

News story: Matt Hancock: NHS needs to widen search for best leaders



Secretary of State for Health and Social Care Matt Hancock has said that barriers need to be broken down to give the NHS the future leaders it needs.

He said he wants to:

- get more people with outside experience working for the NHS, such as mid-career business leaders
- improve training and development, learning from the military, business organisations and the education sector
- make the NHS better at nurturing the talent it already has, as currently only a third of NHS chief executives have clinical backgrounds

The Health and Social Care Secretary [spoke at the King's Fund](#) following the publication of [Sir Ron Kerr's review into empowering leaders in the NHS](#).

He called on NHS leaders to lead by example to create a culture where their staff feel safe to speak out about mistakes, and where everyone understands the benefits of using new technology in healthcare.

He also spoke about the need to improve diversity in NHS leadership. This follows the government's [announcement in October](#) that it will make black, Asian and minority ethnic representation in senior leadership match that across the rest of the NHS by 2020.

Matt Hancock said:

I welcome what's happening inside the NHS with the new Clinical Executive Fast Track scheme, the expansion of the NHS Graduate Management Training Scheme, and the Leadership Academy moving to NHS Improvement.

We need to equip staff all across the NHS with the right skills to constantly innovate and continuously realise the benefits that technology such as genomics, AI and digital medicines will provide. That starts with the right skills and capability in management and

leadership.

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Speech: UKaid direct funded 'maternal health project' launches in Ghana: speech by DFID Country Director

Deputy Minister of Health, Director General of the Ghana Health Service and Directors of the Ghana Health Service here present, Chief Executive Officer of the Mental Health Authority, Executive Director of the Christian Health Association of Ghana (CHAG), BasicNeeds-Ghana and NGOs present, ladies and gentlemen,

I'm pleased to be here today to launch the Basic Needs Maternal Mental Health project.

This is supported by a UK Aid Direct grant. UK Aid Direct is a 5-year, £150 million programme, currently changing the lives of over 3 million of the world's poorest people with UK aid.

This important project – £940,000, part of a £1.2 million project, has been granted to BasicNeeds UK to work with BasicNeeds-Ghana and three other NGOs to deliver the project.

It aims to raise attention to a little recognised, but important issue that pregnant women and new mothers experience.

During pregnancy and after the birth of a baby, women, and their partners, are at a higher risk of mental health problems.

The birth of a new baby is a time of great joy, but can also be a time when mental health conditions that a woman may have previously experienced can return.

And it can affect anyone – low mood, anxiety and depression are common problems that occur during pregnancy and in the year after childbirth, affecting up to 1 in 5 women.

I hope that this project will truly make a difference. It aims to improve the mental health and livelihoods for poor and vulnerable pregnant women and mothers – and their children – in target districts.

Specifically, it will make it possible to detect early on mental health

conditions – particularly depression – among pregnant women and new mothers that will allow them to access treatment – whether counselling or medical management.

It will help train health and social workers to recognise and manage depression and other common mental health issues in a sensitive way.

It will provide mothers with support – from community groups and peers -so that new mothers know they are not alone, and support them with livelihoods skills.

And perhaps most importantly, the project will continue to tackle stigma around this issue.

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The launch of this new project comes during the 16 Days of Activism against Gender Based Violence.

We know that women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically abuse. Between 30-60% of women with a mental health problem have experienced domestic violence.

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DFID has been a major supporter of health in Ghana for more than 20 years. The UK has a growing focus on disability, and mental health is a neglected area.

Our aim is to ensure that people with disabilities are systematically and consistently included in everything that the DFID is doing in developing countries.

1 in 4 people worldwide suffer from mental illness at some stage in their lives. And mental, neurological and substance use conditions are the leading cause of years lived with disability worldwide.

It's a global issue in our society. In Ghana, as in the UK and in many parts of the world, people with mental health conditions have been left behind and excluded.

