

# Midlands Leadership and Life Long Learning Primary Care Workstream Evaluations

*Primary and community care services now face major challenges; with an increasing workload, an ageing population, and increasingly complex medical problems being diagnosed and managed in the community. The relationship between the public and health professionals is also changing – with an increasing focus on giving people information and involving them in decisions about their care. (Primary Care Workforce Commission 2015:5).*

# Your Primary Care Team



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# Glossary



**Accountability:** is one of the three foundations of public service. Everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, Public judgements on propriety and professional codes of conduct.

**Authentic:** Authentic leaders are able to convey sincerity.

**Clinical leaders:** staff with explicit leadership or management roles whose primary qualifications are clinical and whose early career was within a clinical profession: medicine; nursing; AHP etc.

**Clinical leadership:** operational, management or purely leadership activities carried out with a focus on improving clinical care and outcomes, Leadership developmental intervention trainings or other specified programmes or educational approaches are aimed at increasing the ability of students to perform clinical leadership functions and behaviours.

**Common goal:** a similar or common purpose that can bring together groups to help each other move closer to that goal.

**Data mining:** the process of extracting information from a set of data and putting it into a format that can be easily understood for further use.

**Follower:** anyone answerable to someone else for part or all of their role.

**Followership:** the abilities and processes of influencing and being influenced by leaders.

**Improvement:** there is no single agreed definition of improvement. For the purposes of this review improvement means: 'A systematic approach to making changes that lead to better patient outcomes, and stronger health system performance.' This approach involves the application of quality improvement techniques, which provides a robust structure, tools and processes to assess and accelerate efforts for the testing, implementation and spread of quality improvement practices.

**Improvement capability development:** refers to building the knowledge, skills and expertise in improvement techniques that enable individuals, teams, organisations and systems to effect sustainable improvements in patient outcomes and system performance.

**Leadership development:** programmes or initiatives of any kind or content designed to improve the effectiveness of leadership within a defined organisation or across a system.

**Leadership skills:** in contrast to the concept of leadership stemming purely from a leader's traits ("what leaders are"), recent research has focused on the importance of certain acquires or capabilities and relatedly the correlation of skills or capabilities ("what leaders can accomplish").

Leadership skills relate to the effective allocation of resources to best meet the mission of the organisation. Meanwhile, the skill part of leadership comes into how this is achieved. More importantly, though, effective leadership is a balancing act between having a long-term vision and strategy for the future, and the soft skills to inspire, delegate, empower and communicate.

**Leadership traits:** if leadership is understood as being connected to the personal traits of an individual leader, leadership traits are, for example, task competences (intelligence or functional skills) or interpersonal attributes (cooperation abilities, persuasiveness, etc.). From this point of view, leadership (as in good leader performance) is the result of something an individual possesses in the form of certain desirable attributes. And it's those attributes that differentiate a leader from other people.

**Multidisciplinary team meeting (MDT):** different professionals meet together to discuss the diagnosis and treatment of patients. They include doctors from different specialties, nurses and many other professionals such as physiotherapists and occupational therapists.

# Glossary cont.....



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**Primary Care:** Care provided by GP practices, dental practices, community pharmacies and optometrists. It is many people's first (primary) point of contact with the NHS. Around 90% of patient interaction is with primary care services.

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**Secondary Care:** relates to services provided by specialist doctors or other health professionals who generally don't have the first contact with the patient, but are referred by Primary Care (often by a GP). Secondary Care services are usually provided in a hospital or clinic.

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**Self-Awareness:** the ability to recognise, understand and express emotions.

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**Shared leadership:** the view of leadership as collective, distributed powers, based on empirical evidence that "leadership can be shared by team leaders and team members - rotating to the person with the key knowledge, skills, and abilities for the particular issues facing the team at any given moment" and "poor-performing teams tend to be dominated by the team leader, while high-performing teams display more dispersed leadership patterns, i.e., shared leadership.

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**Situational leadership:** streams of leadership research focusing on contingent, flexible, and adaptive leadership, a focus on situational leadership takes further into account the contextuality, the changing requirements of leadership situations, the different people in those situations, and the necessary respective ways leaders must adapt to those circumstances.

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**Stakeholders:** The NHS has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, professional membership organisations and Unions, local authorities and social care providers, central government, charities, and the voluntary and community sector.

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**Strategy:** careful planning of actions and approaches to achieve the desired result.

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**System leadership:** is characterised by two key attributes. Firstly, it is a collective form of leadership – system leadership by definition is the concerted effort of many people working together, [towards a shared purpose], at different places in the system and at different levels, rather than of single leaders acting unilaterally. Second, system leadership crosses boundaries, both physical and virtual. It therefore extends individual leaders well beyond the usual limits of their formal responsibilities and authority.

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**Teamwork:** the combined efforts of a group of individuals toward a common goal.

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**Transformational Leadership:** a concept introduced in the late 1970s by James McGregor Burns. It focuses on inspiring people, building trust and gaining loyalty.

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**Vision:** having a future goal or set of goals that influence a person or a group's motivations and tasks.

# Introduction

- Health care services across the world are evolving rapidly due to the pandemic (COVID19). Primary care offer some of the largest provision of care.
- The need for an improved leadership development offer for primary care has been recognised in successive national policy documents including the General Practice Five Year Forward View, the National Improvement and Leadership Development Board's "Developing People – Improving Care", People Plan and the NHS Long-Term-Plan.
- Sustaining high-quality services day-to-day is also reliant on excellent leadership and management, made more challenging by the profound service, recruitment and retention pressures in primary care.
- This paper shows the evaluation of Midlands Primary Care Leadership Programme from the perspective of key stakeholders (General Practitioners, Clinical Directors, General Practice Nurses, Practice Managers, programme and practice colleagues etc).

- The benefits of the programmes are to enhance; skill sets and team building, improve employee satisfaction, increase competitive advantage and support organisational change.
- We have used different approaches in our programmes such as short, medium and long-term programmes to ensure that our target audience is able to choose the best programme within the constraints of the pandemic and availability.
- We have ensured that the NHS Long-Term Plan, People Plan and emerging leadership needs, given the pandemic, have been considered in all our programmes.
- The programmes we delivered:
  1. Triumvirate (Power of Three) Programme
  2. Primary Care Networks Clinical Director Coaching Programme
  3. Tackling Health Inequalities Through a Practical Approach to Population Health Management
  4. Five Behaviours of a Cohesive Team Programme
  5. Primary Care Leadership Development Programme
  6. General Practice – Working at Scale Remote Learning Programme
  7. Leadership Development for new GP's
  8. Personalised Care
  9. Senior Leadership Development Programmes (Being a champion for diversity; Creating high performance teams, Courageous leadership etc...)

# Professionals who attended our programme



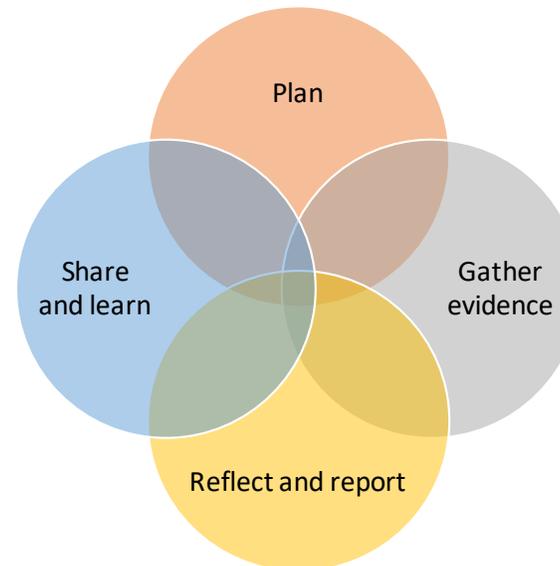
GP	Clinical Director	Dental Nurse
Partner	Medical Secretary	Dispenser
Practice Manager	Therapist (Counsellor/OT/other)	Pharmacy Technician
Practice Nurse	Optometrist	Finance Staff
PCN Managers	Advanced Clinical Practitioner	Nursing Associate
Social Prescribing Link Worker	Community Pharmacist	Facilities Manager
Receptionists	Nursing Partner	Physician Associate
Advanced Nurse Practitioner	HR Manager	Apprentice
Trainee	Other managers	Health Coach
Administrative Staff	Phlebotomist	Dietician
Practice Pharmacist	Finance Manager	IAPT Staff
Health Care Assistant	Physiotherapist	Apprentices
Dentist	Paramedic	Care Coordinator
Managing Partner	HR Staff	Podiatrist

# Evaluation approach

The evaluation, set up by the Leadership Life Long Learning Primary Care Workstream, aims to assess the effectiveness and impact of the current programme on our PCNs, STPs and ICSs.

Areas of specific focus were:

- Impact of the programme on individuals, teams, organisations, systems, sustainability and the overall objectives
- Equality, diversity and inclusion
- Long-Term Plan
- People Plan



# Why is leadership important?



- Leadership is important for the delivery of a successful health service.
- Leadership is considered a prerequisite for integrated primary care to give direction and align within organisations and inter-professional teams.
- Worldwide, leadership is endorsed to foster collaboration with colleagues interprofessional. Therefore, leadership should exceed leading multidisciplinary meetings. It is also about the ability to change the care process, e.g. defining new roles for different professionals, handling different interests and implementing patient care coordination.

# Benefits of effective leadership development Initiatives

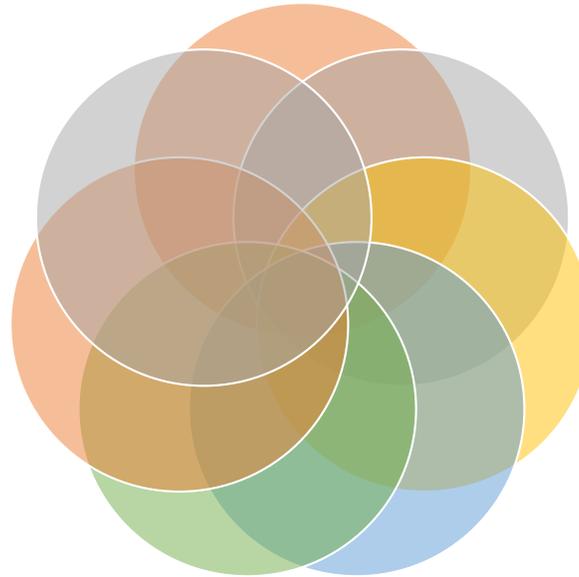


Establishing effective leadership development initiatives supports a lasting culture focused on learning, empowering all employees to continuously achieve and share knowledge.

More positive and nurturing culture where learning is embraced by all.

Increased employee engagement when managers know how to effectively lead people.

Enhanced productivity from understanding how to bring out the best in teams.



Leadership development experiences lay the foundation for providing employees with comprehensive skill sets.

The programmes included new knowledge and abilities to prepare employees for emerging technologies and innovations and functions in new work environments,

Training and development practices have helped businesses build employee commitment.

# How does leadership development impact a team?

Leadership is about understanding people emotionally. This empowers leaders to help their team performing to their best capability.

Employee engagement increases. With a great leader, comes happier employees.

Team retention - a great leader retains great people. It has long been discussed that 80% of employees don't leave their job, they leave their manager. Equally, great people want to work for a great manager!

A leader with a strong understanding of their own leadership style will be better equipped to utilise their strengths and build on their weaknesses.

Nurturing future leaders supports succession planning, and all employees like to think they are working towards a goal.



# Key questions for leaders

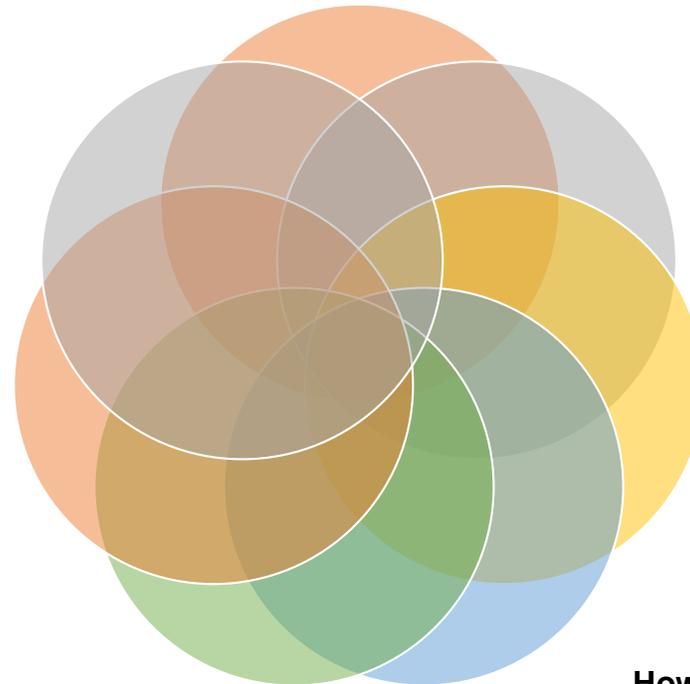
**How are clinicians' part of your talent management and succession planning systems for leadership roles?** For example: multi-organisation approaches for people on rotations/placements

**How are you helping build clinicians' confidence in their ability to manage and lead?**

For example: showcasing leader journeys, role-modelling, access to specialists (e.g. finance, project management, access to senior leaders)

**How are you helping clinicians to gain leadership and management skills?** For example: development forums, encouraging taking up local and national development programmes, inviting people to present at board or committees

**How are you supporting clinicians to network outside your organisation?** For example: enable attending local, regional or national strategic meetings, contribute to PCNs, STPs/ICSSs, encouraging fellowships



**How are you helping clinicians to gain 'low risk' leadership experience?** For example: secondment, supported trial periods, job shadowing or paired learning, preceptorship, "shadow" board meetings.

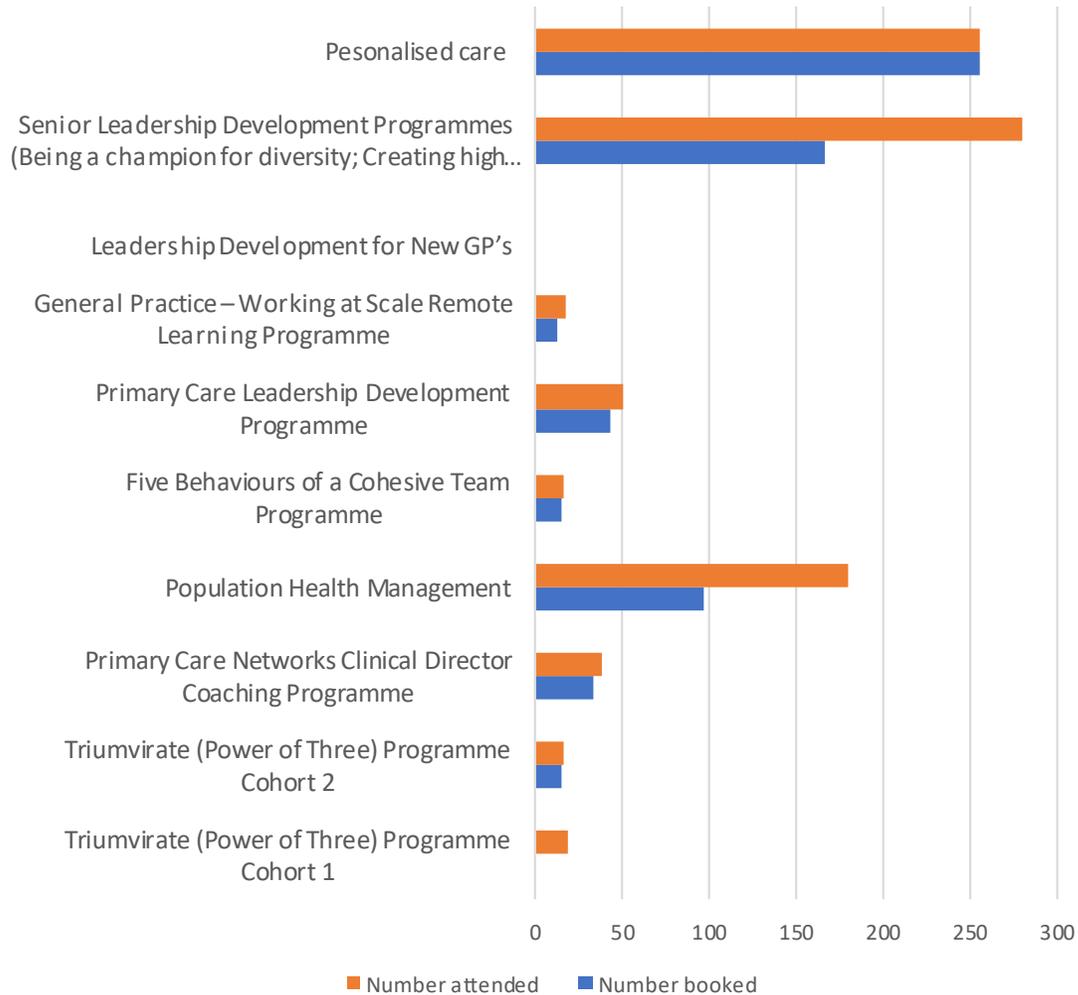
**How are you preparing clinicians as they take on new roles?** For example: clarifying expectations, workload monitoring, high quality line management

**How are you supporting clinicians to develop as leaders 'on the job'?** For example: building peer networks, action learning sets, coaching and mentoring, Schwartz rounds\*

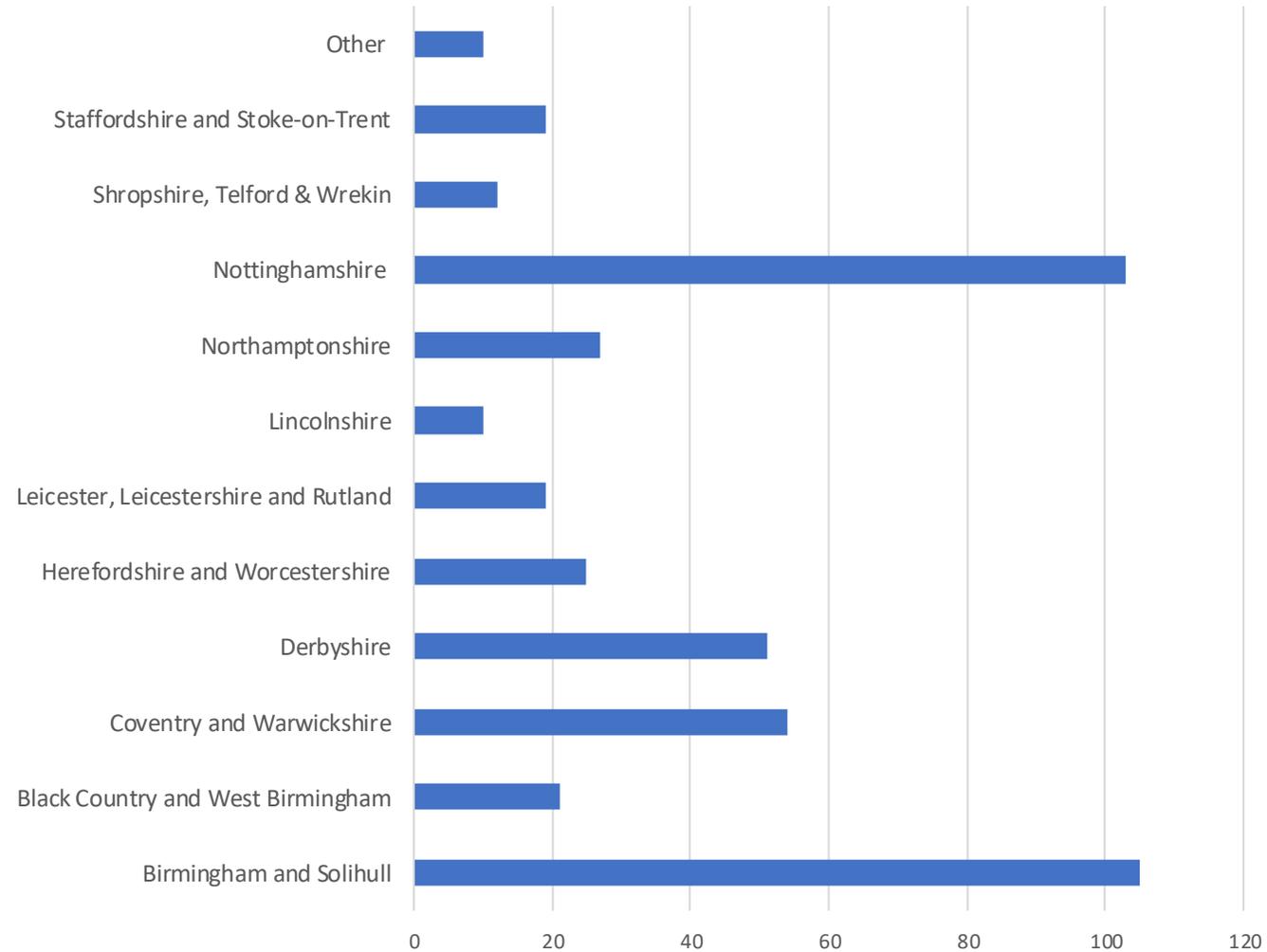
# Overview of programme bookings & STP/ICS/PCN



