HSC Collective Leadership Strategy

Health and Wellbeing 2026: Delivering Together

Foreword from Transformation Implementation Group

Evidence has shown that where a culture of Collective Leadership thrives it yields benefits for staff, leads to improved quality of care, results in a better experience for those who use our services and brings greater sustainability of those services. At no time has the need for Collective Leadership been more important.

Within our Health and Social Care system, we face considerable challenges and there is no doubt that our services and staff are under extreme pressure. Redressing this position will not be easy but over time we are determined to make it better for those who use our services and those who work in the HSC. *Delivering Together* has provided us with the roadmap for transformation but we recognise that leadership is key to achieving success.

In implementing this HSC Collective Leadership strategy, together we can improve the health and wellbeing of the people of Northern Ireland by harnessing our strengths and working collaboratively and effectively across traditional boundaries as one system.

Our vision is for a culture which values leaders, regardless of hierarchy or experience, location or discipline. It is one in which people strive for continuous improvement, are enabled to be innovative and take some risks along the way. We want to see staff flourish and take pride and joy in their work. This strategy provides a framework to achieve that ambition and we give our personal commitment to creating the conditions to make that happen.

We want to thank the many staff members across the HSC who helped to develop this strategy. They have set the bar high and it is for all of us to live up to their expectations.

Members of the Transformation Implementation Group

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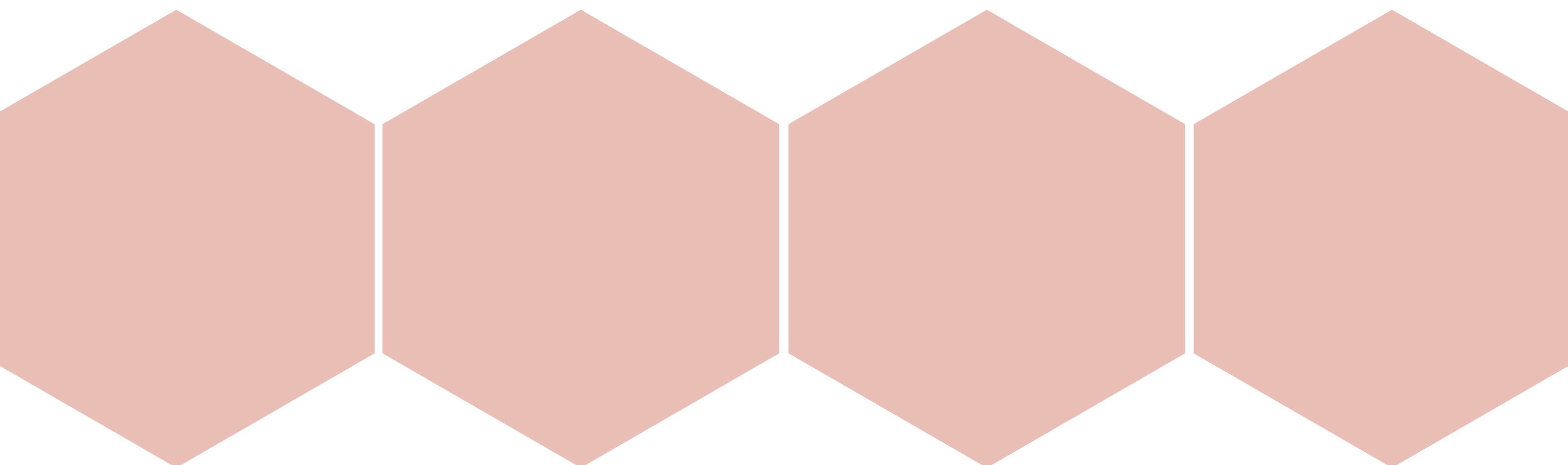


Context

The NI Executive have endorsed the need to transform how we design and deliver health and social care services to meet the increasing demands and changing external pressures. *Health and Wellbeing 2026: Delivering Together* sets out the direction for transformation and how services can deliver better outcomes for our population. It identifies 18 key actions, one of which is to:

> ***'Develop an HSC-wide leadership strategy, to consider a five year approach and plan for development of collective leadership behaviours across our system'*** **Health and Wellbeing 2026: Delivering Together, (Oct 2016)**

The case for change is not in itself new and has been made repeatedly by experts, our people who work across health and social care, our patients, clients and carers. The political summit hosted by the Expert Panel in February 2016 secured a political mandate for the need for change and the principles to underpin it. The advent of a new outcomes based approach in the draft Programme for Government puts an onus on us all to work together, across traditional boundaries, to deliver the best outcomes for the people of Northern Ireland.

