Building and Strengthening Leadership to support Compassion in Practice

Caroline Alexander, Chief Nurse, NHS England London Region
Bob Baker, Development Specialist, Healthskills
Objective of session

• To share an overview of Action Area 4
• To reflect on the outputs of the recent think tank and principles of compassionate leadership that emerged
• Hear about leadership development opportunities that are available and how we support people on return to practice
• To hear from those who have already participated on the current programmes
• To test ideas for inclusion in the 2014/16 programme of work
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
Building and strengthening leadership

• Key elements of this action area:

  ➢ Leadership development

  ➢ Organisational culture
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 2014/16
  • Action research into compassionate leadership
  • Setting up a virtual network through the 6Cs live! Website

• Week of action: 24\textsuperscript{th} – 28\textsuperscript{th} March
## Week of action: 25 – 28th March 2014

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Webinar</th>
<th>Hosted by</th>
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</thead>
<tbody>
<tr>
<td>25.3.2014 @ 2.00pm</td>
<td>Why do our halos slip – things that get in the way of compassionate care</td>
<td>Deborah O’Dea</td>
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<tr>
<td>26.3.2014 @ 4.30 pm</td>
<td>How do we address the BME leadership challenges facing the NHS</td>
<td>Tom Sandford, Yvonne Coghill and Mary Clarke</td>
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<tr>
<td>27.3.2014 @ 2.00pm</td>
<td>Launch of the Leadership Community Action Area 4 on the 6Cs Live!</td>
<td>Caroline Alexander</td>
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<tr>
<td>28.3.2014 @ 2.00pm</td>
<td>The challenge of building and strengthening leadership for Compassion in Practice. Planning for 14/15 – priorities for action to build and strengthen leadership</td>
<td>Bob Baker</td>
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Further information and webinar registration: [www.6c.england.nhs.uk](http://www.6c.england.nhs.uk)

| 27.3.2014 @ 8.00pm | Leadership WeNurse twitter chat                                     | We Nurses / Caroline Alexander           |
Objective of think tank

• 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**
What is the impact of compassionate leaders?

- Make a difference
- Create an open culture – staff feel valued
- Sustainable change
- Resolve conflict without becoming personal
- Improves quality outcomes
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?

5. 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?

8. Moving from top leaders focused on politics, power & position to those focused on patients
Leadership development opportunities

• Video link from the leadership Academy to be added here
You love what you do...

We know how dedicated you are. Because you love what you do with a passion. Because you’re committed, caring and compassionate. Because sometimes you want to do more. And that’s why this programme is for you.

Frontline Nursing and Midwifery Programme
Because you care

...so why stop there?

The NHS Leadership Academy is looking to support frontline nurses and midwives and help you do the job that you love, even better, for a greater influence on the way care is delivered.

Whether you’re working in people’s homes, nursing homes, out in the community or on the wards, the Frontline nursing and midwifery programme will help you reflect on your strengths, your role and your ability to do what you came in to the profession to do – make a difference to people’s lives.

Over the course of six months you will:
• build your confidence and capability to have even greater influence on care
• learn to recognise what you do well... and find out what you can do better
• develop new skills and put them into practice
• take the opportunity to think about how your behaviour impacts on those around you, including patients, colleagues and care teams

Apply today
leadershipacademy.nhs.uk
#NHSSfrontline

The frontline programme is now open. Applications are made online on a first come, first served basis. You can learn more on the website or speak to your line manager.
Personal reflections

So what was it like to go on a leadership programme and what has it meant for your practice?

• Joan Myers, Nurse Consultant and Head of Children's Nursing Services Whittington Hospital, Aspiring Nurse Directors Programme

• Sunita Shrestha, Ward Sister Spinal Unit BMI Clementine Churchill Hospital, Leadership Programme
Your help today

• To build on the outputs of the November Think Tank leading to a coherent plan with realistic milestones

• To give views about where ideas identified in November may overlap with existing provision

• To discuss where most benefit will be gained from a small number of focused actions
Realistic actions

The slides that follow are outputs from the November Think Tank:

• what is your view on the summary produced/what would you add or change?

• The actions are at high level but…..

• what proposed actions appear to overlap with existing provision?

• what actions would you make priorities and why? (expand on the actions or add to them if you wish)
1. How to develop leadership at all levels to challenge poor practice?

What is the issue?

- 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

What are the challenges and opportunities?

- Being able to ‘ask the stupid question’ - Qualified does not equal ‘cant ask the question’
- Priorities & pressures – excuses?
- Skill levels & Capacity
- Culture of social care
- Lack of understanding of what others do

What actions do we need to take?

