

Compassionate and Collective Leadership for Cultures of High Quality Care

*Bedfordshire, Luton and Milton Keynes Leadership
Network*

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The King's Fund and Lancaster University





*‘Compassionate leadership for
compassionate health services’*

- *Attending*: paying attention to staff – ‘listening with fascination’
- *Understanding*: shared understanding of what they face
- *Empathising*
- *Helping*: taking intelligent action to serve or help



Developing people, improving care:

A national framework for action on improvement and leadership development in NHS funded services

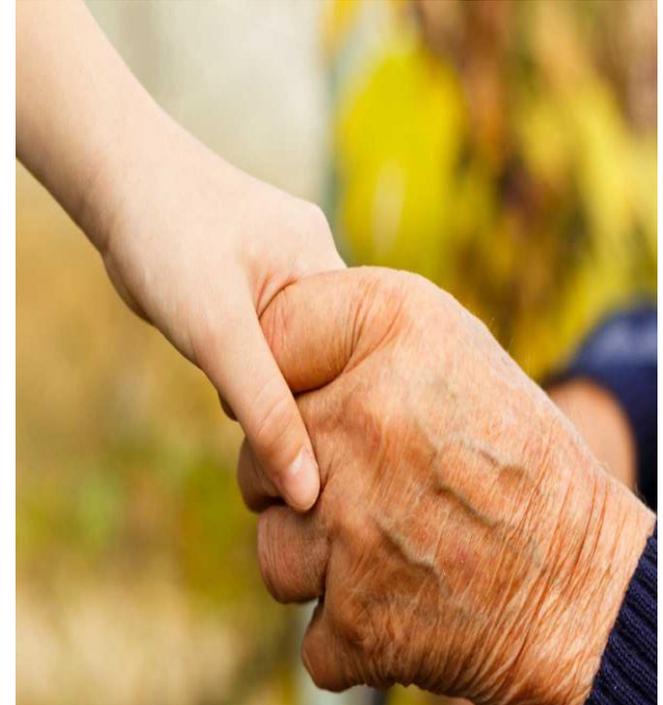
The goal of the framework

To create conditions common to high quality, high performing health and care systems across England

- Collective, compassionate and effective leaders at all levels
- Knowledge of improvement methods and ability to use them at all levels

Pledges from national bodies

- We will model in all our dealings with the sector and in our own organizations inclusive, compassionate leadership and attention to people development



Organizational cultures for high quality care

1. An inspirational vision of high quality care
2. Clear aligned goals at every level with helpful feedback
3. Good people management and employee engagement
4. Continuous learning and quality improvement
5. Enthusiastic team-working, cooperation and integration



How can we ensure the creation of leadership capabilities?

