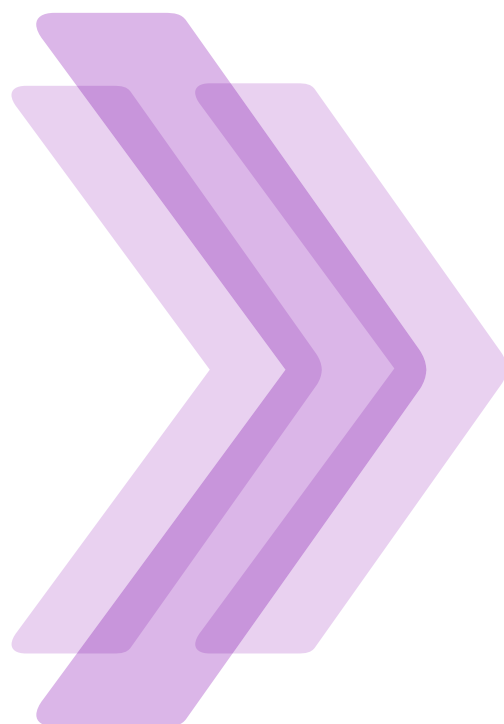# The King's Fund

Ideas that change health care

Culture and leadership in the NHS

The King's Fund 2014 survey

May 2014

Overview

In February and March 2014 The King's Fund conducted a survey of NHS managers and clinicians about leadership, culture and compassionate care in the NHS. We received more than 2,000 responses. This is the second leadership survey of NHS staff we have undertaken and it revealed a mixed picture of leadership, culture and the working environment across the NHS.

This survey is published alongside the *Developing collective leadership for health care* report (West *et al* 2014), which discusses the concept of collective leadership, in which all staff take responsibility for the success of an organisation as a whole. Collective leadership cannot be achieved without leaders at all levels of the organisation working together to create direction, alignment and commitment. For collective leadership to develop and create the conditions needed for high-quality care there must be high levels of engagement between leaders at all levels.

The most notable feature of this year's survey results was a consistent discrepancy between the views of executive directors and those of other NHS staff, especially nurses and doctors. Executive directors tended to be much more positive about the working environment and culture within their organisations than other staff, especially nurses. This lack of consensus is a cause for concern.

Broadly, the views of NHS staff about the quality of leadership in the NHS as a whole have improved since 2013. In addition, the vast majority (89 per cent) of NHS staff believe that patient feedback is encouraged in their organisation, with 61 per cent feeling that patient feedback will be acted upon.

This year, for the first time, the survey included questions on cultures of care and the responses raised issues of concern. Only 39 per cent of staff felt their organisation was characterised by openness, honesty and challenge. A similar proportion (43 per cent) felt that swift and effective interventions were not taken to deal with inappropriate behaviours and performance. Only 28 per cent respondents felt that there was pride and optimism among staff about their organisation, while 45 per cent felt there was not.

Methodology

The survey was conducted during February and March 2014 using an online questionnaire sent to members of our partner organisations – Managers in Partnership, NHS Professionals, the Royal College of General Practitioners, the Royal College of Midwives, the Royal College of Nursing, the Royal College of Physicians, the Royal College of Surgeons and the Faculty of Medical Leadership and Management.

The questionnaire mainly comprised closed questions, with the opportunity for respondents to provide more detailed answers to some questions. It was targeted at NHS staff, particularly managers and clinicians, across a range of NHS organisations. We used the same methodology for our 2013 survey of NHS staff, although many of the survey questions were different. Respondents were asked to provide details about their role, position and organisation.

Who responded?

We received 2,030 responses. The majority (53 per cent) of respondents worked in acute organisations, followed by mental health (13 per cent), community (10 per cent), commissioning (6 per cent) and primary care (5 per cent). 60 per cent of respondents were in clinical roles (mostly doctors and nurses) and 40 per cent in non-clinical roles (almost exclusively managers or directors). These NHS clinicians and managers were relatively experienced: 92 per cent had worked in health care for more than 10 years and 79 per cent managed staff.

