

# Changing the leadership culture in the English National Health Service: Building Care and Compassion into the Leadership DNA

**NHS Leadership Academy** in partnership with Alliance Manchester Business School, KPMG, University of Birmingham, Leo Learning, Harvard T.H. Chan School of Public Health and others.

## The NHS Constitution

“

The NHS belongs to the people.

It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives.

It touches our lives at times of basic human need, when care and compassion are what matter most. ”

### NHS values

The NHS Constitution sets the values which the NHS supports:

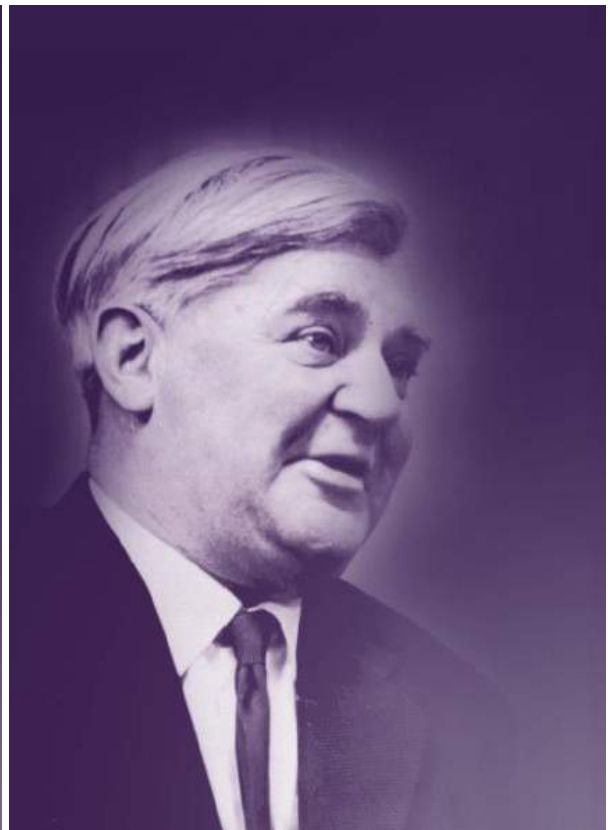
- Working together for patients
- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Everybody counts

<b>Contents</b>	<b>No</b>
Executive Summary	3
In Partnership	4
The Challenge	6
The Commitment	8
The Learning and Development Initiative	10
The Impact	16
Summary	17

**Elizabeth Garrett Anderson**



**Nye Bevan**



## Executive Summary

The NHS Leadership Academy, working with Alliance Manchester Business School and a consortium of partners, have co-created and are co-delivering two of healthcare's largest ever professional leadership development programmes. These programmes are transforming the NHS's working culture, preparing it to meet huge new challenges and helping revive its reputation following the damaging Mid-Staffordshire NHS Trust crisis.

These programmes are available to both clinical staff and staff in other healthcare settings:

- **The Elizabeth Garrett Anderson programme** for mid-level leaders aspiring to a senior role
- **The Nye Bevan programme** for senior colleagues preparing for executive and Board level roles

With direct and continuous input from patients and working in partnership, we have created a unique and innovative blended learning experience, combining online and experiential learning. This includes a bespoke "Virtual Campus" and interactive case studies based on real patient scenarios, to create a learning environment that directly addresses fundamental NHS leadership challenges.

The programmes were designed and implemented at breath-taking speed, including a Master's degree taken through the Quality Assurance Processes of two major Universities, and were up and running within 8 months.

The infographic is a vertical comparison of two leadership programmes. It features a dark purple background with white and gold text and icons. At the top right is the NHS Leadership Academy logo. The left column is for the Elizabeth Garrett Anderson Programme (Leading Care II) and the right column is for the Nye Bevan Programme (Leading Care III). Each column includes a portrait of the namesake, a learning objective, application details (online, hours per week, duration), an approach to learning (online, residential, group learning, global partner input), and eligibility/funding information. Both programmes are awarded a Master's degree in Healthcare Leadership.

