Contents

Introduction
Beliefs and Values
How we work
Aim of the RCN CLP
Content of the Programme
Programme Activities
Accreditation Issues
References
Useful web sites
Appendices
Introduction

Advancing excellence in clinical leadership is key to the modernisation of the NHS (DOH 1999, 2000, National Assembly for Wales 2000, 2001, Scottish Executive 2000, 2003). The RCN Clinical Leadership team provides patient-focused, needs-led, practical programmes that aim to develop the leadership skills of health and social care practitioners and their teams, enabling them to deliver high quality, patient-centred, effective evidence-based care. This is achieved within the context of day-to-day clinical practice, the organisational culture and the current policy agenda.

The original RCN Clinical Leadership Programme (RCN CLP) was based on the findings from the RCN Ward Leadership Project (Cunningham & Kitson 1997), an action research study exploring the leadership skills required to promote better practice. The current programme has evolved in response to research, evaluation and policy changes.

This information booklet has been designed to provide a general overview of the RCN CLP and what you should expect as a participant in this programme.

Beliefs and Values

The RCN CLP follows a model of transformational leadership and lifelong learning. It is founded on research evidence and a value system that embraces the following beliefs:

♦ Good leaders provide good patient / client care.
♦ All health and social care workers require leadership skills.
♦ It is possible for individuals to develop their leadership capabilities.
♦ Potential is best developed in a culture of high support and high challenge.
♦ Participants bring rich and varied experience to the programmes. The strengths of such diversity are best recognised, valued and mobilised through person centred, experiential approaches to learning.
♦ Change as well as being exciting and stimulating can be a difficult and painful process.
♦ Good leaders are able to influence local and national policy agendas and respond effectively in complex environments of rapid and frequent change. For leadership initiatives to be effective they need to be supported at all levels in the organisation.

**The Clinical Leadership Team: How we work**

The ways in which we work are underpinned by a shared understanding and commitment to the aforementioned beliefs and values and are expressed through:

♦ Maintaining a focus on the organisation and delivery of excellent and evidence-based patient centred leadership programmes.

♦ Working in partnership with organisations to develop individuals within the workplace.

♦ A commitment to the professional and personal development of individual participants through the use of experiential learning methods, personal development plans and needs led workshops.

♦ A focus on the clinical and organisational context within which health and social care is delivered.

♦ The development of a culture congruent with our values, within the Clinical Leadership Team and the wider RCN, within the programmes, and with our external relations and in our partnerships.

Background

The RCN Clinical Leadership Programme is one of a number of successful national leadership programs and been running for over ten years. It has been continuously evaluated, and is thus continuously evolving. In the last ten years over 2,000 Clinical Leaders have undertaken the programme.

The programme began in 1994 when the Royal College of Nursing Institute was given a large sum of money by the family of an elderly lady who had recently died; unfortunately, the family had been upset about some of the nursing care that their relative had received. The family asked the Royal College of Nursing to conduct
research into ‘what it was that made good ward sisters’. The money was used to develop and undertake what became known as the RCN Ward Leadership Project (Cunningham & Kitson 1997). This action research study explored the leadership skills required to promote better practice. The research findings suggested that through focusing on developing leadership capabilities in five key areas patient/client care would be enhanced.

The five key areas are:
- Managing self.
- Developing and maintaining effective relationships with others.
- Focusing on the needs of the individual patient and their family, the team and the wider organisation.
- Maximising the use of available resources through effective internal and external networking.
- Being politically astute.

These capabilities are supported by an individual’s ability to:
- Inspire others towards a shared vision.
- Challenge individuals, systems and processes appropriately and effectively.
- Sustain and support others.
- Enable others to act.
- Model attitudes and behaviours congruent with the theories underpinning transformational leadership and lifelong learning.

(Posner & Kouzes 1998)

Subsequent evaluations of the RCN Clinical Leadership Programme demonstrate that developing self, building effective relationships with teams, refocusing on the patient and increasing political awareness and networking skills has a positive impact on:
- The individual participant on the RCN CLP
- The participant’s team
- The patient
- The organisation
- Policy
The evidence from the evaluation findings suggests that successful implementation of the RCN Clinical Leadership Programme impacts positively on the current NHS Modernisation Agenda. Specifically there are strong links to the NHS plan in Wales, the Clinical Governance Agenda, CHAI Assessments, Fundamentals of Care Directive, Patient and Public Involvement Initiatives, NHS Human Resources Agenda, including recruitment and retention Issues

Aims of the RCN Clinical Leadership Programme

The overall aim of the RCN Clinical Leadership Programme is:

‘To assist healthcare practitioners and their teams to develop patient centered and evidence based strategies within the context of their day to day practice, organisational climate and policy agenda.’

