Leadership and Collaboration

The attributes of leaders have been summarised by two gurus as follows:

- 'Management is doing things right; leadership is doing the right things' – Peter F Drucker
- 'Management is about arranging and telling; leadership is about nurturing and enhancing' – Tom Peters.

You need these distinctions between leadership and management in place for e-health to succeed. An example from e-health is that leaders should lead the e-health programme; managers should manage the projects. An e-health programme takes forward the whole e-health strategy for ICT and change, and identifies the clinical and executive leaders and the individual leader, sometimes called 'the owner', directly responsible. Programmes co-ordinate and organise several e-health projects, so are more complicated than projects. Programmes have longer timescales than individual projects. A programme focus is to realise the benefits, whereas projects focus on outputs. You can use Table 9 to identify the differences between your programmes and projects.

Table 9. Examples of the differences between programmes and projects

Programme board	*Project board*
Benefits	**Outputs**
Deals with several projects	Deals with one project
Wider strategic benefits	Explicit, scoped deliverables
Benefits realised during and after projects	Benefits realised after completion
Change and transformation of clinical and working practices, teams and organisations	
What is the role of your e-health programme board?	**What is the role of your project boards?**

Who are the leaders you need as members of your programme board?

Other questions you need to answer are: Who should your leaders lead? and What skills, knowledge and experience do they need to lead?

Who are the leaders?

Three main types of leaders are needed: clinical, executive and political. Political leaders formulate policy, decide on appropriate legal and financial frameworks, and then ensure that they are implemented effectively. Their role extends to monitoring and evaluating progress. This knowledge enables them to advocate e-health initiatives. Effective clinical leaders know a great deal about medicine, health organisations and e-health, sometimes with formal qualifications in both medicine and aspects of ICT. Clinical leaders make sure that e-health programmes avoid imposing and exhorting, instead relying on participation and collaboration. Executive leaders have experience in business strategy, operational management, change management, ICT and investment decisions.

Leaders' roles derive from their personal attributes, not their job descriptions. These roles are not the same as leads, such as the clinical leads needed for e-health projects and project management teams. They can be the same people, but a leadership role needed to develop healthcare is not the same as the narrower lead role needed for each e-health project, although it is important that project leads also have leadership skills.

Who should they lead?

At its simplest, leaders should lead all the stakeholders and managers affected by e-health. Clinical leaders have a specific role too. They should lead the healthcare professionals affected by thee-health proposal, and make sure that projects meet their requirements effectively. This is effective engagement, and places responsibilities on clinical leaders to gain commitment for choices and decisions, and so subsequent benefits realisation. Executive leaders should lead the arrangements for effective engagement with all stakeholders and partnerships. They should also ensure that an effective balance between competing aims is set and sustained. This extends to leading teams in excellent decision-taking, especially fixing things that have gone wrong and avoiding or navigating potential ICT and system crashes.

What skills and knowledge do they need to lead?

Clinical and executive leaders are complementary, and comprise a leadership team. They need effective listening skills to make this work. Listening is also crucial in effective stakeholder engagement. They must make sure that projects have effective and sustainable enablers in place for people to succeed with e-health investment, and they must minimise or remove inhibitors to success. Other traits include:

- Sustaining relationships with all types of stakeholders
- Identifying choices
- Taking e-health investment decisions
- Change management
- Managing and mitigating risk
- Seeking ICT possibilities and opportunities.

Effective leaders rely on two main sources. One is their own experience. The other is their capacity for continuous learning, which can be more important for success. Continuous learning is from other organisations as well as the leader's own, and needs an open, sharing approach to e-health. Such learning also derives from their grasp of the changing potential of ICT for organisations, and the arrangements needed to realise this. A common thread running through leadership is that good leaders always know that they need to know more, and will go and find that knowledge. They never believe that they know all they need to know. Assessing the status of leadership for e-health helps to identify the need to develop leadership as part of the e-health strategy. Table 10 illustrates a possible way for you to assess leadership.

Collaboration

E-health rarely, if ever, succeeds without collaboration. Achieving this needs successful engagement with all relevant stakeholders. Collaboration is time consuming, and leaders need to be part of a team with stakeholders to agree ways to meet their e-health needs. It differs from consultation, where it may be possible to disregard or dilute responses. Engagement requires collaboration, and leaders need to respond constructively, not to dilute or disregard. Assessing collaboration capacity is included in the leadership assessment in Table 10.

Political leaders, especially ministers of health and ministers of technology, are crucial in:
- Putting in place and supporting effective clinical and executive leaders and leadership activities
- Supporting collaboration between entities in mixed-health economies
- Creating and sustaining effective collaboration between appropriate ministries
- Integrating e-health and its governance arrangements with other health and healthcare investment, so avoiding the problems of e-health isolation.

These, and other ministerial responsibilities relevant for each country, should be set out in e-health policies and strategies.

Table 10. Illustrative leadership assessment

Who are your political leaders?	Who are your clinical leaders?	Who are your executive leaders?	Goals, roles and skills and knowledge needed	What skills and knowledge are needed?	What extra training and development is needed for e-health leaders?
			Engagement		
			Partnerships and collaboration		
			Policy and regulatory framework		
			ICT and standards		
			E-health potential		
			Engagement		
			Partnerships and collaboration		
			Policy and regulatory framework		
			ICT and standards		
			E-health potential		
			Programme management		
			Benchmarking		
			Risk management		
			Mixed-health economies		
			Engagement		
			Changing clinical practices		
			Partnerships and collaboration		
			Policy and regulatory framework		
			ICT and standards		
			E-health potential		
			Programme management		
			Risk management		
			Engagement		
			Partnerships and collaboration		
			Policy and regulatory framework		
			ICT and standards		
			E-health potential		
			Programme management		
			Project management		
			Risk management		
			Benchmarking		
			Change management		
			Mixed-health economies		