

Code for Engagement in the NHS

A discussion document (v5:12.03.09)

Prepared by:

Professor Derek Mowbray PhD.

Consultant Organisation and Occupation Health Psychologist

Chartered Psychologist

Chartered Scientist

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This paper is ‘work in progress’. It has been prepared only to aid discussion.

Background

There has been a growing interest and concern within sections of the NHS about the impact of policies and processes on managers’ ability to manage people effectively. This has major implications (in an organisation that is predominantly concerned with the successful relationship between staff, and between staff and patients) for the achievement of its prime purpose – the delivery of high standards and quality of health care.

It appears that an NHS culture has been allowed to develop that discourages some potentially talented managers from seeking the most senior positions in management. The numbers of candidates for Chief Executive positions, in some cases, are so small that a genuine competition for the ‘best’ candidate is impossible. The number of vacancies for senior nurse managers is alarmingly high. In a biological sense, the paucity of candidates coming forward would render the ‘species’ of chief executive potentially extinct. The average ‘life expectancy’ of a Chief Executive is now calculated to be about three years, with publically expressed concerns over a failure to nurture future generations of senior staff despite an ever increasing number of leadership development programmes and other forms of encouragement. The cascading effect of this gives rise to serious concerns for future management at every level of service delivery.

With this as background, an initiative by Professor Derek Mowbray, supported by the Institute of Healthcare Management (IHM), brought together the most senior people in the IHM, the Royal College of Nursing, the British Medical Association, The Health and Safety Executive, the British Psychological Society with Dame Carol Black, Director of Health and Work at the DoH/DWP, to discuss the concerns and seek a remedy that might bring a change to the culture of the NHS that would inspire managers from all professions to seek the highest positions. One outcome of this Symposium was a proposal to formulate a ‘new’ Code of Conduct that could be jointly agreed, and used to bring about a change in confidence.

The ‘new’ Code is not meant to replace existing Codes, but is designed to work alongside them, focusing on the health and wellbeing of the NHS as an organisation. It will also focus on the behaviours that encourage engagement of staff and help to create a culture of responsibility and trust. This focus will lead to high standards and quality of health care by reducing and preventing psychological distress at work – stress being strongly implicated in the provision of inferior care, and in making senior management roles unattractive.

In this paper the terms leader, leadership, manager and management are used to express the roles of leadership that would be expected to follow a Code. For the purposes of this paper no distinction is drawn between leaders and managers.

Purpose of a Code

A Code has the purpose of being the central guide and reference for users in day to day decision making. The Code is meant to reflect the organisation's purpose, mission, values and principles, and linking these to the standards of professional conduct. The conduct of individuals, therefore, should clearly reflect what the organisation 'stands for' and how the organisation wishes to see itself projected to the outside world.

The Code is an open and public disclosure of how the organisation operates. A Code can fulfil other functions. It can become a tool that encourages discussion around ethical dilemmas, prejudices and gray areas that can arise during everyday working; it can provide the opportunity to create a positive public identity for the organisation that can raise levels of public confidence and trust.

Issues to be considered.

Implementation

Ideally, Codes should not be aspirational in nature, but a genuine reflection of the organisation's current principles and values.

In a situation where a Code is being developed as part of a process of improvement it, de facto, becomes aspirational in nature, reflecting how the organisation is intended to be, compared to the reality of its current values and principles. However, if there is a consensus about the genuine values and principles of an organisation amongst its leaders, the Code can be used to assist with the changes needed to bring the current reality of the organisation closer to the intentions of its leaders. A Code can be used to cascade throughout an organisation the principles and values that its leaders wish to project.

Implementation will need training and development of staff in how to conduct themselves according to the Code. This Code is focusing on behaviours that create a culture to inspire potential leaders to apply for the most senior positions in the organisation. It is also intended to create a pool of people wishing to advance their careers towards such senior positions.

