

Leading Cultures that Deliver High Quality Care

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Leading cultures for high quality care

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 a values-based, collective leadership strategy



1. Vision, values and strategy

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

'To deliver continuously improving, high quality and compassionate care to all in our community'

'To be the safest hospital in England'



2. Clear aligned goals at every level

- Clear objectives linked to quality improvement
- Aligned, measureable and challenging ...
at every level and feedback on performance

BMJ Quality and Safety,
Sept 2013

<http://www.lums.lancs.ac.uk/nhs-quality>



3. People management and engagement for high quality care

- 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, audit ratings
- Good HRM practices - low and decreasing levels of patient mortality



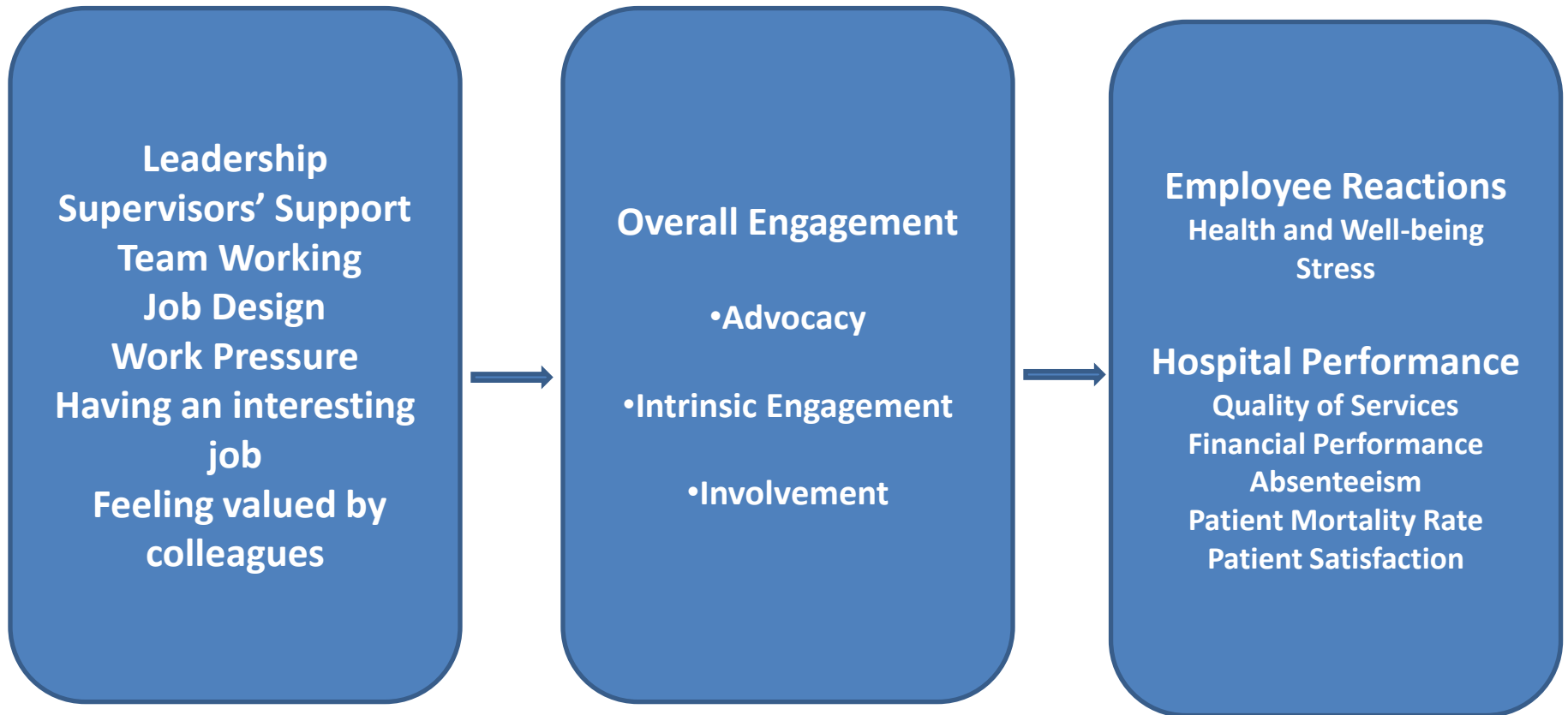
Staff Stress Levels

Lowest:

