Clinical Leadership Development for Senior Pathology Leaders

Evaluation of Participant Outcomes Survey Data
“It will be imperative that frontline clinicians and the wider workforce have the leadership knowledge, skills and behaviours to drive radical service redesign and improvement. ….. There is no doubt that we must continue to develop the leadership capability within the system…… “ Sir David Nicholson 2011.

PROGRAMME BACKGROUND

In 2006, the Carter Review identified a series of potential reforms in pathology services which would be transformative. The profession recognised that delivering change on this scale would require exceptional clinical leadership and in 2008, the Department of Health commissioned a series of leadership programmes for clinicians in pathology. These were to include, not only, Medical Consultants but also consultant clinical scientists, clinical directors in pathology and pathology management staff.

Eleven programmes in total were commissioned from Phoenix Consultancy led by Merlin Walberg. Ten bespoke programmes were created for each of the ten Strategic Health Authorities, tailored to their individual needs, challenges and opportunities. A further programme was developed at a national level for a single group of specially selected emerging leaders.

The primary aim of these programmes was to enhance individual leadership skills in order that improved health services could be delivered for the benefit of patients.

Additional outcomes were increased self-awareness and commitment to development for individual clinicians and, more broadly, sustained leadership development and application of learning in pathology services. It was also hoped that enhancing leadership would lead to a greater visibility and profile for pathology within the wider NHS.

It was envisaged that each programme would help create a local network of pathology leaders to expedite change and enhance collaboration.
In addition, there was also a clear intention to achieve cost benefits and income generation as appropriate through both the project work and increased effectiveness resulting from improved leadership.
THE PROGRAMMES

The programmes took place between October 2009 and July 2012 and involved 230 participants. They were delivered by Phoenix Consultancy, primarily by Merlin Walberg and Penny Humphris, former Health Authority Chief Executive and former Director of the NHS Leadership Centre, with participation from a range of guest speakers and facilitators who were clear exemplars of leadership or who brought specialist skill sets, such as communication and negotiation skills, to the participants.

Each programme consisted of eight days of learning modules over a period of 9-10 months with an additional requirement for each participant to complete a project that furthered the transformation of pathology services and the QIPP agenda.

Many of the participants worked together in self facilitated PACE groups (Problem-solving, Application, Challenge and Encouragement) to apply learning from modules and enhance project work. Each participant had three individual executive coaching sessions. Over the course of the programme, each participant undertook three assessments, including the NHS 360 degree leadership assessment.

The programme pre-dated the launch of the NHS Leadership framework and its subset, the clinical leadership competence framework. However, as it is based on the original Leadership Qualities Framework it is very much aligned in that the programme promotes all seven domains of, Demonstrating personal qualities, working with others, managing services, improving services, setting direction, creating the vision and delivering the strategy.

The overall goals were for participants to increase their effectiveness in:

- more positively and proactively improving quality
- using innovative approaches to meet challenges
- increasing productivity of staff and processes
- achieving enhanced health care services for patients
THE COST

The cost of this programme compares very favourably with similar programmes. Comparable leadership programmes include the 6 day programme at the Henley Business School which costs £6,000.

Ashridge offers a 5 day programme which includes 4 coaching sessions at £7,400.

The King’s Fund 9 day programme costs approximately £4,500.

By comparison, the total cost for the modules, assessments, coaching, speakers, accommodation, and facilitation fees for this programme averaged less than £3,500 per person.

THE SURVEY

All participants who completed the programme were asked to take part in an online outcomes survey to formally evaluate their experience.

There was a 56% return of those polled within the time frame (72 surveys), which is a high response rate and a sufficiently large number to provide meaningful and robust outcome data.

A summary of key points and statistics follows in addition to a number of sample responses to provide a more nuanced assessment. A copy of the survey questions is at Annex 1. A more detailed summary of the answers to the text based questions is at Annex 2.
KEY FINDINGS

• PERSONAL: At a personal level 88% of respondents said that the course made a positive impact on them as a leader, either ‘a lot’ or ‘significantly’. Over 90% reported it made ‘a lot’ of difference or more in terms of being of value to them personally.

