# NHS Leadership Qualities Framework



Setting Direction

Broad scanning

Political astuteness

Intellectual flexibility

Drive for results

Seizing the future

**Personal Qualities**

*Self belief*
*Self awareness*
*Self management*
*Drive for improvement*
*Personal integrity*

Collaborative working

Leading change through people

Holding to account

Effective and strategic influencing

Empowering others

Delivering the Service

# Contents

# Introduction

This document sets out the *NHS Leadership Qualities Framework (The Framework).* It contains detailed descriptions of each quality and the levels that can be attained within each quality. *The Framework* has been created through detailed research, tailored to the specific needs and environment of the NHS, and is applicable to leadership roles at any level of the service.

# How The Framework Works

There are fifteen qualities within *The Framework* covering a range of personal, cognitive, and social qualities. They are arranged in three clusters – **Personal Qualities, Setting Direction** and **Delivering the Service**.



The picture shows how the qualities are grouped and how the clusters work together. Each cluster of qualities is explained in more detail in the following pages.
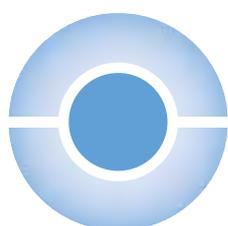
## Personal Qualities

The personal qualities and values are at the core of *The Framework*. The scale and complexity of the change agenda and the level of accountability means that NHS leaders need to draw deeply upon their personal qualities to see them through the demands of the job.

## Self belief

*Outstanding leaders maintain a positive 'can do' sense of confidence which enables them to be shapers rather than followers, even in the face of opposition. This prime personal quality is built upon success and learning in a broad range of varied situations over time.*

Features of this quality include:

- Relishing a challenge.

- Being prepared to stand up for what they believe in.

- Working beyond the call of duty, when this is required.

- Speaking up if this is needed. In doing so, their integrity and their motivation for service improvement will sustain them.

## Self awareness

*Outstanding leaders have a high degree of self awareness. They know their own strengths and limitations, and they use failure or misjudgement as an opportunity for learning.*

Features of this quality include:

- Being aware of their own emotions.

- Being aware of their personal impact on others, particularly when they are under pressure as they have an understanding of the 'triggers' to which they are susceptible.

## Self management

*Outstanding leaders are able to pace themselves, staying for the long haul when necessary. Self management, supported by emotional self awareness, enables them to regulate their behaviour, even when provoked.*

Features of this quality include:

- Being tenacious and resilient in the face of difficulty.

- Being able to cope with an increasingly complex environment – with the blurring of organisational boundaries and the requirement to work in partnership across the health and social care context.

## Drive for improvement

*Outstanding leaders are motivated by wanting to make a real difference to people's health by delivering a high quality service and by developing improvements to service.*

Features of this quality include:

- A deep sense of vocation for public service driven by an identification with the needs of patients and service users.

- A primary focus on achievement of goals for the greater good of others, and not the leader's own reputation.

- Investing their energy in bringing about health improvements – even to the extent of wanting to leave a legacy which is about effective partnership, inter-agency working and community involvement.

## Personal integrity

*There is much at stake in leading health services. Outstanding leaders bring a sense of integrity to what they do that helps them to deliver to the best of their abilities.*

Features of this quality include:

- Believing in a set of key values borne out of broad experience of, and commitment to, the service which stands them in good stead, especially when they are under pressure.

- Insistence on openness and communication, motivated by values about inclusiveness and getting on with the job.

- Acting as a role model for public involvement and the dialogue that all staff, including the front line, need to have with service users.

- Resilience that enables them to push harder, when necessary, in the interests of developing or improving the service.

## Setting Direction

The outstanding leader sets a vision for the future, drawing on their political awareness of the health and social care context. This political astuteness and their vision for the future is underpinned by *Intellectual flexibility*. Coupled with *Drive for results*, this sense of *Seizing the future* is key in inspiring and motivating others to work with them.

## Seizing the future

*High performing leaders ACT NOW to shape the future. They are motivated to take action to achieve a radically different future – one in which health services are truly integrated and focused on the needs of patients.*

Features of this quality include:

- Making the most of current opportunities to bring about improvements that are of benefit to staff, carers or patients.

- Being able to interpret the likely direction of changes in the health service and beyond – using their political astuteness.

- Using their insights into the broad strategic direction of health and social care to help shape and implement the approaches and culture in their organisation, and to influence developments across the wider health and social care context.

- Underpinning their vision and action with a strong focus on local needs.

- Being prepared to undertake transformational, rather than just incremental, change where this will achieve service improvement.

## Intellectual flexibility

*High performing leaders are quickly able to assess a situation and to draw pragmatic conclusions. They are able to switch between the significant detail and the big picture to shape a vision – for their own service, organisation or across the wider health context.*

Features of this quality include:

- Being receptive to fresh insights and perspectives from diverse sources, both internal and external to the organisation (driven by their values of inclusiveness and service improvement).

- Understanding that change may have to be radical to achieve health improvement.

- Being open to innovative thinking and encouraging creativity and experimentation in others too.

## ⊕ Broad scanning

*High performing leaders in the health service demonstrate high levels of seeking and networking for information. By keeping abreast of developments, both locally and nationally, they are best positioned to shape the vision for a service or organisation as well as understand how to influence others.*

Features of this quality include:

- Making it a priority to know about how services are being delivered and what the experience is of patients and users on the ground.

- Being persistent in getting the key facts of a situation.

- Having systematic ways of informing themselves about key developments.

## ⊕ Political astuteness

*Outstanding leaders demonstrate a political astuteness about what can and cannot be done in how they set targets and identify service improvements.*

Features of this quality include:

- Understanding the climate and culture in their own organisation and in the wider health and social care environment.

- Knowing who the key influencers are – both internally and externally to the organisation – and how to go about involving them, as required.

- Being attuned to health strategy and policy at a national and local level and being able to plan a way ahead that takes account of these strategies.

- Understanding that the role of leader in the health service is now broader than simply being responsible for one organisation and that no one organisation in the health service can be 'stand alone'.

