The Mary Seacole Programme – Leading Care I

Purpose

The Mary Seacole programme has been designed for individuals working in any role in healthcare to prepare for their first formal leadership role. It is also highly relevant to staff who have recently taken up such a role, or are in the process of taking it up. The programme addresses the national priority to improve the quality of NHS care within constrained resources regardless of whether you are involved in providing clinical or support services. The programme has six underlying principles:

1. How individuals lead needs to make the best use of their particular strengths and the requirements of any particular situation they face. There is no one best way to lead for all circumstances, although the need to uphold NHS Values provides overall guidance.
2. Safe health care, respect and compassion for service users, together with a deep understanding of their needs, are all central priorities in shaping the development of the team or service staff work in.
3. The team or service delivers high quality in whatever it is charged with doing and makes the best use of resources.
4. The team provides a working environment that is positive, inclusive and rewarding for staff, encouraging them towards excellence.
5. Individuals understand their own accountability and that of their team colleagues for promoting safety, respect, and compassion as well as effectiveness, and are able to challenge productively practices or circumstances which compromise these priorities.
6. Working in health care often evokes strong emotions, whether they come to the surface or not, and effective leadership involves engaging with the emotional life of workplaces. A formal or informal leadership role in health care requires the ability to understand your own emotions and those of others.

Design and delivery

The one-year programme consists of nine individual units of learning each taking around five weeks to complete. The units cover a wide range of topics, looking at both the individual as a leader and the context in which care and services are delivered. The first unit, ‘Starting with yourself: your inquiry into leadership for care’, looks at different ways of understanding leadership, so that the learner has a sense of what the whole programme is about, without lapsing into either a simple definition of leadership or at the other extreme baffling them with too many possibilities. The unit introduces the idea of learning leadership by examining their own practice and work context, so that the scene is set that the whole programme is practical, relevant and definitely not just about theories! The units that follow cover topics such as patient experience, accountability and performance, human and social aspects of care, innovation, evaluation, judgement, politics and authority. The final unit returns to the individual with ‘Back to yourself: learning from your experience and projecting into the future’. This unit looks at the learning journey the individual has made then forms the springboard for a look to the future and how they might think about their service and what could be improved next with their new-found skills.

The programme is delivered mostly online although interspersed throughout the programme are a series of six face-to-face elements to enhance learning, enable participants to share their experiences and give each other peer support. The face-to-face elements consist of a half day induction, two ‘Tutor Group, day workshops’ which will provide additional specialist input, and three ‘leadership workshops’ which concentrate specifically on behavioural activity. The face-to-face elements provide rich learning experiences that complement and reinforce other parts of the programme.
The learning outcomes

Leading to the award of a Postgraduate Certificate in Healthcare Leadership, the programme of study addresses four key themes or priorities for leadership that also underlie other NHS Leadership Academy Professional Development Programmes linked to more senior roles. These are closely related to one another, and together spell out a challenging agenda for what leadership in care should look like:

1. **Making person-centred co-ordinated care happen**

   The programme provides participants with a basis to ensure that, whatever they are charged with doing, they and their team understand their role in delivering and improving high quality, patient focussed care, and making the best use of resources. It equips participants to develop a richer perspective on the nature of the needs of the patients or users they treat directly or support indirectly. It challenges them to explore how patients, service users, carers and families can be involved in developing services that make more co-ordinated sense, so that users do not have to work out for themselves how to navigate the “white spaces” between how different health or social care professions or services have come to see their separate spheres. Participants and their colleagues can then put an engaged understanding of users’ needs and creative ways of meeting them at the heart of plans for developing their team or service.

2. **Improving the quality of the patient experience**

   The programme will explore what it means to provide a positive experience of care and show appropriate respect and compassion for service users, carers and families, as part of delivering safe and effective care. It is intended to allow participants to grasp fully and act on their own accountability for upholding and improving patients’ experience of safety, respect and compassion. This includes holding others to account and challenging productively practices or circumstances which might compromise these priorities.

