

# Leadership Report

*by* Parese Ahmed

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**Student: Parese Ahmed**

**Student number: 1912353**

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# MSc Public Health and Social Care in Practice

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Lecturer: Dr Fahad Khan

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## Introduction

The following report aims to examine the pivotal role leadership is set to play in a future transformation at University Hospitals Birmingham NHS Foundation Trust, whereby improvements will be implemented to the discharge process and <sup>1</sup>transfer of care from hospital to a range of community-based care settings, such as GP offices, in-home care providers, and care homes. Currently there is an issue of fragmented communication, system inoperability between acute and community care providers, and consequently the patient is experiencing negative outcomes, which poses a quality concern within University Hospitals Birmingham (Wright et al., 2017).

The effectiveness of the discharge process shortens a patients stay, prevents emergency readmissions, and eases the burden on hospital beds (NHS England, 2021). It is a priority to improve the discharge process for University Hospitals Birmingham to adhere to the Care Quality Commission guidelines, deliver good patient outcomes, and to deliver on financial goals. The report discusses the fundamental role leadership plays in the successful implementation of new measures within the hospital discharge process, and how leadership lens', models and theories justify the leadership tactics employed. An example of these includes The Transformational Theory, Fiedler's Contingency Model, and The Leadership Grid.<sup>28</sup>

### <sup>27</sup>Leadership

Leadership is the accomplishment of a goal through the direction of, and collaboration with human assistants. Leadership can also be described as formulating and embodying a vision, in which you successfully guide members of a group or organisation to reach. A leader also, inspires and helps subordinates to develop their own skills along the way (Prentice, 2004).

An inclusive working environment in which employees can develop and grow is well sought after, thus It is also imperative to a great leader, that they change their approach and dimension based on the circumstance, situation, or specific requirements. This is referred to as purpose-driven leadership. This type of leadership enables leaders to gain support from followers at all levels, as the followers' requirements are being incorporated into the design

of both products and services (Scarth, 2023) which results in embedded, long-lasting change to processes, services, outcomes, and organisational culture and work ethos. Furthermore, Healthcare Leadership is defined as the ability to ethically and effectively influence others to achieve benefit for patients and society (Hargett et al., 2017).

During the changes implemented to the discharge process at University Hospitals Birmingham, it is imperative for staff to be onboard with the change, and internally and externally show support and belief in the new technology, processes and improved patient journey, therefore adapting the leadership style to meet the personality and nature of their role means the changes have increased chance of success.

Leadership is a continuous developmental process, and the cornerstone to developing the necessary skills is to first 'know thyself'. This means to understand that self-awareness helps people to be objective, pursue excellence through internal strengths, and recognise how people respond to your leadership (Hiebert 2021).

The need for leadership is rooted in the overall success it brings to an organisations working culture and achievements. From improving communication, increasing productivity, decreasing mistakes, improving efficiency, and inspiring a positive work ethic (Academy of Leadership and Management, 2023).

Leadership in Healthcare is the most influential factor in shaping organisational culture, from board leaders, to team leadership, to individual leadership. Therefore, effective health-care leaders at all of these levels at University Hospitals Birmingham must consistently emphasise that safe, high-quality, compassionate care is the top priority, with the patient's voice at the centre of decision-making (The King's Fund, 2015).

## Traits of Leadership

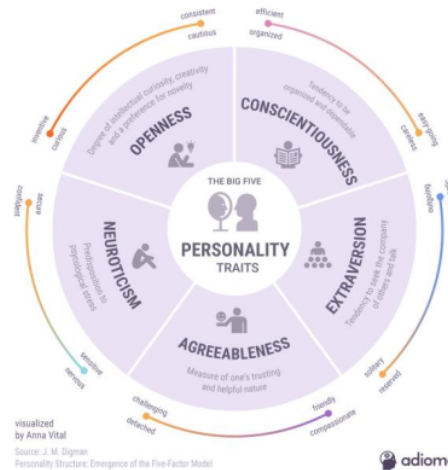
Leadership is a complex, multi-faceted role that Mintzberg (2015) defines as the messy Lens of Leadership. You must consider the personality of your followers, develop initiatives to raise motivations, mentor, continue your own professional development, meet organisational goals, and adapt to the external environment. Health and social care organisations such as University Hospitals Birmingham are complex organisations, which must adhere to NHS Trust policies, NICE guidelines, and CQC requirements. Furthermore, University Hospitals Birmingham is comprised of a wide range of departments, with different roles, specialties, and services to support patients and their carers (NHS England, 2021b).

