

Health care consultation project on  
skills, behaviours, and leadership styles  
required and exhibited by NHS system  
leaders

Business Project

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## **Abstract**

The research set out in this report aims to establish if the current NHS system leaders have the leadership skills, behaviours and leadership styles required to drive transformational and collaborative change in the NHS.

The reports start with an introduction to the NHS and the current challenges it faces that have led to a new mandate for increased collaboration.

This is followed by a literature review which uses the aide of Kotter's 8 steps of change model to addresses the first objective which is to establish what skills, behaviours and leadership style are appropriate and needed for collaboration. The skills highlighted by the literature review are emotional intelligence, communication, and motivation, influencing, conflict resolution and the ability to communicate an inspiring vision and give a sense of purpose.

This section is followed by a chapter that points out the aims and objectives referred to above and a chapter on the methodology. The qualitative research was done with the use of an electronic questionnaire that was sent out to system leaders through google forms.

The findings section addresses the second objective which is to establish if the current NHS system leaders have the skills referred to above from the literature review. The findings are presented in a combination of stacking graphs and pie charts.

This is followed by the discussion and analysis section, were observations, further analysis of the findings and probable reasons for some of the findings are discussed.

The recommendations section that follows, demonstrates the recommendations on how the skills, behaviours and leadership styles exhibited by current system leaders can be improved or maintained considering the findings that address the objectives.

The report concludes with a summation of the whole paper, giving the researchers view and recommendations for further research.

# 1. Introduction

## 1.1 Background

The National Health Service (NHS) began in 1948 with a mandate to provide great quality healthcare to all United Kingdom (UK) nationals. The founding principles for the NHS are to deliver quality healthcare based on clinical rationale, free at point of delivery while meeting the needs of the whole population (The Nuffield Trust, 2021). It can be argued that over the last 73 years, the NHS has broadly abided by these founding principles albeit the challenges it faces today.

In recent years, the NHS is facing unprecedented challenges from prevalence of long-term conditions, pressure from an ageing population, technological advances, increasing demand for its services and financial pressures from years of austerity (Dougall, *et al*, 2018). In the face of these challenges, the NHS needs to transform how it delivers its services by adopting a systemwide, collaborative way of working away from the historical organisation silo structures (Ham, *et al*, 2017).

On the back of this, one of the key strategic objectives of the NHS long-term plan is for NHS organisations to deliver patient centred healthcare in an integrated way by working collaboratively (DHSC, 2019). The report calls for local NHS organisations to redesign health care and improve population health by creating shared system leadership and actions through the establishment of Integrated Care Systems (ICS) and Strategic Transformation Partnerships (STP). The perspective of the concepts around integrated healthcare are shaped by the views and expectations of the different stakeholders as illustrated in appendix 1.

## 1.2 System Leadership

Strong system leadership is one of the first steps required for collaborative, integrated healthcare models as they require meticulous planning and change management (Goodwin, 2016). The NHS needs to redefine the historic heroic leadership role that worked for single organisational hierarchical structures into collective and shared system leadership that fosters collaboration (Ham, *et al* 2017).

Ward, *et al* (2018) define system leadership as the need to drive transformational change across organisational boundaries where in some cases leaders don't have direct staff management responsibilities. They further point out that this new way of leadership approach is difficult to demonstrate because of existing NHS structures and the different leadership styles, behaviours and skills needed.

The NHS needs system leaders with the right skills to drive through this transformational change in an inspiring, approachable, and compassionate way. This needs to be achieved by engaging with all levels of staff (Dougall, *et al* 2018). Recent evidence has shown that distributed and collective leadership models delivered closer to where care is given produce

better healthcare outcomes. To achieve this more emphasis needs to be put on relationship building where system leaders work selflessly with others across the system. This will require a good understanding of the complexities involved with the whole system, particularly the myriad sources of authority (Miller and Sitton-Kent, 2016). They further point out that this transformation will require strong and resilient leaders whose success will depend on leadership skills and contribution rather than job titles or hierarchies. However, developing the potential of system leaders in a systematic way has not been attempted before.

### 1.3 Research Question

According to Timothy (2016), many studies have pointed out the leadership styles, behaviours and skills required by system leaders. However, it is unclear whether the current system leaders have these skills.

On the back of this, my research aim is **to find out if the current NHS system leaders have the leadership skills, behaviours and leadership styles required to drive transformational and collaborative change in the NHS.**

The main purpose of this study is to further inform policy makers and system leaders of the skills, leadership styles and behaviours that the current leaders mandated to drive through change have, and make recommendations on how they can be embedded and developed methodologically.

#### *Figure 1*

*Illustration of key system leadership skills and competencies:*



<https://mentalhealthpartnerships.com/resource/nhs-leadership-qualities-framework/>

## **2. Literature Review**

Efforts to discover whether any prior studies have been conducted on the skills, behaviours and leadership styles required by NHS system leaders did not yield many results. This further affirmed the earlier view that little consideration to this approach had been considered. However, I found the studies from Goss (2015), Storey and Holti (2013) and Timmins (2015) key and particularly relevant this research and hence they form the basis for the literature review.

I have used Kotter's eight stages of change model (Appendix 2) to structure the review whilst highlighting the skills, behaviours and styles required for each stage (Kotter, 1995).

### **2.1 Skills, behaviours, and leadership styles – Kotter's change model**

To drive through transformation towards more collaboration in the NHS, System leaders need to adopt a sequence of steps to enact change successfully (Kotter, 1995). The skills, behaviours and styles required for each of these steps pointed out by Kotter (1995), are discussed in detail below.

#### **2.1.1 Create Urgency**

NHS System leaders need extensive influencing and persuasion skills to create an urgency for collaboration throughout the whole workforce (NHS Leadership Academy, 2013). According to Kotter (1995), history has shown that most successes in transformation start with leaders building a strong case for change and having the skill to persuade and influence others by communicating widely and dramatically the need for change. Storey and Holti (2013) also concur, pointing out that one of the most important skills in initiating change is persuasion and the ability to assess needs of stakeholders in a holistic way. These skills give the leaders the ability to create urgency for change by attending to the needs of stakeholders whilst building a case for change.

One way of creating the urgency for collaboration, is for system leaders to point out that the NHS is undergoing unprecedented challenges from the increased limitation on resources, increased demand for services and increased expectation from patients (Storey and Holti, 2013). The authors point out that with such an array of needs, the NHS needs to work more collaboratively and have the appropriate leadership in place. Interestingly, Timmins (2015) takes a more optimistic view that focuses more on the overwhelming evidence that has shown that integration improves healthcare outcomes and provides better value for money. I am of the view that system leaders need to use a blend of painting a dark picture of the status quo as suggested by Storey and Holti (2013) above, while highlighting the benefits of collaboration pointed out by Timmins (2015).

Although it has been pointed out above that the most appropriate skills to create urgency for change are influencing and persuasion, a study by Timmins (2015) instead points out that system leaders have to adapt different leadership styles and skills depending on the people or situation they are dealing with. An example is the ongoing COVID-19 pandemic that has created a volatile, uncertain, complex, and ambiguous (VUCA) environment for most parts of the NHS making it even more important for NHS organisations to work collaboratively

(Clover, 2020). Goss (2014) points out that people can only be uncertain for so long in VUCA environments. Clarity needs to be given in the short-term by making bold short-term decisions to ease the uncertainty. They further point out that the most appropriate leadership style for this situation is the transactional command and control. On the other hand, Storey and Holti (2013) argue that the top-down culture of command and control has been identified as one of the causes of poor health outcomes in the NHS. It demoralises staff and stifles innovation. System leaders need to use this leadership style exceptionally in VUCA situations as it does not align with collaborative working.

