Leaders for Change Review

Evaluation Report

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August 2006

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1. Background

The Leaders for Change scheme is one of several leadership schemes offered by The Health Foundation. The aim of the scheme is to equip middle and senior professionals who have a leading role in service improvement with the necessary skills and knowledge in managing and implementing change. The award involves:

- undertaking a project (which forms the context for development during the period of the award)
- attending three action learning sets
- attending a modular Change Agent Skills programme
- undertaking a personal development programme
- using an e-learning resource.

The award targets all healthcare professionals (including clinicians and managers) who are able to demonstrate a passion for service improvement and a track record in achieving it. They can be:

- leaders of modernisation/service improvement teams responsible for ongoing service improvement at a local level, or
- clinical and/or managerial staff involved in the leadership of local service improvement.

The scheme is delivered by Lancaster University Management School who provide a modular Change Agent Skills programme, and facilitate the action learning sets.

When the Leaders for Change scheme was designed, we hypothesised that outcomes would be observed at an individual and organisational level. Expectations of patient-level outcomes from the scheme were implicit, rather than explicit, within scheme documentation – particularly for cohort one. The evidence so far suggests that, as hypothesised, the scheme has led to outcomes for award holders and their organisations, including patients. In addition, there is emerging evidence of an impact at regional and national levels. The following table shows the outcomes observed so far.

Outcome 'level'	Examples of outcomes observed
Individual	• Increased levels of confidence • Improved negotiating and influencing skills • Ability to network more effectively • Career development • Better relationships with line manager and senior staff • Raised profile within the organisation
Organisational	• Learning from the scheme shared with teams • Partnerships strengthened • New collaborations established • Improvements in the quality of patient care
Regional	• Dissemination of learning from projects at regional level • Regional partnerships developed or strengthened • Regional network established
National	• Dissemination of learning from projects at national level

The main focus of this report is the patient-level outcomes that have begun to emerge as the first two cohorts of Leaders for Change have come to a close. The findings are based on data gathered from multiple sources, including award-holder self-evaluation. A full description of the data sources and methodology can be found in Appendix 1.

One element of the scheme is a focused service improvement project, which provides fertile ground for learning about the process of leading change within the NHS. The project also ensures that award holders are aware of the direct impact that developing their leadership skills can have on improving the quality of patient care.

2. Project overview

As the following tables show, award holders in both cohorts have undertaken a wide range of projects. For a project to qualify for the scheme it must have an operational focus (as opposed to, for example, strategic planning projects) and achievable outcomes, which participants are encouraged to monitor and evaluate.[1] Award holders are encouraged to undertake projects that fall within their existing remit. This does not preclude innovation, however: new ideas, as long as they are realistic, are welcomed.

Cohort one projects		
Organisation	**Role**	**Project**
Acute trust	Care pathways manager	Implementing a trust-wide strategy for developing and implementing integrated care pathways
	Medical microbiologist	Developing a framework for risk management in a clinical setting
	Project lead	Rolling out the National Booking Programme to orthopaedic services
	Director of service improvement	Improve emergency care practices through the Emergency Services Collaborative
	Director of women's and family health	Developing women and families health services
	Lead cancer nurse	Setting up psychological and bereavement support services
	Principal optometrist	Improving services for people with visual impairments

[1] For example, questions regarding plans for self-evaluation are asked at interview stage, and Module 4 involves input on evaluation methods and approaches.

Primary care trust	Project manager	Assessing the health needs of older people using a multi-agency approach
	Modernisation development manager	Following up outpatient attendances
Mental heath trust	Business and service improvement manager	Improving bed management in mental health services
	Practice development facilitator	Redesigning mental health services for older people
Strategic health authority	Service improvement manager	Embedding a strategy for integrated care pathways

Cohort two projects		
Organisation	**Role**	**Project**
Acute trust	Implementation manager	Implementation of a new clinic for pre-operative assessment
	Lead nurse	Redesigning maternity services
	Head of therapies	Improving orthopaedic services
	Service re-design manager	Developing a trust-integrated care pathway for patients in the last days of life
	Director of operations	Improving systems for admitting and discharging patients
Primary care trust (PCT)	Diabetes clinical facilitator	Developing a seamless service for diabetes
	Joint commissioning service development manager	Enhancing local services to improve support and healthcare for people with learning disabilities
	Diabetes NSF project manager	Implementing the diabetes care pathway
	GP	Improving access to healthcare for vulnerable homeless people
	Primary care operational manager	Developing a local care network for older people with multiple conditions
	Director of public health	Improving MMR uptake rates in a deprived urban PCT
Ambulance trust	Director of operations	Extending the scope of unscheduled care
	Deputy director of modernisation	Improving the patient scheduling system

University	Quality improvement co-ordinator	Improving the process for antibiotic prescribing

3. Patient-related outcomes

Seven out of the twelve award holders in cohort one have provided evidence of direct patient-level outcomes from their projects. These are based on self-reported data from a variety of sources: five participants have undertaken monitoring and evaluation of their projects;[2] the remaining two provided anecdotal evidence based on conversations with patients and staff, and their own observations.

Within cohort two, six out of the 14 award holders have demonstrated direct patient-level outcomes from their projects – five with monitoring and evaluation data, and one with anecdotal evidence. This lower proportion reflects the fact that this cohort has only just concluded and that some projects are still underway: therefore outcome information is not yet available.

