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What are the effective ways to translate clinical leadership into healthcare quality improvement?

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Abstract

The presence and/or absence of effective leaders in healthcare can have a stark consequence on the quality and outcomes of care. The delivery of safe, quality, compassionate healthcare care is dependent on having effective clinical leaders at the frontline. In light of the Kirkup and Francis Reports the article explores some ways of translating clinical leadership into healthcare quality improvement. This is achieved by exploring:

What is clinical leadership and why and how this is important to healthcare quality improvement, clinical leadership and a duty of candour along with the importance clinical leadership plays in the provision of quality care improvement and outcomes.

Clinical leaders are not pre-defined roles but emerge from the complex clinical setting by gaining an acquired expertise and how they then internalize this to develop and facilitate sound relationships within a team. Clinical leaders are effective in facilitating innovation and change through improvement. This is achieved by recognising, influencing and empowering individuals through effective communication in order to share and learn from and with each other in practice. The challenge for healthcare organizations in regard to creating organizational cultures where a duty of candour exists is not to reinvent the wheel. By turning something that is simple into something complex which can become confusing to both healthcare workers, patients and public. By focusing on the clinical leader's role and responsibilities we would argue they play a crucial and pivotal role in influencing,

facilitating, supporting and monitoring that this happens in practice. This may be possible by highlighting where and how the duty of candor can be aligned within existing clinical governance frameworks.

Keywords

Clinical leadership, healthcare, governance, candour, safety, quality, outcomes

Introduction

Globally healthcare organizations and their leaders and managers are facing huge challenges; financial, political, societal and professional to deliver high quality care and services for less costs. Governance, performance, risk and resource management system and processes are all under enormous independent external scrutiny and review ¹. Governments, regulators, commissioners and professional bodies want to ensure healthcare organisations provide efficient and effective safe, quality care and services for their communities, populations and healthcare workers.

The presence and/or absence of effective leaders in healthcare can have a stark consequence on the quality and outcomes of care. The delivery of safe, quality and compassionate healthcare care and services is dependent on having effective leaders at the frontline. The Kirkup Report ² of the Morecambe Bay Investigation and The public inquiry into The Mid Staffordshire National Health Service (NHS) Foundation Trust ³ located in England, United Kingdom (UK) scandals are two examples of where some leaders [and managers] failed in their accountability, role and responsibility to care. The reports highlighted harmful and neglectful systemic failures in healthcare governance across numerous organizations to deliver, monitor, assure and safeguard a culture of safety, quality, compassionate care and services. The importance of promoting “strong and patient centred healthcare leadership” ³ was recommended and should be reinforced by leaders, indeed we would argue, everyone working in healthcare at all times.

More radically was the recognition and/or endorsement of the need for the establishment of a leadership college/academy, accreditation/registration scheme

and review/removal regulator for those individuals found “guilty of serious breaches of the code of conduct or otherwise found unfit for eligibility for leadership posts” ³.

These recommendations may be highly radical, ambitious and welcoming. However to materialize in the future they will require significant debating by professional bodies, regulators, commissioners, politicians, educational establishments, existing leadership and management providers along with a robust strategy, resourcing and support. We would argue that the issue is not to have a knee jerk response and action to these inquiries and reports. We would suggest that each healthcare organization and individual reviews and reflects upon the reports in order to learn from these regrettable situations.

In relation to leadership it is important to acknowledge and recognize that in every healthcare organisation, team and at an individual level there is always room for improvement(s). In parallel it is important to acknowledge and recognise that improvements only come by affording opportunity and support for individuals and teams to develop. We would suggest that the challenge facing healthcare organizations in light of the Kirkup Report ² and Francis Public Inquiry ^[3] is in reviewing the efficiency and effectiveness of existing organizations leadership framework(s)/programmes and/or in devising, implementing and evaluating existing/new leadership programmes.

The authors acknowledge that there is an enormous amount of healthcare literature on the topic of leadership, leadership theory and/or frameworks, personality, behaviours, styles or traits and competency. This is mirrored in the rising numbers of

organizations, programmes and frameworks attempting to decipher and apply this to enable innovation, change and improvements within healthcare. In essence the vastness and variation on the topic is indicative of the challenges associated with defining leadership, differentiating leadership from management, illuminating the core traits and competency required of a leader. Similarly, the importance and opportunities of embracing leadership and the benefits to individual and organizational performance, safety, quality and care require recognition and reward.