## ⊕ Drive for results

*High performing leaders are motivated to transform the services for patients and thereby to improve quality. The personal qualities at the core of the framework provide the energy and the sheer determination which fuel Drive for results.*

Features of this quality include:

- Setting ambitious targets which may exceed the minimum standard required and taking calculated risks – all with the aim of delivering added value to the service.

- Focusing their own, and others', energy on what really makes a difference, rather than being constrained by methods which were used in the past.

- Actively seeking out opportunities to improve delivery of service through partnership and new ways of working.

# Delivering the Service

High performing leaders provide leadership across the organisation as well as the wider health and social care context to make things happen – to deliver service results. They use a range of styles which challenge traditional organisational boundaries and ways of working and emphasise integration and partnership. The very best of these leaders at senior levels also help to shape national policy.

## Leading change through people

*Outstanding leaders are focused on articulating the vision with compelling clarity, keeping the focus on change and inspiring others to be positive in their support of service improvement.*

Features of this quality include:

- Gaining the support of others by ensuring that they understand the reasons behind the change.
- Sharing leadership – with the team and others in the organisation and in partner organisations.
- Encouraging others, especially front line staff, to find new ways of delivering and developing services and to take the lead in implementation of change.
- Demonstrating a highly visible, authoritative and democratic leadership style which is underpinned by strongly held values around equality, diversity and openness.
- Taking a collaborative or facilitative approach in working in partnership with diverse groups.
- Enabling teams, within the organisation and across the health community, to work effectively together. Helping to unblock obstacles, identifying and securing resources, and taking care of teams and of the individuals within them.

## Holding to account

*Effective leaders have a strength of resolve that they can use in both holding others to account, as well as being held to account, for targets to which they have agreed.*

Features of this quality include:

- Setting clear targets and standards for performance and behaviours, ensuring the processes are in place to support individuals in achieving these standards.
- Insisting upon improved performance if standards are slipping
- Creating a climate of support and accountability, rather than a climate of blame.
- Holding people to account for what they have agreed to deliver.
- Being prepared to be held to account by others for what they have contracted you to do as the leader.

## Empowering others

*Outstanding leaders support the long-term capability of their own and other organisations that is essential for future development of services by empowering others.*

Features of this quality include:

- Having the humility to work in the background, creating the space for others to take the lead on particular issues and to grow in confidence and capability.

- Being able to spot potential and support the development of people across the organisation.

- Taking personal responsibility for ensuring that diversity is respected and that there is genuine equality of opportunity.

- Fostering the development of others across the health community so that health improvement and service development agendas can be created and owned by the communities themselves.

- Engaging and involving users in service improvement.

- Developing relationships with service users which are equal, open and honest, and modelling the power-sharing which is required if solutions are truly to be at the discretion of the patient.

## Effective and strategic influencing

*Leadership in the health service is characterised by an unusually high and complex level of influencing, which is seldom seen in leadership roles in other sectors. This particular quality runs through the whole framework; the most effective leaders make things happen by using particularly high levels of influencing.*

Features of this quality include:

- Getting results by working in partnership, within their organisation and with a wide range of other agencies and individuals over whom they have no formal authority.

- Influencing relationships which are critical to achieving change in terms of service improvement.

- Being able to cope with ambiguity, as organisations continue to change role and shape, and the agenda for change in health gathers pace.

- Employing a range of influencing strategies – ones that will work for the long term and bring about change in modernising the health service.

- Combining *Effective and strategic influencing* effectively with *Empowering others*, to ensure that the health agenda is driven and owned by local people, by staff throughout the organisation, and by other agencies.

## Collaborative working

*Leaders in the health service work with a wide range of internal and external stakeholders. Effective leaders understand that truly collaborative working is therefore essential.*

Features of this quality include:

- Ensuring that the strategy for health improvement, and the planning, development and provision of health services, are cohesive and 'joined up'.

- Understanding and being sensitive to diverse viewpoints.

- Striving to create the conditions for successful partnership working.

# Layout of the Leadership Qualities Framework

Each of the fifteen qualities has:

**A definition**
which provides a headline description of the quality.

**Why it matters**
a brief statement, or rationale, of why the quality matters, why it is important to the health service, both now and in the future.

**Quality levels**
each quality has between three and six levels, each of which has a 'level descriptor' giving examples of how behaviour at each level can be demonstrated. These levels are cumulative in terms of behaviours.

While the same quality set characterises good leadership at every level in the service, it is clear from the original research that some levels are strongly linked to success at Chief Executive and Director level. We have indicated these by brackets **[ ]**. This does not mean that leaders at other levels will not demonstrate these levels (they may well do) but that these are the levels for which leaders at Board level should be aiming.

**A negative level**
0, which describes behaviours which demonstrate a lack of the particular quality.

**Links**
demonstrating how the particular quality links to others in the framework.

## Contextual leadership

We know that the best leaders in any organisation – private or public sector – make deliberate choices about how to tackle different situations and people. Our research confirmed this – that the range of situations leaders face in the NHS demands the use of a wide range of qualities, in particular combinations.

Whereas the *type* of NHS organisation had little bearing on the qualities displayed by highly effective leaders, the organisational *situations* they faced had a significant impact on the qualities they displayed.

We comment on this finding in more detail in Appendix A of this section and summarise the key combinations found to be most effective in a range of leadership situations.

# The Framework: Quality Definitions and Levels

## Self belief

**The inner confidence that you will succeed and you can overcome obstacles to achieve the best outcomes for service improvement.**

**Why it matters** In a pressurised and rapidly changing environment, leaders need the confidence to make tough decisions and to keep going in the face of adversity. This sense of confidence supports them when faced with ambiguity and uncertainty – as the future shape of the service changes. It is needed to underpin their determination when dealing with pressures and problems and bringing others on board with key priorities. It is also vital when taking action to transform the service and to address poor or unacceptable levels of service.

