

Politicians, Health Professionals and the Trust Effect

Faith in Health conference – 4th July 2008

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It is a great, great joy to be here and it is a great honour to be sharing the platform with one of the most respected leaders in our country. It is not only an honour but it is actually very useful because His Eminence will be able to answer all your difficult questions for me!

I want to start by paying a tribute to all of those who have organised this conference and not only this conference but what they do day in day out with Catholics in Healthcare. I know it is a small network but it is a growing one. In fact I think it should be a huge organisation. When you think of our history, our noble and compassionate history in caring for the sick and the infirm and when you think of the number of Catholics who continue that tradition in our modern world, I have to ask why are we so bashful in admitting we are a Catholic. Why don't we act with boldness? Why don't we proclaim our allegiance from the rooftops? I am afraid that just too few of us do and I think that's a pity because we should be really proud of our Faith. At the very least we should join Catholics in Healthcare. I hope at the end of this conference people will do just that.

One of the things that impressed when I went to the NHS Confederation's Annual Conference was that it was only the Catholics that had the stand proclaiming their Faith. What was interesting was the number of people who came up, quite shy, quite diffident, wanting to find out more and that's real outreach and I think that's what we should be about.

At 22 I got elected to the Local District Council and became its Leader. I soon discovered that politics are great stuff, you can really influence not only the present but the future and I became seriously addicted. I got elected to not only the District but also the Parish and the County Councils and because I chaired the Social Services Committee I was appointed to chair the Brighton Health Authority. When in Brighton, I was asked by the government to chair a review of community nursing and our report – Neighbourhood Nursing among other things, recommended that nurses should be allowed to prescribe a range of medicines and to practice in their own right as nurse practitioners.

Because I was later appointed to the House of Lords I was able to take that report through parliament, first as a back bencher and later as a minister but it took 16 years to get 8 pilot schemes going and 20 years to get full implementation across the whole country and across the whole formulary. So, politics is about change, hopefully, change for the better. This week we have heard a lot about change with Lord Darzi's review of the NHS "High quality care for all", coupled with "a high quality work force" and a consultation on the NHS constitution. Now, I'm afraid I have not had a chance to read those but I have had a quick glimpse and I think they are really rather good. Like nurse

prescribing, it is the actual implementation that is going to be the real challenge.

Now, Lord Darzi is interesting. When he was appointed a minister he declared he was not a politician but a doctor. Now I of course do not agree with that. You can not be a Minister of the Crown, answerable to Parliament and not be a politician. However I can understand his reluctance to be labelled a politician when he can be labelled one of the country's most loved professions. Doctors are loved. Politicians are not. Politicians disappoint. Electors and constituents believe Governments can solve everything from street parking to global warming. Politicians have to deal with conflicting pressures and if marginally successful, the electorate are not grateful but go on to the next problem to be solved. Expectations move on and the wealthier we get the more we want; the more we know, the more dissatisfied we become. Appetites are insatiable. It is not a phenomenon unknown to health workers who have to resist demands and yet maintain their professionalism, as Sir Cyril Chantler told us yesterday evening.

Three years ago, I chaired a working party for the Royal College of Physicians to study professionalism – what does it mean, do we care about it? Does it matter? Does it even exist?

Well, we sat down and it was very difficult but I had a really superb team and our scribe was Richard Horton who is the editor of the *Lancet*. I knew whatever we came up with, it would be well written. We thought about the axiom, I think it was Voltaire who said "If you are to discourse with me, define your terms". The first thing we had to do was define medical professionalism. We went to the Oxford English Dictionary and we looked up the definition because a lot of people had thought about professionalism before we came on the scene. We had huge discussions about words like "altruism, humility, mastery" and we built in words about patients, about partnership and so on. We defined a really, really good definition but it was long. I said to the team "that is no good, if Jeremy Paxman asks me on Newsnight, "Well Lady Cumberlege, what do you mean by medical professionalism?" I can not remember that great long definition. We need a sentence. Think of strap lines - Bill Gates, Microsoft 'a computer on every desk'" – well we weren't quite as succinct as that but we did come out with a sentence. Our sentence was "medical professionalism is signified by the values, behaviours and relationships which underpin the trust the public has in doctors".

I mention this because my theme for this morning is about trust.