3. **Creating a culture for quality**

   A vital element of leadership is to provide an emotional climate or workplace culture that encourages staff to give of their best. Workplaces where staff experience themselves as valued and respected provide a platform for staff to create in turn a similar emotional tone in their interactions with patients, users and carers. So studying this programme is intended to help participants find ways to contribute to a team environment that is positive, inclusive and rewarding for staff, encouraging them towards excellence.

4. **Understanding self to improve the quality of care**

   Shaping person-centred care, improving patient experience and creating a workplace culture for quality requires formal and informal leaders capable of understanding their own values and emotions as well as those of others. We have designed this programme with awareness that such self-understanding requires challenging and rigorous work – hence the key role of the Behavioural Workshops. Working in health or social care can evoke strong emotions, whether they come to the surface or not, and clarifying one’s values and preferred ways of working and how to make best use of them can involve embarking on a rich journey of understanding. Care staff may find themselves consciously filled with compassion and empathy, but may also have to deal with more disturbing and partially-suppressed emotions in response to dealing with patients who are vulnerable or suffering. Effective leadership involves engaging with the complex emotional life of care-providing workplaces.
We anticipate that really getting to grips with all four themes and how they inter-relate will require close collaboration between participants and a range of others over many years. What you will learn over the coming months of study is intended to provide intellectual and practical tools to continue this work.

If these four themes provide the driving energy for your studies on this programme, it is important for us also to set out achievable learning outcomes that capture what participants should expect to have mastered by the time they finish their studies for this qualification. These learning outcomes will be assessed for the award of the Postgraduate Certificate.

The outcomes are explained here under four headings:

- Practical and professional skills for leadership
- Developing self-awareness
- Acquiring relevant knowledge
- Demonstrating your ability to reason

Each of these four kinds of learning outcomes contributes to each of the four leadership themes in the previous section. There is no simple or one-to-one mapping between the four kinds of learning outcomes and four leadership themes. You can think of the four kinds of learning outcomes as spelling out a balanced and integrated programme of learning in leadership which is needed to address the four inter-related leadership themes.

**Practical and professional skills for leadership**

There are first of all a set of five *Practical and Professional Skills for Leadership* that the programme will give participants the opportunity to develop as they study online, attend Behavioural Workshops and tutorials, and undertake various practical activities in the workplace. These five skills concern what is involved in leading improvement within a service, and represent the heart of what should be achieved through participating in the programme. Participants will not pass the qualification unless they can demonstrate that they have achieved them. There will be the opportunity to demonstrate these skills through various assignments which report on practical progress with leadership.

First, participants should be able to **take a rounded view of how well their service is currently performing.**

*In more detail, they should be able to:*

i. acquire information on the effectiveness of their clinical or support service from a variety of relevant sources and perspectives, including patients, and critically assess its current performance, exposing your established assumptions to challenge.

Next, they should be able to **produce a viable plan for improving how their team works for patients or other service recipients, and describe how they will provide some form of leadership in making this happen.**

*In more detail, they should be able to:*

ii. develop a rigorously justified case and implementation plan for an improvement in their team or service, involving other team members and relevant stakeholders appropriately, and explaining how this both advances care quality and involves them taking up some form of leadership that moves beyond what they have previously demonstrated.
During the programme, they will then begin to put the plan into action, and show that they are able to evaluate how successful the plan for improvement has been and what they and their colleagues can learn from it. The essence of this leadership skill is learning as much from aspects of the plan that have not worked well as from ways in which it has been successful.

So the plan does not have to be successful for participants to pass the final assessment! But they do have to demonstrate that they have learned from the experience.

In more detail, they should be able to:

i. critically evaluate their experience of working with improvement or innovation, analyse the level of success achieved, draw out lessons for their own future practice and communicate relevant learning, backed up by evidence, to others working within their system of care.

