

Focus on Leadership

Editorial by Jon Glasby, HSMC Co-Director and Tracey Gray, Executive Programmes Manager



In recent years, NHS leaders have tended to hit the headlines

for the wrong reasons. Although the focus shifts slightly over time, the recurring themes are media outrage about senior pay, allegations of too many managers and the perceived role of NHS leaders in either contributing to or helping to resolve major incidents. The latter issue is particularly prominent at present following a number of high profile hospital 'scandals' and, in social care, the tragic case of Baby P.

However, both common sense and the research evidence tell us that these accusations are unfair for three main reasons:

1. In the current financial climate, our previous faith as a society in private sector models has been significantly dented. Faced with events in the banking industry, the track record of public service leaders as good stewards of public resources looks even more impressive.
2. An organisation as large and complex as the NHS requires all the management and leadership it can get, and needs the best skills available to be successful.
3. Although it is not always very comforting for those seeking easy reassurances, there must surely be a limit to what we can expect public service leaders to achieve on our behalf. While important, leadership is only one of a number of factors that shapes what a service, an organisation or a sector is and how it performs.

This last issue is helpfully highlighted in the work of James Reason and others, who suggest that responses to adverse events can adopt a *person approach* (blaming individuals for perceived mistakes) or a *systems approach* (which sees poor practice as the result of the conditions under which people work and the way the system is organised). When major incidents occur, it is tempting to blame *active failures* by individual

workers or leaders, yet probably more fruitful to focus on the *latent conditions* (the underlying context that enabled such events to occur in the first place). As Reason (2000, p.769) argues:

"Latent conditions – as the term suggests – may lie dormant within the system for many years before they combine with active failures and local triggers to create an accident opportunity. Unlike active failures, whose specific forms are often hard to foresee, latent conditions can be identified and remedied before an adverse event occurs."

In the current context, leadership is once more at the fore. However, focusing solely on leadership would be a mistake. In the fifteenth century, everything that happened was blamed on religion – if the crops failed then this was God's fault. In the twenty-first century, some argue, we are in an age of the 'cult of leadership' in which leaders are similarly held responsible for everything that succeeds and everything that goes wrong. While blaming God might have helped fifteenth century peasants feel better about failed crops, it arguably did little to ensure a better harvest next year.

At HSMC, leadership is one of five work programmes (alongside long-term conditions, public service commissioning, health and social care partnerships, and health and social care service provision). Although we are critical of the 'cult of the leader' outlined above, we do believe that leadership – at all levels – is important for the success of health and social care. In this newsletter, articles explore current leadership challenges in the NHS, the role of clinicians in management and the different ways in which current and future leaders conceive their role. Moreover, 2009 also represents 10 years of HSMC involvement in the Management Trainee Scheme, and the newsletter celebrates this major achievement. Working with different partners and across different parts of the UK,

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HSMC has been responsible for helping to train an estimated 1,000 future leaders – many of whom have since gone on to occupy senior roles in the NHS and beyond.

At a time when public expectations are rising and the financial situation is very difficult, it is to many of these current and future leaders that the NHS will look as we face the difficult challenges to come.

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Leading and managing the National Health Service in the noughties and beyond

Suzanne Robinson



If the success of health care systems was judged according to the size of the organisation and the number of people it treats – the NHS would be towards the top of the league table as one of the largest organisations in the world treating over one million people every 36 hours (NHS Confederation, 2007). Over time the NHS has grown in both size and complexity; consequently the role of management has needed to change in order to keep pace with this rapid development.

Technological advances, an ageing population, a rise in chronic diseases and increasing patient and public expectations have all put growing pressure on health care services. In response to these changes the UK Government has increased levels of funding, placed a greater emphasis on the implementation of performance targets and, in England, has introduced a new internal payment mechanism and strongly championed the issue of patient choice.

Yet despite experiencing unprecedented levels of funding and having managed to reduce outpatient waiting times, the NHS still ranks well behind other European countries and recent hospital scandals seem to demonstrate potential weaknesses in leadership and management practices. Whilst evidence demonstrates that well managed services and high quality leadership can lead to better outcomes for patients (Audit Commission, 2004; Firth-Cozens,

2001), a major challenge for the NHS is to make sure it has high quality leadership at all levels of the organisation.

In response to Lord Darzi's Next Stage Review, the House of Commons Health Committee "recognised that the quality of leadership in the NHS must improve" and raised concerns around the lack of analytical skills of many NHS managers, suggesting this be addressed as a matter of urgency. The committee also recognised the important role of the NHS Management Training Scheme (MTS) in recruiting high calibre graduates. However, it was felt that this resource is often underutilized and more emphasis needs to be placed on appropriate academic qualifications and sustained career support beyond the life of the scheme.

So what are the leadership and management challenges facing the NHS? One of the major challenges is to develop and support leaders at the top of organisations. Being a Chief Executive is not seen as an attractive proposition; turnover is high, with an average career life expectancy being around two and a half years. Karen Lynas (2009) suggests that the NHS "should encourage executives to look out and not up, we must protect them from having to look over their shoulder. They should know that they will be rewarded for success, supported when they genuinely need help and managed appropriately when they demonstrate lack of competence or trust".

