NHS Improvement

Culture and leadership programme

Phase 1

Discover

Concepts and evidence

The Kings Fund

Center for Creative Leadership

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Introduction

In this chapter:

This document summarises the national and international research identifying the concepts associated with high quality care cultures. The resources to support you in developing and running your culture and leadership programme have been designed based on these concepts and we will refer to them throughout the resources so it is worth keeping them to hand.

These resources rest on the principles that:

- Cultures – 'the way we do things around here' – drives outcomes.
- This happens at all levels of the NHS – within teams, departments, organisations and in cross-organisational collaborations. Cultures that support high quality care display 'compassionate and inclusive leadership'. Collective leadership means a type of culture where staff at all levels are empowered as individuals and in teams to act to improve care within and across trusts – 'leadership of all, by all and for all'. This is in contrast to command and control cultures which are not conducive to achieving high quality care.

- Everything we do in organisations as well as the, systems, processes and structures, influences our organisational culture. This means that individuals in local, regional and national organisations need to consider how their systems and processes affect the values and behaviours of those who work in the NHS.
- However, leadership is the most powerful influence on the culture of an organisation whether it is formal or informal leadership.[1] Therefore leadership behaviours are particularly important in shaping culture and organisations need the workforce capacity, particularly in key leadership roles, to achieve the organisation's business strategy and deliver high quality care.

The resources aim to support the NHS to achieve the ambitions on culture and leadership set out in recent national reports.

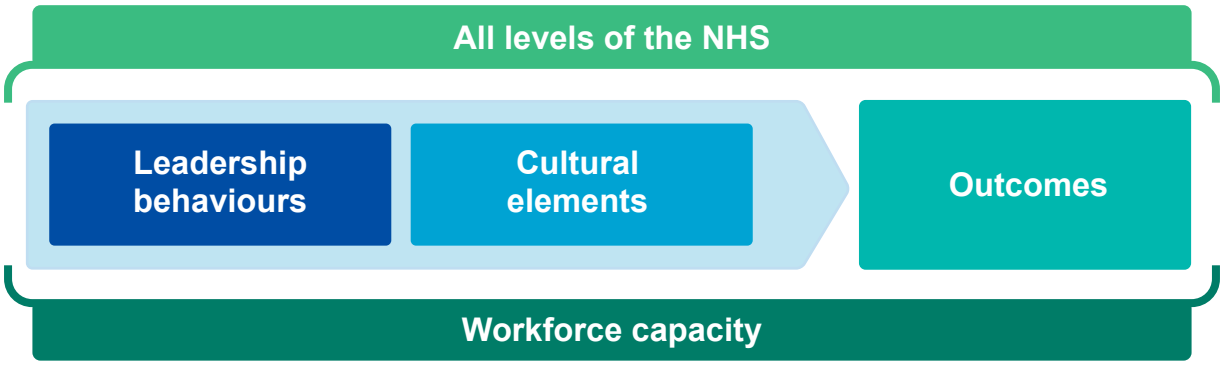

Figure c.1: Link between leadership behaviour and outcomes

This diagram shows the elements of a simplified leadership model created especially for these resources. There are more complex models such as McKinsey 7 S[2] or Burke-Litwin[3] which also demonstrate that an organisation's leadership is also affected by its culture.

Three outcomes

Quality and value

The aim of any healthcare system is to deliver high quality care and value.

In this programme, in line with the Health and Social Care Act 2012, we define quality as:

- clinical effectiveness
- positive experience
- safety.[4]

Delivering value for money is essential to maintain quality, ensure safety and good patient experience and to ensure long-term sustainability. Value is defined by the outcomes delivered for resource used. For simplicity, we use financial efficiency, productivity and sustainability measures in the diagnostics even though these are not true calculations of value.