Aims and objectives

The aim of this article is not to repeat or critical review the healthcare literature akin to identifying the opportunities and challenges of leadership identified above.¹⁻³ In light of the Kirkup and Francis Reports the article explores some effective ways of translating clinical leadership into healthcare quality improvement. This is achieved by focusing on the following:

- What is clinical leadership and why and how this is important to healthcare quality improvement.
- An exploration of clinical leadership and a duty of candour
- To highlight the importance clinical leadership plays in the provision of quality care improvement and outcomes.

What is clinical leadership and why and how is this important to healthcare quality improvement?

Generally leadership is both difficult and challenging to define because of the complexity of the term and its strong association and relationship with management. Field Marshall Slim ⁴ suggests that “leadership is of the spirit, compounded of

personality and vision; its practice is an art. Management is of the mind, a matter of accurate calculation...its practice is science. Managers are necessary; leaders are essential”.

Similar to Slim ⁴, the Kings Fund Commission on Leadership and Management in the National Health Service (NHS) ⁵ indicate that healthcare improvements and quality are dependent on the effectiveness of leaders and managers at all levels of healthcare. Like Slim ⁴ and the Kings Fund ⁵ we would suggest that both leaders and managers are essential in ensuring the delivery of safe, quality and effective healthcare and services. We would also endorse Berwick statement that “leadership is about the mobilising the attention, resources and practice of others towards particular goals, values or outcomes”⁶. Leadership is about listening and responding to people in order to maximise their potential in delivering safe, quality and effective healthcare ⁷. “Leadership is about getting the best from others – not ‘simply telling staff you are their leader”⁸. We would argue that healthcare professionals, leaders, managers, educators and researchers all play a vital and pivotal role in maximising staffs quest for excellence healthcare ⁹. More fundamentally healthcare

“organisations need to continue to deliver quality care, nurture innovation and improve productivity. The lynchpin for implementing and sustaining these changes is the quality of clinical leadership in practice” ^[10].

Disentangling leadership and clinical leadership in healthcare

A quick review of the characteristics and attributes of an effective leader ^{4, 10} and clinical leadership¹¹⁻¹³ table 1 indicates that clinical leaders emerge from within the organization and clinical setting in which they work.

Insert Table 1 here

A review and synthesis of the works of Daley et al, British Medical Association and Stanley ¹¹⁻¹³ seems to suggest that clinical leaders are not pre-defined roles. They emerge from the complex clinical setting by having an acquired expertise, appropriate knowledge, respect of their peers and how they then internalize this to develop and facilitate sound relationships within a team. Clinical leaders are affective; making a difference and effective; bringing about results in facilitating innovation and change through improvements. This is achieved by recognising, influencing and empowering individuals through effective communications in order to share and learn from and with each other in practice.

There are undoubtedly many similarities in characteristics and attributes of an affective and effective leader ⁴⁻¹⁰ and clinical leader ¹¹⁻¹³ these are outlined in table 2.

Insert Table 2 here

In addition to those attributes and characteristics identified in table 2 we would go a step further to argue that the personal qualities of an affective and effective clinical leader are associated with having self-belief, self-awareness, self-management, a drive for improvement and personal integrity. 'Integrity' in this context, is associated with having an inherent values and beliefs based on sound governance principals of honesty, openness, transparency, probity and candour.

The empirical evidence demonstrating how affective and effective clinical leaders are in healthcare is relatively sparse ¹¹. However we would argue that clinical leaders

along with possessing the majority of the attributes and characteristics identified in table 2 must be confident and competent with what sound governance principles mean and involve. This is because governance is and will remain a sound framework for assuring the standards and quality of care in practice.

Although we would argue that integrated governance is an ideal term for highlighting the interconnectedness and interdependency of the various systems and processes akin to quality improvement, performance and outcomes. Many clinical leaders continue to embrace clinical governance because it is directly related to practice offering a useful framework for the provision of quality care, ongoing improvement and outcomes. Furthermore clinical governance is defined by McSherry and Pearce (as “a robust framework that acknowledges the importance of adopting a culture of shared accountability for sustaining and improving the quality of services and outcomes for both patients and staff” ¹⁴. Similarly McSherry and Haddock ^[15] indicated that clinical governance is

“ultimately `an umbrella term for all the issues and concepts that clinicians, non-clinicians, clinical leaders, managers and board members know and foster, including standard setting, risk management, patient safety, user involvement, performance management, clinical audit, training, reflection and continuous professional development”

to name but a few.

