

**Leadership, community,
and spirituality in a
public health context**

Dr Attila Vegh

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Leadership and community

Bronwen: *As one of the youngest leaders in the UK, what is your view of the importance of leadership?*

Attila: It was only in the NHS context that I began to understand just how much impact a leader could have on the culture of an organisation. By making the professional experience of 2,500 people more meaningful,

At a time of extreme cuts in the NHS, and concerns about its future, it is clear that radical steps are needed to shape a society where health of all ages is supported. In this interview, Bronwen Rees talks to Dr. Attila Vegh, one of the youngest Chief Executive Officers of a large Foundation Trust hospital. He muses on the complex relationships between leadership, health, community and concludes that it is perhaps issues of spirituality that may complete a missing link in developing a society where health and well-being are of paramount importance.

this could not only influence their own professional lives, but would indirectly enhance the healthcare delivered to between 80,000 to 100,000 people every year. Clearly if the organisation is better organised, we can make a bigger difference to the patients, but I realised that this could be achieved not only through improved management processes, but through the behaviour and energy of the leader. Whilst I was only 33 when I came into the NHS to lead an organisation, I realised that people were looking at how I behave, how I think, what are my values, what's my integrity, and would in many ways model my behaviour,

sometimes unconsciously, sometimes indirectly through the behaviour of my leadership team. I realised that this can have a big direct impact on the atmosphere and values of the organisation, on how staff behave,

how they think, how they communicate and interact with each other, which in turn directly impacts on how people are treated. Over time, this effect is clearly palpable and measurable and I realised that this was something that needed to be a very conscious role for me as a leader.

Bronwen: *What made you aware of that, and how do you think this is happening in your new CEO role, after a year in place?*

Attila: Well, it was the simple things, for example the language you use. You start hearing people using a very similar language. You find that your energy level very quickly transmits itself to the people around you. So if you bring energy, especially positive energy, people start doing even small things more quickly and efficiently. So I started doing things consciously at pace, whether talking or walking. Soon after my arrival, I found people started picking pace up, and sometimes, I noticed people were almost running through the corridors compared to just having this relatively slow motion beforehand.

At another level, you can have a large role in shaping the values in an organisation. For example, just last week we had a quality heroes award which is given away every two months to people who have done something outstanding. It's a small thing with a title, a bit of money and a certificate, but it's really about providing recognition to people who go beyond their call of duty. If you model this as part of the culture, then it becomes embedded within it. It is critical to take time and effort, as a leader, to pay respect and recognise the behaviour that you would like to see more of.

I began to understand the importance of symbolism in leadership. I learnt that people across the organisation pay a lot of attention to what you do. Colleagues read a lot into even small things, like whom you would greet first in the morning when arriving at the office, or whom you do or do not smile at. This seemed to prompt speculation as to whether someone would be promoted or made redundant – none of which I would have even thought of! It is a fact; if you lead an organisation that employs more than a few hundred people, consider yourself being on stage, 100% of the time. It's best if you are conscious and mindful of that.

Symbolism can also be a powerful positive driver. A few small acts carefully planned can send powerful signals across the whole organisation about how things will be done in the future. Soon after my arrival, I found that clinicians did not trust the management. Within three weeks of my arrival, I lifted the ban on the use of websites like YouTube, issued credit cards to teams with funds on it, created a direct line to me for front-line staff and posted their questions on the

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intranet, etc. Small, but symbolic acts to increase trust across the organisation can often have dramatic impact even if it takes more and longer to really change the culture of the entire organisation.

The whole notion of organisations is really about bringing people together for the service of an objective or a purpose. In the beginning it did feel more like a collection of individuals versus

a community of individuals with a shared vision. Even if we’re not there yet, we started moving the atmosphere towards feeling being part of a community. This means believing that we come together as a group of individuals because we’re doing something which we couldn’t do individually – and that’s, I find, quite exciting.

