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RL

For seventy years the NHS has flourished, soldiered on, struggled by, succeeded, triumphed and won through.

For seventy years talented men and women have come to work, juggled resources, saved lives and more often than not, made one pound do the job of two!

Good times and bad, the NHS has been there for us and our families.

Now it's our turn, through our skills and a strong sense of purpose and vocation, we have to make sure there is an NHS for our kids and their kids and their families.

All the best...

Roy Lilley
Spring 2018

I'm about to let you into a secret. Move closer, make sure no one is watching! Lean forward...

This is not a new book...

This book is the distillation of 40 years, in and around the NHS and 50-odd years running businesses, charities and a council.

But, I have written this book before! The first edition I wrote just after I became the Chair of a first wave NHS Trust, over 20 years ago.


When I was asked to write something for Boards and Senior Managers in the NHS's 70th year I dug out the original manuscript. It was on a floppy disc. Remember them!

I thought I'd use it as a reference point, maybe in a retrospective way. Taking the best of the past into the future... the secret of all change management.

When I got down to the job I realised most of the questions are as relevant today as they were all those years ago. The landscape has changed and the organisations are called something different but fundamentally the challenges of running a large organisation, listening to it, picking up the vibes, creating opportunities, getting your messages across are more or less the same.

And, yes, the problems are still the same. We don't have enough people doing the right things, in the right place, at the right time.

Looking at the original manuscript made me think.



If going back over my time in the NHS has taught me anything... the lesson is... I've wasted my time. Almost every day that I've enjoyed the company of the NHS has been wasted. Wasted because I was running on a foolish assumption; you can change things from the top.

You can't.

The Griffiths Report, written by Roy Griffiths of supermarket fame, wrote, in terms;

'If Florence Nightingale were alive today, she would wander the corridors of the NHS, lamp in hand, asking who is in charge...'

Griffiths introduced the concept of general management to a service that was run and dominated by GPs and hospital consultants.

The Thatcher Reforms followed, giving Trusts operational freedoms, all of which have since, in practice, been clawed back.

Tony Blair introduced his market reforms, market testing and the emphasis on choice. Then came the disaster that was Andrew Lansley. His re-organisation has set the NHS back ten years.

Finally, the tinkering by Jeremy Hunt who has no money and no Parliamentary time to do anything of substance. It has been left to the inspirational Simon Stevens to find the workarounds.

What can I tell you? It is this; none of these great sentinel moments in the history of the NHS has really changed anything. The work of the NHS goes on. It is more difficult when there is no money... and there isn't. It is more difficult when there are too many patients and there are. But, difficult or not, the work goes on. You can't change anything from the top down.

You can regulate until you are blue in the face with shouting. You can inspect until the end of your pencil is a stub. You can have special measures, large measures, beatings and bungs... but you will change nothing.

Trusts are prisoners of their geography, history and economy. If you are on a Board, if you are a Senior Manager and you think you can change anything by memo, email or putting your head out of the window and shouting... forget it.

The only people in the organisation who know what needs sorting out and how to do it are the people doing the job. The only people who will be able to help you introduce something different are the people who understand how the work, works. The closer the Board is to the ward, the closer very senior Managers are to the very junior members of staff, the greater the likelihood you will be able to fix your problems.

Why are the problems in my original book the same as the problems we have today? Because we still think Boards are important and management exists to fill the gap between the bottom and the top.

It is the Board's total and only job to create the time and space for good people to do great things.

It is the Board's job to make sure everyone in a position to recruit, hires people better than they are.


It is the Board's job to be visible, have a vision and share it often.

Hence, I make no apology for serving up a reheated meal. It is still as filling and nourishing as the day it was cooked!

Boards still make the same mistakes; still look inwards instead of outwards. Still look backwards instead of forwards, upwards instead of across.

The strategic challenges faced by the NHS; workforce being the biggest, followed by funding, and a confused offering of services the public never understand, have been dragged, one way or another, from the 70's through the 80's and 90's to today.

It may be you can't solve them all, but managing the external boundaries is a job for the Board; setting the tone is a job for the Board; the climate, the motivation and the morale.



Yes, I've left out culture. You can't change culture. That's a mistake most change-managers have made. Culture grows like a coral reef, or a stout oak... but only if the climate is right. Boards have their own ecosystem, can create their own climate and eventually may influence culture.

The transaction is simple; Non-Executive Directors hold executives to account to deliver the strategy the Board has decided upon. Nothing more.

Simple? No... that's why, after all these years, there are more questions than answers.

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Seventy questions for the Board in the NHS's 70th year...

... to be honest it was too good a title to miss!

Let's put some context around this...

These are not questions exclusively for the Board. These are thoughts, queries, examinations and the rumination of a restless inquiring mind... just like yours.

The sort of thing you might want to ask yourself, about your organisation. They are ideas and stuff you might want to know about.

Like the man said, there will be things you know you don't know, and there are things you don't know that you don't know.

This is a list of topics and suggestions about the things you might want to know more about. Some ideas for more discussion, with yourself on the train, colleagues in the coffee shop and in management meetings and Boardrooms.

Don't ignore them. If they seem simple... be sure they are. If they seem too tough, they are not. It's okay not to know the answers, it really is.

Managing, leading and being part of running an organisation is a fabulous opportunity.

This workbook has plenty of space on the pages; download them, use them as a basis for discussion, workshops and brainstorming.

Write on the pages thoughts, ideas, arguments and things to do. The clue is in the title... *a workbook*.

The questions are aimed at Non-Executive Directors, together with executives who want to find the neutral ground of working together, solving problems and avoiding pitfalls.

Dare I suggest there may be a lot of questions here that will be of interest to aspiring Managers curious to know how Boards work and how, one day, may play their part in directing, steering and encouraging a large organisation.

Enjoy it!

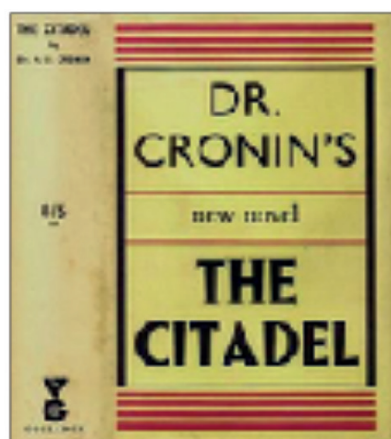
This book is written as the NHS approaches its 70th birthday.

You could say the NHS started long before 5th July 1948, when Nye Bevan was photographed, on that first morning, at Arrow Park Hospital.

We should say the idea came from the coal dust discovered in the lungs of the miners in Tredegar, South Wales.

In his book, *The Stars Look Down*, A J Cronin, a GP, drew on his experiences practising medicine in the Valleys. In 1937, Cronin, once again used his observations of people and his experiences as a doctor, to write a novel; *The Citadel*.

A riveting read of love, life, medical ethics and credited with laying the foundations for the introduction of the National Health Service.



Cronin said, of his book;

*"I have written in *The Citadel* all I feel about the medical profession, its injustices, its hide-bound unscientific stubbornness, its humbug ... The horrors and inequities detailed in the story I have personally witnessed. This is not an attack against individuals, but against a system."*

Later came a cross party report, from the dying days of the Coalition War Government and then the Beverage Report.

The rest, as they say; is history. And, what a history it has been.

I was born before the NHS and my Mum and Dad would often talk of how the arrival of the Service, tax-funded and free at the point of need, took off the shoulders of working people, the worry and anxiety of accident, illness, disease and maternity.

It was a defining moment in the history of our age.

Probably, aside from the decision to send young men and women to war, the most important political decision of my lifetime and maybe, yours too.

I often remind NHS audiences that I have seen umpteen major and minor changes and so called 'reforms' of the NHS... the actuality, they have changed almost nothing.

The more I think about it, the more I come to understand, as annoying and expensive all the upheaval has been; not much has changed.

The patients have got older and sicker, the money has got tighter, the skills are better, the cures more reliable, the technologies more, well... technical... but at the end of the day, like the day it started, still the NHS depends on the success of the relationship between the health professionals working together and the patients they work for.

As a Manager or Director in the NHS, it is our job to create the time and space for these good people to do great things.