Clinical governance supports clinical leaders to become affective and effective in providing and facilitating safe, quality care by drawing together the key concepts

associated with patient safety, risk management, information and communication, accountability, evidence-based practice, by:

- The systematic harmonisation of clinical and managerial responsibilities with accountable practice.
- Team working and interdependency through integrated working with and between health and social care both public and independent [private] sectors.
- Monitoring, changing, evaluating and improving practice to safeguard standards.
- The drive for constant quality improvement in all that they do.
- Nurturing a healthcare organizational culture and working environment of continuous learning and sharing.
- Placing a duty of care to improve individual, team and organisational performance and outcomes.
- Adopting a person-centeredness approach in all that we. ¹⁴

The challenge facing clinical leaders in the ever changing world of healthcare is recognising and responding to when improvements and change is required. Along with adopting a facilitative people-centred approach to engage, encourage, enable, empower and enlighten team members and patients/carers to become partners in the change and evaluative processes. Having a sound knowledge and understanding of the vision, values, and beliefs of the team and associated members along with their requirements to improve and/or maintain quality is imperative. The latter may then be used to inform strategy ^[16] and strategic planning ¹⁷ with associated action plans.

Clinical leadership and a duty of candour

The Francis Report ³ identified the need for developing a statutory duty of candour where a common healthcare organisational culture and working environment is established for safeguarding and protecting healthcare workers patients/carers and the public from harm. Three core characteristics were identified. '*Openness*': having the ability to speak up freely without fear of reprisal and retaliation when highlighting concerns and/or alternatively sharing and celebrating success. '*Transparency*': communicating and sharing information about performance and outcomes in a truthfully honest way with healthcare workers, patients and the public. '*Candour*': ensuring that in the unfortunate situation of where a patient is harmed by a healthcare worker and/or healthcare service they are/or their legal next of kin are informed of the full facts. This should be at the earliest possibly opportunity. A appropriate remedy should be afforded, where they are involved in any subsequent investigation/review that can facilitate learning and sharing. These stages of the process is essential in order to minimize recurrence of similar events, all this should occur regardless of a complaint and/or question raised regarding the situation. Where appropriately a full apology should be offered and detailed records maintained.

The United Kingdom (UK) government following the Francis Inquiry ³ and publication of the 'Hard Truths: the Journey to Putting Patient First ¹⁷ has ensured that this is firmly stipulated in statutory regulation.

“A health service body must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.”¹⁸

The challenge for health and social care organizations is not to reinvent the wheel or to make something that is simple to that of something complex and confusing to healthcare workers, patients and public. By focusing on the clinical leader’s role and responsibilities we would argue they play a crucial and pivotal role in influencing, facilitating, supporting and monitoring that this happens in practice. This may be possible by highlighting where and how the duty of candor can be aligned within existing governance frameworks.

The importance of clinical leadership in ensuring sound governance principles and processes along with building a culture where candour exists is detailed in a self-assessment tool provided in tables 3-4. Table 3 provides a series of statements and rationale for aspiring clinical leaders to consider when establishing their readiness to embrace clinical leadership within the context of governance.

Insert Table 3 here

Table 3 is derived following a review of the literature⁴⁻¹⁰ and¹¹⁻¹⁶ where some fundamentally important attributes and characteristics associated with becoming an

affective and effective clinical leader are offered. Table 3 is designed to develop your knowledge and understanding surrounding what constitutes an affective and effective clinical leader within the context of governance and duty of candour in the future. After reviewing table 3 the completion of table 4 is recommended.

Insert table 4 here

On reviewing and completing table 4 by ticking a 'yes' to every question would indicate if an individual is well on their way by knowing and understanding some of the key facts and information associated with clinical leadership and governance. By ticking only a couple of boxes may indicate that the individual may require some dedicated time to explore and develop their knowledge, understanding and skills associated with what clinical leadership in the future. This self-assessment tool could be used at a local level to assess the readiness of a individual personal attitude and understanding toward clinical leadership and governance in the future. Similarly the self-assessment tool could be used to identify deficits in knowledge and learning requirements.

