the Review or specific proposals, please contact Mark Exworthy: M.Exworthy@bham.ac.uk

We’d be very grateful for your input.

HSMC Survey
We put all the survey respondents into a draw for a £250 donation to the charity of their choice. Nick Gerard, Chief Finance Officer of Mid Essex Hospital Services NHS Trust was the winner, and the Douglas Macmillan Hospice, in Stoke-on-Trent received the donation.

New students
We have recently had the pleasure of welcoming our new group of students to HSMC.

In total 44 new students have joined us, 9 of whom are overseas students.

We asked some of students why they came to HSMC, and their responses are given.

Elham Allahdad
(Full-time)
I am doing Health Care Policy and Management for my MSc studies. It was suggested to study in the UK as it has one of the best and most sophisticated healthcare systems around the world. I decided to come to the University of Birmingham because it is one of the leading universities providing research, teaching and development in healthcare studies. I’m studying this course to follow a career in healthcare or continue my studies in a PhD degree. As an international student I find this exciting and also challenging simultaneously.

Aaron Pond
(Part-time)
The issue of sustainable healthcare is a pressing challenge for health systems, but should be a well-considered decision.

I’m here to understand the process for developing good health policy and methodologically sound approaches for engaging the public with this, and associated, issues.

Leela Patel
(Part-time)
I’m here to be a better clinician, peer and future manager as well as a future leader. This is all so that patients can experience better service when they are at their most vulnerable.
Leadership in health and care: HSMC’s approach to leadership development

Deborah Davidson

HSMC has been involved in the design and delivery of a number of national, regional and local leadership development programmes over a number of years, including the Graduate Management Training Scheme which is celebrated in the middle pages of this newsletter. We also have our own University of Birmingham programmes including an MSc in Leadership for Health Services Improvement.

Central to our leadership development work are the two NHS Leadership Academy programmes we work with in collaboration with Manchester Business School, KPMG and others. The NHS Leadership Academy provides a suite of professional development programmes available to over 25,000 health and care staff including doctors, nurses, allied health professionals, healthcare scientists and HR and finance staff. The Leadership Academy has recently celebrated its two year anniversary; the two programmes we deliver have been running for a year.

The Elizabeth Garrett Anderson programme, aimed at mid-tier leaders, includes a two year MSc in Healthcare Leadership awarded jointly by the Universities of Birmingham and Manchester. There are currently 1,152 NHS and social care staff enrolled on this programme. Much of the content is delivered on-line and focusses on work based learning, but there are also face-to-face residential workshops and action learning sets.

The Nye Bevan Programme - not accredited - is aimed at senior NHS leaders. This is a one year development programme, and the first participants are about to graduate. 294 participants have enrolled over the past year. The programme is based on peer assessment, mirroring the process Board colleagues experience when they support each other but also hold each other to account.

Both of these programmes were designed from first principles, with our delivery partners, and with the Leadership Academy. This process has given us an opportunity to think through what we understand by leadership, and leadership development.

At HSMC, we view leadership development as an organisational development intervention, not just the development of individuals because the purpose is ultimately about having a positive impact on care quality and service user experience. Because of this, our approach to leadership development is systemic (Knight, 2002; James, 1995) focussing on impact in three domains: the individual, the team or service and the wider organisation and context.

On paper this seems logical and straightforward. In practice it is not, because it involves paying attention to what you do, why you do it, how you do it, how you articulate your thinking, being aware of the impact you have on others and how others respond to you; how you read and understand what is going on (being psychologically-minded) with your teams and colleagues, how you enable, empower and work developmentally with others; how you engage wider services, stakeholders and partners, service users, local culturally diverse communities, how you deliver policy related targets, reduce costs, drive much needed change….and so on. It is also about having a self-awareness of how you behave, insight into the impact this has on others, and a degree of courage and humility to do things differently.

How do you remain adaptive and work with this complexity? As Ron Heifetz said (1994), there are no easy answers because this work is not about problems that have solutions, they are dilemmas to be worked with and through.

Our leadership development programmes are designed to provide safe but challenging spaces in which to learn and experiment and rehearse doing things differently. We draw on a range of progressive development (Theodorson, 1953) methods including residential programmes, experiential learning, scenarios, and action inquiry (Torbert, 1972), because these approaches to learning deepen the intensity of the learning experiences, can accelerate individual behavioural changes, and shift mindsets. Because we focus on systemic impact, our educational design also involves the application of learning in the workplace, through focused activities with teams, colleagues and line managers. Together with theory about leadership, knowledge and innovation from other sectors, a focus on service users at the centre and the integration of equality and diversity in all of our learning activities, these approaches provide the potential for development and change both for individuals and for their organisations.

However, we know from research (Bass, 1990) that the return on investment is poor and these approaches are likely to fail without good organisational engagement and support before, during and after development, from line managers, from HR and from the Board.

Too often people are ‘sent’ on external programmes as an intervention into the individual (you are the problem and so development of you is the answer), and support for applying learning back in the work place is not even thought about or embedded in organisational practices and procedures. Recent experience from working with participants on the Elizabeth Garrett Anderson Programme shows that, despite the good efforts of the NHS Leadership Academy, and line managers signing a contract to sponsor, provide support and being liable for a substantial compensation fee if the person leaves due to lack of support, some line managers don’t provide days off to attend face-to-face days (forcing individuals to take annual leave), don’t cover travel expenses to national venues, don’t provide any study leave for assignments, and don’t make themselves available to engage with learners.

We know these unproductive behaviours won’t just be affecting staff on development programmes; they will be a microcosm of a broader attitude and approach which will be impacting negatively in the organisation, its services and ultimately patient care. They
are a good example of the very mindsets and behaviours in the NHS that our programmes seek to change.

**HSMC’s programmes**

As well as its involvement in the Leadership Academy programmes, we run our own MSc programmes, and a number of other leadership development programmes for health and social care organisations.

