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Healthcare Leadership Model

The nine dimensions of leadership behaviour

Introduction

Who the model is for

The Healthcare Leadership Model is to help those who work in health and care to become better leaders. It is useful for everyone – whether you have formal leadership responsibility or not, if you work in a clinical or other service setting, and if you work with a team of five people or 5,000. It describes the things you can see leaders doing at work and is organised in a way that helps everyone to see how they can develop as a leader. It applies equally to the whole variety of roles and care settings that exist within health and care.

We want to help you understand how your leadership behaviours affect the culture and climate you, your colleagues, and teams work in. Whether you work directly with patients and service users or not, you will realise what you do and how you behave will affect the experiences of patients and service users of your organisation, the quality of care provided, and the reputation of the organisation itself. The nature and effect of a positive leadership style can be summed up as:

Leadership that emphasises care for staff
and high-quality support services

→ Satisfied, loyal, productive and engaged employees

→ High-quality, compassionate care

→ Valued care services and patient satisfaction

→ Successful healthcare organisations
and a highly regarded service

Figure 1 : The nature and effect of a positive leadership style

The structure of the model

The Healthcare Leadership Model is made up of nine 'leadership dimensions', each of which has its own page in this document. There is a brief description of what the dimension is about and why it is important, and a section that says 'what it is not' to provide further clarity.

For each dimension, leadership behaviours are shown on a four-part scale which ranges from 'essential' through 'proficient' and 'strong' to 'exemplary'. Although the complexity and sophistication of the behaviours increase as we move up the scale, the scale is not tied to particular job roles or levels. So people in junior roles may find themselves to be within the 'strong' or 'exemplary' parts of the scale, and senior staff may find themselves in the 'essential' or 'proficient' parts. Similarly, you may find where you judge yourself to be may vary depending on the dimension itself. For example, you may be mostly 'strong' in a few dimensions, 'exemplary' in one, and 'essential' or 'proficient' in others. This may be appropriate depending on your job role, or it may show that there are areas that need some development or that are a particular strength.

Within these scales, the leadership behaviours themselves are presented as a series of questions. The questions are short descriptions of what the leadership dimension looks like at each part of the scale. These are the questions that guide

leaders' thoughts and result in effective leadership behaviour. They are written in the 'first person' (Do I . . . ?), but are not meant to be answered with a simple 'yes' or 'no'. Instead, they should help you explore your intentions and motivations, and see where your strengths and areas for development may lie. You may also want to think about what evidence you could provide to support your answers.

Research[1] has shown that all nine dimensions of the model are important in an individual's leadership role. However, the type of job you have, the needs of the people you work with, and the context of your role within your organisation will all affect which dimensions are most important for you to use and develop.

The importance of personal qualities

'…the most important element… comes from a combination of emotional expressiveness, self-confidence, self-determination and freedom from internal conflict'[2]

The way that we manage ourselves is a central part of being an effective leader. It is vital to recognise that personal qualities like self-awareness, self-confidence, self-control, self-knowledge, personal reflection, resilience and determination are the foundation of how we behave. Being aware of your strengths and limitations in these areas will have a

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[1] Please see Appendix 1 for more information on the research behind the Healthcare Leadership Model.
[2] Bass, B.M (1992), in M. Syrett and C. Hogg (Editors), Frontiers of Leadership. Oxford: Blackwell.

Figure 2 : The impact of personal qualities on the experience of care

Greater self-awareness, self- control, self-knowledge, determination, resilience and other personal qualities → More effective leadership behaviours → Productive, care-focused and engaged climate in teams → Increasingly positive experience of care and service

direct effect on how you behave and interact with others, and they with you. Without this awareness, it will be much more difficult (if not impossible) to behave in the way research has shown that good leaders do. This, in turn, will have a direct impact on your colleagues, any team you work in, and the overall culture and climate within the team as well as within the organisation. Whether you work directly with patients and service users or not, this can affect the care experience they have. Working positively on these personal qualities will lead to a focus on care and high-quality services for patients and service users, their carers and their families (see Figure 2).

While personal qualities have not been separately highlighted in the Healthcare Leadership Model, you will find them throughout the various dimensions. It is important to realise that areas identified for development within the model may be as much about how you manage yourself as about how you manage your behaviour and relate to other people.

