



NHS Ambulance
Chief Executive
Group

AMBULANCE



Future Leaders Study: The leadership capabilities and capacities of Ambulance Trusts in England

Date: April 2009

Foreward

The Ambulance Service has for a long time recognised the importance of leadership. It not only ensures the ongoing sustainability of our service but supports our aspirations for future innovation and development. It is all too easy to sit still but what we must recognise is that future success will lie in both the leadership skills and capacity of our staff as well as the ability to provide sustainable and ongoing investment to support leadership activity.

The Future Leaders study was commissioned by the ambulance service through the Department of Health and is the first national research project of its kind. It has attempted to identify the key areas that really make a difference in our attempts to change our service into one that looks, feels, behaves and acts differently; one that will meet the healthcare challenges of Taking Healthcare to the Patient. Appropriate leadership will play a significant role in our objective of providing more appropriate patient care whilst recognising the significant interactions that our staff play in the delivery of these services.

Despite the seemingly never ending demands on our services and the need to meet ever greater efficiency levels, it is essential that we invest in our workforce. This has been highlighted in the recent national staff survey results, which reinforces the need for high quality leadership and development at every level in our organisations. Only through this approach will we transform our organisations.

The research in this report identified 12 key recommendations for leadership development. These recommendations were drawn up following a series of focus group discussions, from the results of a detailed questionnaire and from one to one interviews with staff from middle to senior tiers in every Ambulance Trust. The methodology adopted by the consultants has resulted in a robust and very relevant piece of research that will strike a chord with staff and management alike.

I am delighted to present this report to all ambulance organisations and would commend the recommendations to you.

Handwritten signature of Anthony Marsh in white ink.

Anthony Marsh
Chief Executive Officer
West Midlands Ambulance Service

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1.0 Executive summary and recommendations

1.1 The Future Leaders Study

In 2005 a fundamental review of ambulance services, led by Peter Bradley, CBE, National Ambulance Advisor to the Department of Health, CEO London Ambulance Service, described an ambitious vision for ambulance services across England, shifting the focus from transporting patients to and from hospitals to becoming a comprehensive mobile health resource for patients and the whole NHS. This transformation has started but the challenge remains that 'ambulance services must look, feel, deliver and behave differently in the future'. *'Taking Healthcare to the Patient'*¹ presented a wide range of recommendations about how ambulance services should be led and managed. It placed significant emphasis on the need for investment in training and development to underpin the new models of care and ways of working recommending that:

"The Department of Health should fund a programme of management and leadership development for ambulance staff, having first commissioned research to understand development need."

The 'Future Leaders' study was commissioned by the Department of Health in England from Matrix and Loop². The aim of the study was to help Ambulance Trusts be intelligent buyers and providers of management and leadership development in the future by understanding the learning and development needs and preferences of their senior staff. The study addresses the leadership skills that Ambulance Trusts will need in the future, the capability and capacity gaps that currently exist, options for meeting those gaps and recommendations about the best balance for leadership development investment. The study focuses on those individuals with the potential to be the directors and assistant directors of Ambulance Trusts within the next three years. As the study progressed it became clear that there are also significant leadership and management development needs in the cohort of first line and middle managers. Where appropriate, these have been noted and we have included some recommendations for Trusts in supporting this tier of staff.

1.1.1 Methodology

The Future Leaders Study has involved several different strands of complementary work which have included:

- A **review of the forces and drivers for change** that will influence the skills required of ambulance leaders in the future and the likely implications that this would have for ambulance leaders.
- The development of an **Ambulance Leaders' Benchmark Tool**. This was designed to show the leadership skills, knowledge and behaviours that will be required of the senior leaders of Ambulance Trusts. It uses some of the same headings as the NHS Knowledge and Skills Framework (NHS KSF). It is important to stress that this was not designed to be a fully researched competency framework but a tool to provide a systematic way of assessing the current and future leadership capabilities and gaps at Trust level, rather than relating to specific individuals or functions.
- An **online questionnaire** designed to be completed by assistant directors. This explored their views about how the Trust compared to the benchmark tool. Of the 640 people who were in the cohort of potential respondents, 328 (51%) completed the survey.
- The production of a **leadership development options** menu with an assessment of the circumstances in which option has greatest potential to contribute to effective leadership development.
- **Individual Ambulance Trust audits**. This essentially comprised one full day of fieldwork, involving interviews with directors and some senior managers, a focus group(s) discussion with a selection of senior managers drawn from different departments in the Trust and a review of relevant background documents.

¹http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4114269



1.2 Key Findings

The Future Leaders Study key findings are summarised below.

1.2.1 The new leadership context

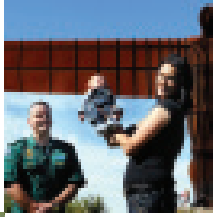
Most Trusts described the same set of strategic drivers that were shaping the future context within which they would be developing as organisations and delivering services. The most frequently cited of these were:

- **The continuing focus on high performance and the demands presented by the call connect targets.** The challenge here is sustaining consistent performance and delivering this agenda in a way that brings genuine benefits to patients. These targets demand completely new ways of working and require significant changes in management expertise.
- **The transition to Foundation Trust status.** This will require a more commercial orientation as well as stronger service and financial management and improved governance arrangements.
- **The strengthening of PCT commissioning.** This will require Ambulance Trusts to develop relationships with individual PCTs, not simply one single lead commissioner. It will also require flexibility to deliver different services to these various customers.
- **Greater competition and contestability in the field of urgent care.** This will require a better understanding of the market for individual services.
- **Increased partnership working** with other NHS and private healthcare providers. Leadership in partnership situations can require a different approach to leadership of a specific department or service. Partnership working will also require improved relationship management and governance arrangements.
- **The development of a more professionalised workforce** as paramedic training moves into higher education was felt to be a key challenge. It will require greater investment in clinical leadership to support people through the transition and provide ongoing career paths and clinical supervision.

1.2.2 Leadership capacity gaps in Ambulance Trusts

The Future Leaders study has highlighted several capacity challenges in Ambulance Trusts. The way in which these are manifest in each Ambulance Trust varies. However, we found that there are three general aspects of leadership capacity that require attention:

- **Lack of leadership capacity to handle change.** Here there is a fine line between capability and capacity but CEOs/directors in some Trusts identified that within their senior management cohort that they had insufficient people with the necessary mindset, talent or interest to move into more senior positions in the future. Some Trusts were addressing this through the recruitment of some senior managers from non ambulance backgrounds.
- **Lack of systems, procedures and infrastructures to support effective leadership.** We identified a number of deficits here ranging from lack of systematic processes for talent management and succession planning to difficulties in accessing information on leadership development opportunities to the way that leadership development is funded. These systems / procedural constraints limit organisational capacity for change in a number of ways that include:
 - Lack of systematic processes for linking investment in personal development to organisational requirements. A particular example here is in the use of project and dissertation work for education programmes.
 - Where individuals have identified their leadership development needs they may have difficulty in accessing effective support or funding to meet their requirements.
 - Where people have existing or newly developed leadership skills they may have limited opportunities to put these skills into practice.
 - Where organisations have short term development requirements that could be undertaken on a project basis, these opportunities may not be used to best effect.
 - Where individuals have been identified as being able to provide an internal mentoring role, or to deliver some expert in-house training, they do not have the time to be released for these activities.



- **Resource constraints that constrain effective leadership.** We identified four forms of resource constraint:
 1. Some first line managers have a **span of control** that is far wider than generally considered to be effective and this makes it difficult to provide personalised support to their reports.
 2. An **absolute shortage of people** which both make it difficult for senior leaders to take time out for their own development and / or drags leaders into ‘fire fighting’ rather than handling the bigger strategic picture or fixing the fundamental issues that have led to these constraints. The two areas most frequently cited were operations and IM&T.
 3. The **size of the senior management tier and the size of their portfolios.** The problems appear to be greatest at the tier below director level. With directors spending an increasing amount of time on national initiatives, the size and scope of the portfolios of many the senior managers in the tier below appear to have increased.
 4. **Clinical leadership**². In terms of capacity there is a particular short to medium term problem in developing clinical leadership of the paramedic profession. As the paramedic career ladder and profession develops, these staff also need their own clinical leaders and role models.

To establish a positive climate for leadership development and practice, Ambulance Trusts need to put in place the following systems, processes and infrastructure:

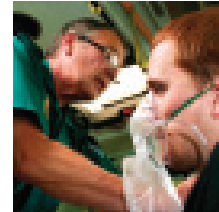
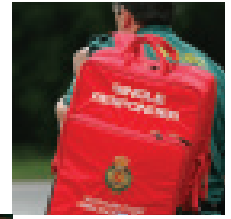
- The Trust’s vision and values should confirm the **organisational culture and style of leadership** required to deliver the organisation’s strategies and plans.
- A Trust should outline the specific requirements of its senior leaders and these should be specifically linked to organisational goals and performance. This may be in the form of a set of **competencies** required of all senior leaders but it could equally be expressed in the form of a set of **role descriptions** which indicate what people in different leadership/management positions are expected to do.
- **A systematic appraisal and development planning** process which is comprehensively and consistently applied to either individuals or to teams (where appropriate).
- **A talent management system** to ensure that the skills, knowledge and experience that staff at all levels of the organisation have, can be tapped and applied to best effect;
- **A structured, transparent succession plan** that nurtures talent for the future. Ideally this should be undertaken in conjunction with the wider NHS.
- **A method of funding leadership and management development that makes it easy and fast for people to access the support that they need.** Individuals and their managers need to understand the method for accessing funding for leadership development and criteria used to establish priorities.
- **Readily accessible information on leadership development opportunities** available within the Trust (both formal and informal), within the wider NHS family and those which are commercially available.
- **An evaluation process** to determine whether investment in leadership development has delivered the intended outcomes and learn how investment could be better deployed.

1.2.3 Leadership capability gaps

Ambulance Trust directors identified a number of areas where they felt senior leaders lacked the skills, knowledge and behaviours either to move on in their careers or to handle the emerging organisational challenges. They included:

- **Knowledge of the healthcare policy context.** While senior leaders typically have an in depth knowledge of ambulance services, they are less well informed about the organisational, financial and performance context which drives other parts of the health system.
- **Political skills** – being able to read, understand, interact with and influence organisations within the wider NHS and other public service bodies was one facet. A further dimension is being able to influence those organisations and individuals.

² In parallel with the Future Leaders study, a national working group has been undertaking a more in depth analysis of clinical leadership. While we have tried to avoid duplicating their work we have been asked to consider whether there are any capability or capacity challenges in clinical leadership.



- Linked to the points above, some Trusts felt that **networking skills** was an area that some senior managers needed to improve.
- **Leadership and management of change** particularly the ability to communicate future strategy, ensure that staff understand and support the future direction and are motivated and inspired to support and contribute to the change process.
- **Strategic planning/horizon scanning skills.** It was unclear whether the constraints were capability or capacity. While directors felt some senior leaders lacked the skills to see the big strategic picture and take a long range perspective to planning, others felt it was the pressure of time and delivery of targets made it difficult for the senior team to practice this skill.
- **Emotional intelligence** – key here was the ability of senior leaders to tailor their leadership style to differing circumstances and context and to understand the impact that they have on others. Personal resilience was a further facet of emotional intelligence that was mentioned.
- **Business and commercial skills.** This was an area that all Ambulance Trusts would need to develop as a result of the move to becoming foundation trusts.
- **Enhanced analytical skills** and the ability to use multiple sources of data and information and **modernisation techniques** to develop more productive ways of working and approaches that prevent patients from unnecessary hospital journeys.

Senior managers focused on capabilities associated with:

- **Change management and service transformation**, including skills in identifying what change the organisation is required to make to deliver its objectives as well as ways of making the change happen, for example gaining 'buy in' and support from staff.
- **Communications skills**, representing skills in communicating the visions and goals of the organisation as well as skills to promote a culture which is open and inclusive.

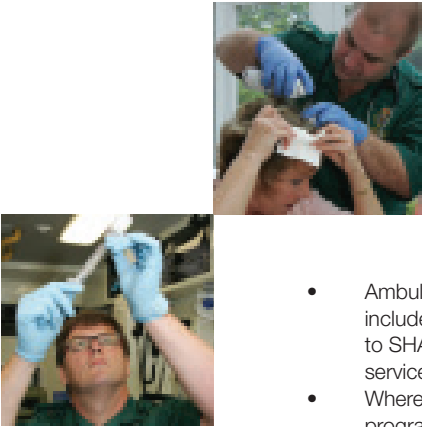
From both groups, Directors and senior managers, we concluded that there is a fair degree of agreement about the areas where there are greatest capability gaps. The key area of difference is in the greater emphasis placed on communication skills by senior managers and on business skills by directors. To some extent this is a reflection of the different planning and decision timescales that characterise the respective roles of these groups.

1.2.4 The development of future leaders

In summary, a range of leadership development activities are already being used to support the development of the senior leaders in Ambulance Trusts. This activity is not consistently spread; it is not always effectively targeted to those with greatest need or potential and it is generally not well linked to the organisations requirements and expectations of its senior leaders. In most Trusts, senior leaders and their line managers find it difficult to find out what leadership development opportunities are available within the organisation, within the wider healthcare system and/or from external providers.

From our review of the leadership capability and capacity gaps in Ambulance Trusts in England we have developed a number of guiding principles that Ambulance Trusts could use to inform future investment in their senior leaders. These are:

- **Investment in the development of senior leaders in Ambulance Trusts will only be effective with the active support of the CEO and top team** to signal the importance of the investment to the organisation, its performance and long term sustainability.
- **People in senior leadership roles in Ambulance Trusts need bespoke development programmes which are based on a systematic assessment of their skill, knowledge and behavioural development needs.** This should be informed by the organisation's strategic goals and the implications that they have for different roles as well as the individual's personal interests and career aspirations.
- Individuals should be **actively supported** in putting together their personal development plans by their line managers. Line managers should be trained to provide this support in a coaching style.
- Ambulance Trusts should have **in place the necessary systems, processes and information** to enable senior leaders and their managers to understand what leadership development options might be appropriate to the individual's needs and then access specific opportunities.



- Ambulance Trusts should **promote a diverse range of leadership development options** that include individual and group based learning. They should ensure that the Trust maximises access to SHA organised leadership development initiatives and encourage the SHA to include ambulance services in their planning of workforce development initiatives.
- Where Ambulance Trusts decide to develop or commission in house leadership development programmes, they should aim to ensure that these are accredited by an **external body such as the Institute of Leadership and Management or Chartered Management Institute**. Trusts should also consider offering these programmes to participants from the wider NHS to encourage networking and understanding of the wider health system.
- Given the considerable operational pressures on ambulance services, investment in **leadership development should be timely and where possible clearly linked to the specific delivery context**.
- Ambulance Trusts are large regional organisations of a sufficient scale to be able to organise and commission leadership development initiatives for their staff. There are some areas where there would be merit in a national approach, for example on grounds of value for money or where there are specialist interests that need a larger critical mass of interest. However, nationally organised leadership development should be used sparingly.

1.3 Recommendations

A number of recommendations have been drawn from this study and these are given below. It should be noted that The Next Stage Review and its associated Workforce Strategy were published just as the Future Leaders review was completed. Significantly the Next Stage Review³ puts a great deal of emphasis on both management and clinical leadership. The proposals include a national Leadership Council to oversee leadership development chaired by the NHS CEO, the establishment of a Centre of Excellence in Workforce Planning, introducing new standards in leadership to ensure that development programmes deliver to an assured quality and more emphasis on the triple role of clinicians as practitioners, partners and leaders. It is too soon to determine how these proposals will be taken forward but clearly our recommendations from the Future Leaders study will need to take account of these developments as they are rolled out.

Plan for and invest in future leadership capacity

Recommendation one: explore whether there is sufficient management resource to support the expansion in services and workforce

The Ambulance Trusts in England should undertake a quantitative analysis of comparative investment in management resources across the Trusts. This baseline information would help Trusts to understand whether they have the right level of resource to support operational and functional delivery. It would also support future national benchmarking exercises, including potential evaluation of the impact of additional provision. The information will also provide helpful evidence for commissioners in considering whether ambulance services need further investment.

Recommendation two: undertake long range workforce planning

Ambulance Trusts in England, if they have not already done so, should undertake quantitative and long range workforce planning to inform the future development and expansion of the paramedic workforce that will be needed to support the achievement of the vision set out in the Regional Next Stage Review reports and local service and commissioning plans. These plans should cover both front line staff and clinical leaders and supervisors to support those staff.

Recommendation three: significantly strengthen the capacity for clinical leadership

There are significant capacity pressures in line management which means the important task of clinical supervision can get squeezed. Ambulance Trusts should consider how they can provide adequate levels of clinical leadership and supervisory support in the short to medium term to accommodate the increase in the paramedic workforce and to establish the necessary culture of clinical professionalism that is being reinforced by the shift to university based education and more joint working with clinicians from other professional backgrounds.

³High Quality for All: NHS Next Stage Review Final Report, June 2008, Department Of Health



Invest in the skills of future leaders

Recommendation four: actively participate in regional talent management initiatives

Ambulance Trusts should develop internal talent management and succession planning processes and take an active role in talent management initiatives developed by their SHA. This will help to promote greater inter-change between different parts of the health system and offer senior leaders more career development opportunities than would be possible within the ambulance trust family alone.

Recommendation five: ensure leadership development options/opportunities can be accessed easily

Ambulance Trusts should establish methods to make it easy to access leadership development opportunities provided within their Trust, within the wider healthcare system and nationally. Ambulance Trusts should ensure that their senior managers are aware of the range of general leadership development options available to suit their development needs and learning style preferences. One early step that could be taken would be reviewing and sharing intelligence about open access leadership programmes that might be suitable for ambulance service leaders, however, these may well change depending on the speed with which the specification of national leadership programme standards are drawn up. Individual Trusts could then supplement this directory with details from their region (e.g. the leadership programmes offered by their SHA and other trusts and universities.)

Recommendation six: all staff moving into management posts should be offered an accredited management and leadership programme and access to a coach or mentor

An accredited management and leadership programme should be offered to all staff that move into management positions as early as possible in their new role or even before the post is taken up. The course content should include some basic people management skills and be taught in a way that promotes transformational leadership rather than a transactional model. Following/during the programme, participants should be provided with access to an internal/external coach or mentor. There would be merit in Ambulance Trusts collaborating to develop a common core specification for these programmes which are likely to be customized and delivered locally in each regional ambulance trust.

