ROYAL PHARMACEUTICAL SOCIETY

Leadership Development Framework: Handbook

Developing leadership, wherever you are

January 2015

FOREWORD

Effective leadership improves performance, staff morale and job satisfaction[1]. For those working in patient-facing roles, benefits are also seen in patient care and outcomes[2]. Although pharmacists and pharmaceutical scientists already make a strong input to the delivery and quality of patient care across all sectors of pharmacy practice, developing leadership behaviours across the profession will enhance this contribution at every level.

Yet some pharmacists and pharmaceutical scientists may believe leadership is not for them, that it is reserved for the extraordinary few working in the upper echelons of an organisation. Current thinking contradicts this: leadership is for everyone and should be embedded at all levels[1].

In short, leadership is a collective endeavour, distributed throughout the profession. Every pharmacist and pharmaceutical scientist is a potential leader with latent behaviours that, the Chartered Institute of Personnel and Development says, can be *"nourished, recognised and released in daily interactions and ways of 'being' and of doing things together. Engagement is the key to exploiting this resource*[1]*."*

As a profession, the concept of collective, distributed leadership presents pharmacists and pharmaceutical scientists with opportunities to develop leadership behaviours as an essential element of good practice and professional progress. Any pharmacy role, be it optimising medicine use, promoting public health and wellbeing, developing new medicines, providing training and education or undertaking pharmaceutical research, can be enhanced by an engaging leadership approach that runs collectively through an organisation.

Developing leadership behaviours at any stage of a pharmacy career can aid personal and professional development, in addition to improving the quality of the work done, irrespective of the sector, pay grade and experience of the pharmacist. It will take time to develop these skills and demonstrate leadership in practice. Just as changing the way a large organisation works cannot be achieved overnight, the same holds true for individuals.

Becoming skilled in leadership attributes is essential, however, not only on a personal and professional level, but also in helping the profession to demonstrate its wider value to other healthcare professionals, scientific organisations, the NHS and Government. That's why the Royal Pharmaceutical Society (RPS) has created the Leadership Development Framework (LDF) for every pharmacist and pharmaceutical scientist, at any stage of their career, whether a student/pre-registration trainee or the most senior pharmacist in a large organisation.

This LDF outlines the attributes required for pharmacists to become an effective, positive leader that[3]:

- has satisfied, loyal and productive colleagues and staff
- delivers high quality compassionate care
- provides valued care services and patient satisfaction
- works in a successful organisation offering a highly regarded service.

Just as professional development is not static, neither is leadership development. The RPS encourages all pharmacists and pharmaceutical scientists at every level to create a culture for collective leadership, for their own personal and professional development, for the enhanced care and health outcomes of patients and public and to demonstrate clearly the benefits and values of the profession.

The RPS believes that leadership is for all, with all of us having the ability to lead.



DR CATHERINE DUGGAN PhD FRPharmS
Director of Professional Development and Support

"Leadership is not just one quality, but rather a blend of many qualities; and while no one individual possesses all of the needed talents that go into leadership, each man can develop a combination to make him a leader"

The late Vince Lombardi, American football coach

[1]*Chartered Institute of Personnel and Development. Research Insight. Engaging leadership. Creating organisations that maximise the potential of their people. September 2008.*
[2]*The King's Fund. Leadership and engagement for improvement in the NHS. Together we can. Report from the King's Fund Leadership Review. 2012.*
[3]*NHS Leadership Academy. Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0. 2014.*

The Leadership Development Framework was created utilising the NHS Leadership Academy's Healthcare Leadership Model. ©NHS Leadership Academy 2014. All rights reserved.

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1.0 INTRODUCTION

1.1 Purpose of the Handbook

- As a professional body, one of the roles of the RPS is to develop professional standards and Frameworks that are supportive, enabling and challenging.
- A renewed focus on the development of excellent leadership is being seen consistently across all countries within Great Britain (GB). In England, concerns raised by the Francis Review of the failures of Mid-Staffordshire Foundation Trust[1] and the response to that review, the report of the National Advisory Group on the Safety of Patients in England (commonly known as the Berwick Report[2]), and the criminalisation amends to the Health and Social Care Act[3], allied to changes in the NHS structure in England, and has prompted a push to develop excellent leadership in healthcare. In Scotland, the Healthcare Quality Strategy for the NHS puts leadership at all levels among both clinical and non-clinical staff as one of the key foundations for change[4].
- The Leadership Development Framework (LDF) is designed to support every pre-registration trainee, pharmacist and pharmaceutical scientist in every pharmacy sector to develop leadership attributes and become a leader. This Handbook provides guidance on how the Framework sits within the wider context of healthcare leadership and how it relates to other RPS Frameworks.
- The Framework reflects the NHS Leadership Academy's Healthcare Leadership Model in use throughout the NHS in England[5] (also being adopted in Wales), and is consistent with NHS Scotland's engaging leadership approach[6, 7]. Therefore, it is applicable across all pharmacy sectors and throughout GB and allows pharmacy to share a commonality of approach and language with healthcare professional peers.
- The Framework and Handbook emphasise the collective responsibility of everyone in pharmacy to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues.

1.2 Scope of the Handbook

- A consistent approach to leadership across the profession is required for every pharmacist and pharmaceutical scientist, irrespective of sector, setting, country or experience.
- The Framework and Handbook outline the leadership behaviours to which every member of the profession should aspire for personal and professional development and to enhance the delivery of improved healthcare and patient outcomes. These behaviours are mapped to the Advanced Pharmacy Framework and Foundation Pharmacy Framework to allow members to integrate leadership development as part of their post-registration advanced practice.
- The Handbook also maps the Framework to the RPS Leadership Competency Framework for Pharmacy Professionals 2011 (LCF), which remains in place for those members who have been using this Framework for their personal development. RPS members are encouraged to switch to the LDF, as it better reflects current thinking on leadership.

1.3 Use of the Handbook

The Handbook supplements the Framework to provide:

- **Patients** with an outline of pharmacy leadership that embodies the values of compassion and care in the delivery of improved services and health outcomes
- **Pharmacists and pharmaceutical scientists** with a clear, non-hierarchical approach to the nine domains of leadership and accompanying behaviours that foster improved pharmacy services and quality of service
- **Chief Pharmacists*, Pharmacist Superintendents** and **Employers** a consistent set of behaviours that they can utilise for benchmarking and in improving leadership abilities within their organisation and team
- **The Pharmacy Team** a Framework that allows them to collectively develop their leadership behaviours for the benefit of the team, their organisation and for patients, contributing to the delivery of optimised health outcomes.

1.4 Resources

- The Handbook contains a summary of useful resources on leadership. In addition, the leadership pages of the RPS website contain links to valuable resources to assist in the implementation of the Framework as well as updates on sharing best practice and supporting local implementation.

[1]Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. February 2013.
[2]National Advisory Group on the Safety of Patients in England. A promise to learn – a commitment to act. Improving the safety of patients in England. August 2013.
[3]The Health and Social Care Act (Regulated Activities) Regulations. November 2014. No 2936.
[4]The Healthcare Quality Strategy for NHSScotland. The Scottish Government. May 2010.
[5]NHS Leadership Academy. Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0. 2014.
[6]NHSScotland Leadership Qualities and Behaviours. 2009.
[7]Developing quality through leadership. NHSScotland Leadership Development Strategy. June 2009.

**The RPS recognises that organisations across GB will have a range of different names for the role of Director of Pharmacy, Chief Pharmacist or equivalent, for the purposes of this document we will refer to Chief Pharmacist throughout, while understanding that systems differ across the nations*

2.0 THE LEADERSHIP CONTEXT

The RPS' approach is to deliver outstanding leadership at all levels among all pharmacists and pharmaceutical scientists. This mirrors the changing view of leadership across both healthcare and business sectors, with a focus on delivering benefits for the patient/customer. For pharmacy, this means advancing services and outcomes, equally relevant and applicable to those in a patient-facing or non-patient facing role.

> *"Leadership is foremost a social activity, an empathic as much as a cognitive pursuit, one conducted through relationships. Moreover, leadership wholly depends on interacting not just with colleagues and other people, but also with other organisational things"*
>
> **Centre for Progressive Leadership**

There are multiple drivers that have contributed to the need for leadership to be a collective endeavour. For example, in Scotland, the Healthcare Quality Strategy for the NHS puts leadership at all levels among both clinical and non-clinical staff as one of the key foundations for change[1]. In England, concerns raised by the Francis Review[2], and responses to that Review[3,4], allied to changes within the NHS structure, has prompted a wholescale transformation of leadership within the NHS. This advocates a transformation of leadership within the NHS, with a dedicated Leadership Academy *"supporting each other to take risks and innovate and engaging our staff and the public in difficult conversations. The fundamental difference between success and failure will be the calibre of our leadership*[5]*."*

Adopting and developing leadership behaviours is vital for individual progression, pharmacy as a profession and for improved patient and organisational outcomes. By demonstrating engaging leadership behaviours that make a positive improvement for colleagues or patients, pharmacists at all levels can contribute towards changing the perception of the profession.

At a local level, this manifests as effective, engaging leadership that ensures the visibility of the profession among local organisations and authorities, other healthcare professional colleagues, patients and public. At a national level, effective leadership ensures that pharmacists are represented and respected on national bodies and organisations.

To help pharmacists and pharmaceutical scientists develop leadership skills, in 2011 the RPS worked with a wide range of other stakeholders, in particular the Company Chemists Association, to create the LCF. To reflect current thinking and approaches to effective leadership, the RPS has now created the LDF to encourage collective, engaging leadership at all levels of the profession.

While the principles of the LDF are based on work by the NHS Leadership Academy in England, this, in turn, is based on wider research on effective leadership from international healthcare, private sector organisations and academic experts. Therefore, the LDF is equally applicable to anyone who is not working within the NHS, such as the community, industrial and academic areas of pharmacy.

Underpinning much of the work is the link between good leadership behaviours and positive outcomes or experience; for example, in improving the quality of patient care provided within the NHS[5]. The opposite is also true: poor leadership has a negative effect on organisations and patients[5].

Although pharmacists and pharmaceutical scientists make valuable contributions to organisations and patient care, adopting leadership behaviours can improve these and raise the profile of the role of pharmacy. At its heart, the LDF emphasises it is the responsibility of everyone working in pharmacy to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues.

[1] *The Healthcare Quality Strategy for NHSScotland. The Scottish Government. May 2010.*
[2] *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. February 2013.*
[3] *National Advisory Group on the Safety of Patients in England. A promise to learn – a commitment to act. Improving the safety of patients in England. August 2013.*
[4] *The Health and Social Care Act (Regulated Activities) Regulations. November 2014. No 2936.*
[5] *NHS Leadership Academy. Available at: http://www.leadershipacademy.nhs.uk.*

3.0 AN INTRODUCTION TO LEADERSHIP

For many pharmacists, pharmaceutical scientists, and other healthcare professionals, the dominant model of leadership at the end of the last century was that of the 'hero', with a single person setting the template for change[1]. This limits leadership to the extraordinary person. Current thinking is that leadership is for the ordinary person who has a commitment to creating a shared vision through a network of people at all levels within and outside of an organisation[1].

This means that strong leadership is not only the remit of the RPS, it is a collective approach that encompasses every pharmacist. The Center for Creative Leadership advocates that leadership begins with people in leadership positions but does not end there[2]. What determines an organisation's success is the ability of formal and informal leaders at all levels to work together to achieve common goals. As such, leadership cascades through an organisation[2].

This approach is also being adopted within healthcare. The King's Fund believes leadership requires that everyone takes responsibility for the success of the profession or organisation and creates a community committed to high-quality compassionate care[3]. The NHS in Scotland also notes that heroic leadership is no longer appropriate and that engaging leadership is required, focusing on building capacity and capability in people and organisations[4].

This may require leaders to challenge established thinking in order to deliver a quality service, such as countering a culture where an unsustainable workload is standard practice or 'whistleblowing' where patient care is compromised.

