Health Visitor Leadership Programme

The Development of Band 6 Health Visitors on behalf of NHS North West
1.0 EXECUTIVE SUMMARY

In the summer of 2012, NHS North West invited interested parties to tender for the development and delivery of a Band 6 Health Visitor Leadership Programme. The contract was awarded to the University of Chester in September 2012. Programme development commenced in October 2012 and the programme was launched to the first cohort the following month.

The overall aim of the programme was to develop the leadership knowledge and skills of Band 6 Health Visitors to deliver the Healthy Child Programme (DH, 2009) within the context of the Health Visiting Implementation Plan (DH, 2011), that is to say, the plan to expand the Health Visiting workforce.

The total number of delegates recruited to the programme was 98 and of these 96 successfully completed (against the key performance indicators of 112 and 100 respectively).

Delegates were overwhelmingly complimentary about the programme. Through a rigorous evaluation process, quantitative analysis revealed that 99.7% of adjectives chosen by the delegates to describe the programme were positive and 89% of the delegates rated the programme overall as excellent. The programme resulted in greater confidence and leadership capability amongst the delegates to deliver the Healthy Child Programme within a transformed Health Visiting service.
2.0 PLANNING & RECRUITMENT

The programme ran out of 5 different venues (see Appendix 1). Recruitment was undertaken via Health Visiting service leads who distributed booking forms to their Health Visiting workforce. Forms were either returned individually or collectively via the service lead. The first programme was planned to commence on the 25\textsuperscript{th} October 2012 at a Warrington venue but the lead in time for the NHS Trusts to turn the booking forms around was too tight, consequently the first workshop commenced on 8\textsuperscript{th} November 2012.

There are 14 NHS Trusts in the North West. Each Trust was allocated a total of 8 places. Any Trust that did not take up the 8 allocated places initially was followed up by the University of Chester and again by NHS North West. Three Trusts under recruited quite substantially namely Salford Royal NHS Foundation Trust (4 delegates), Liverpool Community Health NHS Trust (3 delegates), and Wirral Community NHS Trust (4 delegates) (see Appendix 2). One reason given, by the Health Visiting service leads, for not meeting the target number of delegates was that there were insufficient staff in the organisation that met the entry criteria. The entry criteria are listed in Appendix 3.

3.0 CURRICULUM DESIGN

The 4 day workshop (see Appendix 4) was designed to be delivered over 2 days, followed by a further 2 days 8 weeks later. Prior to commencement, the delegates each undertook a self-assessment of their leadership by using a Leadership Framework Self-Assessment Tool (NHS Leadership Academy, 2011). An analysis for all groups is provided in Appendix 5. This shows that, on entry, the delegates perceived themselves to be mainly engaged in the leadership domains of: Demonstrating Personal Qualities; Working with Others; Managing Services; and Improving Services. The domains of: Setting Directions, Creating the Vision and Delivering the Strategy had less perceived relevance to their role.
The 4 day workshop was carefully designed to build delegate esteem and confidence, such that delegates felt empowered to deliver a transformed Health Visiting service. Delegates were able to access all programme materials on-line via a Moodle space and, through this medium, followed instructions about the activities to be undertaken in the 8 weeks between workshop 2 and 3. These activities required each delegate to reflect deeply on the topic of leadership and think about their own personal contribution to the Health Visiting service. Observations on the leadership styles of others, the areas of the service requiring improvement, and the possible leadership contribution that each delegate could make were captured in the form of a mind map which was presented on day 3 (see Appendix 6 for an example). During the 8 weeks between the workshops delegates were also asked to identify a problem for the Action Learning Sets scheduled for day 3 of the programme. Delegates were also given guidance on how to commence the NHS Leadership Academy 360 Degree Assessment Tool.

4.0 THEMES ARISING OUT OF THE WORKSHOPS

Through working with the delegates over a total of 24 hours, the facilitators (see Appendix 7 for facilitator profiles) observed common themes across the 5 groups. These emerged during whole group discussions and in response to specific session activities.

