

# Clinical Leadership NEWS

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Fifteen trusts that started the RCN Clinical Leadership Programme in 1999 are still involved .... and that's not including those in Belgium and Switzerland! This article celebrates their fifth anniversary in the words of local facilitators, clinical leaders and directors of nursing from some of the trusts.

## Five years on...

*RCN Clinical Leadership Programme now entering fourth and fifth generations in pioneering trusts!*

**From Jacqueline Docherty, Executive Director of Nursing and Operations, King's College Hospital NHS Trust:**

*"At King's we were keen to ensure that our clinical leaders were supported in what we believe is a pivotal role within the Trust. As a result we've been part of the RCN Clinical Leadership Programme since 1999 and now have our fifth leadership cohort underway. In that time we've seen these key members of staff blossom into more rounded individuals who are helping us*

*make changes to nursing practice and patient care. Some changes have been small and others of a more dramatic nature and, through our Shared Governance Group, we've now adopted **Observations of Care** as our new quality measurement tool across the Trust. This is linked to the *Essence of Care* work that we are carrying out and, through this, we're able to measure and demonstrate improvements in the service we offer to patients."*

Other examples are **Gwent Healthcare NHS Trust**, currently recruiting its fourth cohort of clinical leaders – 36 health care staff have completed the programme to date. *continued on page 2*



Pictured during a break in a Personal Development workshop are some of the participants on the latest Programme in Mid Essex. Back row: Eve Ray, Viv Barker, Jane Hosty, Bernadette Rigdeon, Chris Stubbings, Anne Williams, Jenny Edmunds and Stuart Craig. Front row: Theresa Kelly, Celia Cross and Lorena Allinson.

*FIVE YEARS ON... continued from page 1*

According to **Fiona McCarthy, Leadership Facilitator and second generation participant at Southampton University Hospitals NHS Trust**, they are about to recruit 25 clinical leaders for their 2004 programme. To date, 78 clinical leaders and 14 facilitators have undertaken the programme.

Participants come from all walks of Health Service life:

- pharmacist and physiotherapist (**Mid-Essex Hospital NHS Trust**)
- modern matrons, allied health professionals, midwives, health visitors and district nurse

(**Birmingham Heartlands and Solihull Acute Trust and Eastern PCT**)

- operating department practitioner (**Southampton University Hospitals NHS Trust**).

Health sectors are also fully represented, including acute trusts, the Prison Service, mental health trusts, PCTs and community trusts.

### Focusing on the patient

By developing the skills of clinical leaders, patient care can be influenced for the better. Patient stories and observations of care help participants understand that “seeing” and

“observing” are not the same. By listening to stories and observing how care is delivered, we learn lessons and identify actions.

**Ruth Finney, Senior Clinical Leader, Centre Block Theatres, Southampton** says: “A new and simple concept of active observations of care had a profound effect on me and . . . I plan to continue [to use it] long into my career.” There’s also been national recognition of the interventions by, among others, the Welsh Assembly Government who, when providing feedback on the Gwent Healthcare Trust Clinical Governance action plan, identified patient story telling as an area of best practice.

**David Benton, Director of Nursing, Grampian University Hospitals** also describes the patient focus:

*“The programme has had a profound impact, not only on the participants but also the teams they work within. The opportunity to reflect on the impact of leadership on delivering quality care cannot be underestimated. Issues that have often been jogging along for years have been identified through patient stories and observations of care in such a way as to enable open and challenging discussion to take place. This has then resulted in resolution and patient care improvement.”*

These clinical leaders have been becoming proactive and not reactive, a well-recognised attribute of leadership.

**Chris Craven, Local Facilitator, Mid-Essex Hospital NHS Trust** quotes a clinical leader: “Before the programme I would have just accepted information given to me, but now I challenge anyone about my ward area if I do not think it’s for the benefit of the patient.”

### Networking and political awareness

The programme has helped participants increase their awareness of local and national contexts of health care delivery and provided an opportunity to become more influential. **Chrissy Ward, Senior Sister, Paediatric Neurology, Southampton** has been encouraged to network in areas where she would not



A conflict resolution workshop for local facilitators where they are building something to help them get from A to B ie. achieving a goal (1999)



Carmel Hale and Kate Firth having fun during a team building workshop (1999)

normally go. She describes action learning sets as “*fun and informal. It is reassuring to know that other directorates have the same pressures and issues and that we do not need to be alone.*”

During the programme in Gwent, all clinical leaders visit the Welsh Assembly, meeting the Minister for Health and Social Services to ensure the benefits of the programme are recognised at the highest levels.

