

Clinical Leadership NEWS

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Celebrating clinical leadership at Barts and The London

Effective leadership and the positive impact it can have on patient care was the focus of the “Leadership in Action” day on 13 May which celebrated the work of participants on the RCN Clinical Leadership Programme at Barts and The London NHS Trust

Expertly chaired by Jane Canny, Senior Nurse for Practice Development, the day was opened by Chief Executive Paul White who, in an inspiring address, set out the political and strategic context in which leadership occurs and reiterated the key role that sisters and charge nurses play as leaders of and ambassadors for the work of the Trust and its drive towards excellence.

The day unfolded with presentations from clinical leaders such as Silobile Moyo, a Senior Occupational Therapist, who described how she had changed her practice as a result of collecting patient stories and undertaking observations of care. Vivienne Diggle and Yvonne John, senior sisters in children's services, also shared their experience of managing a complicated ward merger process and described the development of their own facilitation skills through planning and leading a team away-day.

For those working at “the careface”, the value of action learning was forcefully advocated by another clinical leader, Sean Smith, Senior Nurse for Infection and Immunity. He made explicit the links with clinical governance and professional accountability, and spoke of the need for clinical staff to “modernise our minds as well as our services” through structured reflection.

The benefits of the organisation's investment in leadership development were clearly demonstrated by the dramatic contribution from the clinical leaders. In a witty satire of



Local Facilitator David Sweeney with the clinical leaders and, in the back row: Elaine Law, Deputy Director of Nursing; Katherine Fenton, Director of Nursing and Quality; and John Ashworth, Trust Chairman.

daytime TV talk-shows, the participants communicated some of the roles, processes and theoretical ideas of the programme.

David Sweeney, Senior Nurse for Leadership Development, who gave an overview of the aims and principles of the programme, commented: “This dramatisation reinforces the emphasis the RCN programme places on innovation, creativity, risk-taking – and having fun!”

This theme of “playfulness” combined with practicality was reiterated by Katherine Fenton, Director of Nursing and Quality, in her lively presentation which summarised the day's learning experiences and set out her own personal philosophy of care and approach to leadership.

The day was brought to a close by the Chairman of the Trust Board, John Ashworth, who revealed his acquaintance with the founder of action learning, Reg Revans. “Reg,” said the Chairman, “would have been both surprised and proud to see his ideas brought to life so powerfully today.”

AROUND THE UK

Wales celebrates the RCN Clinical Leadership Programme

A celebration event to recognise the achievements of the RCN Clinical Leadership Programme in Wales was held at RCN Wales in Cardiff on 29 June. Over 60 clinical leaders attended as well as trust facilitators, directors of nursing and other key stakeholders representing the NHS trusts in Wales that have recently completed the programme.

The event was an outstanding success and included an array of distinguished nurses and speakers from across the UK, including Jonathan Asbridge, President of the Nursing and Midwifery Council; Rosemary Kennedy, Chief Nursing Officer for Wales; Sue Gregory, Director of Nursing at Cardiff and the Vale NHS Trust; and Geraldine



Front row: Eirlys Warrington (Chair of RCN Council and RCN Welsh Board), Kim Helling, Linda Davies (Bro Morgannwg NHS Trust) and Margaret Roberts (North East Wales NHS Trust).
Back row: Di Fisher (Conwy and Denbighshire NHS Trust), Jane James (Carmarthenshire NHS Trust), Angela Baker (North Glamorgan NHS Trust), Paula Davies (Swansea NHS Trust) and Jan Garnett (Conwy and Denbighshire NHS Trust)

Cunningham, RCN CLP Director.

Gerry Ingram from IBM provided a leadership view from the private sector and the day was interspersed with

interactive and energising sessions as well as presentations from clinical leaders who skilfully articulated the impact of the programme on patient care in their organisations.

MP visits clinical leaders in North Wales



The theme of the day was networking and political awareness when Chris Ruane MP (Labour, Vale of Clwyd, North Wales) took time out of his busy parliamentary schedule to meet participants in the RCN Clinical Leadership Programme from North East Wales NHS Trust, and Conwy and Denbighshire NHS Trust.

The clinical leaders shared their views with Mr Ruane, who invited both positive and negative comments concerning Government policies and stances. A wide variety of issues were debated, including child care arrangements for working parents (especially nurses and other health care professionals), the record of the Labour Government, university tuition fees, taxation, and current and future health policy.

Mr Ruane commented that the clinical leaders were “particularly well-informed and challenging in their questions and comments.”

A report by MARK HUNTER, Trust Facilitator, RCN CLP, Pembrokeshire and Derwen NHS Trust.

Clinical Leadership with the Territorial Army (TA)

The participants of the RCN Clinical Leadership Programme from a number of trusts and boards in Wales recently spent a weekend with 203 (Welsh) Field Hospital (Volunteers).