As introduced above, our main accredited leadership programme is the MSc in Leadership for Health Service Improvement, which straddles both academic and developmental learning and maintains the focus on learning with and from peers, including in action learning sets. Some modules are taken with students on the Health Care Policy and Management programme.

Given that the Anderson programme is free to the employing organisation (as it is commissioned by the NHS Leadership Academy), and carries with it accreditation from the Leadership Academy, why would participants apply for an HSMC programme rather than the Anderson programme? We do tell prospective students in the NHS enquiring about our leadership programmes about the Anderson programme as an alternative.

There will be a number of personal reasons and preferences, including perhaps an aversion to e-learning, a desire for more flexibility in modules of study, having young dependents so not being able to travel, as well as actually being able to get the time off to study which a traditional face to face programme helps facilitate.

There may be two more significant differences. The first relates to an understanding of what leadership is. The NHS Leadership Academy has a particular view of leadership, one that is explained in the Healthcare Leadership Model (NHS Leadership Academy, 2013) and one that is part of a major organisation development initiative in the NHS. In our programme we are not committed to a particular view of leadership, and encourage the critical consideration of a number of different theoretical perspectives.

Secondly, for our ‘taught’ programmes we are not in a position to influence NHS organisations directly. Although we encourage our students to engage with their organisations, and with others (particularly through Action Learning) the focus is much more on individual learning, particularly through the assessment of knowledge. It is much more difficult, but not impossible, to facilitate critical work-based learning, and skills development, in a university programme.

It’s very important to HSMC that our own programmes continue to flourish, alongside our work with the NHS Leadership Academy. The article on page 3 shows how we are continuing to develop our programmes. They offer choice for some people – a different yet complementary programme.

**References**


The European Health Management Association (EHMA) Annual Conference: reflections from the host

Ross Millar

For those keen readers of our Newsletter you will have noticed that our previous three issues contained updates and news flashes about HSMC hosting the European Health Management Association (EHMA) Annual Conference in June 2014.

The conference “Leadership in healthcare: from bedside to board” brought together 200 researchers, policy makers and practitioners from across the globe to discuss some of the key issues related to healthcare leadership.

When I reflect back on those three days I can honestly say that hosting the conference was a truly exhilarating experience. It was great to work with team HSMC – Evelina, Tracey, Bal and Sarah – to deliver what was described as the ‘best ever’ EHMA conference by a number EHMA members. You really got the sense that conference delegates enjoyed the atmosphere and overall vibe that was created by HSMC.

The highlights for me were probably the opening presentations (that included our very own Jon Glasby) and welcome reception in the Great Hall, showcasing the University of Birmingham. The use of the Medical School as the location for the conference was a real pleasure, particularly in allowing us to host the conference all under one roof. The conference meal at the Botanical Gardens was also fun – with the Pimms cocktails going down very nicely!

When I listened to the various conference papers being delivered they really brought home to me the multiple layers and factors that go into our understanding of leadership in healthcare. The take home message for me was that such diversity and depth of analysis means that it is probably worth all of us taking a step back and reflecting on what leadership actually is and how healthcare systems can respond to the pressing issues that they face at present and in the future.

For further information about the EHMA conference and the presentations please go to the following link: http://www.ehma.org/index.php?q=node/1834

What does the future hold for the NHS? (HSMC Health Policy Lecture 2014)

In June 2014, HSMC held its annual health policy lecture at the University’s Medical School. While this is usually a private event for an invited audience of health and social care leaders, our 2014 ‘lecture’ was a much larger, public debate – opened up to everyone who wanted to attend from local health and social services, University staff and students. This built on the European Health Management Association conference being hosted by HSMC at the same time, bringing local, regional, national and international colleagues together to debate the key issues.

Subtitled ‘the good, the bad and the ugly’, the ‘lecture’ took the form of a Question Time-style panel comprising David Behan, Chief Executive of the Care Quality Commission; Jacqui Smith, former Cabinet Minister and current Chair of University Hospital Birmingham; Lord Victor Adebowale, Chief Executive of Turning Point and honorary member of HSMC staff; and Michele Paduano, regional BBC health correspondent. With a series of difficult policy and financial challenges in 2014-15 and a general election coming in 2015, this was an opportunity for the panel and the audience to take a step back from the day-to-day pressures of the NHS and to explore what the future may hold – both in terms of opportunities and barriers. For further details of the debate (and the panel’s relationship with HSMC over the years), please see: http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/events/health-policy-lecture-2014.aspx

https://storify.com/_HSMCentre/hsmc-annual-health-policy-le
HSMC involvement in the NHS Graduate Management Training Scheme

HSMC is celebrating its 15th anniversary of involvement in the NHS Graduate Management Training Scheme. HSMC works with Manchester Business School to provide the educational component of the NHS Management Training Scheme (MTS). In this edition of the newsletter we celebrate the success of the Management Training Scheme, and share some recollections of some former academic directors of education and trainees. Alumni of the MTS include the current NHS England Chief Executive, Simon Stevens, as well as his predecessor, Sir David Nicholson (an honorary member of HSMC staff). Since 1999 over 1,000 trainees have joined the scheme.

The scheme was voted the UK's most popular graduate training scheme in 2014-15 by over 27,000 students in The Guardian’s annual UK 300 survey. The MTS has come top for the second year in a row, beating off both public and private sector schemes from organisations such as the BBC, Google, Microsoft, Jaguar, John Lewis and Rolls Royce. This is only one of many awards the scheme has won over recent years – and is a major achievement in difficult policy and financial circumstances.

This year’s survey also breaks down results according to gender, ethnicity and educational background – with the MTS one of the few schemes to feature in every top 10 (irrespective of students’ backgrounds).

