RCN Clinical Leadership Programme

Transforming Clinical Leaders to become Agents of Positive Change

Executive Summary

RCN
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Large S, Macleod, Cunningham G and Kitson A (2005) *A Multiple Case Study Evaluation of the RCN Clinical Leadership Programme in England,* London: RCN Institute
can be downloaded from: http://www.rcn.org.uk/publications/#m

Introduction

This is a summary account of a study which set out to explore if the RCN Clinical Leadership Programme (CLP) is an effective programme of clinical leadership development. The evaluation builds on two previous action research projects, which were concerned with developing the interventions and methods of implementation used in the CLP.

The Department of Health (2000) NHS Plan identified the importance of leadership and the necessity of remodelling the NHS around the needs of service users. The CLP was designed specifically to create patient-centred clinical leaders, capable of developing effective team relationships that enable the delivery of client-focused care. To achieve this objective, two new and powerful interventions were developed – observations of care and patient stories – to make client experience a cornerstone for implementing practice change.

During 2001 and 2002, the CLP was jointly funded by the NHS Leadership Centre and the RCN. In this period, 96 programmes were run within 80 NHS trusts in England and a total of 1,052 clinical leaders and their teams underwent the programme.

As well as measuring the development of leadership behaviours in these clinical leaders, the evaluation study sought to explore what, if any, impact these new leadership capabilities had on service user care, practice, services, the team and the trust. To support this aim interviews with service users, colleagues of the clinical leaders, local trust facilitators and directors of nursing were undertaken at the start, mid-point and end of the programme.

The evaluation study began in July 2001 and was completed in October 2003. This document is a summary of the study's key findings. A more detailed report, which includes a presentation of the qualitative and quantitative data, is also available.

Creating sustainable clinical leadership development that benefits the patient, service delivery, the team and the trust is dependent upon supporting individuals to become self-aware leaders that have the confidence to challenge any poor behaviours or processes they encounter. The goal of the CLP is to transform clinical leaders to become agents of positive change and to demonstrate consistent leadership behaviours. The study findings evaluate the impact the CLP made in achieving these objectives.

Aims of the CLP evaluation study

The study set out to assess the following areas:

- The experiences of the clinical leaders that underwent the programme.
- The development that had taken place in the leadership capabilities of programme participants (clinical leaders).
- If there had been any measurable impact on patient care, practice and services.
- What, if any, impact did this have on the clinical team.
- The opinions of key stakeholders (service users, participants and their colleagues, directors of nursing and local facilitators).
- What, if any, changes were experienced within the organisation as a result of the participants (clinical leaders) undergoing the programme.

Project design

A total of 16 trusts were selected from the 80 English trusts taking part in the CLP. To ensure a varied sample, trusts were identified based on trust type, location (city centre, seaside, town or rural), number of directorates and annual patient turnover.

The selection included:

- Eight acute trusts (including two teaching trusts)
- Two primary care trusts
- Two mental health trusts
- One NHS Direct trust
- Three combined trusts

To ensure geographical variation of location, trusts were selected from the following locations:

- North West
- West Midlands
- South West
- London
- Northern and Yorkshire
- Trent
- Eastern
- South East

A clinical leader at each of the 16 locations was selected for the study. In addition, 36 service users from the clinical areas of these leaders were selected, along with 14 directors of nursing and 15 local facilitators, to help assess the effectiveness and impact of clinical leadership development. In total, 143 key stakeholder interviews were undertaken at case study sites as part of the study.

Overview of the CLP Study

The CLP development framework represents key areas that clinical leaders need to develop, in order to enhance their leadership capabilities and become more patient-centred clinical leaders.

- Learning to manage self
- Effective relationships within teams
- Developing a consistent patient focus on care
- Networking
- Political awareness

The study explored the progress achieved by participants in each of these areas, analysing data from interviews with clinical leaders, colleagues of clinical leaders and directors of nursing.

