

LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College



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About The Healthcare Leadership College

Metamorphosis is the term used to describe the process by which a caterpillar changes into a butterfly. Its origin is the Greek word, *metamorphoun*, which means to “transform, change shape”.

The process of metamorphosis is dramatic. Inside the pupa, the caterpillar’s tissues are completely broken down, except for small clusters of what are called imaginal cells. From these imaginal cells, parts of the adult butterfly - wings, antennae, legs - start forming, and eventually, a beautiful butterfly emerges.

Similarly, the transformation that our healthcare system is undergoing, starts from within. On the inside, it may feel confusing and painful; processes may seem to be constantly changing; and new structures may not be as yet well defined.

Leaders are like the imaginal cells of the butterfly, from which new mindsets, perspectives and innovations form and grow. In this issue, hear from Mr Tan Tee How, founding CEO of the National Healthcare Group, on taking charge and leading change. Read about the leadership qualities for Empowered Working, and how a Nation Building Game got leaders working across boundaries towards a larger purpose. Finally, Prof Aymeric Lim, Dean of the College, reminds us all about integrity, as the core of leadership.

From your metamorphoses, may many beautiful butterflies emerge for Singapore healthcare.

Dean's Message

Integrity

Integrity is the most basic of values but the hardest to live by. In Singapore and in public healthcare there is a generally a high level of integrity. This integrity tends to be of the procedural sort though: obedience and follow through. It sometimes falters when it becomes difficult, when moral courage is needed. It is easier to do things the right way than to do the right thing.

Integrity may be compromised when one is worried about one's career, one's consequence, and how one is seen by others, when one's ambitions override and blind one to the right course of action. Integrity is a 360 view, and is most accurately judged from below, from subordinates.

In the long term, integrity bears fruit. We all can identify leaders whom we trust and leaders whom we don't trust. Proverbs 10:9 states that "The man of integrity walks securely but he who takes crooked paths will be found out."

The presence or absence of integrity of a leader envelops his or her team. In general, leaders who trust others empower their people and their teams. Leaders who rule through authority and compliance may get short-term results and superficial successes, but these will come crumbling down one day.

There is a Confucian saying: "其身正，不令而行；其身不正，虽令不从。" If you are upright, your followers will do what you want even if you do not give any orders. However, if you are not upright, no one will follow your orders. In other words, if you as a leader do not hold yourself to the highest standards of integrity, you can have no moral authority over those whom you are supposed to lead.



Associate Professor Aymeric Lim
Dean, Healthcare Leadership College
Physician-in-Chief, The National University Health System
Group Chief Human Resource Officer, The National University Health System

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Mr Tan Tee How is the Chairman of the Casino Regulatory Authority, a Board member of the National University Health System (NUHS), and holds an executive appointment in an SGX-listed company.

In his 34-year career with the public service, Mr Tan has held various senior appointments, including in the Inland Revenue Authority of Singapore, the Ministry of National Development, and the Ministry of Home Affairs. Mr Tan was the founding Chief Executive Officer of the National Healthcare Group (NHG), and was also responsible for the establishment of the NHG College, which facilitated the continuous learning and development of the NHG workforce.

A letter to our Young Leaders

Tan Tee How: Take Action and Lead Change!

When I was appointed founding Group CEO of newly set-up National Healthcare Group back in 2000, it came as a complete surprise. I was in public administration, from outside the healthcare sector, and my only interactions with healthcare had been as a patient. In hindsight, my perspective as an outsider, while being expectedly challenging, had also been an advantage.

Looking back, my four good years at NHG were good and interesting times for me, and it was a privilege to have played a part in building up the regional health systems. There were some lessons that I learnt along the way.

First, harness the diverse strengths of everyone on the team.

I don't believe I have the answers to everything, so I listen, and trust those that I have chosen. As the concept of clustering was new at the time, I was able to start on a fresh slate. I had a great team comprising individuals from both inside and outside the healthcare system. To get the support of the key healthcare professionals who were responsible for the day-to-day work in hospitals and medical institutions, we put in place a dual-appointment system. This meant some of the professionals in the institutions also had functional responsibilities in NHG HQ, and vice-versa. With this approach, the cluster HQ could have a more realistic sensing of ground issues, and cluster initiatives were better implemented, as implementation considerations had been taken into account at the planning stage.

Second, be very clear about what you stand for, and what you believe in.

