



NHS People Plan

Improving the leadership culture: Implementing the Kark Review

NHS England and NHS Improvement



Agenda

Welcome and introductions	Andrew Foster, Chair of Improving the Leadership Culture workstream – Interim People Plan
Recap on the process	Andrew Foster, Chair of Improving the Leadership Culture workstream – Interim People Plan
What we learned and next steps	Discussion
Outstanding questions	Discussion



Timeline

w/c 5 August	w/c 12 August	w/c 19 August	w/c 26 August
High impact actions agreed for workflow		Reference group 1	Detailed actions agreed for workflow
7 August Roundtable with Clinical Commissioners			
w/c 2 September	w/c 9 September	w/c 16 September	w/c 23 September
	11 September Roundtable with NHS Providers	17 September Roundtable with Kings Fund	Reference group 2
			24th September Roundtables with patient groups
w/c 30 September	w/c 7 October	w/c 21 October	w/c 28 October
4th October Roundtable with whistle-blowers		First draft of chapter	
Outline chapter agreed for workflow			
w/c 4 November	w/c 11 November	w/c 18 November	w/c 25 November
Reference group 3			
Second draft of chapter			



In implementing the recommendations you asked us to consider the following principles

1. Any system of further professional regulation for individual senior managers must be rational, transparent, consistent and proportionate.
2. The starting point for any regulatory system must be that the vast majority of managers do a good job and there should be a proper system of support, training and development in place for those who could improve.
3. Many of the issues the Kark review identified are also issues that we aim to tackle through our wider programme to improve the leadership culture across the NHS (especially The Compact and talent). There should be alignment in the way we approach these things.
4. We do not want to introduce unnecessary barriers for clinicians and people from other industries who might consider senior operational roles in the NHS.
5. Any process for delivery should avoid unnecessary burden on organisations.





What we heard and what will happen next

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Overarching themes

- **Scope of regulation**
 - The majority of people we have spoken to agree that all NHS board level directors should be in scope of regulation. There is increasing consensus that some form of standards should be applied to all NHS managers as a means to raise the importance of the profession, support development and set the standards of behaviour intended by Tom Kark.
- **Consideration of the moral line**
 - The concept of the moral line was raised frequently throughout our engagement, although many agreed that what constitutes someone crossing the moral line is difficult to define due to the subjective nature of the issues it seeks to address.
 - Any form of regulation or register will need to have clear standards of competence and ethics and support the concept of the moral line. This may include an individual that has acted in a way that has:
 - brought, or is likely to bring discredit upon their organisation and/or their profession;
 - adversely affected the morale, operations or efficiency of their organisation, when such impact should have been recognised and mitigated;
 - lowered or damaged, or is likely to lower or damage public respect and confidence in them and/or their organisation; or
 - in any way called into serious doubt their honesty, integrity or trustworthiness, and therefore their suitability to remain in a position of influence and authority over others.
 - The moral line will be closely linked to behaviours set out in the Leadership Compact and new CEO competencies.



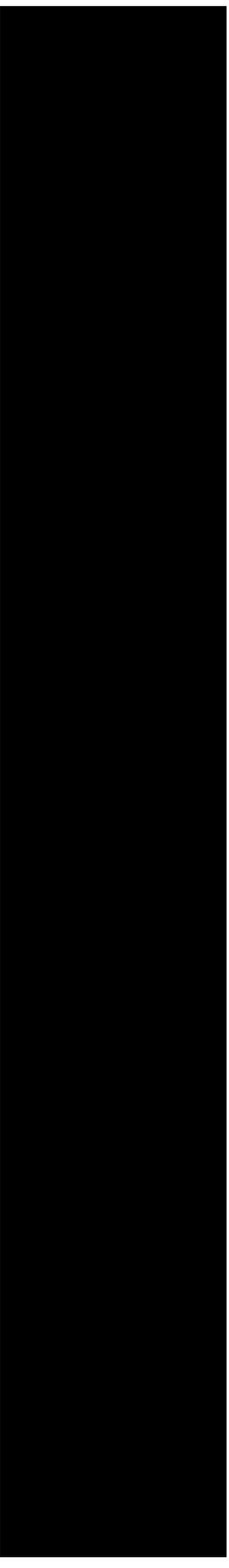
Recommendation 1

All directors should meet the specified standards of competence to sit on the board of any health providing organisation. Where necessary training should be made available.

What we heard

Through engagement we heard strong support for this recommendation. We took particularly useful learning from the system of regulation recently introduced by the Financial Conduct Authority, which aims to ensure board directors have clearly defined accountabilities. We heard that it is not helpful when individual board members do not have clearly defined responsibilities or share accountability for specific tasks with one or more other board directors.