### **2.1.2 Forming a Guiding Coalition**

To form a guiding coalition, system leaders need to have trust, integrity and the skill to build meaningful relationships (Goss, 2014). They point out that conversations about system transformation need to be initially held in small groups amongst leaders to build cohesion, deep-understanding, and belief in what they share before they connect to the values of the wider workforce. This view is shared by Timmins (2015) who also points out that system leaders need to get a coalition of the willing before going outwards. They emphasise the importance of engaging clinicians in leadership as they are an influential group in healthcare.

Although trust, integrity and relationship building are core skills in leadership, they have been arduous to use in the context of NHS leadership where the performance-led pace setting culture, government policies and system structures often led organisational leaders to compete against each other (Ham, *et al*, 2017). It is rather unsurprising that system leaders in the new era of collaboration will find it difficult to build meaningful relationships with each other which makes it even more important to have these skills.

Interestingly, Timmins (2015) found that a lot of the system leaders interviewed were reluctant to describe themselves as such because the title has a negative connotation associated with telling people what to do because of the authority it holds. They rather saw themselves as enablers whose role was to build relationships.

I believe that whilst relationship building is a key skill required when forming a guiding coalition, trust and integrity between the system leaders needs to be given the same impetus. My view is shaped by the recent leak to the press of the planned integration between Barts Health NHS Trust and Barking, Havering and Redbridge University NHS trust by one of the few people who were privy to this information before it was made aware to staff (Corner, 2021). This has led staff to view this well-intentioned transformation with scepticism.

### **2.1.3 Creating and Communicating a Vision**

For system leaders to create and communicate a vision, they need to have exceptional communication skills and the ability to formulate and communicate an inspiring vision that inspires optimism, enthusiasm, and a shared purpose across all the workforce. (Storey and Holti, 2013). The authors argue that the core function of the NHS is to deliver quality and value in the healthcare outcomes for all its patients. As such it is imperative for system leaders to promote these values beyond organisational boundaries. On the other hand, Goss (2014) points out that although important, it is not enough to just formulate and communicate a powerful vision, system leaders need to have the skill to build meaningful relationships so that they are not just seen as the “boss” but a servant of the community and all stakeholders.



System leaders need to have the ability to consider the wider environment by having a helicopter view beyond organisational boundaries to make sense of any threats, weaknesses, opportunities, and strengths in formulating and driving through a clear vision (Storey and Holti, 2013). This view is shared by Goss (2014) who points out that system leaders need to have the skill to have a “noticing eye” where they can pick patterns of staff behaviour and develop timely interventions.

It should be noted that as leaders engage in different meetings and project planning, they should pay close attention to the human behavioural response from staff. Sometimes silence is a way of communicating discontent (Goss, 2014). The author also raises a concern, that leaders should avoid having endless back to back meetings and give staff the real space and environment for all staff to engage amongst themselves.

System leaders need to emulate the success of Greater Manchester STP, whose leaders collaborated and listened to staff while planning for collaboration with a focus on people not organisations (Ham, *et al*, 2017). This co-design and engaging communication of the vision is an example of why inclusive interpersonal communication skills underpin system leadership.

#### **2.1.4 Remove Obstacles and Empowering Action**

System leaders need to have conflict resolution skills to manage conflict from opposing views and the ability to nurture other leaders across the system to foster collaboration and distributed leadership (Ham, *et al*, 2017). The authors argue that disagreements always manifest when people are subjected to difficult truths such as the impact of transformational change that distorts the status quo. According to Goss (2014), leaders do not have to agree with everyone’s views especially in the short-term where many people will have differing objectives, but rather need to have the skills to manage the tensions from the disagreements. They draw on an example from the Northern Ireland’s Good Friday peace agreement which has helped build peace yet is based on an agreement to disagree. Interestingly, Ham, *et al* (2017) point out that the absence of conflict can be more worrisome because it does not give system leaders the insight of how genuinely staff are feeling. Therefore, system leaders need to engage and seek views of staff while showing genuine concern for staff development focusing on a mediation role when conflict arises (Storey and Holti, 2013).

Whilst most of the debate has been around leadership styles, there is a need to bring back focus to distributed leadership which ensures that the organisation drives through and takes ownership of transformation through multiplicity of leaders across the organisation (Storey and Holti, 2013). Goss (2014) points out that the counterpressure leaders face in system leadership means they need a lot of belief and personal strength. This is a challenge for one leader; therefore, system leaders need to nurture other leaders at all levels of the organisations. On the other hand, Timmins (2015) argues that despite leaders having the skills to resolve conflict and nurture other leaders they are inhibited by bureaucracy where simple changes require endless consultations and equality assessments which give a platform for dissent.

#### **2.1.5 Short-term Wins**

It is important for system leaders to have conceptual skills and the ability to interpret, analyse and use high quality data and information while communicating, persuading, and influencing staff (Miller and Sitton-Kent, 2016). According to Kotter (1995) transformation is a relatively long-term process which risks staff being demoralised unless they see clear evidence of the benefits of the transformation in the short-term.

Timely data and information are a key requirement during the transformation of health systems, it helps staff at all levels of the system understand the case for change and appreciate all the intricacies associated with collaboration whilst demonstrating the benefits. (Allcock, *et al*, 2015). Goss (2014) argues, that despite cultures in other public bodies such as local government resting belief in the powers of the executives, in the NHS, the staff especially clinicians want to see evidence of the impact of change. System leaders need to have the skill to convey a convincing message using data, information, and evidence since collaboration at this scale is relatively new in the NHS.

Timmins (2015) points out that, the need for evidence in building a case for change particularly from other sectors or internationally is key in engaging staff especially clinicians. Perhaps system leaders can compliment these skills with the aid of simulation's and the Plan-Do-Study-Act (PDSA) problem solving model to demonstrate the benefits of collaboration and to identify barriers for remedial action in advance. It is important to note that Storey and Holti (2013) draw on research evidence from the private sector and other countries. This will help the NHS learn from the insight gained on leadership skills from elsewhere.

### **2.1.6 Building and anchoring Change**

Another key skill and leadership style that system leaders need to ensure collaborative change is embedded in the culture of the health system is having emotional intelligence and a participative democratic leadership style. According to Goss (2014), system leaders are always expected to deal with the tasks ahead, however the stress involved with the job means that over time the leaders need to attend to their own emotions in order to attend to others and ensure change is sustained. System leaders that are emotionally intelligent and participative often foster a culture of cohesive and empowered workforce and teams (West, *et al*, 2015). Interestingly, Goss (2014) asserts that leaders who share emotions such as guilt, fear and anxiety could help in building relationships and getting the needed support from others. Emotionally intelligent system leaders are described as being self-aware, empathetic, self-motivating and manage relationships and their own emotions (Goleman and Boyatzis, 2017)

According to Goss (2014), system leaders working in such a diverse system such as the NHS, need to recognise the contribution of other leaders and service users at all levels of the health system to ensure change is embedded and a democratic participative culture is maintained. They need to ensure the different skillsets and most importantly the leadership role is distributed, participative and shared. The author points out that although this is easier in single organisations, it is a challenge with multi-organisation health systems that often have differing views. The system leaders need to build on the different strengths whilst ensuring teams stay aligned to the overachieving objective of collaboration. On the other hand, Storey and Holti

(2013) are of the view that although distributed leadership has shown benefits, it has led to lack of clarity of the role of system leaders.