Evidence from the private sector shows that income and productivity can be increased and customer experience improved through the effective engagement of staff.[5]

Improving financial performance needs to be seen as a mission to deliver better value if staff are to be engaged effectively. Staff commitment and engagement will not be realised if the focus is overwhelmingly on cost reduction.[6]

Healthy flourishing and engaged staff

Healthy, flourishing and engaged staff are essential to drive continuous improvement and deliver quality and value. There is strong evidence this impacts positively on outcomes for patients.[7] Engaged employees are proactive, enthusiastic and motivated to contribute to the success of their organisation while their positive engagement with work should enhance their own sense of wellbeing.[8]

Continuous improvement

For high quality care and value to be sustainable the healthcare system must continuously improve and evolve. According to the Berwick report[9]:

"The most important single change in the NHS in response to this report would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end."

There is increasing evidence that investment in improvement is good business, through delivering measurable return on investment and showing how the consistent application of continuous improvement techniques can reduce waste.[10]

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Five cultural elements

Culture is defined by the values we live by every day[11] – these may not be the same as the stated values. The lived values can be in seen by 'the way we do things around here'.

Evidence shows there are five key elements in high quality care cultures and these are closely aligned with the values in the NHS Constitution. If everyone in an organisation consistently works to implement create and support the values, they lead to a compassionate and inclusive leadership culture. Command and control cultures weaken attempts to sustain these cultural elements.

Cultural Elements	Values	The way we do things
Vision and values	Constant commitment to quality of care	Everyone taking responsibility in their work for living a shared vision and embodying shared values
Goals and performance	Effective, efficient, high quality performance	Everyone ensuring that there are clear priorities and objectives at every level and intelligent data constantly informing all about performance
Support and compassion	Support, compassion and inclusion for all patients and staff	Everyone making sure all interactions involve careful attention, empathy and intent to take intelligent helping action
Learning and innovation	Continuous learning, quality improvement and innovation	Everyone taking responsibility for improving quality, learning and developing better ways of doing things
Teamwork	Enthusiastic cooperation, team working and support within and across organisations	Everyone taking responsibility for effective team-based working, interconnectedness within and across organisations, systems thinking and acting

Vision and values

With compassionate and inclusive leadership, everyone in an organisation takes responsibility for their work and through their actions shows dedication to shared vision and values focused on constant commitment to high quality care.

The evidence for strong, shared vision and values as underpinning high quality care is clear. In a large study of cultures of quality and safety in the English, NHS, Dixon-Woods and colleagues[12] demonstrated that in the best performing healthcare organisations, leaders at all levels made it clear that high quality and compassionate care was a priority. These organisations had a clearly articulated vision about delivering high quality care, explicit goals and a strategy to achieve them.

McKee and colleagues[13] also showed a link between good patient safety performance and chief executives with a clearly communicated strategic vision, long-term goals and organisational plans for patient safety and staff wellbeing. Trusts with good patient safety performance tended to mention national patient safety alert actions more frequently than poorer performing organisations. Their leaders prioritised safety over other organisational goals, and demonstrated this to all staff through their behaviours. This is also true in other industries where chief executive values and associated organisational culture are correlated with outcomes including financial performance.[14]

Demonstrating and living the values through behaviour is fundamental. In poorly performing NHS organisations, senior leaders ignored staff concerns, avoided discussing workload pressures and paid little attention to addressing systemic problems such as inter-departmental conflict.[8] This created a negative unspoken message about what was valued and how staff should behave, and thus undermined organisational performance.

Goals and performance

High quality care cultures are characterised by commitment to effective, efficient and high quality performance. In day-to-day working, this means everyone in the organisation ensuring there are clear priorities and objectives, while using relevant data to understand their level of performance.

Clarity of goals and objectives correlates closely with outcomes and agreeing rather than imposing difficult goals leads to better performance than no goals.[15,16], Moreover, specific, difficult goals are more effective than general objectives such as 'do your best'. Studies comparing goal 'type' and performance show that those with the most challenging goals perform 250% better than those with easier goals.[17] People with clear and challenging objectives at work are also more motivated to innovate.