Engagement

Engagement is a relatively recent interest for researchers and is characterised by energetic and effective connection with work. Engagement has been described as 'a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption'. Vigour is characterised by 'high levels of energy and mental resilience whilst working, and willingness to invest effort in one's work, and persistence in the face of difficulties'. Dedication refers 'to be strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge'. Absorption is characterised by being 'fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work'.

Engagement is not 'presentness' which is characterised by people remaining at work but without energy, with levels of anxiety and depression, and usually with other forms of psychological distress, such as arises from excess demand, expectation of long working, or coercion. 'Presentness' may, also, be described as the 'Iceberg Effect' – the below the surface levels of negativity that is unproductive and harmful.

The issue for consideration is how to create engagement without mistaking it for 'presentness' .

Legality and enforcement

The extent to which a Code becomes enforceable depends on the decisions to include the Code as part of contracts of employment.

There are other ways of cementing a Code into the bloodstream of an organisation – through the training of staff; the adoption of a concept of organisation citizenship; the development of policies and their implementation concerning issues of dignity; and the linkages a Code could have with existing policies and regulations relating to discrimination, equality and diversity, bullying and harassment and conduct. Normally such policies and regulations rely on a default position, whilst a Code is meant to project a positive and active position.

Code limitations

There exist a number of Codes of Conduct that relate to a broad range of activities. In this case, the Code is being designed to focus on behaviours that have an impact on manager's ability to manage in ways that engender engagement, commitment and trust between staff and their employing organisation, and between the organisation and its clients. The Code will, therefore, be limited in its focus, and will concentrate on the context and behaviours associated with engagement, commitment and trust between staff and their employing organisation, and by a process of projection, between staff and patients and their families.

Consensus across professional groups

The NHS is made up of groups of professional staff, each with their various professional bodies, interest groups, Trade Unions and traditions. The nature of the delivery of healthcare means that some professional staff find themselves working alone with their patients, whilst the majority are working in the company of others, each contributing their own skills within a team context. For this reason the management of health services needs to be consistent across all the professional groups, with all the managers of different services adopting the same approach to managerial behaviour.

The changing nature of management, from professional general managers to general managers with prior professional expertise in, say, a clinical field, opens up opportunities from a much larger pool of managerial expertise from which top managers can be selected.

Each professional body has their own Code for various purposes. The challenge is to gain a consensus across the professional bodies for a common Code of managerial behaviour.

Words and deeds

A challenge for all written statements is their validity. There is scepticism surrounding the issuing of Mission Statements, for example, because they sometimes have little face validity, but appear as excellent aspirations for an organisation. The choosing of words that are supported by valid actions is an essential component of a Code, particularly one that has the aim of bringing change to an organisation's culture.

Chicken and egg

The NHS is an organisation where some conflicts of interest may always exist. Amongst the strongest is the conflicting ideologies between 'the professionals and the bureaucracy' where the professional has the interest of the individual as the prime focus, whilst the bureaucracy has the interests of all patients as the prime focus. This can lead to the conflict of individual accountability whilst allowing creativity and participation to flourish which can be, sometimes, difficult to justify to third parties.

Still further, the quality and efficiency relationship can give rise to tension, where an approach to quality depends on the time and resources that efficiency does not allow. These tensions have to be managed, and the behaviours needed to manage them have to mitigate the risks of further tensions being created.

There is a general consensus in the research literature that levels of stress have a direct impact on the quality of care. Stress, however caused, but often cited as caused by 'the boss', can result in poor concentration, low motivation, lethargy, lack of sleep, loss of commitment, engagement and the cause of errors. Stress also results in poor interaction between people, which, in turn, conveys a lack of interest, attentiveness and concern between one person for another. As the processes involved in the delivery of individual and collective healthcare are complex and evolving, the lack of attention to individual and collective requirements may have a detrimental impact on patient care, as measured by patient satisfaction scores as well as reports of adverse events.