## **Limitations**

Although, the research conducted by Storey and Holti (2013) focuses on what system leaders in the NHS need to do to drive through collaboration, not much attention is given to specific leadership skills, behaviours and styles required. However, a lot of the theories and issues raised give relevance to the skills needed. It is also important to note that they draw on research in the private sector and other countries that give the NHS invaluable learning and insight gained on system leadership from comparative systems elsewhere. The findings from Goss (2014)'s study is focused on their own experience working with system leaders. Although helpful, not much research evidence is given. Further research is needed to evidence some of the theories and issues raised.

Timmins' (2015) research, based on interviewing current systems leaders gives a great insight and understanding of the skills, behaviours, and leadership styles most suited for collaboration. However, the type of interview questions posed were very general and broad which meant that the answers given were not very specific. It should also be noted that the small sample size of interviewing only ten system leaders undermines the validity of the findings (Faber and Fonseca, 2014).

## **2.2 Conclusion**

A number of issues and theories have been highlighted and discussed in the review of the literature above, however one key highlight is the need for system leaders to demonstrate different skills, behaviours and leadership styles depending on the people they are engaging, the situation presented and the stage of change. According to Goleman (2002), leaders need to adopt situational leadership styles that can be flexed according to the circumstances. Considering this, system leaders need to constantly adapt their leadership styles as one style might not be suitable across the health system.

The themes highlighted by the literature review are that, the most appropriate style of leadership is the distributed and democratic leadership style albeit the need for situational leadership because they re-enforce collaboration by seeking input from others. The skills and behaviours needed for collaboration by system leaders are summarized as emotional intelligence, communication, motivation, influencing, conflict resolution and the ability to communicate an inspiring vision and give a sense of purpose.

The literature gives a good insight of the skills, behaviours and styles required by NHS system leaders, but little is covered if these are exhibited by the current system leaders. It is against this background that my research proposal is to find out if the current NHS leaders have the leadership skills, styles and behaviours required to drive transformational and collaborative change in the NHS.

### 3. Research Aims/Objectives

#### 3.1 Research aim

The purpose of this study is to contribute to the social change in the NHS by providing a better understanding on the skills, behaviours, and leadership styles that NHS system leaders should exhibit while driving through transformational and collaborative change.

The research aim that was used to guide this study was phrased by the central research question, which is **to find out if the current NHS system leaders have the leadership skills, behaviours and leadership styles required to drive transformational and collaborative change in the NHS.**

#### 3.2 Objectives

In order to meet the research, aim and answer the research question, the following objectives have been adopted.

- *To find out what skills, behaviours and leadership styles are required to drive transformational and collaborative change in the NHS*
- *To find out if the current NHS system leaders have and exhibit the skills, behaviours and leadership styles required to drive transformational and collaborative change in the NHS*

### 4. Methodology

#### 4.1 Research methods and design

This research involved reviewing the literature to identify themes, theories and ideas that were subsequently tested through research findings to address the objectives. Therefore, this study used a deductive approach, which involves building on and testing theories from other studies (Alzefeiti, *et al*, 2015). The nature of the research was descriptive with a cross-sectional time frame as it aimed to define what skills, behaviours and leadership styles are needed by system leaders to drive through collaboration and test if the current leaders have them (Decarlo, 2019).

The design selected for this research was a qualitative methodology, which used survey research in form of an electronic questionnaire that was designed using a combination of Likert 5-point scales, open and closed questions and distributed with the aid of Google Forms (illustration in Appendix 3). Qualitative methodology seeks to give meaning to the phenomenon being addressed in a socially constructed way (Saunders, *et al*, 2015). According to Saunders, *et al* (2015), qualitative research normally uses interviews or observation of the responders, however my choice of using a questionnaire was mainly driven by the current government coronavirus restrictions (Cabinet Office, 2021) and the busy schedules of the targeted responders in the on-going fight against the covid-19 pandemic.

Sampling involved identifying current individuals who held leadership positions in healthcare systems within the NHS. Identifying a sample of people with the same criteria that represents the wider cohort of system leaders gave more validity to generalise the findings. (Saunders, *et al*, 2015).

Prospective responders were sent an email requesting them to complete the questionnaire and asked to forward electronic link to other system leaders in their domain. Forty-three responses were received, however these included two duplicates and one respondent whose job title (Trainee) did not fit the selection criteria. These were subsequently removed from the data to ensure validity was upheld. Therefore, the total responses considered were forty.

The raw data from Google Forms included pre-populated pie charts showing results for each question. To present the findings in themes from the literature review, stacking graphs were produced using Excel and presented in the findings section.

#### 4.2 Exclusions

A question in the questionnaire was added to get views of system managers on what they would recommend improving skills, behaviours, and leadership styles of system leaders. This question has not been included in the findings and discussions because its was deemed not core in addressing the research aim and objectives.

#### 4.3 Limitation

The main limitation to the research was the use of questionnaire as data collection method. Questionnaires are standardised and don't give enough depth to the responses because by nature, they limit the scope for general questions and the number of questions (Decarlo 2019). This was mitigated by having a small section for a general open-ended question

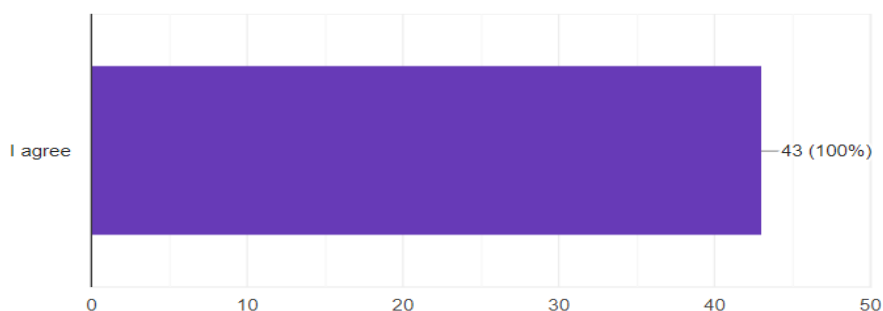
#### 4.4 Ethical considerations

Informed consent was sought from all the respondents by explaining clearly what the research was for and how the information collected was going to be used for. Each respondent had to agree to the consent statement below before they could complete the questionnaire

**Figure 2**

CONSENT STATEMENT: I agree to take part in this research, and I am aware that I am free to withdraw at any point. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