• 86% reported the programme increased their self-awareness and confidence ‘significantly’ or ‘a lot’. Almost nine out of ten (86%) reported that the programme helped change their behaviours and take new actions with the EI (Emotional Intelligence) work being especially influential.

• ORGANISATIONAL: 79% and 74% felt that course added value ‘significantly’ or ‘a lot’ to their team or to their organisation respectively.

• FINANCIAL: Despite most of the respondents having completed the course relatively recently (mostly within the last six months) two thirds reported that it had already helped them achieve specific successes and results.

• In cases where new learnings had been instituted, financial impact was considerable.

• GREATER VISIBILITY AND PROFILE FOR PATHOLOGY: a striking outcome was the number of participants who were promoted following the programme.

• NETWORK BUILDING: over and above the obvious personal impact, the programme has created a network of current and future leaders both at a national and regional level. These networks will spawn and support
future networks and will help to ensure sustainability and ongoing return from the original investment.
‘I can confidently say that this course far exceeded my expectations. I am undoubtedly better equipped for my job and the NHS is already reaping the rewards: personally I have more job satisfaction and there is objective service improvement. Thank you so much for the opportunity.’

‘The benefits I have experienced in terms of useful skills on this programme compared with the time spent, exceed those of any other programme or course in which I have participated, this includes two physics degrees and a Masters in business.’

PERSONAL IMPACT

‘The facilitators were excellent at helping the attendees to develop themselves’

A feature of this particular workforce is the way in which they have adopted – and, many would say, have traditionally preferred – a low profile, preferring to remain in the background.

The pathology workforce rarely put themselves forwards, despite their wealth of knowledge and their organisational and problem solving skills and despite the importance of their engagement in future reorganization for the benefit of patients. In the qualitative section of the response survey, a common theme for many participants was the permissive effect that the course had for them.

For example ‘I had previously tended to seek approval for leadership or change processes but now take the initiative. More importantly I am comfortable about doing this as I am now confident that I have the requisite skills’. and ‘It made me realise that I have the basic skills for leadership’.

Another common theme was the increased self confidence that participants had gained.

‘I would have used evasion tactics to ensure that I was not out of my comfort zone but I am now happy to present at meetings internally and externally’.

Another reported ‘It gave me confidence to get involved in work I would not otherwise have undertaken’.
For some, newly found confidence was revelatory: ‘It made me realise that staying within my comfort zones and the confines of the laboratory was not going to benefit Pathology and the wider organisation’.

It was clear that the Emotional Intelligence work had been very influential. Many of the respondents reported being more self-aware, understanding their strengths and weaknesses and their impact on, and relationships with, their teams and with managers.

Participants reported listening more effectively and that this was helping them manage and develop their teams more effectively. ‘I’m more open to solutions from others’ and ‘I’m more aware of the effect my own emotions have on the way I behave towards others’ were typical of the comments made.

Participants also gained a better understanding and insight of personality types. ‘I’m now better equipped to deal with difficult conversations and decisions’, another reported ‘within the lab I have created a cohesive team who have embraced change and risen to new challenges’.

For another participant the biggest personal impact was ‘in the way I listen to others and use this as both a starting point for change and as an essential part of negotiation’.

Specific skills acquisition was praised ‘My presentation skills have been revolutionised’, ‘coaching we had on the programme was a pivotal moment’.

**RAISING THE PROFILE OF PATHOLOGY**

A significant number of participants reported, in some cases with surprise, that they had received promotions or been offered new posts such as clinical leads, positions within their professional bodies or external invitations to speak at meetings or present their work to date.

They attributed this to the higher profile they had gained locally as a result of involvement in the programme. In addition they stated that in many cases they would never have thought of applying for these positions before the programme, nor expected to be successful.
What is striking is that a significant number of graduates are now involved in pathology transformation leadership positions, some are now Clinical Directors, one has become a Medical Director, one was promoted above his line manager and one has a leadership position within the Royal College of Pathologists!