Nurses formed the largest proportion of respondents (33 per cent), followed by managers (20 per cent), senior managers (20 per cent), doctors (12 per cent) and executive board members (5 per cent).

What did the survey reveal?

Is quality of care given enough priority?

Over the past year, the quality of care in the NHS has been the focus of attention and debate, with reports from the Francis Inquiry (**Mid Staffordshire NHS Foundation Trust Public Inquiry 2013**) and Berwick (**National Advisory Group on the Safety of Patients in England 2013**) highlighting this topic.

Figure 1 **Do you think enough priority is given to the quality of care in the NHS? Yes**
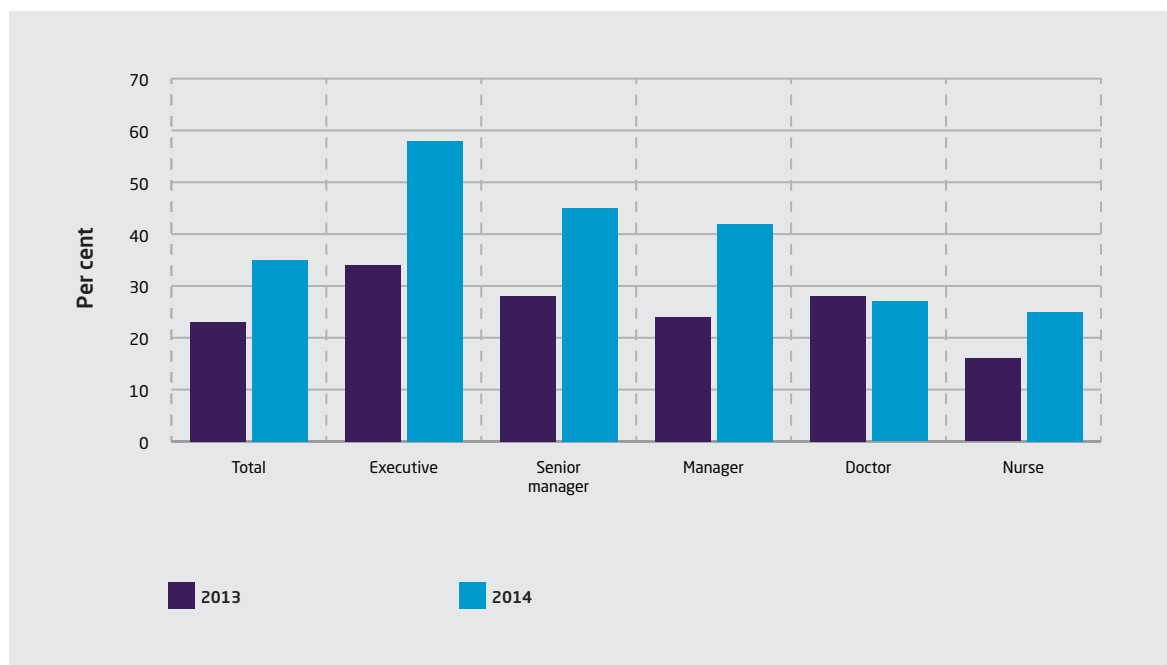
- There has been substantial improvement in how respondents viewed the NHS, with 35 per cent believing that the NHS gave quality of care enough priority, up from 23 per cent in 2013 (*see* Figure 1).

- However, 60 per cent still felt that not enough priority was given to quality of care across the NHS as a whole.

- When asked about their organisation, there was a slight improvement, with 52 per cent of NHS staff agreeing that it gave enough priority to quality of care, compared to 47 per cent in 2013. This year, when asked about the priority given to quality of care within their own service/team, 80 per cent of NHS staff agreed that it is given enough priority. This was consistent with last year's survey responses (78 per cent).

The quality of leadership in the NHS and its organisations

The most important determinant of the development and maintenance of an organisation's culture, including cultures of compassionate care, is leadership (West *et al* 2014).

