

Clinical Leadership NEWS

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Send contributions for the next issue by 15 January 2004 to:

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RCN Clinical Leadership goes Down Under and comes up with a winning team

RCN Clinical Leadership went global in February when Director Geraldine Cunningham headed for South Australia to help launch the programme there. Geraldine spent a month at the Royal Adelaide Hospital, working closely with Dr Susan Mann (Lead Facilitator) and running intervention workshops and learning community components.

The pilot is funded for two years by the South Australia Department of Human Services.

Ten local facilitators from six health care organisations joined the programme. Due to the large geographical spread and the very small size of some organisations, clinical leaders have been recruited from across South Australia, including organisations that have not nominated a facilitator.



(Back row, from left) Marg Cattonar, Sue Mann, Cara Charles-Barks, Graham Rumsby, Alison Smith, Geraldine Cunningham, Di Rogowski, Trudy Wright. (Front row) Heidi Silverston, David Edwards, Meg Lewis, Ros Brown.

Susan will be supported by Dr Helen McCutchenson and the Department of Clinical Nursing at Adelaide University to do a pre- and post-evaluation. Meanwhile, she and Geraldine have regular one-to-one sessions by phone.

See pages 2-3 for the latest developments closer to home.

Wish I'd thought of these first time around, says Jill Evans, Local Facilitator with Gwent Healthcare NHS Trust!

10 Top tips for facilitators

- Be realistic. It's impossible to know *everything* about facilitating all aspects of the programme on the first day!
- Prioritise your needs, one step at a time – then go for it.
- Be clear in your own mind what facilitation is ... and is *not*. Check this out with the group at the start to avoid misunderstandings.
- Keep a camera handy – you never know when a photo opportunity may occur. Get a group shot on Day One and send it to everybody to help put names to faces. Photos make great portfolio evidence too.
- Establish your Steering Group early on. Get the membership right and they'll be central to the success of the programme.
- Communicate as widely as you can. Involve people and keep them informed. Think: key committees, staff magazine, press release for local media, annual Trust conference ...
- Say **Thank you!** to mentors, speakers, people who've been shadowed, *everyone*. Remember – you may want their help again.
- Think about additional resources you need for the programme, such as books, videos, conference fees. If you don't identify something, it's unlikely anyone else will! You may not get it this year, but it might help you next time.
- Introduce the topic of accreditation early on. Encourage leaders to "chart their journey". Keep everything! Make time for regular written reflections. And keep everything yourself – accreditation for facilitators is being piloted.
- Nurture your facilitators network! You'll get out of it what you put in. If you pass on tips, handouts, exercises, names of good speakers and news of events, you will encourage others to do the same.

We asked CLP teams around the country to give us an update on recent activities.

ROUND THE UK:

Clinical leaders go from strength to strength

ENGLAND:

CLP team explores the ethical dimension

A number of new trusts have joined the Clinical Leadership Programme (CLP) and 47 are continuing to run it after the initial phase. Experienced local facilitators from trusts with a continuation licence are attending regular seminar workshops at venues around the country to keep them up to date on progress and help with any needs they identify.

One of the issues over the last few months is uncertainty about the need for ethical approval for patient stories under new NHS research governance. Our view is that patient stories are used for development rather than research and so don't require approval, but some trusts are requesting a full research ethics application. The CLP team is in contact with Central Office for Research Ethics Committees (COREC), trying to get definitive advice. We are considering putting in an MREC (Multi-centre Research Ethics Committees) application to cover patient stories and make it easier at local level to resolve the issue.

Another focus is on strengthening the links between the programme and policy agendas. Geraldine Cunningham is developing a workshop to help local facilitators engage and work with key stakeholders in their organisation so that improvements resulting from patient stories and observations of care are aligned to strategic objectives.

SCOTLAND:

CLP nurses following the leaders in all walks of Scottish life

In June, with the support of the Scottish Executive, a further three trusts joined the 16 from previous phases who continue to be involved. All are

committed to developing the leadership skills of senior health care professionals and believe this is an effective vehicle to help achieve that.

Strategically, the programme is making an impact that contributes to meeting the clinical governance agenda. Patient stories have identified the need to reduce noise and address health and safety issues, including comfort, within the caring environment.

Meanwhile, participants are shadowing diverse and interesting people including Scotland's First Minister Jack McConnell, the Chief Nursing Officer, Scottish Executive personnel, members of local police forces, CEOs in various industries, a Church of Scotland minister, even a football manager!