This is achieved through the following specific objectives:

♦ Developing Self
♦ Developing effective relationships with team
♦ Developing and enhancing a patient focus
♦ Developing greater political awareness and networking skills

Content of the programme

To achieve the above aims and objectives you will engage in a year long programme of learning. The programme will be facilitated and implemented by the local facilitator in your organization. The programme consists of five key activities

1. Activity/ Core workshops
2. Action Learning sets
3. One to One sessions with Local Facilitator
4. Work based learning with your team
5. Needs led workshops

The purpose of the activity / core workshops is to introduce you to the key interventions and activities used within the RCN CLP.

In your programme you will have the opportunity to attend the following workshops:

♦ Introductory Days
♦ Personal Development
♦ Action Learning
♦ Team Building
♦ Patient Stories
♦ Observations of Care
♦ Political Awareness and Networking
♦ Additionally you will have the opportunity to attend needs led workshops with topics identified by yourself and other Clinical Leaders.

Programme Activities

This section provides you with a very brief overview of the activities and interventions that you will engage in during the programme.

Personal Development

Personal development is an integral part of the clinical leadership programme and is seen as a crucial component in the development of leaders. The programme provides a number of opportunities for participants to develop personally. Towards the beginning of the programme, you will undertake with a 360 degree -leadership quality framework which is completed on-line and complete a Clinical Leaders Profile. Each participant will produce a personal development plan and identify areas of strength and areas for development. A number of the following interventions also contribute to your personal development e.g. ‘one to ones’, action learning, mentoring and shadowing.
Leadership Practices Inventory (LPI)

The programme uses a 360 degree feedback tool developed by Kouzes and Posner (1998). Their research into effective leadership behaviours identified 5 main behaviours:

- Challenging the process
- Inspiring a shared vision
- Enabling others to act
- Modelling the way
- Encouraging the heart

The LQF consists of questions relating to leadership style. The clinical leader, their line manager, peers and those they lead and manage are asked to complete the inventory. The only questionnaires that are specifically identifiable are those of the clinical leader and their line manager, the rest are anonymised. The LQF is part of the data that is collected at the beginning and the end of the programme if the individual requests but unfortunately for an extra fee. The data collected at the beginning of the programme helps you as the clinical leader to commence your personal development plan. It will also help you to identify your ongoing personal development needs.

Clinical leaders profile
This is a relatively in-depth questionnaire that all clinical leaders are invited to complete. It asks you to think about:

- Yourself
- Your team
- Your patients
- Your organisation

Personal development also includes:

Mentoring:
Both the local facilitator and clinical leaders are encouraged to identify a mentor once they have received their 360 feedback from their Leadership Quality
Framework. The role of the mentor is to assist the clinical leader and local facilitator to have a strong leadership role model to work closely with throughout the programme; mentors provide good networking and political opportunities. Participants are encouraged to choose carefully and have found trust board members and individuals external to their organisations extremely valuable.

Shadowing:
Clinical leaders and facilitators are encouraged to consider shadow opportunities that will enable them to develop their leadership potential. These opportunities may be with individuals within the organisation, the wider NHS or even the private / voluntary sector. Ultimately, participants need to consider how the shadowing experience will contribute to their leadership development and will be required to identify appropriate outcomes.

‘One to Ones’:
Each participant on the programme has at least an hourly one to one every four to six weeks. The purpose of the one to one sessions are to ensure the programme participants are ‘experiencing the programme’, receiving the time to participate and an opportunity for further challenge and support which contributes to their personal development.

Action Learning
Action learning is an ‘action approach to learning’, enabling personal, professional, managerial and organisational development. It is based on the belief that the most effective learning takes place in the context in which people are working. Action learning is a key process for learning from experience, by questioning, challenging, supporting and reflecting with others on experiences to gain further insight, agree actions and learn from the actions taken.

