

## Inspiring Leadership

Leading self; leading with others in a palliative care setting



### Resource Pack

Cohort 6: Leadership Programme  
(February 2024 – January 2025)

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## 1. Introduction

The purpose of this document is to provide you with some resources to support you during the programme. The intention is that you will add to it as you progress through the year and beyond and that you create a portfolio for your own leadership journey. During the programme we will also point you towards additional resources to support your learning but we expect you to also find your own sources and keep your own notes and reflection.

Recording your own reflections, as you progress through the programme, will be important in capturing new knowledge and learning. You should not limit its use to the formal masterclasses. Noting down new or difficult leadership experiences back at work will help to close the gap between the 'programme' and the 'real world'. It will also provide useful discussion points for your action learning sessions. By the end of the programme you will have 'built' a personal and practical reference source, to be further developed throughout your leadership career.

## 2. Background to the Programme

It is recognised within Palliative Care staff are working in a time of organisational change with increasing complexity around their specialist roles. As a result staff report feeling more vulnerable and stressed and that they were struggling to cope to deliver the same quality of care to patients and their families. Newly appointed staff, in particular, reporting being affected by stress levels within the teams. In addition teams report a desire to be more proactive as opposed to reactive in the delivery of their palliative care services.

In recognition of this in 2016 the NHSGG&C Palliative Care Leadership Steering Group was established with the aim to support palliative care teams to embed the values, behaviours and attitudes of leadership skills and to empower them to understand why leadership skills are so important in their delivery of high-quality palliative care.

During 2016, a scoping exercise was undertaken with band 6 Clinical Nurse Specialist in Palliative Care. Using a focus group approach, attendees were asked to identify the leadership / management aspects of their role that they were finding challenging. A number of common themes emerged, and these are summarised in Table 1.

Table 1: Themes from the scoping exercise

- Heightened awareness of national and local strategic initiatives that support leadership within healthcare organisations.
- How to work with different leadership styles.
- People and time management skills.
- Positive language around change and embracing new challenges.
- Being aware of resources that offer support to the team to take forward projects working in partnership with others.
- The role of shadowing and mentoring and how this can support the practitioner in their new role.
- Learning to cope with the pressures of being an autonomous practitioner and the importance of self-awareness in both their level of responsibility and their boundaries.
- Providing examples of tools to enable self-reflection.
- Learning how to support and influence staff to reduce stress levels.
- Measures to support and protect oneself against burnout and feeling burdened.
- Overcoming negative attitude of others.
- Skills enabling you to challenge the status quo.

When these themes are examined, they fit well into the Outcomes Model in Table 2 (below). The model describes how, in terms of building leadership skills, the focus has to start with the individual, then how that individual works within a team, in the wider organisation and finally how that impacts the wider community. This inside-out approach to development is one that will be reflected in the programme design.



Table 2: The Outcomes Model

The development of this exciting programme offers an opportunity to continue building leadership capacity across palliative care teams and to ensure that we have a cadre of leaders who are prepared for senior strategic roles in the future. By its nature it involves a high level of investment from the participants who will be expected to commit to all elements of the programme for its duration, as well as high level investment from NHS Boards and the hospices involved. The programme has been developed in the strong belief that an investment in leadership is an investment in high quality healthcare and that it is essential to delivering the future in NHS Scotland.

The first Inspiring Leadership cohort ran in 2017 for band 6 palliative care nurses, cohort 2 ran in 2019 for band 7 nurses and AHPs from the West of Scotland Hospices and Acute Palliative Care Teams. Cohort 3 ran in 2020-2021 for band 6/7 nurses and AHPs from the West of Scotland Hospices and Palliative Care Teams through the very challenging time of COVID 19 and was the first cohort to be run mainly virtually. The success of the virtual delivery enabled participants from a range of roles within Specialist Palliative Care, from all over Scotland to participate in Cohort 4 and 5, the latter being completed in October 2023. You are now joining cohort 6 of the programme.

### 3. Programme Design

This section of the document will cover:

- Programme aims
- Underpinning principles

#### *Programme Aims*

It is hoped that participants will:

- Build their self-awareness, personal effectiveness and resilience.
- Exhibit leadership behaviours consistent with creating an enabling culture for transforming services for patients and their families.
- Provide effective leadership and management within teams and across professional and organisational boundaries focussed on service excellence.
- Create the conditions where people can play to their strengths, think creatively and work collaboratively to overcome obstacles to the change process.
- Deliver a quality improvement project which demonstrates an impact on patient and families care and experience.

- Develop a network of support and start a process to place the participant on a potential succession planning pathway.
- Enhance knowledge of local, national and international initiatives and policy drivers for palliative care supporting strategies and processes for the required culture change.

