Collective Leadership for Cultures of High Quality Care

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Quality and safety in the NHS

BMJ Quality and Safety, Sept 2013
http://www.lums.lancs.ac.uk/nhs-quality/
Staff Experience and Attitudes

• National staff survey in English National Health Service running since 2004
  www.nhsstaffsurveys.com
• 350+ organizations surveyed each year 1.4 million employees
• Responses from a sample of 150,000-250,000 staff. Response rate 55%-60%
• Linked to:
  – Patient Satisfaction Surveys
  – Mortality data
  – Infection rates,
  – Quality of care
  – Financial performance
  – Absenteeism, turnover

VALUES
Care quality
Compassion
Cooperation
Involvement
Positivity
QI & Learning
Efficiency
Transparency

KEY INFLUENCES
Vision and strategy
Senior leadership
Professional sub cultures
Socialisation to NHS trusts

VALUES IN ACTION
Focus on improving Q&S
Collective leadership
Patient and carer involvement
Staff involvement and proactivity
People management
Learning and innovation climate
Team, inter-team and cross-boundary working

FRONLINE PROCESSES
Innovation and continuous improvement
Team, inter-team, X-boundary cooperation
Responses to complaints, errors
Efficient effective working

OUTCOMES
Clinical effectiveness
Patient safety
Patient experience
Staff turnover and absenteeism
Staff satisfaction
Mortality (where relevant)
Innovation
Productivity
Financial performance

CULTURE
BEHAVIOURS

VALUES
Care quality
Compassion
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Innovation
Productivity
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Leading cultures for high quality

1. Prioritising an inspirational vision and narrative – focused on quality

2. Clear aligned goals and objectives at every level

3. Good people management and employee engagement

4. Continuous learning and quality improvement

5. Team-working, cooperation and integration

6. Via values-based, collective leadership
1. Vision

Vision sets out clear ambition for the future, to guide and inspire the whole organisation

1. It is forward looking
2. Makes clear commitments
3. Is inspiring to and welcomed by stakeholders

*Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.* (NHS England)
2. Clear aligned goals at every level

- Clear objectives linked to quality improvement
- Aligned, measureable and challenging …
  at every level
3. People management and engagement

- Patient satisfaction highest where staff have clear goals
- Staff views of leaders linked to patients’ views of care quality
- Staff satisfaction/commitment predicts patient satisfaction
- High work pressure - patients report too few nurses, insufficient support, privacy, respect.
- Poor staff health and well-being, high injury rates, CQC ratings
- Good HRM practices - low and decreasing levels of patient mortality

Staff Engagement in the NHS

Leadership
Supervisors’ Support
Team Working
Job Design
Work Pressure
Having an interesting job
Feeling valued by colleagues

Overall Engagement
• Advocacy
• Intrinsic Engagement
• Involvement

Employee Reactions
Health and Well-being
Stress

Hospital Performance
Quality of Services
Financial Performance
Absenteeism
Patient Mortality Rate
Patient Satisfaction

http://www.kingsfund.org.uk/publications/leadership_review_12.html
## 3. Employee engagement success factors

<table>
<thead>
<tr>
<th>A compelling strategic narrative</th>
<th>Inclusive leadership and management styles</th>
<th>Putting staff in charge of service change</th>
<th>Values and Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful Trusts develop a clear narrative on purpose</td>
<td>Successful Trusts have invested in retraining staff to adopt inclusive management styles</td>
<td>Successful Trusts give staff responsibility for leading service change</td>
<td>Staff survey shows importance of trust in senior leadership</td>
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<td>For example, Salford aims to be the safest Trust in the NHS</td>
<td>For example, Oxleas’ programme to retrain middle managers in facilitative leadership</td>
<td>Wrightington, Wigan and Leigh works with Unipart to support staff-led change</td>
<td>Perceptions of unfairness linked to intention to leave</td>
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<tr>
<td>Continually improving, high quality, compassionate care</td>
<td>Notts Healthcare and Southern Health training aligned around strategy and values</td>
<td>Salford supports frontline teams to test QI – <em>challenge!</em></td>
<td>In particular, fairness of procedures, bullying and discrimination.</td>
</tr>
</tbody>
</table>

