Healthskills
Building And Strengthening Leadership – Strategic Delivery Plan

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The 6 action areas

- Helping people stay independent, maximising wellbeing and improving health outcomes
- Working with people to provide a positive experience of care
- Delivering high quality care and measuring impact
- Ensuring we have the right staff, with the right skills in the right place
- Supporting positive staff experience

Four: Building and strengthening leadership
Focus of action area 4 so far:

- Funding the piloting of the cultural barometer – Kings College London

- Supporting the leadership academy to deliver the nursing and midwifery leadership programme

- Turning the outputs of the leadership think tank into tangible actions:
  - Robust plan for 2014/15
  - Action research into compassionate leadership
  - Setting up a virtual network through the 6Cs live! Website

- Week of action: 24th – 28th March
Action plan – progress so far:

• Think Tank – discussions on the issues
• High level actions emerging
• Conversations
• BME Advisory Group
• Compassion In Practice
• Webinars/twitter conversation
Objective of think tank (November 2013)

• Agree a limited number of evidence-based priorities to deliver strengthened leadership at every level

• A shared direction that supports compassionate leadership
How do compassionate leaders behave?

- Embrace 6Cs
- engage with staff
- Understand culture & behaviours
- Understand & know the people they are leading
- Have a situational/flexible leadership style
- Listening/empathy/consistency
- High level of emotional intelligence
- Persistent & resilient
- ‘feel’ the impact of compassionate leadership
- Role model/credibility
- Manage culture
- Visibility – seen & heard
- Active leadership
- positive
What do compassionate leaders do?

- **Empowering**
  - Support people to feel involved
  - Make sure everyone feels part of something/has an active part
  - Equity of approach

- **Act flexibly**
  - Be strong where necessary – buffalo style
  - Be able to say no
  - Be able to build a team/act as a team player – geese style
  - Have different approaches

- **Lead by example**
- Caring for, caring with, caring about
- Take in turns to be a leader – “honking encouragement” (goose style)
- Support others where they need it
- Develop other people
Agreed Priority Actions

1. How to develop leadership at all levels to challenge poor practice
2. How do we influence top leaders to see compassionate leadership as a good business model?
3. How to develop a culture that creates bottom up change
4. How do we get more leaders from BME groups at every level?
5. How do we heal burnt out leaders?
6. How do we move away from compromise - dealing with people who don't 'get it'
7. How do we develop the whole Board to demonstrate compassionate leadership?
8. How do we empower all staff in Health & Social care?
9. Moving from top leaders focused on politics, power & position to those focused on patients
Issues in getting to coherent plan with realistic milestones

• Do we know why some leaders don’t get “compassion”?

• “Compassion” doesn’t work for Roy Lilley

• Echoing other pieces of work

• Sifting research before getting to action

• Loads of ideas

• Easy stuff or impact
Issues in getting to coherent plan with realistic milestones

Would you remove your own appendix?

I wouldn’t know where to start........
Priority Action Area 1

How do we get more leaders from BME groups at every level?

Issues

• Appoint in vision of self too much
• Don’t value diversity in recruitment to team
• Confidence of interviews and build on diversity
• Who came to mind when opportunities arise
• Not getting to hear about it on the ground
• Middle management block – behaving differently to proactive culture
• Not enough mentorship/talent spotting, coaching
• Not talk about it – scared of saying the wrong thing
• Misinterpretation of other diverse behaviour
• Lack of inclusiveness – need to be in it to change it
Priority Action Area 1
How do we get more leaders from BME groups at every level?

Suggested actions or areas for action? (1)

Education around interview/assessment processes
- capturing the essence of yourself in an application/telling the story of how you match the person spec/the power of networking/ensuring background organisational context is known/holding a mirror to yourself

Specific performance coaching offered around performance inhibiting thoughts related to job application/recruitment process
Priority Action Area 1
How do we get more leaders from BME groups at every level?

Suggested actions or areas for action? (2)
Ensuring honest structured feedback is received for unsuccessful BME candidates and that the candidates know how to request/demand it and where to go if not received.