Putting this into practice requires engaging leadership, with improving performance dictated by how the leader operates rather than what the leader does[5]. Work by the Health Foundation shows that engagement and relationship skills are critical in leading quality improvement[5], and are more prominent in those with leadership behaviour than those demonstrating task-related skills[5].

[1] *Chartered Institute of Personnel and Development. Research Insight. Engaging leadership. Creating organisations that maximise the potential of their people. September 2008.*
[2] *Center for Creative Leadership/Association for Human Resources Management in International Organizations. Leadership and talent development in international organizations. 2010.*
[3] *West M, et al. The King's Fund/Center for Creative Leadership. Developing collective leadership for healthcare. May 2014.*
[4] *NHSScotland Leadership Qualities and Behaviours. 2009.*
[5] *The Health Foundation. Evidence: What's leadership got to do with it? January 2011.*

MANAGEMENT OR LEADERSHIP?

Business management author Tom Peters has stated that management is about arranging and telling, leadership is about nurturing and enhancing:

- ***Managers*** translate the vision into reality by coordinating and controlling the work of others to deliver planning, organising and implementing strategies, tactics and policies[1, 2]. Managers keep an organisation functioning. An effective manager may not be an effective leader, however.
- ***Leaders*** demonstrate certain personal qualities and values, such as integrity and emotional intelligence, in addition to competently performing their role through communication, planning and the development of systems and processes[3].
- ***Leadership*** builds on the point above with leaders behaving in an engaging way in interacting with others to align them to the vision through communication and motivation[3]. According to the Institute of Healthcare Management, leading is a personal dimension of management[1].

LEADERSHIP EXAMPLES	MANAGEMENT EXAMPLES
Motivating and inspiring yourself and teams to implement innovative ideas and technology to improve practice	Being accountable for the planning, managing and budgeting the implementation of a new system or service
Being involved with other organisations to secure change	Managing teams or organisations through a period of change e.g. shop refit, implementing a new service
Having an awareness of your organisation's vision and actively contributing to this	Ensuring the team implement the vision by taking responsibility for people management and performance review
Uncovering health and safety related issues and implementing the need for change	Managing risks that accompany the delivery of pharmaceutical care
Identifying when new Standard Operating Procedures (SOPs) are required to improve processes and quality of services	Implementing and using SOPs
Understanding the regulatory standards and determining the need for change	Ensuring the team conforms to regulatory standards
Networking and influencing with a wide range of teams outside your sector	Working with teams outside your sector
Having a deep understanding of the political agenda and the foresight to engineer change when necessary	Being aware of the political agenda and taking appropriate steps to ensure that you and your team are ready to implement any new policies

"Effective leadership is putting first things first. Effective management is discipline, carrying it out"
The late Stephen Covey, author and speaker

[1]*Institute of Healthcare Management. Professional Practice Framework. September 2014.*
[2]*Chartered Institute of Personnel and Development. Leadership Factsheet. July 2014.*
[3]*Chartered Institute of Personnel and Development. Research Insight. Engaging leadership. Creating organisations that maximise the potential of their people. September 2008.*

3.1 Personal qualities

Effective leaders will also have personal qualities and core values that underpin their work in[1]:

- engaging individuals
- engaging the organisation/team
- moving forward together by working with internal and external stakeholders.

In short, the way a person manages and conducts themselves is a central aspect of effective leadership[2]. These personal qualities are based on an individual's emotional intelligence and include self awareness, self-confidence, self-control, self-knowledge, personal reflection, resilience and determination[3]. These directly impact on colleagues and patients, with positive qualities leading to a focus on the delivery of care and the quality of services provided[3].

Being unaware of individual strengths and limitations in these areas will impact on interactions with others and vice versa[2]. Developing these personal qualities will result in a focus on care and high quality service delivery[2].

> *"Leadership requires constant fine tuning of self as well as reflection on the individual needs and characteristics of the team"*
>
> **Susan Oliver, Nurse Consultant**[4]

3.2 Personal benefits

The most obvious benefit in developing leadership behaviours is in personal development. Those working to enhance their leadership behaviours can implement these skills to improve ways of working, enhance patient care or process development, adopt new approaches and create happy, dynamic, motivated staff that work as an integrated team.

In addition, leadership behaviours can be used as markers within performance development reviews, both for an individual and in assessing a team. The LDF outlines behaviours against which people can be measured, highlighting areas for progression and further development.

PERSONAL BENEFITS
- Emma Willams

Emma Williams became Principal Pharmacist at the Royal United Hospital NHS Trust in Bath in August 2013. This was a substantial transition for Emma who, after qualifying as pharmacist in the community sector, spent over 10 years practicing mainly as a clinical hospital pharmacist.

Conscious that her new role required greater leadership skills, she jumped at the opportunity to apply for a leadership scholarship from the Florence Nightingale Foundation within the first month of her move. Open to nurses, midwives and allied healthcare professionals, the scholarship is aimed at those who want to develop and enhance leadership skills and the self-confidence to contribute positively, and with significance, to the rapidly changing world of healthcare. In addition to attending the Foundation leadership programme, scholars attend leadership courses of their choice according to their own personal development requirements and undertake some overseas learning. As well as being supported by a mentor, each scholar also works on an individual patient care improvement project.

"As the only pharmacist undertaking the scholarship, it was daunting at first," says Emma. *"But we instantly bonded on a three day residential course."* Having attended all the leadership programmes directed by the Foundation, Emma has been inspired by the breadth and depth of leadership skills she has been exposed to. *"It's ranged from the strategic level, such as changing the dynamics and culture of an organisation, through to consultation skills, which draws from all aspects of our self-awareness, observation and how to use our innate qualities for successful dialogue."*

A key aspect for Emma has been the understanding that leadership is not so much 'learning' as how to apply leadership behaviours with confidence and authenticity. *"We are all leaders working under an umbrella organisation, but the scholarship has provided an excellent avenue to allow me to tap into my own leadership skills, bringing them to the surface and honing them in a way so I'm more effective in every interaction, task or project I'm involved with."*

The scholarship requires a quarterly report and publication of the patient improvement project, which Emma is intending to focus on the benefits of non-medical prescribing.

"The scholarship has been an excellent opportunity to direct a bespoke leadership programme, while at the same time experiencing and developing leadership behaviours with an incredible group of senior nurses. This scholarship is certainly not for the faint hearted. It requires commitment and dedication, an open mind and a burning ambition to improve patient care through the medium of strong leadership. I hope, in turn, to be able to motivate and inspire others," Emma concludes.

[1] *Chartered Institute of Personnel and Development. Research Insight. Engaging leadership. Creating organisations that maximise the potential of their people. September 2008.*
[2] *NHS Leadership Academy. Available at: http://www.leadershipacademy.nhs.uk.*
[3] *NHS Leadership Academy. Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0. 2014.*
[4] *Oliver S. Leadership in health care. Musculoskeletal care.2006;4(1):38-47.*

3.3 Professional benefits

Demonstrating leadership as a pharmacist can result in multiple benefits that also impact on the profession, as well as the public. This will not only ensure skills are maximised but will also clarify the contributions the profession makes, ultimately leading to an elevated professional standing through a workforce committed to leading better quality outcomes.

Effective leadership has been shown to improve quality of work and systems that can result in patient care benefits. A three-year longitudinal investigation on the impact on productivity of engaging leadership in multi-professional mental health crisis resolution teams found there was a direct link between leadership behaviour and staff attitudes to work and wellbeing, as well as organisational performance. The research showed that the team's perception of an engaging leadership style had a direct impact on performance, staff morale and wellbeing than other styles of leadership[1].

Organisations with engaged staff make fewer errors, have stronger financial management, higher staff morale and motivation, less absenteeism and stress and, for those in patient-facing roles, better patient experience and lower infection and mortality rates, says the King's Fund[2].

PROFESSIONAL BENEFITS
- Community Pharmacy Future group

Chronic Obstructive Pulmonary Disease (COPD) is predicted to be the third greatest cause of morbidity globally by 2020. In the UK, it is estimated to affect three million people, yet public knowledge of risk factors (primarily smoking) is poor and only 900,000 of those with COPD are diagnosed.

Many of these undiagnosed patients may be presenting in pharmacy for exacerbations manifested by 'chesty' coughs. The Community Pharmacy Future group (CPF), established at the behest of the Chief Executives of the four largest multiple pharmacy groups (Boots UK, LloydsPharmacy, Rowlands Pharmacy and The Co-operative Pharmacy), implemented a COPD Case Finding Service through 21 community pharmacies in the Wirral.

The aim was to raise awareness of risk factors for COPD, identify those potentially at risk, and make referrals to general practitioners for diagnosis. *"There is a large pool of patients who are undiagnosed,"* says Jonathan Buisson, Healthcare Policy Manager at Alliance Boots. *"We found that more than half of those chosen by pharmacy assistants for our case finding service were potentially at high risk of COPD."* Of the 238 patients screened over the six-month initiative, almost 57% were identified as being at risk of COPD, including 37% who were active smokers.

At the same time, additional help was provided for diagnosed patients through a COPD Support Service. This was provided by 34 pharmacies in the Wirral. A total of 304 patients received help with managing their condition through improved medicines adherence, good inhaler technique, reducing risk factors through lifestyle and smoking cessation advice, and education on managing breathing and sleeping issues and when to recognise when symptoms are worsening.

"After six months, the service was shown to improve patients' quality of life and medicines adherence and reduced the use of NHS resources, accompanied by an increased uptake of flu vaccines in this patient cohort well above the national average," says Jonathan. The results have been published in the *International Journal of Pharmacy Practice.*

The two services won the BMJ Award 2014 for 'Respiratory Team of the Year' and the whole CPF project, including a Four or More Medicines Support Service for older patients, won the National Association of Primary Care Award 2014 for 'Joint Working Initiative'.

The CPF's aim is to design and implement pharmacy services that demonstrate how pharmacy can make a real difference to patients' lives, deliver clear clinical benefits and add real economic value to the NHS. *"It has been underpinned by cross-company leadership and driven by a Steering Group that includes external and NHS representatives,"* says Jonathan.

[1] *Chartered Institute of Personnel and Development. Research Insight. Engaging leadership. Creating organisations that maximise the potential of their people. September 2008.*
[2] *The King's Fund. Leadership and engagement for improvement in the NHS. Together we can. Report from the King's Fund Leadership Review. 2012.*

3.4 Leadership types

For the engaged leadership approach to work, individuals require a flexible approach that calls on multiple leadership styles. While the style of leadership does not directly improve the performance of an organisation, it does affect the working culture that is allowed to flourish that, in turn, impacts on performance[1].

The NHS Leadership Academy has worked with the Hay Group as part of its research in developing the NHS Leadership Academy's Healthcare Leadership Model. The Hay Group has also created an Inventory of Leadership Styles and identified the six most effective leadership styles and the situations where they can be most effectively applied (see Table)[2]. A leadership style is the pattern of behaviour that an individual uses across the range of leadership situations[2].

According to the Hay Group, there is no one style that is more 'right' for leadership than another[2]. Rather, the most effective leaders are those who can employ a breadth of styles in response to varying scenarios[2]. Although leaders may adopt styles that feel more 'natural' to them, effective leaders are able to assess a situation and know which of the six styles would work best, rather than focus on only the one or two that they feel most comfortable in using[2].

There are other types of leadership styles and psychometric tests used across the business sectors and more information on these is included in the resources section.

