

Transcript of Radio Ombudsman #20: Dame Jackie Daniels on the challenges of being a senior leader in the NHS

Dame Jackie Daniel, CEO of Newcastle Hospitals NHS Foundation Trust, talks about her journey from being a nurse to becoming CEO of one of the best performing NHS Trusts in the CQC's national inpatient survey. She shares some of her toughest challenges as a senior NHS leader and explains why the new Complaint Standards are central to organisational culture and patient safety.

Rob Behrens: Good morning and welcome to Radio Ombudsman. This is Rob Behrens here from close by Westminster, and my guest in Newcastle is the very well-known Dame Jackie Daniel. You're a very welcome guest, Dame Jackie. Thank you for being with us.

Jackie Daniel is a celebrated British healthcare administrator and senior leader in the NHS. She started her career as a nurse and has been a Chief Executive at, I think, four hospital trusts now, starting off in Manchester, where all good things come from, and then today moving to becoming the Chief Executive of Newcastle upon Tyne's Foundation Trust.

Dame Jackie is a polymath. She has a Master's degree in quality assurance, in healthcare and social care, and she's a qualified business and personal coach. We'll ask her something about that. She was awarded a Dame Commander of the Order of the British Empire in the New Year's Honours list of 2018. So we're lucky to have you. Thank you very much. Welcome, Dame Jackie, after your now celebrated spin at 5:30 this morning. How was that?

Jackie Daniel: Nice to be with you, Rob. It was - well, I can't pretend it's always comfortable, because, of course, your heart rate is going up and you're putting yourself through the paces, but it's a much-needed start to every day, actually. All my working days I start like that, so wherever possible. It was good. It was good, and it always feels better to have gotten it out of the way.

Rob Behrens: That's good. We begin these interviews by asking people about where they come from, and their backgrounds, and the values that were instilled in them. Where were you born?

Jackie Daniel: I was actually born... You can hear from my accent that I'm a Yorkshire girl, but I was born in Haworth, which is, of course, the home of the Brontës, and really lived in the area around there all of my childhood, until I left home. So, I'm well and truly a Yorkshire girl.

Rob Behrens: Yes. What sort of family did you come from? What kind of values were around?

Jackie Daniel: My mum and dad, I think, I guess you could say it's a typical working-class family. No-one had really been to university from the family, or taken a degree before I did, but I was hugely well supported by my mum, who was a personal assistant and administrator, and my dad, who ran a garage.

I guess the inspiration, I think, for much of what I've done, came from my grandmother, who was a bit more of an entrepreneur, really. She ran her own women's fashion

business, and she did it with a lot of flair, I remember. She did fashion shows and she was well known in... near Skipton was where she had her shop.

I guess I looked to her for, I guess, pushing boundaries, and pushing oneself, and really looking at the possibilities of what we, as humans, are capable of achieving. Although I got lots of support from my mum and dad, I think my grandmother was really a lot of the drive and inspiration behind believing in myself, believing that I could go on and do whatever I thought was important.

Thank goodness, I fell into the NHS early on. Really, ever since then, I've been there for almost 40 years and have absolutely relished and loved, really, every minute of it.

Rob Behrens: Okay. Before we get into the NHS, can I just relate your grandmother's influence with you being a coach? It seems to me that there may be a connection there that you want to get the best out of people and make sure they pursue the best they can, to the limit. Would that be right?

Jackie Daniel: Absolutely, Rob. One of the things that I've been working on, really for the last, I guess, in fairness, it must be 10, 15, 20 years, maybe, but is this programme which I've given a name to, which is about flourishing and making sure that people can be the best they can possibly be in the work environment.

It absolutely did come from her inspiration around... She'd come from pretty modest beginnings. She'd travelled the world by the time she departed, and she'd done some really,

really wonderful things. She spoke six languages fluently. She was a really inspirational woman.

Rob Behrens: What was her name?

Jackie Daniel: It was Barbara. She had quite an unusual name. It was Barbara Clutterbuck, which she loved because it always made people sit up. It was a bit of an unusual name, but yes, she really did encourage, certainly me and her other grandchildren ...people around her, just to hold the belief and to keep striving. I guess she was a lifelong learner, which I've certainly taken that on.

