



## NHS Evidence-based Leadership

### Developing the NHS Leaders of Tomorrow

Today's NHS faces major challenges as it seeks to meet the aspirations of its staff of all kinds and at all levels, the public at large, and its political masters of whatever persuasion. To meet those challenges the NHS urgently needs to develop people with the ability to lead its multitude of organisations in the future.

In his Foreword to the '*Guidance Document for NHS Talent and Leadership*' David Nicholson makes it very clear that leadership development is key to the future of the modern NHS:

"The National Leadership Council, which I will Chair, will be responsible for ensuring we have a systematic way of identifying and developing leaders to move to the next level and beyond."

Overall responsibility for inspiring, developing and nurturing the requisite large and diverse pool of potential future leaders is being placed with the ten SHAs in the first instance. The *Guidance Document* brings into sharp focus key responsibilities being placed upon each SHA Chief Executive, Chair and Board Member:

- Chairs and Chief Executives must 'personally and demonstrably lead on the improvement of leadership capacity both within the SHA and across the region'
- Individual Board members will be expected to act as mentors
- Boards will need to demonstrate that they are focused on developing talent and leadership, alongside their other responsibilities.

A key factor in implementing the *Guidance* is the need for evidence: "The plans will be evidence-based, demonstrate openness and transparency, and ensure that leadership teams are confident in supporting talent and leadership processes and of their roles and accountabilities within them."

Most people recognise true leadership when they see it. But ask them to articulate exactly what it is that they admire and there is the immediate problem of perspective and definition. Even if people were able to define leadership, in commonly agreed terms, there is still the even bigger task of trying to use this information as a means for developing the leadership capabilities of others.

Rather than sending people on leadership (or even personal development) courses and then hoping that it might make a difference, it is time to put evidence at the very heart of NHS leadership development efforts. Thus there



is a need to begin by establishing some evidence about each individual's capabilities, or lack of them, before attempting to develop them.

Fuse Learning is a UK leader on evidence-based approaches to leadership development and evaluation, having worked with NHS clients over recent years installing evidence-based approaches to learning. We are, therefore, acutely aware of the need for an evidence-based approach throughout the implementation process

*But what sort of evidence?*

**Evidence that patients are benefiting –**

- Improved patient care processes
- Patient outcomes
- Patient satisfaction

**Evidence that NHS staff respond to better leadership –**

- Staff engagement
- Staff deployment
- Improved staff performance

**Evidence that taxpayers are getting value for money –**

- NHS costs
- Value for money
- Productivity

**Evidence that the leadership talent pool is growing –**

- Better talent identification
- Improved talent pipeline
- Better use of talent



## **In addition –**

- We fully recognise the need for buy-in at grass roots level for initiatives to succeed
- Our principal consultant is a world authority in his field and the author of a number of respected books and papers.

In the foreword to the *Guidance Notes* David Nicholson ends by saying ‘Spotting and developing confident leaders is a priority for us all if improving quality is our shared purpose.’

Fuse Learning can help you and your NHS organisation meet that priority, utilising our proven, efficient and cost-effective methodology.

## **Case study: Return on Investment at the World Health Organisation**

In 2002 one of the regional operations of the World Health Organisation (WHO) needed guidance to produce some Return on Investment figures for health training programmes. This was an interesting angle on ROI because the benefits of health training should be quite obvious and significant. However, the WHO, like any other organisation, has many competing demands for limited funds so one of the questions they wanted answering was their relative priorities.

Two areas for potential training spend were HIV/AIDS and nosocomial infections (i.e. infections picked up by patients during a stay in hospital). So how do you choose a priority between these two? Using ROI requires that you attach a benefit figure (in this case \$’s) to each but where can we get these figures from?

In the case of HIV/AIDS an official economic report put the cost of the spread of AIDS in this particular region at \$2 billion between 2000 and 2005. The ROI proposition is initially based on an expected 1% improvement. So, if the whole of the WHO training budget (\$600k) was spent just on HIV education and this resulted in a 1% reduction in the incidence of aids (worth \$20 million) then the ROI would be 3233%.

Figures gathered on the incidence and costs of dealing with of nosocomial infections in the local hospital were used to do a comparison. By spending \$5000 training someone in infection control, again assuming a 1% improvement, produced a potential ROI of 0.8% over the same period. Of course, the WHO would like to do both but with limited funds they have to make difficult choices. Using ROI helped to keep their priorities crystal clear and the decision making process much easier.

## **Our Consultant**

The Fuse Learning ROI consultant is a world-leading authority in learning measurement, evaluation and ROI consultancy and has been consulting in this field for over 15 years.

His methodology has become world famous because of his ability to show how evaluation influences every aspect of the learning cycle from needs analysis through to post-programme assessment. His business justification techniques have been used in a wide range of contexts from liP accreditation, to the development of corporate universities and large e-learning projects. He is also a well-respected writer who has contributed a



series of articles to a major publication on the role of Learning Consultants and is the author of a bestselling book on the subject.

## **Fuse Learning Commitment**

Fuse Learning helps NHS organisations to realise the potential of their staff and maximise the benefits of their investment in people.

In today's challenging economic climate employers, whether private sector or public, cannot afford to pay lip service to the notion that people are their greatest asset. That asset needs to be harnessed to the full.

At Fuse Learning we take a 'holistic' approach, embracing the provision of a range of services which empower organisations to link their investment in people, in all its forms, to their corporate objectives and ensure that their staff are equipped to contribute effectively to a modern, strategic working environment.

We are committed to developing tailored solutions that best suit the individual requirements of our clients, guaranteeing the highest level of effectiveness.

If you would like to discuss your requirements, or any aspect of the Fuse Learning service, please do not hesitate to contact us:

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