A Leadership Strategy

The challenges health care 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

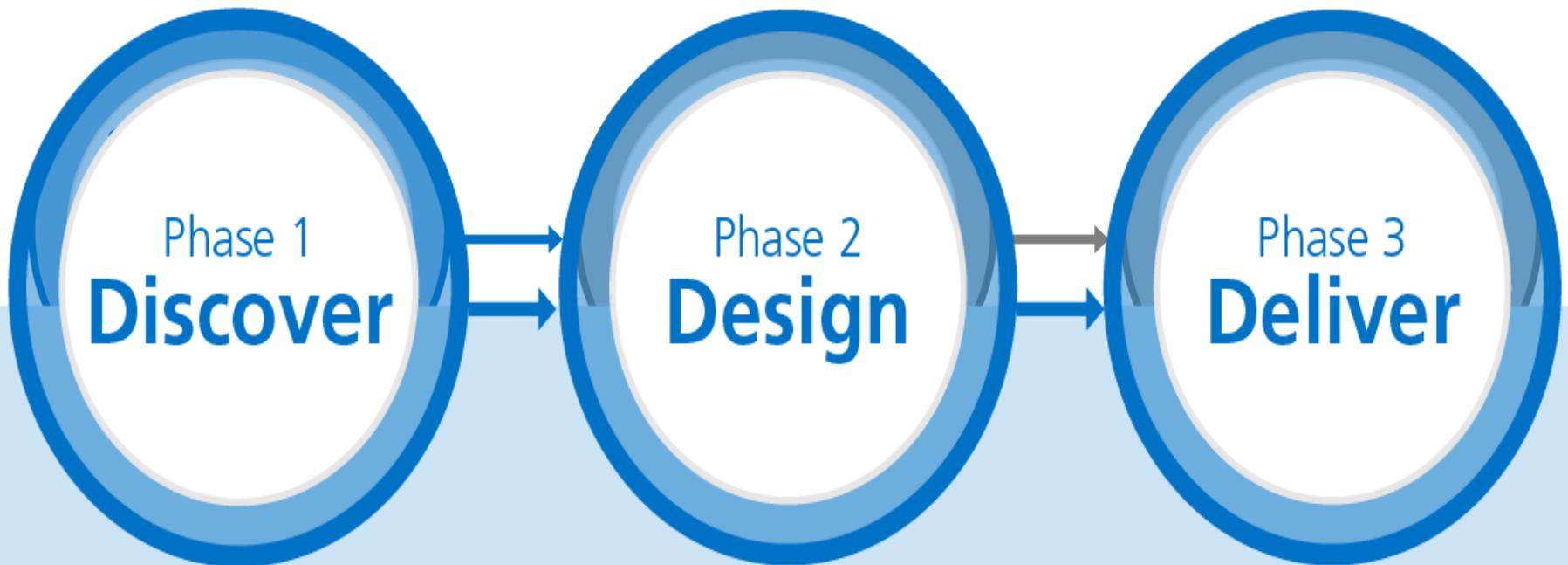
We have designed a two-year programme to be delivered in three phases



Improvement

Programme outcome

To implement a collective leadership strategy to embed cultures that enable the delivery of continuously improving, high quality, safe and compassionate care.



<https://improvement.nhs.uk/improvement-hub/culture-and-leadership/>

Seeking a Better Approach to Change

- Designed to be delivered internally
- Open-source
- Evidence based



And ... the change team:

Volunteers from across the organization

Between 15-20

Help deliver and analyse the tools

Most importantly - act as ambassadors for the work

1. Direction: An inspirational vision

Leaders relentlessly focused on an inspirational vision, values and narrative about high quality, continually improving and compassionate care

'Our vision is to strive for perfect care'

'Working together to be the best for patients'

'the leading community and mental health service provider by our staff, patients and partners'



2. Alignment: Clear goals at every level

A focus on (5 or 6) clear, agreed, challenging and aligned team objectives at every level with helpful and timely feedback on performance

- Effectiveness – clinical effectiveness, safety, patient experience
- Patient satisfaction and involvement
- Staff growth and well being
- Innovation and quality improvement
- Inter-team working
- Productivity and finances

Dixon-Woods, Baker, Charles, Dawson, Jerzembek, Martin, ... & West,(2013). Culture and behaviour in the English National Health Service. *BMJ: Quality and Safety.*



Implications for you

- To what extent are these cultural elements present and strong within your organisation?
- What do you as a leader need to do to ensure presence and sustainability of these elements?



3. Commitment: Leadership that is ...

- Authentic
- Open and honest
- Humility and curiosity



- Optimistic
- Appreciative
- Compassionate

People management and engagement

- Staff views of leaders → patients' views of care quality
- Staff satisfaction → patient satisfaction
- High work pressure → less compassion, privacy, respect.
- Poor staff well-being → poorer care quality and financials
- Good HRM practices → lower patient mortality



3. Employee engagement success factors

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

A compelling strategic narrative

- A clear narrative on their purpose and aims
- ‘providing the highest quality health and social care to our local communities and staying true to and embodying the organization’s values’

Inclusive leadership and management

- Retraining leadership to adopt inclusive, compassionate and supportive styles
- In house programmes to retrain all managers in compassionate and collaborative leadership

Staff in charge of service change

- Staff have skills, time, freedom, resources and responsibility for leading service change
- Wrightington Wigan & Wigan and Leigh and Unipart
- Buckinghamshire and ELFT programmes

Values and Integrity

- Importance of values and trust in senior leadership
- Perceptions of unfairness and intention to leave
- Fairness of procedures
- Bullying and discrimination.

