HILLCROFT HOUSE

NHS Leadership Culture 2014 & Beyond

Life after Mid Staffordshire and the Francis Inquiry

Thursday 5th December 2013

Table of Contents

INTRODUCTION 2

BACKGROUND 4

THE INTERVIEWS 7

- The Senior Management Interviews 8
- The Middle Management Interviews 25

THE WAY FORWARD: "a catalyst for change" 41

- Sustaining a Patient-First Culture 42
- The Solution: *The Best of the Best*© Programme 43
- How *The Best of the Best*© Programme works 44
- The first *Best of the Best*© Team 45

Appendix 46

Introduction

“I hope that our experience will be an inspiration to others and challenge people to think differently.”

Joe Harrison
Chief Executive
Milton Keynes Hospital NHS Foundation Trust

Everything we do must be about giving patients the best possible care – and as the Francis Report made clear, good leadership within the NHS is an essential part of that.

Here at Milton Keynes Hospital, we’ve seen the difference leadership development can make through our Core Clinical & Support Services Division. The results speak for themselves. Patients are truly put at the forefront and quality is improving.

We can see the difference in both the leaders themselves, and also in the team as a whole. Staff in Core Clinical now show an exceptional pride in what they do. They feel an ownership and personal responsibility to improving our hospital for our patients.

Our 3Ws project is a real example of delivering a positive change for patients. Developed by staff in Core Clinical, the principle is that all staff, regardless of role, can help patients by making sure they have Water, are Warm, and can reach their call bell to Warn staff about a problem. This change has come about because staff felt confident in expressing a different way of working, they got the support they needed, and the sense of team working meant it was embraced across the whole division.

Core Clinical has not just developed a successful leadership team, it is developing the leaders of the future. It has set itself on a path of continuous improvement, and as the interviews that follow show, the team has been achieving this with enthusiasm, encouragement and innovation.

I would like to say thank you to all of the staff at Milton Keynes, not just the few featured in this report, but staff at every level and in every discipline who have contributed to making our hospital a great place to work. I hope that our experience will be an inspiration to others and challenge people to think differently.

Joe Harrison, Chief Executive, Milton Keynes Hospital NHS Foundation Trust

Background

Financial plan of company development
Table № 15
1400
1200
600
400

NHS Leadership Culture 2014 and Beyond, started five years ago; however, its importance became even more apparent when on Wednesday 6th February 2013 the results of the inquiry into Mid Staffordshire NHS Foundation Trust were published. These results identified numerous warning signs, all of which signalled concerns for the rest of the National Health Service.

The Francis Report is both objective and meticulous. It identifies: "*an insidious negative culture involving a tolerance of poor standards*" and "*a disengagement from managerial and leadership responsibilities.*" Is Mid Staffs unique in this, or is such dysfunction common throughout the country?

We find that much research carried out between 2009 and 2013 reveals leadership concerns:

- ineffective management, which is estimated to be costing UK businesses over £19 billion per year in lost working hours;
- 93% of NHS employees claim current leadership training is ineffective.

These and other surveys (listed in Appendix 1, pages 47 and 48) show also that ineffective leadership is not unique to the NHS. It is apparent in both public and private sector organisations.

The Milton Keynes Core Clinical Story – How it began

In 2007, Hillcroft House was commissioned to carry out work at Milton Keynes Hospital. This led to a close working relationship with the leadership team in the Core Clinical Division through management training days, one-to-one coaching and mentoring. Lessons were learnt and the talent, capacity and potential for future leaders within the NHS came to light.

A culture focussed on putting the patient first became deeply rooted in the day-to-day activities. In doing so, the Core Clinical Division avoided the systematic failures exhibited in Mid Staffordshire.

The interviews quoted in this report illustrate the intensive work done by both Milton Keynes Hospital and by many committed and courageous individuals in the Core Clinical Division, now called the Core Clinical & Support Services Division.

In recent years, the financial scene has changed fundamentally. The NHS no longer has the funding available to use external providers to the same extent. Consequently, if the recommendations of the Francis Report are to be implemented, access to appropriate leadership training needs a new approach.

The Way Forward

Addressing the radical cultural and organisational changes required is not only about Chief Executives meeting to discuss strategy. It is about achieving a major re-engagement with middle management leadership and sharing this knowledge/approach throughout the organisation. It is about finding and selecting groups of no more than five key/core people in each hospital. It is about implementing the programme called ***The Best of the Best©.***

Hillcroft House has access to over 2000 case studies which provide the answers to many of the leadership and cultural challenges facing the NHS. Working together, these new key/core groups will be trained to have the knowledge and skills to become a catalyst for sustainable and positive change. They will share their knowledge and co-develop solutions which will be cascaded throughout the organisation. This will duplicate the success of the work done in the Core Clinical & Support Services Division of Milton Keynes Hospital.

As you turn the pages, you will read thirteen interviews with past and present leaders from Core Clinical and members of the current middle management team. These interviews are their stories, which describe not just the challenges they faced, but ***WHAT*** they did and ***HOW*** they did it.

The final section of this report (page 41) describes ***how***:

1. each hospital can create and sustain a Patient-First Culture;
2. ***The Best of the Best©*** programme can be successfully implemented, with indicative timescales and budgets;
3. in the words of the Rt Hon Jeremy Hunt MP, Secretary of State for Health, Mid Staffordshire will not ***"be a byword for failure, but a catalyst for change."***

Adam Crizzle
Managing Director, Hillcroft House UK Limited

The Interviews

The Senior Management Interviews

Nicola Lester, Divisional Manager (2002 to 2009)

Su Jerome, Divisional Manager (2009 to 2011)

Jacqui Page, Divisional Manager (2011 to 2012)

Dr Jonathan Ellis, Consultant Radiologist and Divisional Director (2010 to date)

Steve Melville, Divisional Manager, Core Clinical Services (2012 to date)

Ann Dring, Allied Health Professional Lead, Core Clinical Services (2012 to date)

Nicola Lester

Having undertaken nurse training in the 1980s, Nicola built her career specialising in intensive care, culminating in the position of Matron. She then became interested in the role of clinicians as general managers and was appointed as a Divisional Manager at Milton Keynes Hospital.

It soon became evident to Nicola that a different approach, attitude and culture for change was required in the modern NHS. She went on to study for a Masters in the Management of Change and Innovation and trained in leadership. A strategic review of urgent care for Bucks PCT followed.

As the NHS reforms were announced in 2010, Nicola joined NHS Chiltern Clinical Commissioning Group in its shadow form to guide its journey to full authorisation.

Now Development Director at Chiltern CCG, Nicola has lead responsibility for organisational development, engagement and partnerships.

"… we were beginning to create an environment where people enjoyed coming to work… It was becoming fun."

Nicola Lester, Divisional Manager, Core Clinical Services (2002 to 2009)

What challenges did you identify when you were in charge of Core Clinical?

About two years after taking up the post at Milton Keynes Hospital in 2002, I started to become aware of certain behavioural issues within my Division. This Division consisted of twelve departments of which Pharmacy was a prominent one; prominent and with a poor reputation within the hospital.