As a new cluster, we adopted a compelling and ambitious vision for NHG: "Adding years of healthy life". This made crystal clear our strong focus on healthcare, and not illness care! The vision resonated with many in our NHG family and guided many of the subsequent programmes that NHG implemented. This was our differentiating factor: a focus on delivering care seamlessly and in an integrated way, across all our institutions. We pushed hard on holistic care and worked to make healthcare more accessible to Singaporeans, by offering services such as chronic disease management at the polyclinics.

Leadership is more than being able to articulate a vision. At its heart, leadership must also bring people together for a common purpose, and to mobilise them to take action and effect change. There is no one-size-fits-all approach to leadership. Sometimes you need to start something going in a small way, and try to mobilise more people to join your efforts. I think this best describes our efforts to build relationships with the community and private GP partners, where we need to understand their constraints and challenges and figure out how we can help them address their issues.

At other times you need to be bold and make large moves. There is a Chinese saying that “危机也是时机”, which means “Crisis is Opportunity”. A crisis provides that burning platform and can be the best time to make bold changes, but you will need to communicate and sell the changes well.

The biggest challenge for healthcare today is the need to confront the competitive forces and bigger transformational challenges facing us. Times are changing and objectives must change too. We must restructure and retool ourselves to meet these changed objectives.

Even more importantly, we must help our people face change and prepare for the future. For myself, I am likewise going through my own transformation journey after retiring from the

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public service, where I have spent 34 years of my life, by taking up an executive role in the private sector. This is a wholly new experience for me but I want to continue retooling myself and actively contributing where I can.

For the young healthcare leaders today, you are in the best position to see what is not ideal and what more needs to be done. We need strong leadership in healthcare, because it is so complicated and emotive. The challenges facing us are difficult, and the consequences of failure are high. If we are inadequate in our response today, Singaporeans will face a future of high healthcare costs. I exhort you to have the courage to take action and lead change!



Insights on CareShield Life

Financing your old-age care needs

HLC held its 9th Healthcare Policy Series (HPS) for the public healthcare family on 14 September 2018 at Ng Teng Fong General Hospital. The topic of the 9th HPS focused on CareShield Life and the new initiatives for Singaporeans' long-term care needs from 2020 onwards.

The speakers and panelists were Ms Ngiam Siew Ying, Deputy Secretary (Policy), Ministry of Health and Ms Jasmin Lau, Director (ElderShield & Integrated Shield Plans Project Office), Healthcare Finance Division, Ministry of Health.

CareShield Life: In a Nutshell

What is it?

It is an insurance scheme that provides financial help for those with severe disability.

Who will be covered?

CareShield Life will be compulsory for all Singaporeans born in 1980 or later. Those aged 30 to 40 in 2020 (born 1980 to 1990) will be enrolled in 2020, with subsequent cohorts joining when they reach 30. Singaporeans born in 1979 or earlier are encouraged to join CareShield Life from 2021 if they are not severely disabled.

How much are the payouts?

The payouts for severely disabled claimants will be for life. For those who start claiming in 2020, the first year of the CareShield Life scheme, payouts will be \$600 per month. Payouts will be higher for those who start claiming in later years: for example, those who start claiming in the 25th year of the CareShield Life scheme will receive \$1,000 per month for life.

How much are the premiums?

Premiums start from \$206 per year for men and \$253 per year for women. Premiums are payable from aged 30 till aged 67 and will increase yearly. These premiums can be fully paid for by MediSave.



Ms Ngiam Siew Ying (first from left) and Ms Jasmin Lau (centre) addressing the questions during the dialogue session.




For more information on CareShield Life, visit www.careshieldlife.sg
Or scan the QR code

Call 1899-222-3399 for more information

Hot Questions from the CareShield Life Dialogue



Questions came fast and furious during the dialogue: hear the open sharing and explanations from the speakers

The audience listening attentively to the Ministry's initiatives for Singaporeans' long-term care

Are we sure that 1 in 2 Singaporeans will get severely disabled and need this scheme?

This estimate is based on local and international data, and is similar to projections in other countries. This number does not mean that half of the population becomes severely disabled at the same time. What it means is that would happen to 50% of us by the time we pass on. It is not difficult to imagine, if we think of how many of our parents or grandparents needed long-term care in old age. Insurance will provide peace of mind, especially as families get smaller and family support is stretched.

We need long-term care insurance to prepare Singapore for its ageing population.

Is the payout of \$600/month really enough?

CareShield Life payouts were targeted at the 30th income percentile, after considering Government subsidies of 60 - 70% for long-term care services. This keeps the scheme basic and premiums affordable.

The payout may not fully cover long-term care expenses for middle-income and high-income Singaporeans who receive lower Government subsidies. They can consider increasing their coverage through CareShield Life Supplements .