Stable senior leadership



Positive emotion and culture



- Leader positivity – optimism, humour, compassion
- Caring for staff e.g., Schwartz Rounds
- Dealing with aggression and poor performance



the schwartz center
FOR COMPASSIONATE HEALTHCARE



4. Innovation, learning, quality improvement



Chassin & Loeb (2013). High reliability health care. *Millbank Quarterly*, 91, 459-490.
Caring to Change: How compassionate leadership can stimulate innovation in health care
<https://www.kingsfund.org.uk/publications/caring-change>

Key Elements for Innovation



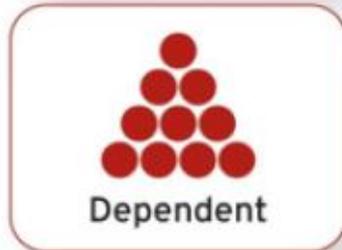
Collective Leadership



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 and across teams
- Interdependent, collaborative leadership – leaders and teams working together across boundaries to ensure high quality
- Consistent approach to leadership within the leadership community – authenticity, openness, humility, optimism, compassion, appreciation



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5. Team working, cooperation and integration

- Care quality and improving care
- Patient satisfaction and safety
- Multi-disciplinary integration
- Fewer errors, lower mortality
- Staff well-being, lower turnover & absence
- Large financial savings



Lyubovnikova, J. & West, M.A. (2013). Why teamwork matters: Enabling health care team effectiveness. In E. Salas et al. (eds.). *Developing and enhancing teamwork in organizations*. San Francisco: Jossey Bass.

West, M. A. & Markiewicz, L. (2016). Effective team work in health care. In E. Ferlie et al., (eds.). *The Oxford handbook of health care management* (pp 231-252). Oxford University Press.

What is a Team?