Just some of many previous awards for the MTS include:

- **First** in The Guardian UK 300 most popular graduate recruiters in 2011, 2013 and 2014
- **8th** in The Times Top 100 Graduate Employers 2013 and in the Top Ten of The Times Top 100 list every year since 2003
- **Target Jobs Public Sector Graduate Employer of the Year 2012, 2013 and 2014**

**The first scheme**

The first education programme for NHS general management trainees began in 1956 and took the form of a ‘National Administrative Training Scheme’. This followed a report by the Guillebaud committee that had “deplored the lack of recruitment of people of the right calibre” in hospital administration (Stevens, 1964: 210).

The successful applicants had some theoretical training as well as practical application. Recruitment to this programme took place on a national basis and the Hospital Administrative Staff College of the King Edward’s Hospital Fund for London (now the King’s Fund) and the University of Manchester were selected as the first two training institutions. By 1962, the Nuffield Centre for Health Services Studies, University of Leeds became a third training institution and in 1974, HSMC became the fourth training institution to be linked into the programme.

In 1984, national responsibility for the organisation of the scheme transferred to a newly-established NHS Training Authority, and the Scheme was renamed the National Management Training Scheme (MTS) to reflect the changing role of administration within the NHS and the proposals in the Griffiths Report (Griffiths, 1983) for the introduction of general management. Between 1986 and 1999 HSMC did not play a role in the education provision although the University of Manchester had some input through those years.

Ben Smith 2009

I am currently employed by Hamad Medical Corporation (HMC) based in Qatar. I am employed as a Health Service Improvement Expert and work for the Government funded National Healthcare System to improve services for primary, secondary and tertiary care. I have been employed here for a little over 2 years and this came 6 months after graduating from the scheme.
1999-2003
In 1999, there was a requirement to review all nationally commissioned leadership development programmes and, following a competitive tendering process, the contract for the delivery of the educational programme for MTS was awarded to a consortium of HSMC and De Montfort University, Leicester. Trainees who completed the necessary academic work were awarded the Postgraduate Diploma in Health Care Management awarded by the University of Birmingham. Trainees who wished to do so could undertake a research dissertation to upgrade the Diploma to a Master’s Degree after the completion of the scheme.

John Clark
Academic Director of MTS Programme (1999-2003)
I remember how a small team of us at HSMC were very excited at the potential opportunity to tender for the education programme for MTS back in 1998. Many of us had been very involved in the Scheme in different ways previously and indeed two of the team were MTS graduates. We already had some excellent relationships with colleagues at De Montfort University and it was therefore easy to form a partnership with them to blend our different expertise and experience into a cohesive national development programme. The day we were awarded the contract was certainly one of the professional career highlights for all of us.

The prestige of the MTS was certainly a very strong motivating force for us but having the opportunity to help nurture some of the brightest graduates interested in a career in health management and leadership ensured our sustained stimulation and energy.

It has been refreshing to see how each year the development programme to support MTS has been improved to meet new challenges, including the expansion of the schemes over the past 15 years. However, what is even more rewarding is seeing how many of the graduates of the initial years of the HSMC and De Montfort programme are now in chief executive and other senior leadership roles. It is being part of the development of tomorrow’s health leaders that provides the stimulus for the many colleagues involved in supporting MTS. The NHS is in a much better position to health leaders that provides the stimulus for the many colleagues involved in supporting MTS. The day we were awarded the contract was certainly one of the professional career highlights for all of us.

Lyse Edwards 2000
After the scheme I worked largely in the acute sector, initially in a transformation role but moving very quickly into operational management. I worked for one year in commissioning in a PCT before moving back to operations but now work at Staffordshire and Stoke on Trent Partnership Trust, which is an integrated trust providing health and social care. I am an Area Manager managing a variety of integrated teams of community nursing staff, social care staff and therapists. Working in an integrated role has opened up a whole new world of social care issues, although I am always struck by the similarity of issues across health and social care and the obvious benefits of bringing the two together to reduce duplication for service users and improve the efficiency of the services we offer.

2004 - 2006
A national group then reviewed the selection competencies, the graduation competencies and the implications for the scheme and tenders were invited to deliver the scheme for the 2004 and 2005 intakes and an extension for the 2006 intake. The overall aim of the scheme remained ‘to recruit graduates and comparably qualified individuals annually onto a two-year, full time scheme that aims to develop the future leaders of the NHS, and in particular its Chief Executives and Directors’.

Dr Judith Smith
Academic Director of MTS Programme (2001-2005)
I remember well the celebrations in 1998 when HSMC and De Montfort won the contract to deliver the MTS educational programme – the same month as my marriage, if I recall correctly! For HSMC there was a strong sense of MTS ‘coming home’, for the Centre had run the education programme for many years in the 1970s and 1980s. Indeed, I had been an ‘HSMC trainee’ myself in the late 1980s, and had clear memories of the excellent teaching, supportive environment and challenging curriculum, albeit without a formal qualification in those days.

In 2003, the education provision for the scheme was tendered once again, this time for a larger cohort of trainees and to include strong action learning and coaching components alongside skills development and academic health policy. We realised quickly that a more extensive consortium of education providers was needed, for we were keen to ensure that MTS was part of a balanced portfolio of HSMC work, and not overly dominant. So we partnered with Manchester Business School, Healthskills and Ashridge to offer what was, for the time, a radical programme for a Masters Degree to be awarded jointly by the Universities of Birmingham and Manchester.

The ‘new MTS’ which started in 2004 included individual coaching for trainees, action learning sets, practical work assignments by groups of trainees to be written up for collective assessment, redesigned academic health policy and management modules, skills development workshops (also assessed for the degree), a reflective learning log and a dissertation.

Charlotte Williams 2001
I am the Chief of Staff for one of England’s biggest Academic Health Science Partnerships. We are a company limited by guarantee that acts as an enabler of NHS, university, industry and third sector collaborations aiming to translate cutting-edge research and innovation into measurable health and wealth gain in North and East London, much of Essex, Hertfordshire and Bedfordshire.