Unsurprisingly, this pattern is also present in healthcare. Drawing on data from the NHS Staff Survey, Dawson and colleagues[18] showed that patient satisfaction was highest where staff had clear purpose and there were clear goals at every level of the organisation. Where this happens, communication between patients and staff members is good and patients feel engaged in decisions about their care.

This study also showed a relationship between the percentage of staff receiving appraisals and improved levels of patient mortality. Moreover, good appraisal and good financial performance were closely correlated. As well as being an indicator of outcomes, appraisals are associated with higher levels of staff engagement which drives performance at individual, team and organisational levels.[19] A poor appraisal is associated with a decline in engagement.

Clear objectives begin with the top management team having a clear purpose and five or six clear objectives.[20] In compassionate and inclusive leadership cultures, this clarity of objectives is then replicated at every level: each directorate, department, team and individual has clear objectives aligned with the purposes, vision and values of the organisation.

Support and compassion

In healthcare, West et al[8] found that for staff to treat "patients with respect, care and compassion, all staff, especially leaders must treat their colleagues with care respect, and compassion. The higher the levels of satisfaction and commitment that staff report, the higher the levels of satisfaction that patients report".

Support and compassion are fundamental components of a culture that encompasses inclusion for patients and staff.

Compassion in an organisational context can be understood as having four components: attending, understanding, empathising and helping.[21] In the context of an interaction between a health care professional and a patient, compassion involves:

1. paying attention to the other and noticing his or her suffering – attending and being present
2. understanding what is causing the other's distress, by making an appraisal of the cause - understanding
3. having an empathic response, a felt relation with the other's distress - empathising
4. taking intelligent (thoughtful and appropriate) action to help relieve the other's suffering – helping.

Compassionate leadership has these same four components and these four domains of compassionate leadership are particularly powerful in health care, where the workforce is largely composed of highly skilled and motivated professionals. Motivated as they are, they require support rather than direction and enabling rather than controlling interventions from leaders.

In a study conducted across a range of organisations, Saks[22] found that one of the factors contributing to higher levels of staff engagement was the level of support from the organisation and supervisors. Employees who perceived that they have higher levels of organisational support, are more engaged in their job and organisation.[23]

Maslach and Leiter[24] found that employees whose supervisor was supportive and fair were less likely to experience burnout and more likely to engage with organisational change.

An earlier study by Goodrich and Levenson[25] which examined Schwartz rounds (multidisciplinary forums where staff discuss the emotional and social aspects of providing patient care) found that the rounds had several potential benefits, particularly improved teamwork, increased empathy and an enhanced feeling of working in a supportive environment.

West and Dawson[26] also found that high engagement was associated with lower staff absenteeism and lower levels of staff turnover.

Several public and private sector studies have found that level of staff engagement affects staff drive, innovation and willingness to overcome obstacles. Managers who engage their staff effectively provide them with direction while giving them latitude and ensuring that they have a voice.[27,28]

Learning and innovation

The National Advisory Group on the Safety of Patients in England recommended that the NHS should become a 'learning organisation', with its leadership creating and supporting learning capability and through this introduce change at scale.

As identified in the previous section, "happier and more content employees are more likely to foster an innovative environment".[27]

West et al[8] report that in compassionate and inclusive leadership cultures in healthcare, all staff focus on continual learning and through this, on the improvement of patient care.

As an example of this, The King's Fund[6] cites Salford Royal, a trust with a well-developed quality improvement (QI) strategy, where staff initiates and sustain improvements, supported by internal QI specialists and championed by the board. The QI approach, along with good staff engagement and firmly embedded leadership values and behaviours, has led to this trust becoming one of the best performing in the country.

Hakanen et al[29] support the finding that higher levels of engagement are correlated with innovation at work.