This speaks to an increased visibility and profile for pathologists, amongst the wider NHS which was one of the desired outcomes of the programme.

PATIENT AND ORGANISATIONAL IMPACT

Participants were asked if there had been any performance, quality, safety and/or system changes that they had led or influenced which they attributed to their participation in the programme.

Such changes were often the direct result of their course projects which were intended to have organisational impact or to improve quality. A number, for instance, chose to introduce lean processes in their laboratories, improving turn round time or institute new services.

They were more confident and assertive in demand management. They were better able to improve the performance of their team members, without conflict, even in one case, chronic underperforming that had never previously been tackled. They noted being able to develop collaborative approaches to problem solving rather than impose solutions. Several were pleased to note that their department had become the top performing department in their trust.

All respondents were clear that they had been able to pass on the benefits of the programme to others. Many said that there had been a positive impact on patients and peers.

Many of the responses were aligned with the five domains in the Clinical Leadership Competency Framework (demonstrating personal qualities; working with others; managing services, improving services, setting direction).

Some spoke of the impact yet to come from their participation in the course ‘The main impact is yet to come…change is coming’
and the real value of the programme will be seen in how I (and my colleagues) lead that process’.

FINANCIAL IMPACT

Despite the relatively short time since the end of the programme, 65% of participants provided evidence of both savings and/or income generation which they attributed directly to the impact of the course, particularly in negotiating and communication.

‘Annual income from enhanced CDI testing will be £15k (£25k if a second trust comes on board). The reduction in false positives will ensure that the Trust does not exceed the target set by DH. As any additional case over this will incur a fine of £300k, each false positive removed has the potential to save the Trust in terms of fines avoided’

‘We have met all of our cost improvements to date by working more efficiently. this has been achieved by asking staff to train and work differently. staff have risen to the challenge with enthusiasm and are proud of all that they have achieved’

‘Reduction in lab wastage by employing simple visual aid anticipated to result in £20K savings p.a.’

‘I have been able to deliver cost savings from microbiology centralization of £35k and generate income of £37k from NHS and commercial customers of environmental laboratory’

‘We are reducing over requesting by using minimum requesting intervals. I would previously not have tackled such a sensitive issue’

‘With a neighbouring Trust we have improved the quality of warfarin management of patients and brought in an additional £100k income to the Trust….we have reduced unnecessary transfusions and saved £700K.

Of the remaining respondents, 11 used the words ‘not yet / not so far’, signalling that financial impact was an expected impact of the programme.
THE FUTURE

When asked ‘would you be interested in attending a day in London with participants from other programmes?’ An overwhelming number 91%, said yes.

When asked what would be important items for that event’s agenda, there were a number of suggestions including:

- Overview of the pathology strategy/policy from national leaders
- Networking and sharing good practice
- Dealing with current uncertainties and challenges
- How to break down barriers and deal with negativity
- Some specific skills refresher sessions

Participants were asked how much they would be prepared to pay for such a day, if it was not fully funded. Eight out of ten indicated they would be prepared to pay up to £100, dropping to less than one in ten being prepared to meet a cost of £300.

Many pointed to the paucity of development funding in their Trust ‘It is less than £1,000 for my entire Trust’ said one. Clearly self-funding, which would have to include rail travel, would limit participation if the cost was high.

NB: A day has now been planned this spring at no cost to the participant other than time and travel. Approximately 120 delegates have expressed interest in attending.

IS THIS APPROACH STILL RELEVANT?

When these programmes were initiated, current health reforms were merely a gleam in the future Secretary of State’s eye and the full extent of the challenges to public finances was not yet understood. Participants were therefore asked whether they considered the programme’s approach was still relevant for leadership development in the new NHS. Their response was unanimous.
Absolutely!

The basis for this belief is best summarised by the following participant.

‘Leadership in the NHS has never been more important. The only way to maintain quality in a period of severe cut backs is through strong and thoughtful leadership. This is not being provided by commissioners and regional bodies as they are going through so much change themselves, so providers within the NHS must do this.’

