OD in the NHS II: The Sequel
‘Celebrate, Consolidate, Challenge’

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Changing culture or Marking Time? The challenge for OD practitioners

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Changing Culture or Marking Time? The Challenge for OD Practitioners

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What do we want from professionals in health care?
Quality and safety in the NHS

BMJ Quality and Safety, Sept 2013 [online early]
http://www.lums.lancs.ac.uk/nhs-quality/
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

FRONTLINE 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
CQC Well-Led

• Is there a clear vision and a credible strategy to deliver high quality care to patients and are the risks to achieving this understood?

• Do the governance arrangements ensure that responsibilities are clear, quality and performance are regularly considered and problems are detected, understood and addressed?

• How do the leadership and culture within the organisation reflect its vision and values, encourage openness and transparency and promote delivery of high quality care across teams and pathways?
CQC Well-Led

• How does the organisation ensure that patients’ views and experiences are the key driver for how services are provided, and that staff are involved and engaged?

• How does the organisation strive to continuously learn and improve, support safe innovation, and ensure the future sustainability of high quality care?
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 a values-based, collective leadership strategy
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 well-being, 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 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, CQC ratings
- Good HRM practices - low and decreasing levels of patient mortality

Employee 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>
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<tr>
<td>• Successful Trusts develop a clear narrative on their purpose and aims</td>
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<tr>
<td>• For example, Salford aims to be the safest Trust in the NHS</td>
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<tr>
<td>• The happiness of all our staff, through their worthwhile, satisfying employment in a successful business</td>
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<thead>
<tr>
<th>Inclusive leadership and management styles</th>
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<tr>
<td>• Successful Trusts have invested in retraining staff to adopt inclusive management styles</td>
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<td>• For example, Oxleas has introduced a substantial programme to retrain middle managers in facilitative leadership</td>
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<td>• Notts Healthcare NHS FT develops leadership aligned around strategy and values</td>
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<th>Putting staff in charge of service change</th>
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<td>• Successful Trusts give staff responsibility for leading service change</td>
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<tr>
<td>• Wrightington, Wigan and Leigh works with Unipart to support staff-led change</td>
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<tr>
<td>• Salford’s quality directorate supports teams of frontline staff in testing improvements</td>
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<th>Values and Integrity</th>
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<tr>
<td>• Staff survey evidence highlights importance of values and trust in senior leadership</td>
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<tr>
<td>• Perceptions of unfairness are our best predictor of intention to leave</td>
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<td>• In particular, fairness of procedures, bullying and discrimination.</td>
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### Stable senior leadership

It is striking that 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 tenure of less than two years.
Positivity builds inclusiveness, engagement and compassion

> Barbara Fredrickson www.positiveemotions.org

> Positivity
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 CQC’s work in ensuring high quality 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

• 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 identity
- 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
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.

Reflexivity

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 achieve its mission
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 ensure high quality health and social 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
The Logic of Leadership Strategy

The challenges the NHS is facing require new strategies. We are choosing a set of strategies to address these challenges. These strategies require new leadership capabilities in the organisation. And they require new organisational capabilities (things that leaders can’t do alone).

Leadership Strategy Delivers These

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Components of Leadership Strategy

- Analysis of Required Current and Future Leadership Capabilities
- Leadership Development Strategy
- Strategic Execution, Business Results, Leadership Culture, Bench Strength
- Talent Acquisition, Talent Sustainability, Leadership Practices
- Business Strategy
- Analysis of Required Current and Future Leadership Culture
Leadership Development Strategy

Individual leadership: What must individual leaders be able to do

Organizational leadership: What must leaders be able to do together

Individual + Organizational = Leadership Culture
Leadership Cultural Change
Bate et al. (2000) Organization Science

- Fragmentation
- Tribes
- Internal focus
- Factionalism
- Control
- Domination
- Imposition
- Resentment
- I, Them and us
- Disparaging others
- Lid on and secrecy
- Conflict avoidance
- Division

- Integration
- Teams
- External focus
- Federation
- Collaboration
- Accommodation
- Negotiation
- Tolerance
- We, Us and us
- Valuing self and others
- Lid off and openness
- Working through
- Partnership and networked
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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6. Collective Leadership Strategy

1. Number of leaders needed in each area of organisation over next five years (minimum)

2. Qualities required of these leaders - skills, competencies, knowledge specific to their level/area to meet challenges, diversity, professions

3. The desired leadership culture, including required skills, values and behaviours needed to achieve the vision such as improving high quality care, compassion, equality, engaging staff, commitment to learning, positivity, openness

4. Collective leadership capabilities and strategies - leaders acting together to implement organisation strategies and nurture cultures (that individual leaders working alone cannot accomplish)
Delivering a Collective Leadership Strategy for Health Care

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

http://www.kingsfund.org.uk/publications/developing-collective-leadership-health-care
Typical Leadership Strategy Design Flow

**Phase I:**
- **Initial Discovery**
  - Review
    - Mission
    - Vision
    - Strategic Plan
    - Employee Engagement
    - Surveys
    - Org Documents
  - Data Collection
    - Senior Leader Interviews
    - Focus Groups
    - Leadership Strategy Survey
    - Organizational Assessments

**Phase II:**
- **Initial Meeting with Senior Leadership Team**
  - 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

**Application of Leadership Strategy Framework**
- 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

**Phase III:**
- **Development, Design, and Implementation of Leadership Solutions**
  - 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
What do we want from professionals in health care?
6. Values based collective leadership
Thank you
What next for OD in the NHS?

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