Programme interventions

As a practice-based development programme, the CLP provides a toolkit of interventions to support experiential learning for programme participants. These include:

- 360-degree review
- Personal development planning
- Mentorship
- One-to-ones with local facilitators
- Action learning
- Needs led and intervention workshops
- Patient stories and observations of care
- Shadowing
- Teambuilding
- Networking

The study explored the effectiveness and suitability of these interventions as enablers of leadership development through interviews with clinical leaders, local facilitators and service users.

Data collection

There were three distinct data collection stages in the study.

1 Baseline data

- Interviews were undertaken with clinical leaders and service users, to understand base line characteristics in the clinical areas and to understand service user views on clinical leadership.
- 154 randomly selected clinical leaders were asked to complete a 360-degree review to provide the base line data, along with 91 of the 215 clinical leaders based at 16 case study sites.

2 Mid-programme data collection

- Interviews were undertaken with clinical leaders and colleagues of clinical leaders, to understand their perceptions of the value of the interventions and processes of the CLP.
- Patient interviews were undertaken, to explore service user perceptions and experiences of being involved in patient stories.

3 Post-programme data collection

- Leaders from the base line random selection, together with the clinical leaders at the 16 study sites completed a 360-degree review.
- The study team undertook an analysis of the action plans that resulted from the observations of care and patient stories undertaken by clinical leaders at the 16 sites.
- The study team explored service user and clinical impact through interviews with clinical leaders, colleagues of clinical leaders and service users.
- To understand the wider impact on the trust, interviews were undertaken with local facilitators and directors of nursing.

Study findings

The most significant finding of this study is the positive change that took place in the leadership capabilities of clinical leaders. Overall, clinical leaders were more confident in their leadership approach and showed a greater sense of value and optimism about their clinical roles. All described an increased commitment to improving care for service users and developing team effectiveness. This was illustrated in the team goal setting and action planning described by clinical leaders, colleagues and directors of nursing.

The study's findings clearly demonstrate that clinical leaders can be empowered to influence the provision of care. Their new leadership strategies promoted better alignment of the team, which in turn helped increase team effectiveness. This was reflected in the improvements in service user care and clinical practice that emerged.

The empirical nature of the CLP, together with its interventions, especially those that linked directly to patient care, clinical practice and team development – were highly evaluated by clinical leaders, their colleagues, local facilitators and directors of nursing at all of the 16 study sites.

The observations and experiences of those involved demonstrate that the CLP is a highly successful strategy for enabling the provision of more patient-centred care.

The CLP development framework

Learning to manage self
Clinical leaders described greater self-awareness as being a key enabler of leadership behaviours. The programme gave them the ability to review their own skills, attitudes and interactions with patients and team personnel. These reflections supported them in creating their own personal development programmes. Self-awareness also made them more open to challenging 'the way things are done around here' and helped to instil greater confidence in their ability to initiate positive changes in clinical practice for patient care.

Effective relationships
Most clinical leaders stated that the programme had made them value the skills and abilities of their team members more and helped to change the way they interacted with their teams. Developing leadership skills opened the way

to more active sharing of information and many leaders sought to facilitate the development of individual team members. Some clinical leaders even described transferring some of the skills and strategies they had learned on the CLP to their teams.

Client focus

All the clinical leaders cited an impressive range of client-centred care delivery initiatives; these included the introduction of changes of practice, such as:

- A new coloured apron system introduced on MRSA infection side wards
- Initiating a new team approach to managing the issue of post natal depression
- Action plans to improve the consistency of service user privacy and dignity

Observations of care and patient stories were highlighted as being invaluable in helping draw attention to service user care issues;

"It has been nice to actually sit down with the patients and listen to what they've got to say, rather than perhaps sit with them, with a sheet with questions and a tick box."

Interventions enabled clinical leaders to explore more fully how they delivered care to service users and led to clinical leaders initiating positive, client-focused changes within their clinical areas.

