Delivering the Future: evaluation of a multidisciplinary clinical leadership programme in NHS Scotland

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Abstract

The Delivering the Future (DtF) leadership programme was established in 2005 to strengthen senior clinical leadership capacity and capability across NHS Scotland. This paper reports on an evaluation of the programme to determine the extent to which the programme outcomes had been achieved. Sixty-seven (57%) programme participants responded to a questionnaire survey about their experience, and semi-structured interviews were conducted with participants (n=8) and senior leaders (n=7) at NHS Board level.

The programme was highly regarded by participants and strategic level leads. The majority of DtF participants had been promoted or taken on expanded roles since completing the programme, taking on greater leadership responsibility. The programme was seen to be a significant influence on accelerating the progression of individuals to these roles, and in developing skills to perform at a senior leadership level. The significant investment in the programme was thought to be worthwhile in terms of wider benefits, albeit with a need to make better collective use of the alumni at a national level.

Key words : Clinical leadership, evaluation, leadership development

Key points

- Delivering the Future was developed as a multidisciplinary programme to meet a need to build senior leadership capacity and capability within NHSScotland.
- Participants thought that programme accelerated their progression to senior roles within their organisation, with the multidisciplinary approach facilitating joint working.

- Participants considered that leadership skills developed during the programme enhanced their current roles, with benefits to the wider organisation.

Introduction

Having clinicians from across clinical disciplines in leadership positions can help to address some of the challenges that exist around leadership within healthcare (Nicol, 2012). Unfortunately few of the top leadership positions are filled in this way (Ellis et al, 2011). This is despite the fact that the benefits of clinical involvement at senior leadership level include improved patient safety, enhanced quality of care and increased staff satisfaction and organisational performance (Hiscock and Shuldham, 2008; Kirkpatrick et al, 2008; Francis, 2013).

The inclusion of leadership skills in the continuing professional development of clinicians remains limited (Holmes et al, 2013; Bethune et al, 2013), and there are few clearly defined career paths into clinical leadership roles. The competencies needed for effective healthcare leadership do not always coincide with the competencies needed to perform effectively in a clinical role (Guo, 2005, Ellis et al, 2011). Clinical leadership competencies focus on developing collaborative approaches to bring about change, an understanding of how a complex organisation functions, having a patient focused approach and appropriate personal qualities (Mitchell and Boak, 2009; Nicol, 2012). Perceptions exist that taking on senior leadership roles may detract from clinical practice and clinical autonomy (Mountford and Webb, 2008; Kirkpatrick et al, 2008; Ellis et al, 2011; Nicol, 2012).

Evaluations of existing healthcare leadership programmes were mainly limited to individual cohort level (Edmonstone and Western, 2002; Edmonstone, 2013), or focused on programmes aimed at single disciplines (Miller and Dalton, 2011). For multidisciplinary programmes that have seen a substantial financial and time investment over a sustained period of time, evidence of the impact of the programme on the wider organisation needs to be determined.

The Programme

In response to the concern about a lack of coherent succession planning for the most senior strategic clinical leadership positions, the Scottish Executive created a Leadership Development Framework (2005), designed to build the leadership capability and capacity within NHS Scotland.

Following a consultation process, which identified the key principles which would underpin the development of clinical leadership capacity, the Delivering the Future (DtF) programme was established in 2005. This aimed to identify potential senior leaders from across clinical professions and prepare them for future roles at NHS Board, regional and national level (see box 1).