A further challenge is to support and encourage clinicians into leadership roles. There are a number of medical leadership development projects and programmes in operation across the UK. One such programme is the Medical Leadership Pilot Programme which runs alongside the current NHS Management Training Scheme and is delivered by HSMC, in partnership with the University of Manchester and the King's Fund. The pilot has provided a unique opportunity for NHS management trainees and NHS doctors in training to develop as leaders alongside each other. The pilot has demonstrated how working together can increase knowledge and understanding of the various clinical and managerial roles and foster relationships and networks that go on well beyond the life of the programme.

Continuing to recruit the top graduates to the successful NHS MTS is important, but this is only part of the challenge. Whilst the scheme is excellent in its approach to training and supporting managers, life post-scheme can be very different. The expectations placed on graduates once in a substantive post are high – yet sometimes the support can be limited. If the NHS wants to develop and retain graduates it needs to ensure the journey of personal development and support goes on throughout their careers. A planned approach to personal development is key – especially in those early post-scheme years.

Like all organisations, the leadership and management of the NHS are important to its success. If Lord Darzi's vision is to be realised then a cultural shift is key in order to develop a positive attitude and approach towards leadership and organisational development. This shift needs to be driven by chief executives, senior managers and human resources teams, and is a strategic direction that needs to lead to operational change. Leaders at all levels need to feel empowered, confident and motivated to lead.

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Medical leadership in the NHS: developing the evidence base

Helen Dickinson



Over the course of the past decade or so, the concept of leadership has become ubiquitous within the NHS. Leadership has been viewed as a primary tool with which to transform and drive improvements throughout the health care system. Before the late 1990s the NHS tended to have managers – and before this administrators – but recent years have seen an explosion in the leadership phenomenon with frequent reference to leaders and leadership in policy papers, more and more health care professionals with designated leadership titles and ever growing numbers of development courses, formal qualifications, books and journal articles springing up around this topic. The notion of leadership has become an established part of health care lexicon - albeit one that has not always proved to be a straight-forward concept that has a clear and shared understanding by all constituents.

More recently, debates over leadership within the NHS have increasingly started to more explicitly consider the notion of medical leadership. Of course clinicians have long been influential within the NHS (one only needs to look at the many accounts of the establishment of the NHS to see this), but in recent years there has been an international shift whereby medical leadership and the engagement of clinicians within leadership have increasingly been characterised as key components within the quality improvement agenda.

In England, this interest in clinical involvement in leadership has been enshrined through the Darzi review (Department of Health, 2008) which states that:

“Clinicians are expected to offer leadership and, where they have appropriate skills, take senior leadership and management posts in research, education and service delivery. Formal leadership positions will be at a variety of levels from the clinical team, to service lines, to departments, to organisations and ultimately the whole NHS. It requires a new obligation to step up, work with other leaders, both clinical and managerial, and change the system where it would benefit patients.” (p. 60)

Although there is general agreement that clinical involvement in leadership links to the performance of health care organisations, there are a number of gaps in our knowledge of this area. Chris Ham and Helen Dickinson have documented the international experience and have also produced a review of the literature reporting on the link between medical engagement and performance in conjunction with the NHS Institute for Innovation and Improvement (Ham and Dickinson, 2008; Dickinson and Ham, 2008). HSMC is also involved in a number of current projects which seek to add to this evidence base.

In conjunction with the University of Warwick, HSMC has been awarded a grant by the NHS Service Delivery and Organisation (SDO) programme to undertake a two year study of models of medical leadership and their effectiveness. This project seeks initially to map out and describe the engagement of doctors in management and leadership roles in the English NHS. This should give a national picture of the structures through which doctors are engaged in management and leadership roles and we hope to report this by next summer. This will then be built on in a number of case studies to analyse the interaction and functioning of the triumvirate (usually doctors, nurses and managers) and the effectiveness of team working in clinical directorates and related structures, and to explore the relationship between effectiveness and performance.

The project outlined above will tell us much about the structures and processes through which doctors become engaged in leadership, but little about their motivations to do so. In conjunction with the NHS Institute, HSMC is also involved in a study into the experiences of doctors who become chief executives. At present, most doctors who take on leadership roles do so as medical directors, clinical directors and PEC chairs. Very few doctors have been appointed as chief executives and this study aims to understand why this is the case. Interviews with doctors who are currently in a chief executive post in the NHS will be undertaken to explore the challenges facing doctors who assume leadership roles, particularly in relation to the transition to chief executive posts.

Through projects such as those outlined above it is anticipated that the evidence base around the crucial issue of medical leadership will be further developed, enabling more clinicians in the future to be able to take on such roles.

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Making sense of leadership

Tim Freeman



Leadership is core business for HSMC – as even a quick look at our website will confirm. Colleagues engage in a wide range of teaching, research and knowledge-transfer activities relating to the topic, including the General Management Training Scheme for the NHS Institute, bespoke interventions at international, regional and organisational levels, and our own dedicated MSc programmes. We actively contribute to a leadership research cluster drawing together colleagues from across the College of Social Sciences, our publications focusing largely on leadership, performance and identity (Peck et al, 2009; Freeman & Peck, 2009).

But why leadership; and why now? The rush to leadership is an international phenomenon, driven by the demands of public-service reform. In the UK, this has taken the form of an extensive service modernisation agenda, and the association of leadership with large-scale service improvement is clear. In an era of clinical governance and cultural change, the appeal of transformational leadership ('vision and culture management') is easy to see - and as the implications of the Darzi agenda work their way through the system, the need to further engage and enthuse clinical teams is likely to raise the appeal of more dispersed approaches to leadership.