In my role, I work closely with the Managing Director and Chairman to ensure that our strategies are implemented and we achieve the objectives we set. Day to day I work with academic clinicians and senior managers in maintaining relationships across different parts of our partnership, coordinating operations and human resources, prioritisation and resource planning.
In my work at the Nuffield Trust in London, I am regularly approached by a very senior NHS manager (sometimes chief executive!) to tell me that I taught them on MTS at HSMC. When this happens, I feel some of that same pleasure that we had back in 1998 when we heard we had got the contract, knowing that HSMC is playing a critical role in shaping the early experience, thinking and perspectives of generations of health care managers.

Other trainees (Finance and HR initially) were also part of this new scheme and all trainees came together at a shared foundation programme, and for the skills workshops and learning sets.

The larger numbers demanded a change of approach to the design and content of many of the elements. The larger shared events became more experiential and we introduced actors and forum theatre as a way of working with a much larger audience. I clearly remember the first time we did this. It was a risk and we were nervous when after playing out a scene, the actors started to interact with the audience. The very first time we did this there was then a deafening silence…. before a trainee stood up, ... put his hands on his hips and delivered a brilliant retort that had everyone falling about laughing….. We were then well away.

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2007-2011
Our partners in this contract were Manchester Business School, the King’s Fund for experiential learning and People Opportunities for action learning, a partnership that was maintained for the following contract.

The academic requirement for the programme was a Postgraduate Diploma. Trainees could come back to finish their Master’s degree after they left the scheme.

Andy McMyler 2004
I moved to London to take up a job in Emergency Planning in Public Health. Then I progressed to being a project manager for urgent care at St George’s in 2008.
In 2010 I got a job at Wandsworth PCT as Associate Director for Community Services - in 2011 I was the Head of CCG Development and finally (for the time-being) in 2012 I was appointed as Director of Delivery and Development for Wandsworth CCG.

Michelle Bath 2007
Immediately after the scheme I worked as an operational manager for a cancer services department in an acute trust. However, for the last 3 years I have been working for Macmillan Cancer Support as a Development Manager. In my role, I work with health and social care partners to review, develop, improve and redesign services for people affected by cancer. My role supports posts and services at all points along the patient pathway, right from the point of diagnosis, through treatment and on to survivorship, or end of life, in communities, hospitals and across health and social care.

Hilary Brown 2009-2011
When I took over the reins in 2009, the Mid-Staffordshire scandal had just started to dominate the leadership agenda. This was before the first of the Francis reports, but nevertheless it really developed our thinking about the way that issues of quality and organisation were addressed in the programme. The first module became in effect a case-study of Mid-Staffordshire, and really set the scene for the programme being primarily concerned with the quality of services.

2011-2012
The final time the MBS/HSMC consortium won the contract was in 2011. This contract saw a significant development in that all the specialist trainees on the scheme (HR, Finance and Informatics) who receive their educational element from other institutions, also undertook the first year of the General Management Scheme education, to achieve the award of a Postgraduate Certificate. This gave new challenges for the delivery of the programme as there were for the first year of the programme, over 150 trainees instead of around 100. The new title for the programme (MSc in Leadership and Service Improvement) reflected the concerns in the service that leadership needed to be improved (as distinct from management), and that the focus on the service needed to be maintained.

Iain Snelling 2011-2014
As well as having larger numbers in the first year, there were two other changes – a much clearer link over all the modules to work-based learning, and greater use of IT in the programme. All of the administration moved to Manchester University for this contract so we used their Blackboard system. At the beginning of the programme we had a four day conference for everyone at Yarnfield Park near Stone which was a baptism of fire for the trainees – they had only been employed for a few days! After the conference the rest of the programme was delivered through regional study days, and it was only in the second year when the General Management trainees carried on in the Leadership and Service Improvement programme that they came to HSMC. The HR, Finance and Informatics trainees in doing the leadership programme and their own professional qualifications were in effect studying...
In addition to working in the North West in PCTs then CCGs, Acute Trusts and General Practice, I also spent time as a Management Adviser with the Ministry of Health in Sierra Leone (as a VSO Volunteer) and have worked in pharmaceutical companies in both Mexico City and Bogota, Colombia. I am now working for a Management Consultancy in Manchester, with a focus on healthcare benchmarking (we run the NHS Benchmarking Network among other projects).

Pedro Delgado 2005
I’m leading the Institute for Health Improvement’s work in Europe and Latin America. I have led large-scale health system improvement efforts and networks globally, including initiatives with governments and health care systems in Latin America, Europe, Singapore, New Zealand and the United States.

Since 1999 there have been many changes in the scheme; many different commissioners and partners in the various consortia. The context of the NHS has also changed considerably over this period – from the NHS Plan in 2000 and the sustained investment until 2008, to the focus of QIPP as the additional resources dried up. The importance of clinical leadership has also developed over this period, and the role of the General Manager may be undergoing some change – from Manager to Leader, from ‘heroic’ leader to part of a wider distribution of leadership. These changes have been reflected in both the content and the learning processes used in the MTS, such that now it is fully embedded in the NHS Leadership Academy’s suite of professional development programmes.

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Studying for two postgraduate level qualifications on top of my first full-time job - and that in a field I had little previous experience in - was both exciting and daunting in equal measures at the outset of the scheme. Time management was my steepest learning curve for sure! As challenging as the year was, completing the PGCert in addition to my specialist HR training was incredibly beneficial. Since finishing the scheme in 2013, I have been working in the patient and staff experience team at University College London Hospitals as the patient and public involvement lead. My role involves advising staff on how best to engage with patients, their families and the local community to ensure their feedback is central to decision-making processes. The PGCert has been particularly helpful in enabling me to carry out this role as it prepared me for the wider management and service improvement context in the NHS; something that continues to prove itself invaluable.

