A Management and Leadership Health-Check

A diagnosis of management and leadership development needs in the health and social care sector

CMI Chartered Management Institute

Contents

Foreword

Modern healthcare is not only about medicine and medics. It is also about good management. Yet it has too often been the case that the importance of management has gone unrecognised. It's all too easy to develop the impression that management is just an unfortunate cost to be minimised – or, worse, a barrier to patient care.

Of course, there are good reasons for concern. Perhaps the most alarming are those revealed by the Francis Inquiry into the scandalous mistreatment of patients at the Mid-Staffordshire NHS Trust between 2005 and 2008. The Inquiry highlighted major failings of management and leadership.

It was also a reminder that in health, perhaps more than in any other sector, strong management and leadership is critical. Studies have shown that it has an impact on patient care. Managers who engage and motivate their teams, improve efficiency and deliver real improvements in care are worth their weight in gold in a health system that will continue to change and adapt to significant challenges.

If the health service needs better management, then we have to ask questions about how we teach and train managers and leaders. This paper provides insights about current practice and where there might be room for improvement.

Good management and leadership will be essential to the future success of the health system. We have to raise our game.

Ann Francke
CEO, CMI

Introduction

Based on a cross-sector survey of over 4,000 managers across the UK, *The Business Benefits of Management and Leadership Development* (February 2012), published by CMI in partnership with Penna, provided insights into the impact of management and leadership development (MLD) on the performance of individual managers and their organisations across a wide range of business sectors.

This paper places the findings from that research in the context of the health and social care sector. It presents new analysis of the data, and is also informed by discussions at a seminar on management and leadership development in the health sector held by CMI at the Royal College of Surgeons on 30 April 2013. Our expert guest speakers included Dean Royles, Director of NHS Employers; Jan Sobieraj, Managing Director of the NHS Leadership Academy; Ian Reynolds, Chairman of Kingston Hospital NHS Trust and a CMI Companion; and Jill Guild, Head of Quality and Regulation with NHS Health Education East Midlands.

We explore:
- Why good leadership and management is essential
- The link between leadership and engagement
- Management and leadership development practice
- Effective investment in management and leadership.

The original CMI/Penna research adopted a multi-layered approach, including a national survey of managers, focus groups, interviews and case studies. The survey was completed by 4,496 people across all levels of management, sectors, size of organisation and geographical areas, including 302 chief executives and 550 HR managers, who were asked a separate set of questions relating to how organisations approach MLD.

In total, there were 309 respondents from the health and social care sector with the vast majority working in the NHS (221), compared to 88 in the private sector.

Key findings
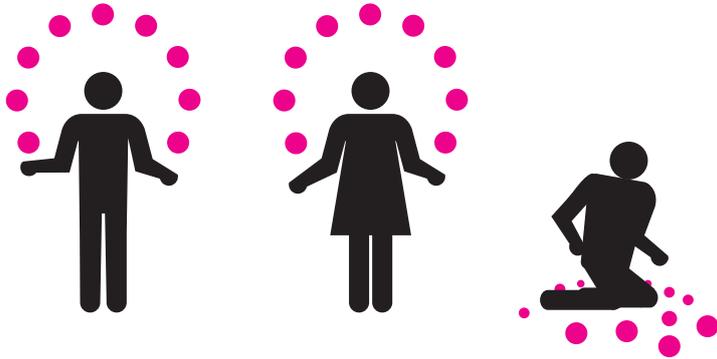
OVER A THIRD OF HEALTH AND SOCIAL CARE LINE MANAGERS ARE INEFFECTIVE

INVESTMENT IN MLD IS LOWER BY NEARLY A QUARTER THAN OTHER SECTORS

The average annual MLD spend per manager in the health and social care sector is £1,075, substantially lower than the £1,414 average for the cross-sector survey.

- **Over a third of health and social care line managers are ineffective:** over a third of the health and social care sector respondents in the CMI/Penna survey considered their line manager to be ineffective or highly ineffective. However, unlike other sectors, such as engineering and manufacturing, the perceived effectiveness of line management does not improve with job level.

- **Middle management is missing out:** middle managers report the lowest levels of engagement and 43 per cent report having ineffective or highly ineffective managers, compared to 25 per cent of junior managers.

- **Mismatch between levels of provision and the most effective development:** accredited learning including business schools' qualifications, Chartered Manager, and professional bodies' qualifications are most highly rated for their effectiveness by managers. Yet health and social care sector employers are more likely to offer development programmes and on-the-job development training (86 per cent and 83 per cent respectively) than formal qualifications and assessment (74 per cent and 49 per cent).