Recommendation seven: middle managers should be offered an accredited leadership programme, ideally with participants from other parts of the health system

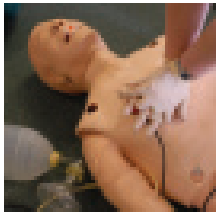
All middle managers should be offered the opportunity to undertake an accredited leadership programme with a focus on managing for improved performance, effective communications and networking. Ideally these programmes should include participants from other healthcare organisations. During / following the programme participants should be provided with an internal / external coach with a brief to support the translation of the learning points into practice. Facilitated action learning sets should be considered either as an integral part of these programmes or to support specific topics on organisation or service improvement. Again, there would be merit in Ambulance Trusts undertaking a common specification of the core content of such programmes with an expectation that they would be customised and delivered locally. In drawing up these specifications Ambulance Trusts should consider how they can make the programmes attractive to clinical leaders from other healthcare professions.

With respect to both recommendations six and seven, all future accredited leadership programmes will need to be aligned with the proposed Leadership for Quality Certificate (Levels 1, 2 and 3) proposed in the 'High Quality for All: NHS Next Stage Review Final Report'⁴

Recommendation eight: develop clinical leadership through service improvement

Within local health systems, Ambulance Trusts should consider funding service improvement learning groups to focus on a topic based clinical condition / pathway. For example, working as facilitated learning sets, participants, which will include professionals from different backgrounds

⁴High Quality for All: NHS Next Stage Review Final Report, June 2008, Department Of Health



and organisations, will: a) learn about best practice and service innovation and how these ideas might be locally adapted; b) explore the respective contributions of different professionals and their perceptions of each others' roles and skills; c) consider the implications for clinical leadership and governance within and across organisations.

Recommendation nine: establish a national ambulance leadership hub

Ambulance Trusts in England should collectively fund the establishment of a national ambulance leadership hub. The hub would collate and share good / current practice in leadership development, commission evaluation of leadership development initiatives and organise development events.

Improve people management systems to support leadership in practice

Recommendation ten: improve people management systems to support effective leadership development

The Ambulance Trusts in England should review their people management systems and processes against the Future Leaders checklist and put in place the necessary improvements to ensure that investment in leadership development is effective and sustainable.

Recommendation eleven: develop the concept of a 'productive ambulance team'

The Ambulance Trusts in England should consider trialling the productive leader approach to see how this might be applied and adapted to the ambulance service context. The NHS Institute for Innovation and Improvement should consider developing a research programme / pilot scheme to develop thinking about the 'productive ambulance team'. This would explore the concept of a 'self managing team' and how it can make maximum use of systems, procedures, clinical and performance information to both deliver enhanced performance, productivity and staff satisfaction.

Recommendation twelve: involve senior managers in strategy and business planning

Ambulance Trusts should ensure that senior leaders are engaged in strategy development and business planning so that they gain greater ownership of the developments they are being asked to lead and can be more effective in communicating this to staff. Senior leaders should also be provided with specific opportunities to understand the wider healthcare context in which they work e.g. through seminars, secondments, shadowing or mentoring.



2.0 Introduction

In 2005 a fundamental review of ambulance services, led by Peter Bradley, described an ambitious vision for ambulance services, shifting the focus from transporting patients to and from hospitals to becoming a comprehensive mobile health resource for patients and the whole NHS. This transformation has started but the challenge remains that 'ambulance services must look, feel, deliver and behave differently in the future'. 'Taking Healthcare to the Patient'⁵ presented a wide range of recommendations about how ambulance services should be led and managed. It placed significant emphasis on the need for investment in training and development to underpin the new models of care and ways of working recommending that:

"The Department of Health should fund a programme of management and leadership development for ambulance staff, having first commissioned research to understand development need."

The 'Future Leaders' study was commissioned by the Ambulance Trusts in England from Matrix and Loop2. The aim of the study was to help Ambulance Trusts be intelligent buyers and providers of management and leadership development in the future by understanding the learning and development needs and preferences of their senior staff. The study addresses the leadership skills that Ambulance Trusts will need in the future, the capability and capacity gaps that currently exist, options for meeting those gaps and recommendations about the best balance for leadership development investment. The study focuses on those individuals with the potential to be the directors and assistant directors of Ambulance Trusts within the next three years. As the study progressed it became clear that there are also significant leadership and management development needs in the cohort of first line and middle managers. Where appropriate, these have been noted and we have included some recommendations for Trusts in supporting this tier of staff.

The report draws together the findings from audits undertaken in the eleven Ambulance Trusts in England to provide an overall summary and recommendations about the leadership agenda for ambulance services and how best it should be addressed at regional and national levels. The report is organised into six further sections. **Section three** describes the rationale for and methodology used in the Future Leaders study. **Section four** considers the contextual forces and drivers for ambulance services and what this means for the skills, knowledge and behaviours that ambulance leaders will require in the future. In **Section five** we turn to the issue of the gaps in capacity which exist in ambulance services and which will affect the extent to which leaders can be truly effective. **Section six** summarises the main capability gaps that exist and reports the findings from an online survey of 328 senior leaders in Ambulance Trusts. In **Section seven** we turn to the options for leadership development that will best address the capability gaps and recommendations on the next steps. In the **final section** of the report we outline some recommendations about what aspects of leadership and management development could be addressed at regional and national levels and who needs to take what action to take the recommendations from this study into practice.

In the preparation of our report we would like to acknowledge the contribution made by members of the project steering group and the support and guidance that they provided throughout this project. The members of the steering group were as follows:

Anthony Marsh, Chief Executive, West Midlands Ambulance Service NHS Trust (Chair of Project Steering Group)

Peter Bradley CBE, Chief Executive, London Ambulance Service NHS Trust

Geraint Davis, Director of Corporate Affairs, South East Coast Ambulance Service NHS Trust

Ian Ferguson, Director of Operations, South Central Ambulance Service NHS Trust

Caron Hitchen, Director of Human Resources and Organisation Development, London Ambulance Service NHS Trust

Julie Liggett, Director of Human Resources and Workforce Development, South Western Ambulance Service NHS Trust

Kim Nurse, Director of Human Resources and Organisational Development, West Midlands Ambulance Service NHS Trust

Dr. Alison Walker, Medical Director, Yorkshire Ambulance Service NHS Trust

⁵http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4114269



3.0 The Future Leaders study

3.1 Capacity, capability and leadership development: the issues to be explored

Ambulance Trusts know that they need to invest in their leaders and nurture talent for the future. Given the pace of transformation in the delivery of ambulance and paramedic services it is important that investment in leadership development is oriented to these emerging needs as well as those which exist today. Some of the Ambulance Trusts are continuing to experience significant financial challenges. Those that have more financial headroom accept that there will be increasing scrutiny by commissioners of the value for money they receive from ambulance services. This means that any investment in leadership development must offer good value for money.

Decisions about how best to support leadership development need to consider a complex array of variables. Firstly there is a wide range of approaches available which can support the development of knowledge, skills and behaviours. As well as traditional taught leadership programmes there are tailored, personal support options and methods which focus on work based learning and development. A second consideration is whether ambulance leaders are best developed in groups or as individuals. For group development options there is then the question of the diversity of the group – for example, whether they should comprise ambulance leaders alone, include participants from other healthcare organisations or even from non-health sectors. A third consideration is whether leadership development should offer participants an accredited qualification. The Future Leaders study has endeavoured to address all of these variables.

Investment in leadership development is essentially about improving the capabilities of individuals and teams to meet the emerging challenges that they will face both in their current jobs and to enable them to progress in their careers. However, while leadership development can make an important contribution to organisational performance, ambulance services also recognise that this may not be sufficient in itself to give them sufficient capacity for change. As part of the Future Leaders study we were asked to identify any wider capacity gaps which Ambulance Trusts may have and which would be unlikely to be met through a focus on leadership development.

Capacity constraints have several underlying causes. They exist as an issue in their own right but they also have an impact on organisational investment in leadership and management development. For example, a Trust may have capacity constraints which are simply a matter of not having enough people at the right level to handle the emerging workload. The Trust may be able to generate additional capacity by introducing greater flexibility in the way that the staff are deployed, but there are limits to this. If there are real capacity constraints in handling the operational workload those staff may find it difficult to take time away from the day job to invest in developing their leadership and management skills. A second cause of capacity problems is lack of management systems, processes and infrastructure. At an operational level this may be associated with the way resources and information is deployed. In the case of leadership development, the ease with which people can find out about leadership development opportunities, the way that development is funded, the reward and recognition arrangements for people to move into leadership positions, the ways in which leadership skills and talent is harnessed and applied and the IT systems to support e-learning, are all examples of capacity constraints.

While this study highlights areas where individual Trusts have some capacity constraints, quantifying the scale of them has been beyond the scope of this study. We believe there would be some merit in undertaking further benchmarking in this area as it would provide an evidence base to guide local investment and contract negotiations with commissioners. We return to this point in our recommendations.

It is important to note that the Ambulance Trusts in England are already investing in leadership and management development to a greater or lesser extent. During the course of the Future Leaders study, Trusts have been developing local plans and strategies to guide their investment and some have been actively commissioning specific development initiatives. While we have endeavoured to capture as much about current activity and future plans as possible this is a dynamic field so the findings are likely to date quite rapidly.



One of the positive benefits is that networking and sharing best practice is now far easier across eleven organisations than it was with the larger number of trusts. The Ambulance Leadership Forum has been effective in embedding this collaborative approach into the way that ambulance organisations are developing. Building on this philosophy, we have endeavoured to identify elements of good or interesting practice in each of the Trusts from which other Trusts may learn. As noted above, however, this should not be taken as an exhaustive list and there may be other examples emerging, either which we were not informed of or which have been introduced since we completed the trust audits.

3.2 The Future Leaders methodology

The Future Leaders Study has involved several different strands of complementary work which have included:

- **A review of the forces and drivers for change** that will influence the skills required of ambulance leaders in the future. Our rationale here was that leadership development is an investment for the future and therefore needs to address the contextual challenges that leaders will be handling. The review drew on published and grey literature, academic publications, articles in the trade press, national policy, professional guidance and internal documents produced by Ambulance Trusts themselves. The Matrix / Loop2 team then considered the likely implications that this would have for ambulance leaders.
- The development of an **Ambulance Leaders' Benchmark Tool**. This was designed to show the leadership skills, knowledge and behaviours that will be required of the senior leaders of Ambulance Trusts. It uses some of the same headings as the KSF. It is important to stress that this was not designed to be a fully researched competency framework – this was beyond the scope of this exercise. The tool has been used to provide a systematic way of assessing the current and future leadership capabilities and gaps at Trust level rather than relating to specific individuals or functions.
- **An online questionnaire** designed to be completed by assistant directors. This explored their views about how the Trust compared to the benchmark tool. It asked respondents to indicate which of the skills, knowledge and behaviours they felt was of greatest importance for ambulance leaders to develop and where the most significant gaps were in the leadership capabilities of their Trust. Of the 640 people who were in the cohort of potential respondents, 328 (51%) completed the survey. Further details of response rates are provided in Appendix One.
- The production of a **leadership development options** menu with an assessment of the circumstances in which option has greatest potential to contribute to effective leadership development. This is presented as Appendix Two.
- **Individual Ambulance Trust audits**. This essentially comprised one full day of fieldwork, involving interviews with directors and some senior managers, a focus group(s) discussion with a selection of senior managers drawn from different departments in the Trust and a review of relevant background documents. The focus group discussion amplified some of the details that we gained from the questionnaires and were helpful in exploring participants' perceptions of the Trust's approach to leadership and management development and about the methods of leadership and management development that they felt would be of greatest value for ambulance leaders.
- On the basis of the above, the Future Leaders study has provided individual Trusts with a **report analysing their capability and capacity gaps and recommendations** on how these should be addressed. The latter has included recommendations that the Trust itself could undertake, actions that need to be taken forward within the context of the regional or local health economies (i.e. in conjunction with the wider NHS) and recommendations about what might be sourced nationally but deployed at a local/regional level.



4.0 Forces and drivers for change - the new leadership context

Appendix Three outlines our analysis of the changing context in which ambulance services are working which will have a bearing on the demands on its senior leaders. We also explored with the Ambulance Trust CEOs and directors what they felt were the significant contextual developments which senior ambulance leaders would need to address. It was apparent, and not surprising, that most Trusts described the same set of strategic drivers that were shaping the future context within which they would be developing as organisations and delivering services. The most frequently cited of these were:

- The **continuing focus on high performance and the demands presented by the call connect targets**. The challenge here is in sustaining consistent performance and delivering this agenda in a way that brings genuine benefits to patients. These targets demand completely new ways of working requiring significant change management expertise.
- The transition to **Foundation Trust status**. This will require a more commercial orientation and stronger service and financial management.
- The strengthening of **PCT commissioning**. Commissioning of ambulance services has historically been relatively weak but this is not expected to continue. This will require Ambulance Trusts to develop relationships with individual PCTs, not simply one single lead commissioner. It will also require increasing flexibility to deliver slightly different services to these various customers.
- Linked to the point above, Ambulance Trusts are expected to face **greater competition** and contestability in the field of urgent care. This will require a better understanding of the market for individual services.
- Increasingly ambulance services are expected to **work in partnership with other NHS** and private healthcare providers. Leadership in partnership situations can require a different approach to leadership of a specific department or service. Partnership working will also require improved relationship management and governance arrangements.
- The development of a **more professionalised workforce** as paramedic training moves into higher education was felt to be a key challenge. It will require greater investment in clinical leadership to support people through the transition and provide ongoing career paths and clinical supervision. It may bring into question whether clinical leadership and line management should be invested in the same person.

Throughout the Future Leaders study we heard consistent reference for ambulance leaders to shift the prevailing culture from one where the default leadership style is transactional (a directive, 'command and control' style) to one that is transformational in nature. There is a clear rationale for this. As Professor Beverley Alimo-Metcalfe has found:

*"Organisations with senior managers who are perceived as transformational leaders - characterized as visionary, enthusiastic, encouraging constructive criticism, and showing genuine concern for others - are significantly more effective than those who influence and control performance through the application of structures, rules and rewards. Transformational leaders have a strong impact on individual, team and organisational performance; they develop their people; they are seen as more effective and satisfying to work for; and they produce performance beyond expectations all round. These findings have emerged from research into both private and public sector organisations, ranging from financial services, IT and communication companies, to healthcare and education organisations."*⁶

This focus on transformational leadership is by no means unique to Ambulance Trusts. The NHS leadership qualities framework, for example, has its roots in the philosophy of transformational leadership. As well as the need to develop transformational leadership skills we have also placed significant emphasis on the context for leadership practice. John Kotter, for example, talks about the importance of leaders adapting their style to the context and culture in which they work.

*"Managers work through formal structures, systems, procedures and rules. Those are their influence tools. Leaders on the other hand, usually understand culture at some gut level... they pay attention to creating the kind of culture that they think will be appropriate to what they are trying to achieve"*⁷



The Future Leaders benchmark tool was an attempt to combine elements of transformational leadership – the qualities, skills, knowledge and behaviours that senior leaders will require to lead ambulance services and organisations - informed by the context in which these characteristics will be applied. The benchmark tool aimed to help Ambulance Trusts articulate what ambulance leaders will be doing in the future and how they will be leading. As explained earlier, given the timescale, resources and terms of reference for this study the benchmarking tool was never intended to be a full competency framework. However, it could well form the

foundation of such a framework if this was of interest. The East Midlands Ambulance Service is developing its own competency framework for senior managers that combine elements of the NHS Leadership Qualities Framework (LQF), elements drawn from the mental toughness questionnaire (a psychometric tool) and elements from the World Class Commissioning framework. Similarly, the Yorkshire Ambulance Service is in the process of developing a leadership and management development framework that includes uses a competency model developed by the Management Standards Centre. Other Trusts have expressed an interest in the value of a competency framework for management which is purposely developed for ambulance managers and leaders at different levels.

A copy of the benchmark tool can be found in Appendix Four.

⁶Leadership Development in British Organisations, Beverly Alimo Metcalfe (2000), Leadership Development in British Organisations
⁷John Kotter (1998) Cultures and Coalitions, in Rethinking the Future: rethinking business principles, competition, control and complexity, leaderships, markets and the world, ed Rowan Gibson, Nicholas Brealey publishing, London



5.0 Leadership capacity gaps in Ambulance Trusts

5.1 The issues

The Future Leaders study has highlighted several capacity challenges in Ambulance Trusts. The way in which these are manifest in each Ambulance Trust varies and details have been highlighted to the Trusts in their individual reports. However, we found that there are three general aspects of leadership capacity that need attention.

- i. **Lack of leadership capacity to handle change.** Here there is a fine line between capability and capacity but CEOs / Directors in some Trusts identified that within their senior management cohort they had insufficient people with the necessary mindset, talent or interest to move into senior positions in the future. This was more typical in organisations that had either had a limited restructuring exercise to undertake and / or had not felt it necessary or possible to bring in leaders with the necessary skills from outside of the ambulance service family. Where Trusts have identified this problem it was in the middle management tier where the difficulties are thought to be greatest. It is important to note here that the comments that we heard were based on judgement and instinct rather than any formal definition of organisational requirements or an assessment of the leadership potential of the middle / senior management team.

Whereas a number of Trusts have used the opportunity of restructuring to refresh the Director level team, fewer changes have tended to be made at the senior to middle manager levels. Those Trusts who have recruited people from non ambulance backgrounds had found this to have a significant and positive effect. For example, managers with a background in the wider NHS have tended to bring more rounded management experience, new skills and a different style of leadership than those people who have worked their way through the ambulance service ranks.