Therefore, leaders must be equipped with certain traits to enable them to effectively hold the title of a leader. Some consider the <sup>23</sup>three-skill approach, as the three most fundamental qualities of a leader, these include technical, human, and conceptual abilities. Leaders at all levels of management, including top management, middle management, and supervisory management, are expected to have all three skills to succeed in their managerial work. As a result, leaders at various levels of leadership must combine <sup>55</sup>the three types of skills to implement the three-skill approach. By doing so, managers with leadership skills can use their knowledge and competencies to achieve predetermined goals (Jaqua and Jaqua, 2021).

### The Big 5 OCEAN Personality Traits

The following qualities are broadly viewed by psychologists today as a sufficient overview of human traits necessary for effective leadership: <sup>61</sup>Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness' (Nettle, 2009). Although it is suggested that all qualities are equally important for a leader, it is proposed in a study by <sup>52</sup>Judge et al., (2002) that extraversion was found to be the factor most strongly associated with leadership, making it the most crucial quality for effective leaders. Conscientiousness and openness comprised the second component.

However, as this theory is defined as a spectrum, it is difficult to determine one as 'the most important'. The OCEAN Model, unlike other trait theories that categorise individuals in to set dimensions, asserts that each personality trait should be seen as a spectrum, whereby leaders are ranked on a scale between the two ends of five broad characteristics. Therefore, it can be surmised that although high neuroticism is not classed as the most important characteristic, however a level of neuroticism is integral to a leader's success (Lim, 2020).



(Vital, 2018)

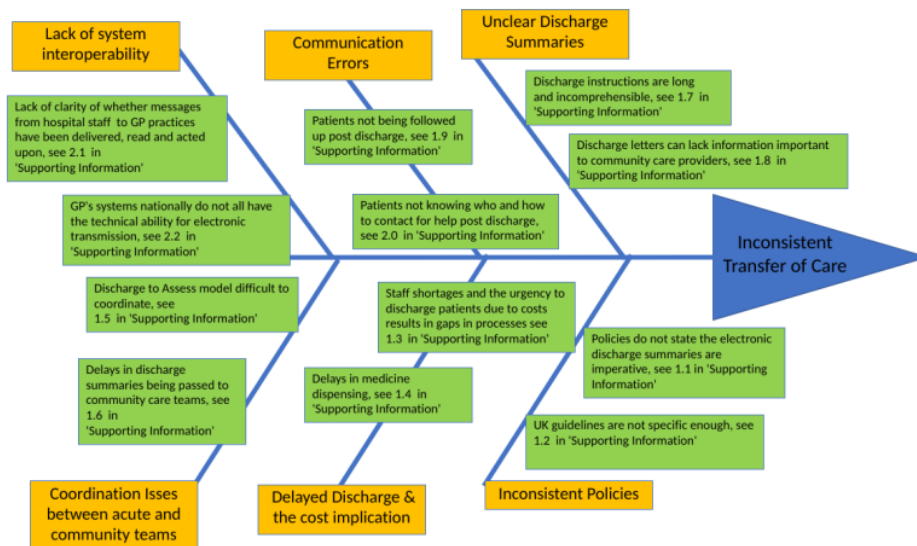
## Lens of 4P's

Leadership can be defined through the lens of the 4P's. The first 'P' is 'Purpose'. This means why is the transformation taking place and what is the implication if it was not addressed. In this leadership transformation it is a range of process, technical, and educational quality issues that are negatively impacting patients discharge journey (Kempster, Jackson and Conroy, 2011). In reference to University Hospitals Birmingham discharge transformation, the purpose is to improve patient outcomes, decrease complaints and unfair treatment, and provide the expected level of services that society expects from Trusts within the NHS.

