

CASE STUDY: MULTI-DIMENSIONAL COMMUNITY CLINICAL LEADERSHIP PROGRAMME

In 2010 a multi-dimensional Community Clinical Leadership Programme was launched to create a future generation of world class leaders who can respond creatively and competently to the challenges facing the NHS. Workforce is our greatest asset and developing senior leadership skills will help set strategic direction for the NHS. It is envisioned that such leaders can lead community-based teams to deliver efficient, effective and evidence-based community health services.

The programme was developed by the University of Salford's School of Nursing, Midwifery & Social Work, in partnership with Innovas Consulting Solutions Ltd and an alliance of chief operating officers from 24 Community Trusts across the North West, as well as the North West Leadership Academy. Eighty community healthcare leaders, from the 24 Community Trusts involved, undertook the programme across nine full days, receiving an Institute of Leadership and Management (ILM) Level 5 qualification as a result. A range of staff groups attended, for example, nurses, healthcare professionals and business managers and other healthcare managers.

Following positive evaluation of the programme a set of best practice principles have been published that will inform future investment and delivery of clinical leadership development (Appendix 1). This will help to create future healthcare leaders who are caring and compassionate and can confidently and effectively transform community services. This type of leadership was reported as missing in one large NHS Trust in the UK; the Mid Staffordshire NHS Trust (The Mid Staffordshire NHS Foundation Trust Public Inquiry 2013)

Key Outcomes

25 participants took part in focus group interviews and Kirkpatrick's Five Levels of Evaluation was used to thematically analyse the findings. These findings clearly suggest that a multi-dimensional model of leadership not only prepares individuals for their leadership role, but also promotes leadership across the organisation (leadership in context), and offers a promising conceptual framework for future leadership development.

- **Enhanced learning** - this leadership model enhanced the healthcare leaders' learning experience and positively influenced their personal leadership development in ways that a more traditional approach may not have done. For example participants utilised aspects of emotional intelligence to gain deeper self-awareness and a greater understanding of the impact of their behaviour on others. *"The emotional intelligence helped me to understand some of the human resource issues that I was dealing with in my team....I use active listening instead of doing all the talking..."*
- **Personal growth** - participants were required to present on their leadership journey within the safe environment of action learning/reflective groups. By doing this they were able to provide examples of their personal growth as a leader. For example, an increased confidence to speak out and to be a better advocate for their team and patient. *"I feel like I've got a bit more courage than I had before...whereas now I feel that part of my job as a leader is to challenge the process.... you're doing a disservice to your patients if you're not able to actually stand up and say what you believe in..."*



Organisational leadership - the learning activities and assessment strategies used capitalise on the participants' healthcare organisation as a legitimate place to learn, and this approach seems to accelerate the student's leadership development. For example, through utilising a questioning approach and gaining an understanding of why community services are transforming, the participants were able to demonstrate how they had become more politically astute and how they were able to apply the emergent healthcare political policy to their particular community service. This approach to leadership development shifted the emphasis from them as the leader (personal leadership) to gaining an appreciation of their trust's vision and strategic direction, and helped them to make sense of the changes that were being made so they could evaluate the service improvements made. *"It's helped me to understand where I am personally within the organisation and the team for which I lead. It has given me more of an insight into the bigger picture in relation to the organisation, and my responsibilities as we move forward into a new way of working..."*

- **Proactive leadership** - some participants moved from a reactive response towards policy implementation to one that was proactive, positively supporting, and driving change forward within their service, thus demonstrating their enhanced skills of political astuteness (NHS Leadership Academy 2013). *"I can now see where my service could develop and link in with the [trust and healthcare] policies..."*
- **Multi-professional learning** - participants reported positive feedback on the benefits of multi-professional action learning and reflective groups on both their individual and organisational leadership development. *"[The action learning set] has given me more of a confident voice...it's given us a platform to be able to get that project off the ground because my project is something I've been itching to do probably for the last couple of years but I've never had the opportunity and the skills and maybe or the knowledge but now I have..."*