Elizabeth Garrett Anderson Programme (Leading Care II)	Nye Bevan Programme (Leading Care III)
Learn to lead like Elizabeth Garratt Anderson with dynamism and a drive to challenge the status quo	Learn to lead like Nye Bevan with a bold vision and wide ranging influence
Applications online	Applications online
10-15 hours a week	8 hours a week (average)
up to 24 months	up to 12 months
Approach to learning: Online, Residential, Group Learning & Global Partner Input	Approach to learning: Online, Residential, Group Learning & Global Partner Input
For all colleagues aspiring to lead complex teams	For all colleagues aspiring to executive roles
Funding available	Funding available
NHS Leadership Academy award in Senior Healthcare Leadership and an MSc in Healthcare Leadership	NHS Leadership Academy award in Executive Healthcare Leadership

The programmes are immensely popular and to date circa 3000 NHS leaders have taken part. Feedback has been overwhelmingly positive, with a string of awards, and intense international interest.

Participants return to the workplace with the confidence and ability to make the NHS a better place for patients and staff, by changing the leadership culture, transforming services and introducing new levels of professionalism and compassion, increasing trust in a cherished national institution.

This ground-breaking work engages patients to develop leaders, motivate staff and improve care for every English citizen for decades to come.

## In Partnership

**The NHS Leadership Academy** has a simple philosophy; great leadership development improves leadership behaviours and skills. Better leadership leads to stronger staff engagement and better patient care.

The Academy provides targeted development for staff from all backgrounds and experiences, turning to global experts for incredible content and turning to NHS staff for the ambition, compassion and drive to continue improving the healthcare system for the benefit of those that matter the most – the patients.



**Alliance Manchester Business School** was established in 1965 as one of the UK's first two business schools. Today, we are the UK's largest campus-based business and management school in the UK, and 'Original Thinking Applied' is at the heart of everything we do.



## Our Consortium

Our consortium of partners includes:

**KPMG:** consortium-lead partner responsible for the contract and overall programme management roll-out.

**LEO Learning:** learning innovation and technology delivery partners.

**University of Birmingham:** responsible for joint award and major contributor to co-creation design teams.

**National Voices:** coalition of health and social care charities, bringing the voices of patients into the programmes.

**Unspun:** responsible for programme and recruitment communications.

**Cumberlege Eden & Partners:** responsible for the development of simulations.

**Harvard T.H. Chan School of Public Health, Erasmus University of Rotterdam, University of Pretoria and European Health Management Association:** providing international perspective and content.

We chose to work together because we had confidence that we could build on the trust and shared values that existed between partners and because we felt that between us we had the skill set to make a difference.



## 1. The Challenge

***Leadership development projects do not get bigger, more complex or more important than this.***

Poor care at Stafford hospital led to a series of inquiries that pointed to shocking and serious failures in patient care due to poor management and leadership. The impact of these inquiries shook the largest healthcare system in the world.

This submission shows how strong partnerships, an innovative solution, and a patient-centred approach to leadership development have delivered extraordinary impact: **93% of participants** believe the *“learning will lead to improving the **patient experience**”*, with **98% saying that** *“the learning is leading me to think differently about **my behaviours**”*.

### **Why were the programmes needed?**

The UK’s NHS delivers some inspiring statistics. <sup>1</sup>It is the 5<sup>th</sup> largest employer and the largest healthcare system in the world. It employs 1 out of every 24 people working in the UK. It’s top leaders are responsible for 1.4m staff and the care of 1 million people **every 36 hours**. The system has 209 commissioners (health insurers), 154 hospital providers, 56 mental healthcare providers, 37 community providers, 10 ambulance trusts, 7875 primary care providers and 853 independent sector organisations.

In 2014<sup>2</sup> it was found to be the most efficient healthcare system out of ten other highly developed countries but demand is growing and budgets are not. It has always been and remains the subject of significant political influence locally and nationally.

Leadership in this organisation is a significant challenge. Local leaders need to be able to balance results across a range of indicators, including financial, quality, and outcome measures. Following a very public campaign led by families of people who had died at Mid Staffordshire NHS Hospital Trust, significant questions were raised about whether this hospital had this balance wrong.