> *"The breadth of a leader's repertoire of styles determines his or her effectiveness...There is no right or wrong Leadership Style; the most effective style depends on, and varies according to the task, people, and situation to be managed"*
>
> **Hay Group[2]**

[1] *The Health Foundation. Evidence: What's leadership got to do with it? January 2011.*
[2] *The Hay Group. Senior Development Service: Supporting guide – Hay Group inventory of leadership diagnostic styles. December 2006.*

Hay Group's Inventory of Leadership Styles[1]

Type	Key objective	Most effective use	Least effective use
Directive	Immediate compliance from staff	• Crisis situations • When deviating from direction will cause serious problems • When dealing with difficult staff • As last case resort	• More complex tasks • Long-term approaches • When dealing with self-motivated, capable staff
Visionary	Providing long-term direction and vision	• When a new vision, direction or standards are necessary • When the leader is viewed as 'the expert' • With new staff who require guidance	• When the leader does not develop staff • When the leader lacks credibility • When trying to promote self-managed teams and participatory decision making
Affiliative	Creating harmony among staff	• When giving personal help, such as mentoring • Getting diverse, conflicting groups to work together • When used as part of a repertoire that includes Visionary, Participative or Coaching styles	• Crisis or complex situations requiring clear control • With inadequately performing staff or those who are task-focused or not interested in a friendship with their leader
Participative	Building commitment through consensus and generating new ideas	• With co-ordinated competent staff • When a leader is unsure of the best approach	• Crisis situations when there is insufficient time for meetings • When staff require close supervision, lack important information or are incompetent
Pacesetting	Accomplishing tasks to a high standard	• When staff are highly motivated, competent and know their jobs well • Managing individual contributors • Making an organisation move fast • Developing staff who are similar to the leader	• If the manager is unable to do all his/her own work • When staff require direction, development and co-ordination
Coaching	Long-term professional development of staff	• When staff recognise there is a discrepancy in their current performance level and where they would like to be • When staff are motivated to take initiative and seek professional development	• When the leader lacks expertise • Crisis situations • When staff require substantial direction and feedback

[1] *The Hay Group. Senior Development Service: Supporting guide – Hay Group inventory of leadership diagnostic styles. December 2006.*

4.0 THE RPS LEADERSHIP DEVELOPMENT FRAMEWORK

The LDF reflects the NHS Leadership Academy's HLM currently being implemented for all staff working in the NHS[1]. This distils wider research on effective leadership from healthcare and non-healthcare sectors[2]. The HLM is based on the development of leadership behaviours, comprising nine domains of leadership.

Research has shown that all nine domains are important in improving leadership, but competence and ability in each can vary, therefore individuals can assess their strengths using a four-level scale[1]:

- Essential
- Proficient
- Strong
- Exemplary

This is in line with the RPS' four stages of post-registration professional development: Foundation, Advanced Stage 1, Advanced Stage II and Mastery. Although the complexity of the behaviours increases when moving through the four levels, the LDF is a non-hierarchical approach to leadership, irrespective of discipline, role, function or seniority.

4.1 LDF domains

- The LDF categorises leadership into nine domains, all of which are underpinned by personal qualities:
  1. Inspiring shared purpose
  2. Leading with care
  3. Evaluating information
  4. Connecting our service
  5. Sharing the vision
  6. Engaging the team
  7. Holding to account
  8. Developing capability
  9. Influencing for results.

4.2 Using the LDF

Within the LDF, leadership behaviours are positioned as a series of questions. They are not designed to be answered with a simple 'yes' or 'no' to create a tick-box set of criteria for leadership. Instead individuals are encouraged to give thought to their intentions and motivations, using examples and evidence from personal experience to support their answers.

This is a reflective process, with learning informed by past actions and the use of outcomes to inform future leadership practice. Within the LDF there is space for noting reflections under each leadership domain; these are also of value when completing a Leadership Development Action Plan (see Section 6).

To assist with Faculty submissions, on the following pages the behaviours accompanying each of the nine LDF domains have been mapped against the competencies outlined in the Foundation Pharmacy Framework (FPF) and Advanced Pharmacy Framework (APF).

Some case studies are included to provide examples of leadership behaviours in practice; further case studies will be included in the leadership pages of the RPS website.

4.3 Self-assessment

As the domains and behaviours of the LDF reflect the work of the HLM, pharmacists are able to use the HLM online self-assessment tool to create an individualised pdf report that summarises perceived current leadership performance mapped against the importance of each domain to their current role (http://tinyurl.com/p84kapa).

This interactive tool is free to access, once registered for a free NHS Leadership Academy account. It is a valuable tool for self-reflection, for use in preparing and updating work appraisals, job applications and for Faculty assessment.

The tool can highlight areas of leadership strength and how this relates to the role an individual currently undertakes, which can inform the creation of a Leadership Development Action Plan to aid their personal progress.

The RPS actively encourages pharmacists to complete this self-assessment tool as the HLM will evolve over time in response to the submissions made by all users. Pharmacist responses will be used in future iterations of this tool, allowing benchmarking of the pharmacist 'norm' against peers and other healthcare professionals.

[1] *NHS Leadership Academy. Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0. 2014.*
[2] *Storey J, Holti R. Towards a new model of leadership for the NHS. NHS Leadership Academy. June 2013.*

4.4 360 degree feedback

For a more in-depth assessment, a 360 degree feedback based on the HLM is available for a small fee (http://tinyurl.com/q4vnkty). In addition to undergoing self-assessment, pharmacists can also select other colleagues to provide feedback on leadership behaviours. The outcomes are fed back via a trained facilitator, with pharmacists able to choose who would be best suited for their specific needs.

The RPS would also like to encourage members to sign up as trained facilitators to ensure there are sufficient numbers of pharmacists available to provide feedback to their peers.

360 DEGREE FEEDBACK

Christopher John, Assistant Director at London Pharmacy Education and Training and Workforce Development Lead at the RPS, is one of the first pharmacists to undergo 360 degree feedback using the HLM. As one of the second wave of 360 degree facilitators it was essential that he experienced the process for himself.

The first step was to complete the online self-assessment. *"It was long,"* admits Christopher. *"You have to refer back to the HLM for each domain. But the only way to learn about this is to interact with it."*

His self-assessment report was then sent to his line managers, peers (colleagues or team members), his direct reports and others whom he felt could provide valuable feedback. *"One learning is to make sure that you get feedback from at least three peers and three direct reports, aside from your line manager,"* says Christopher. *"As the feedback is anonymised, this means you can't determine the individual responses. In my case, I wasn't able to get the peer feedback as I only had two respondees."*

The feedback is then delivered through a facilitator. In Christopher's case this was a face-to-face meeting lasting 90 minutes. *"In my self-assessment I found that I rated myself a lot harder than everyone else – they ranked me higher on everything. But it did rake up some stuff that felt critical, so you can see why it needs to be facilitated as there is potential for some emotional fallout. It's natural to focus more on the negatives than the positives. But it is best to focus on the positives and see everything else as a focus for your development."*

For Christopher, the next stage is to use his 360 feedback report in his appraisal and scope out his development areas. *"The report maps out the stuff you are weaker at on a grid that plots against your role, showing where you need to develop."*

4.5 What next?

For individuals

- Review the behaviours outlined in the LDF and reflect on responses using personal experience.
- Complete the HLM online self-assessment tool.
- Consider if a 360 degree feedback is of value and undergo the HLM facilitated feedback process.
- These reports can be used to inform the creation of a Leadership Development Action Plan, for job appraisals and can be used as part of the leadership cluster submission for Faculty assessment.
- Identify gaps in leadership behaviours and knowledge – the resources section includes details of further training.

For mentors/managers/employers

- Encourage individuals to complete the HLM online self-assessment tool and use the report to discuss future development, set goals and identify training needs.
- Work together to create a Leadership Development Action Plan and identify suitable training.

For local groups

- Encourage as many members to complete the HLM online self-assessment tool.
- For those in leadership positions a 360 degree feedback is essential.
- Use the reports to discuss future development and how this can inform the creation of a local Leadership Development Action Plan and consider the need for funding for specific leadership training.

LEADERSHIP DOMAIN 1
INSPIRING SHARED PURPOSE

What is it?

Valuing a service ethos, curious about how to improve services and care, behaving in a way that reflects the principles and values of the organisation.

Why is it important?

Leaders create a shared purpose for diverse individuals doing different work, inspiring them to believe in shared values so that they deliver benefits for patients, their families and the community.

ESSENTIAL Staying true to the organisation's principles and values	**FPF CLUSTER**
▶ Do I act as a role model for belief in and commitment to the service?	1.1 Patient consultation 1.6 Medicines information and patient education 2.1 Professionalism 2.5 Education and training 4.2 Service provision
▶ Do I focus on how what I do contributes to – and affects – patient care or other service users?	1.1 Patient consultation 1.6 Medicines information and patient consultation 2.1 Professionalism 4.2 Service provision
▶ Do I enable colleagues to see the wider meaning in what they do?	2.4 Teamwork 2.5 Education and training 4.6 Staff management

PROFICIENT Holding to principles and values under pressure	**APF CLUSTER**
▶ Do I behave consistently and make sure that others do so even when we are under pressure?	5.1 Role model
▶ Do I inspire others in tough times by helping them to focus on the value of their contribution?	2.1 Communication 3.6 Motivational
▶ Do I actively promote values of services in line with the organisation's principles?	1.2 Delivery of professional expertise 2.1 Communication

STRONG Taking personal risks to stand up for the shared purpose	**APF CLUSTER**
▶ Do I have the self-confidence to question the way things are done in my area of work?	1.3 Reasoning and judgement 2.1 Communication 4 Management (all)
▶ Do I have the resilience to keep challenging others in the face of opposition, or when I have suffered a setback?	2.1 Communication
▶ Do I support my team or colleagues when they challenge the way things are done?	2.2 Teamwork and consultation 5.2 Mentorship

EXEMPLARY Making courageous challenges for the benefit of the service	**APF CLUSTER**
▶ Do I have the courage to challenge beyond my remit even when it may involve considerable personal risk?	1.3 Reasoning and judgement 2.1 Communication 3.2 Governance 4 Management (all)
▶ Do I take the initiative and responsibility to put things right outside my remit if I see others fearing to act?	1.4 Professional autonomy 2.1 Communication

INSPIRING SHARED PURPOSE

Shahira Amr

Background

Shahira Amr worked in a large Pharma company that had identified issues with two Research and Development projects: both were off target in terms of delivery. With one focusing on the pre-launch for a new brand indication, and the other on product development, the ramifications were extensive and impacted on multiple other teams within the company, as well as affecting finance targets. Shahira's secondment to lead both teams was a personal challenge: *"I worked in medical affairs, I had never had a leadership role before and I was also new to the therapy area."*

Challenge

Shahira soon discovered that the common denominator with both projects was that the teams were dysfunctional. *"They were disorganised, disengaged, not working together and as a result the projects were not progressing,"* she says. Attending a handover team meeting with her predecessor it was also apparent that the teams were not communicating, failed to see the benefit of meetings and didn't want to participate. Another challenge for Shahira was that she was to lead staff above her *"who felt disrespected as I was junior"* and staff below her *"who felt intimidated"*.

Action

The priority was to find a way to engage the teams and make them see the value of their contributions. Shahira organised individual meetings with every member of both teams and asked them to outline three priorities, three things they would like to see improved and what was expected of them. In addition to ensuring they were each aware of their roles and responsibilities and their importance to the overall project, she also organised a wider team meeting that encompassed other stakeholders, such as finance, legal and procurement, for everyone to share and discuss their issues. *"Not everyone got on board but I worked with senior people to ensure that we could get the right people to keep the project moving."* She also extended the network of stakeholders to include market access and commercial to enable the pre-launch project to be maximised for longer-term needs.

Outcome

In bringing everyone together on the same page with the same aims in mind, Shahira was able to drive the projects to successful conclusions within a 12-month timeframe. The pre-launch submission was made to the Medicines and Healthcare products Regulatory Authority (MHRA), resulting in a new indication for the product that delivered real benefits to the medical and scientific communities. For the drug development project, the team moved from a haphazard approach to drug synthesis models into a more structured approach. *"In the 12 months we identified a hit compound,"* Shahira adds.

On a personal level the experience was highly rewarding for Shahira. *"Particularly in terms of dealing and communicating with a wide range of different people and having them work together. Also in managing multiple differing projects."* Since the secondment has finished, it has given her the confidence to work in a variety of leadership roles in the pharmaceutical industry at a national and global level.

> *"Not everyone got on board but I worked with senior people to ensure that we could get the right people to keep the project moving"*

LEADERSHIP DOMAIN 2
LEADING WITH CARE

What is it?

