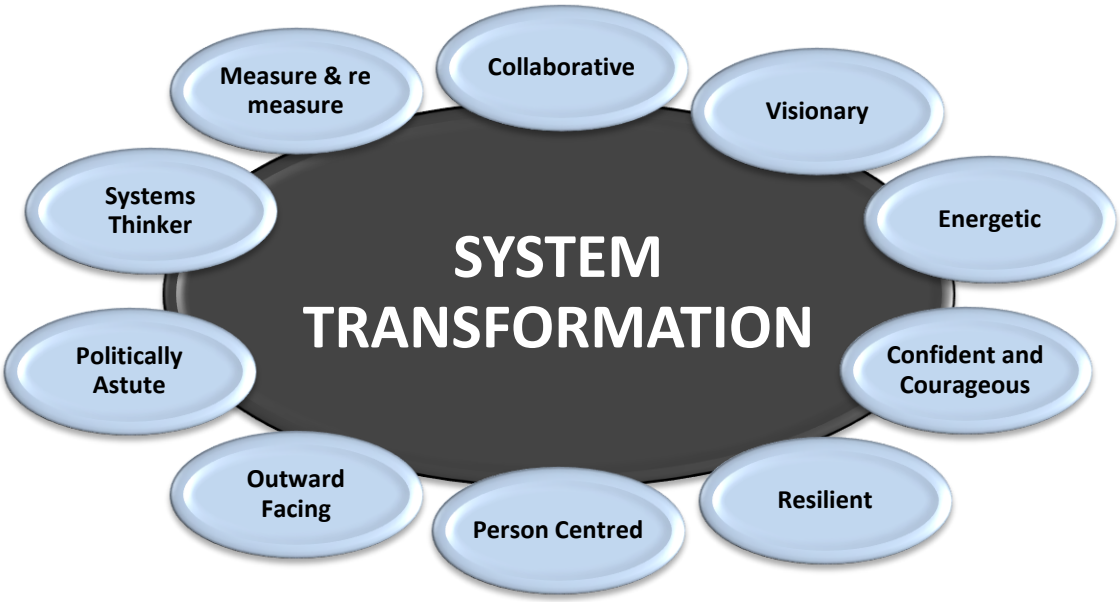
Sheffield Hallam University

Centre for Leadership

'System Transformation through Values Based Leadership'

Annual Conference

15 and 16 September 2016



through **Values Based Leadership**

NHS Sheffield Clinical Commissioning Group
Sheffield City Council
Sheffield Health and Social Care NHS NHS Foundation Trust
Sheffield Teaching Hospitals NHS NHS Foundation Trust
NHS England
associate development solutions

FOREWORD

Welcome

I would like to welcome you to our 2nd annual Centre for Leadership Conference, titled: *'System Transformation through Values Based Leadership'* where we have continued our collaboration with our senior and Executive Alumni students - graduates from MBA Medical and MSc Health and Social Care Leadership programmes to deliver this conference to you over two days 15th and 16th September. We are delighted to be bringing you this conference by collaborating with: Sheffield Teaching Hospitals NHS Foundation Trust; Sheffield Health and Social Care NHS trust; Sheffield Clinical Commissioning Group; NHS England and Associate Development Solutions.

We recognise that our partner organisations in health and social care continue to operate in complex and challenging times. We do know that however challenging this context, we must continue to value the staff that provides the services. We continue to support middle, senior and Executive leaders to develop advanced leadership skills and practice for quality improvement and system transformation. We are delighted to welcome examples of excellent leadership practice from the health and social care sector and are grateful to our speakers who have joined us over these two days to share ideas and explore new possibilities in Leadership practice.

May I wish you a very stimulating and enjoyable conference.

Professor Karen Bryan,
Pro Vice-Chancellor, Faculty of Health and Wellbeing

About Professor Bryan

Professor Bryan joined the University in February 2013 as Pro Vice-Chancellor for the Faculty of Health and Wellbeing.

Before joining Sheffield Hallam, Professor Bryan was head of the School of Health and Social Care and a professor of clinical practice at the University of Surrey. Before that she worked for University College London and had several posts in the NHS

Professor Bryan qualified as a speech and language therapist from the University of Newcastle upon Tyne and also gained her PhD there.

Her research interests are in workforce development and the effectiveness of interventions for communication disorders associated with stroke, dementia and other neurological conditions.
Professor Bryan is involved in the development of Registered Intermediaries working for the Ministry of Justice, and was previously a member of the Health Professions Council.

Professor Bryan is also a visiting professor in the Department of Neuropsychology at the University of Warsaw, and is a fellow the Royal College of Speech and Language Therapists.

ACKNOWLEDGEMENTS

This conference has been brought to you by a conference organising committee made up primarily of Centre for Leadership, Alumni students. We are very grateful and appreciative that for the second year running, our good colleagues have given their time freely to set up this conference, Chair it and facilitate it. Our thanks go to:

MSc Health and Social Care Alumni (organising committee)	Julie Glossop, Liz Johnson, Jane Sedgwick, Rachel White,
MSc Health and Social Care Alumni (conference workshop facilitator)	Lisa Fox,
MBA Medical Leadership Alumni (organising committee)	Dr Des Breen and Miss Fiona Kew (organising committee and Chairs)
MSc Medical Leadership Alumni (conference workshop facilitators)	Dr Simon Clark, Mr Kirtik Patel, Dr Suvira Madan Dr Jenna Fielding, Dr Mat Fortnam, Dr Gilly Ennals, , Dr Chris Beet
MBA Medical Leadership Alumni (conference workshop Facilitators)	Dr Jeff Perring, Dr Jonathan Sahu, Mr Ahmed Nassef, Dr Paddy Dobbs, Dr Branko Perunovic, Mr Shah Nawaz, Mr Simon Boyes
BSc Nursing (Mental Health) (workshop facilitator)	Mark Shenton
PhD Alumni	Dr John Edmonstone and Dr Jill Aylott
Sheffield Hallam Events Team	Trisha Lee and Michael Cambell
Alumni Team	Charlotte Tobin
Sheffield Hallam University Academics	Carol Pollard, Andy Young, Jill Aylott, Chris Low
Centre for Leadership Administrator	Joy Addinall
Student Ambassadors and 6th Formers	Thanks to Carol Pollard for organising student nurses to help with registration and to Dr Des Breen for liaising with schools to organise the attendance of the 6th formers as 'conference guides'

PROGRAMME DAY 1

Thursday 15 September - *'System Transformation through Values Based Leadership' Conference* Programme Schedule, Day 1	
7-8pm	Arrival at St Pauls Hotel, Sheffield, Drinks Reception and Leadership Networking
8-- 8.05	Welcome - Professor Karen Bryan,
8.05- 8.20	Kevan Taylor, CEO, Sheffield Health and Social Care Trust, *'valuing global relationships in health and wellbeing'*
8.20-9.20	First and Second Courses - 'table host' introductions
9.20-9.30	Miss Fiona Kew, Gynae and Oncology Surgeon and Clinical Lead for Improvement in Surgery, Sheffield Teaching Hospitals *'which values do we value?'*
9.30-9.45	Dessert
9.45 - 9.55	Iain Snelling, Senior Fellow, Health Services Management Centre, University of Birmingham, *'medical leadership for quality patient care'*
9.55 - 10.15	Dr Umesh Prabhu, Medical Director, Wrightington, Wigan and Leigh NHS Foundation Trust, *'values based leadership' - what does it means? we have reduced harm by 90% in just 6 years! For staff happiness from the bottom 20% to the second best in the country'*
10.15 - 10.45	Questions to the panel and discussion
10.45	Continue the discussions at the bar

PROGRAMME DAY 2

Friday 16th September - *'System Transformation through Values Based Leadership' Conference* Programme Schedule, Day 2	
8.00 to 9.00	Registration, tea and coffee, networking and poster viewing
9.00 - 9.10	Welcome - Professor Karen Bryan, *'How do personal and corporate values connect?'* https://www.shu.ac.uk/about-us/our-people/university-leadership-team/professor-karen-bryan Pennine Lecture Theatre
9.10-9.20	Dr Catherine Hannaway, Director, Hannaway Associates and Fellow, Durham University *'Leading in challenging times'*
9.20-9.50	Cath Roff, Director, Association of Directors of Adult Social Services (ADASS) *'System Transformation in health and social care: The challenges of value based leadership'*
9.50-10.00	10 minutes to get to the workshop
10.00 -11.00	Workshop 1 (listed below) Please see the workshop summary in the conference book for room numbers
11.00-11.20	Tea and coffee, networking and poster presentations
11.25	Dr Des Breen, Chair, Pennine Lecture Theatre
11.30-12.00	Mr David Nott, Vascular and War Surgeon, Medecins Sans Frontieres, *'A compelling argument for valuing life beyond politics and religion'* http://davidnottfoundation.com/
12.00-12.30	Professor Alastair Ager *'Leading in contexts of crisis: lessons from resilient health systems across the world'* http://www.qmu.ac.uk/iihd/profiles/staff_profile_Alastair_Ager.htm
12.30-1.15	Lunch and Poster viewing - Atrium, Welcome to Professor Chris Husbands, Vice Chancellor of Sheffield Hallam University https://www.timeshighereducation.com/news/chris-husbands-named-new-sheffield-hallam-vice-chancellor and Maddy Ruff, CEO, Sheffield Clinical Commissioning Group http://www.sheffieldccg.nhs.uk/about-us/clinical-commissioning-g-b.htm
1.30-2.30	Workshop choice 2 (rooms for workshops listed on the workshop summary in the conference book)

2.35 - 2.40	Miss Fiona Kew, Chair, Pennine Lecture Theatre
2.40-3.10	Dame Philippa Russell, Emeritus Chair of the Standing Commission on Carers, *'Transforming services through carer and patient centred approaches* https://www.carersuk.org/news-and-campaigns/features/dame-philippa-russell'
3.10-3.40	Dr John Edmonstone, *'The Language of Leadership'* https://www.keele.ac.uk/humssr/humssresearchers/people/johnedmonstone/
3.40-4.00	Julia Holding - Head of Patient Experience at NHS Improvement - *'Hot milk on my Weetabix' The case for patient centred organisational leadership'*
4.00 - 4.10	Prizes for poster presentation - Professor Karen Bryan and Maddy Ruff
4.10-4.20	Professor Karen Bryan and Miss Fiona Kew, Final Questions and Concluding Remarks
4.30	Conference Closed

WORKSHOPS

Friday 16th September - *'System Transformation through Values Based Leadership' Conference* Programme Schedule, Day 2	
Room Number	We have 13 workshops and you will be able to select **2** from the following list to attend at Workshop 1 - 10.00-11.00 and Workshop 2 - 1.30-2.30. There is a summary of the workshops in this conference booklet
Owen 1032	**Transforming systems for patient safety** Chairs: Dr Jeff Perring, Deputy Medical Director, Sheffield Children's Hospital and Lisa Fox, Clinical Information Manager, Calderdale and Huddersfield NHS Foundation Trust
Howard 5424	**Systems Leadership and mental health services** Chairs: Jane Sedgewick, Director of Associate Development Solutions and Andy Young, Senior Lecturer Mental Health Nursing at Sheffield Hallam University
Owen 1033	**Workforce solutions and systems leadership for transformation** Chairs: Dr Simon Clark, Clinical Lead Children's Services, Sheffield Teaching Hospitals, Julie Glossop, Sheffield CCG and Dr Chris Beet, West Midlands Deanery
Howard 5422	**Caring for Carers** Chairs: Dame Philippa Russell, Emeritus Chair of the Standing Commission on Carers, Dave Ross, NHS England and Dr Jonathan Sahu, Cardiologist, Sheffield Teaching Hospitals
Howard 5425	**Medical Leadership and System Transformation** Chairs: Dr David Throssell, Medical Director, Sheffield Teaching Hospitals, Mr Ahmed Nassef, Vascular Surgeon, Clinical Lead Vascular Services, Iain Snelling, Senior Fellow, Health Services Management Centre, Birmingham University
Howard 5421	**'White men in grey suits'** Chairs: Liz Johnson, Head of Equality andInclusion, Sheffield Health and Social Care Trust and Dr Jenna Fielding, Former Chair of Sheffield Women in Medicine (SWiM)

Howard 5420	**Resilience for Change** Chairs: Dr John Edmonstone, International Leadership Development Consultant and Author,Paddy Dobbs, Clinical Lead, Anaesthetics, Sheffield Teaching Hospitals and Karl Brennan Consultant Anaesthetics and Clinical Lead for Service Improvement
Owen 221	**Leadership for commissioning and transforming integrated services** Chairs: Dr Branko Perunovic, Clinical Director for Laboratory Services, Sheffield Teaching Hospitals, Dr Mat Fortnam and Dr Gilly Ennals, GP Trainee and Leadership Fellows, Maddy Ruff, CEO Sheffield Clinical Commissioning Group, Mr Peter Moore, Director of Strategy, Sheffield Clinical Commissioning Group
Howard 5423	**Transforming Care with older people** Chairs: Dr Suvira Madan, Geriatrician Sheffield teaching Hospitals, Sarah Burt, Head of Commissioning (Active Aging, Cancer, End of life and long term conditions) Sheffield CCG and Sharon Marriott, Sheffield Social Services
Owen 1026	**Engaging the Community and how best to do it** Chairs: Mr Shah Nawaz, Vascular Surgeon and Director of Pakistan Muslim Centre, Joanne Van Levesley, Family Development Project
Owen 222	**Valuing Happiness in the workplace** Chairs: Dr Umesh Prabhu, Medical Director, Wrightington, Wigan, Leigh NHS Foundation Trust and Karen Deeny, Head of Staff Experience, NHS England
Howard 5426	**Nurse Led Innovations through Values based Leadership** Chairs: Mr Kirt Patel, Clinical Lead for Surgery, Sheffield Teaching Hospitals and Carol Pollard, Senior Lecturer, Adult Nursing, Sheffield Hallam University
Owen 223	**Realistic Evaluation - An Evaluation method to transform our thinking about health and social care** Chairs: Katie Shearn, PhD researcher, Dr Peter Almark, PhD Research Supervisor, Health and Social Care Research Centre, Sheffield Hallam University, Mr Simon Boyes, Clinical Director, General Surgery, Sheffield Teaching Hospitals

KEYNOTE SPEAKERS

Kevan Taylor, Chief Executive

Kevan is Chief Executive of Sheffield Health and Social Care NHS Foundation Trust.