A Chartered Institute of Personnel and Development (CIPD) study suggested that engaged employees are more likely to seek out new ways of working and turn their ideas into useful applications.[30]

An international study explored the role of leaders in creating the right conditions for high performing healthcare systems.[31] The organisations all enjoyed:

- consistent leadership
- quality and system improvement as a central strategy
- cultures that supported teamwork, continuous improvement and patient engagement
- learning strategies that were effective and enabled testing of improvement and scaling up.

Teamwork

Where there is genuine teamworking "staff demonstrate enthusiastic co-operation, work across professional boundaries, and work interdependently to provide high quality care for patients".[8]

Leadership is crucial in creating an environment where real teamwork can flourish.[31]

The distinction between real teams and groups is that teamwork requires members to work closely and interdependently. A team has shared objectives and works "dynamically, interdependently and adaptively toward a common goal".[32] This is distinct from groups where individuals may think they are working as a team, when actually they share a supervisor or work in close proximity and are co-acting.[33] Co-acting groups typically do not share a common purpose or objectives.

Real teams have clarity of direction, an enabling team structure and a supportive organisational context. These have a powerful impact on team self-management and team performance.[34]

Effective teamwork across several industries, including the aeronautical industry, is associated with a reduction in team errors.[35] In healthcare this means improved patient safety.[36]

Teams that reinforce safe practice through shared objectives are less likely to expose individual members to hazardous processes that affect their health and wellbeing.[13] Members collectively spend time reviewing their past performance, assessing the potential risks of doing things differently and adapting their shared objectives and task activities. They work as self- correcting performance units.[37]

Team working benefits not just individual members of staff and organisations but also patients.[8] Effective teams are more likely to innovate to provide better quality healthcare and to be more productive.[38]

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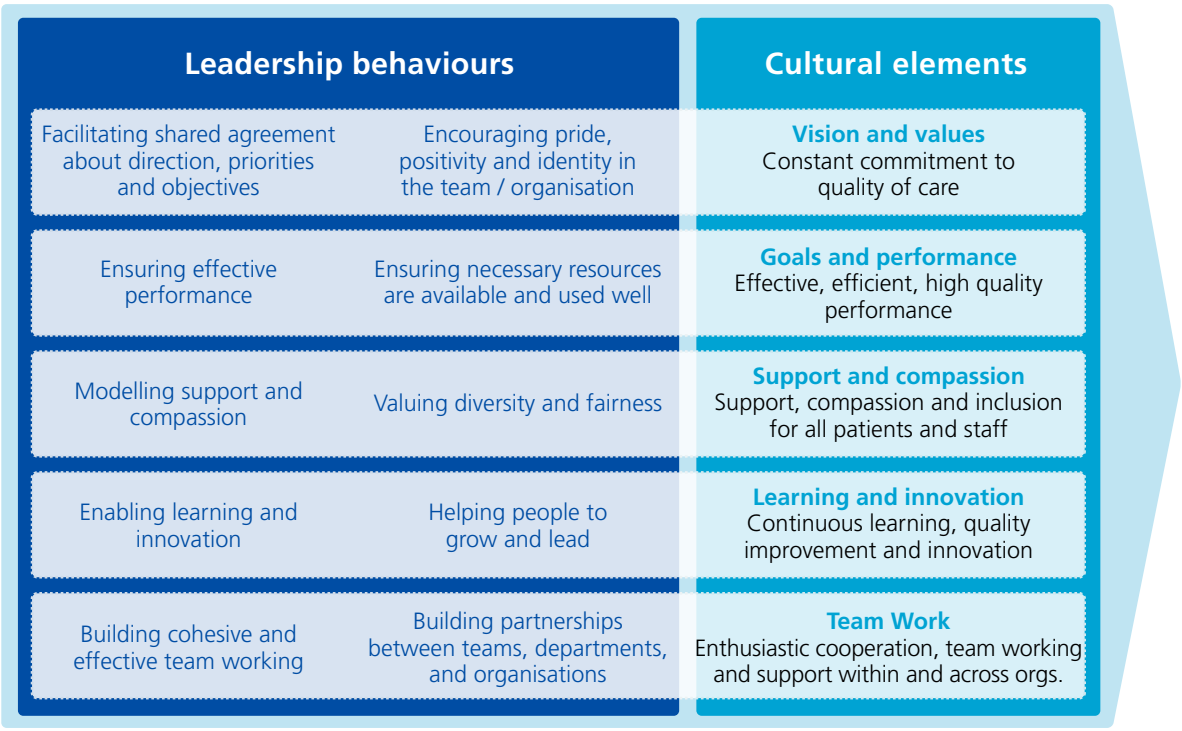
Ten leadership behaviours