Leadership literature

The 'leadership' literature is vast, and most textbooks deal with the volume of material by presenting a series of theoretical 'schools' within complex taxonomies (e.g.

Northouse 2004), the 'story of leadership' typically presented in evolutionary terms. So it opens with leader-focused approaches (trait or psychological profile, skills and / or style), through situation-based approaches raising the importance of context and contingency, followed by a consideration of the importance of leader-follower relationships, and eventually arriving at transformational approaches concerned with large-scale cultural change (possibly also considering the need for 'dispersed' forms of leadership in complex situations in which solutions are difficult to identify from the centre).

While this 'evolutionary' framing of the story of leadership will be familiar to many, it is not the only one available. Mabey & Finch-Lees (2008) offer a framework which incorporates literature typically overlooked in 'evolutionary' accounts, but which nevertheless has important implications for the study and practice of leadership in a public-service context. Ethical in emphasis, critical approaches draw attention to the ends of leadership – the destinations leaders have in mind, and the extent to which such destinations are compatible with broad aims of social justice, such as reductions in social inequalities. They raise questions over the implicit assumptions we make about patients' needs, and force us to consider the possibility that there may be both winners and losers in service redesign. In a similar way, interpretivist approaches raise important issues related to the partial, ill-defined and negotiated persona / identities of leaders as they attempt to encourage followers (Maybe & Freeman, forthcoming). From this perspective, attention needs to be paid to the activities from which meaning, position and value are derived.

Making sense of leadership

While we know a lot about the leadership literature, we know much less about how those charged with public-service innovation think about the topic – and how they are likely to think about leadership roles and make judgements about the leadership that they encounter. In response to this gap in the literature, a recent study posed the question to mid-career public-service managers on an MBA programme – identifying five distinct ways that respondents made sense of the 'leadership' literature (Freeman, 2009).

The study was based on a detailed review of the leadership literature, from which was derived a set of 60 statements encompassing a wide range of understandings of the nature of leadership. These statements were used as the basis of a Q-sort study with a sample of mid-career public-service managers from local government, health, police and the military. Respondents were asked to sort the statements, from those they most agreed with to those they least agreed with, and data was entered into a Q-factor analysis in order to identify factors - common clusters of statements, each being a distinctive 'framing' of leadership. Of the five factors, one ('transformational rationalism') was clearly related to versions of leadership widely promoted within UK public services, in its dual emphasis on culture change and improved service outcomes. Four other frames were available: leading across multiple organisational boundaries ('political'); commitment to personal integrity and self-knowledge ('ethical'); the primacy of leader-follower exchanges ('relational'); and the collective nature of leadership ('ideational'). Results suggest that leaders should carefully consider the range of frames available to those they are trying to lead - what they expect, and what counts as leadership action.

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Recent leadership developments at HSMC

New theoretical approaches

Helen Dickinson has written a new book with Edward Peck entitled *Performing Leadership*, which will be published by Wiley-Blackwell in December 2009. The proposal that organisational leadership can be conceived as a form of performance has gained significant ground over the last decade. However, to date, there has not been a rigorous analysis of the implications of this conception for academics studying and managers practising leadership. This book provides just such an analysis, placing the concept in the tradition of sociological, anthropological and cultural studies from which it has emerged and then introducing a framework which examines the performance of leadership through the dimensions of enactment, narrative and audience. With a focus throughout on the ways in which managers can apply these ideas in their own leadership, it also explores the ways in which leadership development programmes could be shaped by notions of performance.

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International conference

The Centre for Leadership at the University of Birmingham (CLUB) is hosting the 8th International Studying Leadership conference on the 7th and 8th of December 2009. The theme of the conference is *Leadership in Crisis* and invites papers considering aspects of either leading in crisis or considering leadership theory in crisis. This annual event was held at the University of Auckland in 2008 and is expected to attract academics and practitioners from a wide range of countries around the world and is linked with the journal *Leadership*. Full details of the call for abstracts may be found on the CLUB website <http://www.club.bham.ac.uk/papers.shtml> and the closing date for abstracts is the 1st September 2009. For further information about the conference or about CLUB contact Helen Dickinson.

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Organisational Behaviour in Healthcare conference from the 11th-14th April 2010

HSMC will be hosting the 7th Biennial Organisational Behaviour in Healthcare conference from the 11th-14th April 2010. The theme of the conference is *Mind the Gap: policy and practice in the reform of healthcare*. This conference will explore the behaviours of healthcare organisations in

shaping, adapting and resisting developments in healthcare policy and practice. The conference will therefore invite papers that explore theoretical or empirical aspects of the responses of healthcare organisations, managers, clinicians and users to policy and practice initiatives. Papers may look at a range of both policy - eg governance, personalisation, choice - and practice interventions, such as service improvement techniques and medical technology. Papers on these topics will be particularly welcomed from European perspectives, including those from the accession states and development environments. The first two days of the conference are oriented to an academic audience whilst the final day is aimed at management and clinical audiences in discussion with key academics. A call for abstracts has gone out and can be found at <http://www.hsmc.bham.ac.uk/events/SHOC.shtml> with a closing date of 27th September. For further details contact Helen Dickinson

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Developing Local Leaders – West Midlands Aspiring Director Leadership Programme

Following on from our successful leadership programme for aspiring Chief Executives, HSMC, together with Manchester Business School, has been commissioned by NHS West Midlands to deliver a leadership programme for middle managers who aspire to a Director-level post. HSMC is working with NHS colleagues from all NHS organisations in the region to support their personal and professional development and create a local cadre of capable and competent leaders ready to move into senior leadership roles. The programme has three main strands:

Intellectual – presenting a range of theories and concepts available to the leader;
Psychological – exploring the depth of understanding that the leader has of her/his responses and relationships with others; and
Performative – understanding the breadth of behaviours that the leader can call upon to enact leadership in the system

The nine month programme aims to stretch and challenge participants in their experience and thinking through four residential modules and an elective placement, drawing upon the expertise of academics, national experts and local leaders.