Alongside devising an improvement plan, studying for the Postgraduate Certificate requires participants to show that they understand what leadership means in their current role and how they can improve what they do. This does not of course mean participants have to be currently in a formal leadership or management position. Any role as a team member will involve elements of informal leadership and the behavioural workshops in particular will give you the opportunity for clarifying thinking as to what these are and how they can strengthen your contribution.

In more detail, participants should be able to:

ii. critically assess the leadership elements and judgments required in their own role, the strengths and weaknesses of how they currently execute these, and ways in which they can strengthen their contribution to leadership for improvement.

Participants should also be able to paint a picture of how they anticipate their role will develop in the future, and how they will keep developing once they have completed this qualification.

In more detail, participants should be able to:

iii. identify likely developments in their role within the next one to two years and formulate priorities for own continuing professional development as a member of a system of distributed leadership.

Developing self-awareness

There are two learning outcomes that particularly address the theme of understanding yourself or developing self-awareness to inform participants’ leadership for quality of care. During the Behavioural Workshops, participants will have the opportunity to develop insights into how they work with others and how they can reflect more effectively on the different viewpoints present in situations they encounter. This kind of reflection should enable development of a wider range of approaches for taking action productively. Studying for the qualification will require participants to show how they have used growing awareness of their own behaviour and its impact on others to bring about improvement in their team or service. There is also an opportunity to improve awareness of ethical issues involved in improving services – for example how a proposed improvement may benefit some users more than others, or how what appears to be an improvement from the perspective of one group or culture may not be from the perspective of another. Participants will need to show how they are using a greater awareness of their own values and those of others to work productively with such issues of ethics, inclusivity and diversity.
In more detail, participants will need to show that they are able to:

i. demonstrate self-awareness, self-reflection and management of self as part of guiding improvement within a service they work on, taking account of the perspectives of others, including the service user perspective

ii. recognise and address ethical issues and dilemmas relevant to improvements to person-centred care applying relevant knowledge and critical appreciation of NHS values and issues of diversity.

**Acquiring relevant knowledge**

Developing the five key personal and professional leadership skills and two aspects of self-awareness described above will require participants to show that they have also developed **relevant knowledge of theories, concepts and evidence**. The assessments will require them to show that they are able to describe and explain the theories, concepts and some research evidence that various academic and practitioner experts have published in the quest to understand the nature of high quality care and the role of leadership.

In more detail, participants should be able to describe theories, techniques, debates and controversies concerning:

i. the nature of leadership for safe, effective person-focused care

ii. the nature of compassion and co-production in care and approaches for drawing on the voice and experience of patients, service users, carers and families in improving services

iii. approaches for analysing and improving flows of activity relevant to care

iv. the overall health and well-being challenges facing the NHS, recent developments in NHS organisation and different kinds of accountability relevant to care staff and teams

v. the variety of stakeholders and perspectives relevant to judging care performance and the implications for performance management in care teams, including the effective use of feedback and staff appraisals

vi. how helpful and unhelpful cultures and emotional climates can develop within teams involved in care, the consequences for care quality and approaches for intervening constructively in these human dynamics

vii. productive approaches for planning and leading during patient-focused improvements to services, including how various kinds of cases for change need to be made to different stakeholders.

**Demonstrating your ability to reason**

Finally, you will also need to explain how to select what is relevant and useful for your particular situation from all this and draw on it to decide how to carry out a planned service improvement. These are **skills of reasoning**, also known as **cognitive skills**.

In more detail, participants will need to show that they are able to:

i. assess the relevance of a wide range of organisational and leadership theories to your current context and role, as well as to likely future changes in your role.

ii. reason critically and creatively about your leadership role and practice in order to improve patient care and the contribution of your service to population wellbeing
The 9 Units of Learning

Unit 1

Introduction to the programme: exploring leadership for you and your context
In addition to explaining what to expect as you study the whole programme, this unit invites you to look at what recent debates about leadership and quality of care mean for you and the service or team that you work in. This involves carrying out an initial exploration of how much you know about how well your team or service meets the expectations of various parties, including patients, so that you can clarify what you need to learn more about as you study the units that follow. It also introduces a variety of ways of thinking about the nature of leadership, so you can make begin to make sense of ways or leading that are relevant to you now and in the future as you work on improving quality of care.