Secondly, it is imperative that a leader understands the importance of their plans and can 'Prioritise' them. <sup>34</sup> Priority setting can be defined as making a choice based on a ranking process. <sup>49</sup> Prioritisation is used in all parts of the health care organisations 'where demands and needs exceed resources' (Arvidsson et al., 2010). In reference to University Hospitals Birmingham discharge transformation high priorities would be comprised of creating and implementing a new technology and processes to improve the communication issues with the discharge process and trialling it with departments facing the most challenges, as well as gaining support from stakeholders and employees.

Whereas a longer term priority would be organisational roll out, once discrepancies and issues that arise are rectified. Prioritisation can be done through <sup>1</sup> Root Cause Analysis Models such as a Simple Fishbone Diagram (Coccia, 2017) which enables users to separate

the problem's content from its history and allows for team consensus around the problem and its causes (MN Department of Health, 2022). A Simple Fishbone Diagram for the discharge process at University Hospitals Birmingham can be seen below.



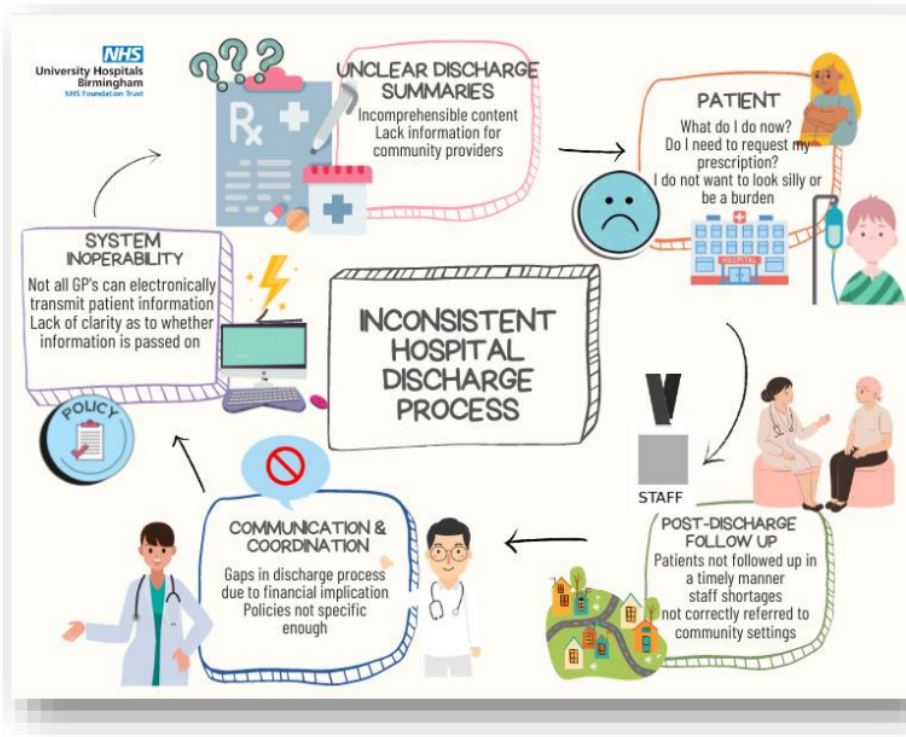
(Source: Self-made)

Thirdly, a leader should be able to visualise the 'Potential' of their organisation and the destination they wish to reach. Finally, a leader is required to summarise the 'Progress' journey the organisation must embark on. This visualisation and creation of a 'one pager' plan can be done through models such as 'The Rich Picture'.

### **Rich Picture**

A Rich Picture is an integral part of 'Soft Systems Methodology'. It is a way to examine, recognise, and define a situation and to express it through diagrams to build a preliminary mental model. It can also be used to start a conversation and reach a comprehensive understanding of a situation, in particular the situation's structure, process, and concerns. However, it can be argued that Rich Pictures are confusing compared to more formal RCA's as there are Images, symbols, or metaphors that are unclear and have the potential to cause conflicting ideas.

## Rich Picture for Inconsistent Hospital Discharge at University Hospitals Birmingham



(Source: Self-made)

## Leadership Theories

Collins Dictionary (2019) defines a theory as 'A set of rules or principles that form the basis of a skill or subject.' For leadership, the theory explains how and why certain people become leaders, with emphasis on the qualities and behaviours that people can adopt to improve their leadership abilities.

