



Sheffield Hallam University

Centre for Professional and Organisation Development

**South Yorkshire Academy
Leadership at the Point of Care Programme**

**Final Evaluation Report
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Summary

The findings from the evaluation of the South Yorkshire Leadership at the Point of Care Programme give an overwhelmingly positive evaluation of the programme. This agrees with the results of two national evaluations. These national evaluations should be considered alongside this report - brief summaries of the results are included in the introduction of this report.

The areas identified for consideration from this evaluation go beyond the results of the national evaluations. In summary they are:

- Participants were not always well prepared for the programme. In some cases, a lack of understanding about the content of the programme, and the learning and teaching methods, led to dissatisfaction. For others, a lack of preparation may have reduced the effectiveness of learning, particularly through their actions plans.
- Not all participants had active support from their manager. Participants interviewed who had a negative experience were less likely than others to have had frequent contact with their manager.
- Action plans included a high number which related to Personal Development rather than change in the workplace. This is not reflected in the national evaluations. The extent to which Action Plans were completed was less than the national figure.
- There were a number of different interpretations about who the programme was most suitable for, with, for example different understandings of the term "front-line" staff. However, the concerns that were expressed in one of the national evaluations about the level of the course (that some participants were too senior) were not reproduced locally.
- The facilitation of the programme and the facilities used were very positively evaluated.

The evidence from this evaluation suggests that the main lessons to be learned from the first six cohorts are related to the preparation for the programme, both organisationally and individually.

1. Introduction

Leadership at the Point of Care is a two year national training programme set up by the Leadership Centre in the NHS Modernisation Agency in 2003. It is aimed at front line staff who have actual contact with patients (service users) their families and carers. The programme was set up using nationally produced materials (a participant's guide was given out on the first day) and design, but the delivery was managed locally – facilitators were trained by the Leadership Centre in the delivery of the programme.

The course is completed over three days. After the first two days, participants identify an action plan which is designed to apply their learning in the workplace. The third day is facilitated six weeks after the first two days to enable work to be completed on the personal action plan, and for the learning to be fed back to the wider group.

The South Yorkshire Leadership at the Point of Care Programme was managed by the South Yorkshire Academy. The participating organisations were:

- Sheffield West Primary Care Trust
- South East Sheffield Primary Care Trust
- North Sheffield Primary Care Trust
- Sheffield South West Primary Care Trust
- The Sheffield Care Trust

Six cohorts of the programme ran between July 2004, and April 2005. A total of 82 staff from these organisations attended the programme.

The advertising literature for the Sheffield programme introduced the programme as follows:

Leadership at the point of care provides a development opportunity to a range of staff groups across all health and social care settings, who as a result of their day to day work, have a direct and immediate impact on the care of patients/clients and their families.

An evaluation of the Sheffield programme was commissioned from the Centre for Professional and Organisation Development of Sheffield Hallam University.

There have been two national evaluations of the Leadership at the Point of Care Programme. One (Anthony and Rickarby, 2005) which was undertaken by the Leadership Centre, reported on the results from the evaluation forms which were given to all participants on day 3 of the programme. The forms asked general questions about the programme, for example whether it had met the expected outcomes, whether the action plans which were an integral part of the programme had been achieved, and asked participants to rate the programme on a 1-5 scale. It also included detailed questions about the delivery of the programme, the usefulness of identified elements of the programme and which of the elements had been included in the action plans. Qualitative data was collected on a number of aspects of the programme, for example on suggested improvements. A copy of the survey questionnaire is given in Appendix 1. 4,416 completed or partially completed forms were returned. The results of this evaluation was highly positive

72 completed forms were sent to the national evaluation from participants in the South Yorkshire programme, and these evaluation forms were made available to the

Sheffield Hallam evaluation team. The results from South Yorkshire were equally positive. Some summary conclusions from the Leadership Centre evaluation, and the analysis of the Sheffield forms are given in the table overleaf:

	South Yorkshire	National
Did the programme meet the expected outcomes?	90.9%	87.5%
Would you recommend the programme to others?	92.9%	88.6%
Average programme rating (scale 1-5)	4.35	4.2
To what extent were you able to achieve your action plan (scale 1 to 5)	3.39	3.6

Some detailed analysis of some aspects of this survey are included in this evaluation report. The learning from this evaluation should be seen in this clear overall positive context.

The second evaluation was commissioned by the Leadership centre and was undertaken by researchers from Henley Management College. They published three reports:

- First Evaluation Report (Williams, 2004). This report undertook a survey of participants on the programme who had completed by July 2004. 1,322 questionnaires were sent out, and 588 were returned. The questionnaires asked for a more detailed evaluation than the Leadership Centre evaluation. The results were also very positive. “Overall, the findings indicate that that most of the objectives had been met for most of the participants. However, for a minority (10-20%) the programme has not been a success. This group are highly critical of the programme and feel its content and style were inappropriate and irrelevant for them.” (p. 4) The comments and suggestions from this group were included in the report. The report was able to give considerable detail on the projects that been undertaken.
- Second Evaluation Report (Burgoyne and Williams, 2005). This report was concerned with the views of facilitators, again based on a questionnaire survey. “Facilitators confirm the views of participants about the excellence of the programme” (p. 4)
- Third Evaluation Report (Williams and Burgoyne, 2005). This report was also based on the views of participants, this time through interviews – 27 interviews were carried out. The outcome of the programme, in terms of the projects undertaken was a focus of this report. The recommendations of this third report, included “ensuring that the participants on the programme are at an appropriate job level (not too senior)”, which reflects a concern expressed that the programme was pitched too low for some participants. It was also recommended that publicity makes the nature of the programme clearer (i.e. skills-based), and that a wider participation should be encouraged, particularly in non-clinical services such as porters and receptionists.

The South Yorkshire Academy Leadership at the Point of Care Evaluation

A summary of the national evaluations is an important part of the context of this evaluation, since its purpose is not simply to reproduce the national evaluations. The aims of the South Yorkshire evaluation were:

- To capture feedback on the learning from the programme
- To assess the impact of the programme in the workplace
- To identify factors that might help participants to gain value from the programme
- To identify general themes about the development of front line staff

Section 2 of this report gives details of the evaluation methodology.

Section 3 reports the results of qualitative evaluation from interviews with participants, facilitators, and organisational leads of the participating organisations.

Section 4 gives the analysis of the Leadership Centre questionnaires from the South Yorkshire participants.

Section 5 presents a discussion of the findings of the research.

2. Methodology

The aim of the methodological design for this evaluation was to generate qualitative data from interviews and case studies and to correlate findings with existing quantitative data from course evaluation forms and national research findings. There is already a wealth of data from evaluation forms and surveys but very little that is based on the experience of the participant and the inter-relationship between the participant, their line manager and the workplace.

The Evaluation set out to explore the following aims:

- To capture feedback on the learning from the programme
- To assess the impact of the programme in the workplace
- To identify factors that might help participants to gain value from the programme
- To identify general themes about the development of front line staff

The aims generated the development of the following research questions:

- Who is most likely to benefit from the Leadership at the Point of Care programme?
- What factors need to be in place to maximise the chances of satisfaction for participants?
- What are the reasons for participant dissatisfaction of the programme?
- What is the evidence for recommissioning this programme?

Evaluation design

The evaluation design is summarised in the tables below:

Interviews		
Total number of interviews	Status of Person to be interviewed	Organisation
5 (to be interviewed twice)	Organisational Leads (from participating organisations)	Sheffield South West Primary Care Trust Sheffield South East Primary Care Trust Sheffield North Primary Care Trust Sheffield West Primary Care Trust The Sheffield Care Trust
2 (to be interviewed twice)	Course Facilitators	The Sheffield Care Trust
15	A random sample of Participants (from cohorts 1-4)	Sheffield South West Primary Care Trust Sheffield South East Primary Care Trust Sheffield North Primary Care Trust Sheffield West Primary Care Trust The Sheffield Care Trust
9	Line Managers	Sheffield South West Primary Care Trust Sheffield South East Primary Care Trust Sheffield North Primary Care Trust Sheffield West Primary Care Trust The Sheffield Care Trust
Total 38 Interviews		

Case Studies		
4	4 pairs of participants and their line manager	Sheffield South West Primary Care Trust Sheffield South East Primary Care Trust Sheffield North Primary Care Trust The Sheffield Care Trust
Evaluation Forms		
72	Cohorts 1 - 6	Sheffield South West Primary Care Trust Sheffield South East Primary Care Trust Sheffield North Primary Care Trust Sheffield West Primary Care Trust The Sheffield Care Trust

The names and contact details of participants from cohorts 1-4 were made available to the evaluation team. A 25% sample of the four cohorts were selected at random and then cross referenced with occupational group status and representation across the five participating organisations. Participants were either contacted by telephone or by email to request their participation in a semi-structured interview. A separate interview schedule was designed for participants, managers and organisational leads. All interview data has been given in confidence and the participants identity has been kept anonymous.

Cohort	No of participants	25% target	No of interviews	SCT		SES PCT		SSW PCT		SW PCT		NSPCT	
				Participants in cohort	Interviewees	Participants in cohort	Interviewees	Participants in cohort	Interviewees	Participants in cohort	Interviewees	Participants in cohort	Interviewees
1	24	6	4	15	2	4	1	3	0	2	1	0	0
2	16	4	4	4	0	2	1	2	1	5	0	3	2
3	15	4	3	6	1	2	0	3	2	3	0	1	0
4	12	3	4	8	2	2	1	0	0	1	0	1	1
Total	67	17	15	33	5	10	3	8	3	11	1	5	3

Cohort 5 had 9 participants, and cohort 6 had 5. There is a clear pattern of reducing attendance. The table below shows the total number of participants, by organisation:

Sheffield West Primary Care Trust	12
South East Sheffield Primary Care Trust	10
North Sheffield Primary Care Trust	7
Sheffield South West Primary Care Trust	8
The Sheffield Care Trust	45
Total	82

55% of participants came from Sheffield Care Trust.

The tables below give details of the participants who were involved in the evaluation:

	Action Plan completed?	Organisation	Cohort	Days attended	Job Role	Years in NHS	Years in job role	Age	Gender
1	Yes	W PCT	1	3	District Nurse	30	10	51	F
2	Yes	N PCT	2	3	District Nurse	30	1	52	F
3	No	SW PCT	3	3	E grade Community nurse	25	7	48	F
4	No	SCT	4	2	Occupational therapist	4	4	26	F
5	Yes	SE PCT	4	3	Receptionist	2	2	39	F
6	Yes	SW PCT	3	3	SAP development Nurse	35	5	56	F
7	Yes	SCT	1	3	Housekeeper	11	3	53	F
8	Yes	SE PCT	1	3	Senior Receptionist	4	2	51	F
9	Yes	SCT	3	3	Deputy mHA Administrator	13	3	36	F
10	Yes	SCT	4	3	Locality Co-ordinator	6	3	49	F
11	Yes	SW PCT	2	3	Clinical Team Leader	15	15	38	F
12	No	N PCT	4	3	Child and Family Community Nurse	25	3	49	F
13	No	N PCT	2	3	Community Staff Nurse	30	15	47	F
14	Yes	SE PCT	2	3	Support Worker	14	1	43	F
15	Yes	SCT	1	3	Senior House Keeper	15	6.5	52	F

	SCT	SES PCT	SSW PCT	SW PCT	NSPCT
Interviews with managers	2	2	2	2	1
Interviews with organisational leads	1	2	1	2	2

Case Studies

Four individuals from the interview sample were asked if they would give their permission for their experience to be produced as a case study. The four case studies were selected on the basis that the individuals had found attendance on the course a successful experience. Contact was then made with their line manager to seek verification of the outcomes of their work. All participants in the case studies have given their permission for their names to be used and for their experiences from the programme to be included in this report.