**Figure 2 What do you think of the quality of leadership in the NHS? Very good/good**
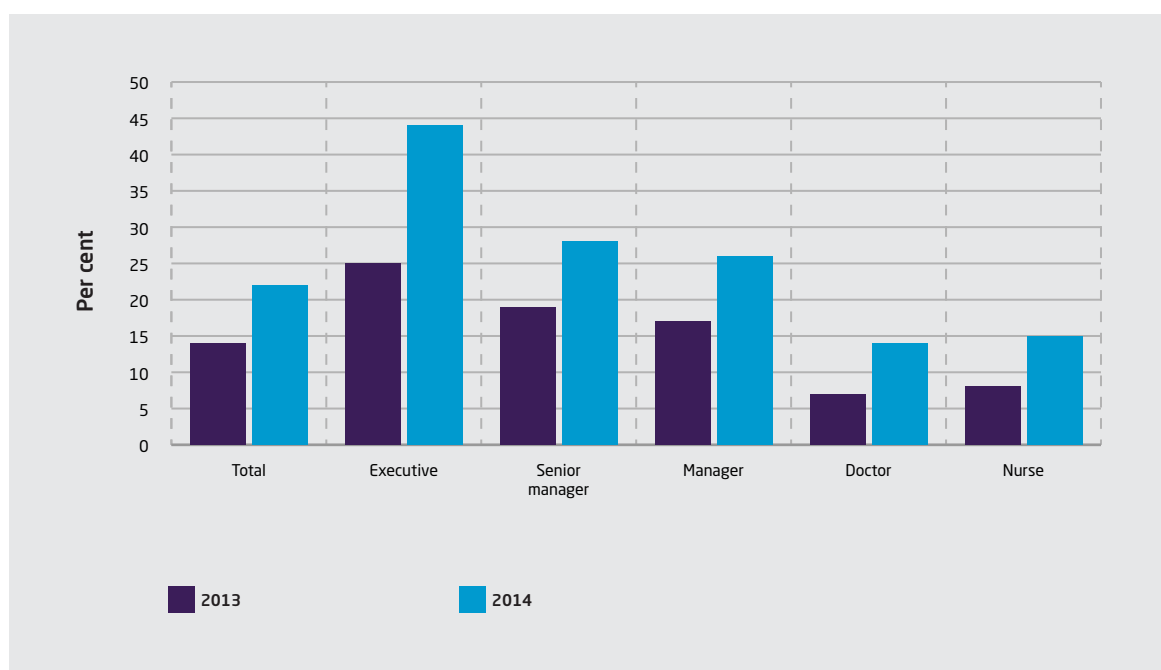
- There has been clear increase in the proportion of respondents who felt the quality of leadership in the NHS is good or very good: 22 per cent in 2014 up from 14 per cent in 2013 (*see* Figure 2).

- 28 per cent felt the quality of leadership in the NHS was poor or very poor, down from 40 per cent in 2013.

- When asked about the quality of leadership in their organisation, respondents were less positive with 37 per cent – the same as the previous year – rating leadership as good or very good.

- When asked about the quality of leadership in their team/service, 61 per cent of respondents felt the quality of leadership was good or very good – a slight decrease from 65 per cent in 2013.

Culture within the NHS

Fostering the right culture in NHS organisations is essential to ensure they provide compassionate, high-quality care for patients. This requires the creation of transparent cultures in which mistakes are viewed as learning opportunities, where staff can raise concerns and know the appropriate action will be taken, and honesty and openness is promoted.

