

How to apply the NHS leadership qualities framework to pharmacists

In this article, a group of senior pharmacists in the north west of England describe how they applied the NHS Leadership Qualities Framework to their own personal development

In common with many areas of public service, the NHS is presently characterised by massive change. In such an environment, the pharmacy profession needs to develop influential leaders who are capable of seizing opportunities as they arise if it is to stay at the forefront of patient care. Awareness of this issue has been raised in several articles in the pharmaceutical press.¹⁻³

The NHS Plan (2000) identified effective leadership as a key factor in the modernisation of the health service.

The plan included the following commitment: "To deliver a step change in the calibre of NHS leadership, the Government will establish a new leadership centre for health." The NHS Leadership Centre was established in April 2001 to promote leadership development across the service.

The Leadership Qualities Framework (LQF) was launched in October 2002. It was the outcome of evidence-based research with 150 NHS trust chief executives and directors of all NHS disciplines. The research (carried out by the Hay Group) showed that the same set of leadership qualities resulted in high performance whatever the level of leadership or sort of health organisation concerned.

The resulting framework aims to set the standard for outstanding leadership in the NHS. It identifies behavioural "competencies" or "qualities" of effective leaders. Use of the word "qualities" reflects the fact that "competencies" can be measured by looking at an individual's deep-seated "characteristics" or easily observed "skills" or "knowledge".

Importance for pharmacy

Through the hard work of many pharmacists and our professional organisations, medicines management now has a high national political profile. In order to capitalise on this, pharmacists working within the health service need to convert such political acknowledgement into improved management of medicines services at a local level, through our various organisations.

This is a challenge to senior pharmacists. Historically, our role has been about service delivery within a relatively narrow professional and sectoral outlook. Now, however, we are being asked to consider the contribution that medicines and pharmacy can make to improve the nation's health through modernisation of health services.

Seizing such opportunities during this time of rapid change requires leadership skills,

Panel 1: Characteristics of leaders and managers

Leaders

- Investigate reality and produce visions, concepts, plans and programmes
- Do the right things
- Are concerned with effectiveness
- Ask what and why and when
- Are concerned with trust and people
- Innovate and initiate
- Have vision – look at the horizon; have a long-range perspective
- Change things
- Enrol others in their vision; inspire and empower; pull people towards them

Managers

- Adopt the truth from others and implement it without probing for the facts that reveal reality
- Do things right
- Are concerned with efficiency
- Ask what and when
- Are concerned with systems, controls, policies and structures
- Copy and maintain the status quo
- Look at the bottom line; have a short-range view
- Improve things
- Push people and rely on control

From 'Learning to lead — a workbook on becoming a leader' by Warren Bennis and Joan Goldsmith (Nicolas Bradley Publishing Ltd, 1997)

as distinct from management skills. So it is important that senior pharmacists understand what the NHS has identified as being the key qualities for effective leaders in this environment. The LQF model identifies qualities grouped into the following three clusters:

- Setting the direction
- Delivering the service
- Leaders and managers

Setting the direction Modernisation presents a rapidly changing environment. There is a challenge to traditional roles, and a transition to a patient-centred (rather than a profession-led) approach, in a performance-management, results-oriented environment. For pharmacy to find a path through the demands of increasing activity, ever-higher standards, constrained resources and the need to grasp new opportunities, leaders are needed who can provide a vision which is both powerful and compelling. Furthermore, because there are so many competing priorities within limited resources, it is vital that pharmacy leaders are able to communicate their vision effectively to key players at the highest level.

Delivering the service In delivering their vision, pharmacy leaders must be able to develop new ways to work together with partners, traditional and new, from all sectors. They will need to empower the workforce

and lead change through people. Having developed their vision, pharmacy leaders will need to be able to demonstrate delivery of improved outcomes or account for the lack of it.

Leaders and managers Traditionally, senior pharmacist development has been focused around developing good managers rather than effective leaders. These are not the same (see Panel 1).

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While still requiring good managers to maintain service delivery, the improvements demanded from the NHS mean that the emphasis of senior pharmacists' role has to change from being good managers to being effective leaders.