43 responses



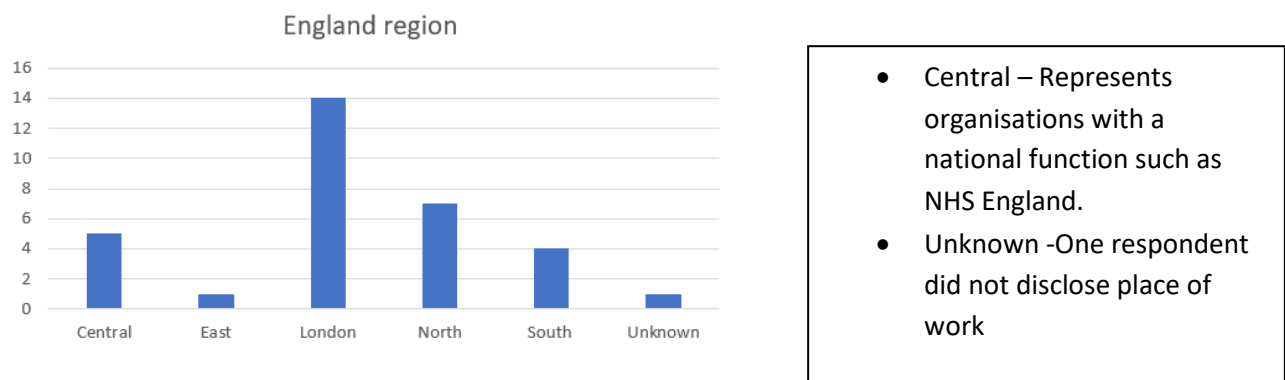
The respondents were informed that all their answers were confidential, and they were not able to be identified from the information they provided. Consequently, the data has been anonymised, safely secured and password protected.

## 5. Findings

This chapter sets out the results from the questionnaire that have been analysed and presented in a combination of stacking graphs, pie charts and thematic coding of the general question included in appendix 4. The findings have been categorised by the main themes highlighted from the literature review.

For context, please find below the geographical distribution of the respondents.

**Figure 3**



### 5.1 Leadership styles

The literature review pointed out that the leadership styles most appropriate for collaboration are distributed leadership, democratic leadership, and situational leadership.

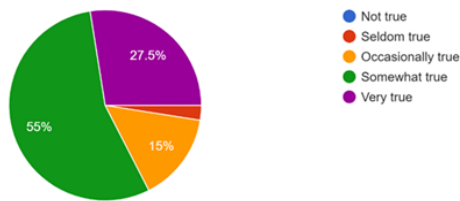
#### 5.1.1 Distributed leadership

Results in table 4, show that an overwhelming 82.5% of respondents agreed favourably that they actively ensure the leadership role is devolved at all levels of the organisation.

Distributed leadership was a key theme from the thematic coding of the general questions in appendix 4

**Figure 4**

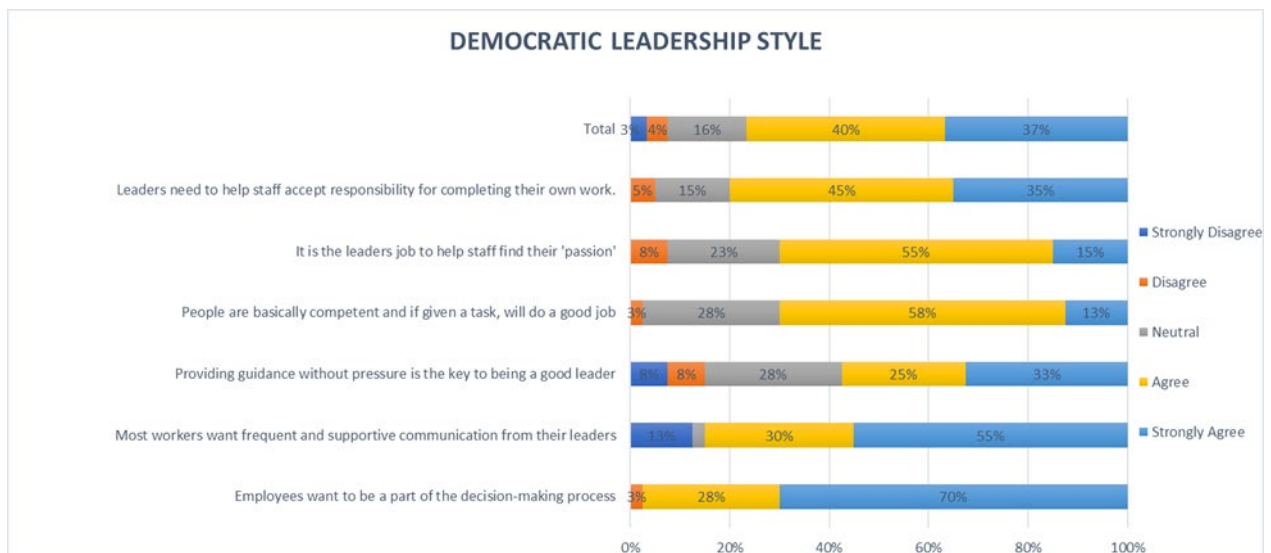
I actively ensure the leadership role is devolved at all levels of the organization  
40 responses



### 5.1.2 Democratic leadership

A series of questions were asked to inquire if the current system leader had a democratic leadership style. The findings in the stacking graph (figure 5), show that a total of 77% agreed to having a democratic style of leadership. It is noted that only 58% of respondents agreed that providing guidance without pressure is key to being a good leader.

**Figure 5**

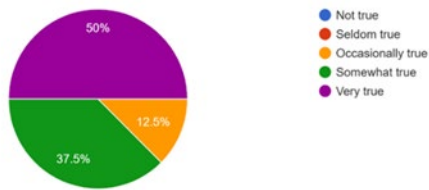


### 5.1.3 Situational leadership

87.5% of respondents agreed favourably that their leadership styles changes depending on the people or situations they are engaging. Interestingly, no respondent answered that this was not true or seldom true.

**Figure 6**

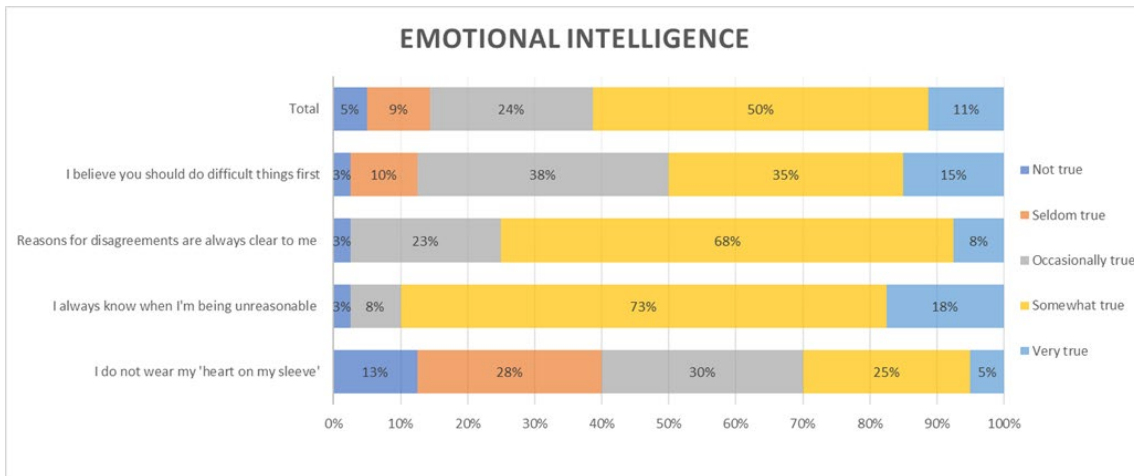
Does your leadership style change depending on the people or situation you are engaging  
40 responses



**5.2 Emotional Intelligence**

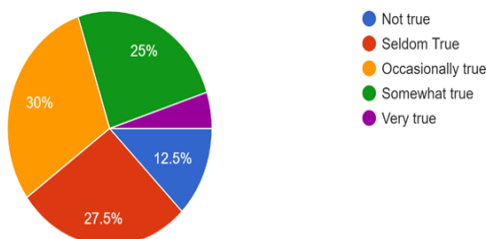
The respondents agreed to being emotionally intelligent for most of the questions, with a total of 61% agreeing (Figure 7). However, a mixed picture was given in two of the questions that are broken down further in figure 8. The first is when they were asked if they **don't** wear their “hearts on their sleeves”, 40% responded either not true or seldom true with 30% responding occasionally true. The second question asked if they should do difficult things first, 50% agreed with the other 50% responding as not true, seldom true, or occasionally true.