‘This programme is not only relevant, it should be compulsory’

**SELECTION OF PARTICIPANTS**

Involvement in 10 of the 11 programmes was through a process of self-selection and interview. As might be anticipated, whilst there was an impact for everyone, some benefited more than others. The majority of participants simply needed the nudge that the programme and the acquisition of the particular skill set that it provided, in order to fly. It is deeply gratifying to see their achievements on a wider stage.

There were however a few, clearly identifiable almost from the outset, who were resistant to change, where it was possible to accurately forecast a lack of subsequent impact. Such individuals were not present on the national programme, where participants had been pre-identified.

Future programmes are accredited by the Institute of Leadership and Management and the rigorous assessment and evaluation that is required may prove an effective strategy in future.

**DIVERSITY OF PARTICIPANTS**

‘This is the most contact I had ever had with a group of Pathologists and for once we all seemed equal’ (management participant)

The value of including Pathology Managers as well as clinical and laboratory staff on the same course meant that others perspectives could be better appreciated and there was a greater sense of pathology being a team rather than an endeavour involving competing tribes.
Indeed, one key attribute of this programme was the integration of medical and scientific staff.

STRUCTURE OF THE PROGRAMME

Though there is a cost associated with taking participants off site and for the programme to be residential, this is a key element of the programme’s success because it allows focus and networking.

Another key element which takes this programme from learning to action is the inclusion of a course project. These were enormously diverse in scope, from service orientated projects, for example matching demand and capacity, reducing turnaround times, building an infection control team, setting up a tissue bank to clinical projects such as setting up a more effective Hepatitis C pathway, developing clinical guidelines, or the introduction of a new service such as Troponin T in cardiology.

Having these projects on-going is essential because it helps identify where participants need help and what their strengths and weaknesses are in a dynamic way.

Many of the projects had not yet been completed; nonetheless considerably more than half were described as either, already...
delivering tangible and measurable benefits, delivering direct clinical benefits, gains in efficiency and/or increased skills development.

‘The impact has been substantial with initially 95% plus requests done electronically by the new system [initiated by the participant as their project] achieving a reduction in waste of around 35% and an increase in turnaround times of around 30%’.

‘Reduced unnecessary samples to laboratory by up to 50% with potential to focus resources on to more complex areas and/or to reduce costs’.
PROJECT TITLES

- Workforce Re-Configuration in Molecular Genetics
- Development and Introduction of a Clinical Guideline for HIV Testing at WSH - Winning Hearts and Minds
- Evaluation of Receipt and Action on Pathology Reports
- Move to Paper Free Discharge Communication
- Review Pathways in Radiology / Pathology
- Assess the Impact of a new Oral Anticoagulant Drug, Dabigatran, upon the Existing Warfarin Anticoagulant Monitoring Service Provided by Broomfield Hospital, Chelmsford
- Build Stable, Valued, Motivated IC Team
- Improve Surgical Infection Rates
- Impact of use and follow-up of Pathology Tests on Patient Care
- Improve Management of External Cases Referred to the Department
- Raise Profile of Pathology Service Delivery with Users
- Establishing a Norfolk-wide Histopathology Service, utilization of tools from the Leadership Course
- Improve Phlebotomy Service
- Reconfigure Phlebotomy Services
- Building a Cluster: Steps towards a Norfolk Wide Cellular Pathology Network
- Lean Review of Cellular Pathology
- Manage Pathology Demand
- Improving the National Collection of Staging Data
- Improving Cellulitis Pathway
- Ensure Minimum Standard Protocols for Blood Processing
- Applying and Embedding the Course Principles and ’Toolkit’ to a Contemporaneous Change Project in Pathology
- Streamline Pathways for Hep C Patients
- IT based Junior Doctor Forum
- Pathology Self-Reform
- Blood Transfusion Service; a Challenge for Pathology Modernisation
- Consolidating Cellular Pathology South of Tyne – How far can we go?
- Matching Demand with Capacity
- How Often Should we Repeat a Test?
- What do our Customers Want?
- Reducing Healthcare Associated Infections at Sunderland Royal Hospital
- Respiratory Cytology- The Future is Now!
- "We’re Special” – AfC Payments within Pathology
- Flywheel not Loop of Doom – The 5 Year Pathology Strategy
- Implementing LEAN Working to Improve G&S Turnaround Times for Same Day Surgical Admissions
- Implementing LEAN in the Histology Laboratory
- Completion of a Multi-Site Cytology Service across Three Counties
- Remodeling Laboratory Medicine
- Departmental Communications: Convey the Message Properly
- Vertical Integration of Blood Sciences
- Make Blood Transfusions Safer
Show Respect: Learning to Pay Attention through Learning to Draw