A series of investigations took place<sup>3</sup>. The findings were all damning; there had been significant failures of care at the frontline of the hospital. This included chronically low staffing levels, many examples of patients left in agonising pain, patients left lying in urine/excrement and patients so dehydrated they were reduced to drinking water from their vases of flowers as they could not get a nurse to answer their calls. There was a lack of care and compassion, chronically low morale and a strong bullying culture which led staff to fear for their jobs if they pointed out poor care. It was also clear that this led back to financial decisions taken at the highest level of the organisation and by its commissioners

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<sup>1</sup> <http://www.nhsconfed.org/resources/key-statistics-on-the-nhs>

<sup>2</sup> <http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>

<sup>3</sup>

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113018](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113018)

and that it was a failure of leadership at every level possible. The horrifying evidence that has emerged means "Mid Staffs" has become a byword for NHS care at its most negligent.

Additional reports were commissioned that looked at care across the NHS generally and focused on specific issues in hospitals with poor mortality data.<sup>4</sup>

All the reports led to the same conclusion. They made the direct link between leadership and the quality of patient care, care outcomes and the experience of care. All pointed out the evidence linking failure in leadership to failures in patient care. NHS Leadership was failing patients and their families. It needed a radical overhaul.

The challenge for the NHS was how to develop a new type of leader. With over 9,000 different organisations forming the NHS, how do you develop and design interventions that truly deliver a new type of leadership?

The NHS Leadership Academy (the Academy) was formed in 2012 whilst Mid Staffs was being investigated. Creating from scratch a completely new vocational, educational establishment, to develop thousands of leaders annually, was a huge, unprecedented, undertaking. This was the first attempt by the NHS to create an overarching leadership body across the system and quickly it became one of the key organisations tasked with 'solving' the NHS leadership crisis.

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<sup>4</sup> <http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf>



## 2. The Commitment

### Commissioning the programmes.

The Academy came to the market very early to commission solutions to this challenge. It had a framework of programmes in mind, based around the seniority of leader, but when it went to the market, it issued an Invitation-To-Tender (ITT) not based around a suite of interventions but around the value potential providers could add.

Given the size of the challenge facing the NHS and the importance of the solution to its future, the cultural fit of the provider and commissioner was essential to the outcome of the programmes. The ITT was also clear about the scale of the change required specifically asked for consortium applications. The ‘ask’ was as follows:

Design bespoke, leading edge, academically accredited, leadership development programmes for the NHS in England

Enable their delivery through the most advanced and engaging on-line learning technologies

Market the programmes across the NHS in England (and potentially internationally) and recruit participants

Deliver the programmes to 10,000 NHS staff (clinicians and managers) over 3 years starting September 2013

Make a demonstrable resulting difference to levels of “care and compassion” in the NHS

### Working Together.

Our consortium formed quickly and our first 24 hour lock-in pre-award enabled us to think and work through how we would work together collaboratively. We established rules of engagement around areas which included transparency, fairness, collective responsibility, and a culture of innovation, mirroring what would be expected from senior leadership in the NHS.

To our great delight, the consortium was awarded the mid-level and senior programmes - now known as The Elizabeth Garrett Anderson and Nye Bevan Programmes. We were commissioned because of an alignment in values between ourselves and the Academy and a belief that the consortium had the skill set, knowledge and passion to work at pace and scale to design world class programmes. What we had not yet done was design any interventions. These programmes had to be designed in time to start recruitment in 5 months and for delivery to begin in 8 months with Summer in between. In collaboration with the Academy, we had a further two day lock-in to hone the guiding principles for our new programmes. These were shaped following the presentation of powerful patient



stories, demonstrating when/how the NHS lets patients down and what happens when it successfully delivers care.

The Academy's ultimate purpose is to improve patient care, so we placed patients at the heart of our work. National Voices ensured that the programmes tackled key patient issues. We built online simulations and scenarios based on patients' experiences, and current/former patients actively work in the programmes as volunteers sharing their experiences of the NHS. These patients also sit, with faculty members and NHS staff, on "viva" assessment panels where participants' progress is assessed.

