

Case Study

Introduction

Dr Jane Jones, Consultant Child and Adolescent Psychiatrist, Whittington Health, and Clinical Lead for Children and Adolescent's Mental Health Services, attended the Staff College Senior Leadership Development Programme: Leading Self, Leading Others and Leading Systems modules from October-December 2017.

Six months later, we followed up with her to find out how the programme had helped her to achieve her personal, clinical and organisational goals.

How has attending Staff College helped you lead the changes to your service?

Overall impact of Staff College to you?

“Attending Staff College has been a huge privilege.

When I started I felt overwhelmed by the system and felt unprepared and unsupported for my new role as a Clinical Lead. It was so helpful to find others who felt the same way. Attending the modules provided the punctuation for me; the opportunity to stop and reflect on my own leadership style and challenges, and begin to see a way through.

How has it changed your thinking about leadership?

The process over the three modules helped me grasp that leadership in itself is a task; it's not just an additional thing to do on top of my day job. I feel I own that leadership more now and believe that my task is to be a leader and empower others to do the day to day tasks, without the need to dive in. I can now step back, reflect, and understand what can only be done by me, as the leader, and what should be done by others.

I found Staff College's belief that 'every act of leadership is an experiment' freed me up to try different things with my team, taking an experimental stance and being prepared to accept I might need to change things again if they didn't work out the way I had hoped.

Which elements have helped you most?

The most important elements for me over the past six months have been understanding working with resistance and where to focus your energies when leading change. This has helped me maintain my resilience when I've faced resistance from members of my team.

I now think much more carefully about where I'm expending my efforts. Every Friday I check my diary for the coming week and if I see things in it that I can see aren't the best use of my time I now cancel them rather than spending so much of my time in areas I have little control over.

Going forward, what will you be focused on with your leadership?

The courses helped me develop my self-awareness and identify my blind-spots. It's a journey, the more I seek to understand of my current blind-spots, the more I discover others.

Most importantly, the courses have given me the courage to step up. There have been many moments over the past year where I've felt quite cowardly and wanted to go back to just doing the simple things, but Staff College has instilled in me a need to continue to develop myself, to push myself to be the very best leader I can be.

While I always felt responsible for my patients and service, I feel that responsibility on a system level now, in terms of my role within the NHS as whole. The faculty's challenge to us to step up and hold ourselves accountable hasn't been easy to face. This accountability has definitely felt uncomfortable along the way, but I feel I'm a better leader because of it. As a result, I'm leading the change to my services that need to happen to provide better care for our patients.

My service before

"Within the Children and Adolescent's Mental Health Services we had a 9am-5pm 'Duty and Advice' clinician who was expected to also provide a Choice appointment during that time.

The Duty and Advice role had a number of tasks including triage, crisis management, advice and referral processing; it was provided by 12 senior clinicians on a half day basis. Staff changes and sickness was increasingly leading to gaps and the ability to cover these was unsustainable.

The Choice part of the service was running in parallel. These appointments are the first appointments for patients accessing the service. There were about 15-16 per week required but with the current structure, we could only offer about 8 or 9. This meant that patients were having to wait longer than they should to be seen."

What I did

"I took a step back and looked at how the service was running, identifying areas that could be changed in order to provide a better service to our patients.

I tried a few different things and tested them to see whether they had the impact I was looking for. There was resistance from the team – things had been tried before and failed. However by taking an open experimental stance and sharing the higher intent behind actions, I harnessed the desire for improvement that we all shared.

Actions taken:

- 1) I separated out the tasks of Duty and Advice and we no longer schedule these alongside Choice appointments.*
- 2) I've increased the pool of staff available to provide daily screening of referrals or families calling in crisis, recognising that we could utilise our more junior members of the team in this role, with a senior clinician on hand to advise in more complex cases.*

While at the start there were lots of questions from junior members, they've developed personally from being given the opportunity to screen and the support they need now has already decreased significantly.

Urgent cases continue to be offered rapid access slots with no delays, but non-urgent cases are now referred to a twice-weekly intake meeting, attended by multi-disciplinary clinician which processes the referrals. This provides the opportunity for more clinical members of the team to input and provides greater consistency and opportunities for individual learning, than before when the decision would be taken by just one clinician.

Now that the senior clinicians no longer have to cover the duty slots, they are more available to be used where I need them, in providing the 16 Choice appointments we need a week to ensure our patients are seen in a timely manner.

Impact on my service

For patients:

“Our patients now have greater clarity over when they’ll be seen and the process for triaging and referring them into our services.

They are able to access appointments more quickly and be seen by senior clinicians.

Our process for triaging is more transparent and consistent so patients are more likely to be referred to the right service first time, receiving appropriate care more quickly.”

For staff:

“We’re now utilising the time of our senior clinicians better, so that they can concentrate on caring for patients, whilst empowering our more junior members of staff who are learning and contributing more to the service.

The new triaging process is more transparent for clinicians and provides the opportunity for individuals to learn from others. As a result, they are developing their understanding of best practice and we are reducing the instances of patients being referred to the wrong service.

The culture of the service has also changed. Before, everything terrible within the service could be blamed on those outside of the service and our meetings were very cosy. I feel I’ve stepped up into my leadership role now and am holding team members to account more fully. This has meant that team meetings aren’t as comfortable as team members are having to step up too and take responsibility for their actions. However I see that this change is imperative if we are to continue to drive improvements within the service and deliver the best quality of care for our patients.”