

Six into one:

How many Leadership Styles have you got?
How many do you need?

17th October 2012 FMLM Conference

PHIL KENMORE



It's not...



**rocket
science**

It's about...

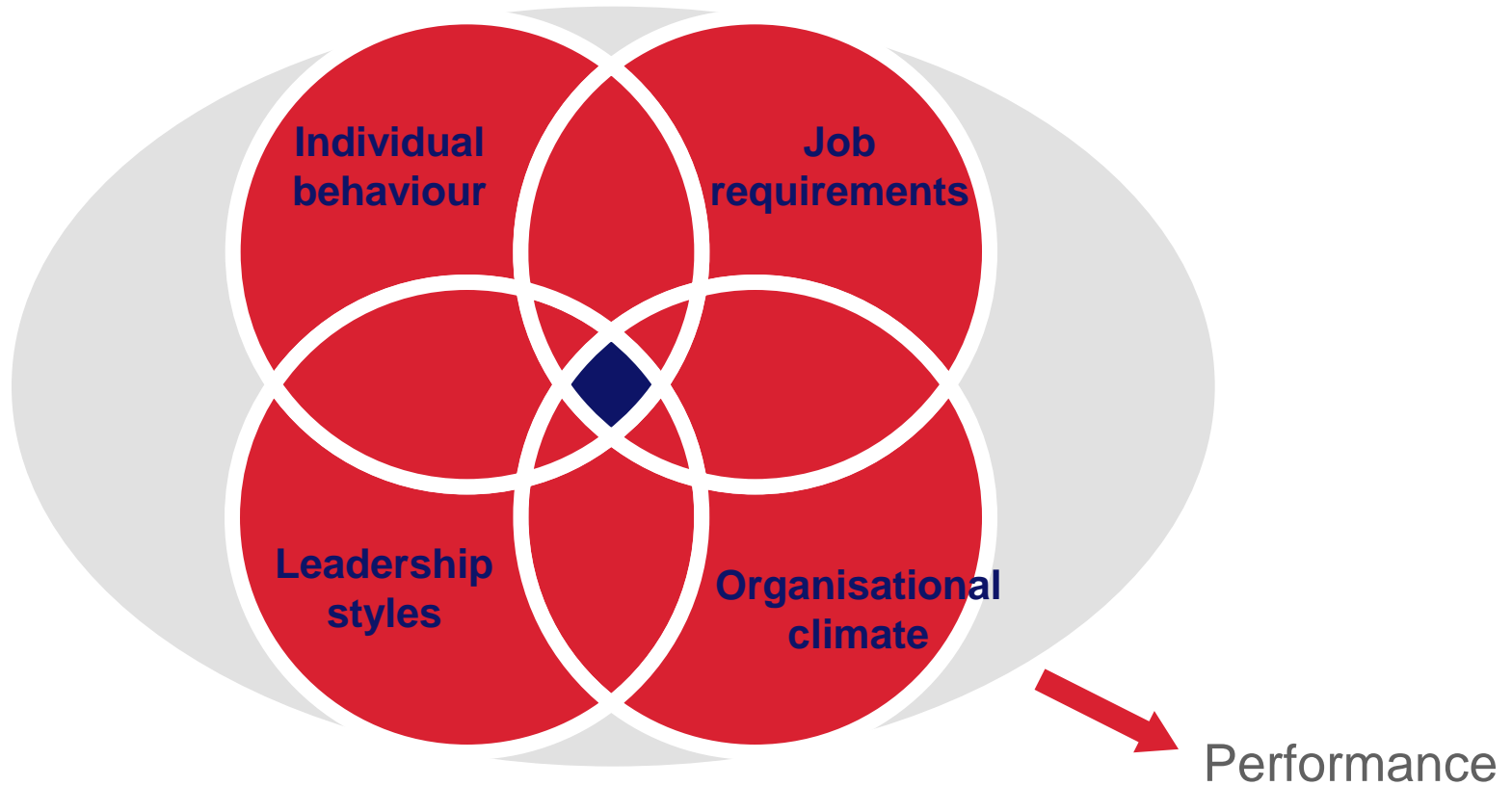
People

**It's not
all about
you...**



(ok maybe it is)

Why do your leadership styles matter?



