

INTRODUCTION TO THE NHS LEADERSHIP ACADEMY CORE PROGRAMMES

The NHS Leadership Academy (the Academy) brings together for the first time all of our national activity supporting leadership development in health and NHS funded services. The principal purpose of the Academy is to develop outstanding leadership in health, to realise the benefits this will give for patient experience and outcomes.

The challenges facing the NHS require a step change in leadership and a transformation of the leadership role; for us to imagine, design and deliver an NHS fit for the next generation. The Academy will champion the professionalisation of leadership in the NHS. It will provide expertise to liberate and develop NHS leadership talent so that it is recognised and recognisable for its vital contribution to improving the care and compassion, experience, and health outcomes for patients.

The NHS Leadership Academy will be owned by the whole of the NHS and work for all those involved in NHS funded care. It will continue to build a leadership community with a common purpose and shared values. Its whole approach will be designed to create inclusive and distributive leadership across the healthcare system and at all levels and throughout all professions and across all sectors of the healthcare community.

The Academy has four strategic objectives. At the end of five years we will have:

- Led and delivered the professionalisation of leadership in health
- Developed leaders who have more breadth, are more innovative and more able to lead internationally competitive health services in the face of continuously changing contexts and environments
- Supported leadership which drives relentless improvement in the NHS and which promotes innovation to rival the best
- Worked in partnership to deliver a leadership in the NHS more representative of the communities it serves

There is unequivocal evidence in every sector that there is a strong relationship between leadership capability and performance. It is as true in health care as it is in any other sector.

The evidence demonstrates a very strong correlation between good leadership and high performance and, therefore, it is an essential but somewhat neglected adjunct to the other known factors which improve performance. In short, good leadership leads to a good organisational climate and good organisational climates lead, via improved staff satisfaction and loyalty, to sustainable, high performing organisations.

There has been a particular emphasis on exploring the connection between good medical leadership and performance. The Tooke report (2007) stated: *'The doctor's frequent role as head of the healthcare team and commander of considerable clinical resource requires that greater attention is paid to management and leadership skills regardless of specialism. An acknowledgement of the leadership role of medicine is increasingly evident.'* Furthermore, the work of the NHS Institute to

develop the *Medical Engagement Scale*, demonstrates a clear correlation between medical engagement and hospital trust performance¹

The corollary is true also. Recent enquiries into failures in organisation performance particularly where it impacts on patient experience and care, have all pointed to a failure in leadership. For example, the Bristol enquiry (1995) made a strong connection between leadership and performance: *“It is an account of people who cared greatly about human suffering, and were dedicated and well-motivated. Sadly, some lacked insight and their behaviour was flawed. Many failed to communicate with each other, and to work together effectively for the interests of their patients. There was a lack of leadership, and of teamwork.”*

Leaders fail for many reasons and whilst the context and environment in which they operate is significant, much is also attributed to individual behaviours. Summarising in his 2006 study Burke concludes that the key indicators are a leaders; *“Inability to develop effective interpersonal relationships (arrogant, stubborn, egocentric), inability to take risks and make errors (cautious, avoids responsibility) excitable individuals with difficult relationships (impatient, moody, negative, volatile, emotional instability) and finally Lubit (2002) scepticism and distrust will reduce leaders effectiveness in motivating others”*. The Francis enquiry into the failures at Mid Staffordshire points to failures in clinical and medical leadership, in the Board and in the organisational culture created by the leadership of the hospital. The consistent message is that a failure of leadership results in organisational failure and a failure in the quality of care and care outcomes experienced by patients. Observations also mirrored by Mannion et al (2005) who suggests that ‘high’ and ‘low’ performing hospitals can be characterised by four key points of divergence: leadership and management orientation; accountability and information systems; human resources policies and relationships within the local health economy.

The evidence that good leadership leads to better performance is compelling (appendix A)

¹ <http://www.institute.nhs.uk/images/documents/MES%20Phase%20Two%20Pilot%20and%20Development%20of%20Medical%20Norms.pdf>

What are we doing to bring on good leaders in the NHS?

We are launching the largest, most comprehensive industrial level leadership development and training intervention, for all professionals including managers and clinicians, ever undertaken in any sector.

The NHS Leadership Academy was launched in April 2012 following an announcement by the Secretary of State in May 2011. Its principle purpose is the stewardship of the leadership agenda including developing outstanding leadership in health with a continual focus on improving the experiences and health outcomes of patients. The challenges facing the NHS require leaders to both build on existing strengths and to add new ones; to continuously hone and improve existing leadership behaviours and to relentlessly seek new and better ways of working. The approach is described below.