- Royal Wolverhampton Hospitals
- St Helens and Knowsley
- Bedford
- Frimley Park

www.nhsstaffsurveys.com

Employee Engagement in the NHS



3. Employee engagement success factors

www.kingsfund.org.uk/publications/staff-engagement

A compelling strategic narrative

- Successful Trusts develop a clear narrative on their purpose and aims
- Salford aimed to be the safest hospital in England
- The happiness of all our staff, through their worthwhile, satisfying employment in a successful business

Inclusive leadership and management styles

- Successful Trusts have invested in retraining staff to adopt inclusive management styles
- For example, Oxleas has introduced a substantial programme to retrain middle managers in facilitative leadership
- Notts Healthcare NHS FT develops leadership aligned around strategy and values

Putting staff in charge of service change

- Successful Trusts give staff responsibility for leading service change
- Wrightington, Wigan and Leigh works with Unipart to support staff-led change
- Salford's quality directorate supports teams of frontline staff in testing improvements

Values and Integrity

- Staff survey evidence highlights importance of values and trust in senior leadership
- Perceptions of unfairness are our best predictor of intention to leave
- In particular, fairness of procedures, bullying and discrimination.

Stable senior leadership

Many of the Trusts with highest levels of engagement have had the same senior leaders for over a decade: CEO of Oxleas in post since 2002, CEO of Salford in post since 2002, CEO of Frimley Park in post since 1998, in comparison with an average CEO tenure of less than two years.

Staff Engagement

Best performing trusts

- Wrightington, Wigan and Leigh
- Northumbria
- Frimley Park
- Guys and St Thomas'
- Salford

Based on www.nhsstaffsurveys.com

Positive emotion and culture

- Leader positive affect, climate and performance
- Processing negative emotion – ‘affective shift’
- Dealing with quarrelsome or disruptive behavior and poor performance



4. Learning, QI and Innovation

Learning organizations facilitate the learning of all staff and the organization to continuously improve high quality, compassionate care.

1. Learning organizations are characterised by systems thinking; information systems that measure performance; and continuous quality improvement
2. Staff are encouraged and motivated to focus on improving quality
3. Team learning and cross boundary cooperation, trust, and openness
4. High levels of dialogue and discussion end to end and top to bottom

4. Learning and innovation

A promise to learn – A commitment to act

- Staff focused on continually improving patient care
- Staff focused on ensuring zero harm
- Reflective practice and learning endemic
- All staff are accountable
- Staff enabled at all levels to learn about best practice
- Effective schemes to promote responsible, safe innovation – lean, QI
- Recognition and reward for QI and innovation at every level and in every department/team/function

Chassin & Loeb (2013). High reliability health care. *Millbank Quarterly*, 91, 459-490.