### *Underpinning principles*

The programme is underpinned by a number of principles as follows:

- The programme is based on adult learning principles, with the aim that participants will feel fully engaged in shaping the programme and co-creating their learning experience.
- While there has been some design in relation to workshops, it is also expected that some of the content will emerge as the programme progresses and learning needs are identified.
- *Inspiring Leadership* is referred to as a programme rather than a course. This recognises the key role that participants' organisations play in supporting their development. This includes support while they are on the programme and ongoing support to sustain their development
- The programme should be seen as the start of a journey rather than the end. Participants will be encouraged to network and link into other opportunities that are available for leadership development nationally through NHS Education for Scotland, Healthcare Improvement Scotland, and other organisations.
- Participants are expected to engage fully in all aspects of the programme to create a learning community where individuals personally learn and where they also support the learning of others on the programme.

## 4. Programme Team

### Elaine O'Donnell



Elaine is a RGN and has been in her current role of Palliative Care Practice Development Facilitator within NHSGGC for last twelve years. Elaine is based at Lightburn Hospital in Glasgow where she acts as a specialist resource for palliative & end of life care education, training and support across the acute sector and partners.

Elaine is passionate about the delivery of high-quality palliative and end of life care, and attributes this to her nursing background especially her time in Respiratory medicine at Glasgow Royal Infirmary. Elaine's specific areas of interest surround communication, reflective practice, resilience, leadership, and staff wellbeing.

Elaine is also a member of the Advanced Communication Skills Trainers Group and joint leader of the Symptom Assessment and Management in Palliative Care module. Elaine's qualifications include an honours degree in Nursing Studies and PG Diploma in Cancer & Palliative Care.

### Liz Smith



Liz works as Practice Educator at Strathcarron Hospice and has worked in Palliative Care for the past 20 years in various different roles and settings and is also a qualified District Nurse. Liz was co-lead for the national Learning Disability and Palliative Care Project "Building Bridges - Supporting Care" and is still very much involved in the joint work of learning disabilities and palliative care. Liz has a post grad certificate in Academic Practice and has studied Coaching and Mentorship. She has a keen interest in Leadership development within palliative care.

### Fiona Wylie



Fiona is an RGN and her current role is Director of Clinical Services at the Prince and Princess of Wales Hospice (PPWH) which she job shares. Fiona has had an interesting career in nursing for nearly 40 years and has worked in various roles within palliative care since 2005. Prior to taking up the Director for Clinical Services post in 2023, Fiona led the development of a Young Adult Service at the PPWH for 5 years, addressing the inequity that exists for young adults living with a life limiting condition. Fiona is an Associate Lecturer at Glasgow Caledonian University having completed her teaching qualification in 2012 and her Masters in Palliative Care in 2015. Fiona remains committed to developing and supporting staff in developing their full potential.

## Claire O'Neill



Claire trained as an RGN in Glasgow and has since qualifying predominately worked in palliative care in various roles hospice staff nurse, hospice ward manager, Community palliative care CNS. Claire spent 12 years as palliative care clinical nurse specialist in the regional cancer centre between 2002 and 2014; she then spent 2 years as a nurse consultant working alongside palliative care and chronic pain services to establish a West of Scotland Interventional Cancer Pain Service. In May of 2016 Claire took up post as Lead Nurse for Palliative Care for Greater Glasgow and Clyde. In 2019 alongside the lead nurse role she is also Clinical Services Manager for Acute Palliative Care Teams in NHSGGC. Claire has achieved a BA in Health Studies and an MSc in Palliative Care.

## Hazel Mackenzie



Hazel is an experienced coach, facilitator, and developer with 38 years of experience working across health and public services. A nurse by background, she has held several clinical, academic, managerial and policy posts both in the UK and abroad. For the last 17 years Hazel's career has focussed on building leadership capability and capacity across systems. In April 2017, she left her post as Head of the National Leadership Unit (NLU) for the NHS to establish her own consultancy Hazel M Mackenzie Consulting.

Building on her experience, Hazel's work focusses on individual, team and organisational development. She has a Masters in Coaching and Mentoring Practice from Oxford Brookes University; a Certificate in Advanced Coaching Practice and accreditation as a Team Coach. Qualified in a wide range of psychometric tools, she is registered as a Level A psychological tester with the British Psychological Society and as an Associate Certified Coach with the International Coaching Federation.

Hazel has a broad range of facilitation experience with teams from frontline to government level. This has included work on strategy development; Board effectiveness; developing new teams; cross sector teams; conflict management; mediation; development workshops and longer-term team coaching.

Hazel is passionate about development and has an ability to quickly build trust and work with what matters to the person.