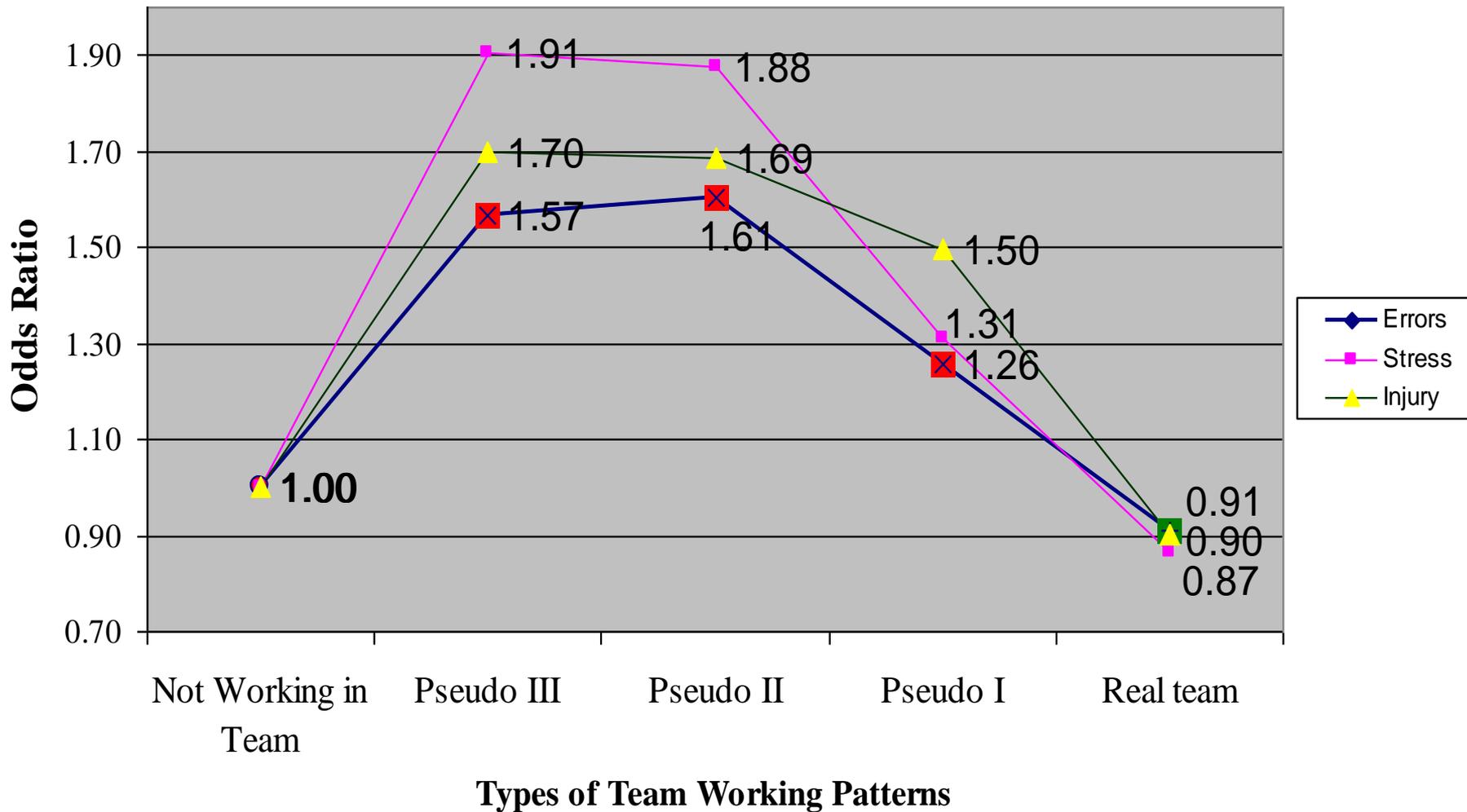
Typically no more than 12 members who:

- Have shared objectives in common
- Need to work together to achieve these objectives
- Have defined roles in the team
- Meet regularly to review performance and to improve



Working in Team and Errors, Stress and Injury

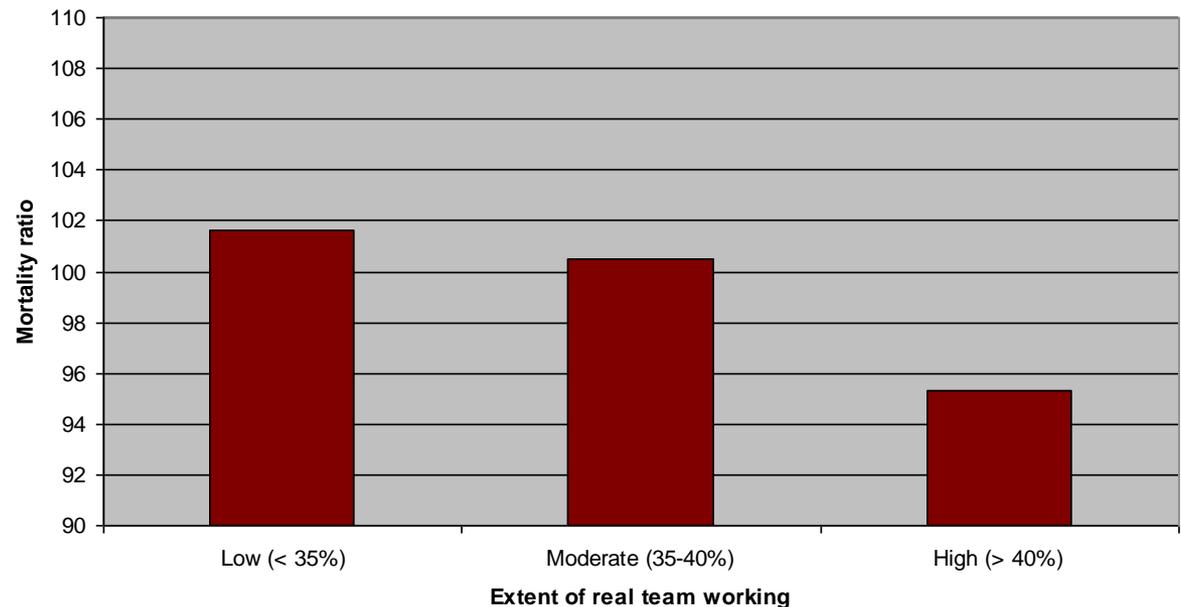
(170 acute trusts, 120,000 respondents)



