Leadership for Cultures of High Quality and Compassionate Care

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Quest Hospitals

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Compassion

• Paying attention to the other – ‘listening with fascination’
• Finding a shared understanding of the situation they face
• Being empathic
• Taking thoughtful, intelligent action to help
‘Compassionate leadership for compassionate health services’

• **Attending**: paying attention to staff – ‘listening with fascination’
• **Understanding**: finding a shared understanding of the situation they face
• **Empathising**
• **Helping**: taking intelligent action to help
Developing people, improving care:
A national framework for action on improvement and leadership development in NHS funded services (November 2016)
The framework’s goal

The goal of the framework is to help create five conditions common to high quality, high performing health and care systems in every local health and care system in England

• Leadership equipped to develop high quality local health and care systems
• Compassionate, inclusive and effective leaders at all levels
• Knowledge of improvement methods and ability to use them at all levels
• Enabling, supportive and aligned oversight
• Support systems for learning at local, regional and national levels
Pledges from national bodies

• We will support local decision-makers through collectively reshaping the regulatory and oversight environment. In particular, we owe local organisations and systems time and space to establish continuous improvement cultures.

• We will model in all our dealings with the sector and in our own organisations the inclusive, compassionate leadership and attention to people development that establish continues improvement cultures.

• We will use the framework as a guide when we do anything at a national level concerning leadership, improvement and talent management so we engage across the sector with one voice.
NHS cultures for high quality care

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

2. A commitment to effective, efficient performance - Clear aligned goals and objectives at every level with helpful feedback

3. Good people management and employee engagement – compassionate leadership

4. Continuous learning and quality improvement

5. Enthusiastic team-working, cooperation, partnership and integration

6. Via a values-based, collective leadership strategy
Collective Leadership

• Leadership the responsibility of all - anyone with expertise taking responsibility when appropriate
• Shared leadership in teams and across 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
• Consistent approach to leadership within the leadership community – continually improving, high quality and compassionate leadership

http://www.kingsfund.org.uk/publications/developing-collective-leadership-health-care
How will the organisation ensure the creation of leadership capabilities?

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.

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

Programme outcome

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

Phase 1
Diagnostics to identify the culture of our organisation
c. Nov 15 to Sept 16

Phase 2
Development of collective leadership strategies
c. Sept 16 to Mar 17

Phase 3
Implementation of collective leadership strategies
c. Mar 17 to Dec 17

https://improvement.nhs.uk/resources/culture-and-leadership/
Example phase 1 plan for a trust

### Phase 1: Discover

**6 MONTHS**

- **Diagnostics to identify the culture of our organisation**

#### Culture & outcomes dashboard
- **High level understanding**

#### Board interviews
- **The Board’s approach to supporting effective organisational cultures**

#### Leadership behaviours survey
- **Staff and stakeholder views on behaviours of organisation’s staff and leaders as a whole**

#### Culture focus groups
- **Individuals’ experience of current organisational culture**

#### Leadership workforce analysis
- **The organisation’s needs on leadership workforce capacity**

#### Patient experience
- **Patient experience lead 5-7 days**

#### Synthesis
- **Facilitator 2-3 days**
- **Change team 1-2 days all members**
- **Report writer 2-15 days**

### Getting started

- **Project manager 0.6 WTE for duration**
- **Coordinator 0.3 WTE for duration**
- **Communications 1-2 days**
- **Senior sponsor 9 days**

### Culture and outcomes dashboard

- **Lead analyst 3-5 days**
- **Other analysts (e.g. for providing finance, hr, and quality data) 1-2 days**

### Board interviews

- **Interviewers 3-10 days depending on training requirements, number of interviews etc.**
- **Lead 8-10 days**

### Leadership behaviours survey

- **Staff survey lead 5-10 days**
- **Survey support 5 days**
- **Communications 1-3 days**

### Culture focus groups

- **Facilitator 15 days**
- **Lead 7 days**
- **Communications 1 day**

### Leadership workforce analysis

- **Interviews/facilitation 1-5 days**
- **Workforce information 1-2 days**
- **Lead 15 days**

### Patient experience

- **Patient experience lead 5-7 days**

### Synthesis workshop
Join our community!

Our community is growing and we are always looking for more people to join us...

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

Stay up to date at:

https://improvement.nhs.uk/resources/culture-and-leadership/
http://www.kingsfund.org.uk/projects/changing-culture-collective-leadership
Thank you