

## THE GOODWIN MODEL OF LEADERSHIP

### SUMMARY

#### Introduction

The Goodwin model of leadership for senior managers across the NHS is derived from primary research undertaken across four health systems in the North East, Yorkshire, and East and West Midlands regions of England.

The model's underlying theory is grounded<sup>1</sup> from observing the leadership style and approach of the leaders of the four health systems derived from, among other things, semi-structured interviews of over 100 stakeholders across the four regions undertaken in the context of a major government change programme for the NHS.

The research concluded that the development of six meta-personal skills is important for successful chief executive and senior managerial leadership. This is because, it is argued, improved organisational and systems-based performance flows from strengthening the personal skills, self belief and confidence of leaders who operate both within and between organisations. The six meta-competences are:

#### 1. The basics: vision, delivery, control and decision-making

These are the basics without which leaders do pass not first base. *Vision* and *control* are particularly important because analysis of public and private organisations that are failing will show an absence of both. Developing a vision for local services is as motivationally important as developing a vision for the NHS as a whole.

Achieving sustainable bottom line *delivery* is crucial for all managers and their teams in order to secure the personal freedom and space necessary for developing local strategy, system reform and innovation. Included in the process of successful delivery is the analysis of qualitative and quantitative information.

Although *decision-making* is a core skill for all leaders, the ability to make hard decisions, often involving personal and organisational risk, will differentiate the good leader.

Experience shows that although most people in leadership positions will achieve two or three of the basics, especially the transactional ones, exceptional leaders deliver all four consistently.

#### 2. Understanding and managing context

Context provides vital motivation and relevance and in the NHS it is both local and national. The ability of managers to interpret national context for local meaning is a frequently under-rated leadership skill because the ability to interpret and explain the ambiguities of the external world is a powerful and influential personal quality. Most people working within organisations or across systems will look to senior management for leading the interpretation of context and national policy. We sometimes forget that the

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<sup>1</sup> Grounded theory is a qualitative research technique in which theory is generated from the analysis of research data rather than solely from the research literature.

one quality peculiar to human beings is the need to know 'why'; to understand and ascribe meaning to events and change.

What differentiates the good NHS leader is the ability to translate national context and its frequent ambiguity to help shape local context and local delivery. It is also important to understand that the way individuals and teams choose to implement policies and targets locally – *the way we do business around here* - will differ between organisations and systems because of factors such as the history and structure of local leaders and networks of influence and power; and – as other research confirms - the style of the chief executive. The ability to go further and faster, often because of local innovation, is equally important.

### **3. Emotional intelligence**

Emotional intelligence (EQ) is the practice of using thinking about emotions to guide behaviour. The cornerstone of EQ is self-awareness, namely the ability to see and understand ourselves as others see us. This is important because emotions are powerful drivers of leadership style and the impact it has on other people. Self-awareness, along with career experience, is the key to the development of personal wisdom and maturity as well as coping with, and learning from, failure.

All leaders will have experience of failing: we should never believe anyone who says otherwise. The successful leader will not only bounce back from disappointment within days but also will be clear about the resultant learning points. Finally, with wisdom and maturity comes leadership humility – the subsuming of personal ego for the greater good of the organisation.

### **4. Relationship building**

In addition to creating an exciting and passionate vision for change, leadership necessitates creating implementation networks across and beyond organisations, which is important in an NHS rapidly being developed on the basis of clinical and inter-organisational networks spanning primary and secondary care across both the state and independent sectors.

Inter-personal relationships need to be developed laterally and vertically, including those for managing upwards. Leaders who focus on one set of relationships to the exclusion of the other increase the risk of personal failure because both need to be pursued for success. This is partly why developing personal leadership credibility flows from successfully tackling issues seen as important to local stakeholders rather than from focusing solely on implementing nationally driven policy and targets.

### **5. Team and people development**

The days of the single leader are over and today's NHS leader is only as good as their team and wider leadership network. Good leaders will be ruthless in appointing people around them with experience and personal skills to complement their own, reflecting the maxim of the late Peter Drucker, *Do not be afraid of strengths in your organisation. This is the besetting sin of people who run organisations.* However, the development of personal wisdom and maturity is often required before leaders adhere to this maxim.

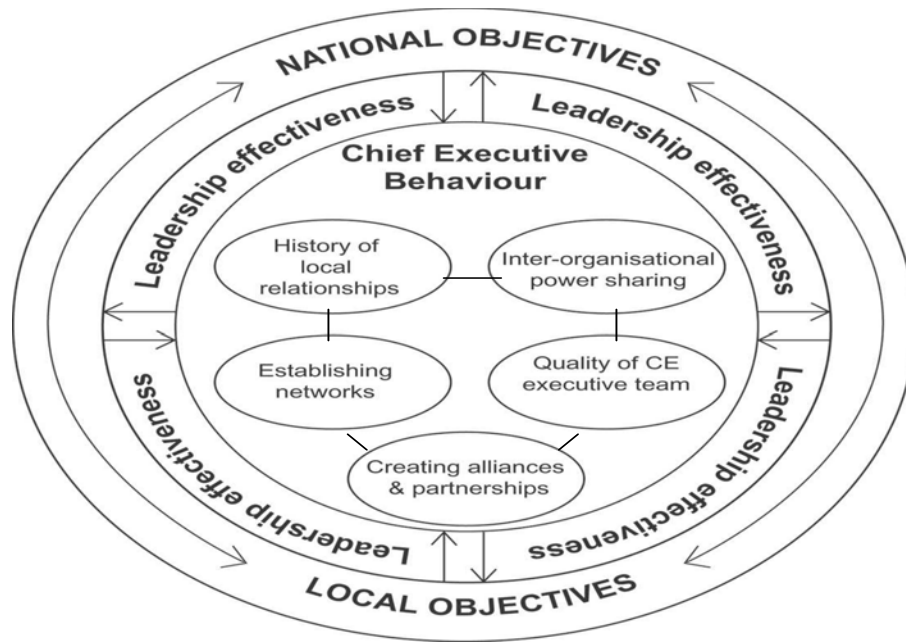
### **6. Tackling difficult issues**

This is a separate task from people development because tackling very difficult issues, particularly those involving implementing challenging change and managing adverse performance, can be very stressful. Further, the NHS has had mixed success in this area of leadership responsibility. The literature is clear that good leaders do not hesitate

from tackling difficult people issues either in their own team or across their wider leadership networks. Frequently this responsibility, along with interpreting national context for local meaning, is the domain of the senior manager and differentiates them from their middle manager or clinical leader colleagues.

### The model

The model derived from the above is pictorially shown below. It shows that leadership effectiveness for chief executive and senior management leadership focuses on a dynamic process of five interconnected variables: the quality of the chief executive's management team as perceived by external stakeholders; the history of local inter-organisational relationships; the extent to which networks have been established and matured; the subsequent creation of alliances and partnerships; and the associated extent of inter-organisational power sharing.



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