- ii. **Lack of systems, procedures and infrastructure to support effective leadership development and leadership in practice.** A systematic commitment to the development of leadership should ideally begin with identifying a total strategy for the leadership development process and leadership systems within the organisation. Even if this is not formally articulated some basic systems and processes are critical in determining whether investment in leadership development is appropriately targeted. We identified a number of deficits here ranging from lack of systematic processes for talent management and succession planning to difficulties in accessing information on leadership development opportunities to the way that leadership development is funded. In other cases, Ambulance Trusts have yet to develop a fully effective IT system in all ambulance stations which limits their capacity to share information effectively and for staff to make use of techniques such as e-learning packages. Some of these deficits are clearly attributable to the enormous challenge that some Trusts have faced in bringing together disparate organisations and putting in place common systems and processes i.e. a reflection of organisational maturity. These systems / procedural constraints limit organisational capacity for change in a number of ways that include:

- Lack of systematic processes for linking investment in personal development to organisational requirements. A particular example here is in the use of project and dissertation work for education programmes;
- Where individuals have identified their leadership development needs they may have difficulty in accessing effective support or funding to meet their requirements;
- Where people have existing or newly developed leadership skills they may have limited opportunities to put these skills into practice;
- Where organisations have short term development requirements that could be undertaken on a project basis these opportunities may not be used to best effect; and
- Where individuals have been identified as being able to provide an internal mentoring role, or to deliver some expert in-house training, they do not have the time to be released for these activities.



These constraints are perceived to hit the 'good performers' most severely. We were told that people who are considered by their peers to have greatest potential to be future leaders tend to be least likely to have the opportunity to develop their skills through attending leadership and management development programmes or taking part in structured work-based initiatives as these are the very people that the organisation can least afford to spare.

Capacity challenges are also experienced by people who have specialist roles where there is limited expertise in the wider organisation. This is not an issue specific to Ambulance Trusts but it does present risks to business continuity as well as to investment in personal development.

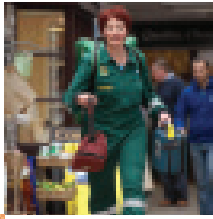
As well as some systems and processes being absent or underdeveloped our focus group discussions highlighted a further difficulty. Participants representing support functions such as human resources or information analysis suggested that there was further scope for ambulance operations to work 'smarter not harder'. With the pressure to deliver on targets, they suggested that some operations managers bypass existing management systems believing them to be a hindrance rather than a help.

- iii. **Resource constraints** that hinder or enable effective leadership. An absolute shortage of staff to undertake particular leadership roles and to deliver front line services was identified in nearly all Trusts to a greater or lesser extent. We identified four forms of resource constraint:
- Some first line managers have a **span of control** that is far wider than generally considered to be effective and this makes it difficult to provide personalised support to their reports. There is evidence that higher spans of control are associated with lower patient satisfaction, higher staff turnover⁸ and that while having a positive management style can ameliorate some of the effects management style is not sufficient to outweigh the problems of having a large number of staff to manage. The capacity problems appear to be greatest in ambulance operations and are exacerbated by the way in which ambulance services are organised – the large geographical areas covered by ambulance staff and shift systems can make it difficult to meet people face to face on a regular basis. Great Western Ambulance Service is developing a model of team leadership based around groups of ten people. From an initial description this appeared to us to offer a good basis for effective people management support.
 - The second is **an absolute shortage of people** which both makes it difficult for senior leaders to take time out for their own development and / or drags leaders into 'fire fighting' rather than handling the bigger strategic picture or fixing the fundamental issues that have led to these constraints. The two areas most frequently cited were operations and IM&T.
 - The third dimension experienced in some but not all trusts is in the **size of the senior management tier and the size of their portfolios**. The problems appear to be greatest at the tier below director level. With directors spending an increasing amount of time on national initiatives, the size and scope of the portfolios of many senior managers in the tier below appear(s) to have increased. On this point, our impression is that some Trusts have more acute shortages than others. However, we do not have a firm evidence base for this and it is an area where further benchmarking work might be helpful.
 - **Clinical leadership**. In parallel with the Future Leaders study, a national working group has been undertaking a more in depth analysis of clinical leadership⁹. While we have tried to avoid duplicating their work we have been asked to consider whether there are any capability or capacity challenges in clinical leadership. In terms of capacity there is a particular short to medium term problem in developing clinical leadership of the paramedic profession. As the Clinical Leadership working group put it¹⁰ *'To date, clinical leadership within the ambulance service has been, traditionally, the primary responsibility of the Medical Director. Such individuals frequently originated from trauma / acute care backgrounds, often working in isolation, with limited recognition for their input'*. As the paramedic career ladder and profession develop and with fewer cases seen by paramedics being simply transported to Accident and Emergency (A&E) this model needs to be reconsidered. While there will continue to be a need for medical leadership advice, the paramedic profession also needs its own clinical leaders and role models.

⁸D. Doran et al. (2004), Impact of the Manager's Span of Control on Leadership and Performance, Canadian Health Service Research Foundation

⁹L. Sibson et al (2008) Clinical leadership in the ambulance service

¹⁰In parallel with the Future Leaders study, a national working group has been undertaking a more in depth analysis of clinical leadership.



The expansion in numbers of paramedics and the shift toward higher education training is creating a particular challenge for clinical leadership. While there are long term plans to develop an expanded range of clinical grades for paramedics, this career ladder is not fully in place in most trusts. Historically, clinical leadership and supervision have been performed by line managers. This presents several difficulties: To the first is that increasingly line managers will not have the full range of specialist paramedic skills and experience to act as clinical leaders to all those that they manage. Moreover, as ambulance services open their doors to managers and clinicians with different service backgrounds, this model is likely to be challenged. A further difficulty during this transition phase is that there are still insufficient clinical leaders in the more specialist paramedic career grades to provide support to their peers and demonstrate the new working practices. Finally, there is the numbers issue – Ambulance Trusts need to put in place sufficient resources to provide preceptorship for the newly qualified graduates and ongoing supervision and mentoring. While we have not been able to quantify this aspect of capacity within the frame of this study we recognise that it is causing concern amongst middle and senior managers.

To summarise, figure 1 below caricatures the capacity picture as a ‘worst case’ scenario. While Ambulance Trusts encourage and promote transformational leadership, the constraints and circumstances that individuals face makes it challenging, if not impossible, for them to demonstrate effective leadership in practice. This is particularly problematic for those whose careers have been spent in a ‘command and control’ culture, now being asked to work in a rather different way. In circumstances of great pressure there are the inevitable risks that their default leadership style will revert to the style with which they are more familiar.

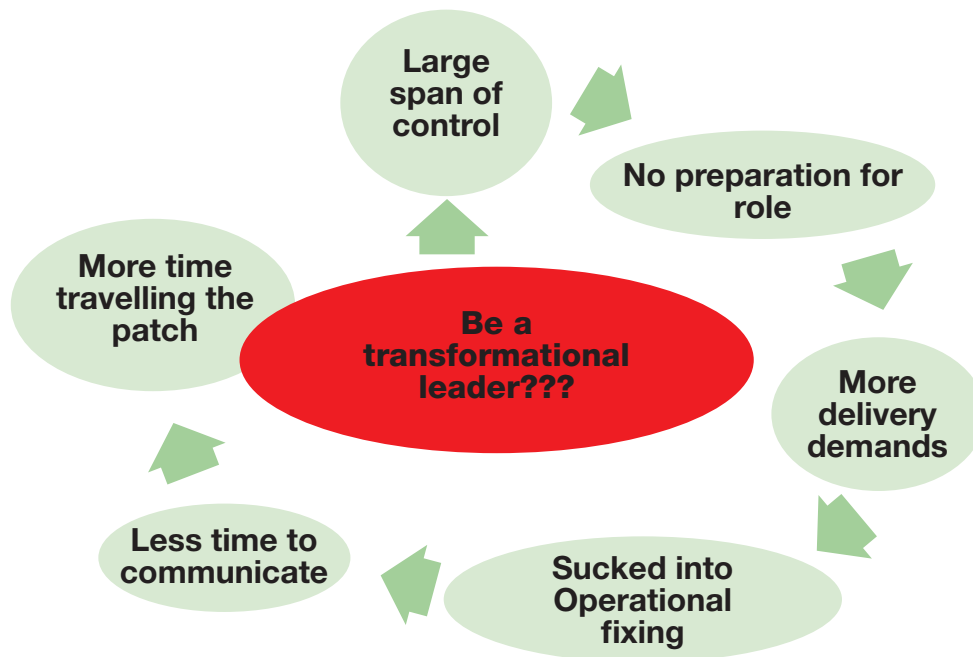
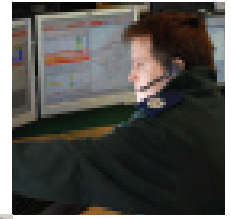


Figure 1: The capacity challenge to transformational leadership



5.2 Recommendations to address capacity constraints

5.2.1 Staff numbers and leadership capacity

It has been beyond the scope of this study to establish robust evidence of the scale of leadership capacity constraints. On the point about future leadership capacity to handle change, only one of the Trusts that we reviewed has a fully developed competency tool to define its future requirements of senior leaders and this tool has not yet been applied to provide a formal assessment of those currently in post. On the point about management spans of control, we considered undertaking a quick and simple benchmarking study using agenda for change bandings. The complicating factor is that not all staff on similar bandings have line management responsibilities, so applying a simple formula would give a misleading result. While comparisons of the size of the senior management tier would be more straightforward on a strictly numerical basis it would need to take into account wider factors such as the size of the Trust and its geographical coverage. The varying job titles held by people in broadly equivalent positions also makes this a less than straightforward study.

Recommendation: explore whether there is sufficient management resource to support the expansion in services and workforce

The Ambulance Trusts in England should undertake a quantitative analysis of comparative investment in management resources across the Trusts. This baseline information would help Trusts to understand whether they have the right level of resource to support operational and functional delivery. It would also support future national benchmarking exercises, including potential evaluation of the impact of additional provision. The information will also provide helpful evidence for commissioners in considering whether ambulance services need further investment.

The areas that warrant specific attention include:

- A comparison of overall staffing numbers and grades against activity and outcomes profile.
- A comparison of the numbers, portfolios and workload of assistant directors (or equivalent title).
- A comparison on the span of management control of first line managers and supervisors, particularly within operations.
- Capacity within operations for delivery of call connect targets.
- A comparison of the numbers being supported by people with specific clinical supervisory responsibilities. While in some cases this will be the same person as the line managers this is starting to change and would be worthwhile exploring.

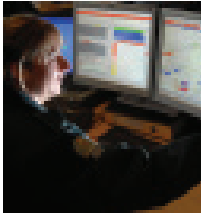
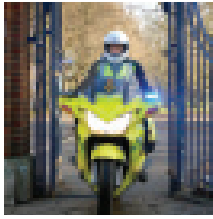
5.2.2 Clinical leadership

Recommendation: significantly strengthen the capacity for clinical leadership

There are significant capacity pressures in line management which means the important task of clinical supervision can get squeezed. Ambulance Trusts should consider how they can provide adequate levels of clinical leadership and supervisory support in the short to medium term. This would accommodate the increase in the paramedic workforce and establish the necessary culture of clinical professionalism that is being reinforced by the shift to University based education and more joint working with clinicians from other professional backgrounds.

Recommendation: undertake long range workforce planning

Ambulance Trusts in England, if they have not already done so, should undertake quantitative and long range workforce planning to inform the future development and expansion of the paramedic workforce that will be needed to support the achievement of the vision set out in the Regional Next Stage Review reports and local service and commissioning plans. These plans should cover both front line staff and clinical leaders and supervisors to support those staff.



5.2.3 Systems, processes and infrastructure for leadership investment and development

None of the Ambulance Trusts surveyed have a robust infrastructure that will ensure it gets best value for money from its investment in leadership development. While all Trusts have a strategic direction or vision, not all trusts have put in place systematic processes to: i) embed an appraisal, development and performance culture that is linked to organisational objectives as well as personal development ii) ensure that leadership development opportunities are appropriately targeted, funded and evaluated. Figure 2 illustrates the type of system that we recommend all Trusts should consider. It is explained in further detail below:

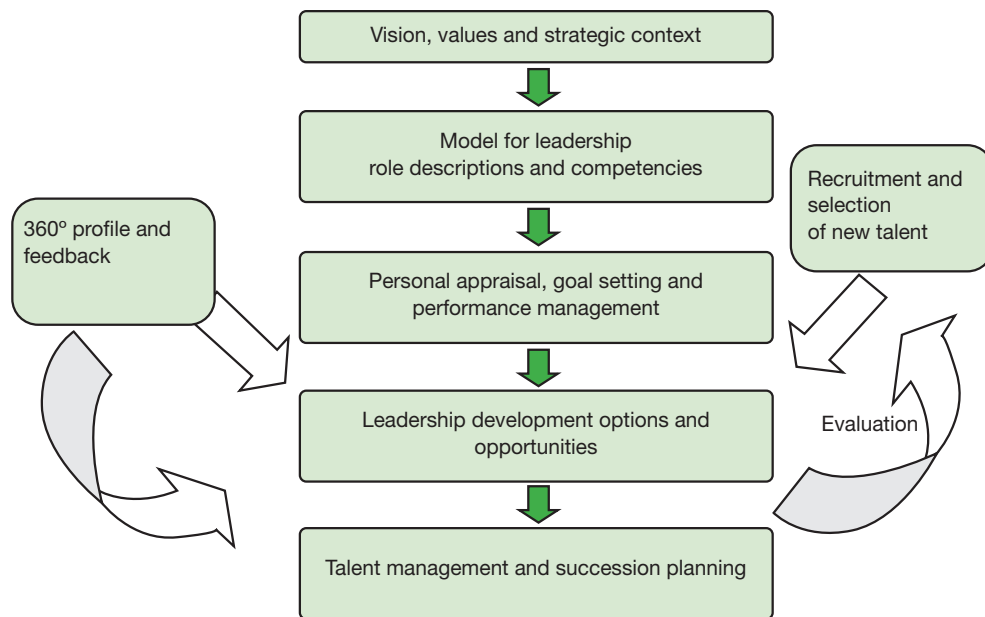


Figure 2: Systems, processes and infrastructure for leadership investment and development

Figure 2 shows that to establish a positive climate for leadership development and practice, Ambulance Trusts need to put in place the following systems, processes and infrastructure:

- The Trust's vision and values should confirm the **organisational culture and style of leadership** required to deliver the organisation's strategies and plans.
- Ideally the Trust should outline the specific requirements of its senior leaders and these should be specifically linked to organisational goals and performance. This may be in the form of a set of **competencies** required of all senior leaders, but it could equally be expressed in the form of a set of **role descriptions** which indicate what people in different leadership / management positions are expected to do. This provides the basis for fair recruitment and selection and for appraisal and performance management.
- **A systematic appraisal and development planning** process which is comprehensively and consistently applied to either individuals or to teams (where appropriate). This helps to link personal objectives and performance to organisational requirements and focus investment in development to those areas which will contribute to enhanced organisational performance and / or to career progression.
- **A talent management system** to ensure that the skills, knowledge and experience that staff at all levels of the organisation are realised to the benefit of the individual and the Trust.



- **A structured, transparent succession plan** that nurtures talent for the future. Ideally this should be undertaken in conjunction with the wider NHS. Opportunities for senior managers to progress their careers within the ambulance sector are now much reduced given that there are fewer organisations. This collaborative approach would ensure that senior ambulance leaders have access to posts in other NHS organisations and that Ambulance Trusts have the opportunity to recruit from a pool of talent with wider NHS experience where this would be an appropriate asset.
- **A method of funding leadership and management development that makes it easy and fast for people to access the support that they need.** Ambulance Trusts have a mix of arrangements for funding leadership and management initiatives. Each approach has its strengths and weaknesses. A centrally funded system, for example, offers stability and clarity but it risks lack of ownership and support for leadership and management development. Whichever system is used, individuals and their managers need to understand the method for accessing funding for leadership development and criteria used to establish priorities. Consideration should be given to a flexible fund that is not only available for formal programmes of study but also to support work based learning e.g. funding for backfilling posts or bringing in temporary administrative support.
- **Readily accessible information on leadership development opportunities** should be available within the Trust (both formal and informal), within the wider NHS family and from organisations that provide service commercially. There are two aspects here. First there should be accessible information to managers and staff concerning the range of leadership development options available and the circumstances that they are most suitable for - the leadership options menu in Appendix Four provides an example of this. Secondly, there should be detailed local information about the internal and external development opportunities that individuals can access directly including their content, learning objectives / outcomes, target group, indicative time requirements, fees and application process.
- **An evaluation process** to determine whether investment in leadership development has delivered the intended outcomes and examines how investment could be better deployed.

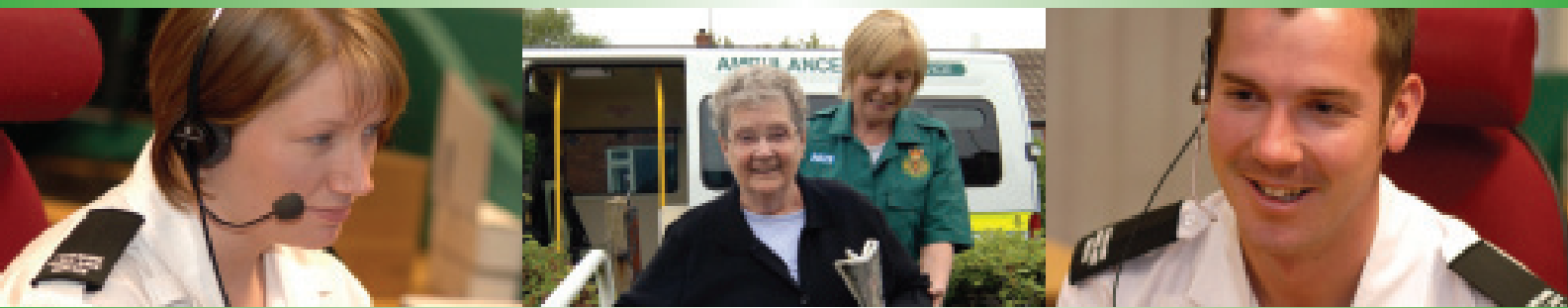
Recommendation: improve people management systems to support effective leadership development

The Ambulance Trusts in England should review their people management systems and processes against the Future Leaders checklist and put in place the necessary improvements to ensure that investment in leadership development is effective and sustainable.

There is a case for developing a clearer picture of how management systems can enable the smooth running of ambulance operations and support effective leadership practice. We understand that some Trusts are exploring how 'lean thinking' could be applied to operational management. The NHS Institute has been developing an approach titled 'the productive leader'. The objective of the project is to develop a simple and practical tool kit that will help focus the energies of NHS leaders on value-adding activities, enabling leaders to have the space, systems and skills to make the decisions that matter. Our fifth recommendation considers how these two approaches could be combined.

