Strategic Leadership Behaviours that develop Organisational Resilience in NHS Trusts in England: A multiple-case study

Dr Barbara Bradbury PhD, RN

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Why?

Career background:

- Quality
- King's Fund – Organisational Audit
- Organisational Development
- Leadership and culture

Organisational Resilience

- Growing literature since 2000
- Definitions in abundance!
- Elements of:
  - proactive preparation
  - adaptive capacity
  - recovery and growth

OR Definition

- What best defined the situation of the NHS Trusts
  - adaptation (response to poor CQC rating)
  - recovery (from shock, plus previous scrutiny)
  - growth (improved CQC rating, sustained)

"The maintenance of positive adjustment under challenging conditions such that the organisation emerges from those conditions strengthened and more resourceful" (Vogus and Sutcliffe, 2007)

NHS Leadership

- Influenced by various theories over time
- Positional power – top-down
- Expert power – professional hierarchy
- Clinical vs managerial
- Behaviour – command and control
- Transformational leadership
- Distributed leadership
- Compassionate leadership

Leadership and OR

Case study selection

- Non-typical cases, purposefully selected
- CS1: Non-specialist Acute FT
- CS2: Mental Health FT
- Different specialties, similar characteristics

CQC Results – comprehensive inspections

2013-2016: Non-specialist acute Trusts n=136

Mental health Trusts n=54

- Outstanding: n=5 (4%) / n=2 (4%)
- Good: n=39 (29%) / n=30 (55%)
- Requires Improvement: n=80 (58%) / n=21 (39%)
- Inadequate: n=12 (9%) / n=1 (2%)

Characteristics

- Multi-sited, large geographical spread
- Multiple clinical specialties
- Previous public scrutiny
- University associated teaching Trusts
- CQC history: significant improvement in 2 years
- CQC maintained from improvement after further 2 years

Study overview

- Qualitative research methods
- Fieldwork – six months (Oct 2019 – March 2020)
- Interviews and non-participant observations
- Secondary data analysis (Trust; CQC)

Research methods

- Interviews of leaders: middle managers to executives and non-executive directors (n=39)
- Meeting observations
- Secondary data: 5 years (2015-2020)
- Board Papers (n= 90); Annual Reports (n=21); CQC Summary Reports (n=6)

  NHS Staff Survey (2015-2019): Trusts and

  National results - 7 relevant areas

Process

- Primary data collection and analysis
- Secondary data analysis
- Avoid unconscious bias

Thematic analysis

- Braun and Clarke (2006, 2013)
- Substantive codes (n=116)
- Group into themes (n=19) and sub-themes (n=34)
- Overarching themes (n=5): strategic behaviours
- Theoretical framework for OR development

Findings

- Data analysis validated through secondary data analysis (triangulation)
- Staff survey results consistently improved over time; trend to All Trusts: +1 - +15% in CS
- Striking similarities between both CS Trusts:

  values-led culture; staff first; moral compass - "doing the right thing"; lack of complacency; modest and highly respected CEOs – visible, accessible and responsive; patient-centred care

NHS Staff Survey Themes

- Safety culture: reporting of safety incidents, near misses and errors
- Safe environment: experiences of bullying abuse or harassment (↓)
- Management experiences and teamwork
- Quality of care
- Health and well-being
- Staff morale
- Survey response rate

Organisational values – CS 1 &2

- Respect everyone
- Everyone counts
- Work together
- Encompass change
- Acknowledge success / staff first

Organisational objectives

1. Safe, effective quality care (CS 1)

   Excel in consistent delivery of high quality, patient-centred care, delivered with compassion (CS2)

Remainder: mapped to 5 strategic behaviours

5 Strategic leadership behaviours

I Responsible leadership

- strong moral compass
- horizon scanning
- whole system involvement
- caring for staff
- reaching out

II Values-led culture

- respect everyone
- everyone counts
- work together
- encompass change
- staff first / acknowledge success
- behaviours to be embedded and lived

III People-focussed

- effective teamwork
- recruitment and proactive retention
- acting on feedback
- staff development
- effective communication
- resilience-building programmes