## Lorna Reid



Lorna trained as an RGN in Glasgow and has worked within acute hospital and care home settings before setting into hospice based palliative care for the past 25+ years. During her career she has held various roles within the clinical setting before moving into education and research. Lorna completed her PhD in 2017 – an inquiry, informed by institutional ethnography, to explore and map the complex ways health care is (dis)organised for people with advanced dementia living and dying in residential care homes. Lorna has led on various educational outreach projects – including pain and advance care planning in care homes. She led the

implementation of the first Namaste Care programme for people with end-stage dementia in Scotland.

Her current role as Lead for Education and Training at the Prince and Princess of Wales Hospice has afforded her various opportunities to lead on education and training opportunities for staff within and beyond the hospice including the development of new programmes such as Namaste Care online training and ENGAGE with compassion (an intermediate communication skills workshop). Lorna is committed to an appreciative inquiry and social leadership approach to her work. She loves to facilitate groups where people can explore their potential to flourish as leaders - whatever their role, and wherever they practice.

## 5. Programme of Events

Over the year there will be 7 virtual full day events. Day 1 will be a launch day, with the following 5 days consisting of leadership master classes, workshops, and action learning sets. The programme closes on Day 7 with an end of programme celebratory event.

### 2024 - 2025 Dates, Times and Themes

	Date	Platform	Theme
<b>Day 1</b>	<b>Thursday 29<sup>th</sup> February 2024</b> 9.00am - 4.00pm	Zoom	<ul style="list-style-type: none"> <li>• What Matters to Me</li> <li>• Action Learning</li> <li>• The 360 Process</li> <li>• Personal Effectiveness</li> </ul>
<b>Day 2</b>	<b>Tuesday 16<sup>th</sup> April 2024</b> 9.30am - 4.00pm	Zoom	<ul style="list-style-type: none"> <li>• Action Learning Sets</li> <li>• Demystifying Quality Improvement</li> </ul>
<b>Day 3</b>	<b>Wednesday 19<sup>th</sup> June 2024</b> 9.30am - 4.00pm	Zoom	<ul style="list-style-type: none"> <li>• Myers Briggs Type Indicator(MBTI) - working with difference</li> <li>• Action Learning Sets</li> </ul>
<b>Day 4</b>	<b>Thursday 15<sup>th</sup> August 2024</b> 9.30am - 4.30pm	Zoom	<ul style="list-style-type: none"> <li>• Influencing/leading change</li> <li>• Action Learning Sets</li> </ul>
<b>Day 5</b>	<b>Wednesday 23<sup>rd</sup> October 2024</b> 9.30am - 4.00pm	Zoom	<ul style="list-style-type: none"> <li>• Revisiting QI</li> <li>• Palliative care at strategic level.</li> <li>• Action Learning Sets</li> </ul>
<b>Day 6</b>	<b>Tuesday 26<sup>th</sup> November 2024</b> 9.30am - 4.00pm	Zoom	<ul style="list-style-type: none"> <li>• Presentation and Panel discussions with Hospice and NHS Leaders</li> <li>• Action Learning Sets</li> </ul>
<b>Day 7</b>	<b>Thursday 16<sup>th</sup> January 2025</b> 10.00am - 4.00pm	Zoom	<ul style="list-style-type: none"> <li>• Celebration event</li> <li>• Sharing of individual leadership journeys</li> <li>• Close and next steps</li> </ul>

## 6. How to Get the Most from the Programme

- Remember, it's a **programme and not a course**. It lasts 12 months (formally), but it is expected that you will be working locally to consider how you sustain your development at the end of the formal input.
- Try to be as clear as you can about **what leadership development you want, what your employing organisation wants and what is (realistically) possible**.
- Be as **proactive** as you can be in seeking out development opportunities – both during the programme and beyond. Be prepared to **negotiate** in order to get what you need.
- **Value diversity** – listen to and respect the perspectives of the others on the programme. Vibrant organisations tend to draw their strength from different perspectives and beliefs. Diversity is valuable because innovation and learning are the product of such differences – no-one learns anything without being open to contrasting points of view.
- See your fellow-participants, the coaches/facilitators, the Programme Manager, your local “sponsor”, line manager and colleagues as **resources** to be used effectively.
- **Be open to feedback** from a variety of sources, both structured (360° feedback tool, Myers-Briggs Type Instrument) and more informal (from other participants, coaches/facilitators) and be prepared, in turn, to **give feedback** (to fellow-participants, to coaches/facilitators).
- Be prepared to **support and challenge** others – and to be challenged and supported in your turn.
- Aim for as much clarity as you can, as early as possible, in your **Quality Improvement Project**.
- Use **work-based development activity** to complement programme-based activity – for example, shadowing, attending meetings, organisational visits, acting-up/across, projects, task forces and working parties, networking, etc.
- Remember, leadership is not just about knowledge and skills, but also **values and beliefs, behaviours and relationships – and the integration of these**.