Creating a Brain Tumour Bank

Improving Care of Patients with Urinary Tract Infection

Re-Engineering the Management Structure of the Peninsula Histopathology Network to Realise Economic Efficiencies

NHS Improvements - IT Project for Histopathology

Backlog of Work in the Histopathology Secretariat – the Search for a Solution

Planning for the Department of Cellular Pathology in a new Pathology Build

Extend Point of Care Testing within the Trust and later into Primary Care

Demand Management in Chemical Pathology - a Case Study of Five Laboratories in the South West Peninsula of the UK

LEAN in Blood Sciences

Management of the Change to new Laboratory Analysers

Improved Clinical Communication using Electronic Microbiology Notes

The Transfer of the Current Mortuary Service to a County Council Facility

How do I Get Two Trusts to give me C.Diff Testing they don’t know they need?

A Vision for a New Pathology Network

Implementing IT Improvements to Create a World class DNA Laboratory for Inherited Metabolic Disorders

Putting the ‘O’ into the PCT

Developing an Innovative Biomarkers Laboratory at UHCW: A Step Towards Personalised Diagnostics and Therapeutic Medicine
Join the Dots to Point of Care

Workforce Planning - Planting the Seed for the Future of Pathology

Improving Clinical Pathways for Patients Requiring Pathology Tests for Monitoring Chronic Disease

Antenatal Screening: a Phoenix from the Ashes?

Rationalisation of the Out of Hours Service at City Hospital Clinical Biochemistry Department (EDDI)

Quality Matters

Rethinking Pathology Sample Referral Pathways: Consolidation V Fragmentation

Bringing the Working Practices of a Microbiology Network into the Current Decade

Out of Hours but not Out of Sight

Right Test, Right Time – Improving the Quality of Requesting in Acute Medicine

A Simple Sample Storage Solution

Quality in Surgical Pathology

Taking Histopathology into the 21 Century

In Histology, a Faster Diagnosis is a Better Diagnosis; or is it?

How Do You Solve a Problem Like Morale?