During the weekend the leaders and their facilitators had the misfortune to find themselves held captive in a prison camp from which they had to escape through an electric fence after having first created a counterweight to release the door to their prison. They then had to traverse a minefield – blindfolded – without using verbal commands (sadly, not all “survived”!).

After having (un)successfully navigated the minefield, they then had to cross a chemical spill using stepping stones which they had to take with them, only to discover that their supplies had been inconveniently parachuted into the middle of another minefield. Getting those supplies tested the teams’ ingenuity and perseverance. The escape culminated in their abseiling back into the barracks. All in the space of one afternoon!

Somewhat surprisingly there were no



(serious) injuries and not only did most of the participants discover muscles they didn’t realise they had, they discovered and practised some leadership skills and strengths they also didn’t know they had.

The weekend had a serious side to it as

well. Excellent presentations and lectures were given by Hospital staff of and the clinical leaders had lots of opportunities to develop their networks throughout Wales. It’s envisaged that this will become an annual event for Welsh clinical leaders.

RCN CLP in Scotland goes from strength to strength!

The RCN Clinical Leadership Programme is now running in 20 NHS organisations across 80 per cent of the NHS boards in Scotland, including all the island boards. By the end of the term of the current business case (December), approaching 700 clinical leaders and their teams will have completed the programme.

In addition, in excess of 300 will have completed *Inspired to Lead*, a four-month leadership development programme. In total over 1,000 clinical leaders will have had the opportunity to access an RCN Clinical Leadership Programme across all of the NHS Boards in Scotland.

The Scottish team prepared a business case to develop and sustain the programme in Scotland. It will be delivered over a two-year period and ensure that a further 350 clinical leaders have the opportunity to undertake the programme; 350 clinical leaders are offered a place on *Inspired to Lead* and a further

100 senior nurses and nurse consultants have an opportunity to undertake *Liberating Leadership*, a six-month programme built around the values and interventions of the RCN CLP.

The business case was submitted to the Scottish Executive in April and the RCN have been granted £0.5m by the *Facing the Future* group which is chaired by Health Minister Malcolm Chisholm. The group, which includes a wide range of professionals from across Scotland, fully supported the business case and recognised the real difference that the programme has made to patients, staff and organisations across Scotland.

Hazel Mackenzie, Head of Clinical Leadership in RCN Scotland, will be leaving the RCN for a two-year secondment to the Scottish Executive Health Department to work with the NHS Boards in implementing the Leadership Development Framework for the NHS in Scotland, published by SEHD in April.

JANE EGAN is Clinical Leader, Aintree Hospitals NHS Trust

The Lotus Blossom brings clarity to future aspirations

Have you reached your full potential? Do you know where you want to be in your career in five years' time or even in 12 months? If you answer **no** to both of those questions, then read on – you are not alone.

During my 20-year career, I have had 10 different jobs within nursing. On reflection I had no real direction or constructive consideration of work satisfaction. Like many people I wanted to reach my full potential, but had no idea how to fulfil this desire, a realisation that was long overdue and depressingly delayed. Many years of my working life have been spent sabotaging my own success or in a state of procrastination.

In June 2003, I got a place on the RCN Clinical Leadership Programme. Although inspired, I remained cynical at the beginning and believed that it would be difficult to increase confidence. During a one-to-one with the Programme Co-ordinator, Carmel Hale, it became apparent that a vision for personal development was lacking.

Carmel introduced me to the “lotus blossom” technique, I experimented with it and the results were astounding, I could not believe the clarity of my findings. There was a strong link with the nurse consultant role and areas that I had identified of interest within the working environment. This had not been a role I had ever seriously considered or even aspired to.

I practise yoga and knew that the lotus blossom is a meditation tool that leads to enlightenment. During this transitional period, the programme led me down a path of self-discovery and the lotus blossom has provided a framework for future aspirations. It was developed by Michael Michalko¹ and is easy and quick to do.