- Be **committed** to the process – invest time and energy and expect to see a return.
- Start thinking now about your **continuing development** after the programme formally ends.
- If you encounter any **problems or blockages**, do not keep them to yourself – talk with others and see if a way around or through cannot be devised.
- Enjoy this great opportunity! Celebrate the fact that you are on the programme.

## 7. Continuous Professional Development

Skills, knowledge, and competencies should be constantly updated and developed to ensure effective, high quality patient care. The programme is designed to be inclusive of the development of new skills, informing and signposting standards, and help in the understanding of the changing needs of people for whom we care for, and of colleagues with whom we work.

Reflection, shared learning, and peer review are positive and effective approaches providing not only learning opportunities, but necessary and useful support systems for staff caring for those with life limiting illness. There is an increased focus on continuing professional development requiring evidence of up-to-date practice and professional development, reflections on the professional standards of practice and behaviour, and active engagement in professional discussions with other health and social care professionals.

## 8. Reflection & Reflective Practice

Reflective practice is a crucial component of increasing effectiveness in practice and can be achieved by better understanding what we do (Johns 1995; Carney 2000; Cottrell 2003). It allows for decision-making processes to be challenged, relationships optimised, skill and knowledge deficits identified, and emotionally demanding situations analysed (Bolton 2003). Although we constantly reflect during practice, it can be incredibly beneficial to our practice if we retrospectively reflect on practice (Schon 1983). It is not just incidents that go wrong that we should reflect upon - a great deal can be learned if we reflect upon incidents or episodes of care that went well.

Reflective practice may come easier for some than others, however, please note that there are many tools and resources available that can help with some offering a more structured and methodological approach if this is preferred. We have included in this resource pack two such models, Johns (1995) & Gibb's (1988)

You will find, as you engage in the programme, that reflection plays a key part. It is designed to encourage you to reflect on your current practice, consider any new knowledge you may have gained, and apply this knowledge to your own clinical practice. Often within reflection and the creation of a safe learning environment, there are also opportunities to challenge existing practice. Sharing within this programme is encouraged and affords richer learning.

### **Johns' model:**

Johns' model is complex and exacting in its prompts and for some students will make reflection an easier process to understand and participate in.

The first step of any process of reflection begins with the description of the event – what happened. This narrative can be expressed verbally or written in a spontaneous journaling style. For some this may feel too restrictive in approach, however writing down the narrative encourages engagement of both the emotion and the intellect and students are encouraged not to try too hard! Let it flow! Write spontaneously about an incident and try to capture the essence of what happened. Writing brings thoughts and feelings to the surface so that they can then be looked at.

This can be done in your own writing, or can be done in a small group, or with one individual. These cues help to get inside the story.

### General questions

- “Why have you selected this incident?”
- “What particular issues seem significant?”
- Explore the feelings around the incident
- “How were others feeling: and what might have made them feel that way?”
- “How were you feeling and what made you feel that way?”

Consider how effective you were

- “What were you trying to achieve—and were you effective?”
- “What were the consequences of your actions on the patient, others and yourself?”
- Going a little deeper to try and understand what happened
- “What factors influenced the way you were feeling, thinking and responding?”
- “What knowledge or theory did—or should have—informed your actions?”
- “How does this situation connect with previous experiences?”

Consider again how effective you were and what you might have done differently

- “To what extent did you act for the best and in tune with your values?”
- “How might you respond more effectively given this situation again?”
- “What would the consequences of alternative actions for the patient, others and yourself?”
- “What factors might make it hard to act in new ways the next time?”

Final reflections

- “How do you feel NOW about this experience?”
- “Are you more able to support yourself and others better as a consequence?”
- “What insights have you gained?”

*Ref: Johns C (2009) Becoming a reflective practitioner (Third edition). Wiley and Sons, Chichester.*

**Gibbs' Reflective Cycle:**

The second model of reflective practice outlined here is that of Gibbs' Reflective cycle (figure 1). The process is very similar to that of Johns, but the prompts are simpler, leaving room for a more personal approach.

Fig 1: Gibbs' Reflective Cycle



- |                    |  |
|--------------------|--|
| <b>Description</b> | (Summary of the event, what happened?)                 |
| <b>Feelings</b>    | (What were your feelings at the time?)                 |
| <b>Evaluation</b>  | (What was good or bad about the event?)                |
| <b>Analysis</b>    | (What can you learn from the event?)                   |
| <b>Conclusion</b>  | (What could you have done differently or in addition?) |
| <b>Action Plan</b> | (What would you do if this situation occurred again?)  |

## Johari Window

The Johari Window created by psychologists Joseph Luft and Harry Ingham (1995) is a model of communication, describing how an individual gives and receives personal feedback. It encourages free and open communication, thereby fostering good interpersonal relations and helping people to realise their full potential. The model can be used for developing self-awareness in any communication context, although it serves as a particularly useful framework for effective communication within teams. We may refer further to this model during the programme. The model can be displayed as follows:

	Known to self	Not known to self
Known to others	Open	Blind
Not known to others	Hidden	Unknown

At first glance the model appears complicated, but in reality, it is quite straightforward. Below is an explanation of the model.