### Stable senior leadership

Many of the Trusts with highest levels of engagement have had the same CEOs for over a decade, in comparison with an average tenure of less than two years.
Positivity sustains engagement and compassion

- Leaders’ positivity and performance
- Recognizing and processing negative emotion
- Dealing with quarrelsome, disruptive, aggressive behavior and poor performance

(www.positiveemotions.org)
4. Learning and innovation

A promise to learn – A commitment to act

• Are staff focused on continually improving patient care
• Are all staff focused on achieving zero harm
• Is reflective practice and learning endemic?
• Do all staff intervene to ensure high quality of care?
• Are staff enabled at all levels to learn about best practice
• Are there effective schemes to promote responsible, safe innovation – lean, QI (WWL, Salford)
• Is there recognition and reward for QI and innovation at every level and in every department/team/function?
5. Team working, cooperation and integration
Real teams versus pseudo-teams

- Clear, shared team objectives
- Role interdependence and role clarity
- Meeting regularly to review and improve performance

*Other structure and process foundations for success*

- Team communication
- Team focus on quality
- Team innovation
- Lack of team conflict
- Inter-team working
Teams are more effective and innovative to the extent that they routinely take time out to reflect upon their objectives, strategies, processes and environments and make changes accordingly.

Schippers, West & Dawson, 2012 Journal of Management
6. Collective Values-Based Leadership

To what extent and how effectively do leaders at every level:

- Promote engagement, participation and involvement as their core leadership strategy?
- Promote appropriate staff autonomy and accountability?
- Ensure staff ‘voices’ are encouraged, heard and acted on?
- Encourage staff to be responsibly proactive and innovative?
- Avoid domination, command and control except in crisis?
- Take action to address systems problems
- Deal effectively with intimidating behaviour and poor performance?
- Model compassion in dealing with patients and staff?

Leadership Strategy: How the Board will oversee the creation of the leadership capabilities and leadership culture the organization must possess to nurture the desired culture and fulfil its purpose
The Logic of Leadership Strategy

- The challenges the NHS is facing require new strategies
- New strategies imply new leadership capabilities
- Development of both individual and collective leadership capabilities
- Also requires new and collective leadership cultures

A Leadership Strategy Must Deliver These
Tools to change culture – leadership strategy

Organsisational Strategy
Analysis of individual and organisational current and future capability for collective leadership
Design of a collective leadership strategy
Delivery of a Collective Leadership Development Strategy
Impact on organisational performance indicators

The stages in leadership strategy implementation
Developing a leadership strategy

**Discover**
- Collecting intelligence on strategy, vision mission, future challenges, political context and opportunities
- Needed vs existing capabilities
- Number of leaders, qualities, diversity, medical/clinical

**Design**
- Required leadership capabilities – individual and collective
- Means to acquire, develop and sustain those capabilities

**Deliver**
- Leadership development – programmes etc.
- Organisation development – culture, teams, boundary spanning, collaboration, dialogue
- Shaping leadership culture, organisational culture, embracing change
A leadership strategy delivers:

1. Number of leaders needed in each area of organisation over next five years
2. Qualities required of these leaders - skills, competencies, knowledge specific to their level/area, diversity, professions
3. The desired leadership culture, including values and behaviours such as improving high quality care, compassion, equality, engaging staff, commitment to learning, positivity, openness
4. Collective leadership capabilities and strategies - leaders acting together across boundaries to implement organisation strategies
Leadership Culture Typologies

Leadership is a **collective** activity

Leadership emerges out of **individual expertise and heroic action**

People in authority are responsible for leadership

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Collective Leadership

• Leadership of all, by all and together with all.
• Leadership the responsibility of all - anyone with expertise taking responsibility when appropriate
• Interdependent, collaborative leadership - working together to deliver patient care
• Leaders and teams working together across boundaries within and across organisations to ensure system success
• Requires that leaders prioritise success of patient care across the system/organisation at least equally with their own area of operation
• In effect, creating a collective values-based leadership culture
Developing collective leadership for health care

WHITE PAPER

Delivering a Collective Leadership Strategy for Health Care

By: Regina Eckert, Michael West, David Altman, Katy Trumbull, and Bill Pascoe
Thank you