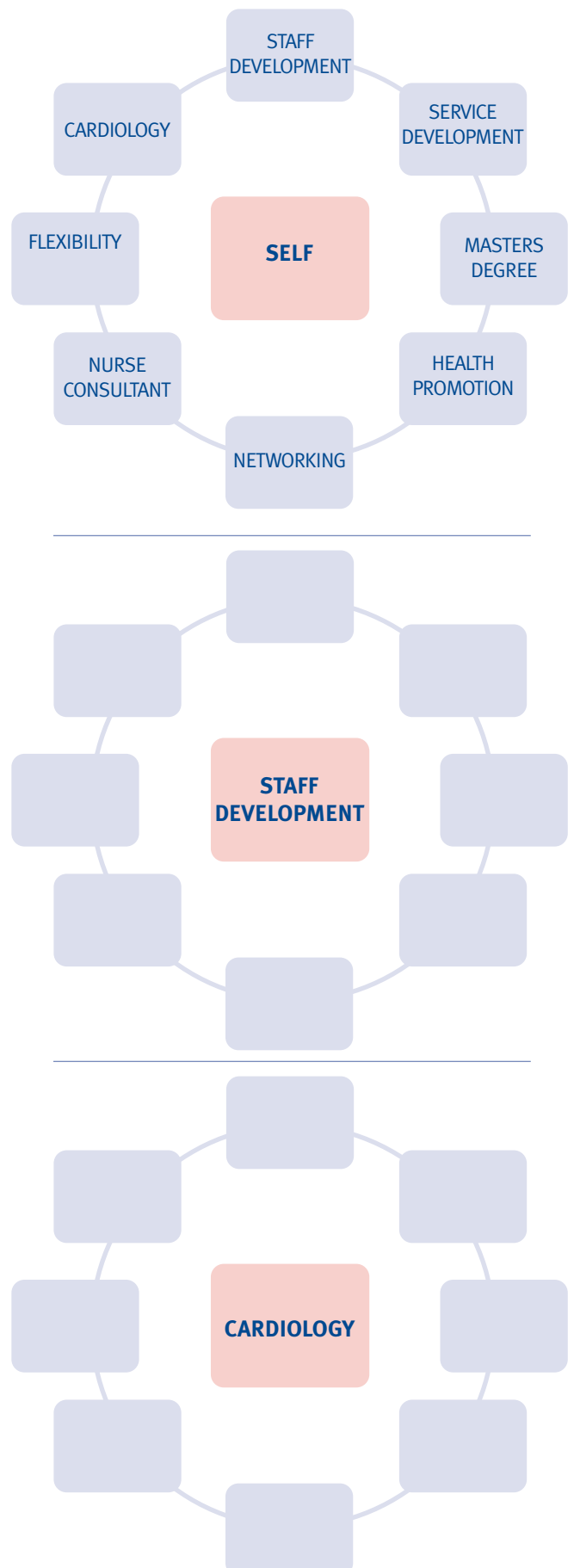
Here is an illustration of how I used it.

- Start with a box in the middle, which represents yourself
- Surround this with boxes that represent all the areas of your work that you enjoy or you have an interest in.
- Now take each one of those boxes and repeat the same procedure, preferably on a flip chart so that you can get an overall view.
- You should now have about 100 boxes. Look for connections and common themes.
- This will give you a clear and structured idea of what you want and enable you to set clear aims and objectives for a successful and inspiring career.

Continue until you have repeated the process with all eight boxes.

Reference

¹ Michalko, M (1994) Thinkpak, Berkeley, California: Tenspeed Press.



Here's some good advice from TRACY BALE, Dermatology CNS, Gwent Healthcare NHS Trust.

TOP TIPS: Putting a portfolio together for accreditation?

During the programme and the following months:

- **Save everything**
- **Reflect** on your daily work, formal study days, shadowing opportunities or meetings you attend.
- **Complete evaluation forms** during the programme. These will be a useful reminder when you start putting your portfolio together
- **Manage yourself!** Use your study time effectively. You won't get this opportunity again so make the most of it. Shadow as many people inside the trust as possible, but think further afield – the sky's the limit!

Putting your portfolio together

- 1 Allow yourself plenty of time.** If work pressures are making it impossible to fit in, negotiate additional study time. This is a reasonable request which your manager is likely to support, especially if you did not take all your allocated time during the programme.
- 2 Make a start!** Sort through everything you have kept. Decide what is useful and what is not, but don't throw anything away at this time.
- 3 Think logically.** Start with section one and proceed methodically. Tackling it one step at a time gives a sense of achievement as you see your portfolio taking shape.

- 4 Get organised.** Sort evidence into sections, using different folders for each of the five standard areas
- 5 Stay focused.** Proceed to developing mind maps for each standard statement. This will help to focus your thoughts on what evidence you wish to use.
- 6 Develop a list of evidence.** Work through each standard and identify which part of the standard criteria your piece of evidence relates to.
- 7 Update some of your reflections.** You may find that your opinion has changed since it was originally written. This provides evidence of continued development since completing the programme. Review the action plans from your patient story and observation of care reports
- 8 Help the assessor navigate their way through your portfolio.** Number your pages using stickers in the corner of each page and add to your contents list of evidence. This will provide useful signposts for the assessor.
- 9 Stay motivated.** It may take a long time to complete the portfolio. Use your local facilitator for support and advice
- 10 Celebrate success!** Your portfolio gives recognition of the qualities and skills that you have developed while on the Clinical Leadership Programme. Achieving accreditation is not only good for you, but gives the positive message that your organisation has high standards of clinical leadership.

NEWS UPDATE

Leadership at the Point of Care

All seven facilitator development programmes have started. Almost 140 participant programmes have taken place and another 372 are booked for the future. Participant evaluations have been positive and here are some comments on what they have learned from LPC:

- "My most important learning is that the patient is always at the centre, something that is sometimes forgotten with all that goes on around them."
- "The confidence to approach senior staff to discuss improvement in patient care ..."
- "... how just making a subtle change can have repercussions for patient care throughout the organisation."