### Open

This box contains the things that the individual knows about themselves, as well as the things that the group knows about them. Put simply, it is the public self of the person, which everyone knows everything about.

### Blind

This contains the information of which the group is aware about a person, but that they themselves are unaware of. For example, an individual may have a habit of scratching their nose before speaking. The group will be aware of this, but the individual may not. This is the person's unaware self.

### Hidden

This box contains things that an individual knows about himself or herself but is kept hidden from the group. This may be because there is a lack of trust in the group, and so assumptions are made as to the group's reactions to this information. This is the private self.



## Unknown

This box contains those things that are unknown to both the individual and the group. This may be deeply buried memories or potential, some of which may never come to light. However, some may become known through exchanging feedback with the group. In this case the information moves into the public arena, through the process of insight, represented in the model by the diagonal arrow.

## 9. 360° Feedback Process

On the programme you will have the opportunity to undertake a 360° review process which is available online via TURAS. Detailed guidance is available on the TURAS website and has also been emailed to you prior to the first day. Hazel will arrange a one-to-one coaching session to discuss your results. We will provide more detail on the process on your first day.

## 10. An Overview of Action Learning

During the programme you will be part of an action learning set. Action Learning is about experiential learning – learning from our own experience and tapping into the experience and expertise of other people to get help to tackle the challenges and difficulties we face at work. It is called ‘action’ learning because the core concept is that we learn by doing – by trying out new ideas and by experimenting with new approaches. It also starts with the “action” of set members’ real-life challenges as the agenda for exploration. The aim of being a member of an action learning set is to get new perspectives and discover new possibilities that you can put into action in the workplace.

The action learning concept was developed in the 1950s by Reg Revans but has only become ‘mainstream’ in the toolkit of organisation and management development in the last ten to fifteen years. However, in over half a century, Revan’s original methodology has been adapted into a range of techniques (with various names such as: peer assisted learning, real time management development, problem-solving groups, work-based learning). Action learning is always about enabling real change in the workplace arising from responsible action developed from new insight and knowledge.

## Action learning and experiential learning

A useful model for all approaches to action learning is the learning cycle. David Kolb provides one of the most useful descriptive models of the adult learning process available. His web page is at <http://www.learningfromexperience.com> where you can find information about his background, current work, and best-known publications - including references to his special subject - experiential learning and learning styles.

His model is based on Lewin's cycle of adult learning. This suggests that there are four stages that we go through as learners:

- (1) **Concrete Experience** is followed by
- (2) **Reflection** on that experience on a personal basis.
- (3) **Abstract Conceptualisation** – making sense of what has happened by the derivation of general principles to describe the experience, or by the application of known theories to explain it.
- (4) **Active Experimentation** - the construction of ways to modify the next occurrence of the experience - leading in turn to the next **Concrete Experience**.

Depending on the situation, learning in this way can happen unconsciously in a split second, or can take place with greater awareness over days, weeks or months, and there may be "wheels within wheels" of learning going on at the same time.

Learning from experience is a normal everyday process and the learning cycle has a common sense feel about it. We are well aware of the value of reviewing / reflecting on past events (our successes and failures) in order to better understand what influenced the outcomes we experienced. We have all had the 'ah-ha' experience of suddenly seeing things from another perspective – conceptualising what has happen in a new way that has then led to being able to see a more effective way for tackling similar situations in the future. We have all actively experimented – taken risks when we were not sure about what to do.

The added value of the action learning set is to bring discipline, challenge and support to the learning process. The discipline provides a space for a different exploration from other meetings. Understanding the problem more deeply using questioning precedes any formulation of options, which is delayed. The issue holder is then helped to find their best solution and identifies the action plan that is right for them. They will report back to their set on progress/ developments at future meetings for mutual learning.

Learning set meetings provide you with 'quality time' for reflection and review. Colleagues' questions and comments can help you become less blinkered in the way you interpret events. Often, when we are reflecting, we are trying to confirm our current attitudes and opinions. Trusted colleagues will challenge your assumptions and help you consider to what extent your own thinking is contributing to the problem.

Learning set meetings also offer the opportunity to think through your next steps in a considered way. How much risk to take? How to get support? Colleagues can help build your confidence to experiment with new ways of working. We recommend that all set members apply the experiential learning model in helping their own and each other's learning.