A constructive and mutually beneficial relationship between managers and professionals in the NHS is an essential component of a successful and high quality healthcare system. Over the years there have been many initiatives to draw the professionals and managers closer together in understanding roles and responsibilities that each has in a healthcare system that has finite resources. A Code needs to be workable for both professionals moving into management as well as career managers. It needs to contain behaviours that bridge the gap of understanding and focus that exists, not only between clinicians and managers but also, between managers, clinicians and other employees, so that a common understanding and common aims can be pursued.

One of the most common distinctions in leadership research is between the styles of transactional and transformational leaders.

Transactional leadership stems from the view that leaders have power over followers and use the power to achieve objectives and goals. Transactional leadership style tends to focus on the 'here and now', on problems and mistakes.

Transformational leaders look for ways to motivate others with a view to engaging them intimately in the processes of work – thereby achieving performance beyond expectation. Transformational leaders also have the interest of building something new out of something old – of moving forward and moving ahead from an existing situation. An application of transformational style leadership is adaptive leadership, a process of engaging followers in the resolution of challenges faced by an organisation. The emphasis in adaptive leadership is on flexibility – to be able to re-think approaches to challenges by embracing the skills, knowledge and experience of followers in the process of challenge resolution. This is a powerful style in securing engagement and commitment leading to a culture of responsibility and trust, as it draws followers closer to a sense of ‘ownership’ of challenges and their resolution.

The NHS management style as a whole ‘gives out’ an impression of being transactional, with an emphasis on monitoring, audit, accreditation, reporting, regulator compliance, complaints monitoring and a host of target compliance all within finite resources, changing policies and changing structures. This appears to be the dominant cultural characteristic. On the other hand, quality of care depends on focus, attention to detail, individual attentiveness, cheerfulness, friendliness and sensitivity, within a framework of clinical effectiveness and personal qualitative care.

If the delivery of care is foreground, and the managerial imperatives are background, there is a significant foreground/background tension, in contrast to highly successful organisations where the purpose of management is the delivery of highly successful foreground activities. The NHS might be characterised as the foreground having to support the background, an approach that will result in inferior care. Certainly the deluge of media reports are about background activities, reflecting, perhaps, the massive numbers of people employed in background work, who are, effectively, dislocated from the foreground, yet providing reports and commentary about the activities in the foreground. Behaviours of Chief Executives and other managers in this context are likely to be ambiguous, seeking to look two ways at once – either ‘feeding the beast’ with reports, data, and meetings to defend them, or developing and directly supporting staff delivering the highest possible standards and quality of care to patients. In a publically accountable organisation, a balance has to be struck, just as a balance has to be struck in organisations governed by the Companies Acts and Charity Commission.

Although the styles of transformational and transactional leadership are generally viewed as contrasting, they may also be viewed as complementary. Within a general transformational context, there may be a need to apply transactional style leadership for certain purposes and activities, such as performing operations and responding to emergencies. Even with these illustrations the activities rely on effective team working, mainly achieved through transformational style leadership, applied to specific situations in a transactional way. Similarly, a transformational managerial culture is likely to be able to ‘feed the beast’ as a by-product of effective team working where transactionalist managers and staff work alongside transformationalists – each working to their strengths.

The issues for the 'new' Code is where should the emphasis lie? Should the Code emphasise transformational or transactional behaviours, or both? The transformational behaviours are more concerned with encouraging others to express their own skills, knowledge and experience, whilst the transactional behaviours rely on directing others to perform by offering rewards. Which style creates greater commitment, trust and engagement, and contributes more to the prevention and reduction of psychological distress, thereby contributing more to the attainment of high standards and quality of care?

Giving orders or persuading people?

In order for an organisation to 'give out' the characteristics of being healthy, individuals need to act on their own initiative knowing that what they do and what they decide is within a framework that is lending support to their actions. In a multi-professional organisation individual initiative is to be expected.