Unit 2

Understanding and improving the patient experience and patient safety
You will study approaches that can be used to gather information on the kind of experience patients have and how patients’ experience of care can be improved. You will also look at the closely related issue of how errors or accidents that affect patient safety commonly occur and how these can be prevented through taking a systems view to anticipate and prevent errors, so that safety does not solely depend on good or bad individual judgements. If you are involved in a clinical service, you will use these frameworks to begin to build up a picture of what patients experience, how well your team or service deals with safety, and how you might take some kind of initiative to improve things. If you work in a support service, you will look at these issues in a clinical area that your work relates to.

Unit 3

Service organisation and flow
You will look at what actually happens within your service or team area, in terms of how patients or other kinds of work flow through it. You will have the opportunity to think about how the whole process can be made more effective through focussing more explicitly on what really delivers benefits or value, and finding ways to reduce unnecessary activities such as overlapping assessments carried out by different occupations. You will study a number of approaches to making activity streams flow better, whilst still taking into account the different perspectives of the different professions or occupations involved, so that teams can work together more smoothly. And you will use all of this to inform further your thinking about how you might show formal or informal leadership in improving how your team or service functions.

Unit 4

Accountability, performance and improvement
This unit takes you through how to build up an understanding of the various stakeholders and agencies that your team or service is accountable to and what performance requirements or standards they require. These may include, for example, the senior leadership of your own organisation, regulators and commissioners. The unit also covers the various kinds of personal accountability that various professionals are subject to, whether in law or to their professional bodies. It then looks at various approaches to managing and improving performance in healthcare, including the effective use of feedback and staff appraisals. As a result, you will be able to refine your understanding of what good performance means where your work, how performance is currently being managed, and how you can contribute to improving performance management.
Unit 5

Human and Social aspects of care
This unit will introduce some ways of thinking about the social and emotional aspects of providing health care, how these can affect teams and the way team members relate to each other and to patients and carers. It explores the relationship between individual needs, group processes and wider organisational cultures, and how all of these can interact to evoke a wide range of emotions, positive and negative, within health care teams. The unit will give you an opportunity to think about how your own team functions - how work is coordinated, how communication takes place, how conflict is handled, and how work related emotions are managed. This will allow you to think further about how you might contribute to improvements relevant to the quality of care.

Unit 6

Your leadership initiative: developing options for action
At this stage in the programme, you will be guided into clarifying and defining a manageable improvement or innovation in the quality of care, where you can take up some kind of leadership role over the remainder of the programme. This unit helps you design your initiative, on the basis of consultations with relevant stakeholders, including your colleagues and seniors. It equips you with a variety of ways of thinking about the process of bringing about change, so that you can select a change model that will work in your particular context. It also covers thinking through the kind of data or evidence you will need to collect at various points as you work through a process of change.

Unit 7

Working with judgement, politics and authority
This unit provides you with some useful frameworks to support you as you deal with the inevitable twists and turns of working through a real improvement or innovation project. It covers different kinds of judgements that you may find yourself having to make – ethical, emotional or political. It also brings out the possibilities of showing leadership even when you lack formal authority, and the kinds of power you can mobilise and make work for you and your service even when you are not “the one in charge”. The unit helps you understand how you can become more aware and constructive in how you work with organisational politics, building coalitions to make things happen.