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Coaching for Leadership Development

HSMC offers coaching for clinical and managerial leaders working at Board level to front line service delivery. Coaching is widely recognised as an effective tool for achieving sustainable change in individual performance or working through complex work issues. Investing in goal-orientated 'thinking time' can save many hours of business meetings, ineffective performance or personal anxiety and our accredited coaches provide confidential, one-to-one support that is focused on your outcomes. We provide coaching for a range of needs that include:

- Leading service improvement or organisational development; working on live work-based issues that can include shadow consultancy on the change as it happens, including access to models, approaches and key reading
- Supporting those at a career crossroads who need time out to think about personal and professional goals
- Supporting those making the transition from operational to strategic roles or clinical to managerial roles
- Coaching to improve individual performance
- Providing support to effectively manage issues of organisational conflict

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Medical Leadership

HSMC in association with the University of Warwick has been awarded a research contract to study emerging models of medical leadership in the NHS. The first phase involves a questionnaire survey of NHS Trusts in England and this will be followed by case studies of around nine organisations to explore the role of medical leaders and their relationship with nurse managers and general managers. The findings of the research will be related to evidence on performance to establish if there is any association between performance and different models of medical leadership. In parallel, HSMC and the University of Warwick have been commissioned by the NHS Institute to undertake a study of NHS chief executives who come from medical backgrounds. The aim of the study is to understand the different career paths taken by medical chief executives and to draw out the barriers and facilitators that exist in this area.

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10 years of the MTS

HSMC is celebrating ten years of delivering the National Health Service Management Training Scheme (NHS MTS) - a fast track route to becoming a future NHS leader.

Over the past years, the Centre has worked with the NHS to deliver a comprehensive and innovative programme aimed at developing new managers with the skills and confidence to become future leaders.

The NHS MTS has been in existence for 53 years and HSMC has helped to lead the educational component of the scheme in three different phases: 1999-2003, 2004-2006 and 2007 onwards. The current scheme is delivered by HSMC in partnership with Manchester Business School.

It ran away with the 'Best of the Best' award 2007 from the Association of Graduate Recruiters; it is listed 5th in the Times top ten Top 100 Graduate Employers in 2008, voted by graduates (up from 6th in 2007); it also attained the title of Employer of Choice for General and HR Management in The Times Awards UK Graduate Careers Survey; and finally, the Financial Times ranks the programme as the third most attractive employer for university graduates.

On this double-page spread, previous MTS leads, former students and current NHS leaders share their experiences of the scheme.



John Clark

Is it really ten years since HSMC re-commenced its long-standing association with the Management Training Scheme (MTS)?

I had been involved previously with the delivery of the educational programme for the MTS back in the mid-1980s in an earlier role at HSMC. At that time, we were responsible for the development of no more than 20 trainees in 3 of the former 15 Regional Health Authorities. Thus, when the opportunity arose in 1998 to bid for the new programme, Chris Ham, then Director, two former trainees on the staff – Judith Smith and Kieran Walshe - and I, in conjunction with Sue Balderson and colleagues at De Montfort University, had no hesitation in developing our bid.

It is difficult to convey the huge professional buzz we all felt when advised that, after a highly competitive process, we had been appointed to lead the contract for the national education and development programme for initially 60, and very shortly thereafter, 90 trainees. Personally, it was one of the highlights of my career only trumped by contributing to the development of so many current senior NHS leaders over the past 10 years.

John Clark was the inaugural Director of the new MTS Educational Programme at HSMC from 1999 and is now the Director of Medical Leadership and International Relations, NHS Institute for Innovation and Improvement and the Director of the Institute for Health Leadership in Western Australia.



Kate Lobley

1. What is your job title?
Head of Building
Leadership Capacity at the
NHS Institute

2. What is your role?

Working collaboratively with stakeholders across the service to contribute to talent and leadership development, providing emerging leaders through effective delivery of the Schemes, Breaking Through and Gateway to Leadership.

3. Why is the MTS so successful?

The high quality of the people we bring on to the Schemes through our award winning recruitment, the commitment and support of our stakeholders across the service in recruiting, placing and supporting trainees and the way we work with colleagues to ensure the continued relevance of the Schemes in providing leaders of the future.

4. What do you think the trainees of today have to offer the NHS of tomorrow?

The NHS of tomorrow will benefit from the ability of our trainees to think differently and creatively; to lead improvement and to work with colleagues from all disciplines to deliver effective safe care for patients in what will be a challenging financial environment. I want to support our alumni to develop effective networks to share best practice and spread innovation across the service.

5. What's the best aspect of your job?

Working with committed and creative people to improve things for patients through building leadership capacity in the system by bringing in new talent and supporting BME colleagues on the Breaking Through programme.