CareShield Life is designed as a basic scheme with affordable premiums.

Why are we making CareShield Life compulsory for younger Singaporeans born 1980 or later?

As the current ElderShield scheme is optional, the pre-existing severely disabled are not covered, and the lower-income may drop out as they are not able to pay their premiums. With universal CareShield Life, we can cover these vulnerable groups, including those with pre-existing congenital severe disabilities before they turn 30. The Government will provide premium subsidies to ensure affordability and that no one loses coverage due to inability to pay premiums.

The universal nature of CareShield Life is aligned with our values as an inclusive and caring society, to support vulnerable groups such as the pre-existing severely disabled and the lower-income.


"Severe disability" is the inability to perform at least three of the six Activities of Daily Living (ADLs).

Activities of Daily Living (ADLs):



What will happen to all the existing schemes for long-term care, e.g. IDAPE and PioneerDAS?

Other government long-term care schemes will continue to exist, and CareShield Life will be an additional source of support. MOH will work with the Agency of Integrated Care to streamline the claims application process. AIC will be a key touchpoint for all of these schemes, and will be able to provide advice to Singaporeans and their caregivers on what schemes they may be eligible for. MSWs of the healthcare and LTC institutions are also important partners in helping us advise Singaporeans who need help.


 Refer to AIC or Medical Social Workers for more information on long-term care assistance and processes.

If I am born in 1979 or earlier, what should I do?

Those born in 1979 or earlier can join CareShield Life from 2021, if they are not severely disabled. There will be incentives to join the scheme. Government will also provide additional means-tested premium subsidies for CareShield Life policyholders, and ensure that no one will lose CareShield Life coverage due to an inability to pay premiums.

For existing ElderShield policyholders, the ElderShield premiums already paid will be taken into account when calculating their CareShield Life premiums. More details will be available on a premium calculator CareShield Life website (www.careshieldlife.sg) by the end of the year.

If you choose not to join CareShield Life, you will continue to be protected under your current ElderShield policy.

 If you are born in 1979 or earlier, your existing ElderShield policy will not be affected. You should consider whether you want to join CareShield Life closer to 2021.

9th HPS on CareShield Life – Thoughts from the Audience

I think CareShield Life is a better scheme than ElderShield as we are covered from the time we are disabled until we pass on. This means we do not need to worry about outliving the payouts. I will be able to have greater peace of mind.

Ms Eng Kai Jun, Manager,
MOH Holdings

In order to provide good quality care to our patients, I feel it is important that we understand and are kept up to date on policy perspectives and schemes applicable to our patients.

The CareShield Life seminar gave insights to the policy considerations in the design of the scheme and has helped me appreciate better the extent and depth of thought in the design process.

Ms Wendy Kwok, Assistant Director,
Ng Teng Fong General Hospital

CareShield Life is a well-crafted scheme that will lay the foundation to provide affordable healthcare services for Singaporeans.

Mr Jason Hu, Senior Staff Nurse,
Woodlands Health Campus

Ms. Jasmin Lau did an incredible job delivering the content. She made the information engaging and simple.

The session has enhanced my understanding of the various schemes available from primary care; hospital care to long-term care. I look forward to the implementation of CareShield Life.

Ms Janet Choo, Director, Case Management,
Changi General Hospital

The lifelong payouts will provide patients and their family members much needed reassurance that at least part of the care expenses can be covered. This will reduce a lot of their anxiety and their burden.

Ms Jamie Chen, Senior Medical Social Worker,
Ng Teng Fong General Hospital

ONE Healthcare Leadership Framework: Empowered Working

In the previous issues of *Leading Healthcare*, we discussed various components of the ONE Healthcare Leadership Framework, with *values* at the core of the framework, *personal qualities* as more innate attributes, and *behavioural qualities* of Otward Focus and Nurturing Relationships as more observable qualities.

In this issue, we present the last dimension of the behavioural qualities - Empowered Working or “E” dimension, which together with the previous 2 dimensions, gives the ONE Healthcare Leadership Framework its name.

Healthcare is complex, where typically one person does not hold the complete picture to a given problem, much less the solutions necessary to drive care transformation. It is important for leaders to harness the knowledge, experience and skills of everyone, know when to take charge and when to allow others to take the lead. Effective leaders have the courage to challenge and speak out for what is right, and empower people to make decisions that make a difference to shared outcomes.



Collective Leadership

“Collective leadership is about multidisciplinary working, helping each other and ensuring messages are consistent. Trust is needed to do the right thing if something goes wrong and take responsibility. Achieving the right balance between consultation and effective decision-making.”