How to use this document

The document illustrates the leadership behaviours expected for all staff in healthcare, so you can use it to help you think about your own leadership behaviours. It will also help you carry out appraisals, and to write documents such as personal and professional development plans, recruitment criteria and processes, educational standards and curricula

and training programme materials and criteria.

However, for personal use we are also developing other tools that will more directly help you apply the Healthcare Leadership Model. For example, a self-assessment tool and a 360-degree feedback tool are in development and will have a greater focus on helping individuals to assess their leadership

behaviours and more fully understand their leadership development. Please visit www.leadershipacademy.nhs.uk/leadershipmodel for up-to-date information on these tools, as well as other supporting materials.

We would be very interested to hear from anyone using the Healthcare Leadership Model in their work and are planning to collect examples of best practice so that we can share these more widely. If you are interested in sharing how you are using the model, please contact us at leadershipmodel@leadershipacademy.nhs.uk.

Leading with care (p6)

Sharing the vision (p9)

Evaluating information (p7)

Connecting our service (p8)

Influencing for results (p13)

Developing capability (p12)

Engaging the team (p10)

Inspiring shared purpose (p5)
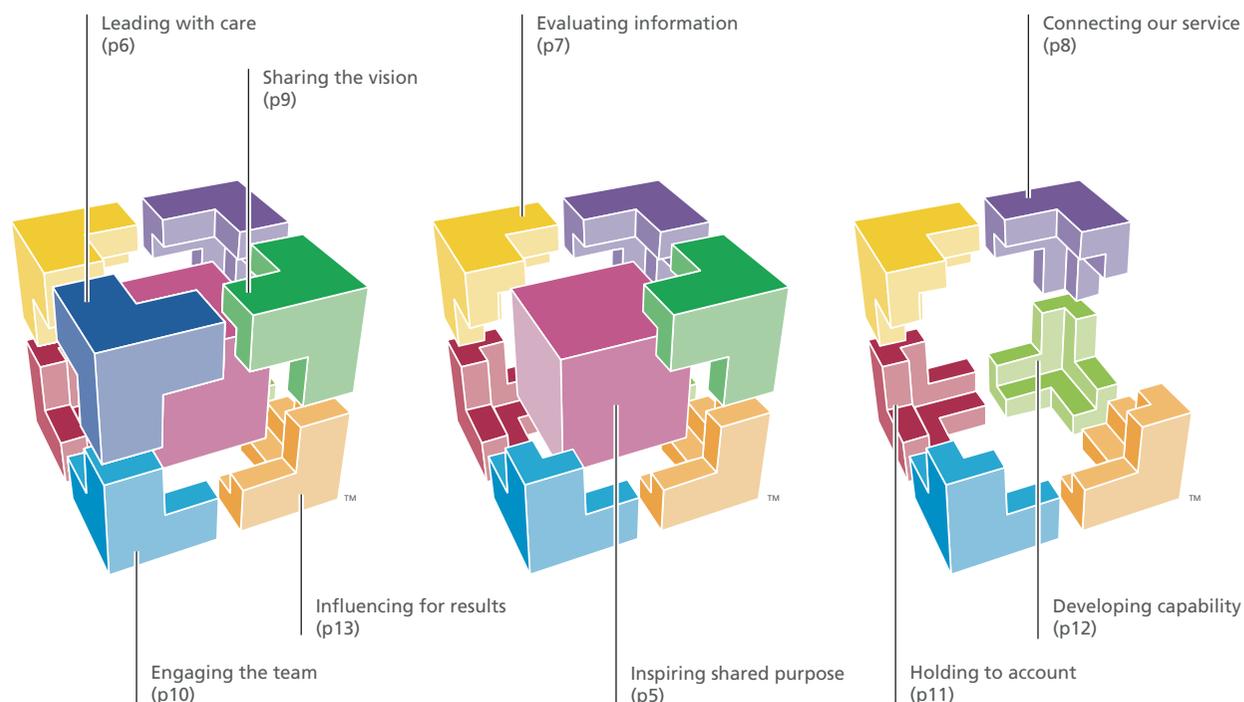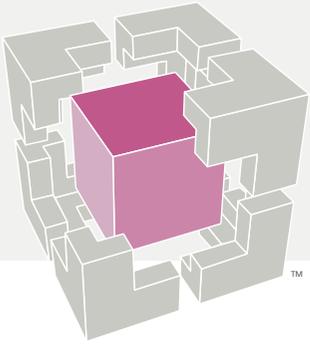
Holding to account (p11)

Figure 3 : The nine dimensions of the Healthcare Leadership Model

Inspiring shared purpose

What is it?

