How to Achieve Effective Clinical Engagement and Leadership when Working Across Organisational Boundaries

Practical Recommendations

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Introduction

The NHS is going through a period of rapid transformation, with an increasing focus on the delivery of quality care, centred on the patient.

We are now listening to patients and service users more than ever before and acting on what they tell us to improve the way we work.

There is also a rise in the importance of partnership and collaborative working, where boundaries between and across organisations are being challenged and barriers removed. The NHS is focusing more on partnership working, collaboration and delivering quality care across the whole patient pathway or journey, with a growing need for more cross-boundary clinical working.

Despite this focus, patients are still having poor experiences and reduced quality of care when they move from one NHS organisation to another, and from the NHS to social services or the independent and voluntary sectors.

Achieving improvements in services within the complex social and organisational environment of healthcare is extremely challenging. Service users, patients and carers are fundamental to the process of improvement. However, to gain the full commitment of all partners and to sustain improvements, clinical engagement and leadership is vital.

It is clear that clinical engagement and leadership is crucial for the ownership and sustainability of service improvements, but organisations often find it is hard to achieve in practice.

These recommendations identify the characteristics and impact of high quality clinical engagement, leadership and team effectiveness across organisational boundaries. They share the knowledge obtained from working with actual change projects, and pick out the fundamental elements that allow clinicians to lead change and make a real difference to the patient experience and quality of life.
Aims of the Practical Recommendations

The recommendations within this practical guide are based on the knowledge gained from actual cross-organisational change projects.

The change projects aimed to improve the quality of patient care. They have helped to identify the characteristics and impact of high quality clinical leadership, engagement and team effectiveness, when working across organisational and professional boundaries, particularly when focusing on the patient journey.

These recommendations aim to pick out the main elements that facilitate clinicians to lead change across organisational boundaries, to describe the basic tools and techniques and explore how they can be applied. These include contextual factors, skills and individual behaviours.

It is hoped that this knowledge will provide a foundation for clinicians and managers to confidently lead more cross-boundary working, thus improving the patient experience.

The key findings are:

- Clinicians need to lead cross-boundary working
- Change can be successfully achieved by effective cross-boundary projects and patients benefit
- Patient and user involvement is crucial to successful cross-boundary working

These recommendations are aimed at frontline clinicians and managers who want to improve the quality of care for patients across organisational boundaries. They provide practical information to consider before and during a cross-organisational project, thus helping ensure successful outcomes. Additionally, these recommendations highlight to policy makers the fundamental requirements for effective cross-organisational working, partnerships and collaborations.
In addition, this type of working requires clinicians to develop an enhanced leadership style and skills, particularly emotional intelligence, and effective communication and influencing skills. It is clear from the projects examined that these skills are more important when working across organisational and professional boundaries.

The benefits of cross-boundary working include:

**Improving the patient journey**
Co-ordinating care across the patient journey is crucial if patients are to have high quality care and good experiences.

Many patients, however, currently highlight the fragmentation, loose connections and poor communication between organisations and services that provide the various elements of their healthcare.

Most complaints about quality arise from problems with co-ordination of care, so it is clear that the focus should be on improving communication and working between organisations.

Evidence shows that communication and partnership working between organisations improves the patient journey (NCCSDO, 2005). A clinician working on a cross-organisational project reflected:

> “So I’ve learnt a huge amount about how hospitals work and kidney doctors and nurses and kidney patients. And I’d like to think that they’ve learnt something about the primary care perspective. So it’s not just we get to understand each other’s perspective across, say, primary and secondary care, the very act of working together means we change patient care.”

**Improving efficiency**
Despite additional funding, the NHS is currently seen to be under significant strain, so efficiency gains must be sought. To improve efficiency, organisations need to work differently and more intelligently. Working across organisational boundaries makes sense – outcomes can be achieved that would not be feasible for one individual or organisation alone and significant efficiencies can be gained.

Partnerships can enhance individual and organisational success through more effective problem solving, improved adaptation to change, increased efficiency and improved patient care. As one clinician commented:

> “I think that we have achieved things in a shorter period of time that would have taken a lot longer to achieve without making it more joined up.”
Cross-organisational working can have substantial financial benefits through increased efficiencies, whilst also enhancing and improving patient care, experience and outcomes. For example, it can help achieve targets, reduce length of stay or re-admission rates, reduce waits and queues, increase access, control demand and facilitate patients being seen in the most appropriate healthcare setting. Cross-organisational working enhances the ability of partners to achieve these aims, which are more ambitious than could be sought by one single organisation.

A more personalised service
The Department of Health (DH) white paper – “Our Health, Our Care, Our Say” (2006) – promotes giving service users a louder voice to drive service improvements. The paper gives a clear policy direction of developing and promoting partnership working and focuses on achieving effective health and social care provision for the public.