Given that expectations of patient-level outcomes was implicit and the primary focus of the project was to be a vehicle for learning, this finding is extremely positive. It is important to note that some patient-related outcomes will only be realised in the longer term. These will be captured through follow-up evaluation activity.[3]

Direct patient-level outcomes

The direct patient-level outcomes observed can be grouped into three categories: improved efficiency and access to services; engaging patients in service delivery; and improved patient satisfaction. The data from cohorts one and two have been amalgamated in the following section.

Efficiency and access

Seven projects have observed improvements in access to healthcare and overall efficiency in some service areas. Outcome indicators include reductions in waiting times, quicker diagnoses, financial savings and reduced length of hospital stay.

Case study – reducing follow-up outpatient attendances

Louise[4] is a modernisation development manager at a primary care trust. Her project aimed to reduce the number of patients receiving follow-up care at outpatient clinics in the five specialties of rheumatology, general surgery, ear, nose and throat, diabetes and urology.

During the course of the project, Louise faced challenges with engaging clinicians and with managing the project across the primary/secondary care boundary. She found the support and guidance from her mentor and the other scheme participants 'invaluable' in dealing with these issues. The time available for reflection, combined with ideas from the scheme, helped her to gain new insights and strategies, such as finding clinical 'champions' for her project.

[2] For example, undertaking patient satisfaction surveys and drawing data from performance management processes.
[3] Annual follow-up for two years after the scheme is currently planned.
[4] All names have been changed in the case studies.

At the end of March 2005, 1,391 follow-up outpatient appointments had been avoided. They were replaced by telephone consultations or carried out by a specialist nurse instead of a consultant. The project therefore reduced unnecessary visits by patients to see consultants at the hospital.

Louise was able to continue with the project for a further six months by securing funding from the Health Action Zone. Further monitoring data is pending, but Louise feels confident that her target of saving 3,301 follow-up appointments will be achieved.

Case study – improving bed management processes and systems in an acute inpatient setting within local mental health services

Sarah is a business and service improvement manager at a mental health trust. Her project aimed to improve hospital bed management within three hospital wards and three community teams. She had already started this project before the scheme, which helped her to be more focused and to scale down the initial plan, which had proved unworkable. The support she received through the scheme helped to sustain her motivation and made her more ambitious. As she noted:

'I carried on with the project and kept trying different things, whereas if I hadn't been on the scheme maybe I would just have finished it and been happy with a few small improvements. But I think the improvements are much bigger and better and more embedded as a result of the scheme.'

As a result of improved bed management systems, the quality of care on the inpatient unit has improved. Patients are now less likely to be sent to units outside the borough, which is preferable for patients and their carers, and it also saves money. New processes for utilising ward rounds have ensured that the multi-disciplinary team makes decisions about patients, and the criteria for the use of private beds are clinically driven.

After launching a bed management policy in December 2004, private-sector placements fell by 34 per cent and the length of stay in private-sector placements fell by 62.5 per cent in the same period. This led to savings of £162,000 in the first year.

Patient involvement

Six projects have resulted in increased levels of patient involvement in the planning and delivery of healthcare. By setting up patient steering groups and undertaking consultation exercises with patients and carers, award holders are working towards ensuring that services meet patients' needs more effectively. In some cases the views of patients have already led to changes in services, as the following case studies illustrate.

Case study – developing an evidence-based care pathway for young people with Type 1 diabetes

Diana is a diabetes clinical facilitator at a primary care trust. Her project aimed to involve young people and their carers in the redesign of local diabetes services. She explored different ways of reaching out to young people, such as holding patient focus groups away from the hospital, for example, at pizza restaurants, and developing systems for email and text-message feedback.

During the scheme, Diana moved into a different role within her organisation, outside the diabetes team. As a result, her lead role within the project was under threat. The time for reflection and peer support provided by the scheme helped Diana to decide how to approach the challenge this

posed. As a result, she could successfully argue the case for continuing to lead her project.

Diana also valued learning to think more critically as a result of the scheme. Although this was unsettling at times – she said that this process turned all her thoughts 'upside down' – it helped her to gain an understanding of organisational politics, power and culture, and how to have greater influence within her own organisation. These influencing skills were put into practice as she sought to encourage senior staff to take the views of young people seriously.

Within five months of the patient consultation, relevant changes were made to diabetes clinics, monitored in part by an established group of young adults. Most of the care provided to young adults had historically taken place in the hospital setting. As a result of this project, clinics are being piloted in local health centres following feedback from service users. Results from the new clinic pilot show that the 'did not attend' rate has halved – from 80 per cent in 2004 to 40 per cent in 2005.

Following these positive outcomes, the patient consultation model Diana developed is now being used in other services areas treating 16–19-year-olds.

Case study – improving access to healthcare for vulnerable homeless people: a needs assessment

Stella is a GP within a primary care centre for homeless people. Her project aimed to assess the need for an outreach health service for vulnerable homeless people, and – having assessed this need – to plan an appropriate service. The scheme initially helped Stella to focus on the project, which was an idea that had been on the team's agenda for some time. As Stella's colleague noted:

'This project would not have happened without the scheme. It gave her the chance to develop the idea, gave her valuable time to reflect on it and a great deal of focus.'

Stella felt that the support from the scheme was extremely useful in making a success of the project, for example, to overcome her lack of confidence in communicating with the different stakeholders involved. Learning to think more critically as a result of the scheme also helped her move this piece of work forward, particularly by developing her understanding of organisational culture, power and networks. This helped her to build up more contacts and to develop better partnerships as she had more insight into different organisational perspectives.