### Managing self – building, developing and managing effective relationships with team members

Research clearly shows that clinical leaders develop leadership capability which impacts positively on their team's development.

**Len Beach, Unit Manager, Craven, Harrogate & Rural District PCT** says:

*“Thirty-one years after my training commenced, I started my first leadership programme. I was not arrogant enough to believe that I knew it all, but I felt that I had become stale and needed support to move forward. I had never enjoyed a year like it – the facilitation, my fellow colleagues and the programme content were so motivating and challenging!”*

**Marie Joines, Local Facilitator, Birmingham Heartlands and Solihull NHS Trust (Teaching)** sums up the

successful career aspirations and achievements of participants:

- *“several clinical leaders have recognised that their current role is where they can have the most impact in improving patient care*
- *several have achieved substantive senior sister posts*
- *some have moved into new roles as matrons, nurse practitioners, senior*

*clinical lead posts in the PCTs and advanced practitioners*

- *all three secondments to redesign posts in BHH and Heartlands Trust were participants of the programme.”*

In summary, **Sue Gregory, Executive Director of Nursing, Bro Morgannwg NHS Trust** speaks of the effect the programme has had on individuals personally and how this has had direct impact on patient care: *“Bro Morgannwg NHS Trust was one of the first NHS trusts in Wales to introduce the RCN Clinical Leadership Programme. The Trust Board supported the programme because it had the right balance between patient focus, continuous quality improvement and individual personal development.*

*Without exception, I have seen each participant grow and gain confidence in their professionalism and expertise, all for the benefit of patients. A number of the clinical leaders have changed the way of working for the whole of the organisation; many have explored new opportunities and career advancement.*

*“This investment in leadership development of nursing has more than reaped rewards.”*

## Manual handling in theatres

Jane Whiteley is theatre team leader at The Chichester Nuffield Hospital, one of the 43 independent/not for profit hospitals in that chain, and completed the Clinical Leadership Programme (CLP) in 2003.

Jane did her observations of care in theatres and realised that manual handling was an area that tended to be overlooked. She has become a manual handling trainer and is running sessions in theatres which are well received as they are given by someone in theatres. Jane is involved with a national theatre group that's aiming to raise awareness of the issue and is also investigating the latest equipment. Theatre staff have been given some facts and figures on injuries and information about their legal position if they injure themselves by not using correct lifting and manual handling procedures. Jane says staff have been surprised at how useful lifting aids are.

The hospital has also introduced ‘walking to theatres’ – previous research shows this reduces manual handling manoeuvres by an average of three moves.

PAUL BELL, Team Leader at Bodmin Hospital, undertook the RCN Clinical Leadership Programme in 2001-2002. Here we learn about how he transformed a derelict site at Cornwall Partnership NHS Trust into a blooming wonderful experience for patients and staff alike

# Growing leaders: more than your garden variety success!

In June 2002 when the new community hospital opened in Bodmin, Cornwall, the mental health unit overlooked an area of rough grass and builder's rubble. However, I had a vision: to transform the area into a therapeutic garden.

But first I had to secure the land. Highlighting bedroom privacy as an issue, I persuaded management to screen off that area. It then became a thorn in the PFI (private finance initiative) company's side as the area needed maintenance. I therefore made one of the PFI managers an offer: he could maintain the area or – if we could use the patch as a therapeutic garden – we would. He agreed.



May 2003, before work had started

My next job was to persuade a landscape gardener to draw up and cost the project. At a cost of £24,000, the team were immediately resigned to failing due to lack of funds. I had to act quickly, network effectively and influence... or, rather, beg, badger and cajole a range of

individuals and organisations into supporting us. Meanwhile, I convinced the landscape gardener to get started on the plans – *without pay*.

As the team saw the vision emerging, enthusiasm returned and, when the first £5,000 arrived, the project really took off. My job was then complete. The ward team and patient group have assumed ownership of the project, ensuring a flourishing therapeutic garden – £12,000 under budget!