Whilst there are many leadership frameworks, the collective leadership model has been adopted as it is informed by considerable research and, in particular, by two major programmes of study conducted within the National Health Service. The first is a study of cultures of quality and safety in the English National Health Service (Dixon-Woods et al., 2013). The second involved analysis of NHS national staff survey data from 350+ organizations surveyed each year from 2004 to 2011 (Dawson et al., 2011). The data from these surveys were linked to national patient satisfaction surveys, mortality data, data on quality of care, financial performance, staff absenteeism and staff turnover.

The research suggests that all leaders (from the front line to the top) in the best performing health care organisations prioritised a vision and developed a strategic narrative focused on high quality, compassionate care and support (Dixon-Woods et al., 2013). The research evidence suggests that high performing health care systems around the world are characterised by a culture of collective leadership as opposed to command and control. It also shows that it is compassionate leadership behaviours combined with a strong focus on quality improvement that create cultures where people who work across health and social care are able to deliver high quality, continually improving, compassionate care and support.

Widespread engagement locally with people at all levels who work in health and social care organisations and those who use our services has endorsed the use of the collective leadership model. These stakeholders have influenced the development and contributed to the final content of this strategy.

Collective leadership consists of four key components:

- Leadership being the responsibility of all
- Shared leadership in and across teams
- Interdependent and collaborative system leadership
- Compassionate leadership

This strategy sets out how we will achieve a collective leadership culture across the wider health and social care system.

Figure 1: Four components of Collective Leadership

Our Challenge

We recognise that now is the time for us to work more collaboratively and collectively across the system to deliver world class health and social care services to the population as a whole. This will require harnessing and integrating the strengths of different parts of the system across organisations and sectors as well as working beyond what is traditionally considered to be the health and social care sector.

Our health and social care system faces a number of challenges which will require us to have a consistent approach to leadership across all organisations.

Increasing Demand

We are working in a complex, rapidly changing environment with increasing demands on our health and social care services which we know will continue into the future. We require leaders who have the knowledge, skills and abilities to promote the collective leadership that will deliver and sustain the changes required to deliver a world class service.

Working across boundaries

We need to work across traditional boundaries to address the ever increasing complexity and demands on our services. For this transformation to be effective we need to increase the prevalence of collective leadership and reduce or eliminate any silo based leadership approaches, both within our organisations and across the wider health and social care system. Our success will be measured by our ability to recognise the interdependence of our collective efforts and the need for our leadership community, which will include service users and carers, to work collaboratively to build the health and social care system for the future.

Pressure on our people

Our people have told us that the pressure on our system from increasing demand and challenging targets is impacting on their ability to deliver the quality of services they wish to provide for our population. One of the most significant challenges is for us to create a consistent approach to leadership, building an environment where our people are supported, engaged, enabled and empowered to offer the quality of the care they aspire to deliver.

Leadership culture

We have a workforce of highly capable, committed and enthusiastic people, including skilled and dedicated leaders. Because our system is changing we will require a shift towards a new leadership culture, a culture that recognises service users and carers also as leaders and moves away from command and control to collective leadership responsibility which:

- Values both formal and informal leadership
- Takes risks and learns from mistakes
- Supports continuous improvement
- Recognises that leadership comes from all levels, as referenced in Delivering Together *"Rather than concentrating power at the top, I want all those working in health and social care to feel able to effect change and improvement in care. This means developing leadership at all levels, a truly collective leadership model"*
- Enables effective and meaningful personal and public involvement, leading to co-production and a commitment to 'no decision about me, without me'

Collective leadership offers us a real opportunity for creating a culture of high quality, continually improving, compassionate care and support. There is consistent evidence that collective leadership in health and social care is necessary for overcoming the challenges we face and we recognise that it will require us as leaders, both formal and informal, to have courage, commitment and determination.

Our Ambition

Our ambition is to create a health and social care leadership community in which all take responsibility for nurturing cultures of high quality, continually improving, compassionate care and support. Our leadership culture will be the outcome of the collective actions of formal and informal leaders working collaboratively to deliver our common purpose of world class health and social care services.

The delivery of our strategy will require commitment from everyone who works in health and social care, service users and carers working with us, as well as our political leaders. Our commitments at a local and regional level will be that:

- We use our strategy as a guide when we are undertaking all things concerning leadership, improvement and collaborative working so that we engage across the system with one voice
- We take responsibility and hold each other accountable for the values and behaviours required to create our collective leadership culture
- We model in all our interactions the compassionate leadership and attention to people development that establish continuous improvement cultures
- We will share learning and spread best practice to support a continuous improvement culture

Realising our ambition will require a change in both behaviour and mindsets, our strategy will provide a framework for developing the capabilities and desired culture of collective leadership

Our Change

"It is people not strategies that bring about change and it is relationships not systems which make it work" Systems, Not Structures - Changing Health and Social Care, Expert Panel Report (Oct 2016)

There are many good examples already within health and social care of collective leadership and this strategy will ensure that it spreads to become the consistent approach across our system. To deliver the transformation that is set out in Delivering Together 2026, we need everyone to be prepared to lead - not just in their own work area but to lead with others in order to fulfil the core purpose of health and social care - high quality, continually improving, compassionate care and support for all in Northern Ireland.