- Valuing a service ethos
- Curious about how to improve services and patient care
- Behaving in a way that reflects the principles and values of the NHS

Why is it important?

Leaders create a shared purpose for diverse individuals doing different work, inspiring them to believe in shared values so that they deliver benefits for patients, their families and the community

What is it not?

- Turning a blind eye
- Using values to push a personal or 'tribal' agenda
- Hiding behind values to avoid doing your best
- Self-righteousness
- Misplaced tenacity
- Shying away from doing what you know is right

Essential

Staying true to NHS principles and values

Do I act as a role model for belief in and commitment to the service?

Do I focus on how what I do contributes to and affects patient care or other service users?

Do I enable colleagues to see the wider meaning in what they do?

Proficient

Holding to principles and values under pressure

Do I behave consistently and make sure that others do so even when we are under pressure?

Do I inspire others in tough times by helping them to focus on the value of their contribution?

Do I actively promote values of service in line with NHS principles?

Strong

Taking personal risks to stand up for the shared purpose

Do I have the self-confidence to question the way things are done in my area of work?

Do I have the resilience to keep challenging others in the face of opposition, or when I have suffered a setback?
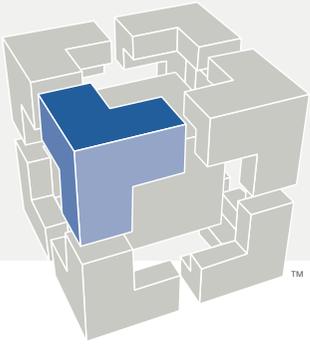
Do I support my team or colleagues when they challenge the way things are done?

Exemplary

Making courageous challenges for the benefit of the service

Do I have the courage to challenge beyond my remit even when it may involve considerable personal risk?

Do I take the initiative and responsibility to put things right outside my remit if I see others fearing to act?

Leading with care

What is it?

- Having the essential personal qualities for leaders in health and social care
- Understanding the unique qualities and needs of a team
- Providing a caring, safe environment to enable everyone to do their jobs effectively

Why is it important?

Leaders understand the underlying emotions that affect their team, and care for team members as individuals, helping them to manage unsettling feelings so they can focus their energy on delivering a great service that results in care for patients and other service users

What is it not?

- Making excuses for poor performance
- Avoiding responsibility for the wellbeing of colleagues in your team
- Failing to understand the impact of your own emotions or behaviour on colleagues
- Taking responsibility away from others

Essential

Caring for the team

Do I notice negative or unsettling emotions in the team and act to put the situation right?

Do my actions demonstrate that the health and wellbeing of my team are important to me?

Do I carry out genuine acts of kindness for my team?

Proficient

Recognising underlying reasons for behaviour

Do I understand the underlying reasons for my behaviour and recognise how it affects my team?

Can I 'read' others, and act with appropriate empathy, especially when they are different from me?

Do I help my colleagues to make the connection between the way they feel and the quality of the service they provide?

Strong

Providing opportunities for mutual support

Do I care for my own physical and mental wellbeing so that I create a positive atmosphere for the team and service users?

Do I help create the conditions that help my team provide mutual care and support?

Do I pay close attention to what motivates individuals in my team so that I can channel their energy so they deliver for service users?

Exemplary

Spreading a caring environment beyond my own area

Do I take positive action to make sure other leaders are taking responsibility for the emotional wellbeing of their teams?

Do I share responsibility for colleagues' emotional wellbeing even when I may be junior to them?
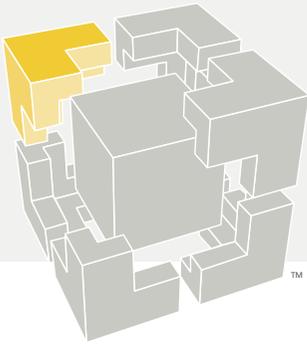
Evaluating information

What is it?

- Seeking out varied information
- using information to generate new ideas and make effective plans for improvement or change
- making evidence-based decisions that respect different perspectives and meet the needs of all service users

Why is it important?

Leaders are open and alert to information, investigating what is happening now so that they can think in an informed way about how to develop proposals for improvement

What is it not?