- **Investment in MLD is lower by nearly a quarter than other sectors:** the average annual MLD spend per manager in the health and social care sector is £1,075, substantially lower than the £1,414 average for the cross-sector survey.

- **Levels of employee engagement in health and social care is similar to other sectors:** the figures for employee engagement in the health and social care sector reflect the levels reported within the full study: 54 per cent of managers report being highly engaged, 33 per cent engaged and 13 per cent report being either not engaged or highly disengaged (57, 32 and 11 per cent respectively in the cross-sector survey).

- **Good MLD practice in the sector improves performance:** organisational commitment to MLD was found to account for 23 per cent of the variation in overall organisational performance measures, and 29 per cent of the variation in people performance measures.

1. Why good leadership and management is essential

1.1 An engaged workforce

CMI research shows that employee engagement is highest where the prevailing management styles are based on mutual trust, on accessibility, on a consensus approach, and on employees feeling empowered (Worrall and Cooper, *The Quality of Working Life 2012,* CMI). There is a strong body of research linking employee engagement with organisational performance (MacLeod and Clarke 2009).

This view was echoed in the seminar, with all four speakers highlighting the relationship between effective managers and an engaged workforce who will be more willing to go that 'extra mile'. According to Dean Royles, director of NHS Employers, this 'extra mile' isn't unpaid overtime but rather discretionary efforts from members of staff, that include whether the receptionist smiles at you in a genuine way, or if the staff are wanting to engage with you, or if you are looking lost and a member of staff asks if they can help you.

Jan Sobieraj, managing director of the NHS Leadership Academy, recounted an example of one such discretionary effort:

"I got a fantastic letter from a family who lived in London, when I was running a hospital trust in Yorkshire. They'd come up to see a very unwell family member and this for them was the best of NHS care because when they came in they were late and visiting hours were over. A porter could see their distress and so stopped what he was doing and took the family to the correct ward and explained the situation to the sister on the ward. The family was allowed to stay with the very ill patient who later died. To that family, that was excellent health care."

Management and leadership development is particularly important within the health and social care sector with research showing correlations between MLD, higher levels of employee engagement and better patient care *(Employee Engagement and NHS Performance,* West and Dawson, 2012). Commissioned by the King's Fund, this study shows that where there is a more engaging style of management, staff are also more likely to report well-being in staff surveys, there are lower rates of sickness absence, regulators are more likely to rate organisations higher, and ultimately patients' satisfaction rates are markedly higher.

1.2 Business case

In the current climate with budgets under significant pressure across the public sector, employers need to maximise the return on investment from their training and development spending. They need to better understand the impact of different forms of MLD and how a range of factors may lead to the desired outcomes for the organisation.

During the seminar, Dean Royles made the point that a lower annual sickness rate of 1 per cent in a General Hospital equates to a saving of £1 million. In an age of austerity, this provides a compelling business case for investing in management and leadership development. Royles also cited a finding from the West and Dawson study that where you have an engaged workforce, patient mortality rates decrease.

The results from the *Business Benefits of Management and Leadership Development* cross-sector survey show the typical employee in the health and social care sector to be engaged or highly engaged, with results comparable to other sectors (87 per cent in the health and social care sector compared to an average 89 per cent across all other sectors in the survey).

Significant differences in levels of engagement were found between lower, inter and upper quartile organisations (ranked by a range of organisational performance measures). Upper quartile organisations' levels of engagement are nearly two thirds higher than lower quartile organisations, and a fifth higher than in inter-quartile organisations, implying a link between employee engagement and organisational performance.

Reported levels of engagement are highest amongst health and social care CEOs and senior managers – as in the full survey. Interestingly, middle managers report the lowest levels of engagement: 17 per cent is disengaged or highly disengaged, compared to only 3 per cent of first line managers. The reported engagement levels are 25 per cent below those of senior managers and 33 per cent below CEOs.

Case Study: MLD delivers better patient care

In 2009 Nottingham University Hospitals (NUH) NHS Trust launched a management development programme aimed at helping it achieve its strategic aim to consistently deliver the highest quality care to patients, day in and day out.

The CMI provided the Trust with a bespoke management development programme, Building Essential Leadership Skills' (BELS), that fused theory with practice in a nationally recognised level 5 management qualification. The course was segmented into weekly chunks to enable as many managers as possible to free up time to attend.