Figure 3 The organisation is characterised by openness, honesty and challenge
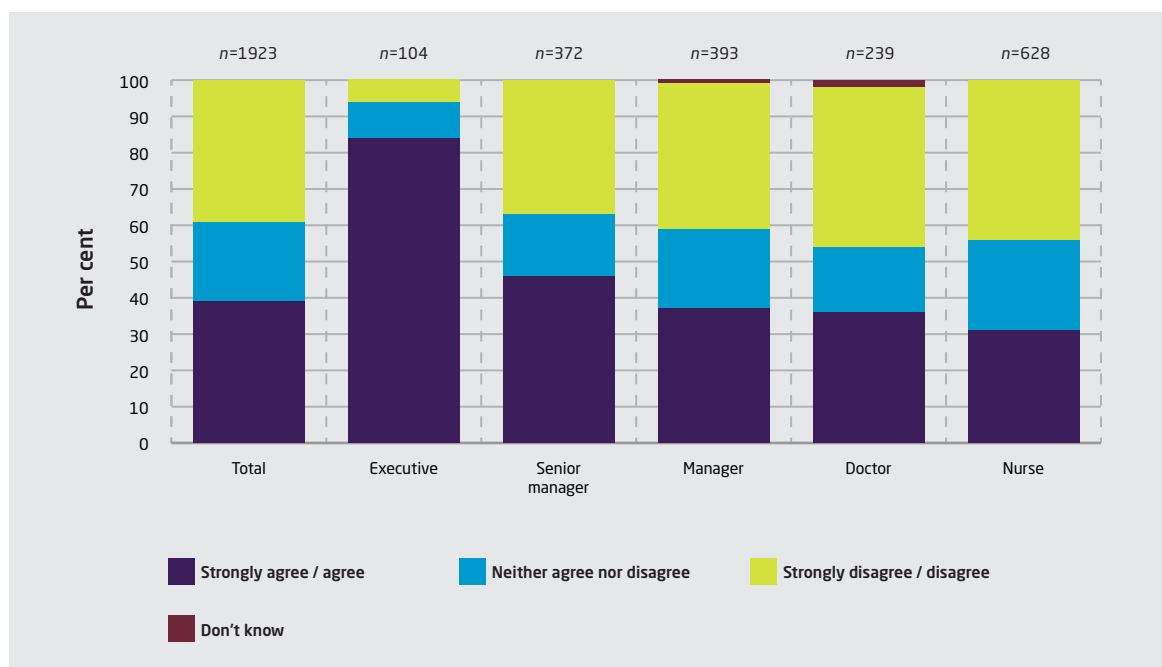
- NHS staff as a whole were split on whether their organisations are characterised by openness, honesty and challenge, with 39 per cent agreeing and 39 per cent disagreeing with the statement (*see* Figure 3).

- Responses varied significantly between job roles. While 84 per cent of executive directors felt their organisation was characterised by openness, honesty and challenge, only 37 per cent of doctors and only 31 per cent of nurses felt the same (*see* Figure 3).

Figure 4 Raising concerns about how services are provided
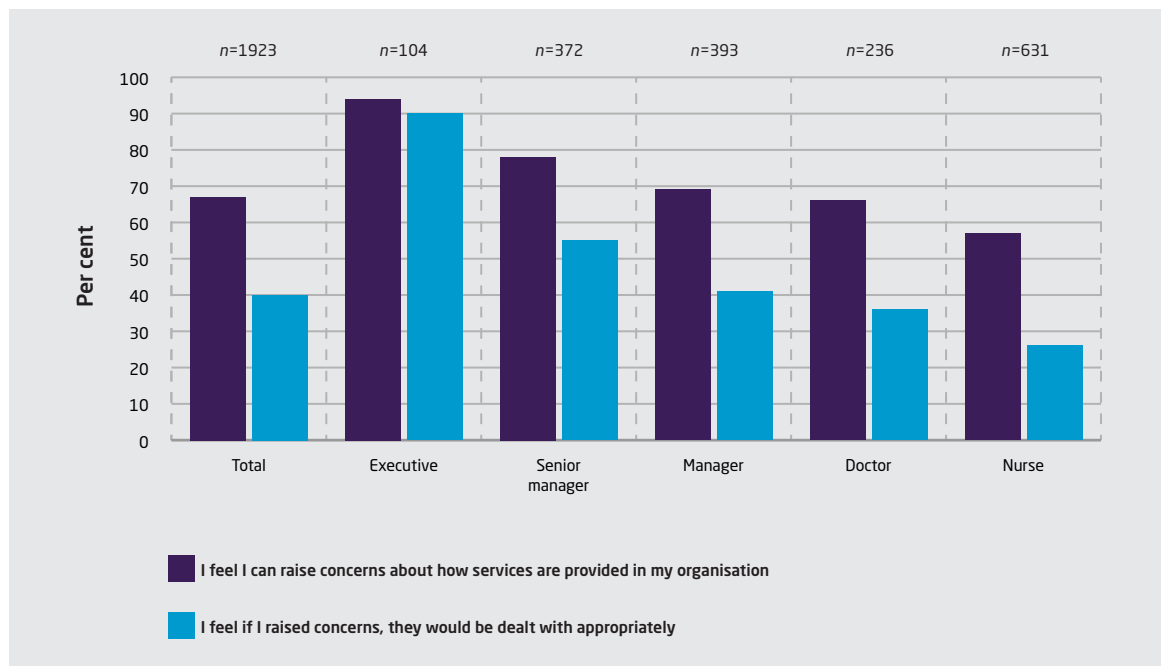
- Most NHS staff felt positive about raising concerns, with 67 per cent saying they felt they could raise concerns about how services are provided in their organisation (*see* Figure 4). There was a notable difference between executives (94 per cent feeling they are able to raise concerns) and senior managers (79 per cent) and frontline staff (66 per cent of doctors and 57 per cent of nurses).