Now is the time to create a consistent approach to leadership, working collectively to deliver a world class health and social care service.

We must:

- Develop collective leadership capabilities at all levels
- Create the desired collective leadership culture

Collective leadership capabilities at all levels

We must continue to invest in our people including service users and carers working with us, and provide the environment to enable them to do what they do best – provide excellent, high quality, continually improving care and support. This means providing opportunities for them to develop their collective leadership capabilities so that leadership at all levels becomes a reality.

To enable the growth of collective leadership across our system we need to:

- Recognise that leadership is the responsibility of us all and we all need to develop our leadership skills, behaviours and capabilities
- Develop shared leadership within and across teams
- Develop system leadership by working collaboratively and effectively across boundaries to problem solve and co-create the future
- Create a consistent approach of compassionate leadership

Such collective approaches must be deployed effectively at the right time and place. Collective leadership does not replace the necessity for strong governance arrangements to ensure clear accountability and decisive leadership but overall, the shift in culture must be away from command and control to collective responsibility. Underpinning such collective leadership must also be the core values of health and social care.

Our leaders at all levels need to develop strong networks, supportive alliances and trusting relationships within and across organisational, professional and geographical boundaries.

Desired Collective Leadership Culture

Organisational culture can be defined as the values lived by its employees every day, 'the way we do things around here' – and we know at times this may not be the same as our stated values. We must recognise that if we want to provide users of our service with respect, care and compassion, all our leaders and people must afford all their colleagues the same respect, care and compassion.

A collective leadership culture is the product of our collective actions and our formal and informal leaders must act together to achieve organisational goals. This will require new levels of awareness of self and others, new mind-sets as well as new skills and may require personal changes in our individual behaviours.

The cultural characteristics of collective leadership that we need to embrace and integrate into everyday ways of working are:

- Prioritising an inspirational vision and narrative – focused on quality of care and support

- Commitment to effective, efficient performance and accountability - clear aligned goals, objectives and outcomes with helpful feedback
- Supportive people management and employee engagement - compassionate leadership
- Continuous learning and quality improvement
- Genuine team working and collaboration across boundaries
- Modelling in our everyday behaviour the values of the organisation

Collective leadership creates the foundation of a strong, supportive organisational culture.

Our Approach

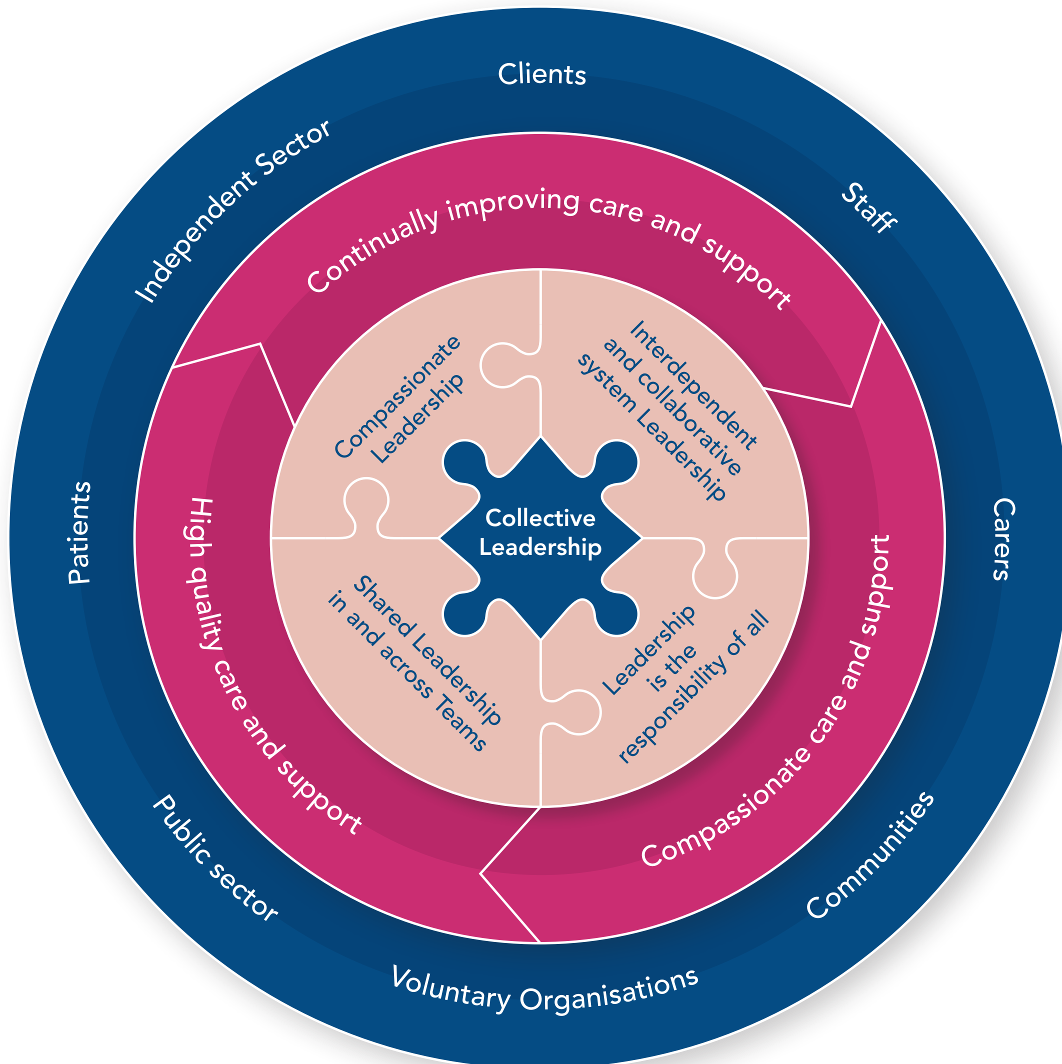
Our collective leadership strategy will be critical to ensuring that our health and social care organisations have the leadership they need to nurture cultures that:

- Deliver high quality, continuously improving, compassionate care and support, now and for the future of our population
- Equip and encourage those working in health and social care roles to deliver continuous improvement in local health and care systems
- Support those who work within our organisations to flourish, gain satisfaction, take pride and experience joy in their work

To enable this change in our culture the four components of effective and sustainable collective leadership are:

- Leadership is the responsibility of all
- Shared leadership in and across teams
- Interdependent and collaborative system leadership
- Compassionate leadership

Figure 2: HSC Collective Leadership



Whilst the model of collective leadership is new we have many excellent examples of this occurring across our health and social care system. These are illustrated by the following case studies.

Leadership is the responsibility of all

Collective leadership requires us to share leadership responsibility across all levels. It is a fluid approach enabling anyone with expertise for a particular task or situation to take responsibility when there is a need. Leaders in formal roles must create the conditions in which power, authority and decision making are distributed to all levels within and across our organisations. In developing leadership at all levels we need our people to be informed, enabled and empowered to deliver high quality, continually improving, compassionate care and support.

South Eastern HSC Trust

My name is Andrew Patterson, I am a Band 3 working in the Phlebotomy Team based in the Ulster Hospital. I was given the opportunity to take part in the Trust's Leading in Safety, Quality and Experience programme. This is where my leadership story began. Although banding plays a part in leadership, I realised that we are all leaders, we all have expertise in our own fields and we all have the potential to take on responsibility no matter how small when the need arises. Through the training I received I was able to take on responsibility for the service that I was providing and improve it to deliver the best possible results for those accessing our service, whether patient or staff. This led to a 43% reduction in the amount of blood sampling being carried out, freed up capacity in labs, a reduction in phlebitis and antibiotics prescription, results back in time to facilitate discharge and decision making and a reduction in the work load being handed onto JHO's out of hours. Alongside this we managed to save £4,367 in a three week period.

Since stepping up to the mark I have further developed myself not just in the area of leadership and education but also as a person. When someone invests in you, develops you, informs you, enables and empowers you to lead in this way it just doesn't benefit them.... It benefits you as a person. You become happier in your work, you feel a sense of ownership in your work, your passion is reignited, you feel proud of what you do and you know that your work really does matter.

Northern Ireland Ambulance Service

Over the past two years the Northern Ireland Ambulance Service has developed 12 new care pathways for patients which provide safe alternatives to ED and which mean patients with a chronic condition or a specific need – like palliative care support - can access that help more appropriately than being conveyed to the Emergency Department. Referrals can now be made to Falls teams, Minor Injury Units, Frail/Elderly Services, Palliative Care services, Respiratory services. A modernisation team drawn from Operations and Ambulance Control meant leadership came from within these services. The programme started with staff focus groups to ask front-line staff what services they thought their patients would benefit from. A feedback model of 'you said, we did' was used to show how this influenced conversations with hospital and community services to develop new pathways. This collaborative approach, coupled with a commitment from the modernisation team to spend time working in Ambulance Control, on the front-line, or shadowing front-line staff, meant that there was consistent attention paid to the observations and insights from those working in front-line ambulance services. There has been a lessons learned process carried out to ensure deep learning from how this process was led well and how to build and develop this in the future. Frontline staff commented:

- "Cross directorate working has been strong"
- "I like how much engagement there was with front-line staff"
- "When I sent in emails with ideas these were responded to and I got feedback."