Conflict, arguments and meetings at which no agreement could be reached were apparent to me and deeply troubling. This indicated a toxic culture. This culture of toxicity was having a negative effect both upon the Pharmacy department itself and those services dependent on the Pharmacy team.

I observed an overly strong and controlling management style. It was also clear that many staff felt themselves undervalued, though, surprisingly, there did seem to be an innate loyalty from junior members of the team. This undervaluing was extremely sad as the department had at its disposal so many people who were very capable and totally committed to their profession. The greatest sadness however, was that they were completely unaware of how dysfunctional they were as a team and of the impact it had on their collective wellbeing.

What was this doing for patients? These were problems that were not going to go away. Unaddressed, these concerns could lead to what every Divisional Manager fears; a risk to patient safety.

What actions did you decide upon?

Over a considerable time we had invested in individual coaching followed by a programme of workshops to boost morale. We introduced the concept of Lean Thinking to enable the whole team to be involved in developing solutions to the problems of work flow and reputational issues. Although these interventions were helpful, I did not feel they were identifying or addressing the root cause.

By 2008 I decided we had to take another approach. I needed an external specialist. I selected Hillcroft House who focussed on logical and evidence-based techniques. Their methods identified the root cause of my concerns, thus enabling the first stage of the change that was essential for the future of the department and services it provided to the hospital.

The gradual changes in Pharmacy led me to extend the training to all my departmental heads. I also continued some of the specific training with other departments in my division.

What were the results and outcomes at the point when you moved to your next position?

By the time I left Milton Keynes Hospital in 2009, these new ways of working had helped me understand that the way in which appraisals were carried out with the department heads needed modifying. This change led to clearer definitions of responsibility, accountability and the expected behaviours of leaders.

I was pleased with the initial feedback from internal customers. This showed that Pharmacy had improved and was now offering a more effective service to the hospital.

I felt we were beginning to create an environment where people enjoyed coming to work. They were valued by managers and colleagues. It was becoming an innovative culture. It was becoming fun.

In summary, there were still many challenges ahead. I knew that what we were facing could not be resolved in a single year. But the foundations had been laid. There was now greater confidence, more team reflection, more supportive behaviours and the beginnings of a new era; an era in which people would feel engaged, empowered and involved.

Nicola Lester, Divisional Manager, Core Clinical Services (2002 to 2009)

Su Jerome

Su began her nursing career in the 1980s. Over the years she has added to her professional clinical expertise and obtained a series of psychodynamic counselling and leadership qualifications. In the late 1990s she was seconded into the role of Deputy Director of Nursing and took up the role of Divisional Manager for Medicine and Emergency Care.

Su developed a deep-rooted conviction in the primacy of care for the patient. To this end she knew that for the NHS to overcome its challenges, a new breed of committed and effective leaders was essential. With her interest in developing leaders for the future, Su accepted the challenge of Core Clinical Divisional Manager in 2009. Here she remained until her move to the Transformation Team.

"People were growing emotionally, achieving greater successes and at the same time future leaders were being identified."

Su Jerome, Divisional Manager, Core Clinical Services (2009 to 2011)

What challenges did you identify when you were in charge of Core Clinical?

When I began in this role I immediately noticed that I had a good and highly committed team. There was a variety of skills amongst them and it was clear that the foundations already laid by Nicola Lester would be solid ones on which to build.

Some of the team had a very clear vision. They knew where their department should be heading, though their plans to realise this vision were at times disjointed and, unfortunately, they were not always connected with the overall objectives of the Trust.

Leadership was constantly on my agenda. It was recognised that for Governance, Budgets, Risk Awareness and Quality to be maintained, effective leadership was essential.

Although most of my managers were extremely knowledgeable with regard to their individual specialities, they did not all have the necessary leadership skills for the task. They were not as effective in engaging with their own teams nor with other clinicians/managers, as they might be. This limitation made me realise that without effective leadership skills, despite the excellence of their plans, these plans would not become a reality.

Above all, the most significant challenge was that Core Clinical did not have a good reputation. The Trust did not value the Division, as it was perceived as being slow to deliver results and resistant to change. Worse still, Core Clinical was seen as a no-hoper, a Division unable to change or deliver the services the Trust or the patients now needed.

What actions did you decide upon?

My first objective was to raise the self-awareness levels of my managers. This, I was certain, would improve their effectiveness as leaders.

I wanted my managers to become more aware that different people react to similar stresses in a variety of ways. To this end, I continued the management Away Days, because these days addressed the study of these varying reactions. Once the team understood how other people react and behave, it would help them to deliver to their audience clear and unambiguous messages.

As time continued and the understanding of differing behaviours grew, I was able to introduce the concept of succession planning; planning which would necessitate looking at the strengths and limitations of each person's behaviour. This knowledge gave the team as a whole the skills to work with others, and the ability to learn from those who displayed behaviours unlike their own.

What were the results and outcomes at the point when you moved to your next position?

By the time I left the Core Clinical Division and moved to the Transformation Team, a culture of open and honest conversations had developed. Communication was clearer. People who talked a lot were starting to listen more, and those who previously had hardly spoken, now contributed to the discussion. Strengths were embraced and limitations recognised.

People were growing emotionally, achieving greater successes and at the same time future leaders were being identified. A leadership programme for all levels of identified team leaders was implemented. Leadership skills were now being linked to day-to-day activities. A sense of ownership and responsibility for the future was created.

My conviction that leadership needed to be at the top of the agenda was at last being realised. The vision of Core Clinical was now more clearly defined and our achievements were starting to be recognised and acknowledged by the Trust.

Although there was still more to do, this change helped to ensure that discussions continued about the needs of the organisation, and above all, it kept the attention on the wellbeing of our patients.

Su Jerome, Divisional Manager, Core Clinical Services (2009 to 2011)

Jacqui Page

Jacqui began her NHS career working in Hotel Services in 1981, moving to various hospitals across the country. In 2000 Jacqui progressed into the management of Outpatients at Stoke Mandeville, transferring to Milton Keynes as Patient Services Manager in 2005.

In 2010 Jacqui completed her Masters in Leadership and Social Care. In 2011 she became the General Manager for Core Clinical Services, and after an organisational services review Jacqui was asked to take up the post of General Manager to the Surgical Services Division in 2012.

"...our Leadership training had provided a vision of what we needed to achieve against a background of continual change."

Jacqui Page, Divisional Manager, Core Clinical Services (2011 to 2012)

What challenges did you identify when you were in charge of Core Clinical?

I took up the role of General Manager for Core Clinical at a time of great change in the Trust. There was a trust-wide organisational structural review imminent and some difficult industrial relations within the Pathology department. The leadership styles I identified in the Divisional team, and within the team leaders in Pathology, were varied in terms of ability and individual levels of emotional intelligence.

I was also aware that any changes in Core Clinical would directly affect the other two Divisions of Surgery and Medicine, and that these effects should not be underestimated. It was important to look outwardly at the wider operating of the hospital as well as at the internal issues within the Division.

In addition, there were challenges in relation to the performance management of staff, which had the potential to weaken the Division and which the management team needed help to address.

