Leadership Fellows Programme Handbook

NINE ROLES FOR GREAT LEADERSHIP:

- **ARCHITECT**
  - Vision
  - Mission
  - Values
  - Clarity

- **PLANNER**
  - Short Term
  - Long Term

- **EXECUTOR**
  - Make Things Happen

- **CONDUCTOR**
  - Inspire Possibilities
  - Concert Human Effort

- **TEACHER**
  - Mentor
  - Coach

- **STEWARD**
  - Serve Others Before Self

- **INNOVATOR**
  - Ideates
  - Enables Innovation

- **EXPERT**
  - Understands
  - People
  - Business
  - Context

- **THINKER**
  - Weave Culture
  - Results
  - Assess
  - Analyze
  - Think Critically
Welcome to the Improvement Academy and your one year attachment in patient safety leadership! This is a unique opportunity for you to develop skills that will transform you into the medical leaders of tomorrow. Over the course of the next 12 months, you will be given the time, space and mentoring to develop key management and leadership skills as well as competencies to equip you for the future.

**Background**

Postgraduate training traditionally focuses on clinical skills and competencies. However there is increasing recognition of the importance of promoting medical leadership for the future. The Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement developed a Medical Leadership Competency Framework (MLCF) which has been approved by the GMC and has recently been replaced by the Healthcare Leadership Model developed by the NHS Leadership Academy.

The Health Select Committee report on patient safety has highlighted the gaps in medical leadership for promoting safety that leads to unnecessary harm to patients and catastrophic organisational failures such as Mid-Staffordshire NHS Foundation Trust. Don Berwick’s report recommended that mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals. Leadership is a pre-requisite for safety improvement and there is strong evidence (randomised control trials in the US and national programmes such as Safer Patient Initiative and Patient Safety First) that it is effective in reducing medical error. However there is a dearth of training opportunities for postgraduate doctors to develop patient safety leadership.

This year is very much self-directed compared to the routine of clinical practice that all clinical trainees are used to. You will be responsible for setting your personal agenda and coordinating your time among the different projects you will be involved with. What you achieve of the year is directly proportional to how much effort you put into it, so it is up to the individual to develop their own goals at the beginning of your placement and be clear about the outcomes you wish to attain. It is important to sometimes explore opportunities and projects outside your comfort zone; this is the only way to develop your leadership skills in practice and appreciate the value of growth through the challenges you will face. Enjoy the next 12 months but also remember that sometimes the journey is more important than the destination; and failure will often teach you more than success, and therefore do not get unduly concerned if things do not always go as planned.
Improvement Leadership programme

The Leadership programme offers one year out of programme attachments to specialist or GP trainees at ST4 level and above. The aims of the programme are as follows:

1. To experience practical and academic experience in improvement and medical leadership from experts in the field.
2. To build a network of expert contacts with today’s medical and NHS management leaders.
3. To enhance skills and competencies in quality improvement and patient safety essential for future medical leaders.
4. To develop competencies relevant to the nine domains in the Healthcare Leadership Model.

Setting

The Yorkshire and Humber Improvement Academy is part of the Yorkshire and Humber Academic Health Science Network and is made up of a team of Improvement scientists, patient safety experts and clinicians who are committed to working with frontline services, patients and the public to deliver real and lasting change for the great people of our region. The Yorkshire and Humber Academic Health Science Network is one of 15 new innovative health networks set up to create and harness a strong, purposeful partnership between patients, health services, industry, and academia to achieve a significant improvement in the health and wealth of the population. They were set up in response to Lord Darzi’s report in 2008 that recognised the NHS was poor at innovating and suggested wider collaboration. The Improvement Academy aims to speed up adoption of innovation into practice to improve clinical outcomes and patient experience.

What the Improvement Academy does

- Ensure evidence-based solutions become routine practice
- Bring about lasting change using improvement methods, human factors psychology and implementation science
- Co-create improvement with front-line clinicians, patients and the public
- Reduce unwarranted variations in outcomes of care
- Address professional and geographical isolation through network learning
Our improvement methods
We are taking the best learning from improvement science, implementation science and the psychology of change to support improvement in the region, both within organisations and using our networks to share learning and spread improvement between organisations. We offer masterclasses to expose people to leading edge thinking. We offer training to ensure that healthcare workers in our region have access to improvement knowledge and skills. We facilitate roundtable discussions where organisations can learn from each other’s experience.