Rob Behrens: Okay. Tell us a bit about how you got into the NHS from school. That's interesting.

Jackie Daniel: Yes. It was a bit of a... My last year in school was a bit of a car crash, unfortunately. I was planning, in fact, I was planning to go into graphic design, would you believe? But I flunked. I flunked all of my - some of my - O-Level grades. I didn't get what I set out to achieve, so couldn't - felt I couldn't - I couldn't go into sixth form, so I had to look for something else. Yes, I was pretty devastated. It was a bit of a blow, a hard blow. No-one was expecting it.

I think if I'm honest with you, Rob, I fell into nursing. It was just something that a friend of mine was interested in and looking at. She'd been to, then, a school of nursing, and had an interview, and learnt a little bit more about what a career in nursing might mean. I, kind of, followed suit, and it was

magnetic. I remember the sense of, “Whoa, okay, so I can train. I can learn all of this.” At that time, I didn't think about taking on a degree. It wasn't a degree-led course back then. I did that afterwards, but yes, I really didn't hesitate for a moment, and began nurse training.

Rob Behrens: What was that experience like, because it's now some time ago? Things must have changed very dramatically.

Jackie Daniel: They certainly have. They certainly have, in all sorts of ways. I think it was a pretty traditional, I suppose, apprenticeship.

Rob Behrens: Where was it? Where did it take place?

Jackie Daniel: It was in Leeds.

Rob Behrens: Leeds.

Jackie Daniel: Yes, it was pretty traditional. I remember at the time, I think I was really interested in fashion, my hair. Even then, it was probably colourful, and I remember being ticked off for that kind of thing. You get yourself in line. You don't wear earrings or anything. It was pretty strict.

I didn't live in. I chose to... I did leave home at that point and shared a flat with another trainee nurse. So, it was an entrance into both work life but also adult life like I'd never

really experienced, but you definitely felt part of something. You were taken care of. You felt really well supported.

Rob Behrens: Yes, so how...? Tell us a bit about the journey from being a nurse to becoming the Chief Executive at Manchester Mental Health and Social Care Trust. That's an interesting trajectory.

Jackie Daniel: Actually, I've probably been a chief exec - I'm not counting, I should have done, it's remiss of me, but probably of seven organisations. Manchester Mental Health was not the first. The first one was Robert Jones and Agnes Hunt, which is a specialist orthopaedic trust on the boundaries of England and Wales. Maybe more about that later, but I took that job, thinking it was a doable job, a small specialist trust. My goodness me, it was anything but.

Yes, so I practised clinically. I rose through the ranks and was a ward sister on a surgical ward. I think, yes, almost certainly in my mid-20s, which was going some, even then. At the same time, I studied for a Bachelor of Science in Nursing because I felt that was important. I was the only nurse in the trust studying for that level of qualification at the time, and I was really lucky that I got sponsorship. I got some cash to help with it, and I went on a Thursday afternoon and into the evening, every single week, for four years, to get that, to try and acquire that knowledge.

It was pretty frowned upon, actually. I remember the surgeon on the ward where I worked, saying, "But you're a nurse. Why on earth do you want to go on and take a degree?" So, it was very different times, but it was interesting because I certainly felt the responsibility of caring for a ward.

It was a 30-bedded ward. It was general surgery in those days, so it did everything from fairly routine hernias and what have you, to wholesale, end-to-end gastric surgery. So, a real learning curve, but I remember feeling the weight of caring for 30 patients and their families, but also the enormous responsibility of trying to develop, and grow, and support a whole team of people.

But it was - I still say it now - it was one of the most rewarding times, absolutely, looking back. It was the hardest, I think, of all the periods I've worked in, that front line. Front-facing leadership roles are really tough, even then. They're tougher now than, I think, they were then.

Rob Behrens: When I go into hospitals and go onto wards, you can tell the leadership of the ward by the state that it's in and the morale of the people there. It varies quite considerably, depending on the skills of the leaders on the wards, so it is obviously a critical role to play.

Jackie Daniel: Do you know, Rob, I think you're absolutely right. I think, in terms of the leadership role that I now have, I think those linchpins in terms of connectors to improvement, and culture and quality, are mission critical.

