**Leadership: Our NHS Way**

**How to guide**

**Why this matters:**

The NHS has now published its Long Term Plan, which sets out an ambitious 10-year vision for healthcare in England. It sets out a new service model: where we take more action on prevention and health inequalities, where we improve quality of care and health outcomes across all major health conditions, where the NHS harnesses technology to transform services, and where we get the most out of taxpayers’ investment.

None of this will happen without people. The People Plan sets out our vision for people who work for the NHS to enable them to deliver the NHS Long Term Plan ensuring people get the backing they need to do this.

Good leadership can literally make the difference between life and death.

We see excellent leaders transforming the experience of staff and patients whilst inspiring those around them to be the best they can be. Working in health and care can be tough but also very rewarding. Every day, our people do amazing things in difficult circumstances, providing over a million episodes of care to patients and service users and to a population that is living longer with a greater range of more complex needs.

The circumstances we work in can be stressful. Everyone goes to work wanting to provide the best service we can and be part of a modern workforce built on compassion, respect, inclusion, kindness and professionalism. Much of the time people behave in a way that demonstrates this, but it is not universal.

We want the NHS across all care and employment settings to be a modern, model employer and the best place to work. We owe this to everyone who works in the NHS – and it will also help us recruit and retain great people who enjoy fulfilling careers supported by lifelong learning. We know that people have more fulfilment and perform better if they are doing a job that they feel passionate about and that makes use of their strengths. The NHS Staff Survey shows that more people than ever are feeling supported by their manager and that their employer values and recognises their contribution. Unfortunately, there are still colleagues who experience discrimination and bullying and who don’t get the quality of appraisal or development they expect and deserve. This has led to an increase in the number of staff who report work-related stress.

‘Leadership: Our NHS Way’ is an agreement or ‘Compact’, co-created with thousands of leaders and managers who have told us what compassionate and inclusive behaviour looks and feels like to them, and should feel like for us all. It sets out how we expect leaders to consistently role model the behaviours we expect to see.

It is designed to provide a shared understanding of the leadership behaviours we all need to display when working together. This is not about chastising or penalising colleagues when they have a bad day or aren’t perfect. Our people work in some of the most stressful roles there are and do so day after day with dedication. It is about promoting the right behaviours, calling out the wrong behaviours and making sure we all experience consistently healthy leadership behaviours that have a positive effect on wellbeing, morale and ultimately patient care and health outcomes.

People look to leaders as role models yet there have been instances where seniority or status have been cited as a reason for not tackling poor behaviour. This has to stop. Our most senior leaders have pledged that ‘change starts with us’ so this agreement is initially designed for the most senior national and local leaders, specifically: trust chairs, chief executives and board members, CCG accountable officers, primary care network leads, Practice leaders, STP/ICS leaders and independent chairs, and the chairs, chief executives and senior leadership teams (including regional directors) of NHS England & NHS Improvement and other national bodies.

This compact agreement is the blueprint for how all staff behave and lead. Starting with senior national leaders and senior local leaders, it is not a replacement for the many successful agreements already in place, nor is it a ‘wish list’. It is a framework for how leadership behaviour regardless of who we are and where we work. By starting with our most senior leaders, we want to see Our NHS Way become part of everyone’s daily work, in meetings, in appraisals, in recruitment and selection and induction until the behaviours are embraced by us all.

But this is just the beginning. Leadership: Our NHS Way describes the conduct expected for all leaders – developing and fostering compassionate and inclusive behaviour throughout every part of our NHS, helping to make it the best place to work.

**Implementation:**

This will take time. We know many teams, organisations and systems across health and care already have vibrant, successful agreements such as this that are lived by staff every day: indeed, we all have the NHS Constitution which sets out the values we share. These agreements set the standards for behaviour and have been central in creating compassionate, inclusive leadership cultures in teams, organisations and across local health and care systems. Everyone, everywhere should live and experience these leadership behaviours. Ensuring consistently good leadership behaviours is a vital underpinning condition for the wider transformation set out in the People Plan.

Where organisations already have a compact or agreement in place, we ask those organisations to refresh them and re-engage with staff so that everyone understands that things will be different from now on. Where organisations don’t yet have their own leadership compact or framework, we are asking them to put one in place. We want them to take the themes of this compact and use them to create their local agreements around behaviours with the outcome being that exemplar behaviour is visible across all systems. We know that where agreements are developed locally, there is greater ownership as they are seen as more relevant. People are directly influenced by those they work closest with and what they see role modelled around them every day. We want all leaders in organisations and systems from ICS and STPs through to individual teams in primary care to play their part in improving leadership culture by adopting Leadership: Our NHS Way.

There are no rules about how you implement this or how it should be structured or presented. The approach will depend on each individual workplace and its needs, but collaboration has to be part of this process as it will lead to a sense of belonging and ownership. What we do ask though, is that developing a compact or refreshing one already in place is an inclusive and collaborative process. The compact is about changing behaviours for all staff, so developing how this will happen and what it will contain has to be done in partnership with staff from all levels.

