

**LESSONS FROM SCHOOL: WHAT CAN NURSE LEADERS LEARN FROM
QUALITY IMPROVEMENT IN SCHOOLS**

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Word Count: 3156 words (Main text including references, tables and figures but excluding abstract)

Key words: leadership development; quality improvement; nurse administrators; schools; hospital inspection

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This is an author's accepted manuscript and is not the Version of Record which can be found here:

<http://dx.doi.org/10.7748/nm.22.4.34.e1317>

ABSTRACT

There are a number of similarities between the drive for improvement in quality in the education and healthcare sectors, and lessons from the schools system which are relevant to nursing leadership. This article discusses these similarities and specifically refers to how school improvement was achieved in London and how a model of learning-centred leadership has helped transform pupil attainment in previously poorly performing schools. Parallels are drawn between the education inspection system undertaken by Ofsted and the hospital inspections undertaken by the Care Quality Commission (CQC), and between the practice discipline-based managerial roles of nurse directors and head teachers. The article suggests that a learning-centred approach to improving the quality of patient care is needed, with a focus on the education and continuing professional development of staff.

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INTRODUCTION

Leadership has become an increasingly important concept in health care and education. The Care Quality Commission (CQC), for example, recognises that leadership is an important aspect of quality and has defined one of its five over-arching inspection criteria as 'well led' (CQC 2013, Graf and Richards 2014). In many ways the CQC is similar to The Office for Standards in Education, Children's Services and Skills (Ofsted), and it appears to have been the express direction of the Secretary of State for Health that the CQC reforms following the Francis Inquiry should mirror Ofsted (Ross 2013).

Similarities between the two organisations can be summarised as being concerned with scrutinising quality against public expectations and professional standards, especially in relation to public sector services which receive tax-payers' money (Table 1). The principles and values in health associated with compassionate care, treatment and recovery are not dissimilar to those in teaching in which the focus is on nurturing potential, and concern for the wellbeing and education of children.

Given the similarities in the approach to inspection and quality improvement between health and education, this article reflects on what nursing leadership could learn from leadership in schools. The article also suggests that there are lessons from the education sector concerning middle grade managers, such as subject leads and deputy heads, as well as head teachers, which are relevant and transferable to health care, and specifically to heads of nursing, matrons, and executive directors of nursing.

Although the role of head teacher can be compared to that of a chief executive, it could be argued that there are more similarities with clinical director roles, especially nurse executives (Table 2). Both roles are managerial in many respects, but are grounded in the base profession whether that is teaching or nursing, and both are expected to be

highly visible leaders who remain credible in practice (Davies 2013) and whose ethos is governed by their professional training. Further, many executive headteachers now lead larger school groups or academies (National College, 2010) where they work alongside management colleagues from different backgrounds, much as nurse directors who work on trust boards do.

THE LONDON CHALLENGE – TEN YEARS OF SCHOOL IMPROVEMENT

The “London Challenge” was a secondary school improvement programme that ran in the capital from 2003 to 2011, and was expanded in 2008 to include primary schools and two new areas, Greater Manchester and the Black Country, where it was known as the “City Challenge” (Kidson and Norris, 2014). During the period of the London Challenge, secondary school performance in London saw a dramatic improvement, and local authorities in inner London went from the worst performing to the best performing nationally.

In 2003 when the programme began London was the worst performing region in the school sector in England with less than a quarter of pupils at 70 of the capital’s 407 secondary schools attaining fewer than 5 GCSEs graded A*-C (Ofsted 2010). By 2010 average performance of all London schools had risen from 38% to 58% of pupils gaining more than 5 GCSEs, and importantly only 4 (1%) of schools were in the base or “floor” category where fewer than 30% achieved 5 GCSEs (Ofsted, 2010). Further, in comparison to the rest of England London made more significant improvements in terms of GCSEs attainment with an annual improvement rate of five per cent from 2003 to 2009 compared to a national rate of 2.6 per cent (Ofsted, 2010).

The “London Challenge” programme provided a distinctive example of public service improvement that was practitioner-focused, highly collaborative and applied across a

system (Kidson and Norris, 2014). Lessons from this programme are therefore thought to be relevant to nursing and healthcare.

These improvements were recognised by Ofsted (2010) and attributed to the programme including the following elements which enabled needs to be tackled quickly and progress accelerated (Ofsted, 2010):

- support for schools which was planned with experienced and credible advisers using a shared and accurate action plan based on an audit of need
- excellent system leadership; and
- pan-London networks of schools which allowed effective partnerships to be established between schools.