Every participant on the programme participates in an action learning set and each action learning set has a facilitator. You will be in action learning set with other clinical leaders from your organisation.
Action Learning Sets provide an opportunity to:
♦ Consider and resolve difficulties.
♦ Celebrate successes.
♦ Try out new / different ideas.
♦ Further develop group facilitation skills.
♦ Offer and receive peer support

Patient Centred Activities

Observations of Care and Patient Stories - the purpose of these is to allow you the opportunity to:
♦ Really see what is happening in your clinical area;
♦ To really hear and listen to what your patients experience;
♦ To celebrate good practices;
♦ To develop action plans to enhance patient outcomes based on what you have seen and heard.

♦ Observations of Care
Observation of care/practice is a simple quality improvement and personal development tool that holds an important message i.e. ‘seeing’ and ‘observing’ are not always the same.
We often take for granted what we see around us, particularly when we are busy. The approach to observation of care on the programme was created from the original piece of action research by Cunningham and Kitson (1997). This process involves two observers, an ‘insider’ and an ‘outsider’. The clinical leader (insider) and an outsider (either the local facilitator or another clinical leader) observe and record the insider’s clinical area for 30 minutes. Both the observers then share what they observed and recorded always starting with the insider; they then have a critical dialogue about what was observed. The observers then share their observations with the other clinical staff who were present at the time of the observation. Areas for improvement are identified, actions agreed and good practice celebrated.
It is expected that each clinical leader completes four observations of care at the beginning of the programme and a further four at the end of the programme.
♦ Patient stories

Patient stories, also known as patient narratives, are audiotaped interviews with patients about their experience of being in hospital or receiving care in other settings. Patient stories are a powerful way of getting patients to help you identify areas for quality improvement and to find out which aspects of their experience they value. Clinical leaders pair up with another clinical leader to ensure that they do not undertake any of the patient stories in the area that they work. Patients are randomly selected and invited to tell their story about their experience of receiving health care. The stories are audio taped, and ‘mind mapped’. The tape and mind map is then given to the other paired clinical leader to verify. Once six stories have been collected from one clinical area the clinical leaders theme the stories to identify areas patients did and did not value. The themes are then fed back to the multi-disciplinary team, so that areas for improvement can be identified. Action plans are then agreed and implemented.

It is expected that each clinical leader complete six patient stories towards the beginning of the programme (by month five) and a further six towards the end of the programme (by month eleven).

♦ Team building

Clinical leaders and facilitators on the programme are enabled to develop creative ways of developing their teams. A number of team building techniques are introduced to help establish how a group of individuals work together, how the strengths and areas for development of individuals contribute to joint working, and how groups can be helped to work more effectively as a team to achieve their primary task.

♦ Political Awareness and networking

Developing participants’ political awareness capacity and capability is crucial to developing their ability to influence key stakeholders within their Trust so that resources, structures and systems can be introduced to promote patient centered care.
Networking is encouraged throughout the programme, both internal and external to organisations. Networking provides excellent opportunities for the local facilitator and clinical leaders to develop their confidence, compare and learn new creative ways of working and strengthen the core value of working in the health service.

What outcomes should be expected:

The evidence generated from the programme evaluations suggests that the RCN Clinical Leadership Programme will impact not only on you as a participant – but also on your team, your patients and your organisation.

Examples are given below:

♦ Many participants have commented on how the programme has helped them to increase confidence, to feel valued and to be reenergized to remain working in the healthcare service environment.

♦ Teamworkers have commented how changes in their leader’s behaviour has influenced the way the team works together. Participants have been able to inspire and motivate their teams to work more effectively together.

♦ Patient care has been enhanced, including:
  Positive changes to the environment
  Noise reduction
  Enhanced communication
  Nutrition
  Dignity and Privacy
  Revised policies/procedures

♦ Experience has suggested that to impact positively on the organisation there needs to be the appropriate support and communication within the organisation. This is why your facilitator will have set up a steering group with key stakeholders/senior members of your organisation. The purpose of this is to share your learning and development with the organisation and ultimately aim to support the achievement of the Trust’s strategic objectives. As part of your
programme you will have the opportunity to feedback issues and potential solutions to key stakeholders and selected members of the trust board. It is anticipated that this will help to link your work and the developments that you are undertaking as a result of the programme with other initiatives that are occurring in your organisation.