6. What are your aspirations for the scheme over the next 5 years?

That we continue to provide top quality individuals as emerging leaders in the service and that we provide them with the right skills, knowledge and experience to deliver quality, productivity and improvement for patients. I want to better develop our alumni support and to work with colleagues regionally and locally to ensure we support people off the schemes to become improvement leaders of the future.

7. What would be your ideal way to unwind?

Climbing a fell or renovating my house.

8. Which leader (past or present) do you most admire?

Martin Luther King for his courage and conviction and for making a real difference to people's lives. He lived in Montgomery Alabama where I went to school for a while.



Judith Smith

In late 2002, it became clear that the NHS Leadership Centre was going to re-tender for the education provision of the NHS Management Training Scheme. At HSMC, we had been leading the Diploma programme for MTS trainees for over three years and the experience was proving to be energising and rewarding for the centre and its staff, making us very keen to continue our involvement beyond 2003.

We also knew that we needed to form a larger consortium, for we recognised that we alone did not possess the full range of expertise required by the tender, and furthermore, the scale of the programme was now such that we needed to share delivery of the postgraduate qualification with a sister department with similar capacity to our own. Thus it was that a consortium of HSMC, the Centre for Public Policy and Management at Manchester, Ashridge, and Healthskills was formed.

What is most significant about having spent time delivering, and then leading the MTS educational programme, is the feedback I continue to get from former trainees about the value to them of the development and learning they gained when on the scheme. I have recently returned to the UK from a period working overseas, and in my new role based in London, almost every week I meet a former trainee who seeks me out to share and reflect on the scheme and where they are now – whether in a trust, PCT, the Department of Health, health policy research, or working in the independent and third sectors.

Judith was the Director of the MTS programme from 2004 – 2006 and is now Head of Policy at the Nuffield Trust in London.



Suzanne Robinson

It only seems like yesterday that I was asked to lead a module on economics and accountancy for the MTS programme. I remember setting off to Leicester on a cold morning in January 2003 not knowing what to expect. I really enjoyed working with the trainees that winter and was thrilled when I was asked to take on the Co-Director role working alongside Judith Smith and Kim Jelphs. Reflecting back on the last five years – I feel privileged to have worked with such a top graduate scheme. The scheme is successful in recruiting some very intelligent and highly motivated individuals. The education element is not just about gaining a postgraduate qualification, but about personal development – and one of the things I enjoy most about the scheme is watching trainees develop over the two years. My research that I work with a number of public sector professionals - recently I undertook a piece of work with colleagues who had been management trainees on the scheme in 1999 (HSMC's first cohort). It was great to see how effective these individuals are within the work place and further strengthened my view that the complex world of the NHS needs the Management Training Scheme to attract and develop the leaders of the future. As HSMC celebrates the graduation of the class of 2006 we look forward to welcoming the class of 2009 and continue to champion the NHS MTS.

Where are they now?

Hannah Lowry

Senior Commissioning Manager, NHS Stockport

"I have found the experiences gained on the scheme, particularly the opportunity to take placements in the acute sector, primary care and local government, invaluable in being able to appreciate the bigger picture in my career since graduating in 2004"

Kate and Vic Middlemiss

Husband and wife team of committed NHS Managers

"HSMC was an excellent educational provider and as a trainee you had privileged access to high profile academic and NHS leaders"

Sarah Lovell

Directorate Manager for Trauma and Orthopaedics at York Hospital FT

"Whilst the scheme exposed us to all aspects of NHS management, HSMC managed to remind us of the wider context in which our experiences were based. It also provided great networking opportunities and helped to bridge the gap between university and working life"

James Barton

Director, Adult Mental Health Services

"MTS gave me a springboard on which to launch my career in the NHS"

Qadar Zada

Clinical Services Manager - Specialist Services at Wolverhampton PCT

"I found that the combination of the practical experience at the organisation combined with the theoretical knowledge delivered at HSMC provided me with the rounded exposure required to be successful in general management"



David Nicholson CEO of the NHS

David receiving an honorary degree in 2007

"I am a huge supporter of the Management Training Scheme which delivers over 200 consistently high calibre management trainees into the NHS each year.

This new blood is vital and contributes significantly to the talent pool from which our future NHS leaders will be drawn.

HSMC has been a valued partner over the last decade in helping making the scheme the success that it is today."

Postgraduate programmes

HSMC delivers a number of UK-based Masters programmes as well as contributing to a number of inter-departmental programmes. These include:

1. MSc in Health Care Policy and Management, with an option to specialise in:
 - Quality and service improvement
 - Health care in a community setting
 - Commissioning, and
 - International health care systems
2. MSc in Leadership for Health Services Improvement
3. MSc in Public Service Commissioning (with the Institute of Local Government).
4. MSc in Managing Partnerships in Health and Social Care (with the Institute of Local Government)

All of HSMC's Masters programmes emphasise the application of theoretical perspectives to current policy and practice in the NHS and other health care systems, and are explicitly designed to support professional as well as academic development. The majority of our students study part-time (over 2 years) whilst working in the health service or a related field, although we do have a number of full-time students studying on our UK-based programmes, and completing their qualification within 12 months.

HSMC staff bring their wide knowledge of UK and international health systems (gained through research and consultancy activities, as well as their own professional experience) to their teaching and tutorial support for students. This emphasis is maintained throughout all of our programmes, from the choice of titles for assignments, through the involvement of practitioners and policy makers in teaching activities, to the topics selected for dissertations. While some students choose to concentrate on theoretical topics, many students carry out empirical studies for their dissertation, often related to their own place of work or area of professional expertise.