Between 2013 and 2018 UK aid has worked with the Mental Health Authority, with Ghana Health Services, Christian Health Association of Ghana, and with Basic Needs.

We've invested £10 million of UK aid to:

- scale up access to treatment in health facilities
- increase community level psychological support
- help tackle societal stigma related to mental health
- and create a stronger policy environment

Through UK support there has been an increase in the workforce – more than 5,000 health workers trained including GPs, clinical psychiatric officers, midwives and community mental health officers.

We have ensured nationwide coverage of Mental Health services. All districts in Ghana now provide mental health services through GHS or CHAG facilities compared to 32 districts at the start.

Mental health patients are now being registered with the National Health Insurance Scheme and able to access general health care free of charge.

But challenges remain:

Firstly, there is a lack of funding for mental health and shortages of psychotropic drugs.

Secondly, Mental Health services are limited to old institutions for those with severe psychiatric illness, rather than mental health being seen as integral to the health and wellbeing of all people and mainstreamed into community health services.

And third: stigma and discrimination.

It's about people feeling they can't ask for help;

... people with mental illness or epilepsy who are ostracized in their communities and so they can't be productive members of the community;

it's the shame this engenders in those that suffer but also their family.

And we are still seeing human rights violations reported in "prayer camps".

Ladies and Gentlemen.

The broad partnership between the UK and Ghana is now maturing to support Ghana move beyond aid.

His Excellency the President's vision for a self-reliant Ghana is truly inspiring and is applauded by the UK and all development partners.

In the long term, economic development and investment in human capital is the sustainable pathway to self-reliance.

But "Ghana Beyond Aid" must address the issue of why, despite record economic growth, inequality in Ghana is rising. Ghana Beyond Aid can't just be about Ghana's "self-reliance" through industrialization. It has to address the "self-reliance" of the poorest and most marginalized Ghanaians.

And that means the 2.8 million Ghanaians who suffer from some form of mental health disability.

A country cannot develop if it excludes a significant proportion of its citizens.

We call on government to champion mental health.

It is time for change. And this is a good moment to change our thinking on mental health.

The recent London Summit hosted by the UK government and attended by Deputy Minister of Health, the Honourable Tina Mensah, challenged us to radically rethink mental health – to look after our mental health as we would our physical health.

Mental Health exists on a spectrum, from mild, time limited conditions, to chronic, progressive, severely disabling conditions.

We are all on the continuum – all of us, in all countries and at all ages – and some of us move along that spectrum. We all need to pay attention to our on mental health as we do our physical health.

So we look forward to our continuing partnership with Ghana on mental health. DFID is now preparing a new phase of support and we are currently working to design this with the Mental Health Authority – we encourage all CSO partners to apply as the procurement processes commences.

In conclusion

I congratulate BasicNeeds for their work on mental health, and their partnership with several other NGOs and with government health partners.

I'm delighted to declare this project duly launched.

Thank you

[News story: Readout of Liam Fox meeting with Prime Minister Netanyahu](#)



International Trade Secretary Liam Fox meets with Israeli Prime Minister Benjamin Netanyahu.

Today (28 November) the International Trade Secretary Dr Liam Fox MP met with the Prime Minister of Israel Benjamin Netanyahu.

The Trade Secretary and Prime Minister discussed the growing trade and investment relationship between the UK and Israel – which has reached record levels as more than \$9bn of goods were traded between the two countries last year – and the importance of ensuring bilateral trade continuity post-Brexit.

On continuity, the Trade Secretary welcomed Israeli cooperation in ensuring that trade agreements are rolled over and noted the significant progress that has been made in this regard.

The Trade Secretary briefed the Prime Minister on the Brexit process.

International Trade Secretary, The Rt Hon Dr Liam Fox MP said:

I am looking forward to an enhanced and even more ambitious trade and investment relationship with Israel as we work closer together going forward into the future.

