

Developing Leaders»

Practice Leadership Assessment Tool (PLAT) Report

Loxwood Medical Practice
PLAT Results
March/April 2016

TheKingsFund»

Introduction

Your GP practice has participated in a pilot study conducted by The King's Fund in collaboration with the Care Quality Commission (CQC), aimed at **assessing leadership and culture in primary health care** using the Practice Leadership Assessment Tool (PLAT). There is a strong relationship between leadership, culture and safe and effective patient care, so we see great value in helping practices to understand their strengths in culture and leadership.

Your practice was in the first wave of our pilot. Over the summer of 2016 we will be evaluating how well the PLAT helps practices to better understand the leadership and culture within their team(s) and to identify areas for improvement. We will also be evaluating the extent to which it could be used in the future to improve the quality of CQC's assessment of how 'well-led' practices are.

However, for the purposes of this phase, **the report will not inform your CQC inspection and will not be used to determine the ratings for your practice. The inspection team will not see any responses from your practice.** We are committed to confidentiality, and you will find that there are no identifiable answers in this report.

Aims of this report

The findings in your PLAT report are based on the responses given by the staff in your practice. The scores are presented based on the areas assessed in the survey. The analysis will identify your strengths as a practice and will suggest areas where further improvements could be made. This is to support your staff in delivering safe, responsive, effective and compassionate patient care.

The structure of the PLAT report

Introduction	1
The structure of the PLAT report	2
How to use this report	3
Explanation of results	4
Summary scores	5
Delivery of care	7
Patient-centred care	10
Compassion.....	12
Your role	15
Harassment, bullying or abuse.....	21
Discrimination.....	23
Well-being and balance	25
Teamworking.....	28
Management and leadership.....	30
Summary	32
Frequently asked questions (FAQs).....	33
Report guidance.....	36
Practice selection	36
Response rate	36
Average scores	36
Percentages	37
Levels of consensus	37

How to use this report

Each section of this report will include the following sections.

- **Overview**

At the beginning of each section, there will be a brief overview of the questions that were asked in the PLAT and the rationale for doing so.

- **Results for your practice**

This covers the *average score* for the area being assessed and the *level of consensus*. For guidance on how to interpret these scores, please see the **Report guidance** section at the back of this report.

RESULTS FOR YOUR PRACTICE
Findings highlighting the overall average score and levels of agreement in this area are presented below.

	Average score in this practice	Level of consensus within your practice
Delivery of care		

- **Explanation of results**

There is a brief explanation about your practice's findings, offering some reflective questions for your practice to consider. We would encourage you to use these questions, or others you come up with, to form the basis of a facilitated discussion with members of your practice.

- **Links to further information**

Where possible, we have provided some suggestions for additional resources that your practice can access in order to learn more about the area being assessed and ways in which it can be improved.

Explanation of results

For each of the ten areas the questionnaire covered, you will be presented with a score between 1 and 5 that is the average across all the staff in your practice who participated. These are averaged again across all the scales under each heading to give you one single score for each of the main areas.

A score of 5 means that everyone “strongly agreed” with the statement. At the other end of the scale, a score of 1 meant that staff “strongly disagreed”. The scores in the middle represent a scale between these two extremes.