- Failing to look beyond the obvious
- Collecting data without using it
- Thinking only about your own measures or experience
- Reluctance to look for better ways of doing things
- Ignoring problems by ignoring data
- Using research as a weapon

Essential

Gathering data

Do I collect feedback from service users?

Do I collect and record the essential data for my area of work accurately and on time?

Am I regularly thinking about ways to do my job more effectively?

Can I see patterns that help me to do things better, more efficiently or with less waste?

Proficient

Scanning widely

Do I look outside my area of work for information and ideas that could bring about continuous improvement?

Do I establish ongoing methods for measuring performance to gain a detailed understanding of what is happening?

Do I spot future opportunities and risks, and test resulting plans with external stakeholders to improve them?

Strong

Thinking creatively

Do I conduct thorough analyses of data over time and compare outcomes and trends to relevant benchmarks?

Do I see the relevance of seemingly unrelated ideas which could be made useful in my area of work?

Do I creatively apply fresh approaches to improve current ways of working?
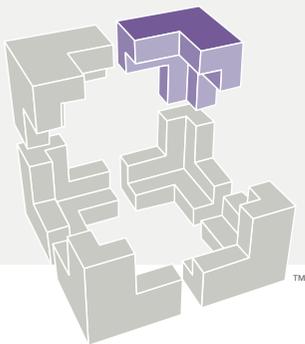
Exemplary

Developing new concepts

Do I develop strategies based on new concepts, insights, or perceptive analysis?

Do I create improved pathways, systems or processes through insights that are not obvious to others?

Do I carry out, or encourage, research to understand the root causes of issues?

Connecting our service

What is it?

Understanding how health and social care services fit together and how different people, teams or organisations interconnect and interact

Why is it important?

Leaders understand how things are done in different teams and organisations; they recognise the implications of different structures, goals, values and cultures so that they can make links, share risks and collaborate effectively

What is it not?

- Being rigid in your approach
- Thinking about only your part of the organisation
- Believing only your view is the right one
- Thinking politics is a dirty word
- Failing to engage with other parts of the system
- Focusing solely on the depth of your area at the expense of the broader service

Essential

Recognising how my area of work relates to other parts of the system

Do I understand the formal structure of my area of work and how it fits with other teams?

Do I keep up to date with changes in the system to maintain efficiency?

Do I hand over effectively to others and take responsibility for continuity of service provision?

Strong

Adapting to different standards and approaches outside my organisation

Am I connected to stakeholders in a way that helps me to understand their unspoken needs and agendas?

Am I flexible in my approach so I can work effectively with people in organisations that have different standards and approaches from mine?

Do I act flexibly to overcome obstacles?

Proficient

Understanding the culture and politics across my organisation

Do I understand the informal 'chain of command' and unwritten rules of how things get done?

Do I know what I need to do and who to go to so that well-judged decisions are made in my organisation?

Do I understand how financial and other pressures influence the way people react in my organisation?
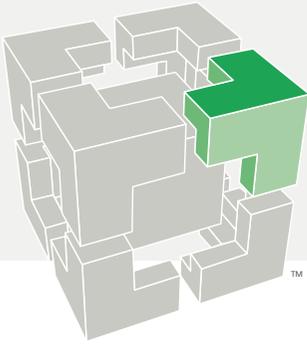
Exemplary

Working strategically across the system

Do I build strategic relationships to make links across the broader system?

Do I understand how complex connections across the health economy affect the efficiency of the system?

Do I understand which issues affect decisions across the system so that I can anticipate how other stakeholders will react?

Sharing the vision

What is it?

Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting

Why is it important?

Leaders convey a vivid and attractive picture of what everyone is working towards in a clear, consistent and honest way, so that they inspire hope and help others to see how their work fits in

What is it not?

- Saying one thing and doing another
- Talking about the vision but not working to achieve it
- Being inconsistent in what you say
- Avoiding the difficult messages

Essential

Communicating to create credibility and trust

Am I visible and available to my team?

Do I communicate honestly, appropriately and at the right time with people at all levels?

Am I helping other people appreciate how their work contributes to the aims of the team and the organisation?

Do I break things down and explain clearly?

Strong

Making long-term goals desirable

Do I encourage others to become 'ambassadors' for the vision and generate excitement about long-term aims?

Do I find ways to make a vivid picture of future success emotionally compelling?