#### **Set size**

The set size will depend on the number of participants within the cohort, but we would usually aim for action learning set groups with 5 or 6 members, respectively.

#### **Frequency of meetings**

Action Learning Set meetings will usually take place in the afternoon of the Masterclasses.

#### **Establishing the set**

Action learning sets can be one of the most rewarding and sustainable methods of development. It is hoped that the sets will continue as a vehicle for your learning long after this programme has finished. The programme team have taken time to consider roles and places of work while compiling the sets and facilitators. While the facilitator for your action learning set will be your coach for the programme, you will have access to all members of the team should you so wish.

## **11. Giving and Receiving Feedback**

In the section on Johari's window, we mentioned the importance of feedback in building your self-awareness. There are some pointers that we would like to include here. If you are involved in a sport or playing a musical instrument, getting it wrong can be very obvious because the ball does not go where it should, or the notes played do not produce the expected tune. In many areas of leadership, the effect of your actions or lack of skill is much harder to define unless someone actively gives you feedback. At the same time, in

most organisations, day-to-day helpful feedback from or for senior managers is rare – you may have to ask for it, as well as actively encourage and reward those who venture to offer it.

Feedback is a way of helping a person to consider refining their behaviour by communicating information about how that behaviour affects others. Its purpose is to help someone keep on target and be better able to achieve their goals. Much feedback is not helpful and has the opposite effect, creating defensiveness and tension. For feedback to be effective it should be:-

- **Descriptive, not evaluative:** The person giving it should act as a mirror and not a judge by helping someone to see themselves objectively and unemotionally, instead of creating defensiveness by sitting in judgement on them.
- **Specific, not general:** To be told that you are “dominating” will probably be less useful than being told “when this point was being discussed you did not *listen to what other people said, and I felt forced to accept your argument or experience attack from you.*”
- **Focused:** On visible behaviour and not supposed mental states or personality. This means discussing what can be seen, what someone does and the effects of their actions, not what you believe they feel, think or want. It is not helpful to say things like “*You should: change your attitude / be nicer / be more like x, etc*”.
- **Directed:** Towards behaviour that the person can do something about.
- **Positive, not negative:** Emphasising what someone should do differently instead of simply saying what has been done poorly; criticism without specific suggestions for improvements simply creates frustration and defensiveness without helping the person to improve. A problem-solving approach which adds action to descriptive information is more successful.
- **Balancing:** The needs of the receiver as well as the giver. Feedback will be destructive if it is given because of the giver’s needs or urge to say something and without consideration of the person receiving the comments.
- **Well-timed:** This means at the earliest opportunity after the given behaviour (depending on the person’s readiness to hear it). Immediate or prompt feedback is evidenced to be significantly more highly effective.
- **Solicited, rather than imposed:** This means that it is much better if it is asked for or if there is a degree of self-review.

- **Communicated clearly and in appropriate amounts**, so that what was heard was what was intended. It works best in a positive relationship (otherwise, the feedback may be rejected).
- **Reinforcement for desired behaviours is vastly more effective than criticism of undesirable behaviours.** You will get more of what you focus on!

In response, you the receiver need to be:-

- **Open-minded:** There is no point in “playing games”, if good feedback is hard to get, it should be valued.
- **Asking questions** - to be sure that you understand what is being said. The person giving feedback may be uncomfortable in that role or use language which is not quite clear in an attempt not to offend.
- **Avoiding arguing, interrupting or justifying your actions:** As receiver you should try not to be defensive, but listen carefully to what is being said, taking the information in the spirit of being helped. Defensiveness is natural but serves your ego not your effectiveness.
- **Accepting** feedback as a gift, even a right. It is an opportunity (not a threat) to improve your performance and your understanding of individual behaviours and their consequences.
- **Making up your own mind** in deciding whether to act upon the feedback or not. Unless you make a choice, it is unlikely that you will be proactive in using the opportunity the feedback offers to enhance your effectiveness.

Useful phrases to assist and encourage valuable feedback:

- “Can you help me understand what you mean”?
- “I am not sure that I have got that, could you go over it again, please?”
- “I appreciate you making the effort to tell me that, I know it is not easy”
- “Your feedback is appreciated and welcome again”

## 12. Role of the Sponsor

Each of the participants on the programme will have an organisational sponsor, this will be a senior person within the organisations who will oversee your experience on the programme and provide you with support and challenge. This may or may not be your line manager. A key role of the sponsor is to support you to identify and deliver a Quality

Improvement Project (QIP) while you are on the programme. Your sponsor can support you identify potential shadowing and mentor opportunities.

### 13. Guide to Shadowing

One of the interventions that we are keen for you to experience on the programme is shadowing. Shadowing provides a unique opportunity to develop your leadership skills by spending time observing someone else in action during their day.