Clinical Teams Project

The Clinical Teams Project is well underway. We are currently working with 51 health and social care teams from 23 organisations.

There are 133 team representatives from a wide range of disciplines, including nurses, doctors, support workers, social workers, managers and occupational therapists. Teams have completed the team performance inventory and are undertaking patient stories and observations, and developing service improvement action plans.

The programme has been well evaluated so far. Reported impact has included:

- increased clarity of team roles, team membership and team objectives
- increased partnership working between disciplines and organisations .
- increased focus on service users
- opportunity to work on and implement service development initiatives.

We recruited 50 teams for the September cohort which is now full. If you are interested in future programmes or would like more information, contact Jasvir Ropra on 020 7647 3951 or email jasvir.ropra@rcn.org.uk

Discover yourself – inspire others

The Clinical Leadership Team has recently launched a 12-month leadership development programme for individual health and social care practitioners who manage and lead a team and who want to maximise their own performance and that of their team.

Participants need to have a strong commitment to personal development and the desire to review their personal style and approach to leadership. Additionally participants need to be committed to establishing continuous patient-centred quality improvement as part of everyday practice.

The programme consists of 23 facilitated days and costs £1,450 per person. For more information, contact clinical.leadership@rcn.org.uk or telephone 020 7647 3836.

IMPACT OF THE PROGRAMME

PAT COTTON, East and North Hertfordshire NHS Trust, completed the programme in March 2004.

FIRST PERSON

What did I learn during the RCN Clinical Leadership Programme?

Throughout my career I have been clinically based, initially as a general nurse and for the majority of the time as a midwife. I have practised in a wide variety of settings, community and hospital, and worked in all areas of maternity – for most of the programme as a labour ward sister.

I am now an Education Facilitator for Midwifery, based at the Lister Hospital. Like many of the participants I changed my job during the programme.

Being clinically based for so long my focus has always been patients and clients. As a labour ward sister I'd have ideas and standards that I wanted to see developed, but wasn't always able to see them through as it is very easy to get bogged down with clinical issues.

Having little management experience I embarked on the CLP with what I knew best – patients. I decided to use the issues raised by patients as the basis for my development.

From my observations of care and patient stories, several issues were raised – from small but significant problems that were dealt with immediately to more complex issues that have been more difficult, and have taken time and perseverance to resolve.

Lots of very positive comments were made about the care provided, particularly around kindness and caring, which were fed back to the staff. One of the issues that stood out as a real learning opportunity was nutrition provision for the mothers on our wards.

Food for thought

During patient stories, several mothers commented on food availability on the wards and wanted easily accessible food and drinks.

On discussion we felt that as nutrition is a benchmark for *Essence of Care*, this would be a good topic to look at for our first *Essence of Care* commitment. The patient stories would form part of our evidence for the benchmarking.

We felt that mothers needed food to be flexible with 24-hour access. Labour is usually in the middle of the night and women need to eat in normal labour. Also breastfeeding makes you ravenous and, believe it or not, babies *do* feed in the middle of the night!

Initially I led the *Essence of Care* group, but then as my role changed to that of Education Facilitator, I decided to co-lead the project and encourage one of the F grade midwives to take on more of a lead role.

We developed a maternity nutrition survey with the Audit Department. The findings correlated well with patient stories. We liaised with our comparison group, the gynaecology ward, regularly.

Early on we contacted the catering department. Initially there was some misunderstanding on both sides of what we wanted to achieve, but with perseverance we developed a good working relationship. With their help we devised a patient information leaflet with details of how the mothers could access food and snacks – we now have a self-service drinks machine in the ward area.

Team members each had their own action points which enabled us to reach our goal. By involving the wider team early – that is, the Catering Manager and the Housekeeper – we were able to move forward. Our strong links with the catering department will enable us to be flexible.

Keeping the vision of what we wanted was paramount – it wasn't always easy with restrictions and regulations. Health and safety restrictions meant we couldn't have the direct patient access to food that we wanted – for example, a toaster.

In the end the team achieved the goal, even though the way we got there fluctuated.

MARGARET ROBERTS is Clinical Nurse Specialist/Prosthetic Services Manager at the Artificial Limb and Appliance Centre, North East Wales NHS Trust.

FIRST PERSON

And we thought there was no room for improvement!

I am a G grade Clinical Nurse Specialist at the Artificial Limb and Appliance Centre at Wrexham, North Wales. I take great pride in the department and the care that I give to patients and families, and I didn't think that we could improve the care and service we give.

On commencing the RCN Clinical Leadership Programme in April 2003, I didn't really know what to expect or how it might affect me, my patients or my role, but I went into it with an open mind and a positive attitude.

Our Facilitator arranged for the Trust's Head of Modernisation to come and speak to us, and to demonstrate process mapping and how we could use this method to make changes in our own clinical areas.

