

Walking the Human Factors Tightrope: Striking the Balance Between Freedom and Control to Optimize Systems Performance and Foster Employee Wellbeing

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Abstract. Your Healthcare (YH), a member-owned UK social enterprise spun out from the National Health Service (NHS) in 2010, has demonstrated a successful alternative model for delivering community health services. With a strong emphasis on autonomy, empowerment, and innovation, YH has achieved high levels of employee engagement, operational efficiency, and service quality. This paper synthesizes findings from a recent culture review and HEPS 2025 presentation, highlighting the organization's journey, cultural strengths, performance outcomes, and potential for replication and scaling. It also provides insights into the leadership challenges associated with change in a complex, cost-constrained and continually evolving context.

Keywords: Empowerment · health and social care · employee wellbeing · systems performance · social enterprise · leadership in uncertainty and change

1 Organizational Background and Evolution

Founded in 2010 as a social enterprise with UK Government support (Department of Health, 2009), Your Healthcare (YH) is based in Surbiton, South-West London. It delivers integrated health and social care services for residents in the Royal Borough of Kingston, and learning disability and autism services for adults in the London Borough of Richmond (Your Healthcare CIC, 2025c) with approximately 550 employee members and a turnover of £35 million. Any surpluses are reinvested back into local services and no dividends are paid. YH Members have a voice at the Board, elect Board representatives and influence organizational strategy.

YH operates over 35 services delivering care that stretches from the first health-visitor check to district-nurse end-of-life support, providing nearly 290,000 direct contacts with residents per year.

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YH is organized by service teams. These provide community health services including District Nursing, Health Visiting, School Nursing (with sexual-health advice), inpatient and community Rehabilitation, Urgent Care and Support for Care Homes, a two-hour Rapid-Response team, Bladder and Bowel management, Respiratory and Neuro-rehabilitation (including stroke), Cardiology, Tissue-Viability and Leg-Ulcer care, an Integrated Care Team for complex cases, Neuro-developmental assessment, Psychology, Physiotherapy, Occupational Therapy, Podiatry, Infection Control, and Speech & Language Therapy for adults and children. The specialist learning-disability portfolio includes community nursing alongside dedicated autism and ADHD assessment services. Additional support comes from social-care programs such as Reablement, which helps people regain skills after illness, Shared Lives, which matches adults with learning disabilities to long-term family homes, and flexible home-based packages that sustain independence.

YH was spun out from the NHS as a member-owned social enterprise in 2010 to trial an alternative approach to the traditional NHS structures, which were seen to inhibit employee engagement, innovation and limit system performance. The aim was to deliver services with a culture of autonomy and ownership, empowering members of the organization to take decisions, innovate, create partnerships, and shape the future of local services. This process was personally led by the managing director who had a passion and commitment to creating an empowering environment where people are able to deliver high quality community services.

Figure 1 highlights the stages of organizational development in the 15-year period from 2010–2025, together with the key leadership challenges associated with each part of the journey.

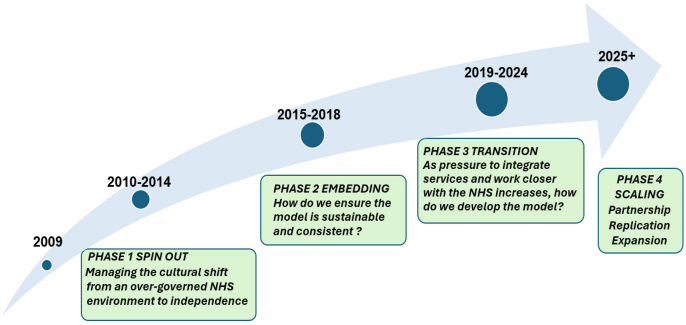


Fig. 1. YH organizational development stages

In the First Phase 'Spin out' 2010–2014, The focus was on achieving a successful separation from the NHS and establishing YH as an independent member owned entity. This involved developing the senior team, clarifying the vision and roadmap for the transition, improving team cohesion, setting up organizational governance, and developing the leadership and business skills needed to work independently. Structural changes were made to de-layer the organization and move accountability closer to the front line through 'independently led' service teams (Laloux, 2014).