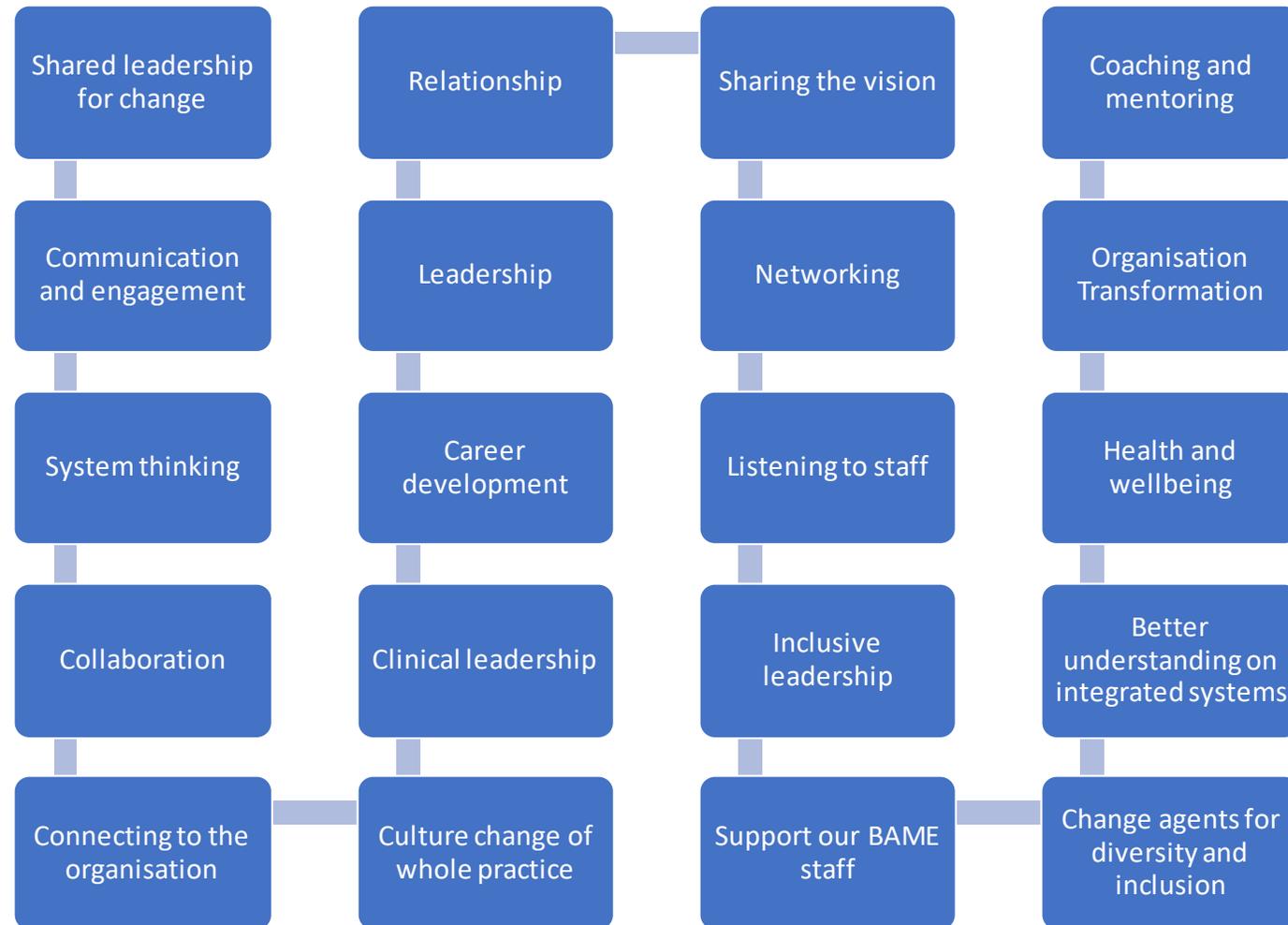
Overview of programme bookings



STP/ICS



# Overview of themes in Primary Care Programme



# What were the objectives of the Leadership Development Programmes evaluation?



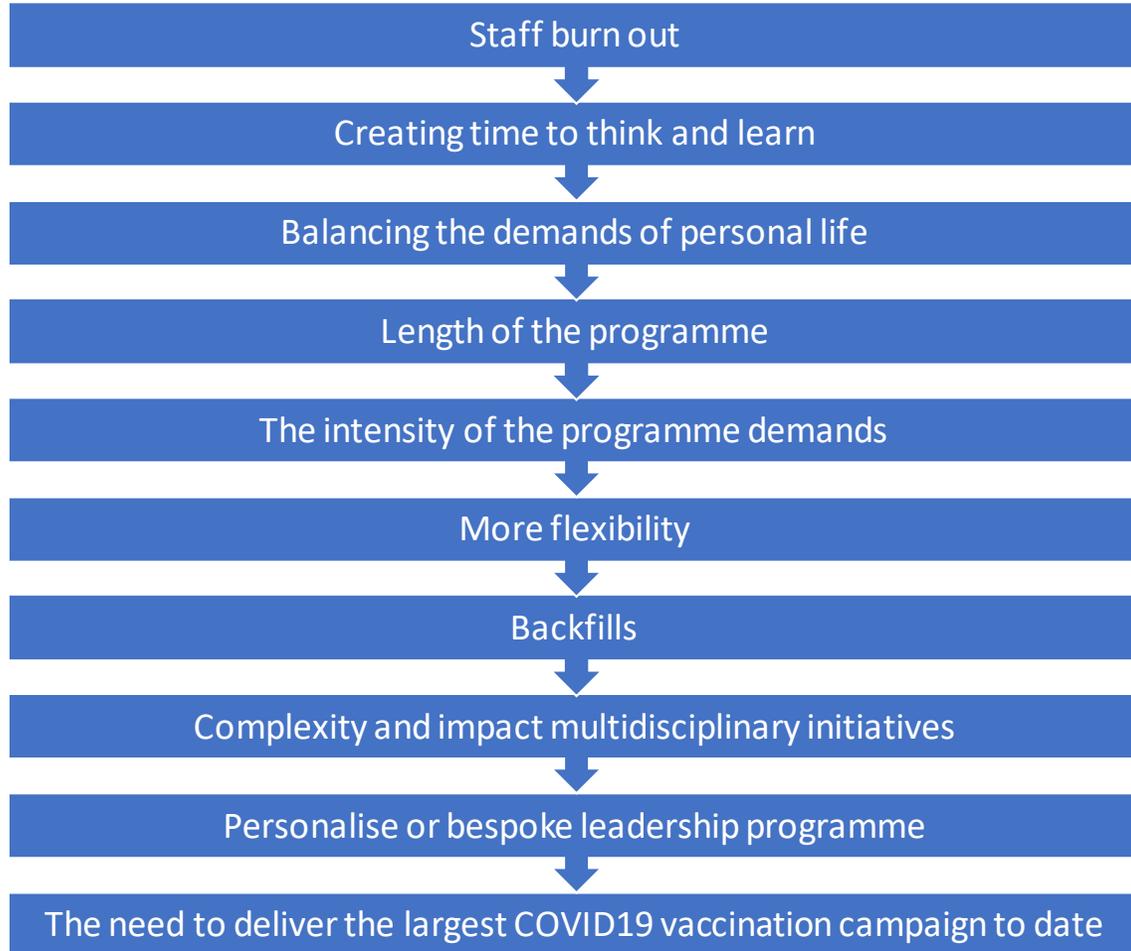
The positive impact of the programmes includes:

- The opportunity to create space away from the 'shop floor' to facilitate learning of skills, to practically enable leadership, reflection and idea co-creation.
- Regular forum for networking and building resilience through peer mentorship.
- The power to stimulate, challenge and disrupt traditional ways of providing care to promote new collaborative ways of working across boundaries.
- Understanding population health management.
- The ability to formulate and deliver a service improvement project, with measured impact assessment.
- The chance to obtain an academic qualification for those interested.
- Staff are delivering aims and objectives, and demonstrating ongoing productivity, innovation and adaptability.
- Learning from each other and learning from mistakes.

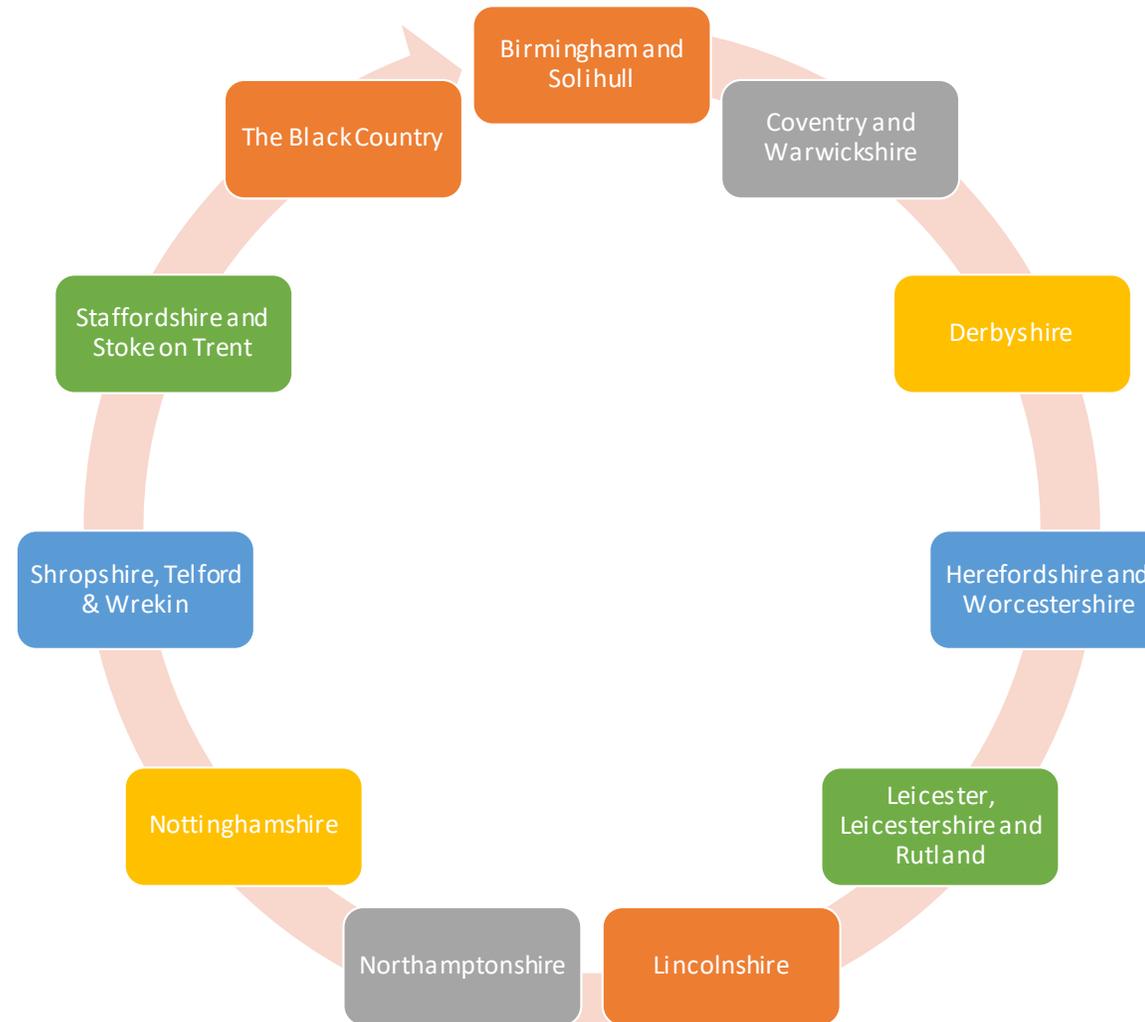
# What is working well in primary care?

- As far as individuals are concerned, both external stakeholders and programme participants indicated that the impacts had been substantial. As a group participants developed a confident and articulate voice for general practice, and displayed a wide range of behaviours evidencing leadership capabilities that had not existed previously. Stakeholders mentioned their roles in taking command of difficult situations and turning them around to produce target outcomes.
- Participants provided examples of personal development that included leadership skills, working in teams, negotiation, influencing, collaboration and awareness of the health economy outside the silos of general practice.
- At organisational level there has been a significant impact through the development of a collective and implementation of the Long-Term Plan and People Plan which is gradually bringing about cultural change in primary care.
- At systemic level, stakeholders and course participants expressed that the PCN leadership programme developed leadership capabilities in individuals and gave them the necessary head space to look outside individual practices. Furthermore, the programmes help them to engage more widely at the health and care system level with other providers through multi-speciality community provider networks for wide ranging systemic engagement, service design and delivery.

# What are the challenges in primary care?



# The 11 PCNs/STPs/ICSs in the Midlands region:



# Triumvirate (Power of Three) Programme

A virtual 4-day programme designed to support a power of three (team of three people) to become effective change agents and leaders. Evidence-based and practical tools and techniques provided insight about you as a leader and how you work in a team, building improved relationships, culture, and organisational effectiveness. The ultimate return on investment is not only developing individual leadership and change agent skills and competencies but also supporting a change project that could help transform one area of the primary care environment.

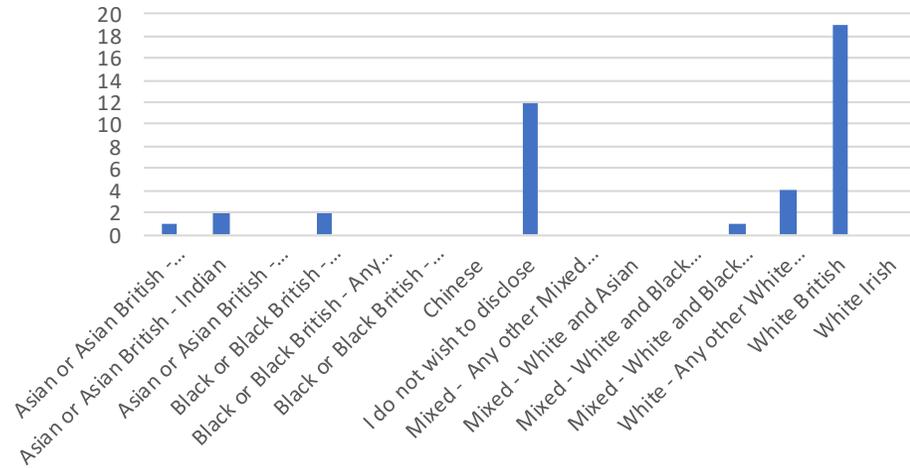
The aims of the programme were, to:

- Provide a leadership approach adopted by any three roles working across any organisation in primary care.
- Allow the organisation to optimise its success in challenging times
- Build a sustainable approach for the team through working together to unlock its true potential

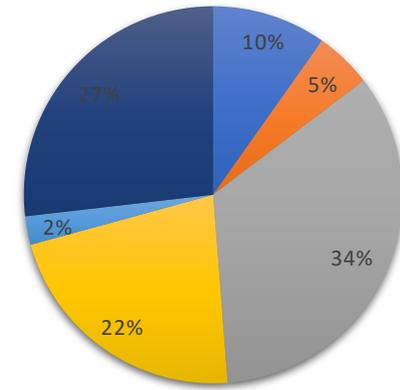
# Demographic data



Ethnicity

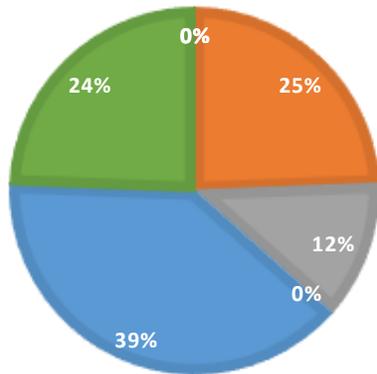


Age



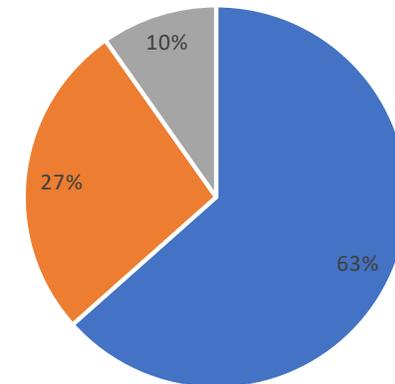
■ 18-24 ■ 25-34 ■ 35-44 ■ 45-54 ■ 55-64 ■ 65+ ■ I do not wish to disclose

BACKGROUND



■ Administrative & Clerical  
 ■ Clinical  
 ■ Medical & Dental  
 ■ Nursing & Midwifery  
 ■ No Clinical  
 ■ Other

Gender

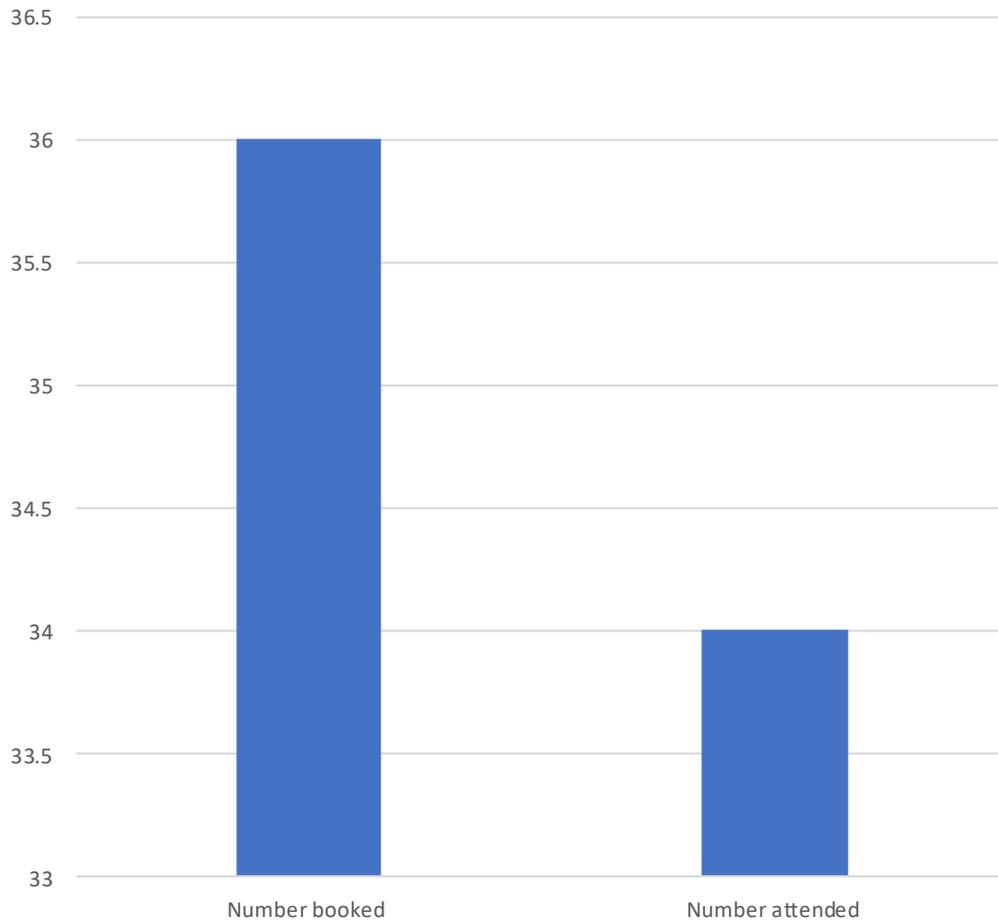


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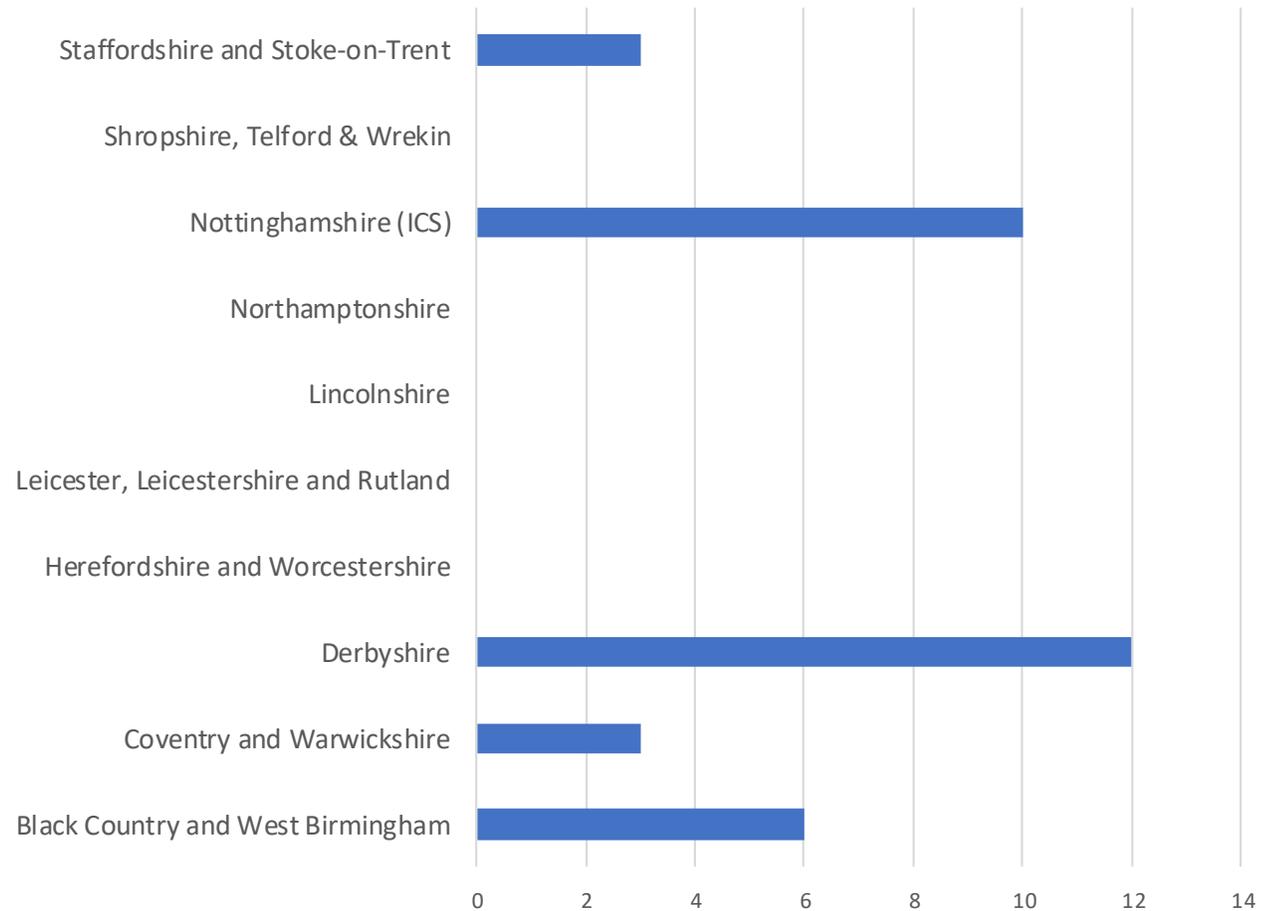
# Overview of the programme



Triumvirate (Power of Three) Programme



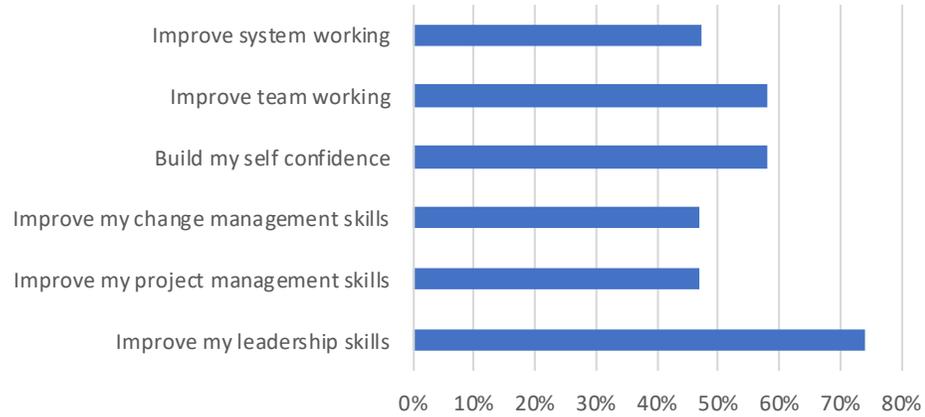
STP/ICS



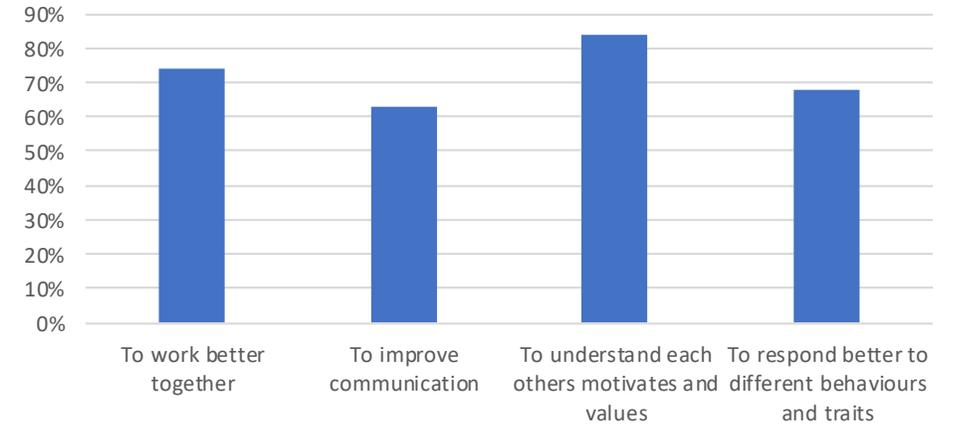
# Highlights



What do I hope this programme will help me to achieve?