Leadership training
Trainees will develop competencies in nine leadership domains as described by the Healthcare Leadership Model:

1. Inspiring shared purpose - valuing a service ethos, holding to principles and values under pressure
2. Leading with care - understanding the unique qualities and needs of a team, support emotional wellbeing
3. Evaluating information - measuring quality and safety of services, using information to generate new ideas and make effective plans for improvement or change, making evidence-based decisions
4. Connecting our service - understanding how health and social care services fit together
5. Sharing the vision - creating clear direction, inspiring confidence for the future
6. Engaging the team - fostering creative participation, stretching the team for excellence and innovation
7. Holding to account - setting clear expectations, managing and supporting performance
8. Developing capability - building capability to enable people to meet future challenges
9. Influencing for results - using interpersonal and organisational understanding to persuade and build collaboration

Workplace learning will form the core basis for the attachment. During induction, trainees will meet with key Improvement Academy staff and Bradford Teaching Hospitals Trust Board members. They will be expected to work on significant Improvement Academy projects during the year but also have the opportunity to select additional project work of interest relevant to the post.

Formal professional development will take place through patient safety training courses which involve multidisciplinary teams collaborating across primary and secondary care and using improvement methodologies to achieve improvements in patient safety. Access to SAVI (Situational Awareness Vital Insight) and TAPS (Training and Action for Patient Safety) e-
learning courses will form one component of this training. A strong theoretical foundation will be provided to cover relevant subjects such as human factors, organisational factors, error theory, quality improvement and behavioural change theory. In addition, trainees are encouraged to undertake a PGCert in Medical Leadership through the NHS Leadership Academy (for information regarding funding: [http://www.yorksandhumberdeanery.nhs.uk/media/642375/Future%20Leaders%20Curriculum%20Delivery.pdf](http://www.yorksandhumberdeanery.nhs.uk/media/642375/Future%20Leaders%20Curriculum%20Delivery.pdf))

Academic experience will be gained from active involvement in evaluation of applied patient safety programmes. Experience in promoting patient involvement will be gained through involvement in patient reporting systems and patient and public engagement workshops.

**Supervision**

Supervision will be undertaken by Professor John Wright and Professor Derek Tuffnell, who will provide end of placement assessments and formative feedback based on the leadership domains. They will also undertake regular appraisal meetings, provide feedback, support the trainee in their workplace activities, offer mentoring and guidance and provide a link to the Postgraduate Dean.

**Assessment**

Assessment will be undertaken in three forms:

1. Workplace based assessments. These will include reviews and assessments of specific projects, audits, safety improvement initiatives, presentations and leadership roles (e.g. chairing meetings). Assessments will be formative and provide feedback to trainees to enable them to incorporate learning points into their PDPs.
2. Academic assessments. These will include evidence from participation in formal training and academic components of the attachment and review of progress with meeting MLCF competencies.
3. A summative report will be provided to the Postgraduate Dean.

**TRAINING PROGRAMME 2015/2016**

**Induction**

Trainees will receive a generic induction. In the initial weeks, this will include meetings with:

- Improvement Academy team members
- Academic staff at the Bradford Institute for Health Research
- Chief Executive
- Chief Nurse
• Medical Director
• Chief Operating Officer

**Patient Safety activities**
Each trainee will have the opportunity to undertake root cause analyses for SIs with support from senior clinical and risk management leads. They will also actively participate in senior management meetings to observe how decisions are made and how change can be implemented. Activities will include investigation and reporting of serious untoward incidents and attendance at Quality and Safety Committee, Quality and Safety Research meetings, Risk Management Committee, Improvement Academy Executive team meetings.

Trainees will also be expected to become part of our Communities of Practice work in improving air quality, healthy ageing, patient flow and urgent care. They will participate and learn from Action Learning Sets with the project managers, providing the clinical voice when planning ways to move forward.

**Formal Leadership and Management training**
Each trainee is encouraged to undertake a one year postgraduate qualification in leadership or medical education funded by Health Education Yorkshire and Humber.