## Has the vision fulfilled expectation?

The answer appeared on a late summer's afternoon when I looked across the garden. The occupational therapist was busy pulling beans under the direction of a patient, a former market gardener. A couple of people were mowing the lawn. Others were simply enjoying the sun and an elderly gentleman was picking some sweet peas for his wife to take home. Who were staff? Who were patients? It didn't matter. What did matter was the sense of ownership and pride each of these people had in the shared project. Yes, I think the reality of the garden far outweighs the vision.



August 2003, the garden after donations of plants

## ANNE BENSON, Lead Facilitator-England and now leading the Clinical Teams Project, had some questions for Paul:

### Anne:

*Can you identify any specific aspects of the content or process of the RCN CLP that helped you succeed in this project?*

### Paul:

The five practices of exemplary leadership (Kouzes and Posner, 1996): *creating a shared vision, challenging the process, enabling others to act, modelling the way and encouraging the heart* are not simply practices – they're values. Leadership isn't something you simply do; it's about living the values that govern your actions. Creating the garden required the living of the leadership values/practices that underpin the programme.

In the programme, we also learned about Stephen Covey's *Seven habits of highly effective people*. The seventh, all-encompassing habit is "sharpening your saw". The garden is all about providing people with the opportunity to sharpen their saws – patients, relatives, staff and visitors.

To make sure the vision became a reality, it was necessary to network, influence stakeholders and use opportunities to convince and enlist support from a range of individuals and organisations. Leadership often requires the use of personal (as opposed to positional) power, but the crux of leadership is being able to use both in the most appropriate, open and genuine way when one or the other or both are called for.

*You mention that the team's enthusiasm returned at one point. What specific approaches did you use to enthuse, motivate and sustain their interest towards the project?*

It was about providing the team with

something concrete and not simply "talking the talk". The NHS tends to operate within a "meetings culture" and people at grassroots are not often party to the discussions and ideas generated within the endless meetings that take place. People on the shopfloor want to see action. They need to see something happen – concrete evidence that we mean to see through what has been envisioned.

On the day a landscape gardener arrived at the plot with a spade and proceeded to dig a big hole in the ground, people started to believe the vision would become a reality. I'd managed to convince the gardener to commence the work without pay upfront – in fact, with no guarantee he would be paid at all. The gardener also shared the vision and wanted to make the garden a reality.

The fact that something was happening – and for the benefit of the cause, not for personal gain – encouraged people to believe, become enthusiastic and develop an interest again.

*Were those who use your service involved through any of the planning/development stages?*

Service users were not involved initially, apart from sharing and discussing the idea. The Hospital's Independent Visitors Group was included in discussions and helped to keep service users up-to-date. When we realised the project would go ahead, we canvassed for patient opinion on what was needed and what would go where.

Nobody was allowed on site initially due to various hazards and issues of liability and insurance. As soon as the garden was levelled, tarmac areas completed and pathways laid out, patients took over the horticultural planning. The whole project became completely patient-orientated and patient-led.

*How do you see this project contributing to the wider strategic agenda of your organisation?*

The garden fits within a total push

towards enabling and empowering service users while de-medicalising and de-stigmatising processes of mental health recovery. It's about recognising strengths, valuing contributions and celebrating achievements. We're keen to support clients in achieving a return to independent living, education, employment and lives in which they feel a sense of belonging and fulfilment.

We have close links with a local charitable organisation that enables and encourages people with mental health problems to achieve educational and vocational goals. The organisation has a flourishing horticultural department and people can move on to work within that supportive environment – and onwards to open employment.

*It's now some time since the garden was created. Have any unanticipated benefits emerged?*

Most importantly, the garden has tended to break down barriers between staff and patients. It provides an informal, relaxed environment where people develop relationships while at work, rest and play – a space for time-out, relaxation, recuperation and the redressing of interpersonal relations.

As well as general therapeutic benefits, growing salad and vegetables has promoted healthy attitudes to dietary needs and healthy eating.

Many local businesses have made contributions, and Tim Smit and the Eden Project team have provided valuable support and plant stock.

The benefits the garden affords and the overall success of the project tends to attract publicity and visitors, including the Department of Health Director of Mental Health for England and Wales. The garden has achieved widespread coverage in local newspapers. Among recent negative news stories about perceived nursing shortfalls and malpractice, we can at least promote a positive and creative side of mental health nursing.

Here we have reports from three local facilitators who hit the party political trail.

## Reflections on last autumn's main party political conferences

# Conservatives: gone with the wind in Blackpool

By DENIS BOSTOCK, South Tyneside Health Care NHS Trust

Last October I attended the Conservative conference along with two clinical leaders from the programme.