To Provide a Robust and Sustainable 24 Hours Blood Sciences Service

The Implementation of Centralised Blood Science Sample Reception

Networking - the Good, the Bad and the Unforeseen

Gentamicin Use Made Easier In 4 Easy Steps

Bringing Cats Home
Using LEAN to Lead Change in Cytopathology Services
Empowering People Improving Service
Merging the Medical Microbiology On-call in a Newly Formed Trust
Modernising Pathology - Looking For The Lite!
Sea Change in Margate: Leading the Reconfiguration of Microbiology Services
Development of an Accreditation Scheme for Infection Control
Reviewing the Efficiency of Trust Haematology Laboratories Affected by the Lord Carter of Coles Model of Pathology
Network Connections a Sussex Microbiology Model
Getting On-Board the Change Express
Implementation of a regional cystic fibrosis microbiology protocol
Biomedical scientists taking up some of the Pathologists’ role in macroscopic description and cut-up of specimens
Developing an Infection Control Champion programme for hospital clinicians
Establishing neurobiochemistry at The Walton Centre as an anti-epileptic drug referral centre
Improving histology services
Leadership: Sharing the experience; developing the future
Extending working hours in the Microbiology Department
Leadership in ‘interesting’ times: Managing a large outbreak with a novel organism
Development and implementation of laboratory training for trainees locally, regionally and nationally
Improving workflow and motivation in the department
- The challenges faced transferring a pneumocystis jirovecii diagnostic service from cytology to microbiology by implementing a new rapid rtPCR assay
- Shropshire Phlebotomy Service Reconfiguration Project
- Development of a guideline for head and neck pathology services in the Trent region
- Implementation of procedures and training to cope with the threat of carbapenemase producing coliforms
- Leadership for Quality
- The use of procalcitonin to guide antibiotic use in lower respiratory tract infections
- Monoclonal Gammapathy of Uncertain Significance (MGUS) +/- low grade chronic lymphatic Leukaemia outreach monitoring/follow up service
- Review of consultants workload allocation to improve workflow and turnaround time
- Development of a system for prospective assessment of trials submitted to Histopathology and granting funding
- The only Constant is Change… but how?
- Introduction of molecular diagnostic techniques in the diagnosis of health care associated infection (MRSA and C.diff)
- Introduction of a 2 step testing method in the Microbiology laboratory for accurate diagnosis of Clostridium difficile infection
- Promoting Pathology – developing a patient focused service improvement plan
- The use of an operational performance management system (OPMS) to deliver a cost effective performance culture within pathology
- Strategies To Reduce Requesting Of Biochemical Investigations at The Royal Liverpool Hospital
Introducing a New Expensive Laboratory Test in a Time of Austerity
Advanced Time-Releasing Techniques (ATRT) in Neuropathology
Governing Clinical Governance
The Successful Consolidation of Blood Sciences Services across South Manchester to Satisfy the QIPP Agenda
Making Every Specimen Count!
Molecular Biology Strategy for Lancashire Teaching Hospitals
The Successful Consolidation of Cellular Pathology Services across South Manchester to Satisfy the QIPP Agenda
Full Lab to Hot Lab: Re-modeling the Biochemistry Service at Macclesfield DGH within a ‘Hub & Spoke’ Managed Network
Changing Times: Restructuring the Service
A Vision to Reality: Implementation of Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration (EBUS-TBNA) in the Diagnosis and Staging of Lung Cancer
Develop a Strategy for the Introduction of a Haematological Malignancy Diagnostic Service
Re-organisation of Pathology Secretarial Support in ELHT
Providing Standardised Point of Care Testing in the Acute and Community Setting
Consolidation of Two DGH Cytopathology Services
The role of carotid intimal wall thickness in the primary prevention of Cardiovascular Disease
Staying too long in short stay areas - how can Pathology contribute?
- Integrating an Immunology Department which is currently on a different site with other Lab Medicine Departments on a single site
- Unifying two separate Infection Protection and Control Teams across Winchester and Basingstoke
- Portsmouth Hospitals, the Coroner and the Human Tissue Act
- Redesign of Pathology Services on the Isle of Wight
- Developing an on-line interactive case based Educational Programme for GPs across Hampshire and the Isle of Wight
- Merging two cellular Pathology Departments on one site, creating a new team
- The introduction of cross-disciplinary working in Pathology at the Royal Berkshire Hospital for MLAs
- The redevelopment of specimen reception in Blood Sciences
- Working Time Directive compliance in Blood Sciences
- Preparation of an outline business case to create the Hampshire and Isle of Wight pathology Consortium
- The development of an Outpatient Antibiotic Therapy (OPAT) service for Basingstoke
- Implementation of automation in Molecular Diagnostics for the diagnosis of infection
- The Clinical Laboratory: improving relationships with Primary Care
- The development of an integrated Pathology Service for Hampshire Hospitals delivered across two hospital sites
- Facilitate an improvement in team working amongst Consultant Radiologists
- Partnership working in Immunology
Creating an Integrated Diagnostic Service for Haematological Cancers
CONCLUSION

As the NHS embarks on a new era – an era defined by enhanced clinical engagement and improved patient experience – the NHS must invest in its clinical leaders if it is to come close to achieving the growth and development outcomes it has set out in proposals.