A social enterprise model was chosen as the most appropriate organization form. This included setting up a *Council of Members,* which provided a voice for both employee and community members. Separation from the NHS was effected in August 2010.

The organization quickly took control of its own finances to create the freedom to make its own investment decisions. Five more general freedoms provided the foundation for the culture: the freedom at all levels to ask questions, to talk to partners, to change things, to innovate, and to communicate what was being done. An independent survey provider was brought in to deliver an annual organizational survey which measured perceptions around progress on the desired YH organizational model, including detailed metrics about different aspects of employee engagement.

In the Second Phase 'Embedding' 2015–2018, The focus was on ensuring the model was coherent and sustainable. This phase started with the production of a Manifesto, a guide for putting the values into practice. A tree was used as an organization metaphor to illustrate the move away from a traditional top-down structure. Front line services were depicted as branches, with leadership and management support provided through the roots. The key organization processes to support the model were articulated as the *Your Healthcare Exemplar Platform*, which linked strategy, improvement, organization culture and people in a systematic way.

A key insight at this stage was a deepening awareness of the implications of the complexity, uncertainty, and political realities of the healthcare system which Your Healthcare now had to navigate in its own right. In such an environment, procedural and process standardization are not easy to implement as circumstances are continually changing. The Cynefin Framework (Cynefin Company, 2025) was used as a basis for understanding how best to work in a complex system like this where cause and effect are rarely directly related. In these circumstances, multiple perspectives are important. Dialogue and communication are keys to successful change and transformation.

Leadership involvement was broadened. A regular 'Futures Forum' brought together representatives of all the frontline and infrastructure services to discuss on a regular basis how things were going and how the organization might best move forward (Stadler et al., 2021). An environment was created where people could explore different scenarios together, try things out on a small scale and then rapidly put successful ideas into practice. The focus changed from 'independent' teams to 'interdependent' teams. During these changes the annual staff member survey provided metrics on progress on the culture.

Leadership behaviors and competencies were discussed and debated in the Futures Forum. A model for leadership in times of uncertainty and change, previously deployed in the airport sector, was used as a starting point (Plenty & Morrissey, 2013). Key dimensions of this model are strategic thinking, managing relationships and managing oneself in the context of core personal values. Priority items were identified by the participants and incorporated into a leadership development program, *Cambium*. This program was co-developed by YH, This Is … and Ogilvie Associates.

The Cambium program provided a combination of course work, individual coaching and involvement in improvement projects. The principles behind YH were explained and articulated at the start, along with leadership expectations. There was an effort to help people develop more self- awareness and improve skills in both 'hard' and 'soft' areas including business and commercial skills, strategic thinking, different

approaches to leadership, risk awareness, proactivity and courage, building relationships, and improving resilience - areas where the demands can be higher than in traditional organizations.

Formal assessments by their colleagues of the attitudes, behaviors and performance of Cambium participants pre and post program showed a statistically significant improvement in their perceived contribution to YH. The program was independently evaluated in 2021 and assessed using the Verax ROI (return on investment) methodology (Verax International Limited, 2019). Of the programs Verax has assessed the *Cambium* program was rated in the top 5% of financial ROI ratios.

In the Third Phase 'Transition' 2019–2024, The focus was on survival and navigating the complexities of a rapidly changing landscape alongside leadership change (a new Managing Director) within the organization. There were disruptions from COVID, social & political change, and technological advances on the one hand and an underperforming NHS under extreme pressure to manage costs on the other. The NHS was operating under strong cost constraints leading to pressures to pull the successful Your Healthcare organization back under direct NHS control.

The YH response was to remain committed to its approach, continuing to focus on high quality delivery and financial sustainability, and building support with its partners. At the same time, it was looking to build on its strengths in community reputation, local knowledge, and digital innovation to lead the development of neighbourhood teams (Charles & Wickens, 2024) and develop strong partnerships with general practices.

In this phase there was also an ongoing assessment and evaluation of the different strategic choices and options available to the organization in the continually shifting economic and political environment. The deep understanding that emerged from this helped the organization to become more agile and responsive, with the ability to shift and align resources swiftly to support the broader local health care system when necessary, without compromising the delivery of its own services. (Plenty & Morrissey, 2020)

In the Fourth Phase 'Scaling' 2025+, The focus has shifted to considering how best to develop, extend, replicate and scale what is now seen as a successful model. YH is stable, trusted by partners, financially solvent, has a record of innovation, and has consistently high levels of employee engagement.