The impetus for the London Challenge programme stems from, firstly, parents' worries about secondary schooling which was regarded as the key concern for London parents when surveyed about their views (Hall 2007) and secondly, the government's policy context in 2003 which was towards structural change including the establishment of academies, school specialism and private sector investment to enhance resources, in support of furthering Tony Blair's commitment to "education, education, education" (Kidson and Norris, 2014). In London at the time there was also a backdrop of community regeneration projects and other initiatives such as free travel for children which enabled greater choice of schools, and housing support for teachers to keep them in London.

A major aspect of the London Challenge improvement programme was about 'developing people', specifically developing teachers, leaders, schools and students (Ofsted, 2010). The programme evolved overtime (Kidson and Norris, 2014) and

included policies such as increasing focus on 'practice-based work' and the emergence of 'Teaching Schools' (Earley, 2013) (mirroring teaching hospitals)..

A major key to success of the London Challenge was b the training and support given to head teachers to build and create capacity for school leadership (Kidson and Norris, 2014). Improvement programmes and initiatives were led by serving or recently serving head teachers based on coaching and knowledge transfer. Ofsted's review (Ofsted, 2010) of the London Challenge programme found that:

- The leaders of London Challenge motivated London teachers to think beyond their intrinsic sense of duty to serve their own pupils well and to extend that commitment to serving all London's pupils well. This encouraged successful collaboration between London school leaders and teachers across schools. This Ofsted believed was a key driver for improvement.
- Support was deployed strategically with advisers successfully establishing school improvement partnership boards for schools causing concern.
- Networks of experienced school leaders provided much of the expertise to tackle the development needs within supported schools and drive improvements in progress. A key strength of these leaders was their skill in matching people and schools, creating a sense of mutual trust. The leaders of the schools that contributed to Ofsted's review stated positively that the support was implemented with them and not imposed on them.
- Improvements as a result of schools' involvement in London Challenge was sustained once the support ended because ongoing development programmes for teachers were set up.

What appears to have been important to the success of the London Challenge is that a vision of something greater was established by government ministers and education leaders with strong and visible leadership located in the field of practice, for example, the appointment of a London Schools Commissioner and a senior civil servant with teaching backgrounds (Kidson and Norris, 2014). This was perceived by teachers as an 'expert-led' system harnessing the creativity of head teachers, teachers and their leaders to develop a keen sense of identity within the London context, therefore attempts were made to sustain the initiatives through the engagement of local leaders. The success of the London Challenge led to similar 'City Challenge' initiatives, and similar results were seen in Manchester but less so in the Black Country, possibly due to less local engagement (Hutchings and Mansaray 2013).

LEARNING-CENTRED LEADERSHIP

Earley (2013) suggests that aspects from theories of both transformational leadership and instructional leadership are now being combined into what has been termed 'learning-centred leadership'. Education sector literature suggests that highly effective leaders can be characterised by a series of traits (Table 3) which explain the high proportion of the variation in leadership effectiveness (Day *et al* 2009).

Robinson *et al* (2008) analysed leadership dimensions in a meta-analysis of studies published between 1978 and 2006 and in found, from 12 studies with sufficient data to calculate an effect size statistic, that the most effective improvement-related activity undertaken by head teachers was promoting and participating in teacher learning and development, and that this had a much greater relative effect on student outcomes than other dimensions of leadership, such as establishing goals and expectations, strategic resourcing, planning, co-ordinating and evaluating teaching, and ensuring an orderly and supportive environment. The message from Robinson *et al* (2008) is that

the more leaders focus their relationships, their work and their learning on the core business of teaching and learning, the greater their influence on student outcomes.

Centring leadership on learning means head teachers need to embrace their position as 'lead learner' and promote the idea that learning is paramount for both teachers and pupils. Southworth (2004) suggests that this can be achieved through modelling, monitoring and dialogue, and Figure 1 shows how these are complemented by mentoring and coaching to transform leadership (West-Burnham 2009). Meanwhile, Pont et al (2008) summarise the core of effective leadership as the ability to operate in a way that focuses on supporting, evaluating and developing teacher quality.

Southworth (2004) also showed that context was all important for effective leadership[and that the size of school, its social environment and the attainment abilities of its pupils required leaders to behave in different ways. Also of importance was the experience of the head, with newly appointed head teachers needing to work in different ways to more experienced leaders. What appears to be a central point in the literature on highly effective school leaders is that working to improve teaching and learning must be a core part of everyone's work, with head teachers building a strong and mutually supportive team of formal and informal leaders in school who encourage and support ongoing learning by staff (Earley, 2013). The focus is less on the leader and more on sharing leadership throughout the organisation (Earley 2013). Levin (2013) suggests that this is best achieved when other processes, such as teacher evaluations and student assessments, support rather than detract from learning at all levels, and that learning is guided by the best available evidence which leads to a culture of research and evaluation within schools.