I remember thinking, "How can it be that the ward that I'm leading...?" It was very, very high standards. I mean almost, you know, really hard taskmaster. God knows what I was like to work with then, but I remember thinking, "The care on the surgical ward opposite, in the corridor there, I know, is not very good."

That really did lead to the next step in terms of I remember thinking, “How do I influence that? What position can I stand in to try and influence more of that?” I didn't go through the traditional matron route then. I decided, for different reasons, to go into more of a general management role, where I oversaw a whole directorate, as it was then, and tried to influence things in a different way.

Rob Behrens: Was there a gender bias in those days? Was it unusual for a woman to have that seniority?

Jackie Daniel: It certainly was in, obviously, general management; in nursing, not so. In fact, it was probably the other way. There were probably fewer male leaders then, but certainly in general management. I remember feeling, still then, there were certainly fewer nurses that had... There were a lot more career-entry managers than there were clinicians going into that kind of managerial role.

Rob Behrens: Yes. Okay, so you've done a lot of big jobs as Chief Executive. None more challenging, I suspect, than going into Morecambe Bay. We know the story of Morecambe Bay from Bill Kirkup's brilliant report and James Titcombe's equally brilliant book, but your perspective must be similar but different to theirs because you had to handle the rescue operation. Could you tell us a bit about that, please?

Jackie Daniel: Yes, sure, Rob, certainly. It definitely was. I talked about the ward sister role. The challenges at Morecambe Bay were

on a different level - at a different level. A lot of people still ask me, "Why on earth did you do it?" because, of course, I knew the risks. The whole board had been removed. It was in the extreme of special measures, in a really difficult place to operate in. Geography was difficult.

A lot of people asked me why I did it. I think the only - and it's not trying to be a clever answer, but, I suppose, because I could and because I felt passionate about the people that were living in that area, and felt they deserved better, frankly. So, I decided that I'd really put my metal to the test, and everything that I'd learnt up until that point, and have a go.

I guess the first job was listening to - really, really immersing myself in - what on earth had gone on before. As I say, the leadership team had been cleared out, bar one or two, which subsequently went quite quickly after I joined, but the main job, really, I remember spending... It was probably a couple of months, just listening, and talking, and hearing people tell their stories about what had happened. That felt, to me, to be the most immediate and important job.

Rob Behrens: Yes. How did you deal with the very clear differences of views from the different professions within healthcare? You get, from the Kirkup report and from Titcombe as well, a clear breakdown of trust between nurses, midwives and doctors, who began to see each other as the enemy, almost, in a frightening way.

Jackie Daniel: Yes. It's difficult, isn't it, trying to...? You don't come to those conclusions lightly or quickly. It really did take some time. I

remember talking with people who'd been on the CQC inspection teams, people who would have been important partners, like the commissioners, HealthWatch, some of the voluntary sector leaders, to just try and get as much of a rounded view as I could. But it's really interesting, isn't it?

You trust, all the time, the facts and figures, but I think listening to the stories and really connecting with, "How does this feel? How does this sound and how does it feel?" because one of the big lessons, I think, is, generally, if it feels wrong, it generally is wrong.

I think you do pick up... You talked about the instinct that you get when you walk onto a ward, as a ward sister, about, "Does this feel a safe environment and positive?" and just, "Is the culture right?" You get the same feeling - or at least I do, as a CEO - when you walk around, and listen, and talk to people, and try and piece together this pretty... It was a pretty complex picture going back years, and years, and years - probably decades, in truth.

Rob Behrens: Yes, and how...? You're obviously a very sensitive but also strong individual, but there must have been a lot of conflict in your leadership through that time. How did you survive that challenge?

Jackie Daniel: Yes, there definitely was, and I was really conscious that we had the world's press. Obviously, it wasn't the world's press, but it was the Northern press, and probably quite a lot of national press, with their cameras, their lenses and their microphones pressed up against every surface of this organisation. So, there were times when I really did need to

push back and say, “I'm not ready to talk about this yet. I'm still in listening mode.”