We are a group of eight senior pharmacists in the north-west of England and comprise a mix of primary care pharmaceutical advisers and secondary care chief pharmacists. This article describes how the NHS Leadership Qualities Framework has been applied to our personal development. The programme set out to measure existing performance against the LQF in order to identify our strengths and weaknesses and so formulate a personal development plan aimed at improving our leadership effectiveness.

The process

The medicines management network in the north west identified an opportunity to pilot a leadership development programme for senior pharmacists in this area. Entry to the programme was by selection, and was aimed at senior pharmacists in PCTs and hospital trusts. We were chosen to take part on the basis of our curricula vitae, our job descriptions, details of the organisational structure in which we work, our position or post, evidence of support from our line managers and a personal statement of interest and commitment.

After an initial briefing, the programme had the following components:

- Formal psychometric and personality testing
- 360 degree assessment
- A three-day "development centre"
- Interim feedback
- A series of "action learning" sets

Psychometric and personality tests As part of a briefing session, we underwent psychometric analysis, which included tests of ability and a personality measure. The psychometric tests covered numeracy, abstract reasoning and critical thinking. Our scores were benchmarked against a database of senior NHS managers' scores. The tests were designed to enable feedback to be given, related to our intellectual flexibility.

A personality test was used to measure aspects of each individual's personality and provide us with feedback broadly related to the personal qualities cluster illustrated in the LQF (see Figure 1).

360 degree assessment A "360 degree assessment" (developed by the Hay Group in conjunction with the NHS Leadership Centre) mapped out our individual leadership performance against the requirements of the Leadership Qualities Framework. The assessment was carried out online and was based on responses from our immediate line managers (transparent feedback), five subordinates and five peers (anonymous feedback) together with self-assessment.



Figure 1: A personality test was used to measure aspects of each individual's personality and provide feedback broadly related to the personal qualities cluster illustrated above

Development centre A "development centre" is defined as "a systematic process using multiple assessment techniques designed to evaluate participants' level of effectiveness over a given range of criteria". This intensive phase took place over three consecutive days.

Development centres are a sophisticated method of assessing performance against a range of predetermined qualities that are relevant to an individual's work. A variety of assessment methods are used, including observation of performance during group activities, individual interviews and assessment of written reports.

Two trained observers continually monitored participants' performances against the qualities that are being assessed. Participants do not know which qualities are being assessed by the various exercises.

Our development centre used a "collapsed" set of qualities (see Panel 2), meaning that eight qualities were drawn from the 15 qualities identified within the LQF (This approach was adopted to simplify the process and avoid duplication because there is some overlap across the 15 qualities in the LQF.) We completed a self-assessment on the eight qualities before and after attending the development centre, rating ourselves on a scale of 1 to 6 (1 being "highly effective").

Observers also rated us for each competency being assessed using the same rating scale. To support their rating, observers also recorded detailed behavioural evidence from each exercise.

Interim feedback Detailed written reports and scores from the psychometric and personality testing, 360 degree feedback and the development centres were provided to each of us in confidence. This was supported by one-to-one sessions to explain the limits and validity of the findings, test our views on the results and discuss how we could use the findings to develop our leadership competencies.

At the end of the development centre process, we believed we had a rich source of data that enabled us to identify our leadership strengths and development needs. The idea is that each of us reflects upon the actions that need to be taken, relative to our personal development and choice of future career paths.

It should be noted that development centres are not intended to provide participants with answers and solutions. Rather, they provide, as far as possible, objective information about personal performance in relation to the NHS leadership competencies, and so support personal development planning.

Action learning sets Development centre feedback provides participants with a personal profile and an insight into their strengths and weaknesses. However, it is recognised that even the most motivated participants can find it difficult to sustain personal effectiveness and development when they return to the work place. So an experienced facilitator was commissioned to run an “action learning set” over six days, each four to six weeks apart. Action learning was developed by Reg Revans as the best way to educate managers, based on the premise that “there can be no learning without action and no (sober and deliberate) action without learning”.⁴ Action learning sets bring people together in order to work through problems, learning on three different levels. These are:

- Learning about the problem which is being tackled
- Learning about what is being learned about oneself
- Learning about the process of learning

The first action learning set meeting took place shortly after we had all received our development centre feedback. The facilitator explained the philosophy of action learning sets and the commitment required from us. For the second meeting we had to choose a work problem important to us and our organisation, and consider how addressing the problem would support our personal development needs as identified by the development centre feedback.