Recommendation: develop the concept of a 'productive ambulance team'

The Ambulance Trusts in England should consider trialling the productive leader approach to see how this might be applied and adapted to the ambulance service context. The NHS Institute for Innovation and Improvement should consider developing a research programme / pilot scheme to develop thinking about the 'productive ambulance team'. This would explore the concept of a 'self managing team' and how it can make maximum use of systems, procedures, clinical and performance information to deliver enhanced performance, productivity and staff satisfaction.



6.0 Leadership capability gaps

6.0 Leadership capability gaps

In this section we draw on three sources of evidence – the perceptions of directors of current gaps in leadership capabilities and the Trust’s future requirements; the online survey completed by senior managers and the focus group discussions. Although each Trust explained their current capabilities and future requirements slightly differently, there was far more commonality than differences. As reported above, this is part due to the same set of strategic drivers that each organisation will have to respond to in the future. As each Trust has received its own audit report, this section concentrates on the main themes. We also explore the somewhat different perceptions that have emerged from the director discussions compared with the assessments of senior managers.

6.1 Themes from interviews with directors

Ambulance Trust directors identified a number of areas where they felt senior leaders lacked the skills, knowledge and behaviours either to move on in their careers or to handle the emerging organisational challenges. They included:

- **Knowledge of the healthcare policy context.** While senior leaders typically have an in depth knowledge of ambulance services, they are less well informed about the organisational, financial and performance context which drives other parts of the health system. As noted earlier as Ambulance Trusts are developing new ways of delivering services that will require senior leaders will work in partnership with other parts of the health system. An understanding of the capabilities of other parts of the system and the policies that drive their performance will be important intelligence in negotiating local agreements with commissioners and other healthcare providers.
- **Political skills** – being able to read, understand, interact with and influence organisations within the wider NHS and other public service bodies was one facet. A further dimension is being able to influence those organisations and individuals. One situation where these skills will be needed is in service reconfigurations where the implications for ambulance services will be of great interest to local stakeholders and politicians.
- Linked to the points above some Trusts felt that **networking skills** was an area that some senior managers needed to improve.
- **Leadership and management of change** particularly the ability to communicate future strategy, ensure that staff understand and support the future direction and are motivated and inspired to support and contribute to the change process.
- **Strategic planning/horizon scanning skills.** It was unclear whether the constraints were capability or capacity. While directors felt some senior leaders lacked the skills to see the big strategic picture and take a long range perspective to planning, others felt it was the pressure of time and delivery of targets made it difficult for the senior team to practice this skill.
- **Emotional intelligence** – key here was the ability of senior leaders to tailor their leadership style to differing circumstances and context and to understand the impact that they have on others. Personal resilience was a further facet of EQ that was mentioned.
- **Business and commercial skills.** This was an area that all Ambulance Trusts would need to develop as a result of the move to becoming foundation trusts. From discussion this appeared to be shorthand for a wide range of skills including
 - Identifying opportunities to extend the organisation’s services and income
 - Being able to translate these ideas and observations into tangible service improvement proposals



- negotiating and influencing commissioners and service partners to support these ideas
 - skills in project management
 - financial management and budget responsibility including a detailed grasp of core and marginal costs and the ability to ensure that service proposals are commercially viable.
 - change management skills in being able to turn good ideas into cost effective, workable solutions that also deliver improved outcomes for clients (in this case patients)
- **Enhanced analytical skills** and the ability to use multiple sources of data and information and **modernization techniques** to develop more productive ways of working and approaches that prevent patients from unnecessary hospital journeys. Some Trusts have made good progress in setting up new management information systems to provide decision support on different aspects of performance. Others have some way to go. Even where these systems are in place there was agreement that senior leaders needed to become more skilled in handling multiple sources of evidence in decision making.

6.2 The views of senior managers

Three hundred and twenty eight senior managers (assistant directors and those who report to them) responded to our online survey (as described in 2.2. above). For the purposes of this report, which is reviewing the implications of the study at a national level, we present the survey results for the group of eleven Ambulance Trusts as one group. Within each of the reports for individual Trusts we have presented the local results and made a comparison with the national picture in order to assess how much, if at all, the extent and implications of any degrees of difference. It should be noted, however, that, overall, survey response profiles were similar across the group of eleven trusts and also, therefore, to the national profile.

6.2.1 Key capabilities of future leaders

One of the questions asked them to identify the leadership capabilities that they felt were most important for future leaders within their Trusts. Figure 3 below shows the ten capabilities that were most likely to be rated as 'very important'¹¹.

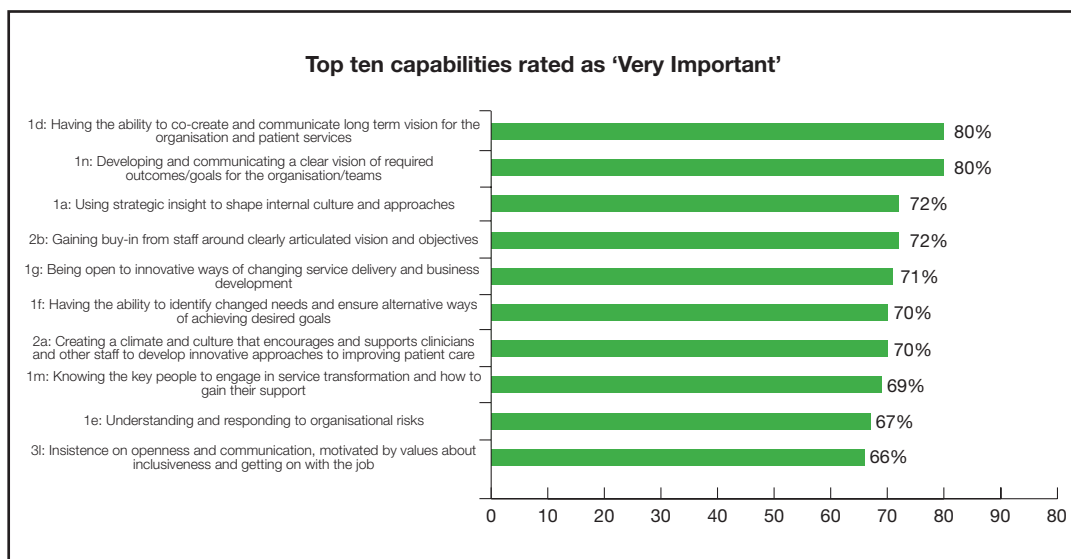


Figure 3: Top ten capabilities rated by respondents as being 'Very Important'

¹¹ Respondents were asked to rate each capability as 'very important', 'important' or 'not important'



An analysis of the responses in respect to the capabilities perceived to be 'very important' highlights some key themes:

- A number of the capabilities rated as 'very important' can be seen to be associated with **change management and service transformation**. This includes skills in identifying what change the organisation is required to make to deliver its objectives as well as ways of making the change happen, for example gaining buy-in and support from staff. Participants of focus groups articulated a number of ways in which they felt that the service would be required to change over the next few years and it is not surprising, therefore, that skills associated with change management have been rated as amongst the most important. The need for future leaders who could handle change was also highlighted by the CEOs/directors. This was in the context of the significant changes that the ambulance service would be undergoing over the next few years. This includes changes in both the clinical model (shift from being a 'transporter' service to a mobile clinical service) and the business model (Foundation Trust status) underpinning the service.
- Capabilities associated with **communication skills** have also been rated as amongst the most important for future leaders. These capabilities represent skills in communicating the vision and goals of the organisation as well as skills to promote a culture of open and inclusive communication. The importance attributed to these capabilities was also highlighted in the focus groups. This was, however, often in the context of a perception that communication from the top of the organisation was insufficient and/or ineffective and that organisational vision and objectives were poorly formed and poorly communicated. In part, at least, this would seem to reflect what was acknowledged to be, by many CEOs and directors, the large amount of work that still had to be successfully undertaken to develop both the organisational vision and also the senior manager structure and team, post the mergers of 2007. The fact that the organisations that were 'audited' for this study are still relatively 'new' is an important context within which to set all of the findings. We also heard about the practical difficulty that many senior managers described, of finding effective ways of communicating with staff that were now spread across much larger geographical areas as consequence of merger.
- The senior and middle managers who responded to the survey did not rate amongst the top ten 'very important' capabilities, those that were associated with developing the **commercial or business aspects of the organisation** and that required, for example, good business acumen and building relationships and sharing best practice with a range of organisations, not just other Ambulance Trusts. This was in contrast to CEOs and directors who highlighted these skills as vitally important for future leaders of the service. Many also felt that this was one of the largest capability gaps when they looked across to the current cohort of managers who might be leaders in the next few years.

From both sources of data we concluded that there is a fair degree of agreement about the areas where there are greatest capability gaps. The key area of difference is in the greater emphasis placed on communication skills by senior managers and on business skills by directors. To some extent this is a reflection of the different planning and decision timescales that characterise the respective roles of these groups. However, what we also surmised from the more informal comments is that in most Ambulance Trusts there is an element of disconnect between the strategic direction and rationale outlined by the CEO and Director team and the day to day realities of operational delivery. The task of securing greater engagement of front line staff and aligning strategic vision and operational delivery will largely rest with the senior and middle management team. The emphasis that they placed on communication skills was in recognition that there is still a great deal to be done to secure the 'buy in' from front line staff about the direction of travel for ambulance services and why this will benefit patients as well as paramedics. A further explanation is that historically when Ambulance Trusts were smaller a good deal of face to face communication and external relationship management was handled by the top team. Now that Ambulance Trusts are regional services the senior management team is expected to handle much of that communications work.

During the focus group sessions, which had a proportion of people from middle management positions, participants reminded us that there are still some key gaps in management skills, particularly in managing people and their performance. Whereas progress is being made in ensuring that supervisors and first line managers are prepared for and supported in their roles through formal programmes and mentoring, far less development activity is being invested in supporting people in the middle tiers of management. Those who have worked their way through the ranks of ambulance services into management positions may have had little formal investment in their development. We would not want to suggest that basic management skills



need to be addressed before leadership – both are equally important. In targeting development at middle managers there is a case, however, for programmes that combine basic management principles and the practice of transformational leadership skills.

Examples of responses from respondents are given below to illustrate some of the key themes to emerge from the survey:

Having come into the Ambulance Service from the mainstream health sector I can see a real difference in the way services are managed and the management/leadership styles of those in charge. There is some way to go for Ambulance Services to achieve a body of leaders capable of dealing with and within a complex and rapidly changing environment. With the introduction of regional services there is an imperative for the game to be raised and to ensure that the appropriate people with the appropriate skills are put forward to represent the service. In addition there needs to be a move away from the current command leadership styles that exist as they are not fit for purpose and are out of step with the rest of the NHS

I genuinely believe that the Trust has sufficient strength; knowledge and experience within the current Assistant Director / Head of Service Team. What it lacks is an ability to take operational staff and management through the journey; primarily through ineffective planning and risk averse behaviour from a small number of senior managers who lack the drive; vision and ability to progress service modernisation. Achievements have to be gained with the support of the public we serve and not in the dismissive manner that local communities currently appear to be treated. Regionalisation presents great opportunity if managed closely in conjunction with local health economy need - and serious risk of failure if the mistake of totally centralised functional reporting is pursued. These comments are not designed to present a negative picture of current practice; simply an honest reflection of personal views.

An awareness and understanding of the wider NHS; its drivers and cultures is generally absent from the trust. There is little understanding of the impact of wider policy on the organisation. Individual senior managers either have little understanding of their personal impact or put their standing above the needs of patients and the trust. A Future Leaders programme would need to make individuals fully aware of their personal impact/ styles etc as well as setting the scene of the wider NHS and equipping them with basic 'managerial' skills such as business planning; influencing people etc.

6.2.2 Future capacity requirements

Survey respondents were also asked if they felt that further capacity was required across their organisation over the next three years in respect of the top ten capabilities for future leadership that they had rated as 'very important'. The results are presented in Figure 4 below.

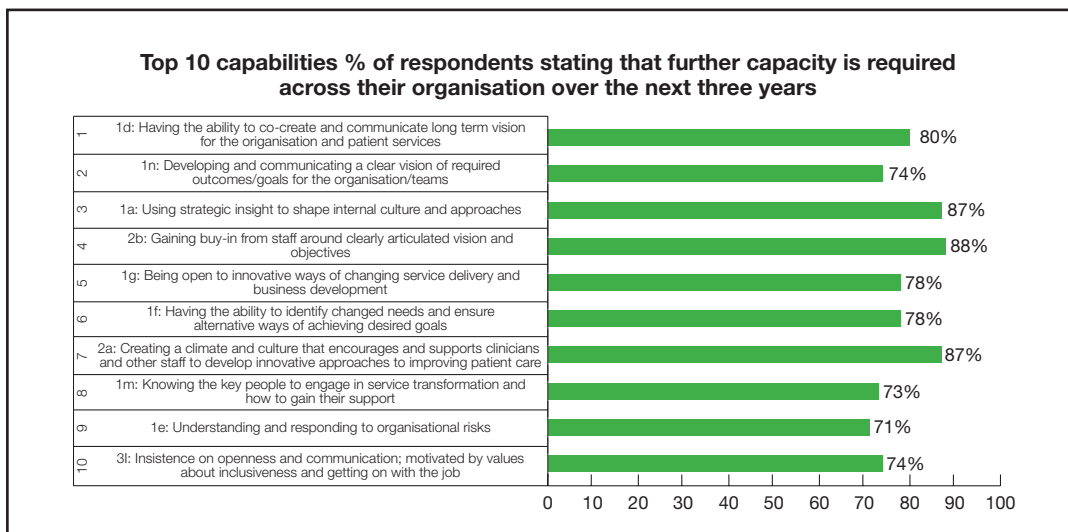


Figure 4: Respondents stating that further capacity is required for top ten capabilities rated as 'Very Important'



A large majority of respondents (between 71% and 88%) perceived that there was a capacity gap in those skill areas that they had rated as very important and that the organisation would require additional capacity over the next few years. This provides further evidence of one of the key messages that came out of the focus groups and also from the interviews of the CEOs and directors concerning significant capacity gaps in those skill areas that were identified as essential for successful leaders of the service. Whilst the study was not intended to make any formal quantification of capacity shortfall, the information from the different sources provides strong evidence of a potential capacity crisis in leadership skills over the next few years, if the situation is not effectively addressed as soon as possible.

Whilst a large majority of respondents perceived the need for further capacity in all those capabilities most likely to be rated as 'very important', this was slightly less likely in respect of 'understanding and responding to organisational risks'. This may reflect what many participants of the focus groups perceived as the priority given to operational matters within their Trust, including performance and risk management. It may not necessarily include capacity with respect to a skill that encompasses identifying and managing a much wider that relate to organisational strategy, financial and business planning.

Further evidence of the lack of capacity was provided by senior managers' responses to a question about the availability of support within their organisations to develop those capabilities that they were identifying as very important for future leadership. The results are shown in Figure 5 below.

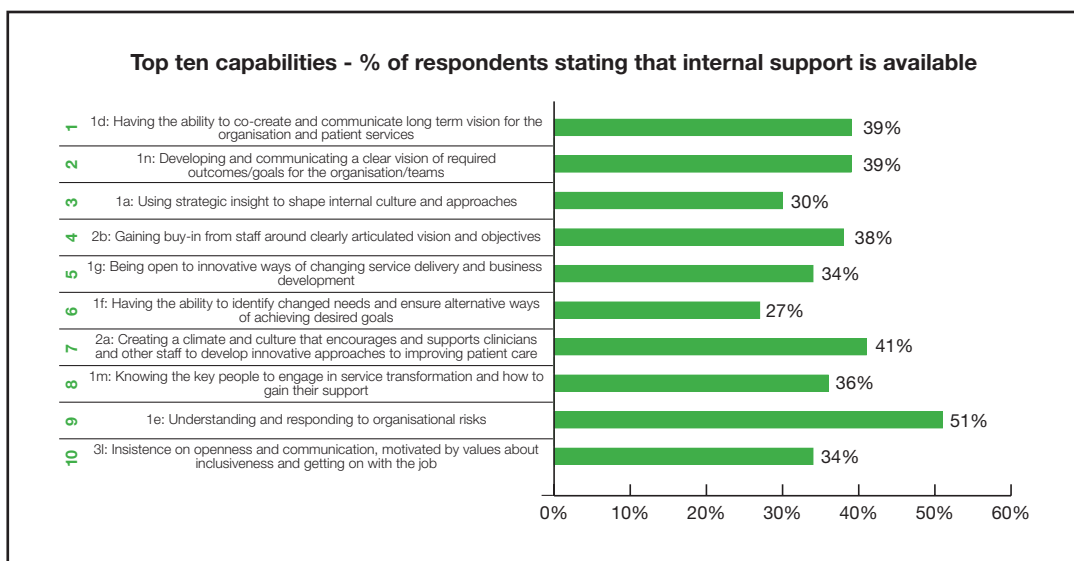


Figure 5: Respondents stating that further support is required for top ten capabilities rated as 'Very Important'

The responses to this question provide further evidence of the current lack of capacity within Ambulance Trusts to ensure that they can meet their future leadership requirements. With the exception of internal support to develop the capability to handle organisational risks, less than half of the respondents identified internal support as being available for all other capabilities. Fewest respondents (27%) rated internal support for 'having the ability to identify changed needs and ensure alternative ways of achieving desired goals'.

This supports all that we heard from both the focus groups and the CEOs and directors, of the difficulty in finding capacity within the organisation to support leadership development. Several Trusts, for example, have found the capacity challenges in meeting the call connect so significant that they have had no capacity available for leadership and management development. The perception that relatively little internal support is available is also supported by the finding from the study that in general, Ambulance Trusts are focusing greater attention on developing the leadership skills of directors and first line managers than they are on the senior and middle managers (who responded to the survey).



Examples of responses from respondents are given below to illustrate some of the key themes to emerge from the survey:

I believe that on the operational leadership side of the organisation, there are important opportunities potentially available to further improve the quality of leadership through 360 degree appraisal and mentoring; new key appointments; for both existing & future leaders. There is a still a perception that there is a significant amount of 'old school' parochial style management, that is not as supportive and effective as it might be in enhancing service delivery and development; and managing change; that in my view is likely to reflect the cultural reality 10 -20 years ago within the Ambulance Service.