There are a number of issues to consider in setting up a shadowing opportunity:

- What aspects of your leadership development could be enhanced by shadowing? risk taking, conflict management, etc.
- Who do you know that is an exemplar in this aspect?
- Who could help you in identifying someone to shadow? (programme team, sponsor, line manager etc.)
- If there is no one within the organisation, what about outside? (E.g. industry, private sector, sport?)
- What are your objectives for the experience?
- What can you contribute/ what might they learn from you?

#### Approach and Preparation

- How are you going to approach the person? *i.e.*, letter, personal introduction, opportunistic face to face.
- It may be helpful to negotiate objectives for the experience – but remember that when you shadow someone you do not always learn what you expect to learn. It is, none the less, a valuable experience.

Prepare yourself for the shadow experience by finding out a bit about the person, their specific interests. Look at your political awareness *i.e.* if you are shadowing the Chief Executive of the NHS/Hospices what might his/her big concerns be? What are the health stories in the media? Speak to others in your network for guidance.

- You may wish to take brief information about the programme with you.

### **On and after the day**

- While you have set and shared your objectives for the day, this may change as the day progresses and priorities change.
- It may be helpful to discuss issues around confidentiality to be explicit.
- Relax and enjoy the day, interact with the person you are shadowing offering information as well as gleaning information.
- Expect periods where you can observe quietly, particularly if you are there the whole day.
- Do not overstay your welcome- it can be very tiring to have someone with you the entire day.
- After the event, reflect on what you have learned and if you were looking at specific behaviours, practice modelling these with your own staff.
- Feedback to the person on your experience. This will encourage them to agree to shadowing in the future.
- Offer them a shadowing opportunity with you.

## **14. Guide to Mentoring**

During the programme you may want to approach a mentor. A mentor tends to be a more experienced colleague who works with you to support your development. During the programme you have the opportunity to link into one of the Mentors from previous Cohorts of the Inspiring Leadership Programme who have been in 'your shoes' and will have invaluable knowledge and understanding of what is expected of you in terms of your Quality Improvement Project. It is also something that we can think about during the programme. We can explore this further once you have commenced the programme.

## **15. Writing a Personal Development Plan (PDP) (TURAS)**

As part of the programme, when you have received your 360° feedback, we would encourage you to develop a PDP to support your leadership development during the programme. There is no agreed single common format for a PDP as the circumstances for each person are significantly different. It is possible, however, to identify good practice in devising a PDP and this includes the following:-

The PDP covers a specified time-period. This could range from the next 6 months to the next 3 years, but deciding on a specific and given period of time is important.

The PDP is based upon an honest and realistic **self-appraisal**, both of the person and the current role they are undertaking. With regard to the **person**, key questions might be:-

- What have been the major achievements to date which will make you “marketable” in future?
- What aspects of the current role you are undertaking add to your future employability, either in your current organisation or another?
- What do you believe to be your personal strengths and development needs?
- Where are your competence or experience gaps in relation to your current role or your next step?
- Over a longer timespan, can you spot any trends, cycles, or directions in your career to date?

With regard to the current **role**:-

- Will the current role still exist at the end of the PDP period?
- If it will still exist, how will it have changed across that time?

From this self-appraisal it may be possible to chart out a possible future direction. This may simply enhance existing trends or may involve striking out in a different direction. In any event, it will inevitably, at this stage, be a “best guess”. A next step would therefore be to engage in dialogue with key others to check out the PDP. Some key questions here will be:-

- Who do you need to discuss the possible future direction with (partners, children, colleagues, etc.)?
- Who could provide you with useful information regarding future changes and opportunities?
- Who can you turn to for helpful and disinterested advice and counsel?
- Who has the power to make such things happen and how are you perceived by them?

This dialogue will help to develop a sense of realism. You will eventually need to decide on what **actions** you (and your employer) may need to take to make the PDP a reality. Among the questions to consider are:-

- What personal study and research may I need to undertake to discover more?
- How can I gain the necessary work experience that I may need?
- What kind of involvement in which activities may be necessary over the PDP period?



- What formal training programmes, courses, conferences, etc. might I need to attend?
- Where might I find a mentor figure to help me through this change?
- What are the likely costs to both me and my employer, of pursuing the PDP? These could be financial, time-related and “psychic” costs (hassle).
- What are the anticipated benefits to me and my employer?

How will the PDP be **reviewed**? What are your intentions with regard to taking stock and updating / amending, where necessary?

