Inspired to Lead in the Shetland Islands

Sue Nash

Inspired to Lead in the Shetland Islands

Contents

Executive Summary

Current national policy places leadership at the heart of modernising the delivery of healthcare services. Clinical leadership is about "*driving service improvement and the effective management of teams to provide excellence in patient / client care*" (Scottish Executive, 2004, p4) In this way clinical leadership is not the preserve of a few people but exists and requires supported development at every level of the organisation and across professional groups.

The Inspired to Lead is a 3-month long programme which aims to enhance self awareness, team building, motivation skills and enable personal development, political awareness and networking skills. Key impacts of the programme include individual leadership, development, impact on teams and organisation – service delivery. The Inspired to Lead Programme provide participants practical tools and strategies to use in their day to day work to improve personal and team effectiveness.

The NHS Shetland Workforce Plan 2006 states with regard to staff aspirations:-

'A key issue identified in 2020 Vision was ensuring that staff maintain a good quality of life. Shetland's geography and size can mean this is a significant issue for us as an employer. Working in a small organisation can often mean that, although the roles available will be challenging and varied, considerable responsibility can rest with certain individuals. If not carefully managed, this can give rise to work life balance issues as well as the issues of key person dependency which can make some of our service provision quite vulnerable.

Retention of staff in some areas can also be challenging, with professional isolation a particular difficulty.'

2.2.5 Staff Aspirations

Evaluations and reflections from the participants on the Inspired to Lead Programme seem to conclude that the development helped with some of the issues around isolation (experienced even in a busy acute hospital environment), self esteem, lacking in confidence, political awareness and knowledge of the structure and processes. This has been done during a programme which has also delivered practice change and development and therefore improved service to patients.

Sue Nash 2007

<p align="center">**Inspired to Lead in the Shetland Islands**</p>

Introduction

Current national policy places leadership at the heart of modernising the delivery of healthcare services. Clinical leadership is about "*driving service improvement and the effective management of teams to provide excellence in patient / client care*" (Scottish Executive, 2004, p4) In this way clinical leadership is not the preserve of a few people but exists and requires supported development at every level of the organisation and across professional groups. Developing the capacity and capability of Clinical Leaders has been identified as a priority area in ensuring the delivery of the ambitious change agenda within NHS Scotland. Delivery through Leadership (Scottish Executive 2005) focuses on the importance of investment in leadership development across NHSS.

The Inspired to Lead Programme

Inspired to Lead is a 3-month long programme developed by the RCN Clinical Leadership Team in Scotland. The programme was funded by the ***Scottish Executive Health Department.*** The programme is aimed at participants from any clinical background, with the aim of raising participants awareness of the contribution of effective clinical leadership to high quality care. The RCN Scotland Clinical Leadership Programmes aim to enhance self awareness, team building, motivation skills and enable personal development, political awareness and networking skills. Key impacts include individual leadership, development, impact on teams and organisation – service delivery. The Inspired to Lead Programme provide participants practical tools and strategies to use in their day to day work to improve personal and team effectiveness.

The key elements of the programme are:-

♦ Values and philosophy - policy drivers in relation to leadership development are considered, as well as current leadership theory and the values that underpin it with some reference to emotional intelligence

♦ Personal development - focuses on helping participants to identify their strengths and areas for development, access support and write a personal development plan

♦ Building and developing effective teams – this element includes some tools in order to look at team roles and personality types. The emphasis in this section is on valuing diversity in teams and building more effective teams.

♦ Networking and political awareness – this enables the participant to think about the purpose and extent of their networks and how to develop these. Similarly the political awareness element challenges the participant to think about future directions within health and social care and ways of influencing both within their organisation and beyond.

♦ Patient focus and project work - looks at how to improve and maintain a patient focus. A patient-focussed project is undertaken in the 3-month period between the first week of the programme and the 2-day follow up.

♦ Evaluation is a key part of the programme and different method are used so that the participant can reflect and evaluate their learning.

Sue Nash 2007

Adult Learning

Inspired to Lead is based on the principles of adult learning which suggests that adults learn most effectively when their learning is based in the reality of day to day experience. The methods used are creative and interactive. Many of the sessions during the NHS Shetland Islands Inspired to Lead Programmes were needs led and the smaller groups enabled good group interaction which was positively received by both groups.

'Learning was fun in groups and (with) exercises.'
'How it was presented made me listen and understand all aspects of the week better.'