The NHS has gone through lean times before, been better funded and under less pressure. It has also seen, before, much of what we are struggling with now, in some guise or other. It has survived because good men and women have come to work with their skills and a strong sense of vocation and got the job done.

They understood what needed to be done, rolled up their sleeves and got on with it.

Now it's our turn.

Our predecessors have handed us the best NHS they could manage and now it is our turn to hand on the NHS to successor generations, in the best state we can, to ensure it's there for our kids and their kid's, kids.

Understanding the environment in which business activity takes place, preparing organisations and hiring people who are better than us. That's our job.

Boards remain at the centre of decision making and direction. They are demanding, confusing and thoroughly enjoyable places to make a contribution to keeping the show on the road.

Non-Executive members of Boards come with a set of skills and knowledge but are there, primarily, to exploit their ignorance and ask the questions to anchor the Executive and hold it to account.

Executive members are there to create an environment where progress can be measured but not judged, strategy created, not invented, and where practical plans can be agreed and followed through.

Each individual brings to a Board a set of experiences and skills. Not every member will have a mastery of everything. This book is designed to help you ask the questions and not to be embarrassed by not knowing the answer.

In truth, it is based on a distillation of questions I have asked and questions I wish I had asked. It's no way to run anything... but it might help!

Celebrating 70 years of the NHS

Good luck; it's your turn now.

Roy Lilley
Spring 2018

Isn't it strange how princes and kings,
and clowns that caper in sawdust rings,
and common people, like you and me,
are builders for eternity?

Each is given a list of rules;
a shapeless mass; a bag of tools.
And each must fashion, ere life is flown,
A stumbling block, or a Stepping-Stone.

R. L. Sharpe

How not to be pushed around, taken advantage of, or treated like a mushroom at Board meetings, (or any meeting)....

Worried about what to say at a Board meeting? Not sure if you are being treated like a mushroom and kept in the dark?

Afraid of looking like an idiot?

Don't worry! We all felt like that once - some still do! How many leave an important Board meeting in a state of acquiescent ignorance because the papers have been too complex and there is too much to read and take in?

Here are some approaches you might take, to open up issues and think around problems. Don't forget - you are an expert-non-expert-member. You don't have to have specific knowledge, you are a connoisseur of the everyday and a master of the commonplace. There, to exploit your ignorance.

You are there to ask the question that everyone else is dying to ask but dare not!

You can say;

 *'Forgive me, I'm sure this is obvious to all the experts here, but - why are we doing it this way.....?'*

You can expect a collective sigh of relief from erudite, 'expert colleagues' who wished they could have asked the same question but were too shy to dare!

Faced with proposals to change the way you are doing things - that don't seem obvious to you? Is the proposed change covering up for poor management? Is a shake out of incompetent people a tougher but better alternative?

Celebrating 70 years of the NHS

1. Is joint or closer working with neighbouring services all that is required?

The direction of travel is towards vertically integrated delivery systems, we all understand that but...

...is what is being proposed cost shifting, deferring the problem or covering a performance issue in your organisation?

2. Would an independent and realistic assessment of current services, highlighting poor ones, be enough to discontinue some services in favour of the ones you are good at?

Before drastic changes are made, would it be wise to look at benchmarking any elements of your performance with an organisation like yours?

Do you know how to find an organisation of similar size and turnover?

Can you create an audit family to share experiences? It's a technique used in Local Government and can include organisations in other parts of the country.

3. Can costs be contained by pooling some 'back-office' services, such as; merging Finance Departments or joint venturing services with others?

Not enough work has been done on this.

It does seem an obvious step...

Duplicating elements of back-office when so much of it can be compressed, shared and centralised in one place, looks like a good place to seek operational cost savings.

This doesn't necessarily mean outsourcing, it can mean shared services management.

4. Who has real ownership of the new concept?

The obvious answer is the Board, but who is actually going to 'do this work'?

Will it be an assignment on top of the day-job, with all the shortcomings that that entails, or will it be given as a discrete task?

Should you put it in the hands of an enthusiast or a sceptic...or someone from outside the organisation?

5. Who is in the driving seat, who has the power to make it work?

There will be a lot going on between Board reporting cycles, who is really going to drive this through?

Do you want interim updates?

There may well be resistance in the organisation that has to be dealt with.

Who is best placed, who is your diplomat or do you want an enforcer!?

6. Do individual or career motivations play a part in the decisions?

If there are going to be radical changes that impact on people's work and careers, expect them to resist change if it means their jobs going, or their place of work or hours changing.

You don't just employ people, you 'employ' families, journeys to work, school times and holidays.

What can you do to reassure them or ensure they have the time and space to move on?

7. Encourage people to be honest about what the real reasons are...

In my experience of merging an organisation, the best approach was to sit down with the senior team, be frank about the jobs, see who wanted to stay and who wanted to move on and help those who did, find a job.

Help them prepare for interviews - the point is to create the time and space for them to prepare.

An executive placement agency is no bad idea.

Making sure the team are settled will make major changes a lot easier.

Partnerships play a big part in modern healthcare. They are designed to bring together groups of professionals who don't have the best history of working together.

Board members must recognise health-needs start and end a long way away from the surgery or hospital.

8. Which part of the partnership are you?

There is always a dominant partner... let's be honest, all mergers are takeovers in drag.

If they weren't, there would be no point in going through it all.

Time to be honest...

9. Are you being really frank about your strengths and weaknesses?

This is the 'what are you bringing to the party' question.

Your balance sheet, services, estate, training, staff with special skills?

Be clear what you are contributing and just as important, what it is you need to get out of the arrangements?

Is it realistic?

10. Have you got the best partner?

Don't be in a rush...
don't be seduced by
geography.

It might be better for
you to have a strategic
alliance with someone
further away.

What are you looking
for?

You could merge back-
offices and save costs
with an organisation
miles away.

11. Is there anyone else to partner, or work with?

Think in terms of a beauty parade of organisations.

Maybe the answer is to form an agreement with an organisation nothing like yours.

Trusts and GP surgeries are a good idea. Many Trusts are acquiring practices.

Community services and practices running hospitals, think about that!

12. Are you being forced into an unwelcome 'marriage'?

Is this all happening to you, rather than with you?

Is it being driven by finance, or recruitment... it usually is.

Are the regulators behind it, trying to cross a problem off their list?

Making things happen is a breeze, compared with making them 'un-happen'!

13. Are you seeking someone else's assets, or are your assets the prize?

Strengthening your balance sheet or weakening it?

The pressure is on to divest organisations of surplus assets.

Are you being pushed into a fire sale?

Can you make better use of your assets?

14. Is this a marriage made in heaven or hell?

Better to find out sooner than later!

15. Are there good reasons to resist this partnership?

Is this an easy option for somebody else?

Could developing your own services be a better option?

It might mean hiring new talent... is the talent in short supply?

It is questions like this that bring into sharp-focus the need for a really thorough options appraisal.

Who have you got who can do it in a comprehensive and objective way?

16. Is the proposal following a trend - is the trend sustainable?

Shortage of money is driving organisations to push patients into cheaper care settings.

So-called care closer to home and out of hospital.

Is it sustainable?

Is there the capacity out of hospital?

Is this another NHS fad or is there real benefit in it?

Don't pretend it's for patients, if it's really for the finance people at the regulators.

17. If a partnership is about improving performance - will some tougher management, or a change in style at the top, produce the answer?

Does your organisation simply need to get better control over its activities?

Have you got a 'grip'?

It's a pretty brutal word, straight out of the 1960's management lexicon, but you do need to feel you have enough information and control over what is going on.

18. Will the partnership benefit patients or the Treasury?

Almost all changes are billed as being better for patients, when we all know most changes come about because of the need to create economies.

The Boardroom should be the place where the stripped-pine-truth can be spoken.

If the case can only be made for economies, say so... the public and the people you work with aren't stupid.

'Service driven partnerships' is a nice phrase. Better services for patients is always a comfortable sounding reason! If the reason is financial - is there not enough money to go around? Do not muddle the two reasons or pretend the aim is better services when one partner is going quietly broke! Be honest.

19. Can the real benefits for patients be quantified?

Who says it will be better?

If the changes involve changes in geographic location, what is the access like, by public transport?