After understanding the process and reading the *NHS Modernisation Agency: improvement leaders guide*, I decided there was scope to improve the service we gave to patients

Clinical leaders in their own words

after all. With my new-found skills, knowledge and confidence I set about putting the theory to practice and arranged some process mapping sessions with members of the multidisciplinary team, looking at the way we organise and run our clinic sessions.

Previously patients were seen all together in communal fitting rooms, with the prosthetists juggling their time between as many as 15 patients. This resulted in less than perfect communication and patients' problems not being addressed promptly due to lack of time, excessive noise and work pressure. Several return visits would often be necessary, leaving patients with uncomfortable limbs for an unacceptable amount of time, as well as incurring excessive travel time, expense and inconvenience.

After the process mapping exercise, we made changes to the appointment system so patients now have a full hour in private with their own prosthetist. This gives us time and opportunity to discuss problems and deal with them, then and there. There are now virtually no return appointments, which has meant a vastly improved service with guaranteed privacy and dignity.

Prior to the programme I thought we were doing our best; now, with the skills, knowledge and confidence I gained, I can see that we weren't quite as good as we could have been, but we were able to make changes that have improved our service.

SARAH KIDD-MAY is Leadership and Development Facilitator, Nuffield Orthopaedic Centre NHS Trust, Oxford.

FIRST PERSON

We set about improving the patient experience together

One afternoon in May participants on the Clinical Leadership Programme at the Nuffield Orthopaedic Centre hosted a workshop to share the themes from our patient stories. Over 30 members of staff including executive directors, general managers and clinicians attended the event which also involved developing action plans to address some of the topics identified in patient stories.

The workshop was an excellent opportunity to celebrate what patients valued about their experiences at the Trust. These are a small selection of patient quotes from the 48 stories:

- "In the Gait lab the staff explained everything – we felt involved and it was a fascinating experience."
- "Care is in a different league – nothing was too much trouble."
- "Recovery was fantastic – they involved parents and answered all our questions."

- "The pre-assessment on Mayfair was efficient, timely and with a quick succession of the team. Staff were professional, caring and everything was explained."
- "I felt taken under the wing of the Supported Discharge Team – they made sure I was safe."
- "There is patient-centred care here – you are treated with respect."

Being able to share what patients valued from their hospital experience was thoroughly appreciated by staff and the rest of the workshop was positive, constructive and energetic.

Meet Mrs Bean

To illustrate some of the other themes identified from patient stories, the clinical leaders performed a sketch which followed "Mrs Bean" as she travelled around the hospital highlighting her experiences in Outpatients, Pre-admission, and various wards and departments. They managed very successfully to present the messages humorously, but with a powerful impact.

In the second half of the workshop participants divided into three groups and developed action plans together to address some key issues around the themes of "Wait" and "Communication".

The action plans developed included:

- process mapping of patients attending Pre-admission Clinic
- developing an admissions form appropriate for children
- reviewing the process and information given when patients are cancelled
- improving communication of any waiting time in Outpatients
- reviewing information provided to patients about "nil by mouth".

Progress has already been made in taking forward these actions which will continue to be monitored and reported through the Leadership Steering Group. Many workshop participants said how much they enjoyed the afternoon and how useful it had been to work in groups with clinicians, managers and Trust Board members to address issues.



"Mrs Bean" with some of her friends.

IMPACT OF THE PROGRAMME

Lead Nurse MARTINA SWINBURN, and her senior nurse colleagues SIMON PULLIN and ALISON FOX, have all completed the RCN Clinical Leadership Programme at Royal Free Hampstead NHS Trust in the last two years.

FIRST PERSON

Patients showed us the way ahead at Royal Free Hampstead

The observations of care and stories of patients using the Royal Free's health services for older people are being used to shape future developments.

We undertook the work as part of the RCN Clinical Leadership Programme. It enabled us to look at each clinical area through practice observations and patient stories, and be able to share this valuable information with the service.

Many common themes emerged which enabled the team to take a proactive approach to developing its service. This was supported by all staff who understood this process, valued the findings and took a positive view of feedback and actions to be undertaken.

The team identified areas for development that coincided with issues highlighted in the National Service Framework for Older People.

This three-pronged approach identified the need to improve the information we give to our patients. A multidisciplinary group was established and action plans developed. So far this group has developed large ward maps so that patients and visitors to the wards can orientate themselves to a new and often strange environment.

We are also reviewing the final drafts of a patient information booklet and a wall chart that depicts the different uniforms that users may come across. Patients have welcomed this information – as one said: "This is great – it is difficult getting to grips with the various uniforms. The booklets contain all the information I need during my stay on the ward."

It was felt that the environment lacked co-ordination and so we decided to develop the role of the housekeeper and to order equipment such as white boards to ensure individual bed areas were more orderly. The team participated in the National Protected Mealtimes Day to promote and demonstrate this important aspect of care. Housekeepers are now in post and, as Jackie Lord, Housekeeper, Marsden Ward, says: "Having time to spend with patients has been valuable and has helped us focus on making changes and improvements to our ward environment."