Lyubovnikova, J., West, M. A., Dawson, J. F., & Carter, M. R. (2015) 24-Karat or fool's gold? Consequences of real team and co-acting group membership in healthcare organizations, *European Journal of Work and Organizational Psychology*, 24:6, 929-950

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



Reflexivity

Teams are more productive, 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.

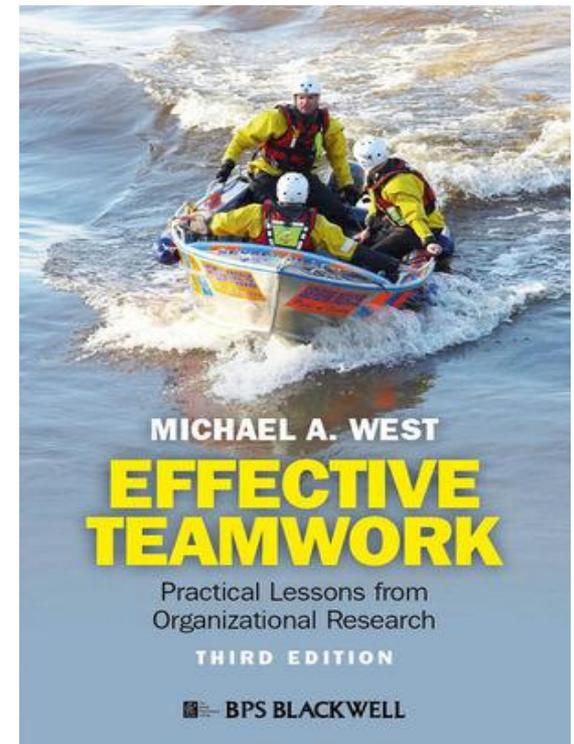
Dream Teams

- An inspiring vision
- Regular, engaging and valuable team meetings
- Positive, supportive relationships in teams
- Quickly work through conflict; prevent intense or chronic conflicts
- Be compassionate towards each other
- Inquiry over advocacy
- Lead inter-team cooperation and model organizational loyalty
- Positively value diversity
- Practice reflexivity



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 and innovation



Systems Leadership – Working Across Boundaries



- Heartfelt, shared vision
- Long term objectives
- Frequent personal contact
- Absence of chronic conflict
- Strong mutual support to deliver high quality care



<https://www.kingsfund.org.uk/publications/leading-across-health-and-care-system>