For example, on day 1 the delegates were asked to contribute to a group Mood Chart in which the delegates reflected on their feelings about the Health Visiting service. The delegates were asked to choose a green, amber or red post-it note to reflect whether their current mood about the service was largely positive, mixed or negative and to give a reason for their choice. A full analysis of this appears at Appendix 8. The pie charts show that the overwhelming feeling was one of ambivalence, that is to say, many delegates had mixed feelings about the service some of which were positive and others negative. Box 1 below gives some illustrative examples of comments that appeared on the post-it notes.
**Box 1: Mood Chart Findings**

### Positive

- Working in a fully staffed well motivated team
- Increasing number of HVs allowing for more leadership and autonomy
- High on Government’s agenda – training 4000+ HVs
- Re: role – diverse, privileged and accepted
- We are in a good position to have a powerful voice as we sit across professional boundaries
- Within the public health domains we address the nation’s ills at a basic level

### Mixed

- Love the job but worn out
- Positive role for HV in political agenda - lack of support within PCT
- Can see that the future looks brighter however at the moment things are very stressful
- Bad – workload, lack of time and resources. Good – colleagues and support
- Some innovative ways of working and out of box thinking. Increased micro management.
- Future is looking brighter due to the Healthy Child Programme but caseloads still heavy with loads of safeguarding

### Negative

- As a team of 3 (and soon to be 2) it has become a very arduous responsibility to maintain satisfactory levels of client care
- Increased documentation/no admin support
- Becoming a stigmatised service as greater trend towards safeguarding
- Can’t use professional judgement anymore
- Increase in student numbers, decrease in experienced staff, increase in child protection
- Management more interested in achieving foundation status than the welfare of employees
Another example was the propensity during the Action Learning Sets for delegates to highlight difficulties with colleagues particularly in relation to intransient human resource problems that had not been satisfactorily addressed by line managers. Seldom were problems chosen that directly related to the Health Visitor client base.

A further example was the anxiety amongst a small proportion of delegates in each group when asked to engage in an exercise involving bid writing and group presentations (see Appendix 9); delegates mentioned that these skills are seldom used in practice but saw the need for their use in the future.

Other themes arising out of the workshops can be summarised as follows:

- Enthusiasm amongst the Health Visitors from the Early Implementer Sites for the new ways of working
- The high percentage of delegates who had not seen their commissioning agreement, that is to say, the specification they were working towards
- Recognition that Health Visitors lack advanced IT skills and that their client base is more technologically skilled
- The lack of training regarding court report writing
- The universal need to have input on chairing meetings
- The reduced opportunity over the past few years to network with Health Visitors outside of their immediate team
- The keenness for the Health Visitors to learn from those in the Early Implementer Sites
- Variable rates of clinical supervision although nearly all delegates had supervision relating to safeguarding
- The scope for increased service user involvement amongst some HV teams
- The importance of time away from service delivery to think and reflect
- In some areas the Health Visitors found it difficult to differentiate between Band 6 and 7 posts
- Variable expertise in leading and managing projects
- The Health Visitors felt valued through having a 4 day leadership programme targeted to meet their needs
- Recognition of the wider public health agenda but uncertainty regarding the fit with meeting Health Visiting targets
- Variable opportunities, to date, to attend the Solihull Approach and motivational interviewing training sessions
• Acknowledgement that Health Visitors do not use an elaborate professional language to describe their practice and therefore risk being seen as generalists by other professionals
• Reluctance to communicate and celebrate Health Visiting success stories
• The need for professional updating in the area of public health policy and delivery

5.0 360 DEGREE FEEDBACK

When planning the programme the project leader noted the requirement for each delegate to have used the NHS Leadership Academy 360 Degree Assessment Tool prior to commencing the programme (as stipulated in the tender document). The feasibility of this requirement was carefully explored. It was concluded that the time frames did not allow for this and that the delegates would not be sufficiently prepared. Therefore the project leader made an alternative suggestion to the Steering Group, that is to say, to use the Leadership Framework Self-Assessment Tool on entry and to set up the 360 Degree Assessment Tool for the delegates to use during the 8 weeks between workshop 2 and 3. The members of the Steering Group agreed to this suggestion.