Box 1: Expected outcomes of the Delivering the Future programme

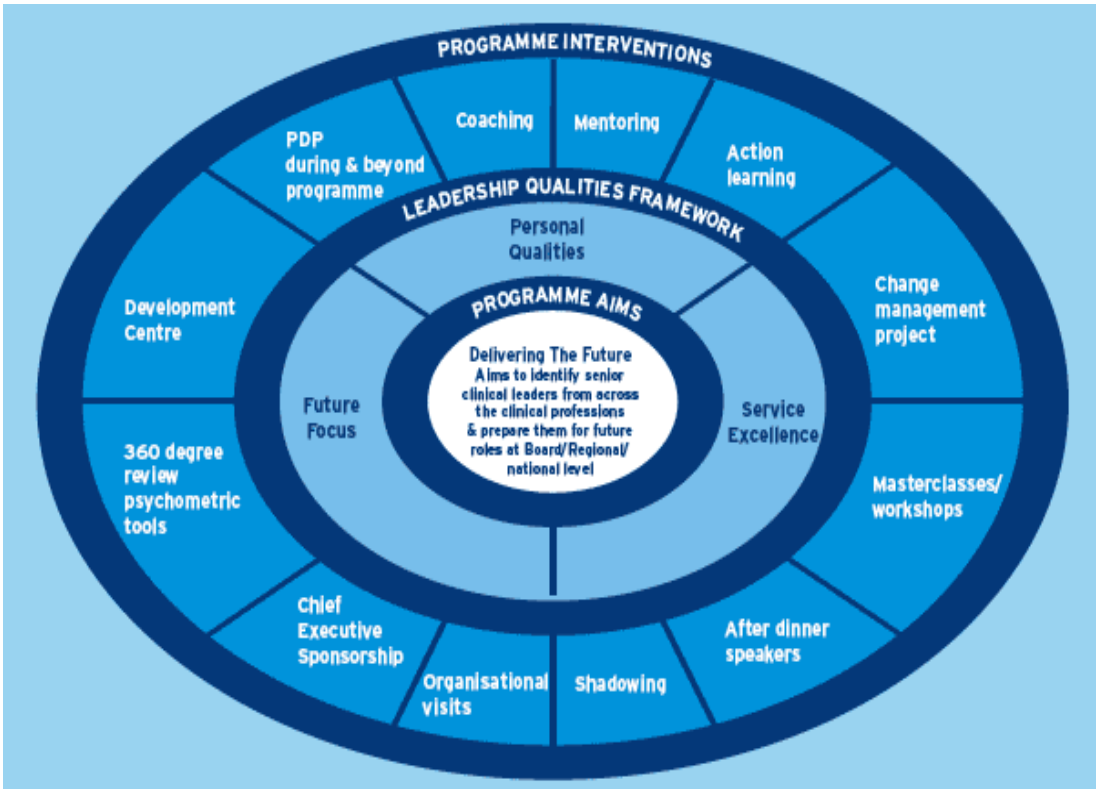
To provide a cadre of senior clinical leaders across Scotland who:

- Exhibit behaviours that are consistent with leadership qualities and create an enabling culture for managing complex change;
- Provide strong clinical leadership across professional and organisational boundaries focussed on service excellence, driving reform and delivering strategic change to improve health and social care for Scotland;
- Think creatively and work collaboratively to overcome obstacles to the change process;
- Understand the national context for health (political, policy, economic) and the supporting strategies and processes;
- Are able to operate at NHS Board/national level to drive improvement in health and healthcare delivery.

The first cohort was recruited in 2005. The programme has an annual intake of up to 24 participants from across NHS Scotland, and is delivered over 18 months. It includes a number of components (see Figure 1), providing a blended learning approach with both structured and experiential learning. Alongside this, the Scottish Clinical Leadership Network was established to provide a forum for

participants of this and similar national programmes, and to feed into national policy development and implementation.

Figure 1: Delivering the Future programme model



Method

The programme was evaluated, using a convergent mixed methods design (Creswell and Plano Clark, 2011). The views of programme participants and Board level strategic leads were gathered to establish whether intended outcomes had been achieved. Data was collected during January and February 2013. NHS ethical approval was not required, as the project was classed as an audit. Participants gave informed consent when taking part, and were given the opportunity to withdraw from the process at any time.

All 118 programme participants from the first five cohorts were invited to complete an online questionnaire survey. Sixty-seven participants (57%) responded (see Table 1). Quantitative data from

this survey was analysed using appropriate descriptive statistics; qualitative data was analysed thematically.