He began his public service career in social care and worked as a social care practitioner for a number of years. He moved into planning and development within the Local Authority in Sheffield, working primarily with social housing providers to plan the services developed to support the major hospital closure programme.

Kevan moved to the NHS in the 1990s to the Family Health Services Authority. Here he was responsible for supporting and developing primary care services. As FHSAs and Health Authorities were merged, he eventually became Director of Commissioning before joining the Trust as Director of Planning.

As Chief Executive, Kevan used his combined experience of both social and health care to lead the Trust to become one of five 'Care Trusts'. Sheffield Care Trust was well recognised for its leading role in integrating social car services and health care services.

He has a particular interest in arts and health, and is keen also to support the development of physical activity to promote health and wellbeing. Sheffield's 'Move More' campaign is strongly supported within the Trust.

Kevan has a strong commitment to partnership, having led Sheffield's 'Right First Time' programme and currently the Workforce Workstream for South Yorkshire and Bassetlaw's Sustainability and Transformation Plan.

Some years ago, he established a partnership between mental health services in Sheffield and services in Gulu, Northern Uganda. This partnership is now very well established with many staff from Gulu spending time in Sheffield, funded by the Commonwealth Fellowship Scheme.

Outside of work, Kevan is heavily involved with junior football, having managed and coached teams. He is currently Club Welfare Officer.

Mr Iain Snelling, Senior Fellow, Birmingham Health and Social Care Centre, Birmingham University

Iain Snelling is a Senior Fellow at the Health Services Management Centre, University of Birmingham. He had a career as a health service manager in hospitals from the late 1980s to 2002, and then moved to Sheffield Hallam University to start an academic career. In his NHS career in acute hospitals he was a Business Manager in the newly

created Clinical Directorate structure at Ipswich Hospital from 1990, from where his particular interest in 'hybrid' medical leaders started, which was maintained in other roles. His academic career has focussed mainly on teaching NHS leaders, including NHS Management Trainees. He was a tutor on one of the first cohorts of the Anderson Programme, one of the new suite of programmes commissioned by the NHS Leadership Academy. He has run management and leadership programmes for Specialist Registrars for many years, latterly in the North West Deanery. He was a member of a team researching Medical Leadership funded by the National Institute for Health Research. Recent projects include a project for CRUK on research culture, and an evaluation for NHS IQ and the Faculty of Medical Leadership and Management of a peer support programme. He is currently working on the delivery of a new inter-calated programme in management and leadership for medical students at the University of Birmingham, and the evaluation of the Chief Registrars project of the Royal College of Physicians, part of the Future Hospital Programme.

Miss Fiona Kew

Miss Fiona Kew has been a consultant in Sheffield since 2007 after completing post graduate training in Obstetrics and Gynaecology in the Northern Deanery, and subspecialty training in Gynaecological Oncology in Gateshead. She has a special interest in minimal access and robotic surgery for female genital tract cancers. She has completed both an MD on the role of follow up after gynaecological cancer, and an MBA in medical leadership at Sheffield Hallam University.

Fiona has a long-standing interest in leadership. She undertook leadership training whilst in the University Officer Training Corps and went on to chair the national Junior Doctors Conference and lead for the Junior Doctors' Committee of the BMA on Hours of Work and Medical Staffing. Since becoming a consultant she has developed an interest in service development and has successfully introduced enhanced recovery programmes for surgical patients in Gynae Oncology and general Gynaecology. She has developed laparoscopic radical hysterectomy for the treatment of cervical cancer in Sheffield, and been part of a two consultant team that has introduced robotic surgery for cancer patients in North Trent. She is currently lead clinician for Gynaecology and has recently been appointed as Service Improvement lead for Theatres across Sheffield Teaching Hospitals.

Dr Umesh Prabhu MBBS, DCH, PCH, FRCPCH

Medical Director, Wrightington Wigan and Leigh NHS Foundation Trust (April 2010 to date)
Consultant Paediatrician, Bury NHS Trust (1992 – 2010)
Clinical Director Paediatrics, Bury NHS Trust (1992 – 1998)
Medical Director, Bury NHS Trust (1998 – 2003)
Board Member, National Patient Safety Association (2001 – 2003)
Clinical Adviser, Health Care Commission
National Clinical Advisory Service (2003 – 2014)

Member or Ex-Member of the Black and Minority Ethnic Advisory Committee/Equality and Diversity Committee of the British Medical Association/General Medical Council/National Clinical Advisory Service/Department of Health
National Vice Chair of the British International Doctors Association
Previous National Vice Chair of the British Association of Physicians of Indian Origin

Following his own mistake in 1992, Umesh developed a keen interest in patient safety, medical errors, clinical governance and explored why doctors make mistakes. This led him to developing his work in organisational governance, culture change, leadership and understanding the impact of institutional racism.

Umesh has given nearly 100 lectures and conducted 70 workshops on various aspects of patient safety, professional regulation and governance and nominated twice as one of the top 50 Pioneering BME leaders of the NHS by Health Service Journal.

Umesh joined Wrightington, Wigan and Leigh NHS Foundation Trust, and by working with the Trust Board and Chief Executive has completely transformed the Trust values, developed and implemented a value based leadership strategy to develop a governance structure that results in the best patient safety culture in the NHS. .

Today 450 less patients die in our Trust compared with 2008. All 22 quality measurements have improved, we made a £4m surplus in 2003/14, we have 170 patient safety champions and robust clinical governance.

Speaker: Dr Catherine Hannaway Catherine Hannaway Associates Ltd., Fellow, Durham University - Leading in Challenging Times

Director, Catherine Hannaway Associates Ltd. Leadership Programmes Director and Fellow, Durham University. Lecturer, Maastricht University.

Catherine has a wealth of experience in designing and delivering whole systems leadership and improvement programmes. She has worked in senior positions in public health widely across the National Health Service in the UK, at national and regional levels and in other public and private sector organisations. She has worked in the UK and overseas as a clinician, is an experienced executive coach, consultant and facilitator.

Catherine trained in improvement methodologies at the Institute of Health Care Improvement (IHI) in Boston, USA and has undertaken international healthcare improvement and leadership work in South Africa, Australia, Singapore, China, the USA and a number of European countries.

Catherine works as part of the team at The Centre for Public Policy and Health (CPPH) at Durham University as programme director and facilitator for Health in All Policies workshops and has taken part in recent workshops in Suriname, Uzbekistan and Copenhagen.

Ms Cath Roff, Director of Adult Social Care, Leeds City Council.

Cath Roff is Director of Adult Social Care at Leeds City Council. She sits on the national Executive Committee of the Association of Directors of Adult Social Services and is Chair of the Yorkshire and Humber branch. Cath has 27 years' experience working in adult social care all over the country including London, the East Midland and Yorkshire: working in partnership with citizens, carers and staff to improve services. Cath's career path in social care has been as a commissioner of services rather than a social worker. A values-based approach is a key part of the philosophy of ADASS and Cath will draw on her own experience and examples from across the country where those values are being put into action.

Mr David Nott OBE FRCS

David has been a Consultant Surgeon at Chelsea and Westminster Hospital for 20 years where he specialises in general surgery He also performs vascular and trauma surgery at St Mary's Hospital and cancer surgery at the Royal Marsden Hospital. David is an authority in laparoscopic surgery and was the first surgeon to combine laparoscopic and vascular surgery.

For the past twenty three years David has taken unpaid leave each year to work for the aid agencies Médecins Sans Frontières, the International Committee of the Red Cross and Syria Relief. He has provided surgical treatment to the victims of conflict and catastrophe in Bosnia, Afghanistan, Sierra Leone, Liberia, Ivory Coast, Chad, Darfur, Yemen, the Democratic Republic of Congo, Haiti, Iraq, Pakistan, Libya, Syria, Central African Republic, Gaza and Nepal.

As well as treating victims of conflict and catastrophe and raising hundreds of thousands of pounds for charitable causes, David teaches advanced surgical skills to local medics and surgeons when he is abroad. In London, he teaches the Definitive Surgical Trauma Skills (DSTS) and Surgical Training for the Austere Environment (STAE) courses at the Royal College of Surgeons.

In 2015 David established the David Nott Foundation with his wife Elly. The Foundation will support surgeons to develop their operating skills for warzones and austere environments.

David is married to Elly and they have a daughter, Molly.

Leading in Contexts of Crisis: Lessons from resilient health systems across the world

Professor Alastair Ager
Director, Institute for Global Health and Development, Queen Margaret University, Edinburgh and
Professor of Population and Family Health, Mailman School of Public Health, Columbia University

Alastair researches in the area of health systems with a current focus on health systems resilience in contexts of adversity.

He led the DrPH in Leadership in Global Health and Humanitarian Systems until 2015. He is currently collaborating with colleagues at UNRWA and American University Beirut on studies of the response of health systems in the Middle East to the current Syria crisis.

He has worked in the field of health and development for 25 years, after training in psychology at the universities of Keele, Wales and Birmingham, and subsequently as a clinical psychologist within the NHS, where he worked on the training of clinical psychologists for the former Trent and East Anglia Regional Health Authorities. He has worked as a consultant with a broad range of agencies including UNICEF, UNHCR, WHO, Save the Children, World Vision and Child Fund International.

Dame Philippa Russell DBE is the former Chair of the Government's Standing Commission on Carers . She is Vice-President of Carers UK and a Patron of Carers Support, West Sussex. She is a a member of the Programme Board for the Think Local, Act Personal Partnership (TLAP) and of the TLAP National Co-Production Advisory Group. She has been awarded the OBE, CBE and DBE for services to disabled people, families and carers.

Dame Philippa Russell, DBE,
Chair Emeritus,
Standing Commission on Carers,
c/o National Children's Bureau,
8 Wakley Street, London ECI 7QE

Phone: 020 7 843 9708 [office]

Mobile: 07783 536 034
E-mail: prussell@ncb.org.uk

Speaker: Dame Philippa Russell, DBE – August 2016

Dame Philippa Russell DBE chaired the Government's Standing Commission on Carers for six years. She is Vice-President of Carers UK, a Patron of Carers Support, West Sussex and a Trustee of SEEFA.

She is a member of a number of national advisory bodies, including NICE's Scoping Group developing guidelines for the support of older people with learning disabilities and their families, the ADASS Carers Social Care Policy Network, and the Think Local Act Personal Partnership (TLAP). .

She was formerly a Commissioner with the UK Government's Disability Rights Commission and Director of the Council for Disabled Children and led the DRC Formal Investigation into health inequalities for people with learning disabilities and/or mental health problems. She is a member of NHS England's Commitments to Carers Oversight Group and represented carers' interests on the Ministerial Advisory Group on the Mental Health Strategy.

She is an Honorary Fellow of the Royal College of Paediatrics and Child Health and of the Royal College of Psychiatrists and an Honorary Senior Lecturer (Teaching and Research) in the University of Manchester School of Medicine. .

She is the parent of an adult son with a learning disability and has extensive contacts with third sector and user organisations with an interest in disabled people and their families. In all her areas of work, she has actively innovated and supported the use of volunteers, both as individual trained supporters for vulnerable people with often complex needs and also in building community capacity and inclusion. The latter has included a 'Partners in Art' scheme at a nationally acclaimed modern art gallery, a social enterprise offering rural activities as an alternative to traditional daytime activities and the use of volunteers as peer supporters and advisers for family carers and parent carers of disabled children.

Speaker: Dr John Edmonstone
Senior Research Fellow and Director, School of Social Sciences and Public Policy, Keele University and MTDS Consultancy

John is a leadership, management and organisation development consultant with extensive experience within the public services within the UK and abroad.

He has over twenty-five years' experience of successful consultancy work in the Human Resource Management and Organisation Development fields in the UK NHS, local government, higher and further education in such areas as leadership and management development (especially clinical leadership), action learning, coaching and mentoring, evaluation research, partnership working and team development.

He teaches on the MBA (Health Executive) at Keele University, is External Examiner for the MA in Medical Leadership in Clinical Settings at Brighton University. He is also a member of the Editorial

Advisory Board of the international journal “Leadership in Health Services”.

Topic: **'Hot Milk on our Weetabix' the case for patient centred organisational leadership**

Speaker: **Julia Holding**

Julia worked as a nurse, midwife and health visitor before taking on more strategic roles. She completed a MSC in Organisational Development in 2008 and following this developed a real passion for patient centric quality and service improvement.

She has led regional and national patient engagement and experience work in a variety of NHS organisations, including the Department of Health.

During her time at The TDA Julia led the development of patient experience tools which are being used extensively by NHS provider organisations to drive improvement in this area.

Julia is currently the Head of Patient Experience at NHS Improvement

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Poster Organisers

Dr Fiona Warner-Gale, Director Associate Development Solutions

Fiona is the joint Director of Associate Development Solutions, an independent consultancy specialising in developing bespoke solutions for transforming services, leadership, and research and evaluation. ADS have worked with over a 100 public, independent and voluntary sector organisations over the last 4 years, including the Department of Health, NHS England, NHS Trusts and Local Authorities, and major charities, such as Mind, Rethink, Time to Change and YoungMinds. They are also sector specialists in children and young people's mental health.

Fiona has over 28 years' experience of working within the NHS and with other public sector organisations at a clinical, strategic and policy level. She has specific expertise in service review and re-design, service transformation, strategic leadership and professional development, and research and evaluation, with a focus on children's mental health. She has also a senior academic and has published widely around primary mental health and mental health stigma – she is an Honorary Research Fellow in Mental health at the University of Northampton.