5. Team working, cooperation and integration

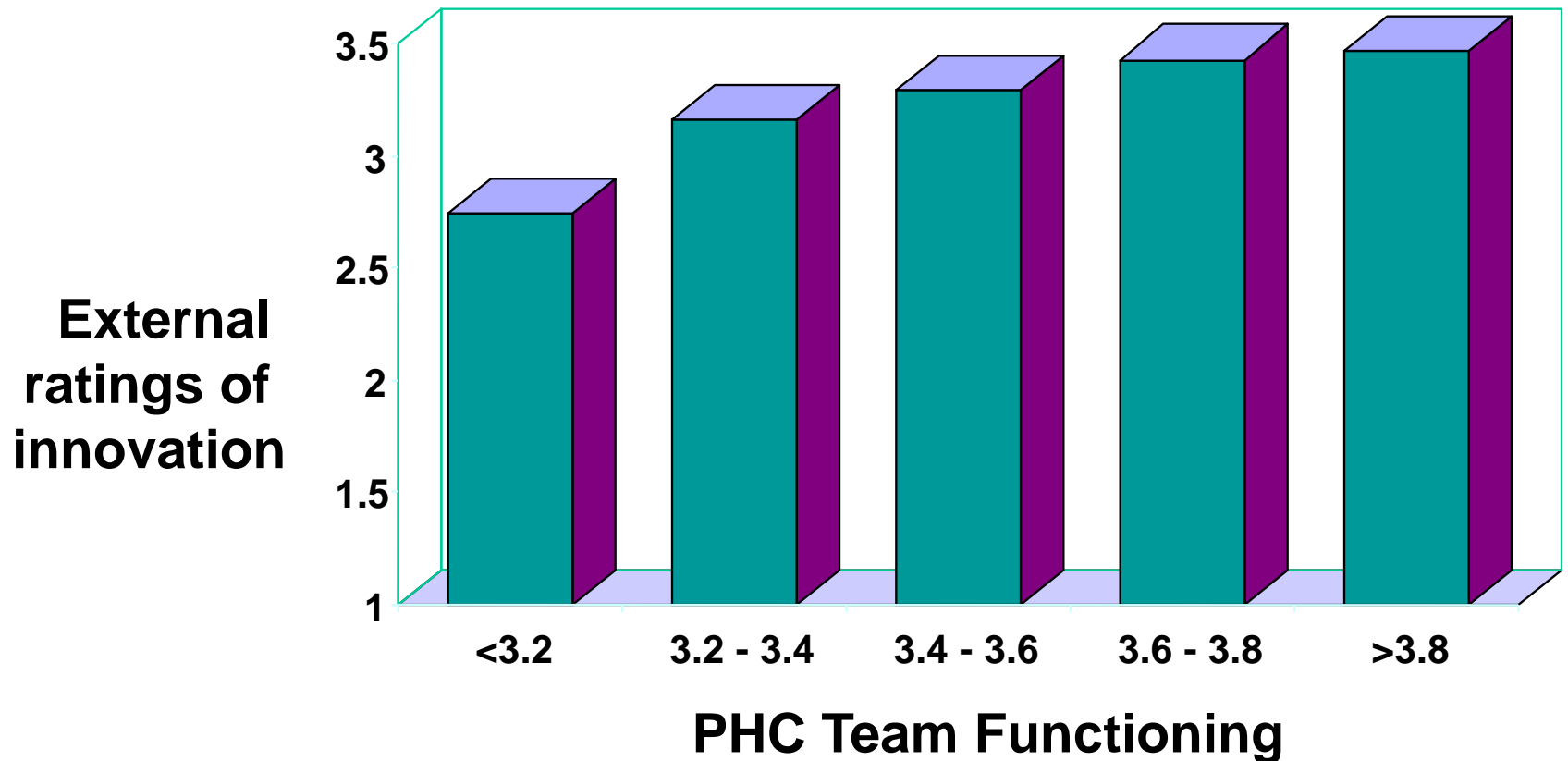


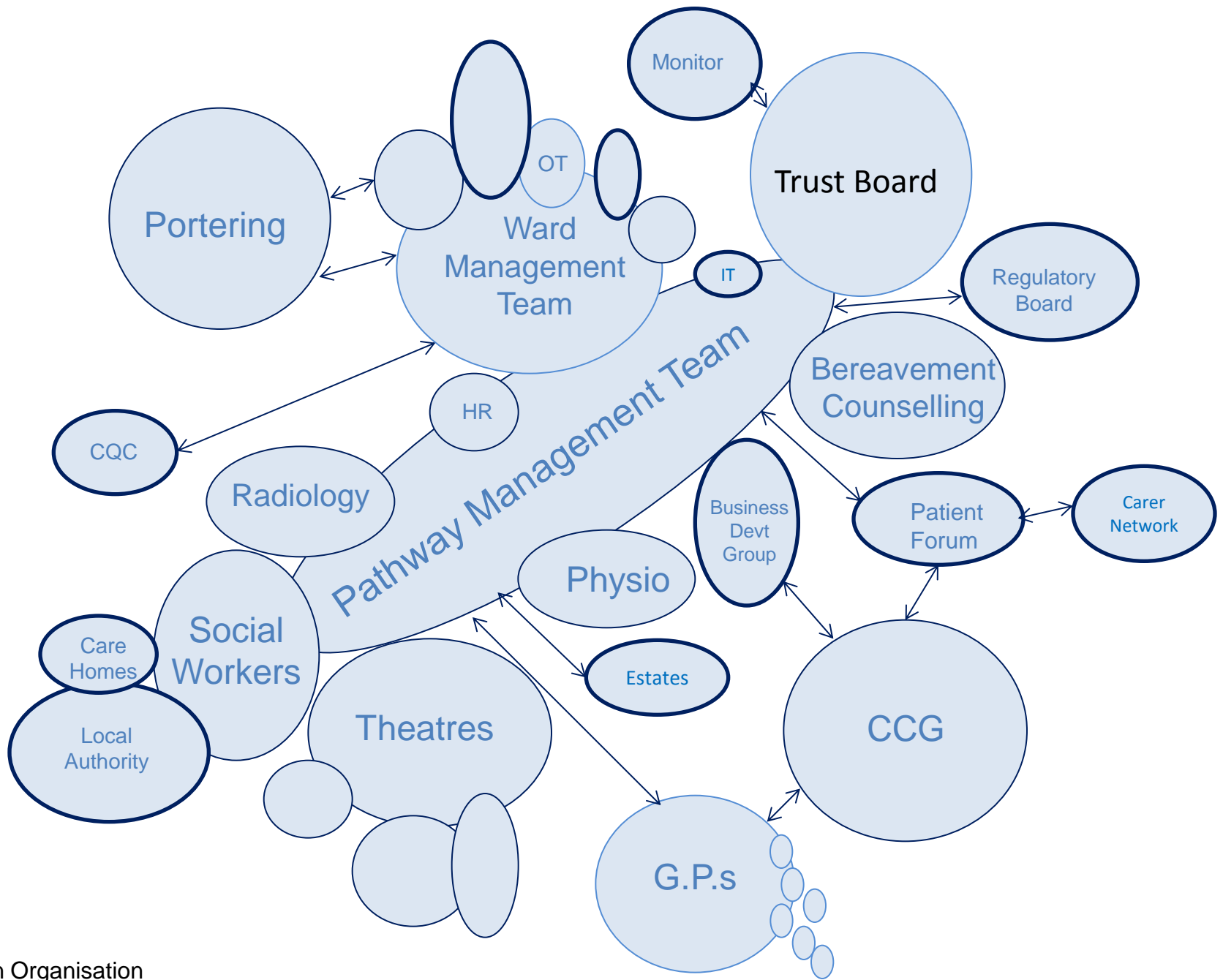
Benefits of TBW in Health Care

- › Reduced hospitalisation and costs
- › Increased effectiveness and innovation
- › Increased well-being of team members
- › Multi-disciplinary teams deliver high quality patient care and implement more innovations
- › Lower patient mortality
- › Reduced error rates
- › Reduced turnover and sickness absence

Lyubovnikova, J. & West, M.A. (2013). Why teamwork matters: Enabling health care team effectiveness for the delivery of high-quality patient care. In E. Salas et al. (eds.). *Developing and enhancing teamwork in organizations: Evidence-based practice and guidelines*. (pp.331-372). San Francisco: Jossey Bass.

Health care team effectiveness





Which trusts are outstanding in pioneering *team based working*?

- Merseycare
- North Staffs Combined Healthcare
- Frimley Health
- South Staffs and Shropshire MHFT
- Oxford Health
- Birmingham Children's Hospital