After one year I sent an email out which was a summary of my first year in the trust and asked people to reflect on it, and give me some feedback. A lot of people sent emails back. There was one comment that struck me: ‘The one thing Attila, you need to be aware of is that we have begun to feel that we belong to each other.’ Another person said to me, ‘There was something which we realised over the last year which is we learned to feel as part of a family,’ which was also very gratifying.

You’re part of a story, you’re part of a community which you earn the right to be part of, which you’re proud to be part of, and that you’re taken care of. There must be a mutual sense of support. As far as I’m concerned, if you put your heart in it, if you steer it in a shared direction, you become part of something that you’re very proud of.

I think that’s quite a powerful way to give something back to people. I would like to really do more of it so that we do feel as one, we’re one family, we’re one group of people and we’re proud and privileged to be part of the family.

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Bronwen: *So in a way it’s about feeling a sense of belonging over a common goal. Does it matter what sort of goal it is?*

Attila: Yes. I believe it works best if the shared mission that we all serve is something bigger than the organisation or the individuals collectively. It has to have an element of serving the greater community or those in need. This service element of the shared goal is very important for keeping the sense of belonging or community alive for the long-term. In my experience, self-centred organisational goals tend to be short lived.

Bronwen: *So you feel over the last 12 months that there's been a shift?*

Attila: Well I think so. We started measuring a whole raft of indicators in the spirit of 'you manage what you measure'. Most of these indicators started moving in the right direction. Though there is still more to do, there's now an increasing body of evidence that the quality of care has improved. For example, we're religiously measuring the quality of the care plans, the quality of the environment, the quality of the patient interactions, etc. All of these numbers are looking very different to what they were almost a year ago.

This time last year, the national quality regulator, the Care Quality Commission had issued five major concerns, two minor concerns and, two warnings – now they've started giving us a full clean bill of health. Due to these earlier challenges, we receive regular inspections, and since June last year, these assessments were confirming the improvement with full compliance against all inspected standards of care.

But there are also some softer dimensions of an organisation, which are more difficult to measure. For example, we have introduced measuring both staff and patient satisfaction by asking 'the family and friends test'. Every staff member and every patient is asked the question, 'How likely is it that you would recommend this trust to your friends and family as a place to care for them or as a place to work?' We're putting these 'Net Promoter Scores' in front of people every month so we're clear on how satisfied our people, (both our patients and our staff) are. We've still a way to go but I think we have already improved quite significantly in both ways so staff can feel it's a better place and patients feel it as well.

Leadership in the public and private sector

Bronwen: *I know you've spent 5 years working for McKinsey. Is there any difference between working in the public and private sector, would you say?*

Attila: Actually, McKinsey engages quite heavily in public sector and also international charitable and non-profit organisations, and obviously a significant amount of work in the private sector as well. I worked predominantly in healthcare, mostly in major public and private provider organisations such as hospital chains, ministries of health on government health reforms, or private pharmaceuticals and consumer healthcare companies. So I was exploring both sides of the fence, one could say.

Pharmaceutical companies are very interesting organisations. These are big multi-billion pound corporations; they tick very differently

from the public sector. The pharmaceutical industry is an excellent place to learn business and management. They employ some of the brightest, most intelligent and best educated business people in any industry. It is also a global profit-driven industry, with a razor sharp focus on delivering shareholder value that can be measured by the development of the share price.

Having worked worldwide in pharmaceuticals I decided to change my path to focus and concentrate on helping provider organisations, I spent my time working out how we could support hospitals to become more effective, applying and integrating clinical evidence and best-practice provider management. This was a truly rewarding experience that made me feel I was making a tangible contribution to patients' health.

Bronwen: *What made you consider leaving McKinsey then?*

Attila: After years of advising other leaders of some great healthcare organisations around the world, I decided to join the NHS three years ago. I was eager to become the leader and decision maker myself, with the opportunity for direct impact. And I started appreciating the importance of the leadership dimension of management. I began to realise that there was a difference here. McKinsey is one of the best schools in the world to learn about practical management, what works, what doesn't work. But I also wanted to practise leadership in the health sector itself and see what it feels like to be 'on the other side of the table'.