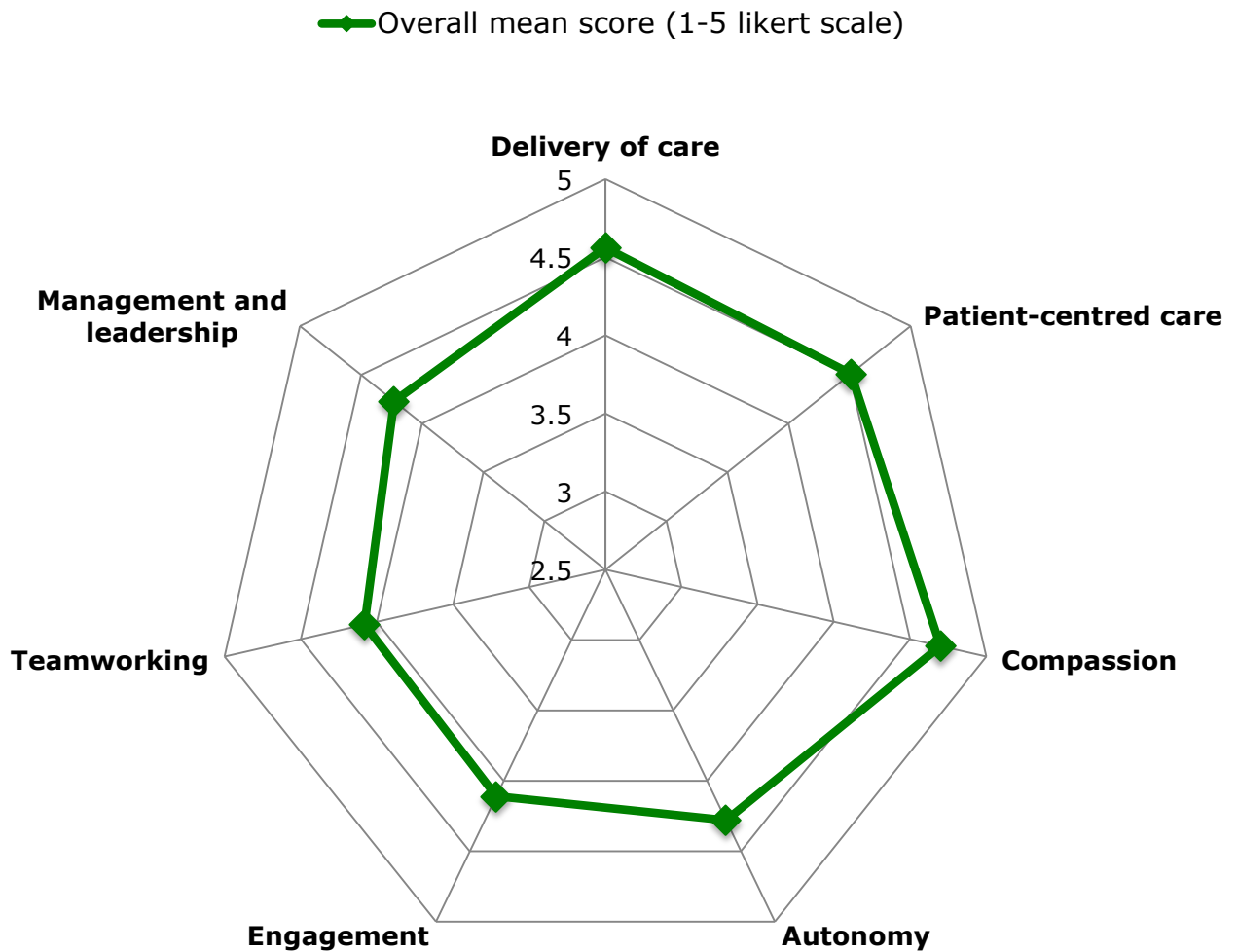
The level of consensus is the second score given alongside each average. It is included as an indicator of the amount of agreement in the scores provided by the staff who completed the survey.

- A **high** level of consensus suggests staff were **highly consistent** in their responses to questions in this area and share relatively similar views and experiences in relation to their work in the practice.
- A **medium** level of consensus suggests staff were **reasonably consistent** with each other in their views and experiences.
- A **low** level of consensus suggests staff had **very different views** and experiences about this area of the GP practice.

We hope that these scores will be used to facilitate discussions amongst staff and teams in your practice to understand where your strengths and weaknesses are, how to best sustain what’s working well, and how to improve what could be better.

Summary scores

Figure 1: Overall average score for some of the areas assessed in the PLAT. Scores at the edges indicate favorable responses; scores towards the centre indicate less favourable responses.



Because we measure some areas differently, some areas do not feature in Figure 1. Below is a summary of the findings for each of these areas or signposting to their relevant sections in this report.

Risk of Burnout:

A **lower score** on burnout suggests lower levels of staff reporting burnout i.e. a low score is good.

	Average score in this practice	Level of consensus within your practice
Risk of burnout	2.0	Medium

Question-level findings:

A **higher score** in these questions indicates more favourable responses.

	Average score in this practice	Level of consensus within your practice
<i>I would recommend this GP practice as a place to work</i>	4.6	Medium

	Average score in this practice	Level of consensus within your practice
<i>I would recommend this GP practice and its services to my friends and family</i>	4.9	High

Frequency/reported percentages:

For detailed findings of the scores in the following areas, please see the dedicated section of the report.

- **Harassment, bullying and abuse**
- **Discrimination**
- **Well-being and balance**

Delivery of care

This section of the survey asks questions about how care is **organised** in the practice. The questions are designed to capture the extent to which practice staff think that **safe, responsive and effective care** is delivered by their GP practice. This is quite a 'high-level' score, which gives an overall feel for how well staff report that care is organised in the practice in such a way that best meets patients' needs.

Example of statements included in this section.

- In this GP practice all staff are aware of their responsibilities.
- This GP practice works effectively with other agencies to ensure patients' needs are met.
- In this GP practice we learn from complaints and ensure we improve the quality of care as a result.

RESULTS FOR YOUR PRACTICE

Findings highlighting the overall average score and levels of agreement in this area are presented below.

	Average score in this practice	Level of consensus within your practice
Delivery of care	4.6	High

EXPLANATION OF RESULTS

Staff gave generally **high** ratings on questions related to this practice's overall ability to deliver safe, responsive and effective patient care.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- Does this reflect how patients feel about our practice?
- How sustainable is our delivery of safe, responsive and effective care?
- Are there any actions that we can take to ensure we maintain this strength?