It was a privilege to speak at the fringe event – there's something very special about sharing a platform with Shadow Health Minister Liam Fox and RCN

General Secretary Beverly Malone. The most exciting part was fielding questions afterwards.

Liam was kind in his feedback and Beverly was also encouraging towards me – following my speech, she leaned over and wrote across my notes “*Well done – really good job.*”

I heard some speeches in the main auditorium and attended other fringe events, which were invaluable in

broadening my political awareness. One highlight was the visit to our stand by Iain Duncan-Smith. By good luck the stand was used as a backdrop to an interview he gave, so for four days the RCN stand appeared on the national news two to three times a day.

Of the social events, the RCN reception sticks in my mind. Speeches over, everyone began to mingle and after a while I noticed that Ann (one of the clinical leaders) and I were debating health issues with none other than Liam Fox and Dr Malone. It was one of those magic moments when you think, *aren't I lucky to have this chance!* We'll both remember that for a long time.

Finally, Blackpool lived up to its reputation for sea “breezes”. My hotel was a short walk from the venue and most mornings I got there before the bus. On the final morning, however, the wind caught my security pass, snapped the chain and my pass took off down the Prom at 100 miles per hour, quickly followed by me – I must have chased that pass for a mile! I breathlessly made my way to the conference, but the only trouble was, the security system would not recognise me, it seems the magnetic strip had got scratched and it took about 20 minutes and numerous attempts before I got in. Now technology is supposed to be a wonderful thing, but sometimes it's definitely no friend of mine!

### FOR YOUR DIARY: 2004 Seminar Workshops

All 2004 seminar workshops for experienced local facilitators run from 11am to 3pm and are free for local facilitators from trusts with a current continuation licence

**Linking the programme to the diversity agenda**

6 May RCN London

**Linking the programme to the diversity agenda**

17 June RCN Birmingham

**Accreditation issues**

5 July RCN London

**Accreditation issues**

4 August RCN Leeds

**Research update**

21 September RCN London

**Research update**

7 October RCN Bolton

**Evaluating the programme in your organisation**

9 November RCN London

**Evaluating the programme in your organisation**

2 December RCN Birmingham

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](mailto:clinical.leadership@rcn.org.uk)

# Politics on Tayside in Scotland



From back left: Mary Cummings, Susan Lundie, Ann Graham, Meg Park, Sean McCartney, Susan Skene, Fiona Dye, Frances Grant. Bottom from left: Evelyn McAfferty, Geoff Christie, Joan Robertson, Jane Clark, Hazel Mudie, Kathryn McDonald, Gill Crowe

By **SUE MACKIE**, Clinical Leadership Facilitator, Tayside University Hospitals NHS Trust

Last October, CLP participants from across Tayside increased their political

awareness and found out more about the workings of the Scottish Parliament with the help of Ryan Norton from RCN Scotland's Public Affairs Department.

At the Visitor Centre, they met Conservative MSP for Mid Scotland, Murdo Fraser, exchanging information and finding out more about the role of

MSPs – how they influence government agendas and how health issues are raised as questions in Parliament.

Next stop was an RCN Scotland Parliamentary Forum. Originating from the *Value Nursing* campaign, these forums provide nurses with the opportunity to lobby MSPs and debate critical issues with them. The agenda for this session was clearly articulated regarding hospital parking charges and travel expenses for community nurses.

Participants then listened to a Health Committee discussion on whether an agenda item should have been conducted in private – hotly contested by the majority of Committee members who supported the premise that parliamentary business should be open and visible to the public.

### ***Last orders!***

Then one last stop ... to sample one of Edinburgh's many refreshment establishments before returning home!

A report from **JENNY MUIR**, Epsom and St Helier University Hospitals NHS Trust, and **FIONA KEELING**, Worthing and Southlands Hospitals NHS Trust.

## Liberal Democrats and Labour: *learning how the game is played*

Was it the sun and sea, the all-night parties and free booze that lured us to the Liberal Democrat and Labour Party Conferences?

No, the days were long, the work hard, the old legs became tired and the voice fatigued. It was about broadening our experiences in networking, political awareness and influencing skills – with not a hangover in sight!