In setting up the 360 Degree Assessment Tool for the delegates further barriers were encountered as follows:

• The 360 Degree Assessment Tool requires each delegate to have 12-15 raters
• The tool is designed for middle managers and above
• The user needs to be reasonably skilled in using computer technology

In recognition of these barriers it was agreed with Right Management® (the company that operates the assessment tool) that the system could be modified, by reducing the maximum number of raters to 4, to suit the Health Visitor audience. However in the event this agreement was not communicated to all Right Management® operatives and the delegates met with negativity from those on the Right Management® help line and from the facilitators based in practice whose role it is to discuss the final report with the user. On reflection all parties, that is to say, the University, Right Management® and NHS North West agree that the 360 Degree Assessment Tool is not suitable for Band 6 Health Visitors. Delegates did not rate this aspect of the programme highly in the programme evaluations, in that 31% of the delegates saw no benefit to undertaking the 360 Degree Assessment Tool.
There were however some encouraging comments from the relatively few delegates who saw the process through to completion:

“The feedback will give direction to future learning”
“It helps you to assess yourself
“I found it very rewarding to find that colleagues had the same opinions about me as I did”

6.0 DELEGATE EVALUATIONS

A total of 96 delegates completed the programme and filled in evaluation questionnaires (the pro-forma is given at Appendix 10). The questionnaire was designed to assess whether the programme outcomes (as detailed in the tender specification) had been met (see next section).

6.1 Quantitative Findings

The qualitative results from the programme evaluations were overwhelmingly positive. For example for Question 1 delegates were asked to circle adjectives to describe the programme (from a choice of 20, of which 10 were positive and 10 negative). The percentage of responses that were positive was 99.7%. Of the 0.3% of responses that were negative ‘too long’ was circled three times, ‘confusing’ was circled once and ‘difficult’ was circled once. In four out of the five cases where a negative adjective was circled respondents qualified their choice so, for example, ‘too long’ was chosen by two delegates who were recently qualified. ‘Confusing’ was chosen because of the problems with the 360 Degree Assessment Tool and the reason ‘difficult’ was circled was due to the intensity of the Action Learning Sets.

In rating the standard of the programme 89% of the delegates ticked the ‘excellent’ box. The ‘could have been better box’ was not ticked by any delegate.

In answer to Question 6 - will you do anything differently in your role as a Health Visitor as a result of the programme? ‘Yes’ was answered by 94%, the boxes were left blank by 3% and ‘No’ was answered by 3%.
Similar results were found for Question 7 – do you feel better able to lead initiatives within a contemporary Health Visiting service? ‘Yes’ was answered by 93%, the boxes were left blank by 3% and ‘No’ was answered by 4%.

6.2 Qualitative Findings

Questions 3 and 4 elicited a lot of information. Question 3 asked delegates to comment on which part of the programme they found the most useful. Responses were varied and covered all aspects with many delegates commenting that they found the entire programme to be useful, interesting and that they learnt a lot. A high percentage of the delegates mentioned the value of networking with other Health Visitors outside of their organisation. In response to Question 4 two delegates found that the final group exercise caused anxiety because they were asked to engage in preparing a bid, role play and delivering a presentation. These are skills that are less frequently used by Health Visitors; this could account for the increased anxiety. Others however cited this as the most useful part.

Question 6 had space for the delegates to comment on what they would do differently in their role as a Health Visitor as a result of the programme. Rich/descriptive qualitative statements appear in Box 2.
Box 2: Responses to Question 6 of the Evaluation

**Question 6 - Will you do anything differently in your role as a Health Visitor as a result of the programme?**

Feel more confident to take the lead with my team and put forward ideas

I will try to be more innovative

Develop leadership skills further; think more out of the box

Promote HV service more optimistically

I feel equipped to volunteer to take the lead more regularly and manage projects

Use Action Learning and skills learnt

Use the theory I have been introduced to regarding motivational interviewing

Discuss initiation of projects and put Action Learning Sets into practice

It has given me confidence to look for development opportunities

Would like to be involved in a project

Feeling more positive and motivated – hopefully this will be relayed to my team and will energise them

I will be more proactive in developing links with the community

Understand that I can lead without managing

Much more reflective and observational about leadership

I have increased confidence in dealing with change management
7.0 PROGRAMME OUTCOMES

The programme outcomes as specified in the tender document are given below in Box 3, with supporting evidence to show how these have been met.