Prime Minister of Israel Benjamin Netanyahu said:

Britain is in fact our largest trade partner in Europe, one of our most important trading partners in the world and we value the friendship, we value the prospects for the future.

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[News story: Hungary hails St Andrew's Day](#)

The engineer in charge of the bridge's construction was Edinburgh-born Adam Clark.

Completed in 1849 it was one the world's longest bridges and remains a famous landmark in Hungary's capital today. Clark is still well remembered in Hungary for this work and Clark Ádám tér ("Adam Clark Square") is named in his honour.

Welcoming the news, Scottish Secretary, David Mundell, said:

Lighting up Budapest's Chain Bridge in Saltire blue shows the international significance of St Andrew's day, and the transformative impact of Scots throughout history. Scotland and Hungary have long been linked. There is a thriving Scottish community in the country and this warm gesture shows that our ties are going from strength to strength.

I wish those in Hungary – and across the world – a happy St Andrew's Day.

HM Ambassador Iain Lindsay, OBE said:

It is a particular pleasure and honour for me, as the British Ambassador to Hungary and as a proud Scot, to see Széchenyi Chain Bridge, an iconic Hungarian landmark and a symbol of strong British-Hungarian and Scottish-Hungarian bonds, lit up in the colours of the Saltire, Scotland's national flag, to mark St Andrew's Day, the National Day of Scotland.

Scotland and Hungary have strong historical links. Jane Haining was born in Dumfriesshire, and spent the Second World War in Budapest helping to save the lives of Hungarian Jewish children. She was later arrested for this work and died in Auschwitz in 1944. She is still remembered in the Hungarian capital when a road was renamed in 2010 to 'Jane Haining rakpart'.

St Margaret of Scotland, Scotland's only Royal Saint and a Queen of Scotland, was born in the Kingdom of Hungary c.1045. She undertook many charitable endeavours such as establishing a ferry route across the Firth of Forth for pilgrims. Today St Columba's Church of Scotland in Budapest is a joint congregation of the Church of Scotland and the Hungarian Reformed Church.

The lights will be turned on during a ceremony to mark St Andrew's Day on Friday. The British Ambassador, Iain Lindsay, OBE, has been working with the St Andrew's Association of Hungary and the local authorities to turn the bridge blue. This comes ahead of the 170th anniversary of the bridge next year.

The Secretary of State for Scotland will host a 'Taste of Scotland' event at Dover House in celebration of St Andrew's Day tomorrow (29 November). Some of Scotland's finest food and drink producers had their chance to boost export sales while on show in London to an audience of Ambassadors and High Commissioners from all around the world including Japan, Denmark and Paraguay.

Speech: Good NHS Leadership starts with culture change

I want to talk to you today about how we create the right leadership culture in the NHS. So I've been looking at what we can learn from other organisations. But the truth is, there's nowhere like the NHS.

No other nation has what we have in the NHS. No other healthcare system is as comprehensive or as big. There's no organisation on earth on the scale of the NHS that deals with life and death decisions every single day, often in highly pressurised and challenging conditions. So there's probably a lot the NHS has to teach others.

But that doesn't mean we should be complacent or that we can't learn from others – particularly when it comes to leadership. The only organisations that come close to the NHS in size is the US Department of Defence, McDonald's, Walmart and the Chinese People's Liberation Army.

Missiles, cheeseburgers and groceries. On the surface of it, not a lot in common with the NHS. But look at McDonald's, for example: they're nowhere near as important as the NHS. What they do is spectacularly less complex. Yet they start leadership training at shift manager level. They drive leadership training through every level of their company.

Restaurant managers learn how to develop a culture of continuous improvement, how to hold their teams and themselves accountable and how to apply best practice to their outlet. General managers learn how to create and execute business plans and analyse and improve performance. And then there's apprenticeships, university degrees, a leadership institute and accelerated leadership development programmes.