Consensus: Staff were **highly consistent** in their responses to questions in this area and share relatively similar views and experiences in relation to their work in the practice.

QUESTION-LEVEL FINDING

'I would recommend this GP practice as a place to work'

	Average score in this practice	Level of consensus within your practice
I would recommend this GP practice as a place to work	4.6	Medium

EXPLANATION OF RESULTS

On average, practice staff **agreed** with the statement:

'I would recommend this GP practice as a place to work'

The NHS National Staff Survey asks this question and it can be seen as an indicator of advocacy and one way to measure employee engagement. Higher scores on this question have also been linked to higher levels of patient satisfaction¹.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- Does this correlate with patient satisfaction levels and whether our patients (including minority and vulnerable groups) recommend our practice as a place to receive care?
- What would be the warning signs if we started to slip?

Consensus: Staff were **reasonably consistent** with each other in their views and experiences but it would be useful to understand why there is some disagreement about the way the practice operates in relation this question.

¹ West M & Dawson J. (2012). Employee engagement and NHS performance, 1-23.

QUESTION-LEVEL FINDING

'I would recommend this GP practice and its services to my friends and family'

	Average score in this practice	Level of consensus within your practice
I would recommend this GP practice and its services to my friends and family	4.9	High

EXPLANATION OF RESULTS

On average, practice staff **agreed** with the statement:

'I would recommend this GP practice and its services to my friends and family'

The Friends and Family Test asks patients this question and it can be seen as an indicator of patient experience. Higher scores on this question have been linked to higher levels of patient satisfaction. We have included this question in the tool to give you information on the extent to which the staff in your practice advocate the care it provides.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- Does this correlate with patient satisfaction levels and whether our patients (including minority and vulnerable groups) recommend our practice as a place to receive care?
- What would be the warning signs if we started to slip?

Consensus: Staff were **highly consistent** in their responses to this question and share relatively similar views and experiences in relation to their work in the practice.

Patient-centred care

This section of the survey asks staff to rate the extent to which they think the GP practice provides **patient-centred care**. It explores staff perceptions of how much patients are put at the heart of care in the practice. It also explores how well patients' needs are met, particularly those from minority groups. Finally, it looks at how responsive the practice is to patient feedback and promoting patient involvement in the care they receive.

Example of statements included in this section:

- In this GP practice we ensure we know what patients think of their care and treatment.
- This GP practice promotes patient responsibility for their own health and well-being.
- In this GP practice patient surveys are followed up with action plans to improve the service.

RESULTS FOR YOUR PRACTICE

Findings highlighting the overall average score and levels of agreement in this area, are presented below.

	Average score in this practice	Level of consensus within your practice
Patient-centred care	4.5	High

EXPLANATION OF RESULTS

Staff gave generally **high** ratings on questions that asked about the practice's focus on patients and putting their needs first.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- What would be the warning signs in our practice if our focus on providing patient centred care was starting to slip?

- Do we believe that all of our patient groups feel that our practice provides patient-centred care?

Consensus: Staff were **highly consistent** in their responses to questions in this area and share relatively similar views and experiences in relation to their work in the practice.

Further information on patient-centred care:

- RCGP inquiry into patient centered care
<http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/RCGP-Inquiry-into-Patient-Centred-Care-in-the-21st-Century.ashx>

Compassion

This section of the survey asked about the **climate of compassion** in the GP practice. Compassion is at the heart of high-quality care and is a key aspect of how caring a service is towards patients and staff.

A climate of compassion among GP practice staff is considered to improve the extent to which patients are treated with high levels of respect, care and compassion². It is therefore important that this kind of climate is nurtured, so that staff can be enabled to deliver the highest quality and the most compassionate care to patients possible.

RESULTS FOR YOUR PRACTICE

Findings highlighting the overall average score and levels of agreement in this area, are presented below.

	Average score in this practice	Level of consensus within your practice
Overall compassion	4.7	High

Compassion can also be looked at in the following ways:

- compassion shown to patients
- compassion demonstrated between staff

Findings highlighting the sub-scores and level of agreement in each of these **two areas** listed above are presented overleaf.

² West M. (2013). 'Compassionate care means rooting out staff stress.' 25 November. Available at: www.hsj.co.uk/comment/compassionatecare-means-rooting-out-staff-stress/5065611.article#U8Uj4vldWSo (accessed on 12 May 2016).

COMPASSION SHOWN TO PATIENTS

	Average score in this practice	Level of consensus within your practice
Compassion shown to patients in this GP practice	4.9	High

EXPLANATION OF RESULTS

Staff gave **high** ratings on questions that asked about the level of compassion shown to patients by staff. This suggests staff feel that, on the whole, patients are treated compassionately in this practice.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- Do we believe that all of our patient groups feel that we treat them compassionately?
- What would the warning signs be in our practice if our focus on treating patients compassionately was starting to slip?
- How can we ensure we sustain this level of compassion we believe we show to our patients, particularly when there are additional pressures such as staff absence?