How do I hope this programme will help my team?



# How do I hope this programme will impact your Primary Care Network/wider system?

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Better service for all to improve wider communication and build effective processes

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Provide me with better skills and communication, to improve confidence when being involved with PCN

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To make the SLT more cohesive

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A stronger, more cohesive leadership team will be developed

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Help me understand the workings of PCN and feel more confident to be involved

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I hope it will bring us together as PCNs and develop the PCN together

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Better communication and understanding

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Positively

---

Work more effectively and efficiently

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Working collaboratively

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Support with practice merger

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Better relationships

# Key themes from the programme



# What participants said



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Breaking down silos, inclusively connecting and working together

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Improvement project focus demonstrating organisational change

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Confidence to lead

---

Better virtue working

---

Behaviour

---

Transformation development

---

Inclusive leadership

---

Networking and peer learning approach

---

PCN engagement

---

workforce inequalities

---

Changing PCN culture

---

Increase communication

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System leadership

# What was your 'lightbulb moment'?



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Looking how others in my team may see me.

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My Di style of bring a D

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Looking at the DiSC and Belbin profiles of myself and my team and thinking about how we can make the most of our differences to make the team well rounded.

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Realising we did have a project!

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The project we have decided to do and similarity with colleagues.

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Reading my DISC report and thinking about how I am perceived by others in terms of 'allowable' negatives.

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When I realised that roles were being described as relative.

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DiSC was spookily close to the bone, did make me reflect about myself; also, Belbin an application to rest of my team.

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Don't think I had a specific one. Just lots of useful info and thoughts to how I could share it.

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With my teams.

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The DISC analogy.

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Recognising that we all know each other well and work well as a team.

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Difficult to pinpoint to one.

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When we worked out what our project focus would be.

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Reading the DiSC workplace profile.

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I knew the team was similar but was not aware how similar - we need to fill some gaps with new team members.

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How well we fit together as a team.

# Key themes from the programme

- Transformed how we work
- Changing our organisational culture
- DISC
- Behaviour changes
- System thinking
- Collaboration
- Understanding my personal leadership potential
- Enhancing practice management
- Performance Improvements
- Problem Solving Techniques
- Connecting with global and local communities in setting a strategic vision
- Leading collaboratively and empowering others to act
- Leading change, including organisational culture change, with agility and flexibility
- Demonstrating personal credibility and resolution in overcoming challenges
- Connecting to the organisation
- Managing the task and resources

# Key findings: Programme outcome



The following table summarises themes arising from evaluation data collected at individual, team and organisational level as outlined in the evidence gathering matrix.

Impact on Self	Impact on Team	Impact on PCN
<ul style="list-style-type: none"> <li>• Confidence to lead</li> <li>• Self-awareness increased</li> <li>• Toolkit for change</li> <li>• Career progression</li> <li>• Headspace to think and improve</li> <li>• Change project</li> <li>• Learning/practice</li> <li>• Understanding personality and impact on others</li> <li>• Being linked to my colleagues</li> <li>• Recognition of strengths</li> <li>• Clinical leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Transformed how we work</li> <li>• Strengthened working relationships</li> <li>• Solving challenges together</li> <li>• Delivering multiple change projects</li> <li>• Appreciating each other's strengths and celebrating differences</li> <li>• Trust increased</li> <li>• Space to evaluate our strategy</li> <li>• Communication across team</li> <li>• Enhanced practice management</li> <li>• Collaboration on change project demonstrated tangible impact</li> </ul>	<ul style="list-style-type: none"> <li>• Delivering transformation change projects</li> <li>• Culture change of whole practice</li> <li>• Inclusively involving everyone</li> <li>• Increased workforce/team cohesiveness</li> <li>• Passing on learning to wider team</li> <li>• Increased organisational change toolkit</li> <li>• Transformation becoming core organisational business/strategy for our practice</li> <li>• Engagement, communication and PCN</li> <li>• Improved behaviours</li> <li>• Talent management</li> </ul>

# Primary Care Networks Clinical Director Coaching Programme



This programme is being delivered in the context of the COVID-19 pandemic and the ambitions of the recently published NHS People Plan. With a growing population and people living longer, often with long-term conditions, and health inequalities, the demand on local health services is ever-increasing. To meet this increased demand, Primary Care Networks [PCNs] are to become the building blocks to every Integrated Care System [ICS], allowing community, mental health, social care, hospital and voluntary services to work together to enable greater personalised, compassionate, inclusive, coordinated and integrated health and social care. This system will require a different way of working, different relationships and new roles for General Practice and Primary Care.

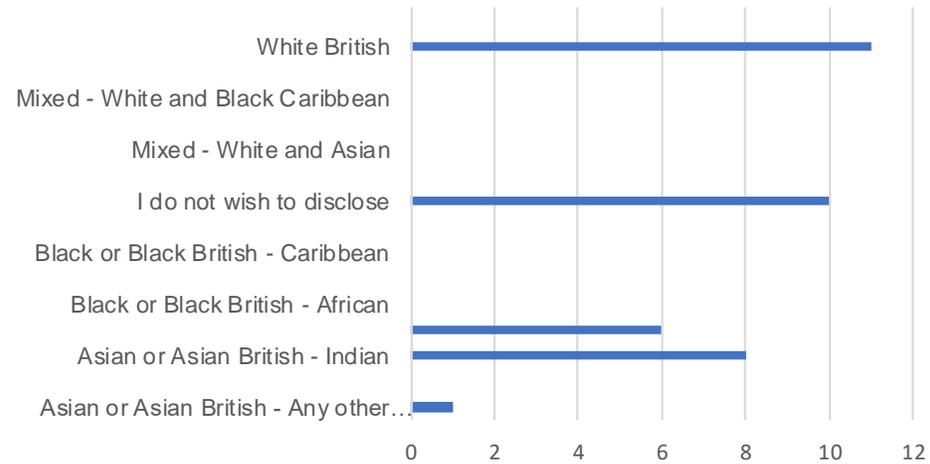
The purpose of this programme was to:

- Support the delivery of the People Plan to have ***more people, working differently in a compassionate and inclusive culture*** and delivering the **People Promise**.
- Provide highly impactful, forward-focused, action-orientated, personalised support for the Clinical Directors (CDs) through coaching.
- Provide one-to-one support that is flexible to meet the needs of the individual, whilst also accelerating personal development in key areas required for effectiveness in their roles.

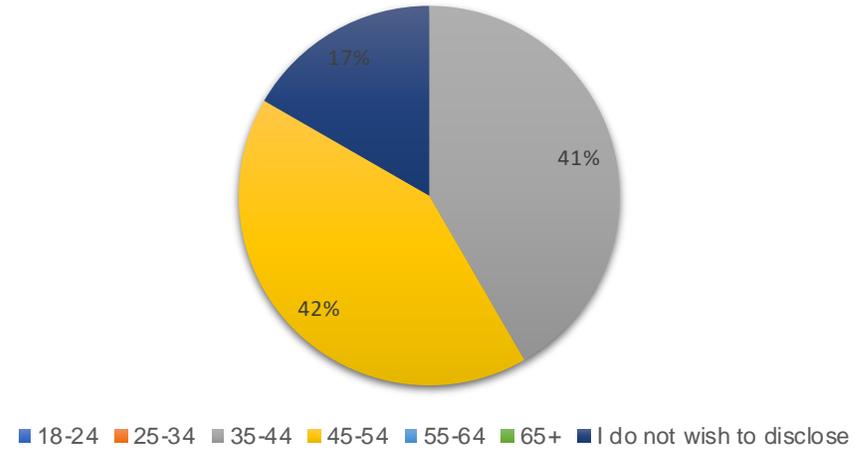
# Demographic data



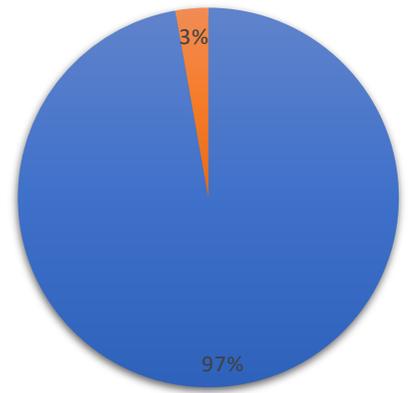
Ethnicity



Age

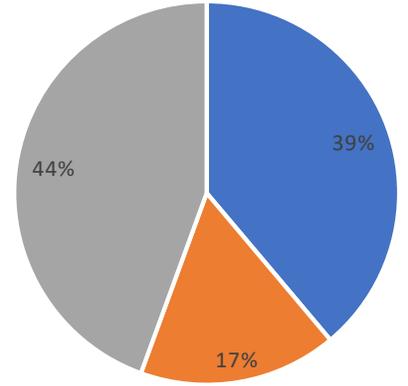


Role



■ Clinical Director ■ Assistant Clinical Director

Gender

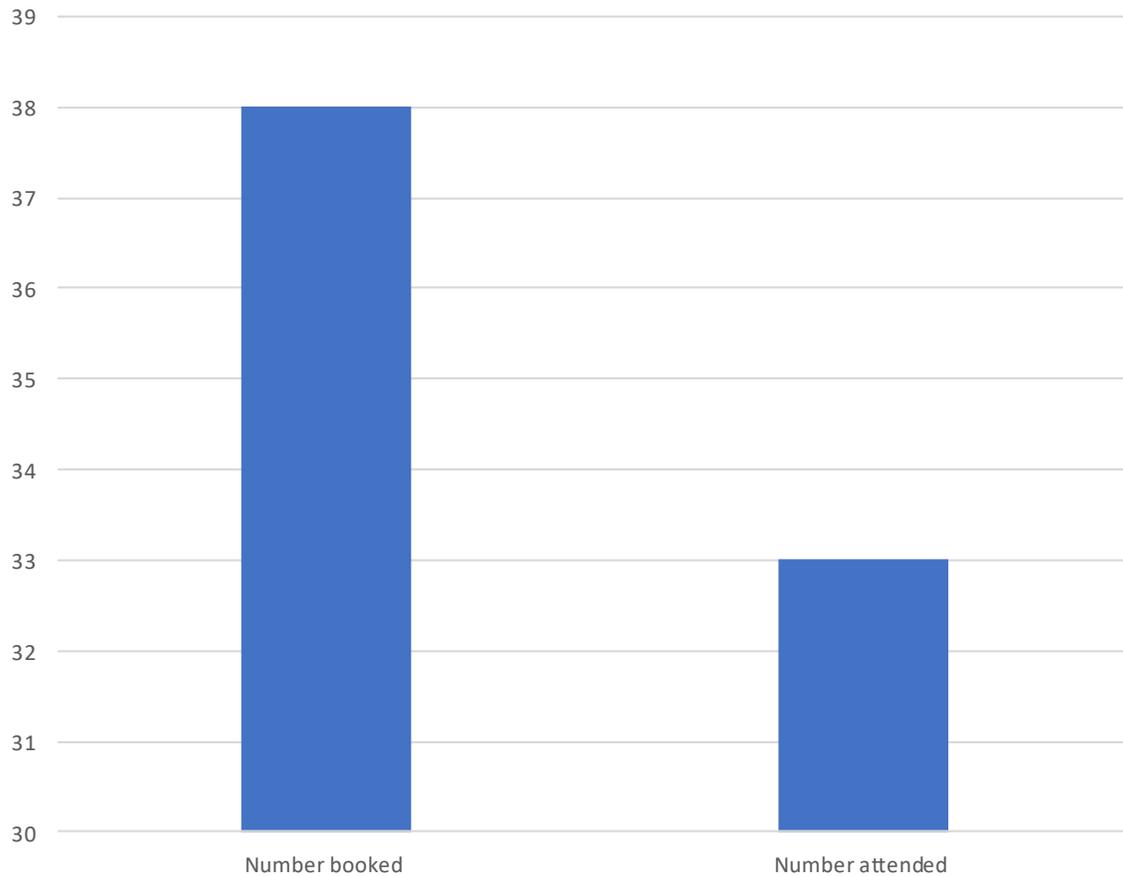


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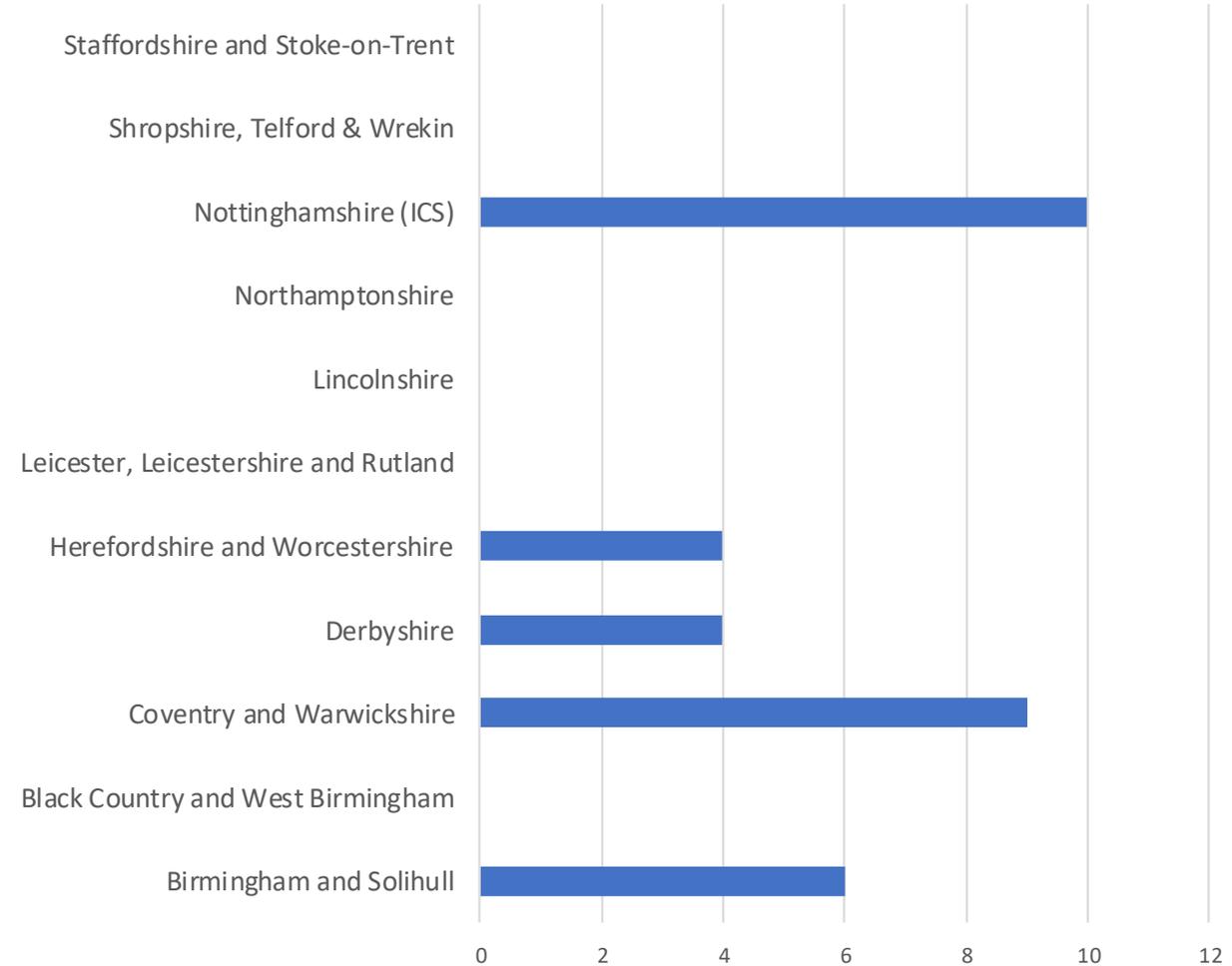
# Overview of the programme



### Primary Care Networks Clinical Director Coaching Programme



### STP/ICS



# Key themes from the programme



## Leadership

- Stepping up and growing into leadership role
- Understanding and developing their authentic leadership style
- Developing their leadership skills (particularly in the collaborative space)
- Developing confidence in roles
- Clarifying CD role
- Leading teams through change/conflict

## Personal effectiveness

- Managing stress and anxiety
- Understanding strengths and how to more effectively use them
- Managing overload from trying to be all things to all people
- Workload, delegation & time management
- Playing in a bigger, political arena
- Confidence - particularly in relation to a leadership approach
- Imposter syndrome and confidence

## Communications & engagement

- Improving engagement across their PCNs
- Influencing, negotiating and building engagement
- Communicating effectively
- Meetings – chairing, purpose, agendas, rules of engagement
- How to be heard in meetings

## Career development

- Further leadership roles
- Next steps

## Relationships

- Building greater self-awareness for improving relationships
- Managing challenging relationships more effectively - both within Practice and within the wider context
- Difficult conversations

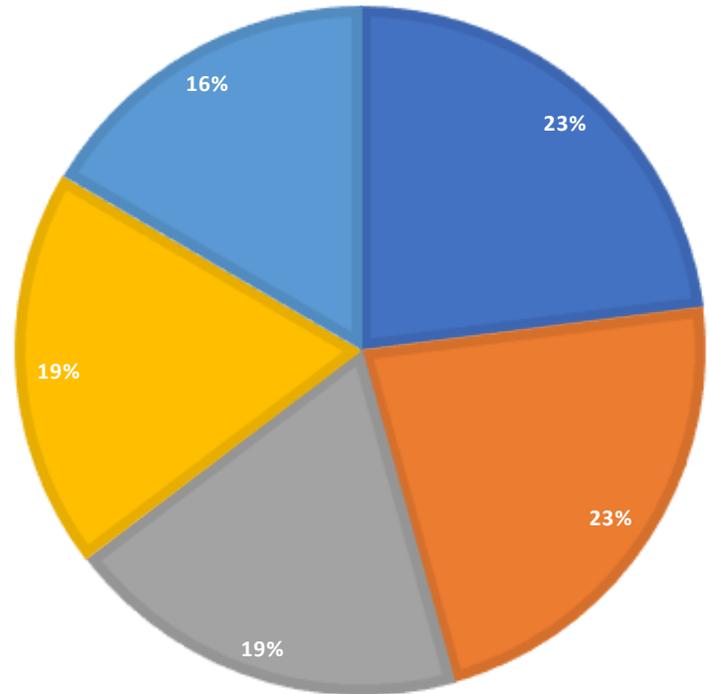
## Covid-19

- Reflecting on what had worked well and how to embed learning (e.g. improved team working, communication with staff, more effectively and efficient systems and processes etc.)

# Top five areas in which Clinical Directors reported the most positive progress:



TOP FIVE AREAS IN WHICH CLINICAL DIRECTORS REPORTED THE *MOST* POSITIVE PROGRESS:



- Better understanding of strengths/areas for development
- Career Development
- Improving resilience (responding well to the pressures I'm facing)
- Developing new ways of working through the COVID-19 pandemic
- Improving the way I handle difficult/challenging conversations

The graph below illustrates the positive impact of coaching on all personal goals (more than 69% improvement in all areas). It shows the changes in average score for each goal before (blue) and after (orange) coaching.

## Direct feedback:

*“These coaching sessions have been the most valuable development processes I have ever engaged with. The personal approach of providing support and guidance with enabling self-awareness has been fantastic. I really believe that all GPs with a leadership role (or wanting one soon) should engage with regular coaching. If a regular programme of sessions were possible, I think the benefits to those engaged (and thus to the wider NHS) would be extremely significant. I think any NHS manager (practice or CCG) would benefit from coaching. Thank you for giving me the opportunity to benefit from coaching.” PCNCD*

# Tackling Health Inequalities Through a Practical Approach to Population Health Management



- Have a base level understanding of population health management – an increasingly important concept behind new care model development.
- Understand how population health management is key to tackling health inequalities.

## **Population Health**

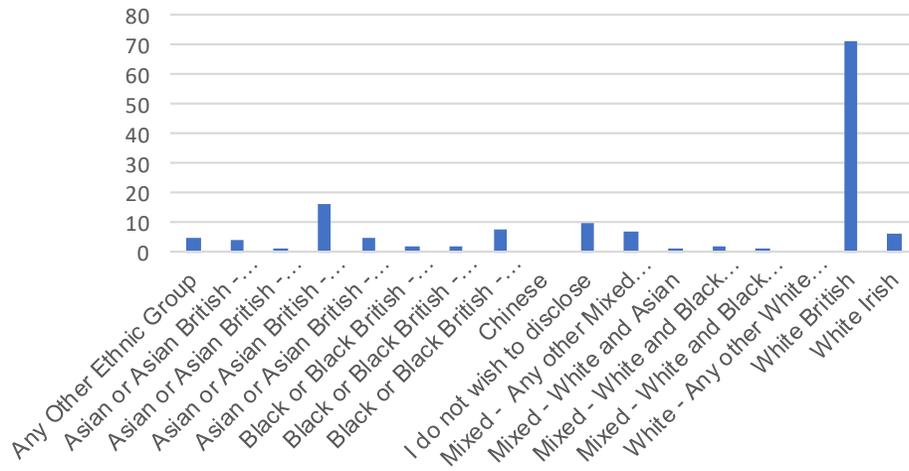
Improving the health of an entire population...