Leadership is a very practical and a very human sport. And it's actually quite amazing. What gets me out of bed is obviously the chance for impact, both in terms of patients and our staff. What I find most

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Bronwen: *So is there a difference in leadership styles in these sectors then?*

Attila: Yes, definitely. The crucial difference is that of values, even though they can both be huge organisations. For example, the NHS is the world's second largest employer with more than

a million employees. Pharmaceutical companies are also among some of the largest commercial organisations in the world.

One major difference is the profit driven value set which is inexistent in the NHS. Staff's actions are not driven by delivering profits. Most people in the NHS are heavily motivated by values such as helping patients, supporting people.

The pharmaceutical industry is more rational, built on some elements of human greed. But it works. For example, out of the hundreds and hundreds of new clinical entities used to develop new drugs there are only a handful that were invented and developed by public sector organisations. It's the same in other sectors. In the automotive industry, there are practically no major public sector car manufacturing organisations – even if arguably there would be merit in helping people have safer or more environmentally friendly cars. People can be motivated by commercial benefits, and then they can put their best ideas in place to develop new drugs. In marketing and sales however, it can be somewhat more controversial, especially in healthcare. When staff's performance is directly measured and rewarded by the amount of drugs they can sell, it can create strong incentives to explore creative ways to influence the decision makers, who are often not the patients. That's why we need stronger control and regulation for these activities.

On the positive side, where people are driven by measurable data, like monthly sales figures, they become extremely focused and professional and learn to develop robust systems and processes that work very effectively.

In the NHS, although it's driven by strong and noble values, there are still many opportunities for higher levels of efficiency. Sometimes things don't work as effectively or efficiently as maybe they could, even if people have the right motivation and mind-set and they put their hearts in it. There is a real question about how in the NHS we can get more focused on delivery and measure the right things and being stronger in holding people to account. I feel that there is something that we could learn from the industry. In a way, the ideal would be a blend of the two sectors.

Bronwen: *Do you see the public and private sectors converge in the future, e.g. in the pharmaceutical industry?*

Attila: These are some really vital questions, especially given the current global economic crisis that fundamentally challenges our old assumptions on drivers of prosperity. It raises the question whether we need public pharmaceutical companies that will develop drugs in the areas where there is no market, but where there is an unmet health

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need. There are many infectious diseases that need new treatments, e.g. tuberculosis, but the majority of patients live in deprived parts of Africa and Asia, so private pharmaceuticals would not make the necessary investments in researching these areas. There is probably a range of how far we could go in terms of developing public sector pharmaceuticals although there may be mechanisms to make this work.

Similarly, public healthcare organisations in the UK are increasingly partnering with private organisations. NHS organisations are very effective at managing safety and complexity but tend to be less customer-centric and lean. Bringing the best of both worlds together within the provider industry would be a winner. Furthermore, under the 'Any Qualified Provider' scheme in the NHS, the concept of competition is being introduced that creates an even playing field and increasing opportunities for private organisations to take the business of public sector companies.

After April NHS organisations will also be allowed to earn private income up to 49% of their total income, which is a significant change. This will probably make some historically NHS organisations become more commercially minded.

Leadership and spirituality: linking healthcare practice and delivery

Bronwen: *You are also a qualified doctor. Do you see any link between being a healer and a leader?*

Attila: Definitely. It has two dimensions. The most direct dimension is specific to doctors who become leaders of large healthcare organisations. They would need to consciously live the dual role; to be a healer

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of patients, and at the same time the leader of colleagues. Fortunately, there are many common characteristics between the two. Both healers and leaders must be trustworthy, have integrity, be able to think logically and communicate effectively, be able to take risks and have courage, if they want to be effective. But it is still not the same thing.

The other dimension is an interesting one.