Having the essential personal qualities for leaders in healthcare, understanding the unique qualities and needs of a team, providing a caring, safe environment to enable everyone to do their jobs effectively.

Why is it important?

Leaders understand the underlying emotions that affect their team, and care for team members as individuals, helping them to manage unsettling feelings so they can focus their energy on delivering a great service that results in care for patients and other service users.

ESSENTIAL Caring for the team	FPF CLUSTER
▶ Do I notice negative or unsettling emotions in the team and act to put the situation right?	2.4 Teamwork 4.6 Staff management
▶ Do my actions demonstrate that the health and wellbeing of the team are important to me?	2.4 Teamwork 4.6 Staff management
▶ Do I carry out genuine acts of kindness for the team?	2.4 Teamwork

PROFICIENT	APF CLUSTER
▶ Do I understand the underlying reasons for my behaviour and recognise how it affects my team?	2.2 Teamwork and consultation 5.4 Professional development
▶ Can I 'read' others and act with appropriate empathy, especially when they are different from me?	2.1 Communication
▶ Do I help my colleagues to make the connection between the way they feel and the quality of the service they provide?	2.2 Teamwork and consultation

STRONG Providing opportunities for mutual support	APF CLUSTER
▶ Do I care for my own physical and mental wellbeing so that I create a positive atmosphere for the team and service users?	2.2 Teamwork and consultation
▶ Do I help create the conditions that help my team provide mutual care and support?	2.2 Teamwork and consultation
▶ Do I pay close attention to what motivates individuals in my team so that I can channel their energy so they deliver for service users?	3.6 Motivational

EXEMPLARY Spreading a caring environment beyond my own area	APF CLUSTER
▶ Do I take positive action to make sure other keaders are taking responsibility for their emotional wellbeing of their teams?	5.1 Role model
▶ Do I share responsibility for colleagues' emotional wellbeing even when I may be junior to them?	2.2 Teamwork and consultation

LEADING WITH CARE

Alyson Brown

Background

A campaign from the Scottish Mental Health Association (SMHA) highlighting rising male suicide rates coincided with a growing awareness of mental health issues among students and healthcare professionals in Alyson Brown, North East of Scotland Local Practice Forum (LPF) lead and Lecturer in Pharmacy Practice at Robert Gordon University. Recognising the need to help not only patients but also her colleagues and students was a key concern for Alyson.

Challenge

The SMHA campaign encouraged people to talk about their mental health issues but, for community pharmacists, there was uncertainty over how best to approach these patients. Ensuring they managed their medicines appropriately was vital, but this required a greater understanding of the issues around mental health to help better understand the patient perspective.

Action

On a personal level, as both a lecturer and practising community pharmacist, Alyson opted to attend a mental health first aid course for her own interest. On discovering the lecturer was happy to adapt his course specifically for pharmacy, this kickstarted a new LPF initiative to provide a bespoke course for second year pharmacy students at Robert Gordon University and community pharmacists.

"We partially identified a gap at the undergraduate level among students who were getting the learning about a condition but not getting the understanding of how to implement in practice. We also found that, among practicing pharmacists, dealing with patients with mental health they felt it was out of their competencies, in terms of what questions to ask and how to talk to them and what made these patients more vulnerable," explains Alyson.

Together with the medicines unit from NHS Grampian, supported by local members and RPS Scotland, the LPF organised a Mental Health First Aid event run by a local mental health expert.

"This workshop-based event focused first of all on mental health conditions and considering your own mental health. Then what your patients may experience, for example that it is normal to have up and down days, how to talk to people and support them, what services are available in terms of social prescribing and how to signpost. Attendees went away knowing more about mental health, including their own, but also where to signpost and provide support."

Outcome

From an LPF perspective, the Mental Health First Aid event was better attended than usual LPF meetings and is now regarded as a flagship event, both in terms of numbers and also in meeting identified gaps in pharmacists' needs. Alyson adds: *"Although educational events are really useful, people want interactive workshops where they get practical skills. So we are rolling this approach out to other events."*

Among undergraduates, the event also attracted the interest of more later stage students who felt the session was highly relevant to their practice, and who also appreciated the networking time built in. *"Mainly the event gave people confidence in dealing with these conditions but also increased awareness of local policies,"* says Alyson.

The vision of pharmacy involvement and improvement in mental health has also been shared with other Robert Gordon University staff, with several members enrolled on the course who intend to run future mental health sessions.

> *"We partially identified a gap at the undergraduate level among students who were getting the learning about a condition but not getting the understanding of how to implement in practice"*

LEADERSHIP DOMAIN 3
EVALUATING INFORMATION

What is it?

Seeking out varied information, using information to generate new ideas and make effective plans for improvement or change, making evidence-based decisions that respect different perspectives and meet the needs of all service users.

Why is it important?

Leaders are open and alert to information, investigating what is happening now so that they can think in an informed way about how to develop proposals for improvement.

ESSENTIAL Gathering data	**FPF CLUSTER**
▶ Do I collect feedback from service users?	3.1 Gathering information 1.8 Evaluation of outcomes
▶ Do I collect and record the essential data for my area of work accurately and on time?	3.1 Gathering information 2.2 Organisation
▶ Am I regularly thinking of ways to do my role more effectively?	2.1 Professionalism 3.1 Gathering information 3.3 Analysing information 3.6 Research and evaluation
▶ Can I see patterns that help me to do things better, more efficiently or with less waste?	2.2 Organisation 3.3 Analysing information 4.2 Service provision

PROFICIENT Scanning widely	**APF CLUSTER**
▶ Do I look outside my area of work for information and ideas that could bring about continuous improvement?	3.4 Innovation 5.4 Professional development 6.5 Research evidence into working practice
▶ Do I establish ongoing methods for measuring performance to gain a detailed understanding of what is happening?	4.3 Standards of practice 6.1 Critical evaluation
▶ Do I spot future opportunities and risks, and test resulting plans with external stakeholders to improve them?	1.3 Reasoning and judgement 3.5 Service development 4.4 Managing risk

STRONG Thinking creatively	**APF CLUSTER**
▶ Do I conduct thorough analyses of data over time and compare outcomes and trends to relevant benchmarks?	1.3 Reasoning and judgement 3.5 Service development 4.3 Standards of practice 6.2 Identifies gaps in the evidence base 6.1 Critical evaluation
▶ Do I see the relevance of seemingly unrelated ideas which could be made useful in my area of work?	3.4 Innovation
▶ Do I creatively apply fresh approaches to improve current ways of working?	3.4 Innovation 3.5 Service development 4.7 Managing change 6.1 Critical evaluation

EXEMPLARY Developing new concepts	**APF CLUSTER**
▶ Do I develop strategies based on new concepts, insights or perceptive analysis?	3.4 Innovation 4.8 Strategic planning 6.5 Research evidence into working practice
▶ Do I create improved pathways, systems or processes through insights that are not obvious to others?	3.4 Innovation 4.7 Managing change
▶ Do I carry out, or encourage, research to understand the root causes of issues?	6.2 Identifies gaps in the evidence base 6.3 Develops and evaluates research protocols 6.4 Creates evidence

EVALUATING THE INFORMATION
Funmi Oduniyi

Background

"I am interested in developing the evidence-base for the role of community pharmacists in public health through pharmacy practice research," says community pharmacist Funmi Oduniyi. Having secured funding for a Research Training Bursary from Pharmacy Research UK to undertake an online Masters in Public Health qualification at the University of Liverpool, she was motivated by a project that could help reach a patient population that underused community pharmacy.

Challenge

Funmi focused on a group at high risk for type 2 diabetes: people of Sub-Saharan African origin. Detection and patient outcomes were poor among this population and she recognised a need for innovative and culturally relevant strategies to improve early detection and prevention: by making optimal use of the community pharmacy.

Action

Taking pharmacists out into the community could be one way of raising awareness. *"We targeted black-majority churches to recruit focus group attendees, stratified by gender and age group. This revealed that, among this specific community, there was limited knowledge coupled with several misconceptions, poor health-seeking behaviours and a failure to adopt healthy lifestyles,"* Funmi explains.

She found a key barrier to future educational campaigns was that there were negative views of healthcare professionals and, consequently that educational programmes delivered with the involvement of existing community and social networks (such as the church) would probably be more influential in encouraging lifestyle changes.

Outcome

The research has been presented at the Diabetes UK conference and also informed Funmi's ongoing community pharmacy work. *"Completing an MPH has equipped me with skills to contribute to my community and beyond through action research, working with other community pharmacists, members of the healthcare team, the wider research community, such as economists and social scientists, and the general public,"* she adds.

In addition, having completed her MPH, Funmi has worked as a Clinical Lecturer in Pharmacy Practice, is a Student Ambassador for the University of Liverpool's Masters in Public Health programme and is undertaking further long-term action research in community pharmacy. She currently works in a Local Authority as a Public Health Pharmacy Advisor leading on the development and delivery of public health services through community pharmacy.

> *"We targeted black-majority churches to recruit focus group attendees, stratified by gender and age group. This revealed that, among this specific community, there was limited knowledge coupled with several misconception, poor health-seeking behaviours and a failure to adopt healthy lifestyles"*

LEADERSHIP DOMAIN 4
CONNECTING OUR SERVICE

What is it?

Understanding how healthcare services fit together and how different people, teams or organisations interconnect and interact.

Why is it important?

Leaders understand how things are done in different teams and organisations; they recognise the implications of different structures, goals, values and cultures so that they can make links, share risks and collaborate effectively.

ESSENTIAL Recognising how my area of work relates to other parts of the system	**FPF CLUSTER**
Do I understand the formal structure of my area of work and how it fits with other teams?	4.3 Organisations
Do I keep up-to-date with changes in the system to maintain efficiency?	2.1 Professionalism 4.3 Organisations 4.2 Service provision
Do I hand over effectively to others and take responsibility for continuity of service provision?	1.9 Transfer of care 2.1 Professionalism 2.3 Effective communication skills 2.4 Teamwork

PROFICIENT Understanding the culture and politics across my organisation	**APF CLUSTER**
Do I understand the informal 'chain of command' and unwritten rules of how things get done?	2.1 Communication 2.2 Teamwork and consultation 4.8 Strategic planning
Do I know what I need to do and who to go to so that well-judged decisions are made in my organisation?	2.2 Teamwork and consultation 4.8 Strategic planning
Do I understand how financial and other pressures influence the way people react in my organisation?	1.3 Reasoning and judgement 4.2 Resource utilisation

STRONG Adapting to different standards and approaches outside my organisation	**APF CLUSTER**
Am I connected to stakeholders in a way that helps me to understand their unspoken needs and agendas?	2.1 Communication 3.1 Strategic context
Am I flexible in my approach so I can work effectively with people in organisations that have different standards and approaches from mine?	2.2 Teamwork and consultation 4.9 Working across boundaries
Do I act flexibly to overcome obstacles?	1.3 Reasoning and judgement 4.9 Working across boundaries

EXEMPLARY Working strategically across the system	**APF CLUSTER**
Do I build strategic relationships to make links across the broader system?	3.1 Strategic context 4.8 Strategic planning 4.9 Working across boundaries
Do I understand how complex connections across the health economy affect the efficiency of the system?	3.1 Strategic context 4.8 Strategic planning 4.9 Working across boundaries
Do I understand which issues affect decisions across the system so that I can anticipate how other stakeholders will react?	2.1 Communication 2.2 Teamwork and consultation 4.9 Working across boundaries

CONNECTING OUR SERVICE
West Herts Hospitals NHS Trust

Background
West Herts Hospitals NHS Trust had undergone extensive reconfiguration in 2009. Emergency care became centralised at Watford General Hospital and pharmacy services integrated within the new 120-bed acute admissions unit with satellite services at Hemel Hempstead and St Albans. In addition, a new robotic dispenser had been introduced.

Challenge
The challenge lay in developing a patient-focused service across three separate sites and teams, against a background of what incoming Chief Pharmacist Martin Keble describes as: *"Working at a low level for many years. Despite notional integration, pharmacy services appeared fragmented."* He found a demoralised, fragmented and 'tired' team with no outward focus or forward momentum. This resulted in long waiting times for medicines, delayed discharges and poor patient and staff feedback.