For further details please contact Kate Vos, HSMC Graduate Office
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A number of HSMC academic staff also contribute to the Public Service MBA which is hosted by Birmingham Business School.

MSc in Leading Public Service Change and Organisational Development

This successful MSc, which begins its second run in October 2009, is an intensive and innovative programme of developmental education which is designed and delivered by the University of Birmingham in collaboration with the Tavistock Institute. The programme provides participants with knowledge and critical understanding of leading and implementing public service change; equips participants with the practical skills for intervening in groups, organisations and more complex systems; supports their professional development to enhance their impact and effectiveness as an organisational development and change practitioner; and enables them to effectively lead and implement change within their own public services.

The programme is designed for senior staff in strategic roles, who have a clear mandate for leading change at this time - this might be part of a wider programme of change or change to address specific technical, legal, operational or political issues; and specialists working in internal and external change agent roles in agencies and services across the public sector.

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MSc in Healthcare Commissioning

NHS London has commissioned HSMC to design and deliver a new MSc in Healthcare Commissioning. Run part-time over two years, the programme aims to provide a comprehensive single course that helps to develop the competencies that health and social care commissioners require in an era of world class commissioning, and to support the ongoing development and professionalisation of the commissioning function.

In particular, the programme explores:

- The policy context and political environment in which strategic commissioning has become a core element of public service management.
- How commissioning and procurement have emerged in the context of wider public sector reform and modernisation, and how they are likely to develop in the future.
- Key theoretical models underpinning strategic management and procurement in the public sector.
- Different approaches to decision-making and priority-setting in the allocation of public resources, and their strengths and limitations.
- The different reasons for and approaches to involving the public in strategic commissioning activities, and the evidence regarding the impact of such involvement.

The programme is designed for clinical leaders, middle-level and senior managers working in London in a health or social care commissioning role – and NHS London is working with PCTs to identify relevant candidates to apply.

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Double celebration for husband and wife MSc graduates

Husband and wife, David and Sophie Wheeley, have both just graduated with a Masters degree in Health Care Policy and Management. Not only is that cause for celebration but the couple have also recently celebrated their 10th wedding anniversary.

Though Dave, Head of IM&T at a West Midlands Trust, made the initial decision to start a Masters degree, Sophie, Head of Data Quality and Patient Administration at another West Midlands Trust, decided to follow suit so they could support each other through their studies.

The couple had to be disciplined to juggle deadlines with family commitments – the couple have two children aged 9 and 5 - but both believe the sacrifices were worth it.

'With the economic down turn, more qualifications coupled with our experience will help us keep employable,' said Sophie.

Projects Update

HSMC has been particularly successful in 2009 in winning a series of long-term, high profile research studies.

Examples include:

- EU study into long-term care for older people in 14 European countries
- Talent management in the NHS
- Medical leadership
- The impact of current health reforms
- Older people's experiences of service transitions
- The outcomes of joint commissioning

Shorter-term and/or more recent projects are summarised below:

Public information about the quality of primary care services

Shirley McIver and Jo Ellins have completed a series of evidence reviews focusing on the different aspects of providing information to patients and the public about the quality of local primary care services. Commissioned by one of West Midlands SHA's Investing for Health projects, the reviews address a range of questions including: what information do patients and the public want about local primary care services; how can this information be most effectively provided; and how can patients and the public be supported to use information to make informed decisions about their health care? The reviews are available from the HSMC website and a summary of the findings will be published as an HSMC policy paper.

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Building research capacity

HSMC has formed an exciting new partnership with Leicestershire County and Rutland Community Health Services to deliver a comprehensive research and development programme. Academics and NHS staff will work together on a range of research activities with all staff groups aimed at embedding a culture of learning and evidence-based care within every day practice. Research capacity and expertise within the organisation will be developed through a range of methods such as: journal groups; multi-disciplinary research development groups focused on clinical priority areas; research seminars; service evaluations and larger external research studies.

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HSMC Library & Information Service

The HSMC library service has successfully won an initial one year contract with the Nuffield Trust in London, in order to provide them with a range of current awareness, literature searching and distance learning services.

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Safety and quality: a review of the arrangements for the safe delivery of assertive outreach services in Manchester

The purpose of the review is to ensure that assertive outreach services in Manchester are the safest and highest quality services of this type. To this end, the review will compare governance, safety and quality arrangements with the best in class for assertive outreach.

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Staff engagement and employee ownership in the NHS

HSMC has been gathering international evidence on employee ownership and staff partnership models, and exploring the application of these models to the NHS. A final report from the project – commissioned by the Nuffield Trust – was launched on July 1st. The report concludes that employee ownership has the potential to drive higher levels of staff engagement and organisational performance, and a number of options for the NHS are outlined.

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Personal health budgets

HSMC has been asked to support the evaluation of personal health budgets for disabled children in Hull, and is named as a partner in Hull's successful bid to be a DH personal health budget pilot site in adult health and social care.