The professionalisation of leadership recognises its crucial importance to the health agenda and rightly puts leadership on an equal footing to other disciplines which are currently much more tightly regulated. Spearheaded by the Leadership Academy this approach will raise the profile, performance and impact of leaders in health and create an environment where they are required and supported to demonstrate their fitness to fulfil their leadership and management role.

The Leadership Academy will set standards for three levels of leadership which will be supported by appropriate qualifications. These in turn will become essential criteria for those applying for all leadership roles in NHS organisations.

Three core programmes will be developed to create, for the first time, a cadre of leaders who, irrespective of professional background, are comprehensively equipped to lead and develop high performing organisations with behaviours that are congruent with NHS values and uphold the NHS Constitution. The focus is on leading care services with compassion.

The industrial scale of professionalisation of NHS leadership proposed will have significant benefits for the service. A cohesive and coordinated national approach will champion the leadership standards, behaviours and competences necessary to generate the appropriate culture to deliver high quality systems, organisations and services. By definition, it will also promote inclusion, cultural competence and the commitments of the NHS Constitution.

Working with nationally and internationally respected academic institutions, business schools and high performing organisations with a history of exceptional internal leadership development, the Academy will create three core training and development programmes:

- A foundation leadership programme: leading to a post-graduate diploma in *Leading compassion health care*
- A mid-career leadership programme: leading to a Masters in *Leading compassion health care*
- An executive/senior leadership programme: which will be peer assessed

All of these programmes will include elements of patient and service user involvement and assessment. The intention is that these qualifications become essential criteria for those applying for all leadership roles in NHS organisations. All programmes will include an emphasis on the skills,

knowledge and behaviours needed to lead responsive service redesign with a focus on patient experience and health outcomes and more integrated systems of care. Particular emphasis will be placed on return on investment and measurable outcomes.

A national system has the additional benefit of being able to influence the curricula to rapidly disseminate the introduction of 'leadership-related' skills e.g. implementation of evidence based practice and adoption of innovation.

The programmes will also be able to recognise and more importantly make use of, the wisdom and accumulated knowledge of experienced service leaders and will have entry routes that allow us to bring on and bring in experience and expertise of leaders from other sectors and industries.

Finally the integrated national approach proposed enables the more efficient use of resources by reducing variable and fragmented locally defined provision of basic leadership training as well as enabling shared experiences and the development of a common language for leaders across the service. This approach to leadership training is common in business (see Appendix). An added benefit will be to stimulate the educational provider market and to provide a more coherent, focussed and consistent set of products aligned more closely to the needs of the service.

The vision for the future of NHS leadership that is:

The NHS recognises the crucial contribution of the leadership role as an equal part of the team of professionals who deliver improving care and outcomes for patients.

- 1. The NHS will have clearly defined expectations of its leaders*
- 2. NHS leaders will have a clear set of standards defining expectations as they aspire to more senior leadership positions.*
- 3. A system will be created to measure individuals against those standards*
- 4. A comprehensive approach to training and development will be established to support individuals and inform the provider market*

Key points of benefit

- Establishing the pivotal role of leadership to a world class health service.
- Enabling the grass roots culture shift to recognise the value of good leadership in the service
- Creating a consistent set of standards for leadership
- Greater focus on the inclusion agenda, NHS values and the NHS Constitution in the development of leaders
- More rapid dissemination and implementation of best practice leadership evidence and development of behaviour through inclusion in the core curricula of the programmes – *'best practice as basic practice'*
- Recognition via the programme entry routes of previous experience (accreditation of prior learning)
- Use of accumulated wisdom and knowledge through the use of experienced leaders within programme delivery
- Greater efficiency of resources spent on training due to reduced fragmentation and duplication
- Development of a common language and experience for leaders through the shared learning processes
- Stimulation of the educational provider market to align products closer to the real needs of the service.
- Cross organisation and boundary networking to enable communities of practice to be established and supported to flourish

It is proposed that there will be three levels of leadership development:

The Foundation in Leadership Programme:

This will be aimed at those who are aspiring for a role which has a significant recognised element of leadership of others.

What will this mean in practice?

That NHS leaders aspiring to these roles have demonstrated the skills, knowledge and behaviour to manage and lead other people, projects or services. Furthermore the service impact should be demonstrable as organisation wide

The Mid-Level Leadership Programme:

This will be aimed at leaders who are aspiring for a role that is third in line to a statutory Accountable Officer level and/or is a role leading people who themselves lead teams, projects or services.