Try it for yourself...

Convenience, ease of travel, wheelchair access, cost of car parking... think like a patient.

20. Will the benefits be clearly recognisable to the community?

The starting point is; they will if you take the time and trouble to spell out, honestly, what the changes are - the honest reasons, what and how you see the benefits.

In times of austerity I think it is okay to say to the public; 'We don't really want to do this but we don't have enough money to do everything.'

Let them battle it out with their MP!

21. Will the clinicians endorse the patient benefit argument?

Clinical buy-in is important but recognise there may be career issues involved, for them, if you move services.

Relocation of ED services? Are the paramedics onsite?

If they say it's safe, the public will believe them!

22. How will GPs react?

It is easy to forget GPs make the referrals and they will bear the brunt of complaints if access is difficult for patients and their relatives.

They will also want to know about waiting times and outcomes.

The CCG will want to sign-off major service changes and they may well be behind the moves, using their power as commissioners.

However, not every GP is an active member of a CCG and in many places CCGs are on the way out.

Keep the GPs informed, in the loop and on-board.

23. If the real reason is lack of finance; can savings be translated into longer term patient benefits and service improvements?

I'm guessing the answer will be...no.

It might have been once but now most changes are about balancing the books... be honest.

Sometimes austerity driven change can bring the benefits of circling the wagons and putting all your best stuff in one place.

Centres of Excellence do benefit patients in terms of outcomes, but they are seldom more convenient for everyone.

24. If financially driven partnerships produce a greater critical mass, can improvements be expressed as a tangible benefit?

There will be a lot of spreadsheet and numbers focussing on the ROI or cost benefit analysis.

It's easy to be mesmerised!

Beware...

If you don't understand the numbers; say so.

Don't agree because everyone else does.

Ask!

What can you do, to learn from other places faced with the same problem?

Although each organisation is different, no two the same, some lessons are transferable. Talking to others who have been through a similar process, will be a worthwhile exercise.

25. Can we identify organisations who may have lessons to pass on?

This is a test of the organisation's networks.

Think about membership of organisations like the IHM and the use of the repository of best practice at the Academy of Fabulous Stuff.

It is highly unlikely your problems will be unique.

There may not be a tailor-made solution ready for you, but there will be ideas you can pinch with pride.

This is no time to reinvent the wheel!

26. Who should make the approach to the organisations you identify?

The management of the external boundaries is usually regarded as being within the Chair's purview but expect the Executive's network to be powerful.

Are they set up to share best practice?

The important point is to identify who will take on the role and what the time frame is.

27. Shouldn't different parts of the organisation be encouraged to talk to their counterparts elsewhere?

Encourage Managers and staff to belong to their professional organisations.

Help them to attend conferences, workshops and get-togethers and make sure they 'bring the learning home' so you can benefit.

28. Can you compare notes with more than one organisation?

It really is very important to benchmark and calibrate with others.

If there is one problem; there will be a reluctance to 'wash your dirty linen in public' but ways can be found to share problems in confidence.

The Shelford Group and the Mulberry Group are meeting points for Chief Executives to share their grief (!), successes and look for solutions.

Does the organisation have a 'feel-good-factor'? Are you able to recognise it? There may also be a 'feel-bad' factor. An organisation is made up of people and all of those people have feelings. With luck these feelings might translate themselves into a corporate 'feeling'.

Difficult to explain and harder to identify - getting out and about in the organisation, talking to the people who work there, gives an interesting insight into how the organisation feels about its future. It is about tuning into the organisation and listening very carefully, to the messages that come back.

29. How much time can we earmark for walking around the organisation - talking to people?

One of the best management books ever written is Tom Peter's *In Search of Excellence*; Tom talks about 'management by walking around'.

He is right.

In my experience, you can't manage anything you can't smell!

You can't spend too much time walking the walk.

30. When did you last pay a visit to the night staff?

Organisations with a night shift present a particular challenge.

Night staff are often forgotten.

After a hard day at the office it's a dedicated Executive, or

NED that turns up at 2am... but you should.

The night staff have their own way of doing things and are a subculture all on their own.

One thing is for sure, they will welcome a visit with open arms.

31. The organisation is 24-7
- when did anyone
on the Board last visit at
the weekend?

Well, what's the answer?

Do you know?

You should...

32. How can we make a point of talking to people who are opposed to our ideas? Do we welcome dissent and use it positively?

Find people who disagree with you and talk to them.

If you spend your time with people who agree with you, you might as well live in an echo chamber.

Talk to staff groups, unions, patient groups and the public.

Talk to your customers!

The people who work in the organisation will have a view about an impending change. They will have views and will find ways of making them known. Some of the views may be passionately held and arrived at, out of genuine feelings or a fear of the unknown.

The Board's job is to make a judgement on what is best for the organisation, the people it serves and the men and women who work there.

A strong history, a pride in the way things have traditionally been done and genuine feelings of attachment can mitigate against change being popular.

A strong anti-change faction can occupy disproportionate management time and resources. Whilst everything that can be done, should be done, recognise the strength of the anti-change lobby and develop a strategy to deal with it as an unavoidable consequence.

33. How strong is the anti-change sentiment?

Do you know?

Life outside the Boardroom might be very different.

Ideas that seem so sensible may not be so sensible to the people impacted by them.

Make it clear to people, if they don't agree, come and talk about it.

You can part in agreement or agree to disagree, but no one can say you didn't listen.

34. How are you measuring the mood and sentiment?

Polls, Survey Monkey trawling social media... the answers are there if you look.

35. Is the Board really aware of the strength of feeling?

For the Executives who have spent months working up a plan, the last thing they want to hear is grief from anyone.

This is a job for the NEDs' eyes and ears, and to bring a sense of reality and realism to the table.

You may not be popular but you are a member of a Board to use your judgement and independence.

36. What measures are in place to ensure that the Board understands the real feelings of the anti-faction?

Community networks
- the Board must have them.

Local Associations, Townswomen's Guilds, Parent Teacher Associations, PROBUS, Golf Clubs, British Legion, Residents' Associations, Mother and Toddler Clubs, Churches, Mosques, Synagogues and all the voluntary organisations... what do they think?

Go and ask them. Have open days and question times.

There are networks that you must invest in, in the good times, so there is something in the bank for the bad times.

37. What is the reason for the strength of feeling?

Your plans may be based on solid ground as you see it, but what if they are wrong?

Bench-test them with staff groups and road test them with the public.

Most disputes arise out of poor communications and either side guessing what the other side thinks.

38. Does history play a part?

One of the great tricks in managing change is to respect the past and take the best of it into the future.

What part of the organisation's legacy do you have to respect?

What can you use as a stepping stone into the future, rather than a millstone to hold you back?

39. Are there politics involved?

There usually are...

Some large organisations straddle various parliamentary constituencies and almost certainly local councils.

The Chair should be taking a lead.

Be sure to have regular meetings and invite representatives to briefings.

They may not come... it's up to them but you can't be accused of keeping them in the dark.

Love bomb them!

40. What is the 'hidden agenda'?

Everyone has an agenda.

It might be to look tough in the light of oncoming elections, it might be a power play in trade unions, it might be relations with the local press.

Be sensitive to people's motives.

41. Does it boil down to a fear of losing a job?

Service reconfiguration and changes that might impact on jobs will, understandably, worry people.

What are you doing to reassure them?

What are you doing to ensure you are believed?

Sharing data and plans as early as possible is a good tactic.

How often do you hear that 'staff are our greatest asset...'? So mean it and look after your assets.

42. What are the issues for the staff?

It's worth remembering you don't just employ staff... they have families, child care, journeys to work, busses to catch, cars to park, mortgages to pay, careers to develop and a life to enjoy.

What are you doing about bringing joy into their lives?

43. What are their training requirements?

At times of trouble and stress, the training budget is the first to be subsumed by other demands.

Resist it, don't let it happen.

NHS staff in uniform and out of uniform, come to work and bring a strong sense of vocation.

Part of that is getting better at what they do and using their skills.

Encourage them, train them, make it fun to work there.

44. Is there time to give them the extra training they might need?

Make the time - end of.

45. Who is best placed to provide the training?

In-house, trades unions, online, external consultants.