Clinical leaders in Fife Acute Hospitals NHS Trust are preparing a nomination for the Scottish Evidence into Practice Awards.

The experiences of local facilitators suggest that the programme is flexible enough to enable participants from different professional backgrounds to learn and develop together in a collegiate way, which benefits future working relationships in addition to being easily adaptable to meet local requirements.

Specifically, the "rural" model delivered in the Western Isles, Shetland and Orkney was adapted from the CLP to meet identified local needs. These are quite diverse, not least due to the nature of these outlying areas and the geographic scatter of participants' workplaces. The model has been evaluated and recommendations made for the future. Shetland and the Western Isles will start their second phase shortly, building quickly on what they reckon are the considerable benefits derived from their initial participation.

The future looks very exciting – not only for nursing leadership, but leadership development for all health care professionals in Scotland.

WALES:

Do you trust your colleagues enough to leap into the unknown?

We began our journey as local facilitators in January 2003, wondering if three months preparation was too long, but the time flew. Workshops were enjoyable, hugely useful and helped us understand that facilitating is sometimes more about inspiring than explaining!

We quickly gelled as a team and this bond linked trusts throughout the Principality in a way we hadn't experienced before. As part of our preparation, we had a wonderful week's "Learning Community" with a group of our English counterparts in beautiful Elan Valley in Mid Wales. There was no TV so we actually had to have conversations. We used this opportunity to develop ideas, learn from the experience of others and swap plans for workshop sessions, but also spent time laughing and even singing – well, *when in Wales ...*

By the end, some trusted their newfound friends enough to let them hold the safety ropes when they jumped off the 30-foot triangular platform during one of the team building exercises!

Then came April and our first days with the clinical leaders. We faced our groups with a mixture of anxiety, expectation and excitement, but it's now summer and things are really going well. We've never enjoyed our work so much – some have even been heard to say they would do the job for nothing.

The clinical leaders are having a good time too. Their enthusiasm is tangible, contagious and, even in the short period the programme has been running, they are sharing many positive experiences.

They especially comment on the "protected time" they have to explore leadership strategies for improving patient care and how concepts such as action learning are helping their decision-making abilities. We can already see that they understand that the programme is all about patient care and are looking forward to the developments that will result.

This report is from PAT WALKER, Clinical Leadership Facilitator, City Hospital Birmingham.

Leadership: The South African experience

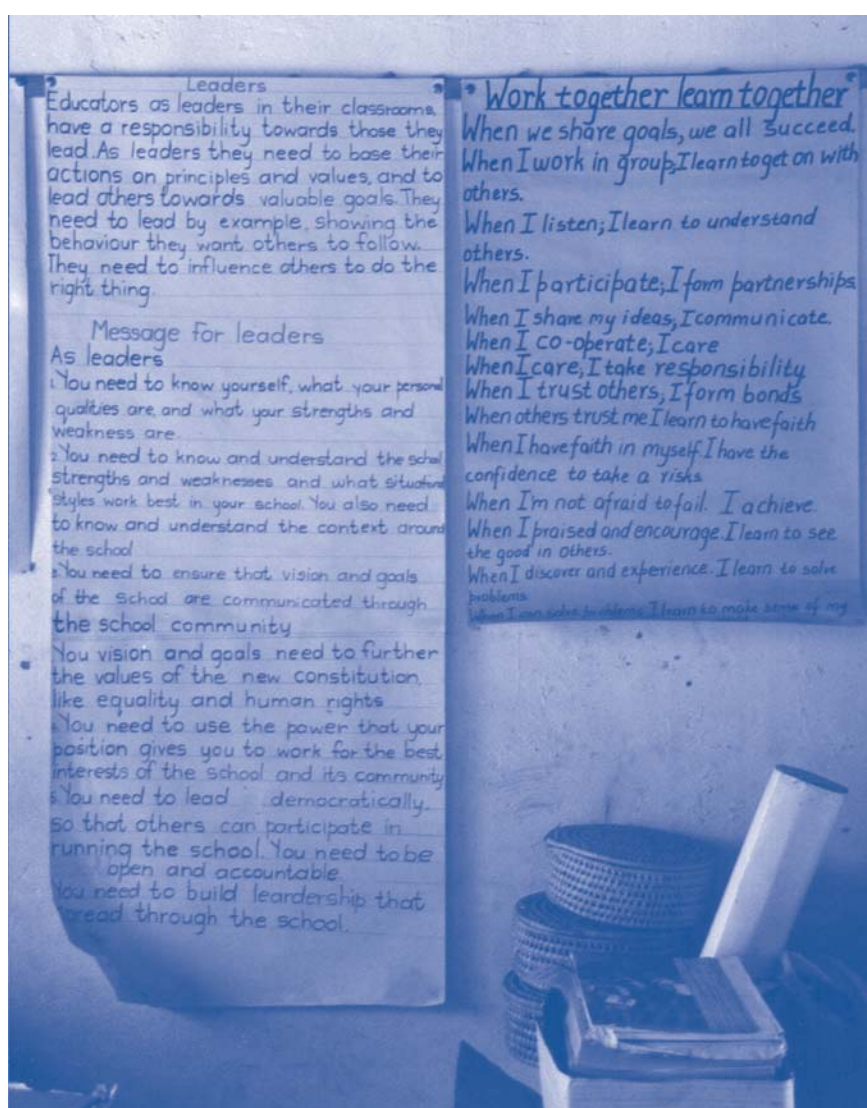
On a recent trip to South Africa I stayed at Phinda private game reserve and was taken on a tour of the local school to see how money from tourism supports the local community. Phinda provides grants for building and developing local health centres and schools, plus funding for the very poor to attend school – £28 a year, payable in advance. Many children walk four or five miles to and from school.