What actions did you decide upon?

I was able to build on the leadership work already started by Nicola Lester and Su Jerome. The DiSC training I undertook while in Patient Services enabled me to make rapid assessments on first meeting someone, or even just receiving an email, as to how I could best work with them to achieve the required outcomes. This enabled me to move projects and ideas forward successfully. DiSC profiling also helped me to understand myself, and how others perceive me.

I carried on with the Away Days instigated by Nicola and Su, again bringing in Hillcroft House to deliver some performance management training to Core Clinical managers which was very well received and effective. It gave managers a framework, again using DiSC profiles, to enable us to know what to do, and how to do it in the difficult area of performance management. This improved the work performance of some individuals and departments and helped managers to provide the appropriate opportunities for development.

What were the results and outcomes at the point when you moved to your next position?

Working with team leaders in Pathology and with the Trust Executives we were able to move forward an agenda of change which improved relationships and retained quality of services, and, with the assistance of the Transformation team we managed to deliver the savings target of £1.2m.

The Pathology leadership team was restructured and industrial relations in the department improved. Robust plans for implementing improved and sustainable working practices were in place.

After 18 months when I moved to my current role as General Manager for Surgical Services I felt I left Core Clinical leaders feeling more comfortable in their roles, more able to deal with some of the difficult staffing issues they faced, and that our leadership training had provided a vision of what we needed to achieve against a background of continual change.

The improved leadership contributes positively to patient experience and patient safety within the Trust.

Jacqui Page, Divisional Manager, Core Clinical Services (2011 to 2012)

Dr Jonathan Ellis and Steve Melville

In 2010, the structure of the three divisions at Milton Keynes Hospital was changed to incorporate leaders from the following specialisms:

a) Clinician
b) Divisional Manager
c) Allied Health Professional (AHP)

In the Core Clinical Division, Dr Jonathan Ellis held the post for Clinician in 2010 and Ann Dring was appointed as AHP Lead in 2012. Steve Melville was appointed to the team in 2012 as the Divisional Manager. This next interview was conducted with Jonathan and Steve.

"...we needed something new, something fresh, something inspiring. This led to the idea of creating the Core Clinical Brand."

Dr Jonathan Ellis, Consultant Radiologist and Divisional Director (2010 to date)

"Arrogant behaviour declined, whilst a belief in respect for others and faith in working together for common goals flourished."

Steve Melville, Divisional Manager, Core Clinical Services (2012 to date)

Dr Jonathan Ellis

Jonathan studied medicine at Oxford and obtained a first class honours degree in Physiology alongside degrees in Medicine and Surgery, qualifying as a doctor in 1994. After passing the postgraduate examinations of the Royal College of Physicians (MRCP), Jonathan went on to specialise in Radiology, becoming a Fellow of the Royal College of Radiologists in 2000. He was appointed as Consultant in 2002.

In his current post of Consultant Radiologist and Divisional Director, Jonathan has used his skills to bring into the Core Clinical Division best practice leadership techniques to improve the quality of service the NHS offers to patients.

Steve Melville

With a career spanning 30 years in the Health Sector, Steve is constantly seeking to develop communication and behaviour skills at all levels within the organisation, and to achieve the very best the NHS can offer patients.

With his mantra of *"…the most important thing, my dear, is good manners"* Steve has a passion to see leadership in the NHS excel.

In May 2013 Steve was called to speak at a Royal Pharmaceutical Society Leadership day and share the techniques used to achieve success within the Core Clinical & Support Services Division at Milton Keynes Hospital.

What challenges did you identify when you were in charge of Core Clinical?

Response from Jonathan

In January 2010, I commenced the role of Divisional Director. The first thing I felt I had to do was understand what Su Jerome, the then Core Clinical Services Manager, felt about the challenges the Division was facing. I felt it important preparation. Su and I had an evening meeting and it became clear that despite the work Nicola Lester had begun, there was still much for Su and me to do, if we were going to make a further impact on the leadership issues within the Division.

Although these leadership issues were not prominent throughout, where they did exist, they manifested as '*people working in silos*.' We had many different departments with many different types of staff. This negativity meant that the Division was unable to deliver the highest quality service that it was capable of. I needed to find a way to bring the diverse team together, to find a common thread or common value set that would turn the diversity into an advantage.

Response from Steve

I joined Jonathan two years after he had taken the Division Director post. In my role and as the only non-medical Clinical Director in the Trust, I had not worked with a consultant before. I had been selected as a manager and a future leader under the leadership of Su Jerome. This presented me with the opportunity to apply the knowledge and skills that I had gained over my long career at Milton Keynes Hospital.

I had come from within the ranks of Core Clinical and was already cognisant of our challenges and opportunities. My predecessors had stressed the importance of keeping patient care at the forefront of our concerns. This meant that even with the on-going changes in the NHS and the findings from the Francis Inquiry, our plans were already in place to meet these challenges. My role was to sustain this concern and implement the changes.

I had previously led the Hospital Sterilisation and Decontamination Department successfully. This success was due to my understanding of behaviour patterns and my ability to engage with and connect to my team. I understood that this was just one element of what was needed to be a leader.

"...high on my agenda is good manners and good levels of emotional intelligence."

It sounds obvious, but high on my agenda is good manners and good levels of emotional intelligence. I had always noticed that managers with low levels of emotional intelligence and those who used their positional power to achieve their immediate objectives were, in fact, ineffective leaders. Ineffective leaders very rarely achieve sustainable results.

Although the outline plan to address the primary importance of patient care was in place, the challenge to implement it was huge. The NHS had become a risk-averse organisation. Managers feared a constant stream of critical attack. A culture of never raising one's head above the parapet had become common, and this in turn had fostered a need to protect one's back rather than to expose any inadequacies and failings.

In the past we developed managers rather than leaders. Managers maintain systems whilst leaders look beyond into the horizon. The need to keep our eye on this horizon was paramount. This was our challenge.

What actions did you both decide upon?

Response from Jonathan

Meeting everyone in the division was crucial and an essential investment of my time. I made sure to visit all the specialities and talk to as many people as I could. This was invaluable. It gave me, as a Clinician, a greater insight into the challenges that those in the other departments in Core Clinical faced, into what was happening on the front line.

These meetings led me to conclude that we needed something new, something fresh, something inspiring. This led to the idea of creating a "Brand", the ***Core Clinical Brand***.

Creating the Core Clinical Brand

How then, should we go about creating this brand? We began by placing a lot of importance on meetings as a full team across the areas. Sharing both successes and challenges was important. We found that the solution to the problems of one team was often suggested by another team. There had to be lots of support from Steve and me for these teams. Being successful became the norm. Achieving the highest rates for appraisal, for mandatory training and for savings targets became natural to us. It became "*what we do*".

Most people in the Division had a scientific background and would not respond easily to the use of over-emotional language and considerations. But I knew we had to engage and involve them in ways of measuring our work effectively.

"...sharing of leadership knowledge and skills became a deep-rooted part of Core Clinical Culture..."