An analysis of evaluation forms

An analysis of quantitative data consisting of 72 evaluation forms from cohorts 1- 6 was undertaken. The number of questionnaires from each cohort is given in the table below:

Cohort 1	18
Cohort 2	16
Cohort 3	11
Cohort 4	11
Cohort 5	10*
Cohort 6	6

* This is higher than the number of registered participants, so 1 evaluation form may have come from an earlier cohort.

The findings were then compared with a national survey of evaluation forms published by the Leadership Centre (Anthony and Rickarby, 2005). A copy of the evaluation form is found in Appendix 1.

The evaluation form collected data on:

- whether the expected outcomes were met
- which elements were most useful
- how the programme was delivered, and
- progress on the action plan completed at the end of the programme.

3. Findings

This section presents the finding from the qualitative data, although data from the questionnaires, which is presented in section 4, is also discussed where relevant.

Who is most likely to benefit from the Leadership at the Point of Care Programme?

Defining 'front line' staff

Although reference to the term 'front line' staff was not used in the marketing flyer (which is attached in Appendix 2) for the course, it was clear that this is the group of staff who were most likely to benefit from attendance on the programme:

"Staff who may benefit from attending the programme include nurses at E grade and below, junior grade allied health professionals, receptionists, porters, ward clerks and housekeepers etc"

Four out of the five organisational leads in this study were consistent in their understanding of the definition of front line staff and this tended to imply that front line staff are those 'with *direct* contact with patients':

"Staff with direct patient contact"

"Face to face contact with the public, for example healthcare support workers, receptionists, contact with the patient could even include a porter."

"Any nurse or non-nurse that deals with the public"

"Providing front line patient care, relatives/family - they are the first point of contact, could be in central services or administrative. The first point of contact could be on the end of a telephone"

One organisational lead widened the definition of front line staff to include staff who did not necessarily have direct patient contact, but whose work can impact upon the quality of the service that is provided to patients:

"Staff directly involved in providing the service - not necessarily having patient contact, but can be in a supportive role - without them the service would not run"

This wider definition of front line staff does appear to have some relevance to the evaluation of the Sheffield Leadership at the Point of Care Programme. One member of staff fitting this definition did attend the course and her experience has been illustrated as a case study within this report.

The managers who were interviewed had a slightly different understanding of which staff within the organisation constituted 'front-line' staff.

Six out of nine managers understood the term 'front line staff' as being related to their own field of practice, for example nursing or administration. Only three managers gave a broad definition of front line staff and these were more senior managers within their organisation. They said that a definition of front line staff is:

"Contact with the public" (Manager, Reception and Clerical staff)

"Anybody that comes into patient contact ... [the course] can be useful for front line staff as it builds their confidence" (District Nursing Locality Manager)

"Anybody interacting with the public, receptionist and anybody else - not just directed towards nursing" (Manager, Nursing)

The remaining six managers defined front line staff in relation to their own sphere of practice

"Support workers are front line staff and co-ordinators are front line staff. I had in mind coordinators for this course rather than support workers" (A Manager working within a service for people with a learning disability)

"Staff nurses working in the community" (Manager, Nursing)

"Senior staff nurses" (Manager, Nursing)

"People doing hands on work - home visits" (Manager, Health Visiting)

"People who have direct contact with the public and who are visible hands on clinical staff" (Manager, Older Peoples Service)

"Receptionists" (Manager, Reception Staff)

Who actually attended the course?

In reality there was a wide spectrum of staff who attended the course, representing a wide range of grade of staff, years of experience worked in the NHS and a range of qualified and non-qualified staff. For example the range included a Specialist Registrar from a mental health service to a housekeeper working with older people in a residential setting. This appears to reflect the wide range of responses given by organisational leads when asked which posts and grades of staff are likely to be 'front line' staff:

"District Nurses and Health Visitors G grades - only nurses and health visitors"

"E and F grade of nurses and admin and clerical staff level 4 - 5. They would normally have some sort of team leadership responsibility and they do need to be in a position to implement change in practice. A team leader's responsibility is at the right level to do this."

"If they are unqualified nursing staff, then B and C grades and through to G grade health visitors. A receptionist at Admin and clerical grade 2 and 3, those who are Personal Assistants to Executives or who are dealing with patient complaints."

"Up to G grade but could be some H grades."

"Admin and clerical staff grade 2 and 3, support workers and grade D and E nurses"

All the above grades of staff can be considered to be 'front line' staff as their job role fits with the definitions cited above. Although the course was targeted in the advertising material at grade E nurses and below and other junior grade allied health professionals, a much wider pool of staff actually accessed the programme. It also became apparent from the evaluation that the grade or seniority of the member of staff was not a factor which determined or influenced if the course was successful or not. The case studies illustrated in this report show that at least one senior member of staff who managed a team of 12 staff, was able to learn new skills and techniques to advance a complex piece of work.

Are there any similarities in the needs of 'front-line' staff?

Three out of five organisational leads said that the similarities of needs of front line staff are about the development of communication skills and customer care skills:

"The similarities are that they should all want to provide the customer with a decent service. Need to provide a customer care service and to be an ambassador for the PCT. These skills go across the board and fit with everybody who is aiming to give the best service they possibly could."

"The one similarity is in the communication skills. Both an administrator and a nurse has to have excellent communication skills with people."

"These individuals don't have access to development in the same way as others have traditionally been able to. Their career path is not clear as to what they can do. The similarities are in the area of developing customer care skills which overlaps in the development of communication skills."

The remaining two organisational leads were considering the similarities in relation to a particular group or grade of staff:

"Target it not at the G grades, picked this up by talking to people. More suited to B and F grades. They wanted training in relation to their geographical area"

"The similarities are that all those grades at team leader level are usually managing people"

What are the needs of this group of staff?

Six out of nine managers recognised that there was sometimes a difficulty of 'accessing' the right type of training for front line staff. They cited a range of reasons for this including accessing training with the right content at the right level and using the right methods, for example reflection. There appeared to be a consensus that front line staff are often required to attend a high level of mandatory or statutory training and that this type of training doesn't always help staff to move on in their development in the work place:

"Co-ordinators have a social care role - managing staff - needing leadership skills. They also need to learn how to manage conflict effectively, time management, project management and personal skills".

"It is a good thing to make this course available to staff at a lower level as there are not many courses for this group of staff. Leadership courses are usually at my level"

"Training - as they might not get the opportunity"

"District nurses and health visitors work in teams, so there is more of a need for leadership initiatives"

"Although x is not a front line staff member, what she got out of it only demonstrates that there is a need for this course or similar for her and others in similar posts" (Member of staff inputting data for Mental Health Review Tribunal)

"There is a need for a course for staff who are developing in new roles, especially if the post or service is new and they haven't got anything to compare it with. They need to be prepared, valued and confident and to have the skills. Sometimes this is about helping the person to reflect upon the skills they have already got as they face new challenges. As they move through points in their career they need regular points of sitting back and reflecting - and this was one of the benefits of the course"

Two managers identified that 'front line' staff may have a lower level of confidence in their own practice or in themselves, while one manager felt that there were "no special needs particularly"

"Having the confidence to deal with people. When there is a difficult situation then we will go out on the reception and help. We don't expect the receptionist to deal with difficult clients on their own, but it is important for them to develop more skills in this area"

"they won't always put themselves forward"

What are the difficulties in engaging front line staff in training?

Four managers did not feel that there was an issue in engaging front line staff at all whilst others made reference to the issue of this group of staff having a low level of confidence, or not being able to see the relevance of training to their work. Reference to the right type of course at the right level was mentioned again, to help promote a positive experience from the training event:

"low confidence levels"

"They might not identify themselves as needing to go onto the course, so it relies on the team leader or the appraisal system to discuss the course and to motivate the person to go on it"

"Yes there are difficulties as a lot of training is mandatory or statutory training. If something that is offered is a bit different then it is looked at suspiciously"

"Engaging staff can be difficult and sometimes if the course is too academic it can put people off. It is about encouraging front line staff that they can make a difference"

"they might not see the relevance to their work"

How are front line staffs needs usually identified?

All managers stated that they identified their staff's needs through appraisal and in addition to this, two managers mentioned the PDP in relation to the Knowledge and Skills Framework (KSF). Yet three of the five organisational leads were more realistic in how the system of appraisal was actually working at the time staff were being supported to attend this course:

"Any education and training activity needs to be linked to appraisal, this doesn't always happen - appraisal needs to look at the individual and the team needs."

"Last year there was only 47% take up by managers to use the appraisal system. There will need to be a mapping of the course with the KSF and with a clear indication of what the learning outcomes will be and which elements of the KSF it will hit. Maybe we need to get all the people who are interested in attending to an information session, to help clarify the objectives of the course and what is expected from them. This will help create a closer match between the participant and the course. There will also need to be clarification of the role of the manager in providing support to the person for the completion of the project."

"If a person has had a thorough appraisal, this then needs to be sent in and set within the training and development plan - sometimes the appraiser is too vague - they need to be more objective - more specific - everybody needs to be aware of the process."

The organisational leads explained that the drive behind the implementation of the KSF had led them to address management development training to help build the manager's skills in carrying out staff appraisals.

Which participants benefited from the course?

Eleven out of fifteen participants interviewed reported that they had benefited from the course. The pre-course information was not used by the majority of the participants to prepare them to attend the programme. This then led to participants having a range of expectations of the course. Some thought they would learn about 'generic' leadership and management approaches, whilst others thought they would learn to develop assertiveness skills. Those who got the most out of the course were the participants who were:

- prepared to have an "open mind" and who were receptive to new ideas or to change their expectations at the start of the course;

"I wanted to learn something and gain experience to benefit the job"

- in a career change and were receptive to thinking about new ideas

"I wanted to better myself to set my own goals"

- or those whose expectations were closest to the objectives outlined in the course flyer

"..Possibly to improve my skills with patients and to have a more positive outlook with colleagues"

" .. To develop my leadership skills and to clearly identify what I do and to be able to say what I do"

"I was hoping it would help develop skills in leading that lot out there! To be able to deal with everybody that comes through the reception area"

"I manage a team of 12 and also responsible for quality. I wanted to develop team building and motivational skills and to learn better ways of approaching people"

Overall the course objectives were met for the majority of participants. The course was described as having ten aims. The fifteen participants were asked if they agreed or disagreed that each of the aims of the course had been achieved. The results are shown in the table below:

Aims of the programme	Disagree	Agree
Understand how your role can improve patient care	4	11
Develop your communication skills	7	8
Develop your persuasion and influencing skills and identify the appropriate use of techniques	4	11
Differentiate between different styles of behaviour	6	9
Improve your assertiveness	7	8
Learn more about how to ensure effective team working with colleagues	5	10
Develop your ability to build positive and powerful relationships with patients and colleagues	8	7
Learn how to manage conflict effectively	5	10
Develop your political awareness and political skills to help work effectively in health and social care	5 (3 unsure)	7
Practice new and enhanced skills and implement personal action plans	3 (2 unsure)	10

What factors need to be in place to maximise the chances of satisfaction for participants?