It was fascinating, however, watching the MPs at work as each party gave their own spin. We met Secretary for

Health John Reid, Minister for Health John Hutton, Liberal Democrat Leader Charles Kennedy, Paul Burstow MP (Sutton) and many more.

Health-related fringe meetings opened our eyes to the work that goes on prior to change being implemented. We had our own opportunity to influence policy when presenting our fringe meeting on enhancing patient care through clinical leadership. You needed nerves of steel, but this was a great opportunity to observe Beverly Malone

in action and present alongside her. Our five minutes of fame went well and we felt it made a difference as we spoke from the heart.

What did we get from it? It's hard work trying to influence and change policy. We gained a good insight into how the political game is played and the role of the RCN in this, and felt fortunate to experience things first-hand. It's broadened our horizons, dispelled some myths and given us confidence to lobby MPs within our local community.

Those members looking to further develop their political leadership skills should contact Carole Glaister on 01204 552 440 or email [carole.glaister@rcn.org.uk](mailto:carole.glaister@rcn.org.uk) for information on the RCN Political Leadership Programmes.

This report is from JOHN LANCASTER, Programme Director at the NHS Leadership Centre.

## UPDATE: NHS Leadership Centre

Effective leadership is a key ingredient in modernising today's health service. Better clinical leadership means better patient care and improved working practices for NHS staff.

The NHS Leadership Centre was established in April 2001 to promote leadership development across the Service. As an integral part of the Modernisation Agency, the Centre develops and delivers programmes to help ensure the highest standards of leadership at all levels in the NHS, from frontline staff to the most senior roles.

Two of our frontline programmes are Leadership at the Point of Care and the Clinical Teams Programme. These are clear developments for staff who are delivering the service and the RCN has been integral to creating these programmes.

Having programmes and products for people at all levels results in an integrated approach to the challenges of modernisation. In addition to offering development

programmes and products, the NHS Leadership Centre aims to:

- contribute to policy development
- provide leadership development opportunities to be appropriately commissioned
- provide a national framework to support both clinical and non-clinical leadership
- promote diversity of leadership within the NHS
- foster innovation of new approaches and piloting of new programmes with a view to wider adoption by the Service
- conduct research into effective leadership in health improvement and health care delivery.

For more information, download a copy of the booklet *An Introduction to the NHS Leadership Centre* at [www.modern.nhs.uk](http://www.modern.nhs.uk).

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Now we're off to the land of Ulrika, Ikea and Sven with STEVE PITCHFORK, one of two West Yorkshire Metropolitan Ambulance Service (WYMAS) paramedics on the CLP run by NHS Direct.

## Reflections mid the northern lights

When I applied for the RCN Clinical Leadership Programme, I didn't know what I was letting myself in for! Many workshops were nurse-orientated, but this aside, I learned a lot about myself and leadership style. Throughout the programme, the main focus has been to improve patient care: we've always remained patient-focused.

Our observations of practice were on what increases the noise level in the call centres, where people congregate to chat and use the centre as a short cut. The changes may be small, but they are still ongoing.

Patient stories have helped us refocus what we are doing to assist patients in their journeys.

Other workshops have included rapid innovation – thinking fast and furiously

to create new ideas for the workplace. Workshops have taken place all over the north of England so networking and political awareness have also been high on the agenda.

Towards the end of the programme, we embarked on a trip to Stockholm to look at local health service provision which has returned to local council control. The service we visited offers health advice to over 1.1 million people, providing them with a quarterly magazine about topical health issues, an email service for advice from health care providers, repeat prescriptions and doctor's appointments.

The ambulance service in Stockholm runs from 20 or so stations. Each has a number of ordinary ambulances and, throughout the area, a few special anaesthetic nurse units that are sent out

in cases of cardiac arrests and severe trauma.

The Swedish crews were happy to show us around their station. However, like WYMAS, they were all disturbed from their meal breaks! We were overwhelmed by how friendly everybody was and how they wanted to open their doors to us.

The programme has made me re-evaluate how I am perceived as a leader – how to change those perceptions and build on the skills I've acquired. It's been thought-provoking and sometimes a rough ride, but the friendships I've made will last longer than the memories of the programme.

So whether from ambulance or NHS Direct backgrounds, we always remained “patient-focused, patient first”.