A cultural review was conducted to provide a solid foundation for this phase. The objectives of this review were threefold:

- Firstly, to understand and clearly define YH's unique culture, capturing the values, behaviors, and practices that make it distinctive and have influence on performance
- Secondly, to explore strategic approaches for integrating, replicating, diversifying, and commercializing this cultural model across different contexts and environments
- Thirdly, to develop comprehensive actionable guidelines that support the effective scaling and transfer of YH's culture in a way that preserves its core values while allowing for contextual flexibility, ensuring its integrity and impact are maintained as it grows and evolves.

2 YH Cultural Characteristics

The core of the YH mission is to deliver high quality and person-centered community health and social care services in a way that provides a higher degree of autonomy than in traditional hierarchical organizations. The expectation is that this should lead to less bureaucracy, more employee engagement, and hence better outcomes for both system performance and employee wellbeing.

2.1 Survey Results

An independent annual employee survey conducted since 2013 shows how this process has been going. This survey is both online and paper based, usually conducted between April and May each year, is open for 4–6 weeks, and takes about 20–30 min to complete. It is run by an independent provider, The Survey Initiative. 'Engagement' scores and response rates are both high and have improved over the last ten years. The response rate from the most recent 2025 survey was 82%, and the organizational engagement score was 89%. Overall trends are shown in Fig. 2 below.

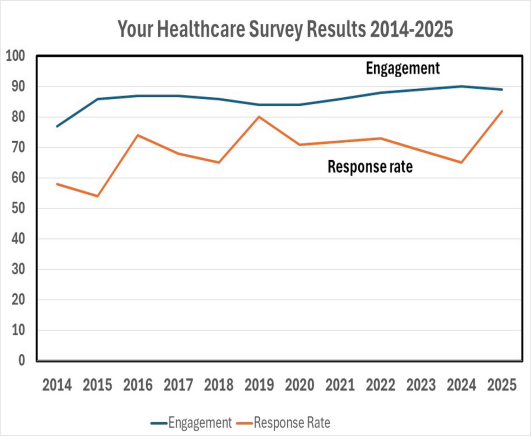


Fig. 2. YH Survey Results 2013/14–2024/25

The survey is designed to focus on factors affecting participants' morale and engagement, leading to actionable insights which support the ongoing iteration of team and organizational culture. Key engagement questions have been maintained throughout this period to ensure a consistent baseline.

An exact comparison with the NHS Staff Survey is impossible as the YH and NHS surveys have different philosophies, are of different sizes, have very different response rates (NHS much lower) and different scales. However, differences in patterns of response can be illuminating.

The NHS23 national average survey score (NHS 2024b) and the YH 2024 survey (Your Healthcare CIC, 2024) were used as the basis for this. Comparisons were made

between the 37 questions in both surveys phrased identically or with a reasonably close meaning. Negatively scored items were reversed. On a few items, NHS scales were different, and these were adjusted on an 'item by item' basis using similar logic. As the NHS survey has a 5- point scale and YH a 4-point scale, the data were adjusted for comparison with YH by adding 50% of 'neither agree nor disagree' score to NHS raw scores, which had the effect of substantially reducing the gap between the raw data from each survey.

The results showed that YH scores were on average around 12–15 points higher than the NHS average. Over 90% of the item scores in the YH survey were above the adjusted NHS scores. Response rates are generally 10–20% higher than the NHS average.

The survey shows that respondents consider YH a good place to work, with flexibility and autonomy helping them to manage their workloads. The human touch and flexibility to manage one's own work seem to make a big difference to how positively people feel about the YH organization.

Figure 3 shows the pattern of responses organized in categories, each containing a number of relevant survey items reflecting different aspects of the work experience. The largest differences in YH scores compared with the NHS adjusted scores were around people's perceptions on workload, the improvement ethos and the organization being a good place to work.

Tables 1 and 2 show the survey comparisons in more detail. Table 1 shows items where YH comparison questions scored over 20% above the NHS average, ranked from the highest to the lowest. Table 2 highlights that organisational level engagement was a key differentiator between YH and the NHS.