Most of the gaps I have identified could actually be resolved by a number of ways but I think a combination of internal and external training courses e.g. Diploma in Healthcare Management; supported by coaching and mentoring from both internal and external senior managers or consultants would be beneficial. As well as the facility to undertake special projects or get involved in local and national initiatives relevant to the ambulance services and/ or the wider healthcare community.

Successful Future Leaders will overcome short term focus on performance to deliver lasting improvements to the culture of their organisations. This proves difficult in ambulance services where the focus on performance targets often prevents any kind of development which will deliver tangible; but medium term improvements. Therefore any training programme will need to secure the buy-in of Director level management across the service; senior managers in the DH AND be accompanied by the support to ensure a "buffer" exists so that training can be delivered without performance dipping below target. As ever; the challenge will be to deliver this "buffer" before the extra development is undertaken.

The barrier that lack of capacity places on effective leadership development is also evidenced by responses made by participants of the National Leadership Forum¹². Forty-eight per cent of respondents thought that lack of capacity to release people for their development was the most significant barrier to leadership development: The full response profile is shown in Table 1 below.

Most significant barrier to leadership development	% of respondents
Lack of capacity to release people for their development	48%
Lack of systems and processes to identify people with the potential as future leaders	28%
Individuals not taking responsibility for their own development	11%
Lack of systematic appraisals	9%
Access to information on development opportunities	4%

Table 1: Most significant barrier to leadership development, National Leadership Forum, April 2008

¹²National Leadership Forum. London, April 16th 2008



7.0 The development of future leaders: the current position

7.1 Current approaches to leadership development

All of the Trusts in England either provide directly, or commission, elements of leadership and management development and some have well-developed plans and strategies to guide their investment. In some cases there is a great deal of investment and direct activity. In others it is virtually non-existent. We are also aware that some Trusts have put their leadership development on hold pending the outcomes of this study. It is important that this current level of activity is taken into account in any recommendations about future developments and priorities. From our review of the current initiatives we have drawn the following conclusions.

- Several Trusts have found their capacity challenges in meeting the call connect targets to be so significant and/or so compelling that they have cancelled participation in leadership and management development and even appraisal and performance meetings. While performance targets are undoubtedly important it is important to recognise the impact that these steps have on long term sustainability and staff morale. In the context of investment in Future Leaders this is an important issue to address. There would be little point commissioning further leadership and management development initiatives unless there is the commitment and capacity for senior leaders to take up these opportunities.
- In general, we found that Ambulance Trusts are focusing greater attention on developing the leadership skills of directors, first line managers and supervisors than they are on the development of senior and middle managers. There is recognition, however, that imbalanced investment in leadership development is not a desirable state and this could cause difficulties if not addressed quickly.
- For directors, a variety of initiatives have been taken up ranging from coaching and mentoring, programmes of personal and team development from the NHS Institute Programmes to commissioned external development support customised to the needs of individuals.
- For first line managers some although not all Trusts have developed accredited management/ leadership programmes for first line managers and these have been well received by participants. Leadership and commitment from the top of the organisation appears to be critical to the organisation's ability to overcome their capacity challenges. In other trusts the preferred model has been to provide new managers with mentors. While this is likely to be a less time consuming option than a formal programme of study we heard that these initiatives too have been compromised by the imperatives of call connect.
- One ambulance trust (North East Ambulance Service NHS Trust) has invested in bespoke development activities for each of their senior managers, linked to a structured personal development plan and informed by the outcomes from psychometric tests and other assessments. East Midlands Ambulance Service NHS Trust, as noted earlier, is developing its own competency framework and proposes to use this to inform personal development plans for its senior leaders. The point here is at the most senior levels in Ambulance Trusts individuals have more diverse portfolios and will increasingly have more diverse career paths and development needs. Their leadership development needs are therefore unlikely to be met by a single standard leadership programme. Each individual needs their own development plan, linked to the organisation's needs and their personal development and career aspirations.
- All Ambulance Trusts noted the importance in investing in formal academic education programmes for senior managers not only for their own personal development but to address some of the requirements in the agenda for change pay banding. While some senior leaders have selected business and management qualifications others have opted to study aspects of leadership development. While it is likely that within the senior team below directors there may be individuals with quite advanced academic insights into leadership practice no Trust has a formal talent management programme and so it is impossible to determine whether or not this is indeed the case.



- SHAs are investing in the development of people with the potential to be the CEOs and directors of the future and some ambulance staff have been fortunate to take part in them. Typically these programmes offer well rounded leadership development opportunities with the added advantage of bringing participants together from a range of different healthcare backgrounds. Senior ambulance staff who have taken up these opportunities have found them valuable. Places, however, are limited and for various reasons not all Ambulance Trusts have managed to access them.
- Some senior managers have participated in leadership and management development programmes offered by NHS Trusts in their area. However, the sense was that this was more common before the recent ambulance service reorganisations. We heard of no examples where ambulance services were providing development programmes to which other NHS leaders were invited, although some Education and Training Departments expressed an interest in developing their services along these lines.
- Coaching and mentoring are being used to varying degrees in all Ambulance Trusts but there is significant variation in how this is procured, both in terms of the formality of the mentoring and coaching relationships and the extent to which they are offered internally or externally.
- Some use is being made of e-learning, particularly for knowledge based topics and for mandatory training. South East Coast Ambulance Service NHS Trust has also put a great deal of emphasis on the use of e-learning in the university based programme for paramedics. This is an area that some Trusts are becoming increasingly interested in. Resources such as Moodle - a free software e-learning platform (also known as a Course Management System, or Learning Management Systems, or Virtual Learning Environment) could offer an approach to sharing e-learning resources between ambulance services and the basis for interactive learning across large geographical areas.
- Aside from coaching and mentoring, examples of structured 'on the job' leadership development are sporadic. There appear to be very few examples of job rotation for example. There is also mixed experience in the use of special projects for personal development. Most Ambulance Trusts have had difficulty in supporting cross directorate teams. Where specific projects have contributed to service or organisational development the selection of the participants tends to be based on organisational expediency rather than being linked to the individual's planned development needs.
- In general, Ambulance Trusts appear to find it easier or more convenient to invest in formal leadership development programmes than in work based opportunities for the development of leadership skills and practice. However, some directors are providing excellent support to their teams by arranging shadowing opportunities and access to new networks of contacts. There are also some examples where secondments have been organised.
- The directors are well networked with their peers in other Ambulance Trusts through the national ambulance leadership forum. This activity has been spread to some senior managers with specific responsibilities. There are fewer examples however, where senior leaders link with functional leads in other NHS Trusts. Aside from these networking events we found few examples of either self managed or facilitated learning sets although considerable interest was expressed in these methods as they were felt to lend themselves well to some of the time and geographical constraints facing ambulance trust leaders.
- Some Ambulance Trusts have set up senior management team meetings/forums to encourage networking and discussion across directorates or in other cases as a vehicle for cascading information. There appear to be very mixed experiences in running these sessions. These sessions could be used more creatively to support leadership development. For example, they could showcase different tools and techniques or provide taster sessions or the meetings could be an opportunity to invite non-ambulance leaders in to talk about how they have handled leadership challenges in the wider world.

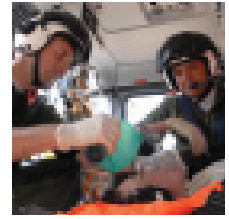
In summary, a range of leadership development activities are already being used to support the development of the senior leaders in Ambulance Trusts. This activity is not consistently spread; it is not always effectively targeted to those with greatest need or potential and it is generally not well linked to the organisations requirements and expectations of its senior leaders. In most Trusts senior leaders and their line managers find it difficult to find out what leadership development opportunities are available within the organisation, within the wider healthcare system or from external providers.



7.2 Leadership development in ambulance services – sharing the learning

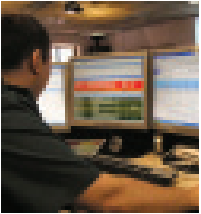
While no Ambulance Trust could be said to have a comprehensive approach to leadership and management development, there are some interesting developments and resources that have the potential to be developed on a wider scale or which could provide a baseline of experience that other trusts could build on. We hesitate to refer to them as good or best practice as we have not had the opportunity to evaluate them but this is something that might be considered in due course so we have simply referred to them as learning resources. Table 2 below summarises some of the examples that we identified during the Future Leaders study.

Trust	Resource 1	Resource 2
East Midlands Ambulance Service NHS Trust	The development of a set of bespoke competencies for senior leaders that combines relevant parts from the World Class Commissioning, skills needed to deliver the Trusts KPIs and a psychometric tool – the mental toughness questionnaire.	The Trust is developing a very commercial approach to realising its development objectives and has appointed a Director of Business Development. The approaches that the Trust develops may be of interest to other Trusts looking to introduce more business-like processes into the way they work.
Great Western Ambulance Service NHS Trust	The management development programme for team leaders as a purposely designed accredited programme for Ambulance Trusts is something that other Trusts could benefit from and could potentially use and adapt to their local circumstances. However, this focuses purely on management capabilities.	The Trust has introduced a structured approach to team leadership with each team being of a similar manageable size to provide an effective basis for engagement and supervision.
London Ambulance Service NHS Trust	LAS's Exploring Leadership and Self Awareness (ELSA) programme might be of value to leaders in other Ambulance Trusts either in its current form or with some appropriate modifications in the design and case studies so that it meets local needs and circumstances. The programme is not currently accredited although we understand that this is being pursued.	LAS has a large and well established training and development function compared with other Ambulance Trusts and could consider using this resource to support leadership development in other Ambulance Trusts.
North East Ambulance Service NHS Trust	The leadership and management development programme for team leaders/middle managers as a purposely designed programme for Ambulance Trusts is something that other Trusts could benefit from and could potentially use and adapt to their local circumstances.	The Trust is leading the development of a single point of contact for emergency calls supported by new software, systems and advanced and cost effective call centre handling. It has been identified as an example of good practice in developing integrated working with the local NHS and could provide a useful case study for integrated leadership.



Trust	Resource 1	Resource 2
North West Ambulance Service NHS Trust	The Trust's Certificate in Management programme has been purposely designed for ambulance leaders and could travel well to other organisations. NWAS is the only Ambulance Trust using the CIM as the accrediting body.	There are two further areas where the approach taken by the Trust could offer learning opportunities to other ambulance services. First it has undertaken a systematic review of the clinical and business robustness of its services and second, the Trust has put in place information and analysis to underpin its job cycle planning. Use of service modernisation techniques such as demand and capacity planning, SPC charts may also be better developed than in other organisations.
South Central Ambulance Service NHS Trust	The Trust's approach to provision of clinical information allowing clinical supervisors and leaders to identify the extent to which paramedics are following evidence based guidelines.	The Trust is developing a common core of objectives for people in similar roles linked to the business plan. This would be the starting point for linking personal development to organisational requirements.
South East Coast Ambulance Service NHS Trust	The Trust is leading the way in applying high performance methodologies to their practice. While many directors reported reticence in sharing this with other Trusts until there is a degree of evidence of success, it seems that other Trusts could benefit from lessons learnt when applying the methodology and training staff to do so within financial constraints.	The Trust has put a great deal of emphasis on the use of e-learning in the university based programme for paramedics.
South Western Ambulance Service NHS Trust	There is an established programme on equality and diversity aimed at front line leaders which might be of relevance to other Ambulance Trusts which have placed less emphasis on this increasingly important aspect to their work.	The Dorset ambulance service was identified as being an example of good practice in developing integrated working with the local NHS and could provide a useful case study for integrated leadership.
West Midlands Ambulance Service NHS Trust	The Trust has a well-established reward and recognition system to acknowledge leaders' achievements, not simply long service. Awards are made to people working in support functions as well as in operations.	The Trust puts significant effort into both face to face and paper communications.
Yorkshire Ambulance Service NHS Trust	The clinical team leader development programme, which includes basic management skills, is something that other Trusts could benefit from and could potentially use and adapt to their local circumstances.	The tools that the Trust is intending to develop to evaluate the impact of leadership development and teams and also to evaluate the effectiveness of interventions might be something that could usefully be adapted by other Trusts. It has the potential to help provide an important local evidence base upon which to review investment in leadership.

Table 2 – Sharing the learning



7.3 Leadership development options

As noted earlier, there are many different approaches to leadership development to choose from. We have developed a 'menu' of these options (presented in Appendix Two) together with a commentary on the type of circumstances to which each option may be best suited. The menu covers development interventions that are suitable for individuals as well as for group activities. Individuals may also have particular learning styles that lead them to prefer some options over others. As senior leaders have diverse needs and interests one of the most practical steps that Ambulance Trusts could take is to make it easier for senior leaders and their line managers to access existing development opportunities.

Recommendation: ensure leadership development options/opportunities can be accessed easily

Ambulance Trusts should establish methods to make it easy to access leadership development opportunities provided within their Trust, within the wider healthcare system and nationally. Ambulance Trusts should ensure that their senior managers are aware of the range of general leadership development options available to suit their development needs and learning style preferences. One early step that could be taken would be reviewing and sharing intelligence about open access leadership programmes that might be suitable for ambulance service leaders, however, these may well change depending on the speed with which the specification of national leadership programme standards are drawn up. Individual Trusts could then supplement this directory with details from their region (e.g. the leadership programmes offered by their SHA and other Trusts and universities).

The table below provides a high level example of how this might be done.

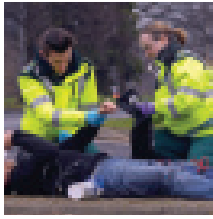
Leadership development option	Promoting local access
Personal development	
Mentoring	Registers of mentoring offers and requests. The former could include a register of trained mentors internally and externally together with a short profile for each. Brief training programmes for mentors and mentees to ensure that both parties understand their respective roles and what to expect from the mentoring relationship.
Coaching	Registers of trained coaches with a short profile for each coach outlining their coaching style and contact details. Some coaches are willing to do telephone coaching and this should be indicated on their profile. This register could include NHS coaches whose services may be free and independent coaches who will charge for their services. Ideally individuals should be able to select a coach that meets their needs. Coaches should be encouraged to offer taster sessions by telephone to enable people to decide whether that is the coach for their specific needs.
360° feedback	If 360° is to become a standard part of the organisation's approach to appraisal and development, consider procuring specific software to support online reporting and analysis. Alternatively commission external companies to design and run this service on the Trust's behalf. An important early decision is the question/competency framework that will be used for the appraisal process. While KSF/LQF are obvious candidates they may not offer specific enough descriptors to meet the organisation's requirements – consider developing a more specific set of competencies and/or job role descriptions.

Leadership development option	Promoting local access
Personal development	
Special projects	<p>a) For individuals undertaking masters or other education programmes that need a dissertation/development project, introduce the concept of an organisational sponsor to guide the development of the project brief and ensure it is tied to organisational requirements and support the individual in spreading the learning points after the project is completed.</p> <p>b) Establish a register of service/organisation development project opportunities and ensure that this is actively promoted within the trust and with its local healthcare partners – this stage could be built into the project initiation process to encourage project leaders to consider the development opportunities that the work programme could offer.</p> <p>c) Encourage other healthcare organisations to set up similar systems and promote cross organisational project opportunities.</p>
Shadowing	Keep an informal list and regularly updated list of shadowing opportunities and networks that directors might be able to offer within the HR Department. Encourage colleagues in local healthcare organisations to do the same.
E learning	Promote access to e learning materials.
Job rotation in house	Develop opportunities for staff to rotate across directorates and roles in house to support individual learning and career progression/talent management
Secondment (to another organisation)	Provide a simple process to aid secondments – e.g. a sample secondment agreement between the organisations covering the secondment period, liabilities, dispute procedures, definition of objectives, induction processes for secondees and post secondment review/evaluation.
Structured appraisal, line management coaching and feedback	Provide training for all line managers in conducting positive and developmental appraisals in a coaching style.
Job enlargement	Provide a simple guide to managers on ways of using job enlargement to support individual development and progression. Ensure that grading, reward and recognition systems can adapt to/support these developments.
Group development	
Masterclasses or meetings with exemplary leaders	Ensure that any regional events are actively promoted. Consider organizing internal seminar sessions e.g. as part of a regular senior management team meeting.
Learning sets	Develop a simple guide for those interested in self managed learning sets. Keep a list of experienced learning set facilitators who could be contacted for support where appropriate if this is to be a more common feature.
Traditional internal training courses	Promote awareness of programme availability by paper and intranet – use newsletters and other communication resources.
Traditional external training courses involving people from other sectors	<p>Keep a forward programme (annual/6 monthly) of selected appropriate open access courses available from NHS, academic providers or commercial companies. Useful details would include the time commitment involved in the programme (both taught and personal study), accreditation arrangements, fees, target learning group and learning outcomes.</p> <p>Ensure that staff who have taken part in external programmes provide a reference or personal evaluation of these opportunities. Provide access to these references via incompleted sentence.</p>
Bespoke leadership programme	<p>Keep a forward programme (annual/6 monthly) of selected appropriate open access leadership programmes available from NHS, academic providers or commercial companies. Useful details would include the time commitment involved in the programme (both taught and personal study), accreditation arrangements, fees, target learning group.</p> <p>Ensure that staff who have taken part in external programmes provide a reference or personal evaluation of these opportunities. Provide access to these references via HR or the intranet.</p>



Table 2 Table 3: Promoting local access to development initiatives – Sharing the learning

In Appendix Five we outline some of these programmes that the Ambulance Trusts might assess for their suitability.



7.4 Leadership management development preferences

We explored learning and development preferences in both the Future Leaders survey and the focus groups. Not surprisingly in the survey there was a strong preference expressed for those learning and development methods that have been most commonly used within Ambulance Trusts as can be seen in Figure 6. below. However, in the focus group discussions we heard more widespread interest if not support from methods that have not historically been well developed in ambulance services but which have proved effective in other sectors or contexts – e.g. facilitated action learning sets.

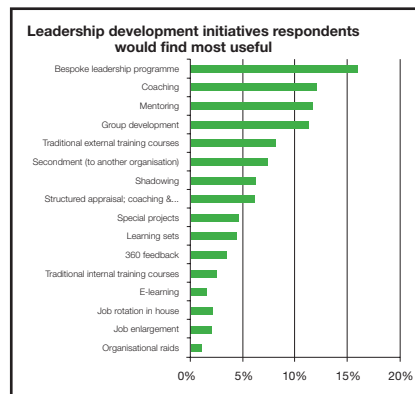


Figure 6: Leadership development initiatives respondents would find most useful.