The NHS is more complex than this. Whilst it might be expected that a substantial number of professional staff have personal goals that coincide with the goals of the NHS, not all staff are in this situation. There are groups whose personal goals are different to those of the NHS, who come to work in order to earn money for personal purposes, without having a strong interest in the work they perform and its purpose in relation to high standards and quality of healthcare.

Insofar as it is possible, an aim is to ensure that all staff are conscious of the purposes of the NHS, and that they play an important part in their delivery. This is more likely to be achieved if the culture of each of the organisations that constitute the NHS is based on the purposes, values and principles of the NHS as a whole. However, some of the organisations that form the NHS do not have any contact with the ultimate prime purpose – the prevention, diagnosis, treatment and care of people. Such organisations, whilst playing a part in the successful functioning of the NHS, might believe their purpose is different – for example, to ensure that processes are followed - regardless of their impact on quality and standards. Clearly it is hoped that all processes have a positive impact on quality and standards, although the evidence for this might be questioned. A difficulty is that those organisations that are removed from the ultimate purpose tend to be organisations that assume a hierarchical superiority to the organisations that deliver healthcare to patients.

The issue for consideration is whether different groups of staff in the NHS require different leadership and management behaviours for effective management, or is there an overall approach to behaviour that is appropriate for everyone?

Whose Code is it anyway?

The NHS is a complex organisation where there can be confusion over the roles and responsibilities of different levels of management leading to considerable uncertainty for managers (Chairmen, Board members, Chief Executives and managers) facing the need to make decisions. Politicians, Regulators, Civil Servants, staff in various organisational levels, as well as the general public, all seem to have the ability to make their views known when events occur that may not result in a positive outcome, and may seek to intervene in situations about which they have no direct knowledge or understanding. The 2002 Code, widely adopted, has not necessarily resulted in a cultural context that fosters enthusiasm for talented people to achieve the highest managerial positions, yet its

content is reasonable and had widespread support. Like other Codes the 2002 Code is used as the benchmark against which the actions of managers are judged. It, therefore, represents a default position, rather than a platform for encouraging good practice, and comes into play when a complaint against a manager arises. It has not become embedded into the bloodstream of the NHS as a representation of its values and principles, unlike, for example, the Code governing Psychologists that reflects clearly the values and principles of psychological practice to which Chartered Psychologists have to comply.

The question arises – whose Code is it anyway? This review is intended to seek a consensus Code across the principal professional organisations, and to focus the content on the managerial behaviours that will lead to high standards and quality of care.

Existing Codes

There are a number of Codes in existence. They are not reproduced here as this Code is not meant to replicate them. However, it is useful to identify the headline codes as follows:

Headline	IHM 2000	NHS Managers 2002	BPS Ethics 2006	RCN 2005	Principles of Public Life 2005
Integrity	√		√	√	√
Honesty	√	√		√	√
Openness	√			√	√
Probity	√				
Accountability	√			√	√
Respect	√	√	√		
Environment	√				
Society	√				
Safety		√			
Care		√			
Performance		√			
Team work		√			
Learning and development		√			
Competence			√		
Responsibility			√		
Selflessness				√	√
Leadership				√	√
Objectivity				√	√

These headline codes conceal a range of expected behaviours to achieve the headline. There is a mixture of codes looking outwards (environment, society), looking inwards (care, safety) and personal attributes and behaviour (integrity, honesty, openness, probity, team work) and managerial imperatives (accountability, performance, learning and development, objectivity, competence,

responsibility, leadership). They all add up to what is expected from a well managed and publically financed organisation concerned with the health and wellbeing of the public.

The 'new' Code is focused on the health and wellbeing of the NHS as an organisation.

Leadership – a complex array of ingredients

The research into leadership is substantial. Distilling the salient points is bound to omit elements that some will regard as critically important. However, to make some progress in constructing a Code, the following is offered as a map of the aspects of leadership and leaders that influences their behaviour.

