



Messages for national leaders from the A&E Front-line

by Richard Vize

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On behalf of NHS England, the Leadership Centre has been working with local health systems, particularly A&E Delivery Boards, to help local leaders think and work as integrated systems rather than as isolated organisations.

Since the project began in 2017, the ‘Enablers’ who are working alongside local leaders to develop their systems leadership have carried out numerous interviews with delivery board members to identify themes and patterns of behaviour from which others could learn. This will be published as a report in the coming weeks.

As part of this exercise, the Enablers asked local leaders for their messages for the national NHS leadership. Some of them were robust and challenging, but all were given in a spirit of wanting the best for patients and staff. The Leadership Centre thought it would be helpful to bring these messages together in a single document which we hope will inform discussions among the national leaders as they develop the 10 year NHS plan.

Integrate and rationalise the proliferation of support programmes and guidance

The various improvement drives, such as Right Care, Getting It Right First Time, Emergency Care Improvement Programme, SAFER and Red2Green, are valued, but their proliferation and overlap is causing confusion and a degree of initiative fatigue. Local leaders would welcome a clear picture of what each one is intended to achieve and how they connect.

Sacking chief executives hammers morale

Sacking chief executives to make an example of them undermines morale and haemorrhages respect for the national leadership. Sackings promote a bullying culture and dissuade people from stepping up to senior roles.

This was raised by a number of people. “Behaviours at the top are just despicable,” was the view of one dedicated senior manager. Another said: “Sacking chief executives who have done great work the NHS flies in the face of Simon Stevens espousing systems. You can’t do that and then point the finger at hospital CEOs the next day and say ‘if you don’t reach 90% you’re sacked’.” Where at all possible, support and development should be the way to tackle performance difficulties.

Provide support before systems reach crisis

Like patients, systems respond better to early intervention. One area in difficulty asked for help and was turned down “because we were not bad enough”. They soon were. Bring in support for developing systems leadership before people are overwhelmed by crisis, so that the cultural changes have time and space to bed in. When people ask for support, do give it to them.

Plan support collaboratively with local leaders

Local leaders felt that outside support had a greater chance of success when its arrival and early actions were carefully planned with them. Parachuting help in can cause avoidable disruption, undermine faith in local leaders and give the impression of a takeover.

Tailored support trumps one-size-fits-all instructions

Leaders welcomed the approach of the programme for the A&E boards because it provided tailored support and challenge but avoided instruction. This helped them take responsibility for their own destiny and was an essential part of embedding cultural change around sharing goals and responsibility.

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Provide support for the long-term

Several areas highlighted the importance of a longer term commitment to embed systemwide change. There were frustrations that external support was withdrawn just at the point it was beginning to make a tangible difference.

A unified view across the central bodies can’t come too soon

The ongoing work to provide a unified view of local systems across NHS England, NHS Improvement and the Care Quality Commission is seen as essential. Leaders would welcome “an adult conversation” about the best way to hold local systems to account.

The language of blame and failure persists

Supportive words from the national leadership are not always matched by the words and behaviours of their regional representatives.

Aggressive and intimidating behaviour breaks down systems thinking and working and undermines trust by pushing people into behaving in a manner reminiscent of the prisoner’s dilemma: “We are all very supportive of each other and try not to blame, but ultimately when PIs are where they are and the regional NHSE person won’t let you out of the room until you say why some target hasn’t been met and who is to blame, eventually you give a name. We almost take it in turns to take the blame – community trust, CCG, acute trust etc – we agree a line we’ll use upfront. Very demoralising.”

Another passionate senior manager highlighted how staff felt pushed into distorting the facts because they feared

they would be sacked if they didn’t say what people wanted to hear: “This leads back to the behaviours where people shout at each other. This undermines our work. I’ve witnessed very well paid leaders going into meetings with NHSE shaking.”

Obsessing about the four hour target makes it more difficult to hit

While everyone recognises the political imperatives around the four-hour wait objective, the relentless pressure to hit the target drives precisely the short-term, siloed thinking which makes the target more difficult to hit. Reframing the objective at least in part as trying to optimise the urgent and emergency care system for the long-term might help.

Creating shared ownership

There was some resistance to the name A&E Delivery Board, on the grounds that it felt like a bunch of people being brought together to sort out the hospital’s problems rather than to develop better approaches for patients to urgent and emergency care.

Help chief executives become system leaders

It is striking in some areas that the operational directors are quicker to develop a culture of systems thinking and working than the hospital leader. Totemic resignations and excessive pressure through regional offices are pushing chief executives back into their organisational silos. Consistent messages and behaviours nationally and regionally to reinforce the value of chief executives thinking and working in systems would be welcome.