To highlight the importance clinical leadership plays in the provision of quality care improvement and outcomes.

The Principles of Nursing Practice framework developed by the Royal College of Nursing (RCN) ²¹ highlight the importance leadership plays in delivering responsive, safe, quality and compassionate care. McKenzie and Manley, suggest

“that “nurses and nursing staff lead by example develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs”.¹⁰

Frampton indicated that “there is a need for strong, courageous leaders... and everyone has leadership potential if they want it”. ⁸. Whilst agreeing with Frampton we would go even further to say that in our humble opinion we must learn and share from the scandals of Morecombe Bay NHS Foundation and Mid Staffordshire NHS Foundation Trusts. Disinvest in facilitating effective clinical leadership is at the peril of safety, quality and governance which will have devastating and immeasurable consequence for patients, carers, the public, healthcare workers and the organization themselves.

What is significant about the Kirkup ² and Mid Staffordshire NHS Foundation Trust ^[3] scandals and other recent investigations and reviews for example, ‘Review into the quality of care and treatment provided by 14 hospital trust in England; overview report is the distinct lack of authentic sustainable leadership.²² “A significant disconnect between what the clinical leadership said were the key risks and issues and what was actually happening in wards and departments around the hospital”. ²²

From our experiences and in our opinion there are some essential attributes associated with highlighting the importance that clinical leaders play in the provision of quality care improvement and outcomes.

The NHS Leadership Academy unlike us makes inroads into illuminating and conceptualising the personal attributives and qualities of an effective leader. The Healthcare Leadership Model: The nine dimensions of leadership behaviour (The NHS Leadership Academy)²³ offers a sound and robust framework associated with facilitating leaders through depicting the dimensions, standards and proficiencies required in practice.

Healthcare organisations need to identify, develop and/or engage with leadership frameworks and/or programme providers that suit their own unique healthcare organisational culture and working environment. We would argue that focusing on and applying the simple clinical leadership self-assessment tools and associated rationale may be one way of aligning and illustrating where clinical leader's roles are in achieving existing governance and duty of candour systems and processes.

Conclusion

Given the global challenges facing clinical leaders, managers, educators and researcher's to provide safe, quality, compassionate care and services within financial constraints and targets. It is imperative that we do not disinvest in facilitating, resourcing and supporting the development of aspiring and existing affective and effective clinical leaders in our wards, departments and healthcare

organisations in the future. Safe, quality care and services require clinical leaders who can challenge and be challenged to safeguard and protect their patients and staff. They need to be able to lead from the front, back and the sides. Furthermore clinical leaders require the support, resources, education and training, reward and recognition and external peer review by their healthcare organisation to be both affective and effective. Healthcare organisational boards, managers and leaders and staff need to familiarise themselves with what and why clinical leaders are important to quality, safety and compassionate care. Essentially it is about embracing the fact that we are all clinical leaders and custodians for safety, quality and care for those entrusted to our care.

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Table 1. Critical review of the definitions of clinical leadership

Year	Author	Definition	Key words
2014	Daley et al, ¹¹	Clinical leadership is leadership provided by clinicians often recognised as clinical leaders (p77)	<ul style="list-style-type: none"> - Practice - Delivery - Recognition
2012	British Medical Association ¹²	Clinical leaders were perceived as doctors who had the vision to see improvements to services or who were able to address limitations within the health system and share their vision with their fellow doctors. Longer term, doctors who were able to use influencing or change management skills were considered most likely to be successful in turning a vision into reality." (p8)	<ul style="list-style-type: none"> - Vision - Improvements - Share - Influence - Change management - Reality
2005	Stanley ¹³	"a clinician who is an expert in their field, and who, because they are approachable, effective communicators and empowered, are able to act as a role model, motivating others by matching their values and beliefs"	<ul style="list-style-type: none"> - Expert - Field - Approachable - Communicator - Empowered - Role model - Motivator

Table 2 Similarities between leaders and clinical leaders

<ul style="list-style-type: none"> - Visionary, - Communicator, - Facilitator, - Advocate, - Motivator, - Respectable - Considerate - Ethical - Critical thinker - A doer, evaluator - Knowledgeable, - Tactful, - Trustworthy - Credible style and approach
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Table 3 Clinical leadership critical statements and rationale