Highly effective
leaders use a
broader range of
leadership styles

Leaders with a
broader range tend
to **make better
choices** about
leadership behaviour

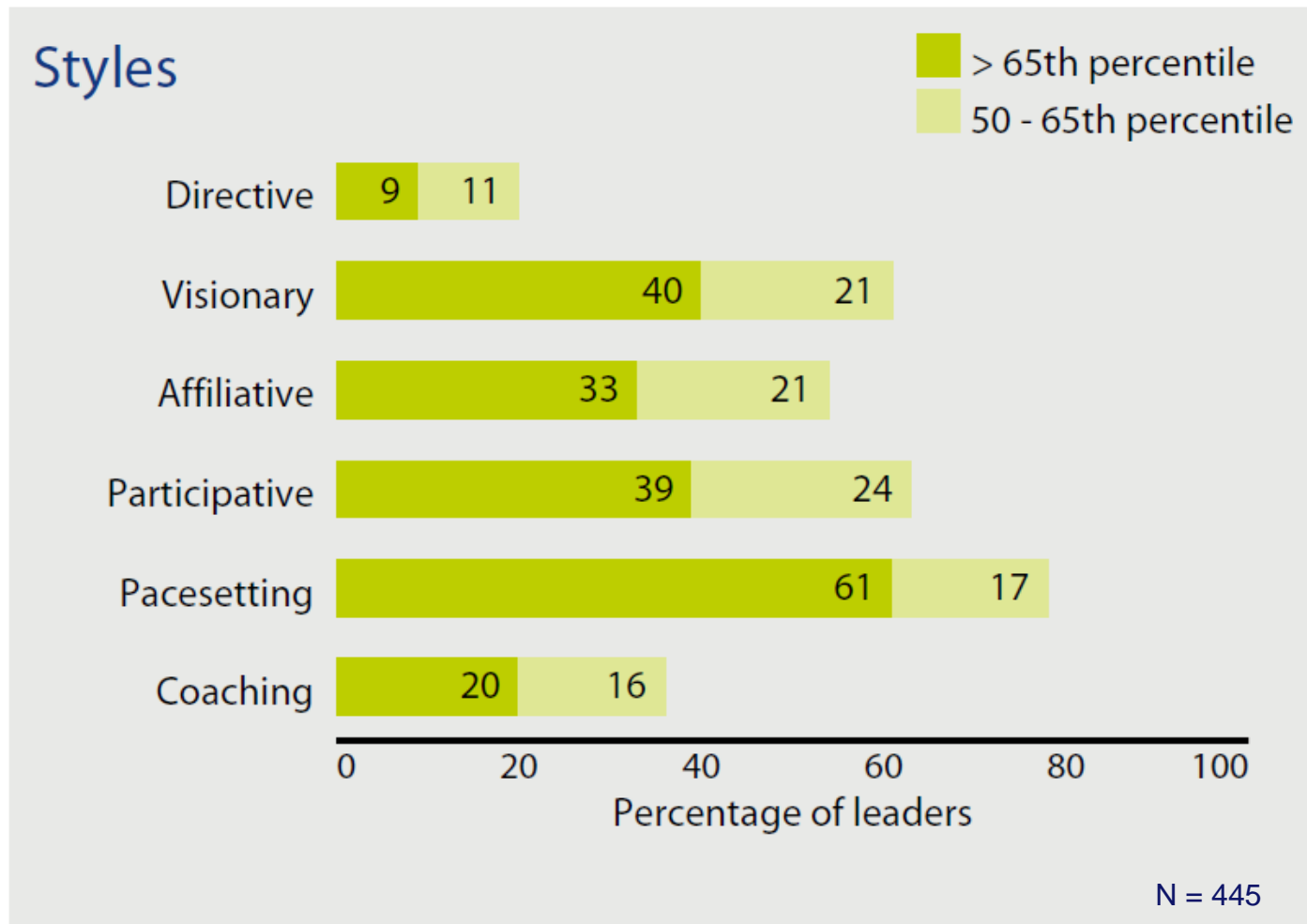
The Six Leadership styles

Leadership style	Primary objective:
Directive (Coercive)	Immediate compliance
Visionary (Authoritative)	Providing long-term direction and vision for employees
Affiliative	Creating harmony among employees and between the leader and employees
Participative (Democratic)	Building commitment among employees and generating new ideas
Pacesetting	Accomplishing tasks to high standards of excellence
Coaching	Long-term professional development of employees