Patients engaged through surveys and structured telephone calls to continue to help us learn and improve the pathways: Patient stated:

- "They couldn't have gotten a better service. Very happy with contact/treatment and referral pathway."
- "Very grateful for the referral and immediate action. The staff were lovely."

Northern Ireland Medical and Dental Training Agency

My name is Dr Anna O'Kane and I am a GP Trainee and ADEPT Clinical Leadership Fellow for 2016/17. ADEPT is the 'Achieve, Develop, Explore Programme for senior Trainees' established by the Northern Ireland Medical and Dental Training Agency in 2015. It enables senior doctors and dentists in training to take a year out of their training programme to work in an apprenticeship model with senior clinical leaders in host organisations across HSCNI.

As a GP trainee the fellowship has given me insight into the strategic and organisational aspects of General Practice as well as the wider HSC, the challenges that it faces and the value of true integration of care and meaningful co-production. I believe that this leadership training will offer real system benefits in connecting services, understanding how different people, teams and organisations interconnect and interact. By taking a collaborative leadership approach, I hope to use my skills by influencing for results, developing capability within the system, and enabling teams to deliver care across traditional boundaries.

I have gained immensely from the practical experience of being involved in a range of strategic projects focused on improving General Practice, and have particularly enjoyed and benefited from the opportunity to learn from inspirational leaders across our system. ADEPT has made me appreciate that whilst there are some inherent qualities suited to leadership roles, effective clinical leadership requires continual personal reflection, learning and growth in response to challenges and experience; and that it is essential all HSC staff feel encouraged and empowered to develop and use their leadership skills to the best of their ability and for the wider benefit of the system. I feel very privileged to have had this opportunity and believe it will enable me as a future GP to better influence and affect change to improve patient care and experience. I now feel a much greater connection to the HSC as a wider system as opposed to being a member of an individual specialty or trust area, as well as a greater sense of personal responsibility and confidence in my ability to actively contribute to improving our system.

Shared leadership in and across teams

Collective leadership requires us to develop shared leadership within teams and across teams based on open and supportive communication, candid and mutual feedback and agreed, shared and challenging goals. This will build communities of teams and create a culture that values differences and enables decision making at the closest point of contact to our users by teams rather than individuals. In our teams, we need to create a cohesive, optimistic and effective environment that stimulates and supports innovation, continuous learning and quality improvement. Every team must include among its objectives a commitment to improving the effectiveness with which they work with other teams and organisations to ensure the delivery of the best possible care and support for the population.

Northern HSC Trust

The Northern Trust focused on the design, implementation and evaluation of a virtual renal review clinic model for patients with Chronic Kidney Disease (CKD).

The Virtual Renal Clinic Project was led by a consultant nephrologist and included specialist nursing, community nursing, booking office and service management. This team worked together to agree a protocol for identifying CKD patients who would be suitable for telephone review with a renal nurse specialist rather than a face to face consultant review appointment. A pilot was established whereby suitable patients were offered a transfer to nurse telephone review, and a total of 60 patients were moved across. The feedback from patients was strongly positive, with a particular focus on avoiding a stressful and time-consuming trip to hospital. The evaluation showed a safe and effective service, less resource-intensive than a consultant review clinic, delivering excellent patient experience and a reduction in the renal outpatient review backlog.

The success of this initiative was largely due to the collaborative approach taken from the outset: clinical leadership from the consultant nephrology team, a willingness from the nurse specialist to try new ways of working, support and flexibility from community and admin services, and project and QI support from divisional management. The result is a safe and robust model for nurse-led virtual clinics which delivers good outcomes and excellent patient experience.

Western HSC Trust

The Western Trust developed an Infant Mental Health Strategy in 2011 that brought attention and focus to the importance of early intervention. As part of the natural development of the strategy it was important to grow leadership to promote and develop the culture of early intervention and also to lead and nurture innovation. There was a view that whilst important, the emphasis was only on very young children. The creation of a broader focus on Emotional Health and Wellbeing of all children and young people enabled a collective leadership approach to emerge. The collective leadership approach has generated broader interest and commitment across services thus enabling the strategy to permeate into the organisation at every level.

Bringing together a range of leaders from a range of professions and specialities was a challenge. Significant time was taken to agree the overarching vision and subsequently signing up to working together to ensure that there was quality and improvement across the whole system. The collective leadership challenge was significant and took time to embed. This was time well spent. The founding principle was that to succeed the contribution of everyone must be valued.