Consensus: Staff were **highly consistent** in their responses to questions in this area and share relatively similar views and experiences in relation to their work in the practice.

COMPASSION DEMONSTRATED AMONG PRACTICE STAFF

	Average score in this practice	Level of consensus within your practice
Compassion demonstrated between staff	4.5	High

EXPLANATION OF RESULTS

Staff gave **high** ratings on questions that asked about the level of compassion shown between staff. This indicates that staff perceive high levels of attentive, empathic and compassionate interactions between staff in this practice.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- What would the warning signs be in our practice if our focus on treating colleagues compassionately was starting to slip?
- How can we make sure we maintain this?

Consensus: Staff were **highly consistent** in their responses to questions in this area and share relatively similar views and experiences in relation to their work in the practice.

Further information on compassion:

- HSJ article by Michael West describing the importance of staff experience in delivering compassionate care.
<http://www.hsj.co.uk/comment/compassionate-care-means-rooting-out-staff-stress/5065611.article#.UpNIR-LJ1ed>
- Links to reports and resources that explore compassion in practice.
<https://www.england.nhs.uk/nursingvision/compassion/>
- The Cultural Barometer: an assessment of compassionate cultures in NHS organisations.
<https://www.england.nhs.uk/nursingvision/ccb/>

Your role

Data from the NHS National Staff Survey shows a strong correlation between staff engagement and positive outcomes in areas such as patient satisfaction, quality of care, financial performance, absenteeism and patient mortality.

Workplace **autonomy** can mean different things to different organisations. It can be things like scheduling your own time, being responsible for your own work and deciding how this work is to be done. Higher levels of autonomy can predict the level of job satisfaction and engagement employees have within their role. **Engaged** employees are likely to 'go the extra mile' and show higher levels of motivation and dedication to their work.

At the other end of the continuum, employees experiencing **burnout** are found to feel overwhelmed, overworked and stressed. This can cause employees to lose motivation and enthusiasm for their work, which can impact not only on how they carry out their role but on their personal life too. Drawing from the research and in particular *Maslach burnout inventory* (1997)³ and *Ulrecht work engagement scale* (2006)⁴, this area of the PLAT asked respondents to answer questions relating to their experience of burnout, engagement and role autonomy.

Example of statements included in this section:

- I look forward to going to work (engagement)
- I get exhausted from working with patients every day (burnout)
- I am able to make improvements happen in my area of work (role autonomy).

³ Maslach C & Leiter MP (2008). 'Early predictors of job burnout and engagement.' vol 93, no 3, p 498.

⁴ Schaufeli WB, Bakker AB & Salanova M (2006). 'The measurement of work engagement with a short questionnaire a cross-national study.' vol 66, no 4, pp 701–16.

RESULTS FOR YOUR PRACTICE

This section of the report presents the separate key findings across the areas of staff burnout, staff engagement and role autonomy.

RISK OF BURNOUT

A **lower score** on burnout suggests lower levels of staff reporting burnout ie a low score is good.

	Average score in this practice	Level of consensus within your practice
Risk of burnout	2.0	Medium

EXPLANATION OF RESULTS

Based on an average of your practice's responses, staff have indicated **low** ratings of burnout. Although this is a promising result, burnout is a state prompted by prolonged exposure to stress. In order to maintain low levels of burnout and employee stress, we recommend you review how you support and promote the health and wellbeing of your staff, and put in place an action plan for how to improve this.

Your practice could reflect on:

- How do we promote the health and wellbeing of our staff? Is there any more we could be doing to ensure our team are at low risk of burnout?
- How would we know if levels of burnout were increasing?

Consensus: Staff were **reasonably consistent** with each other in their views and experiences but it would be useful to understand why there is some disagreement about the way the practice operates in this area.

Further information on burnout:

- Staff in your practice could consider completing the BMA burnout questionnaire for individual indications of risk of burnout at: <https://web2.bma.org.uk/drs4drsburn.nsf/quest?OpenForm>

- For a recent RCGP paper exploring how to protect the wellbeing of GPs to prevent them becoming too exhausted to provide safe care to their patients, please see: <http://www.rcgp.org.uk/policy/rcgp-policy-areas/fatigue-in-general-practice.aspx>

ENGAGEMENT

	Average score in this practice	Level of consensus within your practice
Level of engagement	4.1	Medium

EXPLANATION OF RESULTS

Staff in this practice gave **high** ratings for engagement. Higher levels of employee engagement are associated with safer patient care, higher levels of energy, dedication, vigour and generally positive work outcomes.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- What would the warning signs be in our practice if our focus on staff engagement is starting to slip?
- Sometimes very high levels of engagement can actually lead to a higher risk of burnout; does this score correlate with burnout risk score for our practice?