Leadership, particularly compassionate and inclusive leadership, is the most powerful factor influencing culture in healthcare organisations because it determines staff engagement and commitment to high quality care. It is the key to creating cultures that will give NHS staff the freedom and confidence to act in the interests of patients, and will lead to sustainable clinical, operational and financial performance.

The King's Fund has identified 10 leadership behaviours linked to the five cultural elements that support collective leadership.

These leadership behaviours are based on a review of both general leadership literature and research on leadership in healthcare.[39] For the purpose of the culture programme they specifically support the approach of collective leadership and the five cultural elements.

There are a range of other leadership models available, for example the NHS Leadership Academy's health care leadership model is in part based on the idea of distributed leadership, and as such does have some connection to the approach described here. Both are fundamentally concerned with improving patient care through staff engagement, with leaders playing a pivotal role.



The ten leadership behaviours for compassionate and inclusive leadership are described in more detail below:

Behaviour	Description
Ensuring direction and alignment	Includes: • seeking shared agreement on direction (the overall purpose and aims of the work) within teams/organisations and across teams • encouraging everyone to work together to ensure all are clear on the direction and strategy of their teams and of the organisation • and helping people to make sense of events in the organisation. **The evidence suggests:** Clarifying direction, strategy and the priorities for people's efforts is important to ensure that staff are clear about their roles and to avoid overload – particularly in the highly demanding environment of health care. • defining a few key priorities and making clear what the team is not going to do, rather than overwhelming people with inspirational priorities. Leadership in this domain results in clear, agreed, challenging and, measureable objectives for all individuals and teams.
Developing positivity, pride and identity	Includes: • celebrating the successes of the team and organisation • emphasising how the work makes a difference to patients and the community • encouraging others to be positive • expressing optimism, confidence, gratitude and humour • building a sense of positivity about the future. **The evidence suggests:** • Effective leaders support those they lead by creating an environment where people can freely express and discuss the way they feel, which in turn helps them make sense of their circumstances, seek or provide comfort, and imagine a more hopeful future.[40] • help those they lead make sense of change, catastrophes, successes and the future by attending, understanding, empathising and responding to their reactions. • providing a helpful narrative which makes sense to people inspires them to give of their best. • encourage and model positive attitudes, experiences and compassion rather than cynicism, depersonalisation or defeatism and do so with humour, empathy, kindness, belief and a sense of purpose. • leaders nurture this sense of commitment by being actively and compassionately committed to meeting the needs of their employees to support them in their work. • create collective identity through a positive vision of the team's work, a sense of pride in team performance and nurture team identity through rituals, celebrations, humour and narrative so that people feel proud of who they work for and with.