What will this mean in practice?

That NHS leaders aspiring to this level have demonstrated the skills, knowledge and behaviour to manage and lead a broader portfolio of work that may have reach beyond their own professional or technical expertise. This will also include the leadership of those who themselves lead teams, projects or services. Furthermore the service impact should be demonstrable as supra organisational

The Senior Level Leadership Programme:

This will be aimed at leaders who are aspiring for a role that has Executive level accountability and is at, or reports to, a statutory Accountable Officer level or is a recognised senior national or system wide role.

What will this mean in practice?

That NHS leaders aspiring to this level have demonstrated the skills, knowledge and behaviour to lead organisations, systems or national portfolios. Furthermore the service impact should be demonstrable as multi agency/across organisational boundaries

All programmes will consist of three component parts that together will provide a comprehensive accredited leadership development offer:

- Part 1: The knowledge and skills needs to discharge the leadership task within health - likely to be delivered in whole or in part by academic organisations able to accredit the programme
- Part 2: The experience and expertise to lead – likely to be delivered in part by existing NHS or business leaders who are experienced, expert leaders in their own right
- Part 3: The values and behaviours needed to lead compassion in care - behaviours required in a new integrated health care system focussed around the needs of patients, carers and service users and in ways which liberate, engage and motivate staff to a provide compassionate, loving, and personal health care experience

The programmes will ensure that all leaders can access relevant development to achieve leadership qualifications, be appropriately assessed and recruited against a comprehensive suite of standards. These qualifications will also support the movement of leaders from other sectors to more quickly and effectively transfer their skills to a health care environment.

In addition to the accredited programmes described above the Academy will continue to offer specific development programmes to all professional staff that are relevant to particular reform agendas or performance requirements and ad hoc programmes that support leaders at times of change. There will continue to be specific initiatives to address specific deficits in leadership e.g those related to diversity and inclusion., and the fast track graduate programmes and NHS Top Leaders.

The development programmes are supported by frameworks that describe what good leadership looks like in health (the NHS Leadership Framework and the NHS Top Leaders Framework) and a comprehensive suite of tools to support effective talent management and succession planning.

Summary.

We are at a cross roads in health care leadership with an opportunity to create an integrated system of care that exceeds the expectations of our communities, improves their health outcomes and their experience of care. We have to do this in ways which break boundaries and barriers and provides care in a sustainable, financially secure system.

This is an enormous leadership task and requires leaders who are skilled, compassionate, expert practitioners. The Academy is offering to the system an opportunity to work collaboratively on a suite of programmes that will create a new generation of leaders from every profession and at every level who are equipped to rise to the task that faces them.

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Appendix

A growing body of evidence demonstrates a strong correlation between good leadership and good performance in the NHS, including quality and safety (Bohan and Laing 2012 and etc).

The impact of good leadership on organisation performance as measured by business and commercial success is extremely well evidenced in both business and academic press and grey literature. To quote a small number of the thousands that could be referenced:

Murray Dalziel, director of Liverpool Business School writes: *“There is incontrovertible evidence from the academic literature that leadership makes a difference. Across a wide range of industries about 15 per cent of the variance in performance can be directly attributed to CEO performance. This figure has been constant for over 25 years.”*

Examples of studies supporting this include:

- A study in the Harvard Business Review (Bassi and McMurrer) provides a strong link between leadership skills and the financial performance (2007).
- The Institute for Strategic Change reports that the stock price of companies perceived to be well-led grew 900 per cent over 10 years versus 74 per cent for companies perceived to lack good leadership (2008).
- The Corporate Leadership Council estimates that employees working for good leaders put in 57 per cent more effort and are 87 per cent less likely to leave than those with poor leaders.
- The Hay Group study of 2012 demonstrated that the top 20 companies for leadership had a 36x better shareholder return over a 5 year period than the companies with the poorest leadership.

