Distributed leadership

Discussion document

“Health care requires colleagues from diverse professions and with competing perspectives on what is important to work collaboratively to meet organisational aims. The NHS requires complicated leadership arrangements with negotiated authority between clinicians and professional managers, between clinicians from different professional backgrounds, across one NHS entity to another”

The vision set out in the Five Year Forward View, one of integration and co-operation, requires the NHS to fundamentally change the way in which it operates, including the behaviours it models and the culture it promotes.

Whilst this is easy to say, in practice it is much harder to do. For the NHS, this is exacerbated by the range of impediments to partnership working which have developed over time, and which encourage organisations to operate in institutional silos.

These barriers will take time to break down, with some likely requiring legislative change before we see real progress. However, models of leadership such as distributed leadership provide can still be utilised to help ensure staff, of all levels of seniority, feel included and are able to take greater ownership of emergent system changes.

What is distributed leadership?

“This approach argues for a more systemic perspective, whereby leadership responsibility is dissociated from formal organisational roles, and the action and influence of people at all levels is recognised as integral to the overall direction and functioning of the organisation. It requires a system-wide perspective that not only transcends organisational levels and roles but also organisational boundaries.”

In contrast to heroic or command and control leadership models, which place greater emphasis on the individual, distributed leadership is about mobilising leadership at all levels of an organisation (and beyond) to build capacity for improvement and change. It does not deny the important role played by those in formal leadership positions but argues that “the action and influence of people at all levels is recognised as integral to the overall direction and functioning of the organisation.” It is characterised by:

- A recognition of the importance of leadership by expertise rather than leadership by role or years of experience

01) James, Kim Turnbull, Leadership in context - Lessons from new leadership theory and current leadership development practice
02) Bolden, Richard, Distributed leadership
03) Ibid.
04) Ibid.
What is distributed leadership?

It is characterised by:

- High levels of trust, transparency and mutual respect
- More equitable distribution of tasks and decision-making
- Consultation and consensus seeking
- Change and improvement driven from the bottom-up

What impact can it have?

“Too often the talk around integration focuses on money and systems, with too little appreciation that integration ultimately depends on people and culture. There is no top-down, imposed way to integrate care; it will be done through distributed, engaged leadership or it will not be done at all.”

“The practicalities of improving health care provide further evidence of the superiority of distributed leadership over heroic leadership, because it requires activity right across the system, from ward and hospital department to the GP, community services and social care, involving the whole spectrum of care professionals.”

“The NHS needs leadership and management, not just ‘from the board to the ward’ – essential and central though that is – but across NHS boundaries into social care, local government, the voluntary sector and the wide variety of other agencies with which it interacts and without whose co-operation it will not achieve its primary objectives.”

If we accept the premise that transforming the NHS and social care depends as much on culture and behaviours as money and systems, the importance of distributed leadership and accountability becomes abundantly clear.

Research undertaken by the Health Foundation examining the learning from the new care models programme highlights the importance of distributed decision-making to their success. Noting that “the complexity of the change in vanguard sites meant that responsibility for making change happen could not be held centrally,” the study identifies the importance of distributed leadership to the following:

- Individual and organisational development
- Relationship building
- Growing accountability and ownership for decisions across staff groups
- Representative decision-making

References:

05) Harris, Alma, Distributed leadership
06) The King's Fund, A review of leadership in the NHS
07) The King's Fund, Leadership and engagement for improvement in the NHS
08) Ibid.
09) The King’s Fund, The future of leadership and management in the NHS - No more heroes
10) The new care models programme is a large-scale experiment by the NHS’s national bodies to develop ‘major new care models’ that can be replicated across England. 50 Vanguard sites were chosen to take part encompassing integrated primary and acute care systems, multispecialty community providers, enhanced health in care homes, urgent and emergency care, and acute care collaborations.
11) Starling, Anna, Some assembly required: implementing new models of care
Likewise, the Cass Business School have identified the following as some of the key tenets of strong system leadership:

- Drawing on as many perspectives as possible
- Ensuring leadership and decision-making are distributed throughout the system
- Investing as much energy in relationships and behaviours as in delivery

Where successfully implemented, distributed leadership can have a significant impact. For example, a case study examining physiotherapy provision in a musculoskeletal physiotherapy service at Salford Royal NHS Foundation Trust, where the service was restructured taking a distributed leadership approach with clear responsibilities being devolved to specialist teams, resulted in improved communication, relationships and treatment protocols with the following key outcomes:

- Initial fall in waiting times of 32% with ongoing gains
- Maintenance of high patient satisfaction in ‘family and friends test’
- Very positive staff feedback in two structured evaluations including the benefits of working together

However, in the education sector, where the distributed leadership model has been accepted and promoted for far longer, its critics argue both that:

- as accountability for running organisations ultimately resides in its directors, distributed leadership is merely a form of delegation, and that
- it has confused the role to be played by those occupying leadership positions.

It has also been argued that as distributed leadership “poses a serious challenge to traditional hierarchical models of authority and control in organisations…[it] can place severe physical and psychological demands on designated managers.” This will need to be guarded against as it is adopted more broadly in the NHS.

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**Key questions for organisations to consider**

Is distributed leadership anything more than a scheme of delegation?

Do we believe that distributed leadership will be more successful than other leadership models in delivering service and system transformation?

If we do, what does the NHS need to do to move towards this different form of leadership and what support and development will systems, organisations and individuals need?

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12) The King’s Fund, Leadership of whole systems
13) Chartered Society of Physiotherapists, Why is leadership important in healthcare now?
14) Bolden, Richard, Distributed leadership