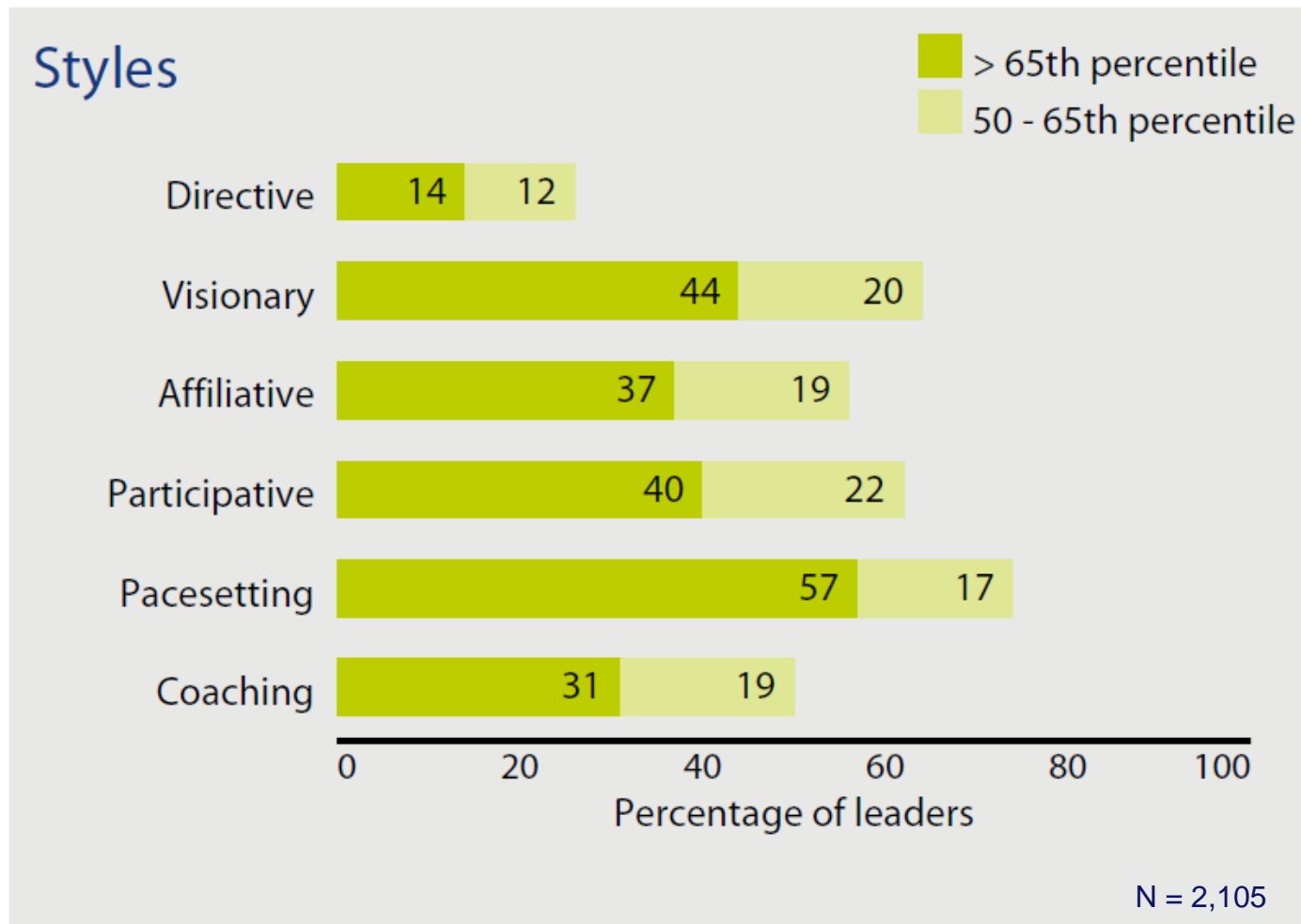
Mix and match,
all styles can be
good or bad
depending on
the occasion