Do you have a plan?

New kit and software should always be bought with a training package.

If the training seems long and difficult... you've probably bought the wrong thing...

46. Are there different professional cultures and what, or who, will prevail?

There was a time when the NHS was consultant dominated.

As younger consultants are coming through I detect a greater willingness to be part of a team and behave in a collegiate way.

If this is true of where you are, encourage it.

The NHS is a whole system and has to function as a team.

Remember football teams and the Services work in teams but they spend more time training than they spend time 'doing'.

The message is; teams take time to build and mature.

Start with an agreed, shared-motivation, and work backwards.

Services that are clinically led are usually better delivered.

If that is the direction of your travel, make sure the clinicians are supported with management training and with management support.

Any organisation that has departments will have 'cultures'. The Finance Department will see solutions in terms of numbers, HR Departments in terms of people. Nurses will see nursing solutions and doctors will see doctoring solutions.

Age, training, experience all contributes to culture. Culture can turn into tribalism and tribalism into anarchy. The pace at which an organisation works at will vary from place to place. Communication adds to the complexity. Some organisations have their approach grounded in history, custom and practice, others are quite the opposite. The differences will be highlighted by change. Who prevails in the 'culture battle' will set the tone for the future.

47. Can you identify different professional cultures?

You will if you spend time with the staff.

Even though patient pathways travel horizontally across organisations, we still have professions organised in vertical silos.

Professions can be protective of their 'thing' and do tend to develop a sub-culture of the organisation.

Can you identify them?

How will you organise around that?

48. What impact does culture have on service delivery? Culture takes years to create.

Like a coral reef, they grow.

You can't change culture but you can create an environment that embraces change and enjoys challenge.

Radical change might mean services are moved and perhaps delivered in a different way.

Perhaps by nurses and healthcare professionals instead of doctors.

Maybe, on the phone, FaceBook or Skype.

Each of the professions will have their own response.

Creating an environment where clinicians feel safe and supported in their practice is a fundamental.

49. How?

...over to you!

50. Does it matter?

You might take the view this is a change we have to do and we will make it happen, come what may.

Perhaps you have the regulators breathing down your neck.

The more vital the change is to the survival of the organisation, the more important it is to do it well, carry everyone you can, with you.

Transparency will be your greatest asset.

51. Do cultures work against the organisation's ability to work together?

Changes in service configuration and location may seem very sensible viewed from a desk.

Viewed from the front line there can be hidden working practices that will be damaged.

It is vital to understand the impact.

Impact analyses are usually used to judge external issues.

Think about using the technique, internally.

52. What can we put in place to encourage team working?

Departments can slip into working in silos and cross-departmental working and collaboration is not always easy in large organisations.

Encourage departments to meet each other and share their best practices.

They can often fertilise new thinking and innovation.

Persuading staff that what they are doing is not the best that can be done, can be difficult. Professional sensibilities, pride, self-esteem are all at stake. Even in the best, well-run organisations, from time to time, mistakes will occur.

The important thing is to learn from them. There is no great sin in getting something wrong, the sin is not knowing something has gone wrong, or worse still, covering it up.

53. Do you have a non-blame culture? Is it OK to make mistakes?

Of course, you will say 'yes' to this question... but is it true?

The pressures of time and resource puts extra pressure on all of us to deliver right first time.

Mistakes take time and resources to recover from.

Add to that the complexity that follows from clinical errors and there are few organisations that can truly answer, yes.

Count your near-misses, what do the trend lines tell you?

54. How do you know? Well, there is a whole blank page waiting for your answer...

If someone's registration and their career is likely to be damaged by making an error, you can expect the temptation will be... cover it up and hope.

Creating an environment of trust where people can step forward and say; 'I've made a mess of this...' is a big ask.

They have to be certain of being supported.

Your problem; the regulatory framework is stacked against being open.

Suspension, inquiries, hearings and court cases loom over every decision a Clinician makes.

55. Are we the kind of organisation that likes to learn?

This is another, knee jerk 'yes' question but is it true?

Look at the training budget, look at the number of times staff go to external events to share and learn.

Do they give lunchtime talks on what they've picked up and can share?

The other kind of learning organisation, is the kind that learns from its mistakes... not so easy to say yes, is it...

A lot has been written about the 'learning organisation', it's worth seeing what it can offer you.

56. How can we create an atmosphere of honesty and openness?

Of all the questions in this workbook, this is probably the most important and the most difficult to create.

Transparency is a good place to start and trust is not far behind.

Spend some time thinking about this. It will bring its own dividend.

Remember, you learn a lot from mistakes...

57. How can we benchmark activity, with other organisations, to highlight the strength or weakness of what we do?

This has echoes of questions elsewhere in this workbook.

Comparing, calibrating and benchmarking can't be emphasised enough.

You may think you are doing a good job, but how do you know...

The greatest luxury a Manager can have is to be able to answer the question; 'How did we do today?'

58. What attempts are there for us to keep up with best practice?

Look to departmental directors.

What is at the leading edge in clinical topics, what is the best practice in HR, estates, catering, finance.

Ask them and if they can't tell you, fix it for them to find out.

You need to know.

59. How will you assess a new service configuration?

External assessment seems to be the most fruitful, where will you go for it?

The Royal Colleges are an often overlooked source of best practice and neutral advice.

An organisation brings together folk who are very different. Time served Board members will need to get to know their way around and new members will have a great deal to assimilate. A 'get to know you' programme for the Board needs planning, key people must be available and time set aside.

60. Who is responsible for your 'get to know you' programme?

You've joined the Board, the first question you must ask the Chief Executive is, who is responsible for my induction and when does it start?

See what happens....

... you'll learn something on your first day!

On the Board with newcomers on the way?

Make sure they have a good induction programme planned.

The quicker they learn about the organisation, the faster they can make their contributions.

61. How long will the 'get to know' you programme take?

What's the answer?

Anything under three weeks is too short and anything longer than a month means you're being shelved.

Make a list of things you want to know...

62. Will visits be announced or unannounced?

Formal introductions to department heads is the right way to go about it but you should be free to walk around the organisation, introduce yourself and chat to people.

It's what you are there for.

Not to catch people out but to catch people doing the day job so you can see for yourself the efforts they go to, what they achieve and what you can do to support them.

63. Is induction undertaken in groups or singly?

If more than one person is joining at the same time it makes sense to have the formal introductions and briefings together...

... but you should spend time in the organisation alone, not as a spy, but learning to tune your ears and eyes to the rhythm and pace of the place.

64. Is induction a continuous programme?

Time must be set aside to make sure the Board is up-to-date with developments in the Trust and the wider NHS.

The health service is a complex business and keeping up takes time and effort.

You are responsible for your education and knowledge.

Read the health trade press, keep across the news websites and join an organisation that has programmes to keep you across new developments.

65. Should Managers be 'twinned' with lay members who have special expertise or interest in departmental or service functions?

This is a seductive idea and many Trusts do it.

Sharing expertise from the world outside health.

The challenge is to make sure the NED doesn't go native! Become a proxy Executive.

The role of the Non-Executive Board and Chairman is to hold the executives to account.

Share your knowledge and expertise by all means but beware, you should not take on projects or executive tasks.

66. Is this desirable - does it reinforce tribalism?

Pleading special causes at a Board meeting is wrong.

Sharing observations, is not...

Making sure the Board is aware of all the facts... that's right.

Find the fine line.

67. Will the Non-Executives have time to do the job properly?

Only you can answer that.

Whatever they tell you, it's not a few days a month job!

Being on a Board will consume as much time as you have and more.

NEDs play an invaluable role and sensible organisations get the best of their advice and experience.

But, it is time consuming.

68. Do you really understand the extent of the commitment they are taking on?

Talk to other NEDs and Board members... what do they tell you?

Meet some before you take on the role. Does it feel like a good fit?

If you are a Senior Manager, looking to join an organisation, talk to other Senior Managers already in place.

69. What skills do they have and do they add value by being there?

Common-sense, life experience, technical skills and most of all ignorance and the courage to say...

'Why do we do it like this?'


That's your sixty-nine questions for the NHS in its 70th year!

The 70th question is a lot longer!