Throughout history, leaders were believed to have some healing power. For example, in the Middle

Ages, kings were sometimes seen as people with some kind of healing power. So there may be an interesting connection that could have something with the perception of influence and power. It is a question that would be worthy of further exploration.

Bronwen: *I know your work also focuses on mental health, and the organisation has recently run a conference on brain science and mindfulness. What would you understand by the notion of spirituality at work, and how might it help achieve this balance?*

Attila: The spirituality dimension of leadership in both public and private sector management is interesting and quite complex. I think what perhaps links it, and could give it some leverage is the sustainability concept. There is a critical question whether the purely profit focused, commercial mind-set is sustainable. It's producing things which do not create welfare – people are not happier by having more – arguably they enjoy lower levels of perceived happiness. It's also destroying the environment that we are living in.

So, interestingly, public sector organisations, because they don't have these profit-maximising drivers, could be at the forefront of the sustainability concept. So what we do, for example in this organisation, could actually fully support the sustainability movement. I think that consciously living the sustainability and the spiritual dimension of leadership is something that we have completely underleveraged in management to date.

I think our society is not there yet to fully embrace these values but once we get there we will see. In the future, people will increasingly want to work for an organisation like ours which supports a sustainable value set. But at the moment we still have a long way to go, and we are living in a world where the most ambitious men and women are still too often motivated by purely materialistic values.

Bronwen: *I'm coming across more and more young people now who are actually beginning to question this.*

Attila: I'm pleased to hear that. I think the world is changing. We may be approaching an inflection point, when there would be a critical mass of people, especially young people who will start owning those more spiritual, universal and sustainable values. People who go to an MBA programme may decide, 'I don't need to become a banker or a management consultant to be successful because my success will not be measured by the size of my bonus but the positive impact I create for the greater good'. It will just be fascinating to see when it will happen at scale. There are clearly trends towards that. There are an increasing number of Harvard MBA graduates who want to join non-profit organisations over banks, hedge funds or management consultancies. You also see the emergence of all these sustainable businesses, the co-ops, the green banks, the environmental fashion industry.

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For example, there is the slow food movement which started in Italy proving that you can have restaurants that are not about pure profit-maximising but about sourcing local produce, employing local people and just earning enough to sustain the business. The purpose and values of this are about giving people an experience, an opportunity, and sustainability for the community as well as for your business.

However, the sustainability for your community beyond your business is a notion that despite many corporate social responsibility initiatives is not really practised by many big corporations. But I think there is a mind-set change and I'm very optimistic.

Bronwen: *So sustainability is one dimension of spirituality. What else do you understand by this?*

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Attila: I already talked about the connection between what we do and how it serves our communities. What we do must be serving

something bigger than us. If our work is only focused on just the personal or the organisational objectives anything we do will be time limited and will not be self-perpetuating. It's missing a very key thing in human life. There will always be different things, different organisational forms but if these are determined by spiritual values then the forms will outlive us, and have some universal value.

I think it's a very important dimension and it has to be genuine. Earlier, I discussed the disproportionate influence leaders have on the organisation. If as a leader, you believe in it, then people start believing in it. If, on the other hand, it is not genuine, people feel you do it only for yourself then I think the organisation will never really become a spiritual organisation, and may not last very long.

Another exciting dimension is mindfulness.

I have become intrigued by the impact mindfulness practice has on individuals. This area is intensely researched with much scientific evidence on its individualised benefits. I also believe that there are strong benefits for organisations that adopt the principles and practice of mindfulness for their management, leadership, organisational culture and effectiveness.

Many of our clinicians daily apply Cognitive Behavioural Therapy to help their patients. As a mental health organisation, it also raises the question: how is our organisational mental health? How is the mental health of our employees? We rarely ask these questions.

We often don't even know how many people have mental health issues. In the general public, 1 in 4 people experience significant mental health problems sometime in their life. In a mental health setting, this number could even be higher. Being conscious about one's own mental health, makes us more compassionate with the patients, a more credible and trusted partner. To support this process, we also started employing 'peer support workers', i.e. colleagues with lived experience with severe mental health illness. We currently employ the largest number for any trust in the UK, but it is only a start.