Table 1: Participant characteristics

Characteristic		% of respondents (Number of respondents)	% of cohort (cohorts 1-5) (Total DtF participants)
Gender	Male	46% (n=31)	57% (n=54)
	Female	54% (n=36)	56% (n=64)
Cohorts	2005 (cohort 1)	12% (n=8)	35% (n=23)
	2006 (cohort 2)	19% (n=13)	54% (n=24)
	2007 (cohort 3)	21% (n=14)	61% (n=23)
	2008 (cohort 4)	19% (n=13)	54% (n=24)
	2009 (cohort 5)	29% (n=19)	79% (n=24)
Total number		**100% (n=67)**	**57% (n=118)**

Semi-structured telephone interviews were conducted with eight programme participants, who provided a more in-depth personal perspective on the programme. Interviews were also conducted with seven NHS Board strategic leads to provide a wider organisational perspective. The interviews were analysed using framework analysis (Ritchie, Spencer and O'Connor, 2003), with themes derived from the research questions, plus additional emerging themes. The themes from the qualitative data from the survey and semi-structured interviews were similar; these were combined with the quantitative data in the analysis and interpretation, to identify patterns and key issues for the evaluation.

Findings

Individual Outcomes

The evaluation response rate was good across cohorts, bearing in mind the programme began eight years previously. Questionnaire responses indicated that the intended outcomes of the programme at an individual level were largely met; through its rigorous recruitment processes, the programme has successfully identified potential senior leaders from across clinical professions, with the majority of participants (87%) demonstrating progression in their leadership careers since completing DtF. Over half the participants (55%) had taken on new or multiple job roles since starting DtF; the majority were internal promotions to greater leadership responsibilities, across a range of disciplines and clinical areas. A further 31% responded that their existing role had expanded to include additional responsibilities (at Board or national level) since completing DtF.

Individual-level benefits were described by participants (table 2) and reiterated by strategic level stakeholders.

Table 2: Examples of individual outcomes and greater leadership responsibility

Benefit	Questionnaire participant quote
Wider remit	*"Additional/new responsibilities were around Strategy and Corporate Governance. In 2011 I took on further additional role when I picked up the Strategy and Planning portfolio" (Cohort 2)*
More strategic/leadership focused role	*"Responsible for whole sector community health services" (Cohort 4)*
Managing more staff and sites	*"Additional responsibilities for 13 specialities over 5 hospital sites" (Cohort 2)*
Increased involvement in partnership work	*"Lead for partnership improvement across health, housing and social care." (Cohort 5)*

Greater input into Board level decision making	*"Appointed Associate Medical Director for Primary Care with input to Board Strategic Management Team" (Cohort 4)*
Responsibility for specific initiatives	*"Responsible for leading and managing Professional Practice Education Team" (Cohort 5)* *"Quality Strategy champion for NHS [Board]" (Cohort 4)*

Personal benefits included increased resilience and confidence to influence change; self-reflection; and applying leadership skills more effectively, leading to improved role performance. The majority of interviewees were more reflective and aware of their own actions and behaviour:

> *"I can't emphasise it enough how much it has pushed me on, in terms of my personal development ... giving me a lot more strength and confidence and resilience to do what you have to do as a clinical leader." (Cohort 2)*

Furthermore, personal credibility was enhanced though participation in a programme highly regarded by senior managers.

Wider organisational impact

Most respondents (94%) agreed that participation in the programme had wider organisational benefits. Board level benefits included having a pool of skilled clinical leaders to direct cross-disciplinary projects; 90% of participants had led a quality improvement project since completing the programme. Furthermore, improved understanding of the strategic and political contexts of the local and wider NHS had provided participants with opportunities to influence and deliver sustainable change within their organisation. Participants described how the leadership skills developed during the programme were relevant to their current roles, with benefits to the wider organisation (table 3).