Over the last 15 years, she has led service reviews, and improvement and redesign projects, using whole systems change methodology, and has been key in toolkit and product development on a regional and national basis. She also has a long experience of working in multi-agency and health and social care settings with adults, families and children as a clinician, manager and commissioner. Fiona is also is a qualified executive coach and is committed to enabling people to grow and attain higher achievement personally and professionally. In addition she is Head of Centre for ILM and leads on a Level 7 certificate for strategic leadership. Fiona's breadth of knowledge and expertise enables her to work in partnership with individuals, teams and organisations from a range of sectors, ensuring a collaborative approach to change.

Jane Sedgewick, Director Associate Development Solutions

Jane is co-Director of Associate Development Solutions, an independent consultancy specialising in developing bespoke solutions for transforming services, leadership, and research and evaluation.

Jane has extensive expertise in project and programme management at a strategic level, and has undertaken the development of programmes on a national and local basis, where she has involved young people in the change process. Before forming ADS, Jane was a Regional Lead for CAMHS with the National CAMHS Support Service for 7 years, where she established her expertise in working across the public sector both nationally and regionally including planning, commissioning, overseeing and reporting to national organisations and government departments on large projects with external partners. She has experience of service development and delivers this with vision, strong transformational leadership and using a variety of tools and facilitation techniques, whilst maintaining a sensible and practical approach. Jane has a passion for development work, whether that is developing individual people, groups of people, partnerships or services. Her experience reflects this passion and includes management, leadership, tutoring, lecturing, training, mentoring and coaching. Working across the three main agencies that provide services for children have given her an understanding of all of them. In addition, Jane is a qualified clinician having extensive involvement in CAMHS and working with organisations involved in children's health and wellbeing, which brings key knowledge to her work around how CAMHS works and how it can effectively meet the needs of children and young people. Jane holds an MSc in Leadership and Management in Health and Social Care.

WORKSHOPS

Workshop 1: 'Transforming Systems for Patient Safety'
Paper: Teamwork, Culture and Patient Safety

Author(s) *Dr Jeff Perring, Paediatric Critical Care Unit, Sheffield Children's NHS Foundation Trust; Jeff.perring@sch.nhs.uk*

Topic Area:Teamwork

Keywords: *Teams / patient safety*

Status of project: *ongoing / completed*

Nature of project: *independent or collaborative(i.e. student- student, student- tutor, or student- service)*

Background: Patient safety is one tenet of Lord Darzi's healthcare quality triad alongside patient experience and effectiveness. Sheffield Children's NHS Foundation Trust has developed a set of values, 'Together We Care', which are used to define acceptable standards and behaviours' within the organisation. They are made up of five key component; **excellence, teamwork, accountability, compassion** and **integrity which together underpin the quality triad, including patient safety.**

The foundation of patient safety is a culture which is open, learning and just. It should be present throughout organisation, including teams which are their 'fundamental learning units'. Can the measurement of patient safety culture be used to identify themes for team development to improve patient safety?

Methods: A service evaluation using the Hospital Survey on Patient Safety Culture (HSOPS) including 42 questions in 12 dimensions at individual, team and organisational level, across two departments (286 staff) within Sheffield Children's NHS Foundation Trust, the Paediatric Critical Care Unit (PCCU) and Theatres.

Results: The HSOPS was completed by 62 (48%) staff members on PCCU but only 7 (4%) in Theatres. On PCCU, the overall patient safety climate was found to be good or excellent by 55 (90%) of respondents. 87% of respondents were positive for the dimensions relating to managers promoting patient safety and events reported. Only 41% were positive for the dimensions of teamwork across units and 48% for staffing. Hierarchy was found to be a theme from open questions

Conclusion: The HSOPS identified key themes for development within the PCCU whilst the lack of engagement requires further investigation.

About the Author(s)/ Facilitator(s)

Dr Jeff Perring, Consultant Paediatric Intensivist and Deputy Medical Director, Sheffield Children's NHS Foundation trust. Joint network lead for the Yorkshire & Humber Paediatric Critical Care Operational Delivery Network. My undergraduate education was at the University of Liverpool before training in Anaesthesia and then Paediatric Intensive Care. I have been a consultant since 2002. I have an MA in Medical Ethics and Law and have recently completed my MBA in Medical leadership.

Retrospective Case Note Review for Patient Safety - the evidence

Author(s) *Lisa Fox*

Key words: Retrospective Case Note Review, Hospital Mortality, Consultant Engagement, NHS, Self Determination Theory.

Status of project: *completed*

Nature of project: *independent or collaborative(i.e. student- student, student- tutor, or student-service)*

Background : Due to the growing dissatisfaction with the use of statistical measures to evaluate the quality of care in the UK health service, it is anticipated that a method of Retrospective Case Record Review (RCRR) will be rolled out country wide. This study was designed to illuminate drivers behind consultant level engagement with RCRR

Aim: Using the core principles of Realistic Evaluation (RE) this study examined what "works, for whom and in what circumstances?" proposing that the motivation for engagement with a RCRR process would not be the same across the full consultant body. The study examined locally understood theory, tested by looking at the relationship between Context – Mechanism – Outcome (CMO). This study linked to Self Determination Theory (SDT) to understand how motivation maybe affected by surrounding context and how the psychological needs for autonomy, competence and relatedness may influence involvement.

Method: Five theory-driven interviews took place with consultants who had regularly completed mortality RCRR over a six month period. The interviews were semi structured to enable a test of

the theory behind the drivers for engagement. The interviews were analysed using a theory-driven thematic analysis to identify CMO configurations to explain what works, for whom and in what circumstances.

Findings: The findings supported the use of RE as a framework, indicating that different contexts aid mechanisms to fire and achieve the outcome of regular involvement in the RCRR process. Having belief and buy in to the process was seen to be the key mechanism for involvement. This belief was generated by the contexts in which the consultants were working in. Those with a longer length of service became more engaged if there were opportunities to be involved in the beginning of the process, have opportunities to affect the design and they wanted to use their skills to support the organisation corporately. Those that are new to a consultant role are more engaged if they feel able to apply the learning directly into their own settings and use it as an opportunity to understand more about the organisation they are working in. All those interviewed showed signs of self-determination and internalisation of the extrinsic motivational factors. It is suggested that a supporting training program, stronger feedback and recognition of RCRR as an SPA activity would be factors that would encourage greater participation.

Conclusion: This study concludes that RE is a useful methodology for considering the complexities of motivation and consultant engagement in a trust wide improvement project such as RCRR. Engagement can be supported by recognising how to support the development of self-determined behaviours. This was a small scale study which has set the foundations for further work in this area.

About the Author(s)/ Facilitator(s)

Lisa Fox MSc Health and Social Care Leadership, is Clinical Information Manager at The Health Informatics Service.

Workshop 2: Systems Leadership and Mental Health Services

Chairs *Jane Sedgewick and Andy Young*

Jane Sedgewick is co-Director of Associate Development Solutions, an independent consultancy specialising in developing bespoke solutions for transforming services, leadership, and research and evaluation.

Jane has extensive expertise in project and programme management at a strategic level, and has undertaken the development of programmes on a national and local basis, where she has involved young people in the change process. Before forming ADS, Jane was a Regional Lead for CAMHS with the National CAMHS Support Service for 7 years, where she established her expertise in working across the public sector both nationally and regionally including planning, commissioning, overseeing and reporting to national organisations and government departments on large projects with external partners.

Andy Young is a Senior Lecturer for Mental Health Nursing at Sheffield Hallam University. An academic and practice educator, I have over 20 years experience of mental health practice, and specialise in teaching law, ethics and professionalism. My research focuses on mental health recovery, workforce development and collaborative approaches to care and treatment. Within mental health nursing there has been a revolution of ideas and a reorganisation of services. Each clinical setting now requires the planning of care and intervention to be specific to the clientele they serve. So it is vital that we listen and respond to the needs of service users and carers. Values matter, and professionals, and assistant practitioners alike must remember to care

Workshop (Paper presentation): **Systems Leadership and mental health services**
Microsystems for quality improvement and system transformation

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About the workshop

1. What values were important to the organisation and how were these promoted with the QI project? /

Sheffield Health and Social Care Trust (SHSCT) comprises approximately 3,000 employees, serving a population of around 500,000. It offers a wide range of integrated services related to mental health, learning disabilities and substance misuse, as well as a wide range of specialist services.

The Trust's Strategic Plan outlines a commitment to prioritising continuous quality improvement (QI). Recognising the need for long-term improvement capability, the Trust Executives committed to investing in an internally led QI approach, known as Microsystem improvement methodology. Originating from America, the methodology turns the focus of improvement back towards the frontline, away from historical top-down delivery, and accentuates the importance of involving service users throughout the process (Nelson, Batalden and Godfrey 2007).

Working in partnership with the Sheffield Microsystem Coaching Academy (MCA), the key issue for SHSCT was how to drive and accelerate the implementation of microsystem improvement methodology across the organisation, in order to enhance the quality of care for service users and workplace wellbeing of staff, whilst evidencing the broader elements of return on investment.

What leadership activities/influence helped to address the issue? The aim of implementing and embedding Microsystem improvement seeks to provide a structured approach to pro-actively encourage staff, service users and carers to engage and collaborate in the delivery of continually improving services, whilst providing appropriate skills, leadership and infrastructure to staff working at all levels to make bottom up quality improvement the norm.

W Edwards Deming proposed that an organisation required the 'square root of n' expert improvers in order to achieve the critical mass for culture change, where 'n' represents the organisation's total number of employees (Langford 2014). SHSCT employs around 3,000 personnel, which, using Deming's formula, would equate to 55 (√3,000) improvement experts to achieve a culture of continuous improvement. Making some basic assumptions and applying time-series forecasting to predict the organisational critical mass, this could in theory be realised in SHSCT by February 2019.

However, such assumptions attached to this prediction are somewhat unrealistic. In addition, a range of restraining factors across the organisation presented barriers to straightforward implementation. As the Trust lead for the Microsystem improvement work, personal recommendations, along with evidenced learning from the Sheffield MCA Evaluation Report, were therefore presented to the Trust Executive. As a result, two dedicated Improvement Facilitators were appointed to assist with the implementation, roll-out and embedding of Microsystem improvement across the Trust, with commitment from the Executive to support team enablement from the top.

2. What is the outcome from your intervention?

As a result of establishing a small QI team at SHSCT, continuing to train new coaches through the Sheffield MCA and supporting those teams already engaged with the Microsystem approach, positive impacts can be evidenced. Some examples include:

- Increased number of teams engaged with Microsystem improvement from 9 to 24 in a 12 month period
- Increased awareness and consistency of the methodology through in-house training
- Development of a central storyboard to evidence and share improvement stories, some examples of which include:
    - Reduction in length of stay for step-down patients from an average of 47 days to an

average of 24, bringing potential cost savings of £162,590 per annum

- Elimination of overrunning handovers and reduction from 2 to 1 handover per day, resulting in additional clinical hours for direct service user contact
- Completion rates of life story forms increased from 12% to 66%
- Introduction of new letters and proformas to improve communication with service users and encourage timely feedback on service user experience
- Improved recording of clinical notes, improving accuracy for monitoring and reporting, increasing clinical safety ad eliminating time wasted on duplication

3. What lessons have been learnt and how have you shared them?

Influencing the change of an organisational culture is an immense challenge.

The complexities of assigning firm financial data to justify return on investment have been a consistent obstacle, creating difficulties when analysing and benchmarking organisations. Nonetheless, what can be assumed and evidenced is the value and necessity of developing and embedding a structured and effective internally led quality improvement programme into our NHS organisation.

Workshop 3: Workforce solutions and systems leadership for Transforming Services

Dr Simon Clark, Clinical Lead, Children's Services, Sheffield Teaching Hospital, Julie Glossop, Sheffield CCG, Dr Chris Beet, West Midlands Deanery

About the workshop

Healthcare is becoming increasingly complex and demanding, but the staffing structures and workforce design (put in place when the workload was less complex) don't seem to have kept pace with this change.

"The economic and demographic challenges facing the health system in England are intensely felt by the health care workforce delivering services on the front line. Given that around 70 per cent of recurring NHS provider costs relate to staffing, and that the NHS is one of the world's largest employers, it is vital that the service invests in making the best use of staff to ensure they can deliver the care required by patients into the future. Focusing attention on this workforce is essential to addressing cost pressures and the delivery of future care models such as those outlined in the *NHS five year forward view." Kings Fund report on Workforce planning in the NHS, April 201.*

This workshop aims to explore

- **How might we think more imaginatively about our workforce models - considering hybrid roles, diversity of expertise and multidisciplinary skill-mix that matches the needs of the service into the future?**
  Dr Simon Clark – Clinical Lead for Paediatrics and workforce planning lead who has taken the lead for organising physician associate placements at Sheffield Teaching Hospitals and advised strategically in relation to work force planning issues for doctors.

- **How can we improve retention through addressing staff morale, engagement?**
  Staff want to do their best for patients and are increasingly disheartened if they are unable to do so. This impacts on staff morale with the result that we lose staff with a considerable number of years' experience and struggle to retain junior staff long enough for them to develop this experience.

  Dr Chris Beet – Leicester deanery, Interventionist trainee who has undertaken work to explore ways to attract and retain staff by valuing them in the workplace.

- **How can we help develop a workforce that is able to adapt quickly to a changing environment, and to anticipate and lead change?**
  As part of the NHS England Five Year Forward View, we are moving towards more integrated ways of delivering health and social care across communities and wider geographical footprints. The care models outlined in the Five Year Forward View require a workforce that is able to work in a co-ordinated way across organisational boundaries, across social and mental health services across hospital and community health settings.