### Levels

**0**  **Doubts own capability or is arrogant**
- Feels overwhelmed by the pace and scale of change. May see self as a victim.
- Is hesitant or gives in when faced by opposition. Holds back from challenging others;
- … Or … Is arrogant and overly confident, ignoring the views of others in taking particular courses of action.

**1**  **Acts with confidence**
- Manages own anxieties and appears confident to others.
- Has the courage to make full use of the formal authority of the role.
- Gives it a go, however difficult / impossible a task or confrontation may seem.

**2**  **Is confident in own ability**
- Sees self as a 'can do' person, and is positive about own ability to succeed.
- Draws on own relevant experience.
- Is optimistic about achievement of goals even when the going is tough.

**3**  **Takes on challenges**
- Rises to, and relishes, a range of challenges.
- Feels able to succeed and is prepared to stand up for what they believe in.
- Has the confidence to involve others in support of a particular goal.

# Self belief *(continued)*

**4**  **Relishes challenge**
- – Takes on very stretching challenges that others may back away from.
- – Is able to challenge others in positions of power in pursuit of a specific goal.
- – May be a 'lone voice' challenging the status quo, but will always be able to back up their position with evidence that the action is aimed at achieving service improvement.

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**Links**

The role of leader in the health service is a very challenging one, carrying high levels of public accountability. Effective leaders need a strong sense of self-worth so that they can be resilient in the face of such criticism. A sense of *Self belief* – which is critically based on a sound depth and breadth of experience – needs to work hand in hand with a leader's *Personal integrity*, enabling them to hold out for what is right. It takes substantial courage and conviction to stand up and be a lone voice.

# Self awareness

**Knowing your own strengths and limitations and understanding your own emotions and the impact of your behaviour on others in diverse situations.**

**Why it matters** Leadership in the health service is increasingly about working across organisations and as part of networks. This means that leaders must be able to share leadership with others and to be aware of the impact they have on others, especially where the other party's priorities differ from their own.

Effective leaders take account of their personal limitations, either through *Self management*, or by positioning other people with the right strengths to take the lead in some situations.

**Levels**

| 0 | **Fails to consider own emotions** |
|---|---|
| | – Does not stop to understand own emotions. |
| | – May be surprised by own reactions to certain situations; and, does not set time aside for personal reflection. |
| | – Does not recognise or acknowledge the impact of own behaviour on others. |

| 1 | **Registers own emotions** |
|---|---|
| | – Is aware of their own feelings. |
| | – Notices when their emotions are aroused. |

| 2 | **Understands own emotions** |
|---|---|
| | – Understands the nature and causes of their emotional reactions to particular situations. |
| | – Recognises how challenges to their personal values are likely to trigger certain responses in them. |

| 3 | **Understands own strengths and limitations** |
|---|---|
| | – Understands the likely implications and impact of their emotions, both on self and others in a range of situations. |
| | – Knows their own strengths, and limitations, in providing leadership that makes a difference to patients and users. |

**Links**

A high level of self awareness helps the effective leader to sustain their energy and to be resilient, especially in difficult times (linking it to *Self management*). It enables them to learn from mistakes or misjudgements.

Recognition of their own strengths and limitations means that they are more likely to *Empower others*, giving them the opportunity to develop and to support broad service improvement goals. Successful *Collaborative working* requires leaders who are well aware of, and sensitive to, the impact they have on others in a range of work situations.

# Self management

**Being able to manage your own emotions and be resilient in a range of complex and demanding situations.**

**Why it matters** To improve services for patients requires leaders who are able to lead major change. To lead change in the context of the NHS requires staying power, especially in the face of challenge or resistance. Leaders need to manage their emotions when challenged, especially when it is a challenge to their own values.

## Levels

**0**  **Loses control**
   – May lose control in stressful situations; for example, may become aggressive, 'freeze', or run away from difficult decisions.
   – May suffer from 'burn out' without recognising the warning signs or seeking help in advance.

**1**  **Shows restraint**
   – Carefully manages own responses and reactions when under pressure.
   – Remains calm in a crisis.
   – Resists the temptation to take over; for example, when leadership has been delegated to others or when working in collaboration with other partners.

**2**  **Manages own emotions**
   – Takes conscious steps to manage own emotions and pressure when necessary.
   – May withdraw from a stressful situation temporarily, creating time out for reflection or recuperation, or seeking support from peers/learning set.

**3**  **Demonstrates resilience**
   – Manages their own energy, pacing their efforts for the long haul.
   – Recognises others' anxieties and problems, and encourages them to find ways of dealing constructively with their stress; models a healthy work/life balance.
   – Is able to absorb and deal constructively with criticism, seeking support as necessary.

> **Links**
>
> Self management is underpinned by a high level of *Self awareness*; knowing your own trigger points in certain situations helps a leader to manage their reactions appropriately.
>
> Self management is critical for any interaction with people, especially at times of conflict or disagreement, pressure and other frustrations. It has particularly strong links with all qualities found in *Delivering the service*, which requires leaders to be tenacious and focused on the achievement of both short-term and long-term goals, irrespective of the obstacles or resistence that stand in the way.

# Drive for improvement

A deep motivation to improve performance in the health service and thereby to make a real difference to others' health and quality of life.

**Why it matters** This quality provides the value base and the drive for what leaders in the service have to do to improve and transform health services. It fuels their stamina and resilience to manage the challenges of a complex leadership role and is underpinned by a fundamental commitment to public service.

It describes the scope and scale to which leaders think about developing and delivering health and service improvements.

## Levels

**0**      **Wants personal recognition**
  – Is driven by a need for personal kudos and recognition alone, seeking the limelight, rather than by achievement of goals for the greater good.

**1**      **Targets effort for service improvement**
  – Stays focused on the goal of service improvement and resists being side-tracked.
  – Takes time to be personally helpful and constructive to others in achieving the goal.
  – Puts the needs of others first where these are concerned with service improvement.