A strong urge to enhance privacy and dignity prompted the team to take a key role in making Trust staff aware of customer care issues. Patients and relatives had very strong views – and sometimes concerns – around the service and

care. Working closely with the patients Advice and Liaison (PALS) team, there are now regular walkabouts in the areas which provide feedback for all staff. Staff and patients have responded well to this.

Martina Swinburn said: "Feedback from our PALS team has been invaluable. We have been able to address concerns as they arise and build up links with the PCT in addressing patients' concerns and improving the service we provide for both patients and staff."

The Clinical Leadership Programme has been an excellent source of knowledge and support for the team. We plan to support the sisters and charge nurses on the programme in the future and look forward to the improvements and challenges ahead.

Louise Timms is Local Facilitator at Essex Rivers Healthcare NHS Trust.

FIRST PERSON

What on earth can a football club and an NHS hospital have in common?

What could we possibly learn from the experiences of the people who run Colchester United Football Club?

Well, quite a lot more than you might first imagine!



A group of clinical leaders on the RCN Clinical Leadership Programme in Essex Rivers Healthcare Trust recently found out just how many parallels can be drawn between their own roles and responsibilities, and those of the Chief Executive and Youth Team Coach at Colchester United Football Club.

Colchester United is a Second Division football club and one of the most cash-strapped in the UK. Maintaining financial probity within the constraints of a very tight budget is one of the huge challenges faced by Marie Partner (Chief Executive) – one that has resonance for all the clinical leaders!

Despite this, the club hold exciting aspirations for their future and invest heavily into it in other ways. They have developed a very robust youth training programme, led by Mickey Cooke, within which they strive to grow their own "stars" for the future. These youths are seen as having the potential to bring success on the pitch and thus help to ensure financial security for the club in the long term.

Clinical leaders in their own words

Marie talked about her role as one of only four female chief executives of football clubs in the UK and her choice of leadership style and behaviours. She puts a huge amount of emotional energy into her work and was able to demonstrate how it had paid dividends in terms of raising the profile of the club in the local community.

Developing networks outside her own organisation was clearly a role to which she attached great importance and I believe that the group had much to learn from her experiences.

Investing in the future

As an ex-professional player, Mickey Cooke is clearly an expert in his field, but it was his values, beliefs and actions as a leader and a coach which proved to be so insightful for our group. He drew clear parallels between the work that he does with his “apprentices” and the type of investment that needs to be made with novice team members within wards and departments in order to develop healthy, effective teams that achieve the right results.

He emphasised the importance of regular feedback and explained how he achieved this on both an individual and team basis. We were surprised by the extent of the pastoral role he assumed when developing each apprentice’s potential. Mickey had a clear, positive role modelling function and the value of this was further enhanced by the mentoring relationships he establishes between youth team members and their “professional contract” colleagues.

The afternoon was seen as extremely valuable by all the clinical leaders who attended. Some initial reservations were quickly overcome and comments afterwards demonstrate a recognition that many of the problems faced by clinical leaders are not unique to nurses, but are also faced and managed daily within other organisations.

How this new understanding will be translated into practice remains to be seen, but it is clear that the group recognise that there may be scope for them to take different approaches to deal with “old challenges” that had appeared previously to be chronic, intransigent and insurmountable.

As one clinical leader said: “The visit enabled me to understand more about the coaching role, while comparing and contrasting their role with the role of the ward leader/manager, and how to keep individuals committed and motivated during a financially challenging period ...

“It was evident that the football leaders have a particular advantage that they are able to coach the team as a whole at a regular session, which reflects back to the advantages of having team study days. The coach seemed very keyed up on the individual character traits and personalities of the youngsters, who he understood as individuals within the team. He is very clear about the management skills required to get the best out of his team.”

JOANNA BEVERIDGE reports from NHS Borders.

FIRST PERSON

At no time did I feel that the CLP was not relevant to me as an occupational therapist

In October 2002, I started the RCN Clinical Leadership Programme, along with 17 others – 15 charge nurses from a variety of clinical settings across NHS Borders, one physiotherapist, one speech and language therapist, and myself, an occupational therapist.

We officially completed the programme in October 2003, which has given us the chance to reflect on our experiences. Overall I feel I am now more able to identify issues which arise, think of solutions and act on them. I am primarily attributing this skill to the workshop we had on conflict management. Before, I may have tended to ignore issues, hoping they would go away, but not now!

A large part of the programme was given to patient stories and observations of care. Although I have daily patient contact, using these two powerful tools has made me more aware of patients’ experiences of care. I am therefore more aware that what may be an ordinary day for me may not be an ordinary day for them.

We were able to make some practical improvements to patient care. Our treatment room is a through-way to other areas and therapists often walked through when patients were being treated, instead of taking the long way round (which isn’t really very long). Staff now endeavour not to interrupt treatment sessions.

We also had a massive clearout in our department as it was full of obsolete equipment and, from our observations of care, it was clear the treatment room was very cluttered.