The case for investment in leadership in individuals is evidenced by returns on a multi-dimensional level – enhancing and enthusing organisations, networks, peers and subordinates and ultimately delivering benefits to patients and financial benefit.

This report highlights the considerable qualitative and quantitative benefits gained by the investment in leadership in pathology and gives confidence that there is further gain still to come as the individuals concerned continue to inspire change…

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Phoenix Consultancy USA, Incorporated
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Annex 1

SURVEY QUESTIONS

1. Name

2. Position

3. Organisation

4. Which leadership programme did you attend?

5. Please score the following statements on a five point scale (not at all, a little, moderately, a lot, significantly)

- Made a positive impact on you as a leader
- Raised your profile, interest, enthusiasm for leading
- Had a positive impact on your service area
- Was of value to you
- Was of value to your team
- Increased your leadership impact
- Improved your confidence
- Enhanced your leadership capability
- Increased your self-awareness
- Helped you change your behaviours and take new actions
- Helped you achieve specific successes and results
6. Describe the inner and out impact this programme has had on you.

7. Describe the impact this programme has had on others: patients, services and/or your organisation.

8. Please describe your project, its impact and what outcomes were achieved.

9. Have you had any invitations, opportunities, feedback, promotion or other experiences which you attribute to this programme? If so, please describe.

10. Have you been able to make any cost savings or bring in extra income that you attribute to taking part in this programme? If so, please explain.

11. Have there been any performance, quality, safety and/or system changes or improvements that you had led or influenced and which you attribute to your participation in the programme?

12. Would you be interested in attending a day in London with participants from other programmes?

13. If yes, what would be important items for the programme from your point of view?

14. If we are not able to get full funding for the event would you be able to attend if the cost were:
15. Given your experiences of the programme and its value, do you believe this programme’s approach is still relevant for leadership development in the new NHS? Please describe the basis for this belief.
Annex 2

Feedback from Pathology Leadership Programme

Questions 5 – 11 inclusive

Question 5 - Please score the following statements.

This programme ....

Responses to the statements were overwhelmingly positive.

At a personal level 88% of respondents said that the course made a positive impact on them as a leader, either ‘a lot’ or ‘significantly’.

- Over 90% reported that the course made ‘a lot’ of difference or more in terms of being of value to them personally.
- 86% of respondents reported the programme increased their self-awareness and confidence ‘significantly’ or ‘a lot’.
- Almost nine out of ten (86%) reported that the programme helped change their behaviours and take new actions with the EL (Emotional Intelligence) work being especially influential.

At an organisational level > 95% noted at least moderate value to their organization.

- 79% felt that course added value ‘significantly’ or ‘a lot’ to their team.
- 74% felt that course added value ‘significantly’ or ‘a lot’ to their organisation.

see table below for details.

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<th>Feedback Statement</th>
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<th>A little</th>
<th>Moderately</th>
<th>A lot</th>
<th>Significantly</th>
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<td>Raised your profile, interest, enthusiasm for leading</td>
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<td>Was of value to you</td>
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<td>2%</td>
<td>7%</td>
<td>28%</td>
<td>63%</td>
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<td>Was of value to your team</td>
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<td>7%</td>
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<td>Was of value to your organization</td>
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<td>Enhanced your leadership capability</td>
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<td>0%</td>
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<td>Helped you change your behaviours and take new actions</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
<td>54%</td>
<td>13%</td>
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<tr>
<td>Helped you achieve specific successes and results</td>
<td>2%</td>
<td>7%</td>
<td>25%</td>
<td>30%</td>
<td>17%</td>
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Question 6 – describe the inner and outer impact that this Programme has had on you

All respondents were able to give examples of positive ‘inner’ and ‘outer’ impact.

Common themes included

- Increased self confidence
- Improved self-awareness (understanding strengths and weaknesses)
- The EI (emotional intelligence) work has been very influential
Question 7 – describe the impact this Programme has had on others: patients, services and / or your organisation

All respondents acknowledged that they were able to pass the benefits from the programme to others and that there had been a positive impact on patients, peers, staff, projects etc.

