Managers must promote staff engagement continually, with a particular commitment to increasing staff involvement in decision making. Managers must consult on change, targets, problems and solutions. It is not necessary always to achieve consensus, but managerial decisions are enriched by the perspectives of their experienced, skilled and motivated staff. This helps to ensure alignment between senior staff, managers and frontline staff in their understanding of quality problems and how to solve them. The excellent systems for achieving this in many organisations within and outside the NHS should be emulated.

Managers must monitor work pressure on staff. That requires a balanced assessment of workload pressures on staff and a willingness to act when these are too high. Better systems to plan and manage workload demand are required to ensure staff are able to deliver high quality care with the right level of human and other resources.

Strategies for promoting staff health and wellbeing, positive work environments and effective team working need to be in place and well managed.

There should be a commitment to promoting positive staff health and wellbeing so that the NHS becomes a model for healthy living for the nation. Leaders must be trained to manage people effectively, creating positive, supportive environments, where staff are clear about what it is they are required to do and feel valued, respected and supported. Managers must work to ensure that staff work in well-structured teams with clear, agreed, challenging and measurable objectives, good team processes and a commitment to effective inter-team working. Every NHS team should have, as one of its core six or seven annual objectives, the aim of improving the effectiveness with which it works with other teams within both health and social care to deliver high quality patient care. And they must regularly take time out to review their performance and how it can be improved.

Poor conduct and performance must be addressed effectively; cooperative and compassionate patient-centred behaviours must be valued and rewarded.

Managers and leaders must be positive, supportive, attentive, effective and kind to create caring environments. But they must also deal effectively with disruptive, hostile, abusive or poorly performing staff, not exclusively but especially at senior level. Patient concerns should be key sources of learning for all staff. Aggressive, abusive and ‘diva’ staff behaviour must not be tolerated. Poor performance must be dealt with supportively and decisively. All staff must be empowered to challenge poor and unsafe care as well as incivility and brusqueness towards patients. Staff must be trained and rewarded for courtesy, civility, respect, care and compassion. These behaviours cost nothing, while rudeness, impatience and discourtesy undermine cultures of care and the patient experience.

**Overall**

Boards, senior managers and those in national level bodies can develop positive, patient-centred cultures by:

- reinforcing an inspiring vision of the work of their organisations
- seeking and acting on high quality intelligence about their organisations
- listening to the experiences of patients and responding promptly and effectively to their concerns
- promoting staff health and wellbeing and cultivating positive organisational climates
- involving staff in decision making, problem solving and innovation at all levels
- providing staff with helpful feedback and celebrating and valuing good performance
- taking effective, supportive action to address systems problems and other challenges when improvement is needed
- developing and modelling excellent teamwork
- making sure that staff feel safe, supported, respected and valued at work

Above all, compassion, high quality care, good patient experience, patient dignity and respect, and patient safety must be reclaimed and reinforced as the core values of all in the NHS.

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The full report and details of associated publications are available at www.lums.lancs.ac.uk/nhs-quality

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**Quality and safety in the NHS**
Health systems worldwide are struggling to ensure the care they deliver is consistently safe and of high quality. Despite good progress, England’s National Health Service (NHS) faces similar problems. The quality of care is mixed, from primary to community and through to secondary care. Sometimes patients are harmed by the NHS instead of helped. Major failings in the quality and safety of care – such as the recent case of Mid-Staffordshire NHS Foundation Trust – have weakened confidence in how the NHS monitors standards, manages health care delivery and addresses problems of quality and safety.

What is now clear is that quality and safety need to be approached as whole systems issues. The Francis Inquiry into Mid-Staffordshire identified multiple influences on quality and safety at many different levels – from the “blunt end” of the system (NHS regulators, policy makers and boards) where policies, regulations and incentives are created through to the “sharp end” which is all those involved in direct patient contact.

It is less clear whether Mid-Staffordshire is a one-off case or whether the problems found there may be more widespread. Summarised here are the findings of a large multi-method research programme, funded by the Department of Health’s Policy Research Programme, investigating culture and behaviour across the English NHS relating to quality and safety. The research suggests there is considerable variation in quality of care between and within NHS organisations. It also suggests that ensuring that all patients receive high-quality, safe, compassionate care across the NHS.

National leadership
Clear, coherent and integrated leadership of quality of care, patient experience and safety is needed at national level.

People in the NHS describe a regulatory environment crowded with external agencies and serving different but overlapping functions. NHS organisations have to meet multiple expectations, standards, and targets that are sometimes ill-coordinated or conflicting. The result is unnecessary confusion and distraction, dissipation of energy, and distortion of focus, such that organisations are hindered in the development of clear, internally coherent strategies linked to local priorities. This is even without the further need to ensure integrated working between health and social care.