**2**      **Aims to make a difference with stakeholders**
  – Invests effort in making a difference to how services are planned and delivered.
  – Works with and for key stakeholders inside and outside of the organisation to achieve positive outcomes.
  – Sees own organisation as only one amongst a number of stakeholders needing to work collaboratively to plan health improvement and deliver health care to users in a coherent and integrated way.

**3**      **Demonstrates resilience**
  – Invests sustained effort in making a significant impact on health improvement in the local area and securing positive outcomes for stakeholders inside and outside the organisation.
  – Looks to the longer term, seeking to leave a legacy of improved health services with enduring benefits for stakeholders.
  – Puts own experience and expertise at the disposal of others in the wider health and social care context, for the greater good.

### Links
The *Drive for improvement* describes the scope and scale of delivering real servcie improvement, and typically underpins a number of other qualities which are about delivering real service improvement, i.e. *Drive for results* and *Leading change through people*. The most effective leaders are motivated by making a real difference to people, through how their health services are planned, shaped and delivered.

# Personal integrity

A strongly held sense of commitment to openness, honesty , inclusiveness and high standards in undertaking the leadership role.

**Why it matters** Their *Personal integrity* enables leaders in the service to deal fairly, and communicate consistently, with service users, staff, and partners. This means that they do their best to ensure open access to information and consistently challenges systems or people who do not show respect for diversity.

Motivated by a personal value about inclusiveness, effective leaders promote and model the openness needed in patient and carer relationships. Their integrity guides them when decision-making is difficult and it underpins the confidence needed to take tough and radical action, even in the face of opposition. It helps them cope where the achievement of a goal that is about real service improvement in the long term appears, at least in the short-term, to be dis-advantageous to some groups.

## Levels

**0**     **Takes the line of least resistance**
- Responds to pressure by not standing up for own values and beliefs.
- Demonstrates behaviour that is counter to core values of openness, inclusiveness and honesty.

**1**     **Acts consistently**
- Behaves consistently with own stated values and beliefs.
- Delivers on what they have promised, or is open about their own short-comings.
- Models and promotes the organisational values – i.e. '*walks the walk.*'

**2**     **Chooses transparency**
- Creates an environment of openness, cutting through ambiguity to provide clarity in communication.
- Requires and expects others to be equally as open in their communication, with staff, patients and other stakeholders.
- Uses plain language in communication to demystify clinical and other issues.

**3**     **Shows personal courage**
- Delivers on their commitments in terms of leading and developing health services, even when it is difficult to do so, and there may be a personal cost in doing so.
- Acts as a role model for involvement of staff, patients and other stakeholders, even where this results in challenges to how things are done.
- Is prepared to support others who are acting consistently with core values.

**4**     **Embraces  Diversity**
- Treats all people equally and with respect.
- Takes a fair and inclusive approach to decision making.
- Challenges systems or people who do not show respect for diversity

# Personal integrity *(continued)*

### Links

Their sense of *Personal integrity* works hand in hand with their *Self belief* to underlie the most effective leaders' determination to make a real difference to how health services are planned, shaped and delivered. It is at the heart of how they communicate consistently with users of the service and involve them in improving services (links to *Collaborative working*). It also drives their respect for diversity and determination to make equality of opportunity happen (links to *Empowering others*).

# Seizing the future

**Being prepared to take action now to shape and implement a vision for the future development of services.**

**Why it matters** Leaders of health organisations often work with uncertainty, ambiguity and incomplete information. They need to have an eye to the future in making decisions about the present, driven by a motivation to achieve service and health improvements.

This strategic vision enables them to take the radical actions, which may be needed to modernise the service and make it genuinely responsive to the needs of users. The improvement of services often requires leaders who are prepared to take some risks, to dare to be different, to be creative and to challenge the way things are done. Those with the vision also need to be prepared to put the vision into action and to bring others with them.

**Levels** *Some quality levels are* **particularly** *associated with success at Chief Executive and Director level. These are indicated by brackets* **[ ]**. *This does not mean that leaders at other levels will not demonstrate these levels (they may well do) but that these are the levels for which leaders at Board level should be aiming.*

| | |
|---|---|
| **0** | **Is locked in the present** |

- Fails to think about the consequences of actions in the future.
- Is preoccupied with the present and the operational detail, failing to balance this out with a longer-term view.
- Resists new ideas and approaches.

| | |
|---|---|
| **1** | **Acts decisively** |

- Reacts to current issues and problems and does so decisively.
- Acts quickly and decisively in a crisis or other time-sensitive situation.
- Anticipates and takes action to avoid an approaching problem that might interfere with effective service delivery.
- Makes the most of current opportunities to bring about incremental improvements that are of beneÿt to staff, carers or patients.
- Looks ahead within a 3-month time-frame.

| | |
|---|---|
| **[2]** | **Thinks and acts 4–12 months ahead** |

- Sees how the current service developments fit into the bigger picture for service improvement.
- Takes action to realise service improvements in the short term.

# Seizing the future *(continued)*

**[3]**      **Thinks and acts over a year ahead**

–   Thinks through and actions decisions, goals and priorities that can further the stated strategy for health and service improvement over the next year or so.

–   Identifies the implications and risks of alternative courses of action; goes out to make these work, looking beyond existing organisational boundaries.

–   Takes action to improve service delivery, the benefit of which should be fully realised in the medium-term (1year +).

**[4]**      **Thinks and acts for the future**

–   Looks to the future and is able to see current opportunities and linkages that others may struggle to see; acts on these.

–   Generates, tests and implements a range of innovative approaches to move a situation on, understanding the broader trends in health improvement and service delivery.

–   Thinks and acts with a long-term, futuristic perspective.

**Links**

The ability to *Seize the future* in the health service requires a leader to have a high level of *Political astuteness*. This enables them both to anticipate and interpret policy direction – translating this into local action. The most effective leaders are those who can take their strategic vision and turn it into action – this quality is therefore often associated with *Drive for results* and *Leading change through people*. Importantly, those with real vision take the time to *Empower others* – thus ensuring that the vision has real longevity.

# Intellectual flexibility

The facility to embrace and cut through ambiguity and complexity and to be open to creativity in leading and developing services.

