The challenge of culture change: reflections from 3 research studies

1. Responses to Francis (2018)
2. Evaluation of the NHS Well led framework (ongoing)
3. Long serving NHS CEOs (ongoing)

Naomi Chambers
University of Manchester
Naomi.chambers@manchester.ac.uk
1. Responses to Francis (2018)

Selected findings from study on NHS Board leadership responses to Francis Inquiry into the failures of care at Mid Staffordshire NHS Foundation Trust

Naomi Chambers, Professor, University of Manchester (lead)
Ruth Thorlby, Assistant Director of Policy at the Health Foundation
Alan Boyd, Research Fellow, University of Manchester
Nathan Proudlove, Senior Lecturer, University of Manchester
Judith Smith, Professor University of Birmingham
Russell Mannion, Professor University of Birmingham

This presentation is based on independent research commissioned and funded by the NIHR Policy Research Programme ((PR-R11-0914-12003 Learning from leadership changes made by boards of hospital NHS trusts and foundation trusts following the Francis Inquiry report June 2015-June 2017)). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR, the Department of Health, ‘arms’ length bodies or other government departments.
Findings from national survey (2016 n=381)

'The Francis report has acted as a reminder of what sort of an organisation we don't want to be like, and continues to be a reminder’ [non-executive director]

Trusts have developed or revised a raft of policies including in relation to the handling of complaints, serious incidents, listening to patients & staff engagement

The main self-reported challenges for trusts are patient safety, finances, dealing with regulator demands, and some poor relationships in the local health economy

Big efforts to improve patient experience & staff engagement *but*

Board members felt they knew more about what was important to regulators than to patients & staff

Duty of candour has had a positive impact on culture of openness, patient confidence & opportunities for organisation learning

Higher Care Quality Commission ratings (Good and Outstanding) are related to greater board diligence
Findings from case studies (2016/17)

Board members are exercising leadership that is more visible to staff and patients

Patient safety deemed more important than long-term financial sustainability, despite tensions, and increasing workforce pressures

Quality improvement culture is work in progress & systems & processes are variable

Middle managers report greater board commitment to candour than to transparency and openness, and differences in opportunities for training and development and in encouragement to innovate

Differences in leadership cultures in the case studies: classy, courageous, defiant, ramshackle, recovering and shiny

Continuing problem of variation in the ability to provide patient centred care
Suggested roles for diligent and dynamic healthcare boards (Chambers et al 2018)

**Board as conscience of the organisation**: leading the development, upholding and review of a core set of cultural values and behaviours

**Board as sensor**: discerning and acting upon performance issues and problems drawing from a diverse range of internal and external sources of intelligence

**Board as diplomat**: listening, gauging and attending to the various stakeholder interests and perspectives that have a bearing on the organisation

**Board as shock absorber**: supporting the organisation when subject to regulatory scrutiny, offering motivation and encouragement, and helping prioritise areas for action

**Board as coach**: setting ambition and direction, assessing performance, agreeing areas for development, & instilling a restless urge for the achievement of higher ambitions
Interconnectedness of roles, behaviours and outcomes of the dynamic board (Chambers et al 2018)

ROLES

BEHAVIOURS

OUTCOMES

- Board as sensor
- Board as coach
- Board as diplomat
- Board as conscience
- Listening / questioning
- Courageous / probing
- Challenging / supportive
- Risk minimisation / patient safety
- Collaborative / inquiring
- Service improvement / performance excellence
- Improved reputation and relationships
- Sustainable organisation
- Equilibrium of interests
- Service improvement / performance excellence
- Improved reputation and relationships
- Sustainable organisation
- Equilibrium of interests
- Interconnectedness of roles, behaviours and outcomes of the dynamic board

MANCHESTER
The University of Manchester
Alliance Manchester Business School
2. Evaluation of the NHS Well led framework (ongoing)

The purpose of the well-led framework is to assess, support and develop NHS leaders and thus to enable better care for patients, and a more sustainable health service. It was first introduced in 2014, with amendments to its scope and application introduced in 2017.

