



## Interview with Chris Lisle

The editor recently interviewed the Trust's Director of Human Resources, Chris Lisle. This is a summary of their conversation:

Ed: Thank you very much for agreeing to be interviewed. Can I first ask if you could tell us a bit about your background – where your roots are?

CL: I'm actually back in the North East of England because my roots are here. My Dad who's 86 had a massive stroke and I felt I needed to be back helping to look after him. This job came up so I turned up here! I had worked in Dryburn when it existed – many years ago I was the Unit Personnel Manager. I hadn't really intended to come back to the North East, but with family commitments it seemed an important thing to do. I've been really glad to do that because it's obvious it's going to be worthwhile in the long run. Of course I have loads of friends here and I've met all kinds of people popping up and saying "We remember you from Dryburn" – which is really frightening as that was in 1985! There are still people working here who were there then which I also find really interesting – that's staying power - because I've had loads of jobs in that time. So, yes – originally from the North East. I always say I was dragged up by nuns as I was brought up in a Catholic school – but wholeheartedly lapsed I hasten to add! But it's a very particular education that gives you a particular world view.

Ed: Where were you immediately before coming back here?

CL: At Airedale in West Yorkshire. That was lovely – a gorgeous part of the world. Before that I was in the NHS in Scotland

with NHS Ayrshire and Arran which is even bigger than this Trust with 12,000 staff. Before that I ran my own business for over ten years.

Ed: So what sort of business was that?

CL: It was an organisation development practice. I did that with another woman who was a psychologist. We had a great time.

Ed: So when you were running that business were you dealing largely with the NHS?

CL: Probably 60% of our work was with the NHS, some with local government – a lot with charities. We went abroad to America to collaborate with people who were trying to think about the things we were thinking about. So I did a small bit of dabbling internationally and that was good fun. I loved the idea of being able to please myself with what I worked on and having to create things for clients every time.

Ed: Having worked for yourself, why did you decide to work for the NHS again?

CL: You never really escape do you? I originally was a trainee in the NHS and got a brilliant induction to work – it was my first job – but also to the sheer complexity and weirdness of the NHS. I did every job as part of that training and loved it. And then that's in your mindset – you're an NHS person. You might go and do other things, but basically you belong to the NHS. It's been really interesting coming back into it from being a small business person. I soon remembered I was one of these NHS things. I was quite worried about it as I had

had so much freedom I thought it might be quite suffocating – but it wasn't.

Ed: Do you think you might be tempted to go back into business or are you going to stay in the NHS?

CL: I feel as though I haven't really got going in this job yet – I'm a year and a bit in - and I feel as if I've just scratched the surface of things I'm responsible for but need some development. I think there's still plenty to do. Could I imagine doing the non-NHS thing again? Probably – if anyone would have me, but I wouldn't be a freelance on my own. Being a freelance in partnership was excellent. The version of it that I would do wouldn't be formulaic. My idea of developing organisations is entirely in the here and now with the people in the organisation - figuring out with them what they need to sort out and work on, and helping them find ways and means of doing that differently and better. I haven't really got a package. It's quite hard to do that on your own creatively I think – I'd much rather have someone to work with, or someones to work with. I work like that here as well. Trying to formulate a little band!

Ed: This Trust hasn't had an executive director of personnel or HR for a while. Was it difficult in a sense starting from scratch?

CL: That's partly why I still feel quite new even though I've been here for over a year. At first no one knows what to do with you and they are slightly perplexed about your novel contributions. People have said to me "you are so completely not what has been here before". Obviously I can't gauge that because I wasn't here before. But I do have a particular world view based on our job being to support those in the service delivery bit of the organisation to do brilliant things for patients. I don't

think I have a job which in itself has an intrinsic value and everybody thinks that's slightly eccentric! Having really strong views about behaviour is quite novel. That's got lost in the ether somewhere and I think the Board realised that and made this appointment for that reason. So I've been having some interesting conversations about how we need to think about how we behave and everybody's been saying – "Yeah, we probably do". but occasionally I feel a complete alien.

Ed: Is your concern about how the Executives behave or how everyone behaves?