RECOMMENDATIONS FOR NURSING LEADERSHIP

The importance of good leadership at trust board level and across organisations to enable service improvement is often acknowledged, but without reference to the evidence that supports investment in leadership and organisational development (West and West 2015). In the education literature there are no examples of schools 'turning round' their performance in the absence of talented leadership (Leithwood and Seashore-Louis 2012), and in recent CQC hospital inspection reports the need for improvement across services is clearly associated with an organisational culture largely determined by local or executive level leadership (Graf and Richards 2014).

Ofsted (2012) notes that schools usually improve rapidly after an inadequate inspection judgement and that support commonly comes from other schools within a system. It also comments that a growing number of the most effective school leaders are committed to the improvement of schools beyond their own. This is relevant to health care, but it is challenging in a culture in which competition pervades, with commissioners frequently tendering and re-tendering services competitively between neighbouring trusts. However, nurse leaders are perhaps well placed to work across systems using their professional and clinical networks as seen, for example, in the former South Central Strategic Health Authority's Patient Safety Federation (<http://www.patientsafetyfederation.nhs.uk/>) where collaboration occurred, at executive and interprofessional clinical levels across a former health authority region to specifically improve patient safety..

The evidence from schools suggests that developing leadership across systems through partnership, collaboration and networks, possibly supported by academic health networks in the healthcare sector, can tackle quality issues quickly and accelerate progress. Although the concept of the 'teaching school' has derived from traditional teaching hospitals, the network principles applied to these systems (Gu *et al*

2012) suggests a parallel with academic health networks rather than the traditional teaching hospitals. In short teaching schools work to support other schools across a network rather than acting as large multi-specialty influential institutions.

The Shape of Caring review (Health Education England 2015) makes a commitment to ongoing education and development for care assistants and nurses throughout their careers. Lintern (2014) reports that Lord Willis, the Liberal Democrat peer who chaired the review, believes the NHS has not taken CPD as seriously as it should and that investing in this will help cut costs and provide a better quality of health care. The experiences of schools over the last decade suggests that creating this culture of learning can lead to better service quality.

One of the challenges for senior leaders is how to use existing resources innovatively to create capacity for leaders to develop new initiatives, especially if knowledge is to be shared across networks. This is essential for sustainability as change needs to be interpreted in practice from a bottom-up or clinical practitioner perspective to be implemented in a meaningful way. Key to this is acknowledgment of the context in which change for improvement is made as in healthcare there are wide variations and diversity in both service users and in the workforce. One of the key lessons from school improvement was that context was important.

CHANGING STRATEGIC CONTEXT

The improvements in schools over the last decade should not be seen in isolation from the socio-political contexts and change following the emergence of the coalition government in 2010. Since the introduction of the London Challenge, described above, the school sector has been disrupted immensely, most notably through the influence of the former education secretary Michael Gove, with further changes which have

challenged many in the education profession. Furthermore, Ofsted have been criticised by practitioners (e.g. see Adams, 2014) and have themselves at times come into conflict with the government (Coughlan, 2014). Likewise in the health sector, the reforms following the 2012 Health and Social Care Act have changed the nursing leadership landscape in primary and community care, and the post-Francis fall-out has meant nurse leaders in all sectors but especially in acute settings have been challenged to address and justify how nursing is delivered, staff are developed and care monitored.

CONCLUSION

The key points the NHS can draw from the experience of the education sector are that the most effective leaders are concerned with promoting learning informally and formally throughout all levels of their organisations, and that support for trusts that are not performing well should come from within local systems - one of the main lessons from schools is that context is important and that different approaches are needed in different areas.

Front-line leaders in nursing, dealing with the new government's agenda, can harness the similarities with education described in this article and learn from their contemporaries in teaching adopting learning-centred approach to improving the quality of patient care with a focus on the education and continuing professional development of staff, while nurses in strategic leadership positions and health policy leads can use the evidence from the education sector to better inform the way in which proposed changes are implemented and advocate for appropriate resourcing for leadership development.