**Figure 7**

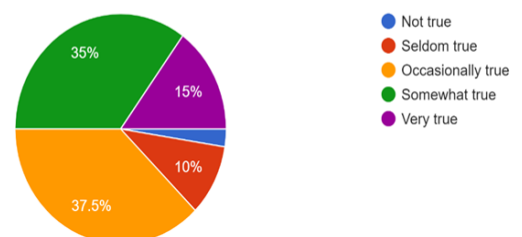


**Figure 8**

I do not wear my 'heart on my sleeve'  
40 responses



I believe you should do difficult things first  
40 responses

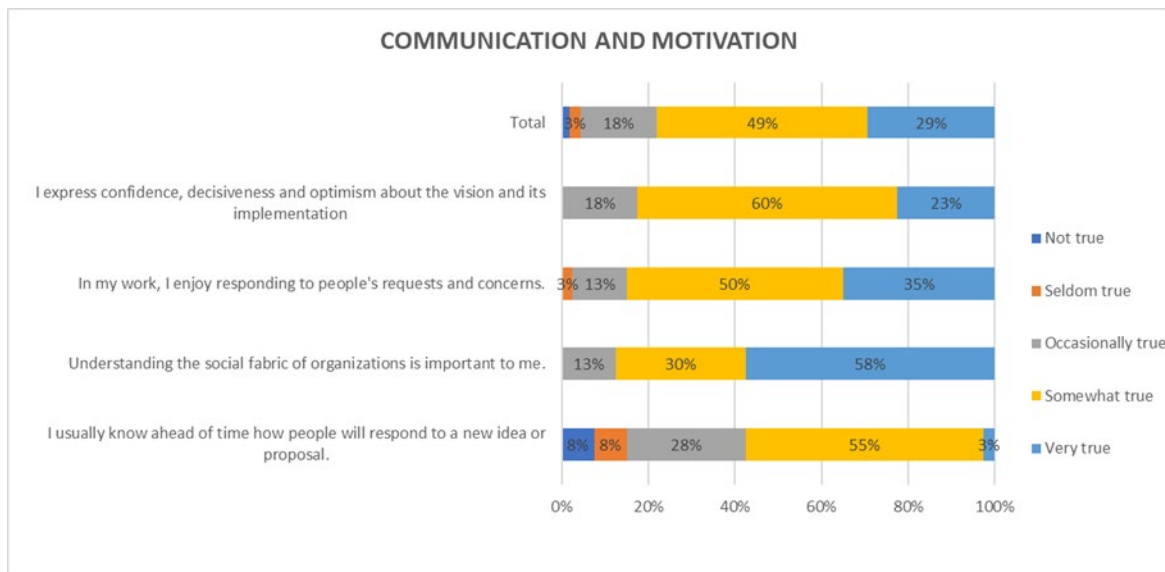




### 5.3 Communication and Motivation skills

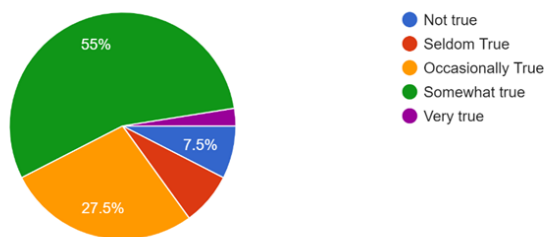
For all the questions asked in figure 9 to establish if the system leaders had good communication and motivative skills, a total of 78% agreed. However, it should be noted that for most of the questions the favourable response was above 80% except for the question in figure 10 that asked if they knew ahead of time how people respond to new ideas or proposals, only 58% agreed. Communication skills were a key theme highlighted from the thematic coding of the general question in appendix 4.

**Figure 9**



**Figure 10**

I usually know ahead of time how people will respond to a new idea or proposal.  
40 responses



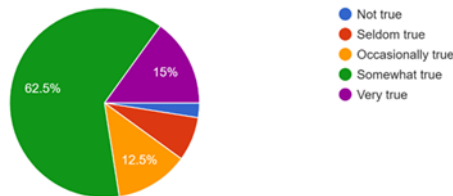
### 5.4 Influencing skills

In figure 11, 77% (62.5% Somewhat true, 15% very true) of respondents agreed that while persuading, they describe the consequences of not doing a particular action or offer incentive

to other persons. Influencing skills were picked up as a key theme in the thematic coding of the general question in appendix 4.

**Figure 11**

While persuading, I describe the consequences of not doing a particular action or offer incentive to the other person  
40 responses



### 5.5 Conflict resolution

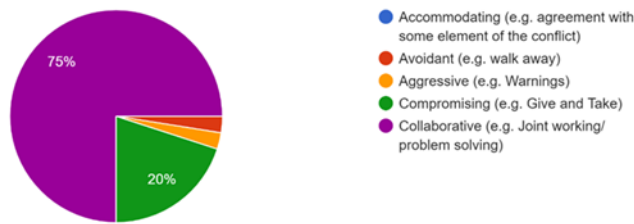
The questions sought to establish if system leaders had conflict resolution skills where divided into three formats, the first questions in figure 12 used the Likert scale, 89% of the respondents agreed overwhelmingly to these questions. The second in figure 13 asked them to select the most appropriate approach to conflict resolution, 75% chose the collaborative approach. The third in figure 14 was a binary yes or no question asking if they have had experience or training in conflict resolution, 52.5% answered yes.