...the job doesn't end there. There are more things we need to be aware of and questions to answer.

The dynamics of a Board, just like a meeting, can be complex. They have to work but what does 'work' mean? The Chairperson is responsible for making sure the agenda for a Board meeting is comprehensive, manageable and understandable.

The environment has to be right and the timetable business-like, not rushed and flexible enough to allow for adequate discussion.

 **Remember, it is not the Non-Exec job to do the job. It is their job to make sure the Executive is doing the job.**

This does not mean Board meetings have to turn into a Spanish Inquisition. Executives have to feel safe that they can reveal problems without being jumped all over.

Holding Board meetings under the eye of the public and press is tricky. A misunderstanding can end up all over the local newspaper, or worse!

Trusts meet under the provisions of the Public Bodies (Admissions to Meetings) Act 1960. This will not be a challenge for the many Trusts who already hold meetings in public.

For others it may define a whole new way of working. An organisation facing change and challenges will have to take great care in how it deals with some of the more sensitive issues.

And items being rehearsed in private... beware!

- What items will be reserved for discussion in private?
- Who decides?
- Will Board members 'play to the gallery' if the public and press are present?
- Are standing orders up to date?
- Is where you meet suitable for members of the public to attend and be seated comfortably?
- Will you need a new venue?
- In the organisation or outside of it?
- Is there adequate access and facilities for the disabled?
- How will you announce times and venues of your meetings?
- Will agendas be published for the public and press?
- Will you vary the meeting venue or times - to give everyone a chance to attend?

... as a bonus, a few more questions!

70. What is the relationship between the Chairman and the Chief Executive? Business like, friendly, challenging, distant? Too friendly? Mates? Confidant? Does it work?
71. Can relationships between Board members be tested and developed?
72. If Board members under-perform... think about training, giving new skills, encouragement or removal.
73. Will Executive members be encouraged to reveal their career plans?
74. Will good people be encouraged to stay?
75. In planning a Board, will posts depend on the 'best man for the job', what thought will be given to equality of opportunity and balanced Board representation?
76. Does the Board 'look like' the community it is serving?
77. How will you ensure the members of the new Board work well together?

In any organisation, learning to work together takes time.

Facing new or tricky problems brings its own challenges. For example, in a recently merged organisation, or department with the potential for friction or stress, the problems can be amplified.

Getting away from the organisation, away from its pressures and distractions, is a good way of getting to know one another, learn to understand each other and plan for what is ahead. Sometimes called 'time out' or 'away days', the idea is to focus on the Board working together as a team.

78. Where is the best place for 'time out'?
79. If it is in-house, where? If the venue is elsewhere, ensure it will be properly equipped with everything you might need (overhead projectors, flip charts etc)?
80. Can you agree a date that suits everyone? Time out doesn't work well if someone is missing.
81. Who will develop the aims of the meeting?
82. Who will arrange and agree the agenda?
83. Can everyone have a say in agreeing the agenda?
84. How long will 'time out' last? Longer than you estimate for the first session!
85. Will the agenda allow for groups to work together as well as plenary sessions?
86. Who will be the facilitator?
87. Where will they come from?
88. Who will brief them?
89. Will you ask for a report or is it off the record?
90. How often will you do it?
91. What is the budget and who will pay?
92. How will you evaluate the benefits?
93. How does the Board know the information that reaches it, is sound?
94. Does the Board hear what it wants to hear or does it go out of its way to be 'told like it really is'?
95. Do pre-meetings take place? Should they?
96. How is genuine debate encouraged?

97. How does the Board measure success?

Finally, three personal questions...

98. Have you got the time to do all this?

99. Do you enjoy it?

100. Will you tell us.....?!

There are some important issues here.

Making sure the information you get is correct; look for trends. If some information looks like an outlier... ask why.

Develop the fine line between encouraging the organisation's progress and making sure estimates and predictions aren't overly optimistic.

Executives meeting privately, to rehearse Board meeting responses, is a dangerous game and should be discouraged.

If there are sensitive issues or failures to report, think about pre-briefing the press or patient groups, to make sure they understand the issues thoroughly.

Agendas are the road map for the meeting. Some are as thick as an Argos catalogue. Really, there is no excuse for not having most of the routine reporting done on the organisation's intranet and the menu delivered electronically.

How will the Board organise what goes into the agenda? Mechanisms for allowing items to find their way onto the agenda do vary from organisation to organisation. Who plans the agenda? Who decides what goes in, what stays out and why?

Some items will be regular and reported month on month, to highlight variations and trends; others will be one-off.

Will the agenda really keep the Board in touch with what is really happening in the organisation?

- Can you strike a balance between reactive and active agenda items?
- How much appears on the agenda? Is it limited to a certain number of items?
- How long should a meeting last? Is it time barred?
- Does your Board meeting start with a patient story? They ground us and remind us WHY we are here.
- Should the agenda be split into items for decision, discussion and information?
- Is there an option to use IT to make Board presentations easier and can agendas be circulated electronically?

For the Board to working properly, it will need support.

- There is more to it than leaving it to the Chief Executive's secretary.
- Does the Board have dedicated secretarial support?
- Is there a need for a 'company secretary'?
- Whose job is it to minute the work of the Board?
- Is there a timetable for circulation?
- Do all staff have a chance to see Board Reports?
- Are they circulated, routinely to staff-side organisations, the rest and the public?

- Are they posted on the Web and is there a link via FaceBook?

- Who is responsible for compiling the agenda?
- What are the time limits for compiling the agenda and for circulating the agenda?
- Can urgent items be tabled at the meeting? Who decides?
- Who will have the final say?
- How will deadlines be fixed for including agenda items?
- Is there provision for urgent items?
- Does the agenda allow for informal discussion?
- Will the Board meet before the public meeting?
- Can financial information be presented in such a way the public and non-finance people can understand it?
- How will regular items be bench-marked to show progress?
- How will the items on the agenda be evaluated - do they really address the real issues?

The Board is not an extension of the Executive - it instructs the Executive. Nevertheless, it is important for the Board to be close enough to the organisation to recognise what is wrong and what is right about its performance.

The Board has to decide how accessible it is to the staff. After all, it is the staff who are responsible for implementing the Board's decisions and whose careers and future will be affected by these decisions.

- Do the staff know who the Board members are?
- Are the Board recognised by the staff?
- Do they know their names?
- What opportunity do they have to meet?
- Do Board members appear to be privileged, by having dedicated parking places or reserved places in the canteen or dining room?
- Should they?
- Do the staff think the Board adds value to the organisation?
- How do you know the answer?
- Is there a planned programme of Board visits to all parts of the trust?
- Are drop-in visits made?
- What is achieved by visits?

Does the organisation have a vision? Can you describe it beyond wanting to be safe and clean, balance the books and spread love into the world!

- How does the organisation express its values and aims?
- What can be done to ensure all staff can play a part in defining the purpose?
- Will contributions be individual or departmental, or both?
- Who takes the lead in the process?
- Who will sponsor it at Board level?
- How will the purpose be communicated within the organisation?
- How will the purpose be communicated outside the organisation?
- How will the values play their part in shaping the culture of the new organisation?
- How will you overcome cynicism that a statement of purpose is just another set of words on the notice board?
- How will you achieve ownership and commitment?
- How will the organisation test itself against its statement of purpose?
- How will the Board assess whether the organisation is living up to its ambitions?
- Will the purpose be revisited and refreshed, as time passes?
- Can a new culture be developed?
- How do you move the organisation beyond just being a place to go to work?

All enterprises carry risk but health services, because of the special work they do, can be exposed to considerable risk. Risks as employers, risks as service suppliers, risks to visitors. The prospects are endless. The important fact is; the buck stops with the Board.

- Who leads on risk management and have they developed a risk management strategy?
- Have you seen the risk register?
- Is risk management part of a quality strategy?
- Who evaluates the clinical risks?
- Do operating procedures invite or limit risks?
- Are Health and Safety policies up to date?
- How do you know?
- What are the financial risks?
- Is it wise to have the risks evaluated in house or should the full range of risks be assessed by an outside organisation?
- What is the cost of this?
- Are there resources to pay for it?
- What are the risks related to software? Is it all licensed?
- How, as a Board member, can you be certain the organisation is not running unnecessary risks?
- What is the Medical Director's role in managing risk?