Evaluation of tangible outcomes from specific BME Leadership Programmes run in last 5 years

Framework of how to lever these type of conversations in organisations (CA & JM)
Priority Action Area 1
How do we get more leaders from BME groups at every level?

Actions or areas for action? (not included)

• Research - Cultural barometer need to be sensitive to this issue, impact of programmes and coaching, staff with staff, staff with patients, patients with staff

• Target key senior directors – nursing and midwifery to mobilise agenda

• Proper talent management in this area

• Transparency about who doing what well and why
Priority Action Area 2
How do we influence top leaders to see compassionate leadership as a good business model?

Issue
No body of evidence to influence top leaders that compassionate care will benefit performance management and financial performance as well as patient care.
More evidence is available on the positive impact of a good safety culture not compassionate culture and not in the NHS. We need to develop a business model to get buy in and ownership from MD, CEO, COO, NEDs etc. to see the value of ‘compassionate leadership’.
Priority Action Area 2
How do we influence top leaders to see compassionate leadership as a good business model?

Actions or areas for action?
Suggest a narrative for convincing senior people rather than a business case but could do the following….

• Literature search – to get evidence base from other industries, other healthcare sectors, international
• Set out the framework of the business model and develop a toolkit for nurse leaders to use
• Get champions outside the profession and help to do cost benefit analysis
• Use Healthcare Financial Management Association to work it up – see if it would work
Priority Action Area 3

How do we develop the whole Board to demonstrate compassionate leadership?

Issues

The ‘Boat Rocker’ – make sure it floats everybody’s boat, keep the boat afloat for sustained periods of time, Having the right driver How do we work within an environment which is sustainable financially/clinically? What does a compassionate Board/Exec look like? What is different?
Priority Action Area 3

How do we develop the whole Board to demonstrate compassionate leadership?

Actions or areas for action?

A Board Agenda Item to define compassionate leadership in their context and to agree how demonstrated by Board members and how others are empowered

Patient Voice/Patient Story and/or employee voice at every Board Meeting – we’re doing well but we need to do better

Research to define what a compassionate Board and Exec Team looks like

Influence Regulators to ensure compassion “test” is in every assessment

Unit 2: Understanding and improving care – patient experience and safety and particularly Unit 5: Human and social aspects of care Mary Seacole Programme available to Board Members
Priority Action Area 4
How to develop leadership at all levels to challenge poor practice?

Issues

Professionalism masking lack of understanding
In DNA
Routine practice
Confidence/Fear of retribution
Having knowledge/skills – power issue
Condoning if we don’t challenge - Having institutional permission – a good thing/expectations/part of culture
Priority Action Area 4
How to develop leadership at all levels to challenge poor practice?

Actions or areas for action?  
(from WeNurses Twitter discussion earlier in the month)
Culture to talk about standards of practice
Coaches and mentors to talk it through
Properly facilitated supervision
The standard you walk past is the standard you accept
Leaders create a space for people to do a great job
Modelling
Priority Action Area 4

How to develop leadership at all levels to challenge poor practice?

Actions or areas for action?

Selection – extending values-based recruitment (how recruiters/assessors can get to values and what values are needed for compassion)

The Difficult Conversation – training on techniques for having conversations which challenge others or may lead to anger and/or defensiveness

Student and executive shadowing programme for nurses/midwives/social care
Priority Action Area 4
How to develop leadership at all levels to challenge poor practice?

Actions or areas for action?

Developing the **John Lewis model approach** – professional and organizational values and we’re all in this together

**Using Cultural Barometer findings** to challenge practice
The tool captures staff views of:
* Resources to deliver quality care
* **Support needed to do a good job**
* A worthwhile job that offers the chance to develop
  * **Opportunity to improve team working.**
It aims to gauge whether the culture of care in different parts of an organisation is conducive to delivering compassionate patient centred care.

Using **Appreciative Inquiry** to develop better practice
Action plan – what is still to be done

• Link to Compassionate leaders and research on leadership development work

• Further work on what’s out there

• Many more conversations

• Think Tank reconvened 25th April
So what do you think?