From 2013 the Management Training Scheme has been included within the NHS Leadership Academy’s suite of Professional Development programmes, particularly the Mary Seacole programme which is delivered by the Open University and the Hay Group. This is a one year postgraduate certificate programme. The trainees will then join the Elizabeth Garrett Anderson programme, so HSMC will maintain its connection with the NHS Management Training Scheme.

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Studying for two postgraduate level qualifications on top of my first full-time job - and that in a field I had little previous experience in - was both exciting and daunting in equal measures at the outset of the scheme. Time management was my steepest learning curve for sure! As challenging as the year was, completing the PGCert in addition to my specialist HR training was incredibly beneficial. Since finishing the scheme in 2013, I have been working in the patient and staff experience team at University College London Hospitals as the patient and public involvement lead. My role involves advising staff on how best to engage with patients, their families and the local community to ensure their feedback is central to decision-making processes. The PGCert has been particularly helpful in enabling me to carry out this role as it prepared me for the wider management and service improvement context in the NHS; something that continues to prove itself invaluable.

From 2013 the Management Training Scheme has been included within the NHS Leadership Academy’s suite of Professional Development programmes, particularly the Mary Seacole programme which is delivered by the Open University and the Hay Group. This is a one year postgraduate certificate programme. The trainees will then join the Elizabeth Garrett Anderson programme, so HSMC will maintain its connection with the NHS Management Training Scheme.

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Reference
Decommissioning health care: identifying best practice through primary and secondary research

As it approaches the mid-way stage, the NIHR study into decommissioning has had a number of outputs in recent weeks. Jenny Harlock and Iestyn Williams have presented findings at two networking events for senior NHS/Local government leaders (the HSMC policy breakfast and an ITW/Department of Health seminar) and two academic conferences (the Health Policy and Politics Network and the Health Services Research Network). Further conference papers have been accepted for the Policy and Politics conference (Bristol) and the International Society on Priorities in Health Care (Melbourne), and an early paper is currently being revised for peer-reviewed publication.

Further information is available at http://www.nets.nihr.ac.uk/projects/hsdr/12500125
I.P.Williams@bham.ac.uk
J.Harlock@bham.ac.uk

Factors influencing quality and cost decisions in health care: a rapid review of the literature

Iestyn Williams and Hilary Brown have completed a literature review for the NHS Confederation. The review addresses the question ‘what factors influence decisions impacting on quality and costs in both health care and non-health care contexts?’ A comprehensive search and synthesis of the published evidence was conducted and this will be used to inform future research grant applications and peer reviewed publications.

I.P.Williams@bham.ac.uk
H.I.Brown@bham.ac.uk

Reaching Economic Alternatives that Contribute to Health (REACH)

Katharine Warren and Iestyn Williams are in the process of compiling a final report of the ‘REACH UK’ project in which deliberative events have been run with citizens from the West Midlands. Run in conjunction with Solihull Health and Wellbeing Board and the University of Birmingham Institute of Local Government Studies, the events have drawn on a game adapted from the US in which participants deliberate over spending options designed to improve health and wellbeing and allocate a limited budget both individually and in groups. The full evaluation will be written up for publication in both practice and research outlets.

I.P.Williams@bham.ac.uk
K.S.Warren@bham.ac.uk

Creating compassionate organisations

The fourth and final workshop was held on 21st July and we finished with an inspiring session from John Ballatt – author of “Intelligent Kindness” – and promises to keep in touch as a Community of Practice to share the trials, tribulations and successes involved in addressing the support needs of staff. One of the participants wrote “Thank you for the insight, motivation and expertise you have shared, I have found the sessions fascinating and truly inspirational, spurring me on to find ways of supporting my organisation to develop compassion as an essential part of the organisation’s culture. I have found the opportunity for networking and sharing of ideas very helpful and will continue to use these links to help work move forward.” (Julie Marshman, Great Western Hospitals NHS Foundation Trust).

Y.Sawbridge@bham.ac.uk
L.Griffith@bham.ac.uk

Evaluating integrated care in Dudley

HSMC continues to work with Dudley CCG as a critical friend, and is running a series of on site workshops in the autumn to help staff develop their evaluative and analytical skills to strengthen their commissioning activities. The next task is to devise an evaluation framework based around the qualitative objectives of the integrated services work with local authority colleagues.

Y.Sawbridge@bham.ac.uk
L.Griffith@bham.ac.uk

RAID

Jon Glasby and Laura Griffith have completed a draft report on RAID (Rapid, Assessment, Interface and Discharge) for the Academic Health Sciences Network. RAID is a specialist multidisciplinary mental health service working within the acute sector. In different sites RAID has had varying levels of financial support and there has been a lot of debate as to whether it has been a success. For this project interviews were collected over six sites in order to understand differential success rates of the service.

J.Glasby@bham.ac.uk
L.Griffith@bham.ac.uk

HSMC to support States of Jersey with mental health services review

HSMC is pleased to announce that Mervyn Conroy and Robin Miller will be working in partnership with Contact Consulting on a project commissioned by the Health and Social Services Department of the States of Jersey to consider the future of mental health services on the island. This project will deliver a strategy that is best placed to meet the future needs of the people of Jersey.

HSMC participated in a competitive tender process led by Steve Appleton at Contact Consulting which enabled us to set out how we would support further planning of mental health services, including planning for the older people’s population, enabling current services to take account of increasing demand.

Further information about the project is available at http://www.gov.je/Health/Mental/Pages/MentalHealthReview.aspx

Diverse healthcare providers: behaviour in response to commissioners, patients and innovations

Russell Mannion and Mark Exworthy are collaborating on a Department of Health funded project to start late in 2014. Led by Prof. Rod Sheaff at the University of Plymouth the project will examine the differences that exist between different kinds of organisational types in the ways they manage and provide these health services and the differences that result in terms of service quality, innovation and patients’ experience.