Clarifying course expectations and the partnership between participant and manager

One third of the managers interviewed stated that they had different expectations of the course when compared to those of the participant:

"The title is misleading - she thought this course would help her to develop her management skills. I thought the course would be relevant to a staff nurse in the team - to help them reflect on what needs to change"

"To develop new skills to deal with people - about difficult situations and helping people to deal with conflict, as the staff have to do a lot of that. I was going to send all my front line staff on to the course. The two staff came back and said they didnt get anything out of it at all. They thought it was more for people at a higher managerial level, so no others were sent".

"She came to see me after the first day as she didn't think the course was the right course for her. We talked about it and discussed what she was hoping to achieve from the course and she returned. I think the initial cynicism is about feeling threatened"

The confusion about expectations led to managers being divided when reporting on the outcomes they expected the participant to achieve. Six managers expected their staff to develop new skills to apply in practice, while three managers expected to see staff develop their confidence. Although expectations were not clarified between the participant and the manager, the managers supported participants on the programme in two main ways:

- releasing staff to attend the training when it was difficult to do so

"We are a small team so we did it one at a time"

"We struggled"

"We covered for her"

"Goodwill with other staff - they all support professional development"

"There is a priority for staff to learn together - so I managed to organise staff to be released"

"The team support the training and cover for colleagues"

"Training is a requirement for us - so it was something I had to manage"

"We covered for the staff to attend the course"

- provision of 'support':

All nine managers provided an informal level of support. This ranged from two managers stating that they gave time for staff to attend the course to seven managers who stated they gave more structured support. It is evident that where staff were given the time only (without a discussion about learning objectives) there was a higher likelihood that the participant would not achieve a completion of an action plan. Seven of the nine managers explained the type of support provided:

"The encouragement in the first place - I heard that the course had been evaluated well"

"Needed support from the team to backfill and also encouragement to attend. We talked through some of the elements of the course"

"All staff work within a small team and support each other. They came up with ideas themselves but shared them with the team"

"Gave support with the action plan"

"I am accessible if they needed a placement for workplace shadowing - I have an open door policy"

"I talked to her about how it fitted with what she is actually doing. The course information on its own can be threatening. It was good to encourage her to reflect on her skills from her previous experience"

"I gave her support to attend and was available if she needed to discuss issues"

Management Support

The South Yorkshire Leadership at the Point of Care Programme required all application forms to be signed and supported by the participant's line manager. From the literature on the course it was not clear from there on as to what type of support the participant would require from the manager for the duration of the course. As all participants were required to complete an action plan that affected change in the workplace, the continuing supportive role of the manager was a crucial one in determining the implementation or not of the action plan. In terms of the course evaluation, the national evaluation form did not ask participants to comment on the 'support from manager' as a separate question and the only place where participants were able to make a comment about management support was in question 13 (c):

What factors contributed to you achieving (or not) your action plan? Please comment about:

- a) your own level of motivation
- b) Any development needs you may have to help you achieve your action
- c) The amount of support you sought and or received from others
- d) The realistic nature of your action plan.

Fifteen participants out of the 72 who submitted evaluation forms made a comment about the support from their manager. Eight made favourable comments for example:

"Planning, a lot of motivation, management backing"

"Having confidence to put forward ideas and for a responsive manager"

"Support from line manager and colleagues"

"Excellent support received dependent on outcome of business meeting"

"Supported by line manager/team resistance from others"

"Support of manager, sense of worth"

"Total motivation, management help good"

"My manager gave full support for me to continue with my action plan"

Six participants referred to the need to seek support from their manager or highlighted a lack of support:

"No support given due to poor management at workplace"

"I have been unable to seek the support of my line manager yet, but this will be addressed in the next few days"

"My own level of motivation. The amount of support from management was nil"

"Made me realise I was in a rut and needed to confront management which enabled me to gain promotion"

"Outlining support needed from team and management."

"It needs my motivation and management support to keep it going"

Examples of the style of management and type of management support that appeared to work well in supporting participants to complete their action plan are presented in the four case studies.

Both Dawn (case study 1) and Fiona (case study 3) were able to check out with their managers the appropriateness of the course after day 1 as they both had initial concerns about either the teaching methods being used or the wide range of frontline staff learning together. Both found their managers accessible to discuss these issues and were reassured enough to attend days 2 and 3. Both commented that it would have helped to have more detail in the pre-course information to prepare them for the course. Both needed regular meetings with their manager to ensure the completion of the action plan. Dawn often sought reassurance and had many questions that emerged from the shadowing experience, while Fiona needed to discuss the progress and barriers faced with the complex task of collecting data for the organisation to achieve a kite-mark status. In contrast to Dawn and Fiona, Lydia (case study 3) and Joanne (case study 4) had managers who had created the opportunity for their development in their job role. The managers had enabled access to the programme and both were supportive of the participants identifying the type of project they would work on for the course. Both managers and participants appeared to be clear as to how the job role had changed and that this would require some adaptation from participants. Lydia is an experienced nurse who was entering a period of transition with a new job role and Joanne's job role had developed considerably since she originally joined the organisation three years previously.

Inter-professional learning

This has to be managed to work well. On the whole the inter-professional learning element was successful and when the respondents were asked how they got along with others on the course, 14 out of 15 replied positively. While 11 respondents used words such as 'brilliantly'; 'very nice'; 'very friendly'; 'very well', three respondents gave enthusiastic replies about their peers:

"Everyone appeared to be on the same level. Drs, CPNs, Kitchen supervisor, no one was stuck up... it were all right"

"Very well. A very cohesive group from day 1!"

"There were some brilliant people - yes I really enjoyed it - so friendly".

One person appraised this experience negatively. She states:

"To be honest this was one of my main criticisms, people from the same unit, the same place of work where there are major leadership issues within the team dominated the group. They were all from the same unit and there were others, myself included who had no stimulation. I sat on a table with a

colleague who was sitting on his own - he was a housekeeper and wasn't sure why he was there. He felt out of it. Whilst it seemed to open up interesting participation all I seemed to do was to share my good experience and expertise. I didn't get anything back".

A participant pack

All participants were given a Participant Guide on Day 1, which 12 participants evaluated positively. Five out of the 12 mentioned that the pack was either 'good' or 'useful' and seven gave further comments on how the pack was useful to them:

"The book made fairly good reading. I was disappointed with the course generally so it didn't add too much"

"Read it - still got it, in fact the diagram with the pyramid with achievements and goals is useful"

"Very good, very useful, everything in it was useful to different people"

"Yes useful - action planning, negotiation and reflection and the bit about the different masks people wear"

"Handy to have everything in one place together"

"Good to have the models - I've been back to it since!"

"Yes useful - I expected more traditional teaching methods, but looking back I really liked it"

When asked if there were any parts of the pack that were not useful 11 people said there was none and two respondents commented:

"All was helpful"

"Can't think of anything I didn't use"

What were the reasons for participant dissatisfaction of the course?

Four out of fifteen participants evaluated the course negatively. There were commonalities between the four participants and the following themes emerged:

- no expectations of the programme prior to attending or very little thought or preparation:

"I don't think I had thought it through before going on it. Something my manager said might be useful to go on. Not sure my manager knew much about the course either".

".. There was no time available to plan objectives with my manager. I was not aware of my manager's expectations of my attending the course"

- a mismatch between what they were expecting from the course and what the course actually delivered. In these situations there is evidence of little (if any)

communication with their line manager about shared expectations and also there was no reference to appraisal or supervision objectives.

"I thought it was about helping you to lead the rest of the staff and self to devising a programme for a patient It didn't meet my expectations"

"Leadership - more general leadership with professional development"

"Wanted more skills to learn how to become assertive"

- supportive managers but it appeared that the managers were either not exactly clear as to whom the course would benefit or they had not discussed what the person might achieve by attending the course:

"My manager is more than supportive"

"My manager emailed it ... saying it might be helpful"

"I have never discussed the course with my manager"

- All four suggested that they would have liked further information or time to plan objectives. This may have helped them to decide about attending the course:

"Would have liked more information to know what we would be doing each day I am old school... I like to be told things"

"Would have liked further information on what the course was about. I would have liked more about how professionals work together. The course didn't generate anything that I hadn't generated myself"

- none of the four were motivated to complete an action plan
- all four participants evaluated the course negatively

"This course was not for me!"

"Not sure if I really got a lot out of the course Am I any clearer about leadership at the point of care? no probably not"

"It wasn't the right course for me"

"To get back to my manager to confirm what the course was supposed to be about"

General dissatisfaction

Pre- Course Information

Twelve out of fifteen of the participants did receive pre-course information. Four of the people who received pre-course information were pleased with this and felt the information was adequate to prepare them for the course. Seven out of the fifteen people specifically mentioned that they would have liked to have more information prior to the course for the following reasons:

"The pre-course information listed things - it didn't really prepare me for the day, would have liked more information"

"Yes I received the information - it did not prepare me for the course, I would have like to have seen more information on the content and outcomes"

"Yes - not useful in preparing for the course"

"Would have liked to have known more about what was going to happen each day"

"General information about the course - no time to plan with manager - would have liked further information on what the course was about"

"When I read it I would have liked it to have explained more to work out if it is a course for me or not"

"No I didn't receive any information; I would have liked more explanation about the aims and objectives".

On the whole the pre-course information did not appear to help people prepare for the course. None of the participants completed the action plan with their line manager, which asks the participants to write down the key objectives they want to achieve from the course, the key steps to achieve this and the resources required. The leaflet sent to participants before the course, which includes some information about action plans, is attached in Appendix 2. By the end of days 1 and 2 most participants had started to think about an area of practice that would benefit from improvement.

Case Studies

Case Study 1 - Dawn and Trudy

Dawn is in her early 40s and has worked for the National Health Service for 14 years. Although Dawn enjoyed working in the NHS she stated that about a year and a half ago she had felt in a bit of a rut career wise working in the hospital as a phlebotomist. She applied for a job as a support worker with the Older People's Care Network in Sheffield as she had always wanted to work in the community. Dawn was successful in her application and was pleased with the prospect of a career change.