The use of Key Performance Indicators and Balanced Score Cards was the foundation of these measurements. How we marketed our achievement was equally important. I felt it was essential that the Division and its people were fully recognised. Recognition was the key. I was not interested in just setting targets to be met, there needed to be a link to patient care. There was no purpose in reinventing what had already been agreed. Consequently, we made the decision to relate all our Key Performance Indicators to Care Quality Commission requirements. Essentially, everything we measured had to connect with **Patient Safety**, **Clinical Effectiveness** and **Patient Experience**. These three were at the heart of patient care, our purpose as a hospital.

Continuing the work of Su Jerome, the Management Away Days continued. We were very conscious of the importance of both acknowledging our strengths and of recognising our limitations. The continuing sharing of leadership knowledge and skills became a deep-rooted part of Core Clinical Culture, an essential aspect of the Core Clinical Brand.

Response from Steve

Working closely with Ann and Jonathan, my energies were concentrated on the development of the people within our team. I placed much importance on our Managers' Away Days and made sure that I was disciplined and made time to work closely with the individuals within our team. Although I knew that the rewards for success may not be high, I was extremely aware that the penalties for failure could be enormous.

While it was vital that the team itself should recognise and address any shortcomings and failings in its workings, it was also paramount that we celebrate our successes. Recognition for those who made positive changes in the way we worked became a natural way of life. This behaviour instilled both a *can-do* and a *want-to-do* culture in everyone.

Recognising that there was a variety of people with different behaviour patterns was essential to foster the growth of emotional intelligence within the group. It was fun. Arrogant behaviour declined, whilst a belief in respect for others and faith in working together for common goals flourished.

What were the results and outcomes?

Response from Jonathan and Steve

The team is now a cohesive group who enjoy working together. People are open to new ideas without being defensive. Communication is far more effective than it has been before.

The Core Clinical Brand is established on the expectation of good behaviours, strong values and always delivering. The effect of the brand is clear; success breeds success and the teams are stronger and more resilient.

Reporting from Department to Division is based on uniform templates including: meaningful Key Performance Indicators; robust governance reports showing outcomes from internal CQC assessments; workforce planning reports; and finance and transformation plans. Each of these receives challenge from the triumvirate before presentation to the Executive team.

The Division is able to demonstrate that it is financially viable. It has delivered a sustainable £2 million savings plan, against a budget of £32 million, in each of the last two years, and is on track to deliver the same this year. Over 90% of its business cases have been accepted by the Trust. This stability has resulted in a high level of Trust Board confidence in Core Clinical.

"The success of Core Clinical is based on using leadership skills to deliver management outcomes and a positive 'patient comes first' culture"

Core Clinical has engaged staff through projects such as Management Awareness training for Bands 1-4, a Divisional Day which was informative and fun, a Divisional newsletter and intranet site, DiSC and Emotional Intelligence training, and Away Days.

Looking towards the future, Core Clinical has also developed a strategic action plan for the next five years and has engaged Medicine and Surgical Divisions in a 'Shaping Core Clinical' event to gain a mandate for future service developments. The successful acquisition in some departments of external accreditations such as ISO9001 will be replicated across the Division.

Engagement, empowerment and involvement of the whole team is finally an everyday culture of Core Clinical. Cultural change cannot be effected nor true leadership established overnight. To sustain this change, it needs time, it needs patience and it must be consistently nurtured.

The success of Core Clinical is based on using leadership skills to deliver management outcomes and a positive 'patient comes first' culture.

Dr Jonathan Ellis
Consultant Radiologist and
Divisional Director
(2010 to date)

Steve Melville
Divisional Manager,
Core Clinical Services
(2012 to date)

Ann Dring

Ann qualified as a Chartered Physiotherapist in 1980 from The Middlesex Hospital, London. Following posts at St Bartholomew's Hospital, London and the Royal East Sussex Hospital in Hastings, Ann joined Milton Keynes Hospital in 1984. Here she specialised in Acute Respiratory Medicine and Amputee Rehabilitation.

Prior to her current position as Therapy Services Manager, her initial leadership/management roles were as Superintendent Physiotherapist in charge of inpatient and community physiotherapy teams.

"Team Leaders have a sense of freedom that I have not seen before. This freedom has made them more creative and their creativeness has ensured even more success in what we do."

Ann Dring, Allied Health Professional Lead

How did Hillcroft House training affect your approach to the challenges you face in your work?

Back in 2008 I found the DiSC training very useful. It helped me understand different communication styles, how these styles displayed as different behaviours and above all helped me to understand myself and the impact I had on others. This training resulted in increasing my self-awareness and confidence, and as my knowledge grew I was able to adapt my behaviour without changing myself.

I was part time Physiotherapy Manager in a job share. I was sharing the role with a person with opposing behaviour traits to me. The behaviour trait of my colleague was heavily focussed on the task ahead while my primary focus was naturally on developing relationships. Working this closely with someone with opposing traits helped me quickly grasp the practicality of the DiSC model and from this I blossomed and flourished.

When my colleague retired I was given the post on a full time basis and then offered my current role of Allied Health Professional Lead where I am now one of the Core Clinical Divisional Triumvirate working closely alongside Steve Melville and Dr Jonathan Ellis.

What specific differences or improvements did the training have for you and your Division?

Over the time I have been at Milton Keynes Hospital I have seen an unprecedented transformation of attitudes and behaviours within the Core Clinical Division. The old days of living in silos are now forgotten. Sharing knowledge and success is now a common way of life. A feeling of unity is apparent in what we do as a Division. Team leaders have a sense of freedom that I have not seen before. This freedom has made them more creative and their creativeness has ensured even more success in what we do. A greater respect for others underlines the core of the Division and an absolute belief and 'can-do' attitude prevails.

As this learning was fed down and shared with team leaders, we started to see major changes that impacted positively on patient care. One of these changes was a 'patient first' culture fostered by all. In order to ensure that everyone whether they are a caterer, clinician or volunteer, contributed to patient wellbeing, the ***3Ws*** of ***Water, Warm, Warning*** were introduced. All staff present on wards now make sure that patients can reach a drink, are warm, decently covered and can reach their call bell.

Ann Dring, Allied Health Professional Lead

The Middle Management Interviews

The Reverend Daphne Preece, Lead Chaplain

Keith Marfleet, Imaging Services Manager

Jill Beech, Pathology Clinical Service Unit Transformation, Quality and Systems Manager

Gerald Remy, Therapies Lead

Marea Lawford, Acting HSDU Manager

Shirley Moon, Business Planning Manager

Dr Sue Peacock, Consultant Health Psychologist

The Reverend Daphne Preece

Daphne trained as an Earth Scientist and then went on to teach in the secondary school sector. Following a return to University to study Theology she was ordained in 1989. Prior to her current role as Lead Chaplain at Milton Keynes Hospital, which she started in 2010, Daphne had been Chaplain at two other hospitals.

"At a time when the value of chaplaincy is being questioned … Milton Keynes Hospital is bucking the trend."

The Reverend Daphne Preece, Lead Chaplain

How did Hillcroft House training affect your approach to the challenges you face in your work?