M.Exworthy@bham.ac.uk
R.Mannion@bham.ac.uk

Osteopathic development group: advanced clinical practice in osteopathy

The aim of this project is to develop a suitable framework for advanced clinical practice (ACP) in osteopathy. The project will explore the various pathways through which osteopaths gain advanced levels of clinical practice and specialist training. The framework is intended to enable professionals and the public to discern the merit of any claims to ACP status. A wide variety of models for ACP will be considered, including those employed in other healthcare professions. The relative merits of the models and appropriateness to the osteopathic profession will be systematically evaluated in consultation with key stakeholders and the wider osteopathic profession. The evaluation will inform recommendations on an appropriate framework. The project also has the potential to make the training pathways for osteopathic career development more transparent and encourage registrants to reflect on their CPD needs, which in turn would be expected to have a direct impact on the quality of care.

N.Gale@bham.ac.uk
Commissioning for better outcomes in adult social care
The Care Act has renewed the focus on effective commissioning, and in preparation for its implementation in 2015, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) commissioned a team from the Health Services Management Centre and INLOGOV to develop a set of standards to support commissioning for better outcomes. The aim of the standards is to support sector-led improvement in the quality of commissioning through a self-assessment and peer challenge process. The standards were presented at the National Children and Adult Services Conference on October 30th, when Dr. Karen Newbigging participated in a Guardian roundtable discussion on commissioning. The standards will be subject to testing by Local Authorities and their partners, before the final launch in early 2015. More information is available at: http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6063569/ARTICLE
K.V.Newbigging@bham.ac.uk

Mental health leadership programme for CCG mental health leads
Funded by the Strategic Clinical Networks and NHS England, HSMC is running an innovative training programme aimed at GP commissioner mental health leads in CCGs across the West Midlands, East Midlands and East of England. The programme has been designed specifically for GP leads who would like to develop their leadership potential in the delivery of mental health services, or planning and commissioning of mental health services. The programme will take place over 9 days between October 2014 and March 2015 and will run in two locations, Park House, Birmingham and Menzies Hotel, Cambridge. It will cover:
- Personal leadership skills and development
- Commissioning tools and techniques
- Evidence-based approaches
- Values-based commissioning
- Managing and improving service quality
- Partnership working to achieve impact
- Service user and carer experience
- Good practice examples and seminars
- Information for planning local services
- Finance and contracting governance processes
- Mental health Payment By Results
- Whole system modelling

For more information contact mhleadership@contacts.bham.ac.uk or Evelina Balandyte on 0121 414 7054.

Evaluation of community hospitals
HSMC and TSRC have been awarded £700,000 by NIHR (Health Services and Delivery Research Programme) for a project designed to analyse the characteristics and effectiveness of community hospitals situated in contrasting contexts and communities across the UK. The work will involve collaboration with the Community Hospitals Association and Crystal Blue Consulting, as well as other research partners who have also been commissioned by NIHR to study aspects of community hospitals. The project will in particular focus on the nature of the patient experience of community hospital care and services, and the value of the interdependent relationships between community hospitals and their communities.
Further information is available at: http://www.nets.nihr.ac.uk/projects/hsdr/1217713
J.Glasby@bham.ac.uk
D.Davidson@bham.ac.uk

Patient and public engagement in the decommissioning of healthcare
HSMC will be leading an NIHR funded study into patient and public engagement in the decommissioning of healthcare services and interventions in the English NHS, beginning in Spring 2016. Through a series of focus groups and a Delphi survey, the study will explore the perspectives and experiences of patients/service users, carers, third sector and community groups in decommissioning processes, and aim to elucidate best practice for patient and public engagement.
J.Harlock@bham.ac.uk
I.P.Williams@bham.ac.uk

Effective hospital board governance of safe care
The final report for the ‘Effective Board Governance of Safe Care’ research project has been submitted to the NIHR. This three year project has explored a variety of different areas associated by Board Governance of patient safety within Foundation Trusts.
For further information please contact either Professor Russell Mannion (R.Mannion@bham.ac.uk) or Dr Ross Millar (R.Millar@bham.ac.uk)
Events

West Midlands NHS Chairs and Non-Executive Directors Forum
HSMC has established a new forum for Chairs and NEDs across the West Midlands. Our aim is to hold 6 events per year, running from 4.30-7.30pm with drinks and food included. With a mix of invited national speakers, local good practice and input from research, the seminars will take place on a Chatham House Rules basis and be designed to ensure maximum interaction and networking.

This event is free to all Chairs and Non-Executive Directors whose Trusts have subscribed to the network (and to Chairs of participating Health and Well-being Boards, to Chairs of participating Healthwatches and to Chairs and up to two lay advisors of participating CCGs).

For more information, please contact Bal Loyal E: B.K.Loyal@bham.ac.uk

Quality and safety in healthcare
HSMC has received funding from the Birmingham-Nottingham Strategic Collaboration Fund to develop links with the University of Nottingham. The aim of the funding is to create a network between the two Universities for those with an interest in Health Policy, Organisation and Management. The network has its first event on Friday 23rd January 2015 which will explore how both Universities have been examining Quality and Safety in healthcare. Guest speakers will include Professor Justin Waring (Director of Centre for Health Innovation, Leadership and Learning at Nottingham).

For further information please contact Dr Ross Millar - R.Millar@bham.ac.uk

Altogether now? What next for joint working between general practice and adult social care?
HSMC is holding a one-day national workshop on 6th February 2015 to explore barriers to and opportunities for joint working between adult social care and general practice. With a mix of input from research and practice, there will be plenty of opportunity for discussion and debate, as well as for networking with colleagues and sites interested in similar issues. This seminar builds on national research funded by the School for Social Care Research and on educational interventions to raise awareness of each other’s roles and responsibilities funded by the West Midlands Academic Health Science Network.