Behaviour	Description
Ensuring effective performance	Includes: • ensuring everyone is clear about each other's roles and responsibilities • seeking agreement and shared understanding about of key priorities and objectives • organising and co-ordinating work efforts towards agreed goals • dealing with obstacles to the delivery of high quality work such as systems difficulties, challenges and co-ordination problems • giving timely and balanced feedback about progress towards objectives. **The evidence suggests:** • help people work together in a co-ordinated way that enhances their wellbeing, – thereby building alignment, connection and compassion. As with other domains, this reflects a leadership style that supports staff: enabling them rather than directing.
Ensuring the necessary resources are available and used well	Includes: • ensuring staff have the resources and support needed to get the job done, such as money, staff, IT or other specialist support, time; • reducing demands on staff when they are overwhelmed; • ensuring resources are used efficiently and effectively. **The evidence suggests:** This involves political acumen and risk taking in dealing with the wider organisations, patients and other stakeholders. It requires leadership that wins the necessary resources so that teams do not work in chronically under-resourced environments
Enabling learning and innovation	Includes: • sharing learning about errors, near misses, and improved ways of working • improving the quality of their work, including regular reviews of working methods • developing and implementing ideas to improve quality • supporting others in implementing ideas for new and improved ways of working • avoid blaming unnecessarily by creating a psychologically safe environment. **The evidence suggests:** This facilitation of learning focuses on both emotional and cognitive elements as they help the team process negative emotions – pain and grief – where necessary. It ensures the team regularly takes time out to review objectives, strategies and processes so they collectively learn and improve and ensure their own wellbeing.

Behaviour	Description
Helping people to grow and lead	Incudes: • promoting continued learning and development for all • ensuring everyone has the freedom to work autonomously where appropriate rather than being restricted • ensuring everyone has the chance to take part in challenging projects and other development opportunities; and to lead in their work. **The evidence suggests:** • develop and empowering staff by ensuring their continued growth and development (fundamental to human health and well-being) • encourage followers to respond successfully to challenges.
Modelling support and compassion	Includes: • being supportive and compassionate to staff and patients who are distressed or under pressure; • understanding the pressures and difficulties staff face • taking practical action to help those under pressure; • encouraging everyone to support each other. **The evidence suggests:** • underpin trust and co-operation- between staff members because compassion results in a stronger connection between co-workers.[41] Supportive and compassionate leadership emphasises collegial support, kindness and valuing others' contributions which increases trust, compassion and cohesion. It involves helping to resolve conflicts quickly and fairly and building a strong sense of community
Valuing diversity and fairness	Includes: • ensuring equality and valuing diversity (of race, disability, religion or belief, age, gender, gender reassignment, sexual orientation, professional background, work experience, marital status, pregnancy and maternity) • encouraging listening carefully to other's contributions ('listening with fascination') • ensuring everyone's opinions are valued (staff and patients) and that people feel comfortable to be honest and open • challenging aggressive or intimidating behaviours,and dealing effectively with bullying, harassment or discrimination. promoting social justice and morality and emphasising fairness and honesty in all dealings • setting an example of ethical/moral behaviour, especially when it requires the sacrifice of personal interests. **The evidence suggests:** • a diverse workforce in which all staffs contributions are valued is linked to good patient care.

Behaviour	Description
Building effective teams	Includes: • ensuring the team has clear objectives and team members have helpful data on team performance • co-operative working • shared leadership so everyone contributes their expertise and ideas • regular time for collective reviews of team functioning and performance. **The evidence suggests:** Leadership in this domain enables the team to see how their work makes a positive difference to patients and society.
Building partnerships between teams departments and organisations	Includes: • encouraging everyone to build trust, respect and cooperation- across teams, departments and organisations • describing and emphasising shared visions • building long-term continuity and stability in cross-boundary relationships andensuring frequent contact with these others • surfacing and resolving cross-boundary conflicts swiftly and creatively. promoting a 'how can we help you?' orientation of team members towards those in other teams or organisations. **The evidence suggests:** It also involves leaders prioritising care overall, not just their area of responsibility.

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Five levels for compassionate and inclusive leadership

Compassionate and inclusive leadership means the distribution and allocation of leadership power to wherever the expertise, capability and motivation sit within organisations.