Networking

The opportunity to undertake networking as part of the programme was identified by clinical leaders as being invaluable. Many cited the benefit of wider networking within the trust, including the opportunity to talk with staff across a diversity of clinical specialisations or with other departments, including those working within different healthcare settings.

Political awareness

Clinical leaders described being more able and confident in making approaches to senior staff and raising concerns. In addition, many found they were generally communicating more with senior staff in the trust and actively seeking to influence key stakeholders in order to promote improvements to client care.

The journey to patient-focused clinical leadership

Self-awareness

All clinical leaders identified that they had gained an increased self-awareness as a result of undergoing the programme. They valued this highly and felt it had been central in helping them to exhibit new leadership behaviours. Self-awareness gave them the ability to reflect on their own specific development needs, in the knowledge that once they had identified these, there were specific programme structures in place to help them develop and initiate change:

“I've become a lot more self-aware of where my strengths and weaknesses lay and we've also been given a sort of a method of how to action what we've learnt."

For some clinical leaders, an important outcome of their self-awareness was a reaffirmation of the value of their own contribution to the care of service users. This was expressed by some as being more settled in their current role or deciding to stay in their clinical practice.

Being more self-aware also enabled clinical leaders to develop confidence in their leadership capability:

"You start to believe in yourself and you think, yeah I am a good leader, yeah I can do that."

Building and managing effective relationships

Clinical leaders cited that their improved self-awareness supported them in the development of stronger team relationships and facilitated their ability to nurture and develop team members.

"The way I work within the team on the ward has changed. My skill as a team leader or as a team person has changed as well. I think appreciating what I've got in the team and who's there and what they can do and who they are."

"I am more aware that knowledge can some times be termed as power... but in leadership I am now more keen, I don't want to hang on to my knowledge, I want to pass it on. I've gone from one extreme I think to the other."

The observations of others

This increased self-awareness has led to changes in the behaviour of clinical leaders, as illustrated by these observations from colleagues of clinical leaders:

“I think she’s very aware of feedback nowadays and very aware of giving positive feedback to staff all the time and even if it’s not positive, just to be out there giving feedback.”

“I think [communication] has developed more since he's [clinical leader’s] been on the course, so I think the whole communication process on the ward, has actually developed tremendously with the involvement of everyone in the decision making.”

Improvements in patient care

Findings from the study show that clinical leaders had moved positively through the key themes of the development framework. The qualitative data demonstrated that by the end of the programme, clinical leaders and their teams were working more closely together.

Observations of care and patient stories were a crucial element in enabling this change. Described as "really capturing the imagination", patient stories proved pivotal in helping clinical leaders become more purposeful in making the client the focus of all activity.

The study analysed the action plans of clinical leader participants, and identified a number key themes that shaped the changes and actions that were put in place to benefit service users and the clinical environment.

Patient issues

Patient information

Improving information for patients and relatives was a commonly identified need, and clinical leaders initiated the creation of booklets and leaflets to help clarify roles, treatments and procedures for 'clients'.

Client access to services

A number of different ways of organising appointments to better suit patients were implemented.

Privacy and dignity

Issues relating to privacy of patients were frequently recorded. Clinical leaders worked in consultation with teams to discuss and raise awareness of the need for protocols to protect both the modesty and privacy of patients.

Client concerns

Patient stories proved to be a valuable trigger point for the initiation of new ways of working that focused on delivering more client-focused caring:

"Our patients undergoing spinal anaesthesia and regional anaesthesia are especially concerned that they were lying flat on their back, aware that somebody was performing surgery upon them but it was very difficult for them to distract their minds from, to get away from that so we now offer them music to listen to through headphones, stories, tapes, tape books, etc. Yes, these are quite long procedures. Some patients just like the opportunity for somebody to sit next to them and talk to them during the procedure and that is available. I think that is attributable to the Patient Stories."

Clinical environment issues

Noise reduction

Reducing noise was a common concern and clinical leaders initiated a number of responses to help ameliorate these issues. These ranged from restricting the use of mobile phones in clinical areas, to the provision of ear plugs for patients and implementation of 'bin silencers' to reduced the volume from noisy bin lids.