- Reducing health inequalities
- Addressing wider determinants of health

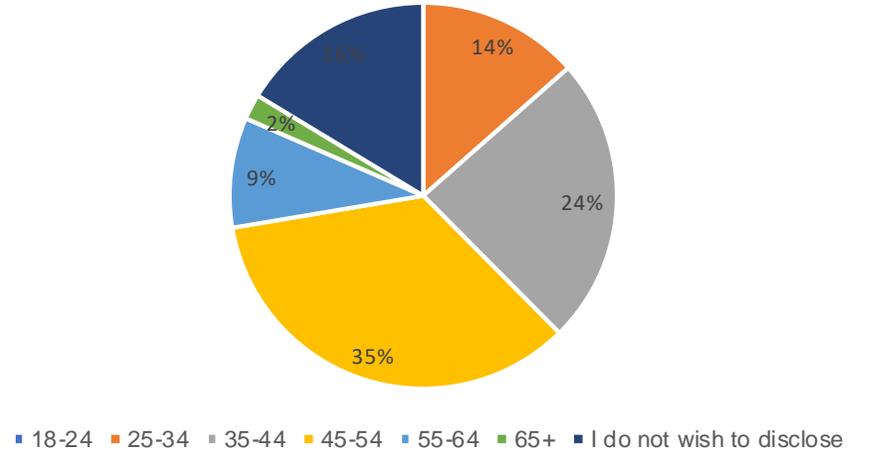
# Demographic data



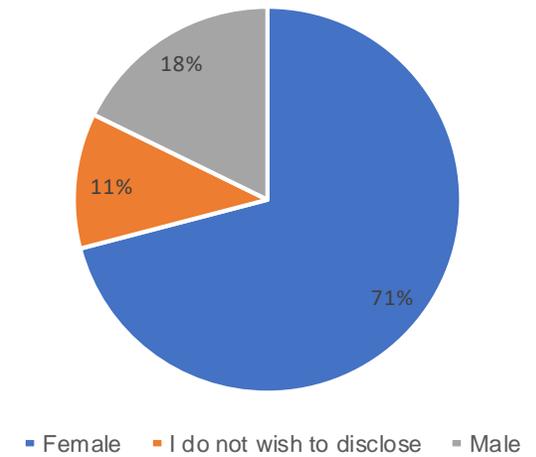
### Ethnicity



### Age



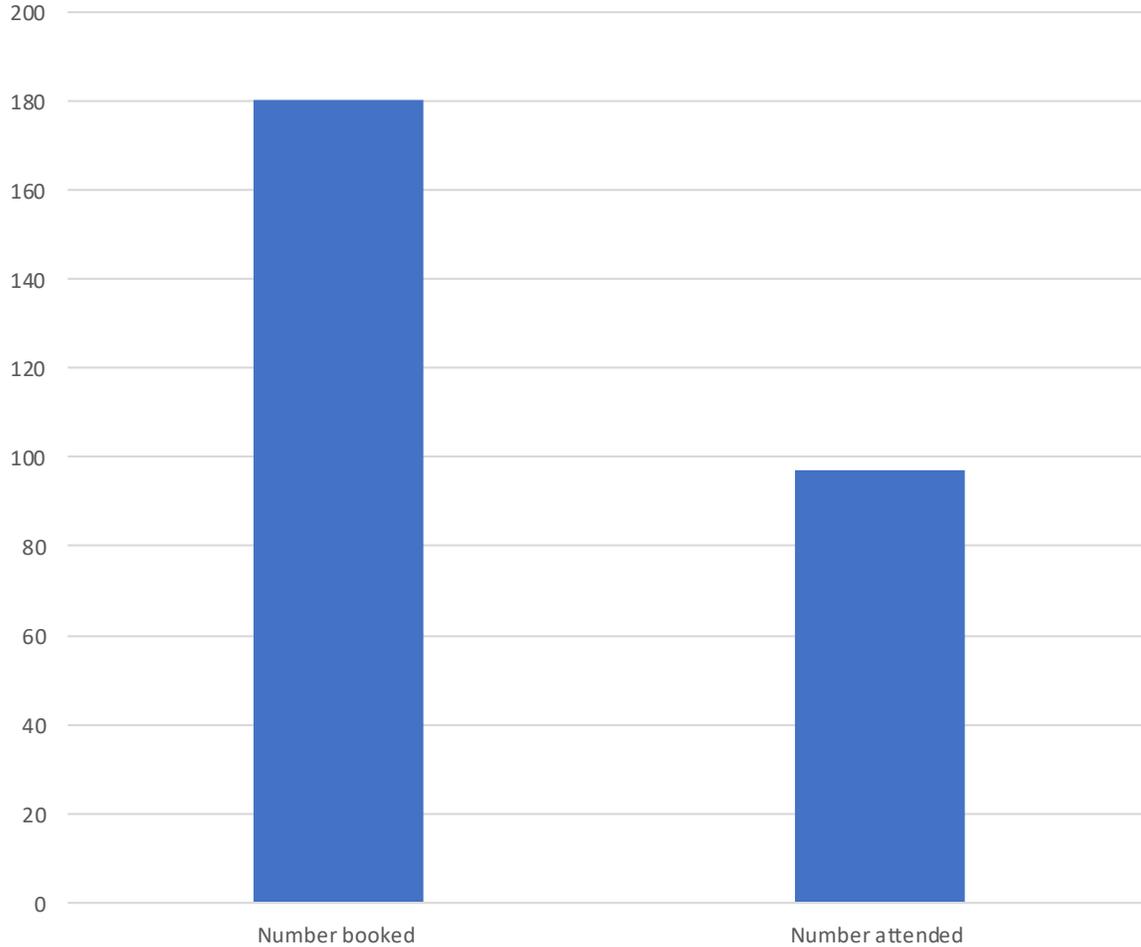
### Gender



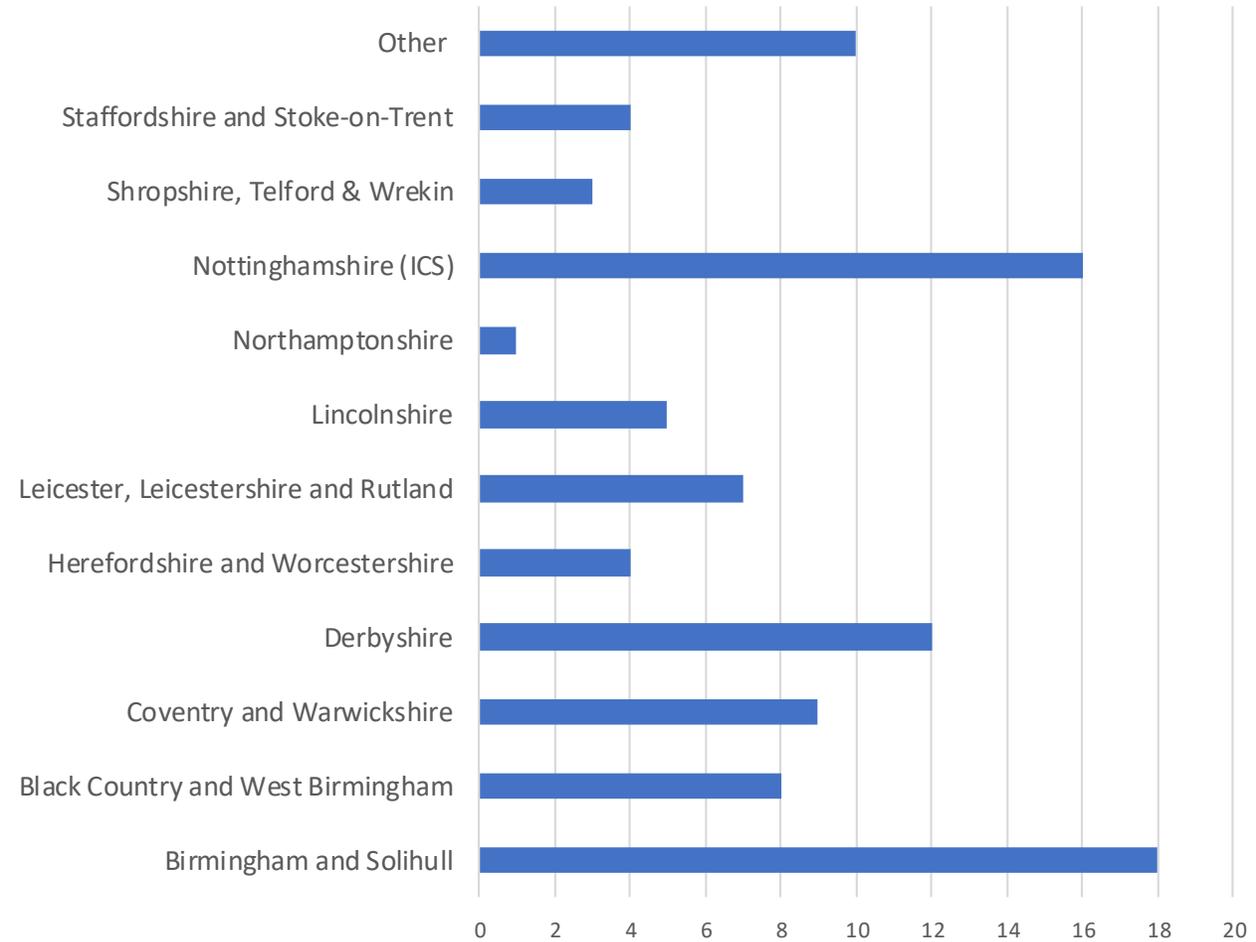
# Overview of the programme



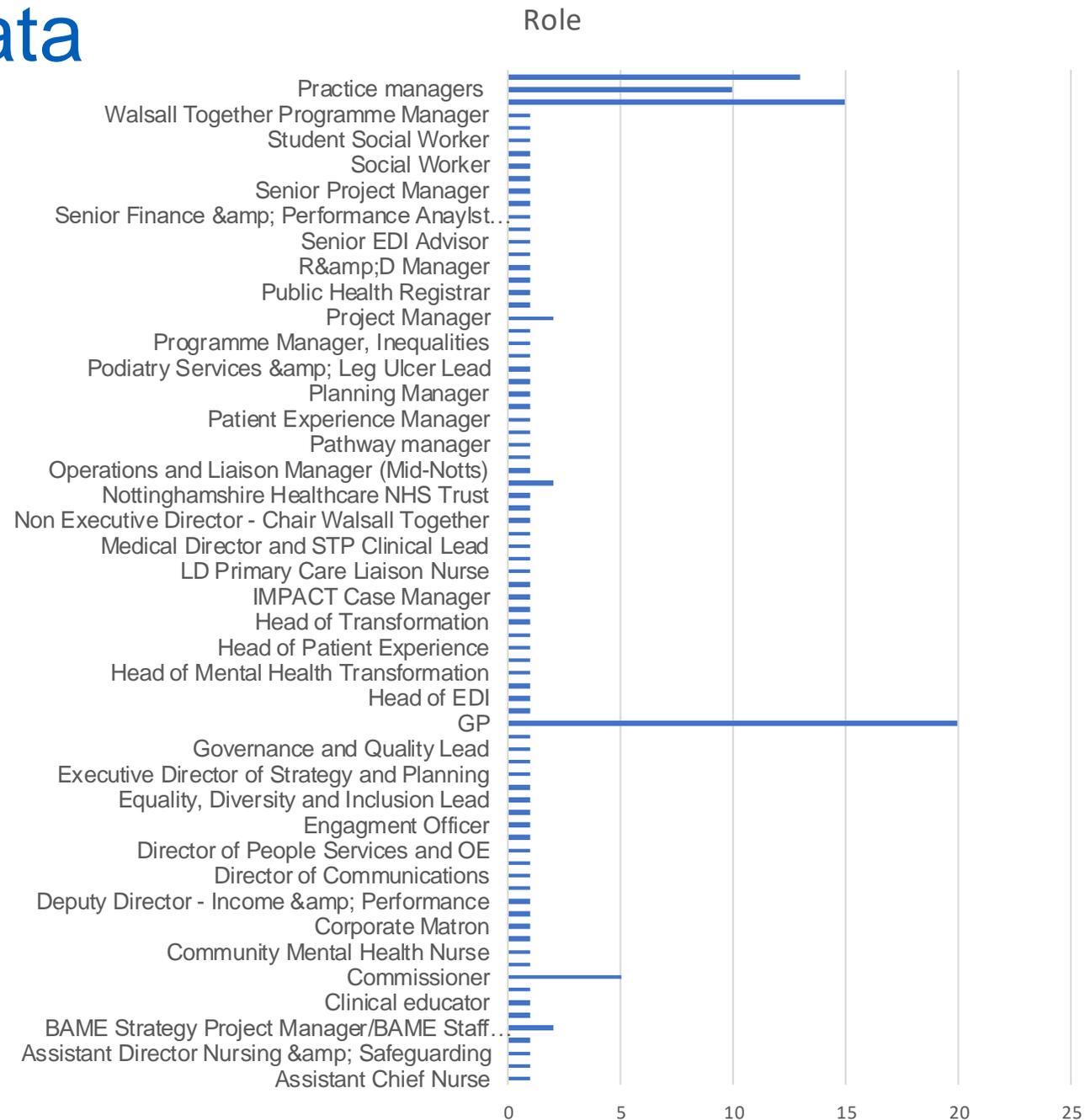
### Population Health Management



### STP/ICS



# Demographic data



# Key themes from the programme



Develop a network of PHM champions throughout the organisation including at board level.

Action on a broad front and across a range of health determinants is necessary to halt and narrow the health inequalities gap.

Focused population targeting and segmentation.

Proactive identification and monitoring of high-risk patients.

Behavioural change.

Improved shared technology and infrastructure tools.

Leadership maturity and good governance.

Population engagement and patient activation.

Robust systems of monitoring, advanced analytics and insight process.

Leadership through PCN, STPs and ICSs.

A combination of clinical and public health leadership.

Developing a shared vision and purpose.

Empowering local leaders.

Holding all stakeholders to account for quality of delivery, financial health, operational performance and outcomes.

Build a strong, multi-faceted population health team.

Collaboration engage with your population.

Providing health coaching services for people with long-term conditions who have poor control and may not access traditional services.

Targeting health promotion interventions to people identified as being at risk of a long term condition.

Offer people using the service access to all information.

Understand the social and behavioural factors involved in health inequalities, including the causes of unequal access to and outputs of health care focusing on the risk factors associated with ill health, disability, disease or death.

Long-term and short-term approaches tackling health inequalities could create tensions that need to be reconciled, but the target has been a spur to action.

# Highlights from the programme



---

Understanding the population health management agenda to help formulate and shape the strategy that will emerge.

---

Evaluating the skills and experience of the board and leadership team to engage in decision making, such as technology at scale.

---

Designing the right governance arrangements to facilitate decision making and move towards population health management.

---

Start on a small scale before scaling up: do not be over-ambitious at the outset.

---

Think about how data can be brought together into records for each individual in the population.

---

Understand the potential digital requirements around PHM as it grows and develops (e.g., bespoke systems to integrate the data).

---

Consider the state of the local population and understand their key areas of focus.

---

Consider the organisational culture in relation to the principles of PHM. Develop a shared vision and collective understanding of the purpose of understanding the population's needs.

---

Look at what population-specific data is available within the organisation for analysis, including both healthcare data and non-healthcare data.

---

Initiate and develop relationships with other local organisations with the aim of using their data for the purpose of PHM. These organisations do not necessarily need to operate in healthcare, as non-healthcare data is also valuable (wider determinants of health).

---

Prioritisation of need.

---

Population segmentation.

---

Digital poverty.

---

Decide on how population need will be identified.

---

Decide on what outcome measures will be used across the population.

---

Identify data sources that illustrate the outcome measures for the defined population.

---

Collate the information on population need and share across the system.

---

Combine information on need with views from across the system in a transparent way to summarise the agreed need for the population.

# Highlights from the programme cont....



---

An overview of health across the system, both for the system as a whole and the different geographies within the system.

---

Identification of inequalities within the system and any unwarranted variation in outcomes.

---

A view of health outcomes (e.g. life expectancy), wider determinants of health (e.g. housing) burden of ill health (disease prevalence and incidence) and risk factors that are attributable to preventable disease (e.g. smoking).

---

Identification of geographical or demographic characteristics that are unique to the system that could impact on health outcomes (e.g. rural geography or prison population).

---

Collaboration ensuring stakeholders are appropriately engaged in the decision-making process.

---

Communicate the agreed areas of need for the population.

---

Decide on what outcome measures will be used across the population.

---

Decide on how population need will be identified at: System level – Place level – Community / Neighbourhood Level.

---

Ensuring adequate resources and capacity are designated towards population health management.

---

Ensuring effective evaluation of any current/future population health management programmes.

---

Effective community engagement and I don't think we proactively engage as some people don't access the services where some of this data comes from.

---

Developing services across systems need to have robust Equality & Health Inequalities Impact assessment to try and bring us closer to meeting the needs of the population using co production at all levels.

---

System thinking working together in ICS' we have a better chance of using all our public resources to innovate solutions together instead of isolation.

---

Design and implement PHM as a change management initiative, including clinician and wider community engagement in identifying and adopting PHM solutions.

## Interacts authentically

- Understands personal impact and influence on others
- Empowers others to inspire and create commitment
- Seeks, understands and values the viewpoint of others
- Creates networks for the creation and sharing of ideas
- Values the skills and expertise of others
- Builds confidence and trust in other
- Creates strategies to influence others through persuasive reasoning
- Builds structures that facilitate cooperation and collaboration
- Adapts style of communications to audience
- Communicates in a clear and compelling way

## Acts effectively

- Makes important decisions in a timely manner
- Aligns people, tasks and resources
- Identifies risks and opportunities
- Specifies roles, tasks and performance standards
- Tolerates ambiguity to promote creative solutions
- Explores new suggestions and solutions
- Identifies project implications
- Responsive to changing or emerging internal and external context

## Conceptualises issues

- Evaluates options to create powerful decisions
- Articulates and formulates key issues clearly
- Creates clarity from diverse perspectives
- Structures, analyses and integrates hard and soft data
- Identifies links between the wider system and its components
- Manipulates complex facts and opinions

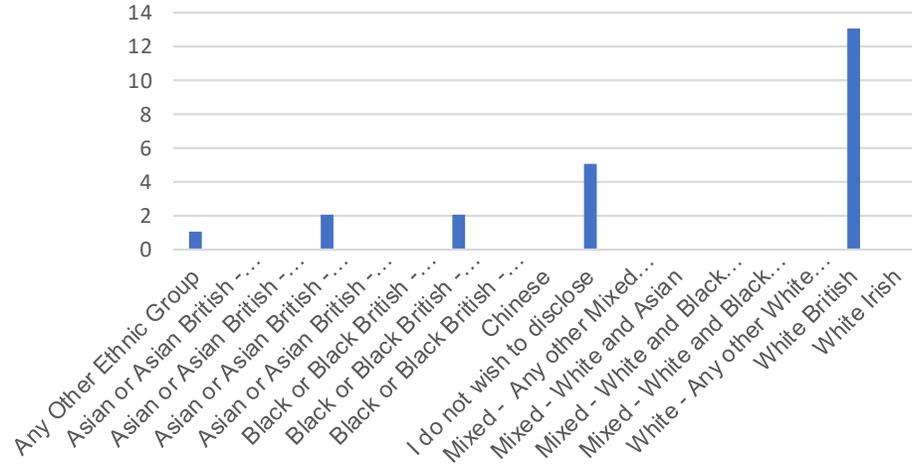
# Five Behaviours of a Cohesive Team Programme

The Five Behaviours of a Cohesive Team Programme is an assessment-based, 3 half days virtual learning experience. The programme helps individuals, teams and primary care organisations reveal what it takes to build a cohesive team. Supported by the Everything DiSC® profile, the programme helps participants understand their own DiSC® styles.