BELS has to date delivered training to 262 managers, the highest voluntary attendance rate achieved at NUH, with 201 finishing the course. The CMI trainers taught NUH training staff to deliver the programme on site, and then acted as a satellite, to verify training quality and to support staff trainers from outside.

"Ensuring our managers and leaders received the appropriate training was key to helping us on our journey towards being the best teaching Trust by 2016," says the Trust's training and development manager Julie McCarthy.

Key changes are:
- 77 per cent of attendees felt that they managed time more effectively than before attending the BELS programme

- 74 per cent of attendees felt they used more continuous improvement methods than before attending the BELS programme

- 85 per cent of attendees felt they managed their teams more effectively than before attending the BELS programme

Before attending BELS 28 per cent of applicants thought their management skills were good or excellent. This compares to 48 per cent of graduates scoring their skills as good or excellent. Six months later 70 per cent of the course's alumni scored their skills as good or excellent.

2. The link between leadership and engagement

The *Business Benefits of Management and Leadership Development* cross-sector survey findings do not support the contention that management is especially bad in the health and social care sector with overall results for levels of employee engagement similar to the main survey (54 per cent of managers report being highly engaged compared to 57 per cent in the cross-sector survey).

However, due to the critical nature of patient care, the repercussions of bad management can be more severe than in other sectors. This is highlighted by the recent Francis report on the failings of the Mid-Staffordshire NHS Foundation Trust. Effective MLD within the sector is referenced in two of the recommendations from the Francis report: the need for

strong leadership and support for leaders from a top level downwards.

Due to the complex nature of the sector, effective MLD is particularly important. Devolved and localised, the NHS system encompasses over 260 trusts or foundation trusts, with a further 211 clinical commission groups, and clinical support units, reinforcing the need for a structured approach to training and development.

2.1 The skills and effectiveness of the line manager

Over a third of health and social care sector respondents considered their line manager to be ineffective, a figure similar to the full study. However, unlike other sectors, such as engineering and manufacturing, the perceived effectiveness of line management does not improve with job level. As table 1 shows, first line managers report higher levels of skills and lower levels of ineffectiveness for their managers than middle and senior managers in the health and social care sector and first line managers in the cross-sector survey.

Table 1: Effectiveness of line managers in the health sector

Industry sector	% reporting line manager as ineffective or highly ineffective		% reporting line manager as effective		% reporting line manager as highly effective	
	Health Social care	Full study	Health Social care	Full study	Health Social care	Full study
Overall (n=239)	38		40		22	
CEO (n=3)	0	20	66	41	33	39
Senior Manager (n=59)	45	38	30	39	25	23
Middle Manager (n=166)	43	45	33	35	19	20
First line Manager (n=59)	25	41	46	36	29	23

The 25 per cent of first line managers reporting their manager to be either ineffective or highly ineffective contrasts with nearly half of middle and senior managers who see their managers as ineffective or highly ineffective. This suggests that it may be management skills at the top end of organisations that is the key issue for the health and social care sector to address. This was a view echoed by delegates at the CMI's Management and Leadership Development Health Sector seminar.

Ian Reynolds, chairman of Kingston Hospital NHS Trust, referred to a culture of under-management which is rooted in approaches to recruitment. In the health sector, people are often selected for their professional skills and then given management roles afterwards, sometimes without proper support. This contrasts with the approach adopted by, for example, the armed forces where leadership skills are often the basis for selecting candidates.

In the NHS, managers are often expected to multi-task between their professional and management role, impacting on the quality of both. Reynolds gave the example of a ward manager who will often also be a senior sister with patient responsibilities as well as staff responsibilities. He sums this up by saying that the NHS is pretty good at task management but weak at people management.

Individuals at all management levels were asked to rate the skills of their line managers on 22 dimensions. Table 2 (below) records the top five and the bottom five skills of line managers as identified by managers at different levels.