Background

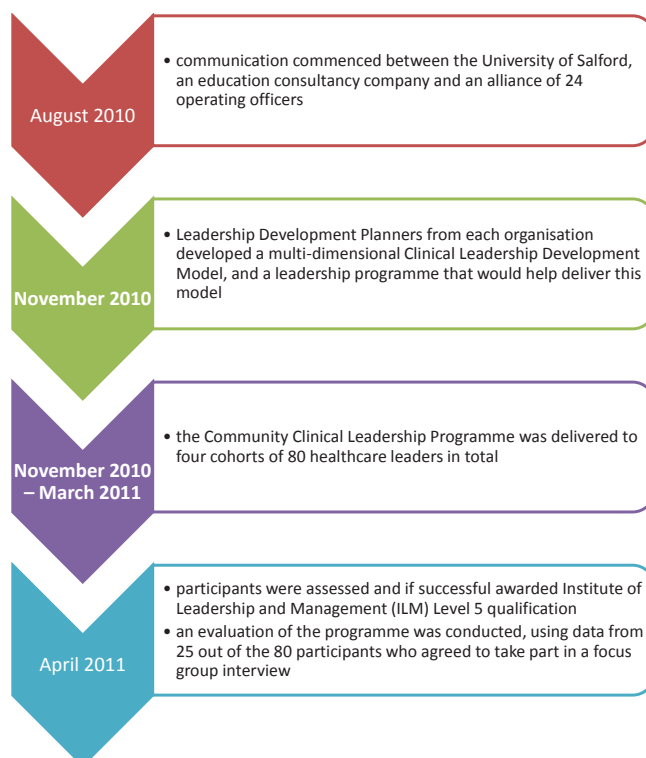
Salford University, located in the North West of England, has approximately 20,000 students. Its School of Nursing, Midwifery & Social Work offers courses in nursing and midwifery (including professional registration courses) as well as advanced practice, cognitive behaviour therapies, counselling, leadership and management for health care, mental health, social work and social policy.

Key Aims

The aims of the multi-professional community clinical leadership programme are to:

- Facilitate the development of the roles, competencies and aptitudes identified from the existing Community Leaders role profile
- Provide the knowledge and skills required by community health service managers to best enable them to make service improvements that help tackle the environmental and socio-economic factors which often inhibit the achievement of good health and well-being

Key Stages of Setup



How It Works

Community Clinical Leadership Programme

The Community Clinical Leadership Programme was delivered to four cohorts between November 2010 and March 2011, during a time of considerable change for the NHS. A wide range of healthcare leaders participated in the programme, including a; physiotherapist, occupational therapist, and speech and language therapist, as well as nurses and senior healthcare managers.

Each participant attended nine taught days. The 10th and final day (4 April 2011) brought together all four cohorts along with their managers, Chief Operating Officers and the University delivery team for an evaluation and celebration of learning event. On completion of the programme participants were awarded an Institute of Leadership and Management (ILM) Level 5 qualification.

Multi-dimensional Clinical Leadership Development Model

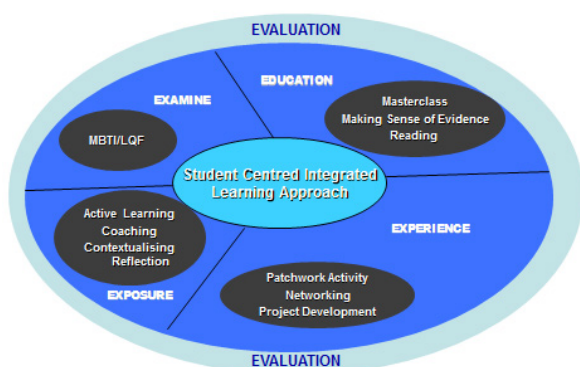
A clinical leadership approach was developed by the leadership development planners to effectively and creatively address the learning needs of the community leader. Students were directed to specific work-based learning activities, with the action learning sets used to reflect on the activities in terms of their on-going leadership development and development of their transforming community services (QIPP) project.