- NHS staff were less positive about whether the concerns they raised would be dealt with appropriately, with only 40 per cent agreeing that they would be (*see* Figure 4). Senior managers were more confident about concerns being dealt with (55 per cent agreed) than nurses (26 per cent agreed). Generally, non-clinical staff were more optimistic than clinical staff.

Figure 5 **Swift and effective interventions are taken to deal with inappropriate behaviours and performance**
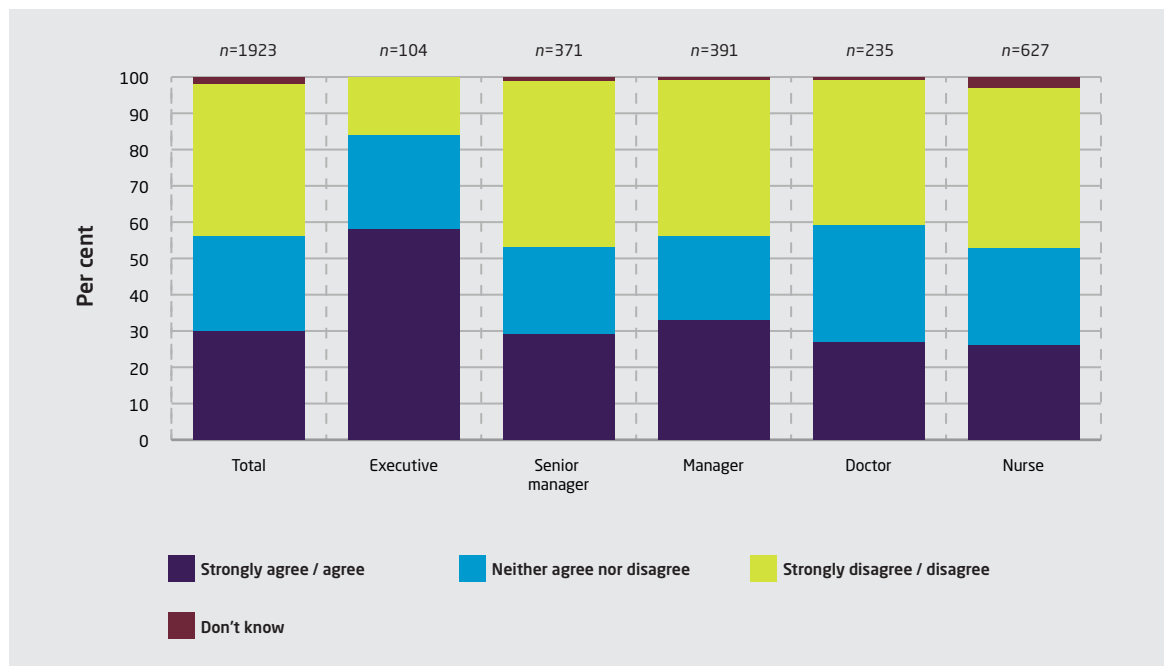
- When asked about how organisations responded to inappropriate behaviour and performance among staff, 30 per cent of respondents felt that swift and effective interventions were taken, and 43 per cent felt it was not (*see* Figure 5). Although 58 per cent of executive directors felt swift and effective intervention was taken, 42 per cent were either undecided or did not agree that this was taking place.