Table 1: Comparison of CQC and Ofsted inspection ratings and domains/ criteria

	CQC	Ofsted
Ratings:	<p>Outstanding</p> <p>Good</p> <p>Requires improvement</p> <p>Inadequate</p>	<p>Outstanding</p> <p>Good</p> <p>Requires improvement</p> <p>Inadequate</p>
Overarching assessment domains:	<ul style="list-style-type: none"> • Safe • Effective • Caring • Well led • Responsive to people’s needs 	<ul style="list-style-type: none"> • Behaviour and safety of pupils • Pupil achievement • Quality of teaching • Leadership and management <p>Also consider:</p> <ul style="list-style-type: none"> a) Spiritual, moral, social and cultural development. b) Needs of the range of pupils including the disabled and those with special education needs.
Special measures	<p>The CQC recommends to Monitor (for foundation trusts) or the Trust Development Authority (TDA) that a trust is placed in ‘special measures’ when an ‘inadequate’ rating is received for the well led domain, and ‘inadequate’ in one or more of the other domains (safe, caring, responsive and effective).</p>	<p>If a school is failing to meet an acceptable standard and the leaders are not demonstrating the capacity to secure the necessary improvement it will be placed in special measures.</p> <p>A lesser sanction is to classify the school as having ‘serious weaknesses’ which applies if one or more of the key judgements are inadequate, but the leadership is regarded capable of securing improvement (i.e. leadership and management are not judged as inadequate).</p>
Website information	<p>http://www.cqc.org.uk/content/how-we-inspect</p>	<p>http://www.ofsted.gov.uk/resources/framework-for-school-inspection</p>

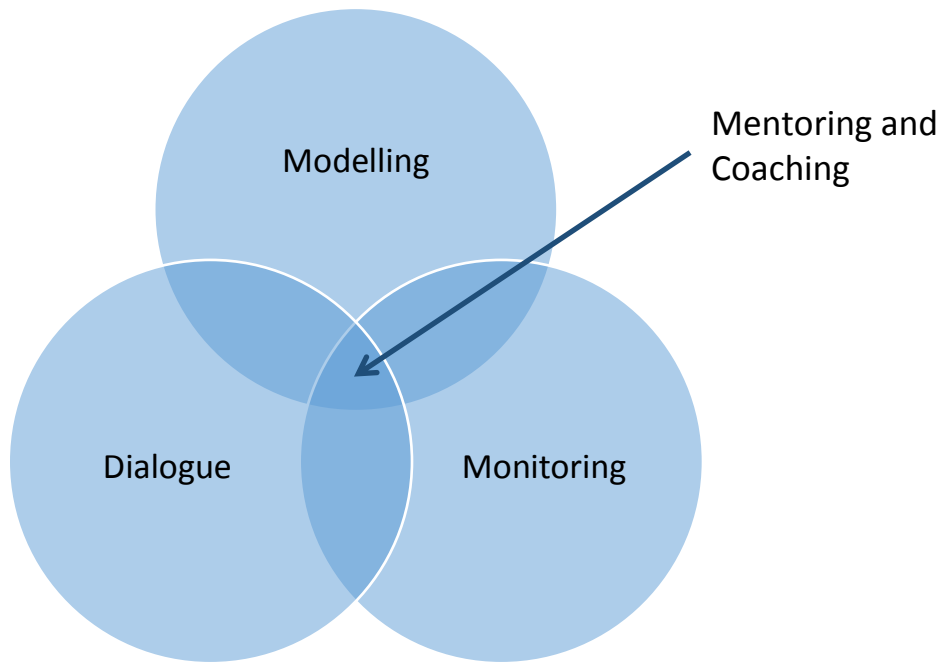
Table 2: Similarities between components of head teachers' and nurse directors' portfolios

Head teachers	Nurse directors
Leadership of teaching practice.	Leadership of clinical practice.
Concerned with children's welfare.	Concerned patient experience and patient safety.
Responsible for meeting and monitoring core standards (eg. literacy and numeracy) and providing quality education for children.	Responsible for patient safety, infection prevention and control, clinical standards and quality governance.
Gatekeeper for teacher development and CPD.	Lead influencer for staff professional development.
Lead for external inspection – Ofsted.	Lead for external inspection – CQC.
Senior point of contact regarding individual children's issues eg. with parents, guardians, police and social services.	Frequently lead executive for managing complaints, PALS, safeguarding and legal functions, acting as the trust senior point of contact for individual patient issues.
External point of contact with the public including local authorities (elected councillors and non-elected officials) and liaison with school governors.	Lead for patient and public involvement including links with health and wellbeing boards, local healthwatch and local authority overview and scrutiny committees. Work with foundation trust governors often leading development work.

Table 3: Characteristics of highly effective leaders (Day et al 2009)]

- Aware of environment – physical, cultural, political contexts.
- Desire to be the best.
- Open to new ideas.
- Willing to take risks.
- Create a no blame culture.
- Positive and optimistic.
- Modest and self-effacing.
- Reflective - self-aware and self-evaluative.
- Good listener.
- Displays emotional intelligence.
- Surround themselves with good people.
- Adept at building meaningful social relationships developing and releasing intellectual capital in others.
- Strong commitment to professional development.