What we will do



Recommendation 2

That a central database of directors should be created to hold relevant information about qualifications and career history.

What we heard

Through our engagement process we heard strong views both in favour of and against introducing a central database containing information about the qualifications and career history of NHS directors. The principal concern of the groups who expressed a view was that, while it was likely necessary to more closely track the careers of NHS directors it would be difficult, if not impossible, to do it in this form.

What we will do



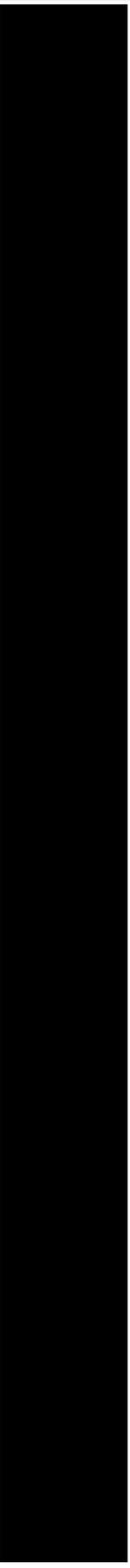
Recommendation 3

A mandatory reference requirement for each director should be introduced.

What we heard

Our stakeholders told us that the references provided for NHS directors when they move often contain only ‘vanilla’ information, such as dates of employment. This means that there is no formal route by which recruiting organisations can obtain useful information about a candidate for a senior NHS job and often resort to informal means.

What we will do



Recommendation 4

The FPPT should be extended to all commissioners and appropriate ALBs

What we heard

We heard strong support for this recommendation. People told us that it was important for there to be a level playing field for all NHS leaders and that senior leaders in the ALBs (in both national and regional teams) play both an important symbolic and real leadership role, so they need to set a positive example.

What we will do



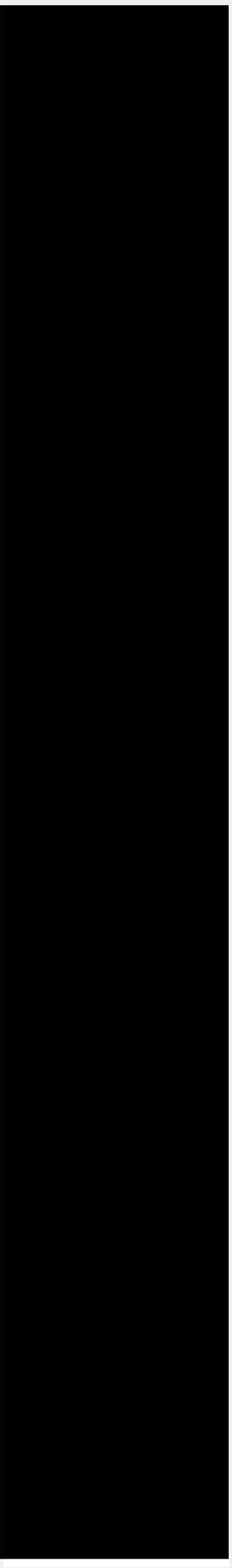
Recommendation 5

The power to disbar for serious misconduct.

What we heard

The discussion about this recommendation formed the central aspect of the majority of the conversations we had throughout the engagement exercise we conducted. We heard particularly diverse views, ranging from no further regulation of this type being necessary, to a much more robust form of regulation being essential. The majority of the people we spoke to said that, whatever form regulation of this type took, NHS managers would need to be given the support and development they require to ensure they meet the minimum standard required for registration. Additionally, we understand that it would take a significant period of time to establish a new professional regulator in statute and we do not think it is acceptable to wait for several years before taking action of this kind.

What we will do



Recommendations 6 & 7

Remove the words 'being privy to' from regulation.

What we heard

This was broadly accepted by all stakeholder groups and we propose that it is accepted.

What we will do

[Redacted]

Examine how the test works in the context of provision of social care.

What we heard

Consideration of this recommendation did not form part of the engagement exercise we conducted. However, where we did receive comments they were supportive.

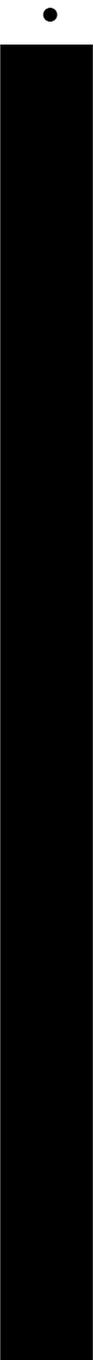
What we will do

[Redacted]



Key questions to answer

- Do you agree with our recommended approach?



Proposed next steps

- Gain ministerial approval on our proposals

- [Redacted]

- [Redacted]

- [Redacted]