- We asked to what extent respondents felt that there was a sense of pride and optimism among staff. Only 28 per cent of respondents felt that there was, while 45 per cent felt there was not. Clinicians were the most pessimistic, with only 20 per cent of nurses and 23 per cent of doctors agreeing there was. In contrast, 63 per cent of executive directors agreed with the statement.

Feedback to improve services

- 89 per cent of respondents said patients were encouraged to give feedback while 61 per cent said feedback was acted on.

- 50 per cent of NHS staff who responded felt that when they have ideas about how to improve services they would be listened to, but 30 per cent did not. Executive directors and senior managers were more likely to feel that they will be listened to (91 per cent and 66 per cent respectively).

Compassion in the NHS

In our report, *Patient-centred leadership* (The King's Fund 2013), we argued that caring and compassion, as core values and behaviours, must be central to NHS organisations. This should not be limited to the interaction between staff and patients, but instead extend to how staff interact with each other.

- When asked what the biggest obstacle to delivering compassionate care for patients in the NHS the top responses were:

  - 32 per cent said lack of time or resources

  - 23 per cent said the need to meet internally or externally set performance measures

  - 18 per cent said staff being burnt out or having low morale

  - 18 per cent said organisational culture.

- When asked whether the leaders of their organisation demonstrate compassion with patients and staff, respondents were relatively positive. Only 17 per cent of NHS staff said leaders in their organisation rarely or never showed compassion to patients and only 25 per cent said these leaders rarely or never dealt compassionately with staff.

Conclusion

Since the 2013 leadership survey, views of leadership in the NHS have improved but a majority still believe the quality of leadership is poor or very poor.

A higher proportion of respondents now believe that the NHS is giving enough priority to quality of care compared with 2013, although these respondents are still the minority. The respondents provided a wealth of examples of how their organisations are developing compassionate care – including collective patient feedback, training and supporting staff.

Staff were split on whether the characteristics associated with compassionate organisations – openness, honesty and challenge – were present in their organisation and although many respondents (67 per cent) felt they could raise concerns, they felt less sure the concerns would be acted on. Only 30 per cent felt that swift and effective interventions were taken for poor performance and behaviour, something even acknowledged by board executives.

The survey consistently revealed a difference between the views of executive board members and the rest of their organisations. This suggests that boards are not in tune with how staff are feeling about their organisation. Our report, *Developing collective leadership for health care* (West *et al* 2014), argues that the most important determinant of the development and maintenance of an organisation's culture is current and future leadership. Every interaction by every leader at every level shapes the emerging culture of an organisation. To instil cultures of compassionate care throughout NHS organisations, our health service should model collective leadership, where everyone takes responsibility for the success of the organisation as a whole, not just for their own jobs or work area. Such an approach requires high levels of dialogue, debate and discussion to achieve shared understanding about quality problems and solutions.

References

Mid-Staffordshire NHS Foundation Trust Public Inquiry (Chair: Robert Francis) (2013). Final report. HC 898–1. London: The Stationery Office. Available at: www.midstaffspublicinquiry.com/report (accessed on 28 March 2014).

National Advisory Group on the Safety of Patients in England (2013). *A promise to learn – a commitment to act: improving the safety of patients in England*. London: Department of Health. Available at: www.gov.uk/government/publications/berwick-review-into-patient-safety (accessed on 15 April 2014).

The King's Fund (2013). *Patient-centred leadership: rediscovering our purpose.* London: The King's Fund. Available at: www.kingsfund.org.uk/publications/patient-centred-leadership (accessed on 12 May 2014).

West M, Eckert R, Steward K, Pasmore B (2014). *Developing collective leadership for health care.* London: The King's Fund/Center for Creative Leadership. Available at: www.kingsfund.org.uk/collectiveleadership (accessed on 12 May 2014).