**Why it matters** Leaders in the health service need to be able to get a grip on short and long-term priorities, especially where resources are finite, and in order to provide direction to others. This requires the ability to move rapidly between big picture thinking and paying sufficient attention to significant detail.

Keeping an open mind is important for radical and creative thinking. To define and drive through change and reorganisation or to reconfigure and reorganise services so that they are more reponsive to the needs of diverse user groups, a leader needs to be receptive to new ideas, especially around how patients and staff are treated and involved in decision making.

### Levels

**0**      **Fails to integrate information**
–      Fails to make connections and relate things to a wider context.
–      Cannot see the 'wood for the trees'.
–      Ignores information from diverse, or 'non standard', sources.

**1**      **Considers new information and perspectives**
–      Responds positively to new information and alternative views, including those from other professional areas.
–      Modifies own thinking, and sets of assumptions, to take account of new and diverse viewpoints.

**2**      **Integrates information**
–      Makes sense of disparate information; sees patterns and trends.
–      Finds and uses existing models, for example of how organisations work, to help integrate things into a whole.
–      Is adept at moving between significant detail on the ground and the big picture.

**3**      **Clarifies complexity**
–      Crystallises key points from a mass of disparate information and makes sense of complex situations.
–      Comes up with new ways of explaining something complex, or seeing beyond the obvious, so that others are able to understand it; this may include the use of analogies.
–      Encourages others to be innovative, in finding ways of developing service improvements.

**Links**

A leader requires emotional intelligence to lead and motivate others (the *Personal Qualities*). In the complex context of the NHS, a leader also requires a high level of *Intellectual flexibility*. The intellectual capacity to make sense of complex information and situations is critical, especially to spot opportunities for *Seizing the future* or making an investment for future service delivery. *Intellectual flexibility* is a critical prerequisite for *Leading change*, be it through people or through *Effective* and *strategic influencing*.

# Broad scanning

Taking the time to gather information from a wide range of sources.

**Why it matters** The focus on continuous improvement in provision of health care requires leaders who stay aware of best clinical and management practice. Being aware of practice elsewhere enables them to replicate or improve upon it in their own organisations and across the health community.

Leaders are held accountable for service delivery in their own organisation. Thus, they need to understand how services are being delivered to patients, to pick up early warning signs of difficulty, and to seize opportunities to improve the patient's experience.

**Levels**

**0**  **Focuses narrowly**
–   Has a narrow range of vision – misses important developments within own organisation, locally, or nationally.
–   Is haphazard, rather than systematic, in scanning for information.

**1**  **Personally investigates**
–   Gets out personally to find out directly from those who are involved what is happening.
–   Checks what is happening on the ground, asking patients and staff about their experience of services.

**2**  **Looks more widely for information**
–   Probes to find out more about what is actually happening.
–   Asks questions to get to all the facts, and to get to the heart of an issue.
–   Accesses local networks for information and to benchmark own services.

**3**  **Seeks diverse viewpoints**
–   Has systematic ways of keeping self informed, or keeping in touch, through wider networks.
–   Keeps abreast of national developments in health and social care through active involvement in national networks.
–   Commissions research to probe particular local issues.

**Links**

A leader's natural curiosity underpins their *Broad scanning* activities, and provides the food for thought on which to base decisions around service delivery and changes in strategy or direction. It provides a critical means of developing a leader's *Political astuteness* and acts as the fuel for their *Intellectual flexibility.* Having the best quality of information helps to ensure any resulting activity is focused on providing the best quality outcomes.

# Political astuteness

Showing commitment and ability to understand diverse interest groups and power bases within organisations and the wider community, and the dynamic between them, so as to lead health services more effectively.

**Why it matters** Leaders in the NHS operate in a complex local and national political context. To meet the challenge of bringing about radical and integrated change for the benefit of patients and other service users, leaders in health organisations have to understand the politics and work with them. This includes the understanding that the boundaries between organisations are not important, that services should work across boundaries, and that no one organisation in the health service can 'stand alone'.

**Levels** *Some quality levels are **particularly** associated with success at Chief Executive and Director level. These are indicated by brackets* **[ ]**. *This does not mean that leaders at other levels will not demonstrate these levels (they may well do) but that these are the levels for which leaders at Board level should be aiming.*

| | |
|---|---|
| **0** | **Lacks political 'antennae'** |

– Fails to tune in to what is really going on across the health and social care context.
– Tends to over-rely on formal processes and structures.
– Does not understand or work with the informal networks and process within the organisation.

| | |
|---|---|
| **1** | **Uses informal networks** |

– Identifies key people inside and outside the organisation who can help to influence or get things done
– Uses own networks to gain information or communicate

| | |
|---|---|
| **[2]** | **Understands culture and climate** |

– Understands what is and is not possible in a given local or national climate, in terms of health service provision.
– Is keenly aware of group norms and the way things have been customarily done.
– Uses this understanding of how things have been done in the past to manage and pace the changes required to bring about local service improvements.

| | |
|---|---|
| **[3]** | **Understands the politics** |

– Understands the 'politics' – with both a *small* and a *large* 'p' – of the health and social care context.
– Is well aware of the relevant interest groups, networks and groupings, and uses this understanding to get things done in terms of service improvements and service delivery.

# Political astuteness *(continued)*

[4]     **Understands long-term, underlying issues**
–   Understands the underlying social, political and historical factors shaping local and national realities of health services, and uses this understanding to get things done.
–   Knows who the key influencers are and how to go about involving them to shape and deliver change across the wider health and social care system.

**Links**

Political astuteness is absolutely key for *Strategic influencing* to be effective; the leader must fully understand the politics of the health and social care context. It also underpins their *Seizing the future*, ensuring it is both forward-looking and politically realistic. It is critical that the leader has a clear understanding of what is – and what is not – achievable in a given context.

# Drive for results

A strong commitment to making service performance improvements and a determination to achieve positive service outcomes for users.