In large or complex organisations undergoing great change, it is easy for the leaders to become fixed on managerial and process issues and overlook the fact that the purpose of the organisation is to provide services for 'customers' - the residents, patients and clients.

Staying connected with the service is an important part of delivering smooth, quality services.

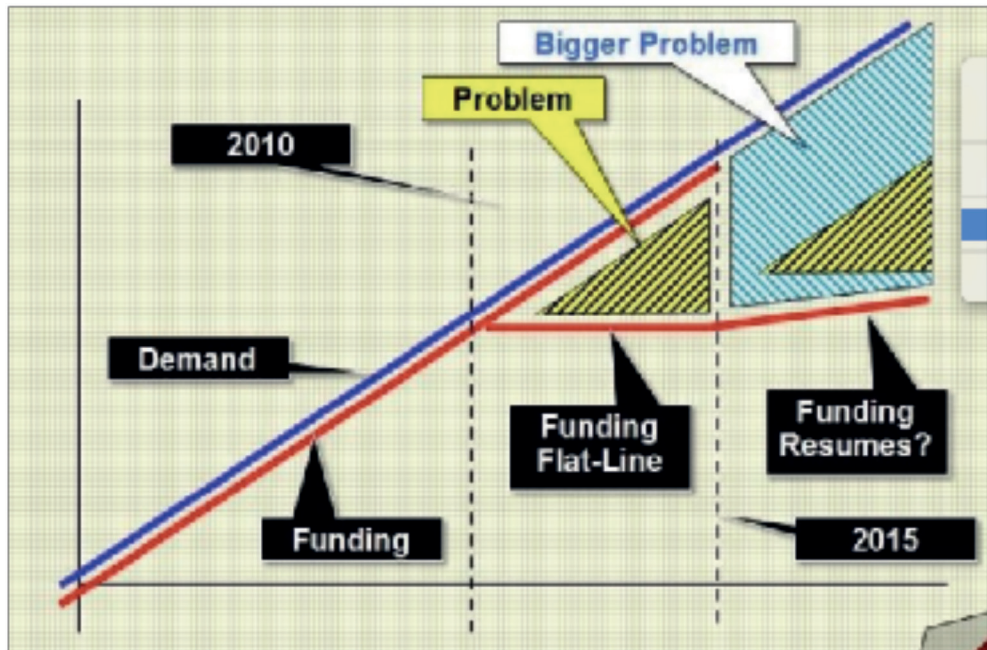
- What mechanisms are in place for the Board to stay in touch with the opinions and needs of its 'customers'?
- How often does the Board meet with voluntary and patient representative groups?
- Does the Board visit service delivery areas of the organisation?
- Can the Board demonstrate it has responded to 'customer' demand?
- Are there any market research mechanisms to inform the Board of 'customer' reaction and demand?
- How does the Board benchmark its success?

Organisations can develop their own personality and much of the character will come from the style adopted by the Managers. Some management styles encourage openness, others are more centralist. Some organisations are more disciplined than others; some are financially driven and others medically. Some are relaxed and some are formal.

- Are Senior Managers and Board members addressed by their first names?
- Is the internal disciplinary record of the organisation a good way to assess style?
- How accessible are the Managers?
- Is all contact formal?
- Is there room for management by 'huddle'?
- How open is management?
- Do they admit their misjudgements?
- Will style lead the organisation or will the organisation set the 'style'?

How well does the Board understand new and more complex financial information? Bigger begets complexity. Board members often confess that the most difficult part of their job is understanding financial information. Finance information does not have to be pages of numbers. It can be presented in a form that allows for performance comparisons and key indicators.

- Has the Board decided what financial information it needs?
- Are Board meeting schedules and monthly out-turn information synchronised?
- Will information be presented in a consistent way?
- Will financial information be integrated with other performance measures?
- Will the Board be able to digest the information?
- Is some training required?
- Has the Board agreed upon the method and style of the presentation it requires?
- Who interprets the information?
- Are the numbers presented as graphs and charts?
- Is there a narrative?
- Is it meaningful?
- How will the Board be sure the information reflects the true position?



Can you do graphs that people will understand?

Of all the assets the Board is responsible for, the estate is probably the most valuable and complex.

- Do you own the estate or do you rent it under PFI, FIFT or similar arrangement?
- Do you want to change that position?
- Do you have an Estates Department?
- Could the job be better done 'out-of-house'?
- Is the Estates Department up to the job?
- If there are disposals, who will handle them?
- Are you being pressured to dispose of land for housing and other purposes?
- Can you resist it if you want to?
- Have you an option appraisal that includes the likely estate's needs of the organisation in the future?
- What is the state of repair of the building stock?
- What are the cost implications?
- If new buildings are planned, what is the Local Authority's position, what are the planning implications?

Depending on the expertise of the Board it may be unnecessary to appoint professional advisors.

- Have you defined the expertise required?
- Does the organisation have the capacity to carry the work forward internally?
- How will the fees be funded?
- What are the costs and time schedules?
- Who will draw up the specification and contractual arrangements?
- How will consultants be selected?
- How will you evaluate their expertise and experience?

The NHS is no longer a standalone organisation. Relationships with the third sector, private suppliers, the Local Authority and the community, along with other stakeholders gaining support for future plans and joint working, is vital.

- Who are your stakeholders?
- Who are the organisations you need to involve and consult with?
- What are their roles?
- How will you communicate with them?
- At what level should the approach be made and joint-planning be established?

The role of Social Services cannot be over emphasised. A fact recognised in the recent plans to move parts of adult social care into the Department of Health.

- What are your current arrangements with Social Services?
- Are the personal relationships good?
- Do you have joint teams?
- What are the implications for planning and working closer with Social Services?
- How will these be dealt with?

Managing the external boundaries, cooperation with outside agencies and Third Sector partners is very much a job for the Board. Often Non-Execs will come with a lifetime of experience. However, at times of service change and uncertainty, it is equally important to ensure internal relationships are managed with care. Do the staff know what's going on?

- What are your internal consultation arrangements?
- Will there be similar processes across all organisations?
- What information needs to be shared with whom?
- How often will you hold consultation events with your staff?
- Who leads the sessions?
- Will there be opportunities for written consultation from staff?
- Do you have the in-house expertise to deal with the issues?
- Should you appoint outside consultants?
- How will they be chosen?

External boundaries, a job for the Board.

Relationships with organisations outside the Trust; official organisations, charities and affinity groups, key influencers and community leaders... how often do you talk with them, who does it and what is the message?

- What is your external consultation strategy?
- What are your key messages?
- Who is responsible for producing it and leading it?
- What is the role of the Chair and Chief Executive?
- Who will you consult with?
- What will be the informal processes?
- How will you respond and link in with the formal process run by others?
- Will you appoint external consultants?
- How will you choose them?
- Think carefully, if this is a PR battle, is it winnable?
- When does the organisation say sorry and who says it?

The public sector is the subject of increasingly intrusive media examination, a position made even more pressing by the speed of social media. It will be essential to communicate regularly with the press and to identify a spokesperson who can build up a positive relationship with key journalists and give them regular briefings. It is important to develop trust.

- What is your policy on dealing with the media and the press?
- Is it effective?
- Do you currently provide informal briefings?
- Can you point to good, frank and open relationships in the past?
- Is it robust enough for the future?
- Who will you deal with locally?
- Who will you deal with nationally?
- Who will lead and work with the press and media on a regular basis?
- What is the organisation's social media policy?
- Who manages it?
- What are the objectives?
- Are staff gagged or allowed to talk freely with the press?
- Who is the spokesperson?
- Have you defined the role?
- Will they have open access to the organisation, at the highest level?
- Will it be someone from within the organisation?
- What are the training needs?

- Unsocial hours come with the territory in this kind of role - will the person be able to cope with the potential for out of hours and weekend demands on their time?
- Will you appoint an external expert?
- How will you evaluate their past record?
- Who will they report to?
- How much will they cost?
- How will it be resourced?

All organisations communicate in their own way. Some do it well and some have no idea. It is important to review what has worked and to set up new arrangements that are robust enough for the future. An audit of communications will be important.