**Current Patient Safety Leadership projects – opportunities for involvement**

- Supporting front-line patient safety projects; falls prevention, patient safety huddles, staff culture surveys
- Regional Mortality/Quality and Safety case note review
- Measurement and Monitoring of Safety
- Deteriorating patient
- eNEWs
- Defibrillator project
- AKI project
- Acute care

For further details on the projects you have been allocated to and summaries of some projects:

[Clinical Leadership Fellows Project List.xls](#)
[Project Summaries Aug 2015.doc](#)

**Future Leaders Programme**
The Yorkshire and Humber Deanery has a network of Clinical Leadership Fellows who meet regularly and also organise their own annual Future Leaders Conference. Fellows have access to a variety of development opportunities e.g. Myers Briggs Type Indicator feedback, 360 appraisal, coaching, participation in an Action Learning Set, project planning teaching, presentation skills workshops etc.

**Dates for the diary**

- IA Team meetings alternate Mondays 10:00-11:00 (phase 3 meeting room)
- IA operational meetings alternate Mondays 11:00-12:00 (phase 3 meeting room)
- Risk management co-ordination group meetings at BRI alternate Mondays 14:00-15:30 email Angela.Hopwood@bthft.nhs.uk for details (minutes/agenda/location etc)
- Quality and Safety team meetings Thursdays 11:30-12:30 (large meeting room)
- IA Executive team meetings alternate Thursdays 15:00-16:00 (phase 3 meeting room)
- LEBT Patient Safety Steering Group meetings, currently being reorganised, but possible for a couple of fellows to get involved in these interesting regional meetings. Please email Janet Rutter Janet.Rutter@yh.hee.nhs.uk PA at HEYH who co-ordinates these meetings.