The first stage of fixing this requires government ministers, the NHS Commissioning Board, the Care Quality Commission, patient organisations, Monitor, Clinical Commissioning Groups and other bodies with a say in the NHS and in social care to integrate, align and work effectively as partners to provide coherent purpose. Reducing confusion requires streamlining targets, standards, incentives, measures and priorities at every level.

Senior teams: boards and executives
A key challenge for boards is to articulate, model and reinforce values that underpin compassionate, high quality care to shape cultures throughout their organisations. Boards of NHS organisations are too often unclear about their objectives as a team. Moreover, the priorities they identify often inappropriately emphasise productivity, targets and efficiencies above quality and safety. What some boards claim to value is inconsistent with the reality in their organisations.

Through productivity and externally set targets are undoubtedly important, boards and senior teams need to retain a relentless focus on quality of care, safety, compassion (empathy and intent to help) and patient experience. They can do this by first clarifying their own objectives and priorities: a small number (given for example) of key objectives that are clear, challenging and measurable, and including quality, safety and patient experience as top priority. They need to communicate this unifying vision for quality and safety at every level – to directorsates, teams and frontline staff. Boards must demonstrate authenticity by ensuring consistency between their rhetoric and what they monitor, reward, attend to and model. Quality of care, safety and patient experience should be included in stated objectives at every level of their organisations.

The senior team in each organisation needs to encourage and stimulate innovation, and streamline and strengthen organisational systems.

Effective trust boards, leaders, and managers listen to staff and deal with systems problems they identify directly – unsuitable physical environments, poor information flow, barriers in patient pathways, delays in getting drugs from pharmacies to wards, are all examples of systemic problems that only managers can address but which make a real difference to the ability of organisations to deliver efficient, high-quality care. In many organisations, systems problems dissipate efforts and resources, causing frustration and poor care for patients.

Yet boards show disappointingly low levels of innovation – and the rate has been declining. Initiatives to improve quality and safety are too often seen as magic bullets, or are poorly designed and implemented. Unsurprisingly, some fail, using precious staff time and sapping goodwill in the process. Boards must seek and implement innovations that will transform the effectiveness, innovation, cultures and efficiency of their organisations. Learning from the success of other organisations is an obvious source for such innovations. They must offer a model for sound innovation within their organisations that involves developing and then, successfully implementing innovations. Successful boards ensure initiatives are adequately resourced so as not to add unnecessarily to heavy workloads.

Effective senior teams recognise and reward both efforts at innovation and successes at all levels, and ensure they are empowering staff to implement changes that deliver better quality patient care. Staff should be consulted and involved in the co-design and co-implementation of changes to improve quality and safety. Well supported staff are ingenious and creative in coming up with new solutions. Where possible and appropriate, patient organisations can be consulted and involved in the design and implementation of change.

Boards need high quality information that identifies strengths, reveals weaknesses and provides a basis for action; they must listen to the experiences of patients.

High quality information or intelligence is indispensable for organisations seeking to improve quality and safety. Without good evidence about how well systems and individuals are functioning, organisations may be misled as to the quality of their services, fail to recognise and reward excellence where it exists, or miss opportunities to identify and remedy weaknesses. But approaches that prioritise bureaucratic compliance with external requirements, and which only pick up comforting messages but not challenging ones, may thwart efforts to gain real insights into the quality and safety of care.

Boards must be problem-sensing to ensure their organisations are constantly learning how to improve quality and safety. This means seeking out and responding to problems, and eliciting the rich views of patients and staff – not relying solely on mandated data collection.

The effectiveness of systems for ensuring the patient perspective is heard and responded to needs to be reviewed regularly. Boards must use intelligence smartly, gather the right data, interpret it effectively and feed it back into the system and to frontline staff so that it helps them to deliver high quality, safe patient care.

NHS staff
Concerted efforts must be made to ensure that good people management practices are in place, include all staff, and are improving year on year.

Many NHS staff – from the blunt end to the sharp end – demonstrate every single day the values of safety, civility, and compassion, providing the highest quality of care to patients even in challenging circumstances. Their excellent work must be celebrated. More than that, their values must be continually reinforced through the commitment and actions of leaders. If staff are to provide consistent care, they must be well supported – staff wellbeing is closely linked to patient wellbeing. Staff engagement is a key predictor of a variety of the most important outcomes in NHS organisations, including care quality, financial performance, staff absenteeism and even patient mortality.

Good human resource management practices are also related to patient outcomes and patient satisfaction. But these are not always well implemented in the NHS. For example, appraisals and team working are often poor and praise is too rare. Command-and-control style cultures pervade many organisations, and staff are too often expected to work in environments that are not conducive to compassion, caring, respect and dignity for staff or patients. Too many staff suffer high-demand work environments often spending time on tasks that appear to add no value to patient care and where they have little sense of being able to control, influence or innovate.