The person – the personality, gender and life experiences of the leader have an effect on the way in which he/she acts out their role.

The context – people act according to the situation they find themselves. Therefore, leaders need to be able to 'read' a situation and respond to it in the most appropriate way to achieve a 'successful' outcome.

Leadership – there are many styles of leadership. The most common descriptions are transactional and transformational leadership styles. Others include 'leader as servant'; 'leader as agent'; 'leaders as regulator'; adaptive leadership, autocratic; benevolent; and laissez-faire. The style that leaders adopt should reflect the situation they are in and the style that will yield a 'successful' interaction without causing psychological distress.

The emerging leader – the people who think they can do a better job than the designated leader. This can be turned on its head and become the leader nurturing future leaders to do a better job than themselves.

The followers – the people the leader needs to undertake activities. Individuals, teams, constituencies are the main followers. They each need to be understood, and the approach to each needs to be considered in terms of appropriate style to produce a 'successful' interaction. Beware of Groupthink, those teams that reach decisions quickly, normally following the views of the leader, without taking in information from outside the team.

The judges – leaders are judged by a range of people with potentially different interests and agendas, for example, the followers, the patients, the Board members, the public, the politicians, the media, the regulators and the leader him/herself.

These features of leadership and leaders provide a complex mix of influences on a leader. The judgements that have to be made when interacting with the emerging leaders, followers and judges are potentially extremely difficult to reach without considerable experience and personal skills. How the leaders make judgements will be partly determined by the cultural context within which decisions are made. Dealing with emerging leaders, for example, can be perceived as a threat in a highly competitive, blame or defensive culture, whilst in a psychologically healthy culture emerging leaders are people to be nurtured, and personal pride can be derived by seeing the emerging leader succeed in a leadership role.

The glue that binds these features is the behaviour that the leader shows in each and every interaction between him/herself and someone else. Whilst each situation and interaction is different, there are some common approaches that can be applied to advance the development of a culture of responsibility and trust.

Where to start?

The NHS Constitution

A starting point is to review the proclaimed values and principles of the NHS. It is these and/or the behaviours that support them that need projecting as part of a Code of Engagement. They form part of the NHS Constitution published in January 2009.

The Principles are:

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism
4. The NHS works across organisational boundaries and in partnership with other organisations in the interests of Patients, local communities and the wider population.
5. The NHS is committed to providing best value for taxpayer's money and the most effective, fair and sustainable use of finite resources.
6. The NHS is accountable to the public, communities and patients that it serves.

The Values are:

1. Respect and dignity
2. Commitment to quality of care
3. Compassion
4. Improving lives
5. Working together for patients
6. Everyone counts.

The Constitution sets out the rights of patients and staff together with responsibilities. The parts of the rights and responsibilities that require certain behaviours are these:

- a) Unlawful discrimination
- b) Decisions in a clear and transparent way so that they are understood
- c) Patients to be treated with dignity and respect
- d) Patients involvement in discussions and decisions about healthcare
- e) Patients are treated with courtesy, and appropriate support in handling a complaint
- f) Acknowledgement of mistakes, apologies and explanation. Patients should treat staff and other patients with respect.
- g) Patients should provide feedback.

- h) Staff should have rewarding and worthwhile jobs; confidence to act in the interest of patients; treated with respect; listened to; good working environment; flexible working opportunities; free from harassment and bullying or violence; free from discrimination; personal development; clear roles and responsibilities; maintenance of health and wellbeing; engagement in decision making about themselves; honesty; involvement in improving services; openness with patients and families; create a climate where truth can be heard; and errors are reported and lessons learnt.

Some might argue that the Constitution doesn't provide a clear enough picture of what the NHS should look like; that the words do not convey the depth of meaning required for greater understanding of what is intended by the Constitution, other than a series of rights and wrongs.