**Figure 12**



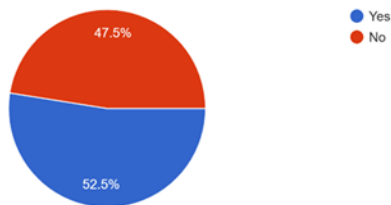
**Figure 13**

Which of the following most accurately describes your approach to dealing with conflict? (select one)  
40 responses



**Figure 14**

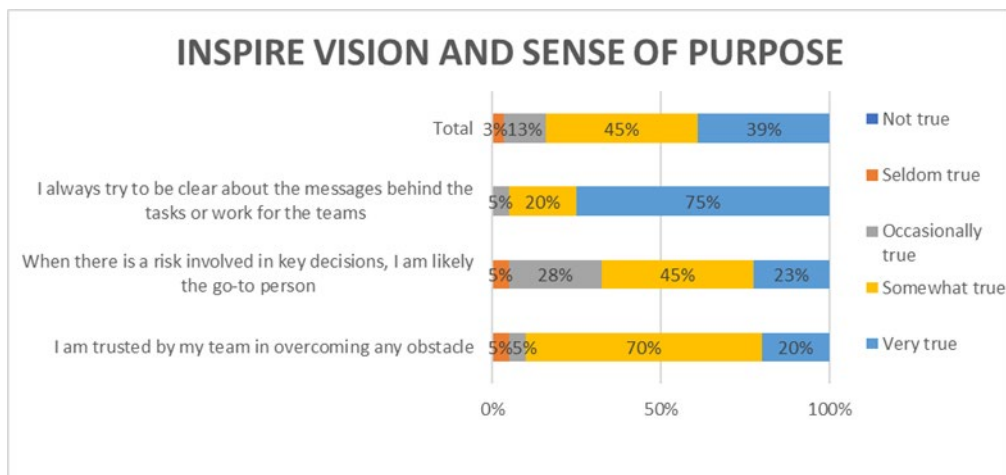
Have you had training or experience in conflict resolution  
40 responses



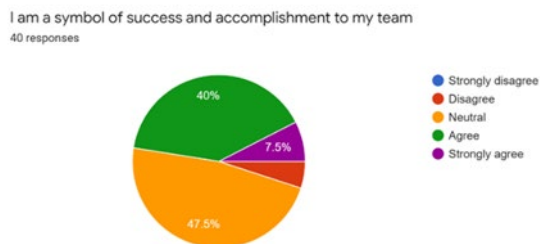
### 5.6 Inspiring vision and sense of purpose

The questions asked to establish whether system leaders have the skill to communicate an inspiring vision and foster a sense of purpose are broken down in two because of the different scaling of the answer-options. For the first questions in figure 15, 89% of respondents agreed. For the second question in figure 16, asking if they are seen as a symbol of success and accomplishment by their teams, only 47.5% agreed.

**Figure 15**



**Figure 16**



## 6. Analysis and Discussion

This chapter sets out further analysis and discussions of the survey findings. The aim of the study was to find out if the current NHS system leaders have the leadership skills, behaviours and leadership style required for collaboration. This aim was broken down into two objectives, the first was to find out what skills, behaviours and leadership styles are required to drive through collaboration, this objective was met by the thematic review of the literature. The second was to find out if the current system leaders had these skills, behaviours, and leadership styles, this objective was met by the findings of the survey in chapter 5 and the observations are discussed below.

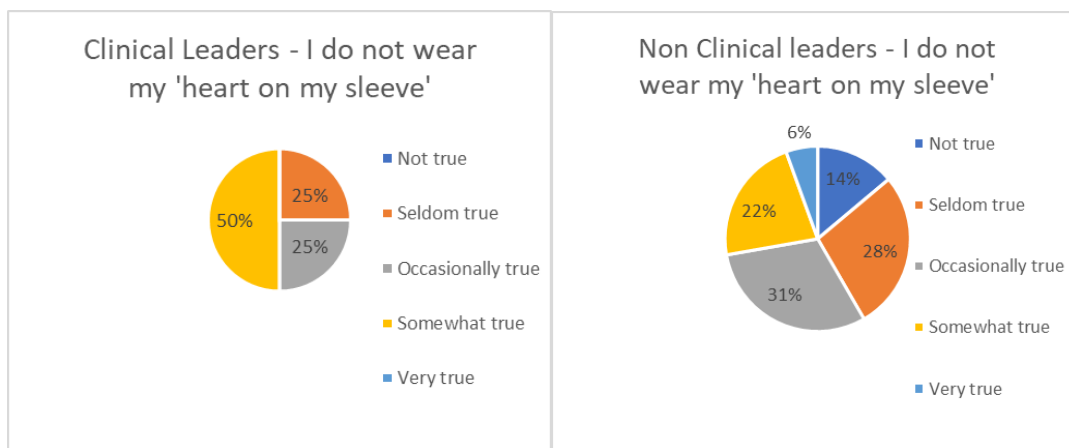
The review of the literature pointed out that a key skill needed by system leaders is conflict resolution. A series of questions in figure 12 were asked to establish if the leaders had this skill, the responses show that 89% agreed. 75% also agreed that the most appropriate approach to resolve conflict was through collaboration. In contrast, a further question that sought to establish if they had any training or experience in conflict management, only 52.5% agreed. This is a concern because the absence of conflict particularly in the early stages of collaboration could indicate organisational silence were the genuine feelings and views of staff are not shared, therefore the leaders having no insight of the real issues (Ham, *et al*, 2017). Another view could be that the respondents used their own perception of having conflict resolution skills in answering the question as opposed to demonstrating them. According to Johnson (2011), leaders' perceptions are shaped by many factors such as their mentors and life experiences and in some cases differ from the view of others. The author notes that whilst its good for leaders to have self-perception of their strength, it is also effective to use these strengths in decision making in situations such us resolving conflict.

Another observation was that the questions in regards to democratic leadership style in figure 5, had 77% of the respondents agree to having this leadership style, however the question that asked if providing guidance without pressure is key to being a good leader scored the lowest in this series of questions with only 58% agreeing. This relatively low number of system leaders agreeing to this question could be an indication that these system leaders who are relatively new to collaborative working still have some skills that were appropriate in running single organisations but not for collaboration. As pointed out in the literature review, single organisations with a performance-led, result oriented and competitive culture need heroic, assertive leadership that pressure staff to meet targets which is in contrast to collaboration that requires leaders to focus on relation-building (Ham, *et al*, 2017).

According to Goleman and Boyatzis (2017), having emotional intelligence can be looked at in the domains of being self-aware, empathetic, self-motivating and manage relationships and

own emotions. As part of the survey, questions were framed to mirror each domain. Unsurprisingly the respondents agreed to being emotionally intelligent in most of the domains. However, for the domain of managing emotions, they were asked if they do not “wear their hearts on their sleeves”, 40 % disagreed and 30% answered occasionally true. This was a relatively unfavourable response compared to the other questions in figure 8 above. Interestingly in table 17 below, a more granular analysis of this question was undertaken to compare the responses from clinical and non-clinical system leaders. In contrast 50% of clinical leaders agreed to not “wearing their hearts on their sleeves” compared to 28% of non-clinical system leaders who agreed. Perhaps this significant difference in the managing own emotions domain is because of the skills clinicians derive from the nature of their clinical work which inhibits sharing emotions with distressed patients. Storey and Holti (2013), point out that emotions displayed by clinicians during patient contact are sometimes discrepant to how they feel. Further research could be considered to find out the difference in skills that clinical and non-clinical system leaders need and exhibit.

**Figure 17**



The review of the literature, further pointed out that in an interview with system leaders, they were reluctant to be identified as such because the title has a negative connotation associated with telling people what to do because of the authority it holds. They rather saw themselves as enablers whose role was to build relationships and influence people to do the right thing (Timmins, 2015). This view is demonstrated in the findings of the survey where only 47.5% of responded agreed to the question on if they are a symbol of success and accomplishment to their teams.

In summary, this chapter and the findings in chapter 6 overwhelmingly show that the current system leaders have most of the skills, behaviours styles required for collaboration.

## 7. Recommendations

Chapter 7 outlines what actions can be taken to improve the skills, behaviours, and leadership styles of system leaders. The recommendations below are informed by the foregoing review of the literature, findings, discussions, and analysis.