  Julie Glossop, Head of Development, Sheffield Clinical Commissioning Group – using coaching approaches and values as an enabler of transformation

Workshop 4: Caring for Carers :

Chairs

Dame Philippa Russell, Emeritus Chair of the Standing Committee on Carers, Dave Ross, NHS England, Dr Jonathan Sahu, Caridiologist, Sheffield Teaching Hospitals

There are three papers presented in this workshop: The first paper is presented by Dave Ross from NHS England; the second paper is presented by Dr Jonathan Sahu and summarises a hospital wide evaluation of advocacy for people with a learning disability. Jonathan is a father of a young woman with autism and his 'insider researcher' approach is illuminating. Finally we have the third paper which is an innovative piece of work from Pamela Allan from the Sheffield Health and Social Care Trust exploring ways to empower and engage carers.

Paper 1

Author(s)

Integrated approach to identifying and assessing Carer health and wellbeing

Dave Ross, Patient Experience Manager, NHS England (dave.ross@nhs.net)

Dame Philippa Russell, Emeritus Chair, Standing Commission on Carers.

1. What values were important to the organisation and how were these promoted with the QI project?

The values that support NHS England's Commitment to Carers are:

- Recognise me as a carer (this may not always be as 'carers' but simply as parents, children, partners, friends and members of our local communities);
- Information is shared with me and other professionals;
- Signpost information for me and help link professionals together;

- Care is flexible and is available when it suits me and the person I care for;
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being;
- Respect, involve and treat me as an expert in care; and
- Treat me with dignity and compassion.

2. What leadership activities/influence helped to address the issue?

Project aims:

- Maintain the independence, physical health and emotional wellbeing of Carers and their families
- Empower and support Carers to manage their caring roles and have a life outside of caring
- Ensure that Carers are recognised early and receive the right support, at the right time, in the right place
- Respect the Carer's decision about how much care they will provide and respect the Carer's decision about the level of care they can offer or being unable to provide any care at all

Improvement aims:

- Lead transformational change of commissioning of Carer support
- Clarify new statutory duties for the NHS
- Establish a common language of caring across health and social care
- Improve the engagement of carers as strategic
- Identify unmet needs of vulnerable Carers, or Carers who are approaching key transition points, in order to reduce health inequalities

Methods and processes used:

- Detailed stakeholder mapping and analysis
- Targeted stakeholder engagement of vulnerable groups of Carers
- Working through existing strategic
- Ongoing feeding back to stakeholders to continually refine development of toolkit
- Analysis of integrated working between health and social care organisations to identify early adopters to use the toolkit, upon its completion.

Leadership approach:

- Distributed leadership and engagement approach

Outcomes

What is the outcome from your intervention?

- Help local health and social care commissioners to meet their statutory obligations
- Support joined up working across the local care economy
- Promote methods of supporting Carers that have already proven successful, in order to encourage providers to replicate, adopt or adapt positive practice.
- However, the template MOU has been used to develop the universal offer to Carers across the Greater Manchester ("Devo Manc") devolution footprint, thus it has gained immediate purchase.

3. Lessons learnt - What lessons have been learnt and how have you shared them?

- Development of a national approach requires **flexibility** to allow for local variation. The development of the template MOU as a means through which to record local discussion and

agreement has received widespread acclaim.

- **Co-production involving a wide range of stakeholders takes time**. This has been shared with the central NHS England Patient Participation team and with regional Patient Experience staff.
- Different communities of interest have been willing to put their differences aside and **concentrate on the common issues** they face as Carers. The additional difficulties faced by these groups have been followed up in additional contributions. This has been highlighted in the Health Equalities Impact Assessment that supported development of the resource pack.

About the Author(s)/ Facilitator(s)

Dave Ross, Patient Experience Manager, NHS England - Dave has recently completed 20 years service in the NHS.

Dave worked for 10 years in Community Health Councils (CHCs) in London. During this time, he was involved in work on Child and Adolescent Mental Health Services, Carer support, complaints advocacy, and the lobbying for patient involvement to remain a duty of NHS organisations in the face of CHC abolition.

After moving over to the mainstream NHS, Dave was Head of Patient Experience at a Primary Care Trust where he was at the forefront, nationally, of work to develop the use of insight and feedback to inform commissioning.

Dave joined NHS England in 2013 and he has led the implementation of the Friends and Family Test (FFT) across the North of England, as well as the development of an integrated approach to identifying and assessing Carer health and wellbeing needs.

Dave is the Carer of a son with learning disabilities, emotional and developmental delay and chromosomal abnormalities.

Dame Philippa Russell DBE is the former Chair of the Government's Standing Commission on Carers . She is Vice-President of Carers UK and a Patron of Carers Support, West Sussex. She is a a member of the Programme Board for the Think Local, Act Personal Partnership (TLAP) and of the TLAP National Co-Production Advisory Group. She has been awarded the OBE, CBE and DBE for services to disabled people, families and carers.

She has been (and is) a member of a number of advisory bodies, including NICE's Scoping Group developing guidelines for the support of older people with learning disabilities and their families, of the ADASS Carers Social Care Policy Network, and was formerly a Commissioner with the UK Government's Disability Rights Commission.

She is the parent of an adult son with a learning disability and has extensive contacts with third sector and user organisations with an interest in disabled people and their families.

Paper 2: Title of Abstract **Evaluation of Advocacy in Reducing Health Inequalities for People with Learning Disability at Sheffield Teaching Hospitals**

Author *Dr Jonathan Sahu, Sheffield Teaching Hospitals NHS Foundation Trust, MBA Medical Leadership. jonathan.sahu@sth.nhs.uk*

Topic Area: Learning Disability

Keywords: *Learning Disability, health inequalities, advocacy*

Academic/Conference poster: *No* **Written presentation of project:** *Yes*

Status of project: *Completed*

Nature of project: *Collaborative*

Individuals with learning difficulties/disability are one of the most vulnerable groups in society, hampered not only by their own limitations to understand and interact with the wider society but also societal limitations in perception and understanding. Communication to express their needs and wishes is fundamental to enable such individuals to live and prosper in society. This research project has been designed as an organisational case study to look at the provision of learning disability and advocacy services by a large secondary health care trust to reduce health inequalities. The methodological approach taken was as an "insider researcher" and draws upon a mixed method approach to data collection. A semi-structured interview was used to obtain qualitative and quantitative primary data from frontline health care workers. Secondary data was obtained from sources within the Organisation and compares the performance of the Organisation against national benchmarking standards.

Results: Secondary data demonstrates near compliance of the Organisation with the current national benchmarking standard (Monitor Compliance Framework). However, primary data demonstrates poor knowledge of the Mental Capacity Act (2005), poor knowledge of organisational systems and processes for individuals with learning disability and poor knowledge and awareness of frontline health care workers of advocacy and advocacy schemes for learning disability.

Conclusions: A significant amount of work needs to be undertaken to improve the quality of care delivered to individuals with learning disability. A number of strategic and operational recommendations have been proposed and are being considered by the Organisation to try and improve the quality of care and the service and support provided to individuals with LD, their families and carers.

Paper 3 Sheffield Health and Social Care Trust; Sheffield Young Carers Project and Sheffield Carers Centre Pamela Allen, Sara Gowen, Celia Robinson

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Contact telephone numbers: 07792671931; 07834550969; 0114 2788942

1. What Values were important and how these were promoted.

Context and background
The Care Act 2014 provided a stimulus to review current provision for carers caring for someone with a mental health (MH) issue within Sheffield Health and Social Care Trust (SHSCT).

Engaging with organisations whose values placed carers centrally was key to supporting the influencers for change.

Rationale for change
There are 57,373 carers in Sheffield, including over 7000 young carers. One in ten people are providing unpaid care. Carers UK Policy Briefing – Facts about Carers (2015) highlights that many carers report a negative and often lasting impact on their physical and mental health. Supporting and listening to carers can improve their health and wellbeing as well as supporting the recovery of the cared-for person (Carers Trust). Carers play an essential role in supporting friends and family who use MH services.

2. Leadership activities/influence that helped

A carers/young carers' project group was established within SHSCT with representatives from all Community Mental Health Teams (CMHTs) to foster ownership and facilitate changes necessary to ensure Care Act compliance. This led to a wider service improvement strategy to involve and empower carers/young carers and organisations.

Meetings with carers organisations built relationships and established and defined our common goals: wanting carers needs to be respected, valued and acted on.

We:

- aimed to engage with carers/young carers to share experiences and improve communication with adult MH services.
- used a collaborative leadership model using participation and empowerment approaches to ensure meaningful engagement. Engagement was ongoing, not just a one-off consultation,
- Directly involved carers/young carers, Sheffield Carers Centre, Sheffield Young Carers Project, Chilypep and SHSC Carers/Young Carers Project group
- Indirectly involved other carer groups

What made our intervention distinctive?
Research did not indicate other areas where carers/young carers were brought together to develop services in partnership with MH services.

Barriers:

Different demands and commitments from different organisations; prioritising carers competing with other demands within a busy CMHT; wider SHSCT directorate engagement in carer improvement work; limited resources in small voluntary organisations.

Our leadership approach:
We adopted transformational leadership, tapping into higher level motivations, aspirations and commitment. Carers' issues have in the past had a lower priority in SHSCT and the wider health and social care system. Appealing to good practice and shared values seemed a natural and logical solution.

3. Outcomes of our intervention

- Increased confidence among carers/young carers that their views and needs are listened to and acted on
- Improved sense of community between older and young carers
- Wider recognition of importance of engagement with carers
- Increased awareness of benefits of carers being supported effectively by professionals
- Improved understanding by organisations of the need for accessible and appropriate information for carers
- Other links developed or improved between professionals in SHSCT and carers' organisations
- Increased activity, working collaboratively, to support carers
- Reinforced understanding that organisations working together improves outcomes for carers and breaks down any perceptions of differences between organisations

4. What lessons have been learnt and how we have shared them

- Carers compete with other priorities within a busy CMHT, within carers' busy lives and with the reduced resources.
- Adult/young carers can collaborate effectively with adult MH services
- Asking what people want is not enough; change requires practical solutions
- Engagement at all levels, including carers, staff and key decision-makers is essential
- Time and commitment and constant re- evaluation are needed to implement change.
- The same collaborative approach is transferrable to other areas

Workshop 5: Medical Leadership and Systems Transformation

Dr David Throssell, Medical Director, Sheffield Teaching Hospitals, Iain Snelling, Senior Fellow, Birmingham University, Mr Ahmed Nassef

Presentation paper 1 : Mr Ahmed Nassef, Vascular Surgeon, Clinical Lead Vascular Services

About the workshop

Overview

A service development/evaluation study was undertaken to evaluate the clinical lead role at Sheffield Teaching Hospitals Foundation NHS Trust and to co-design a bespoke leadership programme to support this role. The author is the clinical lead for vascular surgery and as such was both an insider researcher as well as an active participant at the programme itself.

The study used action research methods within a critical realist epistemological paradigm. Qualitative data were collected using semi-structured interviews – with a core group of 14 clinical leads who participated in the programme – as well as formal and informal meetings with stakeholders throughout several action research cycles during the study period. All data were subjected to thematic analysis.

The analysis identified themes in relation to the organisation – communication, structure, power & values and support – as well as the identity of individual leads – andragogical themes, hybrid identity and self-determination. The study suggested that whilst there is high level of commitment from the Trust to advance medical leadership, the current approach appears to be "top-down" and managed. The study also demonstrated that doctors connect to their identity as medical leaders along a spectrum and proposed a conceptual model that could be used by the Trust to activate this nested identity and enhance medical leaders' engagement. In concordance with current evidence on adult and leadership education, work-based learning, action learning and learning alongside other doctors were identified as successful factors to engage doctors with leadership development initiatives.

This evaluation study concluded with a report to the Executive Board of the Trust with recommendations for the current and future design, and delivery of medical leadership programmes.

About the facilitator(s)

Mr Ahmed Nassef

Paper 2
Transforming medical training for Emergency Medicine

Dr Prakash Subedi, Consultant, Emergency Medicine, Doncaster and Bassetlaw, NHS Trust and Dr Naushad Naushad Khan, Doncaster and Bassetlaw NHS Trust

About the workshop

Overview

Emergency medicine globally is currently challenged by a shortage of doctors in this specialism. There are however many doctors who are attracted to emergency medicine but in the UK the traditional Deanery model of training is failing to attract the numbers required for this specialty.
Doctors are not choosing emergency medicine (EM) as a career of choice. In 2011 there were 135 ST4 posts vacant with only 45 (41%) posts filled and in 2012, there were 196 posts vacant with only 86(44%) posts filled (Hughes, 2013). In addition there are year on year increases in emergency department attendances (Mason, 2011) which creates a stressful and challenging environment for junior doctors and middle grades, who may choose to leave emergency medicine practice and train as General Practitioners or choose to work as a locum doctor (Hughes, 2013).
The problems of recruitment to EM were reported over 10 years ago in the report 'The way ahead 2008-2012: strategy and guidance for emergency medicine in the UK and the Republic of Ireland suggesting that there needs to be *"alternative routes into emergency medicine training for trainees*

in other speciality training". This can be done by "exploring the recognition of transferable competencies of trainees currently in other specialties". While this report called for staff grade doctors to be supported to ensure retention and to increase satisfaction, there was little evidence as to how this might be done. One example outlined was Health Education Thames Valley who ran a study group for doctors in non-training grades to be able to achieve the Certificate of Eligibility to Specialist Register (CESR), the Certificate of Completion of Training (CCT equivalent). There is however no evidence of the theoretical model of adult learning that supported this model and no evaluation data to identify if this model created a sustainable medical workforce in EM in the Thames Valley region.
It has been argued that recruiting doctors from overseas has not been successful and has not created a solution to the recruitment of doctors to emergency medicine as a specialty (Hughes, 2013). It is argued by some that this is only a short-term solution (Hughes, 2013) but there is little evidence to suggest that the current 'traditional' model for overseas recruitment will help to challenge the more deep seated problems in this medical specialty, without examining the model of training for these recruits Recruiting doctors from overseas will require a more complex theoretically driven and tested model, if the measure seeks to be used as part of a set of approaches to develop a sustainable medical workforce in Emergency Medicine in the UK.