Do I establish ongoing communication strategies to deal with the more complex and difficult issues?

Proficient

Creating clear direction

Do I help people to see the vision as achievable by describing the 'journey' we need to take?

Do I use stories and examples to bring the vision to life?

Do I clearly describe the purpose of the job, the team and the organisation and how they will be different in the future?
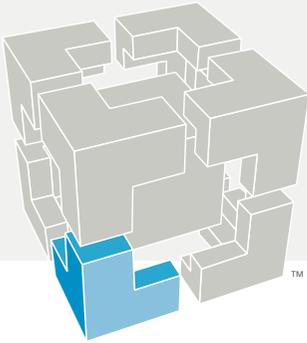
Exemplary

Inspiring confidence for the future

Do I display confidence and integrity under robust and public criticism?

Do I describe future changes in a way that inspires hope, and reassures staff, patients and the public?

Do I explain controversial and complex plans in a way that different groups can hear, understand and accept?

Engaging the team

What is it?

Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service

Why is it important?

Leaders promote teamwork and a feeling of pride by valuing individuals' contributions and ideas; this creates an atmosphere of staff engagement where desirable behaviour, such as mutual respect, compassionate care and attention to detail, are reinforced by all team members

What is it not?

- Building plans without consultation
- Autocratic leadership
- Failing to value diversity
- Springing ideas on others without discussion

Essential

Involving the team

Do I recognise and actively appreciate each person's unique perspectives and experience?

Do I listen attentively to my team and value their suggestions?

Do I ask for contributions from my team to raise their engagement?

Proficient

Fostering creative participation

Do I ask for feedback from my team on things that are working well and things we could improve?

Do I shape future plans together with my team?

Do I encourage my team to identify problems and solve them?

Strong

Co-operating to raise the game

Do I enable my team to feed off each other's ideas, even if there is a risk the ideas might not work?

Do I encourage team members to get to know each other's pressures and priorities so that they can co-operate to provide a seamless service when resources are stretched?

Do I offer support and resources to other teams in my organisation?

Exemplary

Stretching the team for excellence and innovation

Do I stretch my team so that they deliver a fully 'joined-up' service, and so give the best value they can?

Do I support other leaders to build success within and beyond my organisation?

Do I create a common purpose to unite my team and enable them to work seamlessly together to deliver?

Do I encourage my team to deliver on the shared purpose, as much as on their individual targets?
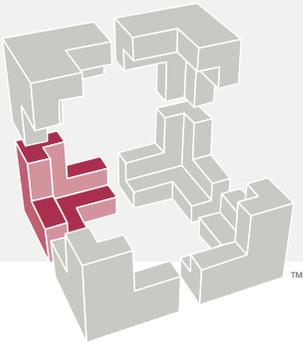
Holding to account

What is it?

- Agreeing clear performance goals and quality indicators
- Supporting individuals and teams to take responsibility for results
- Providing balanced feedback

Why is it important?

Leaders create clarity about their expectations and what success looks like in order to focus people's energy, give them the freedom to self-manage within the demands of their job, and deliver improving standards of care and service delivery

What is it not?

- Setting unclear targets
- Tolerating mediocrity
- Making erratic and changeable demands
- Giving unbalanced feedback (too much praise or too little)
- Making excuses for poor or variable performance
- Reluctance to change

Essential

Setting clear expectations

Do I take personal responsibility for my own performance?

Do I specify and prioritise what is expected of individuals and the team?

Do I make tasks meaningful and link them to organisational goals?

Do I make sure individual and team goals are SMART[1]?

Proficient

Managing and supporting performance

Do I challenge ways of thinking and encourage people to use data to support their business planning and decision making?

Do I set clear standards for behaviour as well as for achieving tasks?

Do I give balanced feedback and support to improve performance?

Do I act quickly to manage poor performance?

Strong

Challenging for continuous improvement

Do I constantly look out for opportunities to celebrate and reward high standards?

Do I actively link feedback to the overall vision for success?

Do I notice and challenge mediocrity, encouraging people to stop coasting and stretch themselves for the best results they can attain?

Exemplary

### Creating a mindset for innovative change

Do I encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better?

Do I share stories and symbols of success that create pride in achievement?

Do I champion a mindset of high ambition for individuals, the team and the organisation?