Having completed the consultation exercise with different homeless groups and relevant partner agencies, Stella felt that the service needed to concentrate on providing outreach health services for rough sleepers. She therefore developed a team incorporating both PCT and hospital staff and has set up a pilot outreach service.

Patient satisfaction

Three projects have led to high levels of patient satisfaction with the healthcare they have received. Outcome indicators include reduced numbers of complaints and positive feedback through patient satisfaction surveys.

Case study – management of musculo-skeletal referrals to the acute trust

Justine is head of therapies at an acute trust and a physiotherapist by profession. Her project aimed to improve triage processes and subsequent treatment for patients with musculo-skeletal conditions. Before this project, a large number of patients with these conditions were inappropriately referred to an orthopaedic consultant, which increased waiting lists.

During the scheme, Justine found the insights she gained through working with a multi-professional group extremely useful. The challenge and critical questions provided by the non-clinicians in the group made Justine completely re-think her approach to the project and do 'everything differently', for example, how she approached difficult clinicians and how she communicated with her team. The scheme also gave her a better understanding of organisational culture and politics, which helped her to deal with resistance to the new orthopaedic service model. By understanding the underlying factors behind the barriers to change, she could side step them more effectively, with support from the group.

As a result of the project, Justine has implemented a rapid assessment service that takes place in a primary care location using extended scope practitioner physiotherapists working in secondary care. Initial results show that this is very effective in managing a large number of patients who would previously have been referred to orthopaedic surgeons.

The project has led to a number of outcomes: for example, patients are now seen much more quickly (a sixteen-week wait has been reduced to a maximum wait of six weeks). Analysis of patient satisfaction with the new service model has revealed that 90 per cent of patients are 'very satisfied' with the service and 83 per cent think they will now be able to manage their pain more effectively.

Indirect patient-related outcomes

Some award holders have worked on projects that have led to indirect patient-related outcomes. Four participants within cohort one and three from cohort two worked on projects with a wider remit, which were several stages removed from service delivery. While direct patient benefits may well result from this work, this will take longer to emerge and will be captured through follow-up evaluation activity. Early data from the four award holders within cohort one[5] working on this type of project show that a number of indirect patient-related outcomes have been observed:

- A new member of staff has been secured to take forward a capital build project for women and family health services in an area with a high black and minority ethnic (BME) population.
- A service model for delivering maternal and sexual health services has been developed in an area with a high BME population.
- A framework for risk management in clinical settings has been developed.
- Staff are more aware of clinical risks and patient safety issues within one award holder's organisation.
- Collaborations between agencies supporting older people with mental health issues have noticeably improved in one city.

Case study – developing a framework for risk management in clinical settings

Karen is a medical microbiologist at an acute trust. Her project aimed to develop a framework for managing risk in a clinical setting, thereby promoting patient safety. This project was an 'add on' to her role and the scheme helped her to focus on and plan this piece of work.

Karen found the support from the group and her mentor (who worked at the National Patient Safety Agency) very useful when developing the project. This additional support built up her

[5] Data from the three cohort two award holders with this type of project isn't yet available.

confidence and helped her to remain motivated when juggling her existing workload when the project became difficult. The challenge provided by being in a mixed professional group was also useful to Karen, improving her ability to engage all stakeholders in the project, particularly managers, as she noted:

'It's made it much easier for me to talk to managers and to be able to articulate that we're actually both trying to do the same thing. We need to help each other and find a way to work together. I've learned a new language.'

By the end of the scheme, the risk management model that Karen had developed had been used by clinical staff in one service area, which had led to changes in practice and greater understanding of patient safety among staff. Her organisation was starting to test the model out in another service area and Karen had begun to disseminate learning from her project through a meeting with the National Patient Safety Agency.

Project 'failure'

A small number of projects (one from cohort one; three from cohort two) either seriously stalled or 'failed'.[6] This outcome was largely due to organisational factors beyond award holders' control or influence. For one award holder, decisions about organisational approach were taken at a senior level, which affected the prioritisation of her project; two cited the impact of local service reconfiguration and subsequent staff changes as the major cause of delay; the final award holder felt that the financial difficulties facing her organisation made her project unworkable.

Despite these disappointing outcomes, the scheme gave these award holders a chance to reflect on this outcome, to capture important learning and to guard against de-motivation:

> *'The project's on hold at the moment, which is disappointing. But the scheme helped me to keep going for longer and I've learned ways of getting the consultants on board and managing conflict more effectively.'*
> (Award holder, cohort two)

4. How did the scheme support award holders to achieve patient-level change?

The data from cohorts one and two was analysed separately to explore how the scheme contributed to the patient-related outcomes observed. However, as there was considerable overlap in the key scheme elements noted by each cohort, in some cases the information has been combined. The case studies already presented have started to highlight some of the ways in which the scheme benefited award holders in moving their projects forward. The following sections will explore this in more depth.

Professional and personal development

In order for patient-related outcomes to occur, a number of 'intermediate' outcomes were observed, linked to award holders' personal and professional development. The rationale for the Leaders for Change scheme highlighted the difficult context in which

[6] One award holder from cohort two who experienced severe stalling managed to swap to another project.

NHS staff who lead service improvements operate – and the subsequent skills required. Initial scoping for the scheme had identified that those with responsibility for leading change often lacked the tools, techniques and experience to work as effectively as they might. The scheme aimed to address these areas of personal and professional development.

The findings show that two aspects of professional and personal development were felt to be particularly important to award holders in making progress with their projects:

- developing useful skills – particularly interpersonal skills
- gaining knowledge that led to useful insights and greater awareness of the contexts in which they were working.