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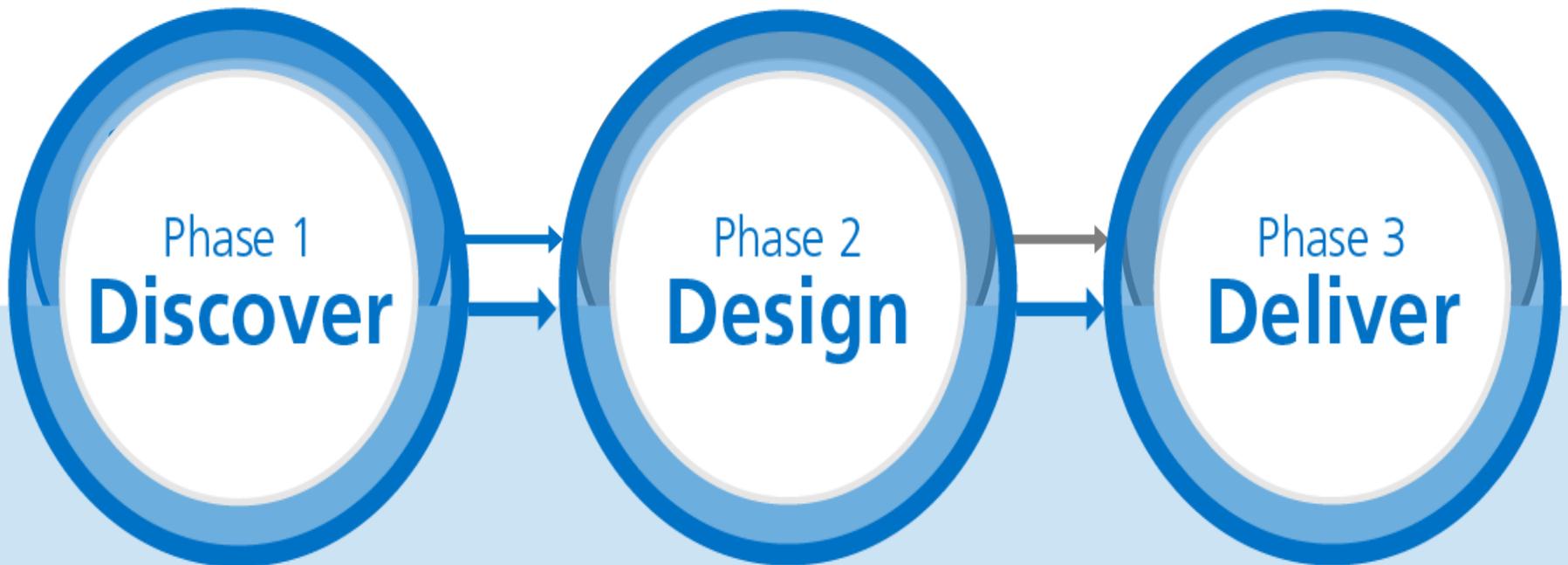
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Phase 1: The tools

Use a set of diagnostic tools to establish what the culture is in our organization, where there are strengths and where there are areas to develop.



Getting started: Build the case, the team and the plan

Culture and outcomes dashboard

High level understanding of culture and related outcomes



Culture focus groups

Understand individuals' experience of current organisational culture

Board interviews

Understand the board's approach to supporting effective organisational culture



Leadership workforce analysis

Understand the organisation's needs on leadership workforce capacity

Leadership behaviours surveys

Understand staff and stakeholder views on behaviours of your organisation's staff and leaders as a whole



Patient experience

Understand patients' experience of culture



Synthesis: Bring together the results of the diagnostic resources

Phase 2 - Design

An interactive evidence-based and open source PDF that enables you to access the resources you require and find a way forward quickly.



Content: Evidence base


Culture and leadership programme



MENU

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Compassion-based recruitment

Prioritising compassion right from the start of the selection process helps identify staff whose values are aligned with organisational values

What is it?

Recruiting and selecting for compassion is an approach to finding employees whose personal values and behaviour align with the organisation's core value of compassion. The process highlights candidates whose values and behaviour indicate a strong orientation of compassion towards others. Having this as a named process also communicates the organisation's commitment to the core value of compassion at an early stage in the potential employee's involvement with the organisation.

What is the evidence?