How do you maintain trust? What is it? How do you recognise it when you see it? Well politicians know that they are unpopular and not to be trusted. That is exhibited when they are in a hole on television or on the radio – they will often put forward a doctor because they know doctors are believed and politicians are not. A recent Mori poll showed that 39% - a minority in the country - trust politicians but 87% trust doctors. The interesting thing about the doctors is that although it is 87%, it has reduced year on year. What can we do – how

can we strengthen the trust that is so essential in the work that we do, in the NHS, in the church and in political life?

Now I want to draw on the work of Larry Reynolds and *The Trust Effect*¹.

He starts with some core principals. First of all **Competence**. We have to earn trust and to do so people must believe that we are competent. Competent as practitioners, teachers, mentors. We have to be full proof when it comes to not only theory or theology, but equally important, in practise. Competence is about skill and it is also about instilling confidence in others. I was recently in hospital and a consultant decided he was going to take a blood sample. I could see that he was very nervous. I was nervous because I thought he probably had not taken a sample for 10 years. After he had three goes, I felt like saying to him “oh for heaven’s sake, give it to the nurse” because I just knew that the nurse was a phlebotomist and she would do it well. So, it is about being competent and people do respect skills.

The next core is **Openness**. Larry Reynolds states that high trust teams take every member of the team into their confidence. What a telling phrase. Taking people into your confidence means being open, honest and truthful. No secretive plans. No Russian dolls. No agendas within agendas, whether it is a parish, a hospital, community team, or a government. Openness, honesty and truthfulness are essential if we are going to build and maintain trust.

Being competent and open is not enough. People will only trust us if we are **Reliable** and that means dependable and consistent. Reliability is about keeping to our promises and one of the maxims in my commercial organisation is “we never let people down” and if rarely we do, we apologise very fast. So it is about doing what you say you will. It is about turning up when you say you will. It is about keeping to time and I think it is such a mistake to be late. It is so rude to be late. It is saying “my time is valuable, yours is unimportant”. Of course not turning up at all is even worse. It was Groucho Marks who said “the world is run by people who turn up”.

The final principal of this core is equity. **Equity** or fairness. To build or maintain trust, decisions have to be carried out fairly and the balancing act is assessment and not making assumptions. What appears fair to one person may appear totally unfair to another. That is why high trust organisations do not assume they know what is best for people. They take time and trouble to find out what really concerns their patients and their colleagues.

Now, I’m going down the right hand side of the model. This is about the organisation and then I am going to continue up and around the left hand side. This is about you as individuals.

¹ Reynolds, Larry, *The Trust Effect*, Nicholas Brealey International, 1997, ISBN 1857881869. Permission to publish references given by author.

If you are in charge. If you have some authority. If you are competent you will **Choose the Right People**. Now, not everyone has the potential to be competent in everything. You may trust someone to take the children's liturgy but you certainly would not put them in charge of the labour ward. High trust organisations put a lot of effort into choosing the right people. Putting teams together is a great skill and so many teams are dysfunctional because there is no trust between the members and no common values. Common values define the way we behave. "This is the way we do things around here". "In these situations, this is how we behave". We are Christians so the values we hold are common to us all. We know with the increasing sophistication of health care and the complexity of the world, not everyone can know everything or do everything so team work is essential and with a shortage of clergy, I think building and maintaining a team is absolutely critical.

If we value openness in our organisations we will **Tell Them the Score**. Now I want you to imagine being on a scientific expedition in a Tropical swamp. You are up to your knees in putrid water, not knowing what is lurking underneath. The humidity is killing, the ticks are devouring your legs. Everyday you are told how many miles you need to cover and what experiments have to be carried out. The expedition is fortunately very well resourced and is well equipped. The only thing is - you do not know what it is for; where you are going; how well it is progressing. So you ask the leader and the reply is "It is confidential. I can not tell you, and anyhow you would not understand". What does that do for motivation? What does that do for your trust in your leader. There is no trust without honesty and openness. At one time, health professionals refrained from telling the truth to patients in the belief that they did not want to know but research has shown that not knowing actually impedes recovery. Today, people want and expect to know the score and many will trust the Chaplain because he or she is not part of the workforce, not part of management, does not have an axe to grind. A neutral person, a person to be trusted.

Reliability is about **Accountability**. If people are to be trusted, they must account for their actions. Getting away with it erodes trust in an organisation. A sloppy organisation is not respected and miserable to work in. Of course people make mistakes and there is room for forgiveness but forgiveness is only given where there is a realisation of wrong doing in the first place.

