



## **Clinical Leadership Evaluation & Development**

with (South) Manchester Primary Care Trust

### **Context**

Effective clinical leadership is seen as central to the cultural and organisational changes expected of organisations across the health service, in the context of national reforms aimed at creating a patient-led NHS.

When ICA:UK was approached in early 2006, investments had been made in recent years in strengthening clinical leadership within the then South Manchester PCT. These included the introduction of cluster working, and three Cluster Directors, to support extended primary care teams in multi-disciplinary and multi-agency working; and the creation of an in-house Education, Learning and Workforce Development Team, with a Practice Nurse serving as Clinical Lead. Considerable further change was required and underway, including Agenda for Change and the merger of the three Manchester PCTs (South, North & Central).

### **Aims**

In this context, it was felt timely to involve key stakeholders in evaluating clinical leadership within the PCT, and identifying opportunities and making plans for its further development. ICA:UK was therefore contracted to design and facilitate a process to meet the following aims:

1. to begin to evaluate clinical leadership across the PCT in relation to its impact on the organisation and organisational change,

including the effectiveness of recent investments in clinical leadership;

2. to identify opportunities for further development of clinical leadership, and empowering of clinical leaders, toward a culture of leadership within the PCT;
3. to engage with and involve people in an inclusive and transparent way, that fosters a sense of ownership over the process and its outcomes.

### **Process**

A series of tailored workshops was designed and delivered to meet these aims. The process drew heavily on ICA's *ToP* (Technology of Participation) methodology, notably the *ToP Focused Conversation*, *Consensus Workshop*, *Action Planning* and *Historical Scan* (or *Wall of Wonder*) methods. Further details of these methods and broader the *ToP* approach may be found at [www.ica-uk.org.uk/facilitation/approach.htm](http://www.ica-uk.org.uk/facilitation/approach.htm).

**A series of consecutive half-day Consultation workshops** each followed a broadly similar process, but were tailored to engage with and involve three distinct stakeholder groups separately. This approach was used in order that each group felt able to contribute frankly and without affecting each others' contributions, and to enable triangulation of the results. The three stakeholder groups were:

- the clinical leaders themselves – one workshop for all 15-20 from across the PCT
- front line clinicians without leadership roles – two workshops for approximately 30, identified by the Education, Learning and Workforce Development Team to be broadly representative of the total of 200 or so within the PCT
- other key stakeholders with organisational responsibility for leadership – approximately 10-12 including the Education, Learning and Workforce Development Team, the three Cluster Directors and the Executive Director

### Consultation workshops outline

Arrivals & coffee/lunch
<b>Opening &amp; introductions</b> , overview, 'prouds & sorries' & expectations
<b>"Wall of Wonder"</b> to map together the development of clinical leadership in SMPCT visually; to share stories & begin to discern chapters, trends, impacts, learnings, implications
Tea/Coffee break
<b>Analysis of factors affecting</b> clinical leadership development – what's worked and what's not worked, what supports & what blocks; in small groups followed brief plenary reports
<b>Brainstorming of actions</b> for clinical leadership development - in small groups followed brief plenary reports and prioritising by "sticky dot voting"
<b>Reflection &amp; close</b>

In the event it proved impossible to bring the senior stakeholders together in person for a workshop, and so they were consulted instead by means of an email questionnaire. The questions were tailored to generate responses compatible with those of workshop participants:

1. *In your experience, what have been 4 or 5 key events or milestones in the development of clinical leadership in SMPCT in the last 3 years? Please include dates (as best as you can).*

2. *What are you particularly proud of, and sorry about, in relation to the development of clinical leadership in SMPCT? Please list a few positives and a few negatives. Please use examples or anecdotes to illustrate your points if you wish.*
3. *In your experience and understanding, what are 4 or 5 key factors affecting clinical leadership development in the PCT? For example - what do you think supports, and what blocks, the development of clinical leadership?*
4. *What 4 or 5 actions or changes would you recommend to support the development of clinical leadership in the PCT in the future, and address any blocks? Feel free to suggest simple, one-off tasks or more complex, long-term projects - but please be as specific as you can.*

### A final half-day Review & Planning workshop

was held the following week, for a representative sample of the three groups (approximately 20-30). This workshop was designed to enable the group to reflect together on the output of the first three workshops, and agree an outline action plan for clinical leadership development within the PCT.

### Review & planning workshop outline

Arrivals & coffee
<b>Opening &amp; introductions</b> , overview & expectations
<b>Review of workshops</b> documentation, questions of clarity; reflection & interpretation in small groups followed by brief plenary reports; writing up key actions on half-sheets, drawing on those brainstormed by means of the three Consultation workshops and email questionnaire
Tea/Coffee break
<b>Action planning</b> – cluster key actions by task forces, self-select into task forces to clarify & schedule actions by quarter, brief plenary reports, leadership & co-ordination
<b>Reflection &amp; close</b>

## Outputs & outcomes

The process used was documented in a Process Outline (June 16<sup>th</sup> 2006), and its outputs were documented in two reports, of the Consultation process (July 6<sup>th</sup> 2006) and of the Review & Planning (July 26<sup>th</sup> 2006).

