

Leadership

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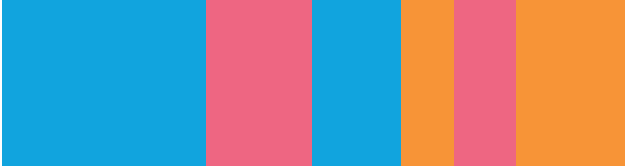


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Jaco Marais: Hello, and welcome to the Good Governance Institute, the Public Good podcast. In this episode, we'll be discussing leadership. Why do people lead? Who makes a good leader and when does this change? How do we know if it's working? And what do we expect from our leaders today?

My name is Jaco Marais. I'm your host, and I think you'll want to listen to this.

This episode of the Public Good podcast was pre-recorded with Daniel Elkeles, who has the daunting position as chief executive of the London Ambulance Service, and with Philippa Slinger. She is a clinician, and has held several senior positions in both the public and private sector, most recently as the first chief executive of the Devon Integrated Care System.

Hi, welcome to the Public Good podcast and thank you for joining me. Who's an inspiration to you as a leader and why?

Daniel Elkeles: For me, it's someone who I think Philippa and I have a bit in common with. So the chief exec in the NHS who I most admire, and I'd like to try and model myself on is Andrew Morris. And I wish when I was a management trainee, like the beginning of my career, I had to choose my first placement between St George's and Frimley, and I remember meeting Andrew at Frimley and he said the first job you should do as your first job in the NHS training scheme is manage the porters at Frimley. That is the job. Do you know what? I was scared about it and I didn't do it, I went to St George's.

The reason he said that is so obvious now and I just look at his career and the legacy he's left

at Frimley, how hugely valued he is by lots and lots of people in the NHS and how he's ended up doing and a really senior job at the top of the NHS because he's so clearly a brilliant person to work with, to have around, be so wise and such a lovely person to other people. So that's my inspiration in my career.

Jaco Marais: I feel I need to emphasise for our listeners that Sir Andrew Morris OBE has over 40 years' experience in NHS management, is currently deputy chair of NHS England, and in 2015 he was knighted for services to public health.

Philippa Slinger: I do know Andrew very well. I sort of concur with that. The most inspirational leader I met was a chap called Colin Kirk, who was the unit general manager of what was then Friern Barnet Hospital. I was a senior nurse in the organisation, and I had this idea for setting up a sort of mobile nursing team in the Belsize Park area around Gospel Oak, the bottom end of Hampstead. But there wasn't really any money in the budget for it.

I remember going and talking to him about this and saying 'I know we haven't got any money'. And he looked at me and he said, 'Philippa, there's one lesson you need to learn as a leader.' 'What is that?' He said, 'there's never no money, it's just a question of what you choose to spend it on.'

Actually, that has shaped my whole approach to management of resources throughout the whole of my career. Because if you live in a world where you think there's no money, then you constrain your thinking and you constrain what you do. But if you live in a world where you think actually this is a better thing to spend

money on than something else, then actually what you can do is still inspire and motivate people in the most significantly financial challenging situations. Because you're not saying no; you're actually saying, 'yeah, let's do it, because actually, that might be better than what we did before.' So I will never forget him for that.

Jaco Marais: What's the difference between leadership and management?

Daniel Elkeles: I find this question really hard to answer. I can do what is management? I think management is pretty task focused. It's how do you manage the money? How do you manage information, the technology? How do you manage your building? How do you manage people? There are lots of transactional things that you have to do as a manager of something to make it work.

But leadership is really hard. If this was easy, there wouldn't be this whole huge discipline of professors and business schools about teaching you how to lead. My way of thinking about leadership is that leaders create a culture in their organisation, or the team, or the place they are leading, which enables everyone who's part of that to flourish. So it's about how do you create an environment where everyone who you're responsible for can be their very best and do their best? At the same time as how do you create a culture where people who work around you in the system trust that the services you are running, or the thing you're doing, is safe and high quality. So that they would then expect and ask you to do more things, do different things and take your organisation or a bit of the NHS you're running into a different place.