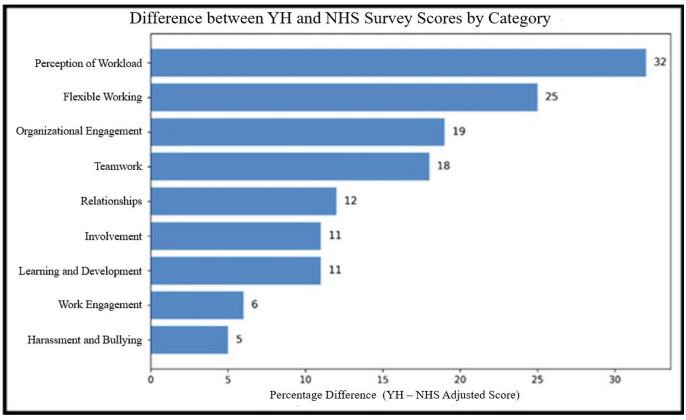


Fig. 3. Difference between YH and NHS survey scores by Category

Every service team meets to discuss the survey results and their implications between June and July each year. These meetings are generally in person and are open to all service team members. There are around 35 service teams in YH. Feedback from these sessions is synthesized at an organizational level and discussed in the YH Futures Forum which all staff members can attend.

Table 1. Adjusted differences between YH and NHS survey items showing the largest differences in perceptions

Survey items where difference between YH and NHS scores is >20% (rank ordered)
There are enough staff at this organization for me to do my job properly
My organization is committed to helping me balance my work & home life
I will probably (not) look for a job at a new organization in the next 12 months
I have adequate materials, supplies and equipment to do my work.
I am satisfied with the opportunities for flexible working patterns
I would recommend my organization as a place to work
I am able to make improvements happen in my area of work
The team I work in often meets to discuss the team's effectiveness
If a friend or relative needed treatment I would be happy with the standard of care provided by this organization.

Table 2. Adjusted differences between YH and NHS in organizational and work level engagement scores

Selected survey items showing differences between the pattern of YH and NHS engagement scores	Adjusted Difference
Organizational Level	
My organization is committed to helping me balance my work & home life	27
I probably won't look for a job in a new organization in the next 12 months	26
I would recommend my organization as a place to work	23
My organization takes positive action on health and wellbeing	16
Working Level	
I am trusted to do my job	5
I am enthusiastic about my work	4
The organization offers me challenging work	6

Qualitative data from write-in comment in the survey alongside the feedback from the service team focus groups confirm this pattern with almost identical themes emerging and a general agreement that YH is a more attractive place to work than the NHS. Recruitment and retention have proved much easier to achieve than in more traditional organizations. Many of the principles that YH operates to are consistent with best practice in this area (Plenty & Morrissey, 2017). Few people want to (re) join the NHS, despite limitations on career progression within YH because of its relatively small size and scale.

2.2 Performance Outcomes

YH's performance is demonstrably different across several key cultural and wellbeing indicators when compared to NHS averages. Vacancy rate and agency spending were less than half the national NHS benchmark, with employee absence levels around 51% of the NHS benchmark. This reflects a highly stable and engaged workforce, effective resource management, and a strong commitment to staff wellbeing. These outcomes suggest that the YH organizational culture promotes retention, resilience, and operational efficiency, critical factors in sustaining high-quality care. The fiscal benefits of these differences are highlighted in Fig. 4. These are calculated from the NHS contractual income received by YH.

Service user feedback within YH reinforces the effectiveness of the model, with formal compliments received for 1 of every 100 contacts in 2024. This is an increasing trend during the period from 2022/23–2024/25 and contrasts with declining satisfactions trends across the NHS (The Kings Fund, 2024). Complaints data for hospital and community health services (NHS, 2024a, b), indicate there are 4 complaints for every ten thousand contacts. The YH figure is less than a tenth of this, removing the need for additional layers of governance and the time lost managing additional processes for front line staff.

Additionally, the lower vacancy and absence rates mean there is less requirement for agency staff, which conservatively saves around £1 m of additional cost per annum, roughly 3.5% of the contracted value.