Table 2: Top Five and Bottom Five line manager skills

Management level	CEO (n=3)	Senior Manager (n=57)	Middle Manager (n=122)	1st Line Manager (n=44)
Top 5 skills of line manager (highest to lowest)	• Is knowledgeable about the organisation • Works to ensure that all staff are treated fairly • Supports training for staff to improve performance • Develops and maintains strong networks with other managers and professionals • Gives staff responsibility for their own work	• Understands the organisation • Is knowledgeable about the organisation • Develops and maintains networks with other managers and professionals • Gives employees responsibility for their own work • Assertive and will take the lead when required	• Effective in networking widely • Able to recognise organisational politics and work effectively within it • Demonstrates a good level of confidence and is assertive in leading others • Understands my organisation • Tenacious and resilient in the face of conflict and opposition	• Makes the most of opportunities to implement improvements in the organisation • Thinks strategically taking the wider factors shaping the organisation and environment into account • Develops and maintains a strong professional network • Recognises the complexity and ambiguity of organisational life and works effectively within it • Effective in influencing and persuading key people
Bottom 5 skills of line manager (highest to lowest)	• Communicates objectives to staff • Recognises other people • Able to persuade others to contribute to the team and tasks • Develops action plans and prioritises my future workload • Asks for regular feedback on his/her performance	• Recognises other people • Communicates objectives clearly to my team • Manages conflict when it arises • Develops action plans and prioritises my future workload • Asks for regular feedback on his/her performance	• Provides opportunities and support for me to consolidate what has been learnt on MLD programmes • Is alert to the team • Is effective in motivating and influencing others to raise performance • Plans for my area and ensures our priorities are clear and achievable • Asks for regular feedback on his/her performance from staff, peers and managers	• Ensures everyone is clear on their contribution to the strategic goals • Ensures everyone understands our potential for success and his/her belief in this • Ensures that MLD is provided • Understands the importance of keeping all staff well informed about our direction and acts on this • Is receptive to feedback on his/her own performance

In addition to a common perceived skill weakness in terms of seeking and responding to feedback on performance, managers of middle and first-line managers are seen as not always supporting MLD. Line managers at all levels are relatively weak at communicating objectives and priorities, aspects which relate directly to employee engagement. On the other hand, line managers at all levels are seen as relatively strong in terms of understanding the organisation and organisational politics and in building and maintaining networks.

3. Management Leadership Development Practices

On average the individuals in the health and social care sector reported having undertaken 5.6 MLD activities in the last three years, lower than the 6.2 reported by other sectors in the full *Business Benefits of Management and Leadership Development* study. The top ten activities can be seen in the table below.

Table 3: The most common MLD activities in health and social care

MLD Activity	Individuals reporting this activity %
1. On-the-job experience	51
2. Short courses on management and leadership	40
3. Appraisals and skills audits	40
4. Professional body qualifications	39
5. External conferences	38
6. Professional bodies' membership	35
7. MLD programme delivered by external providers	30
8. E-learning tool	29
9. Internal knowledge-sharing events	24
10. 360-degree tool	21

Upper quartile performing organisations report the highest level of MLD activity (5.8) followed by lower quartile (n=36) which report 5.4 activities on average. Inter-quartile organisations report the lowest level which implies a degree of complacency.

Case study: The impact of becoming a Chartered Manager

Jill Guild
Head of quality and regulation with NHS Health Education East Midlands

"I joined the Chartered Management Institute in 2006 when I was care home manager for older people's services at Lincolnshire Council. At the time I was taking a postgraduate diploma in management studies through Nottingham University. As part of the research for my diploma I researched the topic of medical errors in prescribing medication to old people. That work led directly to a medication policy, supporting old people, which was adopted by the East Midlands healthcare sector across the NHS, social care and the independent sector. It was subsequently advocated nationally by the sector skills training body Skills for Health.

I won the CMI Regional Chartered Manager of the Year award in 2011 for my dementia strategy for the East Midlands. I went on to become a national judge for the CMI awards the following year and was invited to join an All-Party Parliamentary Group celebrating Chartered Managers.

Since joining CMI, six of my colleagues have become Chartered Managers. I find membership of CMI gives me a leadership framework and a code of professional conduct which helps me drive excellence at all times."

3.1 Training and development

In the NHS, development programmes and on-the-job development are far more prevalent forms of staff training (86 per cent and 83 per cent respectively) than formal qualifications and assessment (74 per cent and 49 per cent), as shown in Figure 1 below.