The leadership group has consolidated and grown in numbers and strength over the past 12 months. It has agreed a programme plan that is founded on the agreed vision and articulates what it hopes to achieve over the next 12 months. All of the leaders are leading by example and encouraging creativity and innovation. The secret has been collective ownership of the strategy and a commitment to work collaboratively to ensure there is positivity, energy and enthusiasm for every action undertaken. The group meet regularly and undertake work that spans all programmes and directorates ensuring key programmes are available to all.

Belfast HSC Trust

Delivering safe, high quality and compassionate care at all levels is the first order priority for the Belfast Health and Social Care Trust.

We are working to develop a culture of excellence in safety and quality; engaging, inspiring and supporting our workforce to deliver improved outcomes and experience for those who access care. By getting this right, we'll have collective leadership within and across our areas, and with other organisations in the wider HSC family; prioritising overall care outcomes rather than just the success of our part of it.

It is clear from the views of our staff, service users and research that a new way to think about leadership is required, one which enables local teams to take control and have the permission to drive improvement. This has shaped a broad programme of work focusing on creating the conditions – the structures, processes and behaviours – we need to deliver our first order priority. Our culture change programme covers all aspects of our corporate objectives and includes a relentless focus on safety and quality outcomes, supported by ways of working that nurture innovation and shared learning, and improved decision making and collaboration through a network of high performing teams.

Here's a snapshot of some of our work to date:

- Building the will and capability for safety and quality – delivery of a range of QI programmes, support materials and project based work involving staff from across all professions and levels. This is aligned to our Trust QI strategy and plan.
- Building the capability and confidence for collective leadership – including our Medical Leadership Development (consultant medical staff and above) and Leading with Care programmes (successful at tiers 3 and 4, and now being rolled out to all staff at Tier 5)
- Living our values – engaging staff in dialogue about our Trust values and objectives, and what these mean in our day to day working lives.
- Collective leadership in action – originally looking at improving the unscheduled care performance and experience of service users, IMPACT is a multi-disciplinary, collective leadership approach to service improvement which is now being rolled out in other service areas.
- Challenging our ways of working – looking at how our leadership structures can be enhanced to deliver more local accountability, partnership working, and better individual and collective decision making closer to the point of care.

The Trust is currently aligning and developing its enhanced leadership and decision-making structures, embedding collective leadership as a key enabler to the delivery of safe, high quality and compassionate care within teams and across teams. It is about continuously learning within teams, across teams, organisational boundaries and enabling better decision making, and the drive for quality improvement closer to the point of care.

Interdependent, collaborative system leadership

In our changing landscape of health and social care, our leaders must work effectively across boundaries. As system leaders we must create:

- A compelling shared vision for transforming the health and wellbeing of our population across Northern Ireland
- A shared commitment to work together for the medium and long term (not only the short term)
- Frequent contact between leaders who need to work together to build trust and make real progress in order to deliver a world class service
- A shared agreement to surface and resolve conflicts quickly, fairly, transparently and without blame, and a commitment to collaborative problem solving
- A commitment to establish shared learning for improvement rather than blaming for mistakes
- A clear commitment to support and value each other's organisations, mutually supporting system success in transforming the health and wellbeing of our population
- Equal partnerships between those who work in health and social care and the people they serve, through a co-production approach

Public Health Agency

Public Health Agency (PHA) worked in partnership with Age NI and local HSC Trusts to achieve a shared vision for improving nursing services in older peoples' settings using a co-design partnership approach with users. Peer educators from Age NI led on the co-design function of the initiative to identify what really matters to older people in care settings.

The production of a regional report 'What Matters' sets out the achievement of a number of products which have been very well received including a DVD and training resources which were co-produced in partnership through meaningful collaboration with HSC Trusts, PHA, users, Age NI and education providers. This successful collaboration has resulted in the PHA securing a significant nursing award from Burdett to undertake additional work with the organisations, based on the recommendations from the report.

A Lived Experience Perspective, Eileen Shevlin

I have been a member of the Service Delivery Board (SDB) within the Recovery College of the South Eastern Trust since its inception in 2014. Our college embraces a shared leadership approach with our vision built on the values of hope, control and opportunity. This means that the Board consists of an equal number of professionals, service users and partner organisations who are strategically responsible for the ongoing development of the college, monitoring quality and advising on how resources should be prioritised within the college.

The experience of working in this way, where all people are recognised for their unique skills and talents, has transformed relationships and the way we do things, as everyone is valued equally and everyone feels that they have a contribution to make. This is true co-production with our shared leadership approach recognising the equal importance of both learned experience and lived experience.

Personally, it has given me the opportunity to rediscover the skills that I thought I had lost forever due to my mental health. I could dip my toe in the water of a working environment again where Compassionate Leadership meant that I felt safe to be authentic, honest and open as well as demonstrate that I had leadership skills without being in a position of power. This co-productive way of working has given me great hope for my future and for the future of others, by recognising that everyone has their own skills and strengths from the strategic leaders, to the people at the front line and those who use the service.