Research and Evidence Based Intervention

Patients and their families should be able to expect high standards of care, delivered by kind, understanding and professional nurses. Although this seems self evident, many nurses realise that in reality this does not always happen. This was the starting point for the RCN Ward Nursing Leadership Project. (Cunningham and Kitson, 1997) The project sought to identify why good care was not being delivered and, then, to explore ways to improve.

The project ran from November 1994 through to October 1997. It was led by the RCN and funded by a charitable trust. It was clear from existing research the pivotal role of the ward sister in determining the quality of care delivered within the ward. Good leaders produced good care and poor leaders produced poor care. The RCN Ward Leadership Project focused on the ward leader, the senior nurse and their leadership qualities. The project aimed to promote better practice by identifying the skills needed by ward leaders to make them more effective, then demonstrating how those skills could then be transferred to nurses and patients.

One of the strongest messages to emerge from the project was that although employers can influence the quality of patient care, it is the qualities of individual nurses, which have a more direct effect on the way patients are looked after. Five major themes emerged from the qualitative data. The themes illustrated the areas where participants needed to develop their skills in order to become patient centred clinical leaders. These themes of:-

- Learning to manage self
- Effective relationships
- Patient Focus
- Networking
- Political Awareness

are the framework for the Inspired to Lead Programme.

The aim of the programme is to raise participants' awareness of the contribution of effective clinical leadership to high quality patient care and to provide participants with some practical tools to use in their day to day work to improve their personal effectiveness.

Delivering the Programme in the Shetland Islands

Two programmes were delivered in the Shetland Islands – May 2006, with follow up days at the end of August and September 2006, with follow up days at the end of January 2007. The programme consisted of:-

♦ Pre programme information and resource pack sent to participant
♦ 5 day leadership development workshop facilitated by an experienced freelance facilitator commissioned by the RCN Scotland Clinical Leadership.
♦ a patient focused project undertaken during 3 months with co-coaching support
♦ 2 day follow up to review learning, development and actions

Six participants attended the first programme in May 2006 – two from the community, two from accident and emergency, one midwife who was transferring to the community and one who worked in both theatres and accident and emergency. In the September 2006 programme there were also six participants, four of whom came from accident and emergency, one from a ward and one from maternity. Inspired to Lead Programmes can have up to 24 participants but in an area such as the Shetland Islands releasing this number was potentially a problem because of the size of the health board.

Impact and Outcomes

The qualitative summary from the programmes evaluation sheets can be found at Appendix 2. 54% evaluated the programme at '5' in strongly agreeing with the positive statement about the impact of the programme, 39.5% scored '4', 6% scored '3' and 0.5% (one individual) strongly disagreed about the pre-programme materials providing enough information. These packs are currently being rewritten.

Participants also commented about how much they enjoyed the programme and the effects on them individually as well in their work: –

'I really enjoyed this course and have learned lots about myself and theories on teams etc.'

'I will ask and ensure that what I want to do is done and not just talked about.'

The above comment demonstrates a change in attitude in being more proactive.

The impact of the programme had effects on the individual as well as team working. This combined to produce practice development and service improvement as demonstrated in the projects listed in Appendix 1. Comments within the daily evaluation sheets which were used as learning logs were themed. The main categories being as follows:-

- Improved Personal Effectiveness
  - Confidence and self-esteem
  - Self Awareness
  - Self Management

- Team and Leadership Development
- Patient care and service development

Sue Nash 2007

Improved Personal Effectiveness

There was time within the programme to discuss and explore values and philosophy and revisit the reasons participants came into nursing. Other themes relating to personal development and effectiveness linked to the elements of Emotional Intelligence – self awareness and self management. Participants also commented on their increase in confidence and self-esteem leading to the ability to be more assertive.

<u>Confidence and self-esteem</u>

One of the impacts of the programme was the building of confidence. This seemed to be because of the networking, realising, as stated by the participants, that they are not alone in their concerns and that they have similar problems.

Within the public services in the UK there is much change which brings challenges around the health and well being of staff. The Royal College of Nursing recently published *'At breaking point? A survey of the wellbeing and working lives of nurses in 2005'* (Ball J, 2006) which identified that:-

- 'Nurses score more poorly than the HSE (Health and Safety Executive)average, showing that they are exposed to higher levels of stressors in their jobs, particularly in terms of demands and change
- Nurses' psychological wellbeing is lower than the general population
- Nurses' psychological wellbeing varies according to employer setting. Those working in the NHS, particularly in accident and emergency, have poorer psychological wellbeing.'

