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Thoughts from Staff College.....the fifth in our new series of Faculty blogs

Past, Present and Future

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One of the exercises that you may have undertaken on a Staff College programme is Past, Present & Future. Here, Staff College Faculty member Dr Yogi Amin, outlines his thoughts about the past, present and what will be required of leaders in future.

Past, Present & Future:

Past: below are some extracts from a WhatsApp message that was doing the rounds during the start of the first surge, written by a recently retired army officer. I could not find the author, but these reflections really helped many healthcare professionals I worked with, both on the front line, and those in support roles:

- It will end. At some undesignated and unpredictable point in the future it will be gone, and we will return to some semblance of normality. We may well all be changed by the experience, we may never be the same again, but at least we will be able to go about our daily lives as we did before.
- You are not alone. We cannot do this as individuals. We must strive to support each other as best we can. Each of us will go to some pretty dark places and it is beholden on all of us to look out for each other. Kind words, cups of tea and support for each other in all its forms will go a long way to helping each of us get through difficult times.
- Leave egos at the door. Every one of us has skills that others do not possess, and everyone should be encouraged to use those skills to benefit the team, and therefore our patients. You will be asked to work outside your comfort zone, but as long as you do your best you will have discharged your obligations. No one person has all the answers and only by encouraging contributions from everyone will we find the answers to the daily problems.
- People will die. As Health Care Professionals we are all acquainted with death to a greater or lesser degree. During the current crisis you will possibly experience death in numbers that you would never have imagined when you first signed up as an 18 year old and it never gets easier. Moreover, it may be one of us. Whilst it is inevitable that some of us will contract the bastard, it is not inevitable that one of us will die, but it is possible. Be prepared for that and be prepared to support those who will take it less well than others.
- Support the chain of command. As Doctors we often feel that we are individual 'practitioners' who can plough our own merry furrow. The success of this endeavour will be a collective effort and individuals will not always be aware of the bigger picture. Our leadership team have so far demonstrated that they have the mettle to do what is required. They depend on us to implement the plan; we need to trust them. Followership is also a team skill, look it up.

- Be flexible. No plan survives first contact with the enemy. The goalposts will shift on a daily or even hourly basis, be prepared to change with them.
- Look after yourselves. In any downtime you have, take some 'me' time. It may not be easy; we all have family and other commitments. But it is vital, for your sanity, that you do something to 'relax'. Running, books, music, PlayStation, cooking, yoga, whatever, just do something that you can say is just for you. Eat well.
- Family. This is a difficult one. Whatever your relationship is with your closest ones, unless they have experienced something like this, they cannot truly understand what you are going through. They can empathise, make tea, look after kids etc, but they will not understand. Do not let this become a wedge between you. You will need them in order to establish your normal life after it has gone away.

Those few honest words helped many to cope with the stress of the initial crisis.

Present: I will not speak much to this. Other than, from your tired place, pause - look up and around you be curious. What is happening around you, what do you notice? Ask yourself why? I will move swiftly on to the future, which is only a second away!

Future: Last Sunday we celebrated another anniversary of the NHS. 72 years ago we understood why the NHS was set up. Its purpose, set out in its three founding principles, was to provide: comprehensive treatment, within available resources; universal access, based on need; and services delivered free at the point of delivery.

However, if you google '*what is the purpose of the NHS?*' today, guess how many hits you get? ~103 million in 0.57 seconds! And in many ways, there lies the problem.

So, what is the common purpose, within our groups, teams, boards, organisations, Integrated care systems etc? At present there appears to be an absence of a well defined vision and limited engagement, leading to a lack of a clear purpose.

So, if you are leading change, the first thing you need to ask yourself is why?, and not what or how.

Speak to your people in a language they understand and explain why we are doing what we are doing. Create time, space, and encourage them to be involved in creating the new future. Build that common purpose, by moving from event-driven leadership to intention-driven leadership.

Unsurprisingly, a lot of the attributes from the "Past" bit of this blog, and the previous blogs from this series, are required both to lead and follow. There will still be times when command and control will be needed. But there will also be the need to inspire your people, to energise them and for you to display all the other characteristics which enable good followership.

What the future needs is for you to be brave, make informed choices, experiment, and learn from what happens; trust your instinct. Listen to the people around you,

especially the naysayers – first of all - they could be right, but also it creates a different mind-set for you, for you better understand all the complexities of the issues. Surround yourself with bright people, people who will challenge your thinking, not just those who nod along subserviently; those who ask better, different and challenging questions, and be comfortable with that, not defensive.

When someone brings you a problem, ask yourself: *'is that the real issue - what underlying assumptions have we made?'* For example, in the midst of the Covid first surge, there was recognition on the Intensive Care Units (ICU) that we needed to prone our intubated patients safely and regularly. Single loop learning would suggest that more ICU trained staff were needed to achieve this. However, once you challenge the defensive reasoning and use double loop learning - question the underlying assumptions/ variables - it opens the mind. In this case it became clear that it could be achieved with the use of non-clinical staff!

And finally I end on a quote by F. Scott Fitzgerald – *"The test of a first-rate intelligence is the ability to hold two opposed ideas in your mind and still retain the ability to function."* In all the ambiguity, noise, confusion, paradoxes: establish what the unifying purpose is, don't be paralysed and take a risk: believe in yourself.