Developing new skills

Without exception, every award holder noted that the scheme, particularly the content from the modules,[7] had enabled them to practice and hone key skills that helped them to move their project forward more effectively. This finding emerged regardless of previous experience of leadership training.[8]

The skills most commonly referred to were negotiating and influencing, assertiveness, working across organisational boundaries, networking, planning, and interpersonal skills such as listening. Some award holders noted that their colleagues had observed changes in their approach at work and line managers frequently supported these observations:

> *'The main development has been in her communication skills and style. She's improved her listening skills in particular, appreciates other people's viewpoints and is better at arguing her case succinctly.'* (Line manager, cohort two)

> *'She's more confident and assertive and that's helped her to handle difficult situations, like negotiations with senior staff. I've seen an improvement in how she plans her work and see that she thinks through situations far more before approaching them.'* (Line manager, cohort two)

Case study – developing influencing skills

Developing influencing skills was highly regarded by the majority of award holders, regardless of seniority within the organisation. Even most of those working as directors confessed to a lack of confidence in their ability to influence and expressed difficulties with generating 'buy-in' for change projects.

Award holders' influencing skills were improved through skills workshops, which allowed them to understand more about theories of influencing and to test out influencing strategies in a supportive environment. The scheme also increased their understanding of organisational culture, power and politics, which improved their awareness of who they needed to influence and what approach might suit the particular culture within that organisation. One participant noted how

[7] Each module had a number of 'skills workshops' in which award holders could try out new ways of working.

[8] Within cohort one, the majority of award holders hadn't undertaken any leadership training – or very little; two had an MBA and one had taken part in a short NHS leadership programme. Within cohort two, four had an MBA and three had undertaken short leadership programmes.

useful she had found this in taking her project forward:

'I've used the influencing skills a lot … I now know ways of getting others on board. I've been told the dynamics of it and it's made such a difference. I know who I need to get on board and I have a better understanding of why someone's sabotaging me. I didn't know that before, I just thought they didn't like me.'

Gaining awareness and insight

Another common theme was that the scheme gave award holders greater levels of awareness and insight about the context in which they were working, for example, by introducing theories about organisational culture and politics. This improved their understanding of why particular barriers occurred and how they might tackle these. Commenting on her growing political astuteness, one award holder noted:

> *'I can de-code what's going on now and question everything.'*
> (Award holder, cohort two)

The scheme also gave award holders insight into the wider NHS context, for example, through the multi-professional composition of the cohort and by working with mentors in different areas of the health service. This provided participants with a greater outward-looking focus, enabling them to think more strategically, improve relationships with external partners and be more effective at working across organisational and professional boundaries. As one line manager commented:

> *'The scheme has taken her outside the box of optometry. Working with different people has given her a valuable insight, because I think we do get very insular at times in our own hospitals, in our own departments.'* (Line manager, cohort one)

Approaching projects differently

Four themes emerged relating to what award holders found most useful about the scheme in helping them to lead patient-related change more effectively. The following section provides a summary of these four elements and explores the question: 'What worked, for whom and in what circumstances?' (Pawson and Tilley 1997).

The aspects of the scheme considered most useful in making progress with projects were:

- protected time for reflection and discussion
- additional support – particularly from peers
- learning to think more critically
- a structure that increased focus and sustained motivation.

Of these, protected time for reflection and discussion, and additional support – particularly from peers – were the most important factors.

All award holders found that time out to reflect on their work was very useful. Observations from line managers and mentors supported this observation. The small number who found it more difficult to engage with reflective learning had a clinical background.

The additional support provided by the scheme, particularly peer support, was also valued very highly by award holders. Only two participants – one from each cohort – did not feel they benefited from this. These were among those holding more senior positions within their respective cohorts. Getting additional support from the scheme was particularly important for those experiencing poor levels of support from their organisations (eight award holders). Some noted that the scheme enabled them to generate more support from their organisation, either through building their confidence so that they could ask for support that was lacking, by improving their skills in building a team or by providing another 'lever' through which to negotiate support.

Learning to think more critically was felt to be useful with progressing projects by over half of the members of each cohort (seven out of twelve in cohort one; nine out of fourteen in cohort two). There was no link between professional background and the extent to which award holders engaged with this element of the scheme. However, there was a link between those with a more academic interest (for example, those with an MBA or those who felt that the scheme had whetted their appetite for further academic study) and higher levels of engagement with critical thinking.

Having a structure that increased focus on the project and sustained motivation was felt to be particularly important by twelve awards holders: half of cohort one (six award holders) and six out of fourteen participants in cohort two. There were no particularly strong trends within these groups: additional focus and motivation was needed for different reasons, such as low levels of confidence in taking the project forward (four award holders), heavy workloads and conflicting priorities (three award holders), and low levels of organisational support (five award holders). Those who particularly valued this aspect of the scheme worked on a range of projects – so there were no apparent links between this and how ambitious their project was.