## Behaviour Theory

The Behavioural Theory of leadership was developed in the 1940's-1950's and evolved from Trait Theories, which determines the predicted effectiveness of leaders is based upon a list of set traits (Kanodia and Sacher, 2016). The Behavioural Theory <sup>15</sup> asserts that leaders are predominantly made, and that leadership behaviours can be learnt. Unlike the Trait Theory it places emphasis on the output behaviour of the leaders rather than the traits themselves, as it is argued that focusing on embodying all 10 traits is not essential for a good leader. It states that a leader's behaviour determines success and includes the observation and evaluation of a leader's behaviour when responding to specific situation (Benmira and Agboola, 2021).

Through studies two styles to leadership were determined – Autocratic and Democratic. The democratic approach is employee centred, with focus on the interrelationship between the leader and subordinates. Whereas an authoritative approach focuses on the power of the leader with focus on production (Rosing, Boer and Buengeler, 2022).

The benefit of a democratic style is that it can improve employee engagement and boost morale, employees feel more valued, strengthens working relationships, and increases productivity (Dike and Madubueze, 2019). Whereas an authoritarian approach is proven to create consistency, improving time management, reducing mistakes, building structure and relieving pressure (Wang and Guan, 2018).

Kurt Lewin extended this theory, with the creation of a third style referred to as Laissez-Faire. This style describes as delegative Leadership instead of just employee-centred and production, where the followers decide convenience. It is a more 'hands-off' approach that can be beneficial in promoting motivation and personal growth, creating learning and development opportunities, freedom to be creative, and faster decision making (Leadership Success, 2023).

For the University Hospitals Birmingham transformation, an initial democratic style will be implemented with employees to gain their support, input, and belief in the necessity for the change to take place. Employee trials in the usage of innovative technology that will improve the communication between acute and community health services will enable employees to review the processes prior to organisational roll out. During the roll out process, a lean towards an authoritarian style will be necessary to ensure accuracy, and adherence to CQC guidelines during integration. The situation is not appropriate for a Laissez Fayre approach, due to the scale of the transformation, integration of a new technology, and handling of sensitive patient data.

## Leadership Grid

The Leadership Grid is considered an extension of The Behavioural Theory and became a prevalent approach within management training with the best-known being the Blake and Mouton's Managerial Grid (Soltis, 2009). The leadership grid measures managers based on two behavioural dimensions: their concern for production and their concern for people. In the discharge transformation, a team management style is best suited as it reflects a leader who is passionate about safety and quality of patients and maintaining the University Hospitals Birmingham Code of Conduct and the Nolan Principles of integrity, openness, selflessness, and accountability (University Hospitals Birmingham, 2013).



(Lussier and Achua, 2015)

## Theory XYZ

Unlike the focus on the leaders' traits of behaviours, in Theory XYZ the leadership style you choose is based on the type of subordinates you have in a more in depth and detailed

manner compared to the Behavioural Theory. According to Douglas McGregor in the 1960s, the first two categories of employee motivation—Theory X and Theory Y—and William Ouchi in the 1980s, the third category—Theory Z—are based on the idea that management must assemble all the factors of production, including people and the proper leadership and management approach for the job environment and context, in order to complete the work effectively and efficiently ( Jean Maxwell Georges, 2021).

## Pygmalian Effect

The Pygmalion Effect demonstrates the influence of expectations on behaviour. This happens because we tend to internalise the labels that others place on us. We try to fit into those labels, whether they are positive or negative. Being aware of the Pygmalion effect can help leaders understand how their attitudes and expectations can affect their subordinates' (Nikolopoulou, 2022). During the transformation process of improving the hospital discharge process, it is important for leaders to communicate a positive attitude, with multi-channel communication, and show expectation of high expectations that are aligned against the Care Quality Commission guidance to ensure patient safety and satisfaction, in order for employees to expect the same.



(Nikolopoulou, 2022).