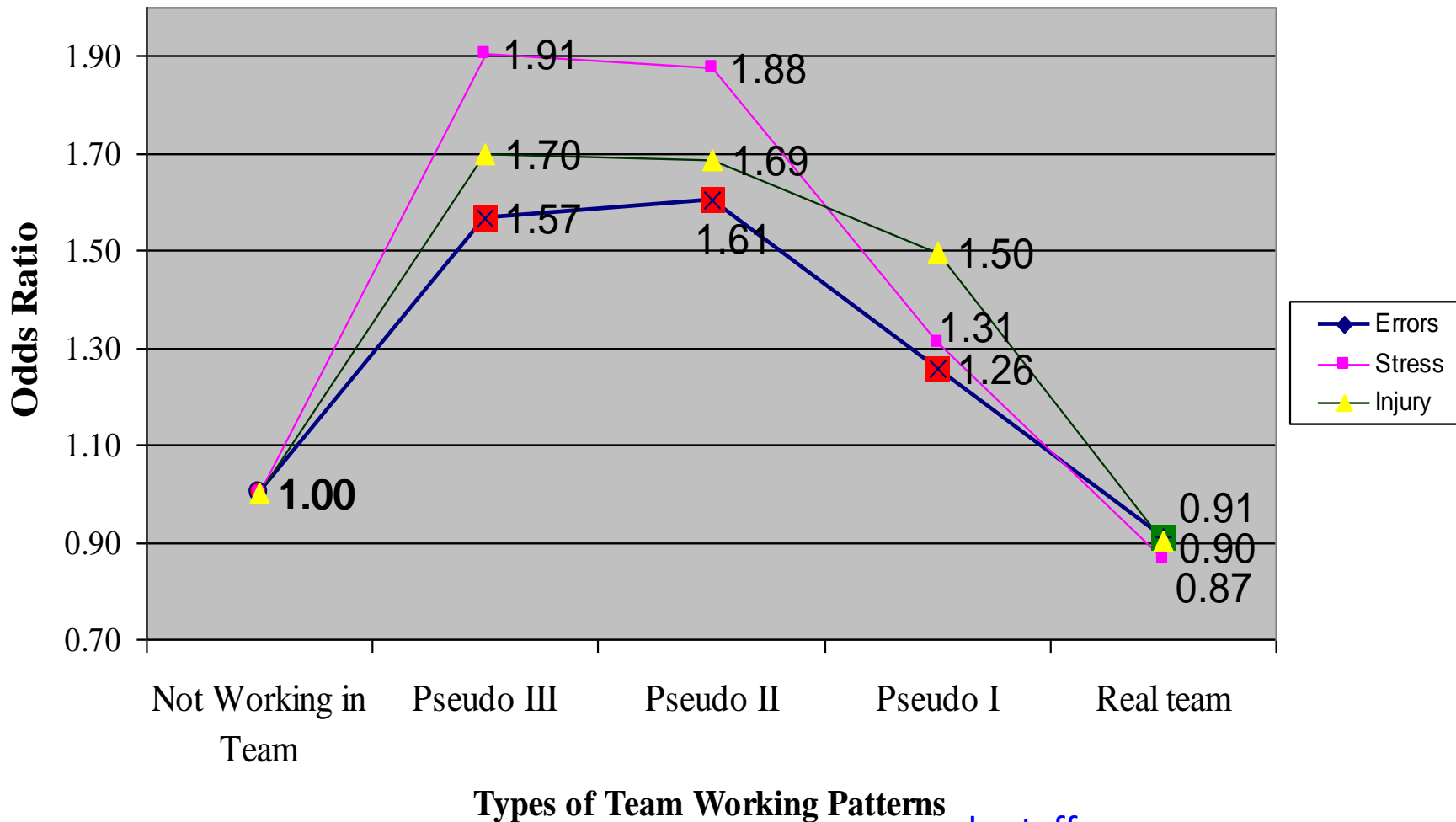


Team working in Primary Care

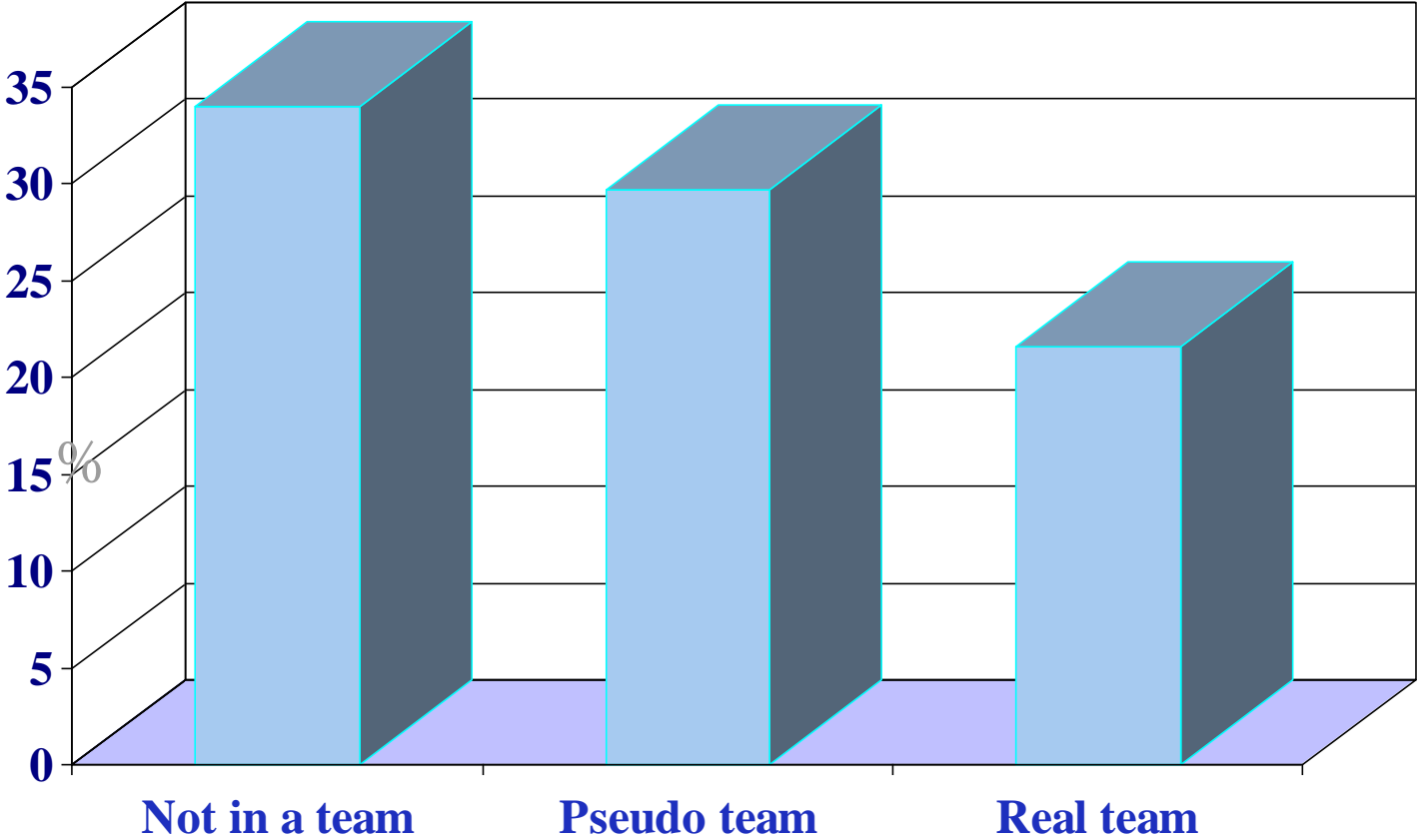
300 PCTs 50,000 respondents	% working in real teams	% working in pseudo teams
Organizational health and safety overall	.41	-.43
% staff suffering injury at work in previous year	-.30	.36
% staff witnessing potentially harmful errors/near misses in previous month	-.32	.30
% staff experiencing physical violence in previous year	-.36	.34
% staff experiencing bullying, harassment or abuse in previous year	-.29	.30

Working in Team and Errors, Stress and Injury

(170 acute trusts, 120,000 respondents)