Number	Statement	Rationale and relevance to the provision of quality care and governance
1	Affective and effective clinical leadership is dependent on knowing what clinical leadership is and what it involves in practice	<i>To provide quality care it is imperative that you are able to articulate and demonstrate what an affective and effective clinical leadership involves and are able to highlight the impact of your role and responsibility has on someone's health and well-being.</i>
2	Defining clinical leadership is highly challenging and a complicated thing to do because it is linked to so many of the core elements of safety, quality and care	<i>The provision of quality care is dependent on having sound clinical leadership and management, effective team working, and communication, patient and user/carer participation and evaluation. Identifying and dealing with risks and robust systems of information governance for accessing, recording, strong information and record keeping.</i>
3	Providing sound clinical leadership is an integral part of every healthcare professional's codes of practice, contracts of employment, professional accountability and roles and responsibility	<i>The provision of safe, quality and compassionate care is not optional but an integral part of everyone's contract of employment, roles and responsibility and code of practice. Ensuring the provision of safe patient care and challenging inadequate standards of care is essential.</i>
4	Clinical leadership is dependent on developing, an honest, open transparent person-centred relationship between patients, carers and significant others	<i>The establishment of a holistic people-centred relationship to caring based on the principles of honesty, openness and transparency with the patient, carer, users, the public and professional colleagues is a major component of assuring patient safety and quality care. Clinical leadership is about listening, responding and facilitating to achieve the best from individuals and services.</i>
5	Sound clinical leadership is dependent on listening and responding to the experience of people and members of the team	<i>Effective communication is about listening and responding to feedback and informing them of the outcomes.</i>
6	Effective clinical leadership involves team working, collaboration and engagement with people	<i>Demonstrating sound clinical leadership and developing integrated team working through engaging and involving the patient, carers, users and various members of the team is a major part of delivering and establishing quality. Effective clinical leadership is about facilitating and collaborating with</i>

Number	Statement	Rationale and relevance to the provision of quality care and governance
		<i>stakeholders to maximise the best outcomes.</i>
7	The best way of establishing quality of care is through directly asking the patient, carer, significant others in conjunction with those team members providing the care	<i>Affective and effective clinical leaders seek out the lived experience of patients, carers and significant others in conjunction with the team. Demonstrating the outcomes of both provision and standards of care received by healthcare workers and patients/carers is imperative.</i>
8	Affective and effective clinical leaders recognise that providing quality care and improvement is everyone's responsibility and does not happen in isolation	<i>Quality requires the involvement of the team and is everyone's responsibility.</i>
9	Clinical leaders ensure and assure quality care is dependent on having sufficient support and resources from other leaders and managers	<i>Having and seeking the support from current leaders and managers is important in ensuring quality care.</i>
10	Ensuring dignity with respect is regarded as an integral part of quality care and should be your number one priority of all clinical leaders	<i>Dignity with respect for all should always be provided and maintained.</i>

(Adapted from McSherry et al))²⁰

Table 4 Clinical leadership Check List

Number	Statement	YES	NO
1	Affective and effective clinical leadership is dependent on knowing what clinical leadership is and what it involves in practice		
2	Defining clinical leadership is highly challenging and a complicated thing to do because it is linked to so many of the core elements of safety, quality and care		
3	Providing sound clinical leadership is an integral part of every healthcare professional's codes of practice, contracts of employment, professional accountability and roles and responsibility		
4	Clinical leadership is dependent on developing, an honest, open transparent person-centred relationship between patients, carers and significant others		
5	Sound clinical leadership is dependent on listening and responding to the experience of people and members of the team		
6	Effective clinical leadership involves team working, collaboration and engagement with people		
7	The best way of establishing the quality of care is through directly asking the patient, carer, significant others in conjunction with those team members providing the care		
8	Affective and effective clinical leader's recognise that providing quality care and improvement is everyone's responsibility and does not happen in isolation		
9	Clinical leaders ensure and assure quality care is dependent on having sufficient support and resources from other leaders and managers		
10	Ensuring dignity with respect is regarded as an integral part of quality care and should be your number one priority of all clinical leaders		

(Adapted from McSherry et al) ²⁰