Only two sides of the school were built and they were waiting for more money to build the rest. Meanwhile children were being educated under two large trees. Some classrooms were without desks, chairs or even books.

Meeting the school principal in a classroom that doubled as her office, I noticed two brightly coloured hand-written posters. The one entitled “Leaders” stated that leaders should:

- know their strengths and weaknesses
- understand the context in which they work
- share their vision, values and goals
- use their power to work for the best interest of the school
- lead democratically so that others can participate
- be open and accountable.

The other poster was headed “Work together, learn together” and listed how we can make sense of our world when we work together and co-operate. The principal talked to me about her team and the important part they all play in the school’s achievements.



This experience left me humbled, witnessing the passion she had for leading and developing the school, involving and inspiring others to share her vision. She was able to turn what I saw as problems into opportunities and possibilities. She alone was not responsible for the school’s achievements. She shared valuable goals with others, leading by example and

believing that you have to influence others to do the right thing.

I would like to pay tribute to this remarkable woman. Through her passion, knowledge, beliefs and skills as a leader, she ensures the poorest in the community receive an education from staff who share her commitment, values and vision.

In each of these brief accounts, clinical leaders have been able to go forward by stepping back and seeing themselves as others see them.

Learning by example: When “seeing” becomes “vision”

Impact of the programme on individuals

Karen Goodwin, Clinical Nurse Specialist (CNS) in coloproctology at Addenbrooke’s NHS Trust, Cambridge, shares her experiences:

“I am a very visible CNS, a senior member of the nursing team, and my experience and knowledge give me credibility in the ward team, but I can only influence, not rule. This is where the RCN Clinical Leadership Programme has been so valuable.

“The biggest impact has been increased self-awareness and identification of my own strengths and weaknesses – which I thought I already knew! This has enabled me to lead and influence others more effectively.

“Action learning and patient stories have been very revealing. They have highlighted what patients value in clinical practice and also identified positive aspects of care for which the caregivers need to be actively congratulated and rewarded. Valuing these contributions is vitally important, both to development and morale.

“I have put forward a proposal for a Colorectal Nurse Consultant post where professional and clinical leadership are key functions. The role involves developing everyone’s leadership potential and is about encouraging cultural change away from ‘habitual’ ways of working to patient-centred, evidence-based care.

“The programme has given me a framework for developing myself, my abilities and confidence. This will contribute to the challenge of providing and maintaining a patient-centred

service in which I can lead by example, inspire and motivate others. It encourages development within my role and also provides invaluable skills for career progression into the role of Nurse Consultant.

“Put simply, effective clinical leadership is about making a real difference to patients. I now feel more confident that I am doing just that.”

Impact at local level

Clinical Leader Fran Dooley works in the Pain and Sedation Service at Royal Liverpool Children’s NHS Trust. When she realised the pain link nurse meetings she organised were not stimulating group members, she asked two colleagues to *observe* her in action. Their feedback helped her identify ways to open up the meetings – among them, the use of external speakers, group presentation, external facilitation to generate role descriptions, a quiz and problem solving to generate a more stimulating approach.

“The effect has been increased attendance at the meetings, increased interaction, more varied content within the agenda, positive verbal feedback and – for me personally – increased satisfaction and enjoyment. I have also received positive feedback from the Surgical Care Group Matron, just from reading the minutes,” says Fran.