– Assistant Manager, Hospital.

Courageous Communication

“There is a need for moral courage, when it’s hard to speak up the (effective leaders) dare to say and do what is right.”

– Consultant, Hospital

Brave Decision-Making

“Leaders need to be able to deal with complexity and ambiguity, and need to be able to move when things are unclear. Need to have the confidence to explore, take risks and learn. Need to recognise that one may never have 100% of the required information and never 100% sure.”

– CEO, Hospital

Collective Leadership

“At its core, the ability to lead stems from the ability to influence.

Different team members should be called upon to lead, depending on the task at hand. Have the courage to lead when we are the best person to do so, even if we are not the most senior. Have the courage to follow if someone else is in a better position to lead, even if we are the most senior person.”

– PS (Health); SCRP 2017 Graduation Dinner Opening Speech

Every individual in healthcare can exercise leadership, regardless of one’s formal position. This means that in some circumstances when others may be best placed to lead, the positional leader should then play a supporting role, step back, empower and facilitate the team’s progression. At the same time, those who are capable should step up and have the courage and commitment to lead.

It is important then to see leadership as a ‘team sport’ and de-emphasize hierarchy. Successes and failures need to be shared within the team, and leaders play a key

role in shaping the ways people work together - to achieve performance, build positive experiences and enable learning.

“The days are over when one person was vested with all the power. Now people are being asked ‘what do you think we should do? How do you judge the situation?’ The need for leaders to harness the collective skills of everybody. In some environments they will need to lead, in other situations someone else may be a better leader and you need to follow. We have multidisciplinary teams with diverse knowledge. No one has the monopoly on knowledge and control. The healthcare system is complex and needs this approach.”

– CEO, Hospital

Courageous Communication

Effective team-based, multi-disciplinary ways of working would require leaders to be able to facilitate open and honest dialogue, and to manage constructive conflict. At a junior level, this is about being assertive, willing and skilled in speaking up

and challenging authority, whilst at a senior level it is more about being open to constructive challenge. The ability to facilitate open and honest conversations are skills leaders need to build.

Brave Decision-Making

“A good leader is willing to go against the norm in a logical way, and has the courage to do something different especially when things are not right, and to do it in a non-hostile way.”

– Senior Manager, Hospital

In a volatile, uncertain, complex and ambiguous (VUCA) world, one may not have always have complete information. This requires leaders to be able and willing to consult widely, make decisions and move things forward in the absence of complete information. Leaders need to also have the confidence to explore, take risks and learn by trial and error. When faced with failure, effective leaders take responsibility for the actions and decisions, are willing to admit when a wrong decision has been made and be willing to change it.



Lessons from Everest

Beyond a simple fascination with the height of the summit itself, various sources of motivation that lead tens of thousands of visitors to come to the Everest (Khumbu) region of Nepal every year. Climbing the Everest was one of the deadliest trek and we can use these events as a rich metaphor for how organisations cope and survive.

Although most of us do not face life or death situations in the office, many of us do operate in a volatile environment that demands strong leadership and quick decision-making based on the best information we can gather in a short time. In this sense, we might say that our work teams scale our own Everests every day. With a strong grounding in collaborative skills and effective collaborative leadership, teams can learn to pull together in times of crisis rather than fall apart. Read more to find out the lessons learned when scaling towards the highest peak on earth.

Alumni Connect

Dear Alumni,

Welcome back to Alumni Connect!

In our last issue, we shared that Alumni Connect will be integrated as part of the HLC Newsletter. In the new Alumni Connect, we will be introducing a new segment (Ask a Leader) for alumni to share their challenges and questions with leaders; featuring curated reads, and providing updates on past and upcoming events.

We look forward to connecting with you in our quarterly HLC Newsletter and welcome your comments and suggestions on areas of interests for the alumni. Till we next meet, take care and stay well!

*With Best Regards From
HLC Alumni Team*

Q & A ASK A LEADER

Have a career, leadership, management or strategies related questions? Who better to get answers or advices from our leaders who've been there, done that?

Each week, we will feature the responses from some leaders to your questions. Why wait? Post your question and send it to hlc.alumni@mohh.com.sg with your Name, Institution and Cluster now.



A question not asked is a door not opened.

- As Marilee Goldberg
(Author of The ART of the Question)

Alumni Engagement

EXPERIENTIAL LEADERSHIP GAME: NATION BUILDING

In September, our alumni joined in an experiential leadership game. In this leadership game, the alumni not only had to work together within their own team to build a winning state, but they also had to communicate clearly and make sound agreements with other teams to build a strong nation. Institutions often consist of different teams and departments. They are connected by a common goal, but each team also has its own tasks and targets. In the implementation, however, the teams depend on one another. That can create friction.