Unit 8

Your leadership initiative: innovating and evaluating
You will be introduced to a range of ways of methods and approaches for evaluating progress with improvement or innovation projects. The emphasis is not simply on demonstrating objective progress with problems or opportunities for improving care that you identified earlier in the programme. It is also on reflecting what you and your colleagues have learned though attempting to improve how you work, for example how it is now clearer what the priorities for improvement or innovation may be, or the kinds of leadership that really make a difference.
Unit 9

Back to yourself: learning from experience and project into the future

This unit rounds off your study for this programme and prepares you to complete the final assessment, which is a critical analysis of your improvement or innovation initiative. It provides further frameworks for you to use in crystallising what you have learned about improving your service and its contribution to high quality care, and the role of leadership on your part. It then helps you develop an agenda for developing your leadership capabilities further as you move into new roles over the coming one to two years.

Calendar of activity for Intake Two

*Please note that unfortunately these dates have already been allocated and it is not possible to arrange alternative dates. The date will be set for each locality once we have final numbers. Learners will be informed of their date to attend and in all cases have a minimum 6 weeks notice.*

Induction tutorial – will be held on **Saturday 25th October, 2014 or Saturday 1st November, 2014** depending on location.

If Saturday is not your normal working day, it is expected that participants will arrange/discuss with managers, any options for study days back in lieu. This is, however up to individuals and their organisations to agree.

This is a four hour face-to-face induction, led by your assigned tutor. It is an opportunity to meet with the rest of the tutor group peers and to answer any questions or concerns you have about the programme.

**Tutor Group Workshops**

The tutor group will continue to meet throughout the programme, both virtually and in two face-to-face Tutor Group workshops. These run from 10-4 and provide an opportunity to connect, consolidate and continue your learning. Your tutor will also moderate regular online discussions and forums, as well as providing personal support throughout the programme to help you to get the most from the opportunity. In addition, your tutor group will provide mutual peer support to your learning.

Tutor Group workshop one – will be held on **Saturday 31st January, 2015 or Saturday 7th February, 2015** depending on location

Tutor Group workshop two – will be held on **Saturday 9th May, 2015 or Saturday 16th May, 2015**

If Saturday is not your normal working day, it is expected that participants will arrange/discuss with managers, any options for study days back in lieu. This is, however up to individuals and their organisations to agree.

**Leadership Behavioural workshops**

Behavioural change is a key aim for all the programmes and a key component of the learner experience – throughout all aspects of the programme and especially during the face-to-face elements. Experiential learning will bring to life the concepts covered in the programme and help participants apply the learning in their work. Additionally, they will equip students with a range of practical tools they can use to lead others effectively in order to drive improvements in patient care and service outcomes; prepare learners to operate as agents of change by enhancing self-awareness in the context of leading and driving change in the Service.
The first behavioural workshop looks at the individual’s leadership style, ‘me at my best and me at my worst’ thus developing an idea of their strengths and areas for development. It also considers leading with courage and the impact of the individual in the workplace.

The second workshop examines the issue of ‘climate and culture’. Using actors to portray a range of scenarios, participants will examine the climate and culture that allows various practices to happen and their role in influencing change.

The final workshop will take the form of a bespoke simulation where participants take on the role of healthcare individuals dealing with a complex case where a wide range of clinical, support and logistics services have all impacted on the outcome. The simulation offers the opportunity to apply the learning from the programme in practice. Participants will have to work hard to look across the system and involve others in making change.

Leadership behavioural workshop one – will be held on one weekday in the period 17th to 28th November, 2014.

Leadership behavioural workshop two – will be held on one weekday in the period 13th to 24th April, 2015.

Leadership behavioural workshop three – will be held on one day in the period 7th to 18th September, 2015.

Assessment and award

Learners are assessed though work based activity and evidencing of impact and critical reflection on the application of learning.

The back-bone of this programme involves participants undertaking an Evidence-Based Initiative (EBI) in which they lead a small improvement project in the workplace and reflect on the process and learning gained though making the change. The report on this and what has been learned by doing it forms the final assessment for both the PGCert and the Academy accreditation. This is an opportunity to demonstrate how the concepts and ideas from the programme have been applied to the specific context of each participant as well as demonstrating the learning gained from the programme as a whole. Four tutor-marked assignments (TMA1, TMA2, TMA3, TMA4) will build the Evidence-Based Initiative during the programme, culminating in the submission of a report relating to an experience based initiative. At each stage, participants will receive detailed and supportive feedback from their tutor.