“This improved format has led to increased discussion and problem solving as well as patient-focused audit to identify issues and possible actions. It has also improved liaison among ward staff, patients and the Pain and Sedation Service. These measures are improving

the ways in which pain and sedation issues are resolved for individual patients and their families at Alder Hey Children’s Hospital.”

Impact on the organisation

“Just stepping back and really seeing what happens in your ward is so beneficial. I realised how badly we needed new blinds and bed tables. I invited a Trust Board member and the General Manager to see for themselves and got what I needed!”

– Clinical Leader,
Gwent Healthcare NHS Trust

Impact on patient care

At South Tyneside Health Care NHS Trust, the common themes emerging from patient stories and observations of care continue to focus on privacy, dignity and nutrition, according to Clinical Leader Pauline Donaghue.

For example, following discussion with Catering Services, older patients are now given more appropriate menu choices. This came about after patient stories showed that they tend to prefer more traditional types of meals than those usually available. For clinical leaders and their teams, these stories heightened awareness of a range of diversity issues linked to patient care.

Similarly, in theatres, they have used feedback from observation of care and patient stories to improve processes for maintaining patients’ privacy and dignity.

Before, patients were being transferred pre- and post-operatively in the

Research team measures impact of CLP work to date

RCN research projects provide evidence to underpin programme development as well as enhance our understanding of how the CLP and its interventions impact on clinical leaders and clinical practice.

Shirley Large and Annie Macleod have completed a multiple case study evaluation of the programme, collecting and analysing data from key stakeholders in 16 clinically-diverse research sites in England. Their report will be published in November though findings from the study have already been presented at the RCN International Research Conference and at 2003 Congress. The research describes the impact of the programme in terms of:

- leadership development

- improving patient care and clinical experience
- increasing team effectiveness
- organisational integration of clinical leadership.

Papers will be presented this autumn at the International Nursing Leadership Conference in Canberra, Australia and at the European Nurse Directors Conference, Glasgow.

Helen Single continues to work on developing a multi-professional outcome measure of those organisational characteristics that

support good practice and the development of clinical leadership capability in multi-professional NHS health care environments. She is analysing transcripts from three multi-professional focus groups, exploring the views of health professionals on practice environments that are conducive to developing good quality patient care, job satisfaction and leadership capability.

In future, another focus group will be held with patients. Using this data and feedback from interviews with health professionals, a new outcome measure will be devised.

traditional manner where ward staff escorted and collected them at the red line area. This frequently compromised their privacy and dignity, and caused delays when documentation was incorrect and staff had to return to wards. Patients often had their surgery rescheduled.

The Theatre Manager (also a clinical leader!) consequently devised a pilot scheme to re-engineer patient flow between ward and theatres. Patients are now check-listed by theatre staff pre-operatively at the bedside prior to their journey to theatres and transferred post-operatively back to ward staff in the theatre recovery area.

Ward and theatre teams recognise they are providing a more integrated, patient-focused service. Patients prefer the new arrangements and the number of delayed operations is down. The pilot has been evaluated and is due to be extended across the theatres department.



CLP bears fruit ... and crisps and cakes and lots more too!

Patients on the haematology ward now have round-the-clock access to tasty, tempting snacks, thanks to the CLP at St George's Healthcare NHS Trust in London. Senior Sister Sue Coomber noticed how often nutritional issues figured in patient stories and got the support of the rest of the team (especially the dietician) to organise a 24-hour snack service. Now such gastronomic delights as beans on toast and chocolate mini-rolls help patients retain weight and vary their diet via a service that is exceedingly popular, as a recent audit shows. Here's Sue (right) with Tara Wilson-Brown, who carries the goodies back from Sainsbury's!