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MTS trainees' experience of HR techniques

The UK NHS Management Training Scheme (MTS) is recognised as an important training ground for the development future health service executives. Scheme applicants undergo rigorous selection techniques followed by an intensive two-year programme of placements, academic courses and personal development interventions which are intended to equip them for careers in top tiers of healthcare management. While leadership development forms an important part of the scheme, the leadership role of MTS trainees is far from straightforward. They work in organisational environments in which corporate and professional agendas may conflict, and are required to be both followers and leaders – the former to the extent that they must comply with the demands of corporate hierarchies and the scheme itself, and the latter to the extent that they are able to influence service delivery and service improvement interventions within their areas of responsibility. Drawing on semi-structured interviews, this project will explore trainees' narratives of exposure to, and situated engagement with, surveillance-based human resource management techniques – to better understand the ways that trainees use, and are shaped by, such technologies as they develop their NHS management careers.

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Professor Chris Ham considers the future with FT chief execs

A group of NHS Foundation Trust chief executives has invited Chris Ham to work with them in thinking through the future agenda for Foundation Trusts in the next Parliament. Chris was involved in developing the policy on Foundation Trusts during his secondment as director of the Department of Health's Strategy Unit and is therefore well placed to assess achievements so far and options for the future.

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The emerging primary care market

Findings from HSMC research into the emerging primary care market have been published in the British Medical Journal by Jo Ellins, Chris Ham and Helen Parker. 'Opening up the primary medical care market' (BMJ, 338: pp. 778-80) explores the development of choice and competition in primary care and includes an analysis of the Equitable Access to Primary Medical Care national procurement. The authors argue that – contrary to the claims of some commentators – there is no evidence that contestability is leading to a commercial takeover of general practice. Rather, it is GP-led companies who have been most successful in winning contracts to date. Concerns about the lack of a level playing field between different types of provider organisation, and about the lack of attention being paid to facilitating patient choice, are also raised.

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West Midlands SHA real-time patient feedback research

Building on research previously carried out in conjunction with NHS West Midlands, HSMC has produced a short guide to capturing and using patient, public and service user feedback effectively. The guide was launched at a recent dissemination workshop arranged by the SHA and will soon be available on the SHA's website.

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Personalisation in health and social care

In addition to a new textbook on direct payments and personal budgets (see p12), HSMC has been involved in policy advice and keynote presentations at the House of Lords, the National Care Forum, the Actuarial Profession, the former Care Services Improvement Partnership and various local health and social care communities.

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Health and social care partnerships

HSMC has advised the first meeting of the Ministerial Working Group on Health and Social Care Integration set up following the Darzi Review. We have also provided advice and/or keynote speeches to a series of local health and social care systems as well as to organisations such as Learn to Care and the Association of Directors of Adult Social Services. Jon Glasby will also be addressing the Annual Convention of the Australian Community Services and Health Skills Council in Melbourne.

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Productive community services

Following the successful completion of the evaluation of the NHS Institute's Care Closer to Home programme, HSMC has undertaken a review on innovations in community services for the Institute to support its new programme on productive community services. The review focused particularly on evidence of effective models of care in relation to wound care, incontinence and stroke care. The full results of the review and a short summary for teams involved in providing community services have been published by the NHS Institute.

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High performing health care organisations

HSMC's programme of work on high performing health care organisations involves two learning sets of NHS leaders who have visited examples of high performing organisations in the Netherlands, Norway and Sweden. The lessons from this programme were brought together in March at a workshop run with the NHS Institute at which the keynote speaker was Professor Sir Bruce Keogh, NHS Medical Director. The workshop included contributions from two international

experts who have conducted research into high performing organisations, Ross Baker and Anthony Staines, and was designed to help NHS organisations in translating lessons from other systems into their own work. A report summarising the discussion at the workshop and the lessons for the NHS will be published in September.

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Health in a cold climate

The financial challenges facing the NHS in the wake of the 2009 Budget were analysed in a policy paper written by Chris Ham for the Nuffield Trust and launched at the NHS Confederation conference in June. The paper identifies the need for substantial savings in the period after 2011 and argues that the main focus should be on reducing variations in clinical practice. Drawing on discussions at a seminar series, the paper highlights the opportunities identified in the work of the NHS Institute and Monitor to achieve better value for money in the NHS. It also suggests that the government needs to urgently review the policy levers that are currently in place to ensure that these are fit for purpose with a particular view to exploring how greater integration of care can be encouraged. An article based on the paper was published in the Guardian and Chris Ham has been asked to make a number of presentations at conferences on the issues raised in the paper (which can be accessed at www.pcc.nhs.uk/commissioning-news/2912).

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Evidence reviews to support Transforming Community Services

HSMC was commissioned by the Department of Health to undertake rapid reviews of the literature in six clinical areas to provide the evidence base for the Department's recently published Transforming Community Service Clinical Guides. We reviewed more than 18,000 studies around the world in acute services, children's services, end of life care, long term conditions, rehabilitation services and wellbeing and inequalities. The aim of the reviews was to identify good practice in these areas which is not already widely implemented in the NHS and to assess the nature of the available research.

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Events

Integrated care

HSMC held a major seminar on integrated care in London in June attended by 100 NHS leaders. The keynote speakers at the seminar were Professor Sir Liam Donaldson, the Chief Medical Officer, and Professor Steve Shortell of the University of California at Berkeley. A summary report of the seminar is available on the HSMC website. Two new learning sets for senior NHS leaders on integrated care have been established and will meet for the first time in the autumn. The learning sets involve visits to examples of integrated care and opportunities for participants to share experiences with each other and to learn from HSMC's ongoing programme of work in this area. Chris Ham has been asked by the Department of Health to advise on the evaluation of the national integrated care pilots and he and colleagues are supporting SHAs, PCTs and local authorities in a number of areas to develop their plans for integration. HSMC has recently undertaken a review of the evidence on integrated care and this will be published in the autumn.