## Transformational and Transactional Theory

An additional theory employed in determining leadership styles is James Burns' Leadership Theory in the 1970's. He categorises the approaches as 'Transactional' - with a strong focus on order, structure and achievement of organisational goals, it limits creativity and treats

employees on a transactional basis with rewards for good work behaviours. Whereas 'Transformational Leadership' places importance on the relationship between leader and employees. It creates a high level of trust in the relationship, and encourages people to self-actualise their needs, beliefs and values independently (Aarons, 2016).

As a transformational leadership style increases the relevant extrinsic and intrinsic motivation, it can be determined that a transformational approach to this case study is preferable, to ensure everyone feels responsible and accountable to the University Hospitals Birmingham's policies, procedures, and patient outcomes therefore embraces the change.

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### **Path Goal Theory**

The Path-Goal Theory of leadership developed by House and Mitchell (1975) states that a team's motivation, productivity and satisfaction is rooted in the leaders traits, behaviours and approach. This theory is derived from Expectancy Theory, which is the assertion that individuals act in a certain way based on the expectation of a desirable outcome (Isaac, Zerbe and Pitt, 2001).

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The theory is well suited to this transformation as it considers environmental contingency factors such as the task structure, work group and formal authority system. Moreover, it provides subordinates with a clear path, whilst removing challenges and obstacles for them to achieve their goals by effective allocation of resources and creating a healthy work environment. The theory provides recommendations for the ways in which leaders can support and encourage employees to reach their goals.

In a large, high-risk organisational change like the discharge process transformation at University Hospitals Birmingham, encouragement and support is integral to the employees belief in the new system and processes. Furthermore, if the leader is passionate and explicit about the outcome of the new integration, the employees will share this vision. A possible disadvantage to this theory is that a high level of power is placed on the leaders, with the expectation that followers carry an extremely light load during this process. Furthermore, it combines a broad range of leadership theory in to one framework, which may be difficult to implement (verdhan, 2023).

### **Models**

38 Whilst models provide a useful framework for defining the management techniques that suit your work style and personality, it also serves as the conceptual framework for describing what makes a great leader. It establishes a benchmark from which you can make modifications and enhancements in order to create effective and desired impact. Leadership models do not need to be considered as 'stand-alone' models, they can bring benefit by combining the most relevant elements from a range of models, or by switching between them depending on the situation, or part of the change project you are in (Mozafaripour, 2021).

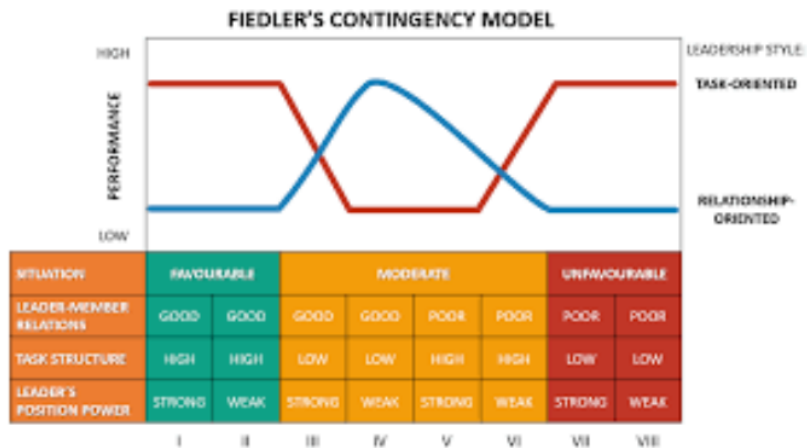
### **Fiedler 1958 Contingency Model**

Fiedler's Contingency Model determines that there is a fixed style of leadership based on different situations. The model includes a table of collated numbers for employee characteristics e.g., how warm they are, accepting, guarded, or interesting. Their score determines the type of leadership they use. For example, a task-based leadership approach or a democratic style (Sridharan, 2022).

There are 2 factors of this model including:

1. Leadership Style – Comprising of scoring of subordinate's personality
2. The situation - This is focused on the leader-member relationship, the structure in organisation including policies, and the position power of the leader

This model is well regarded because it takes into consideration situations, as well as the fixed leadership styles of autocracy and democracy. Although this model explicitly makes mention of the employees and the situation at hand, it falls short as it subjectivises the scoring. As this discharge transformation is taking place in a large organisation, subjectiveness is not suitable and a more fluid approach to leadership is required when dealing with a wide range of teams (Mitchell et al., 1970).