Consensus: Staff were **reasonably consistent** with each other in their views and experiences but it would be useful to understand why there is some disagreement about the way the practice operates in this area.

Further information on Engagement:

- For an array of staff engagement information including guidance and tips, measurement tools, research findings and links to webinars and podcasts, please see:
<http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/staff-engagement/staff-engagement-resources>

ROLE AUTONOMY

While it is important that everyone in your practice is aware of the limits of their authority in the interests of ensuring the safest possible patient care, it is also important that staff feel trusted to work independently and enabled to make decisions and suggestions in their work. Role autonomy is an indicator of the degree to which staff in this practice feel empowered and responsible for the quality of patient care they deliver.

	Average score in this practice	Level of consensus within your practice
Level of role autonomy	4.3	Medium

EXPLANATION OF RESULTS

Staff in this practice gave **high** ratings on questions related to role autonomy. Higher levels of role autonomy are strongly related to engagement in prosocial, supportive behaviours and higher levels of innovation.

Your practice could reflect on:

- Were we aware that this is an area of strength for our practice?
- What can we do to maintain this?
- What would the warning signs be in our practice if staff felt they were losing the feeling of autonomy in their roles?

Consensus: Staff were **reasonably consistent** with each other in their views and experiences but it would be useful to understand why there is some disagreement about the way the practice operates in this area.

For more information on role autonomy:

- For a summary of the evidence linking engagement of employees with their work with job performance, along with the theories underlying it, please see: <http://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf>

- For an article by Professor Michael West, describing the need for innovation and radical transformation of the NHS, please see:
<http://www.hrmagazine.co.uk/article-details/prof-michael-west-radical-transformation-needed-in-the-nhs-to-improve-performance>

Harassment, bullying or abuse

A culture of bullying, or staff feeling unable to speak up and report concerns is associated with poor leadership and poor safety.

The NHS National Staff Survey asks some questions that explore the level of harassment, bullying or abuse of staff in NHS trusts. We used those questions to ask about this issue in GP practices.

Staff were asked about whether they had experienced:

- ...harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?
- ...harassment, bullying or abuse at work from their manager / team leader or other colleagues?

Staff were also asked to report the frequency of harassment, bullying or abuse they have a) personally experienced and b) witnessed other members of staff be subject to, in the past 12 months.

RESULTS FOR YOUR PRACTICE

Results for your practice are presented below.

Personally experienced

Harassment, bullying or abuse from patients/service users	Never	1-2	3-5	6-10	More than 10
Your practice score	56%	33%	11%	0%	0%

Harassment, bullying or abuse from manager/colleagues	Never	1-2	3-5	6-10	More than 10
Your practice score	78%	22%	0%	0%	0%

Any examples of **personally experienced** harassment, bullying or abuse should be a priority area for improvement for your practice.

Witnessed

Harassment, bullying or abuse from patients/service users	Never	1-2	3-5	6-10	More than 10
Your practice score	33%	61%	6%	0%	0%

Harassment, bullying or abuse from manager/colleagues	Never	1-2	3-5	6-10	More than 10
Your practice score	83%	17%	0%	0%	0%

Any examples of **witnessed** harassment, bullying or abuse should be a priority area for improvement for your practice.

Your practice could reflect on:

- Were we aware of the levels of harassment, bullying or abuse in our practice?
- What actions can we take to reduce the levels of harassment, bullying or abuse?
- How will we know when we are improving?

Discrimination

Another question that the PLAT has mirrored from the NHS national staff survey explores the level of discrimination in GP practices:

- In the last 12 months how often have you experienced discrimination at work on the grounds of ethnicity, gender, age, religion, disability or sexual orientation?

RESULTS FOR YOUR PRACTICE

Summary findings indicating overall score from these questions are presented below. Low ranking on this scale indicates better scores.

	Never	1-2	3-5	6-10	More than 10
Ethnicity	100%	0%	0%	0%	0%
Age	100%	0%	0%	0%	0%
Disability	100%	0%	0%	0%	0%
Gender	100%	0%	0%	0%	0%
Sexual Orientation	100%	0%	0%	0%	0%
Religion	100%	0%	0%	0%	0%

**Lower scores indicate a lower rate of discrimination*

It is important that all staff feel adequately supported by their colleagues and are empowered to speak out against any form of injustice, from both patients and colleagues. Such incidents should be managed via a clear, fair and formal process and all reported incidents must be taken seriously.

Staff should also be made aware of the different forms discrimination, harassment, bullying and abuse can take. They should be both encouraged and supported to report any witnessed incidents to relevant individuals in the practice, in the knowledge that their account will be treated with the utmost confidentiality.

Creating a positive, nurturing and supportive workplace climate will build a strong foundation that will reduce the likelihood of such incidences and is therefore a priority area for all GP practices.