The transition to the community was to be a steep learning curve for Dawn not least because she was moving from working in a town (Rotherham) to a city (Sheffield). When she first started her new job, she found that there were a lot of barriers that she had not experienced before in her previous job. One of these was regarding the issue of confidentiality and she felt uncertain about how this would impact upon her communication with patients. She acknowledged that she initially had a low level of confidence about this. There was also the barrier of learning to understand how to work with 32 GP practices and how to promote the emergence of a new service. Dawn acknowledged that the major issue for her was one of a lack of confidence.

Dawn reflects that as she was working in a new service there were many opportunities for her and her manager to meet up and to discuss issues on a regular basis. At one of these sessions her manager passed on the information about the Leadership at the Point of Care course. Dawn says that she went on the course with

an open mind. She had no set ideas as to what she would come back with. She did however have the chance to discuss the course with her manager who felt that the course could help build her confidence. When asked if the course was the right course for her, she replied *"No, the first day I wondered where the hell I had come to! Most people there were bewildered... it was very American. By the end of the course I had enjoyed it and it did give me more confidence"*. Dawn did acknowledge that if she had received more information prior to the course then this might have helped her to prepare more for the course.

After the first two days, Dawn was clear about what would be the basis for her action plan. She had reflected that she was unsure about working with people with mental health problems particularly dementia. She decided that she would do some shadowing in a mental health service. She discussed this with her manager and her manager agreed and supported the shadowing experience. Dawn went to a local mental health hospital assessment centre and stayed with the staff for a couple of days. She stated that part of her job was to go into the homes of people in various stages of dementia; she had felt a bit scared and unsure as to how to communicate with them.

She said "...I didn't think about why they were like they were The experience made me more compassionate ... made me think there is a human being there... whereas before I was just going in and out as quick as I could. I started to think that when people are angry, they are not necessarily angry at you... just angry. I chose to do the shadowing for my project, as I did not understand about mental illness. If I had not gone on the course then I would never have done it".

Trudy (Dawn's manager) had been sent the flyer regarding the Leadership at the Point of Care Course from the professional development department. She had read through the aims of the course and as she had two new starters she felt the course would be appropriate for them to attend. Trudy was quite open as to her expectations of the course for Dawn, she said that she would have liked Dawn to explore new ideas and that she wanted to see Dawn develop her confidence in her new post. She feels that the course was timely for Dawn as there were no difficulties in releasing staff as the new service was not quite up and running. When reflecting upon the outcomes of the course for Dawn, she reported that Dawn had "grown in confidence and was now able to make things happen". Trudy felt that the course had given Dawn an opportunity to reflect upon her previous experience and practice and to help her to see where changes could be made in her new post. Trudy reported that the service has grown successfully and now they provide a service to several GPs in the area and the service is still growing.

Dawn reflected on the relationship with her Manager and said *"My manager is very supportive of things that we wanted to do after the course - I couldn't have done it without her - the course made me realise what a good manager I had"*.

When Trudy was asked about the support she had given Dawn while she was on the course she said that it had helped that Dawn had been able to attend the course with another member of staff. She said that she had given her the encouragement and support to attend the course but that she did not feel that she had given any more additional support than she would normally give.

Case Study 2 - Lydia and Chris

Lydia has worked as a District Nurse for many years. She had originally qualified in the 1970's and then had a break from nursing while she parented her children. As her children grew up she worked as a staff nurse and in the last 14 months she has worked as a District Nurse. Lydia had not thought about what she wanted to get out of the course, but she kept an open mind as she had recently changed her job role. She explained that she had been asked to attend the course by her manager due to her changing job role and that now her new role was more of a management one. Reflecting on what she got out of the course, she related the experience to her development in her new role: *"In my position, as I was entering a new job, I got a lot out of it, sharing with others and that was good"*.

In terms of a personal action plan, Lydia reported that she tried to make connections between what the course required of her (after day 2) and the challenges she experienced in practice. She reported that she made connections between the course requirements and the Single Assessment Process. She wanted to look at how other professions and teams work and this led her to making contact with a Care Manager from social services. Lydia explained: *"at the time we [health and social services] had been quite distant from each other - I actually shadowed the person - we have actually met up and discussed cases since"*.

The success of the shadowing for Lydia appears to be the investment in building a new relationship. She reports *"Getting to know someone and then doing a joint visit prevents the duplication of information from both perspectives, it also improves things from the patients point of view as they are only going to be asked the questions once. I was trying to get a package of care set up for a patient who was at the end stage of the disease process, I already knew that the patient who was reluctant to meet any new people. The joint visit helped to build the trust between the patient and a new provider of care"*.

Although the flyer specifically identified that the course would be suitable for D and E grades, Chris (Lydia's manager) felt that the course was more suitable for F and G grades as this group of staff need to develop their leadership skills with teams of staff. Chris had asked Team Leaders in their appraisals about the need to develop leadership qualities and skills and discussed how an awareness of leadership styles was important when managing staff. It was within an environment of 'leadership awareness' that Chris encouraged Team Leaders to attend the Leadership at the Point of Care Training. There was no direct link to the objectives set in appraisal meetings or any formalised agreed objectives. Chris signed off the application form for Lydia to attend the training and hoped that she would acquire new skills in this area.

Due to Lydia's motivation to engage in the process of change and to be proactive, the course worked for her and she achieved positive outcomes. Lydia did not have any formal objectives prior to attending the training and neither did she have a clear idea of what was expected of her.

While Chris is delighted with Lydia's achievements, she is aware that this is more to do with the individual than the processes that led to her application on the course. Chris acknowledges that there is a missing link in terms of a feedback loop to inform the management process. She suggests that there should be more of a formal link between the appraisal system and an individual's attendance on a course.

Case Study 3 - Fiona and Wesley

Fiona works as a Clinical Team Leader for Podiatry services. She has worked in her current job role for fifteen years. The Head of Service asked Fiona if she was interested in the Leadership at the Point of Care Course. Fiona manages a team of 12 staff and also has responsibility for the quality kite-mark. Although she had picked up a range of communication skills along the way in her professional career, Fiona felt that she would like some more ideas around team building and motivational skills. One of the challenges she faced in her job was to co-ordinate and draw together the evidence required for the kite-mark award for the organisation. It was a particularly challenging task to approach NHS managers to ask them if they would complete a piece of work to contribute towards this process. The managers themselves were already overloaded with tasks and such a request can be seen as extra work.

Fiona wanted to come away from the course with communication skills that could be used to encourage people that she doesn't manage, to produce a piece of work over and above what they would normally be expected to do. When she read the flyer for the leadership at the point of care course, she felt that the flyer definitely alluded to being able to help her achieve this.

Fiona arrived at the course thinking that she would develop more generic leadership skills but after the first day she had to clarify with her boss what the course was about. She felt that as there was such a broad spectrum of staff present with such a wide skill mix, she was not sure if the course was intended for her. On reflection she felt that the pre-course information might have been able to explain why the course is relevant to porters as well as professional staff. It is only after the initial shock of learning alongside others from a wide diversity of job roles that it becomes evident that the course is applicable to all staff, whether you are a porter or a nurse.

Professor Wesley Vernon, Fiona's manager commented that Fiona has been supremely receptive to learn and has embraced all opportunities for development. There is good communication between Fiona and Wesley and they meet every other week (although this is often not timetabled). In addition Fiona also meets with Wesley's deputy. The frequent opportunities for communication enabled Wesley and Fiona to talk about the completion of an action plan for the course. Fiona had agreed with her manager to focus on achieving charter mark status for the podiatry service as the basis of her project. When asked what would have been the consequences for Fiona not completing the action plan, Wesley replied *"there would have been drastic consequences for our entire service in that we would have lost our charter mark status that we currently enjoy. This would have bought a whole range of secondary consequences including morale issues, detrimental publicity and deterioration of service quality standards"*.

Wesley has commented that her completion of the action plan has moved Fiona on significantly in her career. He reports that: *"I have advised Fiona that if she wanted to she would be ready to apply for Head of Service posts. Fiona was not at this stage of development prior to leading on this work. As this work took place at the same time as the course, I can assume that these developmental changes are attributed to the course"*.

It is suggested by both Fiona and Wesley that having the charter mark has made a direct impact on improving the quality of care for patients and improving patient outcomes. They suggest that there are now higher quality patient services that are more cost effective. There is better consultation and communication processes in place for patients and the services are more accessible as they have been re-designed to improve the facilities for patients.

Case Study 4 - Joanne and Catherine

Joanne has worked in her current job role as Deputy Mental Health Act Administrator for 3 years and 4 months. She does not have direct contact with the public but her work and the quality of it will have an impact on the patient experience, particularly those who are detained under the Mental Health Act. Joanne's job role would not usually be identified as that of a 'front-line' member of staff, although Joanne and her manager Catherine do agree that the course was relevant and had a real impact on Joanne's development in the workplace.

Joanne has had contact with patients in the past, in her previous job as a ward clerk. She initially thought the course would be a 'management' course and that she would learn new knowledge and skills in her job role. She said that she read the pre-course information but that this still did not prepare her for the course. Joanne felt that the course was designed more for nursing staff, although the facilitators did make it more relevant with other examples. *"After the first day I did ask the facilitator if it was worth me coming back on days 2 and 3, as it was going to be hard for me to put an action plan into practice when I do not have any contact with patients. Jane helped me to realise how I could use the course and could still achieve an action plan"*

"I thought that I was an assertive person generally, but the exercises we covered made me realise that sometimes I'm not. I was really surprised when other people said they also felt the same way, even when they were quite senior and working with patients. I decided that I needed to develop my assertiveness skills even if what I have to say is not what people want to hear".

"My action plan was to develop a database of putting information on about mental health detentions. It was about trying to set up a system where everybody could access the most up to date information and patients could be given accurate up to date information. At the moment I get lots of calls from different staff members. The project helped me to gain more confidence in communicating with others. Leadership at the point of care gave me the confidence to come back and speak to relevant people about what I wanted - it's the bit about being assertive, it's more about you and how you see yourself and others. The course made me look around and see what is in place and available to me to help me to complete a piece of work"

Catherine, Joanne's manager accepted that the course was designed for front line staff and she wasn't sure how different the course should be if people like Joanne went on the course. Catherine reflected that the course may have been appropriate for Joanne as she used to work on the wards and her previous role had enabled her to have some patient contact. Catherine remarked on how the course had made a difference to Joanne: *"The course really made a difference to her. She started to look at things in a wider way and I have seen a change in her attitude for the positive. Her team working skills developed and she was much more engaged with her work. Other people in the team commented on the change in her"*

Joanne had the following recommendation to make about the course: *The course could be improved by changing it and making it more accessible to people. It shouldn't just apply to those who are in direct contact with patients, it is a course that anyone can learn from"*

What is the evidence for recommissioning this course?