Figure 1: Organisational use of MLD
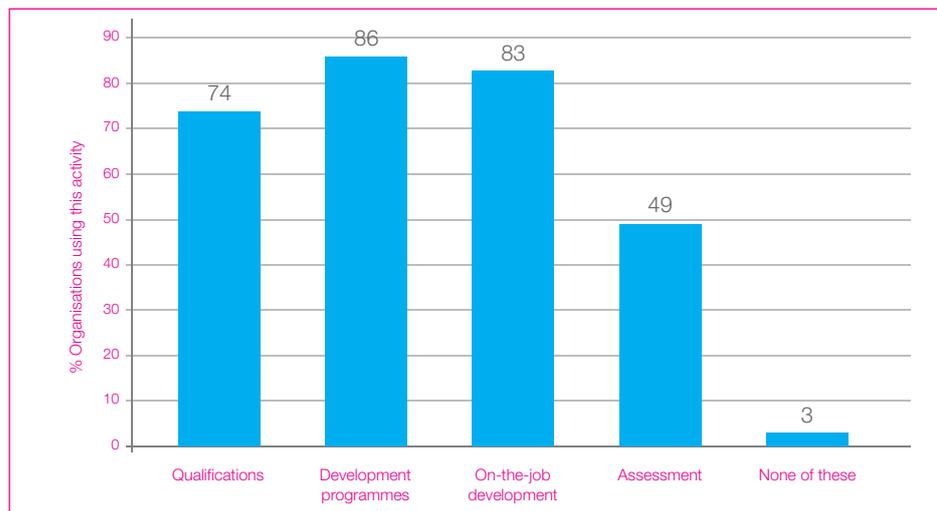
Vocational qualifications are the most widely used qualifications, by 81 per cent of organisations, followed by professional bodies' qualifications (73 per cent of organisations), and other management-related university qualifications used by 65 per cent of organisations. Postgraduate business school qualifications (such as the MBA) are used by 42 per cent of organisations.

The most widely used development programmes are short courses on management and leadership, followed by management and leadership programmes delivered by in-house staff, and then by mentoring schemes and management and leadership programmes delivered by external providers, both of which are used by 77 per cent of organisations.

On-the-job training and professional bodies' membership is reported by 93 per cent of organisations, general on-the-job experience is reported by 83 per cent of organisations, and internal networking and knowledge sharing, acting up opportunities and external conferences and conferences and networking are each reported by 79 per cent of organisations.

Coaching by line managers is reported by 76 per cent of organisations. Ian Reynolds, chairman of Kingston Hospital NHS Trust, observes that the high level of multi-tasking undertaken by many managers within the NHS, and the prevalence of line manager coaching, inevitably raises question marks about its quality.

3.2 Employee appraisal

Whilst assessment activities overall are reported as the least widely used type of activity, appraisals are used by 100 per cent of organisations in the sample, 360-degree feedback by 82 per cent of organisations and psychometric tests by 71 per cent. It seems that health and social care sector organisations use assessment activities more frequently than other organisations, but may not be viewing these activities as an integrated part of their management and leadership development programmes.

But how effective are the different forms of management and leadership development provided in the sector?

Figure 2: Provision and effectiveness of MLD
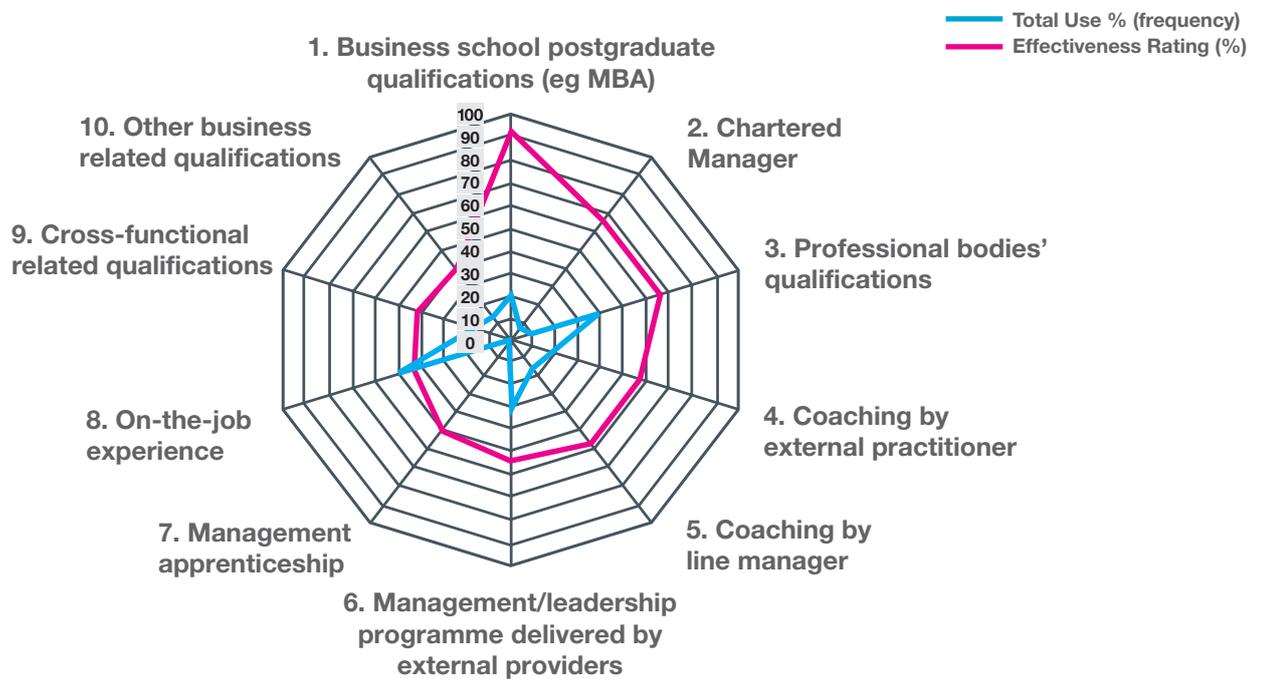
The survey results highlight a variation between the type of MLD rated as being effective by managers and levels of provision. As Figure 2 shows, on-the-job experience is the most commonly experienced form of development, yet managers rank it only eighth for its effectiveness in developing their abilities. Accredited learning and qualifications – including business schools' qualifications, Chartered Manager, and professional bodies' qualifications – are most highly rated, yet are used much more rarely.