For more information on creating Cultures of Inclusion:

- For a King's Fund report on diversity and inclusion in the NHS, please see: <http://www.kingsfund.org.uk/publications/making-difference-diversity-inclusion-nhs>
- For a summary of The King's Fund's diversity and inclusion report written by Professor Michael West, please see: <http://www.hsj.co.uk/comment/an-all-inclusive-nhs-is-a-reachable-reality/7001173.article>
- For more information about Freedom to Speak Up and whistleblowing in Primary Care, please see: <https://www.england.nhs.uk/ourwork/whistleblowing/prim-care-review/>

Well-being and balance

If staff wellbeing at work is good, it is more likely that they will perform better at their jobs and provide better quality, more patient-centred care. Declining staff wellbeing can be an early indicator of poor patient care. Listening to the experiences of staff as well as patients is an important aspect of delivering high-quality care.

RESULTS FOR YOUR PRACTICE

This section asked staff to rate how working in this practice might have positively improved or negatively impacted their wellbeing.

Positively improved

Here is a breakdown of the percentage of practice staff rating each of the following aspects as being **moderately or majorly significantly improved** as a result of working in this practice:

	% moderate/ major affect
Partner/family	24%
Friends	19%
Hobbies	6%
Fitness	24%
Wellbeing	24%
Voluntary work/engagement in the community	6%

Negatively affected

Here is a breakdown of the percentage of practice staff rating each of the following aspects as being **moderately or significantly worsened** as a result of working in this practice:

	% moderate/ major affect
Partner/family	11%
Friends	6%
Hobbies	6%
Fitness	0%
Wellbeing	6%
Voluntary work/engagement in the community	6%

We recommend that you practice uses this information to think about how you prioritise efforts to address issues around wellbeing and balance in your practice.

For more information on well-being and balance:

- For a King's Fund article on staff wellbeing, please see:
<http://www.kingsfund.org.uk/blog/2015/10/are-we-supporting-or-sacrificing-nhs-staff>
- An article published by King's College London on the impact of staff wellbeing on quality of health care.
<https://www.kcl.ac.uk/nursing/research/nuru/policy/Currentissue/Policy-Plus-Issue-39.pdf>
- An article on NHS choices for more information on five steps towards mental wellbeing.
<http://www.nhs.uk/conditions/stress-anxiety-depression/pages/improve-mental-wellbeing.aspx>

- Further support offered by RCGP for GP wellbeing.
<http://www.rcgp.org.uk/membership/resources-for-members/gp-wellbeing.aspx>
- A study by NIHR, exploring the relationship between patients' experiences of care and the influence on staff wellbeing.
http://www.nets.nihr.ac.uk/_data/assets/pdf_file/0007/85093/ES-08-1819-213.pdf

Teamworking

This section of the survey asked GP practice staff to rate their experience of working in their teams within the GP practice. They were first asked to identify who they considered to be their team. Staff were then asked a series of questions about the level of leadership clarity, team cohesion and communication within their chosen team.

We recognise that there are often multiple teams within general practice and therefore the results in this section may relate to any number of teams within the practice. If you're a small practice, you are more likely to have one team than if you are a larger practice. However, the principles of good teamworking should apply throughout sub-teams and the results should still be informative about how well staff work together in different settings in your practice.

Example of statements included in this section:

- Team members often meet to discuss how the team's performance could be improved
- This team is open and responsive to change
- Team members are warm and supportive to each other

RESULTS FOR YOUR PRACTICE

Findings highlighting the overall average score and levels of agreement in this area are presented below.

Teamworking

	Average score in this practice	Level of consensus within your practice
Teamworking	4.1	Medium

EXPLANATION OF RESULTS

Staff in this practice gave **high** ratings for teamworking. Effective teamwork is strongly associated with safe, effective and responsive patient care. It is key that all

teams within your practice have shared and clear objectives, work together closely and meet regularly to discuss how effectively they are delivering patient care.

Your practice could consider:

- Were we aware that this is an area of strength for our practice?
- Is there anything more we can be doing to ensure that all teams within our practice work well together?
- What would the warning signs be in our practice if our focus on teamworking was starting to slip?

Consensus: Staff were **reasonably consistent** with each other in their views and experiences but it would be useful to understand why there is some disagreement about the way the practice operates in this area.

For more information on teamworking:

- For a report on the effectiveness of healthcare teams in the NHS, commissioned by the Department of Health, please see:
<http://homepages.inf.ed.ac.uk/jeanc/DOH-final-report.pdf>
- For an article on teamworking written by Michael West in the HSJ, please see:
<http://www.hsj.co.uk/opinion/healthy-teams-lead-to-healthy-cultures/5063782.article>

Management and leadership

This section of the survey asked staff to rate their managers in relation to how much support, encouragement and respect they offer. They were also asked questions about the extent to which their managers and leaders deal with conflict, provide feedback and support learning and innovation in the GP practice.