From the two programmes run in NHS Shetland, seven participants were from Accident and Emergency one of the high risk areas for stress and poorer psychological well being. Programmes such as Inspired to Lead provide a vehicle that organisations can use to support and develop staff as well as enabling the establishment of learning networks that facilitate sustainable development of individuals and their organisations. Participants noted:-

'I am more confident.'

I hope to continue to build my confidence.'

This confidence manifested itself in both the ability to discuss issues with patients as well as to challenge other work colleagues leading to development of assertiveness skills.

'I am far more confident when discussing issues with patients.'

'Become more assertive and challenge others' viewpoints.'

There was a recognition that participants needed to take responsibility for putting things right themselves, that this was not the sole job of those in line and senior management and that their input mattered:-

'Enhanced my ability to speak up.'

By taking responsibility for putting things right nurses can take control which may help deal with the potential high levels of stress, particularly in terms of demands and change, as described above, thereby moving away from the feeling of 'being done to.'

Self Awareness and Self Management

Self awareness and then the ability to self manage are two key aspects of emotional intelligence. Participants were able to explore in a safe environment their behaviours and attitudes, the potential impact on others and some strategies for dealing with this and modifying their behaviours:-

'I have become more aware of others, slightly calmer at work.'

'More assertive, try to stay calm and address the issues there and then.'

'Stop and think more. Think before I speak.'

In one of the workshops, participants got a greater awareness of 'knowing themselves and understanding others.' This took the form of a session on MBTI (Myers-Briggs Type Inventory), - feedback on personality types as hypothesised by Carl Jung originally and made accessible by Myers and Briggs who carried out over 50 years of research on a tool they developed. Participants looked at the differences there are in how people take in information, make decisions and live their lives which can lead to misunderstanding and miscommunication. Actions were identified that could be written into their personal development plan to improve personal effectiveness at work. Comments from the evaluation form demonstrated that one of the interventions that they liked was this MBTI awareness session:-

'Understanding different personalities and how we all interact.'

and

'Feel much more aware of peoples' differing perspectives and personalities. Also more aware of how I may look to other people. See this as very important in developing leadership skills. Also I will not make so many assumptions about situations and people.'

Most significant learning – 'how people are different and how that is a good thing.'

'Reminded that patients have different personalities and will react differently in different situations.'

'Assumption busting' was another element that the participants seemed to have the greatest learning from. This took various forms:-

- not assuming that someone else is doing something about it
- assuming that you will get a negative response
- making assumptions about people and how they will react
- making assumptions about a situation

'Don't assume,' was one participant's 'most significant learning'. If not challenge there is a danger that these assumptions can lead to a culture of learned helplessness.

This effect on confidence and self esteem seems to be the golden thread that provided the foundation for further development:-

'I have more idea of my direction and feel more able to introduce new initiatives. I feel more confident about achieving this.'

'I will be more organised and aware of other people and their needs.'

The one element of the programme which seemed to cause the most concern was the expectation that each participant would present their project to their line managers and other invited guests. Some said that they had not made presentations since their training or further study. Some parts of the programme were dedicated to improve presentation skills to facilitate this event and participants stated:-

Aspects of the programme most useful – 'being forced to stand up in front of the group and speak.'

'Getting more comfortable with standing up and speaking before others.'

Team and Leadership

The focus of much of the programme was team and leadership development. Discussing the concept of clinical leadership raised awareness that leadership does not necessarily sit with those in authority and the participants themselves could develop as clinical leaders in order to develop practice and improve patient care. Initially there was an assumption that they were the wrong people for the programme as they 'were not leaders.' Their attitude to leadership development has changed since undertaking course and the following quotes describe the affect on their leadership practise:-

'Leadership can occur at any level and does not have to be top down.'

'It will help, prompt me to work on my potential and not to assume other people are better and more knowledgeable that me.'

'More aware of the varied aspects of leadership e.g. not just task orientated.'

The participants also developed an awareness about team development and their own responsibilities for this – that it was not just the domain of the team leader. There were at times some hilarious moments during the team exercises where they demonstrated really well –

'How easy it is for team members to be heading in different directions without knowing.'

They also found that:-

'Communication is vital.'

'Feel more confident towards leading and understand better my seniors' leadership skills.'

'More aware of team dynamics which helps with coordinating the department.

'Colleagues have an increase in confidence in my leadership'

The initial ward leader project by Geraldine Cunningham as stated earlier identified developing key leadership skills in order promote better practice and effectiveness. The development of these skills:-

- Learning to manage self
- Effective relationships
- Networking

have been very much in evidence from the evaluations and reflections of the participants. The very process of being on a programme working with people they would not normally work with or even meet helped with their networking:-

'Teamwork and trust and building relationships with colleagues from different departments has been rewarding and fun and new friendships/closeness has developed.'