Protected time for reflection and discussion

All award holders found that the protected time for reflection and discussion provided by the scheme was useful. This 'time out' occurred during the week-long modules, during learning sets and in mentoring sessions, thereby offering regular opportunities to reflect on the progress of projects over a sustained period. This enabled participants to be less reactive and to consider challenges more thoroughly and – in doing so – to respond more effectively. The value of time for reflection was noted not only by award holders, but also by their managers and mentors:

> *'I think the value of the mentoring for her was to stop the world for an hour and concerns and thoughts, and to fine tune her thinking and then to go away and get on with it, but then come back and stop the world again.'* (Mentor, cohort one)

> '*Just being able to step out and look at what's going on for each organisation, what their drivers are, what are their restrainers, what can we use that are issues to help us along – all of that thinking has helped an awful lot with the project.'* (Award holder, cohort two)

> *'I think she's benefited from being able to just take a step back from the organisation and have the time to just not be running around, putting in pathways, dealing with clinical tensions between people. Just having that time to reflect on the way she is approaching things.'* (Line manager, cohort one)

Time for reflection was regarded extremely highly by almost all award holders. Those with some doubts tended to be participants with a clinical background, which perhaps represents different learning styles and preferred ways of operating. For example, one award holder commented that she didn't like 'navel gazing' during learning sets. Despite some initial reticence, however, these award holders still derived benefits from reflection once they became more comfortable with this method of learning.

The demands of award holders' current roles sometimes posed a threat to the protected time for reflection, particularly for those who had moved into new roles during the scheme. External pressures made it difficult for some people to focus during the week-long modules and energy levels were often low at the beginning. Although challenging, being forced to take time out from heavy workloads and re-charge batteries was considered positive, as the following quotation illustrates:

> *'It's frustrating but absolutely wonderful to take some time out. I find the modules very restorative and I view it as a respite from the busy-ness, although I always have to take a bit of work with me.'* (Award holder, cohort two)

Additional support

The scheme provides award holders with multiple sources of support, for example, from peers, Lancaster University Management School staff and from mentors.[9] All participants commented that the support they accessed through the scheme was useful, although there were slight variations in who found what type of support most useful.

Peer support

Peer support was felt to be important to all but two award holders. It enabled them to build confidence and provided a source of encouragement and motivation with their projects. As one participant commented:

> *'My learning set's like having a mentoring session but with five mentors at the same time.'* (Award holder, cohort two)

Award holders also found it helpful to share common problems and realise that barriers that they faced were not necessarily their fault. This helped them to be more resilient when things did not go according to plan:

> *'I thought that sounds fairly familiar and I realised that I'm not the only one that is banging their head against a brick wall and having the same problems. We're all doing very different service improvements but it's exactly the same wherever you are and it kind of makes you feel better about what's going on.'*
> (Award holder, cohort two)

Another common theme was how highly award holders valued having a safe space in which to discuss work-related issues with peers who were outside their organisation. This enabled them to have a more honest and frank discussion than would be possible with their colleagues. Commenting on the action learning sets, one participant noted that:

[9] Award holders are encouraged to seek support from a mentor, but this is not a compulsory component of the scheme.

> *'One of the biggest benefits is feeling you can trust a group of people who are at your level … it's difficult at work to have that relationship with colleagues because you don't always want to bring your barriers down and show your weaker areas … sharing ideas and problem-solving in the learning set was really useful.'*
> (Award holder, cohort two)

While peer support was highly valued by the majority of award holders, two did not feel they benefited from this. Differing levels of seniority within the group, while beneficial for the majority, was felt to limit the amount of peer-related support that could be accessed by these two participants:

> *'I'm quite different from most people there in terms of my role and I don't have a lot in common with them because I'm facing different kinds of issues … I was hoping there would be more people at my level and in terms of support and networking it's not quite hitting the spot.'* (Award holder, cohort one)

> *'I've not been able to get that much support in relation to my project, especially from my learning set as there's no-one who's really my peer in that group.'*
> (Award holder, cohort two)

This emphasises the need for scheme selection processes to continue to be mindful of the professional mix and differing levels of seniority within the group.

Support from mentors
Mentors were felt to be a useful source of support and guidance by all but one of those who had one (eleven out of twelve in cohort one; seven out of fourteen in cohort two).[10] Of those who had a mentor, only one from each cohort had been working with one before the scheme. This suggests that the scheme facilitated award holders securing an additional source of support that they would not have otherwise received.

Mentoring offered award holders an opportunity for tailored support and guidance – therefore each individual used mentorship in a slightly different way. In relation to getting support for their projects, however, the main benefits were felt to be:

- further time out to reflect on project-related issues
- a safe space in which to discuss tactics and strategies
- support with personal and professional development
- a source of new ideas, insight and perspectives, especially regarding other areas of the health service
- a source of contacts and access to new networks.

The following quotation illustrates how one award holder found mentoring beneficial:

> *'The project has felt a bit stop-start … it's a very jerky ride that we're having. My mentoring relationship involves talking about people issues and looking at ways*

[10] Data on mentors isn't yet available for two award holders from cohort two. Of the remaining five who did not have a mentor, one felt too busy to make time for mentoring, two were still choosing a mentor and two felt they didn't need a mentor at the time but would consider it in the future.

> *of getting to a compromise, or ways that I can tackle particular people or blocks.'* (Award holder, cohort two)

It is too early to explore links between those who did not have a mentor and project success, as outcome data from cohort two is still being collected. Given the lower levels of mentorship in cohort two, this will provide an interesting point of comparison.