A healthy organisation

Another approach is to describe the ingredients of psychologically healthy and successful organisations. The following is a compilation taken from research studies into the World's most successful organisations, with a focus on psychological health and wellbeing that produces high levels of commitment, trust and engagement. As described earlier, commitment, trust and engagement have a major and significant impact on reducing and eliminating psychological distress, and the absence of psychological distress enhances standards and quality of care.

The characteristics of a psychologically healthy organisation are:

- **a clear, unambiguous purpose, expressed as a simple 'big idea', an idea which all the staff relate to closely, and are proud to discuss with friends and colleagues.**

- **an atmosphere of confidence, where all the staff are interested in each other, support each other, and project this confidence towards clients and customers.**

- **staff who behave respectfully towards each other, value each other's views and opinions, work in teams which are places of mutual support, where anything is debated without a hint of humiliation, where the critique of individual and team work is welcomed, discussed and where lessons are learnt and implemented.**

- **staff who 'go the extra mile' by providing unsolicited ideas, thoughts, stimulus to each other, and where their interest in their customers offers something more than is expected, beyond courtesy, and beyond service, offering attentiveness and personal interest.**

- **challenges for their staff, that provide opportunities for personal development through new experiences, and which treat everyone with fairness and understanding.**

- **staff who are personally driven towards organisation and personal success - intellectually, financially, socially and emotionally.**

There are, fortunately, similarities between this and aspects of the NHS Constitution.

There are some key words that provide a steer towards the behaviours that are needed to produce organisations with the above characteristics:

- Unambiguous purpose
- Pride
- Confidence
- Interest
- Support
- Teams
- Respectful
- Critique
- Learning
- Unsolicited ideas
- Courtesy
- Attentiveness
- Personal interest
- Challenges
- Personal development
- Fairness
- Understanding
- Intellectual success
- Financial success
- Social success
- Emotional success

Behaviours that lead to engagement

The link between psychologically healthy organisations and high standards and quality of care is stress. Stress is at one end of the pressure-strain-stress continuum, with pressure being a stimulant and stress being an inhibitor.

Levels of stress have a negative effect on the quality of care. It is, therefore, reasonable to identify those behaviours that mitigate against the risk of stress.

A manager approach

The Health and Safety Executive and the Chartered Institute of Personnel and Development jointly funded research into the behaviours that aim to prevent and reduce stress at work. The behaviours are directly linked to the HSE Management Standards.

The behaviours include:

- Being aware of team member's ability
- Trusting employees to do their work
- Giving employees responsibility
- Steering employees in a direction rather than imposing a direction
- Provide opportunities to air views
- Prepared to listen to employees
- Knows when to consult employees
- Helps employees develop in roles
- Communicating that employees can talk to them at any time
- Making time to talk to employees at their desks
- Praising good work
- Acknowledging employee's efforts
- Operating a no blame culture; passing positive feedback about the team to senior management.
- Regularly asks 'how are you?'
- Listening objectively to both sides of a conflict
- Dealing with conflict head on
- Having a positive approach
- Acting calmly when under pressure
- Walking away when feeling unable to control emotion
- Apologising for poor behaviour
- Admit mistakes
- Treats employees with the same importance
- Willing to have a laugh and a joke
- Socialises with the team

- Regularly has informal chats with employees
- Keeps team informed of what is happening in the organisation
- Communicates clear goals and objectives
- Explains exactly what is required
- Communicating ‘the buck stops with me’.
- Able to put themselves in employees shoes
- Takes an interest in employees personal lives
- Notices when a team member is behaving out of character

A cultural approach

An alternative approach is to explore the key factors that prevent stress from arising in the first place. This approach is predicated on the creation and maintenance of staff commitment, trust and engagement with their organisation. This is evidenced as having a major impact on staff health and wellbeing, and in the reduction of stress as measured by sickness absence and turnover.

Included in this approach is the notion of the psychological contract – an idiosyncratic informal contract between an employee and his/her managers based on their interpretation of fairness.