- Student & exec shadowing programme – nurses, midwives, social care
- All in this together – early joint training
- Allow time for integration/understanding to develop
- John Lewis model – professional and organisational values
- Encourage values based selection
- Assess resilience – nursing & social care
- ‘Green P’ – transition phase
- Culture of curiosity – like students, extend permission
- Getting basic understanding of what people do
- Recognise ‘tribes’
- Emphasise culture of ‘safe to challenge’ – prepare management
- Cultural barometer to include this
- Don’t make people too uncomfortable
- Need for supportive processes when they blow the whistle
### 1. How to develop leadership at all levels to challenge poor practice? (2)

**How do we measure?**

<table>
<thead>
<tr>
<th>Staff and patients FFT</th>
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<tbody>
<tr>
<td>Establish baseline – us &amp; what we have</td>
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<tr>
<td>Define what it looks like – ‘good enough’ metrics</td>
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<tr>
<td>Using FFT</td>
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<tr>
<td>Allow time for change to feed through</td>
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<tr>
<td>More incidents/challenges</td>
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<tr>
<td>Staff retention levels up and sickness down</td>
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<tr>
<td>More safeguarding alerts</td>
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<td>Cultural tools/barometer</td>
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**How do we engage staff?**

<table>
<thead>
<tr>
<th>Make sure we get back to staff</th>
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<tbody>
<tr>
<td>Show it working</td>
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<tr>
<td>Incentivise/reward/celebrate</td>
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<tr>
<td>Example of good practice</td>
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<tr>
<td>‘tackle the middle layer’ – make it worth their while</td>
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<tr>
<td>Train &amp; develop staff – leadership, values</td>
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**How do we work together?**

<table>
<thead>
<tr>
<th>Front line staff as ‘eyes and ears’</th>
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<tr>
<td>Us &amp; caremakers</td>
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<tr>
<td>Transfer roles</td>
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<tr>
<td>Use students, learners and new starters to bring fresh eyes to the organisation</td>
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<tr>
<td>Shared learning &amp; development – shared understanding &amp; learning, integrated</td>
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<td>Bring middle managers into MDTs</td>
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### 2. How do we influence top leaders to see compassionate leadership as a good business model?

#### What is the issue?

We do not have a 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’. We need consistent golden thread of quality/compassion through that business model.

#### What actions do we need to take?

- 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
- Get AHSNs involved
- Get social care involved
- Patient & public involvement/champions

#### How do we measure?

- Qualitative & quantitative
- Regulatory compliance
- Financial performance – cost & income
- Much of the quality & performance KPIs that we measure now – but triangulate them & analyse what this tells us
- Identify opportunity cost of our poor performance
- More KPIs on staff attitude, staff views of culture – real time/live views

#### How do we engage staff?

- Must be meaningful to staff & others
- Communications strategy – needs to include political influence
- Values based recruitment
- Leadership development should include financial impact of ‘harm’ and positive care
# 7. How do we develop the whole Board to demonstrate compassionate leadership?

## What is the issue?

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?

## What are the challenges and opportunities?

### Challenges:
- Political environment
- Is care & compassion part of quality not just for nurses
- Making sure top leaders are the role models – not aggressive
- CQC inspectors – exec nurses have a key role
- Burning platform

### Opportunities
- Using political awareness/influence
- Care & compassion top of the agenda
- Care makers can use this to be leaders and support them
- New NHS CEO
- Change for the better

## What actions do we need to take?

- Prepare leaders
  - Know how to challenge/confidence
  - Ability to work across all clinical and non clinical areas and challenge
  - Mentorship
  - Influence/engage
- Role models in the system
- Develop alliances to strengthen patient voice
- Sustainable Board leadership
- Development for the whole Board
7. How do we develop the whole Board to demonstrate compassionate leadership?

### How do we measure?

<table>
<thead>
<tr>
<th>Indicator</th>
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<tbody>
<tr>
<td>KPIs e.g. staffing levels, pressure ulcers, staff satisfaction/patient satisfaction</td>
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<td>Nurse &amp; doctor surveys – e.g. how long have they been in the system, their perceptions</td>
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<td>Cultural barometer</td>
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<td>Workforce indicators</td>
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<td>Trainee feedback</td>
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<td>360 feedback</td>
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<td>Need national evaluation to discover trends</td>
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### How do we engage staff?

<table>
<thead>
<tr>
<th>Engagement Method</th>
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<tr>
<td>C&amp;C generally – handovers – 5 mins to talk about ‘what’s going on’</td>
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<td>S screen savers</td>
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<td>Multiple comms</td>
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<td>Twitter</td>
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<td>Responsibility for nurse leaders and work with others for support/challenge</td>
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<tr>
<td>Responsibility for exec nurses to engage with all their workforce</td>
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<tr>
<td>Work with the system walkabouts, lunch &amp; learn, staff side meetings – the power of stories</td>
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<td>Attendance at Board by others</td>
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### How do we work together?

<table>
<thead>
<tr>
<th>Collaborative Approach</th>
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<tr>
<td>Synthesise actions from today and prioritise</td>
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<td>Joint working with RCM//RCN</td>
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<td>Be clear what this looks like at the top as Board leaders</td>
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