**Accreditation Issues**

The programme provides opportunities for academic and professional accreditation. If you wish to pursue academic accreditation you should speak to your Local Facilitator at present this is a non-honours degree with the university of Glamorgan.

A process of professional accreditation unfortunately is no longer available but the RCN programme is current for 3 years and is recognized internationally. This programme is not about giving academic credit for learning and development but is a process of recognition of the qualities and skills that the clinical leaders have developed while participating in the programme. It is a process of accrediting a Person.

**Attendance**

The RCN Clinical Leadership Programme is based on experiential and adult learning methods. Therefore in order for you to achieve maximum gain it is necessary that you make a commitment to attend all programme activities.

*The programme is a year in duration and it is anticipated that it will take about 1 day a week of your time. Not all of this is through attendance at workshops as some of it will be work based learning in your clinical environment.*
References


National Assembly for Wales (2000) Realising the potential, a strategic framework for nursing midwifery and health visiting in Wales into the 21st Century. Cardiff, National Assembly for Wales

National Assembly for Wales (2001) Improving health in Wales: a plan for the NHS with its partners. Cardiff, National Assembly for Wales


Useful web sites

http://www.rcn.org.uk/
http://www.rcn.org.uk/wales/
http://www.nursingleadership.org.uk/news_nursing.htm
http://www.doh.gov.uk/
http://www.nursingleadership.co.uk/
http://www.chi.nhs.uk/eng/index.shtml
http://www.nmc-uk.org/cms/content/home/
Appendix 1

Standards for the RCN Clinical Leadership Programme

Standard 1: Learning to Manage Self

Each participant demonstrates the capabilities of self-management in personal and professional practice.

Additionally, each participant demonstrates his or her commitment to life long learning.

Criteria

1. The identification of own leadership behaviors and evidence of own leadership style.
2. Demonstration of the impact of personal leadership style in relation to yourself, your team and how care is organized.
3. Personal development plans which clearly reflect learning from the programme interventions. These should include at least three personal development objectives and evidence of your growth as a result of undertaking the programme.
4. Evidence of ongoing personal and professional leadership development since completing the programme.
5. Identification and effective use of support mechanisms.

Standard 2: Effective Relationships

Each participant demonstrates an ability to build, develop, and manage effective relationships both with their team and other colleagues.

Criteria

1. Demonstrates an understanding of their role within their team and with colleagues.
2. Demonstrates an appreciation of the diversity within the team and evidence of how you are working positively with the strengths that diversity brings.
1. Evidence of effective team building and development.
2. Demonstrates how development of self-awareness, self-management and of leadership behaviors has impacted on relationships with colleagues.
5. Evidence of ability to influence colleagues.
**Standard 3: Patient / Client focus**

Each participant demonstrates a focused approach to patient/client-centered care.

**Criteria**

1. Evidence of the impact on the patient experience through observations of care and patient / carer stories. This should include:
   - Clear action plans
   - Summary of achievements
   - Evidence of ongoing action plans

These should be articulated in terms of the impact on: the patient, self, the team, the organization and on policy

1. **Evidence of activity aimed to improve patient care, both at local and organisational level, using a team approach.**
2. Evidence of feedback mechanisms established to inform the patients and carers and the organization.

**Standard 4: Networking**

Each participant demonstrates relevant internal and external networks.

**Criteria**

- Identification and demonstration of effective use of internal networks to enhance service provision.
- Identification and demonstration of effective use of external networks to enhance service provision.
- Identification of strategies to utilize and further develop networks.
- Demonstration of knowledge of key stakeholders within the organization.
**Standard 5: Political Awareness**

Each participant demonstrates an understanding of the political environment in which they work.

Criteria

1. Demonstrates awareness of need to influence relevant stakeholders (those with accountability and responsibility for resources) for the provision of patient / client care.

2. Demonstrates skills in influencing key stakeholders, and agendas of such, to benefit patient / client care and / or staff resources.

3. Demonstrates the need to be aware of the national and local policies affecting health care and the implications to their area of practice.

4. Demonstrates contribution to organisation’s strategic objectives / strategic planning as appropriate.