Relationship between scheme support and organisational support
Some award holders noted that as well as being a source of support in itself, the scheme enabled them to get more organisational support for their projects:

> *'I think the biggest impact the scheme has had on me is realising how important it is to build a team around it when you're trying to develop and you're taking the project forward – you need people with you.*' (Award holder, cohort two)

> *'I now realise that there is no point trying to work on your own and dig your own furrow because there are times when you need to offload and be supported. I've learned to ask for help.'* (Award holder, cohort two)

The support provided through the scheme, while valued by all, was particularly important to those experiencing poor or fluctuating levels of support from their organisations while they took part in the scheme. This applied to eight award holders – three in cohort one and five in cohort two. For six of these participants, the scheme provided a vital support and coping mechanism, which sustained their motivation and enabled them to continue to make progress with their project under very challenging circumstances:

> *'I think if I actually hadn't had the scheme I would have failed. I was pretty close to not coping for the first time ever in my career, so it was quite crucial for me.'* (Award holder, cohort two)

As noted earlier, however, for some award holders, the support provided by the scheme was not enough to prevent their projects stalling due to lack of organisational backing.

Learning to think more critically
The scheme was designed to encourage award holders to think more critically about the contexts in which they work. It has been argued that there are two dimensions to this: Critical thinking with a capital C, which involves exploring issues of organisational power and social relations through theoretical frameworks; and critical thinking with a lower-case c, which involves becoming reflexive about organisational behaviour, challenging oneself and others, and unpacking work practices (Swan and Fox 2006).

Critical thinking (with a capital C) was mostly provided through the modules. Topics covered include influencing, power, networks, organisational politics and cultural analysis. It is apparent that award holders found these very useful – models for thinking about and analysing these topics were provided, offering tangible and useful frameworks for people to take back to their organisations to apply and practice.

Other aspects of the scheme encouraged critical thinking with a lower-case c. Action learning sets, while designed to be supportive, were also intended to involve a degree of challenge among participants, so as to move them forward into a process of 'questioning

insight'[11] (Burgoyne and Reynolds [eds] 1997:249). Reflexive discussions about progress with projects and barriers faced were a key feature of action learning sets. The multi-professional composition of the group added an additional element of challenge. Discussions with different health service professionals, during modules and action learning sets, helped award holders to see their project with fresh eyes, consider the viewpoints of different stakeholders involved more clearly and approach obstacles in a more effective way. As one award holder commented:

> *'I approached everything differently after talking to the others in the group, especially the non-physiotherapists. They questioned everything about the way we work, which helped me to see it with fresh eyes and think differently about how to get the clinicians on board.'* (Award holder, cohort two)

The process of starting to think more critically about their work environments was unsettling for some people, although ultimately positive for most: one award holder described being 'woken up' during the scheme; another commented that the whole process had been a 'complete eye opener'. Those who engaged most and derived the most benefits from the process of critical thinking tended to be participants with a more academic background and/or working at a more senior level.

Reflecting on cohort two after the first module, one of the scheme providers noted how unsettling some of the group members had found the theory that had been introduced. She observed some anxiety among some award holders about their ability to engage with the process of critical thinking, which she related to their academic and professional background:

> *'I think we underestimated how anxious they actually were about the pecking order in the group about "I don't have an MA and everybody else has one" … I think some of it's also to do with who's a GP and who's not. Some of them are nurses and the way they're treated sometimes in the NHS is "well, don't say anything unless you're a senior person."'* (Scheme provider, cohort two)

A structure that increased focus and sustained motivation

Taking part in the scheme gave award holders increased focus and motivation to develop the project. The scheme processes, from application to end-of-award stage, required them to plan and focus on the project. Each module included a 'checking in' process, giving award holders space to discuss progress with their projects and difficulties they are facing. Project progress also proved a common discussion point during action learning sets.

For some, the scheme enabled them to develop an idea that had been 'kicked around' within their organisation for some time:

> *My project wouldn't have started if it wasn't for the scheme. I mean, it was just an idea that we'd all – seven of us – had and it had been in the back of our minds that this would be an item to do one day. Then when I read about Leaders for Change I*

[11] It has been suggested that 'questioning insight' enables managers to work on and through intractable problems of managing and organising, which can't initially be tackled by 'programmed knowledge' from experts.

> *thought, "It's got a project going, my project only exists because of this scheme, it wouldn't have existed otherwise.'"* (Award holder, cohort two)

This focus was especially important for those award holders who changed roles during the scheme. As end of scheme data is still being collected for cohort two, the full impact of this on project success is not yet known. However, interim data suggests that this may threaten progress with the project, as the demands of a new role take its toll, and focus and motivation prove difficult to sustain. In addition, these award holders had to reconcile working on a project that may now be outside their remit, or to quickly define and get started on a new project, having moved to a different organisation.

Award holders in both cohorts noted that the scheme sustained their motivation and resilience while they were leading what were frequently complex and long-term change projects. The support, encouragement and focus provided by the scheme proved vital in helping them to keep going during inevitable challenges:

> *'The pressures were so great at certain points that without the learning and support scheme I really might not have made it.'* (Award holder, cohort two)

As discussed earlier, the scheme also helped some award holders to generate more organisational support for their projects, which was a further source of motivation and encouragement:

> *'The thinking was there but I wasn't really motivated to do anything about the project before the scheme, because I wasn't sure that I had the support … I feel a lot more confident now that I'll be able to deliver it and I now know that my organisation is supportive, which of course I didn't know before because I hadn't really asked them.'* (Award holder, cohort two)

5. Sustainability

The final stage of the data analysis explored whether the different types of patient-related outcomes achieved by award holders showed any evidence of sustainability. While is it still too early to evaluate longer-term impact, there is encouraging evidence to suggest that some of the patient-related outcomes achieved so far will be sustained beyond the life of the scheme. The extent to which award holders' leadership capacity would be sustained after the scheme was also considered. Again, early evidence regarding this aspect of sustainability is encouraging.