(Sridharan, 2022)

## Leadership Continuum Model: Tannenbaum and Schmidt

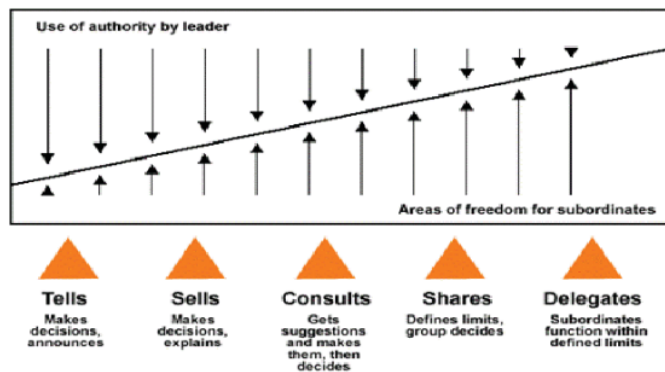
<sup>46</sup> Tannenbaum and Schmidt's Leadership Continuum Theory highlights the criticism that the leadership styles cannot be described only as 'authoritarian' or 'democratic' as it is highly generic, and the majority of organisations adopt leadership styles that are an amalgamation of both styles (Gosling et al, 2003).

<sup>5</sup> The primary justification for the model's development is that the present categorisations of leadership styles are excessively broad and when most organisational managers generally employ middle-of-the-road leadership techniques (Dudovskiy, 2018). It comprises 7 leadership styles titled 'Tell, Sell, Suggest, Consult, Join, Share, and Delegate' that leaders switch between in a continuum process.

<sup>5</sup> The advantage of this model is that it displays a variety of styles that can fit various settings and does not favour or promote one style over another, but rather enables leaders to utilise the approach that best fits the circumstances. However, a disadvantage is that the model has not been tailored for various leadership roles (in the workplace, in education, in non-government, in the healthcare industry, etc.), which may need more specialised models for their unique requirements (Babou, 2008).

Despite the disadvantages, this model can be relevant to the change process of installing new technology and processes for the discharge process in University Hospitals Birmingham as it provides styles that suit the different stages of the change cycle. For example, a leader

would 'tell' the employees that the change is necessary, they would 'sell' the idea of the new process by promoting the benefits it will bring to their roles and the patient journey, they would 'consult' with trial teams to determine any changes that need to be made to the system prior to organisational roll out, they would 'share' quick wins with employees via email communications, newsletters or announcements, and lastly, they would delegate team managers with the responsibility of ensuring their employees are comfortable with the new way of working.



(Dudovskiy, 2018)

## Soft Systems Methodology and CATWOE Framework

The Soft Systems Methodology which has its roots in complexity research and systems theory, provides a structured yet adaptable approach for dealing with circumstances that are deemed to be problematic and in need of improvement (Augustsson, Churruca and Braithwaite, 2019).

Applying Soft System methodology to this change within University Hospitals Birmingham is relevant as it recognises the multidimensional character of care environments. It allows leaders to contextualise interventions, acknowledging complexity, and approaching improvements through an iterative learning cycle.

"CATWOE" is a tool with Soft System Methodology that lists stakeholder perspectives of a situation. The mnemonic stands for:

- Customers
- Actors
- Transformation process

- **Worldview**
- **Owner**
- **Environmental constraints'**

(University of Cambridge, 2016)

In any change initiative, it is imperative that investigations are made into the perspectives of relative stakeholders, as often stakeholders have differentiating viewpoints regarding the problem itself and the best method to tackle them. The CATWOE technique allows for stakeholder's individual perspectives to be investigated and considered (Improvement Service, 2020). In this transformation at university Hospitals Birmingham, the stakeholders can be determined as the organisational owners, and the patient. A CATWOE exercise has been completed for said stakeholders, as seen below.