## Let's celebrate

Ann Graham was a participant in Cohort 3 of the RCN Clinical Leadership Programme at Ninewells Hospital, Tayside. This is what she says about the programme: *"I benefited from the programme both personally and professionally. In fact I have been recently promoted to Senior Charge Nurse within an Integrated Haematology Unit. The Leadership Programme gave me the confidence to go for the post and the tools to be more effective in the post."*

*"I found the patient stories and observations of care very powerful ways of looking at how we provide our service. There were many positive comments given as part of all of the stories and I felt that this was a cause for celebration. I arranged a luncheon for all staff who are part of the patient's journey through our unit. I used a poster to advertise the lunch and invited staff from x-ray, kitchens, laundry service, social work, physio, OT, dietician, porters, ambulance service, office staff, lab staff and, of course, the doctors and nurses in the unit.*

*I put a copy of all the positive comments on the wall of our staff room. The lunch was funded by Pfizer and we all had a wonderful time.*

*Afterward, the comments were moved to a wall in the main ward for all patients, relatives and staff to see.*

*We are proud of what we do and the Clinical Leadership Programme gave the patients and staff an avenue to discuss and celebrate our good practice."*



## Protected mealtimes

The RCN is supporting and co-badging the Protected Mealtimes campaign, an initiative of the Better Hospital Food programme. To promote Protected Mealtimes, NHS Estates are running a series of roadshows up to 18 June 2004. The aim of Protected Mealtimes is to ensure that ward activity is reduced to a minimum so that patients can

take their meals in a peaceful and calm environment, and to enable staff to devote their time to the meal service and give assistance to those patients who need help to eat. There will be three fringe events at RCN Congress devoted to the programme, two on Tuesday, 11 May at 12:45 and 17:45 and one on Wednesday, 12 May at 12:45. Loyd Grossman, Chair, The

Better Hospital Food Panel will be visiting the NHS Estates stand at Congress and attending the fringe event on the Wednesday. For further information on how you can establish a protected mealtimes policy in your ward or Trust, contact Ian Robinson, Project Manager, NHS Estates on [ianrobinson60@btopenworld.com](mailto:ianrobinson60@btopenworld.com).

A report from HAZEL MACKENZIE, Head of Clinical Leadership, RCN Scotland

# Scottish clinical leaders are “inspired to lead”

During these past two years, having delivered the RCN Clinical Leadership Programme across some 70 per cent of the NHS board areas in Scotland, experience shows that many health care professionals in clinical leadership positions have had little supported development to increase their effectiveness in this aspect of their role. That's why, in partnership with organisations throughout Scotland, the RCN Clinical Leadership Team developed *Inspired to lead* to bridge the gap.

This innovation is available to any nurse who's interested in developing leadership potential.

*Inspired to lead* aims to raise

participants' awareness of the contribution that effective clinical leadership makes to high quality patient care and provide them with practical tools to use in day-to-day work to improve their personal effectiveness.

Here's the delivery format:

- pre-programme information and resource pack sent to participant
- five-day leadership development workshop facilitated by RCN Clinical Leadership facilitators
- a patient-focused project undertaken during three months with co-coaching support

- two-day follow-up to review learning, development and actions
- future planning.

The first programme ran from RCN Scotland headquarters in October, thus making it available to members and clinical leaders who were unable to access a leadership development programme locally. Two further cohorts started in January and March 2004.

Evaluations at the end of Week One of the October cohort were extremely positive. All 23 participants said they would recommend the programme to colleagues.

## In Brief

### Clinical Teams Project

Some 14 facilitators have been appointed to develop, implement and evaluate the programme and 54 teams from 22 organisations have been recruited for the April 2004 cohort. Organisations are from a variety of sectors, including primary care, social services, acute, ambulance and mental health.

### Leadership at the Point of Care

With five cohorts of facilitators already starting their development programmes, another two cohorts will begin in May and June. Thus far, nine participant programmes have been completed, with individuals including nurses, housekeepers, a porter, nursing assistant, administrative and clerical staff, nursery nurse, podiatrist and link worker. Among changes they've made as part of the programme are an improved system for ordering dressings for patients and a reduction in waiting times for patients whose notes are missing.

### “What has been your most significant learning?”

Among responses to our question:

- stop blaming others and change my attitude
- it's about me as a person
- I have the power to make things change
- this kind of group work has been effective and I can develop further
- I can effect change through making some small changes in what I do and how I do it
- I'm OK as a nurse and a person.

A full evaluation report will be available later this year.