All that training, all that leadership development, just to sell more burgers. What the NHS does is so much more valuable, but can we honestly say that we place as much time, effort and importance on identifying, developing and supporting leaders? That we value it?

Surely, the life-saving business requires at least as much emphasis on good leadership as the fast-food business? And it's so important in the NHS. The best led trusts have the best performance; clinical, financial, staff and patient satisfaction.

There's no trade off – there's a correlation with leadership. So we need to have an open and honest conversation about how we get the right leadership in the NHS. Because leaders create the culture, and so many of the problems of the NHS can be solved by a just culture.

So I want to focus on 3 things today: training, tech leadership and diversity.

First: training. We need to train more people to be leaders in the NHS. I

welcome today's [review by Sir Ron Kerr into how we can empower NHS leaders to lead](#).

We need more clinicians becoming chief executives, so we need a pipeline of talent from the frontline to the boardroom.

And we also need new people and new ideas from outside the system so we need more porous borders into the NHS.

More outsiders, more insiders, more trained on their way up. What matters is we get the best leaders. And how we do it is by making sure they get the right, tailored training so clinicians learn how to lead, and external recruits at all levels learn how the NHS works.

Every leader, from the ward to the boardroom, must get training and development throughout their careers. Now there's some brilliant leaders and good stuff happening with, for example, the new Clinical Executive Fast Track scheme, the expansion of the NHS Graduate Management Training Scheme, and the Leadership Academy growing and moving to NHS Improvement.

And I also welcome what's happening outside the system with charities like The Staff College taking the best of what the military, business and education do on developing leaders and adapting that training for the NHS.

I want to learn from The Staff College and embed it much more in how we develop our leaders. And from what people like Professor Stefan Scholtes is doing at Cambridge University's Judge Business School, running a hugely popular MBA programme, taking mid-career clinicians and turning them into top-tier leaders.

If there's a golden thread running through all of them, it's that we need to create leaders who are comfortable with challenge and change. Leaders who will create a 'learn, not blame' culture.

A culture that's less hierarchical, with greater autonomy at all levels. Where staff can challenge without fear. Where complaints are an opportunity to improve, not a need for cover-up and denial. Where whistleblowing is encouraged, patients are listened to and there is shared learning through training in teams.

This matters. And it particularly matters in a high-risk job like healthcare, because everyone makes errors. Making mistakes is acceptable. It's OK, everyone does it. What's unacceptable is bad behaviour and failing to learn from mistakes.

And because culture change comes from the top, I want to give you one small example of a mistake I made last week. I shared a link to NHS workforce figures on Twitter showing the numbers of GPs had risen by 1,000. The fact I shared is true, but I used figures that weren't comparable.

I was accused of deliberately trying to mislead people. I wasn't, and the policy consequences are unchanged: we still need more GPs. But those figures were not the best way to show what was happening in the system so I deleted

the tweet. I've learned from my error; I'm very enthusiastic about sharing good news about the NHS. That's OK, but my lesson is to read the statistical footnote before you tweet and give a full representation of the facts.

Now, I recognise that for you, correcting a mistake is not as simple as hitting delete. The consequences can be much more serious. But mistakes will happen despite our best efforts. What matters is that we admit mistakes, learn the right lessons and that we improve. And nowhere is a 'learn, not blame' culture more important than patient safety.

The work Dr Aidan Fowler is currently doing to cement the right culture, one of continuous improvement, in the long-term plan, is vital to the future of the NHS. It is vital to creating the systems leadership I want to see embedded at every level across the NHS.

So let me turn from training to tech, because this is another area where leadership has a crucial role to play.

Now, you know tech is one of my 3 priorities, and there is a tech revolution happening across health as we speak.

Improving technology is only a small part about the technology. It's mostly about culture. Leaders must ensure their staff have the right skills to constantly innovate and continuously realise the benefits that technology can bring, from basic, good IT to the huge opportunities such as genomics, AI and digital medicines will bring to the NHS.