At a time when the value of chaplaincy is being questioned throughout the country and when 40% of the 163 Trusts contacted in 2013 have fewer Chaplains than they did in 2009, Milton Keynes Hospital is bucking the trend. Here at Milton Keynes Trust they have kept faith in the chaplaincy service.

I started as Chaplain here in December 2010. This is my third post in a hospital and it poses a new challenge; Milton Keynes had been without a chaplaincy service for over a year and my task was to rebuild it. It was important to re-establish a concern for the value of spiritual and pastoral care across the Trust. We now have two full-time Chaplains and a team of volunteers and provide a 24/7 service.

When I started I realised my colleagues in Core Clinical had been working with Hillcroft House since 2007. They had access to techniques which were new to me. They spoke a new language which helped them to connect with others and to achieve positive results. I wanted to know more and to discover whether these techniques could help me in the task of rebuilding the valuing of spiritual care in the hospital.

What specific differences or improvements did the training have for you and your Division?

At my first management Away Day with Hillcroft House, I realised that these new techniques enhanced my previous training for teaching and ministry; training which had emphasised the need for attentive listening. The new methods helped me realise that whilst this is vitally important, it is also paramount to understand ***how*** people in stressful conditions vocalise their thoughts and to observe ***how*** they behave. Everyone I deal with, patients, their relatives, clinical and non-clinical staff, are all in different ways under some form of stress. It became obvious to me that having a deeper understanding of behaviour patterns would be helpful. Pulling together the understanding of these patterns and the listening skills would enable me to hone my skills for responding to a person in need.

The role of Chaplain is to support the spiritual and pastoral needs of the entire community; the patients, their loved ones, the staff, and the management. The more people's needs are met, the greater our impact on patient care. This journey towards improved patient care has begun.

The Reverend Daphne Preece, Lead Chaplain

Keith Marfleet

Having worked at Mount Vernon, Stoke Mandeville and Edgware Hospitals, Keith took the post of Superintendent Radiographer at Milton Keynes Hospital in 1989. Ten years later Keith completed his MBA. His career continued to progress and he now holds the position of Imaging Services Manager.

"I have noticed a gradual change in the leadership culture; a change which acknowledges that good leadership must be earned, not just presumed."

Keith Marfleet, Imaging Services Manager

How did Hillcroft House training affect your approach to the challenges you face in your work?

I started many years ago at Milton Keynes Hospital as a Superintendent Radiographer and have seen many changes over the quarter of a century.

Over the years people across the Trust had developed a silo mentality; some were working in isolation and unwilling/unable to share ideas, knowledge and experiences with colleagues. This, I believe, was due to an over-emphasis on the fulfilling of targets, those targets in turn, being driven by strict departmental budgetary requirements. A side effect of this silo mentality, an unintended consequence of the emphasis on targets and budgets, was that we lost sight of the primacy of the patient and their care.

The first noticeable positive changes began in 2008 with the new style of management Away Days. Then I realised that, despite offering different services to the hospital, each manager faced the same challenges. Although differing in detail, two common themes emerged; ***communication blockages*** and ***unacceptable behaviours.*** With this knowledge we started to explore solutions to our common challenges.

What specific differences or improvements did the training have for you and your Division?

Confidence levels grew. Our self-awareness increased and we started to understand the impact our behaviour had on others. It became clear that the many departments of Core Clinical were not unique in the challenges they faced. The challenges facing a heavily patient-focussed service were no different from those faced by a more technical service. Owing to their disciplined management style, Pathology have shown us at Radiology different ways of doing things.

Our new found knowledge and skills not only diminished the silo mentality, but they also enabled a greater focus on patient care.

As time has moved on and after overcoming many challenges, I have noticed a gradual change in the leadership culture; a change which acknowledges that good leadership must be earned, not just presumed. I have become conscious of the bravery and courage of the current Core Clinical Division leaders. I am also aware that they themselves recognise both the importance and difficulty that they face in the implementation of many decisions they must take.

They know that in order to ensure patient care remains our top priority, you do have to sometimes challenge the status quo. Challenging the status quo can carry dangers, but it is clear that these dangers are ones that our current leaders are prepared to face.

Keith Marfleet, Imaging Services Manager

Jill Beech

With a career spanning nearly 30 years as a Biomedical Scientist, Jill now holds the position of Pathology Services Manager.

Jill has a firm passion for quality and the development of a culture of quality improvement. She believes this can only be achieved and sustained with the full engagement of all staff.

"We embraced the techniques we learnt from the training, took advantage of quick gains and created a culture of success breeding success."

Jill Beech, Pathology Services Manager

How did Hillcroft House training affect your approach to the challenges you face in your work?

With a series of Divisional managers heading Core Clinical over the years, I have seen that each manager built on what the previous leader had done. This meant that the foundations were strengthening over time. Each leader built on the work of their predecessor and concentrated on seeing the potential in people.

However, in 2008 in Pathology, although I was not fully aware of it then, we were in fact regarded by our Divisional manager as a dysfunctional bunch. I was, at the time, very cynical about the training from Hillcroft House. After all, we had heard of this type of thing before and we saw that it had made no positive impact to our department or hospital.

As time went on and the training progressed, there was a growing consciousness of the relevance of the methodology and techniques. As my self-awareness levels increased, I could reflect and was able to understand some of the behaviours which needed to be addressed within our team. This approach gave us the ability not only to work positively together, but also to work with other departments within the division. This encouraged us to explore visions, future plans and new ideas.

What specific differences or improvements did the training have for you and your Division?

Pathology was under great pressure from the External Transformation Team (ETT). We were in danger of being outsourced, without truly understanding the scale of the opportunity ourselves. We knew we offered so much to the hospital, but had to recognise that our previous behaviours had prevented us from excelling. Things now had to change.

After a rocky start, and a good dose of self-reflection, our engagement with the ETT improved. This improvement led to the ETT giving us further support with specific tools and skills that were needed. We carried out market testing of the service we offered, reviewed our strategy and developed a plan to save £1.2 million.

The detail, passion, creativeness and the desire to stop the outsourcing, kicked off the realisation that savings were achievable. We found pay opportunities, non-pay opportunities, income opportunities. We were band 8 heavy and knew this had to be addressed. As a consequence, we utilised the Mutually Agreed Resignation Scheme (MARS), reviewed our skill mix and took some difficult steps. Now we have all bands from 1 to 8 employed in Pathology, with a reduced number of band 8 staff.

“This was a difficult challenging time. I understood the reality of being a leader was about doing the right thing; this is often not the easiest thing.”

Careful project management considered the risks and issues, and mitigated these to ensure the service to patients did not suffer. This was achieved by identifying and monitoring specific key performance indicators.

This was a difficult challenging time. I understood the reality of being a leader was about doing the right thing; this is often not the easiest thing. At all times I was open and honest with the team. Integrity is very important to me, personal resilience essential.

