The public sector can be proud of its response … the wheels have not come off in year 1 nor during the recent budget setting round

Hay Group
Productivity is the gift that loyal staff give back to an employer who treats them well and creates for them a great place to work.

In: Leadership. All you need to know.
Pendleton & Furnham 2012
Growth & profitability
Customer loyalty
Customer satisfaction
Value
Productivity
Staff Loyalty
Staff satisfaction
Internal quality
Leadership

The service-profit chain at Sears
Harvard Business School 1993
Results & Climate & Leadership Style
What sort of climate do you create?
The link between Management of People & Patient Mortality in Acute Hospitals

West M et al. Int J HR Management 2002 13:8 1299-1310

![Diagram showing the relationship between % Staff Working in Teams and Mean Mortality Index. The x-axis represents the percentage of staff working in teams, ranging from 90% to 110%, while the y-axis represents the Mean Mortality Index, ranging from 90 to 110.]
Michael West & Teams (Apr09)

1. Do you work in a team?
2. If yes – does your team have clear objectives?
3. Do you have to work closely together to achieve those objectives?
4. Do you meet regularly to review your performance and how it could be improved?
   • Open culture
   • Learn from mistakes
   • Identification of risks
   • Clinician engagement
   • Audit
   • Staffing levels
   • Patient experience
   • Training and development of staff
   • Appraisal and PDP
West, M; Dawson, J; Admasachew, L; Topakas, A (2011)
NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and Related Data. Department of Health.
How engagement was measured

Three main variables using the National Staff Survey:
- Employee motivation (intrinsic psychological engagement)
- Ability to contribute towards improvements (involvement)
- Staff advocacy (recommending the Trust)

They looked at the effect on:
- Variables within the staff survey including: job satisfaction, discrimination, stress, appraisal, error reporting, training etc etc
- Patient satisfaction (Inpatient survey)
- Patient mortality (Dr Foster)
- Quality of services (Annual Health Check)
- MRSA rates
- Staff Absenteeism and turnover
Engaging leadership predicts:

- Productivity
- Morale
- Staff health

Particular attributes:

- Acting with integrity
- Honesty & consistency
- and..........

Alimo-Metcalfe et al 2008
3 year study of 80 NHS teams
J Health Organization & Management
Engaging leadership predicts:

• Engaging individuals by
  • Being accessible
  • Showing genuine concern
  • Encouraging questioning
• Engaging the organisation by
  • Supporting developmental culture
  • Inspiring others
  • Focusing team effort
  • Being decisive
• Moving forward together by
  • Building a shared vision, networking, resolving complex problems,
  • Facilitating change sensitively

Alimo-Metcalfe et al 2008
3 year study of 80 NHS teams
J Health Organization & Management
# Leadership effectiveness predicting trust performance

*Regression Analysis*

<table>
<thead>
<tr>
<th></th>
<th>Patient Complaints</th>
<th>CHI Star Rating</th>
<th>CGR Rating</th>
<th>Care Quality Climate</th>
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<tbody>
<tr>
<td>Trust Budget</td>
<td>ns</td>
<td>ns</td>
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<tr>
<td>Job Satisfaction</td>
<td>ns</td>
<td>ns</td>
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</tr>
<tr>
<td>Leadership Effectiveness</td>
<td>P&lt;0.05</td>
<td>P&lt;0.001</td>
<td>P&lt;0.05</td>
<td>P&lt;0.0001</td>
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</tbody>
</table>

The impact of leadership and quality climate on hospital performance.
Boards and Governance in U.S. Hospitals and the Relationship to Quality of Care
Jha & Epstein 2009

<table>
<thead>
<tr>
<th></th>
<th>High Performing (Top decile)</th>
<th>Low Performing (Bottom decile)</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Quality a top priority for oversight</td>
<td>69%</td>
<td>42%</td>
<td>&lt;0.001</td>
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<tr>
<td>Use quality to judge CEO</td>
<td>59%</td>
<td>31%</td>
<td>&lt;0.01</td>
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<tr>
<td>Quality training for board</td>
<td>47%</td>
<td>21%</td>
<td>&lt;0.01</td>
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<tr>
<td>Quality regularly on board agenda</td>
<td>74%</td>
<td>57%</td>
<td>0.03</td>
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Physicians’ Identification of Factors Associated with Quality in High- and Low-Performing Hospitals


5 Key determinants of quality

- Leadership characteristics
- Use of IT
- Outcome data
- Investment in education for quality
- Physician organisation structure

Poor Performers had:

- Transient senior leadership
- Poor access to, and visibility of senior leaders
- Little investment in IT and education
- Little physician accountability
What sort of leaders do we want?
Faculty of Medical Leadership and Management
What we want to achieve