There was a need to create a strong connection between all teams to move forward together in transforming their services and quality of staff and patient experience, aligned with the Trust's wider objectives.

Action
Martin recognised there was a need for improved leadership and worked with the Head of Leadership to develop a three-year plan for the whole team that connected the pharmacy services both internally and externally. This was kickstarted with an open 'tell it as experienced' session where staff fed back their frustrations with heavy workloads, feeling undervalued, disconnected and isolated and an underlying feeling of mistrust.

The solution was for the Chief Pharmacist, senior team and staff to all take a leap of faith outside their comfort zones and develop collective leadership behaviours. *"We worked with the Leadership Academy in setting the direction and agreeing the priorities for us,"* says Martin. *"Developing pharmacy services is all about quality, deliverability and sustainability of services. Partnership-working between pharmacy and the Leadership Academy heralded multi-faceted, transferable organisation, service and people development that was high-impact and low-cost."*

He adds *"It was important for all staff to be engaged, with team integration, development and coaching undertaken. This resulted in staff working together to re-engineer their clinical practice, re-design roles and lead impressive service improvements across care settings".*

Outcome
The benefits were both internal and external. Within the pharmacy, the robotic dispensing was maximised and medicines reconciliation is now at 91% within 24 hours, compared to 64% in 2010, with waiting times also halved.

"We have seen wonderfully diverse, staff-led improvements and enhanced relationships and team working," says Martin. *"Overall staff satisfaction has improved, but it has been a long journey that has required a willingness to transform."*

Externally, one project focused on raising the profile of the pharmacy and integration with the services on offer and how this encompassed the Trust's core values. *"They know what we do now and the improved response times have been noted."*

"Developing pharmacy services is all about quality, deliverability and sustainability of services. Partnership-working between pharmacy and the Leadership Academy heralded multi-faceted, transferable organisation, service and people development that was high-impact and low-cost"

LEADERSHIP DOMAIN 5
SHARING THE VISION

What is it?

Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting.

Why is it important?

Leaders convey a vivid and attractive picture of what everyone is working towards in a clear, consistent and honest way, so that they inspire hope and help others to see how their work fits in.

ESSENTIAL — Communicating to create credibility and trust

FPF CLUSTER
▶ Am I visible and available to my team?	2.1 Professionalism 2.2 Teamwork 2.5 Education and training 4.1 Clinical governance
▶ Do I communicate honestly, appropriately and at the right time with people at all levels?	2.3 Effective communication skills
▶ Am I helping other people appreciate how their work contributes to the aims of the team and the organisation?	2.4 Teamwork 2.5 Education and training 4.6 Staff development
▶ Do I break things down and explain clearly?	2.3 Effective communication skills

PROFICIENT — Creating clear direction

APF CLUSTER
▶ Do I help people to see the vision as achievable by describing the 'journey' we need to take?	2.1 Communication 3.3 Vision 5.1 Role model
▶ Do I use stories and examples to bring the vision to life?	2.1 Communication 3.3 Vision
▶ Do I clearly describe the purpose of the job, the team and the organisation and how they will be different in the future?	2.1 Communication 3.3 Vision

STRONG — Making long-term goals desirable

APF CLUSTER
▶ Do I encourage others to become 'ambassadors' for the vision and generate excitement about long-term aims?	3.3 Vision 3.6 Motivational
▶ Do I find ways to make a vivid picture of future success emotionally compelling?	2.1 Communication 3.6 Motivational
▶ Do I establish ongoing communication strategies to deal with the more complex and difficult issues?	1.3 Reasoning and judgement 2.1 Communication

EXEMPLARY — Inspiring confidence for the future

APF CLUSTER
▶ Do I display confidence and integrity under robust and public criticism?	5.1 Role model
▶ Do I describe future changes in a way that inspires hope, and reassures staff, patients and the public?	2.1 Communication 3.3 Vision 3.6 Motivational 4.7 Managing change
▶ Do I explain controversial and complex plans in a way that different groups can hear, understand and accept?	2.1 Communication

SHARING THE VISION
London LPFs

Background
Pre-registration trainees are the future of the profession, therefore encouraging them to share the vision of becoming future pharmacy leaders is vital.

Challenge
"As pre-registration trainees span multiple environments, from community, hospital, primary care and industry, reaching this diverse population can be difficult," says Ricarda Micallef, Deputy Lead of the South West London Local Practice Forum (LPF) and Senior Lecturer in Pharmacy Practice at Kingston University. *"It made sense,"* says Ricarda, *"to have a more centralised, structured get-together to share the vision across the different sectors."*

Action
This resulted in the creation of a cross-London initiative that encompassed all six London LPFs. This provides a targeted approach that engages all pre-registration trainees in their pharmacy future. Through the LPF network pre-registration trainees can attend two support events: one in September at the start of the training year, the other in May prior to their exam.

"In September, we highlight support for future professionals by emphasising where and how they can seek feedback throughout their training year and encourage the sharing of experiences. In May it's about preparing for their exam and providing top tips," adds Ricarda. Learning and networking with experienced pharmacists from a range of sectors is also key in inspiring future ambitions.

Outcome
The events have been running since 2010, with the most recent attended by 96 pre-registration trainees. Of these, 97% stated the event met or exceeded their expectations and 100% said they were planning to join the RPS, if not already a member. They found the event informative, and found the evidence building session extremely useful and helpful for their training year. *"We are getting a lot more pre-regs through to our event and they are getting exposure to the LPF."*

This format of linking the six London LPFs has now been extended to carry out an event for newly qualified pharmacists to support them, with the help of the Foundation Framework.

> *"It made sense to have a more centralised structured get-together to share the vision across the different sectors"*

LEADERSHIP DOMAIN 6
ENGAGING THE TEAM

What is it?

Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service.

Why is it important?

Leaders promote teamwork and a feeling of pride by valuing individuals' contributions and ideas; this creates an atmosphere of staff engagement where desirable behaviour, such as mutual respect, compassionate care and attention to detail, are reinforced by all team members.

ESSENTIAL — Involving the team

FPF CLUSTER
2.3 Effective communication skills 2.4 Teamwork 2.5 Education and training
2.3 Effective communication skills 2.4 Teamwork
2.3 Effective communication skills 2.4 Teamwork

- Do I recognise and actively appreciate each person's unique perspectives and experience?
- Do I listen attentively to my team and value their suggestions?
- Do I ask for contributions from my team to raise their engagement?

PROFICIENT — Fostering creative participation

APF CLUSTER
2.2 Teamwork and consultation 5.4 Professional development
2.2 Teamwork and consultation 4.8 Strategic planning
2.2 Teamwork and consultation 6.1 Critical evaluation

- Do I ask for feedback from my team on things that are working well and things we could improve?
- Do I shape future plans together with my team?
- Do I encourage my team to identify problems and solve them?

STRONG — Co-operating to raise the game

APF CLUSTER
2.2 Teamwork and consultation 3.4 Innovation
2.2 Teamwork and consultation 4.2 Resource utilisation
2.2 Teamwork and consultation 4.9 Working across boundaries

- Do I enable my team to feed off each other's ideas, even if there is a risk the ideas might not work?
- Do I encourage team members to get to know each other's pressures and priorities so that they can co-operate to provide a seamless service when resources are stretched?
- Do I offer support and resources to other teams in my organisation?

EXEMPLARY — Stretching the team for excellence and innovation

APF CLUSTER
5.3 Conducting education and training 5.4 Professional development
4.9 Working across boundaries
2.2 Teamwork and consultation 3.3 Vision 3.6 Motivational
3.6 Motivational 4.5 Managing performance

- Do I 'stretch' my team so that they deliver a fully 'joined-up' service, and so give the best value they can?
- Do I support other leaders to build success within and beyond my organisation?
- Do I create a common purpose to unite my team and enable them to work seamlessly together to deliver?
- Do I encourage my team to deliver on the shared purpose, as much as on their individual targets?

ENGAGING THE TEAM

Vanessa Burgess

Background

There is considerable variation in the accuracy of the diagnosis and long-term management of chronic obstructive pulmonary disease (COPD) patients in the UK. Overtreatment of high-dose inhaled corticosteroids (ICS) was found among 38% of COPD patients in the South East London area, associated with 12 additional pneumonia cases and costs in excess of £500,000 annually.

Challenge

There was a need to improve the quality of prescribing for respiratory conditions and ensure a single common message to review the use of high dose ICS was conveyed. *"Previous work where we had done clinical audits and incentivised practices to implement had minimal impact,"* says Vanessa Burgess, Assistant Director Medicines Optimisation at NHS Lambeth Clinical Commissioning Group. She recognised that an innovative approach was necessary to achieve the aim of improving and promoting access to quality spirometry, pulmonary rehabilitation, smoking cessation services and flu vaccination, self-funded by the release of £200,000 from a more appropriate, targeted use of ICS inhalers.

Action

Vanessa and her team acknowledged they had to go beyond optimising medicines use into optimising health. *"The prescribing is highly influenced by what happens much earlier in the patient pathway so we were talking about patients who could benefit from smoking cessation and pulmonary rehabilitation services as they were not always offered this service."* In addition, promoting the flu vaccine and overcoming diagnostic issues in clinical practice with poor quality spirometry and misdiagnosis were required.

Securing the engagement of all key clinical respiratory leads from Lambeth Clinical Commissioning Group (CCG), Southwark CCG, Public Health, Guy's and St Thomas' NHS Foundation Trust and King's College Foundation Trust, was critical. Vanessa created a partnership with the integrated respiratory team (IRT) of doctors, nurses and physiotherapists, which had been commissioned by Lambeth and Southwark CCGs from King's and supported by clinicians and specialist pharmacists from both Trusts. *"A key learning was that my team spent longer engaging the key power bases within organisations and general practice and agreeing the core messages at the start of the project,"* Vanessa explains.

Another critical partnership was with the London Respiratory Network that had already created a value pyramid for high value interventions in COPD and a set of resources including the patient information card for high dose inhaled corticosteroids.

The first stage was a joint respiratory training event from the IRT and the CCGs that focused on two clinical scenarios where overtreatment with high-dose ICS were prevalent: in asthmatics to encourage the step down process recommended in guidelines; and in those with mild-to-moderate COPD to discourage inappropriate prescribing of ICS with limited clinical benefit. *"We had a shared slide set so the messages were singular,"* says Vanessa. *"Plus they could be delivered by anyone, not just a pharmacist."*

Community pharmacists ran inhaler technique workshops and provided support to general practice through Medicines Use Reviews (MURs), with clinicians encouraged to promote MURs and New Medicine Services from community pharmacies to their patients.

A range of resources were made available: COPD prescribing guidance across primary and secondary care and step down protocols and an ICS inhaler card for patients who required more information. Offering 'virtual clinicals' from the IRT, supported by the CCG medicines team in a team partnership approach, allowed practice staff to discuss optimal patient management on a case-by-case basis in a two-hour session. Changes were discussed with patients before implementation to ensure patient involvement and shared decision making.

Support from five pharmaceutical companies involved in asthma and COPD management helped deliver expertise and sponsorship for resources, learning events and information on access to placebo devices.

Outcome

A total of 94% of Lambeth GP practices participated, with 372 COPD patients reviewed and over 25 virtual clinicals held. Of these, 86% of patients had confirmed COPD and 87% had a recommendation made: 23% were referred from pulmonary rehabilitation, 19% for spirometry and 16% for smoking cessation. In addition, the majority of patients had medication changes: 15% were recommended a long-acting muscarinic antagonist, 15% a long-action beta agonist and 63% stepped down or stopped therapy. *"Overall, there was a 4% decrease in high-dose ICS use, resulting in a £50,000 saving,"* says Vanessa.