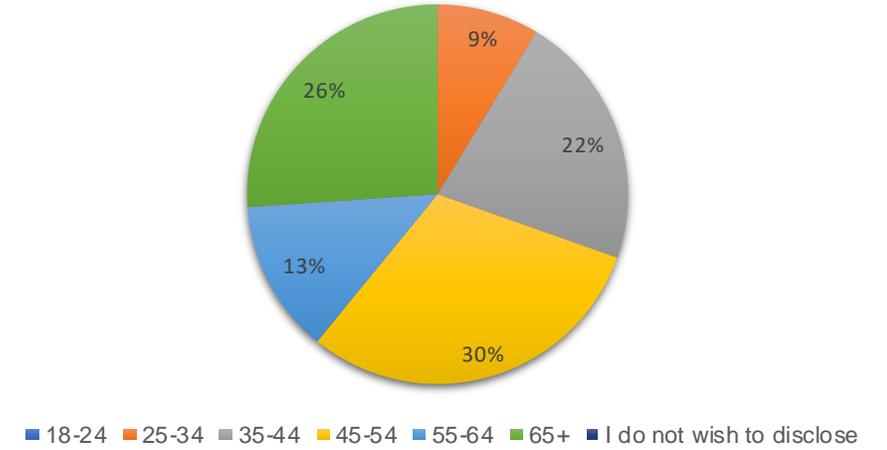
# Demographic data



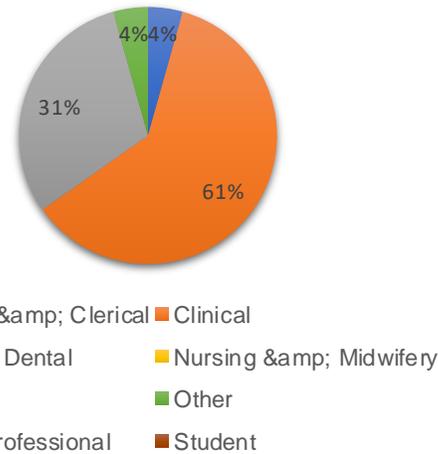
Ethnicity



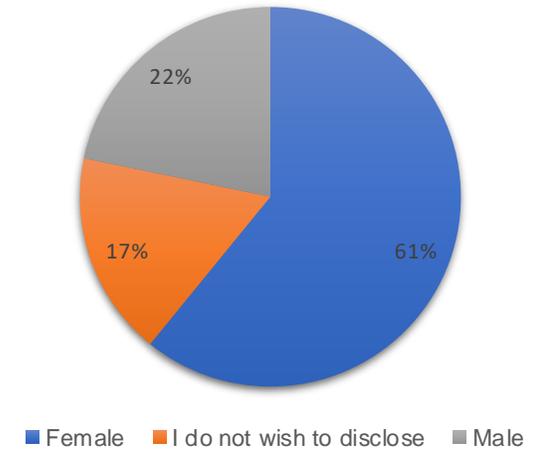
Age



Background



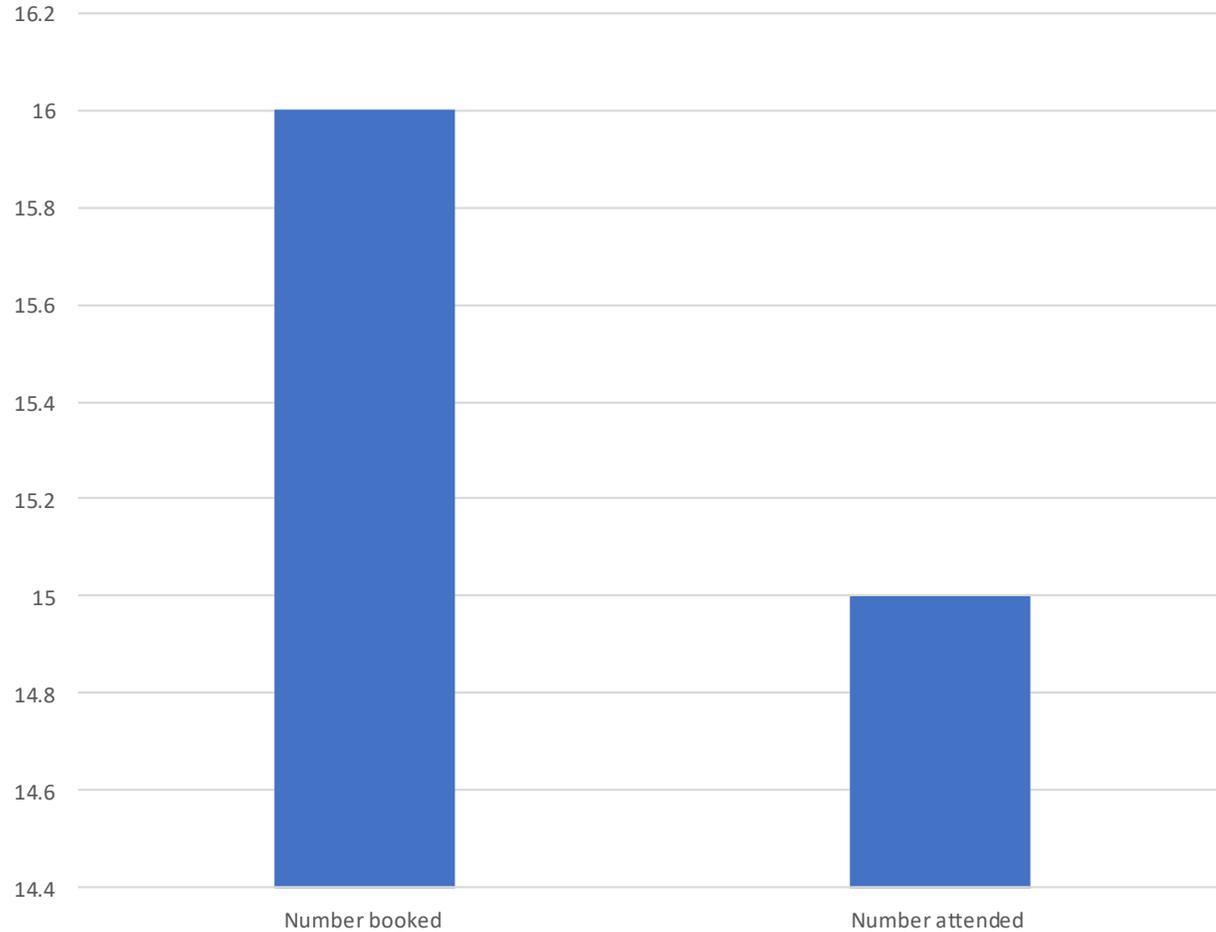
Gender



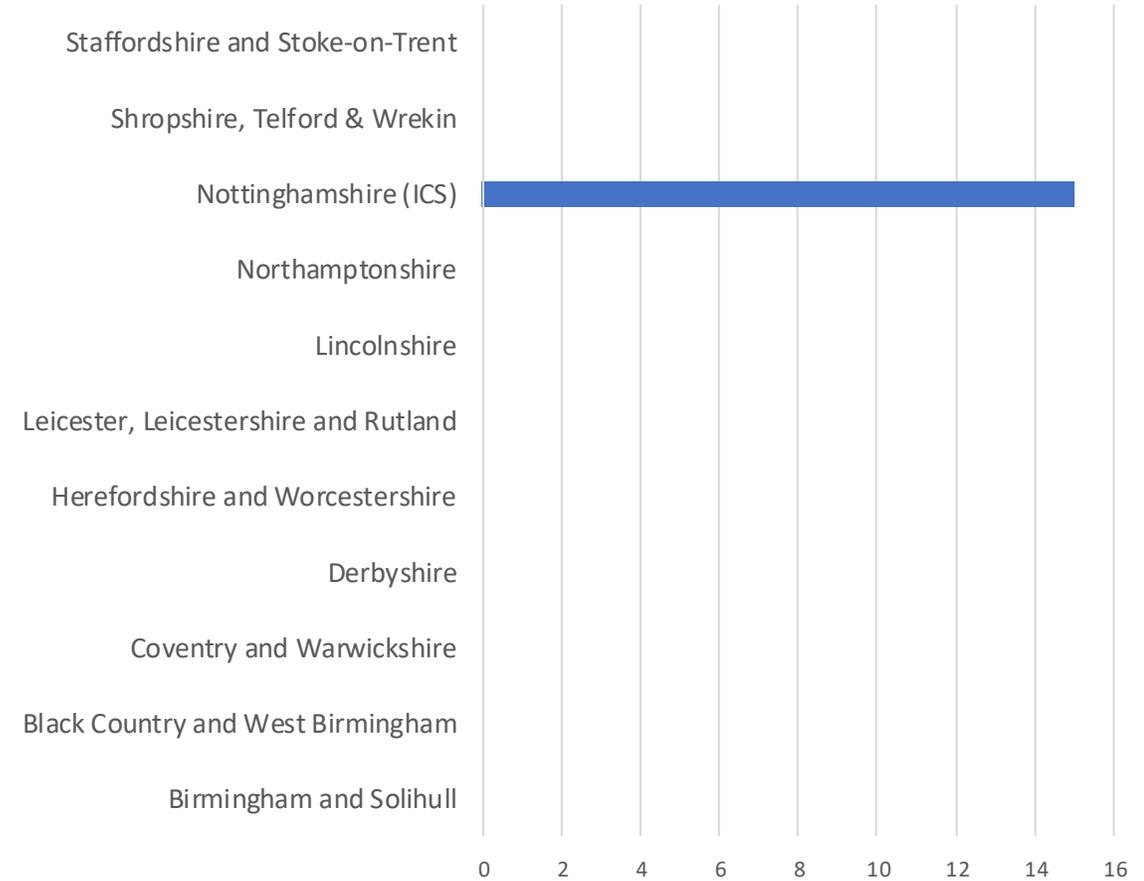
# Overview of the programme



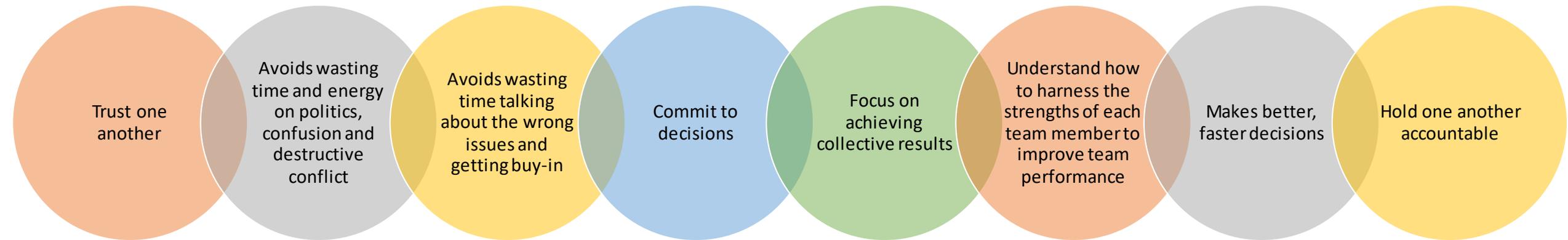
Five Behaviours of a Cohesive Team Programme



STP/ICS



# Key themes from the programme



# General Practice – Working at Scale Remote Learning Programme



The purpose of the programme is for Practice Managers to have an opportunity to step away from their busy operational environment and spend time networking, sharing best practice and working ‘on their local healthcare environment’ rather ‘operationally in it’.

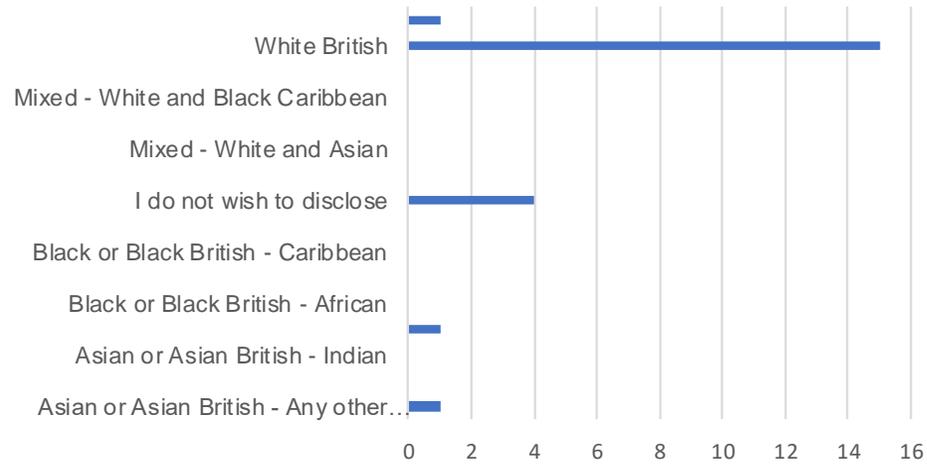
Specifically, the programme aims are to:

1. Provide delegates with a robust learning environment to develop ideas, strategies, skills and tools to drive their practice and Primary Care Networks forward, as appropriate.
2. Give delegates time and space away from the busy operation to help them shape, plan build and deliver change across the Midlands Region, and in their practice.
3. Work with others on common challenges and issues within primary care, (e.g. resourcing) and develop ways of working in collaboration, co-production, and joined up thinking.
4. Develop and enhance leadership skills and strategic thinking, and how to engage others in change.
5. Enhance and develop the delegates personal network of healthcare leaders and decision makers in primary care.

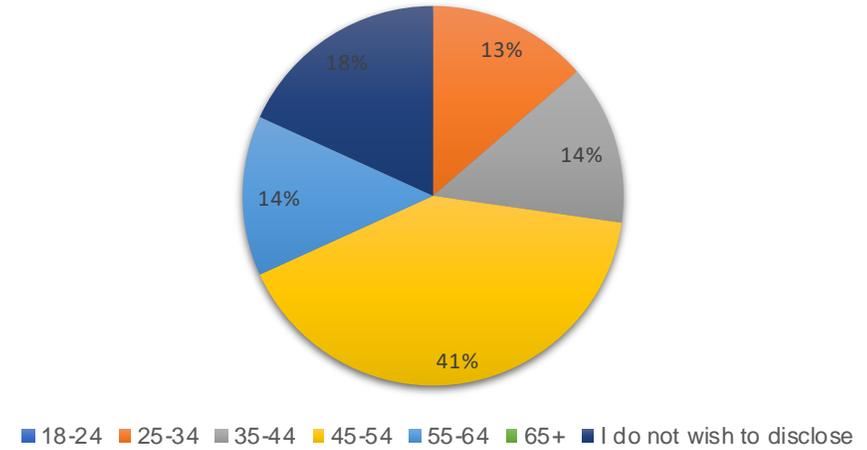
# Demographic data



### Ethnicity



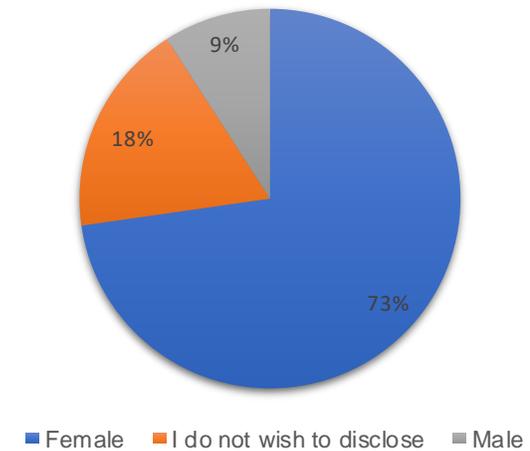
### Age



### Role



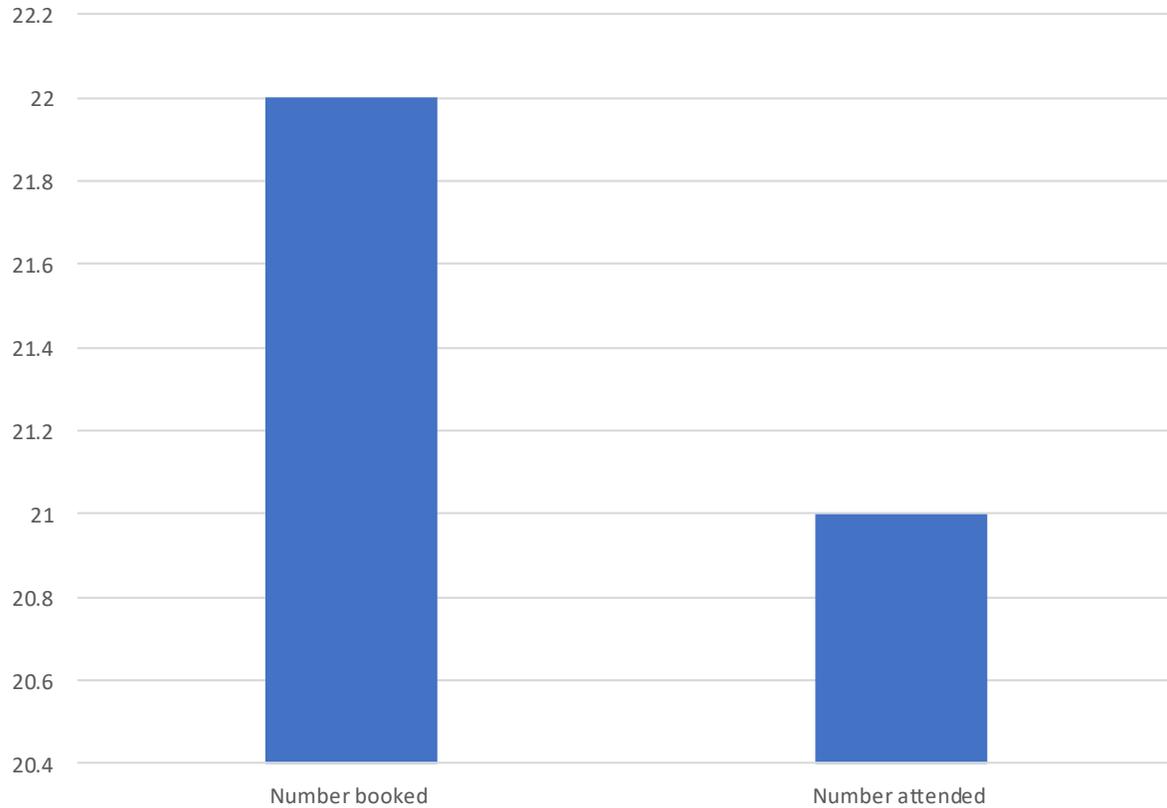
### Gender



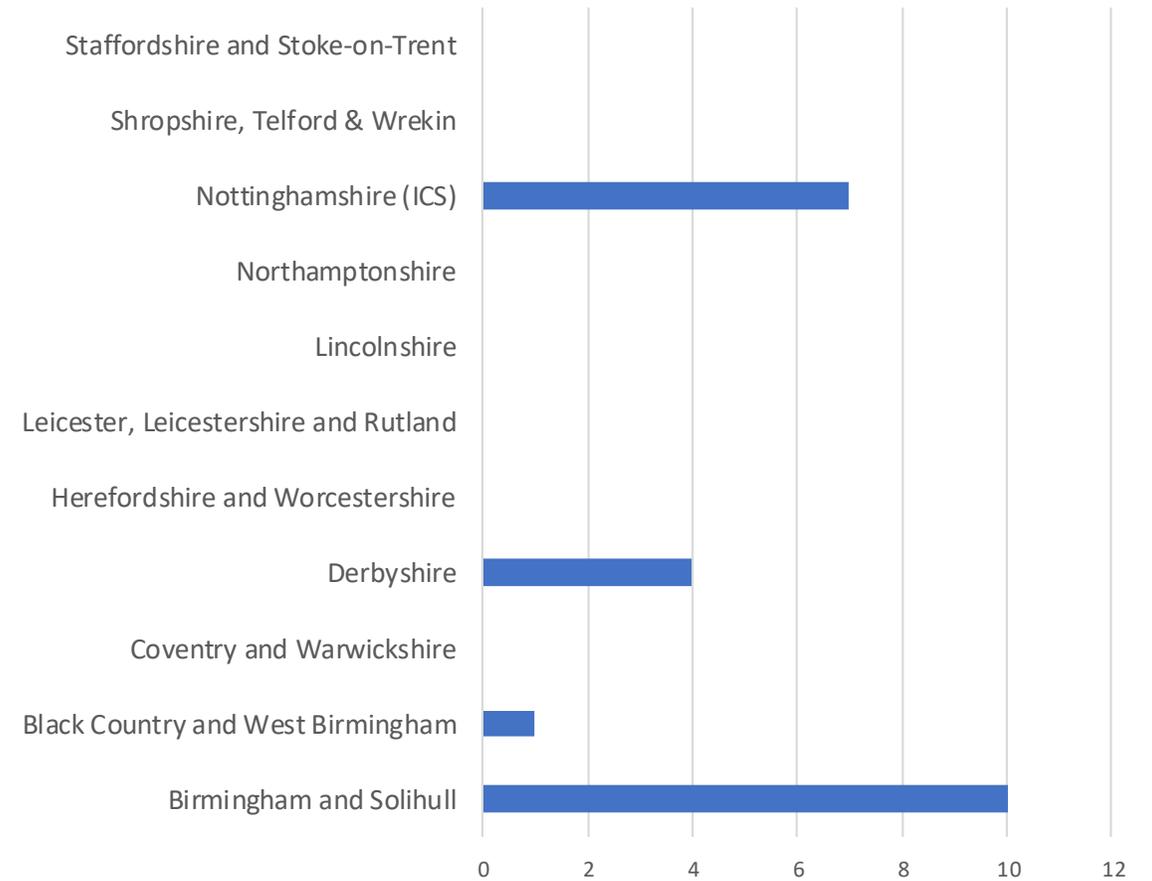
# Overview of the programme



General Practice – Working at Scale Remote Learning Programme



STP/ICS



# What participants said



---

Networking.

---

Look at ways to improve communication and the different ways to develop services going forward post pandemic.

---

System thinking.

---

Sharing best practice with other PCN.

---

Challenge my local STP Digital Enablement Group to sort the data sharing issues.

---

Better understanding on integrated systems.

---

Continuous improvement in our practice.

---

Listening to staff more.

---

To look again at what we can do to reduce footfall into our surgery.

---

Realising that we are on the same path to better integration but are at varying stages of development.

---

Focused around digital interoperability and data sharing, but also unintended consequences of changes being made and a need to retain local relevance in the face of a move towards scale.

---

PCN's are all at different levels and sharing of experiences and plans that can benefit the patient experience.

---

Practices interpretation of what is essential and what isn't.

---

Other PCN are facing similar challenges.

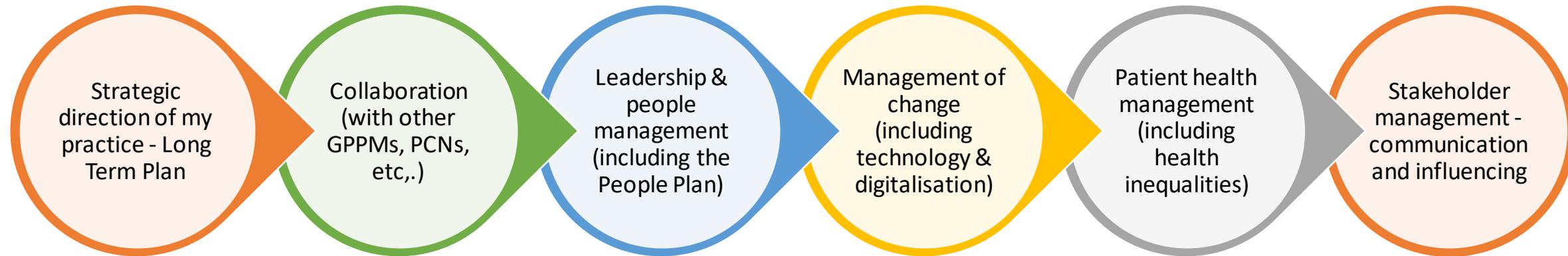
---

Better plan 'after lockdown' processes.

---

Build a high performing team.

# Key themes from the programme



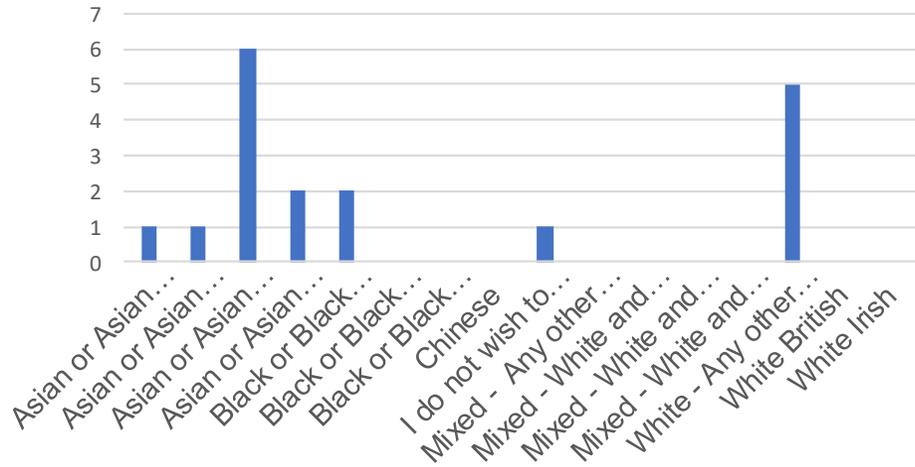
# Leadership Development for New GP's

In a climate where demand is outstripping supply and staff in general practice, face very heavy workloads, it is vital that everyone is working at their full potential and delivering what is required for the practice and the wider system. This short and impactful programme creates an environment where new GPs to practice can come and share their experiences of challenges and opportunities and can be supported to learn new skills for easing them into managing themselves and others even better. This is particularly important where new GPs have no direct lines of management, they have a need for their voices to be heard in practice and in the wider system.