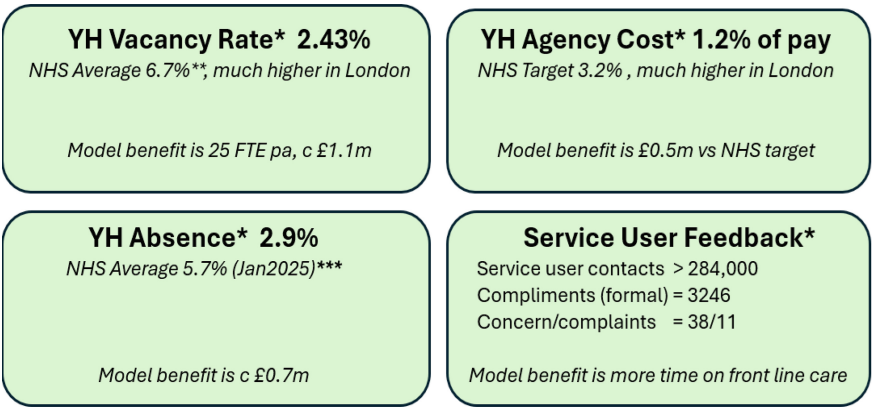


Fig. 4. Performance benefits (2024)
* (Your Healthcare CIC, 2025a, b, c, d, e) ** (Harker, Stiebahl, & Danechi, 2025) *** (NHS England, 2025)

2.3 Other Sources of Feedback on Culture

A comprehensive review of the Your Healthcare culture, based on over thirty interviews with people working in YH, commissioners, partners, community organizers and recipients of care in the community was published in 2020 (Philips, 2020). It included a series of case studies, and a detailed account of how the organization was working in practice from a sociological and organization development perspective. The author concluded that the organization model was working 'brilliantly' at the time and provided an excellent example of what the principles and practice of self-management could look like. The book includes several in-depth stories illustrating how YH members work in practice for the benefit of the community.

Participants in the in-house YH Cambium Leadership Development program run in 2020 also provided a rich source of feedback on the culture of the organization in the aftermath of the pandemic. The 17 senior leaders involved provided their own direct and honest assessments. Whilst generally positive, there were some criticisms that the pace of change was too slow.

Innovation Award

Your Healthcare's Neurodevelopmental Service team won a Nursing Times National Award in 2023. The YH team was praised by judges for demonstrating a positive impact on the quality of life for adults with learning disabilities. This was achieved in the context of stiff competition from several much larger organizations in the award category.

Commenting on the service, which helps users and carers to understand and better manage constipation, with the ultimate goal of avoiding hospital admission, the judges said: "This service was created, led and delivered by neurodevelopmental nurses to improve clinical outcomes for adults with intellectual disabilities. This patient centered approach incorporated physical and psychological behavioral outcomes with significant feedback from an array of multi-professional and patient groups demonstrating a positive impact on quality of life."

Teams within YH are given the freedom to improve and develop services. This example highlights these freedoms in action.

A further independent review by the YH Membership Council in 2024 provide a positive picture of the current state of play, confirming the findings of recent organizational surveys. There was a view that it would be timely to update and refresh the model based on the experience to date, but that the basic principles were sound.

The culture review that has been conducted in 2025 summarized the organization model, identifies areas where attention is needed and provides a solid foundation for future expansion.

Further information on the impact of the services YH provides and more case studies on innovation can be found on its website (Your Healthcare CIC, 2025a, b, c, d, e).

3 The Leadership Tightrope

Health and social care operate within highly regulated environments. However, the review of YH suggests the most effective outcomes are achieved when practitioners are empowered to co-create systems and services that are truly responsive to individual needs. This approach demands personal ownership and tailored solutions, particularly in community settings where practitioners often work independently.

Throughout the YH journey, there has been constant navigation of the challenge to balance multiple competing factors. At the core lies a fundamental question: How does the organization provide sufficient autonomy without compromising oversight and control?

It is essential that those delivering care feel confident in their ability to balance the needs of service users with professional standards, contractual obligations, time constraints, and the need to innovate alongside the inherent risks and liabilities, some of which carry personal implications for organizational leaders and the YH Board.