### **CATWOE for University Hospital Birmingham Discharge Transformation**

| <b>Stakeholder View</b> | <b>Patient</b>                                                                                                                                                    | <b>Owner</b>                                                                                                                            |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Customer</b>         | The population within the UK                                                                                                                                      | The population within the UK                                                                                                            |
| <b>Actors</b>           | Third party technical contractors, department managers, all staff in relevant departments, administration                                                         | Third party technical contractors, department managers, all staff in relevant departments, administration                               |
| <b>Transformation</b>   | Improving the transfer of care process post hospital discharge to community health services to stop inconsistency, confusion, and neglect                         | Improving the transfer of care process post hospital discharge to community health services to reduce readmission strain including cost |
| <b>Worldview</b>        | Believe that University Hospitals Birmingham should be providing them with coordinated, accurate, person-centred care to manage or rectify their health condition | Improve health and care outcomes for the population                                                                                     |
| <b>Owner</b>            | NHS                                                                                                                                                               | NHS                                                                                                                                     |

|                    |                                           |                                                                             |
|--------------------|-------------------------------------------|-----------------------------------------------------------------------------|
| <b>Environment</b> | Funding, national guidelines, legislation | Internal policies and code of conduct, NICE and CQC guidelines, and funding |
|--------------------|-------------------------------------------|-----------------------------------------------------------------------------|

Stakeholder views and perspectives should be taken forward into the project and reflected in the leadership styles that are chosen to engage all departments in the change and ensure it is embedded throughout policies, processes, and procedures throughout the University Hospitals Birmingham.

## **Recommendations**

Through exploration and scrutiny of traits, theories and models it can be ascertained that leadership is a crucial component in order to shape organisational change culture within University Hospitals Birmingham. Due to the complexity of the healthcare organisation, with a vast number of departments, specialists, and managers, all serving their purpose in providing quality outcomes for patients, purpose-driven leadership is essential, to ensure adaptations based on employee personality, the nature of the team and work they do, and the purpose each part of the change is set to achieve. However, what is confirmed through the lens of the 4 P's is that a change's purpose, priority setting, potential, and progress must be constantly evaluated and planned thoroughly to ensure a smooth change transformation.

The following theories have proven to be beneficial leadership tools for the transformation of the discharge process at University Hospitals Birmingham.

Firstly, through the lens' of the Behavioural Theory, the importance of a democratic style was confirmed, to gain employees buy in and support to the new ways of working. Furthermore, their feedback, and cooperation is imperative in the test element of the change, to rectify any issues or elements that were incorrectly omitted. It also, highlighted how an authoritarian approach can help bring structure and direction during unstable times during the change. However, this theory did not prove substantial enough in its approaches when considering the complexity of the project, and further guidance and clarification was sought after.

The Leadership Grid helped bridge any gaps by determining that a Team Management Style was selected as an optimal approach as it reflects a leader who is passionate about safety and quality of patients and maintaining the University Hospitals Birmingham Code of Conduct.

The Path Goal Theory was less suited and not recommended as it places a high level of power on the leaders, with the expectation that followers carry an extremely light load during this process. However, employee participation, belief and promotion of the change is integral to change being embedded in the organisation, as they will be the ones utilising the systems and communicating changes to patients. Furthermore, Fiedlers Contingency model presented many flaws due to the subjectivity of scoring subordinates personalities, as well as this due to the size of the organisation, it is not practical for this change process.

On the other hand, The Leadership Continuum Model provided well rounded guidance in selecting which leadership style is relevant to each part of the project. Such as the need to 'tell' employees of imperative components, 'consult' with them during trials, and 'delegate' responsibility to departmental team managers where appropriate.

Finally, a transformational approach, rather than a transactional one is recommended as it creates a high level of trust in the professional working relationship, and encourages people to self-actualise their needs, beliefs and values independently. This leads to increased relevant extrinsic and intrinsic motivation towards the transformation.

## **Conclusion**

In summary, a change process within health and social care can be complex, with a multitude of factors to consider achieving a long-lasting embedded change. Employees must feel like their thoughts, opinions and feelings are considered, and that by working together with the leader and a clear vision, that is when the best patient outcomes are achieved. Purpose-driven leadership is essential, whereby leaders adapt their styles to meet the needs of their subordinates, the goal of the change project, and the environment around them, including stakeholders.