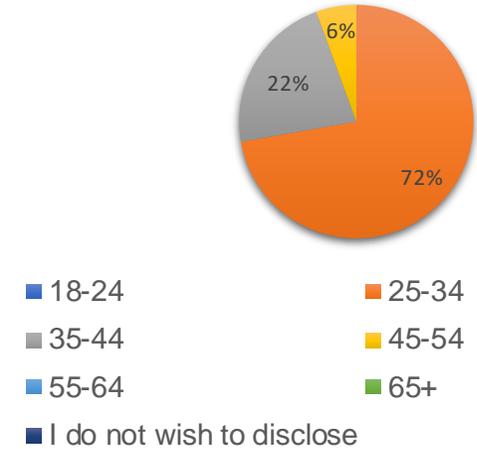
# Demographic data



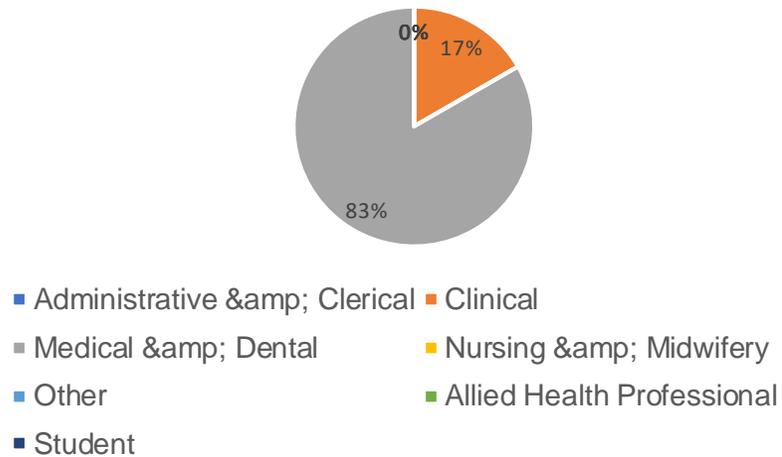
### Ethnicity



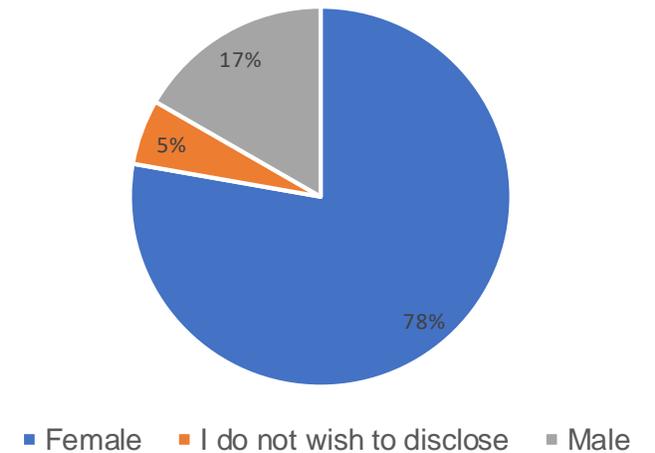
### Age



### Background



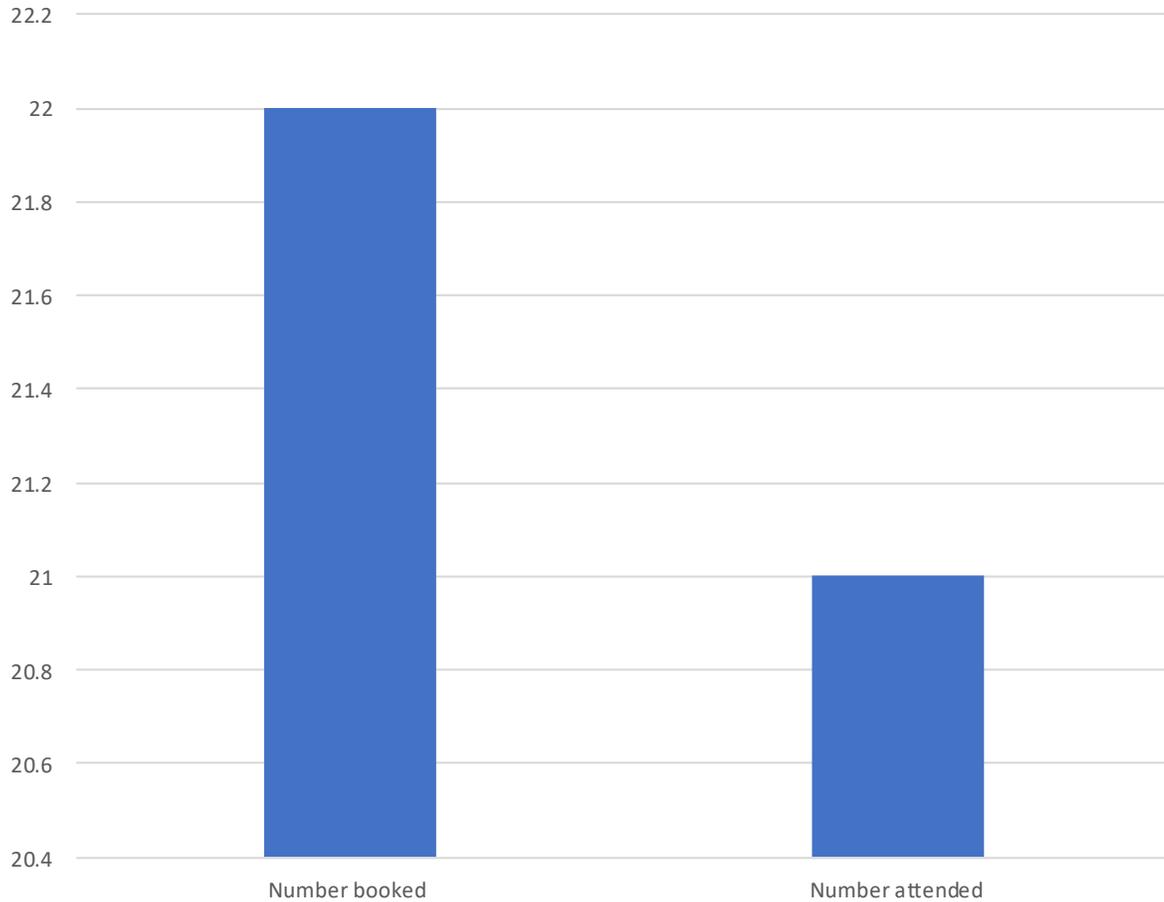
### Gender



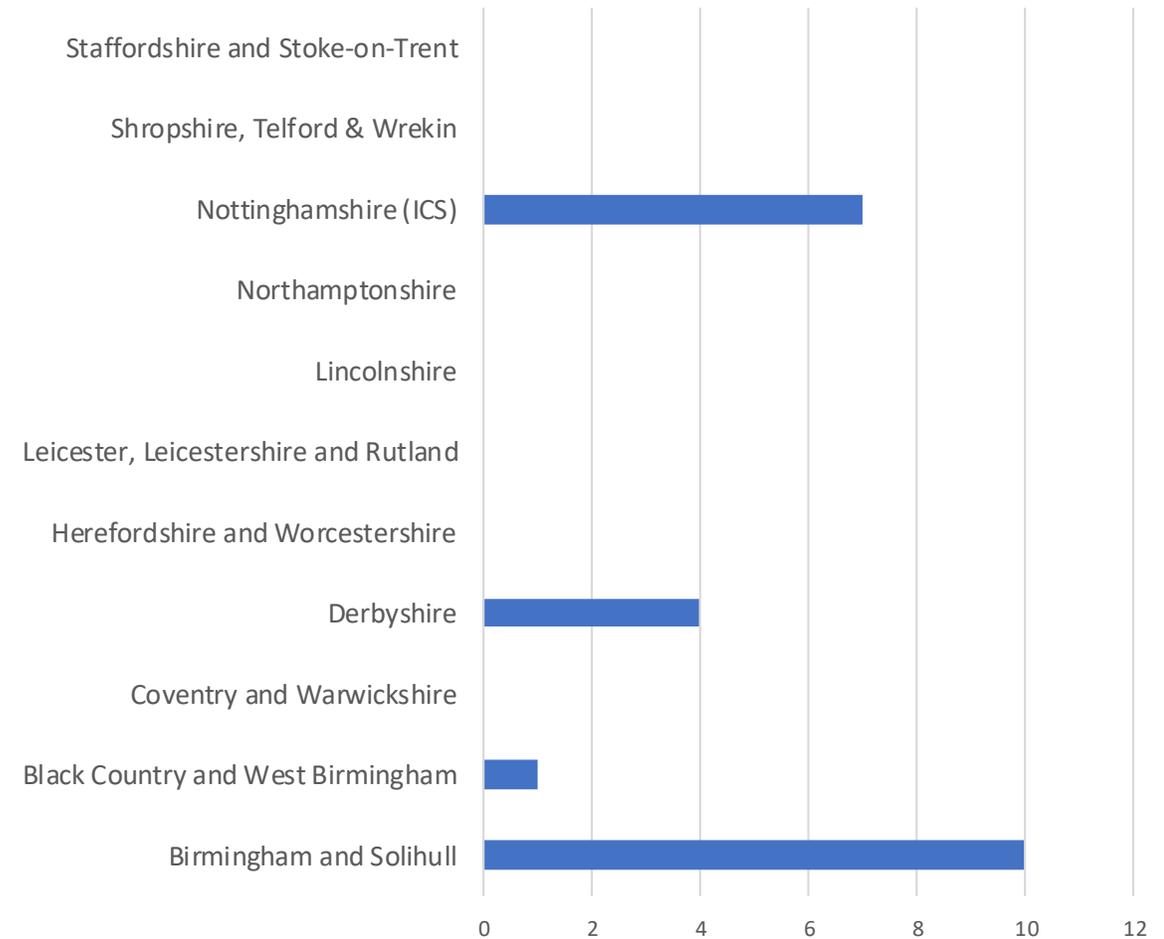
# Overview of the programme



General Practice – Working at Scale Remote Learning Programme



STP/ICS



# What participants said



I've taken away some really good listening skills and that self-management not to suggest solutions but to allow and support the person to make their own decisions/plans.

Being more equipped to be a mentor to the trainees in the practice. Understanding and putting the transactional analysis into practice and sharing with colleagues

I've taken away not to jump in with suggestions

I've learnt I don't always need to provide a solution

Self-awareness

Trying to move professional relationships from parent/child to Adult-Adult conversations by changing my behaviour. Framing my thoughts in a positive way rather than a negative to encourage my brain to have positive associations. Ensuring all my consultations with patients and also professional meetings. I am actively listening and not trying to type/ do other things at the same time. And attempting coaching where it is appropriate and jumping out of problem solving mode.

I'm going to try and ensure I do this when appropriate with patients and use this enhanced listening in general conversations too as I know I can be an interrupter!

Being more aware of my emotional and psychological reaction to situations and how they can frame a conversation or discussion! Not throwing my toys out of the pram.

I feel it is a great interactive session despite on zoom. Felt motivated and confident with understanding the basics of coaching and remodelling style of conversation.

Break-out sessions were really helpful, I found them practical and engaging

I thought it was at a good pace and lots of different activities to keep us engaged. Really thought provoking and helpful

I have learnt a lot of skills to use at work and at home

Awareness of Transactional Analysis and how this plays out in my workplace/relationships

# What participants said cont...



---

Really good programme which will definitely improve my working life and make me a better leader.

---

The sessions were great, Lesley and Kaye did a fantastic job.

---

This was a very useful, enjoyable and motivating programme :)

---

Great programme, really enjoyed our two days and learnt some invaluable skills.

---

It was a really useful two days and thank you both for all of your support, tips and feedback!

---

I think this programme should be funded for all recently CCTed GPs or perhaps even in the later stages of training with a follow up after CCT? The early years are such a developmental and changing time and it's been so helpful to have the time to look into that further and understand where I fit in to the system and how my opinions or suggestions might be valued. Thank you so much for sponsoring my involvement in the programme - it has been amazing!

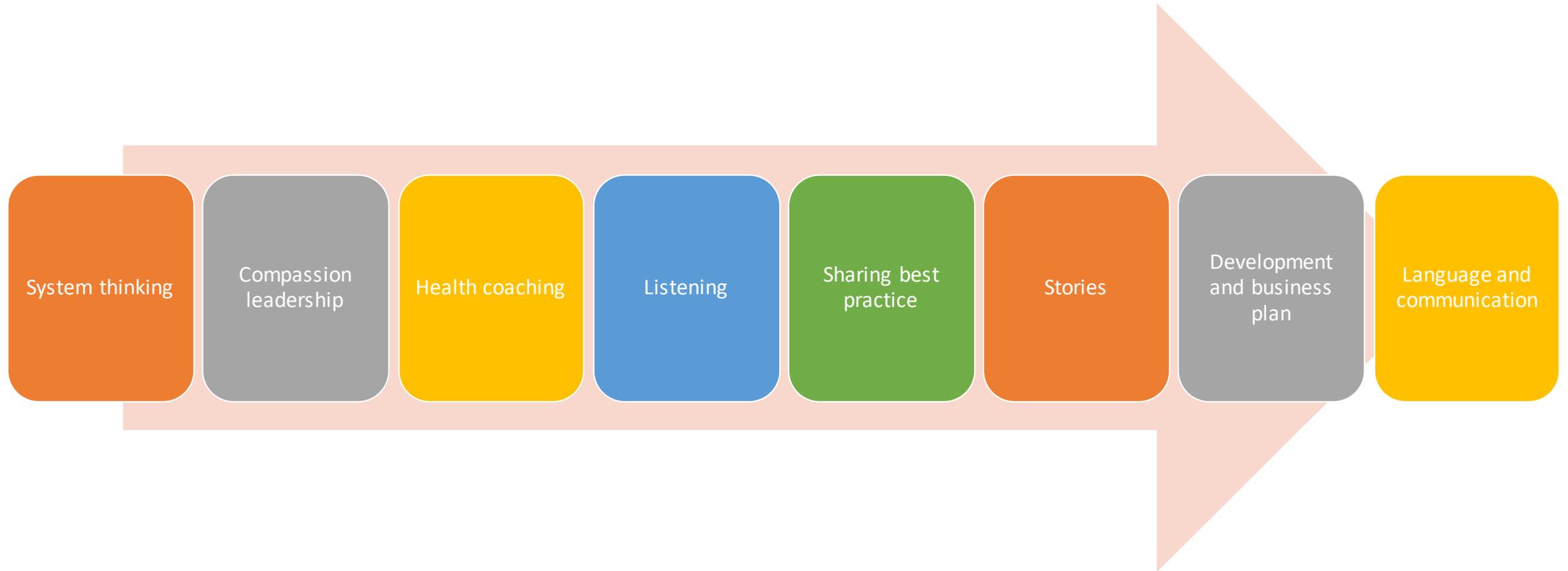
---

Please continue to offer these, I found them extremely useful and would recommend to others, a good use of CPD time!

---

I think the course has been extremely useful any further opportunities in relation to coaching /leadership would be helpful.

# Key themes from the programme



# Primary Care Leadership Development Programme

The aims of the programme are to:

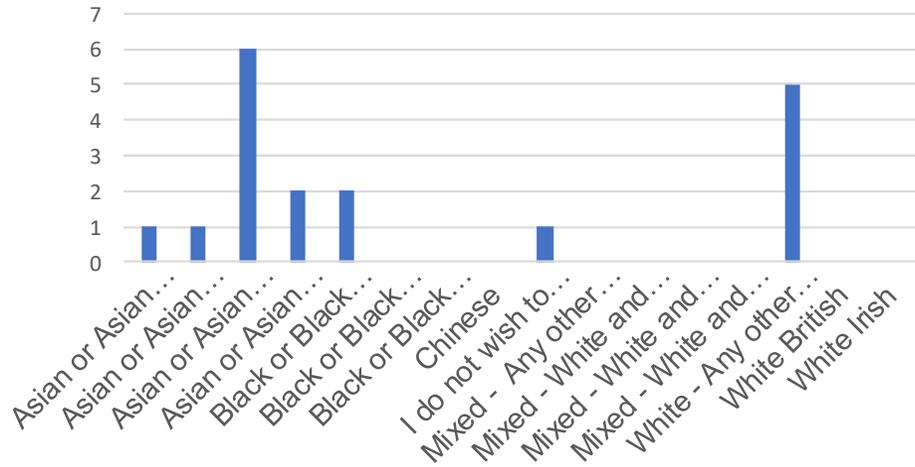
- Develop leadership capacity and capability across primary care to support the development of Primary Care Networks, the co-production of health and well-being with people and communities and the service transformation described in the NHS Long-Term Plan.
- Provide delegates with insight and vision into ‘what is possible’ and how to release underlying potential within themselves and their network, to improve and enhance on ‘what already happens’ within their PCNs.
- Provide clinical leaders within primary care the opportunity to reflect on the attributes required and environment needed to foster the release in potential in those they work with and for.

Due to the Covid restrictions the programme was run in a virtual format, with three cohorts of approximately 12 delegates running concurrently. The delivery was based around a series of 5x 2.5-hour webinars which in turn were supported by the development of an Online Learning Portal which gave access to 12 micro learning video tutorials designed to support the learning delivered in each of the webinars. Access to these resources are available for the next 12 months. Each webinar carried a simple assessment which delegates were asked to complete as part of the learning process.

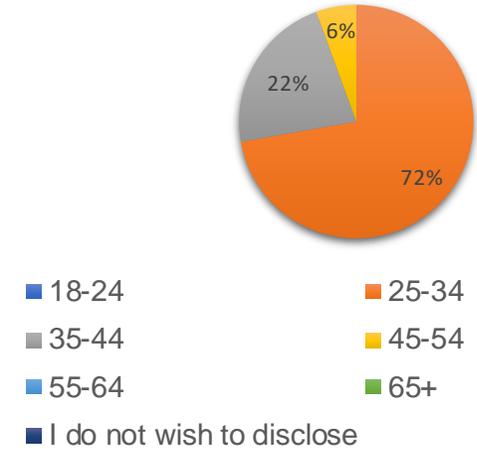
# Demographic data



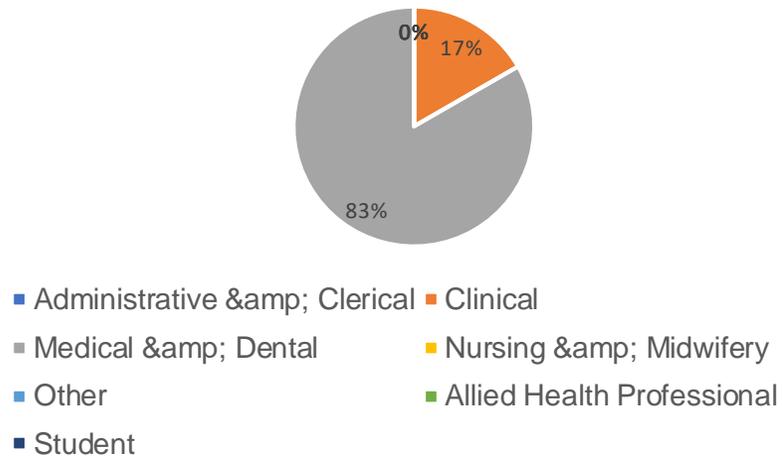
### Ethnicity



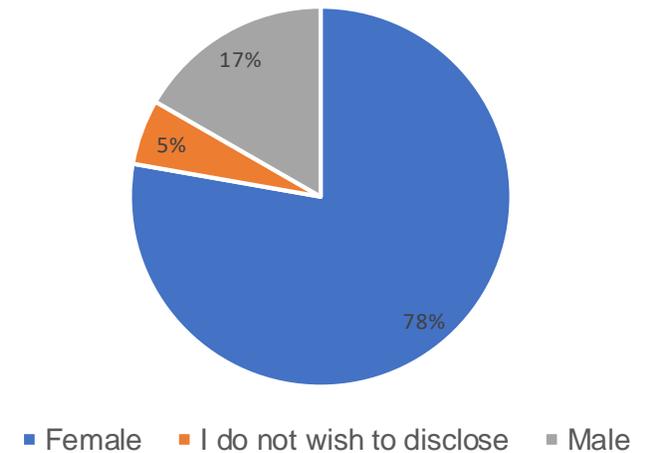
### Age



### Background



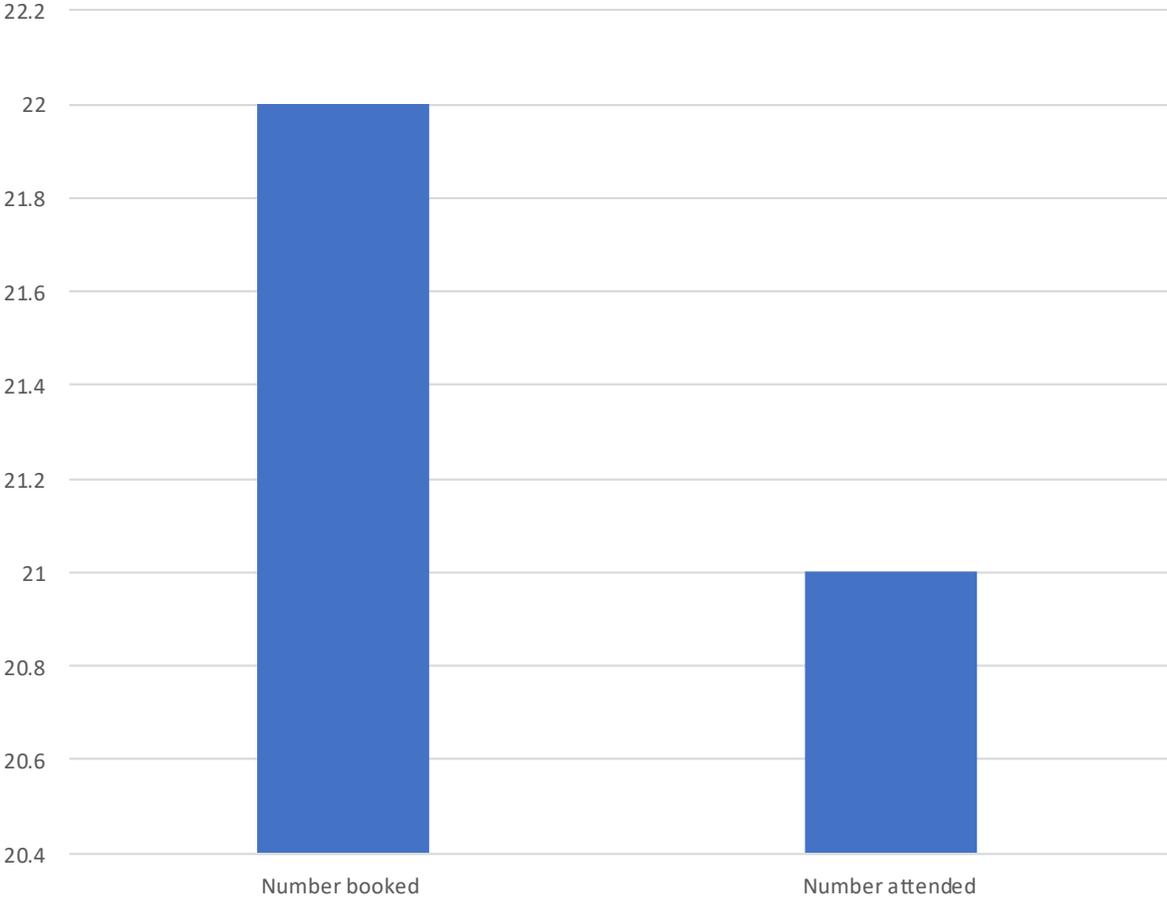
### Gender



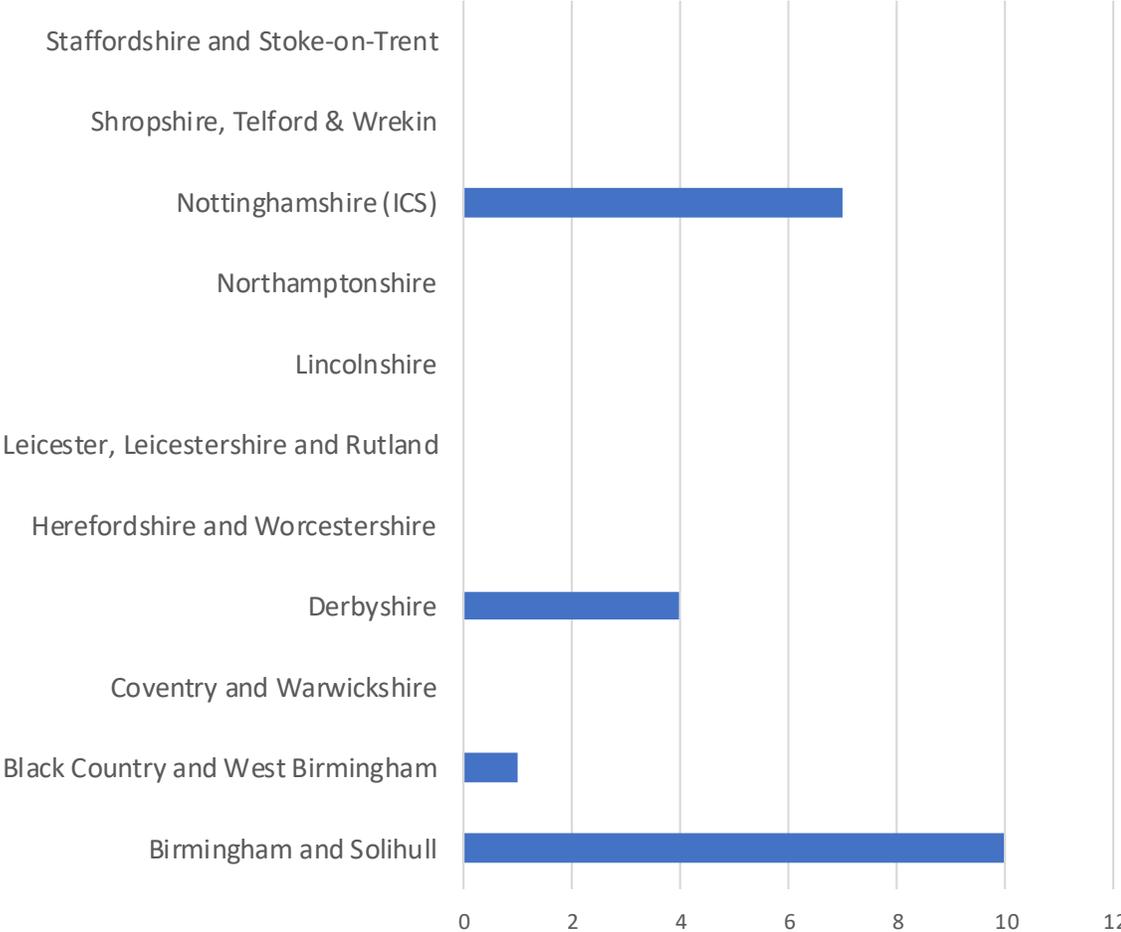
# Overview of the programme



General Practice – Working at Scale Remote Learning Programme



STP/ICS



# Key themes from the programme



## Self Leadership

- Improving the Emotional Intelligence and awareness within the delegate
- Providing the delegate with strategies to manage state and improving confidence
- Understanding the relationship between emotions, behaviour and results
- Exploring the attitudinal aspects required to create difference
- Managing stress, workload