Table 3: Benefits of the 'Delivering the Future' Programme at an organisational level

Benefit	Questionnaire participant quote
Increased Confidence to influence	*"increase in confidence, which has allowed me to take forward key projects within my Board" (Cohort 2)*
Effective leadership skills	*"The organisation having a senior member of staff with improved leadership skills available" (Cohort 2)*
Awareness and clearer understanding of the wider NHS	*"A better understanding of how the NHS works across clinical specialties and management" (Cohort 3)* *"Able to have an overview across multiple health boards" (Cohort 3)*
Enhanced strategic thinking	*"Improved strategic thinking and understanding of how the health service works" (Cohort 1)*
Increased networking opportunities	*"removing barriers between health Board colleagues through network opportunities" (Cohort 1)*
Improved negotiating skills	*"Ability to effectively communicate, negotiate and influence a challenging and complex agenda" (Cohort 5)*
Creative thinking	*"Creative ways to involve staff and service users in service redesign" (Cohort 5)*
Working collaboratively across boundaries more effectively	*"Broader understanding and interaction with other clinical leaders in NHSScotland" (Cohort 1)* *"understanding the concept of collaborative advantage when working across boundaries" (Cohort 2)*
Influence and deliver sustainable change	*"Ability to implement change management within the organisation" (Cohort 4)*

Improved political awareness	*"Understanding of political and strategic context for NHSScotland" (Cohort 2)* *"Ability to understand the bigger picture and translate policy into objectives/actions locally." (Cohort 2)*

The multidisciplinary aspect of the programme was seen as particularly beneficial by participants and strategic leads, reflecting their working environment. The programme triggered increased opportunities for networking and working collaboratively across boundaries (both geographical and professions) more effectively:

> *"it provided me with access to information, people, networks of people … which then led to dialogue, conversations, shared pieces of work." (Cohort 2)*

National level benefits included the development of a wider pool of capable clinical leaders, able to contribute to national strategy development. Many respondents took on additional responsibilities at a national level (42%), or were seconded to Special Boards or the Scottish Government (6%). Respondents assumed that benefits and improvements seen in individual Boards would be reflected in patient care and patient experience across Scotland:

> *"if other boards have benefited as much as we have from the programme, then it's bound to have had a very positive effect across the wider NHS in Scotland." (Strategic)*

Three quarters of participants (76%) felt the programme offered value for money and that the return on investment was good or very good (70%). From a strategic perspective, participants' contribution to improvement projects, which ultimately have an impact on patient care, provided the greatest organisational impact.

Influence of Delivering the Future on leadership roles

Given the calibre of participants recruited to the programme, it is unsurprising that they demonstrated a high incidence of promotion, and influence on developments at a Board and national level. Understanding the extent to which the programme contributed to or influenced these leadership opportunities is challenging. Most participants believed programme components were valuable to their current role. Just under half the participants (44%) felt the programme had helped them achieve their current position, often reducing the time taken to achieve such status.

> *"I doubt I would be in this role… I would not have looked for another job without the programme." (Cohort 1)*

However, 18% of participants felt they would have achieved their current position anyway, whilst a further 18% had not changed roles.

Challenges

Making full use of this leadership resource seemed to present a challenge within Boards. Only 45% of participants felt they had good strategic level support on returning to their Board, particularly in terms of identifying opportunities to implement skills and develop further as leaders; just 35% of participants felt they had had the opportunity to implement their leadership skills fully. Forty-four per cent of respondents and several interviewees suggested their Health Boards had not made best use of participants' leadership competencies and experience:

> *"I think the Board doesn't do enough to utilise the skills and competences of the people having been on that programme." (Strategic)*

However this may have improved for more recent cohorts with the requirement for Boards to outline plans to sustain a participant's development once the programme was completed.

"I think if I was doing it now, I think the Board would have a much clearer idea as to how they would wish to use those skills.... they didn't really have a clear idea as to how they would use the participants from the programme. "(Cohort 1)

Completion of the programme required a significant investment of time, at both a personal and organisational level. Participants highlighted two challenges: balancing existing clinical workloads with additional leadership responsibilities; and choosing between continuing with a clinical career and focusing on leadership opportunities.