**Why it matters** Setting and achieving key priorities and targets requires energy and determination – focused on tangible and quantifiable gains for users of the service.

Leaders need to interpret national policy directives and to translate these into plans at a local level – setting appropriately stretching targets to deliver real health improvements. The drive and energy of leaders creates the momentum needed for service change and for meeting challenging targets.

## Levels

**0      Fails to focus effort**
- Spreads efforts too thinly and dilutes own, and others', impact by focusing on too many – or the wrong – priorities.
- Continually 'firefighting' rather than applying learning from past situations.

**1      Strives to deliver local targets**
- Takes actions that lead to the delivery of set service targets.
- Shows determination to meet the objectives set by others.
- Keeps track of and measures outcomes against own standards, over and above those set by others.

**2      Places a focus on improving performance**
- Takes actions that lead to quantifiable service improvements.
- Encourages others to find ways of delivering services that will better serve the needs of patients while meeting local targets.

**3      Sets and meets challenging goals**
- Sets self and others stretching goals, over and above those required to meet national standards and targets, where these will help to improve local services.
- Takes the necessary actions to meet these goals; identifies and applies measures to track and quantify achievement.
- Overcomes obstacles to achieving goals and uses failure as an opportunity to learn.

# Drive for results *(continued)*

4 **Sustains focus**

– Is unceasing in their determination to achieve goals over time; resists any pressure to be deflected from this attainment.

– Is prepared to challenge others and address poor performance where this is impacting effective service delivery.

– Takes calculated risks, based on learning and experience, to achieve longer-term service improvements.

**Links**

Drive for results is fuelled and defined by a leader's *Drive for improvement*, the effort of which is focused by *Intellectual flexibility*. The conviction in *Personal integrity* helps leaders to be ambitious in achieving results. *Political astuteness* enables leaders to be realistic and grounded, while *Broad scanning* makes it more likely that targets will be appropriate in changing circumstances. There is a key link to delivery through *Leading change through people*, with leaders communicating a clear direction as the basis for setting goals for others.

# Leading change through people

**Communicating the vision and rationale for change and service improvement, and engaging and facilitating others to work collaboratively to achieve real change.**

**Why it matters** Leadership is critical in setting the organisational climate that people experience – whether the context is a hospital, a community setting or network. How prepared people are to expend the extra effort required to implement change is impacted by this climate. Strong and clear leadership is critical in inspiring people to make changes and in getting diverse stakeholders to work effectively together. As health services become more integrated with other agencies it is critical that leaders provide clarity about individual and team roles.

**Levels** *Some quality levels are **particularly** associated with success at Chief Executive and Director level. These are indicated by brackets* **[ ]**. *This does not mean that leaders at other levels will not demonstrate these levels (they may well do) but that these are the levels for which leaders at Board level should be aiming.*

| 0 | **Abdicates leadership responsibility** |
|---|---|

– Fails to provide clarity and direction or to lead others to achieve a vision.
– Does not step up to the leadership role.
– Passes the buck when faced with leadership responsibility.

| 1 | **Manages the team** |
|---|---|

– Communicates clear expectations of self and others
– Sets up regular communications with the team (e.g. through team meetings or a newsletter) and makes sure the team is kept informed on what is happening.
– Explains the reasons behind key decisions.
– Is visible as the leader of the team.

| [2] | **Secures the right resources and support** |
|---|---|

– Secures needed support or development for the beneÿt of both individuals and the team as a whole.
– Facilitates the effectiveness of a group by obtaining and providing them with the right resource or information.
– Seeks to remove obstacles that could hinder the work and progress of the team

| [3] | **Creates the right team conditions** |
|---|---|

– Creates the conditions that enable team members to support and challenge each other to enable team to perform at its best.
– Gets input from others with the intent of promoting the effectiveness of the group or process.
– Acts to build team spirit so as to promote team effectiveness.
– Encourages individuals to be innovative in finding new ways to improve the service.

# Leading change through people *(continued)*

**[4]**    **Articulates a compelling vision of change**
- Communicates the vision and brings it alive – describing what the future needs to look like in terms of service improvements and modernisation.
- Gives people a sense that change is achievable and that their contribution matters.
- Explains the rationale for changes and key service priorities.

**[5]**    **Mobilises people's energy and commitment**
- Gets buy-in and commitment to the vision within the organisation and across the local health context, involving diverse groups.
- Inspires people to contribute to and lead change initiatives.
- Creates momentum and excitement about what needs to be done
- Gives people a sense that change is achievable and that their contribution matters.

**[6]**    **Makes change inclusive and effective**
- Aligns efforts and shares leadership to achieve the vision of integrated service change.
- Removes obstacles to the working of the team in the organisation and in cross-boundary working. Identifies and secures resources as required.
- Encourages others to drive forward change. Enables teams to succeed in making change.

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**Links**

The energy for *Leading change through people* comes from the *Drive for improvement*, and is focused by the *Setting Direction* cluster. A leader's *Self belief* must underpin it. *Political astuteness* helps the leader decide how much change to make, and how fast. *Holding to account* supports *Leading change through people* in making sure that assigned accountabilities happen, while *Empowering others* helps the leader create space for others to grow and take responsibility. Critical links are with *Self awareness*, which gives the leader insight into their own strengths and limitations, and with *Effective and strategic influencing* enabling use of a range of styles to bring others on board.

# Holding to account

The strength of resolve to hold others to account for agreed targets and to be held accountable for delivering a high level of service.

**Why it matters** This is key in ensuring quality and consistency of care, and in ensuring that people inside and outside the organisation do what they have contracted to do. Leaders are accountable for clinical and corporate standards of governance – they have a key role in setting the climate for high standards and for holding others accountable for the performance of the organisation and services, as well as being held accountable themselves.

### Levels

**0**      **Lets poor performance drift**
–    Fails to identify and address performance issues.
–    Challenges people about their performance inappropriately and/or inconsistently.
–    Places blame and provides no support for failure.