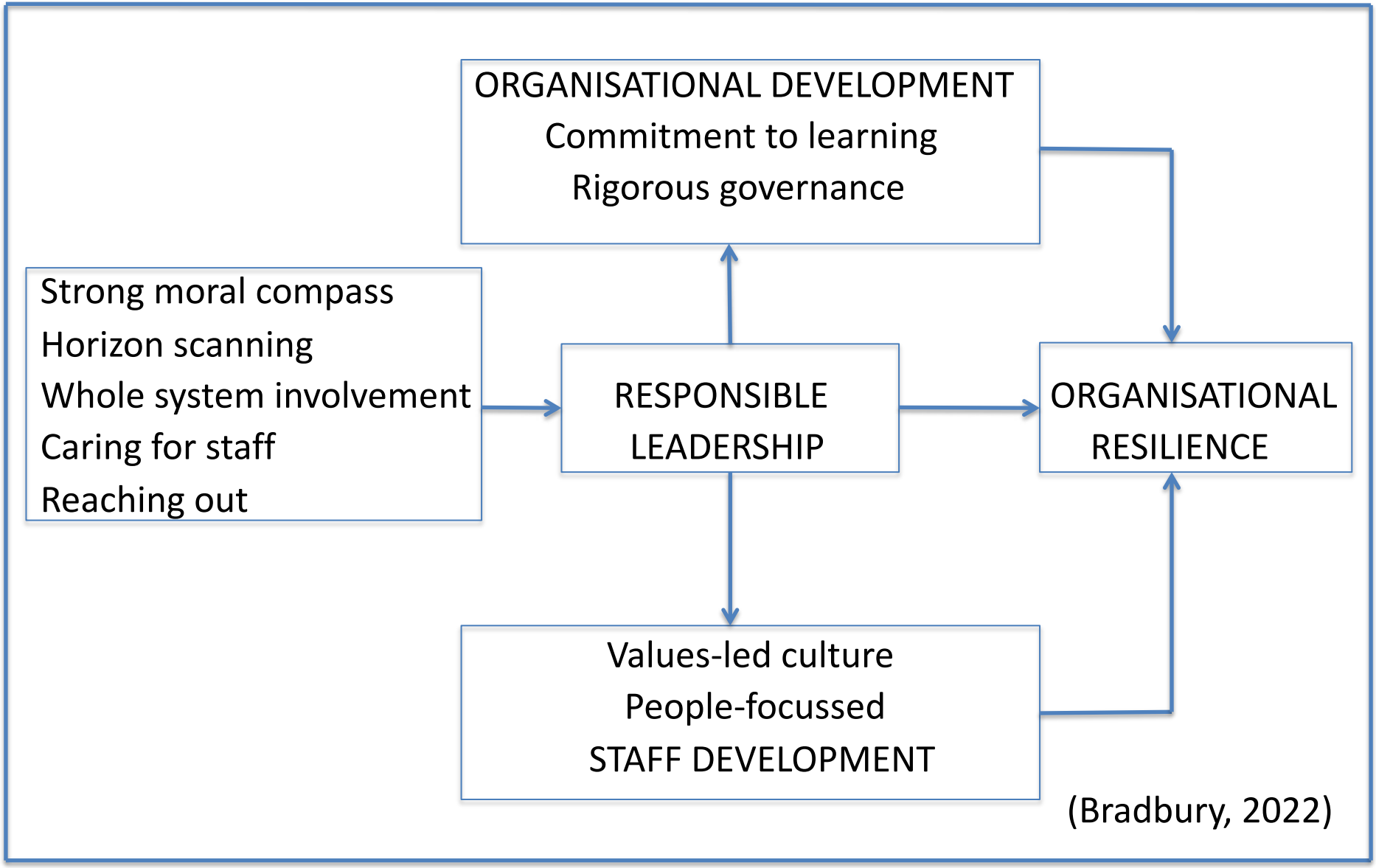
IV Rigorous governance

- robust risk management
- strong focus on safety
- delivering strategic priorities
- assurance of systems and processes
- effective response to regulatory feedback

V Commitment to learning

- lack of complacency
- organisational learning imperative
- learning from feedback and acting on it
- acknowledging and sharing good practice
- learning from error
- learning from excellence

Development of OR: A Theoretical Framework



Implications for practice

- Responsible leadership as a new paradigm for the NHS
- Whole system focus essential for ICS
- Develop a values-led organisational culture that focuses on staff behaviour; embed and live it
- Robust focus on organisational governance and learning
- No complacency
- Celebrate success!

References

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