Emergent best practice principles for clinical leadership development include adopting a multi-dimensional development approach which prepares individual leaders for their role and encourages organisational leadership development. This embeds the vision and corporate values of the organisation, and delivers on service improvement and innovation. Moreover, the multidimensional approach could offer the best platform for embedding the 6 C's of nursing (extended to all healthcare practitioners) within the culture of the healthcare organisation: care, compassion, courage, commitment, communication, and competency. This is achieved in part through the application of emotional intelligence to understand self and to develop the personal integrity of the healthcare leader.

The Multi-dimensional Clinical Leadership Development Model puts the individual at the centre of their leadership learning journey, enabling them to:

- contextualise their learning against the contemporary healthcare agenda and within their healthcare organisation
- demonstrate their personal and professional leadership development throughout the programme

Figure 1. Multi- Dimensional Clinical Leadership Development Model



To create the Multi-dimensional Clinical Leadership Development Model, the leadership development planners integrated the Leadership Qualities Framework (LQF) and its five E's approach to learning (table 1) with the concepts of constructive alignment curricular methodology. The LQF has subsequently been updated to the Leadership Framework and Clinical Leadership Competency Framework (NHS Leadership Academy 2011) and is due to change again (NHS Leadership Academy 2013).

Table 1: Five E's Approach to Learning (NHS 2006)

Examine	Self -assess prior to commencement of programme
Education	Learning through formal approaches
Experiences	Opportunity to try things out
Exposure	Activities where you learn from others
Evaluation	Reviewing the effectiveness of your learning

For an outline of how the Multi-dimensional Clinical Leadership Development Model has been used as a framework to deliver the aims of the community healthcare leadership programme, see Appendix 2

Resources

The development programme was commissioned by the NHS North West Alliance and North West Leadership Academy in August 2010. The cost of the commission was £89,000 and this included; creating the model, delivering and evaluating the programme, administration of programme across four sites and cost of accommodation hire in social enterprises (not university accommodation).

Key Challenges

- Releasing staff to attend the programme. This challenge was overcome by the North West Alliance's 'buy in' to the programme, thus making attendance a priority for each organisation (promoting a culture that valued leadership development)
- Evidence of monitoring participant attendance and attrition. This challenge was overcome by programme planners reporting to the Alliance at agreed intervals. Attendance registers were taken for each session and attrition reports sent to the North West Alliance
- Good communication with participants regarding the administration aspects of the programme, and distribution of information within agreed timescales. This challenge was overcome by ensuring that regular meetings occurred between all stakeholders. This resulted in minimal changes to the planned programme however any changes were communicated to the participants. Communication was established with delegates via email and University of Salford Virtual Learning Environment (Blackboard)
- Complexities of the administration of the programme that was delivered outside the university within four social enterprises. These challenges were overcome by appointing a project manager to oversee the programme delivery, manage risks and manage the administrative support

Supporting Material

The following resources are available as an appendix to this case study:

- **Appendix 1** – Principles of good practice in Community clinical leadership development
- **Appendix 2** – Application of the Multi-dimensional Clinical Leadership Development Model
- **Appendix 3** – Full list of references for this case study and its appendices



Next Steps

There are limitations to this study in that findings present the impact of a Multi-dimensional Clinical Leadership Development Model that has been evaluated against a relatively small cohort of participants. Future study opportunities include the evaluation of the model within the context of a post graduate healthcare leadership programme that can test the model with the UK and international health and social care leaders.

Whilst there are no further plans to repeat the programme, many participants are continuing to develop their leadership skills and performance through attendance of the Leadership and Management for Healthcare Practice master's Programme at the University of Salford School of Nursing, Midwifery & Social Work. As part of attending this programme, students views will be sought in terms of the impact of the Multi- Dimensional Clinical Leadership Development Model as applied to a full master's programme, particularly in terms of leadership development and impact on patient outcomes.

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