Box 3: Evidence for Programme Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>The programme will support the practice learning infrastructure, ensuring that leadership competencies (as described within the NHS Leadership Framework) can be accessed and developed.</td>
<td>Programme evaluations were overwhelmingly positive and demonstrated increased leadership capacity and motivation to deliver on the Healthy Child Programme.</td>
</tr>
<tr>
<td>Health visitors will be equipped with leadership skills and have the opportunity to network outside of their organisations</td>
<td>The benefits of networking with others across the North West, especially the Early Implementer Sites were highly valued.</td>
</tr>
<tr>
<td>Health Visitors will identify issues and suggest innovative ways to deliver the new service offer</td>
<td>The mind map activity specifically asked delegates to identify new ways of delivery. Delegates presented many innovative ideas, including the re-branding of some services and increased community involvement. Co-location with other disciplines was viewed positively.</td>
</tr>
<tr>
<td>Health Visitors will be exposed to the value and importance of appropriate utilisation of clinical supervision</td>
<td>Clinical supervision models were presented, especially restorative approaches that address the current climate of “change fatigue”. In some cases delegates felt equipped to deliver supervision to skill mix colleagues (although it was identified that further input would be ideal before undertaking this).</td>
</tr>
<tr>
<td>Health Visitors are better able to articulate the difference they make to children &amp; families in public health terms.</td>
<td>The delegates viewed the pending move to locate services under the auspices of the local authority in 2015 positively. They commented on feeling refreshed and energised to recover the public health aspect of their role previously lost to high volume safeguarding.</td>
</tr>
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</table>


8.0 CONCLUSION AND RECOMMENDATIONS

The Health Visitor Leadership Programme was delivered to Band 6 Health Visitors across the North West between November 2012 and January 2013. The Health Visitor delegates readily participated in the opportunity to explore new ways of working. They reflected deeply on the topic of leadership and their own personal contribution to the service including areas for improvement. The programme resulted in greater confidence and leadership capability amongst the delegates to deliver the Healthy Child Programme within a transformed Health Visiting service.

It is recommended that this report is communicated to service leads and educators in the Health Visiting community so that the key themes that were identified during the workshops (see Page 5) can inform further professional development, notably Building Community Capacity initiatives. These areas can be summarised as: further development relating to public health policy drivers; the need to increase technical capability; the benefits of networking opportunities; wider roll out of the Solihull Approach and motivational interviewing training sessions; and the further development of skills relating to leading and managing projects.

9.0 REFERENCES


www.leadershipacademy.nhs.uk/
APPENDICES
# APPENDIX 1: COURSE DATES AND VENUES

<table>
<thead>
<tr>
<th>Course Dates</th>
<th>Venue</th>
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# APPENDIX 2: ATTENDANCE AT EACH WORKSHOP BY PROVIDER:

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<td><strong>14</strong></td>
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<td><strong>20</strong></td>
<td><strong>25</strong></td>
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APPENDIX 3: ENTRY CRITERIA

- Currently practising as a Band 6 Health Visitor
- Qualified as a Health Visitor prior to 2006
- Has not accessed a leadership development opportunity outside of their organisation (including the organisation prior to TCS in Spring 2011)
- Has not accessed the NW Safeguarding Leadership training
- Has not been shortlisted for a Band 7 post in the last two years
- Does not currently work as a Community Practice Teacher
- Currently works more than thirty hours per week (local evaluation has demonstrated that this is the minimum contracted working week that enables provision of service after annual leave and mandatory training have been undertaken. Thirty hours minimum also enables the developed leadership capacity to be retained).
## APPENDIX 4: TIMETABLE

