GOLDEN AGE: The most successful teams are run by managers who started out as drivers, a parallel that has been drawn with medicine

In the driving seat

How to evolve effective leaders of hospitals is a question that has yet to be answered. However, other high-powered professions may provide the clues needed to find a way forward. Peter Blackburn reports

Evidence counts for everything in so many parts of the health service.

Treatments without strong evidence bases are not often offered, surgery carrying more risks than benefits is unlikely to be carried out and preventive care tends to be underpinned by public-health data and trends.

Until recently – and health secretary Jeremy Hunt's penchant for 'seven-day services' – even overarching policy was generally based on firm data, and a consensus among studies.

But while doctors, patients and health experts have, over recent years, largely been clear that clinical leadership is a positive for the NHS – and vital to any efforts to transform and sustain services – evidence has often been scant.

So is it right to suggest doctors and healthcare professionals in leadership roles is a good thing? As the NHS looks to continue its bottom-up reorganisation on the quiet, with accountable care organisations and new models of care growing and taking charge, now is a vital time to ask the question and have the answers.

For Amanda Goodall (pictured right), an expert in leadership based at the Cass Business School, the answer is clearly yes.

'Being a capable general manager alone is not sufficient,' Ms Goodall, who has led global research into expert leaders for a number of years, told the UK Leaders in Healthcare conference in Liverpool earlier this month.

Ms Goodall's studies have featured academic institutions, basketball teams, Formula One organisations and have, more recently, begun to look at healthcare. The issue, she said, is 'how much core business knowledge should leaders have?'

In one study, which took place in 2009, Ms Goodall looked at 58 US university economics departments during the course of 15 years and measured their performance.

'My key findings were the best universities were more likely to be led by top scholars and they increased the performance of their universities,' she told the conference.

'The higher a president's lifetime citations, the more likely it was that their university improved in their performance. We found departments go on to improve when they are led by heads whose own research is well-cited.'

A question of sport

And does the argument ring true for the sporting world too?

A test of 15,000 basketball games – including control factors like team payrolls – found that star players make better coaches, Ms Goodall said.

And a study of F1 examined performance of every team for six decades up to 2011. It found, Ms Goodall said, that 'the most successful team leaders are more likely to have started their careers as drivers'.

'Ten years' driving experience was equal to a 1 per cent higher probability that the leader's team gained a podium position,' she added.

And the example of sport isn't without merit when looking at leadership, despite some scoffs in the audience, Ms Goodall said.

'Some people in management look down on sport as a setting but if you're looking at leadership it's very useful: you have clear criteria, you can see where managers come in and performance variables are very simple. You either win or you don't.'

But what does this all mean for hospitals and other healthcare organisations?

It would be unfair to suggest that people without a frontline care background could not make good leaders. After all the examples are everywhere. Take Peter Homa, for example, a distinguished former acute teaching trust chief executive and now head of the NHS Leadership Academy – a man who rose from being a hospital porter through years of management-training schemes.

But are clinical experts more likely to make good leaders? And do we need to encourage more of that?

Again, for Ms Goodall, who has begun to make waves in the field of expert leadership in healthcare, the answer is a simple yes.

'Hospitals were traditionally led by doctors but that has dramatically changed in the UK and USA – although it hasn't changed as much in Europe,' she said.

'Many journal articles have debated the merits of physician leadership but until recently there has not been much evidence showing the relationship between physician leadership and hospital performance.'

Until now. A recent study, led by Ms Goodall, looked at the top 100 hospitals in the USA for cancer and heart surgery and separated hospital chief executives into physicians or non-clinical professionals.

'I was surprised at the impact,' Ms Goodall says. 'Quality scores are approximately 25 per cent higher in physician-run hospitals.'

The study was followed up by another: *Does Physician Leadership Affect Hospital Quality, Operational Efficiency, and Financial Performance?* Led by American academic Michael Tasi, the study – which looked across 12 medical specialties at 115 hospitals – found that hospital systems which were physician-led had higher-quality ratings across all of the areas. They also found the revenue, or profit, of the hospitals showed no major difference. In total 34 of the hospitals studied were physician led.

Leading the pack

While it is early days for research in the area Ms Goodall says the accumulated evidence across professions is in clear support of clinical leadership being a positive.

She said: 'Being a doctor is not a proxy for having management experience or leadership skills but I'm suggesting it's the starting point. It's better to train a doctor in management than it is to train a manager in your world.'

She added: 'We think they [clinical leaders] have an input into organisational strategy – if you know it well you can more easily understand a strategy for the future.

'We believe if you have someone who is a fantastic medic or academic running an organisation – we think it sends a signal to other hires. They can impart the dream; they can explain it in a way others can't. Overwhelmingly the effect is positive.'

But it is not just about clinical leaders as chief executives. As one member of the audience at the conference pointed out, why would doctors become CEOs rather than medical directors – taking a role that often carries much more flak, may be made to carry the can for failures others make and might not be as well remunerated.

Surely for a health service to function effectively, doctors of all levels must be leaders?

Amit Nigam (pictured above), a qualitative researcher from the Cass Business School, thought so.

'Most people when they think about leadership they think about people in positions of formal authority,' he said.