Within one of the wards I work in, a patient, during his story, commented that nurses didn’t always introduce themselves and whiteboards in rooms weren’t updated with who was on duty for that shift. This was discussed with the ward sister and the situation has improved.

Generally, within occupational therapy, the observations of care and patient stories carried out were positive and this was fed back to staff.

Another helpful workshop was on the Myers Briggs Type Indicator which has increased my self-awareness and self-perception. It also enabled me to understand the normal differences in people as regards their energy source, information gathering style, decision-making and lifestyle.

The leadership “journey” culminated in a successful poster presentation by the group to clinicians and management from NHS Borders. This enabled us to share in an informal way, our experiences with colleagues.

IMPACT OF THE PROGRAMME

The programme was not without its pitfalls. Nurses on the course received some backfill monies for the time they spent on the programme. Allied health professionals did not. I therefore had to rely on my colleagues to cover my clinical work. Without their ongoing support I could not have continued with it.

However, at no time during the programme, did I feel that the content was not relevant to an AHP. Every topic covered was applicable to all the professions represented. My only hesitation in recommending the programme to colleagues was the lack of backfill money.

I have benefited from the programme immensely. It has assisted me with my personal and professional development and has enhanced my managerial and clinical roles in practice. It has made me more self-confident, empowered me in my role as Deputy Head and increased my motivation to take action about identified issues.

This report is from ALISON MACVIE, Health Visitor/Child Protection Named Nurse, Western Isles; SUSAN MATHESON, Health Visitor, South Uist; and SHIRLEY TUTHILL, Staff Nurse, Uist and Barra Hospital, Benbecula.

FIRST PERSON

It's given us a resource to build upon in the Western Isles

Our "remote and rural" programme ran from September 2003 till May 2004, and included three separate development weeks spread over that period. This meant staying away from home which was a commitment in itself as we were an all-female

group with a lot of family commitments. Hazel and Theresa, our programme facilitators, travelled from Edinburgh and we decided to split the venues with two weeks on the island of Lewis and one on Benbecula.

At the beginning we were all unsure about what to expect, especially when the first piece of work was a Leadership Practices Inventory questionnaire to our colleagues and manager about our leadership skills – an exercise which was repeated at the end and used to give us constructive feedback.

We had the advantage of support from the first cohort who had completed the programme and their enthusiasm encouraged us all.

The main thrust of the programme was to develop our leadership skills to enhance the quality of our service provision. The challenge we all enjoyed was the opportunity to become more self-aware because, as nurses, this was an experience most of us had never been encouraged to do.

Our development progressed throughout the programme by monthly action learning sets where we discussed personal professional issues with the aim of developing an action plan to deal with each one. The topics we had already explored with the facilitators included personal development, self awareness, networking/political awareness, emotional intelligence and teambuilding which prepared us for the action learning sets.

Between weeks two and three, we worked in pairs and undertook observations of care in clinical areas to give us a better understanding of the environment from a patient's perspective. Patient stories, which we taped with clients outwith our own clinical area, gave us more insight into individual experiences of receiving care.

Completing the programme does not conclude our learning – it is a resource for us to build upon as we progress in and develop our careers.



2005 SEMINAR WORKSHOPS

All 2005 seminar workshops for experienced local facilitators run from 11am to 3pm and are free for local facilitators from trusts with a current continuation licence.

Tuesday, 18 January
Developing effective teams
 RCN HQ London

Thursday, 24 February
Developing effective teams
 Leeds RCN

Thursday, 22 March
Political awareness
 RCN HQ London

Thursday, 21 April
Political awareness
 Bolton RCN

Thursday, 19 May
Linking the themes of the patient focused activities to the national agenda
 RCN HQ London

Tuesday, 21 June
Linking the themes of the patient focused activities to the national agenda
 Birmingham RCN

Tuesday, 19 July
Personal development
 RCN HQ London

Tuesday, 23 August
Personal development
 Leeds RCN

Tuesday, 20 September
Evaluation and articulating the impact of the RCN CLP
 RCN HQ London

Tuesday, 18 October
Evaluation and articulating the impact of the RCN CLP
 Bolton RCN

Tuesday, 22 November
Research issues
 RCN HQ London

Tuesday, 6 December
Research issues
 Birmingham RCN

If you plan to attend any of these seminar workshops, contact the RCN Clinical Leadership Team Office on 020 7647 3836 or email clinical.leadership@rcn.org.uk

Unleash your potential with the **RCN Institute**

Have you ever thought about studying for a qualification with a nursing focus but weren't sure how to fit it around your busy lifestyle?

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- **BSc (Hons) Nursing Studies**
- **MSc in Nursing**

We believe that your journey with distance learning will bring you change and opportunity, but don't take our word for it. Current BSc (Hons) Nursing Studies student Jennifer Illingworth describes her experience of distance learning.

She said: "In 1999 I decided to undertake some further education, but was unsure what I should do. I was determined to take a course that would be both relevant and beneficial to my work, but working in an area as specialised as the National Blood Service (NBS), this did not prove to be an easy requirement to meet.