<table>
<thead>
<tr>
<th>Day</th>
<th>Time/Duration (including breaks)</th>
<th>Session</th>
<th>Content</th>
<th>L&amp;T Method</th>
<th>Resources</th>
<th>Learning Outcomes</th>
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<tbody>
<tr>
<td>Day 1</td>
<td>1 hour</td>
<td>Introduction</td>
<td>Outline of the programme Ground rules</td>
<td>Ice breakers</td>
<td>Powerpoint, Flip Chart, Post it notes</td>
<td>All learning outcomes</td>
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<tr>
<td>Day 1</td>
<td>2 hour</td>
<td>Contemporary Health Visiting – the drivers for change</td>
<td>Key policies and strategies that influence the health improvement and wellbeing agenda. These will include the Healthy Child Programme, Health Visitor Implementation Plan and current research on attachment theories.</td>
<td>Presentation followed by group discussion</td>
<td>Powerpoint</td>
<td>Critically evaluate the evolving Health Visiting policy and the potential to innovate and improve service delivery (LO 1).</td>
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<tr>
<td></td>
<td>12.30 – 13.00</td>
<td>Lunch</td>
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<tr>
<td>Day 1</td>
<td>2 hours</td>
<td>What is leadership and management?</td>
<td>Theories, models and styles of leadership and management</td>
<td>Presentation and group work</td>
<td>Powerpoint, Whiteboard</td>
<td>Critically appraise theories, models and styles of leadership and management and their application to public health practice (LO 3)</td>
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<td></td>
<td>1 hour</td>
<td>NHS Leadership Qualities Framework</td>
<td>Review of self-assessment. Introduction to the 360 degree assessment. Identification of a potential area of leadership.</td>
<td>Briefing and Demonstration</td>
<td>Poster example</td>
<td>Critically explore the necessary competencies and attributes required for Health Visitors in their lead role in public health practice and how these skills may be deployed in the leadership and development of self and others (as described within the NHS Leadership Framework) (LO 2)</td>
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<tr>
<td>Time/Duration (including breaks)</td>
<td>Session</td>
<td>Content</td>
<td>L&amp;T Method</td>
<td>Resources</td>
<td>Learning Outcomes</td>
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<tr>
<td>Day 2 3 hours</td>
<td>About the self in relation to leadership</td>
<td>Developing a vision for future direction to include values, beliefs, attitudes, self-awareness, personal motivation. Mind mapping and personal action planning techniques.</td>
<td>Exercises and group work</td>
<td>Whiteboard, Flipchart, Pens</td>
<td>Critically explore the necessary competencies and attributes required for Health Visitors in their lead role in public health practice and how these skills may be deployed in the leadership and development of self and others (as described within the NHS Leadership Framework) (LO 2)</td>
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<td>12.30 – 13.00 Lunch</td>
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<tr>
<td>Day 2 3 hours</td>
<td>Building winning teams</td>
<td>Maximising the potential of teams, teamwork and team conflict</td>
<td>Lead presentation and group work</td>
<td>Powerpoint</td>
<td>As above</td>
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<tr>
<td>Time/Duration (including breaks)</td>
<td>Session</td>
<td>Content</td>
<td>L&amp;T Method</td>
<td>Resources</td>
<td>Learning Outcomes</td>
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<tr>
<td><strong>Day 3</strong></td>
<td>1.5 hours</td>
<td>Who are our stakeholders?</td>
<td>Understanding the complex roles that stakeholders play in relation to planning services.</td>
<td>Exercises and group work</td>
<td>Powerpoint, Whiteboard</td>
<td>Critically analyse the role of leadership in partnership working and engagement with a range of stakeholders to improve health and wellbeing. (LO 4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partnership working</td>
<td>Developing partnerships with parents and other professionals to improve health and wellbeing and to deliver the Healthy Child Programme.</td>
<td></td>
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<tr>
<td>1.5 hours</td>
<td>Review of Mind Maps</td>
<td>Mind Maps displayed and perused. Themes noted. Group review of 360 degree assessment.</td>
<td>Group discussion</td>
<td>Blue tak</td>
<td>All learning outcomes</td>
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<tr>
<td><strong>12.30 – 13.00</strong></td>
<td>Lunch</td>
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<td><strong>Day 3</strong></td>
<td>3 hours</td>
<td>All about Action Learning Sets</td>
<td>The contribution that Action Learning Sets can make to health visiting practice. The application of ALS to problems identified in student poster situations, sources of expertise in practice.</td>
<td>Creative thinking and problem solving through ALS</td>
<td></td>
<td>Critically appraise theories, models and styles of leadership and management and their application to public health practice (LO 3)</td>
</tr>
<tr>
<td>Time/Duration (including breaks)</td>
<td>Session</td>
<td>Content</td>
<td>L&amp;T Method</td>
<td>Resources</td>
<td>Learning Outcomes</td>
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<tr>
<td>Day 4 1 hour</td>
<td>Clinical supervision – the ins and outs</td>
<td>Different models of clinical supervision including educational, formative and restorative supervision. The development of the practitioner and the reduction of stress and burnout.</td>
<td>Presentation followed by group work</td>
<td>Powerpoint</td>
<td>Critically explore the benefits of clinical supervision for Health Visitors to increase the educative, supportive and regenerative benefits that can be maximised in a variety of settings (LO 5)</td>
<td></td>
</tr>
<tr>
<td>1 hour</td>
<td>Motivating and facilitating</td>
<td>Solution focused approaches including motivational interviewing (i.e. Solihull approach) and facilitation skills. Patient/client/service user participation models, integration and inclusiveness, advocacy and empowerment.</td>
<td>Group exercises</td>
<td>Flipchart</td>
<td>Critically analyse the importance of engaging families and communities through a strength based approach to influence change in considering sustainability and meeting the health needs of individuals, families and communities (LO 6)</td>
<td></td>
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<tr>
<td>1 hour</td>
<td>All about managing projects</td>
<td>How to tackle managing and leading a project</td>
<td>Presentation followed by group work</td>
<td>Powerpoint</td>
<td>Critically appraise theories, models and styles of leadership and management and their application to public health practice (LO 3)</td>
<td></td>
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<tr>
<td>12.30 – 13.00 Lunch</td>
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<tr>
<td>Day 4 2 hours</td>
<td>Have a go – managing a project/service change</td>
<td>Thinking through service reconfiguration</td>
<td>Groupwork</td>
<td>Flip Chart, Paper and Pens</td>
<td>All learning outcomes</td>
<td></td>
</tr>
<tr>
<td>1 hour</td>
<td>Evaluation</td>
<td>Reflection on own learning, further action planning and evaluation of the programme</td>
<td>Review</td>
<td>Assessment and evaluation tools</td>
<td>All learning outcomes</td>
<td></td>
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</tbody>
</table>