- Who will undertake it?
- What did it reveal?
- What are the successes?
- What are the barriers?
- What can be learnt?
- Will it result in a new communications strategy?
- Will it be effective?
- How will you know?
- What yardsticks can be developed to measure the improvement in communication impact?

Effective internal communication is important. If people know what is going on they don't start making things up or listening to gossip. This is not just an add-on and should be given a high priority. The organisation will need to develop a communications style that reflects its future direction, is genuinely two-way and promotes listening and sharing.

Two-way communication is based on honesty. Some answers that the organisation may wish to give Managers and Board members may not be flattering and not the news you may want to hear. That is exactly the news you must listen to.

- Does the Board understand that communication is not just about sending out a monthly newsletter?
- Will you develop the communications strategy?
- What will it include?
- How can you be sure that the components are complementary?
- Who will design and prepare it?
- Who will you involve in the process?
- Will you use outside consultants or experts?
- What type of mapping exercise will you undertake?
- Do you know what you want to say?
- What techniques will you use to say it?
- What will be the barriers to success?
- What will be the role of the Chair and CEO?
- Who will ensure implementation?
- What training is needed?

- What will it cost?
- Can the Board deal with the reaction that 'the money would be better spent on patients'?
- What are the key outcomes?
- When and how will you review it?
- How does the Board communicate its decisions and how accessible is it?
- How do you propose to involve users and patients?
- What are the mechanisms and supports?
- How will you ensure it is not just tokenism?
- Will you involve independent advocates for some service users?
- What information and feedback will be set up?
- What will be the role of the Board?
- How will you evaluate how user friendly your services are?
- Is this an in-house task or should outside experts be brought in?

Workforce is key. There are shortages right across the NHS and we know people can feel threatened and uncertain about their futures. Staff who are at risk may be more worried about their futures than they will about performing at work.

This is particularly true of staff from other parts of the EU. The evidence is, many are going home and fewer are choosing to come here.

Don't be surprised if sickness levels rise and complaints increase. If you can reassure staff, then it is important to give positive and reassuring messages.

If staff are at risk, then it is important to be honest and establish fair procedures for dealing with this.

- What analysis has been undertaken around future staffing requirements?
- What discussions have there been with affected staff groups and their representatives?
- What policies have been agreed around these issues?
- Do you have agreed recruitment policies and procedures?
- What are the implications?
- How much will this cost?
- Are there alternative strategies around re-training and back-to-work offerings?
- Are there career development opportunities?
- What are you doing to keep key staff?
- Are there any unresolved disputes around staffing and if so how do you propose to deal with them?
- What is the industrial relations climate, particularly around junior doctors?
- Are there regular communications channels?
- What are your formal and informal links?
- What is the morale like in the organisation?
- How do you measure it?

Is the 'HR Department' a personnel department in drag or a proper people department?

- How does the Board translate its Human Resource strategy into a real agenda?
- What is the capacity of the HR Department?
- Is it able to meet needs?
- What are the priority issues and how are they handled?
- What regular reports does the Board receive on the work of the Department?
- Workforce is the single biggest problem facing health systems, globally... will you be any different?
- What part does the HR Department play in the getting and keeping good people?
- Is there clarity about the responsibility for recruitment? Whose job is it? The Chief Nurse, the Medical Director, or HR?
- What is the organisation's disciplinary record?
- Do you get regular reports; are there trends and themes? Look for them.
- What's the whistleblowing policy, access to confidential phone lines and
- Freedom to Speak Up Guardians? Look for trends in reporting.
- What are the BME and other minority group guidelines and policies?
- How do you track them?

Good information technology systems are essential to a new organisation in helping it to perform efficiently and in an informed way. The management of information by the use of technology has not been the NHS's strongest suit. However, IT will prove vital in keeping costs down and helping everyone understand what is going on in the place they work.

- What are the legacy IT systems?
- Are they any good?
- Do they meet the organisation's needs?
- Who will decide what is needed and how?
- What is the IT strategy?
- What is affordable?
- What are the plans to develop the use of IT?
- Are the systems integrated?
- What are the IT capabilities and competencies across the organisation?
- Is there a training and development programme to meet the range of needs?
- Is it affordable?
- Are the Board of a gas-lamp generation and don't understand its importance?
- What can you do to enthuse them and train them without making them feel even older?!
- Is the Head of Information Technology & Data a Board position?
- Do you have free access to wifi across the estate?

Efficient supplies and purchasing systems can release significant amounts of cash savings for any new organisation. The work of Lord Carter may help? Is the Board aware of the Carter programme?

- Who keeps the supplies and purchasing arrangements under review?
- How do they report to the Board?
- Can the Trusts get a better deal by going direct to suppliers?
- Do you get value for money currently?
- Do you know?
- How are prices tested?
- Is there an understood policy on VAT recovery?

Awareness of quality issues is at the top of the agenda for all Boards. The work or threat of the CQC can be destructive and distracting. Inspection plays no part in quality, but we are stuck with it for the foreseeable.

Quality does not begin and end with any one department, it is a job for the whole organisation. Neither does it begin or end with an inspection.

- How does the Board let the organisation know about its policy on quality services at a time of austerity and huge pressure?
- How does the Board help its people through the inspection process?
- How does the Board monitor the organisation's quality standards?
- Who handles complaints?
- How does the Board track complaints data and look for trends?

Quality is what you do when no one is looking.

If your organisation has to rehearse for a CQC inspection... there's something wrong with the organisation.

If the Chief Executive says they learned a lot from an inspection.. you have the wrong Chief Executive.

How will the Board know if the organisation is a good place to live, work, be treated and cared for? The Board must successfully translate the aims into a real vision and a climate where people look forward to coming to work.

A place where values are supported, agreed and understood. A place where staff are proud of what they do and local people trust.

- How will the Board develop an effective culture?
- What are the key steps?
- Who will lead it?
- How will it engage with staff?
- Do you have an implementation agenda?
- What are the key decision-making processes?
- How will the Board know that it is moving in the right direction?
- Who will it listen to?
- How will it monitor its own actions as well as the performance of others?
- What is its barometer?
- How do you know you have succeeded?

Let's talk about the elephant in the room. It's not the normal sort of elephant. This one is a huge electronic elephant.

The digital elephant.

What is your organisation going to do about digital, the management of information by the use of technology and all the whacky ideas about telephone consulting, Face Time outpatients, access to records, and buying new stuff?

Remember; whacky always works in the end.

Wacky always works in the end.

What we regard, today, as being out of whack, you can bet, will be the future's routine. Storing our important stuff in a 'cloud'.... paying three times the price for a computer with no keyboard... the entire Encyclopaedia Britannica stored on a beer mat and now a postage stamp... whacky but working and the workaday.

In 1994, I researched a book, I wrote it in 1995 and published it in 1996. By 1997 it was out of date. The book was called Future Proofing!

Note to self; the future comes quicker than you think.

The speed with which the book was overtaken by events stunned me. The only relevant passage in the book, the only bit worth rereading...

'If you can imagine it, it can happen'.

So, the question for today; can you imagine what comes next?

Can you imagine so far ahead to know that an investment you make in software, hardware, firmware is good for the next 30 years?

How about twenty years? Ten? Five?

Good luck with that... I can't.

First question, can you future-proof your decisions on IT and all that good stuff? It's not my job to answer the questions but I'll break the rule in this case... the answer is no.

The answer is a resounding no.

But, there are things you can do to be able to flex, stay nimble, create an environment that can absorb the shocks of change, pressures.

When it comes to the management of information by the use of technology there are a lot of questions for the Board... particularly in procurement and people but it seems to me they boil down to 7 key questions.... let's have a look at them, see if you agree.

Security

This might seem a dull place to start but it is the absolute foundation. The WannaCry events of 2017, that left the NHS searching for a pencil and paper, must tell us something.

Set aside the issues of preparedness, patches, updates and all the rest... think vulnerable.

The NHS is vulnerable and always will be. From the weird world of criminals through to the bobble hats with a laptop in a back bedroom, the NHS is a target.

What are the organisation's plans, contingencies and back-ups?

Note that; the organisation's plans. Not the NHS, not the DH... yours and that means you. The centre cannot protect you. It is more likely to blame shift in your direction.