## Personal effectiveness

- Understanding the power of beliefs/ thinking
- Facts vs stories and reducing interference
- Accessing confidence and resilience within the workplace

## Communications & Engagement

- Improving engagement across their PCNs
- Understanding the role of personalities in the team
- Handling critical conversations
- Relationship mapping
- Improving awareness

## Leading Others

- Understanding Effective Followership and Teamship
- Delivering change in others
- Creating the right environment for growth
- Redefining the Comfort Zone

## Delegate Data

Number of Delegates registered on to the Learning Portal prior to delivery of webinars: **52**

Number of Delegates who attended the whole programme and completed assessments: **31**

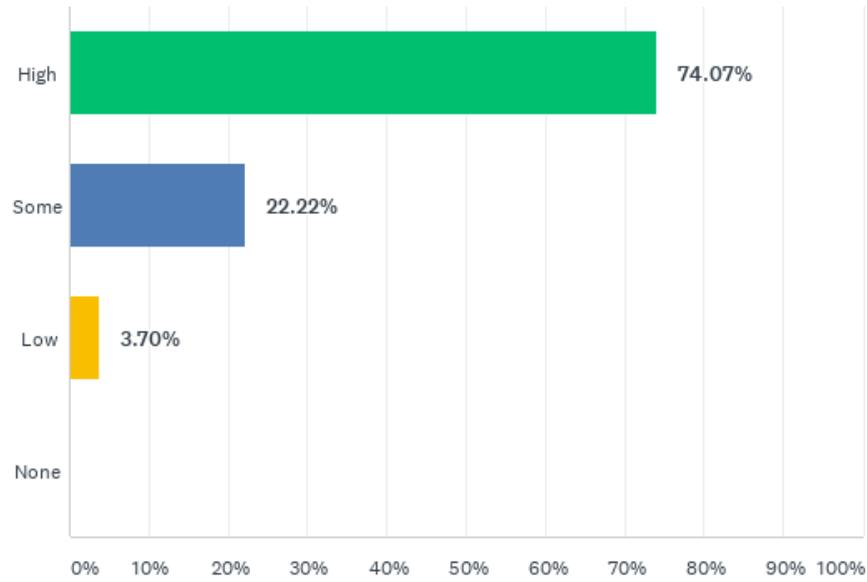
## Q4 What skills and knowledge were the most useful?

Answered: 26 Skipped: 1

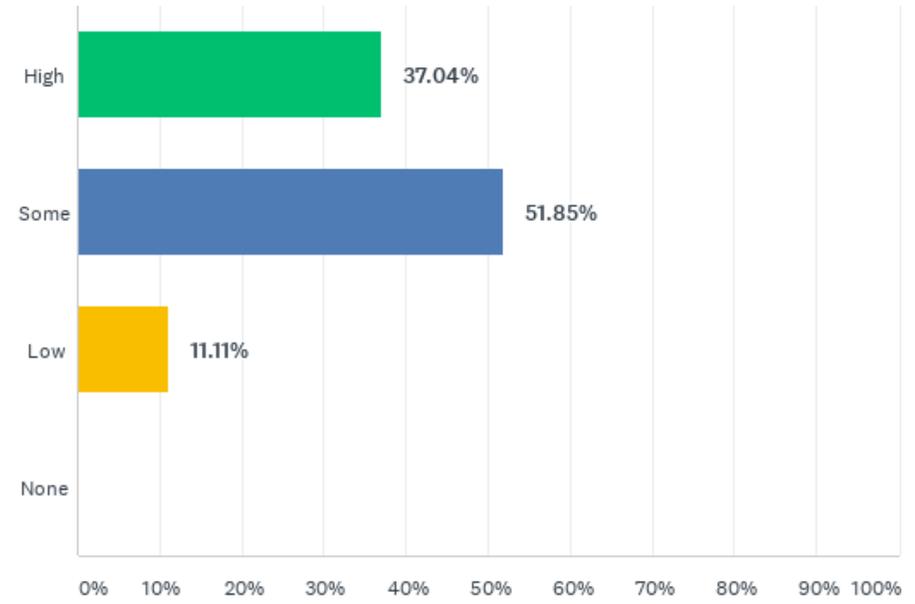
#	RESPONSES	DATE
1	Improved my confidence in being a leader considerably.	3/24/2021 9:04 AM
2	Achieving a better understanding own beliefs and attitudes and how this might affect my work as a leader. Concept of being able to actively choose my own response/reaction to an event was really powerful and I have started to use this already	3/23/2021 9:48 PM
3	I like the facts and stories bit - so much of what we hear is stories and we need to challenge that.	3/23/2021 6:52 PM
4	Attitudes make 80%, comfort zone and how to revive on daily basis, 60 sec pause. State management.	3/23/2021 4:22 PM
5	lots of really useful ideas: and the review at the end showed that everyone seemed to have found a different particular exercise/model most educational. I took a lot home from the Emotional Intelligence Feelings Grid. I felt this was easily adaptable to my work in GP appraisal and, indeed, to being a happy, health GP. I also liked the Comfort Island theory and will be spending some time thinking about that and trying to incorporate more trips off my island into my working life.	3/23/2021 4:13 PM
6	Elements from every module were really useful to take into day to day practice both clinically and as an organisational leader.	3/23/2021 4:11 PM
7	I really enjoyed the whole programme and feel I can use many of the models in my role. I particularly enjoyed the followership session and understanding personalities	3/23/2021 4:04 PM
8	State management ERO	3/23/2021 4:00 PM
9	I really enjoyed the state management and comfort zone sessions	3/23/2021 2:51 PM
10	Learning about practical models you can apply to real life situations.	3/23/2021 11:39 AM
11	Followership model, Directing the mental camera, critical conversations and associated tools and strategies	3/23/2021 11:39 AM
12	The followership model	3/23/2021 11:39 AM
13	To learn resources and strategies in how to deal with challenging situation. It was good to have the time out to think about how things can be done better.	3/23/2021 11:37 AM
14	Awareness of personality profile, emotional state and personality profiling and using the meotions response and outcome.	3/23/2021 11:36 AM
15	Remembering to take a minute, communication/learning styles.	3/23/2021 11:35 AM
16	Learning various models and using anecdotes to highlight examples in real scenarios.	3/23/2021 11:35 AM
17	I have found all aspects useful. I viewed myself as competent beforehand, however now I feel as though I am far more consciously so and able to understand why/when I either have done things, or should do things in the future. Followership, ERO and handling critical conversations were particularly useful	3/23/2021 11:35 AM
18	ERO model - reflecting before reacting Followership - understanding where the team falls in this model and adjusting their roles	3/23/2021 11:34 AM
19	Belief system Understanding personalities Comfort zone and dynamic zone - paradigm shift	3/23/2021 11:34 AM
20	The critical conversations element was great as was the area on beliefs	3/23/2021 9:38 AM
21	The personality colours. Managing critical conversations. beliefs and reality Directing the camera 80% is mindset and 20% vital. We need to leave our comfort zone	3/22/2021 4:55 PM

22	Conflict resolution and working with people who you do not get on with	3/22/2021 4:49 PM
23	managing different people and situations	3/22/2021 4:44 PM
24	useful insight into dealing with difficult conversations, useful tools, also the thought about dealing with your own emational state and recognising this prior to dealing with others	3/22/2021 4:39 PM
25	Learning about the theories of leadership and how to apply them to our day to day roles.	3/22/2021 4:39 PM
26	Understanding principles of people, leadership. Review of personalities. I enjoyed the comfort zone session.	3/22/2021 4:38 PM

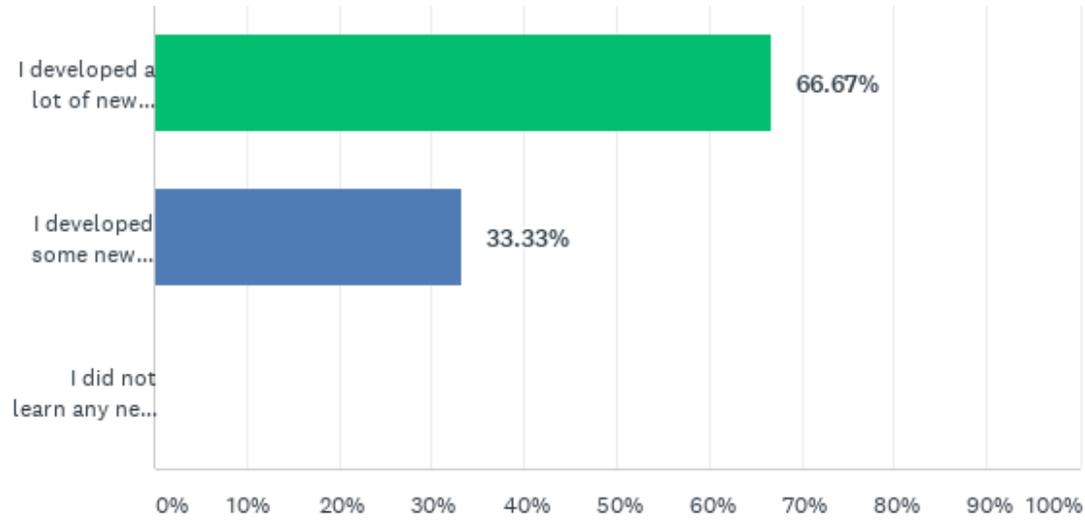
To what extent has the programme had an impact on you as an individual?



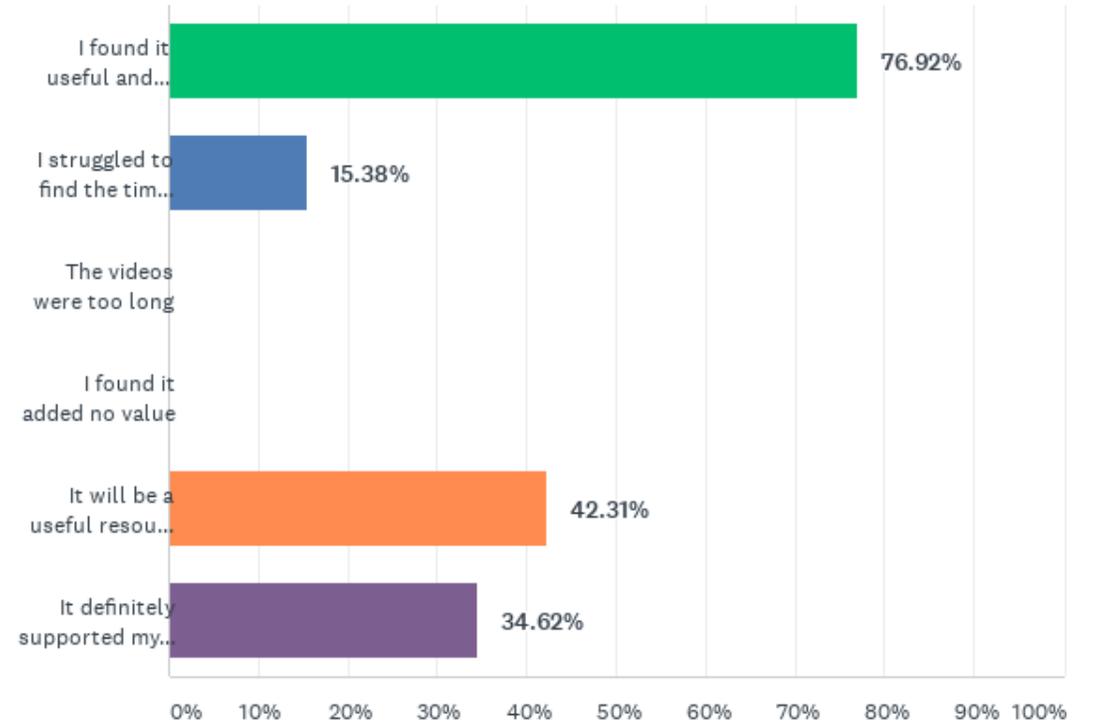
To what extent has the programme had on you as an organisation?



To what extent were you able to develop new knowledge and / or skills as a result of participating in the programme?



With reference to the Learning Portal, please select any responses below which are appropriate to you



## Q11 What do you hope the impact of these changes will be on the Region / Role overall?

Answered: 22 Skipped: 5

#	RESPONSES	DATE
1	Smoother delivery of changes.	3/24/2021 9:04 AM
2	More awareness of being a leader and follower should make workplaces more productive and less toxic.	3/23/2021 9:48 PM
3	Just make us better by a few percentage points so that we are overall more effective.	3/23/2021 6:52 PM
4	Better co-ordination between team and acheiving better outcomes	3/23/2021 4:22 PM
5	Gosh, regional sounds a bit grand! I will start with me: I will understand that leadership is present in all roles. That leadership involves recognising opportunity, being realistic, saying yes to the right questions and not to all, not always waiting for the pressure of consensus to allow me to act and change - sometimes you need courage based on sound fact to act like a leader.	3/23/2021 4:13 PM
6	Hopefully a more open-minded approach, losing some pre-existing opinions of colleagues, roles, organisational issues and looking at situations with a different perspective.	3/23/2021 4:11 PM
7	I am definitely not on comfort zone island after starting me new role in December and hope that I can utilise the course to have a positive influence on the organisation and my ability to influence effective followership	3/23/2021 4:04 PM
8	More karma	3/23/2021 4:00 PM
9	I will develop much more effective and sustainable relationships to be an effective leader, follower and enable effective followership.	3/23/2021 11:39 AM
10	it has already impacted for the better and will continue to do so, especially critical conversations in and within our existing networks	3/23/2021 11:39 AM
11	More open leadership style	3/23/2021 11:39 AM
12	I feel like I have more ability to pull the team together and get through what is currently a very challenging time of the COVID pandemic.	3/23/2021 11:37 AM
13	Reduce conflict Arrive at positive changes within the organisation possibly quicker	3/23/2021 11:36 AM
14	We are going through a restructure, this course has helped me think about what I need to do to implement these changes and how I will approach them.	3/23/2021 11:35 AM
15	Make me a moreeffective leader and therefore make my organisation better.	3/23/2021 11:35 AM
16	Increased cohesion of practice and PCN team. Increased credibility in the roles I hold	3/23/2021 11:35 AM
17	Team will work more effectively together Reduce conflicts	3/23/2021 11:34 AM
18	Good impact	3/23/2021 11:34 AM
19	Overall more awareness of the need for inclusive leadership	3/23/2021 9:38 AM
20	Improvements to team working	3/22/2021 4:49 PM
21	hopefully helpful itf the correct people are getting involved	3/22/2021 4:39 PM
22	More subtle leadership.	3/22/2021 4:38 PM

## Q10 Can you describe one change to your leadership style and leadership behaviours as a result of your participation in the programme?

Answered: 25 Skipped: 2

#	RESPONSES	DATE
1	I am definitely listening more and am far more aware of others needs for me to get the best out of them	3/24/2021 9:04 AM
2	There are several to be honest...More aware of self and own attitudes/beliefs. More likely to directly ask people at meetings for their assessment/ideas/opinions . Considering that people who provoke negative feelings in me actually have a great deal to teach me about myself!!	3/23/2021 9:48 PM
3	I focus more on getting the facts (not stories) so that we properly learn from things.	3/23/2021 6:52 PM
4	To change my state to achieve a different outcome.	3/23/2021 4:22 PM
5	I am more aware that difficult feedback poses a choice which I might choose to accept learning from or not. I control my emotions and I therefore how I respond. This is especially important now I understand that results are 80% attitude related and 20% skills. Handling my attitudinal habits effectively and being aware of the negative habits I may have developed is key.	3/23/2021 4:13 PM
6	Understanding different personalities and having the tools to help people reach new goals and aspirations	3/23/2021 4:11 PM
7	Have an understanding of situations and how different personalities may effect the way people behave. Also looking at my response to situations and how that will affect the outcome	3/23/2021 4:04 PM
8	Ensuring followership	3/23/2021 4:00 PM
9	Remember that everyone is different and what works for one person may not work for others	3/23/2021 2:51 PM
10	Self awareness and seeking first to understand.	3/23/2021 11:39 AM
11	To enable more inclusivity and shared purpose to manage situations more effectively to develop solutions	3/23/2021 11:39 AM
12	I will be more understanding and able to handle difficult situations	3/23/2021 11:39 AM
13	To recognise energy levels and trying to help to have a positive mental camera for whole team,	3/23/2021 11:37 AM
14	Improving my role as an effective follower to help guide change. Ability to handle critical conversations effectivley	3/23/2021 11:36 AM
15	The 60 second break in my day to renew and refocus has been very useful	3/23/2021 11:35 AM
16	More time to reflect on what approach is best suited to a particular challenge, then move forward with more purpose and structure	3/23/2021 11:35 AM
17	Self awareness and knowing my own personality style - helps with working more effectively as a team	3/23/2021 11:34 AM
18	Seek first to understand	3/23/2021 11:34 AM
19	I believe I will be more inclusive in my leadership style, actively listen more and be more open to views.	3/23/2021 9:38 AM
20	How to manage a critical conversation.	3/22/2021 4:55 PM
21	Discovering followership	3/22/2021 4:49 PM
22	managing challenging people and situations - being more self aware and dynamic.	3/22/2021 4:44 PM
23	using the rules for difficult conversations	3/22/2021 4:39 PM

# Senior Leadership Development Programmes



The aim of this webinar series is to provide **high quality mentoring skills to senior leaders** so that they are able to offer mentoring support to a wide range of individuals at different levels of seniority and in different disciplines within the Midlands area and to provide our talented leaders with tools and theories which will allow staff to work collaboratively, compassionately and in an inclusively diverse manner through engaging in curious mentoring conversations. Developing mentors supports the NHS Long-Term Plan, the People Plan and the development of diversity and opportunity for all.