It's a bit like fairy dust or magic. You can't just bottle it. It's the whole environment that you create both inside and outside your organisation about what people think about you and your organisation.

Jaco Marais: How far into the future do you look when you're leading, and what is what is the scope? So, we've moved from just the organisation to the whole system. You have a large patch and a very complicated place to look after, which is London. How broadly do you look and how far into the future do you look when you're creating a vision?

Daniel Elkeles: If you want people to change how they do something, or what they do, and I kind of got this with my history degree many decades ago. But basically, there are four steps you have to go through. If you want someone to do something different, or be different, or change, the first thing you have to do is to make people understand that what they're currently doing isn't the best and it could be done better. Then the second bit is you have to sell a vision. What is the future you'd like people to be able to see? And the best leaders, of course, co-create with all the people in their organisation. So you end up with a shared vision about what the future is, and you need to paint something positive, that is better for the staff, it's better for patients, is better for the taxpayer. But how you look at it is through the lens of 'hey, I'd like to be there.'

Then you have to say, well, what are the steps that we're going to go through to go from A to B? And then the last bit when you've got to B, and this is this is the hardest step, and nearly always goes wrong in any change programme, is how do you ensure you've embedded and

sustained it so that the new is what dominates, and what you don't have is the default of we're going to go back to the beginning because we knew all that and that's what we're sort of happy with, and we haven't managed to land that the new is actually the new way of working.

The NHS is just brilliant at doing the first three steps and not doing the sustainable step. So a lot of time and effort has to go into that bit, which we're not generally so good at, because we've moved on to the next thing.

Jaco Marais: It was on 1 July 2022 when integrated care systems, also known as ICSs, were introduced by the NHS. It's a new way of working. They require leaders to collaborate on joint outcomes with a range of organisations outside the one they have been appointed to lead.

What is a good leader now? What is an ICS first of all? How does that change the leadership challenge in terms of what's the new vision, what's the new way of doing things, and who would be a good leader in an ICS?

Philippa Slinger: Pretty good questions, Jaco, and again, I think Daniel will recognise all of what I'm going to say, really. So what is an ICS? An ICS is a bringing together of the NHS and local authority services and systems in a given geography in a way to try and get them to start to operate seamlessly across organisational boundaries. It's a different approach to the approach that came in after what we call the Lansley Act and the introduction of competition. It's the move towards back to being one health and care service. Whilst you might have a number of organisations administer the delivery of that, you're all

working in one health and care service and not competing and not trying to duplicate or outdo each other.

My favourite sort of discussion on this, and it's not for now, is you have to look back to the principle of why we're doing it, because that's the most important thing, really. And it's born out of what was the Kaiser Permanente movement, which is an insurance system in America. Effectively, the principle behind it is, the whole principle behind ICSs and the way we're doing things now, is that with our demographics, and our very fortunate increased life expectancy, comes with it more people living longer in ill-health. The economic burden of that on a taxpayer-funded system, is a very difficult position for any government to face.

So how do you address that? And the way to address that is to adopt an insurance-based model, which is actually to try and invest upstream, so you reduce the amount of illness or disability that people are living with, because you're intervening earlier with what you hope to be the longer-term effect of a reduced economic burden. So in many respects, it works on two levels, because it really works for the population, because what it says is we're going to try and get you healthier sooner, so we're going to intervene in your illness sooner, and therefore we're going to reduce your disability, or we're going to find lots of ways of preventing you getting ill at all. That works for the for the population and people, and technically it should work for the economy, the economics of health care, health and social care as well.

That's where all of this comes from, the

accountable care organisations. But it became a very bad word because it was perceived as privatisation.

Jaco Marais: Daniel, what's good about the integrated care system, as opposed to the internal market of competition between organisations in the NHS?

Daniel Elkeles: I think we've been on a journey for the last 20 or 30 years where we had thought the way of incentivizing a system to work better was to get bits of it to compete with each other. Do you know what, when the task was to massively reduce elective waiting lists, and it was all about how much activity could you do, competition is quite a good way of motivating people.