We embraced the techniques we learnt from the training, took advantage of quick gains and created a culture of ‘success breeding success’. Some of the savings we made were just worth £200 while others were £50,000. Nothing was missed. We enjoyed creating the ‘Transformation-o-meter’ so that all staff could see progress towards a goal, an idea from Blue Peter. Every success was recorded for all to see. This entire approach has created a bunch of staff who thrive on evidence and the minutest detail, but now they also have a ‘can- do’ attitude and an enthusiastic belief in themselves, which, dare I say, is contagious.

The end of this story is just the beginning. Although Pathology has not been outsourced, we are about to proceed into an open dialogue tender to ensure we develop plans for a *fit for future responsive service*. Our journey has given the Pathology team the strength and objectivity to face this next stage of open dialogue with hope, optimism and the conviction that much can be achieved if we work together towards shared goals.

Jill Beech
Pathology Clinical Service Unit Transformation, Quality and Systems Manager

Gerald Remy

Gerald began his career in 1996 and specialised in diabetes, obesity, health promotion and community dietetics. After working at a series of London teaching hospitals, Gerald joined Milton Keynes Hospital in 2004 as a community dietitian. Five years later, he was promoted to Deputy Dietetic Manager and then by 2011, he was Acting Dietetic Manager and now holds the post of Therapies Lead. In 2012, Gerald completed an MSc in healthcare leadership, which he completed with distinction.

"My mind has been opened to new thoughts...capable of addressing challenges in a way that I had not done before."

Gerald Remy, Therapies Lead

How did Hillcroft House training affect your approach to the challenges you face in your work?

The dietetic team was manifesting a problem with communication at all levels of the department. This had a significant negative impact on the morale of the team. They felt themselves undervalued.

Hillcroft House approached the problem initially by presenting a questionnaire. The purpose of this was to establish the level of self-awareness of each member of the team. Confidential individual feedback was given. When all the responses were analysed, tools and techniques were shared with the team to help us become more effective as a group and improve our working relationships. The general consensus from the team was that this was a valuable exercise in helping us to understand the dynamic of the team and gaining a better appreciation and understanding of our own and other people's behaviours.

What specific differences or improvements did the training have for you and your Division?

This training enabled me to better understand my working relationship with others. I began to understand the impact our behaviour can have on other people. I am now aware that I have a significant number of strengths, which if overplayed, can be perceived as limitations; limitations that could have a negative effect on both departmental and personal performance.

My mind has been opened to new thoughts and in particular, the concept of "*I don't know what I don't know*". This approach to everyday situations has left me clearer in thought and capable of addressing challenges in a way that I had not done before.

In addition to my confidence levels increasing, we now have positive quality departmental performance indicators, which in turn reflects well on the Core Clinical Division.

In summary, it has been refreshing to reunite with my inner-self, to gain a sharper insight into who I am and why I behave the way I do. I now feel a desire to continue applying these techniques as part of the lifelong learning process.

Gerald Remy, Therapies Lead

Marea Lawford

With a career beginning at entry technician level, Marea has progressed into senior positions. A fully qualified member of the Institute of Decontamination Sciences, Marea successfully implemented the ISO 13485 and ISO 9001 standards in Endoscopy Decontamination. Further to this she has been instrumental in the continuing compliance and management of both ISOs in HSDU.

"Although I was cynical when we initially began the training, I eventually realised that my reflective ability, planning skills and attention to detail were, if used effectively, real leadership strengths."

Marea Lawford, Acting HSDU Manager

How did Hillcroft House training affect your approach to the challenges you face in your work?

When Steve Melville was promoted to Divisional Manager for Core Clinical Services in 2012, I was given the opportunity to take on the Manager's role in Decontamination Services. Steve has a very dynamic and engaging leadership style. My worry was, "would I be as effective as Steve?"

The training days we had already experienced made me realise that I was in fact a reflective person and that my behaviour pattern and the way I approach challenges was very different from Steve's.

Although I was cynical when we initially began the training, I eventually realised that my reflective ability, planning skills and attention to detail were, if used effectively, real leadership strengths. The training not only helped me to gain a deeper understanding of myself, it also taught me to work to my strengths, thus ensuring my leadership would be effective. As my confidence grew, I realised that increasing self-awareness was the key to being a good leader.

What specific differences or improvements did the training have for you and your Division?

The challenges facing the NHS and our hospital have been enormous. I saw that the key difficulty was the belief that the NHS was not allowed to solve its own problems. The ever changing goalposts, strategic plans not fully thought through, and a concentration on targets, compromised both quality and patient care.

Measuring what we did was essential, but if we were going to measure anything, we needed to ensure it was linked to patient care. We needed to streamline. The training helped us to realise that making changes without effective planning is actually a costly exercise; expensive to both the NHS and the taxpayer.

The training has given us the opportunity to share ideas and to implement them. We realised that as a group we were incredibly strong and creative. Core Clinical is now a Division that is not about ticking boxes, it is a Division that keeps to the forefront of its mind the idea that there is a patient behind whatever we do. Although the departments are diverse, we all have the same goal. This thought is energising, it enables us to go from strength to strength.

Marea Lawford, Acting HSDU Manager

Shirley Moon

Following a postgraduate diploma in Information Management, Shirley developed her career in numerous private sector organisations in the world of Training, Project Management and Information Management. In 2004, she moved into the NHS and in 2007 joined Milton Keynes Hospital in the role of Clinical Governance Facilitator. Owing to her vast experience, in 2013 Shirley was promoted to Business Planning Manager for the Core Clinical Services Division.

"In 2007, the Division was just a disparate group of departments and directorates with no apparent common ground. Now Core Clinical is a brand."

Shirley Moon, Business Planning Manager - Core Clinical & Support Services Division

How did Hillcroft House training affect your approach to the challenges you face in your work?

I first completed the DiSC training in 2007, not long after starting at the Trust. This made me realise how I could best tailor my communication methods to suit different groups of people in the organisation. A lot of what I had previously done instinctively now came to the foreground and could be more part of a conscious decision making process. It also made me realise I shared common thought processes with people I had previously considered quite different to myself.

Working across a Division which consisted of very disparate departments, it was invaluable to be able to find any common ground. As other people in the Division completed the DiSC training I could see others having the same realisations. Building on this we were able to find common ground in our approach to many aspects of our work. Our Divisional management Away Days were used to further explore ways in which we could unify the Division, and in getting to know each other – often by using DiSC profiles.

Each team member's strengths and limitations became known so that as a group we knew how best to tackle any challenge we faced. In 2007, the Division was just a disparate group of departments with no apparent common ground. Now Core Clinical is a brand.

What specific differences or improvements did the training have for you and your Division?

As we grew to know each other, our strength as a group also grew, improving efficiency and capability. After an organisational restructure, additional departments were added to the Division and it became easy to absorb these new colleagues into our working methods and into the Core Clinical values and ethos.

Under the leadership of Jonathan and Steve the Core Clinical brand became apparent. A brand is 'a promise of an experience'. We have made the Core Clinical brand to mean excellence. Whether in service delivery, quality, governance, finance, staff or user experience the expectation is always the same: excellence right down the line.