Being a champion  
for diversity

The leader as a  
developer of talent

Creating high  
performance  
teams

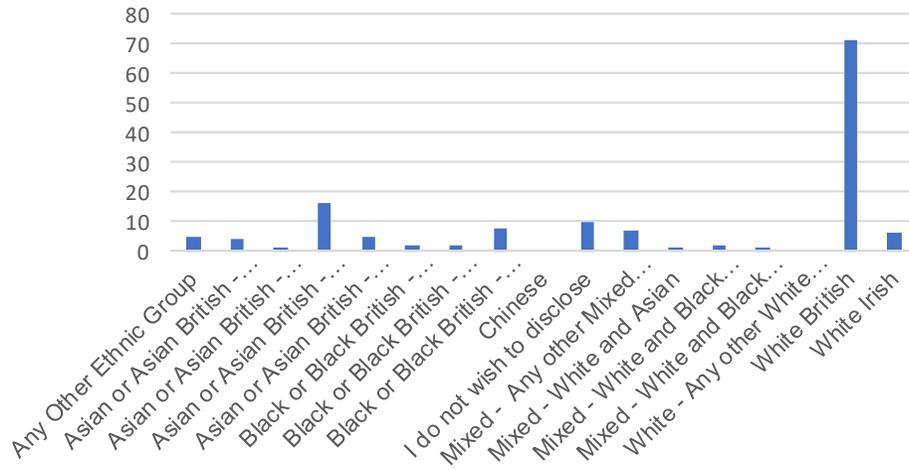
Courageous  
leadership

The team leader's  
toolkit

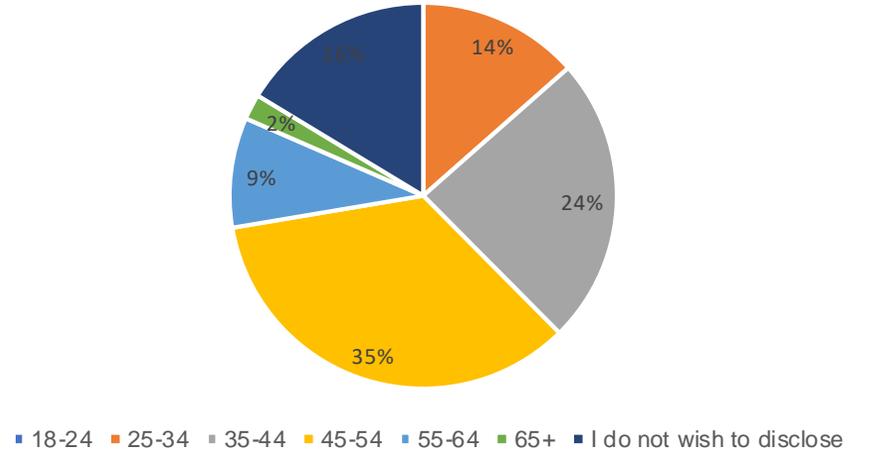
# Demographic data



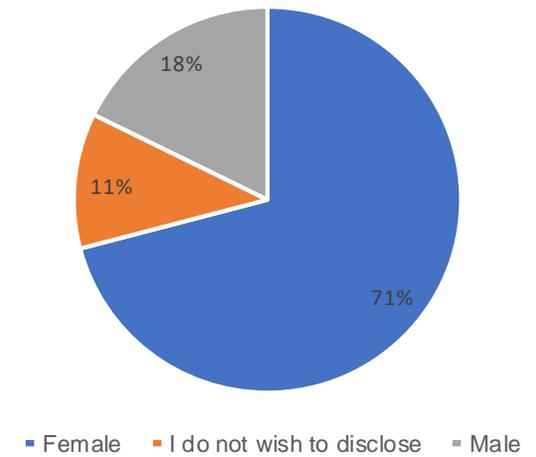
### Ethnicity



### Age



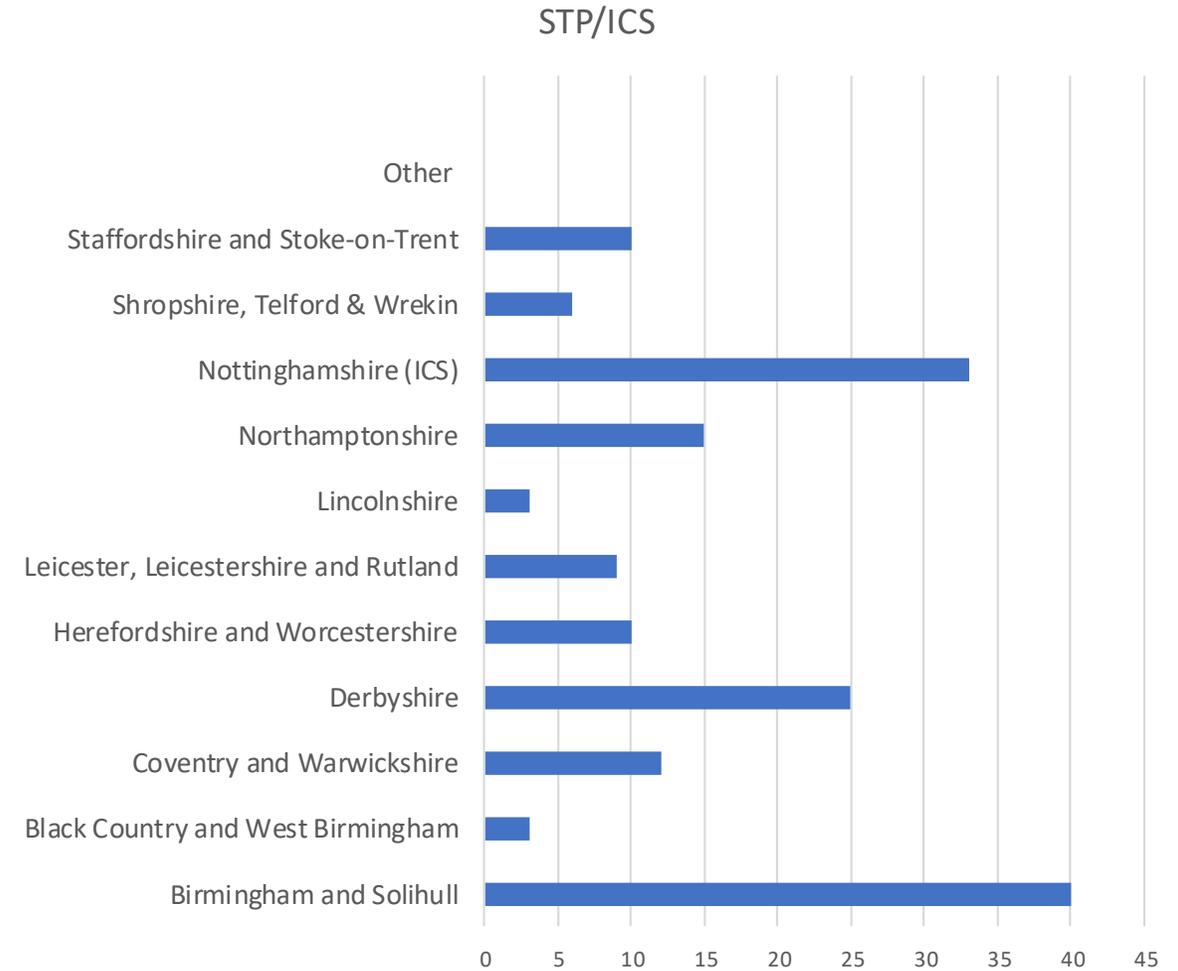
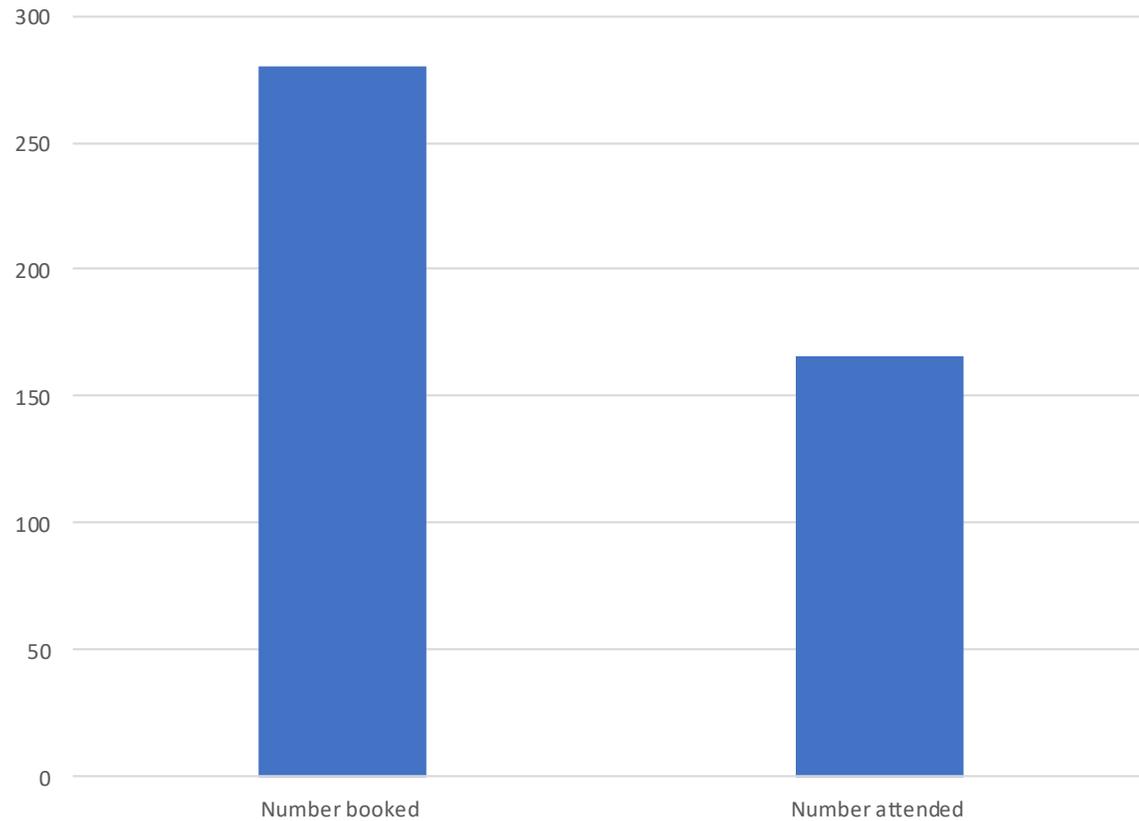
### Gender



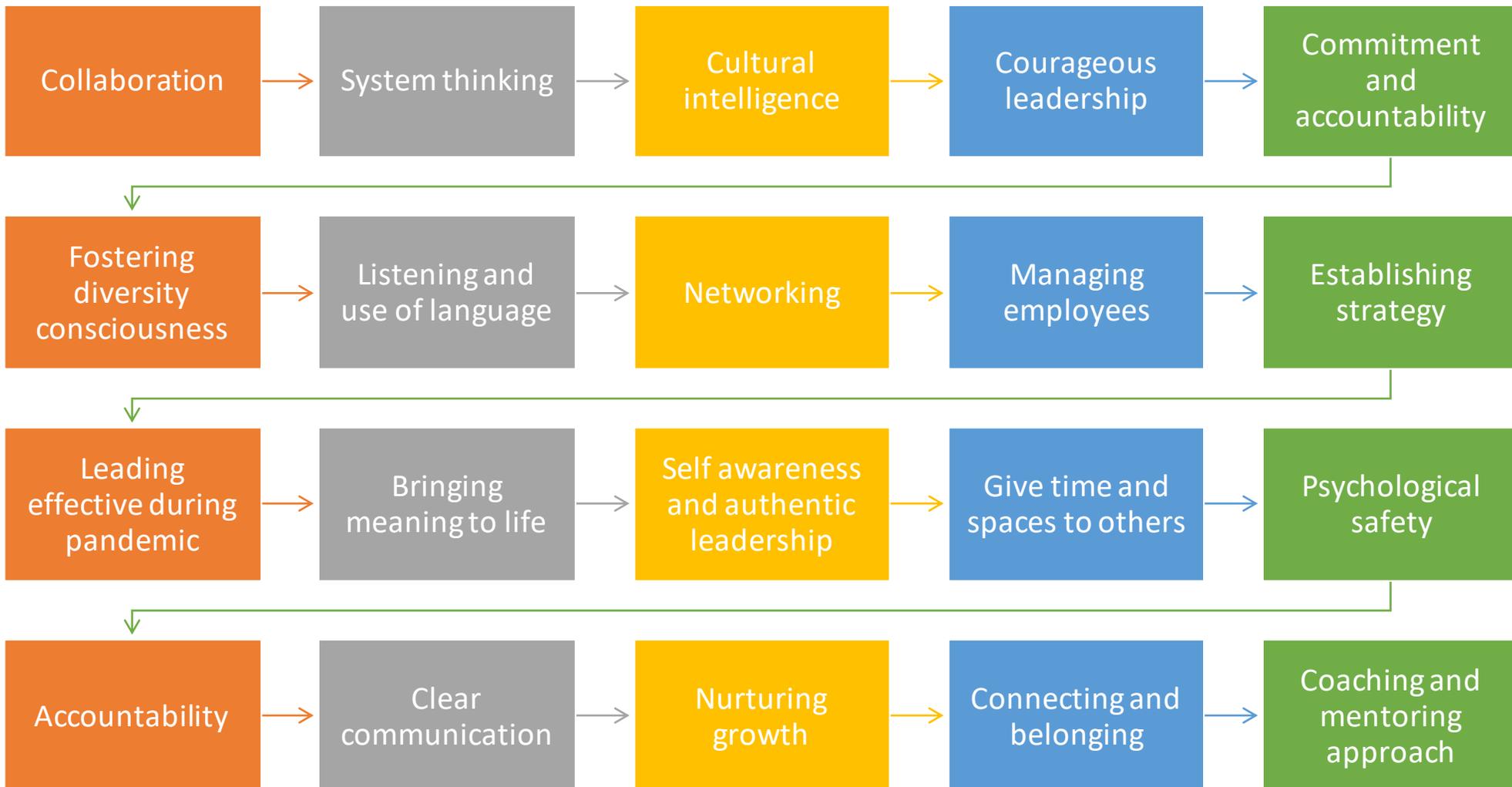
# Overview of the programme



Senior Leadership Development Programmes (Being a champion for diversity; Creating high performance teams, Courageous leadership etc...)



# Key themes from the programme



A programme for individuals at all levels and across the health and social care system, enabling them to:

- Acquire the skills to lead change by learning to champion personalised care.
- Become a new type of leader who can work across boundaries and make the connections that facilitate the emergence of local co produced plans and solutions.
- Join a community of interconnected, passionate leaders who together are working for a better future.

Built as a self-directed, flexibly accessible bitesize programme based on our previous Leadership for Empowered Communities and Personalised Care' and Regional Programmes which count an alumni of over 350 individuals. Co-facilitated and co-produced by a team of national experts, made up of leaders, activists and specialists in the field of co-production, community development and personalised care, many of whom have lived experience.

The programme consists of 4 modules which include 2 live 90 minute masterclasses which are recorded to access at a time which suits you and course booklets for each module. We also have optional Action Learning Sets running alongside the programme. So far, 1,300 people have registered for the programme and over 100 are participating in the Action Learning Sets.

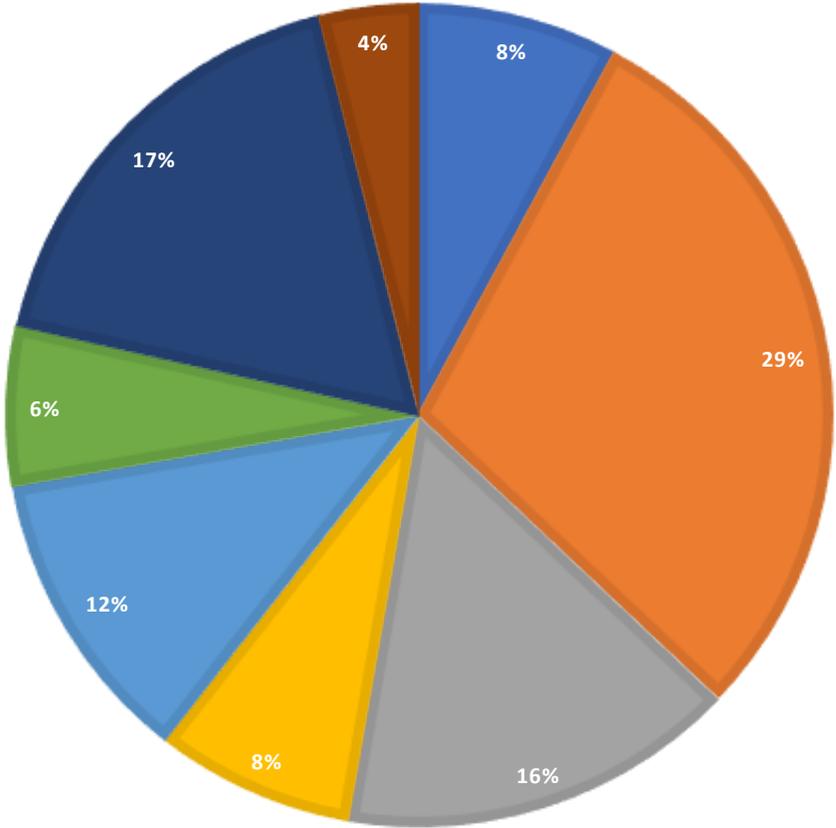
Modules include:

- Introduction to Leadership for Personalised Care
- Personalised Care in a Complex System
- Collaborative Leadership for Personalised Care
- Personalised Leadership for Wellbeing, Equality and Inclusion

# Demographic data



BACKGROUND



Care Coordinators

Healthcare Sector (Clinical)

Healthcare Sector (Non Clinical)

Higher Education

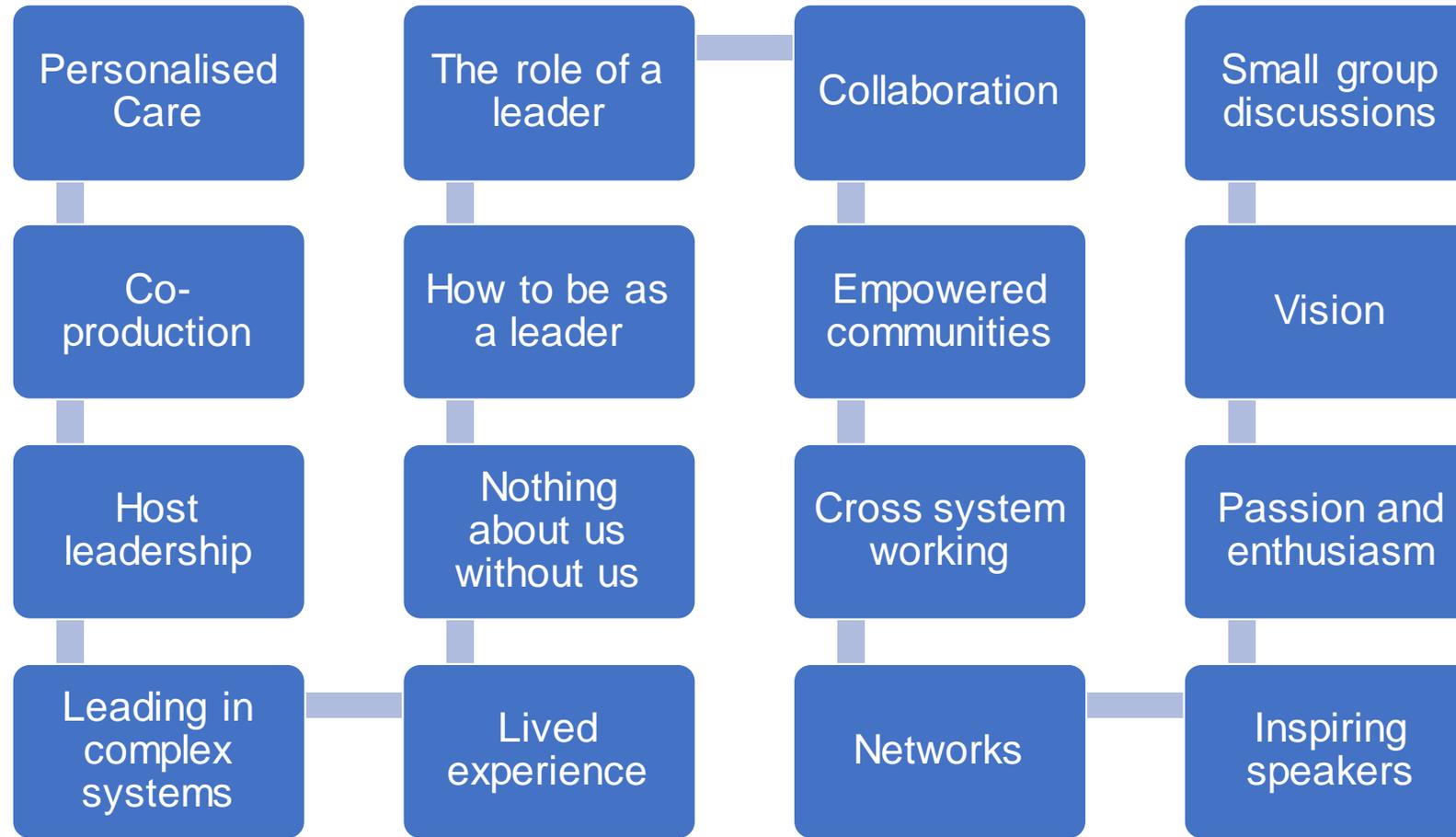
Housing

Other public Sector

Social Care Sector

Voluntary Sector/ Charity

# Key themes from the programme



# Conclusion and recommendations



The report concludes with some recommendations to take action on:

**We know pressure within primary care has increased further due to the vaccination programme for COVID-19.**

**We are working with our partners such as the Training Hubs, CCGs and HEE to ensure that the programmes we design for 21/22 are fit for purpose for primary care and that they are able to support individual and organisations around their leadership development, organisational development and new ways of working.**

**As new roles are emerging, we continue to work with our primary care partners across the Midlands, to provide team development in leadership and organisational development.**

**We recommend a leadership development programme to include both formal and informal opportunities to enhance employee learning through job connected assignments, secondment, the current primary care programme training, mentoring and other experiences.**

**A collaborative work environment provides a support system for continuous learning. Therefore, this report recommends employees receive feedback, support, and input from peers and managers in order to identify strengths and developmental needs. In addition, we also recommend the following programmes going forwards.**

- **New leadership programme for new roles in primary care**
- **PCN managers leadership programme**
- **What is integrated system and system leadership**
- **Health inequalities and how we support digital poverty**
- **Advanced population health**
- **Review the talent pipeline for service and operations managers across the system to maximize the potential of those in that role and in “feeder roles”**

# Leadership development

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Establish a mechanism for providing on-going career support for all those in a leadership and management role allowing individuals to increasingly take charge and identify their own development needs.

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Leadership development should be part of career development and start early rather than be a 'bolt-on' for more senior staff. This means fostering and developing leadership qualities through training, mentoring and coaching. It also means encouraging a habit of reflection to develop self-awareness. Organisations can foster this by providing structured opportunities for reflection during and post-deployment. Although this is a challenge in a sector that is action-oriented, making the space for reflection will help to develop a leadership culture within organisations.

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Set, teach and embed core leadership and management competencies and associated expected behaviours at each management level.

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Supporting system reform through a shift in emphasis toward systems leadership, to achieve the ambition of the Long-Term Plan and People Plan across the health and care system.

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Ensuring that there are appropriate programmes and activities to support the development of leadership at all levels, working closely with HEE to ensure that this is based on the needs of the service.

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Supporting Leaders during COVID.

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A more collective, systems-level approach to leadership is needed; and we have too many organisations and individuals working in silos, which evidence shows has an effect on quality.

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Leaders should build a culture that will foster the growth of a learning organisation/system.

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Capability building in improvement for individuals and teams should not be separate from leadership development. This includes embedding improvement science capability in clinical curricula at undergraduate and postgraduate levels and throughout management and leadership development.

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Evaluation of impact of any changes should be built into the new architecture.

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Networking is key to ensuring the sharing and spread of new learning, evidence and intelligence.

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Ensure that the design and delivery of national and local priorities, in relation to improvement and leadership development, are connected and reflect the needs of the health and care system at all levels by setting out clear stakeholder engagement arrangements.

# Organisation development recommendation



Developed our social media programme and published social media guidelines for staff.

Began a programme of developing managers' communication and engagement skill.

Effective chairing skills.

Increasing resilience in Leadership

Leading with moral purpose

Handling challenging conversations

Innovation and creative thinking

Strategic Influencing

Strategic and commercial awareness

Media training

Health and wellbeing

System OD and change consulting skills

Leading across public services

Culture transformation

Building resilience modules ( increasing reliance in leadership)

System leadership

Executive coaching and mentoring

A focus on performance appraisal and team working to reflect findings in the Staff Survey and organisational change programme

A continuing improvement in workforce planning methodology

A focus on improving the health of the workforce to reflect the key findings of the Boorman review

Improving staff engagement within the organisation and supporting the organisational change programme

A continuing improvement in supporting the risk and governance issues the organisation faces, in particular in regard to the workforce.

76 | Develop and implement a stress management programme using personal resilience training, stress awareness classes and proactive organisational and cultural initiatives to promote positive mental health. Measured by feedback from staff survey, referrals to Occupational Health and uptake / activity data from the external staff counselling service.

# Leadership programme module recommendation



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Leadership training must emphasise the importance of active feedback seeking behaviour - “how’s my leadership?” – alongside more common self-reported indicators

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Effective leaders should share an understanding with their staff of both what is working, what is not and why - their success in doing so should be measured e.g. CQC key metric “well led?”

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Leadership development initiatives should be evaluated using objective intermediate outcomes such a “shared governance” metrics, measures of organisational culture, measures of staff wellbeing and longitudinal process measures such as incident or safety reporting

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Self-awareness and understanding self and others’ personal traits and their effects on forming and maintaining effective relationships and exerting influence effectively

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Working alongside other professional and managerial leaders to reduce “disconnects”, “siloed” thinking and negative stereotypes between professional groups

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Understanding that shared goals and perspectives are essential to achieve improvement

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Understanding the importance of their role in developing staff and in particular potential successors, to sustain improvement gains

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Understanding that variable and responsive leadership styles and actions are required to build and maintain relationships with colleagues across boundaries and over time

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Skills in creating and using high-quality information to measure and sustain improvements by allowing “the data to talk” to staff with both clinical and managerial perspectives

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Understanding of the importance of patient perspectives and involvement is vital for successful transformational change and understanding the role of leadership across systems and care pathways involving multi-professional groups

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Leadership development should include when and how leadership shifts from employee to employee or level to level, both formally by delegation and informally via contextualised expertise

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