Longer-term, it has ensured that the engagement with the pharmacy team continues, both among the IRT leads and within the CCG. *"It has shown that pharmacists can be really good leaders across multiple networks as we grasp issues quite quickly,"* she adds. By demonstrating improvements in one therapeutic sector, pharmacists in Lambeth CCG are now leading cardiovascular and diabetes commissioning. Vanessa concludes: *"People are now seeing the impact pharmacists can have in improving quality and testing it on a much broader basis."*

LEADERSHIP DOMAIN 7
HOLDING TO ACCOUNT

What is it?

Agreeing clear performance goals and quality indicators, supporting individuals and teams to take responsibility for results, providing balanced feedback.

Why is it important?

Leaders create clarity about their expectations and what success looks like in order to focus people's energy, give them the freedom to self-manage within the demands of their job, and deliver improving standards of care and service delivery.

ESSENTIAL — Setting clear expectations

FPF CLUSTER
2.1 Professionalism 3.2 Knowledge 4.1 Clinical governance
4.2 Service provision 4.6 Staff management
4.2 Service provision 4.6 Staff management
2.5 Education and training 4.6 Staff management

- Do I take personal responsibility for my own performance?
- Do I specify and prioritise what is expected of individuals and the team?
- Do I make tasks meaningful and link them to organisational goals?
- Do I make sure individual and team goals are SMART[1]?

PROFICIENT — Managing and supporting performance

APF CLUSTER
4.8 Strategic planning 5.2 Mentorship 6.1 Critical evaluation
4.3 Standards of practice 4.5 Managing performance 5.1 Role model
4.5 Managing performance
4.5 Managing performance

- Do I challenge ways of thinking and encourage people to use data to support their business planning and decision making?
- Do I set clear standards for behaviour as well as for achieving tasks?
- Do I give balanced feedback and support to improve performance?
- Do I act quickly to manage poor performance

STRONG — Challenging for continuous improvement

APF CLUSTER
4.3 Standards of practice 4.5 Managing performance
3.3 Vision
4.3 Standards of practice 4.5 Managing performance

- Do I constantly look out for opportunities to celebrate and reward high standards?
- Do I actively link feedback to the overall vision for success?
- Do I notice and challenge mediocrity, encouraging people to stop coasting and stretch themselves for the best results they can attain?

EXEMPLARY — Creating a mindset for innovative change

APF CLUSTER
3.4 Innovation 3.5 Service development 5.1 Role model 5.4 Professional development
3.6 Motivational
5.1 Role model 5.4 Professional development

- Do I encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better?
- Do I share stories and symbols of success that create pride in achievement?
- Do I champion a mindset of high ambition for individuals, the team and the organisation?

[1] *SMART = Specific, Measurable, Attainable, Relevant, Timed*

HOLDING TO ACCOUNT
Joanne Kember

Background

The Healthcare Professionals Forums (HPFs) in Wales were formed in 2010 to provide a balanced, multidisciplinary view of professional issues and to advise the Health Board on local strategy and delivery. The HPF ensures that the Health Board has 'a vision, develops and sets a strategy, exerts leadership, ensures accountability and transparency and that the executive of the organisation is held to account.'

This involves scrutiny of reviews and strategic documents that are the responsibility of the Board, and ensuring guidelines for Governance in NHS Wales are being adhered to at all times. Welsh community pharmacy locum Joanne Kember was appointed as the community pharmacist representative on the Betsi Cadwaladr University Health Board (BCUHB) HPF in 2011, following a rigorous interview process.

Joanne believes the role gives her a unique position in having awareness of activities within BCUHB that then informs the work of pharmacists across both community, primary care and hospital sectors. *"It's also an excellent platform to network across different professions and has opened up multi-disciplinary doors and allowed me to feed that back into RPS Wales,"* she says.

Challenge

A couple of key challenges have arisen for BCUHB over the past few years: the impact of the Francis report and the 2013 Duerden report on *Clostridium difficile* infection control, which placed the Board on special measures.

Action

BCUHB implemented a number of measures to broaden the infection prevention activity across the Board, initially at three hospital sites, with plans to extend into community and primary care. *"Part of the problem with C. difficile is that it is also acquired in the community and is exacerbated by inappropriate antibiotic prescribing in the elderly,"* explains Joanne.

As part of the HPF, she has ensured that BCUHB has put its action plan in place, such as the Chief Pharmacist taking the lead on antimicrobial stewardship, and undertaking a wider review of governance and systems that applies across the multi-disciplinary sectors.

Outcome

A follow-up report a year later found there had been significant progress in the organisation and governance of BCUHB, with reduced *C. difficile* rates and a more enthusiastic and engaged staff benefitting from improved leadership.

For Joanne, on a personal level, the work with the BCUHB has helped her develop her own leadership behaviours and she is now the HPF's vice-chair. *"It has been a nice recognition and shows that they respect my expertise. Leadership is not about having a lofty professional title but about what you are contributing to the professional dialogue."*

Gaining greater insight into the importance of governance has also confirmed Joanne's belief that pharmacists should be more cognisant and active when it comes to broader governance issues. *"We are often too introspective but, for example, as community pharmacists if we know things are not right in a GP surgery or care home we have a moral obligation to challenge this."*

> *Leadership is not about having a lofty professional title, but about what you are contributing to the professional dialogue*

LEADERSHIP DOMAIN 8
DEVELOPING CAPABILITY

What is it?

Building capability to enable people to meet future challenges, using a range of experiences as a vehicle for individual and organisational learning, acting as a role model for personal development.

Why is it important?

Leaders champion learning and capability development so that they and others gain the skills, knowledge and experience they need to meet the future needs of the service, develop their own potential, and learn from both success and failure.

ESSENTIAL — Providing opportunities for people development

	FPF CLUSTER
Do I often look for opportunities to develop myself and learn things outside my comfort zone?	2.1 Professionalism 3.1 Gathering information 3.2 Knowledge
Do I understand the importance and impact of people development?	2.5 Education and training 4.6 Staff management
Do I build people development into my planning for my team?	2.5 Education and training 4.6 Staff management

PROFICIENT — Taking multiple steps to develop team members

	APF CLUSTER
Do I explore and understand the strengths and development needs of individuals in my team?	4.5 Managing performance
Do I provide development opportunities for other people through experience and formal training?	5.3 Conducting education and training
Do I look for and provide regular positive and developmental feedback for my team to help them focus on the right areas to develop professionally?	5.2 Mentorship 5.4 Professional development

STRONG — Building longer-term capability

	APF CLUSTER
Do I explore the career aspirations of colleagues in my team and shape development activities to support them?	5.3 Conducting education and training 5.4 Professional development 5.2 Mentorship
Do I provide long-term mentoring or coaching?	5.2 Mentorship
Do I spot high-potential colleagues or capability gaps in my team and focus development efforts to build on or deal with the situation?	5.2 Mentorship 5.4 Professional development

EXEMPLARY — Creating systems for succession to all key roles

	APF CLUSTER
Do I create the conditions in which others take responsibility for their development and learn from each other?	5.4 Professional development
Do I take a strategic approach to people development based on the future needs of the organisation?	3.1 Strategic context 5.6 Educational policy
Do I share in broad organisational development and succession planning beyond my area of work?	5.2 Mentorship 5.4 Professional development 5.5 Links practice and education 5.6 Educational policy

DEVELOPING CAPABILITY
Helen Barker

Background
As a pharmaceutical scientist working in a leadership position within the pharmaceutical industry, Helen Barker was aware that a new role as Programme Manager, Infectious Diseases, within the Nuffield Department of Experimental Medicine at the University of Oxford, would pose a significant challenge. *"Although the therapy area was familiar, it was cutting edge scientific research. Also, academia worked in a very different way to the corporate world,"* she admits.

Challenge
Helen's personal concern was how to translate the leadership attributes she had into this new environment, but she also found the department she was joining was in a state of flux. *"There were no processes in place so I couldn't easily identify what success looked like, personal development reviews were ad hoc so I couldn't see individuals' growth opportunities. So the biggest challenge was in understanding the staff and stakeholders and how to move them beyond task-based interactions."*

Action
Helen's priority was to gain a better knowledge of the team before creating a vision that put the patient as the primary stakeholder. The first stage was to understand each individual and their medium to long-term objectives, rather than the focus on their daily tasks. *"We worked as a group on where they felt the problems lay and how these could be solved. This was important to spot gaps and opportunities as well as understanding their perceptions,"* says Helen.

Taking into account individual growth objectives helped her realise there were opportunities for cross-organisation mentoring, with, for example, a molecular biologist keen to find out more about computer programming. *"This has not only provided up-skilling within the team but has moved beyond one-to-one mentoring and opened up training sessions for the whole group."*

It also became clear that a new way of working could be created, resulting in the set up of multi-disciplinary matrix teams working on a single pathogen, where previously all had worked in isolation on specific elements of research. Critically, Helen does not lead these various teams. *"I'm not the expert in the area so I encourage people to see the opportunity to lead. We are non-hierarchical so leadership is not based on levels or salary."* She does however provide personal mentoring and coaching to some members of the department.

Outcome
The matrix approach has not only fostered improved teamworking but provides a vision of where an individual's work fits in and how it impacts on the wider team. Helen adds: *"And understanding how it will affect the patient will help ensure the relevance of your work, which can also be very motivational."*

Regular performance development reviews has helped Helen identify those colleagues who are going to do well and what skills are required to enable their development.

On a personal level, the move to academia has shown Helen that there are core intrinsic leadership behaviours that can be used in many different environments. *"The first thing is to understand the context you are going into, the culture and the people. The behaviours you need may be subtly different but you can adapt these to suit your situation. As pharmacists and pharmaceutical scientists we all demonstrate leadership as part of the way we work. The question is can you push yourself to do more or even better?"*

> *"As pharmacists and pharmaceutical scientists we all demonstrate leadership as part of the way we work. The question is can you push yourself to do more or even better?"*

LEADERSHIP DOMAIN 9
INFLUENCING FOR RESULTS

What is it?

Deciding how to have a positive impact on other people, building relationships to recognise other people's passions and concerns, using interpersonal and organisational understanding to persuade and build collaboration.

Why is it important?

Leaders are sensitive to the concerns and needs of different individuals, groups and organisations, and use this to build networks of influence and plan how to reach agreement about priorities, allocation of resources or approaches to service delivery.

ESSENTIAL
Engaging with others to convince or persuade

	FPF CLUSTER
Am I respectful in all circumstances?	2.3 Effective communication skills
Do I listen to different views?	2.3 Effective communication skills 2.4 Teamwork
Do I share issues and information to help other people understand my thinking?	2.3 Effective communication skills
Do I develop and present well-reasoned arguments?	2.3 Effective communication skills
Do I avoid jargon and express myself clearly?	2.3 Effective communication skills

PROFICIENT
Adapting my approach to connect with diverse groups

	APF CLUSTER
Do I adapt my communication to the needs and concerns of different groups?	2.1 Communication
Do I use stories, symbols and other memorable approaches to increase my impact?	2.1 Communication 3.6 Motivational
Do I check that others have understood me?	2.1 Communication
Do I create formal and informal two-way communication channels so I can be more persuasive?	2.1 Communication

STRONG
Developing collaborative agendas and consensus

	APF CLUSTER
Do I use 'networks of influence' to develop consensus and buy-in?	2.1 Communication 4.9 Working across boundaries
Do I create shared agendas with key stakeholders?	2.2 Teamwork and consultation
Do I use indirect influence and partnerships across organisations to build wide support for my ideas?	4.9 Working across boundaries
Do I give and take?	2.2 Teamwork and consultation

EXEMPLARY
Building sustainable commitments

	APF CLUSTER
Do I contribute calmly and productively to debates arising from strongly-held beliefs, even when my own emotions have been excited?	2.1 Communication
Do I build enough support for the idea or initiative to take on a life of its own?	4.7 Managing change 4.9 Working across boundaries
Do I act as an ambassador for my organisation to gain reputational influence by sharing experiences and best practice nationally and internationally?	5.1 Role model

INFLUENCING FOR RESULTS
Lucy Galloway

Background

Prior to the introduction of the Health and Social Care Act 2012, prescribing for renal transplant patients fell under the remit of general practice. In April 2013, NHS England assumed responsibility for all immunosuppressant prescribing for renal transplant patients and Guy's and St Thomas' Hospital in London sought to repatriate this prescribing into the hospital sector in early 2013. This would result in a more robust supply chain, reducing out of stocks, improving safety by ensuring the correct brand of narrow therapeutic agents was supplied and cost savings from switching from branded to generic products. It also required a new home care service to be set up to deliver the immunosuppressants.