Firstly, we expect senior leaders, both locally and nationally to role model compassionate inclusive behaviour and demonstrate they are living the compact. They then have a clear responsibility to work in partnership with their staff, seeking out and listening to diverse voices. We expect the process for developing compacts to mirror the behaviours contained within the compact – the two cannot be mutually exclusive. Whether this is a large organisation, network across a system such as an STP, ICS or an individual team in primary care, we expect a diverse group of staff to be empowered to contribute.

We appreciate this will take time. However, it is the responsibility of senior national leaders and senior leaders in local organisations to ensure this is prioritized and given the time and commitment to happen. As stated in the compact, we are all responsible and accountable for our own behaviour, therefore, we also expect that senior leaders to take responsibility for ensuring systems and processes are in place where needed, to support and develop staff to behave in accordance with the compact regardless of seniority or role.

To give all leaders the time to prepare, there will be a ‘Year Zero ’in the first part of 2020/21 where organisations have time to review and refresh existing staff agreements, compacts or similar and adjust them as necessary to reflect this agreement. For those organisations that do not currently have any form of agreement, this will give time to develop one and plan how to implement it.

We want to see senior leaders in national and local organisations

**How to show that behaviour has changed:**

Demonstrating that behaviours have changed will mostly be evidenced through existing mechanisms such as the NHS Staff Survey (and recognizing that the NHS staff survey only covers secondary care), Well-Led Reviews and the NHS Oversight Framework. The People Plan is not about adding additional layers of regulation or oversight – you have told us very clearly that this would not be helpful – but there is a need to demonstrate that change and improvement have taken place.

Tracking changes in behavior cannot wait for a point in time such as an inspection or the NHS Staff Survey; it needs to be part of everyday business. We want sustained dialogue between all our people over the coming year so that everyone understands that leadership culture is changing, and everyone plays their part in making it happen. This is about every member of staff being supported to be their best self.

Following discussions across national organisations and with senior local leaders, the proposed approach to feedback in future will be:

**A clearer understanding of how to raise an immediate concern**: At present the route for senior leaders to raise an immediate concern about the behaviours they experience is fragmented, informal and lacking in transparency.

To be effective, this will require a standard approach for exploring the issue, and a transparent way of communicating what has changed as a result of the concern being raised.  As senior leaders, where we see behaviour that falls short of what we expect, the first responsibility is to raise the issue and give feedback directly to the individual.  We want everyone to feel able to have open and honest conversations. If that is not possible or it does not result in changed behaviour, there will be a defined route to take but we do not want any specific role to be seen as the ‘guardian of change’ – this is a responsibility for us all.

**Regular feedback to drive continuous improvement:** We need a change of mindset if Leadership: Our NHS Way is going to be a success. We want to see more open and ongoing honest conversations between senior colleagues about leadership behaviours and how to improve the leadership culture.

Just as people issues will be the first item on the agenda for regional team meetings, we want to see the behaviours described here included in all aspects of business such as reviewing how a meeting has gone, how colleagues related to each other and what can be improved. We have suggested some simple questions that can be used to do this.

**What you will be expected to do:**

There will be an annual process for assessing how well national bodies are fulfilling their part in behaviour change.We are proposing a short, three section survey for senior local leaders which focuses on:

* Their views and a numerical rating on how well national bodies have performed their *central functions* in relation to each of the five areas that make up Our NHS Way
* Their views and a numerical rating on how well national bodies have performed their *regional functions* in relation to each of the five areas that make up Our NHS Way
* Free text opportunities to suggest how central and regional teams can improve their approach or highlight where it is working well.

The outcomes of the survey will be published annually, which will include celebrations of success and plans for responding to the feedback.

**Where to find help:**

We do not expect you to implement this alone There will be training and development to equip staff with the skills and knowledge to make this change as well as signposting to where you can find help.

[NB What we need here are a couple of case studies of how a compact-type agreement has really changed the culture in an organisation. They need to be short, vibrant and written in the way that shuts down the skeptics, so suggest somewhere that has done this off the back of a big organisational issue. University Hospitals of Morecambe Bay NHS FT, Tees, Esk and Weir NHS FT and Southern Health NHS FT all have compacts type agreements they use.

Then need links to the big organisations who would be supporting this

* National Guardians office
* Who else?]

**What makes up ‘Leadership: Our NHS Way?’**

Leadership: Our NHS Way is made up of a number of elements:

1. **A one-page info-graphic** consisting of the key behaviours that we want to see exhibited by all leaders. We want to see this one page everywhere: on meeting room walls, referred to in appraisals, in recruitment, selection and induction until the behaviours are embraced by us all.
2. A series of i**ndicators** for each behaviour accessed by clicking the ‘find out more’ button. You told us to include detail of the exemplar behaviour indicators so everyone can see what great looks like.
3. This **guide** which that gives the background and supporting information including what is expected in terms of implement ‘Leadership: Our NHS Way’ the plan for assessment and monitoring and guidance on what to do when the compact is not followed
4. **Reflective questions** – a very small number of standard questions that everyone can ask to consider how well they are living the compact that can be used at the end of meetings, appraisals, interviews etc so that everyone is encouraged to reflect on the behaviours they see and this becomes part of our daily work