- **Leadership training and development programmes** – The NHS should consider investing more in structured leadership and development programmes. The current form of leadership training and development programmes have little evidence of the impact they have made to leadership skills (West, *et al*, 2015). One way the current programmes can be structured is to incorporate learnings on collaboration from outside the NHS with real life scenario simulations. According to Ward, *et al*, (2018) experience from outside the NHS would benefit the NHS is having a different perspective on collaboration. The NHS need to expand the admission criteria to include other staff who aspire to become system leaders of tomorrow to ensure that the appropriate skills are not lost over time.
- **Mandatory 360-degree assessments** – The NHS should include a 360-degree assessment as part of the annual personal development plans for all system leaders and aspiring system leaders. 360-degree assessments score self-ratings against the anonymous view of others. They are very beneficial in providing valuable feedback on how the skills, behaviours and leadership styles exhibited by leader's impact staff (Goleman and Boyatzis, 2017). According to Johnson (2011), leaders' self-assessment of their strength sometimes differs from the perception of staff. This tool will point out these areas so that leaders have insight on what skills they need to improve on.
- **Coaching, mentoring, and shadowing** – Although the NHS through the **NHS** leadership academies offers coaching to staff (NHS Leadership academy 2021). The NHS should consider a step further and invest in specialised executive coaching for system leaders. They should also invest in structured mentoring and shadowing for aspiring system leaders. Executive coaching with the use of a specialist facilitator has shown to improve skills and help system leaders deal with complex situations (West, *et al*, 2015) the author also points out that evidence shows that mentoring and shadowing has benefits particularly for those in need of new skills.

## 8. Conclusion

In conclusion, the NHS is facing significant challenges in the face of increased demand for its services, an ageing population and increased pressure on its resources. With the increased emphasis on collaboration its imperative to ensure that the system leaders are equipped with the right skills to do the job. This research has highlighted the key skills, behaviours and leadership styles needed to drive through this collaboration and establish that the current system leaders have them. As highlighted by the findings, particular attention needs to be given to

emotional intelligence especially the managing emotions and self-motivating domains and to ensure that as system leaders move away from the tradition top-down hierarchical performance-led type of leadership, focus is given to skills that help to build meaningful relationship and collaboration with others.

This research is based on the self-assessment of the current system leaders. However, further validation of these findings based on the how staff view these leaders is an area to be considered for further research.

The review of the literature also pointed out that the system leaders interviewed by Timmins (2015) couldn't agree on if system leadership can be taught or does it need building on inherent skills and personality traits. Further research will help establish this phenomenon.

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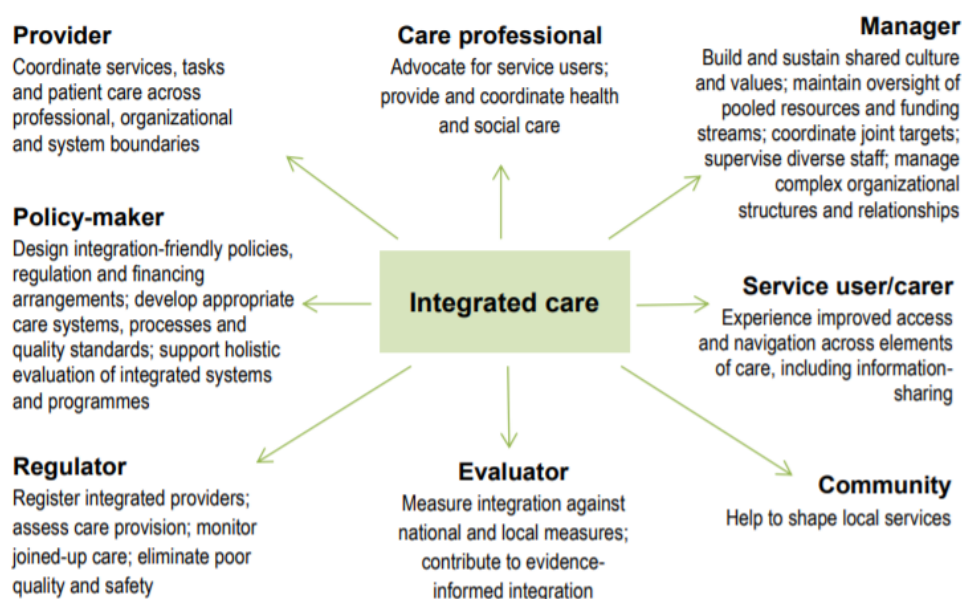
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## 10. Appendices

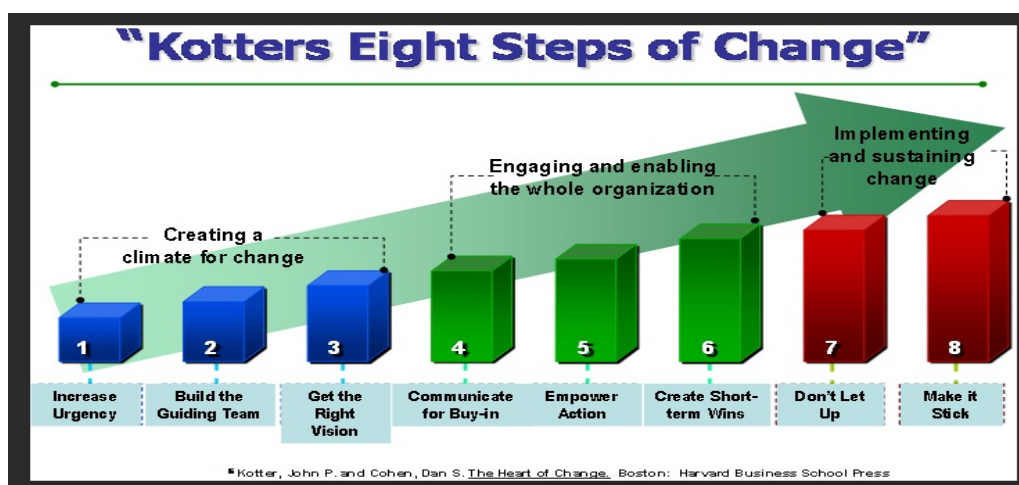
### Appendix 1: Perspective Shaping collaborative integrated working in the NHS.



Source:

[https://www.euro.who.int/\\_data/assets/pdf\\_file/0005/322475/Integrated-care-models-overview.pdf](https://www.euro.who.int/_data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf)

### Appendix 2 - Illustration of Kotter's eight steps of change



Source; <https://blogs.ubc.ca/etec530leadingchange/learning-topics/kotters-model/>

## Appendix 3 – Research Questionnaire

### ***MBA HEALTHCARE CONSULTANCY PROJECT – ACADEMIC RESEARCH MODULE.***

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Name of Student: Ronald Lukandwa      Course: MBA - Healthcare Finance

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University: BPP University

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Date: May 3, 2021      Deadline: 12<sup>th</sup>/May/2021

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*Hello, my name is Ronald Lukandwa a final year MBA student with BPP University. I currently work for Barking, Havering and Redbridge University NHS Trust as a Senior Finance Business Partner. In case of any queries or clarity I can be contacted on email: Ronald.lukandwa@gmail.com*

*By answering these questions, you will be helping me complete my final MBA healthcare project.*

*Project Aim: To Understand the leadership styles, skills, and behavior of system leaders in the NHS particular those who are at the forefront of driving through collaboration.*