Challenge

The move brought about multiple challenges. *"Lots of consultants were not behind the move as they felt it was not what patients wanted,"* says Lucy Galloway, then Principal Pharmacist and Repatriation Project Manager. *"For patients it was a change in practice to have one group of their medications supplied separately. Also, for years they had been told not to switch between brands - and now we were moving them to generics."* A further pressure was a push to have the service implemented as quickly as possible.

Action

The priority was to engage and influence the various stakeholders to have them on board with the move. Lucy's solution was to create a steering committee that included an influential consultant, the lead nurse for the renal clinic, the service manager and the clinic secretary. *"They all had to share the same vision and goal. The consultant had to be on board to influence the other consultants and we needed the backing of the clinic secretary as she was the patients' first point of call and initially alerted them to the change."*

The pharmacy team and administration and clerical staff were managed to ensure the scheme would run smoothly, with guidelines, protocols and Standard Operating Procedures created. A new patient clinic was set up to explain to patients in simple terms what was happening, overcome any concerns and negotiate and motivate them to overcome barriers and manage the long-term maintenance of immunosuppressants. For Lucy this was a new experience, having never run a clinic before.

A key issue was in having patients move to receiving their medication from somewhere other than their usual community pharmacy. The solution was delivering via a home care service that was compliant with the clinical and financial recommendations of the Hackett report. *"We enlisted the help of the local Clinical Commissioning Group (CCG) that was extremely keen for this to happen as there would be a share of the savings generated."* The CCG also wrote to GPs and patients to ensure there was a consistent message being delivered through primary and secondary care.

Outcome

By September 2013, 89% of patients had been successfully repatriated to secondary care, 85% switched to generic immunosuppressants and half registered for a home delivery service. It also generated additional income for the hospital.

For Lucy an initially daunting project allowed her to develop her leadership behaviours. *"At the beginning I thought, where do I start? How do I run a clinic, how do I design and implement an electronic homecare prescription and manage the billing, legal and processing aspects of dealing with a homecare company? Breaking it all down into very small sections was key,"* she advises.

Not only did the initiative improve Lucy's confidence in negotiating and influencing different stakeholders with a multidisciplinary team, it also gave greater insight into the wider functioning of the NHS. *"I hadn't worked with IT, administration and clerical, finance or management before, so this showed I was now ready to lead a team."*

Her advice for other hospital pharmacists looking to gain leadership experience is to secure a secondment on a project: *"Even if it's not medicine-related, such as change management or service provision, the clinical knowledge pharmacists have is invaluable."*

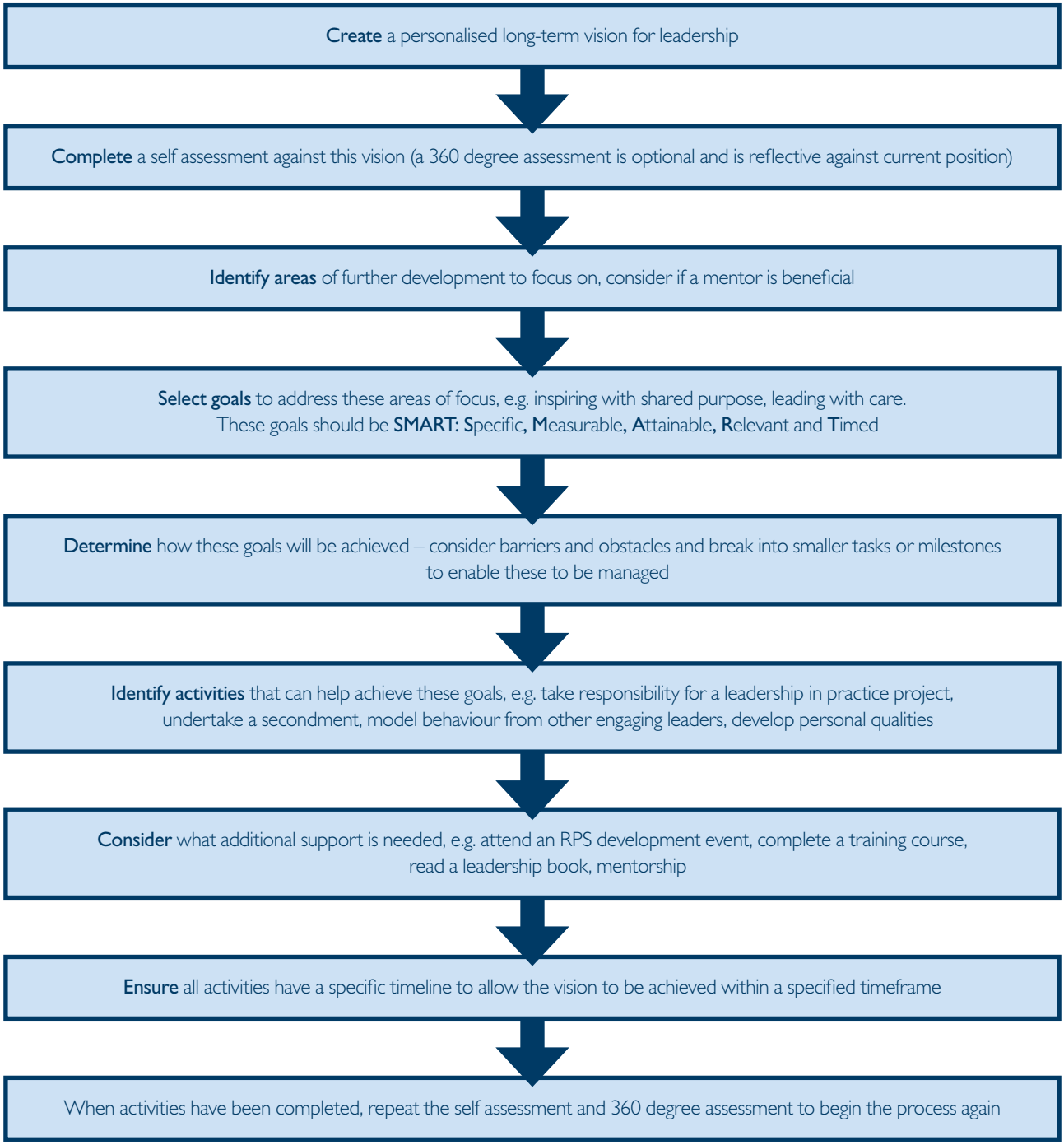
> *They all had to share the same vision and goal. The consultant had to be on board to influence the other consultants and we needed the backing of the clinic secretary as she was the patients' first point of call and initially alerted them to the change*

5.0 THE LEADERSHIP DEVELOPMENT ACTION PLAN

Completing the leadership self assessment tool can help frame an individual's own strengths and weaknesses and identify areas for further development. These can then form the basis of an Action Plan to develop leadership behaviours further. The resources section of this document can provide some valuable information on additional reading and training providers that can help. The RPS is also producing further support tools for members seeking to develop their leadership abilities; these will be made available on the RPS website.

LEADERSHIP DOMAIN	GOAL	ACTIVITY	SUPPORT NEEDED	HOW TO MEASURE SUCCESS	TIME
Inspiring shared purpose					
Leading with care					
Evaluating information					
Connecting our service					
Sharing the vision					
Engaging the team					
Holding to account					
Developing capability					
Influencing for results					

5.1 Creating an Action Plan



6.0 THE LDF AND THE LEADERSHIP COMPETENCY FRAMEWORK

The RPS LCF was created in 2011 and based on the NHS Leadership Framework. Although the NHS Leadership Framework has been superseded by the NHS Leadership Academy's Heathcare Leadership Model (HLM), it remains available for use, but will no longer be supported by the NHS Leadership Academy.

As such, the RPS has elected to keep the LCF available as an interim measure for those who have been using the LCF for professional development. However, the RPS would encourage members to switch to the LDF, as it better reflects current thinking on leadership.

The key difference between the two models is that the LCF defines and describes 'what to do' for a leader to achieve their goals and targets. It is also hierarchical in nature. In contrast, the LDF is focused on the 'how to do' for leadership and is more suited to the development of an engaging leader, irrespective of hierarchy. The Table illustrates how the domains for the LDF map to the competencies outlined in the LCF.

LEADERSHIP DEVELOPMENT FRAMEWORK DOMAIN	LEADERSHIP COMPETENCY FRAMEWORK DOMAIN
Inspiring shared purpose	Developing self-awareness (1.1) Acting with integrity (1.4) Building and maintaining relationships (2.2) Encouraging improvement and innovation (4.3) Facilitating transformation (4.4) Making decisions (5.3)
Leading with care	Developing self awareness (1.1) Managing yourself (1.2) Working within teams (2.4) Managing people (3.3)
Evaluating information	Critically evaluating (4.2) Encouraging improvement and innovation (4.3) Planning (3.1) Managing resources (3.2) Applying knowledge and evidence (5.2) Evaluating the impact (5.4)
Connecting our service	Developing networks (2.1) Planning (3.1) Identifying the contexts for change (5.1) Making decisions (5.3)
Sharing the vision	N/A
Engaging the team	Building and maintaining relationships (2.2) Encouraging contribution (2.3) Managing people (3.3)
Holding to account	Acting with integrity (1.4) Managing performance (3.4) Ensuring patient safety (4.1)
Developing capability	Continuing personal development (1.3)
Influencing for results	Applying knowledge and evidence (5.2) Making decisions (5.3)

7.0 LEADERSHIP FOR FACULTY

Leadership is one of the six core clusters for Faculty assessment (Cluster 3). Through the Faculty, the RPS is committed to the principles of engaging leadership: personal qualities and core values, engaging individuals, engaging the organisation/team, moving forward together by working with internal and external stakeholders[1]. As such, leadership is integral to progression through the various stages of Faculty development.

The individual competencies for the Leadership cluster outlined within the Advanced Pharmacy Framework (APF) are:

- 3.1 Strategic Context
- 3.2 Governance
- 3.3 Vision
- 3.4 Innovation
- 3.5 Service Development
- 3.6 Motivational.

These have been mapped to various behaviours within the LDF (see Section 4). It should be noted that many elements of leadership can also meet the competencies of other clusters within the APF. The LDF can be used as part of a Faculty submission to demonstrate individual leadership behaviours and how this has impacted on practice. Indeed, several of the case studies included within this Handbook were originally submitted as evidence for successful Faculty members.

Faculty members are strongly encouraged to engage with leadership and to progress the profession's standing, recognition and reputation as leaders within their field. For more Faculty information go to: http://www.rpharms.com/development/faculty.asp.

LEADERSHIP FOR FACULTY – Hannah Wilton

Leadership is integral to a pharmacist's professional development, says Hannah Wilton, Faculty Development Lead at the RPS. *"That's why leadership is a core cluster in the Advanced Pharmacy Framework. Being able to showcase your leadership as part of your submission also helps you meet the competencies of many other elements of the Advanced Pharmacy Framework. This shows how effective leadership encompasses so many other skills."*

When working with pharmacists to help them develop their Faculty portfolios, Hannah is delighted to see that pharmacists' ability to lead comes out strongly. She says: *"We see such a breadth of experience coming through in the submissions. But what's interesting is that some people will say they are meeting only a few of the competencies in the leadership cluster, but when you see what they have achieved it is clear they are meeting many competencies. So they are leaders, but they don't recognise it within themselves."*

She adds that most of the pharmacists achieving Advanced Stage II or Mastery level are those who have the strength to do something different and lead the way for others, whether they have 'leader' or 'chief' in their job title.