This develops over time and we cannot always achieve the high standards we set for ourselves, but we are not satisfied until we have done our best to succeed. I have used my training skills to help the Division build on the instruction we have received from Hillcroft House. In the future, we will be exploring more into Emotional Intelligence and leadership training for lower band staff.

Personally, working for the Division has been very rewarding. 'Brand loyalty' works inside the Division as well as for our service users.

Shirley Moon, Business Planning Manager, Core Clinical & Support Services Division

Dr Sue Peacock

As a Consultant Health Psychologist, Dr Sue Peacock has worked in the NHS and served in various posts since 1989. In 2007, she completed her PhD at Leicester University and now holds the position of Consultant Health Psychologist at Milton Keynes Hospital.

"...I have seen a culture change within the Core Clinical Division. Earlier behaviours were dominated by a silo mentality, not only at Milton Keynes but at previous NHS organisations..."

Dr Sue Peacock, Consultant Health Psychologist

Dr Sue Peacock was not involved in any of the Management Away Days training. The question we asked her was:

Although you have not attended any Hillcroft House training, please describe the leadership behaviours you have seen in Core Clinical and the benefits, if any?

This interview is from the perspective of the effect I have seen on the Leadership within the Core Clinical Division.

Over the last six years I have seen a culture change within the Core Clinical Division. Earlier behaviours were dominated by a silo mentality, not only at Milton Keynes but at previous NHS organisations I have been associated with.

With Steve Melville I find a manager who leads by example. As a fairly new manager, he gives me freedom to get on with things but listens carefully to me when help is needed, and always provides valuable constructive feedback. Until my current role, I had never written a formal business case. Steve took time to show me '*how*' rather than just leaving me to get on with it.

The leadership style of Dr Jonathan Ellis is very different from that of many other Consultants. He doesn't appear to be someone who is prepared to take the easy option and will challenge in an objective manner rather than in an aggressive one. His support and belief in the Division has been a breath of fresh air and enables further success in what we do.

The leadership from Steve and Jonathan has been valuable in the support given to me in my own work as Consultant Health Psychologist, by encouraging me to make Health Psychology more widely available within the Trust. To give an example, some of the most valuable findings from a pilot COPD self-management programme were the reductions in hospital admissions and length of stay. We are now looking at other areas where this approach can also be utilised.

I strongly believe that our staff are our most valuable asset. Therefore, in conjunction with occupational health I have developed an e-learning stress management programme for staff. I have developed a face-to-face stress management training day incorporating building emotional resilience, which will be piloted in early 2014.

"...I would recommend this style of leadership within the NHS."

I was really pleased when we won £3,000 in the Trust's '***Shout It Out'*** Showcase Competition, so we could use the money to develop services from our pilot workshops to engage young people with CFS/ME and their parents/carers in their treatment.

From this pilot work we have been approached by the Open University to apply for a grant to use technology and social media to improve engagement in treatment, using a new therapeutic model which we are designing and hope will lead to the development of a service for these young people.

Also, we are now currently engaged with the University of Buckingham in researching the psychological aspects of chronic pain.

These projects and achievements have relied partly on the supportive leadership style and encouragement of innovation within the Core Clinical & Support Services Division and therefore I would recommend this style of leadership within the NHS.

Dr Sue Peacock, Consultant Health Psychologist

The Way Forward:

"a catalyst for change"

"…I want Mid Staffs not to be a byword for failure, but a catalyst for change."

The Rt Hon Jeremy Hunt MP, Secretary of State for Health

26th March 2013

Sustaining a Patient-First Culture

Hillcroft House UK Limited has access to over 2000 case studies. These studies are based on real life examples and show the techniques people have used to:

- increase their levels of emotional intelligence, self-awareness and confidence;
- heighten their leadership skills and inspire others;
- overcome poor performance issues;
- overcome bullying and harassment in the workplace;
- reduce negative behaviours and poor communication in the workplace;
- increase efficiency and profitability for their organisation;
- develop their career during a recession.

Included in these case studies are the individual studies from the Core Clinical & Support Services Division at Milton Keynes Hospital. As referred to in this report, this Division has sustained a £2 million savings plan, against a budget of £32 million for two years in a row and is on target to repeat this again.

These case studies provide **evidence** that individuals within an organisation **can,** and **want** to, acquire the knowledge, skills, attitude and behaviour to **create a sustainable leadership culture.** These attributes then cascade throughout an organisation where:

- **a Patient-First Culture is developed and sustained;**
- **an internal culture of 'success breeding success' becomes deep-rooted;**
- **the systematic failures exhibited in Mid Staffordshire are avoided.**

Evidence has shown that:

- to inspire inner confidence individuals need on-going coaching, mentoring and a self-belief in order to bring about and achieve fundamental cultural change;
- the current NHS leadership training and development does not guarantee positive and sustainable results in the workplace.

The Solution: *The Best of the Best*© Programme

The Best of the Best© programme was created and developed by Hillcroft House UK Limited over seven years. The company explored and delved deeply into the real challenges NHS employees and organisations were experiencing. This led to a deep and practical understanding of the challenges and was used in a pilot programme developed with the Core Clinical Support & Services Division at Milton Keynes Hospital.

This programme is now ready to be used to turn around those hospitals which reflect the concerns identified in the Francis Report.

In 2013, the Care Quality Commission (CQC) developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. These indicators relate to the five key questions they ask of all services – are they safe, effective, caring, responsive and well-led? Information that provides the full details for each indicator used in the model and an explanation on how the CQC have created an overall 'band' for each individual acute and specialist Trust is available on the CQC website:
http://www.cqc.org.uk/public/hospital-intelligent-monitoring

The CQC are using their analyses of these indicators to raise questions. They are specific that it is not their intention to make judgments about the quality of care. Their judgments will always follow inspections, which take into account the results of their Hospital Intelligent Monitoring and reports from other organisations.

The CQC has taken the results of its Hospital Intelligent Monitoring work and grouped the 161 acute NHS Trusts into six bands. These bands are based on the risk that people may not be receiving safe, effective, high quality care: band 1 is the highest risk and band 6 the lowest.

Stage One

- Hillcroft House recommends that ***The Best of the Best***© programme is implemented into 25 hospitals;
- The expectations are that there must be a full commitment and sponsorship by each of the Trust boards. This commitment and sponsorship must be on the same level found at Milton Keynes Core Clinical & Support Services Division;
- At the end of 2014, a report will be published showing both measurable successes and failures. It will also highlight all improvements to patient care.