Measuring the Impact of the Programme

This evaluation set out to explore the impact of the programme against the following measures:

- Quantitative evaluative data measuring overall course success
- Evidence of direct changes in practice
- Personal development changes in the participant

The data sources drawn upon for this section are:

- National evaluation data correlated with South Yorkshire findings
- Interviews with nine managers
- Interviews with fifteen participants
- Interviews with five organisational leads

Quantitative evaluative data measuring overall course success

Overall, both the national programme and the Sheffield programme were positively evaluated. The key summary figures from the questionnaire are shown below:

	South Yorkshire	National
Did the programme meet the expected outcomes?	90.9%	87.5%
Would you recommend the programme to others?	92.9%	88.6%
Average programme rating (scale 1-5)	4.35	4.2
To what extent were you able to achieve your action plan (scale 1 to 5)	3.39	3.6

Overall, the South Yorkshire programme scored higher than the national programme in terms of the meeting of the expected outcomes and overall programme rating. A higher percentage of participants would recommend it to others. However, the extent to which action plans were achieved was lower than the national figure.

Evidence of direct changes in practice

Six out of nine managers interviewed reported that they had seen direct evidence of change in the workplace as an outcome of staff attending the course:

"A did make a change - we are based in one practice but manage two bases. A developed a proforma for the ordering of dressings. We were ordering them over the phone and they sometimes ended up being the wrong type. Now we can order the size, amount etc and fax this through. B Developed a tool for student nurses - we have a letter that we send out to student nurses. We thought that maybe we had not made it clear in the letter about the requirements of students on placement, so B developed some more information based on drawings and illustrations to help remind students what they need to do"

"Long term conditions work - they are developing this work. I expected them to do something. It is important not to go on a course for the course sake - it has got to relate to practice"

"Both staff are working towards leadership positions, C took a lead in chronic disease management and D took a lead role in holding monthly meetings at the GP surgery about cancer care"

"This particular member of staff developed their management/coaching style"

"Brought skills from previous post and identified gaps in a service that was being developed. She used the course to reflect on her own gaps in experience and we organised some shadowing for her. E had never been in nursing homes before and she had low levels of confidence working with this client group. After the shadowing experience, I noticed an attitude change and E's confidence appeared to increase. One year on we now provide a very successful service to nineteen GP surgeries"

"F developed a data base information system for people who were detained under the Mental Health Act. The course did make a difference as it helped her to look at things in a wider way. It has definitely changed her attitude and her team working skills have improved. Other people in the team have seen a change in her and have commented on this"

Six people out of the fifteen interviewed reported that they had made a direct change in the workplace:

"I made things more personalised for the patients. Got towels for each person, they are much nicer. I came away from the day and said 'yes, we are going to do it'"

"The course wanted us to do something, so I made the link with the single assessment process. I spent time looking at other professions and teams. I went out with a Care manager from social services - at the time we had been quite distanced. I actually shadowed the person and since then we have actually met up and discussed cases".

"Focused on dealing with one person in the team. Managed to explore as a team approach dealing with a difficult individual"

"Communication - I devised a system on the notice board for the ordering of prescriptions so there would be no duplication. It is a good system for checking what has been ordered by whom and when. Whereas before nobody had a system for tracking things. The course made me feel empowered to make the change"

"I developed a system to run the reception more efficiently. We are slowly getting there. The course helped me to start at the core of patient care and work out".

"A big project involving over 50 staff. This work is additional to what everyone else is doing. Massive team project and not a one person job. After the course I went back to the staff team and now I get feedback and have given more information. I was delegating, action was minuted and I was working in an assertive and not aggressive way. In the past I wondered how I was going to approach this person to get information back. Now I am getting stuff back and feel this has been an achievement"

Three out of nine managers reported that they had not seen a change in the staff that had attended the course:

"F worked between sure start and us - there was a transition in her role and a change in the service being delivered. She felt the course was not at the right level for her and there was repetition from other courses. There is a need to get the pre-course information right, so that we know we are sending the right people on the course. She didn't feel it gave her anything more than she had previously"

"There was no change achieved. She thought she was going to attend a more generic leadership/management course"

"There were no changes achieved by the two staff who attended. They both stated that the course was not the right course for them".

Four out of the fifteen participants reported no change at the end of the course.

Personal development changes

About one third of people sampled from the participants and the managers reported an observed increase in confidence. Three of the nine managers commented on the increased confidence they had observed in the participants since attending the course:

"Since they have both done the course, I expect them to take more of a leadership role in the team - but they themselves have grown in confidence in using the skills they have got"

"When an opportunity came up she had the confidence to put her skills forward"

"The course gave her the confidence to speak up and be more assertive"

Five out of the fifteen respondents reported that one of the more powerful outcomes for them was in the increase of their confidence:

"It helped me to understand that I am capable of more than I am actually doing ... more confidence in doing things"

"More confidence - I have initiated things at work without being asked"

"Yes I did have leadership skills, the interview and feedback drained my confidence and the course gave it back to me"

"More confidence in ability to manage"

"Leadership at the Point of Care gave me the confidence to come back and speak to relevant people about what I wanted - its the bit about being assertive ... more about you and how you see others, it made me look around and see what is available for me" (a quote from an administrator who has no direct patient contact)

Another area of personal development was in the area of development of communication skills:

"I learnt more skills in communication"

"To try and communicate better with colleagues and a conflict I wanted to resolve"

"Different techniques in getting people to do things when you don't manage them"

"Better negotiating skills - different techniques in communication"

While three people reported an attitudinal change which demonstrated that they had used reflection as part of the process of their development:

"It made me more understanding and sympathetic to patients"

"Only on a personal level, to deal with the backbiting. I made a decision that if there was back biting in my presence, then I would need to walk out and not collude with it"

"Made me more aware - is there something I can do better to keep the place clean, safe and friendly for clients".

What recommendations would you make to improve the course?

From the four respondents who did not feel that they learnt from the course, three felt more appropriate marketing of the course would be a way forward:

"Pitch the course accordingly ... may have a different course pitched at different levels"

"Good for the right people ... try to match information about the course with the course"

"Targeted at the right group of people - the right level - it is not a course for all front line staff"

While the fourth felt quite negative about the course:

"There was nothing in the course that would help".

Of the 11 people who felt positive about the course, three stated that they had no comments on how the course could be improved. Recommendations from the remaining eight were in the area of teaching and learning methods and structure.

The teaching and learning methods caused five people concern:

"I found the last day difficult Because of Role Play... I am not into that at all. What we learnt we had to write a poem or play act .. we all sort of groaned but it all turned out in the end. Need more structure and less facilitation".

"What put me off - there was lots of role play and person style of teaching and methods used"

"Felt like being made to perform ... bit like the Kirby vacuum cleaners ... some people were offended by the method ... bags of sweets like being in Kindergarten"

"Wish you didn't have to sing at the end - I can't sing for my supper"

"At the time not to treat people as children, but looking back it was a good ice-breaker"

Three people recommended that the structure and the content of the course should be changed:

"Slow to get started - needs a structure"

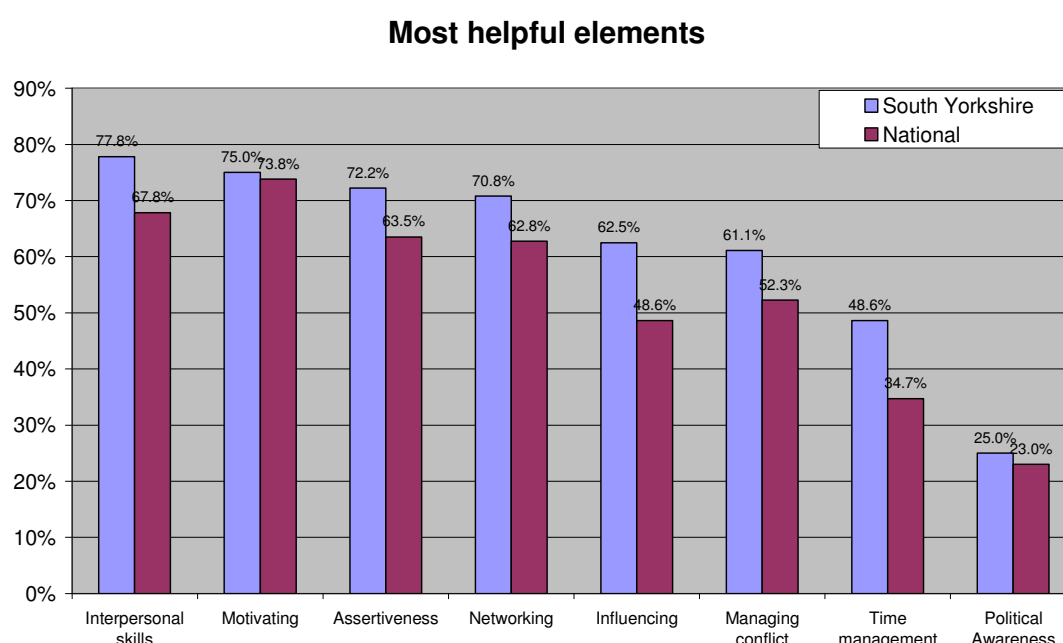
"Change the course - it shouldn't just apply to those who have patient contact. I was the only admin staff amongst all nurses"

"I am not sure about the content in the afternoons"

4. Results form analysis of Leadership Centre Questionnaires

The summary results have already been noted. The survey asked questions related to various elements of the programme, progress against action plans, and the detailed design and delivery of the programme.

Participants were asked to identify which elements of the course were most helpful. Multiple answers were allowed. The results are shown in the graph below. The pattern in South Yorkshire is broadly similar to the national position. For each area, a higher percentage of South Yorkshire participants rated it as most useful, which corresponds to the higher satisfaction rates. In South Yorkshire the two most useful areas were Interpersonal skills (78%) and Motivating (75%) which reverses their evaluation in the national survey. Assertiveness and Networking also scored over 70%.



There were 7 questions asked about the delivery of the programme, with each question asking participants to rate a statement of a 5 point scale, 1 is poor, 5 is excellent. The results, with a comparison to the national evaluation, is shown in the table below. Adjustments have been made to the national figures because “no response” was shown separately.