Benefits to staff
“Health Reform in England: Update and Commissioning Framework” (DH, 2006) highlights the benefits for staff as “a greater ability to work collaboratively across the clinical divides to construct care pathways around the individual needs of patients; and more scope for clinical leadership and engagement for nurses, midwives, GPs, consultants and other health professionals to shape services.”

Staff involved in inter-organisational working have described the benefits as:
- Better patient outcomes
- Inspirational – it gives individuals different and wider perspectives
- Offers more insight into the whole patient journey
- Offers individuals exposure and prospects for career development
- Improves personal development
- Improves learning
- Helps with benchmarking
- Provides constructive competition
- Helps individuals learn lessons in a safe environment
- Offers flexibility to try new things out without fear of failure
- Enhances communication

Better disease management
Partnership working has become a fundamental part of everyday work for many healthcare professionals, particularly those working within chronic disease management, as it has been shown to deliver better disease management and improved outcomes for patients.

Delivering and sustaining change
Although there is currently limited evidence of how partnership working improves service provision, the change projects studied demonstrate that partnerships do deliver effective changes and fundamentally improve patient care and experiences.
Setting up a Cross-organisational Project

Senior management support
Senior management involvement and commitment from the top of the organisation is vital for success. Studies have shown that senior management buy-in has the biggest impact on the progress of clinical service improvements and is critical as a lever for change (NCCSDO, 2006).

Those driving cross-boundary working particularly need corporate and senior management support to ensure their work fits in with the wider organisational strategies.

As with most successful change initiatives, senior management agreement and support enables change to happen more rapidly. This type of support means obstacles are removed more quickly, as well as ensuring projects are realistic and achievable.

Senior management support means:
- Staff will feel valued and supported
- Barriers can be removed quickly
- The project is viable from the start
- The project fits in with the organisational and local health economy strategies
- Change can happen more quickly

“I think it [senior management support] can provide advice about what’s sensible and what’s not sensible, what’s doable and what’s not doable. And they view the system in a different way.”

Senior management support can be achieved by ensuring the project has senior champions within the different organisations. Agreement from each organisation should be sought and strong governance arrangements will help to ensure ongoing senior management commitment and support.

Senior executive involvement
One of the key determinants of successful service improvements is the level of interest from the executive team.

In order to ensure that leadership is dispersed across the organisation there also needs to be a desire and capacity for change leadership at both senior, executive and clinical service management levels. Cross-boundary projects should aim to get involvement from a wide range of senior executives.

Robust governance arrangements
In order to ensure the success of cross-organisational projects, there must be robust governance arrangements in place. This involves having boards or steering groups, which have representation from all partner organisations and patients. These boards or groups will ensure that change projects deliver to time, but also are an essential way of removing barriers and solving problems.

Environment
Establishing close links and getting to know other staff within the partnership organisations is essential for successfully working across organisational boundaries. The most effective projects have created the right environment to establish these relationships from the start.

A forum to initiate inter-organisational working is recommended, if clinicians are to gain an understanding of the different perspectives and working environments of others. People need to understand and explore the different cultures, pressures and issues that affect their colleagues in the various services and organisations.

Spending time on the development of interpersonal relationships is crucial when agreeing cross-organisational objectives for change, and to developing inter-personal and inter-organisational trust. These group opportunities to establish good working relationships are vital to secure a successful project.
Setting up a Cross-organisational Project

The most successful forums include:

■ Regular face-to-face gatherings
It is recommended, however, that these are neutral and open. It is better that they are not owned or dominated by one organisation.

“It’s partly about appreciating the different ways and the different limitations that people have to work within, that makes you more aware of, you know, how, how people are working.”

■ Team trips
Teams going on trips to discover best practice are useful for getting to know each person’s perspectives, as well as viewing new and different practices.

“And I think things like the trip actually, I mean we all laugh about it, but actually six of us sitting down together for a week, I came back understanding so much more about what primary care did. And also about thinking about what X did at X from an equal – you know, I’d been a registrar at X but that’s a very particular perspective, it’s not about how does another hospital interact in my sector?”

Patient inclusion on these trips can provide alternative perspectives and thus learning, as well as creating patient champions and increasing the momentum of patient involvement.

Approaches – change management and service improvement techniques versus randomised controlled trials

There are many approaches to undertaking cross-boundary transformational change projects, but the most commonly considered methods are:

■ Patient evidence driving change management
■ Service improvement techniques
■ Randomised controlled trials (RCTs)

RCTs tend to be less innovative and creative, particularly when undertaking complex cross-boundary projects. They do not take into consideration the complexities of the real world, and take longer to deliver results. Additionally, complex changing political environments make it difficult to evaluate change through RCTs.