Many noted optimism about greater impact to come.

Some highlighted considerable benefits / impact on others from their projects – i.e. commissioning of a more efficient and effective Hep C pathway, reduced turnaround times in labs, service is financially stable, collaborative approaches vs. imposed solutions

Many of the responses were aligned with the domains in the Clinical Leadership Competency Framework i.e.

1. Demonstrating Personal Qualities,
2. Working with Others,
3. Managing Services,
4. Improving Services,
5. Setting Direction

see examples below ……
Question 8 – please describe your project, its impact and what outcomes were achieved

All participants had contributed to projects and articulated tangible and measurable benefits from doing so. Many of the projects were still on-going as of the writing of the survey. Of the ones completed:

38 described their projects as delivering clinical benefit, increased efficiency, skill development, increased quality, cost savings and network development.

"... Reduced unnecessary samples to laboratory (by up to 80%) with potential to focus resources on to more complex areas, and / or reduces costs..."

"... The impact has been substantial with initially 90% plus requests done electronically by the new system achieving a reduction in waste of around 35% and an increase in turnaround times of around 30%..."

"... This has delivered improved efficiency and enhanced the services whilst ensuring continued employment for a group of staff in a challenging environment..."

"... new POCT has been established such as cholesterol and glucose testing for healthchecks and Pathology is involved in ensuring that governance arrangements are in place..."
Question 9 – have you had any invitations, opportunities, feedback, promotion or other experiences that you attribute to this Programme?

If so please describe.

49 responses noted examples of opportunities and invitations attributable to the Programme

4 of those who said that they couldn’t really justify saying they had had any new opportunities were positive in acknowledging ‘not yet’ i.e. anticipating that offers / opportunities would be forthcoming

Some of the opportunities were personal – some more linked to the respondent’s organisation.

“... My application for the fellowship at the xxx... is as a direct result of having learned more about leadership on this course....”

“... I have been approached to consider applying for 2 leadership posts as a direct result of this programme....”

“... yes - promotion to Pathology Specialty Director....”

“... I believe I have received more opportunities to grow and develop by attending this program, and now am even more motivated to improve services and rise to the challenges we face....”
Question 10 – have you been able to make any cost savings or bring in extra income that you attribute to taking part in the Programme

Almost 60% of respondents provided evidence of cost saving / income.

Of the remainder, 13 used the words ‘not yet’ … again signalling an expectation that cost savings / income were an expected benefit / impact from the Programme.

Some respondents were able to quote figures and demonstrate significant against / savings i.e.

- An estimated £340k p.a. by reducing the number of patients requiring renal replacement therapy
- Annual income of £25k from enhanced CDI testing
- An in house lab - £36k - £56k / annum
- Savings of £20k from employment of a simple visual aid within the service pathway
- Reduced referrals generating savings of approx. £6k p.a

"... Yes we have made cost savings by implementing lean working principles....."

"... Yes the use of cross trained staff along with the adoption of various IT initiatives has meant significant savings on budgets....."

"... By stopping referral of HCV RNA negative patients (25% of current referrals) our PCT alone could save £6,000 per annum as well as the costs of reducing advanced liver disease....."
Question 11 – have there been any performance quality, safety and / or system changes or improvements that you have led or influenced and attribute to your participation in the Programme?

39 respondents gave positive examples.

Many examples were generic and linked to increased self-confidence but some provided more concrete examples of changes of behaviour and linked benefits.

"... My Clinical Lead and the Consultant clinicians seem more confident in the service we provide and it feels as if we are more adaptable to change....."

"... This is really hard to say but I feel much more positive about my input in management meetings and I would be surprised if that hasn’t had an impact on the changes that have been made....."

"... This has improved the service turn around time, users satisfaction, provided training opportunity, achieved cost saving and attracted new business....."

"... The laboratory has been very successful in recent accreditation assessments and service advancements....."