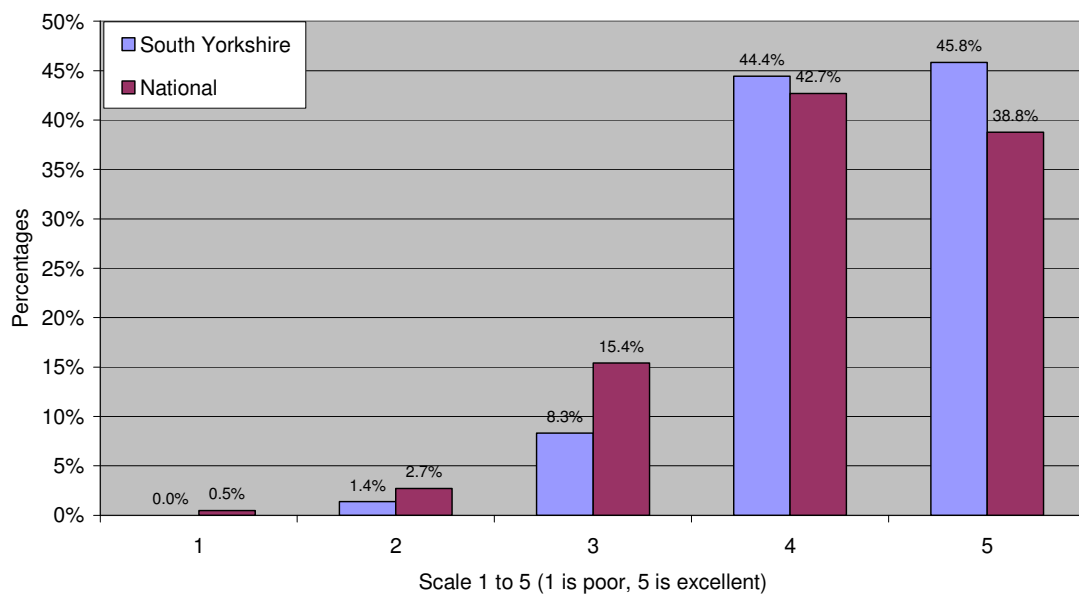
The programme used materials supplied by the national programme, and the facilitators were trained by the Leadership Centre. The results do however, show that the facilitators, and the location of the training (St. Mary's Community Centre, Bramall Lane, Sheffield) compared favourably to the national results.

The relevant figures are given in the table overleaf.

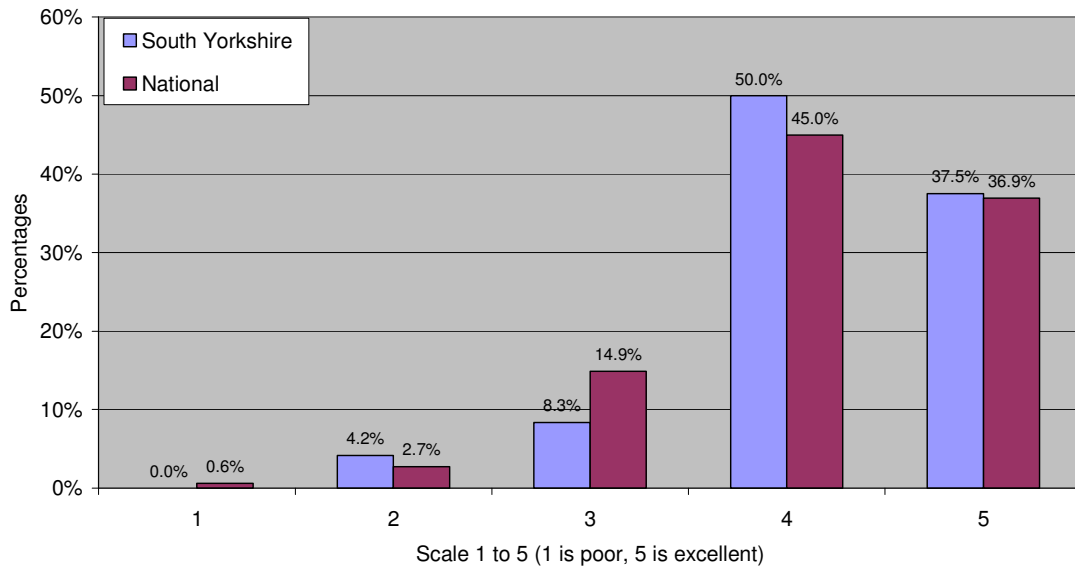
Statement	South Yorkshire	National
The information was well organised and interesting	4.35	4.17
The group activities assisted in understanding the context	4.21	4.15
Participant questions and concerns were addressed	4.42	4.31
The participant guide captures key elements and simplifies note taking	4.18	4.10
The facilitation styles were appropriate to the needs of the group	4.32	4.20
The facilitator modelled the philosophy of the programme, i.e. respectful and valuing of individuals	4.68	4.50
The meeting room was comfortable and conducive to learning.	4.43	4.05

The national evaluation gave graphs for the each of the questions showing the distribution of results. The graphs are reproduced below showing the comparison of the South Yorkshire position with the national.

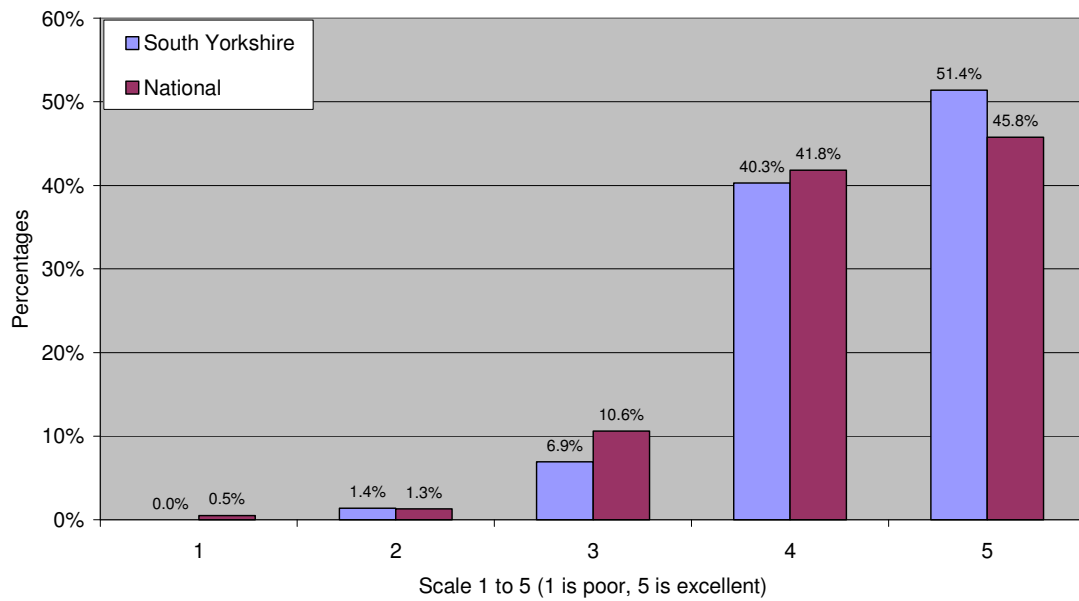
The Information was well organised and interesting



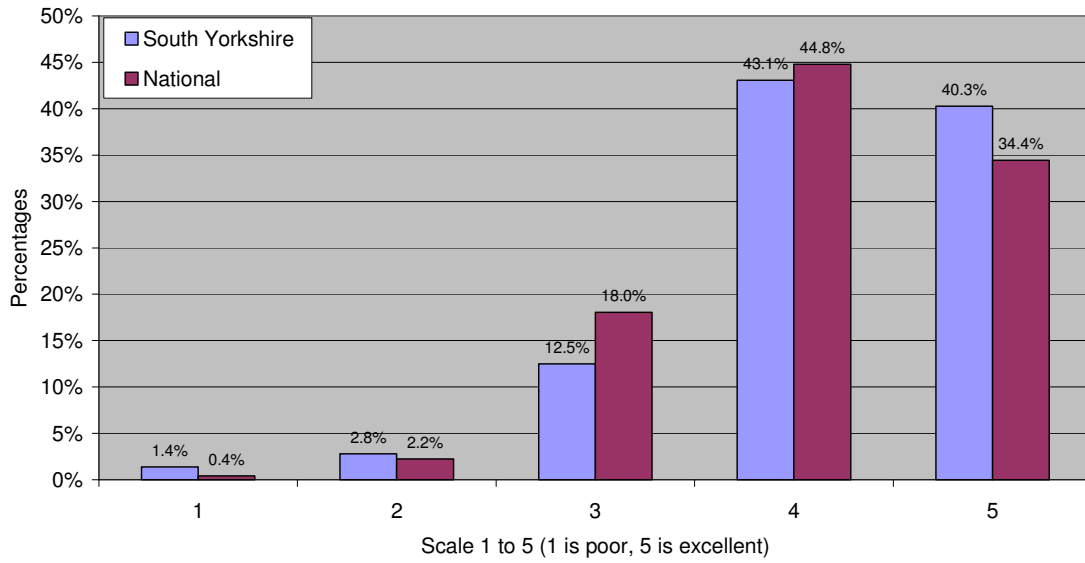
The group activities assisted in understanding the content



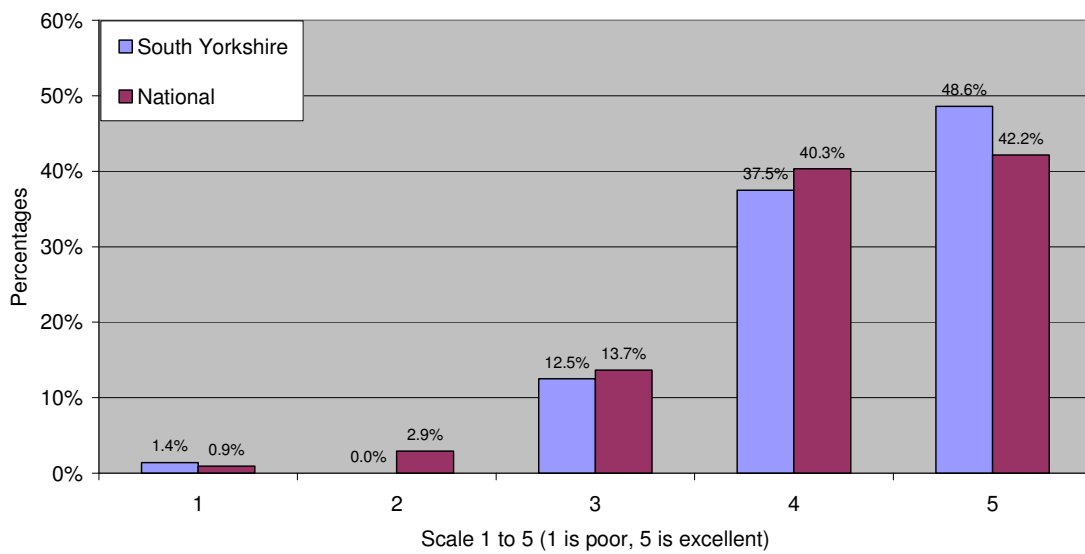
Participant questions and concerns were addressed