Discussion

The value and reputation of the DtF programme was widely acknowledged amongst previous participants of the programme, and senior strategic leads within NHS Scotland (see box 2). This evaluation clearly demonstrates the longer-term benefits at individual and Board level of having a multi-disciplinary programme to prepare clinical leaders for senior roles. National level benefits were also apparent, through participant involvement in national level groups and input into national strategy development, although this is harder to assess. Attributing the impact of a programme such as this is challenging, particularly in a complex environment such as healthcare, where numerous other factors influence the actions and achievements of programme participants.

While it is difficult to give a precise indication of the extent to which the programme has influenced participants' role progression, over half of those undertaking DtF acknowledged the significant influence of the programme in attaining their current position and performing well in the role. Given that participants were generally already pursuing a career in clinical leadership, it seems likely that accelerated progression was provided through the opportunities arising from association with the programme. This evaluation therefore offers some evidence that the programme can fast-track individuals to senior leadership roles, and support the extension of existing roles to take on additional leadership responsibility.

The multidisciplinary nature of the programme appears to be an advantage. The different learning methods and experiences which have led to problems implementing multi-disciplinary approaches elsewhere (Holmes et al, 2013) appear not to have arisen here. The networks of contacts emerging through the programme were valued across cohorts, offering ongoing support to individuals and facilitating joint working, thereby taking the focus beyond the development of isolated individuals. This supports the change of emphasis from progressing individual leaders, to developing a culture of leadership (Edmonstone, 2013).

NHSScotland has made significant investment in the DtF programme since its inception, with direct funding for the administration and running of the programme coming from national NHS budgets. It is more difficult to quantify investment in the programme at Board level. The main investment comes from releasing a senior staff member to attend the whole programme, with travel time being a significant burden for some Boards. Alternative suggestions to address this included developing a regionally based programme or replacing face-to-face meetings with alternative communication technologies where appropriate. However, it was generally agreed that on the whole the benefits outweighed the challenges faced by Boards, and that the programme offered value for money and gave a sound return on investment. Whilst there had been little work done at Board level to quantify the return on investment, many Chief Executives offered their full support for the programme, stating that this would not be the case if they did not feel it was a worthwhile investment. Indeed in the larger boards, many at senior strategic level were concerned about the limited number of places available, and called for further investment to extend the programme.

Limitations

As participants are reflecting on their experience of the programme from a number of years ago, their perceptions may have been affected by subsequent activity, and changes to the programme may have addressed some of the issues raised. The strategic level stakeholders are more likely to reflect on their experience with current cohorts within their responses.

Conclusion

The programme is continuing to run, and is currently on its tenth cohort. Its success and importance for the development of future leaders is acknowledged across NHSScotland, with support for continued funding of the programme. Suggested recommendations include maximising the benefit of the programme at a national level for policy development, holding refresher courses, and directing resources towards providing opportunities for the pool of alumni to contribute at a national level collectively, and across sectors, which would require a commitment from NHS Boards to continue to release staff for this purpose.

Box 2: Key benefits of Delivering the Future

- It filled a gap not met elsewhere within NHSScotland;
- A high quality programme that produces participants who have reached a certain level of competence, and are highly regarded across Scotland.
- Whilst direct links between the programme and improved patient care are difficult to quantify, it is considered to have contributed to improved clinical leadership, which should manifest itself in better clinical care.
- Board level improvements have been linked to participation in the programme; whilst the specific benefits at a national level are difficult to establish, a cumulative effect of improvements at Board level was expected to impact at a national level.
- Programme participants are usually already successful in achieving leadership positions. The programme adds value by nurturing this leadership capacity, providing additional support and networking opportunities, and accelerating progression.
- The programme is supported by those at a senior strategic level within Health Boards, with many Chief Executives mentoring or offering personal support to programme participants.

- The multidisciplinary approach of the programme facilitated joint working
- Involving clinicians in leadership was seen to overcome some of the barriers to engagement between Board management and leadership, where a conflict of interest is often perceived between meeting management targets and clinical needs (Ellis et al, 2011).

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Possible Conflict of Interest

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