Speaking personally, Hannah is most inspired by pharmacists who stand by their teams, are recognised by the whole multi-disciplinary team as a patient advocate and who make themselves accountable for the changes that really matter. *"I feel my ability to effectively manage has been hugely enhanced by reflecting on and developing my leadership skills."*

Tips for using the LDF for Faculty

- Review Section 4 of this Handbook, which outlines how the LDF maps to the APF.
- Review the APF Leadership cluster and familiarise yourself with the areas and competencies. The 'evidence examples mapping tool' can provide ideas of examples and practice that may be relevant to specific areas of professional practice.
- Complete a leadership self-assessment to showcase strengths and determine which level of leadership is being attained within each of the nine domains. These can be mapped to the APF with the aid of Section 4 of this Handbook.
- As these apply to other competencies clusters in addition to leadership, evidence can also be used to support submissions for other clusters. Ensure that any practical examples of leadership demonstrate these strengths. This can be helpful in determining if more work is required to achieve Faculty membership.
- Once you have identified some evidence add to your Advanced Practice Portfolio (APP) on the RPS website.
- Completing a 360 degree feedback is optional. However, it will add weight and credibility to a submission in demonstrating further evidence of leadership through peer evaluation of behaviours and impact.

[1] *Chartered Institute of Personnel and Development. Research Insight. Engaging leadership. Creating organisations that maximise the potential of their people. September 2008.*

8.0 MENTORING

Mentoring is one of the key clusters within the Advanced Pharmacy Framework (APF) and the ability to mentor runs through several of the behaviours within the LDF.
As such, mentoring is a key leadership behaviour that allows an individual to nurture and encourage others to grow and develop their abilities. As a mentor, pharmacists contribute to their own professional development, but also to that of colleagues in the profession and, in addition, it forms part of the Faculty portfolio.

Mentoring enables pharmacists practising at every level in all sectors of pharmacy to benefit from the support and guidance of their more experienced colleagues through a variety of approaches to mentoring. A mentor considers the whole person, not just the professional person:

- The professional self
- The social self
- The personal self
- Their educational experience
- Their future plans
- Their future hopes.

Each of these areas is useful for discussion and development.

The RPS runs an online mentor-mentee database to enable those wishing to mentor to be matched with those seeking a mentor. For more information go to: https://groups.rpharms.com/membership/mentoring.

MENTORING
- Barry Jubraj and Nina Barrett

Barry Jubraj, Associate Professor, Chelsea and Westminster Hospital NHS Foundation and UCL School of Pharmacy, outlined an unsatisfactory pharmaceutical discharge from his elderly care rehabilitation unit to his mentor Nina Barrett, Consultant Pharmacist for older people at North West London Hospitals Trust and Pharmacy Adviser for older people for East & South East England Specialist Pharmacy Services.

Barry had tried to implement solutions to help the patient manage their medicines when at home and had worked very hard to communicate across the interface to the GP, carers, community pharmacist, district nurses and the family.

Nina listened to his account and reflected back what had been said, which Barry found helped him think about the process and to unpick it in his own mind, bringing a conscious awareness that he had not yet processed. *"I benefitted from the fact that Nina is a Consultant in Elderly Care and could identify with my frustration about this discharge. However, I was struck that her questions came just as much from a mature practitioner as from a specialist background. This reminded me that simply being a pharmacist and the tacit understanding that this brings can be very helpful in relating to another pharmacist,"* says Barry.

Questions like *"so how did that make you feel?"* and *"looking back, what else do you think you could have done?"* were helpful in allowing Barry to recognise he had too great an expectation of himself. *"When people think about mentoring, it's easy to think that you need to have all the answers as a mentor. Some people think that a mentor should be directive, whilst others suggest it should be a non-directive relationship. A really good technique that Nina used was offering hunches. This is a non-threatening way of sharing a view without being unhelpfully directive."*

Nina's mentorship helped Barry to see that he was trying to solve all of the patient's adherence issues beyond the rehabilitation stay and back into the home situation. He realised that he needed to put reasonable plans in place, but more importantly to communicate effectively across the interface. By doing this, primary care could evaluate how the patient was managing at home, (which Barry couldn't predict) and adjust the management accordingly.

"It slowly became clear: I can't predict how the patient will manage at home and whilst I should try to make the best assessment possible, I shouldn't try to fix everything and have too much of a crystal ball," says Barry. *"I was too caught up in the discharge to be able to take a step back and review it objectively. A good mentor can act as a mirror, reflecting back to you things that you may not see for yourself, as well as giving the time and space to process it beyond the emotions at the time."*

9.0 FURTHER RESOURCES

Further support tools and information will be available on the leadership pages of the RPS website. Information that may be of interest and further reading are included below.

9.1 Core tools

Healthcare Leadership Model Self Assessment tools

Available to complete online for free, resulting in an individualised report: http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/supporting-tools-resources/healthcare-leadership-model-self-assessment-tool/

Healthcare Leadership Model 360 Feedback Tool

Available for a fee: http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/supporting-tools-resources/healthcare-leadership-model-360-degree-feedback-tool/

9.2 Pharmacy leadership training providers

Centre for Pharmacy Postgraduate Education

Provides a range of leadership courses: http://www.cppe.ac.uk

London Pharmacy Education and Training

Runs a leadership training programme in partnership with CPPE: http://www.lpet.nhs.uk

NHS Education for Scotland

Provides a range of leadership courses: http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy.aspx

Welsh Centre for Postgraduate Pharmacy Education

Offers a15-month leadership programme: http://www.wcppe.org.uk

9.3 Pharmacy leadership networks

Pharmacy Workforce North West

http://www.pharmacyworkforcenw.nhs.uk/?page=1309

Pharmacy Clinical Leadership Network

An online NHS network for pharmacists in all sectors: http://www.networks.nhs.uk/nhs-networks/pharmacy-clinical-leadership-network

9.4 Healthcare leadership training providers

NHS Leadership Academy

Provides a series of training programmes that utilise the Healthcare Leadership Model, most are also available for non-NHS staff, but places are limited and there may be a cost involved: http://www.leadershipacademy.nhs.uk/grow/professional-leadership-programmes

NHS regional leadership academies

The NHS Leadership Academy is delivered locally across England by 10 regional leadership Academies. These each offer additional training:

- North West: http://www.nwacademy.nhs.uk
- North East: http://www.nelacademy.nhs.uk/
- Yorkshire and Humber: http://yh.hee.nhs.uk/what-we-do/yorkshire-humber-leadership-academy/
- West Midlands: http://wm.hee.nhs.uk/leadership/
- East Midlands: http://www.leadershipeastmidlands.nhs.uk/
- East of England: https://www.eoeleadership.nhs.uk/home.php
- Kent, Surrey and Sussex: http://www.kssleadership.nhs.uk/
- South West: http://www.southwestleadership.nhs.uk/
- Thames Valley and Wessex: http://www.tvwleadershipacademy.nhs.uk/
- London: http://www.londonleadingforhealth.nhs.uk/

Institute of Healthcare Management

Provides a wide range of education and training: http://www.ihm.org.uk

9.5 Higher Education Institutes

Many higher education institutes provide leadership courses, ranging from diplomas, PGDips, MScs and MBAs. A number provide specific leadership training for healthcare providers (this list is not exhaustive):

Aston University	MSc in Clinical Health Management
University of Bath	Leadership in Health
Birmingham University	PGDip/MSc in Leadership for Health
Bradford University	Offers a range of postgraduate leadership courses in its Health Studies division
Brighton University	PGCert/PGDip/MSc in Management Leadership for Clinicians
Cardiff University	Offers short leadership and management courses
University of Central Lancashire	MA/PGDip in Community Leadership
City University London	MSc in Health Management and Strategic Management and Leadership
Coventry University	A range of short and long-term courses covering Clinical Leadership, Leadership for Change, Social and Healthcare Leadership and Management
University of Cumbria	MBA in Leadership in Health and Social Care
De Montford University	Short courses in Strategic Leadership and Effective Management and Leadership and Management Principles in Practice
University of Derby	MBA in Health Leadership
University of Hertfordshire	MSc in Leadership and Management in Public Services
University of Huddersfield	Short course in Leadership and Management for Healthcare Practice; MA in Leadership in Education and Public Services
Keele University	PGCert/PGDip/MSc in Medical Science Leadership and Management
King's College	PGCert/PGDip/MSc in Advanced Leadership Practice
Kingston University	PGCert/PGDip/MSc in Leadership and Management in Health
Liverpool University	PGCert in Advancing Leadership for Quality
University of Manchester	PGDip in Clinical and Health Services Pharmacy; PGDip/MSc in Community Pharmacy Public Health Services that encompasses a leadership module

9.5 Higher Education Institutes (continued)

Norwich University	PGDip in Pharmacy Practice (with a leadership element); MSc Advanced Practitioner (with a leadership module); MA Leading Innovation for Clinical Practitioners
Nottingham University	MBA at the Centre for Health Innovation Leadership and Learning
Open University	PGCert in Clinical Leadership; modules in Leadership and Management in Health and Social Care
Portsmouth University	PGDip/FDa Leadership and Management; MSc in Leadership in Health and Wellbeing
Robert Gordon University	Module on Management and Leadership for Health
Salford University	PGCert/PGDip/MSc in Leadership and Management for Healthcare Practice
University College London	Range of courses and workshops in leadership and management
University of Southampton	PGCert/PGDip/MSc in Leadership and Management for Health and Social Care
University of Wolverhampton	MSc in Healthcare Leadership

9.6 Commercial leadership training providers

A number of commercial organisations provide extensive leadership training and qualifications.

Chartered Institute of Personnel and Development

The CIPD is the professional body for human resources and people development and provides a range of short courses on leadership and management: http://shop.cipd.co.uk/shop/cipd-training/courses-qualifications/leadership-management-business/leadership-management

Chartered Management Institute

Provides an extensive range of 110 training programmes: http://www.managers.org.uk/individuals/qualifications

Hay Group

The Hay Group, which has outlined the six most effective leadership styles, also provides assessments and development programmes: http://www.haygroup.com/leadershipandtalentondemand/leadershipsolutions/index.aspx

Henley Business School

Henley Business School is part of the University of Reading and provides executive leadership programmes and formal MA qualifications: http://www.henley.ac.uk/executive-education/course/the-leadership-programme

Institute of Leadership and Management

The ILM provides the UK's widest range of leadership and management qualifications and accredited training: https://www.i-l-m.com

9.7 Leadership Scholarships

Florence Nightingale Foundation Leadership Scholarships

The Florence Nightingale Foundation offers nurses, midwives and allied healthcare professional leadership scholarships of up to £15,000: http://www.florence-nightingale-foundation.org.uk/content/page/36/

Health Foundation Generation Q

The Health Foundation offers Generation Q, a part-time, fully-funded leadership and quality improvement programme for senior leaders working in and with the health service: http://www.health.org.uk/areas-of-work/programmes/generationq/

Sources of postgraduate funding

City University London provides a useful summary of potential sources of postgraduate funding:
Sources of postgraduate funding: http://www.city.ac.uk/study/postgraduate/funding-and-financial-support/sources-of-funding

9.8 Leadership styles

Hay Group

The Hay Group has outlined the six most effective leadership styles: http://www.haygroup.com/leadershipandtalentondemand/leadershipsolutions/index.aspx

Lewin's leadership styles

Developed in the 1930s by the German-born psychologist Kurt Lewin: http://changingminds.org/disciplines/leadership/styles/lewin_style.htm

Myers-Briggs Type Indicator (MBTI)

Created in the 1940s by Americans Isabel Briggs-Myers and her mother Katharine Briggs from theories proposed by Carl Jung: http://www.myersbriggs.org/my-mbti-personality-type/mbti-basics

9.9 Useful reading resources

- Faculty of Medical Leadership and Management: https://www.fmlm.ac.uk
- Strengthfinder: http://strengths.gallup.com/110440/About-StrengthsFinder-20.aspx

APPENDIX 1 ACKNOWLEDGEMENTS

The Leadership Development Framework is based upon the research and work of the NHS Leadership Academy. The Framework and Handbook have been supplemented by the knowledge and expertise of a wide-ranging team dedicated to encouraging and facilitating leadership in every member of the profession.

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