**Useful contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Wright</td>
<td><a href="mailto:John.Wright@bthft.nhs.uk">John.Wright@bthft.nhs.uk</a></td>
<td>Supervisor</td>
</tr>
<tr>
<td>Derek Tuffnell</td>
<td><a href="mailto:Derek.Tuffnell@bthft.nhs.uk">Derek.Tuffnell@bthft.nhs.uk</a></td>
<td>Supervisor</td>
</tr>
<tr>
<td>Beverley Slater</td>
<td><a href="mailto:Beverley.Slater@yahhsn.nhs.uk">Beverley.Slater@yahhsn.nhs.uk</a></td>
<td>Improvement Academy Director</td>
</tr>
<tr>
<td>Alison Lovatt</td>
<td><a href="mailto:Alison.Lovatt@yahhsn.nhs.uk">Alison.Lovatt@yahhsn.nhs.uk</a></td>
<td>Clinical Improvement Network Director</td>
</tr>
<tr>
<td>Mohammed Mohammed</td>
<td><a href="mailto:M.A.Mohammed5@bradford.ac.uk">M.A.Mohammed5@bradford.ac.uk</a></td>
<td>Academic Advisor</td>
</tr>
<tr>
<td>Rebecca Lawton</td>
<td><a href="mailto:r.j.lawton@leeds.ac.uk">r.j.lawton@leeds.ac.uk</a></td>
<td>Professor of Psychology at University of Leeds</td>
</tr>
<tr>
<td>Jane O’Hara</td>
<td>Jane.o’<a href="mailto:hara@bthft.nhs.uk">hara@bthft.nhs.uk</a></td>
<td>Researcher at the Improvement Academy</td>
</tr>
<tr>
<td>Louise Barber</td>
<td><a href="mailto:Louise.Barber1@yahhsn.nhs.uk">Louise.Barber1@yahhsn.nhs.uk</a></td>
<td>Office Manager and Events Coordinator at the Improvement Academy</td>
</tr>
<tr>
<td>Angela Green</td>
<td><a href="mailto:Angela.Green@yahhsn.nhs.uk">Angela.Green@yahhsn.nhs.uk</a></td>
<td>Programme Manager for Safety Huddles</td>
</tr>
<tr>
<td>Maureen McGeorge</td>
<td><a href="mailto:Maureen.McGeorge@bthft.nhs.uk">Maureen.McGeorge@bthft.nhs.uk</a></td>
<td>Interim Improvement Programme Manager</td>
</tr>
<tr>
<td>Tania King</td>
<td><a href="mailto:Tania.King@yahhsn.nhs.uk">Tania.King@yahhsn.nhs.uk</a></td>
<td>Programme Manager for Patient Flow</td>
</tr>
<tr>
<td>Maxine Kuczawski</td>
<td><a href="mailto:m.kuczawski@sheffield.ac.uk">m.kuczawski@sheffield.ac.uk</a></td>
<td>Programme Manager for Urgent Care network</td>
</tr>
<tr>
<td>Sarah De-Biase</td>
<td><a href="mailto:Sarah.De-Biase@bthft.nhs.uk">Sarah.De-Biase@bthft.nhs.uk</a></td>
<td>Programme Manager for the Healthy Ageing Collaborative</td>
</tr>
<tr>
<td>Natalie</td>
<td><a href="mailto:Natalie.Jackson@bthft.nhs.uk">Natalie.Jackson@bthft.nhs.uk</a></td>
<td>CARS Project Manager</td>
</tr>
<tr>
<td>Name</td>
<td>Email</td>
<td>Position</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Jackson Hallam</td>
<td><a href="mailto:Jacqueline.hallam@bthft.nhs.uk">Jacqueline.hallam@bthft.nhs.uk</a></td>
<td>Measurement of Safety Project Manager</td>
</tr>
<tr>
<td>Vicky Brown</td>
<td><a href="mailto:Victoria.Brown@bthft.nhs.uk">Victoria.Brown@bthft.nhs.uk</a></td>
<td>Previous Leadership Fellow</td>
</tr>
<tr>
<td>Sherena Nair</td>
<td><a href="mailto:Sherena.Nair@bthft.nhs.uk">Sherena.Nair@bthft.nhs.uk</a></td>
<td>Previous Leadership Fellow</td>
</tr>
<tr>
<td>Emma Ryland</td>
<td><a href="mailto:Emma.Ryland@bthft.nhs.uk">Emma.Ryland@bthft.nhs.uk</a></td>
<td>Previous Leadership Fellow</td>
</tr>
<tr>
<td>Michael McCooe</td>
<td><a href="mailto:Michael.McCooe@bthft.nhs.uk">Michael.McCooe@bthft.nhs.uk</a></td>
<td>Previous Leadership Fellow</td>
</tr>
<tr>
<td>Judith Dyson</td>
<td><a href="mailto:J.Dyson@hull.ac.uk">J.Dyson@hull.ac.uk</a></td>
<td>Focus group and qualitative analysis lead</td>
</tr>
<tr>
<td>Claire Marsh</td>
<td><a href="mailto:Claire.Marsh@bthft.nhs.uk">Claire.Marsh@bthft.nhs.uk</a></td>
<td>PPI advisor</td>
</tr>
<tr>
<td>Eileen McDonach</td>
<td><a href="mailto:E.McDonach@bradford.ac.uk">E.McDonach@bradford.ac.uk</a></td>
<td>Qualitative analysis support</td>
</tr>
<tr>
<td>Michael Rooney</td>
<td><a href="mailto:michael.rooney@yhahsn.nhs.uk">michael.rooney@yhahsn.nhs.uk</a></td>
<td>Data analyst and database manager</td>
</tr>
<tr>
<td>Vicky Padgett</td>
<td><a href="mailto:Vicky.Padgett@yhahsn.nhs.uk">Vicky.Padgett@yhahsn.nhs.uk</a></td>
<td>Project support</td>
</tr>
</tbody>
</table>

**Reading list**

We recommend that you read the following management books:

1. **The 7 Habits of Highly Effective People**; by Stephen R. Covey – It’s hard not to put Dale Carnegie at Number 1, but Covey’s 7 Habits is simply the best leadership development book of all time. No matter what management level you hold – you don’t even need to be a manager to learn from this book – by following the 7 Habits you will improve every relationship in your work and private life; you’ll gain the respect of your peers, subordinates and superiors; and you’ll actually begin to accomplish a few things. Not a bad way to run your life, is it?

2. **How to Win Friends & Influence People**; by Dale Carnegie – It’s hard to believe that this “people-skills” book was written more than 70 years ago, but its staying power proves one thing: business is about people. Interestingly, so is leadership. The most important asset of any successful business is their people, and Carnegie’s classic has helped millions worldwide improve their business relationships and grow as leaders. The lessons are almost common knowledge, but as The Manager knows, common knowledge always seems uncommon in business.

3. **The One Minute Manager**; by Ken Blanchard and Spencer Johnson – This best-selling leadership tale has stood the test of time – not to the extent of Carnegie’s great work, but The Manager doesn’t doubt that The One Minute Manager will still be as relevant in 2081.
as it is today (and as it was in 1981). Full of great advice on how to manage a small team and presented in a concise story format, the lessons in One Minute can be applied across all levels of leadership.