We were inundated from - in quotes - ‘people that wanted to help’ but that actually were, you know... Part of what I needed to do initially was create some stability, just create a... It was almost like putting the defibrillator paddles on and trying to get some sense of sinus rhythm back, and some sort of order so that I could start to piece the picture together for myself, because I'm the kind of leader that, if a bit of the jigsaw is not fitting - or several bits, as it was then - yes, I find it really difficult to settle until I've got that.

I suppose just pursuing, pursuing, pursuing, asking people for a bit of space where I needed it. That was quite difficult because, I think James [Titcombe] will tell you, it was a little while before he and I really connected properly and started having conversations, which then went on for several years. This was a quite a slow burn in terms of a process.

Rob Behrens: Yes. Presumably, when you're, I know, when you're in that position, you need a support network in order to get through it. Did you have access to that?

Jackie Daniel: If I'm honest with you, Rob, not enough, and I remember saying that. I remember I'd arrived, I got a lot initially because I was put in place, and, as I say, there wasn't really a team. As I began to assemble the team, I think that's where I drew quite a lot of the support from, and I built support over time. I think building trust and building new relationships in a new geography does take time.

If I'm honest with you, I don't think I had enough in the early days. I've always been the kind of person, though, that has had - and I still do now, actually - usually more than one coach, a mentor. I looked for quite a different set of support during that early time. I did get some psychological support because there were times when I felt really frayed. It was pretty traumatic for everybody, really, involved.

Thankfully, I knew who to ask for help when I needed it from different sources, but there wasn't enough, from anywhere in the NHS at the time, and I don't think... I think it's difficult. I think it is difficult to know how to put that in place, I think. I think it's a very personal thing. I think you've got to really know yourself, as a leader, to know just what ingredients work for you. There were plenty of people that were trying to help. Actually, not much of that was helpful, when I reflect back.

Rob Behrens: I think there's a kind of assumption, particularly with powerful leaders, that they can do it without needing the support. Of course, that's the reverse of the case.

Jackie Daniel: Absolutely.

Rob Behrens: Because leaders like that are putting themselves in very difficult situations. But leaving the personalities aside, one of the things I hear, even now, is that, all these years on, the Kirkup recommendations still haven't been fully implemented. We're replaying some of the same stories that happened in Morecambe Bay. What would you say about that?

Jackie Daniel: Yes, I think this is never done. I've been... I've connected through with other leaders in different - particularly maternity - units over the last few years, and tried to give them a little bit of structure around how I approach things and the kinds of things that... The mistakes I felt I'd made, the things that were really, really important and instrumental.

I think we've got a lot more to do. I think it is really, really difficult. You've got to completely immerse yourself. I don't mean just as a chief executive, but the leadership team, the leadership, the broader leadership structure in an organisation, have got to embrace these big issues.

Even if there's, for example, a team looking out and trying to do elective care, it is... If you've got a pocket and problems in a part of the organisation, it can become pretty systemic, but you have got to deeply immerse yourself in both the actions that are needed but in the acknowledgement that something here has gone very badly wrong.

It's unlikely that you're going to have a quick fix, that you can... We had absolutely masses of things, like PMO [Project Management Office] structure, at Morecambe Bay. We had the massive, huge action plans and a lot of infrastructure in terms of governance, but it takes a lot more than that. It's actually a way of thinking and being about the whole organisation. You almost need the whole organisation, and the system that's supporting it, to acknowledge what needs to be done there, because it's often very deep and quite systemic.

Rob Behrens: Yes. Okay, so, from that situation, today you find yourself in a very different situation, leading one of the best-performing trusts in CQC's national inpatient survey. I've been to have a look, and it's hugely impressive. We can talk a bit about that, but you say about what you're doing, "It's healthcare at its best, with people as our heart." What is the essence of what you're doing in Newcastle that makes the difference?

Jackie Daniel: I hope it's absolutely focusing on the patient experience and quality, but connecting. People use this word 'engaging', particularly with staff and patients. I think it takes more than that. I think you've got to develop what I call 'relational fabric'. It has got to feel a deeper connection, this deal, with both the staff, who are, of course, absolutely the most valuable asset you have at your fingertips, on any day of the week, but also with patients, and families, and the population.

I often, you know, I'm a public servant and what I always say is, "I'm going to do my level best to lead your organisation, because this is your organisation and not mine, to the best possible standards I can." I've just said all of that in the space of two or three minutes, but actually making that feel and be true every day.