[1] SMART stands for Specific, Measurable, Achievable, Relevant, Timed
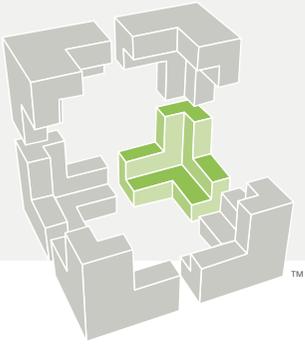
Developing capability

What is it?

- Building capability to enable people to meet future challenges
- Using a range of experiences as a vehicle for individual and organisational learning
- Acting as a role model for personal development

Why is it important?

Leaders champion learning and capability development so that they and others gain the skills, knowledge and experience they need to meet the future needs of the service, develop their own potential, and learn from both success and failure

What is it not?

- Focusing on development for short-term task accomplishment
- Supporting only technical learning at the expense of other forms of growth and development
- Developing yourself mainly for your own benefit
- Developing only the 'best' people

Essential

Providing opportunities for people development

Do I often look for opportunities to develop myself and learn things outside my comfort zone?

Do I understand the importance and impact of people development?

Do I build people development into my planning for my team?

Proficient

Taking multiple steps to develop team members

Do I explore and understand the strengths and development needs of individuals in my team?

Do I provide development opportunities for other people through experience and formal training?

Do I look for and provide regular positive and developmental feedback for my team to help them focus on the right areas to develop professionally?

Strong

Building longer-term capability

Do I explore the career aspirations of colleagues in my team and shape development activities to support them?

Do I provide long-term mentoring or coaching?

Do I spot high-potential colleagues or capability gaps in my team and focus development efforts to build on or deal with the situation?

Exemplary

Creating systems for succession to all key roles

Do I create the conditions in which others take responsibility for their development and learn from each other?

Do I take a strategic approach to people development based on the future needs of the NHS?

Do I share in broad organisational development and succession planning beyond my area of work?
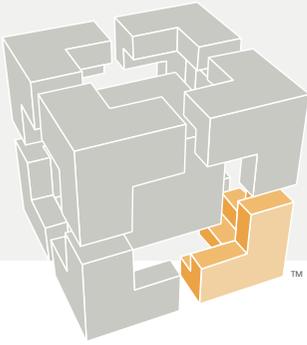
Influencing for results

What is it?

- Deciding how to have a positive impact on other people
- Building relationships to recognise other people's passions and concerns
- Using interpersonal and organisational understanding to persuade and build collaboration

Why is it important?

Leaders are sensitive to the concerns and needs of different individuals, groups and organisations, and use this to build networks of influence and plan how to reach agreement about priorities, allocation of resources or approaches to service delivery

What is it not?

- Being insular
- Pushing your agenda without regard to other views
- Only using one influencing style
- Being discourteous or dismissive

Essential

Engaging with others to convince or persuade

Am I respectful in all circumstances?

Do I listen to different views?

Do I share issues and information to help other people understand my thinking?

Do I develop and present well-reasoned arguments?

Do I avoid jargon and express myself clearly?

Strong

Developing collaborative agendas and consensus

Do I use 'networks of influence' to develop consensus and buy-in?

Do I create shared agendas with key stakeholders?

Do I use indirect influence and partnerships across organisations to build wide support for my ideas?

Do I give and take?

Proficient

Adapting my approach to connect with diverse groups

Do I adapt my communication to the needs and concerns of different groups?

Do I use stories, symbols and other memorable approaches to increase my impact?

Do I check that others have understood me?

Do I create formal and informal two-way communication channels so I can be more persuasive?

Exemplary

Building sustainable commitments

Do I contribute calmly and productively to debates arising from strongly-held beliefs, even when my own emotions have been excited?

Do I build enough support for the idea or initiative to take on a life of its own?

Do I act as an ambassador for my organisation to gain reputational influence by sharing experiences and best practice nationally and internationally?

Appendix I How the Healthcare Leadership Model has been developed

The Healthcare Leadership Model has been developed by the NHS Leadership Academy, working with the Hay Group and colleagues from the Open University. It is an evidence-based research model that reflects:

- the values of the NHS
- what we know about effective leadership
- what we have learned from the Leadership Framework (2011)
- what our patients and communities are now asking from us as leaders

This appendix explains how the model was developed and gives more information on how the research was carried out.