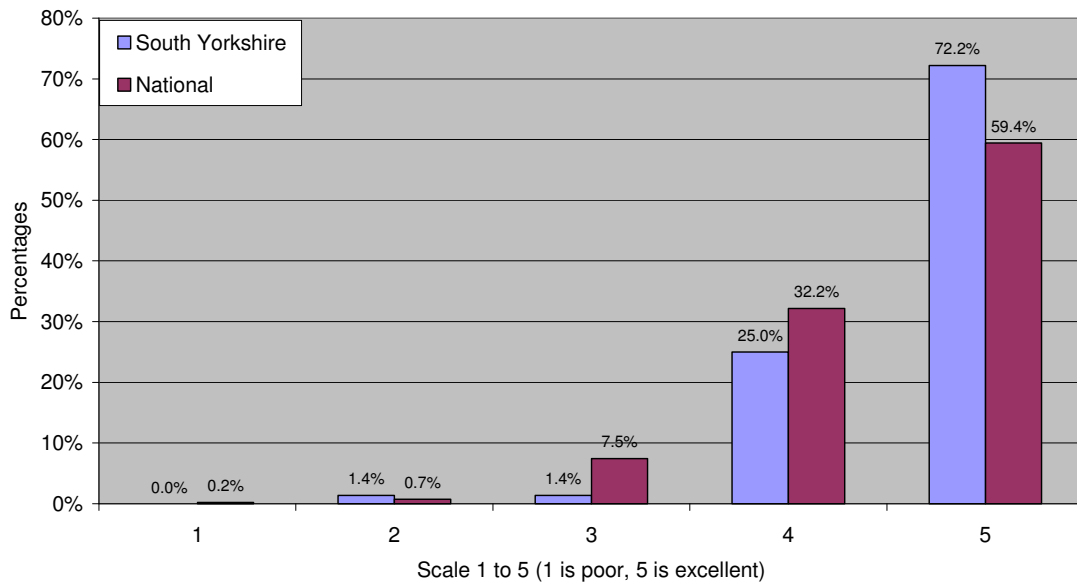
The participants guide captures key elements and simplifies note taking



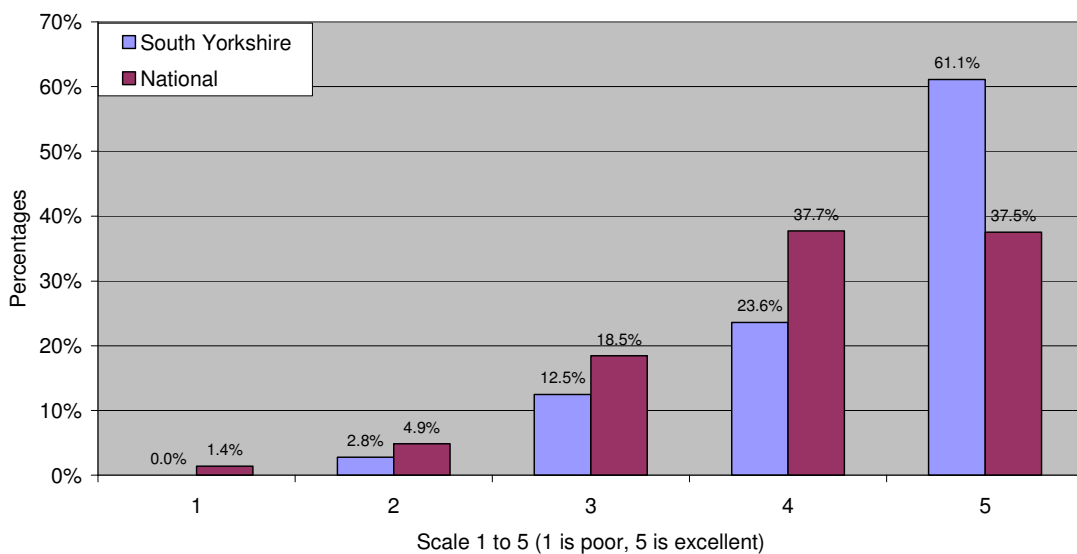
The facilitation styles were appropriate to the needs of the group



The facilitator modelled the philosophy of the programme



The meeting room was comfortable and conducive to learning

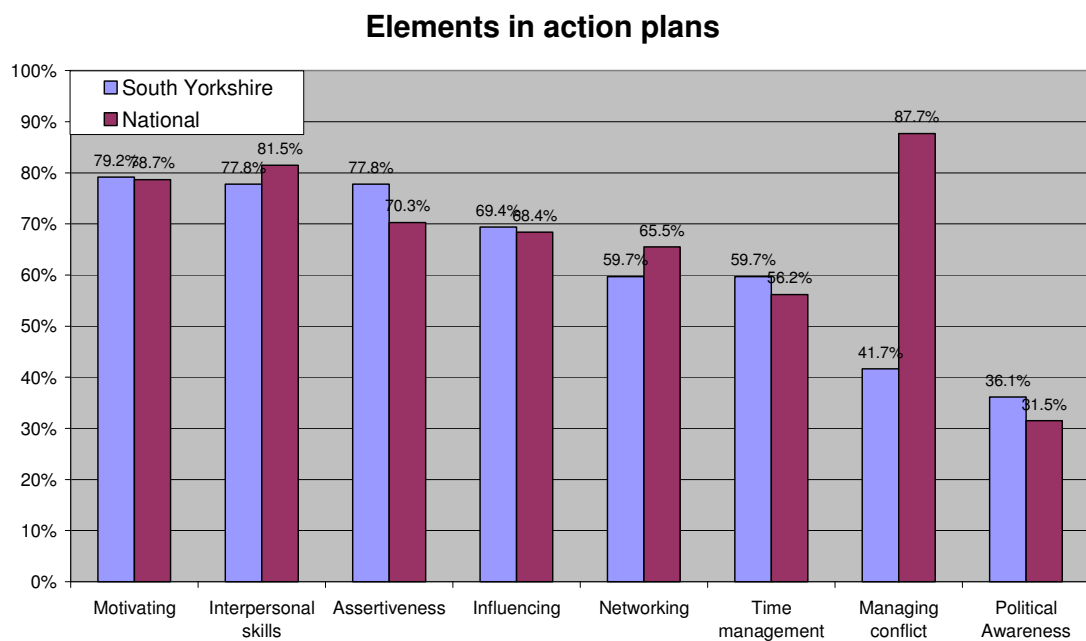


Participants were asked to identify which elements of the programme their action identified. Again, multiple answers were allowed. Here, there was a significant difference between the South Yorkshire position and the national position. Nationally, the element which was included in most action plans (87.7%) was Managing Conflict. However, in South Yorkshire, this was the 7th most often identified (out of 8) with only 42% of participants identifying this as an element. The most often identified elements in South Yorkshire action plans were Motivating and Interpersonal Skills. The South Yorkshire position seems to be more consistent with the results of the questions which asked participants to identify the most helpful elements. In the national figures, although 87.7% identified managing conflict as an element of the action plan, only 52.3% identified this element as among the most useful.

The table overleaf shows how the South Yorkshire and National positions correlate the most useful element of the programme with those identified in Action Plans.

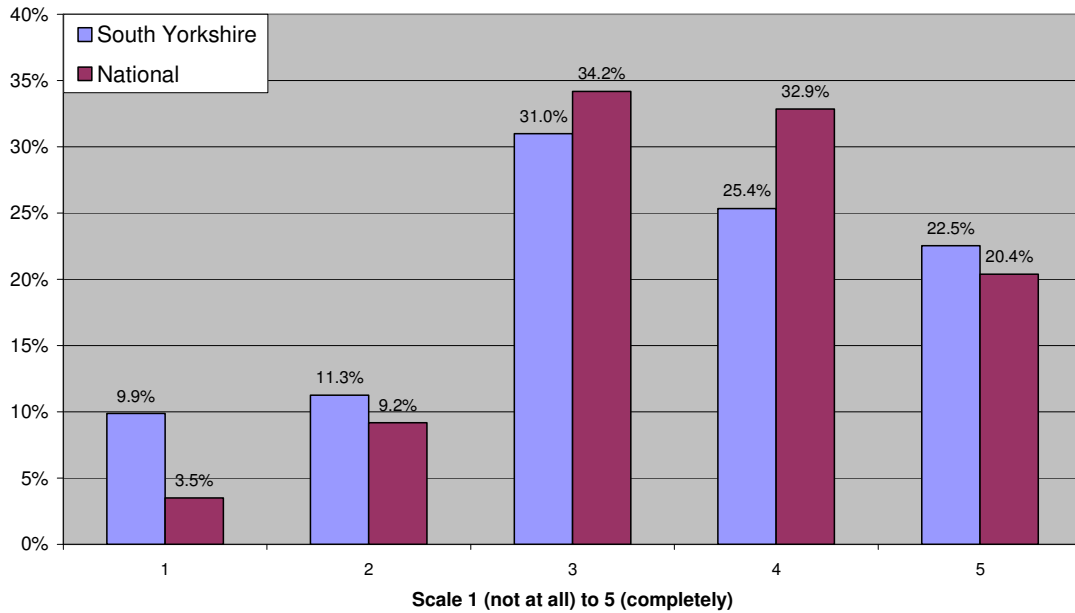
Element	South Yorkshire		National	
	Most useful	Included in action plan	Most useful	Included in action plan
Interpersonal skills	77.8	77.8	67.8	81.5
Motivation	75.0	79.2	73.8	78.7
Assertiveness	72.2	77.8	63.5	70.3
Networking	70.8	59.7	62.8	65.5
Influencing	62.5	69.4	48.6	68.4
Managing conflict	61.1	41.7	52.3	87.7
Time Management	48.6	59.7	34.7	56.2
Political Awareness	25.0	36.1	23.0	31.5

The figures for the elements included in action plans are shown graphically below:



In assessing the extent to which action plans were achieved, South Yorkshire scored slightly less than the national position: scoring an average of 3.39 (on the 1-5 scale) against a national figure of 3.58. The distribution of responses is shown below.

To what extent were you able to achieve your action plan



Nearly 10% of participants in South Yorkshire reported no progress in completion of action plans compared to only 3.5% nationally. However a higher number of participants from Sheffield reported that their action plan was fully completed, compared to the national figure.

Qualitative data

Included in the questionnaire were spaces for participants to include qualitative data. Specifically, participants were asked:

- What was the action plan identified in your desired future triangle?
- What factors contributed to your achieving (or not) your action plan?
- Would you recommend this course to others. (Yes/No). If yes, to whom?
- Please identify any changes that you would recommend in this programme content or format.
- Please provide any specific comments/feedback for the facilitators below.

Action Plans

The Leadership Centre evaluation identified that improving communication (with patients, within the service area, and between service areas), action to improve a specific service, and personal development were the main themes. The quality of the South Yorkshire data was not good - in the 72 questionnaires included, 17 had no details of the action plan. Of the remaining, 12 were related to communication, 24 related to improving service improvement (although in a number of cases the aspect of service to be improved was not clear) and 19 related to personal development.

Some examples of actions plans relating to communication or service improvement are given below. It should be noted that this is a selected sample on the basis of the clarity within the limited space available in the questionnaire:

"Support workers to be involved in collaborative care planning"

"Better placements for students"

"Efficient prescribing service (quicker)"

"Nurse prescribing"

"To develop single assessment process as a tool for interdisciplinary working"

"Better induction for new staff"

"Increase service users motivation whilst in respite. To offer leisure activities appropriately"

"To prioritise efficiently to ensure provision of quality service".