In addition, we have decided to launch a programme of mindfulness training across various sites at the trust, and will measure its impact on staff engagement, staff satisfaction, compassionate care, sickness levels and absenteeism, and the Net Promoter Score (i.e. family and friends test). Based on the evidence of other corporations, this will likely have a measurable impact on these indicators and ultimately on the quality of the care we provide.

The practice of mindfulness could have a critical role in healthcare. It is often very easy to forget that none of our patients chose to be a patient. Whereas we all chose to be the professionals we are. Mindfulness practice helps us be more conscious and aware of the pain and suffering of our patients and be more compassionate in our care.

Bronwen: *In earlier editions of Interconnections we have talked about the ideas of 'holarchies' rather than hierarchies. These are networked organisations, so instead of hierarchy you have embedded and interrelated patterns of behaviour, which exist within each other. It's difficult to describe it but it's as if there's an energy there that can be tapped for the greater good, since in a hierarchy energy just goes up and it goes down, but in nested holarchies, there is more a flow of energy.*

Attila: Yes, I could see that, and also the possibilities for creativity are much stronger. If all of a sudden some people feel that what we serve is something much bigger than any one of us, even bigger than the collectiveness of us, it is really about the greater good. In a way, it's how we make the world a better place. This will then allow people genuinely to develop new thinking, flowing in and around the organisation. This is perhaps the key to dealing with likes and dislikes with colleagues that leads to so many problems. Actually, there are always likes and dislikes – because people are different; but if you do like the idea of serving that greater good then it doesn't matter whether you like or dislike the boss because you are not serving the boss, you're serving the greater idea. It is the role of the leader to facilitate the emergence of a structure to support this.

PROFILE



When **Attila Vegh** was appointed CEO of Cambridgeshire and Peterborough Foundation Trust, he became one of the youngest chief executives of a Foundation Trust hospital in the UK. Growing up into medicine through his family, many of whom were passionate doctors in his native land of Hungary, he set out studying medicine, but was equally interested in other, broader concerns such as the economy, and the relationship between the economic system and healthcare. So for five years, whilst studying medicine he studied economics in parallel. He graduated in 2001 with an M.Sc in Economics and as a Doctor of Medicine. He then began practising as a doctor in Paris, and then became interested in a research project in Molecular Cancer Research, emerging with a Ph.D. from the University of Paris. Still driven by the relationship between economics and medicine, and also how he could make an impact, he gained a scholarship from the Commonwealth Office to do an M.Sc in Health Management at Imperial College, London. He was then recruited by the consulting company McKinsey, where he worked in both public and private sectors, consulting in hospitals, large provider organisations, governments, ministries of health on health reform and pharmaceutical companies in over 20 countries. This gave him great insights into how to lead and manage large-scale healthcare organisations.

Towards the end of this period of five years he led a large programme for an NHS Trust in need of operational and organisational improvements. After this work he formally joined the NHS and became the Managing Director of a large community provider at the age of 33. He did this for two years and was headhunted for the role of Chief Executive Officer at Cambridgeshire and Peterborough Foundation Trust which he took up on 31st October 2011.

His passion lies in the possibility of making a measurable impact to the levels and quality of healthcare and healthcare delivery, thus combining his two areas of interest. A driving quest for him has been how to combine the roles of leader and healer and resolving the split between the two. In an age where most leadership and leadership research is dedicated to finding ways of making more profit, leadership has become largely divorced from social and human values. Interestingly, in older civilisations this role would have been combined – where the touch of the king could bestow health.

Attila's passion is how he can make an impact in this area, and he is inspired to find himself in a position where he can influence the quality of healthcare for 80,000 to 100,000 patients a year, by shaping the organisation with direct impact on the professional lives of the 2,500 employees.