The
dominant
NHS style
has been
pacesetting

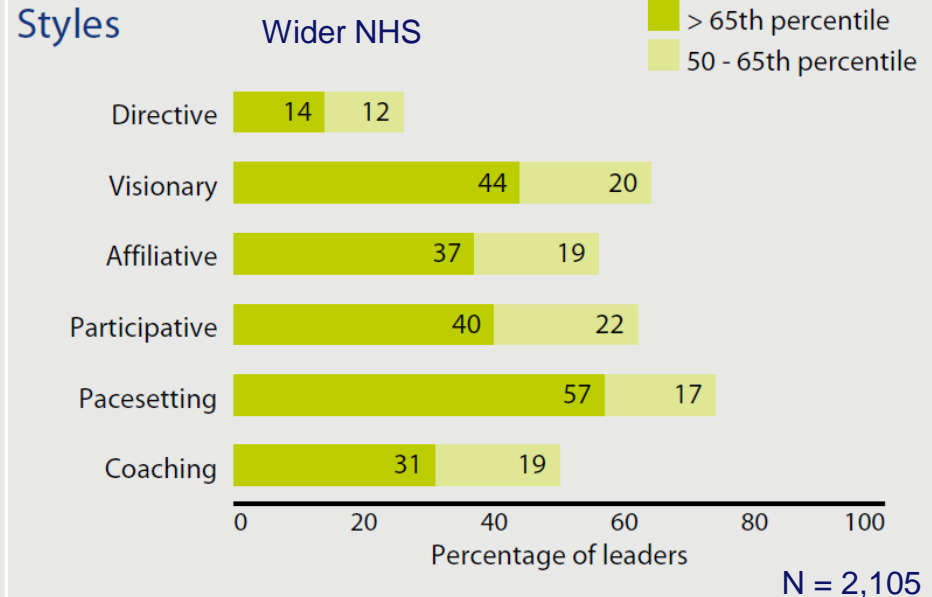
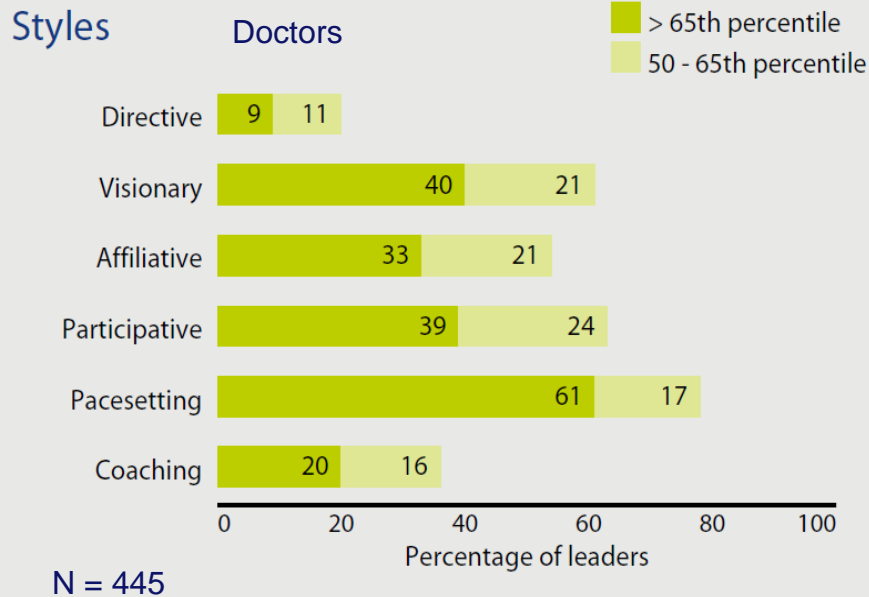
Leadership Styles: Doctors



Leadership Styles: wider NHS leadership population

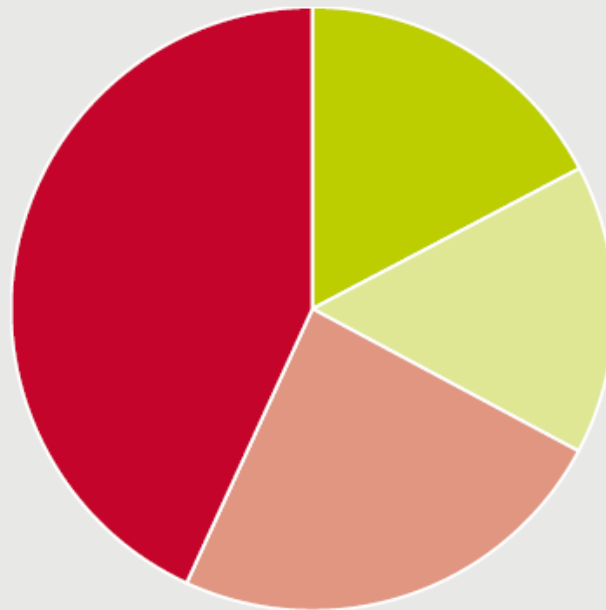


Leadership Styles: Doctors & wider NHS



Breadth of styles being used: Doctors

The breadth of your leaders' repertoires



Percentage of leaders whose repertoires are:

- Extensive, 17%
- Broad, 16%
- Limited, 24%
- Narrow, 43%

N = 445

Breadth of styles being used: wider NHS leadership population

The breadth of your leaders' repertoires



Percentage of leaders whose repertoires are:

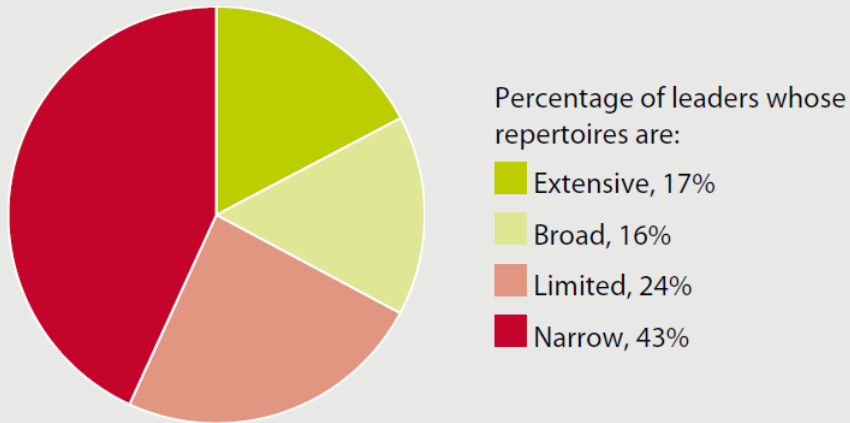
- Extensive, 23%
- Broad, 18%
- Limited, 21%
- Narrow, 39%

N = 2,105

Breadth of styles being used: Doctors & wider NHS

The breadth of your leaders' repertoires

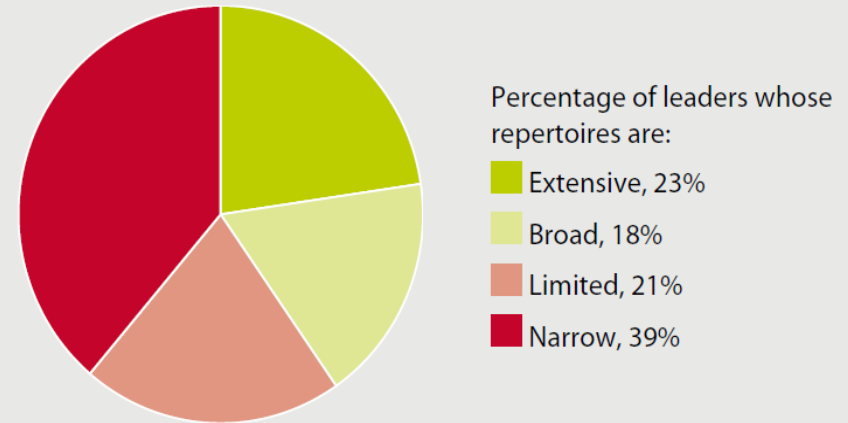
Doctors



N = 445

The breadth of your leaders' repertoires

Wider NHS



N = 2,105

Your time has come...

The ascendancy of medical leadership?



The ascendancy of medical leadership?

▪ **Commissioning**

- Primary care leadership of CCGs
- Set up phase – managing risk
- Stakeholder management; interaction with local govt et al?
- Federated model of leadership?

▪ **Providers**

- ‘Turnaround’ leadership for non-FTs – role of medics?
- Need for service change to meet the QIPP challenge
- Increased need for medic-medic engagement with CCGs / commissioners
- Regulation of ‘managers’ – increased public desire for medical/clinical leadership?

▪ **Public Health**

- Integration into local government
- Has always required a different style of leadership?
- How to exert more influence at the heart of commissioning?

Improving your leadership repertoire:



Improving your leadership repertoire:



Don't be lulled by what you think you see...



Bolivian lady wrestlers take on stereotyping



Thank you

Phil Kenmore

phil.kenmore@haygroup.com

Twitter: @philkenmore

www.haygroup.co.uk