That means we must have the right skills and capability in management and leadership. And technology is no longer just another department but is at the core of how every good organisation works.

So if you're a chief executive, I don't expect you to know everything about tech, but I do expect you to have a chief information officer on the board who does. Because the best leaders know their own shortcomings and take action. They're not afraid to seek out support, surround themselves with good people and empower others to take decisions if they have more expertise.

In fact, Dr Eric Topol's tech review is looking equally at the new technologies we want to see within the NHS, and the leadership and training we must see within the NHS to make best use of those new technologies.

How are technological developments likely to change the roles and functions of clinical staff over the next 10 or 20 years?

What are the implications for the skills required?

What does it mean for the selection, training and development of current staff and future NHS workforce?

Those are all questions he is asking and will report on in the new year to help NHS leaders plan and prepare for change.

But there's another major change I want to see in the NHS. So, third: I want

to talk about diversity. And here I want to borrow a phrase from Idris Elba: what we seek is diversity of thought.

Now, one of the most obvious form of diversity is what people look like. And if we look at racial equality, our leadership within the NHS looks spectacularly un-diverse, uniform in fact.

40% of hospital doctors and 20% of nurses in the NHS are from a black or ethnic minority background. Yet, BME representation on NHS trust boards is only 7%. More than half of all NHS trusts in England have no black or ethnic minority staff at the very senior manager (VSM) level.

Diversity of thought comes from gender too. Over 75% of the NHS workforce are women, yet at board level that figure is just 40%. We need 500 more women on boards to make them gender balanced.

But it's not just a question of fairness and justice. Diversity of leadership is a diversity of experience, a diversity of perspectives. Different ways of thinking, fresh ideas, new solutions to old and seemingly insurmountable problems.

Diversity of thought is essential to the future of the NHS. It is essential to make the best, and most intelligent use, of the £20 billion a year extra we're putting into the NHS.

And this applies to outsiders coming in as much as it does to insiders moving up. It's about the right attitude to training, to tech and to diversity. Because, at the moment, we don't have enough leaders. At the moment, nearly 1 in 10 chief executive positions in the NHS aren't permanently filled.

That can't continue. We need to support our leaders more, manage their careers better. We need to be able to plan for the future with confidence. We need to find 20 more people right now with the skills, grit and ambition to be an NHS CEO, and 30 more people to be a chief operating officer, just for us to stand still.

So, we must embrace better training, tech leadership, and diversity of thought. Because the NHS is changing, society is changing, expectations are changing.

The health and social care system of the future is going to more joined up and better integrated. It's going to be less command and control, less top-down, less hierarchy. More autonomy. More about relationships and building a transformative culture. More about us, than me.

What does that mean? Well, let me illustrate it with 2 stories that both involve janitors.

The first – and I have Scott Morrish to thank for putting me onto Margaret Heffernan's book 'Beyond Measure' – is the 'paradox of organisational culture' and how culture makes a big difference, but it's comprised of small actions.

She writes: 'We measure everything at work except what counts...but when we're confronted by spectacular success or failure, everyone from the CEO to the janitor points in the same direction: the culture.'

The solution to creating a more 'just' culture isn't to think big, she says, but to think small.

'Small changes, listening, asking questions, sharing information...each of those small things generates responses that influence the system itself. And everyone, from the CEO to the janitor, makes an impact.'

So good leadership starts with getting the small things right.

And the second story involving a janitor is from when President Kennedy visited NASA after setting them the mission of reaching the moon. Kennedy stopped a janitor and talked to him. And the President said to that janitor: 'Thank you for helping put a man on the moon.'

Good leadership means making sure everyone feels valued and vital to the mission. Leadership is listening to people, empathising. Being open to challenge and change. Empowering people and being humble enough to admit you don't know everything and you make mistakes.

That's the culture I want to see across the NHS. That's the culture we must work together to create across the NHS. Only then can the NHS truly be the very best, which is what our citizens deserve.