CL: Everybody. I think the organisation's had a very business-like culture and has succeeded in that process, and we're therefore in a relatively healthy position compared to the neighbours – which is brilliant. I'm absolutely delighted to have joined an organisation that's fit. However, I think along the way we lost something about working collegiately, having the quality stuff in our focus every time – not just worrying about does it make sense economically. In conversations when I arrived it was obvious people thought there were gaps – were we doing the best possible job for patients as opposed to the best economic job. I think we are re-learning how to have all of those things in balance.

Ed: I'm sure you are aware that staff surveys have shown a significant amount of unhappiness in the Trust. Do you have any specific thoughts about how you can address that?

CL: To give the Board credit, I think they realised that those very issues were not being sorted out in a root and branch way. And we didn't really know how to. One of the reasons that I was appointed was that I had some views about how to, and I had a track record of doing those

things. Ironically, one of the problems was that we had tried too hard to sort them out with “initiatives” and road show mania – banner headlines telling people what we needed to be as the antidote to the staff survey. Coming in to look at that cold , what I saw were people just worn out by that set of initiatives which they didn’t think were adding any value to their day-to-day service delivery. There was a real sense of being told what to do from the top down. There was a big rift building between the people delivering the service and the corporate effort to make it better. I decided that the first thing I was going to say to the Board was that we needed to sort that out, and the people at the top of the organisation had to stop telling everybody else what “improved” would look like. What we needed to do was ask everybody who runs a service what improved is, and how could we help them do it. That’s the basic underlying premise of what I’m doing – but it’s quite tricky doing it at the scale of 8000. So one of the things I’ve asked the Board to do is hold its nerve and they have agreed it will take time. I suspect the Staff Survey this time will be just as tricky, but we are holding our nerve on having great line management which is my principle obsession of the moment. All the research tells us that if you have great line management you will have a great organisation. This means we must problem solve with staff, not to them. If we can all get in that frame of mind we can put our support into helping people who are scared about being line managers. We are all in different versions of line management arrangements with each other – I don’t care who is senior to whom – we are all in these arrangements. You will apply them to your patient and peer relationships – people at home probably apply them to their kids.

We need to remember that and get good at it again, we have lost the knack – maybe because loads of reorganisations have been going on year on year. I am on that case to try and achieve some consolidation.

Ed: Do you anticipate that there will be further major reorganisations?

CL: Not if I can help it! The Chief Executive has given a commitment to no reorganisations for two years. I don’t think reorganisations particularly cause anyone to reorganise either. When I was appointed, Care Groups were being introduced, and I did suggest to the then Chief Executive that he could do this differently and it wouldn’t require reorganisation. Top down reorganisation usually takes far more work than the benefits justify. I think that’s a really anarchistic view for an NHS Director, as everybody think reorganising is what we do. Needless to say that argument didn’t work – but it doesn’t mean I don’t believe it!

Ed: Does that mean you see yourself as an anarchist?

CL: Oh no. I don’t see myself as one – I am an anarchist! I do have the healthy disregard for formal hierarchical arrangements required to be one.

Ed: So we might have an interesting few years ahead?

CL: Hopefully.

Ed: What were you doing before you started as an NHS trainee?

CL: I was just at school.

Ed: So you went straight from school into the NHS and managed to avoid Uni?

CL: It was a bit sad really. My university places were lined up but my Mum died. There was just me and my Dad left and I could not conceive at the age of 17 of going off to Uni and leaving my Dad so I just didn’t

go. As it happened when I started to think of applying for a job I ended up with that wonderful job which was just serendipity wasn't it?

Ed: Can you tell me a bit about how you spend your time when you're not here?

CL: Currently I've got a fairly responsible caring contribution to make, and that's slightly limiting. Interestingly that has made me really thoughtful about those of us who didn't expect to have loads of ancient relatives around us as we approach the end of our work – that whole conversation has hardly started. I am intrigued about where that's going to go. We haven't thought about the implications of it. I do feel slightly at sea with all of that, and as an employer I feel the same. We're not geared up to helping our people who find themselves in these situations.

Ed: So do you feel it's been helpful for you being, as it were, on the other side of the counter as a consumer of health and social services?