There was a diversity of response to the question about leadership development initiatives that respondents would find most useful. However top four leadership initiatives that were rated as most useful were:

- bespoke leadership programme;
- coaching;
- mentoring; and
- group development.

It is possible that responses may have reflected assistant directors and middle managers own experiences and/or what they see as currently being offered by their Trust. From both of these perspectives, for the majority of respondents, this would have been limited. A bespoke leadership programme may have been most likely to be rated as useful because a number of Trusts have, or are planning, to invest in this leadership development initiative. This type of development is also one of the most common offered to Directors and therefore may be one of the reasons it is seen in those management levels below, as the most useful. Similarly, most Trusts have some programme for mentoring and coaching and they would be initiatives that senior and middle managers would be aware or possibly have experienced.

The internal initiatives, including job rotation, internal learning courses and 360 appraisals may have been rated by so few respondents as useful because they have not been seen to be particularly effective within their own trusts. As mentioned earlier, there was general recognition that current attempts to deliver effective in house initiatives were being compromised by capacity challenges within many organisations, including as a consequence of the priority being given to 'call connect' performance. The value of robust 360 appraisal processes was endorsed by participants of the focus groups but it was also recognised that in many Trusts it had not been effectively developed and implemented and was not being used to support personal learning and development plans in a meaningful way.

All Ambulance Trusts place priority upon developing senior leaders alongside colleagues from the wider NHS as this will help them develop their knowledge of the wider NHS culture alongside developing their leadership skills. Indeed there was unanimous support that if leaders were to undertake a formal leadership development programme it should not be a programme solely for ambulance leaders. Not only would this send the wrong signals to healthcare partners and commissioners that ambulance services want to be a more integral part of the NHS delivery system, it would also deny participants the benefits of working with a diverse group and learning from their experiences and insights. A clear recommendation that ambulance leaders themselves made for this study is that we should not promote the concept of a single national ambulance leadership programme. Some participants noted that there have been previous attempts to deliver these types of programmes and that they had not been entirely successful. However, the survey results suggest that there is still a good deal of support for formal leadership development programmes that involve participants from other sectors.



Some quotes from survey respondents illustrate some of these key themes that have emerged regarding leadership development initiatives:

Leadership development is vital if ambulance services are going to progress within the context of a commercially driven NHS. The networking opportunities within a programme can often bear more benefit than the context itself. The need to inspire and see the broader picture is vitally important for all levels of leadership within the ambulance service. Structured secondments to other organisations are opportunities that should be seized for those that purely have an ambulance service background.

Danger of reliance on internal courses to address these needs - as a result of inconsistency in programme structures and content as well as varying levels in quality of trainers. Structured external courses leading to formal academic qualifications are the correct way forward!

Having undertaken the NHS HR leadership course, I found it so rewarding to work alongside other NHS managers and actually working collaboratively. It was fascinating to see how other people work in other Trusts as you do tend to become a little blinkered and insular when stuck in the same job routinely.

Most of the gaps I have identified could actually be resolved in a number of ways. But I think a combination of internal and external training courses e.g. Diploma in Healthcare Management; supported by coaching and mentoring from both internal and external senior managers or consultants would be beneficial. As well as the facility to undertake special projects or get involved in local and national initiatives relevant to the ambulance services and/ or the wider healthcare community.

7.4.1 Central funding for development initiatives

At the National Leadership Forum in April 2008, we also asked participants preferences for the way that any central fund for leadership development might operate. The majority of respondents favoured ring fenced funding to each individual Trust. This was in preference to either a national forum that would have a central commissioning function or one that distributed funds in response to bids from individual Trusts.

Allocation of a central fund	% of respondents
An equal amount allocated to each Trust as a ring fenced sum for them to choose how to spend	44%
To a leadership ambulance leadership forum that could commission appropriate interventions both formal and informal allowing Ambulance Trusts to choose how much/how little of this resource they will access:	29%
To a national leadership ambulance forum to distribute to Ambulance Trusts on the basis of bids for leadership development drawing on recommendations from the Future Leaders Study	27%

Table 4: Allocation of central fund to support leadership development

7.5 The effectiveness of leadership development interventions

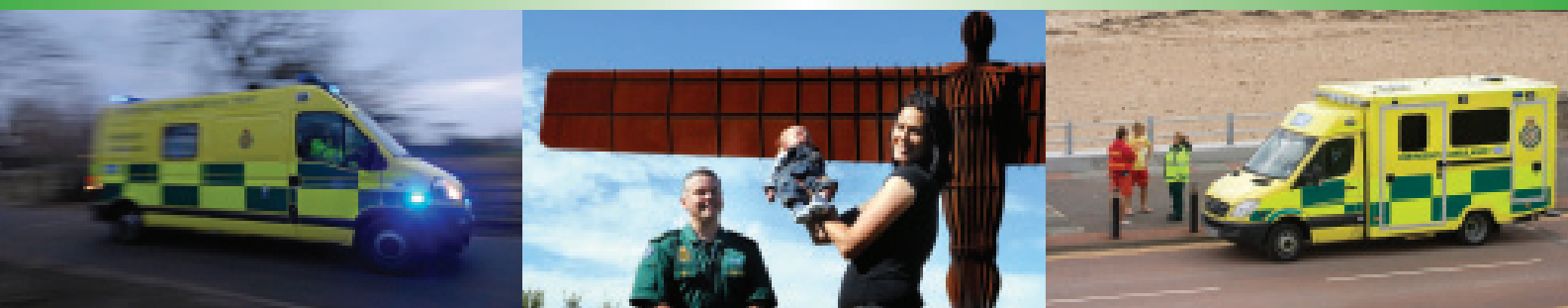
Future investment should not only take account of personal preferences but also the evidence of the effectiveness of leadership development methods.

Classroom-based learning is still extremely popular for many organisations in the NHS and private sector. One of their biggest limitations is the lack of behavioural change upon return to the workplace and the difficulty of applying theoretical training into the workplace (Day, 2001). Soon after the course ends, participants tend to slip back into established behaviour patterns and there is little sign of any lasting change or developmental progress. There is limited evidence on the effectiveness of coaching although a lot of case material. One study, however, found that when taught programmes are combined with coaching the effectiveness of the programmes in changing behaviour increases. Action learning is perhaps even harder to evaluate as a generic approach as each application is unique. There is evidence, however, that reflective learning in a team context can improve team performance.

¹³ Day (2001) – "Leadership development: a review in context" by D. Day in *Leadership Quarterly*, 11(4), 581-613

¹⁴ Olivero et al (1997) – "Executive coaching as a transfer of training tool: effects on productivity in a public agency" by G. Olivero, D.K. Banc & R.E. Kopelman in *Public Personnel Management*, 26, 461-469

¹⁵ Brockbank et al (2002) - "Reflective learning in practice" ed by A. Brockbank, I. McGill & N. Beech, pub by Gower, Andover



8.0 The development of future leaders: the next stage of investment

8.1 Investment principles

From our review of the leadership capability and capacity gaps in Ambulance Trusts in England we have developed a number of guiding principles that Ambulance Trusts could use to inform future investment in their senior leaders. These are:

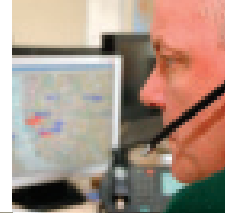
- Investment in the development of senior leaders in Ambulance Trusts will only be effective with the active support of the CEO and top team to signal the importance of the investment to the organisation, its performance and long term sustainability.
- People in senior leadership roles in Ambulance Trusts need bespoke development programmes which are based on a systematic assessment of their skill, knowledge and behavioural development needs. This should be informed by the organisation's strategic goals and the implications that they have for different roles as well as the individual's personal interests and career aspirations.
- Individuals should be actively supported in putting together their personal development plans by their line managers. Line managers should be trained to provide this support in a coaching style.
- Ambulance Trusts should have in place the necessary systems, processes and information to enable senior leaders and their managers to understand what leadership development options might be appropriate to the individual's needs and then access specific opportunities.
- Ambulance Trusts should promote a diverse range of leadership development options that include individual and group based learning. They should ensure that the Trust maximises access to SHA organised leadership development initiatives and encourage the SHA to include ambulance services in their planning of workforce development initiatives.
- Where Ambulance Trusts decide, develop or commission in house leadership development programmes they should aim to ensure that these are accredited by an external body such as the ILM or CMI. Trusts should also consider offering these programmes to participants from the wider NHS to encourage networking and understanding of the wider health system.
- Given the considerable operational pressures on ambulance services investment in leadership development should be timely and where possible clearly linked to the specific delivery context.
- Ambulance Trusts are large regional organisations of a sufficient scale to be able to organise and commission leadership development initiatives for their staff. There are some areas where there would be merit in a national approach, for example on grounds of value for money or where there are specialist interests that need a larger critical mass of interest. However, nationally organised leadership development should be used sparingly.

8.2 Future Leaders investment

Each Ambulance Trust has been provided with a bespoke set of recommendations about the type of leadership development that might be suited to their local needs, circumstances and preferences. Given this we have concentrated in this section on general themes about the leadership development activities that should be considered within Ambulance Trusts, within their wider healthcare systems and provided specific recommendations about what leadership development opportunities might be organised at a national level.

8.3 Leadership Development opportunities that should be considered by individual Trusts

We noted earlier that while the focus of this study has been on senior leaders there are clearly significant needs for leadership and management development in the first line manager and middle manager tier and for clinical leaders. For these groups of staff the following should be considered:



Recommendation: All staff moving into management posts should be offered an accredited management and leadership programme and access to a coach or mentor.

An accredited management and leadership programme should be offered to all staff that move into management positions as early as possible in their new role or even before the post is taken up. The course content should include some basic people management skills and be taught in a way that promotes transformational leadership rather than a transactional model. Following/ during the programme participants should be provided with access to an internal/external coach or mentor. There would be merit in Ambulance Trusts collaborating to develop a common core specification for these programmes which are likely to be customised and delivered locally in each regional Ambulance Trust.

Recommendation: Middle managers should be offered an accredited leadership programme, ideally with participants from other parts of the health system.

All middle managers should be offered the opportunity to undertake an accredited leadership programme with a focus on managing for improved performance, effective communications and networking. Ideally these programmes should include participants from other healthcare organisations. During and following the programme participants should be provided with an internal/external coach with a brief to support the translation of the learning points into practice. Facilitated action learning sets should be considered either as an integral part of these programmes or to support specific topics on organisation or service improvement. Again, there would be merit in Ambulance Trusts undertaking a common specification of the core content of such programmes with an expectation that they would be customised and delivered locally. In drawing up these specifications, Ambulance Trusts should consider how they can make the programmes attractive to clinical leaders from other healthcare professions.

Recommendation: Involve senior managers in strategy and business planning.

Ambulance Trusts should ensure that senior leaders are engaged in strategy development and business planning so that they gain greater ownership of the developments they are being asked to lead and can be more effective in communicating this to staff. Senior leaders should also be provided with specific opportunities to understand the wider healthcare context in which they work e.g. through seminars, secondments, shadowing or mentoring.

8.4 Opportunities that individual Trusts could pursue with the wider healthcare system

Recommendation: Actively participate in regional talent management initiatives.

Ambulance Trusts should develop internal talent management and succession planning processes and take an active role in talent management initiatives developed by their SHA. This will help to promote greater inter-change between different parts of the health system and offer senior leaders more career development opportunities than would be possible within the Ambulance Trust family alone.

Recommendation: Develop clinical leadership through service improvement.

Within local health systems, Ambulance Trusts should consider funding service improvement learning groups to focus on a topic based clinical condition/pathway. For example, working as facilitated learning sets participants, which will include professionals from different backgrounds and organisations, will a) learn about best practice and service innovation and how these ideas might be locally adapted b) explore the respective contributions of different professionals and their perceptions of each others' roles and skills c) consider the implications for clinical leadership and governance within and across organisations.

For clinical leaders the context of leadership along clinical pathways and in clinical networks is becoming increasingly important. For specific conditions such as falls or stroke the clinical team will increasingly be a virtual one that crosses organisational boundaries and professions. At a local level (based around PCT or acute trust locations) there is an opportunity to support both service transformation and clinical leadership development by bringing together representatives from the health professionals who have an input into topic based clinical conditions and pathways. Working as facilitated learning sets the groups could be supported to a) learn about best practice and service innovation and how these ideas might be locally adapted b) explore the respective contributions of different professionals and their perceptions of each others' roles and skills c) consider the implications for clinical leadership and governance within and across organisations.



8.5 Recommendations for national work in developing future leaders

One of the investment principles noted above which has emerged from this study is that national level activity to develop ambulance leaders should be used sparingly. By this we mean that it should be offered on an 'opt in' basis rather than as a standard requirement and that nationally organised activities should add value or value for money to the initiatives that can be undertaken by regional services themselves. This principle has been informed by comments made by senior leaders in the Ambulance Trusts about their leadership development preferences. While promoting leadership development in the context of the wider NHS community feels intuitively right given the direction of ambulance service development, there is a further consideration that we believe might support the promotion of a coherent brand and identity for some leadership development work being organised nationally.

Despite the great ambitions for the development of Ambulance services and new ways of working many areas have yet to reach a tipping point in the delivery of pre-hospital care. The reasons for this are complex but there remains an important PR job to be done for ambulance services and importantly for ambulance leaders. A further factor then in considering national leadership initiatives is whether they could help in raising the profile of ambulance and paramedic services and the attractiveness of careers in these services, in addition to supporting the leadership development needs of individuals.

We have concluded that there is a role for a national ambulance leadership 'hub' and have set out below how this might work.

Recommendation: Establish a national ambulance leadership hub.

Ambulance Trusts in England should collectively fund the establishment of a national ambulance leadership hub. The hub would collate and share good/current practice in leadership development, commission evaluation of leadership development initiatives and organise development events.

The Leadership Hub would have several functions, for example:

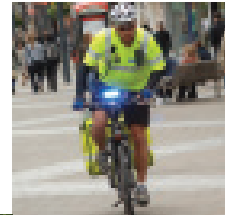
- Providing a single point of contact on leadership matters for other national bodies such as the Department of Health, Royal Colleges and other regulatory bodies;
- Influencing the DH to secure additional funding for leadership development for ambulance services;
- Collating and sharing of good/current practice between ambulance services;
- Tracking new leadership development initiatives that might be of value and interest to ambulance services;
- Undertaking or commissioning evaluation of leadership development initiatives;
- Organising high profile and innovative leadership development events for senior leaders and potentially those in middle management roles;
- Co-ordinating a national ambulance coaches and mentors register providing leaders with access to mentors/coaches from other ambulance services if that is their preference;
- Commissioning leadership development programmes where central commissioning and procurement might make sense - this would not preclude these options from being locally delivered;
- Organising national learning sets for leaders interested in working on specific themes where a national or multi regional perspective would be helpful; and
- Championing an initiative around 'modernising paramedic careers' to parallel developments that have taken place within the medical and nursing professions.

Given the demands on Ambulance Trust directors within their trusts and their existing national commitments there is a case for the hub to have its own administrative resource and a director level lead to support the design, commissioning and delivery of the hub's activities.

We have a number of suggestions for potential activities that the national leadership hub could organise which are outlined below.

Parallel Lines

These one day masterclass style programmes would showcase best practice from different sectors around specific leadership themes of interest to ambulance leaders. The events would be designed to include presentational input and processes to enable participants to reflect on the implications and applications to ambulance service contexts. Topics that might be of interest include:



- The benefits and challenges of self managing teams – Ricardo Semler
- Productive leadership – releasing capacity to lead effectively – Helen Bevan
- Employee representation and partnership for the 21st Century
- Talent management and succession planning systems (Tesco, Boots, IDEA)
- Best practice in logistics and delivery systems –DHL/Fedex

Pre-hospital Leadership Challenge

A bespoke simulation for teams interested in changing the face of pre-hospital care to deliver better care for patients and improved use of resources. This would be an opportunity for specific teams from organisations to pitch their leadership, management and creativity skills against other teams who they may be working in the increasingly contested space of pre-hospital care. This event might be suitable for teams from primary care, out of hours services, PCT provider services and independent sector providers. A panel of independent 'judges' would be invited to comment on each team's performance.

Developing a Firm Foundation

A suite of development days to prepare senior leaders to develop the skills knowledge and behaviours needed to support the new ways of working in foundation trusts. While there are generic foundation trust development programmes available, this strand of development would focus on how some generic concepts and requirements might work practically in the context of regionally run ambulance services. Topics might include – handling relationships with governors and members, service line reporting, making the most of freedoms and flexibilities, good governance, marketing and communications.

Business Angels

This strand of work is an opportunity for senior ambulance leaders to meet with significant figures from industry and commerce and use their commercial insights to take forward new initiatives for ambulance services. The events would have a 'dragons den' flavour but with an emphasis on providing ambulance leaders with access to practical advice to turn service innovations into reality. The leadership hub might also expect the business angel participants to act as informal mentors on an ongoing basis.

The Inner Workings of the NHS

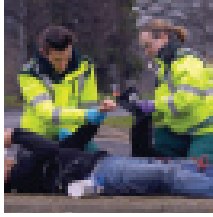
This strand of work could be organised as a one day conference providing exposure to leaders and commentators on the health and social care system. The idea is to help participants get beneath the skin of the health system to improve their understanding of the politics, relationships and other drivers that make the systems work (or not). Suggested contributors might include independent sector organisations bringing international commissioning expertise e.g. Humana, United Health; a panel representing the changing face of general practice; Niall Dixon from the King's Fund or Nick Timmins from the Financial Times. The day could include break out sessions on topics of specific interests to participants nominated in advance.

Cook's Tour for Future Leaders

This programme would take a cohort of people from middle management/professional positions in ambulance services and provide a fast track tour around the health, care and regulatory system. The 'cooks tour' would include work based projects, shadowing, short term placements, organisational raids and one-to-one meetings. The aim would be to give the participants both an in depth insight into the dynamics of the health and social care system and access to different leadership practice experiences which they might need to encounter in their future careers. This might include attending a board meeting, taking part or observing a contract negotiation/performance review session, providing evidence to an overview and scrutiny committee, taking part in a regulatory review or CNST assessment, working with a media team handling a major incident. The 'cook's tour' participants would work as a learning set with a set facilitator who would help them reflect on their learning and leadership styles and development needs. Participants would also be allocated a mentor from another sector who could help them reflect on the experience and future career options. A further option would be to combine this 'fast track' to leadership programme with taught leadership elements. The 'cooks tour' approach could be opened up to middle managers from other parts of the health system interested in broadening their horizons or understanding some of the management and leadership challenges they might meet in their future careers.