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Partnership with Kaiser Permanente

HSMC's long term partnership with Kaiser Permanente involved a study visit to Kaiser Permanente in Colorado in September involving 15 participants from the UK. The Kaiser NHS Beacon sites in Birmingham/Solihull, Northumberland and Torbay continue to meet on a regular basis with support from HSMC, and an update on their progress will be published later in the year. HSMC has invited one of our partners in Kaiser to lead a master class on improving hospital efficiency in the United Kingdom and this has been provisionally scheduled for November. A further study visit to Kaiser is planned for March 2010 and expressions of interest should be made to Ingrid Leeman.

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Still nobody's priority? What does world class involvement look like in an era of world class commissioning?

29th September 2009

Under the world class commissioning agenda, PCTs must "proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health." However, early on there is still relatively little clarity about what this might mean in practice, and a range of fundamental questions remain. HSMC is organising a one day seminar to explore opportunities and approaches to involvement at different stages of the commissioning process, including case study examples and practical resources.

What matters is what works (but what does success look like and how would we know if we'd achieved it)?

30th October 2009

This one-day seminar is designed to help research and policy leads in PCTs and local government to explore the complexities of carrying out research and embedding a culture of knowledge-based practice in front-line health and social care.

World class commissioning

HSMC's programme of work on world class commissioning involves providing support for PCTs, underpinned by research into best practice in the UK and internationally. A review carried out for the NHS West Midlands examined international experience and led to the production of a policy paper, *Healthcare Commissioning in the International Context: lessons from evidence and experience*, and an accompanying article in the Journal of Health Services Research and Policy, entitled *World Class Commissioning: a health policy chimera?* HSMC is planning a study visit to the US during 2010 to visit leading edge examples of commissioning, based on research undertaken by Chris Ham with support from the NHS Institute. Expressions of interest should be made to Ingrid Leeman.

Learn more

For further information on any of the above events please email Ingrid Leeman, Events Coordinator on i.leeman@bham.ac.uk
www.hsmc.bham.ac.uk

HSMC goes Dutch

HSMC is currently hosting a summer school for a party of second-year Dutch medical students. The ten students, from Maastricht, will undertake a five-week introduction to the major issues facing health care systems in developed and developing countries.

In addition to taught seminars and group-based learning, the students also have the opportunity to take part in study visits and clinical placements. Teaching sessions are run by national and international experts from the University of Birmingham, the NHS and beyond.



Back Row l-r Annet Haagsma, Marjolein Willbrink, Angel Schols, Malou Kuppen
Middle row l-r Anke Wijers, Nicky Gescher, Johanna Krotzek
Front row l-r Anneloes van Dooren, Esther Karssemeijer, and Leonie van der Meer Mohr

People at HSMC



Merv Conroy

In May 2009 we welcomed Merv Conway as a Senior Fellow. Merv's interests include finding alternative ways of conceiving of healthcare reform programme leadership and implementation in order to open up additional resources to policy makers, academics and practitioners.



Kerry Allen

We are also pleased to welcome Kerry Allen as a Research Fellow. Kerry's main areas of interest include: the experience and management of chronic conditions; health systems within a European context and long-term care services for older people.



Phil Moss

Phil Moss has also joined HSMC as a Research Fellow to work with Professor Martin Powell on the SDO Talent Management Project.



Jose Adkins

Jose Adkins has come from the School of Mathematics to join the HSMC Postgraduate Administration Team as Postgraduate Programmes Coordinator.

We are sorry to say farewell to Nisar Yasin who has taken up the role of IT Manager in the Birmingham Business School. We wish him every success for the future.



Iestyn Williams

Congratulations to Iestyn Williams who has successfully completed a PhD in Health Care Policy and Management.

HSMC Library and Information Service

The Health Services Management Centre Library is a proactive, innovative and user-centred library service meeting the information needs of its users both internally at the University of Birmingham and externally within the wider NHS. As part of a library promotion we are offering you a **free month's trial** to all the library's electronic current awareness news bulletins.

These include the:

- Commissioning Bulletin
- Daily Digest
- Primary Care Bulletin
- Public Health Bulletin
- Leadership Bulletin
- Irish/Welsh/Scottish News Bulletins
- Wednesday Wire
- Snappy (public health) Searches
- New Book Alert

If you would like to sign up to receive these news bulletins or would like any further information regarding the HSMC Library and Information Service please do not hesitate to contact **Rachel Posaner** r.d.posaner@bham.ac.uk

New books at HSMC



NHS Mutual: engaging staff and aligning incentives to achieve higher levels of performance

Jo Ellins and Chris Ham



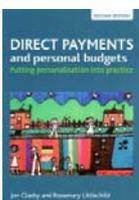
Health Policy in Britain

Chris Ham



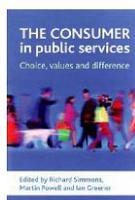
International Perspectives on Health and Social Care

Edited by Jon Glasby and Helen Dickinson



Direct Payments and Personal Budgets: putting personalisation into practice

Jon Glasby and Rosemary Littlechild



The Consumer in Public Services: choice, values and difference

Edited by Richard Simmons, Martin Powell and Ian Greener