**1**      **Assigns clear accountability**
–    Provides others with clarity of purpose and direction, developing individual and team performance targets and deliverables.
–    Ensures clear service level agreements and controls assurance processes are developed, e.g. for clinical/corporate governance and for the co-ordination of services

**2**      **Sets boundaries for accountability**
–    Sets the parameters for how others are to act.
–    Ensures that appropriate processes are in place to support individuals in achieving the required standards.
–    Supports staff in learning from their mistakes or failures.
–    Is prepared to be held openly to account for own agreed goals.

**3**      **Promotes a high performance culture**
–     Challenges and confronts conflict, especially where this is impacting on service delivery and standards, and contributes to brokering agreement.
–    Intervenes swiftly and consistently when performance is slipping, using the appropriate processes.
–     Holds others directly accountable for delivering what has been agreed, both within and outside the organisation.

**Links**

To hold others to account, the strong leader must have *Self belief* – the inner sense that the actions they are taking are focused on achieving the best outcomes for service improvement. This also gives them the confidence and strength to be held to account for what they have promised to deliver. *Self management* gives them the resilience to manage both their own actions and emotions, and those of others. In *Leading change through people*, the most effective leader is the one who is able and prepared to hold others to account for delivering the change.

# Empowering others

Striving to facilitate others' contributions and to share leadership, nurturing capability and long-term development of others.

**Why it matters** To bring about real and lasting health gain, people across the organisation and the wider health community need to take on the responsibility for changing and improving health services. Providing encouragement and space for them to do so accelerates the growth of communities and of organisations where decision-making is close to the action. This in turn minimises bureaucracy and enables a greater focus on the interests of patients and users. This is also about the sharing of power in the direct relationship with patients.

## Levels

**0       Dominates**
– Takes over and dominates proceedings.
– Does not make space for others to contribute or grow.

**1       Encourages and supports**
– Gives explicit encouragement and makes self available for support, especially when others have experienced a setback; listens empathetically.
– Provides opportunity for others to learn from mistakes in a non-critical way.
– Makes time to offer experience and expertise to others.
– Seeks dialogue with stakeholders and patients as a means of learning.

**2       Stands back**
– Deliberately lets others take the lead and the credit by stepping to one side, to grow their capability and confidence.
– Allows freedom with accountability.
– Uses stakeholders and patients in shaping services and influencing decisions about services.

**3       Fosters independence**
– Coaches others, challenging and asking questions to help them work out the answers for themselves.
– Provides space for others to be creative and to take risks so that they can develop their own capabilities and approaches.
– Shares power within the organisation, and across networks; and, develops constructive relationships with patients and stakeholders which are focused on their true involvement in, and consultation on, service decision-making.

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# Empowering others *(continued)*

**4**         **Develops People**

          –    Actively seeks out opportunities for the development of others.

          –    Aligns individual development needs with business and organisational needs.

**Links**

To be able to empower others, a leader needs a high level of *Self awareness* – knowing when to involve others or to give others the space to take the lead. Empowering others is strongly linked with *Collaborative working* which is all about finding new and more inclusive ways of developing and integrating services across the health and social care context. It is also driven by a leader's motivation to make a real difference to health services, their *Drive for improvement*, since they cannot do this alone.

# Effective and strategic influencing

Being able and prepared to adopt a number of ways to gain support and influence diverse parties, with the aim of securing health improvements.

**Why it matters** Health improvements can only be brought about by people in different organisations and agencies and working collaboratively. Leaders of NHS organisations need to be adept at sophisticated influencing to build support across the wider health and social care context for action to transform health care.

Influencing needs to be subtle in order to empower others, and to create ownership of the change agenda. Influencing matters internally in the organisation to bring different groups together to embrace radically different ways of working.

**Levels** *Some quality levels are **particularly** associated with success at Chief Executive and Director level. These are indicated by brackets* **[ ]**. *This does not mean that leaders at other levels will not demonstrate these levels (they may well do) but that these are the levels for which leaders at Board level should be aiming.*

| 0 | **Over-relies on own impact** |
|---|---|
| | – Does not use subtle or informal influencing, failing to understand the networks and coalitions across the health context. |
| | – Relies too much on the force of their own impact, seeing only their side of the 'argument'. |

| 1 | **Uses direct logical persuasion** |
|---|---|
| | – Points out the costs and benefits associated with a particular course of action. |
| | – Persuades others by presenting a clear and well reasoned case. |
| | – Relies on facts and figures to convince others of a certain course of action. |

| [2] | **Calculates an impact** |
|---|---|
| | – Deliberately plans an approach, or steps in an 'argument', that will be successful with a particular audience or interest group. |
| | – May include taking a dramatic, or unexpected, action to persuade others round to a particular point of view. |

| [3] | **Influences both directly and indirectly** |
|---|---|
| | – Uses subtle influencing tactics, such as lobbying before a meeting, which fit with the particular situation. |
| | – Understands the need to use informal persuasion and provision of information, to influence others over whom they have no formal authority. |
| | – Takes the time to build critical mass or support for a position, with the end aim of getting results by working in partnership. |

# Effective and strategic influencing *(continued)*

**[4]**     **Uses complex influencing strategies**

–   Uses complex and multi-layered influencing strategies such as understanding others motivations and goals to bring about sustainable change.

–   Builds and uses extended networks of influence, understanding that organisations are changing role and shape.

–   Strives to ensure that local people, staff and other agencies are involved in shaping the health improvement agenda.

**Links**

*Effective and strategic influencing* runs through the whole leadership framework; NHS leaders need high levels of this quality to work effectively in the changing and complex health context. It is underpinned by *Political astuteness*, which gives the political context, and *Self awareness* – a knowledge of the impact you have on others. Personal integrity and a leader's commitment to health service values must also temper it.

# Collaborative working

Being committed to working and engaging constructively with internal and external stakeholders.

**Why it matters** Collaborative working is critical in delivering measurable and radical health improvements in a complex and changing health and social care environment. Effective partnership promotes the sharing of information and appropriate prioritisation of limited resources. It also supports 'joined up' provision of integrated care. The quality of dialogue in collaborative working is critical so that problems can be identified and common solutions agreed. Partners or 'stakeholders' include patients, carers, health service staff and people working in other statutory or voluntary agencies.