Together we co-designed two outstanding innovative programmes. This diagram shows how different consortium members have contributed to shape the unique blend of learning interventions that characterise the programmes.



### 3. The Learning and Development Initiative

Four key leadership principles run through the development programmes. They are closely aligned and together define what high quality leadership should look like in today's healthcare system.



#### **Making person-centred co-ordinated care happen**

The programme provides a rich perspective on the needs of the patients or users that you and your team members support directly or indirectly, challenging you to explore how patients, service users, carers and families can be involved in developing better and more joined-up services.



#### **Creating a culture for quality**

A vital part of leadership is creating a workplace culture that encourages the workforce to give their best. When the workforce feels valued and respected in their working environment, they are able in turn to help patients, users and carers feel valued and respected.



#### **Improving the quality of the patient experience**

The programme explores what it means to provide a positive, respectful and compassionate care experience for patients, carers, service users and families, as part of delivering safe and effective care. This includes holding others to account and effectively challenging those practices or circumstances which might compromise these priorities.



#### **Understanding self to improve the quality of care**

Working in health or social care can evoke strong emotions; care staff may struggle to balance compassion and empathy with more disturbing emotions in response to dealing with vulnerable or suffering patients. Defining an individual's values, behaviours and optimal working methods is essential to develop strong leaders who can engage with the complex emotional life of care-providing workplaces.

These are not ordinary programmes. We succeeded in creating a unique, compelling, blended learning experience; combining online, residential, action-learning and face-to-face channels, with continuous interaction with tutors, other participants, academics and patients. Patients are heavily involved in designing **and delivering** the programmes and assessing participants' learning, to ensure a constant focus on high-quality care.

Ground-breaking learning technologies have been used, creating a bespoke "Virtual Campus", easily accessible via computers, tablets and smartphones, facilitating learning and networking combined with on-demand technical support. This flexible approach fits perfectly into health professionals' busy lives, offering assessments, tutorials, case studies and self-learning support forums. Ideas can be shared and debated via social networking, with regular circulation of relevant academic papers and news items.

#### Screen shots from the virtual campus



The programmes are modular, carefully tailored and closely reflect common NHS leadership challenges, with interactive simulation and role-playing exercises. Many case studies are delivered through realistic, high-quality videos based on the experiences of real patients and staff and written and produced by consortium partners.

Participants are assigned tutors with coaching skills, with whom they discuss issues and course work, and confirm that they are successfully applying their learning to achieve positive change in the workplace. One participant commented: *“I’ve taken back [to the workplace] a confidence to be able to fulfil my future role in a senior leadership position in health and social care,”* while another said that: *“It has challenged me and in turn I am challenging others; especially those people that I work closely with but also, those I can and do influence, inspiring a shared purpose.”*

### The Elizabeth Garrett Anderson Programme

This 2 year programme leads to an Academy Award in Senior Healthcare Leadership and a joint MSc in Healthcare Leadership from both the Universities of Manchester and Birmingham. So far c2,100 participants have enrolled.

It has been designed around one core outcome: ensuring that patients have good quality, safe experiences in the healthcare system. It is first and foremost a practical leadership development programme, as well as an academic programme.

The primary aim of the programme is to develop participants as leaders through practical, relevant and applied learning that adds value to them and their workplace, both now and in the future and focuses on leadership impact at three levels: individual, team and organisation. There are three principal learning methods:

- Action learning sets
- Face-to-face experiential learning at workshops
- Online via the virtual campus

In addition to the four key leadership principles, the programme is built around the following learning aims and designed to integrate with the overarching themes:

- Ensuring that patients have good quality and safe experiences
- Understanding how, as leaders, participants can make a difference to improving care quality and the patient experience
- Enabling others to give their best to improve care quality and the patient experience
- Making person-centred co-ordinated care happen
- Making decisions based upon the best available evidence to improve care quality and the patient experience
- Creating value for patients and the public

The programme structure consists of a 24 month learning journey, comprised of 8 study modules.