Theories of leadership, although differences in explanation of approaches, all aim to provide structure and reasoning to the choices leaders make. Although, some have proven more thorough, with the mention of the subordinates, the situation, and the traits needed such as The Leadership Continuum Model, more simplistic theories such as The Behaviour Theory set precedent for two overarching approaches – the democratic and authoritarian model, which is still very much relevant to leadership in health organisations today.

## **Reflection**

The Health Care System Organisation and Leadership Model has practically combined the key learning objectives from the Quality Assurance and Service Improvement Module with effective leadership and service transformation. Drawing on key concepts such as Root Cause Analysis, Soft System Methodology, Leadership Models, and Theories when determining the most appropriate leadership traits and strategies for the case study situation.

The module enabled me to critically explore a range of evidence-based opinions regarding the advantages and disadvantages of The Behavioural Theory, Leadership Grid, Trait Theory, The Continuum Model, Path Goal Theory, and Fielder's Contingency Model, all of

which can be used within managerial and leadership roles within my future career in the Health and Social Care sector.

I developed strategic thinking and planning, along with the ability to combine a wide range of concepts in a professional report, whilst developing practical skills such as creating my first 'Rich Picture' which proved a beneficial tool when prioritising tasks for the project.

The leadership module has proven an integral part of any health and social care professional role, as leadership is relevant for organisational leaders, team leaders, as well as individuals, who all have a responsibility to deliver quality care to patients and identify risks to safety and patient outcomes.

It is imperative to me as a future leader to understand the styles and the theory that they originate from, so that I can embody them as an example for future leaders. This knowledge has also enabled me to see leadership styles in those around me, and analyse how situations could have been handled better, with the shift in leadership style, communication, and prioritisation.

The module provided me with the opportunity to internally assess my own leadership abilities, whilst becoming self-aware, noticing my own blind spots in my leadership style, and understanding that the true nature of purpose driven leadership means to acknowledge and assess how the situation, subordinates under my leadership, or individual circumstances must shape my approach in my personal or professional leadership styles. Lastly, through class discussions I was able to determine that if you lack clarity of your purpose, integrity, priorities, and remained closed to other perspectives and opinions, then leadership proves itself a difficult role to master.

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## GRADEMARK REPORT

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### FINAL GRADE

73/100

### GENERAL COMMENTS

#### **Engagement with Literature Skills** (10/15)

The gross structure (sections, subsections) of the work is suitable and informative. Think of revising these issues and of developing a 'story' where flow of ideas is a major driver. Presentation elements (figures) have been included in the submission and labelled appropriately but require more attention. UWTSD standard for Harvard referencing been applied appropriately. The list of references alphabetized and complete. SID number been included.

#### **Knowledge and Understanding Skills** (18/25)

The problem has been formulated with appropriate evidence extracted from org., publications and statistics. The problem causes and implications for health/social care have been discussed. The role of leadership in the creation/magnifying the problem has been discussed. Good to see that you used a number of theories (e.g. Rich Picture).

#### **Cognitive and Intellectual Skills** (20/25)

The case study (i.e. organisation) has been identified. The implications on the organisation been identified and strengthened with the application of theoretical concepts and/or techniques. The problem has been evidenced appropriately using adequate theoretical concepts (Root Cause analysis) and statistics, literature, etc. The leadership and its implications on the magnifying the problem been investigated.

#### **Practical Application Skills**(15/20)

The strategy is good. Leadership styles have been presented and discussed. Team development and performance discussed and made the strategy stronger by taking into account the complexity of the problem. A CATWOE and Rich Picture analysis has been developed to identify threats and risks. These risks were used to develop a risk mitigation strategy. it is important to consider a variety of theories and lenses. In addition, some other

theories/lenses i.e. Kotter's Change etc. can be useful in understanding the complexities of the situation.

**Transferable Skills for Life and Professional Practice (10/15)**

The submission includes a conclusion section. Excellent reflection. I am glad to see a lot of engagement and learning and most importantly connection with personal experience. I hope this will be a start in the development of a life changing plan to progress your career.

For future

Always proofread your work to avoid any typographical/grammatical and missing words.

Require more attention towards Figure labelling to ensure accuracy.

Please use the numbering system with sections and sub sections when organizing this document.

Overall, this is an outstanding submission. The above comments should help better future submissions.  
Marked by F Khan

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