*All Answers are confidential, and you will not be able to be identified from the information you provide*

Name:

Job Title:

NHS Organization:

Date of Completion:

### **Consent Statement**

I agree to take part in this research, and I am aware that I am free to withdraw at any point. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings. If you agree please tick this box

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Leadership Style (Democratic)</b>					
1. Employees want to be a part of the decision-making process					
2. Providing guidance without pressure is the key to being a good leader.					
3. Most workers want frequent and supportive communication from their leaders					
4. Leaders need to help Staff accept responsibility for completing their own work.					
5. It is the leader's job to help staff find their "passion."					
6. People are basically competent and if given a task will do a good job					
Statement	Not True	Seldom True	Occasionally True	Somewhat True	Very True
<b>Leadership Skills/Behaviors</b>					
<b>Communication/Motivation</b>					
7. I usually know ahead of time how people will respond to a new idea or proposal.					
8. Understanding the social fabric of organizations is important to me.					
9. Develop a challenging and attractive vision, together with the employees					
10. In my work, I enjoy responding to people's requests and concerns.					
11. Express confidence, decisiveness and optimism about the vision and its implementation					
<b>Inspire Vision and sense of purpose</b>					
12. I am trusted by my team in overcoming any obstacle					
13. I am a symbol of success and accomplishment to my team					
14. When there is a risk involved in key decisions, I am likely the go-to person					
15. I always try to be clear about the messages behind the tasks or work for the teams					
<b>Emotional Intelligence</b>					
16. I do not wear my 'heart on my sleeve' (Managing emotions dimension)					
17. I am good at adapting and mixing with a variety of people (Social Skills Dimension)					
18. I always know when I'm being unreasonable (Self Awareness dimension)					
19. I believe you should do the difficult things first (Motivating self)					

20. Reasons for disagreements are always clear to me (Empathy)					
<b>Conflict resolution</b>					
21. I explore issues with others to find solutions that meet everyone's needs					
22. When there is a disagreement, I gather as much information as I can to keep the lines of communication open					
23. Have you had training or experience in conflict resolution	YES/NO				
24. Which of the following most accurately describes the approach you take to address conflict (Tick one)					
- Accommodating (e.g. Agreement with some element of the conflict)					
- Avoidant (e.g. Walk away)					
- Aggressive (e.g. Warnings)					
- Compromising (E.g. give and take)					
- Collaborative (E.g. Joint working/problem solving)					
25. I work hard to find consensus in conflict situations.					
<b>Other</b>					
26. While persuading, I describe the consequences of not doing a particular action or offer incentive to the other person (influencing)					
27. I actively ensure the leadership role is devolved at all levels of the organization (Distributed leadership)					
28. Does your leadership style change depending on the people or situation you are engaging (Situational leadership style).					
<b>What recommendations do you propose to improve the Skills, Behaviors and Styles of system leaders in the NHS</b>					
<b>Additional Comments:</b>					

## Appendix 4 – Thematic coding table of general question

Additional Comments - Responses	Initial Theme	Major Themes
<ul style="list-style-type: none"> <li>Leaders need to realise they are accountable for their decisions.</li> </ul>	<ul style="list-style-type: none"> <li>Ownership</li> <li>In Control</li> </ul>	
<ul style="list-style-type: none"> <li>Good leaders will underpin great teamwork and will surround themselves talented and capable people whose behaviour are consistent with organisational values. Building relationships with key players is prerequisite to keeping toxic cultures at bay (Toxic: "A guide to rebuilding respect and tolerance in a hostile" Clive Lewis (2021))</li> </ul>	<ul style="list-style-type: none"> <li>Distributed leadership</li> <li>Motivation</li> <li>Teamwork</li> <li>Communication</li> <li>Relationship building</li> </ul>	<ul style="list-style-type: none"> <li>Accountability</li> <li>Communication and Motivation</li> <li>Distributed leadership</li> <li>Influencing</li> </ul>
<ul style="list-style-type: none"> <li>Leadership is essentially about how you can make a connection with a very broad range of people who have differing perspectives but who are motivated to do a good job. Linking actions back to this motivation is extremely important.</li> </ul>	<ul style="list-style-type: none"> <li>Relationship building</li> <li>Communication</li> <li>Motivation</li> <li>Distributed leadership</li> <li>Influencing</li> </ul>	
<ul style="list-style-type: none"> <li>motivating staff to do what can be dull boring and tedious tasks which are also essential is a skill that needs to take into account the individual and their own outlook on life. i am not sure how finding their passion would help - likely see them leave</li> </ul>	<ul style="list-style-type: none"> <li>Motivation</li> <li>Accountability</li> <li>Ownership</li> <li>Experience</li> </ul>	

<p>to join the circus than stay and process invoices! the more senior and experienced the staff the more they want their input to be taken account of, the more senior the staff the more you'd want to draw on their experience and insights - so a two way process. The 'thing' about leadership is sometimes you just have to go with the solution after all as the leader it is your neck on the line if you fail. i am not sure the questions as asked allow the nuances to come out in the answers.</p>		
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## Contextualisation Statement

The contextualisation statement outlines how the learning outcomes have been met by the project. These have been demonstrated on the right of the rubric below.

LEARNING OUTCOME	HOW YOU HAVE MET THE LEARNING OUTCOME
1. Demonstrate the knowledge of theory and the ability to apply it in the context of healthcare	This learning outcome is demonstrated in the literature review, where Kotter's 8 step change model (appendix 2), was used to thematically review previous studies by Goss (2015), Storey and Holti (2013) and Timmins (2015) and develop themes that informed the research.
2 Exercise appropriate judgment in the planning, selecting and collecting of evidence to investigate the chosen issue via primary and/or secondary data	To demonstrate this learning outcome, a judgement was made to use qualitative methodology with a deductive approach which was the most appropriate to analyse leadership skills, behaviours, and styles. A choice was made to use an electronic questionnaire using Google Forms because of the government coronavirus restrictions and the busy schedules of the respondent who are the forefront of fighting the pandemic. The questions in the questionnaire were formulated using the themes from literature review.
3 Generate recommendations which will contribute to business success, using analysis of value	Recommendations were made on the actions that can be taken by the NHS to improve and maintain the skills, behaviours, and leadership styles of system leaders. The recommendations included improving the learning and development programmes, mandatory 360-degree, shadowing, coaching, and mentoring. The discussions that followed demonstrated how these recommendations will contribute to the business success and consequently improve healthcare outcomes of patients.
4 Communicate complex information succinctly, effectively and appropriately via different forms	The findings from the primary data were presented in a combination of Bar charts to show respondents by region in figure 3, pie charts to represent answers to single questions such as figure 4 and stacking bar graphs to arrange responses by the themes such as figure 5. Graphical presentation in figure 17 was also used to compare responses from clinical and non-clinical system leaders.



<p>5 Develop problem-solving competencies by applying key knowledge and concepts to an organisation's business challenges</p>	<p>To demonstrate this competency, the report emphasises the importance of relationship building, trust and integrity while forming a coalition of leaders to get cohesion before a case for change is communicated widely. This view was shaped by the recent leak to the press of the planned integration between Barts Health NHS Trust and Barking, Havering and Redbridge University NHS trust by one of the few people who were privy to this information, before it was made aware to staff (Corner S 2021).</p>
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