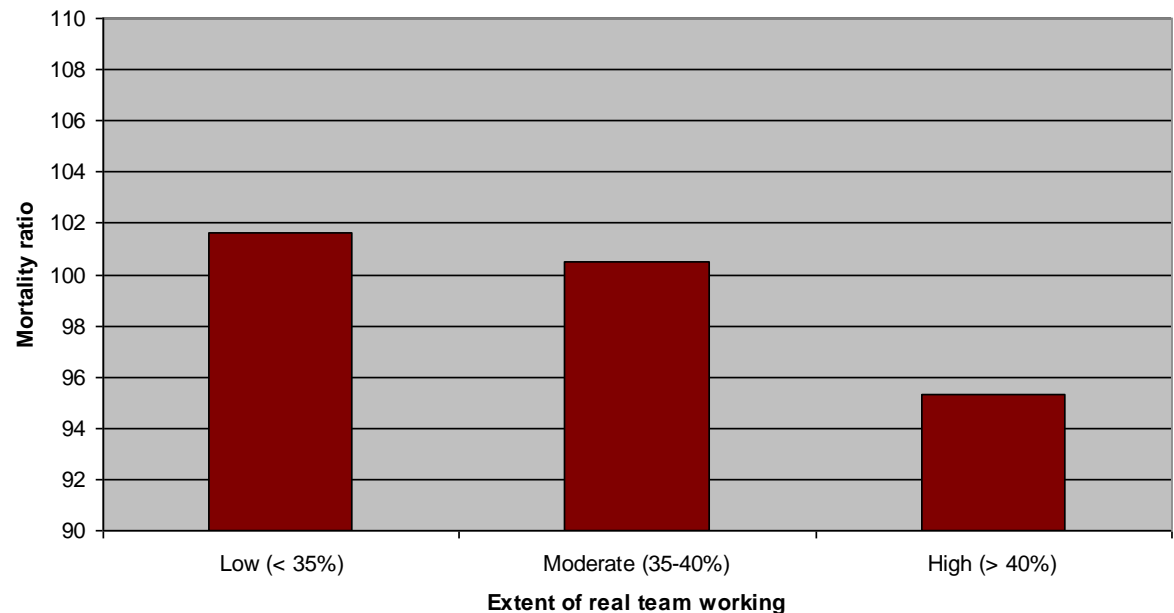


Team working and mental health



Patient mortality

- 5% more staff working in real teams associated with 3.3% drop in mortality rate ($p = .006$)
- For an “average” acute hospital, this represents around 40 deaths per year



Real teams versus pseudo-teams

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

Other foundations for success

- Team member interdependence
- Team autonomy
- Members' role clarity
- Team leader clarity
- Team communication
- Team focus on quality
- Team innovation
- Team reflexivity
- Lack of team conflict
- Inter-team working

Team Leadership

- Offer an inspiring vision and clear direction
- Ensure regular and positive team meetings
- Encourage positive, supportive relationships
- Resolve and prevent intense conflicts
- Positive group attitudes towards diversity
- Be attentive and listen carefully to the team
- Lead inter-team cooperation
- Nurture team learning, improvement & innovation

Reflexivity

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.

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?

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Leadership Strategy: How the senior leadership oversee the creation of the leadership capabilities and leadership culture the organization must possess to achieve its mission

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Developing collective leadership for health care

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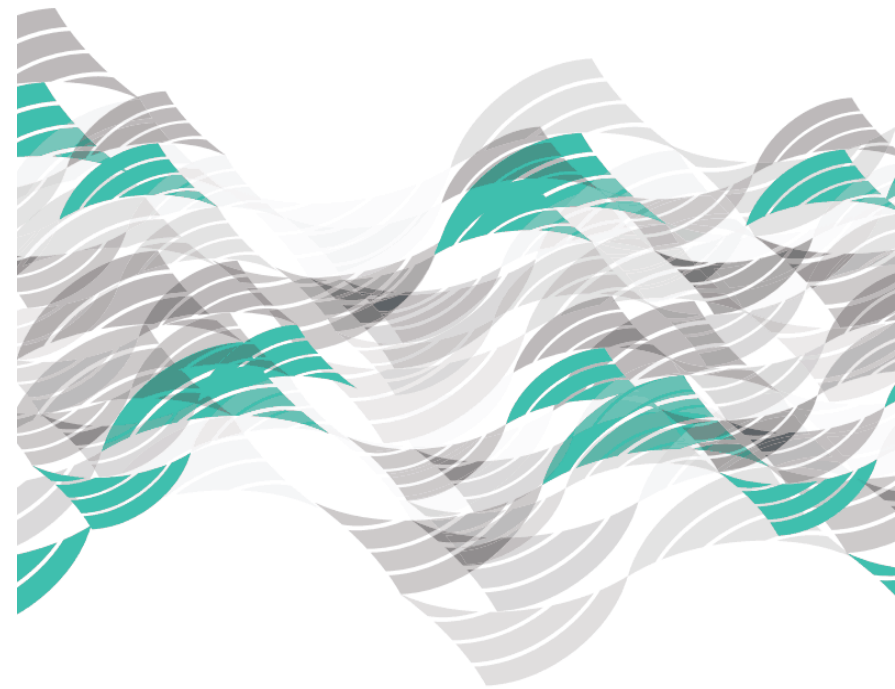
WHITE PAPER

Delivering a Collective Leadership Strategy for Health Care

By: Regina Eckert, Michael West, David Altman, Katy Steward, and Bill Pasmore



TheKingsFund>



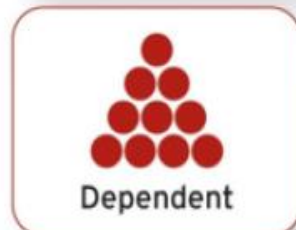
Leadership Culture Typologies



Leadership is a **collective** activity



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



people in authority
are responsible for leadership

Collective Leadership

- Leadership the responsibility of all - anyone with expertise taking responsibility when appropriate
- Shared leadership in teams
- Interdependent, collaborative leadership - working together to ensure high quality health and social care
- Leaders and teams prioritising quality of care across the system/organisation
- Shared approach to leadership within the leadership community