There are 3 intakes per year with up to 10 cohorts per intake. Each cohort has 48 participants divided into 3 tutor groups, each supported by a dedicated tutor. The tutors work together as a 'trio', supporting 'their' 16 participants personally through the whole programme using the Virtual Campus. Each 16 is further subdivided into 2 Action Learning Sets which meet 8 times during the programme. The whole cohort and tutors come together four times over the 24 months during intensive experiential residential workshops.

We believe this unique approach has allowed us to deliver personalisation on a large scale.



## The Nye Bevan Programme

This 12 month programme leads to an Academy award in Executive Healthcare Leadership. To date c900 participants have enrolled in 19 cohorts of 49 participants.

This programme draws on the work of the foremost thinkers and development techniques from the UK and internationally. It places patient and service user perspectives at its heart in a very real way - patients' views of participants' leadership skills contributes the final assessment. To ensure relevance, participants are able to tailor their learning around their job role and work environment.

As part of the design, we have created an entire virtual health and social care system based around a fictitious county, with hospitals, social services, GP practices, patients and politicians. Participants deal with scenarios such as poor care or patient complaints, and present/defend their decisions at press conferences with real journalists and at meetings with real councillors and MPs in face to face simulations.



The programme structure is comprised of 18 face-to-face days over a 12 month period, supported by a highly interactive Virtual Campus.



The first day sees patients meet participants to talk about their experiences and their views on what needs to happen with leadership to improve this. Participants hear first-hand what it's like to be on the receiving end of the care they lead which can be an uncomfortable, difficult experience.

The programme works on the principle of Self-Managed Learning (SML) and learning sets meet 7 times to provide each other with support and challenge as they progress. Learning set members also act as internal examiners, peer assessing and reviewing submissions and providing formative and summative feedback in order to reach pass or fail judgements.

There are five questions of SML which participants need to think about throughout:

- Where have I been?
- Where am I now?
- Where do I want to get to, and how do I want to be?
- How will I get there?
- How will I know if I have arrived?

This is a leadership development programme with an assessment element. As such, participants are supported to learn and develop as a leader whilst at the same time being asked to evidence that their learning and development is achieving the programme learning outcomes, as well as their own personal learning goals.

To 'pass', participants, have to demonstrate their readiness to make the principles of the NHS Constitution a reality for patients, carers and staff. This means evidencing that they are ready to lead and take action in a system that actively promotes equality and inclusion - that their actions, behaviour and decisions are congruent with upholding the constitution, that leadership in the NHS, especially at executive levels, means great patient care, improved outcomes, improved staff engagement, and taking responsibility for developing and engaging a diverse workforce.

## 4. The Impact

Clearly the impact of these programmes has to be significant if we are to change the leadership culture of the NHS. We have looked to achieve impact at the following levels:

- Participant – the programme needs to develop them as individuals, their leadership capacity and progress their career
- Team – participant’s colleagues need to feel ongoing and sustained change happening as a result of attendance
- Organisation – participants need to make a demonstrable impact back in their workplace
- System – change should be felt across more than one organisations for success to be achieved
- Patient and citizen – we should never ever have another Mid-Staffs. Patients should feel safe and cared for in their NHS.

Our analysis from soft and hard data suggests that the programmes are having a transformational impact on participants, teams and organisations. We are not yet able to confirm impact at system and patient level although a new development has seen ‘systems’ buy places on Bevan so that leaders within one healthcare economy are developing at the same time.

Our data shows us:

### Anderson

- Intake 1 has just completed with 165 participants graduating with an MSc in Healthcare Leadership
- An average of **97%** of participants (Anderson) for all intakes strongly agreed and agreed that **overall tutor support was good**
- **47%** of Anderson participants have had some form of promotion during their two years on the programme with most (**96%**) attributing this to the personal development, credibility and confidence gained through participation on the programme
- **91%** respondents across all intakes and modules reported being better **able to demonstrate** that ‘I and my team **remain constantly in tune** with how the **quality of care provided to patients, matches** what we would want for the people we love most.’
- **87%** of respondents across all intakes and modules reported being **better able to demonstrate** ‘the way in which **I and my team understand equality and diversity**, and **implement this proactively** in our leadership of healthcare.’
- After Module 1 (*Understanding and developing my leadership practice*) **94%** of respondents strongly agreed/agreed that they are **better able to demonstrate** practical use of **appropriate management and leadership skills** and approaches to **improve the quality of patient care.**