This workshop will describe an alternative approach to the training of emergency medicine consultants through a Trust wide ' work based learning initiative'/

Workshop 6: 'White men in grey suits'

*Liz Johnson, Head of Equality and Inclusion, Sheffield Health and Social Care NHS Trust, Dr Jenna Fielding, Dr Katie Wallace (SWiM), Presentation paper 1 : Dr Manreesh Bains, Senior Clinical Psychologist, project Lead, Sheffield Health and Social Care NHS Foundation Trust*Manreesh.bains@shsc.nhs.uk;
Presentation paper 2: Dr Jenna Fielding and Dr Katie Wallace

About the workshop

Overview

What values were important to the organisation and how were these promoted within the quality improvement project?

Sheffield Health and Social Care NHS Foundation Trust (SHSC) applied for funding from the Health Education Yorkshire & the Humber Partnership to consider evidence that there is a lack of BAME (Black, Asian and Minority Ethnic) staff at higher grades within the Trust. The funding was used to implement a Mentoring Programme across three different levels – Board Members, BAME staff at Agenda for Change Bands 6, 7 and 8a (including a Project Lead) and BAME staff at Agenda for Change Bands 5 & 6. This Project relates to the Trust values around *Respect* (appreciating and recognising others' values), *Partnership* (engaging with others on the basis of equality and collaboration), *Accountability* (acting with honesty and integrity), *Fairness* (ensuring equal access to opportunity) and *Ambition* (helping to fulfil aspirations and hopes of staff).

What leadership activities/influence helped to address the issue?

The Project aims are to support the development of BAME staff towards leadership roles. This is also part of the Trust Strategy around developing a diverse and culturally competent organisation

and workforce. The wider context would suggest that staff from BAME backgrounds are more likely to be in lower bands of Agenda for Change (Health & Social Care Information Centre). Within SHSC only 2.07% of BAME staff are in very senior (Band 8a and above) positions. The Mentoring programme is being implemented at different levels across the Trust, with a view to developing cultural competence at a Board Level, and promoting personal and professional development for BAME members of staff. As Project Leader, the Healthcare Leadership Model highlights dimensions that have been instrumental to developing this Project, such as *Inspiring Shared Purpose* (questioning the way things are done), *Evaluating Information* (conducting analyses of data to assess any change) and *Developing Capability* (opportunities to develop self, as well as explore career aspirations of others).

What is the outcome from your intervention?

There is a dearth of literature considering the evaluation of mentoring programmes with BAME staff, both empirically and anecdotally. The Sheffield Innov8 programme is using both quantitative and qualitative methods to evaluate outcome. Board Members are providing quantitative data using the Intercultural Development Inventory (assessment of intercultural competence) and qualitative information about their experience. Both groups of BAME staff in the mentoring programme are providing quantitative data on their mentoring relationships pre and post the programme, using an adaptation of the Mentoring Competency Assessment (Fleming et al., 2003). They are also providing qualitative pre and post data about their experience which will be analysed using thematic analysis. Following evaluation, recommendations will shape whether the mentoring programme is disseminated more widely, and if not, how the Trust will continue working to support BAME staff towards leadership positions. All findings will inform Phase 2 of the Project, focussing on how to embed any learning across the Trust.

What lessons have been learnt and how have you shared them?

The Project has already successfully increased networking of BAME colleagues at different levels of the Trust, both with one another and at Board Member level. There has also been opportunity to access coaching training for BAME staff members to develop their skills in providing a mentoring role. As Project Lead, there has been opportunity to present updates on the Project, both internally within the Trust, and externally, as well as develop leadership skills. The evidence from the evaluation will inform Phase 2 of the Project. There will be quantitative data about the development of intercultural competence from Board Members, and the quality of mentoring relationships from BAME staff. There will be qualitative data available from all staff involved in the Project about their expedience and how it has impacted them. The plans to disseminate results include a Trust wide event that will encourage all staff to engage with the Trust's strategy to "Promote and Improve Equality, Diversity and Inclusion for Black Asian and Minority Ethnic Service Users and Staff".

Workshop 7: Leadership for commissioning and transforming integrated services

Dr Branko Perunovic, Clinical Director, Laboratory Services, Sheffield Teaching Hospitals NHS Trust; Dr Mat Fortnam, Dr Gilly Ennals, General Practitioner Trainees and Leadership Fellows, Maddy Ruff, CEO Sheffield CCG, Mr Peter Moore, Director of Strategy, Sheffield CCG

About the workshop

Overview

This workshop will explore innovative ways to consider approaches to integration and draw

upon the shared learning from senior clinicians and senior leaders across acute and primary health and social care.

Title of Abstract New ways of thinking of service integration

Dr Branko Perunovic Clinical Director Laboratory Services, Sheffield Teaching Hospitals

In the UK, a number of factors synergistically challenge a sustainability of the NHS as a healthcare service of the type and funding model that has been established since its inception in 1948. Apart from economic factors which are largely a consequence of a debt-fuelled national economy and a budget deficit (Statistics, 2016), there is a progressive demographic shift comprising expanding and ageing population and an increase in the numbers of people with chronic illness. It is estimated that 20-25% of the world population will be over 65 years old by 2030 (United Nations, 2015) and data available for the UK mirror this demographic trend (Society, 2015, Ukparliament, 2016). Currently, 58% of population over 60 have long-term or multiple conditions and the number of people with three or more chronic condition will reach 2.9 million in 2018. The long-term conditions are significantly more prevalent and severe in deprived socioeconomic groups (Barnett et al., Kings Fund, 2016). These population changes, coupled with scientifically and technologically more advanced disease management options, create a gradual shift from life-threatening to chronic diseases which inevitably fuel an increase in volume and complexity of healthcare demand, cost per patient and total cost of healthcare. Management of the patients with long-term condition is estimated to require additional £5 billion by 2018 (Barnett et al., Kings Fund, 2016).

The existing health and social care models are not adequately equipped to deal with these challenges. So far, the care has been provided by the number of organisationally and functionally loosely connected entities (hospitals, general practice surgeries, nursing homes, care agencies, families…), each incentivised to deal with their own constrains and manage own clinical, operational and financial performance, rather than to optimise the whole system. The net effect is a “twin care and cash crisis” (Warner and O’Sullivan, 2015), comprising a service model that is neither fit for purpose nor affordable .

An approach to developing models of care which are more resilient to challenges imposed by demographic and economic circumstances, whilst at the same time keeping the basis of the societal compact behind the NHS intact, has been proposed in the NHS Five Year Forward View (NHS England, 2014b). It comprises a high-level outline of the strategy for improving the overall health of the population, quality of care and its financial sustainability through *integrated* approaches to care delivery.

The concept of *integrated care* is not a new one; various aspects of integration between NHS organisations and local authorities have been aspiration of policymakers and health reforms since 1960s (Shortell et al., 2014, Department of Health, 2008a). The idea and experimentation with a range of models of integration of care has been on the agenda in other countries as well (Shortell et al., 2014, MacAdam, 2008, World Health Organisation, 2008, Watson, 2012). The basic postulate around the concept of integrated care is that *improving coordination of care around the needs of individual patients, service users and carers will positively affect quality of care and its cost-effectiveness* (Lewis et al., 2010, Goodwin et al., 2012).

This workshop will facilitate emergent, dynamic and innovative thinking about integration to vision person centred, values based care for all.

Title of Abstract **Opportunities for leadership development in General Practice within Yorkshire and the Humber**

Name, Professional Title, Employer, Department/course E-mail of lead author/contact:

Dr Mathew Fortnam, GP Speciality Trainee and Leadership Fellow in Primary Care, Health Education England, mathew.fortnam@nhs.net

Name, Professional Title, Employer, Department/course for all other authors.

Dr Samantha Wong, GP Speciaility Trainee and former Leadership Fellow in Primary Care GP, Health Education England

Dr Gilly Ennals, GP Speciality Trainee and Leadership Fellow in Primary Care, Health Education England

Dr Amar Rughani, GP Partner and GP Educator, Health Education England

Dr Michael Holmes, GP Partner Haxby Group and RCGP Lead for Supporting Federations

Topic Area: Medical Leadership

Keywords: *Leadership, Development, Opportunities*

Academic/Conference poster: *Yes* **Written presentation of project:** *No*

Status of project: *completed*

Nature of project: *collaborative*

Promoting the values that are important to the organisation

1. **What values were important to the organisation and how were these promoted with the QI project?** In your response you may wish to cover the context and background of the issue, the rationale for change and analysis of the issue and its causes

   Effective clinical leadership has been shown to deliver better outcomes for patients, professionals and their organisations (Roebuck, 2011). Similarly a lack of effective clinical leadership has been cited as a contributing factor in a number of reports into failings within the NHS (Francis, 2013).

   Developing leadership skills continues to be a priority in primary care (The King's Fund 2016) with increasing opportunities arising due to the challenges presented in implementing the General Practice Forward View, within the framework of Sustainable Transformation Plans.

   However, the proportion of GPs and trainees accessing leadership training remains minimal compared to its importance (Fowler & Gill, 2015)

Addressing the issue

2. **What leadership activities/influence helped to address the issue?** Provide details of the improvement aims and of the project, a description of methods and processes used, who you involved, what makes your intervention distinctive and a description of barriers. please tell us about what leadership approach you used, why you used it and what was the result of this approach?

The aim of this poster is to promote the opportunities and importance of leadership training in general practice within Yorkshire and the Humber region.

Therefore, this poster showcases opportunities for leadership training within primary care through first hand narratives including:

- GP Registrar Leadership Fellow posts
- A pilot First5 leadership training initiative
- GP educator leadership training workshops
- Opportunities for established General Practitioners, locally and nationally
- Engagement with GP medical student societies.

Outcomes

3. **What is the outcome from your intervention?** Describe your results and whether they relate to the original aims, what conclusions have you drawn, what was how you measured the impact of your intervention?

Although a mandatory part of medical curricula, leadership is poorly addressed partly through lack of understanding but also misconceptions about relevance ('I'm part of the workforce, I'm not a leader'). Our approach is that leadership is about making a difference to patient care, which is universally recognised. Healthcare professionals must be fully aware of the opportunities available in order to engage as an individual as well as a supporting member of the primary care team. We believe that everyone can and should lead at some point in their career. Our task is to change the culture and create the opportunity

4. **What lessons have been learnt and how have you shared them?** Think about what went well, what you would do differently? What has been the impact/outcome of sharing your learning?

There remains a need to both increase the opportunities for leadership development within General Practice and to promote the importance of such development programmes.

A question remains: How can we not only raise the profile of leadership training, but the perceived value of these skills amongst students, trainees and established GPs?

About the Author(s)/ Facilitator(s)

Insert Photo of author, 4.5 x 4.5

Name of author Dr Mathew Fortnam

Mathew is a Leadership Fellow in Primary Care in North Yorkshire with a background as a GP Speciality Trainee. He currently is completing projects pertaining to workforce development, quality improvement and service redesign.

Insert Photo of author, 4.5 x 4.5

Name of author Dr Samantha Wong

Samantha is a GP ST3 in West Yorkshire who recently completed a year as a Leadership Fellow. During her fellowship she helped in delivering a number of projects including leading the Leading First initiative, a leadership development programme for new GP's.

Insert Photo of author, 4.5 x 4.5

Name of author Dr Gilly Ennals

Gilly is a Leadership Fellow in South Yorkshire and is an ST3 from the Barnsley VTS scheme. Her current projects include a collaborative, paired-learning programme between General Practice and Paediatric trainees to improve outcomes for young patients in a community setting

Name of author Dr Amar Rughani

Amar is a nationally recognised GP educator, with a particular interest in leadership development. He has delivered leadership training for GP trainers and trainees both within the region and further afield and has a role as an educator at both undergraduate and postgraduate level. He is also currently a GP partner at a practice in North Sheffield.

Name of author Dr Michael Holmes

Mike Holmes is a Clinical Partner of the Haxby Group Practice across York and Hull and is the RCGP Lead for GP Federations. He has held a number of leadership roles at both local and national level and has completed the Elizabeth Garratt Anderson Programme, gaining an MSc in Healthcare Leadership.

About the facilitator(s)

Branko Perunovic is the Clinical Lead for Laboratory Medicine at Sheffield Teaching Hospitals NHS Trust;

Mat Fortnam is aGPs in training who have taken a year out of their specialist GP training programme to develop as medical leaders with the Future Leaders programme at Health Education England.

Maddy Ruff is CEO at Sheffield CCG and **Peter Moore** is Director of Strategy.

Workshop 8: Transforming Care with older people -

About the workshop

Overview

Three papers are presented in this workshop. Paper 1, is an innovative approach to listening to hip fracture patients experiences; Paper 2 is a collaborative project to reduce social isolation for older people and Paper 3, reconceptualising Parkinsons by listening to the Montyzoomers, an inter-dependent collaborative group campaigning for a new understanding of Parkinsons.

Paper 1 - Transforming Care with older people - Systematic Review of Patient and Carer experience of Healthcare along a Hip Fracture Pathway using Heidegger Hermeneutic Interpretive Phenomenology

Dr Suvira Madan, Consultant geriatrician, Sheffield Teaching Hospitals NHS Foundation Trust, Suvira.Madan@sth.nhs.uk

Transforming care with older people_Suvira Madan _2016
Systems Transformation through Values based leadership Conference September 2016

Promoting the values that are important to the organisation:

1. *What values were important to the organisation and how were they promoted with the QI project?*

Hip fractures occur frequently among the elderly, often with severe medical, psychological and social repercussions. The personal cost of hip fractures for a patient is often profound, commonly resulting in high morbidity, mortality, reduction in their mobilising skills and loss of independent living. Hip fracture pathway, encompasses all the innovative challenges of health care services i.e humanising value, ageing population, advancing technology and specialisation, use of multi-disciplinary team and early community supported services.
It is vital to put the individual hip fracture patient at the centre of their decision making process and improve service delivery and meet essential standards of care with dignity across the entire pathway from injury to recovery.