Summary

A large (in number), responsive, modern, inclusive, vibrant organisation ....
...of all the Colleges & Faculties
...respected and consulted by policy makers
...with quality care its core purpose
The Purpose is Quality

Through:

• Positional medical leaders
• Everyone else
• Well prepared students & trainees
Membership Research n=2,200

- Competitive tender - Ashridge Communications May 2011
- Defined membership needs in three areas:
  - Professional support
  - Personal Development
  - Advocacy of Medical Leadership and Management issues
Membership Research  n=2,200

Eligibility:

• Doctors at all career stages & medical students

• Preference for inclusivity
  Majority in favour of non-medical members

• Entry based on experience
  Perhaps in time with qualifications, not overly restrictive
Early Work

- Public web-site Aug 2011
  >20,000 hits, 12,000 unique visitors

- Members only area of web-site:
  - Searchable directory of members to promote interaction
  - Database of courses, conferences and initiatives across the UK
  - Fora for members to discuss topical issues and raise areas of interest with peers
  - [Interactive map to search for local resources]
  - Book club
  - Podcasts
  - E-learning materials and healthcare glossary
...and:

- NHS Medical Director’s Clinical Fellows Scheme
- 800+ members in 3 months (550 to go!)
- Regionalisation
- Annual Conference 16,17 October
- [Transitions series]
...and:

- Medical school survey of integration of competences
- Revalidation – with GMC, AoMRC, RST
- Special interest groups:
  - Inclusion
  - Independent sector
  - Informatics.
- Partnership with World Federation of Medical Managers
8 Regional Offices

- Expert advisory group to inform Faculty
- Representative and inclusive
- Two way communication
- Develop & promote vision & values
- Recruit and retain
- Networking, events, other opportunities
- Careers advice, signposting
Who is involved

Founding Council

- Nominations from all UK Colleges & Faculties
- Chaired by Prof Sir Neil Douglas, Chairman AoMRC
- Responsible for establishing arrangements for:
  - Corporate status
  - Governance
  - Membership structure
  - Finances
- Timeframe – 18 to 24 months
- First meetings May 11, Nov 11.
THE MODEL

• 1350 members by April 2012
• Small central resource
• Sophisticated web-site
• Work with and through:
  • Colleges & Faculties
  • Regional Offices
  • Local NHS
<table>
<thead>
<tr>
<th>Total number of members</th>
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<tr>
<td>Qualified</td>
<td>462</td>
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<tr>
<td>Trainee</td>
<td>324</td>
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<tr>
<td>Student</td>
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<td>Wales</td>
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<td>Northern Ireland</td>
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<th>Career Stage</th>
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<tr>
<td>Foundation Yr 1 or 2</td>
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<tr>
<td>Doctor in training</td>
<td>284</td>
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<tr>
<td>Consultant (CCT/CESR)</td>
<td>166</td>
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<tr>
<td>Dentist in secondary care</td>
<td>5</td>
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<tr>
<td>GP</td>
<td>31</td>
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<tr>
<td>SAS</td>
<td>30</td>
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<tr>
<td>Medical manager</td>
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<tr>
<td>Retired</td>
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<td>Other</td>
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<table>
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<td>Male</td>
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<td>Female</td>
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<td>White</td>
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<td>Arab</td>
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<tr>
<td>Other</td>
<td>14</td>
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</table>
The Faculty and Inclusion – Gender

Members by Gender

- Male: 65%
- Female: 25%
- Not specified: 10%
The Faculty and Inclusion – Gender

• **Membership type:**
  - Qualified (47%)
  - Trainees (47%)
  - Medical students (6%)

• **% women in each category:**
  - 30% of medical students
  - 31% of trainees
  - 20% of qualified

• **Career stage:**
  - 41% doctors in training
  - 23% medical managers
    - (18% of all medical managers)
  - 13% consultants
  - 6% foundation
  - 6% medical students
  - 4% SAS
  - 4% GP
  - 1% Retired
What we want to achieve

Summary

• **Advocate** the importance of medical leadership and management within and beyond the profession.

• **Promoting the standards and competences** for medical leadership, management and quality improvement ..........

• **Supporting** doctors and medical students to develop and maintain leadership and management skills.

• Provide **a voice** .....through a properly constituted membership structure.

• **Advance medical management and leadership as a profession.**
Questions for discussion

• What do you need from the Faculty?
• Are you a group?
• What will you do for the Faculty?
• What will keep you in the Faculty?
• What sort of leadership do we want to create?
• What should the governance structure be
• How do we develop the advocacy role?
• Ideas for conference?
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