This mismatch could be related to how training is organised in the health and social care sector. During the CMI's Management and Leadership Development Health Sector seminar, it was suggested that many health organisations operate an open training programme and are anxious to fill places, so offer opportunities to a variety of staff members who may not be the most relevantly placed to be able to implement the training and maximise the return on investment.

Ian Reynolds cited the example of sending a secretary on a leadership course that may be of some personal benefit but that s/he won't have an opportunity to practice methods that they have learned when they return to the office. MLD therefore needs to be more strategically planned in order for it to be most effective and not end up as wasted investment.

The timing of MLD activities, in relation to the development needs of the individual manager, may also impact on its perceived effectiveness. Managers were asked whether the MLD activities received met current or future development needs and whether they were provided soon enough in a person's career. Table 3 identifies the top three types of MLD activity that are seen as most appropriate for current or future development needs by management level, and in doing so it reveals a wide range of MLD activities.

Table 3: Timing of MLD by job level

Managerial level	CEO (n=8)	Senior Manager (n=92)	Middle Manager (n=111)	First-line Manager (n=62)
"It was ideal timing for my current management needs"	1. Management or leadership programme delivered by external providers 2. Cross-functional project assignments 3. Coaching by external practitioners	1. Acting up opportunities 2. Business School qualifications such as an MBA 3. Use of management competency framework or job profile for self-assessment	1. Professional body membership 2. Business School qualifications such as an MBA 3. Cross-functional project assignments	1. Appraisals and skills audits 2. Professional bodies qualifications 3. Management or leadership programme delivered by external providers
"I could have benefited more from this development sooner in my career"	1. Management or leadership programme delivered by external providers 2. Internal knowledge-sharing events 3. 360-degree tools	1. Psychometric tests 2. Mentoring schemes 3. Coaching by line manager	1. Job rotation, secondment, shadowing 2. Management or leadership programme delivered by in-house staff 3. Coaching by external practitioners	1. Professional body membership 2. Short courses on management or leadership 3. Psychometric tests
"It was ideal for my future development needs"	1. 360-degree tools 2. Management or leadership programme delivered by external providers 3. Coaching by external practitioners	1. Coaching by line manager 2. Acting up opportunities 3. Use of management competency framework or job profile for self-assessment	1. Acting up opportunities 2. Business related-qualification 3. Business School qualification such as MBA	1. Business School qualification such as MBA 2. Short courses on management or leadership 3. Professional bodies qualifications

4. Effective investment in management and leadership development

Jill Guild
Head of quality and regulation with NHS Health Education East Midlands

"It is not always about needing large amounts of money; we had very little money but managed to make great change. Sometimes it's the values and behaviours that will drive change. There is a need to work across departments and not work alone in silos."