International raids – exemplars and humblers

A number of Trusts have expressed an interest in international study tours to explore how emergency services operate in other contexts. The Nordic Countries, Canada and the US have been identified as possible examples. A further option would be to include a tour to a more challenging environment such as a third world country or newly developed economy as this can bring a different set of insights about the delivery of urgent care.



8.6 Recommendations for funding these proposals

This study has highlighted major needs to build both leadership capability and capacity in Ambulance Trusts. These needs are immediate yet they exist at a time when ambulance services are facing unprecedented changes in just about every aspect of their work. In one Trust for example there are 27 major change programmes. Given that some Ambulance Trusts are currently cancelling personal development and appraisal sessions and others continue to experience significant financial pressures, we have concerns about whether there would be the support, let alone funding, to take forward these recommendations, unless there is additional investment in management capacity and dedicated resources for leadership development.

Funding of ambulance capacity is a matter that needs discussion with SHAs and PCTs but if there is insufficient funding for front line staff it suggests that there may also be limits to resource availability to fund leadership development initiatives. As far as funding of leadership and management development initiatives is concerned Trusts vary in their approach but there are two main models – where the budget is held by the HR department and where there is no dedicated budget at all with any bids for support being considered on their own merits by the Executive Team. While this does make it potentially easier for Trusts to allocate some resource for a central ambulance leadership hub given all the points made earlier about capacity we believe that there is a strong case for separate and additional funding to support the senior leaders in these very important services to gain the skills, knowledge and experience they need to lead the challenging change agenda. The level of funding required will depend on which of the initiatives above will be supported.

In undertaking this review we have been struck that there are number of different stakeholders who need to be engaged in taking forward these proposals and recommendations. To an extent the specific messages and negotiations will be a matter for individual Trusts. However, these might include the following:

8.7 Messages for SHAs

- SHAs need to ensure that they actively involve ambulance services and leaders in their leadership development and change management programmes. SHAs also need to ensure that ambulance services are fully engaged in the emerging service development plans that will accelerate in development following the publication of Lord Darzi's Next Stage Review this summer. These change programmes could offer opportunities for secondment or project work for senior ambulance leaders and SHAs will be well placed to broker those discussions between the various parties.
- Ambulance Trusts need to work with the HR Directorates in SHAs to open up alternative sources of funding for education, training and personal development.

8.8 Messages for PCTs

- As commissioners PCTs should ensure that their ambulance services have sufficient resource and capacity to realise the full potential of becoming a mobile clinical service. In monitoring contracts and performance PCTs should take account of additional capacity that ambulance services will need during the transition period so they can ensure that there is the necessary foundation of skills and experience in managers at all levels of the service and crucially in clinical leadership which has been relatively under-developed to date.
- As providers of community services and developers of alternative clinical pathways PCTs need to ensure that clinical leaders along the care pathways are developing the necessary relationships and governance arrangements to enable those pathways to be followed in practice.

8.9 Messages for the DH

Ambulance services have great potential to enable shifts in care closer to home. Without sufficient capacity to run the services there are real risks that the current performance focus on the call connect target will drive out good management and compromise the sustainable delivery of effective paramedic services. Additional funding to support a national ambulance leadership hub would provide a signal to ambulance services that their contribution is valued. However, there are risks that this initiative will fail to fulfill its purpose without sufficient capacity to enable Trusts to release people for development initiatives.



Appendix

Appendix One: Online survey response rates

Trust	Sample	Repondents starting survey	Respondents finishing survey
East Midlands	53	66%	51%
East of England	40	50%	38%
Great Western	38	34%	29%
London	102	89%	61%
North East	57	77%	54%
North West	43	65%	47%
South Central	37	89%	73%
South East Coast	29	72%	62%
South Western	52	38%	27%
West Midlands	84	71%	56%
Yorkshire	105	70%	53%

Appendix Two: Leadership Development Options Menu

Option	Best for	Less good for
Personal development		
Mentoring	People needing advice and confidence in getting the next stage in their career	Specific skills development
Coaching	People needing constructive challenge and reflection Development of emotional intelligence	Specific skills development
360 feedback	Helping people to understand their strengths and development areas and identify priorities	Specific skills development
Special projects	People with some existing level of skill who need to develop these capabilities through practice Motivation/development of someone who has been in a job for a long time	Individuals with existing heavy workloads unless roles are adjusted
Shadowing	People with good observational skills Helping people to understand different ways of behaving	Knowledge development

Option	Best for	Less good for
Personal development		
E learning	<p>Knowledge development</p> <p>As part of a blended learning programme with face to face elements</p> <p>Reaching large numbers of people who may be geographically dispersed</p> <p>Moodle provides opportunities for interactive discussion and debate between learners</p>	Developing behavioural skills and emotional intelligence
Job rotation in house	<p>Providing an opportunity for testing new skills in a different context</p> <p>Developing flexibility and adaptability</p> <p>Situations where work is expanding rapidly</p>	<p>People with high specialist or niche skills</p> <p>Situations where available work is contracting</p>
Secondment (to another organisation)	<p>Providing an opportunity for testing new skills in a different context</p> <p>Developing flexibility and adaptability</p>	<p>People with geographical restrictions</p> <p>Organisations that would have difficulty in backfilling posts of secondees</p>
Structured appraisal, line management coaching and feedback	<p>People needing constructive challenge and reflection</p> <p>Development of emotional intelligence</p>	Autocratic or didactic line managers who lack coaching skills
Job enlargement	People already performing well in a particular role	People who are having difficulty in mastering their current job requirements
Group development		
Masterclasses or discussion sessions with exemplary leaders	Widening horizons about different leadership styles	Direct copying/translation of an approach to a new context
Learning sets	Participants with a common interest or focus	People with disparate development needs or learning styles
Traditional internal training courses	<p>Specific skill development</p> <p>Topics that require focused input for large numbers of participants</p>	Development of enhanced or specialist skills
Traditional external training courses involving people from other sectors	Helping leaders to get out of silo thinking/working and explore alternative partnerships	Handling participants with diverse knowledge and learning needs
Organisational raids	<p>Seeing approaches to leadership and management in different contexts</p> <p>Stimulating ideas that could be adapted and tried in the 'home' work environment</p>	Direct copying/translation of an approach to a new context
Bespoke leadership programme	Developing contextual leadership skills where off the peg solutions will not hit the mark	<p>Where there is insufficient funding and/or demand to be able to offer participants a good learning experience.</p> <p>Groups that have very diverse requirements</p>

Appendix Three: Future Context for Ambulance Trusts

Strategic Drivers	Overall implications	Implications for Ambulance Trusts
A&E reconfiguration	Move towards central specialist A&E centres supported by local A&E departments, out-of-hours primary care centres MIU, UCCs.	<ul style="list-style-type: none"> • Opportunities to extend range of services provided by Ambulance Trusts • Developing and communicating a clear vision for the organisation • Flexible workforce solutions to accommodate extended skills • Opportunities to employ new technologies • Increased need for effective partnership working • Developing governance relationships for complex service delivery including the management of associated risks • Efficient and flexible resource utilisation <p><i>Paramedics need to play a greater role in assessing where patients should be treated – the local A&E may not be the most appropriate place for treatment (particularly for myocardial infarction and strokes) therefore staff need the diagnostic skills and equipment to make these decisions.</i></p>
See and Treat	Improving clinical outcomes and reducing the number of inappropriate A&E and hospital admissions.	<ul style="list-style-type: none"> • Opportunities to extend range of services provided by Ambulance Trusts • Developing and communicating a clear vision for the organisation • Flexible workforce solutions to accommodate extended skills • Opportunities to employ new technologies • Increased need for effective partnership working • Developing governance relationships for complex service delivery including the management of associated risks • Efficient and flexible resource utilisation <p><i>Ambulance services need to provide and coordinate an increasing range of mobile healthcare for patients who need urgent care. Ambulance staff need to increase their clinical skill sets in order to carry out new treatments on arrival at emergency scenes, as outlined in national clinical guidelines, and be trained for the case mix they see. Since the majority of patients require urgent primary care, clinicians need the skills to treat these patients appropriately and/or transfer them to primary care settings to avoid inappropriate A&E attendances.</i></p>
Hear and Treat	Reducing the number of inappropriate A&E and hospital admissions and integrating out of hospital care.	<ul style="list-style-type: none"> • Opportunities to extend range of services provided by Ambulance Trusts • Developing and communicating a clear vision for the organisation • Flexible workforce solutions to accommodate extended skills • Opportunities to employ new technologies • Increased need for effective partnership working • Developing governance relationships for complex service delivery including the management of associated risks • Efficient and flexible resource utilisation <p><i>Ambulance Trusts need to improve the speed and quality of call handling, provide significantly more clinical advice to callers, and work in a more integrated way with partner organisations (e.g. NHS Direct) to ensure consistent telephone services for patients who need urgent care. Where a health professional needs to be sent to assess and/or treat a patient, ambulance services can act as a response hub – coordinating mobile out-of-hospital care so that the most appropriate available resource is sent to the patient.</i></p>

Strategic Drivers	Overall implications	Implications for Ambulance Trusts
<p>Closer to home and support of long term conditions</p>	<p>Shift towards moving more care into the community and closer to patient homes, including a more integrated and systematic approach towards long term conditions across health and social care.</p>	<p>Implications for Ambulance Trusts</p> <ul style="list-style-type: none"> • Opportunities to extend range of services provided by Ambulance Trusts • Developing and communicating a clear vision for the organisation • Flexible workforce solutions to accommodate extended skills • Opportunities to employ new technologies • Increased need for effective partnership working • Developing governance relationships for complex service delivery including the management of associated risks • Efficient and flexible resource utilisation <p><i>Social care, mental health needs and long-term conditions (diabetes and chronic obstructive pulmonary disease in particular) account for a large number of ambulance callouts. A&E departments are often not the best places for these patients. Therefore, ambulance services are expected to work more closely within health and social care partnerships - so patients experience a seamless journey through the health and social care systems.</i></p>
<p>Commercial competition</p>	<p>Increase in competition through market opening up to independent healthcare providers in a number of sectors.</p>	<ul style="list-style-type: none"> • Opportunities to extend range of services provided by Ambulance Trusts • Developing and communicating a clear vision for the organisation • Flexible workforce solutions to accommodate extended skills • Opportunities to employ new technologies • Increased need for effective partnership working • Developing governance relationships for complex service delivery including the management of associated risks • Efficient and flexible resource utilisation
<p>Clinical outcome measures</p>	<p>Rising public expectations of the health sector and emergency care in particular.</p>	<p><i>A number of areas of potential new business are emerging including major events cover, training courses and courier services. However threats to Trusts' current business portfolios also exist from private ambulance services, as well as from surrounding Trusts.</i></p> <ul style="list-style-type: none"> • Re-profiling of performance management systems to increase focus on clinical outcomes • Developing the appropriate reporting systems to capture the relevant data <p><i>Performance measures of Ambulance Trusts are to include measures of clinical quality rather than the traditional focus on response time measures. In particular, Category B targets are planned to be replaced with "clinical and outcome indicators", as recommended by Taking Healthcare to the Patient. Acute hospitals will also need to make their patient outcome data available for analysis by Ambulance Trusts.</i></p>
<p>Growing demand for services</p>	<p>Understanding the relationship between demand and capacity</p>	<ul style="list-style-type: none"> • Efficient and flexible resource utilisation <p><i>Public demand for emergency services increases each year. The number of emergency calls made for ambulance services has doubled since 92/93. Ambulance Trusts need to adapt their models of care and improve the speed and quality of their call handling in order to meet this increased demand.</i></p>

Strategic Drivers	Overall implications	Implications for Ambulance Trusts
Foundation Trust Status	Decision making and accountability devolved from central Government to local organisations in order to foster a more patient led NHS, responsive to local needs.	<ul style="list-style-type: none"> Developing and communicating a clear vision for the organisation Increased need for effective partnership working Developing governance relationships for complex service delivery including the management of associated risks Efficient and flexible resource utilisation Achieving a financial surplus Developing new relationships with service users Improved service line reporting <p><i>Trust will need to have a better understanding of their finances and consider different approaches to delivering service change and development - moving from predominantly fixed cost organisations to using variable costs, where appropriate. This will require an improvement in the management processes needed to meet the commercially based standards required. Ambulance FTs will also need to increase their working with stakeholders, members and Governors to ensure a focus on local needs</i></p>
Legal context	The changing context of Ambulance Service delivery has a number of associated legal implications.	<ul style="list-style-type: none"> Legal implications of extended workforce roles and working time directives Developing governance relationships for complex service delivery including the management of associated risks Adherence to national diversity agenda

Appendix Four: The Future Leaders Benchmark Tool

Drawing on an analysis of the contextual challenges for ambulance leaders the Matrix/Loop2 team have developed a Future Leaders benchmark tool. This is not intended to be a full competency framework such as the NHS KNSF or LQF but it will complement these tools and specifies the skills and capabilities that senior leaders will require within the context of planning and delivering modern ambulance services. The benchmark tool was tested and validated with a number of Ambulance Trust assistant directors and senior managers, and has been subsequently amended based on this process. The tool was then used as part of the online survey to gain an understanding of which capabilities senior staff felt were most important and where capacity gaps were within their Trust. It was also used to stimulate discussions with each Trust about the strengths and development areas for the senior leaders – it was not used to assess the skills and capabilities of specific individuals but could be taken and developed by individual Trusts for that purpose.

Capability Area	Abilities for AT leaders	Ambulance Trust Leaders Capabilities
Setting direction	Seizing the future 1a: Using strategic insight to shape internal culture and approaches 1b: Understanding the commercial context 1c: Identifying new business opportunities and strategy 1d: Having the ability to co-create and communicate long term vision for the organisation and patient services 1e: Understanding and responding to organisational risks	

Ambulance Trust Leaders Capabilities	
Capability Area Setting direction	Abilities for AT leaders
	Intellectual flexibility
	Broad scanning
	Political astuteness
	Drive for results
	Leading change through people
	Holding to account
	Empowering others
	Effective and strategic influencing
	1f: Having the ability to identify changed needs and ensure alternative ways of achieving desired goals
	1g: Being open to innovative ways of changing service delivery and business development
	1h: Having knowledge of how best to use relevant information to inform decisions about service delivery, patient experience and workforce satisfaction
	1i: Having the ability to filter information; attending to that which is necessary
	1j: Understanding the importance of both partnership working and how to achieve this
1k: Developing appropriate networks including links to provide personal support	
1l: Understanding the culture and climate of own organisation and seeks evidence to ensure this view is up to date	
1m: Knowing the key people to engage in service transformation and how to gain their support	
1n: Developing and communicating a clear vision of required outcomes/goals for the organisation/teams	
1o: Representing the organisation in a way that promotes brand and reputation	
1p: Recognising new modes of service delivery, e.g. partnership working/commercial opportunities, to improve delivery for patients	
2a: Creating a climate and culture that encourages and supports clinicians and other staff to develop innovative approaches to improving patient care and responding to patient needs irrespective of organisational and professional boundaries.	
2b: Gaining buy-in from staff around clearly articulated vision and objectives	
2c: Creating a culture of shared leadership, both internally and in partnership working	
2d: Understanding cultures and behaviours to manage change	
2f: Recognising the need for different leadership styles in different contexts	
2g: Setting clear, locally relevant, realistic and measurable targets that enable the Trust to hold services and individuals to account for their performance	
2h: Creating a climate of support and accountability to manage increased risk of new modes of working	
2i: Supporting investment in succession planning	
2j: Supporting the development of those with potential across the organisation	
2k: Understanding the multiple needs of different stakeholders - patients, commissioners, and partner providers	
2l: Recognising the opportunities of developing a diverse workforce	
2m: Gaining appropriate internal support to achieve change	
2n: Building appropriate and necessary tactical relationships to influence policy at a national and local level	
Delivering the service	

Ambulance Trust Leaders Capabilities	
Capability Area	Abilities for AT leaders
Delivering the service	Collaborative working
Personal qualities	2o: Seeking opportunities to share learning and best practice with a wide range of public and private organisations
	2p: Building collaborative relationships across the wider health community to establish practical ways of delivering organisational objectives
	3a: Relishing a challenge
	3b: Being prepared to stand up for what they believe in
	3c: Speaking up if this is needed. In doing so, their integrity and their motivation for service improvement will sustain them
	3d Being aware of their own emotions
	3e: Being aware of their personal impact on others; particularly when they are under pressure as they have an understanding of the 'triggers' to which they are susceptible
	3f: Being tenacious and resilient in the face of difficulty
	3g: Being able to cope with an increasingly complex environment – with the blurring of organisational boundaries and the requirement to work in partnership across the health and social care context
	3h: A deep sense of vocation for public service driven by an identification with the needs of patients and service users
Drive for improvement	3i: A primary focus on achievement of goals for the greater good of others; and not the leader's own reputation
Personal integrity	3j: Commitment to leaving a legacy of improvement and achievement
	3k: Believing in a set of key values born out of broad experience of; and commitment to, the service which stands them in good stead, especially when they are under pressure
	3l: Insistence on openness and communication; motivated by values about inclusiveness and getting on with the job
	3m: Acting as a role model for public involvement and the dialogue that all staff; including the front line, need to have with service users
	3n: Resilience that enables them to push harder; when necessary; in the interests of developing or improving the service