Patient and Service

The participants from the two programmes produced 11 projects. The twelfth participant was on maternity sick leave during part 2 of the programme. The projects all had benefits for the patients either from direct changes in delivery of care to patient information and staff training.

The other 2 skills that were the primary focus of development were:-

- Patient Focus
- Political Awareness

The process of undertaking a project helped facilitate development of these and other skills. To succeed in the projects the participants had to build an awareness of the organisation structure and processes, developing effective relationships, network and develop their political awareness.

Some had commented on the fact that they had not followed through a project since their previous training. This was due to time as well as motivation and skill issues. One participant said

'the course made you motivated to conduct a project.'

and by undertaking a project they were motivated to:-

'Be more willing to network/ask for help re: patient issues.'

'What you can do to make it easy to understand, verbal and written for patient care.'

The projects were:-

May 2006 Programme

1. Nurses Go Digital – patient information leaflet and consent form for the use of digital photography – Rhona Asher
2. Improving Patient Safety – Theatre Documentation – Amanda Cumming
3. Follow through on Chlamydia results – Norma Laurenson
4. Reducing unnecessary manual handling and pain in Accident and Emergency – Stacy Sandison
5. Rolling Out Basic Lifesupport Training – Ray Saxelby

September 2006 Programme

1. Updating the A & E Website – Barbara Leslie

2. Care of your Cast – Patient Information Booklet – Linda Leslie

3. Introduction of MEWS and the assessment of Patients in Accident and Emergency – Clare McMillan

4. Patient Information Poster – The Role of the ENP - Gwen Simpson

5. Gestational Diabetes and Glucose Tolerance Tests – Patient Information Leaflets – Elizabeth West

6. Catheter Care – Learning Pack and Personal Record Documentation – Sheila Williamson

More detail on some of the projects as described by the participants in their presentations can be found at Appendix 1. For a more detailed account and update on progress please refer to the individuals themselves at NHS Shetland.

Summary

The NHS Shetland Workforce Plan 2006 states with regard to staff aspirations:-

'A key issue identified in 2020 Vision was ensuring that staff maintain a good quality of life. Shetland's geography and size can mean this is a significant issue for us as an employer. Working in a small organisation can often mean that, although the roles available will be challenging and varied, considerable responsibility can rest with certain individuals. If not carefully managed, this can give rise to work life balance issues as well as the issues of key person dependency which can make some of our service provision quite vulnerable.

Retention of staff in some areas can also be challenging, with professional isolation a particular difficulty.'

2.2.5 Staff Aspirations

Evaluations and reflections from the participants on the Inspired to Lead Programme seem to conclude that the development helped with some of the issues around isolation (experienced even in a busy acute hospital environment), self esteem, lacking in confidence, political awareness and knowledge of the structure and processes.

Staff in NHS Sheltand are 'part of a small workforce who are expected to deliver the range of skills necessary often covering a range of specialist areas'. (NHS Shetland Workforce Plan 2006) These staff will need to be confident and skilled at networking and liaising with their specialist colleagues on the mainland in order to develop these many specialist skills whilst working generically. Inspired to Lead provides a foundation for these skills development by focussing on:-

- Learning to manage self
- Effective relationships
- Patient Focus
- Networking
- Political Awareness

This has been done during a programme which has also delivered practice change and development and therefore improved service to patients.

Examples of some of the Projects

May 2006

1. Improving Patient Safety – Theatre Documentation – Amanda Cumming

For this project I looked at updating the in-patient pre-operative check lists used within the Gilbert Bain Hospital

Aims and objectives:

- To standardise the pre-operative check list

- To ensure patients are prepared thoroughly for theatre to promote patient safety

- To ensure all patients have been assessed, prepared and consented before arriving in theatre

Action plan:-

- To reformat the old document, to make it easier, more comprehensive

- Devise a layout with most important information first

- Improve patient service

- Standardised Documentation

- Easy format

Benefits

- Safety for patient and staff

- Time saving

- Cost saving

- Increased Compliance

This was achieved through:-

- Networking

- Support from Colleagues

    - Support from Line Manager

    - Patients

    - Theatre Staff

    - Surgical Ward Staff, Ward 1

    - A & E Staff

    - Maternity Staff

    - Medical Ward Staff, Ward 3

    - Rehabilitation Ward Staff

    - Medical Staff – SHO's

Barriers:-

- Decide on subject!!