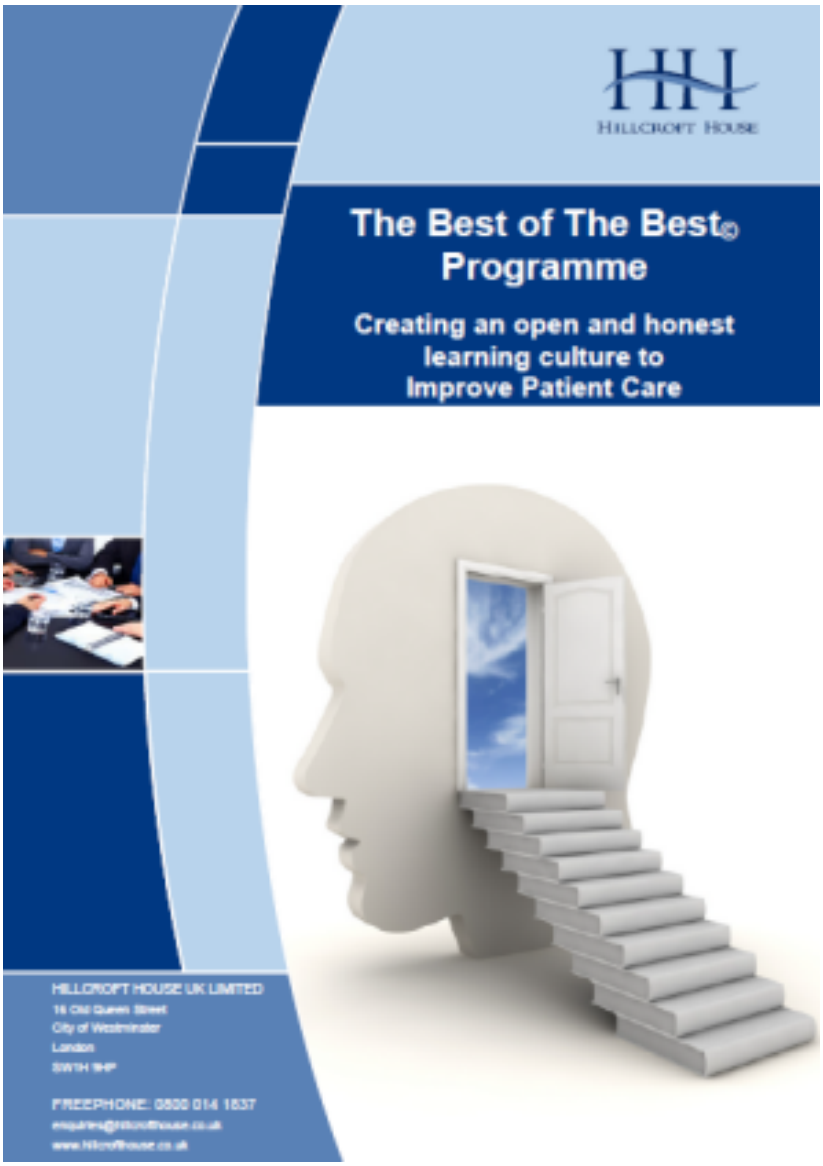
Stage Two

On the basis of a high success rate in stage one, the programme can be rolled out to other hospitals.

How *The Best of the Best*© Programme works

Contact Hiillcroft House UK Limited for a copy of the detailed breakdown showing exactly how the programme works with costs.

Send an e-mail to support@hillcrofthouse.co.uk or contact us by phone on 0800 014 1837



The first *Best of the Best*© team

The first of ***The Best of the Best***© from Milton Keynes Hospital are:

Steve Melville
Divisional Manager

Su Jerome
Head of Transformation

Shirley Moon
Business Planning Manager

Mandy Herbert
Learning & Development Officer

Sue Coombs
Learning & Development Manager

Appendix

Appendix 1

Published research carried out between 2009 and 2013 identified failures of leadership as having a negative impact on profitability, efficiency and growth opportunities for both the National Health Service (NHS) and private sector businesses.

46% of employers run the risk of losing future leaders because of insufficient training.

May 2009: A study by the Chartered Management Institute revealed that as a result of the recession employers run the risk of losing their future leaders because they were not providing adequate training (46%). When asked what could be done to rectify the situation 82% of respondents said employers should focus on skills development in order to get them out of a recession. One third (34%) felt poor management skills would have a negative impact on future performance and 52% suggested that loss of skills would also affect revenues.

Source:
http://www.hrmagazine.co.uk/hro/news/1017173/cost-cutting-leadership-development-counterproductive

56% of public sector respondents did not believe their senior leaders had the skills required to manage change.

June 2011: Research undertaken by management consultancy, Hay Group revealed that 56% of public sector respondents did not believe their senior leaders had the skills required to manage change. The concern was even more acute when asked to look into the future. 60% feared that their leadership population did not possess the skills and capabilities to meet future challenges sucessfully.

Source:
http://www.hrmagazine.co.uk/hro/news/1019582/public-sector-leadership-failing-tackle-reform-agenda-staff

Ineffective management is estimated to be costing UK businesses over £19 billion per year in lost working hours.

July 2012: The Department for Business, Innovation & Skills Leadership and Management Network Group (LMNG) reported that:
1) *Ineffective management is estimated to be costing UK businesses over £19 billion per year in lost working hours*
2) *43% of UK Managers rate their own line manager as ineffective*
3) *Nearly three quarters of organisations in England reported a deficit of management and leadership skills in 2012*
4) *Incompetence or bad management of company directors causes 56% of corporate failures*

Source:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32327/12-923-leadership-management-key-to-sustainable-growth-evidence.pdf

A failure to tackle challenges to the building up of a positive culture, in nursing in particular but also within the medical profession.

February 2013: Following the failings at Mid-Staffordshire NHS Foundation Trust, Robert Francis QC published his final report. The report delivered a clear message for the NHS. It found that *"a fundamental culture change is needed".*

Source:
http://www.midstaffspublicinquiry.com/report

24% of nurses have been warned that they should not raise concerns about patient care.

April 2013: A Royal College of Nursing survey found that 24% of nurses have been warned that they should not raise concerns about patient care. Many nurses describe a culture of fear and intimidation.

Source:
http://www.rcn.org.uk/newsevents/news/article/wales/nurses_still_fear_raising_concerns

Half of UK employees say their boss makes them feel threatened.

April 2013: According to research published by the leadership development consultancy Head Heart and Brain, half of UK employees say their boss makes them feel threatened.

Source:
http://www.hrmagazine.co.uk/hro/news/1076979/half-uk-employees-feel-threatened-boss-research-reveals

93% of employees would consider leaving their current employer.

April 2013: *UK Management, Culture of Fear,* published by Hillcroft House UK Limited asked private sector workers about their performance appraisal processes and the leadership qualities of their direct line managers. They were also asked whether they would consider leaving their current employer. A huge 93% replied that they definitely would.

Source:
http://www.hillcrofthouse.co.uk/sitefiles/upload_docs/UKManagement-Culture%20of%20Fear1.pdf

Middle Managers are the most in need of training and development.

October 2013: HR Magazine reported that responses to a study by Sheffield Business School, identified middle managers as the most in need of training and development.

Source:
http://www.hrmagazine.co.uk/hro/news/1119145/middle-managers-key-developing-future-leaders-sheffield-business-school

93% of NHS employees claim that leadership training in the NHS is ineffective.

October 2013: *UK Leadership - Is it Working? The Facts,* published by Hillcroft House UK Limited identified that 93% of NHS employees claimed that leadership training is ineffective.

Source:
http://www.hillcrofthouse.co.uk/sitefiles/upload_docs/UK%20Leadership%20-%20Is%20it%20Working.%20The%20Facts.pdf

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