Dissemination

Half of cohort one (six award holders) shared learning from their projects within their organisations, for example, through meetings and presentations. One participant has undertaken dissemination at a regional level, and two have shared their work with national audiences. Of the seven cohort one award holders who responded to the end-of-scheme survey, four had achieved changes in policy/practice as a result of dissemination, for example, changes in practice when accepting transfer patients; developing a policy for the cancellation of procedures if the power supply is at risk; and the development of projects under the Partnerships for Older People Projects (POPP).

As some award holders in cohort two have yet to complete their projects, there is less evidence of dissemination activity. Even at this stage, however, there are four examples of active dissemination, including presentations at national network meetings and the publication of findings on national websites. One award holder noted that her dissemination activity has led to meetings with commissioners to explore whether her model of patient engagement can be applied to other service areas.

Case study – developing appropriate improvements to services for people with visual impairments

Gail is a principal optometrist at an acute trust. Her project aimed to review the delivery of low-vision services for patients in her locality, in partnership with patients. Following the review process, she aimed to develop a service re-design model.

Gail found the time out for reflection provided by the scheme particularly useful. She felt that it enabled her to come up with more creative solutions to difficulties that arose, such as maintaining the momentum of the patient committee. Her mentor was a particularly useful source of support on the project, for example, by building up her confidence to approach senior staff and securing more organisational support for the project.

Gail's project enabled her not only to develop a service re-design model for optometry, but also to start implementing some of these changes, such as developing referral routes, thereby improving access. She has undertaken dissemination in a variety of ways, for example, co-ordinating a programme of awareness sessions for healthcare providers in primary and secondary care; publishing articles in local papers and talking newspapers; and speaking on local radio. Gail also targeted residential and care homes in a bid to reach those visually impaired people who traditionally may not be accessing services.

Using her Personal Development Fund, Gail attended the national Vision 2005 conference, where she presented her service re-design model. Following this, the National Committee for Paediatric Services has branded her model for the paediatric optometry service 'gold standard'.

Attracting additional resources

Within both cohorts, there is evidence that some award holders have sustained their projects by attracting additional resources, both financial and human.

Three award holders in cohort one had attracted additional funding ranging from £20,000 to £4.2 million, which enabled their projects to continue and, in some cases, to expand considerably. Three award holders had successfully negotiated new posts to take forward their project work.

Five award holders from cohort two had negotiated resources to enable their projects to be sustained beyond the life of the scheme. Two had secured additional funding, for example, one had negotiated funding from her PCT; the other three participants had projects that were not particularly 'resource heavy', so could easily be integrated into the organisation without significant extra cost.

Leadership capacity

An important question to address is the extent to which the scheme has better equipped award holders to successfully lead future change projects. Of the seven cohort one participants who responded to the end-of-scheme email survey, three had taken on additional responsibilities within their role and one had been promoted. Three had

already worked on new change projects and all of them had used learning from the scheme to help them manage their projects more effectively. Areas of learning that were felt to be particularly useful included influencing and negotiating skills, the ability to engage patients, the ability to reflect critically, and political awareness.

Findings from both cohorts suggest that the scheme has resulted in the majority of award holders feeling significantly more confident and skilled as leaders, and clearer about their ongoing leadership development needs (eleven out of twelve in cohort one; nine out of fourteen in cohort two).[12] Line managers supported these observations. Several award holders also noted that their ability to identify and nurture others' leadership potential had improved. The following quotation illustrates one award holder's reflections on her development as a leader:

> *'I'm acting more as a leader now, putting my views forward and shaping the direction of the team more than I would previously. I would probably have just sat here and let people do it all before but now I'm playing an active role. I wouldn't have had the confidence to do that before the scheme.'*
> (Award holder, cohort two)

While this was a positive outcome for most, three award holders noted that their growing leadership skills had led them to be far more critical of poor leadership within their organisations and so they felt somewhat frustrated as they were unable to change this.

Ongoing support and development beyond the life of the scheme will help to ensure that leadership developments are sustained. There is evidence of continued support and development within both cohorts.[13] In cohort one, five award holders have continued to meet with their mentor; two have pursued personal coaching; one action learning set has continued to meet; two award holders are pursuing further leadership development courses; one has set up job shadowing; and another is considering further academic study. In cohort two, of those who have been interviewed at the end-of-award stage (ten out of fourteen), six are pursuing further academic study, four are continuing to meet with their mentor, two have pursued personal coaching and one has set up job shadowing.

6. Conclusions

The evaluation data provides strong evidence, and from a variety of sources, that the scheme acts as an enabling and sustaining force for award holders during the process of leading change projects. An important issue to address, however, is whether the same level of patient-related outcomes would be observed in a similar group of professionals who did not take part in the Leaders for Change scheme.

In the absence of appropriate conditions for an experimental evaluation with a control group, it is impossible to answer this conclusively. However, there is clear evidence that taking part in the scheme enabled award holders to get support that they would not have

[12] Ten interviews completed at the time of writing.
[13] Some activities represent an extension of personal development activities set up using an award holder's Personal Development Fund.

otherwise secured, try out new techniques where they might previously have given up and maintain their focus where it might otherwise have dissipated.