“The Elizabeth Garrett Anderson programme was one of the best courses I’ve done. It didn’t feel like a solo enterprise. It felt like a journey that was supported by many others in similar positions. At those times when you have your head in your hands over an issue or a



problem, you know you can pick up the phone to someone else. Participants were encouraged to interact and to communicate in so many different ways. The programme made me and my fellow participants believe that together, we can achieve so much more for the NHS. I am now a more resilient leader who can identify issues, see problems from different viewpoints and offer solutions to my organisation. My starting point is always: what's right for the patient?" *Dr Shubhra Singh, Clinical consultant for older people, Bradford District Care NHS Foundation Trust Medical lead for two CCGs in Bradford*

## Bevan

- Enrolled participants on Intakes 1 and 2 have a 97% pass rate.
- **97%** of respondents agreed/strongly agreed that they **gained personal learning from the Patient Story** session
- **99%** of respondents agreed/strongly agreed that facilitation during the **Diversity, Inclusion and Power** session was good, and **100%** agreed or strongly agreed that this session was **relevant to their work**
- **35%** of respondents **confirmed promotions, acting-up or enhancements** in their current role **as a direct result** of the programme within a month or so of graduation
- Current Bevan participants **represent more than 216 different NHS organisations**

One Bevan graduate was the Deputy Director of Finance, and is now the Director of Finance: *"The programme has given me the confidence, theoretical and practical basis, and a very clear view on what those challenges are for the NHS, and how I might overcome them. What the programme did for me was reiterate the need to remember what we are about, and I have now introduced patient story sessions for my team to make sure that they have that exposure to patient and care reviews.*

*I have committed to going on a shift every month with frontline services for both a self-learning experience but also for creating a better 'board to ward' relationship. It gives frontline staff the opportunity to talk about their frustrations and for me to see it first-hand, and I am then able to bring that back both into the professional and board part of my role – it's had a huge impact."*

## Summary

It has been almost 3 years since design started on these programmes. However we are not in a static environment; substantial challenges are being felt across the NHS and we must adapt if the programmes are to retain relevance and impact. Current challenges include:

- The UK has dealt with the global financial crisis through a policy of austerity. This has brought real challenges to the NHS. Healthcare has seen flat-lined funding but with substantial activity growth. By 20/21 there is a projected £30 billion financial gap (in a £110 billion annual budget) which must be covered by efficiency in what was already a lean system. Organisations are struggling to release funding and time for participants to attend programmes. Our task remains to deliver valued programmes that empower leaders to deliver high quality care and to guard against finance being the only driver during austere times if we are to avoid another Mid-Staffs
- Diversity and inclusion are fundamental values to both programmes. It remains challenging to recruit participants and tutors that represent the diversity of the workforce in the NHS and the wider population, particularly in relation to black and minority ethnic populations. We continue to work collaboratively to recruit a more diverse group of participants and tutors to the programmes
- As the programmes have grown, the resources required to deliver have also grown. These programmes require a special type of tutor. They need people who are intellectual and academically strong - who also possess developmental and coaching skills - to support participants in transition. They also need to be credible in the NHS. This combination of skills is a scarce resource. The challenge is to continue to recruit tutors who possess this blend of skills and expertise and who are successful in meeting the challenging recruitment processes.

The programmes provide the space and challenge to consider individuals' own views and values on diversity and power as well as a requirement to take some action. They offer development in the skills needed to lead an organisation that does the best for patients. They challenge participants to look beyond their own service and organisation and demonstrate how they contribute as a leader to the wider system. They require them to think deeply about the impact of their leadership style on colleagues and patients and to understand what it means to operate as part of a united service.

We are incredibly proud of the design of these programmes and the impact they are having in the NHS.