There is also an increasing body of evidence on the impact of good leadership on performance in health organisations from many nations:

- There are data on the impact on quality of care and patient outcome: Vance and Larson (2002) showed; *“a dramatic increase in hospital discharge rates for patients...as a result of introducing special physician leadership”*. Wong and Cummings (2007) found *“evidence of significant associations between positive leadership behaviours...and increased patient satisfaction and reduced adverse events”*
- The National Institute for Health Research Service Delivery and Organisation research programme commissioned research into the connections between leadership and aspects of organisational and clinical performance and patient care. The report (2011) concluded that there was sufficient evidence to connect good leadership to improvements in performance.
- Ovretveit (2004) refers to the very positive contribution that leadership can make to healthcare delivery and a Health Foundation Study (2011) found; *“responsive and nimble leadership which anticipates change, is ready to adapt to altering, unpredictable circumstances is particularly associated with sustainable improvement and tangible impact”*
- West et al (2001) found that good leadership which led to good team working and HR practice was correlated with statistically significant improvements in mortality and morbidity following emergency surgery. A subsequent study by the same authors found a *“significant reduction in patients standardised mortality rates in organisations with high staff engagement”* associated with high levels of effective and engaging leadership.

- Beyond frontline changes to behaviour there is broader evidence on executive leadership behaviours and the Board. Shipton, Armstrong, West & Dawson (2008) found *“Significant reduction in patient complaints in organisations where there were positive leadership climates created by the top teams”*.

To summarise the wealth of evidence, Prosser (2009) states that “the evidence, while not voluminous, is sufficient to assert that effective leadership (and leadership development) does make a positive difference to the patient experience”.

What does business do?

We found that, whatever the context, the best companies invested heavily in leadership development. They shared a fundamental belief that this would give them increased competitive advantage, so much so that many organisations have their own ‘academy’ or ‘university’ to provide development that is regularly complemented with external development. (extract from ‘NHS Top Leaders – the rewards for developing your leaders’ 2011)

The Mars University was launched in 2006 and hosts the company’s associate education and corporate values training programme. The content is created in conjunction with top Mars associates and learning programmes are delivered in all 65 countries where Mars operates, providing associates with opportunities to improve leadership skills and apply what they learn on-the-job. The university has created efficiencies (around \$300 million attributable to the Learn/Mars Operating System College) throughout the business. Johnson & Johnson (J&J) invests heavily in leadership development through the J&J eUniversity, which runs executive development programmes aimed at new executive leaders and company leaders making transitions in their career at J&J. The company runs several other large programmes; the School of Personal and Professional Development providing elearning, classroom and blended training; Management Education and Development to support managers and leaders at all stages of their career, along with leadership development programmes for selected functions such as finance, information management, operations and human resources.

Caterpillar, the construction equipment manufacturer, has always had a tradition of strong leadership development. In 2001 it restructured its learning community into Caterpillar University. The College of Leadership, part of this, delivers extended programmes that build on the competencies associated with excellent leadership at Caterpillar. Joretha Augustine, HR manager at Caterpillar UK discusses in an interview in Human Resources Magazine: *“We introduced leadership training and a capability development programme for creating workplace growth in 2008,”*. A bespoke training course is introduced based around the needs of each potential leader after an assessment of their personal styles and competencies. Changes in engagement levels are the main measure of impact for the course, *“because we know this impacts business performance”* says Caterpillar. The measurements show scores increasing from 49 per cent in 2008 to 72 per cent in 2009, and overall engagement scores are up from less than 60 per cent to 80-89 per cent across the divisions.

Unipart started Britain's first corporate university, the Unipart U that has now been devolved to all major sites as the Faculty on the Floor dedicated to learning, development and sharing of best practice. It has a defined set of competencies, *the Unipart Way*, for its leaders and considers this as the essential method of managing the development of organisational capability and the way to achieve the company's vision.

Perhaps the most emphatic example comes from General Electric. GE has always had a rich history of people development and invests around \$1 billion in training for its people each year. In 1956 it established the Crotonville Campus, the first corporate learning campus in the world, which remains at the forefront of real-world application for cutting-edge thinking in organisational development, leadership, innovation and change. Executive development is a key part of their overall management process and is seen as key to driving strategy forwards.

"An organisation's ability to learn, and translate that learning into action rapidly, is the ultimate competitive advantage", Jack Welch , author and former CEO of GE

In the UK public sector, the most notable example is the National College of School Leadership which opened in 2000; around 150,000 leaders in schools and children's services have taken part in its programmes. Some examples of the ROI it quotes are:

- Schools that are engaged with its leadership development programmes achieve faster rates of improvement in their exam results.
- Primary schools who were supported by National Leaders of Education between 2008-10 noted a rise of seven per cent in Key Stage 2 results whilst others remained stable.
- Similarly, secondary schools supported by National Leaders of Education over the same period improved GCSE results by nearly twice of those not receiving this support.
- Schools that are led by National College qualified school business managers have created over £30 million of value for schools between 2003 and 2009 by improving buying efficiency, generating income and saving headteachers time.