A key outcome of the process was the establishment of four task forces, each comprised of 3-4 members from across the three groups, and each with its remit defined and with a first-draft work plan including quarterly milestones for the coming year and beyond. The remit of the four task-forces were:

- Growth, Development, Training Opportunities
- Redefinition & Clarity of Role & Responsibility & Expectations
- Supporting Systems and Processes
- Transparency, Communication & Access to Support

According to participants' end-of-workshop feedback, highlights of the process included:

*"Liked interactive style – getting up & moving around"*

*"Group interaction helped people to understand other point of view"*

*"An opportunity to speak and hopefully implement change"*

*"Feel process was moved on to something constructive"*

*"Positive actions proposed at end of session to take proposals forwards"*

## Follow-up process

Seven months on from the workshops, in early 2007, it was clear that the four groups had all met at least once, that their plans had progressed at least to some extent, and that at least some others had become involved.

The context of the work had changed significantly, however, with the merger of the three Manchester PCTs into one from October 2006, and with expectations of increased multi-agency working with for example Childrens' Services &

Adults' Services, and also privatised services. A new Associate Director of Services & Development had been appointed, whose remit was to include clinical leadership development across the new PCT.

ICA:UK was contracted again, in early 2007, to design and facilitate a follow-up process to meet the following **key aims**:

1. to engage the four task forces in reporting, and learning from, their progress together;
2. to document their learnings in a report, including quotes, by which they may be disseminated within the new Manchester PCT
3. to celebrate the accomplishments of the task forces and bring closure to the project, while sustaining a sense of achievement and potential for applying their learnings - at least as individuals, if not also as Manchester PCT

These aims were met by way of two related pieces of work. An initial email questionnaire was circulated in February, to all participants and invitees of the process to date, to discern their experiences of the process and their perspectives on progress made, barriers experienced, and learnings. A follow-up workshop was then held in March, to bring together the four task-forces and any email contributions received with the new Associate Director - to report on and celebrate progress made, to learn from experience, and to consider implications for themselves as individuals & leaders, and for the new Manchester PCT.

The **email questionnaire** in February comprised the following questions:

1. *As far as you know, what have been 2 or 3 key events or accomplishments that have occurred as a result of last July's consultation and planning process?*
2. *As far as you know, what have been 2 or 3 barriers or blocks that have hindered implementation of the plans made last July?*
3. *What have you as an individual learned as a result of your involvement in this clinical leadership development work since last July? How has that affected you personally, or your work?*

4. What would you identify as the one or two key lessons for the new Manchester-wide PCT to learn from this experience, relative to clinical leadership and its development?

### Follow-up workshop outline

Arrivals & coffee
<b>Opening</b> & introductions, overview & expectations
<b>Evaluating progress</b> – events & accomplishments, barriers & blocks, lessons learned; drawing both on email responses and on insight of those present
Lunch
<b>Key learning messages</b> for the new Manchester PCT – Consensus Workshop to weave together everyone’s insights into a single clear and concise statement
<b>Reflection &amp; Close</b>

The process used was documented in a Process Outline (February 22<sup>nd</sup> 2007), and its outputs were documented in a report (April 2<sup>nd</sup> 2007).

**The key output** of this follow-up workshop was the output of the Consensus Workshop, a clear statement from participants of the 7-month process articulating their “key learning messages” for the new, merged Manchester PCT, from their experience of clinical leadership development:

<p><b>We recommend that Manchester PCT should...</b></p> <ul style="list-style-type: none"> <li>engage at all levels to ensure that structures, systems and behaviours are conducive to demonstrating effective leadership;</li> <li>engage everyone in developing and communicating a shared model of effective leadership;</li> <li>invest in the development of leadership at all levels;</li> <li>support people in taking calculated risks within an accountability framework;</li> <li>support clinicians to identify client needs when developing services;</li> <li>analyse what we have, clarify what we want ... and get on with it.</li> </ul>
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### Impact & feedback

**Gabrielle Wilson, Public Health Consultant Nurse** and the client for the process, wrote:

*“The participative methods adopted throughout this work encouraged clinicians, managers and senior stakeholders to engage with the process. Evaluation and feedback indicated that this inclusive and transparent approach was valued by participants, and that clinicians welcomed the opportunity to systematically identify learning messages for the new organisation.”*

**Christine Pearson, new Associate Director of Services & Development**, wrote:

*“Although not in post to be part of the initial work, I attended the follow up workshop in March. The style of engagement adopted ensured a participative approach and effective, valuable feedback that will inform future leadership development within the organisation.”*

A further indication of the impact of the process may be an increased appetite within the PCT for applying the ToP approach to participation and partnership working.

A further series of Consultation workshops and a Review & Planning workshop were delivered later in 2007, on Management and Leadership Development. This adapted the format and process developed for Clinical Leadership Evaluation and Development in South Manchester to engage with a cross-section of staff of the new Manchester PCT - to begin to develop a consensus on “a Manchester way of managing”, a core set of leadership and management competencies to deliver this style, and a few priority actions for “quick wins” over the following months.

Since then the approach has also been applied to review and planning “away days” with individual staff teams including the Joint Occupational Therapist Unit of Manchester Equipment and Adaptations Partnership (a joint service of Manchester PCT and Manchester City Council) and the Manchester PCT Interpretation Service