We recognise that not all members of the practice will have been able to identify a manager as such, particularly the more senior members of the team. In these instances, we prompted respondents to reflect on the general culture of leadership in their practice and rate these questions with this in mind.

Example of statements included in this section:

My manager...

- ...gives high levels of positive feedback
- ...treats staff equally and fairly
- ...deals effectively with problems that get in the way of our work

RESULTS FOR YOUR PRACTICE

Findings highlighting the overall average score and levels of agreement in this area are presented below.

	Average score in this practice	Level of consensus within your practice
Management and leadership	4.2	Medium

EXPLANATION OF RESULTS

Staff in this practice gave **high** ratings for the management and leadership in this practice. Leadership is the biggest key driver of culture. It is therefore important that leaders continue operate in a way that supports, encourages and respects the staff within this practice, to foster this kind of nurturing climate.

Your practice could consider:

- Were we aware that this is an area of strength for our practice?
- Is there anything more we can do to ensure leaders in the practice continue to operate in a way that supports, encourages and respects the staff within this practice, to foster this kind of nurturing climate?
- What would the warning signs be in our practice if our focus on management and leadership was starting to slip?

Consensus: Staff were **reasonably consistent** with each other in their views and experiences but it would be useful to understand why there is some disagreement about the way the practice operates in this area.

For more information on management and leadership:

- For a summary of the evidence base for leadership in healthcare, published by the Faculty of Medical Leadership and Management with The King's Fund, please see:
<http://www.kingsfund.org.uk/blog/2015/02/evidence-leadership-health-care>
- For a research article which examines the relationships among leadership clarity, team processes, and innovation in health care contexts, please see:
<http://www.sciencedirect.com/science/article/pii/S1048984303000444>

Summary

Thank you for participating in the piloting of the PLAT. The purpose of this work was to develop a self-assessment tool aimed at improving leadership and culture in primary health care.

We know that leadership is the biggest influence on culture in an organisation. Leadership in health care must move away from the top-down, hierarchical model to one that is collective, and distributed to those with the necessary skills, capability, expertise and energy. It is through collective leadership that cultures of high-quality, compassionate and continually improving care will develop and thrive. This report brings together the findings of the culture and leadership of your practice, as experienced by the staff who responded to the PLAT. These findings highlight good and outstanding aspects of your practice, in addition to showing where further improvements could be made.

All responses have been anonymised in this report so that no identifiable data can or will be tied to individuals within your practice nor to your practice as a whole. We would also like to remind you that for the purposes of this pilot, the report will **not** inform your CQC inspection and will **not** be used as evidence when deciding on the ratings for your practice. The inspection team will **not** see any responses from your practice.

The report is aimed at guiding the prioritisation of your practice's forward focus for self-improvement. If your practice would like additional support in understanding the information in this report, please enquire at leadership@kingsfund.org.uk.

Next steps...

The PLAT team will shortly send you an evaluation survey so that you can feedback your views on this report. Although this survey is not mandatory, your feedback would be hugely appreciated and will help shape the content of any potential future PLAT reports.

Frequently asked questions (FAQs)

How can I be sure my responses are anonymous?

We take confidentiality seriously and have systems and processes in place to protect the data that is collected. All data about your practice has been stored in accordance with the Data Protection Act and robust governance arrangements. All information has been anonymised in this report and no identifiable data can be tied to your practice.

For the purposes of this pilot, the report will not inform your CQC inspection and will not be used as evidence when deciding on the ratings for your practice. The inspection team will not see any responses from your practice. Please note that the CQC's inspectors and specialist advisers have been given a brief outline of the pilot work in order to answer any major questions staff in a practice have during the inspection period, but are otherwise have not involved in any way in the piloting.

I remember filling in 'free text' answers but cannot see them in this report. Where are they?

For the purposes of the pilot we are not including any quotes or comments from the free text answers. They will however be used in the analysis (where we will determine how well the tool predicts quality of leadership and culture), so your free text comments are still contributing to the overall development and refinement of this tool.

How can I be sure that my colleagues responded honestly?

The team who developed the PLAT is very experienced at designing and implementing assessment tools that prompt honest responses about workplace attitudes, beliefs and behaviours. In our experience, people tend to give honest answers if they are confident that their confidentiality has been respected, they care about the subject, and they know what action will come of it.

The information in our practice's PLAT report differs significantly from the information in our CQC inspection report, what can I do about this?

We expect that some practices will find that how they have been judged on their recent CQC inspection, particularly in the 'well-led' key question, may differ to how their leadership and culture is described in the results of their PLAT report.

We have been clear from the outset that, for the purposes of this pilot, the report would not inform your CQC inspection and would not be used as evidence when deciding on the ratings from your practice. The inspection team did not and will not see any responses from your practice.