"Whilst reading the *Nursing Standard* I saw an advertisement for the RCN's distance learning programmes, in particular the Diploma in Health Services Management. At that time I was the clinical team manager of a mobile blood collection team and the learning outcomes of the course met my needs perfectly. I did, however, worry about my ability to complete the course, never having undertaken any formal academic study before. I was quickly put at ease by a helpful and friendly tutor who helped me to understand my strengths and to work on the areas that needed developing.

"After successfully completing the Diploma, I decided to continue my studies with the RCN Institute by enrolling on the top-up degree in Nursing Studies. These courses have increased both my confidence and professional development and I now have the studying bug! I have changed jobs several times since beginning my studies and am quite certain that this is a direct result of my new-found confidence.

"I have recently been promoted to the role of National Standards Manager in the NBS which has been a personal goal of mine for some time. I am writing this as I am about to embark on my final module, which is both an exciting and scary thought! I wonder what will be next?"

Her advice to potential students is

"If I can do it, then you can too!"

The hardest part of any journey is taking that first step. Take yours today. Contact us now for a prospectus.

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Email: distance.learning@rcn.org.uk

Call: 020 7647 3700

RESOURCES

NHS Modernisation Agency: 10 high impact changes for service improvement and delivery.

This guide sets out 10 key principles, distilling work the Agency has done with hundreds of frontline organisations and thousands of NHS staff over nearly four years. Access it at www.content.modern.nhs.uk/NR/rdonlyres/6EoD282A-4896-46DF-B8C7-068AA5EA1121/654/HIC_for_web.pdf

The future nurse: evidence of the impact of registered nurses

By Elizabeth West and Anne Marie Rafferty (London School of Hygiene and Tropical Medicine, Health Services Research Unit) and Annette Lankshear (University of York) The RCN commissioned this paper as an independent review of the evidence of the impact of registered nurses on patient outcomes.

The paper provides an overview of recent research linking the registered nurse workforce to patient outcomes in acute hospital settings, both clinical and care quality outcomes. It puts forward convincing evidence of a direct relationship between the registered nurse workforce and patient outcomes. Access it at www.rcn.org.uk/aboutus/policy/futureurse.php

Achieving timely simple discharge from hospital: A toolkit for the multidisciplinary team

The Department of Health has launched this toolkit which provides best practice guidance to simple discharge from hospital. It focuses on practical steps health and social care professionals can take to improve discharge. Access it at www.dh.gov.uk/policyandguidance

BOOK REVIEW

Shared governance: making it happen

By John Edmonstone

Published by Kingsham Press, Chichester, 134pp, £19.95. ISBN: 1-904235-12-3

These days, it is essential that clinical leaders and managers of nursing keep abreast of trends in the art and science of management. However, when terms such as “governance”, “accountability” and “leadership” are freely used and loosely defined in the policy and research literatures, there is a danger that this may confuse – and so disempower – practitioners.

This feeling may be intensified if they are working in organisations with a “top-down” management style, but an official rhetoric about “bottom-up” participation by staff. In such situations, although frontline clinical staff are working at the interface between a health care organisation and its patients/clients – and are critical to its effectiveness – they often feel powerless to influence organisational policy and practice.

This book should prove a valuable aid for clinical staff who are experiencing such feelings: it is a clear and succinct guide both to the concept of “shared governance” and to the practicalities of making it work.

The first section traces the origins of the shared governance movement to North America. In the 1990s, it attracted notice in the UK, most notably among nurses, who were already casting around for ways of breaking through the traditional “command and control” management hierarchies of the NHS.

It is arguable that the introduction of “clinical governance” – despite its emphasis on patient-led definitions of quality – may be understood as the latest in the line of attempts to neutralise the resistance of health care professions towards finance-driven “managerialism”. Edmonstone certainly sees the

shortcomings of this most recent system of targets, audit and inspection.

In order to counterbalance the potentially disempowering effects of clinical governance, he suggests that practitioners need to position themselves more effectively in their organisations by adopting a system of shared governance.

The key characteristics of shared governance are described as a decentralised system of clinical leadership and management, which influences decision-making in areas such as professional practice and the work environment (some aspects of which have been deemed previously to be “management only”). It requires a move away from hierarchy towards empowerment through increased professional autonomy.

Not much of this is new to forward-thinking clinical leaders in nursing. But how to achieve it in the real world?

In the second section of his book, Edmonstone offers four case studies from different trusts in England and Scotland to illustrate different ways in which shared governance might be implemented. It is clearly not an undertaking for the faint-hearted, as it requires time, energy, commitment and a good understanding of what is possible given the unique characteristics of every workplace.

The final section contains some valuable resources. If you think that nurses and other clinicians in your organisation do not have appropriate influence over the quality of care agenda, this book demonstrates that change is possible.

Cherill Scott, Research Fellow, RCN Institute



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