

Developing People – Improving Care

A national framework for action on improvement and leadership development in NHS-funded services

Summary

Organisations and systems doing NHS-funded work face a common set of performance and people development challenges.

- Many are under unprecedented pressure to improve performance in their services and existing operations, in a context of rising demand for services and constrained funding.
- At the same time, they are being asked rapidly to join up local health and care systems through working with local system partners on sustainability and transformation plans (STPs).
- There are not enough leaders with the skills and experience to address these challenges. Too few good candidates are coming forward for senior leadership roles, so vacancy rates remain high. Leaders in post report feeling isolated and less supported than in the past.
- Many organisational cultures still need strengthening. Though improving on several measures, NHS staff surveys continue to show relatively high levels of stress, bullying and discrimination at work.

Immediate action is being taken at national and local levels to address these challenges. However, we recognise they are systemically interrelated. The difficult performance environment is intensifying regulatory intervention and exposure, which can contribute to stresses felt by staff and cultural strains.

In addition, many former support systems for organisations and staff no longer exist, making it harder to develop the open, learning cultures that evidence shows are the basis of continuous improvement in health systems.

The situation calls for a change in emphasis: 'Developing People – Improving Care' provides a framework to guide actions on people development aimed at creating systemic, lasting solutions for the long term in every part of the service. The overarching ambition of this framework is a national health and care system where people at every level take pride and joy in their work, and where together they have the capability and capacity to deliver continuous improvement in care for individuals, population health and value for money.

Immediate actions include the following:

- Health Education England has tailored an initial training offer for STP leaders and assigned local partners to each of the 44 STPs to make sure their specific skill needs are met. In addition, NHS Improvement's Advancing Change and Transformation (ACT) Team are supporting system leaders on how to tackle large scale, multi-stakeholder challenges.
- The NHS Leadership Academy, the Leadership Centre, Public Health England and the Staff College offer a joint Leadership for Change Programme for anyone responsible for implementing part or all of an STP. The programme focuses on what's actually happening in services and progressing real change on the ground.

- The Association of Directors of Adult Social Services, Association of Directors of Public Health, Department of Health, Local Government Association, NHS Confederation, NHS England, NHS Leadership Academy, Public Health England, Social Care Institute for Excellence, The National Skills Academy for Social Care, Think Local Act Personal, Virtual Staff College and the Leadership Centre have pooled resources worth more than £1.5m to fund a System Leadership – Local Vision programme. This offers support to people working in local services to develop new ways of working that deliver integrated services and achieve measurable improvements in health, care and wellbeing.
- NHS Improvement and HEE’s Executive Search Team are working with partners to improve the approach to senior level recruitment across NHS-funded services, to help address current vacancies.
- NHS Improvement, NHS Providers and the NHS Leadership Academy have worked in partnership to design and deliver two cohorts of the Aspiring Chief Executives programme and several participants have already secured Chief Executive roles. They have also recently launched a new support offer for newly-appointed Chief Executives.
- Local systems are coming together to sponsor schemes to identify and develop future leaders, such as the Accelerated Director Development Scheme (ADDS) delivered on behalf of the Bedfordshire and Hertfordshire Talent Forum or the Talent Development Centre Model by the West Midlands Leadership Academy.
- The Leadership Academy are providing tailored support for aspiring BME leaders and work has begun on the Commission for Leadership for Inclusion, which aims to quicken the pace of change towards greater levels of equality, diversity and inclusion at all levels.
- Pilot models, sponsored by HEE, are underway to inform the future national approach to talent for the different professions across NHS-funded services, such as nursing, HR directors and Directors of Finance.
- NHS England has launched a rapid improvement support programme aiming to reach all 7,800 GP practices in the next three years and is sponsoring a new cohort of its Future Clinical Commissioning Leaders programme
- NHS Improvement is working with the King’s Fund to provide trusts with resources that help them to understand and develop their organisational culture, including support to diagnose current culture and target the right areas for change.
- Five trusts are participating in a five-year programme sponsored by NHS Improvement working with the Virginia Mason Institute which aims to build and embed QI capability and capacity across their organisations. Their learning from this work will be shared widely alongside other examples to help other trusts to develop local improvement capability.

The framework

The framework guiding such actions on improvement skill-building, leadership development and talent management will help create five conditions common to high quality, high performing health and care systems in every local health and care system in England. Evidence shows these five conditions shape cultures that enable people to continuously improve care, population health and value. We are convinced by the evidence that treating people better and skilling them up for the urgent tasks at hand is the right strategy for delivering rapid, sustainable improvement in health and care system performance. The five conditions are:



Condition 1: **Leaders equipped to develop high quality local health and care systems in partnership**

Leaders of organisations in local health and care systems are able to collaborate with partners including patient leaders across organisational, professional and geographical boundaries in trusting relationships to achieve the same clear, shared system goals¹ for their communities.



Condition 2: **Compassionate, inclusive and effective leaders at all levels**

Compassionate leadership means paying close attention to all staff; really understanding the situations they face; responding empathetically; and taking thoughtful and appropriate action to help. Inclusive leadership means progressing equality, valuing diversity and challenging existing power imbalances. It may sound a 'soft' and timeless leadership approach given current urgent pressures. But evidence from high performing health systems show that compassionate, inclusive leadership behaviours plus established improvement methods² create cultures where people deliver fast and lasting improvement in quality and efficiency.



Condition 3: **Knowledge of improvement methods and how to use them at all levels**

Individuals and teams at every level know established improvement methods and are using them in partnership with patients, communities and citizens to improve their work processes and systems. Enough people can lead improvement project teams to release the full benefits of this knowledge.



Condition 4: **Support systems for learning at local, regional and national levels**

There is sufficient training, coaching and organisation development capacity to meet development needs and enable and support learning and improvement. Data and knowledge-sharing systems to support improvement and leadership development are in place and there are networks for sharing improvement knowledge and experience locally, regionally and nationally.



Condition 5: **Enabling, supportive and aligned regulation and oversight**

The regulation and oversight system gives local organisations and systems control of driving learning and improvement. At the same time, central organisations help local systems find the support and resources they need. The constituent parts of the oversight system behave consistently and 'speak with one voice'.

¹ Including continuously improving care, population health and value for money.

² These methods include Total Quality Management (TQM), Model for Improvement (including Plan Do Study Act or PDSA), Statistical Process Control, Six Sigma, Lean, Experienced-based Co-design, Theory of Constraints, and Business Process Re-engineering. See www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf

The framework proposes actions to build systematic talent management processes across NHS-funded services to make sure there is a large enough pool of appropriately developed leaders available to fill all leadership vacancies.

It has been developed with input from the Local Government Association and Skills for Care. While it is currently developing improvement skills and leadership among people doing NHS-funded work, there is more work to do with our partners to ensure we develop and sustain truly integrated leadership across the evolving world of health and social care.

The framework commits those in the national arms-length bodies and statutory organisations to support local and regional leaders in developing enabling cultures that allow staff to work to the best of their ability and support lifelong learning. A key to creating enabling cultures is to take the specific actions that make equality, diversity and inclusion happen. People working in statutory organisations need to model the behaviours that establish cultures of continuous improvement in all their interactions.

It has been co-produced with staff in the service, and we are committed to continuing the work collectively to maximise its chances of success. It will continue to be refined with ongoing engagement with clinicians and managers over the coming months, informed by their experiences of leading improvement and transformation of local systems.

National Improvement and Leadership Development Board



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