For more information, please contact Evelina Balandyte: E.Balandyte@bham.ac.uk

Some recent events:

HSMC developing further links with China
Over the past 6 months HSMC and the Health Science Centre at Peking University Beijing have been developing an exciting collaboration between both centres. In July, a delegation from HSMC went to Beijing where they contributed to a seminar that shared experiences about healthcare reform. The visit also included a tour of local health services (see my Viewpoint http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/news/viewpoint/2014/a-visit-to-beijings-third-hospital.aspx) and discussions about future joint projects.

In October, HSMC welcomed the visit of colleagues from Beijing. The visit included a seminar discussing healthcare reform as well as visits to the Queen Elizabeth Hospital and the integrated care iCARES service in Sandwell.

In looking to move things forward, HSMC and the Health Science Centre have created the ‘China – UK Health Policy Group’. The aim of this group is to bring together academics and practitioners with an interest in healthcare policy and practice across both regions.

For more details contact Dr Ross Millar - R.Millar@bham.ac.uk

NHS Confederation: June 2014
We had an enjoyable and fruitful time at the NHS Confederation this year, and touched base with old friends as well as making new ones! Over 600 people visited our stall and we spoke to many about our research as well as our Masters programmes in Health Care Policy and Management. Hot topics included integration and Management, emotional labour and social care for marginalised communities. Some CCGs also helped us with our research into Decommissioning and Priority setting, by completing a questionnaire on the spot. Thanks again for this - it helped to increase our response rate which contributes to the validity of the findings. Our bags continued to attract interest, and we hope that the information we strategically placed inside each one will have helped us spread some of our work, as well as the free books which were won by some lucky entrants to our draw! Touching base with many of you really helps us test out if our academic work is relevant to practice as well as rigorous. That is our raison d’être after all, and we look forward to seeing some of you again when we go next year - if not before!
Selected publications

HSMC Professors co-author new book on health reform

Professors Russell Mannion and Martin Powell have co-authored, with colleagues from Durham University, a new book on health reform: Reforming healthcare: What's the evidence?, The Policy Press.

Drawing on methods of realist review, Reforming healthcare: What's the evidence? is the first major critical overview of the research published on healthcare reform in England from 1990 onwards by a team of leading UK health policy academics. It explores work considering the Conservative internal market of the 1990s and New Labour’s healthcare reorganisations, including its attempts at performance management and the reintroduction of market-based reform from 2004 to 2010. It then considers the implications of this research for current debates about healthcare reorganisation in England, and internationally. As the most up-to-date summary of what research says works in English healthcare reform, this essential review is aimed at anyone interested in the wide-ranging debates about health reorganisation, but especially students and academics interested in social policy, public management and health policy.

The Individual Service Funds Handbook

HSMC’s Robin Miller is co-author of a new guide to Individual Service Funds (ISFs) – one of the most innovative and least well-developed forms of personal budgets in health and social care. Rather than giving money straight to people using services (a ‘direct payment’) or asking a social worker to manage the money on someone’s behalf (a ‘managed budget’), ISFs involve the person giving the money to a trusted service provider and then working with them on an ongoing basis to negotiate how the money can best be spent. Instead of having to have the same service each day, this might involve having less support during a ‘good’ week and banking time to get extra support to go on holiday, or choosing to meet needs one way for one week, then choosing a different approach next week. This way of working has massive potential, but is often overlooked – and this new guide provides the definitive introduction to anyone interested in this way of working.

What does the future hold for the NHS?

A recent HSMC publication reflects the broad range of interests held by HSMC colleagues, but all contributions consider the future challenges and opportunities for the NHS, and interpret leadership in a range of contexts. We are particularly pleased to include the contributions from three of our local Clinical Commissioning Groups with reflections on their own engagement in, and experience of, these issues.

The contributions gathered here address some of the most complex or controversial debates in healthcare – such as decommissioning, integration, engagement and leadership. Some present research findings and set out the next steps for further exploration, while others are reflections on the existing evidence base and provide a critical commentary on implications for future developments.


Commissioning of mental health services

The report from the joint TSRC - HSMC research team investigating the commissioning of mental health services was published in June. For more information please contact Robin Miller, Senior Fellow – R.S.Miller@bham.ac.uk.

The full report is available at http://www.birmingham.ac.uk/generic/tsrc/documents/tsrc/working-papers/working-paper-123.pdf

More selected publications


Ellins, J. and Glasby, J. (2014) You don’t know what you are saying ‘Yes’ and what you are saying ‘No’ to: hospital experiences of older people from minority ethnic communities. Ageing and Society, Published online: 26 September 2014; doi:10.1017/S0144686X14000919.


People at HSMC

We are pleased to welcome Emily Barrett and Yanitsa Dyakova who have joined HSMC as members of the NHS Leadership Academy administrative team.

Yanitsa Dyakova has recently completed a Bachelor’s degree in International Relations with Political Science from the University of Birmingham. Yanitsa officially started this September as a full-time member of the Elizabeth Garrett Anderson programme team. What she really enjoys about her job is the chance to see the other side of higher education – not as a student but as programme administrator helping our NHS participants in their learning endeavours.

Christian Bohm joined the HSMC Library in August as Library and Information Officer. The main focus of his work is the development of some of the current awareness bulletins, the library’s presence on Canvas, its website and the use of the library management system, Heritage – in addition to enquiry work for the NHS LA and for staff and students at HSMC more generally. With a professional background in copy-editing, indexing and translation, he qualified as a librarian in 2011 and before joining HSMC has worked in academic and museum libraries in England and Wales.