There is a danger that writing a PDP can become a mechanistic process, concerned with box-ticking and filling. An alternative might be to write yourself some **leadership resolutions**. These are defined as **“statements of intent in the face of a challenge”** and examples include:

*“I resolve to improve my use of power with my colleagues by being less timid and more assertive.”* and

*“I resolve to get involved in the forthcoming merger of my service by volunteering to be part of the steering group, with a view to learning about leadership in change management situations.”*

So you might ask:-

- What are your resolutions for your own leadership practice?
- In what directions do you want to develop and improve?
- What are the important challenges for you and how will you develop the strategies to deal with them?
- Do not create a long list – three or four such resolutions at any one time are plenty. You might find the template on the next page useful.

**\*\*Tip**

Stick this above your desk in this way you might invite discussion with those with whom you work. It might help you recruit allies or bring you useful feedback – and it may also contribute to the personal leadership development of others.

**My Leadership Resolutions**

I RESOLVE...

These are my leadership resolutions. They are my statements of intent in the face of the challenges I see around me and my own development needs. Their purpose is to help me contribute to leadership around here and to develop my leadership practice.

I resolve to ....

Signed:

Date:

## 16. Learning Diary – (TURAS)

At the start of the resource pack we mentioned the importance of experiential and reflective learning. Documenting your learning experiences is a very useful way of tracking how things are changing for you during the programme and beyond. Often we find that people are not clear about how they have developed. Many people find it useful to do so in the evening. You may want to review any notes you have made during the day, or 'flags' you have used. Members of other groups report that they have found this particularly helpful for capturing thoughts from Action Learning Set meetings.

The pages are laid out to help you structure your recollections of each day's experiences.

### **Events**

Summarise the key activities of the day, e.g. a particular exercise; discussion about a specific leadership concept; or a particularly significant incident.

### **Insights**

Write down the ideas or thoughts which particularly impressed you. These may be your own conclusions or other people's that you heard or read. As you build this record a picture of your learning and of potential stimuli for action will emerge.

### **Applications**

Record here any thoughts you had about how an event or insight might be applied back at work. Don't worry if you don't fill this in right away - it may take a while for the applications of your learning to become evident.

This diary is yours, and you need not show it to anyone else unless you wish to do so. The programme team are available and willing to discuss any points arising from any day in the programme.

As a record of your learning, it will be very useful when you submit your project. The programme team will also want to evaluate the programme and your diary will help you to recollect what has changed for you in the way you are thinking and working.

Please photocopy additional learning diary sheets as you need them.

*Learning Diary Sheets*

**DATE:**

EVENTS	INSIGHTS	APPLICATIONS

## 17. Quality Improvement Project

The QIP is aimed to give you some stretch while you are on the programme. This has been found to support people to grow particularly if it is accompanied by senior support. The programme will offer an introductory session to quality improvement, you are also directed towards the Introduction to Quality and Quality Improvement NES e- learning module. It takes approximately an hour to complete and will offer an overview of common tools and techniques.

When considering your QIP it may take you some time to select a project, this is fine, it is better to be thoughtful and select a good project than rush into something.

The QIP that you select should:

- Offer challenge
- Feel stretching particularly around areas where you want to develop/build your skills
- Be supported by your sponsor
- Deliver improvement in your organisation

## 18. Resources

Throughout the programme we will provide you with resources and reference materials and also encourage you to source your own. Some resource web links are highlighted below:

- NHSGGC Palliative Care on Right Decisions for Health and Care website  
<https://rightdecisions.scot.nhs.uk/nhsggc-palliative-care/>
- Health Improvement Scotland IHUB website  
[http://www.healthcareimprovementscotland.org/system\\_pages/search.aspx?p=1&rpp=10&f=2%3A0&q=palliative+care+](http://www.healthcareimprovementscotland.org/system_pages/search.aspx?p=1&rpp=10&f=2%3A0&q=palliative+care+)
- Health Improvement Scotland (2023)  
[Leading quality health and care for Scotland: Our Strategy 2023–28 \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org/leading-quality-health-and-care-for-scotland-our-strategy-2023-28)
- NHS Education for Scotland Quality Improvement website  
[Quality improvement | NHS Education for Scotland](https://www.nhs.uk/qualityimprovement/)
- Nursing and Midwifery Council (NMC) The Code Online (2018)  
<https://www.nmc.org.uk/standards/code/read-the-code-online/>
- Scottish Government (2010) The Healthcare Quality Strategy for NHS Scotland  
<http://www.gov.scot/Resource/Doc/311667/0098354.pdf>
- Scottish Government (2015) Strategic Framework for Action on Palliative and End of Life Care  
<http://www.gov.scot/Resource/0049/00491388.pdf>
- Scottish Government (2023)  
[Palliative and end of life care strategy: aims, principles and priorities - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/palliative-and-end-of-life-care-strategy-aims-principles-and-priorities-2023/pages/1-1-introduction.aspx)
- Skills for Health Tools website  
<https://tools.skillsforhealth.org.uk/>
- TURAS  
<https://learn.nes.nhs.scot/>