With The Nation Building Game as a metaphor (different states, one nation, one goal), the alumni learnt that collaboration is something quite different from 'working together'. Collaboration requires trust, openness, thinking across borders and integrity in weighing up between their own interests and the larger interest.

Teams faced crisis during the game that forced them to weigh their objectives. Likewise, in our daily operations and tasks, we are faced with countless situations that cause us to take a pause. The metaphor that these alumni faced in the game, highlighted conceptual similarities between the game and their daily work. This game enabled alumni to work together to achieve a defined and common purpose and drive to gain consensus in problem solving or development.



Participants' experiences



"Experiential Learning is fun and helps us to internalise concepts better than lectures and PowerPoints."

- Cecilia Pang; Director of Communications and Service Quality, SKGH

"Think bigger & collaborate deeper."

- Tung Yew Cheong; Director Quality & Patient Safety(QPS), NHGP

"I am enlightened by learning through activities; refreshing & revitalising!"

- Low Mui Lang, Executive Director, The Salvation Army, Peacehaven

Distinguished Speakers Series

featuring **Dr Noeleen Heyzer**



The Healthcare Leadership College is honoured to present a lecture by
Dr Noeleen Heyzer on Leadership for a Changing World

About Dr Noeleen Heyzer

Dr Noeleen Heyzer was an Under-Secretary-General of the United Nations and the highest ranking Singaporean in the UN during her term (2007-2015). She was the first woman to serve as the Executive Secretary of the UN Economic and Social Commission for Asia and the Pacific since its founding in 1947. Under her leadership (2007-2014), the Commission focused on regional co-operation for a more resilient Asia-Pacific, founded on shared prosperity, social equity, and sustainable development.

As the previous Executive Director of the UN Development Fund for Women, Dr Heyzer was widely recognized for the formulation and implementation of Security Council Resolution 1325 on Women, Peace, and Security. She has served on numerous boards and committees, including the UNDP Human Development Report; the Asian Development Bank's Eminent Persons Group; and the High-level Commonwealth Commission on Respect and Understanding chaired by Nobel Laureate Prof Amartya Sen. Dr Heyzer is currently a member of the United Nations High Level Board on Mediation.

Dr Heyzer has received numerous international awards for leadership.



WHEN : **Wednesday, 30 January 2019**
4.00 – 6.00pm
Registration starts at 3.00pm

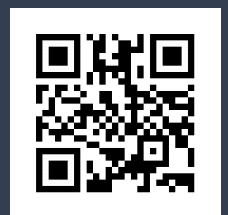
WHERE: **Auditorium, Level 1, The Academia**
20 College Road
Singapore 169856

WHO SHOULD ATTEND:

This lecture is open to all members of the Public Healthcare Family. Seats are limited and priority will be given to HLC milestone programme alumni.

SIGN UP:

<https://dssjan2019.eventbrite.sg> or scan the QR code on the right
Please register by **Friday, 7 December 2018**



This lecture is complimentary & fully sponsored by HLC

Contact
Ms Chu Min Lian | 6818 5806



hlc@mohh.com.sg

About The Distinguished Speakers Series

The Distinguished Speakers Series is a lecture series organised by the Healthcare Leadership College, where we invite prominent leaders and experts to speak on current and emerging healthcare and leadership issues.



About the Healthcare Leadership College

The Healthcare Leadership College (HLC), a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national public healthcare system, in line with the Ministry of Health's vision and strategic priorities.

We develop and deliver high quality programmes and other learning platforms for public healthcare leaders, covering topics such as leadership and organisational development, public service ethos and values, and key healthcare policies and issues.

Leading Healthcare is a quarterly newsletter of the Healthcare Leadership College. Issue 10 will be published in Feb 2019.

Leading Healthcare Team

Dean's Message

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Upcoming HLC Programmes

Leaders for Singapore Healthcare (LSH)

29 Oct – 2 Nov 2018
7 - 9 Jan 2019
31 Jan – 1 Feb 2019

Dynamic Governance – A Healthcare Perspective

21 - 23 Nov 2018

15th New Leaders Programme (NLP)

22 -25 Jan 2019

6th Singapore Chief Residency Programme (SCRP)

31 Jan – 2 Feb 2019

Distinguished Speaker Series (DSS)

Dr Noeleen Heyzer
30 Jan 2019