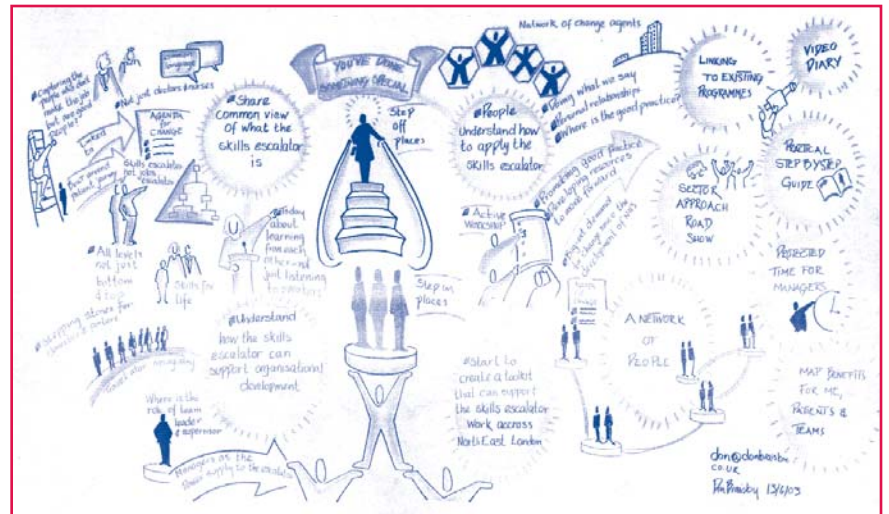
Up, up and away: Take the skills escalator to new heights

The skills escalator is about developing exciting and innovative careers in the NHS. Staff are constantly encouraged to renew and extend their skills and knowledge so they can move up the escalator. They develop at their own pace in either their current roles or the next level of responsibility. It operates at all levels across the NHS. As staff progress, they make openings for others.

It's also about attracting a wider range of people to work in the NHS and tackling problems of long term unemployment and social exclusion. Age, background and academic qualifications will no longer be a barrier.

For the skills escalator to come to life, it is vital that all managers know about the concept and how they can work with it. They are central to encouraging and supporting their staff.

North East London is developing a



resource that will become a tool to help managers “power” the skills escalator into life. Using examples of good practice from across the sector, it will show how the skills escalator can have a positive impact on the lives of staff and the patients they work with. An innovative

workshop using a graphic facilitator was the first step in building the managers tool kit.

More information from June Morgans, North East London Workforce Development Confederation.

Thanks to WILLIAM MARTIN, Head of Leadership Development at West London Mental Health NHS Trust, for this report.

Life after CLP

Without exception, everyone who participated in our first multidisciplinary cohort of the RCN Clinical Leadership Programme left feeling that they had benefited in many ways – from relishing the opportunity to reflect on practice and work-based developmental needs to reviewing their futures outside of work.

With regard to career development, many of us from Cohort One have made significant progress. For example, former Clinical Nurse Manager Trish Burns is now working

as CHI/Clinical Governance Facilitator. This requires her to give presentations to large multi-professional groups about clinical governance, Trust objectives and the forthcoming Commission for Health Improvement (CHI) Review – something she would never have been prepared to do before she started the CLP.

Need another example? At the start of the Programme, Inder Itlas was a Clinical Team Leader. He is now a Ward Manager in our Forensic Services. Inder is savouring his new

role and actively working alongside his colleagues to improve patient care and develop his team's potential by using the **five practices of exemplary leadership** (*challenging the process, enabling others to act, encouraging the heart, inspiring a shared vision and modelling the way*).

The CLP cannot guarantee that your career will prosper or your life will radically change for the better, but there's no doubt that the impact will be positive and rewarding, both for yourself and the people you care for.

What's new?

Leadership at the Point of Care

This new leadership development programme, commissioned by the NHS Leadership Centre, is for frontline staff. It's been designed by a collaboration consisting of the RCN Clinical Leadership team, the Centre for the Development of Health Policy and Practice at the University of Leeds and Creative Healthcare Management in Minneapolis. It draws on the strengths of the RCN CLP and the Leading Empowered Organisations (LEO) Programme. The first programme to develop facilitators will start this month with participants joining in October. Details from j.alexander@leeds.ac.uk.

Clinical Teams Programme

The NHS Leadership Centre has launched this new programme to help clinical teams provide more effective patient-centred care and thus contribute to the NHS modernisation agenda. It will be delivered by the Clinical Leadership team to 100 multi-professional clinical teams from NHS trusts and PCTs across England. The programme starts in April 2004.

Clinical governance: a resource guide

The RCN Quality Improvement Programme's new guide is primarily aimed at nurse leaders working at directorate, unit and ward level with a responsibility for co-ordinating and implementing clinical governance. It summarises the key themes and provides real life case studies to show clinical governance in action. It also has information on RCN and external resources throughout the UK. Order through RCN Direct on 0845 772 6100 (Publication code 002 036).

UKHEP: Leadership in e-Learning

You'll notice certain similarities between the Clinical Leadership Programme and the UK Healthcare Education Partnership, the new e-learning joint venture company founded by the RCN, City University and the Universities of Leicester and Ulster. Like the CLP, UKHEP also aims to impact on patient care by developing the skills and practice of clinicians in an innovative way.