These plans seem to be broadly in line with the range of plans described in the national evaluations. However, the way that the data is presented in the Leadership Centre evaluation suggests that there were few plans based on Personal Development, or incomplete data. In their list of 100 actions plans, which aim to reflect the whole, for example, none related to personal development. The First Evaluation Report from Henley Management College similarly doesn't identify any projects that were Personal Development.

Examples of action plans related to Personal development in South Yorkshire are (similarly selected because of clarity) are:

"To be more assertive and cope with conflict"

"Working on assertiveness and political awareness"

"To apply for a get offered post (promotion)"

"To become computer literate"

"Motivating/assertiveness/influencing"

"To devote time to developing PREP portfolio"

"To have clear role/responsibility"

Factors affecting achievement (or not) of the action plan.

It has been noted that the South Yorkshire programme had a slightly lower score than the national evaluation in terms of the achievement of action plans. Although the question relating to factors affecting the achievement (or not) of the action plan asked for comments, participants were asked to "think about" 4 specific areas: a) Your own level of motivation, b) Any development needs you may have to help you to achieve your action, c) The amount of support you sought and or received from others, and d) The realistic nature your action plan." Factors by respondents tended to reflect this guidance, and it is often unclear whether the factor identified had a negative or positive effect on the project. A theme that does emerge from this limited data, however, is that many participants had been highly motivated to achieve their action plans. The Leadership Centre did not analyse data from this question in their evaluation, which may be due to the poor quality of the data.

Recommendation of course to others

It has been noted that a high percentage (92.9%) of participants would recommend the course to others. When asked "To whom?" the clear theme was to colleagues, and peers. There were no responses which specifically identified more junior colleagues, although some mentioned specific grades or functions, such as "Basic and Senior 2 Therapists", "New starters in service" "A/D/E grades". A number of respondents specifically suggested that the programme might be relevant for managerial levels, for example "most supervisors, managers", "Peers. Management at all levels" "Manager and colleagues", "Other staff members and management".

Recommended changes to the programme

There were only 14 responses that made suggestions about changing the course, and all of these comments pick out themes identified in the national evaluation. 4 respondents suggested the course was too long, and could be condensed to 2 days. 1 participant thought that 3 days rather than 2 were required for initial programme. 5 participants suggested that some longer term follow-up or support would be useful.

The specific feedback to facilitators was overwhelmingly positive.

5. Discussion

The South Yorkshire Leadership at the point of Care programme was evaluated very positively. The main points emerging from the evaluation are summarised below. These areas complement the findings of the national evaluations for the South Yorkshire programme.

Being sufficiently prepared for the course.

The Leadership at the Point of Care programme is controversial in the way it uses teaching and learning methods and some of the methods have caused negative emotions amongst course participants, in the National and South Yorkshire evaluations. For a small minority of participants their dislike of the course generates vociferous discussion and strong statements of discontent. The level of detail in the findings of this report suggest a need to be 'up-front' in declaring the teaching and learning methods in the marketing flyer and for the support role of the manager to be defined. Such attention to this detail in the marketing of future courses may have the effect of reducing the percentage of dissatisfaction of a minority of participants.

Most staff were not prepared to attend the course and the majority did not make use of pre-course information to help them think of an area of practice for their project. There was no evidence of links between attendance on the course and the appraisal process. Where there were references to identifying the needs of staff members, this was not always well informed, as some managers perceived the course to be about the teaching of generic leadership and management principles and practice.

Support from line manager

There was no defined role for the line manager in the marketing flyer of the course, although their role was crucial to ensuring that the staff member would be supported to implement the action plan. It was usually the managers who were in frequent contact with their employees who were able to provide the tailored support, reassurance and access to additional time to be released from the work place (for example shadowing) who provided adequate management support to the participants. For these individuals the course was a success. For those who evaluated the programme negatively, they were less likely to have frequent communication contact with their manager and for there to be a mismatch between their expectations of the course and what the course set out to achieve.

Action Plans

Action Plans completed after the first two days of the programme form a key part of the learning process, and demonstrate outcomes for the programme. The national evaluations give evidence of the plans that have been produced, and our evaluation shows that a similar range of valuable projects have been completed after the South Yorkshire programme.

However, the local evaluation does suggest that the action planning element of the programme could be improved. The reported score from the questionnaire on the extent to which action plans were completed was lower in South Yorkshire than nationally. The national evaluations used examples of projects which related to work-based projects without emphasising personal development programmes, or in the case of the Leadership Centre evaluation, that some of the data included may be of poor quality. It may be that South Yorkshire was an outlier in these terms - i.e. that

there was a disproportionately high number of personal development, rather than service improvement action plans.

In the participant guide it says that "You will be asked to take on a project to start during the 4 to 6 week gap between the first 2 day event and the celebration day. This project is intended to give you the chance to put some of your new skills into practice and to learn from the experience of making an impact on something that you have identified as a priority area for patient care." (Leadership Centre, p8). While action for personal development is not excluded, there is an expectation here that the programme should include learning through a work-based action plan.

One area where Sheffield was an outlier was in the elements included in the action plans. Only 42% of survey respondents indicated that Managing Conflict was part of their action plan, compared with 87.7% nationally. In the other 7 elements there was close agreement. So perhaps this does indicate that action plans from the Sheffield programme were less ambitious in addressing change issues than elsewhere in the country.

The interview data and case studies also lend support to the view that a greater emphasis on the action plan may enhance learning and impact.

The development of 'front line' staff

There is a wide level of interpretation of the term 'front line staff' between managers and organisational leads. Although the majority benefited from this programme, it is evident that different grades of staff from different occupational groups were targeted from the five different organisations who participated in the programme. It is clear that more strategic consideration needs to be given to examine which staff are most in need of accessing a programme of this kind. Staff at a more junior level are reported to be less likely to have the opportunity to attend training (unless it is mandatory training) and are possibly more likely to advance in their personal development e.g. increased confidence or assertiveness as well as complete a work based project.

The level of the course

The Third Evaluation Report by the Hanley Management College suggested that the programme should be aimed at an "appropriate job level (not too senior)". The evidence that this is a concern in the Sheffield programme is limited. Apart from the overall positive evaluation, overwhelmingly participants would recommend the course to others, particularly colleagues. Where other grades were identified these were predominantly higher in the organisation rather than lower. The interview data does suggest that there was in some cases a lack of appreciation by managers of the aims of the programme, and that it is part of an organisational development initiative, rather than simply an opportunity for an employee to learn a new skill or set of skills appropriate to their role. The evidence here suggests that considering the "level" of the course is closely related to other elements of preparation, the relationship between an employee and her manager, and other contextual issues relevant to the participants work situation.

Facilitation

The two facilitators for the programme were very positively evaluated - both received an average score of 4.6 on the 1-5 scale. There is no direct comparison of this evaluation in the national report, but several of the questions in the Leadership Centre evaluation looked at specific issues. In all 6 of the questions that were related to the facilitation, the Sheffield programme evaluated higher than the national figure. The qualitative data available through the questionnaires was overwhelmingly positive.

References

Anthony A, Rickarby L (2005) *Leadership at the Point of Care. Participant Programme Evaluation.* . NHS Modernisation Agency Leadership Centre

Burgoyne J, Williams S (2004) *Evaluation of the Leadership and the Point of Care Programme. Second Evaluation Report. Views of facilitators.* Henley Management College.

NHS Modernisation Agency Leadership Centre (undated). *Leadership at the Point of Care. Participant Guide.*

Williams S (2004). *Evaluation of the Leadership and the Point of Care Programme. First Evaluation Report.* Henley Management College.

Williams S, Burgoyne J (2005) *Evaluation of the Leadership and the Point of Care Programme. Third Evaluation Report. Interviews with participants.* Henley Management College.

Appendix 1 - Leadership Centre Evaluation Form

LEADERSHIP AT THE POINT OF CARE

PROGRAMME EVALUATION

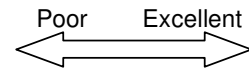
Directions: Use a soft lead pencil, or a blue or black ball-point pen. **Correct**
Incorrect Make heavy dark marks that fill the square completely. **Mark** **Mark**

1. Did the programme meet the expected outcomes (see participant guide) Yes No

2. Which of the elements listed below were most helpful? Mark all appropriate element(s)

- | | |
|---|--|
| <input type="checkbox"/> Networking | <input type="checkbox"/> Assertiveness |
| <input type="checkbox"/> Interpersonal skills | <input type="checkbox"/> Managing conflict |
| <input type="checkbox"/> Influencing | <input type="checkbox"/> Political awareness |
| <input type="checkbox"/> Motivating | <input type="checkbox"/> Time management |

Please rate the following on the scale where 1 = poor and 5 = excellent



- | | | | | | | |
|-----|---|---|---|---|---|---|
| 3. | The information was well organised and interesting. | 1 | 2 | 3 | 4 | 5 |
| 4. | The group activities assisted in understanding the content. | 1 | 2 | 3 | 4 | 5 |
| 5. | Participant questions and concerns were addressed. | 1 | 2 | 3 | 4 | 5 |
| 6. | The participant guide captures key elements and simplifies note taking. | 1 | 2 | 3 | 4 | 5 |
| 7. | The facilitation styles were appropriate to the needs of the group. | 1 | 2 | 3 | 4 | 5 |
| 8. | The facilitator modelled the philosophy of the programme ie., respectful and valuing of individuals. | 1 | 2 | 3 | 4 | 5 |
| 9. | The meeting room was comfortable and conducive to learning. | 1 | 2 | 3 | 4 | 5 |
| 10. | What was the action identified in your desired future triangle | | | | | |

11. Which elements of the programme did this include. Please mark as many as are relevant.

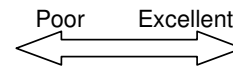
- | | |
|--|---|
| <input type="checkbox"/> Networking | <input type="checkbox"/> Interpersonal skills |
| <input type="checkbox"/> Influencing | <input type="checkbox"/> Motivating |
| <input type="checkbox"/> Assertiveness | <input type="checkbox"/> Managing Conflict |
| <input type="checkbox"/> Political awareness | <input type="checkbox"/> Time Management |

12. To what extent were you able to achieve your action plan 1 2 3 4 5

13. What factors contributed to you achieving (or not) your action plan?

Please comment. Think about

- a) Your own level of motivation.
- b) Any developmental needs you may have to help you achieve your action.
- c) The amount of support you sought and or received from others
- d) The realistic nature of your action plan.



14. Overall programme rating. 1 2 3 4 5

15. Rating for facilitator(s) (*Please write the full name(s) of the facilitator(s) below*)

.....	.....	1	2	3	4	5
.....	.....	1	2	3	4	5
.....	.....	1	2	3	4	5
.....	.....	1	2	3	4	5

16. Would you recommend this programme to others Yes No

If yes, to whom? _____

17. Please identify any changes you would recommend in this programme content or format.

18. Please provide any specific comments/feedback for the facilitators below.

Appendix 2 - Advertising Flyer and Action Plan Information Sheet.

Attached are:

South Yorkshire Academy - Leadership at the point of care advertising flyer

One page leaflet sent as pre-course information, particularly dealing with the action plan element of the programme.