Successful completion of the programme leads to an NHS Leadership Academy Award in Healthcare Leadership and a Postgraduate Certificate in Healthcare Leadership.

**Submission dates (exact date to be confirmed but will be during the following weeks)**

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Route of Eligibility

There are two routes to qualify for the Mary Seacole Programme. These are as follows:-

Route One - Postgraduate Certificate

All the certificates below are all viewed as appropriate academic entry qualifications onto the Mary Seacole Programme. Potential applicants will be required to provide evidence of their certificates alongside information relating to their work experience.

General
  - DMS (awarded since 1991)
  - UK Honours degree of equivalent
  - NVQ Level 5

Accountancy
  - Chartered Association of Certified Accountants (ACCA, FCCA)
  - Chartered Institute of Management Accountants (ACMA, FCMA)
  - Chartered Institute of Public Finance Accountants (CIPFA)
  - Institute of Chartered Accountants (England and Wales) (ACA, FCA)
  - Institute of Chartered Accountants in Scotland (CA)

Other
  - Advanced Diploma of the Association of Business Executives (Jan 1995 syllabus)
  - Army Office Training (Junior Officer): Training and Education Scheme Parts 1 and 2
  - Chartered Building Societies Institute (ACBSI, FCBSI)
  - Chartered Engineer
  - Chartered Institute of Bankers of Scotland (MCIBS – not ACIBS)
  - Chartered Institute of Building (MCInstM, FCInstM)
  - Chartered Institute of Marketing – Diploma
  - Chartered Institute of Personnel and Development (CIPD)
  - Chartered Institute of Transport (MCIT, FCIT)
  - Chartered Insurance Institute (ACII)
  - Diploma in Engineering Management
  - Institute of Actuaries (AIA, FIA)
  - Institute of Biology (MIBIOL)
  - Institute of Bio Medical Science (FIBMS)
  - Institute of Chartered Secretaries and Administrators (ACIS)
  - Institute of Data Processing Management Graduate Diploma (IDPM)
  - Institute of Health Services Management (AHSM, FHS, LHS)
  - Institute of Industrial Managers (FIIM)
  - Institute of Medical Laboratory Scientists – Associate (AIMLS)
  - Institute of Physics – Member (MInstP)
  - Institute of Production Control – Member (MIPC)
  - Institute of Purchasing and Supply – Graduate (Grad Inst PS)
  - Institution of Chemical Engineers (MICE)
  - Institution of Civil Engineers (ICE)
  - Institution of Electrical Engineers (MIEE)
  - Institution of Industrial Managers – Associate Diploma (ADIIIM)
  - Institution of Mechanical Engineers (FIMechE)
  - Law Society
  - Library Association (ALA)
  - Membership of the British Computing Society
• Plassey Management Centre Diploma in Management
• Police Senior Command Course
• Professional Diploma of the Hotel, Catering and Institutional Management Association (post 1990 syllabus)
• RAF Officer Training – Officers’ Command Course, Individual Studies Course and Basic Staff Course
• Royal Institute of British Architects (ARIBA)
• Royal Institute of Chartered Surveyors (ARICS)
• Royal Society of Chemistry (GRSC)
• Royal Town Planning Institute – Member (MRTPI)

**Route Two – Work Experience**

You may have a level of work experience that enables you to access the Mary Seacole Programme, though you may not have a postgraduate certificate.

The work experience route onto the Mary Seacole Programme is via evidencing the kind of work you have undertaken, especially where you have evidence of:-

- management of people and/or processes
- involvement, even in a small way, at looking at ways of improving services and doing things differently
- identification and participation in opportunities to develop additional skills

In addition, to an appropriate level of work experience, evidence of continued professional development and vocational qualifications are taken into account.