# Team building, anyone?

One of the five themes of the Clinical Leadership Programme is team building. Here are two examples of our Local Facilitators at work.



**Learning Community in Wales in January, 2004.**



**Learning Community in the Lake District last summer.**

From Australia, two clinical leaders write about their experiences of the pilot programme

## How was it for us?

**KAREN DANIELS, Staff Development Consultant in Nursing, The Queen Elizabeth Hospital, Adelaide**

Where do I start? I commenced the programme in May 2003, not exactly sure of what to expect.

What's unravelled is a massive professional and personal development, with a greater sense of achievement in all facets of my life. This change began following the feedback I received from the 360 degree evaluation tool and subsequently formulating my Professional Development Plan. This has given me direction and motivation in not only wanting to develop myself, but also assisting staff I am in direct contact with.

The programme has enabled me to network and interact more intensely with staff from multiple health care services and develop a sense of comradeship among us all, aiming to improve patient care and staff outcomes.

**HELEN KRADOLFER, Clinical Nurse Consultant, Medical Oncology Ward, Royal Adelaide Hospital**

What I find most beneficial is the ability to look at my performance, explore areas I would like to develop into strengths and then set a plan to achieve this. For the last seven years in my job, I've been lacking goals and the ability to set personal objectives. Naturally this has meant I've often felt

as though I was drifting and not necessarily achieving a lot. This course taught me to identify areas of improvement and, with the support of the local facilitator and action learning group, we've been able to identify strategies for overcoming my obstacles and fears. I can now see progress and achievements in my work. I've been able to address sensitive issues – previously I would have worried, but not done anything about them. I now have direction and I'm working on areas in performance.

The course has offered me many areas of insight and excitement into my role as a leader – I've only touched on a few here.

As befits the subject, it's a collaborative effort from JANETTE WHALLEY, JULIE RAE, KATIE BARBER, SUE HANSON, SUE MABBOTT and ELAINE CARLYLE

## The pan-trust approach: finding common ground among varied backgrounds

Piloting a "pan trust" approach for the RCN Clinical Leadership Programme (CLP) brought together clinical staff from Scarborough and North East Yorkshire Trust, Whitby and Ryedale Primary Care Trust, York Trust, Harrogate Health Care NHS Trust, Selby and York Primary Care Trust, and Craven, Harrogate and Rural District Primary Care Trust joined together. Twelve participants (two from each trust) met in Harrogate in April 2003 to commence the programme.

Over the next months, we chose other locations in North Yorkshire to meet for action learning groups and workshops. As well as being from different trusts, we're also from different clinical specialties so we've found a lot to discuss. That's made the workshops interesting and they've helped us develop skills

that will be useful in improving patient care in our workplaces.

Action learning has been the most positive part of the programme. Participants were divided into two groups and, as participants in Group A, we've bonded together extremely well during these sessions. One of the benefits is being able to network, bringing different perspectives to issues and sharing experiences.

Our action learning sets have enabled us to explore a wide variety of issues in confidence with each other and help connect in many ways. We've found common interests that relate to our experiences and brought fresh approaches to situations due to working in different trusts.

We believe this will help improve our service to patients.

## Resources

### DIPex website

The charity DIPex has produced an award-winning website at [www.dipex.org](http://www.dipex.org) aimed at patients, their carers, family and friends as well as doctors, nurses and other health professionals. It includes video and audio clips of people talking about their personal experiences of health and illness. You can watch, listen to, or read their interviews, and find reliable information on treatment choices and where to find support.

### Clinical Governance Support Team website

The website [www.cgsupport.nhs.uk](http://www.cgsupport.nhs.uk) offers information, support, tools and case studies to help you implement clinical governance in your organisation.

### Clinical leadership development: a book of readings (2004)

It's edited by J Edmonstone and published by Kingsham Press, Chichester – price £19.99 – **however...**

### COMPETITION!

You could win a copy of this new book – just tell us how you've used your £5,000 Ward Environment Budget (or your £10,000, if you're a modern matron in A&E), what impact it's had in your area or ward and what impact it may have on improving patient care.

The best account in the opinion of the judges will win. Email your entry (maximum 300 words) to [clinical.leadership@rcn.org.uk](mailto:clinical.leadership@rcn.org.uk) or post it to RCN Clinical Leadership Team, Room 410, RCN Institute, 20 Cavendish Square, London W1G 0RN **by 25 July 2004**. Remember to include your contact details!