CL: It's been terrifying. It's been a really bad experience. I gave the NHS far more credit than it actually deserved if my father's care had been anything to go by. He was sent home with a really good care plan but none of it transpired. So it's made me highly circumspect about what we're doing to people.

Ed: Do you have any time for hobbies or interests?

CL: I really like going on holiday. I love Italy. I've taken a bit of a liking to France in the last few years. I've always done Paris but I've started to get into more obscure bits of France. So I've done quite a lot of Europe in recent years. I have places like South America on my list but haven't quite pressed that button yet. I've got a map of

the world in my office so that when I'm having the worst of days I look up at it and think "It's OK – there's all of that coming!" I also think that map is a really good reminder that whatever hideous problem we might be contending with, it's a tiny speck in a giant universe of goings on. You know we can keep it in proportion. I also have a bit of an attachment to good wine. I like cooking and love hill walking. So I do those slightly prosaic things in my free time – they keep me sane!

Ed: Where do you do your hill walking?

CL: My absolute favourite is the west of Scotland – I lived in Glasgow for a while. I loved Yorkshire for the same reason and love the Cheviots. I've done a bit of walking abroad – I did the Rockies quite a bit. But I have to say I like the northern hills – all that purple.

Ed: To come back to NHS things – how different do you think the NHS will look in five or ten years, in particular around here?

CL: I quite hope that round here this Trust is going to be strong enough to be standing proud as it were. We have a really strong base from which to operate. I am less confident about the National Health Service in the true sense of national.

Ed: That it will become fragmented?

CL: I think it already is fragmented. I've been in Scotland and that was far more joined up. It had its problems, but all the right people were in the same organisation, for example to get together with local government and talk about joining up services with them. We have problems joining up services with other NHS providers. I'm worried that it's because I'm becoming middle aged and may need services - but I am worried about the disaggregation. Foundation trusts as a notion started to talk the language of

“independence” and “right to decide” and it’s very hard now for us to persuade the rest of the system that the very entities that declared UDI should now broach the subject of partnership working with them. If you’re an organisational behaviourist in the thinking about the new arrangements and you look at it in that way, there are some key flaws.

Ed: Do you think there are likely to be further trust reshuffles – or will the outline of trusts stay more or less the same?

CL: I don’t think it will stay the same. The North East is a tiny region by UK standards, and we’ve got loads of independent infrastructure. We have I think seven FTs in the Northern region – all with full boards and all of the costs that go with that, running 8000 staff (like us) down to less than 3000 and everything in between. They are clustered in strange formations. There are very few FTs in the stable condition we are in. However, if we were self-interested, we’re in good nick.

Ed: So we shouldn’t be too fretful?

CL: Quite the opposite.

Ed: Now a question I always like to ask is which book you would like to take with you to the mythical Desert Island?

CL: I did think hard about that. One of my favourites of all time is *To Kill a Mocking Bird*.<sup>1</sup> I just love that. It would have to be that.

Ed: You’ve re-read that a lot?

CL: Loads! It gets to the stage when knowing you’ve read it for the sixth time you know you’re not really reading it any more - you’re just kind of *in* it. I’m kind of like that with it – I just love it. It’s still on the bedside table. I’ve got a nice Folio Society copy of it.

Ed: So you haven’t fallen for a Kindle?

CL: Interestingly no, bearing in mind I like the iPad. I have highs and lows of reading though. When it’s horrible and busy and head-full stuff at work I don’t find it relaxing to read. When I have more space in my head I read loads, and bizarre combinations of things.

Ed: Have you a book on the go at the moment?

CL: I’ve got one that I’ve only read about two pages of: Victoria Hislop! But my most recent one was *Wolf Hall*.<sup>2</sup> I loved it, absolutely loved it. Now Thomas Cromwell – there’s a character for an organisation to dwell on!

Ed: So would he be your role model?

CL: Hopefully not. Atticus might be though (in *To Kill a Mockingbird*)!

Ed: Chris, thank you very much indeed for your time.

## References:

1. To Kill a Mockingbird. Harper Lee. 1960
2. Wolf Hall. Hilary Mantel. 2009