Infection control

Several clinical leaders identified infection control issues, highlighted from their observations of care. Action plans incorporated teaching and education sessions for ward staff, the introduction of a coloured apron system in clinical areas, the discussion of infection control issues at meetings and handovers and providing feedback for staff from other disciplines such as physiotherapists and ECG technicians.

"Things like going into a MRSA room or infected rooms, coming out in that apron that they're wearing. Have they then gone to a clean area and done some direct care with the patients? So, I've now got the yellow aprons for infected rooms. They have white aprons for direct care within clean, clinical areas, and I've also now got green aprons for dressings so again I know it's somebody that's had a white apron on for direct care, say toileting somebody, and then not doing the dressing of that same patient in the same apron. Immediately if I see somebody in a yellow apron walking into a big area that's clean, I pull them out."

Health and safety issues

A number of clinical leaders identified simple and practical changes that improved patient experience and care. These ranged from ordering more steps to help patients get onto hospital trolleys, to the instigation of new systems to support better drug administration policy.

Implications for clinical leadership

The Department of Health (2000) NHS Plan signalled the importance of leadership, and identified the importance of leaders who have the ability to work with others across professional and organisational boundaries.

As an experiential programme, the CLP promotes reflection on practice and action. It links personal development to work, where day-to-day experiences and observations are valued as learning experiences.

By learning to manage self, and understanding how to influence teams and build relationships with other disciplines, clinical leaders clearly developed new approaches to improving patient care.

The study demonstrates that clinical leaders developed new, creative approaches that benefit both the patient and the teams that they work with. In addition, new found skills enabled them to work closely with senior decision makers across the trust to generate improvements in the quality of patient care.

Implications for employers

Most directors of nursing described a beneficial change in the confidence and problem-solving skills of clinical leaders, after they had undertaken the CLP. Some considered that the leadership development had helped motivate staff to sustain appropriate patient care environments.

Patient stories and observations of care were identified as being one of the most successful aspects of the programme. Directors of nursing felt the impact these had on patient care and clinical practice was significant.

Other outcomes included:

- The creation of steering groups and other forums to support clinical leadership and link all other patient-centred, trust-wide policy initiatives.
- One director of nursing suggested that the development of leadership capability had a positive impact on retention and recruitment of staff and on the reduction of patient complaints.

Reactions from directors of nursing

"I feel they are a group of staff more willing to problem solve, they see the problems and they're now willing to come up with proposals to try and solve those sorts of problems, they're taking control of the issues, rather than, just throwing them at their manager and saying this is the problem, we can't cope with it."

"I think the length of the programme and the opportunity to get some real sustainability is a real plus for the programme, so it doesn't in any sense seem like a quick fix."

"But the thing that seemed to have really captured the imagination has been the patient stories and the observations of care, where they've [clinical leaders] had the opportunity to sit back and actually look at what's happening in their own areas and in other people's."

"A lot of trust business now is already predetermined through Government policy and targets so, you know, there are givens that we have to deliver. What is important is that the clinical leaders' experience informs that policy, and that they can drive it to an extent by having their voices heard and having an input to the policy, into policy development."

References

1 Department of Health (2000) *The NHS plan: a plan for investment, a plan for reform*, London: Department of Health

Further reading

Cunningham G and Kitson A (2000a) An evaluation of the RCN Clinical Leadership Development Programme: Part 1, *Nursing Standard*, 15 (2), pp. 34-37.

Cunningham G and Kitson A (2000b) An evaluation of the RCN Clinical Leadership Development Programme: Part 2, *Nursing Standard*, 15 (13), pp. 34-40.

Cunningham C and Mackenzie H (2005) 'The Royal College of Nursing Clinical Leadership Programme', in Edmonstone J (editor) *Clinical Leadership: A book of readings*, Chichester: Kingsham Press.

April 2005

Published by the

Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

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Publication code 002 524