Addressing the issue

2. *What leadership activities/influence helped to address the issue?*

This systematic review used NHS Patient Experience Framework to identify themes emerging from hip fracture experience. Heidegger hermeneutic approach was applied to explore ways in which the meaning of phenomena (patient experience) was created through interpretation and discussion, action and interaction in the articles reviewed.

Outcomes:

3. *What is the outcome from your intervention?*

This systematic review revealed hip fracture patients and carers suffering in terms of respect, dignity and emotional support by the multi-disciplinary team, lack of integration and coordination of care amongst specialist teams, lack in planning transition and continuity post discharge. The systematic review also highlighted a paucity of literature in understanding the frailest of the frail hip fracture group's views, the confused, dementia group and capturing the hip fracture patients' and carer's views on end of life care. It also highlighted the need for new models of capturing the entire patient pathway experience.

Lessons learnt:

4. *What lessons have you learnt and how have you shared them?*

Medical leaders and healthcare organisations need to engage in qualitative health care research and make it as important as functional outcome and process measures. They need to demonstrate leadership and organisational commitment and establish clear links with commissioners in order to ensure high standards of hip fracture care at all steps. Consultants as leaders will need to take the challenge up of upholding high standards of care for the frailest of the frail admitted to the hospital and see to it that their teams even are care-competent and improve hip fracture patient experience.
Following this systematic review, Sheffield Hip fracture pathway was one of the seven Phase 1 pilot sites for Pickers report looking at new models for measuring patient experience that was published in 2014. The ability to provide detailed service specific evidence and sub-organisation insights was revealed to be an important step for patient experience surveys. Patient and carer feedback-led improvement is a priority now in orthopaedic wards and community services.

About the author:

Dr Suvira Madan
Consultant geriatrician with special interests in orthogeriatrics and community geriatrics, Sheffield
I am privileged to work in Sheffield with caring colleagues, crossing traditional boundaries, to deliver high quality medical care for the frailest of the frail.

Paper 2 Title of Abstract **Reducing Social Isolation Through Co-Produced Programmes**

Author(s) *Gareth Parkin, Head of Partnerships, South Yorkshire Housing Association*
g.parkn@syha.co.uk

Name, Professional Title, Employer, Department/course for all other authors.

Topic Area: Social Isolation in people aged 50+

Keywords: Social Isolation, Co-Production

Academic/Conference poster: *No* **Written presentation of project:** *No*

Status of project: *Ongoing*

Nature of project: *Collaboration with the Local Authority, VCF Sector & CCG*

Promoting the values that are important to the organisation

1. What values were important to the organisation and how were these promoted with the QI project?

Social isolation has been proven to have the same impact as well associated risks with smoking 15 cigarettes day. It can triple increase the risk of high blood pressure and puts older people at a 64% increased risk of cognitive decline and developing clinical dementia.

We believe that in order to develop solutions that address a specific issue, it is vital that those affected by the issue are encouraged and supported to meaningfully participate in developing the solution. By carrying out a range of innovative co-production activities across a range of different groups, we were able to develop a programme that has brought £6m of investment from the Big Lottery Fund to tackle this issue. No amount of funding or singular approach is ever going to solve the issue of social isolation unless we can tackle some of the root causes, challenge the negative perceptions or ageing or get people to start thinking differently about how to address isolation.

Addressing the issue

2. What leadership activities/influence helped to address the issue?

Over the 6 years of the programme, we'll test a range of innovative projects in Sheffield. We want to make the case that co-commissioning a range of different approaches with those intended to benefit will maximise the impact and reduce the unnecessary use on more costly public services.

A participatory style of leadership underpinned our approach, given the complex nature of the issue we are addressing and not one organisation or group of individuals alone could articulate what the root causes of isolation are. Some of the co-design activities we carried out were community engagement events, 1930's themed cocktail parties and people expressing their experiences of isolation and loneliness through spoken word/mic nights. One of the main barriers we faced during this time was that social isolation is clearly something that people don't feel comfortable talking. Having a creative approach to co-design helped get some of the vital information we needed to co-design the programme.

There are a number of different measures that we're using to determine what the impact has been on people that take part in the programme and make the case for sustaining the projects that are successful post investment. Examples are the de Jong Gierveld scale for measuring social and emotional loneliness and EQ-5D will measure health and quality of life.

Outcomes

3. What is the outcome from your intervention?

The cross-sector Age Better in Sheffield partnership has secured £6million investment and the 6 year programme will aim to reduce the social isolation of 26,710 people aged 50+. We're just coming to the end of the first year of Delivery on the Age Better in Sheffield programme and so far, we've reached over 850 people 50+ who have reported different levels of social isolation through the evaluation which is being carried out.

Lessons learnt

4. What lessons have been learnt and how have you shared them?

One of the challenges we face is how we continually support partners to test a range of innovative solutions to try and tackle this issue. Historical commissioning arrangements that have often called for a set number of outputs to be achieved in a certain way can stifle creativity in developing something new. We want to engage with a range of different sectors to develop solutions that have never been tried before in Sheffield to tackle the issue of isolation. We'll be running a number of workshops around creative design in the run up to the year 2 Innovation Fund procurement.

About the Author(s)/ Facilitator(s)

Insert Photo of author, 4.5 x 4.5

Gareth Parkin, Head of Partnerships, South Yorkshire Housing Association.

Paper 3 Transforming Care with older people: Reconceptualising Parkinson's

Pamela Goff, Chair, Sheffield Branch of Parkinson's UK

Bhanu Ramaswamy OBE, Independent Physiotherapy Consultant and Visiting Fellow, Sheffield Hallam University

b.ramaswamy@shu.ac.uk

About the workshop

Overview

Promoting the values that are important to the organisation

1. What values were important to the organisation and how were these promoted with the QI project?

The workshop we have been invited to present in considers how care can be transformed for the older adult population.

'*Staying well*' is a reason people attend exercise classes run by the Sheffield Branch of the charity Parkinson's UK, some led by physiotherapists.

'Wellness' is a social construct given meaning by the context in which it is used, and by whom. It is hard to define, yet is an aim of physiotherapy professional practice, and a main goal of health policy in the United Kingdom.

Pamela and Bhanu's presentation is based on Bhanu's recently completed Doctoral Research Project exploring the role of physiotherapy for people affected Parkinson's undertaking activities to attain wellness through the use of Participatory Action Research (PAR) methodology.

Addressing the issue

2. What leadership activities/influence helped to address the issue?

Policy reforms attempt to address healthy lifestyle choices for the population yet consultations are unrepresentative of key stakeholders (including carers) who the changes will affect. Policy cannot be realised until the designation of power and leadership is distributed to people that policy affects to engage communities in the change process.

The use of PAR that distributes leadership across a group of people could directly affect how older people manage their needs.

Outcomes

3. What is the outcome from your intervention?

PAR is a transformative method, and the project evolved through three successive cycles of interaction with recruited co-researchers (the MontyZoomers). The scope developed from action research (a listening and responding role), through participatory action (advising, social involvement and knowledge generation),

broadening into emancipation action (regaining a political stance after group and individual identity had been [re]established).

Exchanging stories of altering health experiences (even pre-diagnosis) enabled a review of how negatively communicated beliefs and information from health professionals had formed their understanding of Parkinson's (epistemology). The qualitative and quantitative projects chosen and analysed by the MontyZoomers allowed them to develop a new way of seeing their journey (ontology), one they wanted communicated to the wider health and social care professionals.

The MontyZoomers utilised their new knowledge to construct a socially-driven consensus model. The message of interdependence and hope that enables people affected by Parkinson's to remain well is what the thesis contributes to health and social care practice and knowledge.

Lessons learnt

4. What lessons have been learnt and how have you shared them?

The current political climate continues to favour the self-management and empowerment agenda for people with long-term conditions, most of who fall into the category of older adults.

In terms of physiotherapy education and practice, our roles can be enhanced to facilitate the process of self-determination for older adults (as realised in the recent Doctoral Project with people with Parkinson's) to be recognised as a joint partner in decision-making about their treatment.

There is a need to recognise the importance of enabling people to decide their own actions to support one another, and be supported by all involved through interdependent relationships within the broader community.

About the Author(s)/ Facilitator(s)

Pamela Goff MBA

Pamela volunteers for the charity Parkinson's UK, and is currently Chair of the Sheffield Branch. She is a qualified Radiographer, but by retirement, had gained an MBA and was in a position of management, specialising in Risk Management, plus managing the Claims and Complaints processes for the Sheffield Children's Hospital NHS Trust.

She planned to join her husband in his business by retiring early from the NHS, but her mother's escalating care requirements and her diagnosis of Parkinson's in 2009 altered these plans.

Pamela's diagnosis was a bitter blow, and knowing nothing of the condition, expected to be wheelchair bound within a few years. Not one to yield however, she undertook varied opportunities to change health practice for people with Parkinson's including becoming a co-

researcher in Bhanu's Doctoral Research Project. The group's exploration of the attainment of 'wellness' empowered Pamela to undertake roles that have subsequently increased awareness across the region about this very complex condition.

Pamela believes she can and should keep well in the community and feels there is a total disconnect between her medical care and daily routines to keep well. She now feels confident to voice the view of a person with Parkinson's and has spoken at different clinical and fundraising events, as well as local radio, influencing and educating health professionals.

Bhanu Ramaswamy OBE, FCSP

Bhanu Ramaswamy is an Independent Physiotherapy Consultant based in the United Kingdom and an Honorary Visiting Fellow at Sheffield Hallam University.

She qualified in 1988 and is currently completing her doctoral studies, co-researching the support needs of people with Parkinson's.

Bhanu's specialist physiotherapy fields include rehabilitation with older people, and neurology.

Bhanu practices clinically and teaches at post-graduate level, continuing involvement in both national and international strategic projects for the Chartered Society of Physiotherapy. She is a Faculty member for the Movement Disorder Society Summer School for the Allied Health Professions.

Bhanu looks to improve physiotherapy standards of intervention with older people and for those with long term (neurological) conditions, and to see the advancement of practice in this field of physiotherapy for populations with multiple, complex HSC needs.

Workshop 9 — Engaging the Community - how best to do it

Workshop Chairs: Mr Shah Nawaz, Vascular Surgeon and Director of Pakistan Muslim Centre, and Jo-anne Van Levesley, family Development Project, Darnall, East Sheffield

Title of Abstract — **Engaging and Participating with the Community**

Author(s) — ***Jo-Anne Van Levesley***

Project Director / Manager - The Family Development Project

joanne@familydevelopemtnproject.org.uk

Nicola Thornton

Trustee - The Family Development Project

enquiries@familydevelopmentproject.org.uk

Topic Area:

Keywords: ***Building Community Capacity – Engaging and Participating***

Academic/Conference poster: *Yes* **Written presentation of project:** *Yes*

Status of project:

On*going with a seventeen year history of organisational change to meet continuing needs of the community and personal development development needs of family members.*

Nature of project:

An *Independent family and community support Project that is a Registered Charity and Co Ltd by Guarantee.*

Promoting the values that are important to the organisation

1. **What values were important to the organisation and how were these promoted with the QI project?**

The work of the Family Development Project

The FDP works with families in crisis through a unique and successful model of support. This works on the premise of developing and growing other community members and families as volunteers. This model of 'family peer support' seeks to develop families to work together to build a 'community of practice' and to enable the community to become stronger and families to become resourceful, supportive and resilient. Meeting people where they are at – enabling transformational change and developing confidence.

We do this through offering a range of courses, groups and activities that address: home safety, budgeting, healthy lifestyles, parenting support, behavioural issues this list is not exhaustive.

The FDP offers volunteering opportunities to help families work towards breaking out of poverty and to progress to education and employment. (**HEART** – Health, Education, Aspiration, Resilience and Transformation)

Through HEART we are working to improve HEALTH, SELF ESTEEM, helping to achieve greater ASPIRATIONs, building both individual and community RESILIENCE – All of this to help bring about change and TRANSFORMATION.

Addressing the issue

2. **What leadership activities/influence helped to address the issue?**

What does the Family Development Project do differently from other services?

The FDP is defined by a values based approach and led by 'person centred values', non-judgemental and always an open door policy led by volunteers and the Project Manager. This means that community members run the project and use the 'space' to support and define them. This is done within the confines of complete professionalism and adherence to a governance structure that ensures the FDP is an accredited centre for **OFSTED**.
It is an enabling and empowering environment that opens up opportunities, networks to re-engage and connect and thus build families into a community. Our families come from a wide range of cultural backgrounds and often from families with high deprivation. We work to build social cohesion and commmunity resilence so that families learn to respect and grow together alongside each other.

Building strength in families - families are stronger when they connect together. They are on the board of the organisation which drive forward the values that influence the activity and community cohesion.

Outcomes

3. **What is the outcome from your intervention?**
   we have collected data through story telling and quantitiative data to show how our services make a difference and help to build individual and family resilience (please come and see us at our poster stand and ask for an evaluation report, 2016)

About the Author(s)/ Facilitator(s)

Name of author

Jo-Anne Van Levesley

Insert Photo of author, 4.5 x 4.5

Name of author

Nikki Thornton

Paper 2 — Is Crossfit style functional strength training feasible as an intervention to improved balance and gait mechanics in ambulatory stroke survivors?

Topic Area: Functional strength training post stroke

Keywords: *Crossfit, stroke, falls*

Author(s) *Gavin Church, Physiotherapist, Sheffield teaching hospitals, Community Stroke Service and MSc advancing physiotherapy student grchurch@hortmail.com*

Academic/Conference poster:

Written presentation of project: *No*

Status of project: *completed*

Nature of project: *independent or collaborative(i.e. student- student, student- tutor, or student-service)*

Promoting the values that are important to the organisation

1. What values were important to the organisation and how were these promoted with the QI project? In your response you may wish to cover the context and background of the issue, the rationale for change and analysis of the issue and its causes

In the UK up to 73% of stroke survivors fall within the first year. Those who have falls resulting in a hip fracture within the first six months are more likely to die. Ambulatory stroke survivors present with poor balance, weakness, sensory impairment and loss of motor coordination resulting in a falls risk. Intervention through exercise and strength training can be inconsistent and there appears to be a degree of variability in the application of functional strength training. Crossfit style training uses constantly varied functional movements performed at a high intensity addressing all aspects of fitness and utilising all three energy systems. It has a strong community and social network and is used by athletes in various sports because of its foundation of general physical preparedness. Crossfit style training supports developing literature about the benefits of functional aspects of daily living over conventional methods of exercise.