Part of equity, or being fair is to **Identify Their Concerns**. It is no good leading a workforce or a team which is full of hidden concerns. You need to know what is top of the worry list and take them into account. A true professional knows, whether in health care or in the church, how important it is to identify the concerns of patient, friends, family or colleagues. Things that may be trivial in ordinary circumstances take on a different dimension when someone is very ill or even knows that they are shortly going to die. Similarly, in an organisation, small concerns suddenly grow. Rumours spread and the wholesomeness of the organisation putrefies, making it a miserable place in which to work.

Lead Decisively. In the work I did for the Royal college of Physicians we talked a lot about leadership. Leadership at four levels. First your self as an individual, as a professional. Whether you like it or not, for some people around you, you are a leader. You are a role model for them. They will see how you behave, they will follow your example or not. They may be ancillary staff, they may be junior members of the workforce or they may be part of your peer group.

The second tier is leadership of a team. Again, how you behave, supporting or denigrating colleagues. The values you hold to and whether you actually live by them. Values such as kindness, politeness, diligence and so on. Your leadership within the team will be noticed, remarked upon and discussed.

And third, your leadership within the organisation. How you talk about it. Do you talk it up or do you simply whinge? How you treat colleagues. How you lead a change – with confidence or half hearted. Decisive leadership is so much respected and there is a lot of debate going on at the moment about management and leadership. Do you have to be a manager to lead? Do you have to be a leader to manage? And I think the very best definition is from Viscount Slim, the great leader in the Second World War. He said “Leadership is of the spirit, compounded of personality and vision. Its practice is an art. Management is more of the mind - a matter of calculations, statistics, time tables and routines. Its practice is a science. Managers are necessary, leaders are essential”.

The fourth level is national leadership. This is about all the qualities mentioned by Viscount Slim of spirit, personality and vision. It requires courage and wisdom - being visible and speaking out. Ensuring you have good people around you and knowing when to take advice, and when to ignore it and be your own person.

An aspect of reliability is whether you **Act with Integrity**. I feel like asking you “hands up those of you who have had a builder who has said “I’ll be there on Tuesday and finish the job” and has actually done so. One of our builders in Newick is known as the most promising man in Newick! But how about the colleague who said “I’ll find out and ring you back straight away” and has done so? The users of our services are given appointments and some are cancelled at the last minute and our users are not impressed. Their trust has been eroded and not just in that institution but worse, in the whole of the NHS. Whatever our position, we are all leaders in this room today. People will think that we are fair and equitable if we do what we say, we will be judged by our actions, not our words. Listening to people is simply not enough, we have to act and to act with integrity.

Part of openness is **Giving Feedback**. If you want people to believe you, you must be open and honest. You have to tell them what you think of them and more precisely their behaviour and that is very tricky stuff. Straight talking is rare but giving honest feedback enhances a trust based relationship provided it is done well. “She tells you how it really is. He tells you what he thinks. She is straight with you.” How valuable that is.

Part of competence is **Continuing to Learn**. The only way to stay competent is to keep learning so congratulations to everybody here today. Mistakes are made when people believe they know it all and too many mistakes diminish trust. A thirst for learning is essential because techniques, language, processes, science and society are all on the move and we have to keep up with it.

So, in conclusion, as professionals either in health or in the church as priests, clergy, chaplains and the like, you start from a strong trust base. As supervisors, leaders, managers, it is more difficult. As politicians we have a great lot to regain in terms of trust. We are all expected to be competent, open, reliable and trustworthy to manage an increasingly demanding and difficult world and I think that is where prayer and personal belief is so critical.

In the House of Lords, we start every day with a prayer. We are fortunate to have Bishops and Archbishops as members of the House and I would not dream of entering a debate without attending prayers. When Lord Brennan collapsed in the House of Lords and was brought back to life by Lord Darzi, it was noticed that the Archbishop of York was praying. Later, I heard the Archbishop say "People ask me, 'why do I pray? If you get the results you want, it's only co-incidence' ". "Well", he went on to say, "I agree with Archbishop Temple who said 'I just find the more I pray the more co-incidences seem to happen' ". I so agree with that.

Right now, there is much to pray for. Not least for those who work in health care, sometimes at huge personal cost to themselves and their families but we should also pray for politicians who have the difficult task and the huge responsibility to govern one of this country's great institutions, our National Health Service which after all was founded on a great Christian ethic – "love thy neighbour as thyself".