Commitment and trust between an employee and his/her organisation is established by adopting an organisational approach as well as individual behavioural approaches. The key items involved are:

- A ‘**big idea**’ – the clear purpose of the organisation expressed in ways that are simple, make sense and is valid.
- The organisational **architecture** that is as flat as possible, that enables many people to be engaged in decisions that affect themselves.
- The ‘**rules**’ of the organisation that promote commitment and trust – amongst these are:

Training and development opportunities – ability to learn new skills and gain wider experiences

Pay – pay that reflects personal worth

Challenging job – jobs that test the employee, that produce pressure but not strain or stress

Team working – working in teams where each member has something different to contribute and where the whole becomes greater than the sum of the parts.

Communication – NOT broadcasting, but two way communication and understanding

Involvement – involvement in decisions about oneself

Performance appraisal – regular reviews of performance

Career opportunity – career opportunities within the same organisation

Job security – security to complete a project or task, NOT job for life.

Management encouragement – encouragement to take risks and rise to challenges

Worklife balance – manager responsiveness to domestic crisis

Openness – discussing issues freely.

- The **behaviours** that are key in creating and maintaining commitment and trust are:

Employee attitude – a passion for work

Manager discretion – the adoption of personal responsibility

Quality relationship with manager – effective interaction and mutual support; sharing.

Employee discretion – the adoption of personal responsibility

A consumer approach

Another approach is to test out which behaviours attract repeated custom and service.

In answer to the question – which five organisations and services would you repeatedly return to and why? – most respondents reply with:

- They deliver excellence
- They make it personal
- They go the extra mile
- They deal with problems/queries effectively
- They are easy to do business with.

The opposite answers are made to the question concerning the worst organisations or services that individuals encounter.

A leader approach

The following characteristics of leaders are taken from research into how people persuade others to do something they might otherwise not do on their own. This is based on persuasion, and whilst these characteristics might be regarded as active, they do not include any features that can be linked to the application of coercion. These are, also, characteristics found in adaptive leadership.

A leader who focuses on the creation and maintenance of commitment and trust has the following characteristics:

- Attentiveness (genuine attentiveness to others produces an automatic response of attentiveness back – it shows a genuine interest in others; anything less, such as a hint of superficial interest, automatically switches people off from the interaction and gains nothing)
- Being able to offer direction with committed ambition (determination)
- Someone who attracts psychological status (status that people with wisdom attract)
- Someone who possesses intelligence with humour (the ability to make people smile and chuckle combined with intellectual flexibility)
- Assertiveness (being clear about what is required)
- Someone who can create stress and deflate it (deflating stress before it passes from pressure to strain to stress – for example, expressing anger and then controlling and using the anger for positive effect)
- Someone who addresses individual need

A Code for Engagement

The purpose of this Code is to create and maintain a culture of responsibility and trust. A culture of this nature will result in staff engagement through commitment and trust between the employees and their employing organisation – in this case the NHS. Commitment, trust and engagement have a direct impact on reducing levels of psychological distress, which, in turn, improves the standards and quality of care.

To achieve this aim it is necessary to look beyond the individual and his/her interaction with others, and to embrace the culture within which people behave towards each other.

The 'new' Code, therefore, contains:

The person

- The person who becomes a manager/leader

The culture

- The clarity of purpose of the NHS and its constituent parts
- The structures that define principal tasks in delivering the prime purpose of the NHS
- The 'rules' that shape how the NHS should work

The behaviours

- The behaviours of managers/leaders in their interaction with everyone else in implementing the purpose(s) of the NHS.

As far as possible the language used in the Code should convey universal understanding and not be rhetorical.