Figure 1: Strategies for learning-centred leadership (after Southworth 2009, West-Burnham 2009)



REFERENCES

- Adams, R. (2014) Inspection system for state schools has significant problems, Ofsted to be told, [On-line] *The Guardian*, 5 March, available at:
<http://www.theguardian.com/education/2014/mar/05/ofsted-inspection-system-state-school-problems-ascl> (last accessed 28.10.14)
- CQC (2013) Our new acute hospital inspection model [On-line] *Care Quality Commission*, available at: <http://www.cqc.org.uk/public/about-us/our-inspections/our-new-acute-hospital-inspection-model> (last accessed 28.10.14)
- Coughlan, S. (2014) Sir Michael Wilshaw 'spitting blood' over Ofsted attack [On-line] *BBC News*, 26 January, available at: <http://www.bbc.co.uk/news/education-25900547> (last accessed 28.10.14)
- Davies, N. (2013) Visible leadership: going back to the front line, *Nursing Management*, **20** (4): 22-26
- Day, C., Sammons, P., Hopkins, D., Harris, A., Leithwood, K., Gu, Q., Brown, E., Ahtaridou, E. and Kington, A. (2009) *The Impact of School Leadership on Pupil Outcomes. Final Report*. [Online] Nottingham: DCSF/NCSL. Research Summary Number DCSF-RR108. Available at:
<http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-RR108.pdf>. (last accessed 15.7.14)
- Earley, P. (2013) *Exploring the School Leadership Landscape: Changing demands, changing realities*, London: Bloomsbury.
- Graf, B. and Richards, M. (2014) Inspection as a driver for quality improvement, *Future Hospital Journal* (Royal College of Physicians) **1** (2): 76–9
- Gu, Q., Rea, S., Hill, R. and Parish, N. (2012) *Leadership of great pedagogy in teaching school alliances: evidence from the literature*, Research and development network national themes: theme 3, Nottingham: National College for School Leadership
- Hall, P. (2007) *London voices, London lives: Tales from a working capital*, Bristol: Policy Press

Health Education England (2015) *Raising the Bar: Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants* (Chair: Lord Willis), London: Health Education England

Kidson, M. and Norris, E. (2014). *Implementing the London Challenge*, London: Institute for Government

Merryn Hutchings and Ayo Mansaray (2013) *A review of the impact of the London Challenge (2003-8) and the City Challenge (2008-11)*, London: Institute for Policy Studies in Education, London Metropolitan University and Ofsted

Leithwood, K. and Seashore-Louis, K. (2012) *Linking Leadership to Student Learning*, San Francisco: Jossey-Bass

Levin, B. (2013) *Confident school leadership: a Canadian perspective*, Nottingham: National College for School Leadership.

Lintern, S. (2014) Nurse training schemes need more funding, says review chair, *Health Service Journal*, 20 June, 13

National College (2010) *Executive Heads*, Nottingham: National College for Leadership of Schools and Children's Services

Ofsted (2010) *London Challenge*, [Online] report available at: www.ofsted.gov.uk/publications/100192 (last accessed 15.7.14)

Ofsted (2012) *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills, 2011/12*, Manchester: Ofsted

Pont, B., Nusche, D. and Moorman, H. (2008) *Improving School Leadership Volume 1: Policy and Practice*. Paris: OECD

Robinson, V., Lloyd, C., and Rowe, K. (2008). The impact of leadership on student outcomes: an analysis of the differential effects of leadership types, *Educational Administration Quarterly*, **44** (5): 635-674.

Ross, T. (2013) Jeremy Hunt plans Ofsted-style ratings for NHS, *The Telegraph*, 9 Jan [Online] available at: <http://www.telegraph.co.uk/news/politics/9791907/Jeremy-Hunt-plans-Ofsted-style-ratings-for-NHS.html> (last accessed 15.7.14)

Southworth, G. (2004) *Learning centred leadership: How leaders influence what happens in the classrooms*. Nottingham, National College for School Leadership

Southworth, G (2009) Learning-centred leadership, in B. Davies (Ed.) *The Essentials of School Leadership*, (2nd edn.), London: Sage.

West, M. and West, T. (2015). Leadership in Healthcare: A review of the evidence, *Management Matrix*, 15 (2) (available online at <https://healthmanagement.org/c/healthmanagement/issuearticle/leadership-in-healthcare-a-review-of-the-evidence>)
West-Burnham, J. (2009) *Rethinking educational leadership: from improvement to transformation*, London: Network Continuum