We've got 15,000-plus staff. One of the things I always pondered about is how do you do it at scale? You can only do it by developing connections - pretty deep connections - with the people right on the outer branches of this wonderful root system of leadership, which really is not about hierarchy or rank. It's about a belief that we're here to serve.

Rob Behrens: How much, say does a person in your position have about the leadership positions working with you? Have you had to change that much in order to get the kind of relationship that you want?

Jackie Daniel: Yes, I think it's always the leadership... The 'Flourish' framework is built of three areas. The front bit, or domain number one, is around leadership. If you've not got alignment in cultural terms or in philosophy and values, it means nothing.

There were changes that were needed, and I think you've got to be tough on the issues, much, much easier on people, but not... One of the things I've learned is not to shy away from making changes where they're needed.

Rob Behrens: Yes, okay. As if that's not enough, it's a very big operation. How have you been affected by the COVID pandemic?

Jackie Daniel: Gosh, like everywhere else, I guess, Rob. I've been doing regular check-ins, both virtually and socially distanced, with teams, all the way through. It has been quite distressing but really important, I think, to recognise what some of those teams have been through. It has been really hard.

At the peak, our intensive care units were treble the size to deal with what we... As an anchor organisation in the North East, and supporting Cumbria as well, we tripled our size. It was absolutely full-on.

Of course, since then - and I think it's a mistake to just think, "The peak has come and gone". The sense of this is still very

much with people. It's about... It's also about the lives they're living, their family members, which are still incredibly changed.

I think I've been trying to build in positive support wherever. We've done lots on that. We've done lots about helping people with their psychological well-being, with their physical well-being. We've had to rethink about how staff get rest and restoration, putting in new facilities, opening up spaces so that they can do that. But I think the biggest mistake we can really make is just to pretend we're tough, that we've toughed this out and we'll keep toughing it out, because it's really, really hard.

It continues, of course. At the moment, the North East is... The levels are increasing. They're pretty moderate at the moment, so, hopefully, the actions that we're taking will mean that we can comfortably deal with it, but this isn't a moment to gamble with people's welfare and well-being.

Rob Behrens: No. Thank you. Of course, you don't have the option of remote working, because, like we at the Ombudsman Office do, we can work from home. Or most people can. That makes a big difference, but you don't have that option.

Jackie Daniel: No.

Rob Behrens: You're where the action is, so we salute that. I'm coming towards the end, but there are some big things I still want to ask you about. We've consulted about our Complaint Standards Framework in the last six months. We've had an

amazing response from across the NHS, from people saying, “This is an important idea whose time has come,” in the sense that complaints have a critical role in leadership and in helping change the culture of an organisation.

We featured your innovations in Newcastle in our consultation document, but how important is it to have a proactive and imaginative approach to complaint handling, in your experience?

Jackie Daniel: I think it sits at the centre of so much, Rob. I don't think we can underestimate it. It really does. I loved, for what it's worth, the kind of tone in terms of the approach that you've consulted on now and is out there. That emphasis on things like... On culture and open culture, on an improving and... A culture which is all about learning, which tries to get people into the discovery mind-set rather than the defensive mind-set, which is so dangerous in healthcare sector and was quite a lot about the experiences at Morecambe Bay.

Try and give fair and accountable decisions, just being very, very transparent, even when things have not gone well. That's hard for everybody. I think the tone and the how it sits in terms of it's central to organisational culture and to patient safety. We've got to keep building, I think, on the important place we're at now, through that. Chief execs and clinicians, there's lots that we can do to support the main pillars and structure of the Complaint Standards Framework as it sits now.

Rob Behrens: As I say, the response has been very positive, apart from a few backwoodsmen who have wheeled out the phrase ‘the

burden on the NHS' that we're imposing by proposing this. Help me with this idea that the Complaint Standards Framework is a burden on trusts, and GPs and so on.

Jackie Daniel: My goodness me. If people could see me - and, of course, they can't, because it's a podcast - I am unashamedly shaking my head and putting my hands on my head. (Laughter) I think therein lies the problem. I think therein lies the problem that this is somehow viewed as a side issue.