The personal characteristics

- The ability to demonstrate genuine attentiveness to others
- Trustworthiness
- The ability to demonstrate wisdom
- The ability to be assertive
- Intelligence and intellectual flexibility
- A sense of humour
- The ability to demonstrate a passion for the work of his/her organisation
- The ability to address individual needs
- The ability to nurture
- The ability to offer direction with committed ambition

The culture

The personal characteristics are expected to be applied to the following influences on culture and leader/manager behaviour:

Clarity of purpose

- The ability to make clear and unambiguous the purpose of the organisation in ways that are simply expressed, and in ways that employees and the public can understand and relate to.

The structures

- The ability to structure organisations in ways that enable employees to be engaged in decisions about themselves and their work.

The 'rules'

- The ability to recruit managers based on the convergence of clear and unambiguous expectations of the skills, knowledge and experience needed for the job and those of the applicant, together with the personal characteristics set out in this Code.
- The ability to ensure that training and development (the acquisition of skills, knowledge and experience) meets the needs of the organisation and those of the trainee; that training is based on sound learning experiences, and that the training is applied in practice.
- The ability to provide employees with challenges in their work.
- The ability to create and maintain teams of people who are sufficiently trusting of each other that they can critique each other's work without fear of humiliation or retribution, and in the knowledge that lessons can be learnt and applied.
- The ability to communicate – the process of interpreting messages, conveying them intelligibly, seeking responses, and reacting positively to the responses.
- The ability to engage employees and clients in the processes and critical decisions that affect them.
- The ability to performance appraise employees regularly and routinely as part of the bloodstream of management, together with the ability to provide appropriate supporting resources to raise performance where needed.
- The ability to nurture employees by providing opportunities to gain wider skills, knowledge and experience, and the ability to use these in practice in career development.
- The ability to safeguard the opportunity to complete tasks, projects and assignments undertaken by employees.
- The ability to encourage employees in their work, and to encourage limited risks in their contribution to the work of the organisation.
- The ability to respond positively to employee domestic crisis.
- The ability to create and maintain openness (transparency) in the management of the organisation.

The behaviours

Behaviours applied in the interaction between leaders and others. These behaviours are to be found in the adaptive leadership style.

The behaviours below are those to be expected in routine interactions:

Attentiveness

The ability to demonstrate genuine attentiveness to the contents of an interaction by demonstrating listening, responsiveness and reaction.

Politeness

The ability to be polite in any interaction

Courtesy

The ability to place the other person (people) at the forefront of an interaction

Personal communication

The ability to communicate personally wherever possible; understanding the limitations of electronic communication.

Body language

The ability to use body movements and expressions to show attentiveness.

Addressing needs

The ability to respond positively to individual needs, even in circumstances when the needs cannot be met, given all the circumstances.

Empathetic

The ability to demonstrate an understanding of the other person's issues, ideas, thoughts and experiences

Intellectual flexibility

The ability to think on ones feet and respond with credible choices, alternatives and ideas

Emotional intelligence

The ability to be self aware, self regulate, motivate, show empathy and be socially adept

Negotiation

The ability to negotiate a successful outcome in an interaction.

Sharing

The ability to share with others one's own thoughts and ideas

Reliability

The ability to do what one says

Honesty

The ability to be open in an interaction

Clarity

The ability to be clearly understood in an interaction

Fair

The ability to be fair to anyone in an interaction, taking account of all the circumstances, and to explain clearly the position that is taken and the reasons

Humility

The ability to acknowledge mistakes, misunderstandings, errors and faults, and to apologise where necessary.

Conflict resolution

The ability to confront a conflict at the time of conflict and to try and resolve any dispute at the time of the dispute.

Encourage contribution

The ability to motivate and encourage others to make a contribution in interactions.

What next?

This paper has been prepared to aid discussion on the development of a 'new' Code. Consultation is being undertaken with selected individuals who represent organisations brought together in October 2008 to discuss how to improve the cultural environment to make the senior management positions more attractive at the same time as improving the standards and quality of healthcare.

Once consultations have been completed, the 'new' Code will be presented.