1 Secondary Research (March – April 2013)

The aim of the secondary research was to:

- understand what existing research has already said about leadership more generally, and
- help identify what then needs to be different for healthcare, for the NHS, and for the NHS in the current environment.

John Storey and Richard Holti of the Open University, working with Hay Group, carried out a review of current literature and research on leadership models and behaviours, including international as well as private-sector learning. You can see Holti and Storey's paper at www.leadershipacademy.nhs.uk/leadershipmodel

The Hay Group then developed Storey and Holti's findings into a draft behavioural model. As part of this stage, Hay Group drew on the following:

- their own knowledge of leadership in the NHS and elsewhere
- comparison of research data with health system competency models in Hay Group's competency database
- analysis of NHS leaders' assessment data
- analysis of the differences in behaviours between line managers and senior individual professionals

2 Primary Research (April – June 2013)

The aim of the primary research stage was to identify sample leadership behaviours at different levels of intensity and sophistication using the draft model created from the secondary research. This stage consisted of two sets of interviews:

- strategic interviews with people who have extensive experience of leaders in the NHS
- interviews with leaders across the NHS at a variety of levels to gather detailed examples of how they lead and how this delivers results

The sample of interviewees for both sets of interviews was selected by the NHS Leadership Academy working with their Local Delivery Partners (LDPs). The strategic interviews were carried out by staff in the NHS. Hay Group assessors carried out the interviews with leaders, using a focused interview technique. Hay Group then coded all the interviews against the draft leadership model, and carried out a thematic analysis.

3 Drafting
(June 2013)

The aim of the drafting stage was to take everything we had learned from the previous two stages to create a more refined draft. The format we used was a 'concept formation' workshop, attended by the NHS Leadership Academy and Hay Group. Here we brought the various data points together to produce a 'working draft' of the leadership model. The data points included:

*   the themes from Holti & Storey's research paper

*   data sets from both sets of interviews

*   data with health system competency models in the Hay Group competency database, and

*   thematic analysis of NHS leaders' assessment data

In particular, we used evidence from the interviews to produce the leadership behaviour descriptions you see in the model.

4 Testing
(June – August 2013)

The aim of the testing stage was to check with the intended audience of the model (staff in healthcare) that it would be relevant and user-friendly across various roles and contexts. This stage consisted of a number of focus groups, conducted by the NHS Leadership Academy and LDPs, involving a cross-section of staff at various levels working in various contexts. Additional stakeholders, such as colleagues in clinical professional bodies and those working in education, were also invited to provide feedback on the draft model.

The NHS Leadership Academy then analysed and themed the feedback from the focus groups. The feedback was overwhelmingly positive, and improvement points (largely relating to the most accessible language for the model) were acted upon in an updated version of the draft model. This then went through a plain English review, with relevant amendments made.

5 Finishing
(August – October 2013)

The final stage was to finalise 'version 1/version 2013' of the Healthcare Leadership Model. This stage consisted of colleagues from Hay Group incorporating the final feedback into a final version of the model, which was signed off by the NHS Leadership Academy. The Academy then worked with designers to produce relevant graphics and finalise the design of this document.

Appendix II

A note on the limitations of the Healthcare Leadership Model and plans to keep the model refreshed

The Healthcare Leadership Model (2013) is, as was intended, an evidence-based model which was created using the process described in Appendix I.

In a different economic climate, the NHS Leadership Academy may have chosen to invest more heavily in a wider number of staff interviews to create the first version of the model. However, we have taken the view that the most cost-effective and productive path to take was to interview a small sample of leaders (49 in total) in 2013, and to use this data with the secondary research to create 'version 1' of the model.

The intention therefore is not that this model is 'set in stone' and will still be appropriate for healthcare staff in 2023. Instead, the intention is to make ongoing updates to the model, to make sure it remains as relevant to staff in two or five years' time, as it is to them today. The process of updating the model will be likely to follow a shortened version of the process described in Appendix I, probably taking into account any major new pieces of secondary research and by conducting future sets of interviews and focus groups.

This more flexible and innovative approach will result in future versions being available over the next few years. You could describe this as being similar to the software updates on a smartphone: people can get all the benefits of being able to update their software, while keeping a 'core' product that remains recognisable, rather than having a 'static' product which quickly becomes out of date. In the same way, we intend the Healthcare Leadership Model to adapt and be regularly updated to provide healthcare staff with the most relevant leadership support today and in the future.