This is the job, providing care to the standard and to the satisfaction of the people we're here to serve. When it doesn't happen, you know... we have lifelong relationships with patients and families. Often, if we get things wrong, it affects a whole generation. It's not just one individual at all, but the opportunities to...

If you can try and pivot this - this burden, as you've put out there - in terms of an opportunity and a potential for improvement, and even... I say, "0.1% improvement is worth chasing in healthcare and in our business" - in any business, actually - but what isn't to be positive and excited about?

Certainly in my organisation, clinicians do get quite excited about the opportunity for improvement. I think that's really important. I know I sound pretty evangelical there, but we cannot be tolerant of the view that this is a burden. It is too important.

Rob Behrens: I'm going to quote you on that, so thank you very much. Look, we could go on talking forever. I've got three last questions for you. Tell us a bit about the 'Green NHS', because you've

made the running on this more than anyone that I know of, and it's unfamiliar to a lot of our listeners.

Jackie Daniel: Yes. There isn't sustainable anything without a sustainable planet, but I've been blessed because I entered an organisation who had a strong sustainability team, led by a wonderful guy called James Dixon, who'd been working on this for years.

When I lifted the lid and looked at it, and looked at what we were doing around waste, around plastics, around... And very clinically driven around things like anaesthetic gases, for example, and seeing the impact that we were able to have on carbon reduction, I was absolutely astounded.

But what was more interesting was that this is an agenda that my staff - our staff - care passionately about. This gets people. Building that relational fabric, identifying with things that matter to people is really key. It's not something I have to lead, particularly, because you know what? People... It matters to our staff. It matters to our communities, so it's a relatively - not easy, but it's a relatively easy sell.

I'm trying to support other Chief Execs who say, "We haven't really got time to think about this." My God, you need to, because we're running out of time, seriously. We can see that, not just with the impact it's having on health, changes in climate, but fires, flooding, goodness knows, natural... these catastrophes.

I'm really pleased I was asked to participate in the Net Zero... NHS Net Zero panel - expert panel. We've got some wonderful material that has just been published that can support organisations, of any size and scale, to do those things. I

would say to Chief Executives: “Go for it. You will find that your staff are passionate about this.” They can do something about this every day when they come into work, and they're very happy to do it.

Rob Behrens: Thank you. In your career, what has been the thing you're most proud of having done?

Jackie Daniel: It has to sit back at during my time at Morecambe Bay, and it was a really tough conversation that I facilitated between... I'm sure James won't mind me... he has talked about this quite publicly, but between him and, I guess, his family and a particularly midwife.

All I will say is it was the toughest few hours, probably, of my career. It was a bit of a risk, but it has probably brought the most benefit for all of the people that participated in it. I think, sometimes, taking those, and they might be momentary things, and that was just a few hours, but I hope it had - well, it did have - considerable reach. It had long-standing learning for the organisation.

Rob Behrens: Thank you. Look, thank you for being so frank and interesting. We have a whole series of listeners across the world. We have a lot of young colleagues in the office in Manchester who listen to this programme, who are new into being ombuds officers. What advice would you give to them in the light of your experience in the health service over this time?

Jackie Daniel: I would say, “Hold the belief.” Again, they're doing a great job, Rob. They're really making a fantastic contribution. There are so many people that are not visible in terms of that contribution.

I think never stop believing that you can improve what we're delivering for patients. Never stop believing that your individual contribution can literally change a moment in time, can change practice for the long term, can change somebody's experience, which can be life-changing. We have the abilities, as humans, to make that amount of difference.

Always look out there. The other thing I've always done is look out there and try and connect with them. Meet with those people that you can see, the guiding lights out there, and ask for what you need, because generally I've found that it increases your chances of getting it.

Rob Behrens: Okay, that's wise, and warm, and interesting. Dame Jackie Daniel, thank you so much for being with us today. We're really grateful. Have a great day. Thank you.

Jackie Daniel: Thank you very much, Rob. I'm grateful for that. It has been a pleasure. Have a good day.

Rob Behrens: This is Rob Behrens signing off Radio Ombudsman, with the news that one of our soon-to-be guests is Nadine Dorries, the Minister of Health, which will be a very interesting discussion and exchange before the end of the year. Have a good and safe day, and all the best.