Several award holders and line managers were unequivocal about the pivotal role the scheme had played in their project, as the following quotations emphasise:

> *'The pressures were so great at certain points that without the learning and support scheme I really might not have made it.'* (Award holder, cohort two)

> *'This project would not have happened without the scheme. It gave Stella the chance to develop the idea, gave her valuable time to reflect on it and a great deal of focus.'* (Line manager, cohort two)

> *'I think probably, if it wasn't for this scheme, a lot of our projects would probably have just dissipated and disappeared.'* (Award holder, cohort two)

The evaluation findings raise the question of why time provided through the scheme for reflection, additional support, critical thinking, focus and motivation is so important to award holders. What is it about the environment they are working in that makes these factors so useful to them in leading change?

A recent study (Williams 2006) explored the views of key opinion formers regarding the development needs of leaders within the current NHS context. There was broad consensus that the current context is defined by issues such as growing organisational boundaries, limited time and people resources, severe financial problems, continued tribal conflict between managers and clinicians, and the need to motivate staff during a period of reform.

Reflecting on the professional group at which Leaders for Change is aimed, one of the scheme providers made the following observations:

> *'Middle managers in the NHS are in a difficult structural position. They have to implement new policies in a context of rapid change, which can be stressful, as well as making it difficult to innovate. Being higher up in the organisation means they can be less open with their peers – it can be very competitive. Simply getting enough support and time to draw breath can be hard.'*
> (Scheme provider, cohorts one and two)

This sense of isolation was echoed during baseline interviews, with several award holders noting this as one of the reasons why they had applied for the scheme:

> *'Thinking back to the time I applied, I thought that it would give me time to take stock and think about what I was doing and why I was doing it and where it was all going rather than just hurtling along without support.'*
> (Award holder, cohort two)

NHS middle managers have reported a number of barriers to accessing learning and development, most notably the difficulty of being released from operational duties. Also, development opportunities have not always been appropriate nor have they met need. For example, a study was commissioned by Birmingham and Black Country Strategic Health Authority to establish baseline information about current and recent leadership

and management activity for Board-level top teams and middle managers in NHS trusts and PCTs. The findings highlighted that development opportunities tend to be insular, with insufficient opportunity to learn with colleagues from other organisations and sectors (Williams 2006). The Leaders for Change scheme clearly fills this gap, enabling award holders to be released from their role through the provision of replacement staff costs, and bringing them into contact with a multi-disciplinary range of peers.

Within the current NHS context, key opinion formers have argued that those leading change need skills in understanding power and politics, financial acumen, working across organisational boundaries, leading without authority, managing conflict and change, communication and listening, taking risks and innovating (Williams 2006).

These evaluation findings have shown how the scheme content and processes enable participants to build these crucial skills, with the exception of financial acumen. The scheme does this by giving award holders valuable time out from their busy and often stressful working environments, providing space for critical reflection, facilitating both challenge and support from their peers and others, and keeping them sustained and focused while they attempt to innovate within a difficult organisational context. As the data demonstrates, these processes support award holders to improve services and benefit patients.

In addition to the very important professional and patient-related benefits, the overwhelming majority of award holders enjoyed the scheme and valued it highly on a personal level. To conclude with the words of one participant:

> *'It's changed my life. It's been fabulous…a fabulous opportunity.'*
> (Award holder, cohort two)

Appendix 1: Methodology

The Leaders for Change scheme has been subject to ongoing evaluation since its inception in 2003. The initial evaluation plan was designed:

- to *describe* how the scheme has been implemented – its strengths and areas for improvement
- to *assess* the scheme's impact on participants, their organisations and the quality of healthcare
- to *explain* what it is about the scheme that has made a difference.

The evaluation has employed a variety of methods and has engaged numerous stakeholders. A longitudinal component has ensured that award holders are followed up for two years after the scheme, to gather data on longer-term outcomes. The findings in this review are based on the following data:

Cohort one

Data source	Total
Semi-structured interviews with award holders at baseline, interim 1, interim 2 and end-of-award stage	Baseline: 10 interviews Interim 1: 8 interviews Interim 2: 10 interviews End of award: 10 interviews
Semi-structured interviews with line managers and mentors at end-of-award stage	Line managers: 8 interviews Mentors: 10 interviews
Observation of action learning sets	3
End-of-award reports (including feedback from chief executives)	10
Follow-up email survey	7

Cohort two

Data source	Total
Semi-structured interviews with award holders at baseline, interim and end-of-award stage	Baseline: 14 interviews Interim: 13 interviews End of award: 10 interviews
Semi-structured interviews with line managers at end-of-award stage	11 interviews
Observation of action learning sets	2 per group = 6 in total
End-of-award reports (including feedback from chief executives)	6
Written feedback from Lancaster University Management School	Following each module (4 in total)

Data analysis has therefore been underway throughout the evaluation process. This has enabled early findings to be fed back and scheme processes improved. For example, the process of managing the Personal Development Fund was changed, as cohort one award holders were struggling to decide how best to allocate the money. The new process involves participants writing a personal development plan and undertaking a

training needs analysis. An *Interim Report* was produced in March 2005, based on analysis of baseline and interim data for cohort one. This report identified emergent themes, early outcomes and further refined the theory of change for the scheme.

For the purposes of the scheme review, the data has been analysed using a 'realist evaluation' approach (Pawson and Tilley 1997). This approach is designed to address the question of 'what types of interventions work, for whom and in what circumstances'. For Pawson and Tilley, schemes such as Leaders for Change lead to successful outcomes 'only in so far as they introduce the appropriate ideas and opportunities (mechanisms) to groups in the appropriate social and cultural conditions (contexts)' (1997:57). The conceptual matrix of mechanism + context = outcome has been applied to the Leaders for Change data in order to map the processes through which the observed outcomes have emerged.

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