Sharing a problem in a safe and trusted environment allows individuals to check their perceptions of the problem, to clarify it and to make the problem more manageable. Actions emerge for each participant to undertake before the next meeting, as members of the group support and challenge each other on all aspects of the problem. The effects of the actions are reported to subsequent meetings for further shared reflection and exploration. Problems we shared included:

- Retention and recruitment
- Raising the profile of medicines management
- Influencing others
- Collaborative working
- Empowerment of others

Conclusions

We found the leadership development programme stimulating and challenging. The development centre proved to be the most intensive and demanding part of the programme. At times, the development centre was emotionally and physically draining. However, it also generated a significant amount of support, mutual respect and team spirit between us. Mutual respect for all individual team members is known to be an important aspect in the effective working of a development centre. It is also important to avoid a strong competitive element between individuals. Ideally, participants should not

come from the same workplace team but be peers from different teams or different organisations.

Feedback from the development centre and the various psychometric tests and assessments was necessarily frank and objective. This is a vital aspect of the programme, in order that participants can successfully identify their strengths and weaknesses in relation to the LQF. Such an open approach would not suit all. This must be a consideration during the selection process and must always be made clear to prospective participants before starting on this type of programme.

We considered the action learning set to be an essential component. It enabled us to build on strengths in our leadership qualities, which had been identified earlier in the programme and in our subsequent personal development plans.

Similarly, it highlighted our areas of weakness. Also, through tackling our problems as individuals, as a group we learnt to develop skills relating to evaluation and reflective practice. Such generic skills are useful when considering other areas of continuing professional development. In addition, the action learning set has established a valued network between primary and secondary care pharmacists, which is thought likely to continue after the programme.

Although individual components of such a leadership development programme could stand alone, we believe the strength of the overall programme lies in the complementary nature of its various parts. Unfortunately, the expense of such a programme both in terms of costs and time is significant. It would therefore be essential that appropriate entry criteria be clearly established.

ACKNOWLEDGEMENTS We are grateful to: Hazel Hughes and Roger Roberts, other leadership development programme members; GC International Consulting Group for advice on competencies; Karen Swindley, assistant director of human resources development, Lancashire Teaching Hospitals NHS Trust for

Panel 2: “Development centre” qualities

Self-awareness and integrity

- Uses own strengths and recognises own limitations
- Manages own emotions; is resilient in a range of complex and demanding situations
- Is committed to openness, honesty and high ethical standards
- Is confident in dealing with others

Seizing the future and leading change

- Develops a vision for the future
- Communicates that vision to others
- Explains the reasons for change
- Takes action now which leads to the future vision
- Is open to the creativity of others in developing future vision

Intellectual flexibility

- Embraces ambiguity and complexity of information
- Can develop realistic solutions from ambiguous or complex information

Political awareness

- Understands the diverse interests of individuals or groups
- Recognises the dynamics between individuals or groups and adapts behaviour appropriately
- Takes time to gather information from a wide range of sources.

Achievement

- Has a strong commitment to achieving goals and positive outcomes
- Holds others to account for delivering agreed actions
- Is prepared to stand up and be counted
- Demonstrates motivation

Influencing

- Adopts a number of strategies to gain support from others
- Recognises others inputs and builds on these to develop own argument and influence outcome

Working collaboratively

- Demonstrates inclusiveness
- Recognises views of all parties
- Manages own behaviour, being sensitive to the impact of their behaviour on others

Empowerment of others

- Engages and facilitates other contributions sharing leadership appropriately
- Nurtures capability and the development of others

developing and running the development centre; Lorna Wellsted, Wellsted Associates, for facilitation of the action learning set; and Trevor Bithell for assistance with the manuscript. We are also grateful to Medicine Management Network North West for facilitation and funding the pilot programme.

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