But I think, COVID aside, what we have learned is the biggest challenge in the health system is actually how do you look after the elderly, and how to look after people with multiple chronic long-term conditions? And getting parts of the NHS together to compete. How you provide care to those patient groups is far from ideal, because what those patient groups need is continuity and joined-up care from many different agencies.


I think ICSs is the recognition that says we don't want a competition culture, we want a collaboration culture. So what the ICS is trying to do is, say, in a given locale, these are all the organisations who are providing and commissioning care for these patients, how are you going to collectively work together in the interests of people, rather than the interests of your own organisation? So conceptually, it feels like exactly the right thing to do.

Jaco Marais: What are the pitfalls of leadership? What trips leaders up?

Philippa Slinger: You asked me about the difference in leadership style between now and ICSs. I think some of that is what can trip you up, really. So the leadership style that is required now, now we're in a world of collaboration - and also I suppose there's the societal changes that we've undergone over the last 20 or 30 years - the leadership style now is very much about building consensus, it's inclusive, it's about valuing contribution, it's about engagement. And that's the way you have to lead an ICS, it's how you have to work as a system, as a leader within a system, within an ICS. You have to work that way.

But that can trip you up when you're trying to work at pace, and so that you've got this sort of imperative, and it can be very difficult to work to address imperatives when you're operating within that more collaborative style of management. The previous systems, when there have been very significant challenges, have been very much command and control. We have command-and-control leaders at the very centre of the NHS and command and control was something that was almost valued and looked at as the way forward. So I would step into the world of actually, probably more management than leadership at that time, if I'm honest, as a way of trying to address the problems.

But as Daniel says, that more command and control way doesn't embed. I think you're right, Daniel, the biggest issue is trying to get things to stick. But they're more likely to stick if you built them up through consensus, inclusivity, valuing contribution. So, I think the



trick of leaders, and you know, I referred to this a bit before about the sort of the pressure, the unwavering pressure from ministers through the Department of Health to chief executives, there is that pressure for results and outcomes that can mean that trying to work in an inclusive and collaborative and engaging way may take you longer than the Department of Health and others are prepared to actually to put up with.

So for me, I think one of the things that trips you up is that whole expectation of working at pace, and a pace that isn't always set by yourself as a leader against the way that you know you're going to be able to affect change and sustain it.

Daniel Elkeles: I agree with everything that Philippa just said, but I'll give you a different take on the answer, which is the things that trip leaders up is themselves. So one of the things that - people who know me will smile at this - so often your weaknesses are just the opposite of your strengths. So I would say I was pretty good at having ideas, having a vision taking people with me on a on a journey, wanting stuff done now. What I'm not so good at is ensuring that the governance and the decision-making and the process by which you make all that happen is done properly.

So, if I didn't know that that was my weakness, and then didn't have around me people

who are really good at governance process, completer-finishing, and making sure we do things the right way, I would be tripped up.

Often, when you read about leaders where it's gone wrong, it's because they haven't recognised and things they're not so good at, and ensure that they have the systems, processes and people around them to make sure those things don't go wrong.

So if you put the person which I've just given you, and then the context that Philippa has just given you, together, then I think you've got the answer about why this is a) so hard, and b) why it doesn't always go right.

Philippa Slinger: Good answer.

Jaco Marais: Great answer. I'm interested in bringing the conversation back to the Nolan principles. So the Nolan Principle of leadership says that holders of public office should exhibit the principles, those are selflessness, integrity, objectivity, accountability, openness, honesty, and to challenge bad behaviour when they when they see it. How useful are the Nolan Principles for finding good leadership?

Daniel Elkeles: Well, I'm pretty certain that the job description that I had for this job had the Nolan Principles in it, and I'm pretty certain I was asked questions about it at my interview.

So I think people think they are right. There's one that I'm not sure about of the list, which is the one that's called objectivity. Because I think when they wrote it, what they were trying to say is make a decision based on evidence, be objective; don't make a decision based on your own personal view.

Objectivity, holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias. That's not objectivity.

Philippa Slinger: No.

Daniel Elkeles: But it is the definition of fairness.

Philippa Slinger: Yes.