Capitalising on internet technology for interactive study, UKHEP will provide online modules, using a range of interactive media as well as text, within specific clinical pathways that reflect priority areas for health care professionals.

Modules are multidisciplinary, designed for both national and international markets, and enable participants to integrate theory with practice and apply it in their workplace. A tutor facilitates the group through online discussion groups, encourages students to work together outside these groups and provides one-to-one feedback by email.

UKHEP is starting with a top-up degree – BSc (Hons) Health Sciences – and a clinical governance pathway. This includes a leadership module, developed with colleagues in the RCN Clinical Leadership Team, and will be available from January. Other bachelors and masters degrees will follow in due course, with RCN professional accreditation as appropriate.

A prospectus and publicity materials will be available shortly.

Contact Lynda Kenison, Company Secretary, UKHEP Limited, on 020 7647 3654 or email lynda.kenison@rcn.org.uk.

Money, money, money...

RCN Congress Resolution 28:

That this meeting of the RCN Congress condemns the Government's failure to ensure that ward environment budgets are made available to all ward leaders across the National Health Service.

Let us know how you have used the funds and what impact it has had in your area. Send your views, stories and comments to us at clinical.leadership@rcn.org.uk.

The RCN is devising a campaign on the issue – if you'd be happy for us to use your story, do let us have your details.

FOR YOUR DIARY:**2003/2004 Seminar Workshops for experienced facilitators**

Are you an experienced local facilitator in a trust with a continuation licence? Do you want to:

- maintain and develop new networks with other local facilitators?
- share experiences?
- keep up to date with developments in the RCN Clinical Leadership Programme?
- focus on a specific topic for part of the workshop?

If so, then check out these events. They all run from 11am to 3pm – and they're free!

Links with the current political agenda

2 October 2003 RCN Leeds

Writing evaluation reports

4 November 2003 RCN HQ London

Writing evaluation reports

2 December 2003 RCN Birmingham

Theming patient stories

14 January 2004 RCN HQ London

Theming patient stories

5 February 2004 RCN Leeds

Linking the programme to organisation's strategic objectives

18 March 2004 RCN HQ London

Linking the programme to organisation's strategic objectives

14 April 2004 RCN Bolton

Linking the programme to the diversity agenda

6 May 2004 RCN HQ London

Put bullies in their place:

Improving working relationships in health care

Bullying and harassment in the workplace has been an ongoing issue for the RCN. The Working Well survey of 2000 highlighted the extent of the problem, revealing that one in six nurses had been bullied in the previous 12 months, and the RCN has provided guidance on dealing with individual cases.

However, when Congress 2002 passed a resolution to address the "bullying culture", this required us to take a different approach and tackle the problem "upstream".

The RCN Employment Relations Department has been working with the University of Nottingham to produce a set of tools to improve working relationships in health care. Currently

being piloted, these tools can be used with clinical teams to facilitate reflection and discussion. They comprise individual and team self-assessment questionnaires, inviting you to reflect on your behaviour at work and how this contributes to the overall working environment.

Initial feedback reveals that the tools will help develop and maintain a healthy, supportive working team. Clearly it will take commitment and leadership from frontline managers to implement them and determine how they can be used in the clinical area. Clinical leaders now have the potential to help create a working environment where honesty, respect and diversity are the cultural norm.

Linking the programme to the diversity agenda

17 June 2004 RCN Birmingham

Accreditation issues

5 July 2004 RCN HQ London

Accreditation issues

4 August 2004 RCN Leeds

Research update

21 September 2004 RCN HQ London

Research update

7 October 2004 RCN Bolton

Evaluating the programme in your organisation

9 November 2004 RCN HQ London

Evaluating the programme in your organisation

2 December 2004 RCN Birmingham

If you plan to attend any of these seminar workshops, contact Kellie Edwards, Administrator, RCN Clinical Leadership Team on 020 7647 3836 or email Kellie.Edwards@rcn.org.uk.

Goodbye and good luck to...

Annie Macleod, who's taking a break after all her hard work on the evaluation with Shirley Large. We'll miss Annie's dry sense of humour and her commitment to the CLP research.

David Kennedy, PA with Geraldine Cunningham, who's left to start teacher training – we're sure he'll take something of the programme with him! Dave's commitment to the values of the CLP and his respect and care for other people have made a lasting impression. **Anne Cosentino** is replacing Dave for the time being.