As a result, the YH organizational culture is built on a dynamic equilibrium between freedom and control. This balance is reflected across several key dimensions:

- *Autonomy vs. Micromanagement*
  YH strives to ensure that staff have the autonomy to make informed decisions and take ownership of their work. At the same time, it needs to mitigate the risk of excessive independence, which can lead to organizational vulnerabilities and a perceived need for centralized control. Achieving this balance requires a leadership team and Board that trust and support practitioners.
- *Ambition vs. Security*
  There is a tension between the risks associated with the need to develop the YH model and the caution of over-extending and failing to deliver current services. Risk tolerance must be collectively owned across the organization. Each service needs to understand its capabilities, constraints, and aspirations. Leadership must actively support this understanding and foster a culture where ambition is encouraged within safe and sustainable boundaries.
- *Innovation vs. Standardization*
  YH encourages its teams to pursue innovations that enhance outcomes for service users. However, as external systems and partners increasingly favor standardized approaches, local innovation can be constrained. Maintaining support for ambitious, user-focused innovation is therefore critical.
- *Investment vs. Prudence*
  Financial sustainability is paramount in an organization that cannot operate at a deficit. While prudence is necessary, it can limit organizational risk appetite. This tension may partly explain why YH has not experienced significant growth over its 15-year history.
- *Partnership vs. Sovereignty*
  As local system partners seek deeper integration, it is important to protect the key principles of the YH organizational culture and the benefits it creates. Strategic investment is required to influence partnership models and foster cultural alignment. Developing consortia and alliances that reflect YH values is key to achieving meaningful integration.
- *Interdependence vs. Independence*
  YH services and staff members need to consider the broader impact of their decisions, especially when system partners have different priorities. To influence decision-making and promote shared understanding, individuals and teams need to work closely with others and invest time in cultivating a collaborative culture.

Underlying all these dilemmas is managing the tension between operational delivery and strategic vision in a context which is heavily cost constrained and where there are many competing demands on time. The political context and power dynamics are continually shifting, and priorities can change very quickly. A linear evidence-based approach, whilst highly desirable, is not always possible to deliver within the resources available given the different perspectives and approaches taken by multiple stakeholders.

These are some of the key challenges that a leader in this kind of organization faces on a daily basis. It is like walking a leadership tightrope.

4 Potential for Replication and Scaling

The evidence suggests that YH's focus on employee wellbeing and engagement, collaboration with partners, and adding social value to the community has impacted on overall system performance. The YH culture centric model has delivered measurable benefits in operational efficiency and service quality.

The challenge at this stage is to determine whether, and if so how, the YH experience can be transferred for the benefit of the overall healthcare system. Scaling up would enable more sustained investment as well as economies of scale but any expansion needs to ensure retention of the human touch and local community focus.

Developing partnerships is a key place to start. By forming alliances with General Practitioners and engaging in local collaborations with other providers, organizations such as YH can maximize the value within the health and care system. These partnerships not only facilitate smoother integration into new areas but also enhance credibility and resource sharing, which are vital for scaling operations efficiently.

There is a significant opportunity for replication, where core elements of the model could be duplicated and scaled both nationally and internationally. Strategic replication requires a robust framework that can be adapted to different contexts while preserving the core values and effectiveness of the original model.

A further strategic avenue is commercialization of the model. As the organization matures, it can leverage its expertise to offer advisory services and experiential knowledge to other entities seeking to implement similar models. This not only diversifies revenue streams but also positions the organization as a thought leader in its field, further enhancing its reputation and influence.

Growth is not without its challenges. One key concern is maintaining cultural integrity. As the organization expands, it must ensure that its core values, mission, and internal culture are preserved across all locations. Ensuring good data quality is critical for benchmarking and evaluation. As operations scale, the volume and complexity of data increase. High-quality, consistent data is essential for measuring impact, informing strategic decisions, and demonstrating value to stakeholders. Investing in robust data infrastructure and governance is therefore a strategic imperative.

The leadership challenges are not to be underestimated. Adapting to diverse service contexts is essential. Different regions may have varying needs, regulatory environments, and stakeholder expectations. Leadership style must be flexible enough to accommodate these differences without compromising the organizations values. Leaders have to balance freedom and control on an ongoing basis.

The YH model represents a compelling case study in public sector innovation. The design of an environment which empowers employees and gives them ownership of the services they provide has proved to be a successful approach to promoting employee wellbeing and optimizing systems performance.

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