What happened next:-

- Firstly consulted theatre colleagues

- Looked at current document, highlighted problems

- Contacted Sister McClymont, Ward 1 to find out if she was happy for me to look at updating the check list

- Tried to find out who created the current one

- Spoke with Alison Mustard, ANMAC Chairperson. To find out the process of introducing new documentation

- Put together first draught of check list, distributed to Ward 1, A & E, Ward 3, Maternity, Rehabilitation and Ward 2 for comments, and a date to be collected

- Collected comments, suggestions

- Updated document and e-mailed to all sisters of departments and each ward, with a date for replies

Next Steps:-

- Prepare document for ANMAC

- If approved, implement for 3 month trial period

- Evaluate with all users and continue to use

- Devise a teaching package

2. Reducing unnecessary manual handling and pain in Accident and Emergency – Stacy Sandison

Background:-

- The paramedics use the swaddle technique with the woven cellular blankets

- Blankets are coming up on the x-ray films

- X-ray staff have requested that patients do not have blankets underneath them when films are required

- Patients require unnecessary movement thus increasing their pain/discomfort

- Greater sensitivity of Digital Computerised Radiography Imaging

- Staff unaware of impact of change in technology

Aims and Objectives:-

- Introducing a change in the way in which patients are transported to A+E department

- Reducing patient moving and handling

- Looking specifically at patients who may require x-raying

Benefits:-

- Improving patient service

- Less manual handling constraints for patients and staff

- Improving patient care

- Reducing the need for repeat imaging

- Reducing unnecessary pain on patients

Barriers to project

- Time (hols/sick leave)

- ? If it will be met with negativity

What I did and who I liaised with:-

- Gaining support from colleagues

- Networking with others

- Auditing the effectiveness

- Patients

- Nursing staff

- Paramedics

- Radiographers

- Manual Handling Officer

- Laundry staff

- Liaised with A+E dep in ARI

- Discussed Mr A MacIntosh (SORT Scottish Ambulance Service)

September 2006

1. Care of your Cast – Patient Information Booklet – Linda Leslie

Aim

To improve patient information by producing an accurate, up to date, evidence-based booklet on care of casts. Written information will reinforce verbal information, help the patient to remember and can be shared with family, friends and carers.

To ensure all members of the team give some written and verbal information to this specific group of patients.

Background and Plan

The current plaster instruction sheet was out of date and does not give information on different types of plaster. A member of the public commented via the suggestion box that more information would be helpful. The clinical governance team had produced a draft booklet and this needed taking forward. Prodigy, an NHS web site that produces patient information leaflets is used by the Accident and Emergency Department but does not produce one on plaster care. The programme offered the opportunity to evaluate the current sheet and draft booklet and through networking and a literature search produce a comprehensive and understandable patient information booklet on cast care.

Summary

The draft was produced at the end of the programme ready for piloting for three months. Future plans consisted of producing a flowchart to ensure that all the staff are giving the same verbal and written information to patients. The final booklet would be put on the NHS Shetland's website and interpreted into different languages.

2. Patient Information Poster – The Role of the ENP - Gwen Simpson

Aims

To produce a poster to be used in the Accident and Emergency Department to inform patients about Emergency Nurse Practitioners, (ENPs).

Background and the Plan

A small audit was carried out on patients who Gwen had seen in her ENP role. They were asked if they knew what an ENP is and 2 confirmed they did and 15 did not know. Through networking and working with stakeholders a poster was designed and cartoons produced by a member of staff.

Summary

At the end of the programme the poster was available to put up in A & E and would be evaluated after a 3 month period.

3. Gestational Diabetes and Glucose Tolerance Tests – Patient Information Leaflets – Elizabeth West

Aim

Production of leaflets to explain what Gestational Diabetes is and how a Glucose Tolerance Test is carried out.

The aim was to provide pertinent information which was understandable and evidence based for both women and their families.

It was felt that providing this information could assist in easing the stress associated with the extra health checks and tests which would occur during the pregnancy.

Background and Plan

By providing one source of information on the subject it was hoped that staff, both hospital and community would not be giving contradictory information. The plan was to carry out a literature review, network with other colleagues, identify and work with stakeholders and produce the two draft leaflets.

Summary

At the end of the programme the 2 draft leaflets were being proof read and having the format changed to match the existing NHS Shetland leaflets by the Clinical Governance Support Team and were being piloted by some of the staff and women who attend the ante-natal clinic.