When staff feel valued and cared for (in other words, perceived organisational support), they tend to feel more satisfied with their jobs and more committed to their organisations. There is considerable evidence that this is true in the NHS. Organisational support is associated with high levels of patient satisfaction, care quality and even financial performance in healthcare organisations.

Read the full summary here with guidance and tips.

Culture Phase 2: List of evidence-based interventions

Vision and Values

- Values based Recruitment
- Values Based Appraisal and Performance Management
- Values-focused curricula
- Annual talent cycle

Goals and Performance

- Leaders role job design
- Inclusive recruitment Regular (annual) leadership forecast update
- Team goals
- Development on providing feedback on goals, behaviour and performance
- Compassionate Performance Management

Support and Compassion

- Recruiting and promoting for compassion
- Emotional Intelligence Development
- Inclusion - listening with fascination and compassion
- Peer coaching
- Mentoring
- Diversity and Equal opportunities training
- Identity-based talent management

Team Work

- Strategic recruitment for diverse teams
- Selection for team orientation
- Selection for team leadership capability
- Board/Executive Team development
- Team leadership training
- Team-based appraisals
- Working with shared team-leadership (peer coaching)
- After action reviews and team reflexivity
- System Leadership

Learning and Innovation

- Developing cultures for innovation
- Leading for QI
- Developmental assignments
- Action Learning
- Recruit for commitment to innovation & QI
- Development for leading innovation and Change

Content: Case studies and useful links

[Culture and leadership programme](#)
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Case Study 6

Who
Sheffield Teaching Hospitals NHS Foundation Trust

Programme name
The positive contribution of young people with learning disabilities in the workplace

What was the aim?
Sheffield Teaching Hospitals NHS Foundation Trust wanted to help young people with learning disabilities gain significant work experience and references from placement managers so they could build their confidence at work and find employment locally.

The *Sheffield learning disability health needs assessment 2016* noted it was hard to say how many people in the city had a learning disability as definitions had changed over time, but we estimated that 12,000 had a learning disability or difficulties.

a week for the next 34 weeks. During this time they completed preparation for work sessions and studied Level 1 work skills, maths for work and English for work.

During the 34-week period, interns were on placement in the trust for 20 hours a week, 8:30am to 12:30pm daily. Interns rotated placements to vary their work experience. This consisted of three eight-week placements in supplies, laundry, catering or administration and one five-week placement in domestic services.

Placements were offered in job roles considered to have a workforce need. We provided a bespoke induction to the trust, which included:

- a mock assessment centre and one-to-one interview (values-based recruitment)
- trust values and behaviours
- trust policies and procedures
- mandatory training

[Culture and leadership programme](#)
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Case Study 12

Who
Leeds Teaching Hospitals NHS Trust

Programme name
Measuring progress and celebrating success with safety huddles

What was the aim?
Leeds Teaching Hospitals NHS Trust (LTHT) wanted to take a whole-team approach to reducing patient harm.

What did they do?
Ward teams now meet every day in a 'safety huddle' to discuss patient harm such as falls, pressure ulcers and avoidable deterioration.

"The ward team meets for a five to 10-minute focus around a safety issue relevant to their patients," says Alison Cracknell, Consultant Geriatrician. "For example, on an older people's ward the team will

Visual displays and reminders show the importance that teams place on safety. Eye-catching signs displaying the number of days since the last harm event are updated in the huddle.

Milestones in performance are marked by presenting certificates to teams

"A week between falls was a rare event on a medical ward," says Dr Cracknell. "So the idea began of celebrating 10 days as a bronze certificate, silver for 20 days and what seemed unachievable – gold for 30 days between falls."

<https://improvement.nhs.uk/improvement-hub/culture-and-leadership/>

Using the toolkit....