'But one thing that comes up if you do any research in hospitals or healthcare settings is just the fact that doctors, all doctors on the front line, play *de facto* roles as

leaders in their organisations. They may not lead the whole organisation but they have influence and authority – and how well these people play their leadership roles can shape the way an organisation performs and how it can improve over time.'

At a time of great change that is vital now, more than ever, Mr Nigam says.

'The NHS is not going to be able to transform or thrive given the challenges it faces unless it finds a way of engaging all physicians to their potential leadership capacity within.

'Research shows doctors and their roles as leaders are important because doctors can champion or block changes in their organisation effectively. The evidence from hospitals on service improvement is very consistent that doctors at all levels really are important.'

However, all this postulating is very easy for academics. But for stretched doctors with shrinking resource, time and morale it is all easier said than done.

Can doctors across hospitals and healthcare organisations become leaders – and will that have value?

Sarah Hammond, a consultant anaesthetist based at St George's Hospital, London, and member of the Faculty of Medical Leadership and Management, said they can – with a little help from trusts – and they should.

'Hospitals with good staff engagement had better mortality rates'

She said: 'I come from an organisation that is in quality and financial special measures and I sometimes feel this isn't always the culture of my organisation – but we are in a process of turning around. Why does it matter? There is great evidence for correlation between staff engagement and organisational performance. And it's within employers' gift to change this.'

Dr Hammond cited a government white paper, the *Francis Report*, 2013, and study by Applied Research as evidencing the need for doctors as clinical leaders.

'The white paper found hospitals with good staff engagement had better mortality rates. Unless we engage our employees we won't be able to deliver the far-reaching changes we need. Doctor engagement can improve your standards and targets and make you a higher quality and safer organisation.

'Doctors generally want to stay in an organisation for a long time, they are invested in it, they have organisational memory and understanding: why things have worked and why they might not have.

'Any clinician involvement in change management and service improvement delivery are likely to be more successful because they are deemed to be someone motivated by quality and safety rather than being more lean or finances. People are more likely to listen.'

A winding road

For Dr Hammond the answers are obvious – but getting there is the difficult part. And it means engagement, engagement and more engagement.

She said: 'Leadership is the key to engagement – medics have got to feel connected to the purpose and that's by making it easy for them to feel included. There's still quite a lot of disconnect between the board and the ward. The difference between what is happening and what the people at the top are being told is growing.

'The people engaging with us need to be resilient – we need to hear uncomfortable things about things not going well – there's often a huge amount of defensiveness in response to criticism. I've seen people shut up for reporting bad news and that resilience needs to be better.

'And email is not engagement. Just because we've sent you an email to tell you something doesn't mean you've been engaged in the process.'

If one thing is clear in the chaos and confusion of the modern NHS it's that change is coming. The health service is divided and unfit for purpose.

If that change is going to be successful it is becoming increasingly clear that the evidence suggests it must be clinically led.

FRONTLINE — tales from the emergency department

OPINION

With the recent storms in the windswept northern wetlands has come a flurry of ladder injuries.

Although the stock and trade of comedic silent movies, in reality ladder injuries are rarely funny. The scenario is well known: the satellite dish or TV aerial is displaced on its axis or blows off altogether on a stormy night.

Just as in the long-running TV drama *Casualty*, depicting life in emergency medicine, where the programme's first two minutes set the scene for a predictable outcome, so too in real life even before the storm has subsided, and because the household's favourite scripted reality TV episode is replaced by a message which tells the viewer that there is no satellite signal, the future victim has gone to his shed to rummage for an extension ladder; you and I know how this will end.

Climbing ladders is a dangerous habit, which goes some way to explain why window cleaners have jettisoned theirs in favour of telescopic brushes dribbling water, and operated from the safety of the ground. It is self evident that climbing a ladder propped on the side of a house in a storm, without either securing clips or a spouse leaning their considerable weight on the bottom rung, spells accident.

Falling off a ladder will usually result from over-stretching to the side, so that the ladder tips over depositing the owner on to his patio, lawn or garden hedge from 20ft up.

Occasionally, where the angle of lean is too acute the ladder will simply slide down the wall throwing its passenger off, or with a ladder propped too steeply, the victim falls backwards.

One can predict the resulting head and spinal injury along with long-bone and pelvic fractures. Those who decide to jump off half-way down will also be in the market for crush fractures to their heel bones and ankles.

So far this autumn we have seen half a dozen ladder falls, with one suffering significant and life-changing injury; none will be scaling ladders for some considerable time, if ever.

'The ladder tips over depositing the owner on to his patio'

My own personal ladder was borrowed by my brother 18 months ago, and with my combination of fear of heights and knowledge of the effect of acute loss of height, to be honest, I haven't been pushing him for its return.

So when a slate was blown off my roof in Storm Brian I didn't have the widely adopted option to be foolish, and, already knowing the dangers of DIY, I instead arranged for a professional with his white van to come and sort out the repair.

This involved an anxious wait of several weeks, followed on the big day by much sucking of air between teeth and finally an overweight youth in need of a trouser belt climbing the ladder while his boss stood at the bottom with phone in hand presumably with 999 on speed dial.

Or was he using his smartphone's calculator instead to fix his fee?

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