4. **Catheter Care – Learning Pack and Personal Record Documentation Urinary Catheter Care– Sheila Williamson**

   Aim

   To provide a structured learning resource of underpinning knowledge for nursing auxiliaries. The packs would also be useful for student nurses and qualified nurses.

   The long-term aim is to have packs available in other areas of basic nursing care e.g. oral care, personal hygiene and pressure area care.

   The initial pack is for urinary catheter care and linked to the pack is and updated patient personal record and information sheet.

   The benefit to patients would be the provision of evidence based case consistently by all members of the team.

   Background and Plan

   Sheila's experience as assessor for the nursing auxiliaries undertaking the Scottish vocational qualification was that there has been little in the way of these resources for these members of staff except for mandatory study days.

   The proposed project was discussed with identified stakeholders, a literature search undertaken and a draft learning pack produced. The urinary catheter personal record was also updated as the current sheet was out of date and did not meet the necessary QIS requirements.

   Summary

   This pack is something that can be used by members of the multidisciplinary team including community staff so it has been sent to clinical governance for validating.

Sue Nash 2007

Quantitative Analysis of Programme's Evaluation Forms

Inspired to Lead

End of Programme - Evaluation

As well as the comments that have been share in the main body of this report, the participants were asked provide a quantitative evaluation by circling the number that corresponds most closely to their experience. Eleven participants scored the sheet – one was on maternity leave
Number of participants scoring seen in **bold** below.

	STRONGLY DISAGREE			STRONGLY AGREE		COMMENTS
Programme overview						
The programme met my expectations	1	2	3 **4**	4 **5**	5 **2**	1 made no response as not sure what the programme involved. 2 comments to this effect
The subject level was relevant to my role	1	2	3	4 **6**	5 **4**	
I would recommend this programme to colleagues	1	2	3	4 **5**	5 **6**	
Facilitation and Learning						
The content was relevant to my role	1	2	3	4 **9**	5 **2**	
The facilitation was of a high standard	1	2	3	4 **2**	5 **9**	'Excellent'
The facilitators managed the group well	1	2	3	4 **1**	5 **10**	
The facilitators demonstrated a high level of subject knowledge	1	2	3	4 **1**	5 **10**	
The experiential nature of the learning was beneficial	1	2	3	4 **2**	5 **9**	'Learning was fun in groups and exercises'
Programme materials						
The pre-programme materials were enough information	1 **1**	2	3 **4**	4 **4**	5 **2**	'Too much. Didn't really help.'
Sufficient reference material was provided	1	2	3 **2**	4 **4**	5 **5**	'Quite a lot of material provided'
The support materials were provided in good time	1	2	3 **1**	4 **4**	5 **6**	
Venue/Facilities						
The venue provided a good environment in which to learn	1	2	3	4 **5**	5 **6**	
The facilities were of a high standard	1	2	3	4 **6**	5 **5**	
The location was easily accessible	1	2	3	4 **3**	5 **8**	
Programme Administration						
The pre-course administration was of a high standard	1	2	3	4 **7**	5 **4**	
Administration staff were friendly and helpful	1	2	3	4 **5**	5 **6**	

The Facilitator

Sue Nash, RGN, BSc (Hons), MBA

Sue Nash is an experienced facilitator and works in organisations in the public, private and voluntary sectors. She specialises in facilitating action learning sets, coaching, 360 feedback and individual and team development.

Sue has had extensive experience of operational and project management in the public and voluntary sectors including 20 years of nurse leadership and management at all levels as well as across organisational boundaries. She was Head of Clinical Services at an Independent Hospital, addressing and turning around clinical quality performance. Sue has also been involved in the Royal College of Nursing Clinical Leadership and Clinical Teams Development programmes as well as other bespoke programmes for personal and leadership development.

Sue is passionate about the use of Action Learning, coaching and 360 feedback, underpinned by MBTI personality type indicator, and sees these as essential and fundamental ingredients in personal and organisational development. She is an Associate Lecturer, School of Teacher Education, Continuing Professional Development, University of Chichester and a member of Associates Network, Centre for the Development of Healthcare Policy and Practice, University of Leeds.

Sue has worked with:
- Department of Health
- NHS South Central
- Royal College of Nursing - England and Scotland
- NHS Shetland
- NHS Grampian
- The Higher Education Academy - SWAP
- Portia Financial Services
- Federation of Schools – East of England
- NHS Trusts throughout the UK
- National Leadership and Innovation Agency Wales

Sue Nash
nashsm@tiscali.co.uk
07742 532 970