This purposeful, visible distribution of leadership responsibility onto the shoulders of every person in the organisation is vital for nurturing high quality care cultures. This implies reducing reliance on traditional command and control styles of leadership which research shows are not effective in delivering high quality healthcare cultures.[42] However, it is not only individual leaders that determine organisational performance, but the extent to which everyone acts collectively to implement the five key elements of culture within the organisation and across local communities.

The King's Fund has identified five levels of focus for compassionate and inclusive leadership.[43]

Level	Description	Cultural Elements				
		Vision and values	Goals and performance	Learning and innovation	Support and compassion	Teamwork
Individual	Does every individual take responsibility whenever appropriate for ….	Modelling organisational values and focusing on vision?	Ensuring they have clear objectives and receive helpful performance feedback?	Continuously improving performance?	Modelling support and compassion to all others?	Leading good team and inter-team working?
Team	Do all team members take responsibility for ….	Ensuring the team is aligned with its vision and models values?	Ensuring there are clear team objectives and frequent performance feedback?	Supporting quality improvement and innovation?	Working cohesively, optimistically, compassionately and efficiently as a team?	Shared team leadership, team effectiveness and inter-team support and cooperation?
Inter-team	Do teams take responsibility for working collaboratively and supportively together across teams and departments by ….	Ensuring there is aligned working around shared vision and modelling values?	Agreeing shared objectives for inter-team work?	Learning from each other and working together to develop and implement innovations?	Building inter-team relationships of support, compassion and respect?	Ensuring a long term focus, frequent contact, quick and fair conflict resolution, sustained mutual support?
Organisational	To what extent is there consistency across the organisations in ….	individual, team, inter-team, and inter organisational working in relation to vision and values	individual, team, inter-team, and inter organisational working in relation to goals and performance	individual, team, inter-team, and inter organisational working in relation to learning and innovation	individual, team, inter-team, and inter organisational working in relation to support and compassion	individual, team, inter-team, and inter organisational working in relation to team work and collaboration
Cross Org	Does the organisation ensure there is collaborative, supportive, compassionate and inclusive leadership in …	Shared vision and values across organisations?	Clear shared objectives across organisations?	Working together across organisations to develop and implement system-wide innovation?	Support, respect and compassion in all interactions across organisations?	Long term focus, frequent contact, conflict resolution and mutual support across organisations?

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Workforce capacity

Sufficient workforce capacity is essential in delivering high quality care.

As leadership is the strongest influence on culture, those in formal leadership roles will be particularly important in influencing the culture of the organisation.[8] We therefore include resources focused on assessing and developing leadership workforce capacity in three areas as outlined below:

Wider workforce strategy and workforce development plans will address these areas for all staff. See the separate guide on strategic workforce planning and the NHS leadership academy's talent strategy guidance for details.

Numbers

One of the fundamental issues facing NHS organisations relates to supply of leadership talent. A survey conducted within NHS and foundation trusts by NHS Improvement in January 2015 found[44]:

113 board level vacancies were not filled substantively or were filled with an interim. At the time of the survey it was anticipated that a further 140 posts would become vacant within six months.

Key reasons given for the failure to appoint to hard-to-fill vacancies included:

- insufficient skills available in the area / nationally
- inability to offer a competitive package / attract external candidates
- insufficient talent pool internally.

Diversity and demographics

The lack of diversity in NHS leadership and the wider workforce is a major concern in developing cultures of high quality and compassionate care. For example, there is a clear relationship between black and minority ethnic (BME) staff representation and staff and patient outcomes.[45,46]

You should also consider the growing evidence that the more clinicians are involved in healthcare leadership, the better patient outcomes tend to be.[47]

Knowledge, skills and abilities

In addition to recruiting and developing leaders with the right leadership behaviours, consideration needs to be given to the technical skills that may be required. This may vary depending on the level or function of the role, the context of each organisation but could include, for example, specific clinical skills, marketing or entrepreneurial skills.

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