4. **Execution**: The Discipline of Getting Things Done; by Larry Bossidy, Ram Charan, and Charles Burck – Once you know how to deal with and lead people, the next step is actually getting these groups to accomplish something. For business leaders today, it seems we spend more time admiring our problems than we do solving them. Execution does a great job of driving leaders into action. Interpersonal relationships, innovation and strategy are all critical leadership skill sets, but without Execution these abilities mean nothing to the success or failure of a business.

5. **The Five Dysfunctions of a Team**: A Leadership Fable; by Patrick M. Lencioni – A great fictional tale that gets to heart of why most teams fail to execute: teamwork. Your group may understand the terrific vision and direction you provide, but without teamwork your processes will grind to a halt. Regardless of the number of “truly dedicated” individuals you have in a group, The Five Dysfunctions demonstrates how to move that group away from personalities and into a cohesive state characterized by results.

6. **What Got You Here Won’t Get You There**: How Successful People Become Even More Successful; by Marshall Goldsmith and Mark Reiter – Sometimes misclassified as just a self-help book for leaders, What Got You Here is actually a great leadership development read for both those who need to smooth out some rough edges in their approach or personality, and those who want to build a constructive company culture that takes the organization to the next level. The Manager especially recommends this book for leaders who consider themselves successful, but also believe they might be perfect. (Chances are, you’re not, and what got you here won’t get you there.)

7. **First, Break All the Rules: What the World’s Greatest Managers Do Differently**; by Marcus Buckingham and Curt Coffman – Focused on performance, among other things, Break All The Rules should be required reading for all managers. The concepts discussed fly in the face of conventional wisdom and may leave you scratching your head at first. Throughout Break All The Rules, commonly held beliefs are exposed as ineffective or destructive – not by the authors, but by the hyper-successful managers they interviewed.
8. **Good to Great: Why Some Companies Make the Leap ... and Others Don’t**; by Jim Collins – Although many of the companies Collins identifies as having made the leap from good to great back when this book was first published (2001) have since fallen on hard times (Fannie Mae comes to mind right away), it does not diminish Good to Great’s standing as one of the ten best leadership books of all time. What originally moved Collins’ eleven highlighted companies to the top is what matters, and the principles exposed in his book are still the best roadmap we have for improving entire organizations.

9. **The Art of War**; by Sun Tzu – Even today, business is war, and the teachings of Sun Tzu are still applicable more than 2,500 years after they were first written. While it would be great if we could all sit in a circle wearing just our underwear, hold hands and sing Kumbayaa, the hard truth is that not every interaction is going to be fair and not everyone we deal with is going to deal fairly. The Art of War teaches you how to plan, negotiate, and build important interpersonal skills – it is an understatement to say that this work has stood the test of time. (The Manager’s note: make certain you acquire the complete version and not an abbreviated version of this work – you will not be satisfied by the 70-page paperback that is available on some websites.)

10. **Who Moved My Cheese? An Amazing Way to Deal with Change in Your Work and in Your Life**; by Spencer Johnson with Kenneth Blanchard (foreword) – The only authors to have two books on our list, Messrs. Johnson and Blanchard always take a unique approach to teaching the mundane. In Who Moved My Cheese you’ll discover a very quick and entertaining read that helps people and organizations cope with change. Probably the most argued book on this list (our editors were split 50/50 on whether or not to include it); Cheese was included primarily because of the current economic climate we face. Businesses are either changing or closing, and Who Moved My Cheese helps you, your leaders and your employees cope with and adapt to change.

11. **Staying in Touch with Your Team (see mindtools.com)**

12. **Quiet: The power of introverts in a world that can’t stop talking**; Susan Cain

In a world where extroverts are sometimes anecdotally thought to make good leaders, this book offers a compelling argument for the complete opposite. It also provides a valuable insight into the world of an introvert and the advantages of being one. The narrative explores the different facets of an introverted individual and triumphs in its aim to assure the reader that introverts still make good leaders, and sometimes better ones.
too. A definite read for those of you who are on the introvert scale of the Myers-Briggs personality test.

13. Six rules to simplify work

https://www.ted.com/talks/yves_morieux_as_work_gets_more_complex_6_rules_to_simplify?language=en