The strength of the collective leadership approach adopted by our Recovery College means professionals and people with lived experience are proactively engaged, are empowered to make decisions and own the drive for better outcomes. At its heart is a culture of co-production and mutual learning with a commitment to 'no decision about me without me'.

Working together in this way has transformed the culture and relationships between managers, staff, people with lived experience and third sector organisations, with leadership seen as our shared responsibility.

For me it has opened many doors and created opportunities which I have grabbed with both hands. Wellness for me has always involved returning to the workplace using the skills that I had spent my life developing. Now, thanks to co-production and using a collective leadership approach I have a fabulous new CV and I feel ready to return to work and use those skills again.

Compassionate leadership

As leaders, whether formal or informal, we will create our desired culture of strong, visible collective leadership focused on high quality care and support which is continually improving and recognised through our behaviours. Creating a consistent approach to compassionate leadership in practice is:

- Attending: paying attention to our people – being present and listening with intent
- Understanding: finding a shared understanding of the situation
- Empathising: using emotional intelligence and engaging with our people
- Helping: taking intelligent action to help

Our leadership community will be characterised by authenticity, honesty and openness, curiosity, decisiveness and appreciation.

Department of Health and Public Health Agency

The Family Nurse Partnership (FNP) Programme is an intensive, preventive, one to one home visiting programme for young, first time mothers from early pregnancy until their child reaches two. Its main aims are to improve pregnancy outcomes, child health and development and the economic self-sufficiency of the family. FNP aims to introduce a new approach to nursing, working with the parents to help them build up their own skills and resources to parent their child well, but also to think about their own future aspirations.

The FNP programme is based on positive psychology and strengths based practice and collective leadership. At all levels of the organisation it is the responsibility of all to practise strengths based working, building on the client's and nurse's strengths and resilience to build a hopeful and positive future for the family and new baby. It is a shared leadership by all of the FNP team. Family nurses and clients manage incredible change and challenge in their lives. Every day, FNP teams support clients to navigate and overcome often unimaginable difficulties and uncertainty. They do this by drawing on past experience, skills and evidence, staying calm, being brave, and trusting their instincts – and each other. The FNP teams practise kindness compassion when working with young families and others. The building of respectful relationships between clients, nurses, stakeholders and supervisors is key to the success of the programme. The central team, supervisors and family nurses all role model compassion and self-awareness to enable and empower clients to develop their sense of self efficacy and confidence. This creates a parallel process between Supervisor and Nurse and Nurse and Client. Collaborative working with other professionals and agencies, building on a strengths based approach, remains central to the effectiveness of the programme.

The family nurses are supported by frequent restorative supervision by the supervisors, psychologists and safeguarding nurse. Supervision supports nurses to remain compassionate and strengths focused. Emotionally nourishing nurses through supervision processes, good leadership and an excellent learning programme will spread in a positive way to the young mothers, children and families. The FNP teams take time to be compassionate with each other and model this self-care to others.

The young clients and the family nurses are actively encouraged to help us develop and improve the programme. With leaders at all levels the FNP teams have a responsibility to listen to, be curious, understand, respect and value different views. The central team, supervisors and family nurses strive to find a shared understanding on how to improve the quality of the programme and ensure the high quality implementation and compassionate care.

Southern HSC Trust - Deirdre's story

Deirdre is a Health Visitor Team Manager in the Southern HSC Trust and took up post in 2012 having previously worked in the team for a number of years. This is Deirdre's story, as told by her team members.

"When our last Team Manager moved on to a new post in 2012, there was one team member that we all knew would be the right person for the job, and thankfully she succeeded in obtaining the post. Right from the start Deirdre was faced with many challenges. Our actual numbers of staff had been gravely depleted through general staff shortage, sick leave and maternity leave and even more stressfully – by a very dear and much-loved colleague who was diagnosed with a rapid terminal illness and died in November 2015.

Naturally our entire team was devastated but throughout all of this very challenging time, our Team Manager, Deirdre, was exceptional, continuing to motivate our small team with great compassion and professionalism. Deirdre ensured we all had time to visit our friend one last time, and had Carecall attend our team meeting to help us cope with our emotions and understand the way we may all face situations with different coping strategies, so we could better understand and support each other in our own ways. Despite her own personal grief at the loss of her dear friend and colleague of many years, Deirdre sought to help each one of us with great compassion and insight and offered each one of us, as individuals, her time.