Daniel Elkeles: So, just change the words around and say fairness: holders of public office must act to take decisions impartially, objectively and on merit, using the best evidence and without discrimination or bias. And then I'd put a next sentence in: with the aim of ensuring everyone in their organisation can be at their very best.

That would then reflect, I think, that we have the anchor institution, that we actually have a big social value that the public sector is adding to society. We're going to redo the London Ambulance Service's five-year strategy, and one of the big themes is going to be how does London Ambulance contribute to the life of London and Londoners?

There is so much that we can do in that space. But I think the word fairness is a really important word about ensuring that we are a fair employer, that we are fair to all the patients we come into contact with, so that we don't give people from different backgrounds, or different parts of London, or different illnesses, a different standard of service, we're fair to everybody.

Jaco Marais: How important is diversity and inclusion in your organisation?

Daniel Elkeles: It's a massively important. It's one of the things

that I've definitely found in coming here where we've got a lot of work to do. So the people we serve in London, half of them are not white; only 20% of my staff are from a black and ethnic minority background. That cannot be right.

We're doing a huge recruitment exercise, the biggest we've ever done in living memory in London Ambulance. We're trying to recruit 1,600 people in a year. We have a brilliant entry-level programme to become a paramedic that you can enter from school. All you need is some average GCSEs, and then we can take you all the way through the equivalent of a diploma and then into a degree, and you can come out as a registered paramedic. It takes about four or five years. We're going to pay for all of that training. We already have 700 people on apprenticeships - the biggest in the NHS. Now the mission is how do we get people from much more diverse backgrounds to take advantage. That is the most amazing educational opportunity that we can provide. And once you are a registered paramedic, you can go anywhere you like in the NHS. It's a skill that lots and lots of people want.

So I'm thinking we have a huge opportunity to contribute way more to people in London than just being a healthcare provider. Because we can take a lot of people without the best education and give them a really good qualification, and then we can do a lot to be a big contributor to society as well as just look after people when they're unwell.

So I think this whole inclusion and diversity set of words is a real set of actions that we need to make happen in the NHS and particularly in my organisation.

Jaco Marais: I wonder with both of your experience, how much does personal experience, lived experience, feed into the type of leader or the type of employee that you are? What do people with diverse backgrounds bring to leadership?

Philippa Slinger: Good leaders are authentic leaders, and if you're going to be authentic, then actually you are yourself. So when you say how much does your own personal experience shape your leadership, I would say almost entirely, and it needs to if you're going to be an authentic leader.

I would say there are very few people - I have met a few - but most of the leaders I've ever met - and you have to bear in mind leadership can be of a small team, all the way up to being the Prime Minister, as it were - but most people are pretty much the same people outside of their leadership role as they are within their leadership role. Because it is who you are, it's how you are, that is what comes through in your leadership style.

The diversity thing, and the inclusion thing... it is really important to surround yourself as a leader with as wide a range of views, opinions, thoughts and backgrounds as you possibly can. Because the thing that makes you good is people challenging your ideas.

For me, that's really the principle of good governance. It is that challenge and debate always makes a better product. So being able to have a range of views, thoughts, considerations, opinions, perspectives, is absolutely critical to whatever it is you're trying to work on.

So it's beholden upon every leader, I think, to

have a look around them, and see who they're surrounding themselves with, and are they surrounding themselves with people who will offer them completely different perspectives and views, and if they're not, then they need to make certain that they do.

Jaco Marais: And there you have it. Good leadership is indeed a potent combination of both character and strategy.

Thank you to my guests, Daniel Elkeles, chief executive of the London Ambulance Service, and Philippa Slinger, an experienced leader and Good Governance Institute associate.

Thank you for joining me in the Public Good podcast to discuss the Nolan Principle of leadership. I look forward to hearing the comments about today's discussion.

I think the discussion really highlighted the responsibility of public sector leaders to adapt to changing circumstances while creating a better, fairer future for those who work to them, and in the service of the public good.

My name is Jaco Marais. If you have any questions or comments related to today's discussion on the Public Good podcast, please don't hold back. We look forward to responding to you on Twitter, @goodgoverninst and by email advice@good-governance.org.uk