It is intended for use by leaders, inspectors, regulators, commissioners and external facilitators

Evaluation team:
Naomi Chambers, Jay Bevington, Jane Taylor
Cris Sachikonye, Danielle Sweeney, Tom West
University of Manchester & Deloitte LLP
Final report due 30 November 2019
# Well Led Framework – 2017 version

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is there the <strong>leadership capacity and capability</strong> to deliver high quality, sustainable care?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is there a clear <strong>vision</strong> and credible <strong>strategy</strong> to deliver high quality, sustainable care to people, and robust plans to deliver?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Is there a <strong>culture</strong> of high quality, sustainable care?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Are there clear responsibilities, <strong>roles</strong> and systems of accountability to support good governance and management?</td>
<td><strong>Are services well led?</strong></td>
</tr>
<tr>
<td>5</td>
<td>Are there clear and effective processes for managing <strong>risks</strong>, issues and <strong>performance</strong>?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Is appropriate and accurate <strong>information</strong> being effectively processed, challenged and acted on?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Are the <strong>people</strong> who use services, the public, <strong>staff</strong> and <strong>external partners engaged</strong> and involved to support high quality sustainable services?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Are there robust systems and processes for learning, continuous <strong>improvement</strong> and <strong>innovation</strong>?</td>
<td></td>
</tr>
</tbody>
</table>
Propositions arising from the data (national survey and interviews)

The framework enables leaders to reflect on and change leadership practices that impact the quality of care.

The rating given by CQC matters hugely to organisations and individuals.

There is widespread support for a framework that includes a focus **both** on culture and leadership **and** systems and processes.

The use of the well led framework has led to improvements in processes.

There is value in a systems level leadership framework with a shared definition and understanding and which draws from the current evidence-base.

The framework sits within a wider landscape of structural instability.

The NHS lacks the capacity to support NHS Trusts to improve their leadership.

The culture in the NHS is skewed towards assessment rather than support and development.

The framework is not well aligned with population health priorities and concerns of local citizens and collaborative system leadership.
Provisional recommendations

• Organise the framework under two broad headings: governance and processes; culture and leadership

• Refine the culture and leadership elements of the framework, continuing the focus on quality improvement and including more on measures for assessing organisational culture

• Expand and consolidate the documentation available to include good and excellent practice for each key line of enquiry

• Consolidate, clarify and expand guidance on system leadership

• Review frequency and approach to CQC inspections
3. Long serving NHS CEOs
Study by M Exworthy & N Chambers
Interviews carried out April – June 2019
Papers in preparation

<table>
<thead>
<tr>
<th>CEO sample</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
</tr>
<tr>
<td>Clinical background</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>2</td>
</tr>
<tr>
<td>Non-clinical</td>
<td>8</td>
</tr>
<tr>
<td>Length of time as CEO (average of all 10 CEOs was 17 years)</td>
<td></td>
</tr>
<tr>
<td>10-15 years</td>
<td>1</td>
</tr>
<tr>
<td>&gt;15 years</td>
<td>9</td>
</tr>
<tr>
<td>Career as CEO</td>
<td></td>
</tr>
<tr>
<td>Single organisation</td>
<td>5</td>
</tr>
<tr>
<td>Multiple organisation</td>
<td>5</td>
</tr>
<tr>
<td>Current organisation</td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>6</td>
</tr>
<tr>
<td>Community / mental health</td>
<td>2</td>
</tr>
<tr>
<td>Joint acute / community</td>
<td>2</td>
</tr>
<tr>
<td>Care Quality Commission inspection rating (at the time of interview) of the organisation led by the CEO</td>
<td></td>
</tr>
<tr>
<td>Inadequate</td>
<td>0</td>
</tr>
<tr>
<td>Requires improvement</td>
<td>2</td>
</tr>
<tr>
<td>Good</td>
<td>5</td>
</tr>
<tr>
<td>Outstanding</td>
<td>3</td>
</tr>
</tbody>
</table>
Findings: Organisational lens

• Cohort provided evidence of enacting the full repertoire of board level roles as conscience, sensor, diplomat, coach and shock absorber

• Strong system leadership combined with fierce institutional loyalty

• Demonstration of organisational ambidexterity: here & now and into the future; strategic competence; internal and external focus; winning hearts & minds
Findings: Individual Lens

There is no one archetypal kind of long serving NHS CEO however they tend to have:

- Optimistic outlook (and see themselves as lucky)
- Political astuteness
- High internal locus of control
- Strong emphasis on reflexivity, support, learning and growth
- Resilience mechanism which includes living in the moment
- Compelling and credible personal narrative
- Self confidence which could verge on a darker side of resilience, if lacking in self-awareness
Challenge of culture change: Messages for managers from research

• Culture (the way we do things around here) is embedded every day by individual and collective behaviours.

• It can be observed by everyone, by asking the question: What is going on here? Including through storytelling of experiences.

• Gap between espoused and practised behaviours results in variations in patient experience, staff morale, clinical quality of care, organisation and system sustainability.

• Since culture is a phenomenon that is affected by the daily re-enactment of behaviours, it is amenable to change by the actions of leaders who possess self-efficacy (belief about their capabilities and ability to exercise influence).