Appendix Five: Sample of available open leadership development programmes

Provider	Course Name	The target group	Key aims of the course
NHSI (Blue Book)	Coaching skills and development	Staff involved in coaching senior managers in the NHS	To equip participants with the essential models, skills and tools required for effective quality coaches who can support individuals and teams through ongoing changes in the NHS
NHSI (Blue Book)	Innovations in healthcare: US perspective	A team from the whole health economy, including chief executives and their clinical leaders	It examines the lessons we can learn from innovations in healthcare from the very best providers in the US
NHSI (Blue Book)	The community experience	Director level individuals or their clinical leaders	To provide participants with a unique chance and safe environment to consider the challenges and opportunities of relationships with the wider community
NHSI (Blue Book)	The NHS network experience	Director level individuals or their clinical leaders	An opportunity for PCTs to forge relationships with fellow organisations. Explore the tensions between NHS organisations. Creating an NHS family
Kings Fund	Athena programme for Executive Women	The Athena programme is designed for women in senior management posts in the public sector	It aims to help participants sharpen their understanding of the personal development and strategic awareness they will need to become leaders in their organisations
Kings Fund	Breaking Through's 'Transformational Leadership Programme'	It is aimed at all senior NHS staff from Agenda for Change Grade 7 and above. Applications are especially welcome from senior managers from black and minority ethnic groups	This training aims to increase the diversity of the NHS workforce at director and chief executive level. In particular, it seeks to equip participants with the self-belief, personal impact and political and emotional awareness necessary for them to operate as 'transformational leaders' within their organisations, able to empower themselves and others to maximise their potential
Kings Fund	Developing System Leadership	This training would benefit anyone who is interested in improving organisational systems within their workplace. a positive way	The workshops enable participants to explore and experience organisational life from different levels and perspectives – whatever their actual position in their system – and to discover how they can manage change in a positive way
Kings Fund	Leadership for Senior Managers	Although most participants come from the NHS, they also welcome senior managers from local government, community or social services, voluntary organisations and other public and private sector bodies linked to health and social care	The programme is designed to equip participants with the confidence, insights and practical skills to make the most of their potential as leaders, and to meet these challenges robustly and creatively

Provider	Course Name	The target group	Key aims of the course
Kings Fund	Management for Clinical Directors	The training is designed especially for people new to the clinical director role or who have had little or no formal management training or development. It is ideal both for doctors and for clinical directors with other clinical backgrounds such as nursing	This programme aims to prepare participants to handle the political and ethical dilemmas and help you deal with conflict and poor performance. The training supports the development of strong leadership skills and the authority to cope with uncertainty and change
Kings Fund	Personal Impact and Integrity	The training is designed for senior managers and professionals in the NHS, local government, and other public and private sector organisations	Participants receive an accurate personal diagnosis of their current dilemmas and individual skills. They will develop an improved understanding of the dimensions of personal impact and credibility, the use of voice and body language and other communication skills. The programme provides non-threatening playful interaction working with an accomplished actress and theatre director
Kings Fund	Top Manager programme	The course is designed for senior managers and health care professionals in the NHS, although we also welcome participants from social services, education and health-related public sector, private and voluntary organisations	This leadership training helps participants develop the skills and confidence to be more flexible and resilient, to find their own style and values and challenge deeply held beliefs about how to manage organisations effectively. The programme is promoted as a chance to meet personal development objectives and prepare for further career progression
Medicology: All Medicology courses are specific to healthcare and the NHS. 1 day	Advanced Leadership for Hyperbusy Leaders	Busy people who like to lead, motivate and inspire, or simply get their teams all working in the same direction. The programme takes the view that people need to have a senior position to be an effective leader	Provides an overview of the facets of leadership, explains the links between leadership & performance, helps participants to understand leadership styles and when to apply them. The programme aims to help participants find their own leadership style, understand the impact that they have on others and what they need to do to lead for superior organisational performance
Medicology	Effective Clinical Leadership	Clinical leaders	Supports participants through outlining the key concepts in clinical leadership and the links between leadership & health outcomes. The programme outlines how to effective clinical goals & delegate appropriately and covers the creation of strategies for improved clinical performance including stimulating an ethos of clinical excellence
Medicology 1 day	Leadership Masterclass for Healthcare Professionals	Suitable for both clinicians and managers in senior and early leadership roles who wish to develop practical expertise in leading people, from small groups to whole organisations	The programme outlines the principles of effective leadership, how to develop the characteristics of an influential leader, how to inspire people through vision and direction, motivation to improve performance, the development of emotional mastery and how to use it to secure high performance and rewarding environments

Provider	Course Name	The target group	Key aims of the course
British Association of Managers	Fit to lead	Clinicians and medical managers	Fit to Lead is BAMM's individualised leadership and management development programme. Developed initially for medical managers, Fit to Lead utilises a one-on-one tutoring process to identify and tackle development needs. An accredited process, Fit to Lead helps to tackle areas where personal improvement is needed, while acting as a recognised stamp of approval for good leadership in the NHS
British Association of Managers	The Skills Factory Clinical Leadership	Clinicians and medical managers	<ul style="list-style-type: none"> * Focus on the issues and skills that really matter in the complex, real world of the NHS * Bring the brightest and the best presenters to deliver sessions at a pace that gives you maximum learning and development with the minimum time away from the job * Help you to understand that the intricacies of the NHS are at the same time challenging, frustrating and fascinating. You will get to grips with how systems and people work so that you can make a real difference to patient care.
City University Two years part time study	MSc in Allied Health Professions	People in existing leadership and management positions interested in moving into more senior clinical leadership roles such as consultants	Subjects covered during the course include organisational development; change management; contemporary developments in AHP policy and service delivery; and building the evidence base for effective AHP policy and practice. A number of modules will be led by internationally recognised visiting lecturers, from a wide range of professional backgrounds.

Appendix Six: Ambulance service recommendations and action plan

SECTION 1: PLAN FOR AND INVEST IN FUTURE LEADERSHIP CAPACITY

Recommendation	Description	Key Stages	Lead	Personal/Service Improvements Expected (Benefits Realisation)	By When	Status Red Amb Green
<p>Recommendation One: Explore whether there is sufficient management resource to support the expansion in services and workforce</p>	<p>Undertake a quantitative analysis of comparative investment in management resources across the Trusts. This baseline information would help Trusts to understand whether they have the right level of resource to support operational and functional delivery. It would also support future national benchmarking exercises, including potential evaluation of the impact of additional provision. The information will also provide helpful evidence for commissioners in considering whether ambulance services need further investment.</p>	<p>Agree content and design comparative analysis document Undertake a comparison data exercise and report accordingly</p>	<p>HRD</p>	<p>Improved culture Highly skilled leaders and managers Increase recruitment and retention Reduce sickness absence Increase support for staff Reduce complaints</p>		
<p>Recommendation Two: Undertake long range workforce planning</p>	<p>Ambulance Trusts in England, if they have not already done so, should undertake quantitative and long range workforce planning to inform the future development and expansion of the paramedic workforce that will be needed to support the achievement of the vision set out in the Regional Next Stage Review reports and local service and commissioning plans. These plans should cover both front line staff and clinical leaders and supervisors to support those staff.</p>	<p>Undertake a quantitative and long range workforce plan</p>	<p>HRD</p>	<p>Proactive approach to securing future workforce Supports commissioning plans Supports NHS Next Stage Review Enables skill mix reviews and long term planning Supports robust higher education programme commissions</p>		

Recommendation	Description	Key Stages	Lead	Personal/Service Improvements Expected (Benefits Realisation)	By When	Status Red Amb Green
<p>Recommendation Three:</p> <p>Significantly strengthen the capacity for clinical leadership</p>	<p>There are significant capacity pressures in line management which means the important task of clinical supervision can get squeezed</p> <p>Operational pressures to achieve national performance targets complete with quality measures and in particular clinical support and supervision, Ambulance Trusts should consider how they can provide adequate levels of clinical leadership and supervisory support in the short to medium term. Accommodating the increase in the clinical workforce and to establish the necessary culture of clinical professionalism that is being reinforced by the shift to University based education and more joint working with clinicians from other professional backgrounds</p>	<p>Review clinical leadership capacity levels</p> <p>Mentorship, Preceptorship and Coaching policy</p> <p>Establishment of Trust mentor database</p> <p>Clinical role reviews</p> <p>Clear plan to implement clinical supervision and leadership, which includes allocations of time and resources</p>	<p>MD /HR/ Ops</p>	<p>Effective succession planning</p> <p>Improve recruitment and retention</p> <p>Reduce sickness absence</p> <p>Increase staff support</p> <p>Job descriptions define minimum clinical leadership and supervision time</p> <p>Staff appraisals are undertaken annually</p> <p>Improvement in clinical standards through measurement of CPI's</p> <p>Attainment of CPD portfolios</p> <p>KSF progression</p>		

SECTION 2: INVEST IN THE SKILLS OF FUTURE LEADERS

Recommendation	Description	Key Stages	Lead	Benefits Realisation	By When	Status Red Amb Green
<p>Recommendation Four: Actively participate in regional talent management initiatives</p>	<p>Develop internal talent management and succession planning processes and take an active role in talent management initiatives developed by their SHA</p> <p>This will help to promote greater inter-change between different parts of the health system and offer senior leaders more career development opportunities than would be possible within the Ambulance Trust family alone</p>	<p>Link into regional Zimap system and develop internal systems to support the regional approach to talent pools</p> <p>Develop action learning sets across health communities</p> <p>Develop health community rotational posts in clinical and non clinical areas</p> <p>Explore the opportunities and benefits of new clinical relationships between ambulance service clinicians and pre-hospital care doctors</p>	<p>HRD</p> <p>MD</p>	<p>Create staff that can work flexibly across the wider NHS</p> <p>Supports career progression</p> <p>Promotes greater interchange between NHS Organisations</p> <p>Opportunity for the involvement of other healthcare professionals to develop clinical skills within ambulance sector</p> <p>Opportunity for ambulance service staff to develop in other spheres of health care.</p> <p>Role modelling/shadowing of roles</p> <p>Linking with Deaneries, PCT's, Acute Trusts, Primary Care, Consultant Practitioner posts</p>		

Recommendation	Description	Key Stages	Lead	Benefits Realisation	By When	Status Red Amb Green
<p>Recommendation Five: Ensure leadership development options/opportunities can be accessed easily</p>	<p>Establish methods to make it easy to access leadership development opportunities provided within their Trust, within the wider healthcare system and nationally</p> <p>Ensure senior managers are aware of the range of general leadership development options available to suit their development needs and learning style preferences</p> <p>One early step that could be taken would be reviewing and sharing intelligence about open access leadership programmes that might be suitable for ambulance service leaders, however, these may well change depending on the speed with which the specification of national leadership programme standards are drawn up</p> <p>Individual Trusts could then supplement this directory with details from their region (e.g. the leadership programmes offered by their SHA and other Trusts and universities</p>	<p>Shadowing, secondments and job rotation</p> <p>Mentorship, Preceptorship and Coaching policy</p> <p>CMI-accredited in-house Management Development Programme</p> <p>Programme Management Training</p> <p>Coaching / Mentorship Programme</p> <p>Mental Toughness 'confidence-building' sessions – all team leaders and managers</p> <p>AQR Skills Gap Analysis.</p> <p>LBR Contract for registered clinicians</p>	<p>HRD</p>	<p>Improved culture</p> <p>Highly skilled leaders and managers</p> <p>Increase recruitment and retention</p> <p>Reduce sickness absence</p> <p>Increase support for staff</p> <p>Improve patient care through measurement of CPIs</p> <p>Reduce complaints</p> <p>Create staff that can work flexibly across the wider NHS</p> <p>Increase recruitment into the NHS</p> <p>Supports career progression</p>		

Recommendation	Description	Key Stages	Lead	Benefits Realisation	By When	Status
<p>Recommendation Six: All staff moving into management posts should be offered an accredited management and leadership programme and access to a coach or mentor</p>	<p>An accredited management and leadership programme should be offered to all staff that move into management positions as early as possible in their new role or even before the post is taken up</p> <p>The course content should include some basic people management skills and be taught in a way that promotes transformational leadership rather than a transactional model</p> <p>Following/during the programme participants should be provided with access to an internal/external coach or mentor</p> <p>There would be merit in Ambulance Trusts collaborating to develop a common core specification for these programmes which are likely to be customised and delivered locally in each regional Ambulance Trust</p>	<p>Mentorship, Preceptorship and Coaching policy</p> <p>CMI-accredited in-house Management Development Programme</p> <p>Action Learning Sets (internal 08/09 and then external 09/10)</p> <p>Coaching / Mentorship Programme</p> <p>Develop common core specification for leadership programmes</p>	<p>HRD</p>	<p>Improved culture</p> <p>Highly skilled leaders and managers</p> <p>Increase recruitment and retention</p> <p>Reduce sickness absence</p> <p>Increase support for staff</p> <p>Improve patient care through measurement of CPIs</p> <p>Reduce complaints</p> <p>Create staff that can work flexibly across the wider NHS</p> <p>Increase recruitment into the NHS</p> <p>Supports career progression</p>		<p>Red Amb Green</p>

Recommendation	Description	Key Stages	Lead	Benefits Realisation	By When	Status Red Amb Green
<p>Recommendation Seven:</p> <p>Middle managers should be offered an accredited leadership programme, ideally with participants from other parts of the health system</p>	<p>All middle managers should be offered the opportunity to undertake an accredited leadership programme with a focus on managing for improved performance, effective communications and networking</p> <p>Ideally these programmes should include participants from other healthcare organisations. During/ following the programme participants should be provided with an internal/external coach with a brief to support the translation of the learning points into practice</p> <p>Facilitated action learning sets should be considered either as an integral part of these programmes or to support specific topics on organisation or service improvement. Again, there would be merit in Ambulance Trusts undertaking a common specification of the core content of such programmes with an expectation that they would be customised and delivered locally</p> <p>In drawing up these specifications Ambulance Trusts should consider how they can make the programmes attractive to clinical leaders from other healthcare professions</p>	<p>Research the standards to be met to support a middle management development leadership programme</p> <p>Action Learning Sets (internal 08/09 and then external 09/10)</p> <p>Mentorship, Preceptorship and Coaching policy</p> <p>CMI-accredited in-house Management Development Programme</p> <p>Develop a development specification that generates interest for joint delivery with other healthcare providers and participants</p>	<p>HRD</p>	<p>Improved culture</p> <p>Highly skilled leaders and managers</p> <p>Increase recruitment and retention</p> <p>Reduce sickness absence</p> <p>Increase support for staff</p> <p>Improve patient care through measurement of CPls</p> <p>Reduce complaints</p> <p>Create staff that can work flexibly across the wider NHS</p> <p>Increase recruitment into the NHS</p> <p>Supports career progression</p>		

Recommendation	Description	Key Stages	Lead	Benefits Realisation	By When	Status Red Amb Green
<p>Recommendation Eight: Develop clinical leadership through service improvement</p>	<p>Within local health systems Ambulance Trusts should consider funding service improvement learning groups to focus on a topic based clinical condition / pathway. This should be in conjunction with clinicians to ensure focused on clinical needs</p> <p>For example, working as facilitated learning sets participants, which will include professionals from different backgrounds and organisations, will</p> <ul style="list-style-type: none"> a) learn about best practice and service innovation and how these ideas might be locally adapted b) explore the respective contributions of different professionals and their perceptions of each others' roles and skills c) consider the implications for clinical leadership and governance within and across organisations 	<p>Participate in the SHA Leadership programmes, widening membership to support identified talent</p> <p>Develop the Trusts Leadership development strategy to promote action learning, coaching and mentoring skills</p>	<p>HRD /MD</p>	<p>Learn about best practice and service innovation</p> <p>Explore respective contributions of different professionals and perceptions of others roles</p>		
<p>Recommendation Nine: Establish a national ambulance leadership hub</p>	<p>Ambulance Trusts in England should collectively fund the establishment of a national ambulance leadership hub and he hub would collate and share good/current practice in leadership development, commission evaluation of leadership development initiatives, and organise development events</p>	<p>Develop role profile.</p> <p>Secure funding from DH</p> <p>Identify resources to facilitate and develop the leadership hub.</p> <p>Construct and agree an action plan for delivery</p> <p>Feedback to ALF progress on implementation</p>	<p>HRD /MD /Ops</p>	<p>Sharing best practice</p> <p>Commission evaluation of leadership development initiatives</p> <p>Organise development events</p>		

SECTION 3: IMPROVE IN PEOPLE MANAGEMENT SYSTEMS TO SUPPORT LEADERSHIP IN PRACTICE

Recommendation	Description	Key Stages	Lead	Benefits Realisation	By When	Status Red Amb Green
<p>Recommendation Ten:</p> <p>Improve people management systems to support effective leadership development</p>	<p>The Ambulance Trusts in England should review their people management systems and processes against the Future Leaders checklist and put in place the necessary improvements to ensure that investment in leadership development is effective and sustainable</p>	<p>Assess all management systems against Future Leaders Checklist</p> <p>PDR processes and subsequent 1:1's</p> <p>PDR training for all managers</p> <p>PDR/e-KSF refresher sessions</p> <p>Investment in M-level programmes for senior managers</p> <p>360 degree feedback</p>	<p>HRD</p>	<p>A focused motivated middle and senior management layer</p> <p>Higher retention levels of experienced leaders</p> <p>Greater pool from which to draw talent management and succession planning</p> <p>Organisational interest in life long learning</p> <p>Employer of choice within the community/health economy</p> <p>Raising standards of professionalism</p> <p>Better patient services and care standards</p>		
<p>Recommendation Eleven:</p> <p>Develop the concept of a 'productive ambulance team'</p>	<p>The Ambulance Trusts in England should consider trialing the productive leader approach to see how this might be applied and adapted to the ambulance service context</p> <p>The NHS Institute for Innovation and Improvement should consider developing a research programme/pilot scheme to develop thinking about the 'productive ambulance team'</p> <p>This would explore the concept of a 'self managing team' and how it can make maximum use of systems, procedures, clinical and performance information to both deliver enhanced performance, productivity and staff satisfaction</p>	<p>Secure pilot site for trialing the productive leader/ambulance team</p>	<p>Ops</p>	<p>Enhance performance</p> <p>Increase productivity</p> <p>Increase staff satisfaction</p>		

Recommendation	Description	Key Stages	Lead	Benefits Realisation	By When	Status Red Amb Green
<p>Recommendation Twelve:</p> <p>Involve senior managers in strategy and business planning</p>	<p>Ambulance Trusts should ensure that senior leaders are engaged in strategy development and business planning so that they gain greater ownership of the developments they are being asked to lead and can be more effective in communicating this to staff</p> <p>Senior leaders should also be provided with specific opportunities to understand the wider healthcare context in which they work through e.g. seminars, secondments, shadowing or mentoring and that investment in leadership development is effective and sustainable</p>	<p>Action Learning Sets(internal 08/09 and then external 09/10)</p> <p>Mentorship, Preceptorship and Coaching policy</p>	<p>Ops/HRD</p>	<p>Increase ownership and engagement of workforce</p> <p>Increase effectiveness of communication of Trust objectives to their teams</p>		