## Levels

**0**      **Goes it alone**
  – Fails to involve others in bringing about integrated healthcare.
  – Does not share information with other stakeholders

**1**      **Appreciates others' views**
  – Expresses positive expectations of internal and external stakeholders.
  – Acknowledges and respects others' diverse perspectives.

**2**      **Works for shared understanding**
  – Shares information with partners when appropriate.
  – Summarises progress, taking account of differing viewpoints, so as to clarify understanding and to establish common ground.
  – Surfaces conflict and supports resolution of this conflict.

**3**      **Forges partnerships for the long term**
  – Works with other stakeholders where conflict impedes progress to create the conditions for successful partnership working in the longer term.
  – Is informed on the current priorities of partners, and responds appropriately to changes in their status or circumstances.
  – Ensures that the strategy for health improvement is developed in a cohesive and 'joined up' manner.

**Links**

It is imperative that leaders in the health service work collaboratively in order to be effective – and such partnerships must exist with their own staff, with patients and their carers, as well as with other statutory and voluntary agencies. It is a key means of Delivering the Service in a joined up and integrated way, thereby ensuring the best possible health provision within the realities of limited resource.

# Contextual leadership: Qualities in Different Settings

We know that the best leaders in any organisation – private or public sector – make deliberate choices about how to tackle different situations and people. Our research confirmed this – that the range of situations leaders face in the NHS demand the use of a wide range of qualities in particular combinations.

Whereas the *type* of NHS organisation had little bearing on the qualities displayed by highly effective leaders, the organisational situations they faced had a significant impact on the qualities they displayed.

## How do outstanding leaders in the service tackle different situations?

The **scenarios** below provide a framework for understanding how the best leaders use a combination of qualities in particular settings. Each scenario is based on a mix of experiences and is intended to create a picture of a "real" situation. A key strand of analysis from the detailed Chief Executive and Director-level research involved identifying the combinations of qualities demonstrated by highly effective leaders in tackling different situations.

The scenarios set out in this section describe which combinations were linked to success in managing similar situations. The links are drawn from the research – as well as from the Hay Group's wider experience of leadership across the public and private sectors. They make reference to situations actually experienced by Chief Executives and Directors (e.g. whole organisation change), but each situation contains elements which can be faced by leaders at any level in the service. We would, therefore, regard the combinations of qualities, identified with success, as appropriate to any leader in a similar situation – regardless of level.

# From Leading an Organisation to Leading in a Network

*Key issues:*

- Need to move from leading an organisation in its own right to leading parts of a programme of care as part of a network.
- Breaking down patterns of service based on historical organisational boundaries.
- Re-shaping services to be based around the patient experience.
- Need to work across the health economy and to take account of the wider health and social care agenda.

*Key challenges:*

- Putting the needs of patients/users above organisational convenience
- Being able to cut across organisational and professional boundaries to deliver smooth programmes of care
- Leading people where commitment and loyalty need to be to the delivery of a service, rather than a particular organisation

*Important qualities:*

| | |
|---|---|
| Holding to account | Drive for results |
| Seizing the future | Leading change through people |
| Intellectual flexibility | Effective and strategic influencing |

# Ailing Organisation or Service

*Key issues:*

- Huge financial deficit.
- Poor reputation – with stakeholders and the community.
- Low morale.
- Sense of bereavement and grieving.
- Culture of blame and denial.
- Uncertainty about the future of the organisation and its people.
- Agenda for massive change and challenge of how to focus people externally.

*Key challenges:*

- Focusing people externally – on service users and the wider community of stakeholders.
- Creating a vision of the future and generating energy for change.
- Pulling service/organisational performance round.
- Creating pride in the organisation and its work.

*Important qualities:*

| | |
|---|---|
| Holding to account | Drive for results |
| Broad scanning | Effective and strategic influencing |
| Intellectual flexibility | Leading change through people |

# Merger (major increase in scale of leadership challenge)

*Key issues:*

- Lots of resistance internally.
- Cultural clash between organisations/services.
- Too much focus on structure (not enough on people's emotional response to loss).
- Organisational/service performance falling off.
- Split site operation.
- Organisations and services which were previously competitors.

*Key challenges:*

- Creating a common vision of the future.
- Developing a coherent culture and working practices.
- Focusing people externally.
- Managing step difference in scale (across split sites).

*Important qualities:*

| | |
|---|---|
| Intellectual flexibility | Effective and strategic iInfluencing |
| Leading change through people | Self belief |
| Drive for results | |

# Creating a New Organisation/Service

*Key issues:*

- No clear guidance or frameworks for development (only high level policy).
- Putting together previously separate functions.
- Time pressure around set up and appointments.
- GPs in conflict.
- Lots of clinical staff previously affiliated to individual practices now part of larger network organisation.
- Services being delivered in non-NHS settings.

*Key challenges:*

- Major organisation development agenda.
- How to find ways to break new ground/support innovation at a service level.
- How to influence the practice of independent contractors.
- Creating a coherent sense of a whole organisation, common vision and culture.

*Important qualities:*

| | |
|---|---|
| Intellectual flexibility | Drive for results |
| Seizing the future | Leading change through people |
| Self belief | Effective and strategic influencing |

# Specialist Organisation/Service in Need of Change

*Key issues:*

- Performance generally good.
- Staff complacent and resistant to change ("if it isn't broken, why fix it?").
- Strongly internal focus (on people and systems) – little attention paid to wider systems changes and/or the user perspective.

*Key challenges:*

- How to raise awareness of the big picture and generate energy for change.
- How to get organisation/service to understand it's part of a wider system.
- How to focus staff on needs of users and other community stakeholders.

*Important qualities:*

| | |
|---|---|
| Holding to account | Leading change through people |
| Broad scanning | Self belief |
| Drive for results | Effective and strategic influencing |
| Intellectual flexibility | |