



The TALENT CHANNEL

Tune in to the latest news from Davidson & Partners

Join us for our NHS Thought Leadership NHS Productivity Workshop – joint with the NHS Institute of Innovation and Improvement

FEBRUARY 2013

www.davidsonpartners.com

Meeting the NHS challenge...

In this edition of *The Talent Channel*, we focus on the key dilemma faced by NHS managers – how to continue to deliver patient care in a time of austerity, recruitment freezes, and the restructuring of the PCT and other parts of the NHS system.

Any one of these would be a daunting challenge – all three begins to look like the perfect storm. Here at Davidson & Partners we're trying to help. That is why we have teamed up with The NHS Institute of Innovation and Improvement to offer our Thought Leadership NHS Productivity Workshop – there are details overleaf.

Davidson & Partners aims to bring healthcare managers the very best resources in executive talent, whether on an interim or permanent basis. Give us a call if we can help!

Anna Bishell *Consultant, Interim*

Health and Social Care Integration – some practical considerations

At present the level of integration between Health and Social Care is often restricted to a few areas where traditionally both parties have worked closely, such as Intermediate Care or Mental Health, writes Maggie Kenney, Chief Executive of PeopleToo.

With the government rightly pursuing integration through the 'care closer to home' agenda, innovative and more radical change is required with mutual recognition of service pressures and financial rewards and conflicts.

The integrated services that achieve the best outcomes for both parties are those where the vision is shared and the benefits are clearly defined and tracked. All too often relationships are frayed because this is not in place, with one party left feeling that the primary objectives are in conflict and the resources contributed are not balanced against the benefits realised.

An obvious example is intermediate care and more specifically reablement services. Frequently using previous in-house domiciliary care teams, unit costs are high and with eligibility against Fair Access to Care Services (FACs) applied on exit from the service, there is often little capacity to take adult social care referrals from the community.

No one would disagree that an effective reablement service is crucial to an individual's well-being, but increasingly integrated reablement services are flooded with individuals who previously would not have entered the social service care system when applying social care eligibility criteria.

With budgets under pressure and with many reablement services funded by non-recurring monies, there is a real risk that these services may be seen as not delivering value for money.

It is therefore essential that appropriate pathways for hospital discharge and admission avoidance referrals are developed and agreed. Even where the shared vision is prevention, financial contributions to integrated reablement services need to be aligned to quantifiable efficiencies. For example, admission avoidance to an acute bed is easily measurable in terms of financial savings to health; the financial saving to social care of an individual having no long term package of care after a successful episode of reablement, is more difficult to ascertain.

However, in ascertaining the financial benefit to each party we must also consider the long term benefit. All too often, social services do not track individuals staying out of social care beyond the financial year in which they were reabled, thereby substantially understating long-term benefits. The opportunities arising from integration are substantial but need a practical and mutually beneficial approach that recognises each organisation's pressures.

Maggie Kenney
maggie.kenney@peopletoo.co.uk

Who's to blame?

Paula Higson looks at where we should point the finger of blame for NHS failings...

When I am there I will go and make a bed. It's about not being a matron; it's about being the person they can come to. For that moment you are colleagues and just because I'm wearing black and they are wearing grey, we are doing that task together and we are united in that task. They need to know that I know and understand the difficulties and struggles they face.

These are the words of a matron I interviewed while researching hospital middle managers. As we reflect upon the findings of the second Francis report, remember this young woman's commitment and approach to leadership. For there are many like her across the health system.

Yet, in Stafford hospital, there were "significant failings in the provision of emergency healthcare and in the leadership and management of the trust". For years, staff were bullied, patients received poor care, but the "system" failed to notice until the daughter of woman who died there decided something had to be done and persisted.

As we absorb Robert Francis' findings, and many seek to point the finger of blame, each of us in any leadership role should ask ourselves: "How do I know something similar could not be happening here?"; "How do I ensure my middle managers have the leadership skills to be able to connect with their staff and know and understand their difficulties?"; "How do I make sure I know what is going on and listen to their feedback?"