Despite her own over-burdening managerial duties, Deirdre is not afraid to roll up her sleeves and help our team by practically carrying out home visits and hands-on duties. She keeps in touch with what's happening on the ground, yet excels in all her managerial duties leaving our team with the full knowledge and confidence in her ability and skills, to feel very well supported.

Deirdre is not a 'soft touch' but a quiet, very unassuming, yet inspiring role model in every way. She has the knack of helping us to feel special and valued in all that we do, aiding team cohesion and certainly staff morale. Deirdre has continued to work tirelessly and relentlessly to ensure that all of our team are mentally, emotionally and physically well. She always arrives in with a smile on her face, instantly inspiring and empowering us all to face the work challenges of each day. Her flexibility with the team and genuine compassion is often breath taking given the personal challenges of her own role on a day-to-day basis."

NHS England have already begun to put in place practical actions needed to develop and strengthen collective leadership across their system.

This case study provides an early illustration of the outcomes achievable through the implementation of a collective leadership approach.

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

The Trust had already standardised its approach to QI and recognising the role leadership has in creating culture, believed the next step was to develop an aligned leadership strategy. This had huge support from the Board.

Our change team is one of the things we are most proud of. We developed a set of criteria in order to recruit to it. To apply, individuals had to:

- have the sponsorship and support of their line manager
- meet the criteria
- commit to attend 6 workshops
- undertake cultural audit work between the workshops

All of this was in addition to their "day jobs".

Applicants were shortlisted and assessed by a panel that consisted of execs, non-execs, heads of nursing and quality and directors of operations. The Board was also fully engaged in the process. We deliberately recruited a diverse section of people in terms of grades, roles, skills and experience. We tried to select a team that was representative of the workforce.

We originally planned to recruit 12 change champions but from a strong field we actually recruited 15 people from a pool of 30, one of the team is a patient/volunteer representative. Being in the change team is a development opportunity.

The impact has been huge. At the end of Phase 1, Discovery, the change team gave a presentation of their findings to the Board and received a standing ovation. The Board wanted to know how things really were, and the change champions felt they were doing something really valuable. We took the views of over 900 staff into account and, in itself, the cultural audit has proved to be a very positive engagement activity.

The change champions then worked with the Board to determine priorities and develop next steps. They gave further presentations and then sought feedback from the clinical directors and the council of governors. This work was then translated into an action plan which was agreed at the board meeting in July. The action plan set out our quick wins 'just do it' actions and things we need to take to the next phase: Phase 2: Design.

Our next steps are roadshows from our diagnostic phase – the 'cultural audit' - are now underway with a series of open meetings and attendance at existing team meetings being held. In these sessions, the findings of the cultural audit are being shared, staff are being invited to feed back on the findings and recommendations and shape the new culture. These sessions are being delivered by the change champions who are working in pairs and supported by a member of the executive team at each session.

We are now developing the design phase and looking to recruit more change champions alongside the current team.

Some of the outcomes that we are able to report are:

- following the CQC inspection, nearly 80% of our services received ratings of 'good' or better
- against a background of continued and sustained growth in emergency admission, our OPM length of stay reduced from 10.3 days to 6.2 days
- reduced spend of agency staff by £3.4m
- results from the National Staff Survey have improved:
  - o 77% of staff recommend the Trust as a place to work (66% in 2016)
  - o 89% of recommend the Trust as a place for treatment (83% in 2016)
  - o Overall impression of Trust, mainly good 94% (88% in 2016)

The Actions

This strategy sets out our commitment to develop and implement a consistent collective leadership approach across our health and social care system in line with Health and Wellbeing 2026: Delivering Together. We recognise that this will not be easy and will require continuous effort. The outcome of implementing this strategy will be the development of collective leadership capabilities at all levels and the creation of a collective leadership culture that will deliver high quality, continually improving, compassionate care and support for our population.

To realise our ambition to deliver a world class health and social care system we must work together to deliver the following actions.

What are we going to do?	Date
Phase 1	
Establish and embed a core set of values and associated behaviours.	March 2018
Develop a framework that outlines the critical collective leadership capabilities needed by all our people who work in health and social care.	June 2018
Design and implement a system to monitor the outcomes and review the implementation of the collective leadership strategy.	June 2018
Embed the collective leadership framework into all leadership development activities consistently, including and ensuring talent management and succession planning.	March 2019
Develop a framework that will support and enhance team working in and across the system.	March 2019
Establish a programme of work that will modernise selection and recruitment arrangements within health and social care and is aligned to the Regional Workforce Strategy.	June 2019
Collaborate with education providers and professional bodies to introduce the principles of collective leadership into undergraduate and postgraduate training.	June 2020
Phase 2	
Embed the phase 1 actions across health and social care organisations	March 2024
Evaluate the outcomes identified in the strategy of - collective leadership capablities at all levels - a collective leadership culture within health and social care organisations.	2018-2026

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