So, what are your plans, do you bench test them? Do you real-time test them? You can have the best systems in the world but...

It is the Board's job, responsibility and duty to ensure themselves and the organisation are protected, prepared and ready for when someone pulls the plug.

ROI

This is tricky. Conventional methods of calculating return on investment aren't going to work.

ROI measures the amount of return on an investment relative to the investment's cost. To calculate ROI the benefit or return of an investment is divided by the cost of the investment. The result is expressed as a percentage or a ratio.

That's the definition out of the way.

As you can see it is pretty useless.

Born of a slide rule generation, for calculating a box of candles.

We know buying an IT system is only an investment if the ROI works. In conventional terms, it probably won't. You have to have a system to function, that's a given, but working to achieve what? What more can you expect over and above the routine?

ROI might work in a different way.

Can you put a financial figure on digitally enabled service benefits that include safety, convenience, and accessibility? You can create numbers but they are likely to be proxy numbers and hard to compare.

What's the option?

We know that the pace of change in this sector is such, that redundancy can be measured in weeks. Hospitals have to buy IT systems but what do they buy? Leading edge, future-proofed? Risky.

Do you know your starting point? Find out about digital maturity, what level are you at.

Progressing through the maturity indices takes time and investment.

Something that you can see working someplace else is a good start. Don't get tangled up with a supplier that can't show you something up and running. A deal that allows flexibility to adapt to a new environment.



Remember, the direction of travel for healthcare is away from hospital, into an integrated environment.

Will your stuff work with everyone else's stuff? Is there a case for a wider procurement? Are you buying at the right time?

Is your ROI measured only in cash?

Have you thought about updates and cost, convenience, training, reducing stress in the workplace, delivery, downtime, call outs, support?

Does the measurement of value have to be money? Are there 'fuzzy measurements' that come into play?

Have you considered an open-source solution?

You may still have to pay royalties, support fees and all the usual but avoiding a capital cost may make sense.

What about risk? Are there any elements of risk the supplier will share with you? The risk of downtime, system failure and performance?

Finally, does this have to be a capital purchase? Consider depreciation, write downs and VAT.

A better idea might be a revenue, pay-as-you-go contract.

Ask the questions.

Enable performance and growth

As the organisation grows, will the system grow with you? The direction of policy is towards integration, what are the interfaces? Will the supplier grow with you?

NHS England's Five Year Forward View is coming to the end of its life and undoubtedly will be replaced with a document that places even greater emphasis on integration across the care services locality and produce data for national requirements.

Will your system support that?

Can you make the investment all in one go? Be sure to find a supplier who will not only be around to support you in the future but will also undertake to ensure their legacy systems will be future-proofed. They need to be capable of being developed as a platform on-going, with protocols to integrate with Apps and other systems and devices used on the wards, such as vital sign observations, test results medicine management, prescribing and pharmacy.

 The environment within which your activity takes place is key. Can you judge it?

Can you understand the strategic application architecture? Will it meet your future needs (this has to be thought through because there is a porous boundary with the previous question)?

On a more practical and down to earth level, it is simply not safe to operate without data? Data on performance, costs, near-misses and mishaps. In any large organisation things will go wrong, of itself, no great sin. The real sin is not knowing, or knowing and not doing anything about. Your system must help in creating a safer environment, identifying where the risks are coming from.

Using technology to deploy standardised patient pathways to help reduce unwarranted variations in outcomes and align with the Carter recommendations on productivity.

Helping clinical and planning decisions are part of the function. How accessible are reports, are they tailored to your precise needs?

Who is going to do this?

Avoid the new project graveyard.


Have you got the talent, the time, the experience, is there a NED on the Board with experience of the sector who may provide valuable advice and insights?

You could hire-in consultancy, how to choose them....

Keeping up-to-date with developments in the sector, getting the right person with a balance of future vision and sensible thinking in the here and now.

Is it a job for an IT expert or an expert Project Manager, a Clinician or a Senior Manager? What is the role of experience?

If you are recruiting outside, finding the right person will take time. Almost certainly the person you want is doing a great job for someone else and they might not even be working in the UK. Experts in this sector can work anywhere. Almost certainly you will have to think in terms of a relocation package.



Leave plenty of time for recruitment; think a month to brief an agency, two months to advertise and get a short-list, a month to arrange interviews, and maybe six months for the right candidate to wind up their last assignment and turn up at your place on a Monday morning.

Ensure a potential provider can support implementation with adequate staff and resource. Deployments are measured in months... six might be regarded as quick.

Think about pressures on other departments, such as training and HR. Avoid a system that requires complicated staff-training. Most staff are 'net-savvy' and most can work a computer and smart phone. They shop online, book tickets and holidays.

You are looking for user interfaces that are close to what people are used to using.

Delays

Inevitable, factor them in...

Think about penalties and costs, who carries the risk?

You'll need the advice of lawyers who specialise in this work. Get the contract terms right. They need to be tough without being draconian and realistic without being too easy going.

How does it help the business?

Yes, I know the NHS is not a business but I mean the transaction of the business of delivering healthcare.

The NHS is coming through an unprecedented period of austerity. The consequences have been felt by everyone. The staff in their pay and conditions. The public in longer waiting times and the Board, wrestling with the ludicrous demands of regulators, less money and more patients.

An IT system that delivers data in real-time, helps cut mistakes, schedules staff in the most economical and efficient way, deploys resources effectively and makes the work of delivering safe and efficient healthcare easier, will be the backbone of survival in the years ahead.

The direction of travel is towards integration, shifting patients to the least costly point of service. It is important to understand the demand that will be placed on the system for data and analysis, and the ability to flex and integrate with legacy systems used by new partners.

Flexible contracts, a company that develops systems, doesn't sit on a successful product and thinks that's all they have to do.

A partner that understands the world where systems are depended on by Managers, Clinicians and patients, and delays, outages and down-time are not acceptable.

Responsive is the keyword.

We don't know where healthcare will be in 5 years' time, never mind ten or fifteen or twenty. Boards must look for organisations willing to share the risk and take partnership into a future that is largely unknown and unpredictable.

People will want to hear from you, about how it felt, the mistakes you made and what you would do again. Sharing knowledge. Sharing success and avoiding failure. You are in a unique position to influence and motivate others.

- Will you ensure your best stuff is shared with the wider NHS via The Academy of Fabulous Stuff?
- Will you speak at conferences?
- Will you write a book, a blog or a paper?
- Will you have an open-door for those who want to learn from you?
- Will you tell the truth?
- How will we know?

Doing a job, overseeing, managing public services, spending public money. Like it or not you're in the spotlight.

You have to be like an advertising hoarding next to the railway tracks ...legal, decent and honest.

Back in 1994 the John Major Government got itself into difficulty following the behaviour of some politicians.

Cash for questions and all that malarkey.

He asked Lord Nolan to come up with some standards and the terms of inquiry were later added to in 1997 and twice in 2013.

They now embrace all the public sector and much of the third sector... and you!

Here they are.....

Cut this page out and stick it on the fridge door!

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

For further information on the 7 principles and the work of the **Committee on Standards in Public Life**, visit the Committee's website and blogsite.

Post Script:

Seventy ideas, thoughts, questions and a lot more besides. Issues that interest me and I hope will give you cause to think.

What would your seventy questions be? Seventy for your organisation, seventy for where you work. As long as there is an NHS, so the questions will keep coming. I see it as our job not to duck the questions, but to be prepared for them and to ask ourselves, time and time again: are we doing it right, could we do it better, what does good look like?

There is a lot spoken about NHS culture. In my experience, culture is impossible to change. It grows, like a coral reef or a forest. The way to 'grow' the right culture is to change the climate. A free and open climate where it's OK to ask questions is a great place to start.

Asking questions, talking to each other, understanding each other better.

Make it OK to keep asking 'why' and 'how', 'what' and 'where'?

Don't make assumptions, make conversations.

Stay curious, exploit your ignorance. Leave room for doubt. Ask why are we doing this?

The devil may be in the detail but goodness is in the questions.

Great leaders ask great questions.

Start making your own list.

Happy Birthday NHS.

Roy Lilley