HVLQFinalReport
Author: K L Greening March 2013
APPENDIX 5: SELF-ASSESSMENT ANALYSIS

Demonstrating Personal Qualities
- A lot of the time: 2%
- Some of the time: 4%
- Very little / None: 37%
- Unallocated: 57%

Working with Others
- A lot of the time: 7%
- Some of the time: 0%
- Very little / None: 39%
- Unallocated: 54%

Managing Services
- A lot of the time: 7%
- Some of the time: 0%
- Very little / None: 39%
- Unallocated: 54%

Improving Services
- A lot of the time: 10%
- Some of the time: 1%
- Very little / None: 46%
- Unallocated: 43%

Setting Directions
- A lot of the time: 2%
- Some of the time: 18%
- Very little / None: 19%
- Unallocated: 61%

Creating the Vision
- A lot of the time: 36%
- Some of the time: 6%
- Very little / None: 6%
- Unallocated: 49%

Key:
- Orange: A lot of the time
- Blue: Some of the time
- Red: Very little / None
- Green: Unallocated
APPENDIX 6: LEADERSHIP MIND MAP
APPENDIX 7: FACILITATOR PROFILES

Kim Greening MA, BSc (Hons), PGCE, RGN, SCPHN (HV) Dip, Dip.Mgt, FRSPH is Senior Lecturer in the Department of Community Health and Wellbeing. She has leadership and management qualifications and extensive experience in this area in both health and education organisations. Kim is also a specialist in curriculum development at undergraduate and postgraduate levels in the subject areas of leadership and management, pedagogy, professional development and public health. Kim’s research interests are aligned to her background as a public health nurse, that is to say, as a Health Visitor. Her doctoral study (underpinned by theory, models and frameworks in the area of diffusion of innovations/knowledge transfer) explores how the idea of ‘contact with nature’ to enhance health has diffused through research literature and into policy and public health practice; the study takes a sociological perspective. Contact with nature is an idea that is currently used in health promotion programmes to counter the effects of an obesogenic environment and address lifestyle diseases such as diabetes, cardiovascular disease and mental ill health. Publications relating to her research have been published with high profile international experts in the field.

Deborah Haydock MEd, BSc (Hons), RGN, SCPHN (HV) Dip, is a Senior Lecturer in the Department of Community Health and Wellbeing. She has extensive clinical and educational experience as a Health Visitor and as a Practice Teacher for Health Visitors. Deborah lectures on both undergraduate and post graduate programmes of study and is a specialist in public health, Health Visiting, child development and practice education. She is also the Programme Lead for Learning and Assessment in Professional Education for Practice Teachers. Deborah’s research interests are aligned to her professional background of Health Visiting and have centred on SCPHN Practice Teachers, their perceptions of role satisfaction and the link to professional burnout. Her research findings have been presented at the Community Practitioner national conference. Deborah’s doctoral study examines the use of Action Learning Sets and their value in Practice Teacher preparation programmes.