And finally, with a budget the size of New Zealand's GDP, in a system where only the Chinese People's Liberation Army, the Wal-Mart supermarket chain and the Indian Railways directly employ more people, is there really someone to blame, or are we all to blame?

Paula Higson
Paula Higson Associates Ltd
paula@thehigsons.co.uk



Mind the gap – addressing the skills and knowledge shortage in the NHS

Addressing the need for thought leadership when the NHS is under increasing pressure politically and from the public is a vital task, says Emma Jager.

As the NHS delivers the reforms directed by Government, one of the largest impacts has been on staffing and structures as headcounts and budgets are reduced. The speed with which NHS organisations, particularly in primary care, have needed to deliver these changes has led to a major loss of historical and specialist sector knowledge at all levels, leaving knowledge gaps that weaken the capability of teams striving to deliver better patient care. This in turn has resulted in a more pressurised workforce and in some cases a general feeling of despondency amongst the remaining staff.

There has never been a time when the need for strong, positive, knowledgeable, confident leadership has been greater, particularly when the pressures to reduce costs further while continuing to deliver effective patient care continue to increase. But one consequence of the offering of MARS and other exit schemes has been that many of the staff possessing key knowledge and leadership skills have chosen to take early retirement, while others have moved to join the interim market or other NHS organisations where the structure appears more stable.

As the remaining staff watch their colleagues go off to pastures new they are left in limbo

as their new organisations' structures take form. Often they have been left to pick up more workload without the benefit of a lengthy handover period, or any handover at all in some cases of MARS. Staff have accepted a proposal and left within a week.

Additionally, there is a greater need for knowledge sharing across organisations and particularly to showcase examples of successes in using techniques, systems and processes that are tried and tested and really work.

As a result, Executives and Senior Managers must urgently fill skills and knowledge gaps without adding headcount (as they are unable to hire permanent staff) while at the same time improving systems and processes to achieve CIP and quality targets. This has led to an increase in the requirement for skilled interim executives to assist whilst these transitions take place, helping to bring back some of the specialist knowledge and to act as a sense check for decision making.

Emma Jager
Consultant, Davidson & Partners
emma.jager@davidsonpartners.com



Let's talk!

If we have sparked some curiosity, then call us:

Hamish Davidson
Chairman & Senior Partner
hamish.davidson@davidsonpartners.com
Tel: 0207 183 0363 M: 0793 269 8807

Colin Horwath
Partner
colin.horwath@davidsonpartners.com
Tel: 0207 183 0363 M: 0776 610 4662

Anna Bishell
Consultant, Interim
anna.bishell@davidsonpartners.com
Tel: 0207 183 0363 M: 0776 625 1665

Michael Dobson
Consultant
michael.dobson@davidsonpartners.com
Tel: 0207 183 0363 M: 0776 615 8997

Emma Jager
Consultant
emma.jager@davidsonpartners.com
Tel: 0207 183 0363 M: 0776 625 3259

Robin West
Partner
robin.west@davidsonpartners.com
Tel: 0207 183 0363 M: 0779 966 0235

Email us:
enquiries@davidsonpartners.com

Davidson & Partners
33 Queen Street
London, EC4R 1AP

The NHS Institute of Innovation and Improvement with Davidson & Partners invite you to a Thought Leadership NHS Productivity Workshop

Friday 22 February 2013
Institute i-House
Hampton Suite (G)
University of Warwick Science Park
Millburn Hill Road
Coventry, CV4 7HS

With Cost Improvement Plan targets increasing over and above the amounts already saved, and operational improvement pressures mounting, we invite you to a presentation by Rod Anthony, Acting Director of Corporate Services and Accounting Officer, and Anthony Kidd, Associate of the NHS Institute of Innovation and Improvement

Rod and Anthony will be sharing the success the Institute has achieved with their Administration Excellence Programme, and the lessons they have learnt by experience in going through this process with NHS Trusts.

If you would like further details or to book one of the limited places available please contact Emma Jager on 07766 253 259 or emma.jager@davidsonpartners.com