The tool is in its early stages of piloting, and the purpose is to assess how valuable it is to practices as an improvement tool as well as how it might improve the quality of CQC's judgements, especially in the well-led domain. We value your feedback and as we are evaluating this tool, we will be looking at how well the PLAT report correlates with what CQC find on inspection. This will contribute to how CQC might incorporate the tool into its inspection methodology in the future.

It is important to note that CQC would see this in the future as feeding into a number of other measures and information that contribute to a rating judgement, rather than replacing it. Many other aspects of leadership would have been assessed in your recent CQC inspection.

We will be seeking your feedback on how useful the PLAT report has been for you as a practice, and as part of that we would welcome any comments you may have on how you feel the tool could be used as part of an inspection process in the future.

If you have any specific comments or concerns about your CQC inspection and rating, please contact the CQC inspector that led your practice's inspection.

What should I do with this report?

It is important that the staff in your practice are thanked for their participation and shown the findings from this report. We would encourage your practice to share this with all staff and actively consult staff members on any changes you wish to implement as a result of the findings in this report. Sharing this report and involving all staff in discussions about the findings can help to maximise the learning from

your report. A structured environment to do this, such as a meeting held specifically to discuss the report, usually works well.

How can I use this report to improve the practice and leadership of my GP practice?

At the end of each section, there are a number of useful links and resources that can be used along with the findings from this report to shape the culture and leadership of this GP practice. Additionally, your practice may require additional support in understanding the information in this report. If so, please enquire at leadership@kingsfund.org.uk.

Report guidance

Practice selection

GP practices were selected prospectively during two separate piloting windows. All GP practices being notified by CQC of a comprehensive inspection between 3 and 19 of February (inclusive) were invited to participate in the first phase of the pilot. The second window for the second phase of the pilot was 29 March until 12 April inclusive. Information about the pilot was included in the notification email that practices received, and practices were then invited directly by The King's Fund via email. It was clear in all correspondence that it was not mandatory to participate, and that participation in the pilot would not inform their CQC inspection.

Response rate

The data in this report was generated through the administration of the Practice Leadership Assessment Tool (PLAT).

Nineteen people completed the questionnaire. While your GP practice met the threshold for number of respondents and sample representativeness, the data of course only reflects the experience of those who responded.

The data in this report presents the results for this practice based on the responses to the questions in each aspect of the survey. It does not make any comparisons between the results of this practice and others, and no comparisons should be made without adjustment for confounding factors.

Average scores

Unless otherwise stated, questions are scored in the following way:

- 1** Strongly disagree
- 2** Disagree
- 3** Neither agree nor disagree
- 4** Agree
- 5** Strongly agree

The “Average score” of each indicator is the mean of all the individual responses returned by staff at your practice when asked about each measure. Each member of staff had to answer each question which fed into these measures, or their survey response was not counted. No question in any measure or response from any individual is given a greater weighting than any other.

As an example, when calculating the score reported for ‘compassion’ between staff and the public, we calculate the average of the responses from each individual to the statements:

- staff are very compassionate in the way they behave towards patients
- staff pay careful and consistent attention to patients’ needs
- staff take effective action to help patients in distress

...and then created a practice-wide average based on these individual average scores within the practice.

All scores reported are rounded to one decimal point, with percentages rounded to the nearest integer. This may mean that some totals do not add up to 100 per cent as presented in tables.

Percentages

The percentages presented in the *harassment, bullying or abuse, wellbeing and balance* and *discrimination* tables are also an average of all staff members’ responses aggregated across all staff members who completed the survey.

Levels of consensus

The ‘level of consensus’ rating is provided with each measure. It is included as an indicator of the amount of agreement in the scores provided by the staff who completed the survey. It is based on the standard deviation within each practice and should not be taken as an indicator of quality of practice.

The standard deviation of each measure is the square root of the average squared difference between each staff member’s response and the average across all staff members who completed the survey within the practice. If the standard deviation for the practice was below 0.5, then we assigned a ‘high’ level of consensus.

If the standard deviation was above 1.5, we assigned a 'low' level of consensus. If the practice's standard deviation was between these values, we assigned an 'average' level of consensus. These thresholds are typical in other forms of statistical research, but are not informed by any evidence regarding working in primary care, are provided for practices' information only and are not indicative of any particular issue.

The index below is used to communicate the extent to which staff in your practice were in agreement with each other in the way they rated or described the practice.

- **High** = suggests staff were **highly consistent** in their responses to questions in this area and share relatively similar views and experiences working in this practice.
- **Medium** = suggests staff were **reasonably consistent** with each other in their views and experiences but it would be useful to review the way the practice operates in this area.
- **Low** = suggests staff **had different views and experiences** about the area they were rating. It would be useful to regularly review this area and actively seek different perspectives from different practice members to improve performance in this area.