North Middlesex University Hospital 
NHS Trust


Central Manchester
University Hospitals
NHS Foundation Trust


Royal Surrey County Hospital
NHS Foundation Trust

Sheffield Teaching Hospitals 
NHS Foundation Trust

Nottingham University Hospitals 
NHS Trust


Barts Health
NHS Trust


Dudley and Walsall
Mental Health Partnership
NHS Trust

Northumbria Healthcare 
NHS Foundation Trust


East Lancashire Hospitals
NHS Trust


Lincolnshire Partnership
NHS Foundation Trust


UHSM

Coventry and
Warwickshire Partnership
NHS Trust

The Princess Alexandra Hospital 
NHS Trust


Improvement


The Christie
NHS Foundation Trust


Royal United Hospitals Bath
NHS Foundation Trust

Birmingham Community Healthcare 
NHS Foundation Trust


Sherwood Forest Hospitals
NHS Foundation Trust


Royal Cornwall Hospitals
NHS Trust


Bedford Hospital
NHS Trust


University Hospitals Bristol
NHS Foundation Trust


Coventry and
Warwickshire Partnership
NHS Trust


70
YEARS
OF THE NHS
1948 - 2018


NHS

Basildon and Thurrock University Hospitals
NHS Foundation Trust


Pennine Care
NHS Foundation Trust

Portsmouth Hospitals 
NHS Trust


Royal United Hospitals Bath
NHS Foundation Trust


Northern Lincolnshire
and Goole
NHS Foundation Trust


70
YEARS
OF THE NHS
1948 - 2018


Improvement


East London
NHS Foundation Trust


North Tees and Hartlepool
NHS Foundation Trust


Black Country Partnership
NHS Foundation Trust

Supporting the use of the tools – Join the community!

We are exploring the use of **action learning sets** to support use of the tools and we will continue to develop our **community of practice**

If you would like to get involved,
please contact: nhsi.culture@nhs.net

Version 3 is all new for 2016!

NHS Improvement - Culture Community

A space to share practice, resources and experiences about working on culture and leadership in our organisations - humbly hosted by NHS Improvement's Development Team

AT AL AT AM AH AS AP AC AJ AN BH BM CC CC CC CB CC C CG CQ CF CU CQ ...

Campfire

2:35 PM - 13 Aug 20

22 21

Kiran Chauhan 9:23am
Hi all

Kiran Chauhan 9:23am
I'm back from hols and looking November. We have a small tea the messa...

Message Board

Kiran C. 8:58am
SAVE THE DATE - next event November 24th, The Centre

Michael W. - Sep 8
Thought for the day - spreading compassion via 1

Kiran C. Sep 8
Almost there... The phase 1 resources will be 11

Michael W. Sep 25
Thought for the day - compassion must be the 18

Docs & Files

11 July Co... The tool!

Sharing st...

Schedule

Mon 24
Community event

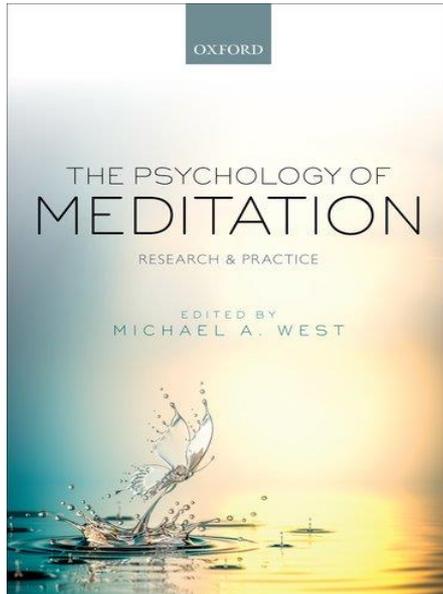
Stay up to date at:

<https://improvement.nhs.uk/improvement-hub/culture-and-leadership/>

<http://www.kingsfund.org.uk/projects/changing-culture-collective-leadership>



Belonging
Being Present
Exercise
Learning
Giving





*‘Compassionate leadership for
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- *Empathising*
- *Helping*: taking intelligent action to help



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Twitter [@westm61](https://twitter.com/westm61)

Thank you