Kim Greening & Deborah Haydock
APPENDIX 8: MOOD CHART

How are you feeling currently about the Health Visiting service?

Manchester (1)

- Feeling Positive: 72%
- Mixed: Some Positive/Some Negative Aspects: 22%
- Feeling Negative: 6%

Manchester (2)

- Feeling Positive: 85%
- Mixed: Some Positive/Some Negative Aspects: 5%
- Feeling Negative: 10%

Cumbria

- Feeling Positive: 79%
- Mixed: Some Positive/Some Negative Aspects: 21%
- Feeling Negative: 0%

Warrington (1)

- Feeling Positive: 50%
- Mixed: Some Positive/Some Negative Aspects: 27%
- Feeling Negative: 23%

Warrington (2)

- Feeling Positive: 85%
- Mixed: Some Positive/Some Negative Aspects: 10%
- Feeling Negative: 5%

Key:
- Green: Feeling Positive
- Orange: Mixed: Some Positive/Some Negative Aspects
- Red: Feeling Negative
APPENDIX 9: GROUP WORK – PLANNING TO LEAD A PROJECT

Background

You work as a Health Visitor in the leafy suburbs of Green Town. The year is 2015 and the month is January. By the end of the year you will be employed by the Local Authority. There is a move to reconfigure the Health Visiting service such that health visitors are co-located with social services, the police and the probation service.

You are generally keen for this to happen but you have reservations that the preventative and public health aspects of the service will be lost to the more immediate needs of vulnerable families.

At a recent briefing your team leader was made aware of a significant amount of funding for teams to bid for in order to lead the co-location. There is £250,000 available for the successful team to lead the co-location initiative. Your team leader is keen to bid for the funding so that the co-location can be led by the Health Visiting service thereby ensuring that their professional views are not overlooked. You and your colleagues are keen to bid for the funding also.

Activity

- You and your colleagues (a total of 5 people) have been invited to make an *initial* ‘Dragon’s Den’ style sales pitch to the commissioners (Kim Greening and Debbie Haydock). You have 1 hour to put your pitch together. Your pitch will last for a maximum of 8 minutes.
- Start by giving your team a name.
- You may wish to factor into your pitch the following information – Green Town has its less salubrious areas where health inequalities are high. There are currently 6 Health Visiting teams across the area. The timescale for the co-location project is March 2015 – December 2015.
- Further information can be supplied via the commissioner help desk.
- Flip chart paper and pens are available.
- Your approach should include references to the project management process and how you will go about planning the co-location.

The Pitch

Select someone who will lead on delivering the pitch. Support the lead at all times by interjecting with supplementary information. Provide a rationale for your ideas and the stance you are taking.
APPENDIX 10: PROGRAMME EVALUATION QUESTIONNAIRE

Venue: [ ] Dates: [ ]

1. Which words would you choose to describe your feelings about the programme?

2. Did you find the 360° assessment beneficial?

   Yes [ ] No [ ]

   Please elaborate ………………………………………………………………………………………………………………………………..
   ……………………………………………………………………………………………………………………………………………………..
   ……………………………………………………………………………………………………………………………………………………..

3. Which part of the programme did you find **most** useful?

   ……………………………………………………………………………………………………………………………………………………..
   ……………………………………………………………………………………………………………………………………………………..

4. Which part of the programme did you find **least** useful?

   ……………………………………………………………………………………………………………………………………………………..
   ……………………………………………………………………………………………………………………………………………………..

5. I felt that the standard of the programme was: (please tick one or more boxes, as appropriate)

   [ ] Excellent [ ] Professional [ ] Competent [ ] Could have been better

6. Will you do anything differently in your role as a Health Visitor as a result of the programme?

   Yes [ ] No [ ]

   If yes, what will you do differently ………………………………………………………………………………………………………..
   ……………………………………………………………………………………………………………………………………………………..

7. Do you feel better able to lead initiatives within a contemporary Health Visiting service?

   Yes [ ] No [ ]