

# Leadership Lessons

## What can be learned from the DH Staff Survey?

Annually, over quarter of a million staff (289,000 in 2008) are invited to participate in the NHS staff Survey, resulting in some 160,000 respondents and eliciting a wealth of data on the experiences of staff working across all manner of NHS organisations. Used intelligently, the insight contained within could hold the key to resolving some of our greatest human-related challenges, as well as providing a stark wake-up call in some topic areas. We'd like to focus on what leadership lessons can be drawn from the survey results.

### Strengths and limitations

Besides the insight gained, it needs to be appreciated that all surveys have limitations too and the staff survey is no exception. It asks an intelligent set of questions, comprehensive even, but then suffers from the manner in which the data is interpreted, resulting in sometimes misleading perceptions. For instance, to establish the key findings (e.g. KF1 % staff feeling satisfied with the quality of work and patient care they are able to deliver) the interpretation consists of the amalgamation of results from 3 different questions, rather than a straight forward, singular question. This runs the risk of potentially important findings being masked by better results in concurrently analysed questions.

As soon as you pool data to obtain an aggregate result, you need to consider weighting. Consider the question "the quality of leadership in my organisation is excellent" with a 5 point scale running from strongly disagree to strongly agree with a neutral midpoint. On its own, the question elicits comparatively little information because leadership is a broad area with many components. So, to improve the quality of insight gained, leadership is explored by its components, breaking this into say three questions such as:

- I received clear, unambiguous direction
- Communication is active and focused
- Shared ownership & accountability is encouraged

Let's say that the results return as 24%, 51% and 74% strongly agreeing with the statements respectively. The aggregate result of 'leadership' is an acceptable 50% but it masks the underlying and serious problem that direction is poor. That's serious enough but clear, unambiguous direction is known to be one of the most significant influencers of performance there is and therefore carries more weight than the other statements.



If you married the strongest result and the weakest result into a statement, you could almost say that "almost everybody is committed to the organisation but almost nobody really knows what to do" – which doesn't sound like a high performance environment or even a well led one. This highlights both the danger of aggregates and the absence of weighting, both of which are inherent in the results of the staff survey.

That said, the data obtained focuses on key areas know to contribute to performance and affect morale and therefore gives rise to a range of interesting findings only some of which we will focus on, from the leadership perspective.

### Teams & teamworking

Over 90% of respondents indicated they worked in teams but only a worryingly low 39% felt that they worked in well-structured teams in which staff have clear objectives, work closely together to meet these objectives, and regularly review and reflect on performance. In effect, the results suggest that although staff are gathered and expected to work together, this is not coordinated, organised or led in an effective manner. This is a poor finding for leadership across the NHS and if the staff survey is truly representative, then the tax payer is funding 90% of 1.3 million people to work together to deliver a high quality, efficient 'result' and yet only 0.5 million receive the sort of leadership that is likely to deliver the expected performance.

The leadership lesson is simple – the leadership of teams needs attention. Fortunately, around 60% of staff reported meeting to discuss how to improve teamwork, although the survey doesn't address just what kind of team building or development teams undertake. Our personal experience is that comparatively few teams undergo formal team development, which is often seen as an overly soft 'skill' to invest in. However, the issue here is more of a leadership one than a team one and highlights the urgent need to address leadership development in those leading teams.

### Line management

More worrying results appear when considering the leadership skills of line managers in general. The survey highlights that line managers are clearly committed to their staff, with 67% of participants reporting that their manager helped them with difficult tasks and 70% reported feeling supported in a personal crisis. However, only just over half (53%) felt that their manager gave them feedback or asked for their opinion (51%) before making decisions that affected their work. This highlights more failings from a leadership perspective.

Healthcare staff, particularly on the front line, have a strong motivation to be helpful and supportive and this shows through strongly in the results. However, good leadership practice involves staff having

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regular feedback on performance and this is known to impact morale, not to mention being an important part of a performance management feedback loop – it is difficult for staff to improve if they don't actually know how they are doing! Furthermore, transformational leadership involves developing ownership and accountability in team members and this is highly unlikely to occur if managers simply take decisions without consulting or sharing the process with the team members those decisions affect. It is dangerous to over-interpret the results but we can probably conclude one of two things, or both:

- Those in leadership positions have not had sufficient leadership development
- That transformational leadership is not commonplace in the NHS, which could be due to the first point or possibly a more transactional approach is preferred

We refrain from concluding that those in leadership posts are just not up to the job because our experience is that with proper development, good leadership practice can be encouraged, developed and embedded in most.

#### Appraisal

In 2008, 64% of respondents had undertaken an appraisal (or a knowledge and skills development review). Given a historical disdain for appraisals in the public sector this is a welcome finding that suggests a stronger commitment by organisations to actively performance manage their staff. However, only 27% of all staff felt that their review was 'well structured' in that it improved how they worked, set clear objectives and left them feeling that their work was valued.

Consistent with previously highlighted findings, only a third (34%) said that they received clear feedback on how they were doing. At a practical level, the findings could simply be down to a lack of experience or training in delivering appraisals but the trends towards no clear direction, poor feedback, lack of recognition etc are frighteningly consistent throughout the survey results as a whole, suggesting a more likely issue with the leadership development process rather than the skills training.

#### Feeling valued

One of the strongest predictors of morale in staff is whether or not they feel valued for the contribution they make. Ensuring that contribution is recognised is not only consistent with delivering against the fundamental human needs but also falls into a category of leadership 101. It is sad to find that less than a third are satisfied with the extent to which their Trust values their work. The survey report strives to highlight the positives by identifying that in some trusts, over half (56%) of staff are satisfied with the extent to which the Trust values their work but in the interests of balance, which we applaud, lets on that in some Trusts is only 11%. If 56% is the highpoint in a caring profession where staff have traditionally given their all and more, this finding should encourage shame in the leadership ranks. From our perspective, it is one more notch on the post of conclusion that leadership needs addressing and addressing fast.

#### So what can we conclude?

Our first conclusion is somewhat frightening. Although we spend over £100 billion annually on health, employing 1.3 million people and expecting those 1.3 billion to perform well, deliver value and improve continuously, the survey highlights

a stark lack of proven leadership behaviours. Our long experience of front line clinical staff and managers alike is that they are committed, hard working and with positive intention in almost everything they do. They are also capable people that manage sometimes to achieve amazing things with comparative little resource. However, they are enormously disadvantaged by not adopting good quality leadership practice. Our experience is that healthcare staff are highly motivated to adopt good practice in all that they do and so our second conclusion is that the lack of leadership behaviour is a corporate failure to develop leadership that has persisted for a very long time.

As we enter an era where much is going to be expected of our healthcare workers, some of it very uncomfortable too, organisations need to take on board the absolute imperative of ensuring they have the right calibre of leader in place by identifying them, training them and nurturing their leadership journey. When dealing with this dearth of existing leadership expertise, it would be easy to adopt an almost frenetic approach to instilling leadership skill. We urge caution. A competitive market, coping with a demanding environment in an era of financial famine and massive reconfiguration requires something a bit different – the imperative of context-specific leadership. Imagine increasing your leaders' ability to achieve and muster the support of people whilst they still disagree with the direction to travel. Now that's an interesting challenge!

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