Addressing the issue

2. What leadership activities/influence helped to address the issue? Provide details of the improvement aims and of the project, a description of methods and processes used, who you involved, what makes your intervention distinctive and a description of barriers. please tell us about what leadership approach you used, why you used it and what was the result of this approach?

The aim of this study was to investigate if a twice weekly eight week intervention based on the principles of Crossfit was feasible as an intervention for improving balance and gait in ambulatory stroke survivors at least 6 months post stroke. Crossfit varies from traditional exercise regimes as it does not use machines, instead it uses functional movements involving the whole body, constantly varying the delivery to address all energy systems. A repetitive circuit style set up is not used. Within research methodology this style of training challenges the normal standardisation of intervention that are used to ensure external validity.

Changes were measured using a mixed methods approach incorporating the performance orientated mobility assessment (POMA) outcome measure combined with a focus group. Data analysis for the POMA used the paired student's t-test. Analysis of the focus group was devised from using themes in previous research and analysed using open and closed coding, thematic analysis and pattern identification. The group size was limited to allow increased time for coaching each participant. This was reflected as positive findings in the focus group but affected the validity of the statistical analysis used. Validity was also affected by the individuals who achieved the ceiling of the POMA at the final assessment.

A physiotherapist provided the coaching for the intervention providing not just Crossfit technique, but also support from a physical movement perspective and for general health concerns as a specialist stroke health care professional. This allowed individuals to feel supported, safe and

challenged within the environment. Understanding participant's beliefs and expectations allowed the researcher to give a degree of empowerment and ownership to individuals. This, along with a self-efficacy approach gave the participants a strong feeling of achievement. Movement correction and a focus on the processes used to achieve the tasks was integral. Verbal cues in relation to external stimuli supported improved self-organisation and exploration with motor control.

Outcomes

3. What is the outcome from your intervention? Describe your results and whether they relate to the original aims, what conclusions have you drawn, what was how you measured the impact of your intervention?

Five participants completed the study and all individuals demonstrated significant improvement using the students t-test ($p=0.05$) with POMA scores apart from the one participant who achieved the ceiling of the outcome measure. Findings from the focus group were positive and supported the findings from current literature. Of the five participants who completed the study three were considered high falls risk and two were low risk initially. On completion of the intervention four were low falls risk and one was moderate falls risk.

The focus group themes were around enjoyment, individualisation, challenging and supportive over conventional exercise experiences and improvement in self and externally observed functional aspects of daily living.

Crossfit appears to be a feasible intervention for reducing falls risk in individuals six months post stroke. Participants enjoy the safe, challenging, individualised and effectiveness of the intervention in comparison to previous exercise experiences. Larger scale studies, more sensitive functional outcome measures and further investigations into the mechanisms for improvements should be considered.

Lessons learnt

4. What lessons have been learnt and how have you shared them? Think about what went well, what you would do differently? What has been the impact/outcome of sharing your learning?

The qualitative and quantitative data obtained from the programme correlated well and supported the findings from current research. The small group size allowed positive group support, appropriate time and allocation to provide individualisation to participants with coaching, but resulted in weakening of the statistical analysis.

The use of a larger group or two smaller groups and combining the results would have strengthened statistical analysis, as would the use of additional outcome measures such as a functional movement screen or timed functional measures. This could have been combined with quality of health and disability questionnaires in addition to the focus group.

This project will be submitted to ACPIN (Association Chartered Physiotherapists with an interest in Neurology) journal for consideration of publication in autumn/winter 2016 and the findings will be used to establish an independent community based exercise group within Sheffield for individuals post stroke.

About the Author(s)/ Facilitator(s)

Insert Photo of author, 4.5 x 4.5

Gavin Church Qualified as a physiotherapist from the university of Hertfordshire in 2005 and worked for three years at university college London hospital. Moved to Sheffield in 2008 and started a band 6 role in a community based specialist rehabilitation team before joining the community stroke service in 2010. Has a clinical interest in motor performance, motor learning, functional strength training and myofascial release. Has a HND in sports therapy and coaching and is a level 1 crossfit instructor.

Insert any project photos where these are available.

Workshop 10: Valuing Happiness in the Workplace

Chairs : Dr Umesh Prabhu, Medical Director, Writington, Wigan and Leigh NHS Trust and Ms Karen Deeny, NHS England

About the workshop

Workshop Presentation:

Title of Abstract **Engage. Empower. Enjoy: Valuing Staff in A Healthy Workplace**.

Author(s)

Jane Howcroft, Senior Commissioning Manager, Commissioning Directorate, NHS Sheffield Clinical Commissioning Group. *jane.howcroft@nhs.net*

Beverly Ryton, Clinical Audit and Effectiveness Manager, Quality Directorate, NHS Sheffield Clinical Commissioning Group. *beverly.ryton@nhs.net*

About the Author(s)/ Facilitator(s)

Bev Ryton, Clinical Audit and Effectiveness Manager, NHS Sheffield CCG. Bev is a resource for general practices across the city in promoting best practice in clinical audit and developing understanding of evidence based medicine. Bev has been actively involved in developing a culture of innovation in the CCG and is a weekly regular at the CCG Pilates class, along with Jane. Beverly A. Ryton BA, MSc

Bev has worked for the NHS since 1993, the majority of which has been in clinical effectiveness, joining the Primary Care Trust (now known as NHS Sheffield Clinical Commissioning Group) in February 2008. In her current role as Clinical Audit and Effectiveness Manager she is responsible for monitoring quality improvement and ensuring best practice is adhered to across and outwith the organisation with a range of providers.

She has previously worked with the Healthcare Quality Improvement Partnership (HQIP) on developing a best practice guide, has liaised with NICE on a number of projects and has been shortlisted for awards on several occasions. She has been invited to speak on a variety of topics at a number of national conferences and has had numerous articles published with colleagues from Sheffield.

Jane Howcroft. Senior Commissioning Manager, **NHS Sheffield CCG** Jane oversees the clinical education programme at the CCG. She has been working on staff engagement, well-being and organisational development for the last three years and is particularly interested in how kindness and humour in the workplace support greater emotional resilience.

/ **Sophie Scully. Communications Assistant, NHS Sheffield CCG** Sophie is currently studying for a BA (Honours) in Marketing and Advertising Management at Leeds Beckett University. She joined the CCG on a year's student placement in September 2015, working in the Communications and Engagement Team and will be working with the CCG for a further year as she completes her degree.

Bev, Sophie and Jane have prepared the poster and the workshop presentation on behalf of the CCG's Staff Engagement Group, who have overseen the work on culture change and staff well-being – as well as many other staff who have helped to shape our work and who have taken part in our activities.

Workshop 11: **Nurse Led Innovations through Values Based Leadership**

Mr Kirtik Patel, Surgeon and Clinical Lead and Mrs Carol Pollard, Senior Lecturer Sheffield Hallam University

This workshop will present two papers from nursing and medical innovative collaboration. Paper 1 will outline an innovation of nursing practice using art in nursing and Paper 2 will explore the development of a nurse led clinic that has enabled greater activity and returns on investment for the organisation. The role of the medical leader is critical to gain support and confidence from medical colleagues.

About the facilitator(s)

Carol Pollard is a nurse lecturer. Mrs Carol Pollard RGN, ONC, Dip Nursing London University, RNT, Ba (Hons) Nursing, Masters in Medical science .

Qualified as a registered nurse in 1982 with an additional qualification Orthopaedic Nursing Certificate Worked at Rotherham hospital on the Trauma Unit as a staff nurse, ward sister and a clinical teacher .After registering as a Nurse Teacher worked as a lecture Practitioner at The University of Sheffield and went on to be a full time lecturer. During this period she develop a research interest in clinical education for undergraduate nurses .She then moved to Sheffield Hallam University in 2006 as a Senior Lecturer and had the role as Lead Link Lecturer with Rotherham Foundation Trust She became Course leader for the undergraduate BSc Nursing Programme in 2012 and achieved the status of Senior Fellow with The Higher Education Academy in 2014

Mr Kirtik Patel was appointed Consultant Upper GI and Bariatric Surgeon at the Northern General Hospital, Sheffield Teaching Hospitals NHS Foundation Trust in January 2009. He graduated from the University of Manchester Medical School with honours in 1993, completing his surgical training in the North West and Yorkshire. He has also completed a period of research culminating in the award of MD from the University of Sheffield.

Further appointments within the Trust include those of Upper GI Cancer MDT Lead and Clinical Lead of Upper GI Surgery. He is also a member of the Yorkshire and the Humber Clinical Senate and completing his MSc Medical Leadership at Sheffield Hallam University.

Paper 1 UNCOVER Happy Hearts through Art

Author(s) *Roxana Whiteman*
Staff Nurse for Sheffield Teaching Hospitals
Leader of
roxana-whiteman@hotmail.co.uk

Roxana Whiteman
Completed BA Nursing Course at Sheffield Hallam University in September 2015, she was a student rep and a Department rep providing leadership for her peers .In year 2 of the Course Roxana won a social enterprise award and established a company Uncover happy hearts through Art .which provides creative services to organisations who care for people with dementia. Roxanna photo graph was one of the finalists in the RCN competition for " compassion in practice" Since October 2015 Roxanna has worked as a staff nurse in A&E at the Northern General Hospital

For picture click on link http://www.rcn100photo.org.uk/events/royal-college-nursing-100/finalists/677/
Photo of

For picture click on link http://www.rcn100photo.org.uk/events/royal-college-nursing-100/finalists/677/

I became passionate about improving care for people with dementia when my friend developed dementia when I was studying on my BA Nursing course I had witnessed the value of engaging people with dementia in creative activity so I submitted a business proposal to establish a company to provide creative services to organisations caring for people with dementia and I was awarded a social enterprise award by Sheffield Hallam University. This business now provides creative services for a number of nursing homes and some wards at a local hospital.

After completing my nursing degree I secured a staff nurse post in A&E at Sheffield Teaching Hospitals .In 2010 the Alzheimer Research Trust identified there are 298,867 people with dementia attend A&E department in the UK every year .The Alzheimer Society identify a visit to hospital can be very distressing for patients with dementia (Alzheimer Society 2016) , something we witness on a daily basis in A&E .Studies have suggested that engaging people with dementia in creative activity can help manage distressed behaviour , build relationships , assist in establishing rapport and engage the person with dementia and their carers more effectively(Ray 2015,Kales et al 2015,Bradford eta l 2012,Loy et al 2014,)None of these studies have been conducted in A&E departments however now is the time to consider using different strategies to work with people with dementia in acute settings The Alzheimer's Society have recently published their latest campaign " Fix Dementia Care in Hospital" (2016) which sets out recommendations for the NHS and health regulators to improve the experiences of people effected by dementia in hospital . Sheffield Teaching Hospitals are committed to achieving this goal in their Dementia Strategy (2015)

References
Alzheimer Research Trust(2010) **Dementia 2010** :The economic burden of dementia and associated research funding in the UK
Alzheimer Society (2016) **Fix Dementia Care in hospital**
Bradford A et al (2012) Managing pain to prevent aggression in people dementia : A non-pharmacological treatment **American Journal of Alzheimer's Disease**

and other Dementias
Kale H et al (2015) Assessment and management of behaviour and psychological symptoms of dementia **British Medical Journal**
Kings Fund (2013) Leadership and Leadership Development in Health Care :The Evidence Base
Loy L et al (2014) " It makes me feel like myself" Person centred versus traditional visual arts activities for people with dementia **Dementia** Vol 15
Ray K (2015) Music Therapy : A non-pharmacological approach to care of agitation and depressive symptoms for nursing home residents with dementia **Dementia**
Sheffield Teaching Hospitals Dementia Strategy **(2015)** **http://www.dementiaaction.org.uk/members_and_action_plans/418-sheffield_teaching_hospitals_nhs_foundation_trust**

Paper 2 - Nurse and Medical collaborative project - I am the Senior Upper GI Clinical Nurse Specialist based at The Northern General Hospital , in post since 2009. The role is to coordinate the clinical pathway of patients diagnosed with oesophageal and Gastric cancers . Patients are also referred from to us as the regional centre from Rotherham , Barnsley ,Chesterfield and Doncaster. We care and support patients and their carers through difficult treatments, whether palliative or potentially curable , with particular emphasis on holistic care

I trained at Guy's Hospital in London and staffed on a medical ward before changing tack to do a degree in French and Linguistics at Sheffield University , I returned to Nursing after travelling and working in Australia and India .

Since then I have worked in Clinical Research, Acute Medicine and Gastroenterology

Workshop 12: Realistic Evaluation - An Evaluation Method to transform our thinking about health and social care

Chairs: Mr Simon Boyes, General Surgeon and Clinical Director at Sheffield Teaching Hospitals; Mrs Katie Shearn, PhD Researcher, Sheffield Hallam University, Centre for Health and Social Care Research. k.shearn@shu.ac.uk

Dr Peter Allmark PhD, Principle Research Fellow, Sheffield Hallam University, Centre for Health and Social Care Research

Paper 1 Title of Abstract **Delivering positive youth sexual health services: a realist inquiry**

Author(s)

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Dr Peter Allmark PhD, Principle Research Fellow, Sheffield Hallam University, Centre for Health and Social Care Research

Promoting the values that are important to the organisation

English and International policy calls for positive comprehensive youth sexual health services (PCYSHS), which prioritises young people's sexual wellbeing. This chimes with patient-centre care, prevention is better than cure and assets-based movements. In practice, however, youth sexual health services are often orientated solely towards reducing unwanted conceptions and preventing or treating STIs. The aim of this study was to develop theory and recommendations for practitioners towards to the sustainable delivery of PCYSHS.

