

# From Our Irregular Correspondent

## **This Leadership Thing: The Usefulness Formula**

One in a series of occasional papers on health and social care topics by Terry & Monica Dennis of Healthcare Alliances. The purpose of the papers is to give a high level view of current issues – making serious points in a casual style.

This paper explains why we think some of the current expenditure of time and money on leadership development in the NHS might be being misdirected.

In the beginning the NHS was administered; in the 1980s the NHS was managed; more recently, the notion of leading the NHS is in fashion.

Everybody has their own understanding of what is meant by administration, management and leadership. This is what we mean:

- Administration: to ensure day-to-day things happen
  - Management: to deal with problems and uncertainties
  - Leadership: to take things forward, make substantial changes
- (Note: These are our usage of the words – they have not been mined from a dictionary).

Most of the time, all these functions come into play. For example, when patients attend outpatients, the administrative function deals with activities such as agreeing the appointment time and ensuring notes are available. If clinics run late because, for example, patients present with complex symptoms then management decisions have to be made about rescheduling patients' appointment times and ensuring staff are available. If it happens frequently then leadership skills will have to be applied to get agreement to make more permanent changes in arrangements.

We are going to build a formula to help us to consider the “usefulness” of effort spent on the third function – leadership development.

The first part of the formula is the proportion of time spent on each of the three functions: administration, management and leadership. We will assume, firstly, that able “managers” (we use the word in its broadest sense) are skilled in all three. Secondly, we will assume that they use those skills in the ratio 6:3:1. That is, leadership accounts for about 10% of a manager's time.

Next, we will consider approaches to developing leaders. There are many schools of thought, theories and opinions about what makes a leader. For the purposes of the formula, we have assumed that there are four main models of leadership:

1. Traits: this model is based on the view that leadership can be defined by the attributes and competencies exhibited by the leader, such as vision, resilience, awareness, focus, etc

2. Followers: this is based on the principle that leaders are leaders only in so far as they have willing followers
3. Transforming: here it is the style of the leader that is important
4. Actions: it is what a leader does that is important, not what they are

The NHS's approach to leadership, based on the Leadership Qualities Framework is predominantly a "traits" approach. So only one approach, rather than four is being promoted. That's 25%.

All models have their plus points and their minus points, and they are interrelated. The only consensus is that none of them are perfect. We will assume for the purpose of our formula that they are 50% effective.

We can now begin to develop our usefulness formula: we have leadership, which accounts for 10% of a manager's time being developed by 25% of the tools available, which in turn are 50% effective:

$$10\% \text{ time} \times 25\% \text{ total} \times 50\% \text{ effective} = 1.25\% \text{ useful}$$

We will enhance the usefulness formula by considering the nature versus nurture concept. The naturists argue that leadership is hard-wired from birth and cannot be taught. You either have it, or you don't. The nurturists believe that leadership is a skill that can be developed. No-one knows for sure who is right, so let's plump for 50:50. That is, leadership is half genes and is half being taught.

So our usefulness formula becomes:

$$10\% \text{ time} \times 25\% \text{ total} \times 50\% \text{ effective} \times 50\% \text{ nurture} = 0.625\% \text{ useful}$$

Clearly, our numerical analysis means nothing statistically. But it prompts questions like:

- Is the balance right between training for administration, management and leadership?
- Is a leadership assessment process based on traits fair?
- Is support for leaders more important than development?

Finally, none of the above takes into account the "right time model" – leadership is a moment in time which is dependent on the issue, the people involved and the motivation of the leader. If this were right, this view would scupper the rationale for all leadership development (but not for leadership support).

Food for thought?

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## Responses

Made me smile!

Love the formula- you can measure it! Alan Maynard says "If you cannot measure it, you cannot manage it". You have developed a formula which measures!

Love the triangle of Leadership/management/administration. It is true in my nursing post in a large integrated NHS trust.

Leadership can only be achieved if you are slick and skilled at management and administration.

Agree that leadership is used as and when.

Nature /nurture - think you are born with/without it but can also learn.

R

I recently learned that the reason why I haven't succeeded in one domain of leadership is that I have the wrong style: in the context of changing GP behaviour I was adopting the "Shakespeare's Henry V" model and having failure after failure. Therefore, however good my skills may be, however strong the evidence for my actions, however prolific my traits and experience: with the wrong style, I have no followers. At first, I thought that I should identify a more appropriate style and then learn /adopt it. Then I thought that perhaps | am not the right person for the job; it isn't actually my problem; I have other things to do at which I am more effective, so I have let go!

I have noticed that we have few leaders at the top of the NHS at present; in some places, there is no-one with the right calibre or style, let alone a team of people working together!

J

I'm wondering what the approach will need to be if Gordon Brown becomes the next Prime Minister and 'de-politicises' the health service. What sort of Leadership will the NHS need for this new approach? Will the 'Gordon' effect reach across Offa's Dyke?

*Philippa Ford - Cardiff*

I found your thoughts on usefulness score very thought provoking. Our executive team is on the current round of a development programme and we are all doing 360° assessment at present. My initial thoughts are that I will have to see what we get out of the labour intensive process; that the programme has at least covered some of the other aspects of "leadership" not just trait oriented; and some of the trait issues are also transferable to management and administration (so transferable & developmental).

JW

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We welcome comments on this paper which:

- disagree with us
- agree with us
- amplify the points we make

- give a different perspective

Please send your comments to:

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