<http://www.kingsfund.org.uk/publications/developing-collective-leadership-health-care>

West, M. A., Lyubovnikova, J., Eckert, R., & Denis, J.L. , (2014), Collective leadership for cultures of high quality health care. *Journal of Organizational Effectiveness: People and Performance*, 1, 240 – 260. <http://dx.doi.org/10.1108/JOEPP-07-2014-0039>

Leadership Tasks

Vision & values

Helping to interpret the meaning of events
Creating direction and alignment

Goals & performance

Organise and coordinate work efforts
Ensure necessary resources are available

Support & Compassion

Nurture commitment and optimism
Promote social justice and morality

Learning & Innovation

Enable collective learning
Develop and empower people

Teamwork & collaboration

Encourage trust and cooperation
Create a sense of collective identity

How will the organisation ensure the creation of leadership capabilities?

A Leadership Strategy

The challenges the NHS is facing require new strategies

New strategies imply new leadership capabilities

These are both individual and collective leadership capabilities

This requires new and collective leadership cultures

Must Deliver These

Developing a leadership strategy

Discovery

- 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

Development

- Leadership development - programmes etc
- Organisation development – culture, teams, boundary spanning, collaboration, dialogue
- Shaping leadership culture, organisational culture, embracing change

Culture Assessment Tool

1. Clarity of vision and values
2. Goals and Performance
3. Support and compassion
4. Learning and innovation
5. Team, inter-team, cross-boundary working
6. Collective leadership

Leadership workforce analysis

- **Overarching question: what and how many leaders will we need in the future?**
- Process for answering this question:
 - Future mapping (what future are we talking about, what are our key positions and how will they change)
 - Skills mapping (what leadership qualities do we need to meet those key positions)
 - Leadership pipeline (where are our key transitions, how many talented leaders at each, how are we promoting and developing)
 - Succession planning (who are best candidates for succession at each transition point, plans to ensure they are 'ready now' including values fit for collective leadership)

Leadership behaviours analysis

Leadership behaviour
Create a sense of collective identity
Create direction and alignment around strategies and objectives
Develop and empower people
Enable collective learning
Encourage trust and cooperation
Ensure necessary resources are available
Help to interpret the meaning of events
Nurture commitment and optimism
Organise and coordinate work efforts
Promote social justice and morality

1. Which are most important for delivering high quality care in our trust?
2. How strong are our leaders in demonstrating these behaviours?
3. ...Now and Future?

Typical Leadership Strategy Design Flow

Initial Discovery

Initial Meeting with Senior Leadership Team

Application of Leadership Strategy Framework

Phase I:

Review

- Mission
- Vision
- Strategic Plan
- Employee Engagement
- Surveys
- Org Documents

Data Collection

- Senior Leader Interviews
- Focus Groups
- Leadership Strategy Survey
- Organizational Assessments

Overview of Leadership Strategy Work

- Data Collection in Real Time
- Feedback and Discussion from Initial Discovery Data
- Current State/ Future State Exploration and Discussion
- Executive Team Learning
- Facilitated Dialogue
- Next Steps

Phase II:

- Full Discovery Work (Task Force or Senior Team)

Business Strategy

Leadership Culture

Talent

Organizational Design

Use of tools, assessments, and/or exercises to clarify current state with respect to each of these four elements of leadership strategy framework

- Identification of required leadership competencies and organizational capabilities to support the business strategy and desired culture, and to inform talent management and organizational design

Development, Design, and Implementation of Leadership Solutions

Phase III:

Individual Leadership Development

- Programs*
- Executive Coaching
- Action Development
- eLearning

*includes 360 and other assessments

Facilitated Organizational Development

- Culture Change
- Team Effectiveness
- Boundary Spanning and Collaboration
- Dialogue

After Phase II

Report with summary of full discovery insights/learning and recommendations for leadership solutions that will drive desired business results

Developing a collective leadership strategy

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Thank you