Addressing the issue

A realist evaluation was undertaken to uncover what works, for whom, under what conditions to deliver PCYSHS. A realist approach was considered appropriate because the aim was to understand the underlying causal processes leading to or inhibiting transformational change in this area.Concepts and initial theories were informed by opinion: via existing speculative ideas in the literature, observational visits, stakeholder interviews and policy documentation and evidence from primary research studies. Evidence was then sought, to test the initial theories, from three case studies where there have been implementation of PCYSHS. Data was derived from stakeholder interviews (n=24), social and print media (n=15), service specifications (n=5) and evaluation consultation documentation (n=5).

Outcomes

Emerging findings are presented as three theories articulating how local buy-in to PCYSHS can be led by i) 'clarity' of both the concept and individual role, ii) 'conviction' in the approach to bring about positive change for young people and iii) 'coherence' with local and national priorities. Leadership style is an important contextual condition which can facilitate local buy-in via empowering, collaborating with and trusting frontline practitioners and service users.
These theories will be further tested and refined via testing in different contexts.

Lessons learnt

Realist evaluation is at times a complex methodology, which feels chaotic and is reliant on both systematic searching for data and researcher 'creativity'. Potential issues in transparency and articulation of ideas must be managed carefully. Despite these limitations, this study has elicited nuanced data and ideas which may inform the future development and evaluation of PCYSHS and the contextual conditions which may hinder or enable them.

About the Author(s)/ Facilitator(s)

Katie Shearn

Katie is in her third year of a PhD in the Faculty of Health and Wellbeing at SHU. She is using a realist approach to investigate the delivery of youth sexual health services which take a positive and comprehensive approach.

Katie has worked in the research sector for 15 years undertaking qualitative, quantitative, deliberative and mixed method evaluation studies for a range of public, private and third sector clients. She has a special interest in public health and behaviour change.

Dr Peter Allmark

Peter is a Principal Research Fellow at the Centre for Health and Social Care Research, Sheffield Hallam University. He has an academic background in philosophy as well as being a registered nurse and nurse teacher. He has a particular interest in research methodology and has used realist principles on three research projects in health care as well as supervising PhD students who are using a realist approach.

Paper 2 Title of Abstract

Realistic Evaluation of the Medical Leadership Strategy in a NHS Hospital Trust

Author(s)

Simon Boyes Consultant Surgeon/Clinical Director Sheffield Teaching Hospitals Foundation Trust, MBA Medical Leadership Sheffield Hallam University simon.boyes@sth.nhs.uk:

Topic Area: Realistic Evaluation

Keywords: *Realistic, Medical, Leadership*

Academic/Conference poster: *No* **Written presentation of project:** *Yes*

Status of project: *completed*

Nature of project: *independent*

It is increasingly recognised that promoting engagement of doctors in leadership can be influential in promoting clinical and organisational change and performance (Fitzgerald 2006, Dickenson and Ham 2008). A NHS hospital has developed a medical

leadership strategy to promote medical leadership and engagement within the organisation. The aim of this realistic evaluation was to look at what mechanisms under which conditions would allow the organisations strategy deliver medical leadership and engagement resulting in improved organisational performance.

Following on from the literature review the following middle range theory was hypothesised. *Medical leadership/engagement is influential in leading to improved organisational performance but is dependent on the organisational culture promoting and supporting the development of the medical leadership role* resulting in a conjectured context mechanism outcome configuration (CMOc).

Context	Mechanism	Outcome
Organisational culture promoting medical leadership role	**Medical Leadership Role** **Resource** :-medical leaders +development opportunities. **Reasoning**:-engagement	Improved organisational performance

A sequential mixed method approach was used. An initial questionnaire was sent to all the consultants in the hospital, the results of which determined the questions for the semi structured interviews. The questionnaire was analysed using statistical software (SPSS 23). The qualitative part of the questionnaire and the semi structured interviews were analysed using a thematic analysis methodology.

There was a response rate of 14.7% for the questionnaire of which 55% are in a current medical leader role. Only 15.4% of respondents had undergone a formal

leadership course but it was only in the areas of finance and business planning that the majority didn't feel confident. In the domains of engaging the team and developing capabilities there was less confidence when they were considered from an organisational perspective. Themes that developed from the qualitative methods were around organisational culture including silo mentality, the hybrid role of the medical leader and the lack of time.

The results were used to refine the original conjectured CMOc

Context	Mechanism	Outcome
Organisational Strategy promoting medical leadership role, reducing silo mentality and embracing cultural diversity	**Medical Leadership Role** **Resource** :-medical leaders + integrated leadership development opportunities across occupational and organisational groups. **Reasoning**:-engagement	Improved organisational performance

Organisational Strategy promoting medical leadership/engagement	**Medical Leadership Role** **Resource** :-medical leaders/consultants	Improved organisational performance

	+ time to lead or time to be involved with service development or improvement **Reasoning**:-engagement	

Using these CMOc the middle range theory was refined to the following. *Medical leadership/engagement is influential in leading to improved organisational performance but it requires the recognition that time is required away from the pressures of clinical work to deliver the requirements of medical leadership, leadership development and involvement in service improvement/development. The culture within organisations has to change to break down the barriers created by silo mentality, cultural diversity and role conflict by closer collaboration and development across occupational and organisational groupings.*

This will require further realistic evaluation to determine the validity of the refined middle range theory.

About the Author(s)/ Facilitator(s)

Insert Photo of author, 4.5 x 4.5

Simon Boyes Consultant General and Transplant Surgeon at Sheffield Teaching Hospitals. Currently the Clinical Director for the General Surgery Directorate. Having just completed an MBA in Medical Leadership the MBA research dissertation used realist evaluation methodology to evaluate the medical leadership strategy within a NHS organisation.

Workshop 13: Reslience for Change

Chairs: Dr John Edmonstone, Dr Paddy Dobbs and Dr Karl Brennan

About the workshop

Resilience in the NHS.

Dr P Dobbs

Resilience is defined by the Oxford English Dictionary as “The capacity to recover quickly from difficulties”. This is a quality that will be ever increasingly in demand in the near future in the NHS. Governmental demands, financial austerity and unrealistic productivity and efficiency plans are close to bringing the NHS to its knees.

Developing resilience means using new methodology and networks to combat the combined causes of difficulties. Resilience is required throughout the NHS as all areas are under scrutiny. Developing strategies to improve clinician engagement, recognising stress and illness earlier, activating the intrinsic tacit knowledge of “shop floor workers” to improve patient pathways all will help create organisational resilience.

Resilience should become a cornerstone of organisational development, acknowledging and dealing with expected fluctuations (winter pressures) as well as being prepared for unknown fluctuations (staff illness, changing tariffs, failure of electronic management systems) will all help organisations to face the future with more certainty if not confidence.

Some of the methodology we have used such as Listening into action and Microsystems coaching can employed generically across organisations, whereas other methodology may require bespoke manufacture for individual circumstance.

Toolkit

The independence of the facilitator is key to the success of this approach. The facilitator needs to be prepared to be challenging to both staff and corporate interests and skilled at analysing and theming qualitative material and crafting feedback to senior levels that results in action.

- 'The Facilitator’s Toolkit', 2nd edition, J. Edmonstone & M. Havergal, Aldershot, Gower Publishing (2003)
- 'Personal Resilience For Healthcare Staff: When The Going Gets Tough', J. Edmonstone, London, Radcliffe Publishing (2003)

About the facilitator(s)

Dr Paddy Dobbs is a Consultant for 15 years with a specialist interest in Neuroanaesthesia and Critical Care.
He is the Clinical lead for Anaesthesia (central site) at Sheffield Teaching Hospitals.

Paddy completed his MBA in Medical Leadership at Sheffield Hallam University in 2013 which included a dissertation on medical staff engagement. He is actively involved in promoting value based leadership and engagement within Sheffield Teaching Hospitals.

Dr John Edmonstone is a leadership, management and organisation development consultant with extensive experience within the public services within the UK and abroad. He has over twenty-five years' experience of successful consultancy work in the Human Resource Management and Organisation Development fields in the UK NHS, local government, higher and further education in such areas as leadership and management development (especially clinical leadership), action learning, coaching and mentoring, evaluation research, partnership working and team development.

He teaches on the MBA (Health Executive) at Keele University, is External Examiner for the MA in Medical Leadership in Clinical Settings at Brighton University. He is also a member of the Editorial Advisory Board of the international journal “Leadership in Health Services”.

POSTER PRESENTATIONS

Our thanks to our current MSc Medical Leadership and ; MSc Health and Social Care Leadership students; MSc Physiotherapy and Medical Leadership and Leadership Doctorate Students for producing posters. Thanks also to our colleagues in the Voluntary and Statutory Service Sector for sharing their work with us today.

1. Opportunities for leadership training in general practice Health Education England (HEE) working across Yorkshire and the Humber	**GP Leadership Fellows and** *MSc Medical Leadership students*: **Dr. Samantha Wong, Dr Mathew Fortnam, Dr Gilly Ennals** *contact: Samantha.Wong2@yh.hee.nhs.uk* **Dr. Amar Rughani , GP and Associate Postgraduate Dean for Leadership, Health Education England working across Yorkshire and the Humber Dr Michael Homes, GP Partner at the Haxby Group, RCGP Lead for Federations and alumni of the Elizabeth Garrett Anderson Programme**
2. Microsystem Improvement at Sheffield Health & Social Care Trust	**Jo Evans** *contact: Jo.evans@shsc.nhs.uk* **Continuous Improvement Manager, SHSCT** *(MSc Health and Social Care Leadership student)*
3. Doncaster Model for A&E Middle Grade Development	**P Subedi, A. Junjua, S. Tyagi, M. Quintero, N. Khan, K. Lahiri, K. Kodali** email: prakash.subedi@dbh.nhs.uk *(Medical Leadership Doctorate Student)*
4. The process of patient admission to the Acute Medical Unit	**Dr Louise Ramsden** *Louise.Ramsden@nhs.net* **Clinical Leadership Fellow in Workforce Planning, Health Education England Working Across Yorkshire and the Humber** *(MSc Medical Leadership student)*

5. Engage, Empower, Enjoy – valuing staff in a healthy workplace at NHS Sheffield Clinical Commissioning Group.	**Jane Howcroft, Bev Ryton and Sophie Scully** Contact: jane.howcroft@nhs.net
6. Stepping up - Using Young People's lived experience to improve mental health outcomes for 16-25 year olds in London	**Sarah Way**, Sarah.Way@rethink.org
7. Hepatology Transition Service Evaluation at Sheffield Children's Hospital	**Rhona Hubbard,** Gastroenterology and Hepatology Clinical Nurse Specialist Employer / institution: Sheffield Children's Hospital rhubbard@my.shu.ac.uk Dr S Connolly, Consultant Paediatrician (Hepatology & Gastroenterology) Linda Towers, Patient Advice and Liaison Service (PALS) Keith Bradbury, Clinical Governance Officer; Susan Fidment, Supervisor *(MSc Nursing Programme)*
8. Public sector scorecard in health and social care services transformation	**John Soady** Sheffield City Council & School of Health & Related Research, University of Sheffield John.soady@nhs.net **Max Moullin** Public Sector Scorecard Research Centre, Sheffield & Visiting Fellow, Sheffield Business School maxmoullin2@gmail.com | www.publicsectorscorecard.co.uk
9. Understanding Cancer Fatigue: a new trajectory - Defining cancer related fatigue in terms of power, with respect to quality of life	James Ashton, Aerospace Engineer jgashton1@sheffield.ac.uk *(Leadership Doctorate Student)*
10. Is Crossfit style functional strength training feasible as an intervention to improved balance and gait mechanics in ambulatory stroke survivors?	Gavin Church, Physiotherapist, Sheffield teaching hospitals, Community Stroke Service and MSc advancing physiotherapy contact: grchurch@hotmail.com

11. Reconceptualising Parkinson's from illness to wellness: **Advancing physiotherapy practice through Action Research**	Bhanu Ramaswamy OBE, FCSP, Independent Physiotherapy Consultant *Contact: physiotherapy.thirdage@gmail.com* *(A Professional Doctorate Thesis submitted September 2016)*
12. Engaging and participating with the community.	**Jo-Anne Van Levesley** **Project Director / Manager - The Family Development Project** ***joanne@familydevelopemtnproject.org.uk*** **Nicola Thornton** **Trustee - The Family Development Project**

City Campus


Entrance to building
Disabled access
University buildings
Bike racks
Bike racks with covered storage
Bike racks with covered storage (staff only)
PCs – for locations see shu.ac.uk/it
Sport and fitness facilities
Eating on campus
Estates improvements – please follow temporary route signs
Careers and Employability Centre
Student Finance Office
Bar Phoenix and Coffee Union
Cash point
Main reception
Sheffield Regional Assessment Centre
Parking
Furnival Sq.
Arundel Gate Court
Clay Lane
Charles Street
Stoddart
Arundel Gate
Bryan Nicholson
Eyre Lane
Brown Lane
Arundel
Church House
Accommodation Office
Furnival Street
Arundel Street
20 Furnival Street
Cantor
Arundel Lane
Science Park
Howard Street
Main Entrance
Owen
Hallam Hall
Hallam Square
Adsetts Library
The Print Shop
ODEON
Pond Street
Norfolk
Atrium
Harmer
Howard
Surrey
Sheaf
Eric Mensforth (EMB)
Hammer Lane
Sheffield Interchange
Pond Hill
Aspect Court
Ponds Forge International Sports Centre
Commercial Street
Flat Street
Sheffield Institute of Arts
02 Academy
Oneleven
Esperanto Place
TAXI
Electric Works
Digital Campus
Sheaf Street
Brown Street
Paternoster Row
Sheffield Hallam Students' Union
Workstation
Showroom
Shoreham Street
Sheffield Train Station