Rachel Thwaites started working as a Research Fellow at HSMC at the beginning of June this year, joining the research team on the Emergency Admissions project, which is jointly headed by Jon Glasby and Rosemary Littlechild. The project is investigating potentially avoidable admissions and aims to explore the experiences of older people who have been admitted to hospital in an emergency to discover whether anything could have been done to prevent these admissions through earlier intervention in their health and social care needs. Rachel was previously an ESRC-funded PhD student at the Centre for Women’s Studies at the University of York, exploring the decisions British women make with their last name when they marry and sense of identity in connection with this. She has research interests in gender and inequalities, identities, heterosexualities, love and emotion work, health sociology, family and kinship, the academy, and qualitative and mixed methods.

Nick Le Mesurier joined HSMC as a Research Fellow at HSMC, working with Jon Glasby and others on a two-year RPB funded project to interpret and assess older people’s contributions to preventing avoidable hospital admissions. He was Research Associate and then Research Fellow at the Department of Psychiatry, University of Birmingham (1995–2006), and then Senior Research Officer at the Centre for Ageing and Mental Health, Staffordshire University (2007–2010) where he worked on a project assessing the mental health needs of older prisoners. He then worked as a freelance researcher on contracts with Age UK, Alzheimer’s Society, Rural Media Company, Media for Development and Birmingham Business School. He has continued his interest in older people in prison and has written guides for Age UK and for the Independent Monitoring Board. Most recently he provided evaluation to RECOOP, a charity that specialises in supporting older people in prison and on release.

HSMC PhD student appointed to Advisory Council on Misuse of Drugs
One of our PhD students (Dr. Kostas Agath, a consultant psychiatrist) has been appointed by the Home Secretary to the Advisory Council on the Misuse of Drugs, the body which makes recommendations to government on the control of dangerous or otherwise harmful drugs. Kostas joined HMSC from Royal Holloway with Prof. Mark Exworthy earlier this year. Kostas’s research is examining the value creation in the NHS. Please see here for more information https://www.gov.uk/government/organisations/advisory-council-on-the-misuse-of-drugs

HSMC to seek new Director!
Having served as Director since 2008, HSMC’s Jon Glasby is taking up a new role as Head of the School of Social Policy from 1st August 2015. This means he’ll continue to have overall responsibility for HSMC, but alongside the University’s social policy and social work department and a series of research centres around wealth/poverty, the role of the third sector, working with families and issues of diversity and migration.

HSMC will therefore be recruiting a new Director, and we’re looking for someone able to embody our commitment to ‘rigour and relevance’, to maintain and develop our national and international networks, and to continue to develop our expertise around research, teaching, consultancy and policy.

For further information, please contact J.Glasby@bham.ac.uk.

HSMC Viewpoint
Visit the new HSMC blog at http://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/news/viewpoint/index.aspx for regular commentary on health and social care issues and research. We are encouraging staff and friends of HSMC to write contributions. If you would be interested in writing a blog post contact Catherine Needham c.needham.1@bham.ac.uk or get in touch via Twitter @DrCNeedham

QR codes are similar to barcodes in that they store information which can then be transferred onto your smartphone/Blackberry quickly and accurately. By downloading a free QR scanning App onto your phone you can then read this code and view HSMC’s homepage.
Lydia Salice, one of our MTS students, recently completed a dissertation on how many NHS Chief Executives use Twitter. It was an excellent piece of work, and achieved a distinction. She found that in February this year, under a third of provider Trust Chief Executives were on Twitter (72 out of 246), and that there was wide variation in the number of tweets they sent. Sixteen CEOs tweet less than once per week, on average. At the other end of the range, four Chief Executives tweet on average 13 times per day. The Health Service Journal found in May that over a third of Chief Executives were on Twitter, which confirms an increasing trend that Lydia identified.

Twitter, and other social media, are becoming an increasingly significant part of leadership communications. Lydia differentiated between tweets that are broadcasting (i.e. sending out information, including links to websites) and engaging (i.e. using Twitter to conduct discussions with individuals, conversations which are publicly accessible). Two-thirds of tweets sent by Chief Executives in her research were engaging, and one third were broadcasting.

Not all tweets sent by NHS Chief Executives relate to the NHS. A quarter of tweets by NHS Chief Executives are personal. This seems to reflect the growing trend for authenticity in leaders - to be open and accessible, people as well as positions.

The use of Twitter by senior NHS leaders is encouraged by NHS Employers and others. NHS Employers highlight that ‘Leaders and managers have been faced with the task of affecting change through relationships and social capital instead of just through power’ (2013: 2). ‘Social media platforms, such as Twitter can help chief executives with deliberative engagement, setting, maintaining and communicating a vision, engaging staff, consistently communicating with multiple stakeholders, networking with peers, and building a collaborative style’ (2013: 5).

McKee et al (2011) show how commentators gave the health reforms scrutiny, with detailed commentaries available through Twitter links, including some quick and effective discussion of a specific claim made by a Cabinet Minister on Question Time. King et al (2013) analysed all tweets about the health reforms over a period of nearly a year when they were going through Parliament. They found that 50% were negative to the reforms, 43% were neutral, acting as signposts to information, and only 7% gave the reforms support. They contrast this with opinion polls taken during this period which showed public support at between 20 and 30%. “These findings may suggest that Twitter is used as a meeting place in which those on one side of the argument – in this case against the reforms – come together to share information and reinforce their own views” (King et al, 2013: 294).

Whether a similar analysis on NHS leadership would show an equally decisive view one way or the other is an interesting question. What seems to be just as significant as the balance of views is the statement that people are reinforcing their views. This seems to suggest that Twitter may polarise and simplify important issues (including NHS leadership) which is unlikely to be helpful.

Academics are part of the Twitter community. Some seem to have a stronger view about their research and teaching interests than others who may be a little more detached. A number of HSMC academics are on Twitter (65%) although the number of followers and tweets suggest that we are at the beginning of our Twitter journey. One explanation though is that Twitter can be used for listening to others as well as speaking. We also have an HSMC Twitter account, which has been set up recently and is very active. Our top tweeters, in terms of number of followers are Laura Griffith and Catherine Needham.