Hello. My name is Tim Ayres, and I am an Emergency Medicine Consultant, working in the UHW Cardiff.

I'm going to talk a little bit about leadership; what I thought it meant and how through a leadership course called the Climb Program, I am learning more about different styles of leadership and what it means to be a leader.

As part of the Climb program Mark Prain, who is the founder of the Hillary institute of leadership in New Zealand, discusses the importance of stories, and how our backgrounds and heritage shape our lives and view of the world. I was born in Edinburgh, and I lived in Uganda for 6 years, then I came back to England and Wales went out to Australia for a few years then back to Wales.

Through all of this, my moving around as a child, I found that my love of sport gave me a common language with like-minded people; a resonant note. As I have gotten older, I have retained this passion and seen the real value of sport across multiple domains.

My initial involvement in sports leadership as an adult started when I began to compete in a sport called CrossFit and I gained valuable experience in leading a team. I realized we needed to select appropriate strategies for different events, choose individuals based on their skill sets and plan for worst case scenarios.

When I completed my Emergency Medicine training, I started to become more involved in senior leadership positions and I realized I wanted to learn more about leadership itself. Clinical decisions were easier, but organizational and operational challenges seemed harder, and I felt less capable of managing them.

The Dictionary definition of leadership is "The action of leading a group of people or an organization. But what other definitions are there? What can I learn from sport and teams and other industries?

In our gym, on the wall is a poster of 15 All Black principles. I often liked to look at it and felt it aligned with a lot that I intuitively felt. Many of you may have read the book, it's based upon the book Legacy by James Kerr. He spent 2010 to 2015 researching and spending time with the All Black rugby team, its management, and summarized what he felt they could teach us about the

business of life. I thought this was a good place to start and so I will share some of these and offer my interpretation of how I think there may be a crossover into my leadership understanding.

An example is given of senior All Blacks sweeping up the changing room, after a world cup win against Wales in 2011. I feel this is relevant to the example we give as leaders in our work environment. Sometimes we need to roll up our sleeves and help make things better. David Morrison said 'The Standard' we walk past is the standard we accept. But what standards have we accepted and what are not good enough? Leaders need to have humility; leaders need to have a purpose. We need to ask ourselves what skills do we bring to the workplace that others don't have; what are we passionate about?

Graham Henry the New Zealand Manager said that he always felt that because the players played the game on the field, they show they can lead it there. They should therefore be entrusted with leadership positions. Shared responsibility means shared ownership and shared purpose.

Within my department I sometimes feel that there can be a disconnect between the department's senior leadership and the clinical teams on the floor. How can this be addressed? Well in the book, Kerr explains VUCA, a military acronym which describes the modern military environment, seems perfectly to also describe an emergency department. Traditional top-down command and control type leadership strategies will not always be successful in these uncertain environments. Instead, leaders need to empower their clinical teams to make decisions rapidly in the field. In order to do this, they need clearly defined goals, adequate resources and a known time frame. Whilst it's not always easy; if clinical leaders have been briefed with intention, they can respond to rapidly changing contexts.

People are motivated by purpose, autonomy and a drive towards mastery; so accomplished leaders create an environment in which their teams develop their own skills, knowledge and character. This leads to a learning environment and a culture of continuous improvement; which is often referred to as the 'aggregation of marginal gains' and is attributed to Sir Dave Brailsford and British cycling. Within a VUCA environment like the Emergency Department, it is often hard to feel like it's possible to make any gains at all, but by allowing

staff the opportunity to train, upskill and embrace ideas that have worked elsewhere, it can be possible.

Intensity of preparation or training to win, conditions the brain and body to perform under pressure and allows peak performance to become automatic. The All Blacks describe keeping a ‘blue head’ and not allowing a 'red head'. They train under pressure to replicate game scenarios and then often in the last 10 minutes of a game they are able to stay calm and execute.

Within clinical medicine, more and more high-performance teams train together; trauma simulations in trauma teams etc. But leadership skills under pressure from a more operational point of view seem to be far less trained or simulated. Have our departments trained for the pressures we are currently experiencing? Training in world-class teams is central to the culture but how do we instill this within our departments? This understanding of the importance of training together is something I feel we need to learn from sporting teams.

All 15 principles are covered in the book and if you are interested, I highly recommend reading the book to review all 15 principles. I completely agree with this ethos.

Having read a lot about leadership in sport and more widely I wondered if there was a clinical leadership model which aligned with what I had seen elsewhere and was similar in approach. There were unifying concepts like relationships, networks and teams, developing purpose, passion and 'WHY?' I wondered if there was a health specific leadership style which echoes these principles?

The concept of 'compassionate leadership' was new to me before starting the Climb program and is something I am very interested in now. As you will see, to me this mirrors many of the fundamental 'human' characteristics of the All Black leadership values. It involves a focus on relationships, through careful listening, understanding, empathising with and supporting other people; enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care

Similarly, to in sport or the military research on climate and culture in health care internationally, suggests that leadership cultures of command and control are less effective than more engaging and compassionate leadership styles in health care systems across the world (Dickinson *et al.,* 2013; West *et al.,* 2014b). This implies that compassionate and collective leadership approaches are likely to be most effective. Compassionate leadership embodies both a sensitivity to the challenges colleagues in health and care face and a commitment to help them respond effectively to those challenges and to thrive in the process of their work. Virtually all those people who work in health and care services have dedicated a large part of their lives to caring for others. Compassion is important to them and the extent to which their organizations also mirror in practice that value of compassion will influence the value 'fit' between health care and their organizations. The stronger that 'fit', the alignment of individual and organizational values, the higher the levels of staff members' commitment, engagement and satisfaction.

Compassion; in an organizational context, can be understood as having four components: attending, understanding, empathising and helping (Atkins & Parker, 2012). Compassionate leadership involves the same four behaviors but understood and applied in the context of leading others. The purpose of compassionate leadership in health and social care is to work with others to create the conditions where all of those in our communities are supported to live the best and most fulfilling lives they can.

The affective states of leaders influence the general mood of those they lead; a phenomenon known as mood linkage or emotional contagion. Research shows that a positive leader affect is associated with more positive affect amongst employees, enhanced team performance, and higher rates of prosocial behaviors.

When staff feel valued and cared for, that is they perceive organizational support, they tend to feel more satisfied in their jobs, have increased affective commitment to their organization's care quality and even organizational financial performance. Research in healthcare has shown that learning and innovation are more likely to take place in a culture of compassionate leadership and psychological safety rather than a blame culture.

In conclusion, Leadership to me is about creating the conditions for everyone to thrive, both professionally and personally.

High functioning teams like the All Blacks focus on good personal characteristics, which are echoed by the principles of compassionate leadership – 'better people will make better teams'.