Evidence suggests that investment alone is insufficient, but that it should be accompanied by a whole-scale organisational commitment of time and effort through senior management buy-in, relevant HR practices, and cross-departmental collaboration in order to be most effective. Within the survey, organisational commitment was found to explain as much as 23 per cent of the variation in overall organisational performance measures, and 29 per cent of the variation in people performance measures such as engagement and retention.

In the seminar Guild highlighted the difference that senior management buy-in can make:

"When I started my journey into management, I was told I was too smiley and too giggly. My old manager constantly told me to be 'more professional'. I worked up the courage to ask if I could change my manager and was told that I could. This is really the story of how if you have a supportive and empowering manager, one that sees you for who you are, then they can really make a difference. My old manager was ditched and I now had a new empowering leader who encouraged me to do competency based qualifications, NVQs, management studies and ultimately a post-graduate diploma in management at Nottingham University that would lead to my joining CMI."

In return on investment terms, Guild has been able to make a big difference, using the skills that she developed to develop a medication safe handling policy that was adopted throughout the East Midlands NHS, as well as a dementia strategy for which she won a CMI Regional Chartered Manager award.

The ability to drive innovation through engaging styles of management is a view echoed by NHS Leadership Academy's Jan Sobieraj. During the seminar he called for a "need to support innovators, people who have new ideas from ground level all the way through". In the long term, this approach can be seen as a wise investment as organisations will spend less money rectifying mistakes.

4.1 Reasons to invest in MLD

The survey data shows that the average annual spend on MLD per manager in the health and social care sector is £1,075, nearly a quarter lower than the average across all sectors (£1,414). A noticeable difference from other sectors in the survey is that becoming an employer of choice is the main incentive for health and social care organisations to invest in MLD. Sixty-seven per cent of managers within the sector highlighted this compared to only 8 per cent of organisations in the full survey, which may be more indicative of recruitment and retention difficulties within the sector as the public competes with the private to recruit the best staff. This is closely followed by achieving organisational objectives, cited by 65 per cent of managers.

Table 5: Top five reasons for investing in MLD

Health and Social Care Organisations	%
1. Help us to be an employer of choice	67
2. Achieve organisational objectives	65
3. Help managers manage change more effectively	52
4. Improve managers	47
5. Develop high potential employees	41

The other top reasons for investment within the health and social care sector are people-centred: helping managers manage change more effectively, improving managers and developing high potential employees, cited by 52, 47 and 41 per cent of respondents respectively.

The importance of cross-departmental working is also echoed in West and Dawson's study *(Employee Engagement and NHS Performance,* 2012) which shows team work as enabling staff to feel buffered from the stress that they feel in the NHS. When multi-disciplinary teams work well they offer alternate and competing perspectives, leading to better quality decisions about patient care.

Case Study: Management training boosts management skills and employee relations

In 2007, The North West Ambulance Service NHS Trust (NWAS) became the first ambulance service to deliver qualifications in management as an approved centre with the CMI. NWAS wanted its programmes to be business based, providing candidates with the opportunity to share good practice, address real challenges faced by managers and develop managers' capabilities to effectively improve patient care.

Since 2007, 240 managers and aspiring managers from across the Trust have successfully completed Level 2 and 3 qualifications. To quote one manager who recently completed the Level 2 Diploma, "I now feel more confident and better equipped to meet the challenges ahead and I am using my new skills and knowledge to improve the team's performance, helping NWAS reach its targets and ultimately deliver an excellent service to the patient."

NWAS has recently become accredited to deliver Level 5 qualifications in management coaching and mentoring. Outcomes:

- In 2012, NWAS NHS Trust achieved the coveted Investors in People Gold Standard, demonstrating high standards of business and people management.

- The 2012 staff survey reported a 17 per cent increase in staff stating there was better communication between senior managers and staff and a 9 per cent increase in senior managers involving staff more in important decisions.

- It is hoped that the new coaching and mentoring programme will produce measurable improvements in coaching/mentoring relationships and sickness absence rates.

5. Conclusions and recommendations

The UK's health and social care sector needs to put its house in order and start doing things differently.

Too many managers are ineffective. Over a third of the health and social care sector respondents consider their line manager to be ineffective or highly ineffective. This results in a lack of engagement which has knock-on effects in terms of poor service and low patient satisfaction. The trend is particularly marked among middle and senior managers who report higher levels of ineffectiveness from their immediate line managers, indicating a failure of leadership at the very top of health and social care organisations.

The critical nature of patient care means that any management shortfall or lack of employee engagement will have potentially damaging consequences on patient care as the Francis Inquiry into failings at the Mid Staffordshire NHS Trust demonstrates.

This report finds that an insufficient and ineffectively designed investment in professional management and leadership development MLD leads to organisational underperformance, lack of innovation, and poor staff morale.

We believe improvement in the performance of the health and social care sector can only come about when management adopts a strategic vision. The defensive wrangling of narrow interest groups needs to be replaced by greater cross-departmental co-operation and a common purpose. Our data shows that the highest performing and the most effective organisations are those that are making strategic investments in management and leadership development including professional qualifications and formal training.

As our report shows, too many professionals are being promoted into management positions on the basis of clinical rather than management skills. They are being asked to multi-task and leadership is taking a back seat.

Of further concern is the fact that the current mix of MLD activities is not being targeted and deployed to get the results needed. Too many management training courses are theory-based and unlike CMI programmes are not focused on practical everyday management issues and workplace scenarios.

This data follows two hard hitting studies of the NHS, the Keogh Review – which calls for clinical and organisational leaders to collaborate in setting a quality improvement agenda – and the Berwick Report, which exposes the danger of understaffing in hospital awards. The ineffective management highlighted by this report is yet another wake up call.

INSUFFICIENT & INEFFECTIVE INVESTMENT IN MLD

ORGANISATIONAL UNDERPERFORMANCE
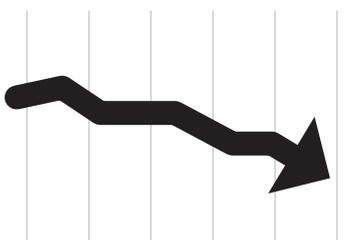
LACK OF INNOVATION

LOW STAFF MORALE

Top ten tips for MLD in the health and social care sector:

- **Management and leadership development makes a big difference:** There is a clear, demonstrable link between an organisation's commitment to management development and the greater use and effectiveness of HR practices.

- **Don't try to fit square pegs into round holes:** Make sure the type of training is relevant to the individual and the needs of the organisation.

- **Supportive managers boost management and leadership development:** A good line manager will encourage staff to take management qualifications and set stretch goals that make work more interesting and challenging.

- **Share best practice:** By focusing on the real challenges faced in the workplace MLD can develop managers' capabilities to effectively improve patient care.

- **Create confident and competent managers:** Do not hire managers solely because of their professional skills but focus on their leadership skills. Use lessons from other sectors: in the Royal Navy, for example two considerations are made when orders are given: first; what effects will this order have on the operation capability of the ship, second; what effect would this order have on the morale of the crew? In the health and social care sector, the impact of decisions on morale is not reflected enough.

I'M LISTENING...

- **Change need not cost the earth:** Higher performing organisations spend 36 per cent more on MLD on average than low performing organisations but positive change is not simply a case of throwing money at the problem. High performing organisations drive change through commitment of time and effort, senior management buy-in, relevant HR practices, and cross departmental collaboration.

- **Discretionary efforts drive patient satisfaction:** Where management listens and is engaged, staff are more likely to feel a sense of wellbeing, patients' satisfaction rates are markedly higher, regulators are more likely to rate organisations higher, and ultimately there are lower rates of sickness absence.

- **Watch the floor:** It is not always positive clinical outcomes that are the most important indicators of patient satisfaction: these are taken for granted. Rather it is the softer things such as are the toilets clean, did my appointment happen on time, were staff helpful and welcoming?

- **Diversity encourages innovation:** Embrace diversity. If people all come from the same background then they will limit innovation. Support people who have new ideas from the ground level all the way through.

- **Have a code of conduct:** Use resources from professional organisations such as CMI to develop performance frameworks. The evidence shows that it works.

Chartered Management Institute

The Chartered Management Institute is the only chartered professional body in the UK dedicated to promoting the highest standards of management and leadership excellence. CMI sets the standard that others follow.

As a membership organisation, CMI has been providing forward-thinking advice and support to individuals and businesses for more than 50 years, and continues to give managers and leaders, and the organisations they work in, the tools they need to improve their performance and make an impact. As well as equipping individuals with the skills, knowledge and experience to be excellent managers and leaders, CMI's products and services support the development of management and leadership excellence across both public and private sector organisations.

Through in-depth research and policy surveys among our member community of over 100,000 managers, CMI maintains its position as the premier authority on key management and leadership issues.

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