When working across boundaries, there is a need to think creatively and innovatively, as well as critically and scientifically. The culture of clinicians primarily using RCTs therefore requires changing and people should begin pushing the boundaries of what is clinically and methodologically acceptable, taking risks along the way. This requires a change in the mindset and approaches used. As one patient commented:

“Real patient centred care cannot solely be delivered within the narrow prism of double blind trials. There is a deep divergence between the gold standards of patients and doctors for healthcare. One says ‘double blind’ the other ‘quality of life’. Simply put, clinicians need to have a far more flexible point of focus especially in relation to improving quality of life.”
Setting up a Cross-organisational Project

Evidence suggests that when patients’ insights and perspectives are sought about how care has improved, they are key drivers of change and service improvements (Care Service Improvement Partnership, 2006). Therefore the starting point for a cross-boundary project is not “we must do serious research here”, but “we need to improve quality of care”.

**Bridging roles**
Moving away from traditional roles and job structures can facilitate transformational change. Creating new roles at the beginning of the project, which, for example, span clinical and managerial tasks can help drive forward change, especially when working across several organisations.

**Roles to be considered:**

■ **Portfolio roles**
It is becoming more common for clinical staff to perform managerial tasks and ‘portfolio roles’ where people work across several different areas. For example – a General Practitioner (GP) who has a clinical role, is Professional Executive Committee Chair, the primary care lead for modernisation and a clinical champion for a cross-organisational change project.

■ **Bridging roles**
Staff can speed up change by moving between managerial and clinical areas, for example – using clinical staff who have developed transformational change management skills can provide unique insights into the synthesis of clinical processes, management and change theories.

■ **Boundary spanners**
People who work in the middle ground between different organisations or agencies can act as ‘boundary spanners’ and manage inter-organisational relations. They can co-ordinate activities and bring organisations together, taking a neutral position. Their role as a committed and trusted facilitator helps create a successful partnership. For example – network leads and project managers who work across a whole project.

■ **Clinical champions**
Embedding clinical champions within a change project can enhance success. These roles provide leadership and vision to projects, and can create substantial peer pressure to facilitate change. There should be a clinical champion for each organisation involved within a cross-organisational project. This establishes influence over other clinicians within individual organisations, whilst also promoting collective working with other clinical champions to emphasise the whole pathway perspective.

It is also important to consider roles that bridge the patient and healthcare professional gap, thus ensuring meaningful involvement and partnerships with patients. Bridging this gap is fundamental to securing good outcomes.

**Dedicated project management support**
Employing a dedicated, neutral individual or agency to manage the project is recommended. Dedicated project management support leads to better commitment, trust and reliability and helps stabilise membership across competing professions. This is an example of boundary spanning roles. Project management skills are also fundamental to the success of complex cross-boundary change projects.
Setting up a Cross-organisational Project

Open communication between organisations
It is necessary to ensure close links and open communication between organisations, and clear mission statements and unambiguous rules of engagement, especially for change projects that span across secondary and primary care.

In addition, it is recommended that these types of change projects are inclusive – ensuring all agencies and individuals gain ownership of the project from the inception. A network can be a useful method of formalising open communication routes.

Information sharing
Managing change projects effectively relies on the ability to gather, co-ordinate and evaluate reliable intelligence and information. Good information technology enables professionals to connect and share views, share expertise and effectively evaluate projects.

Successful projects involve sharing information across organisations and IT links established at the start of the project facilitate this. People involved in the change project need to be empowered to share information, which will result in cross-organisational improvements.

Time out and the space to undertake service improvement work
It is clear that time away from the workplace and the job role to establish relationships and undertake service improvements is invaluable, particularly for clinicians.

Projects that allow people space to think and explore different ways of working do well. This time out is important and should be allowed for, as one clinician emphasised:

“But it’s actually having my head space time that’s been really important for me.”

Allow time
Working across organisational boundaries and different professional groups takes time. Projects are often complex to set-up. The set-up period is however essential to future success so the time should be allowed for. It also takes time to establish relationships and trust. Despite this initial investment once the relationships and trust are established, the gains extend beyond the specific pathways or change project.

Sharing the learning
A fundamental way of increasing trust and collaborative working is to ensure all the learning from cross-organisational change projects is openly shared as widely as possible within the health economy. This may require some translation of the learning for specific audiences or environments. It is suggested that multiple methods are used, for example: presentations, workshops, interactive sessions, briefing papers, fact sheets and web based information.

Evaluation of the project
It is important that ways of measuring and evaluating the success of cross-boundary transformational projects be considered when setting up the project. Regular robust measurement and evaluation must therefore be included as part of the set-up.

Human Resource (HR) support
Good HR support is necessary to help with the creation of new roles and new ways of working. Having active, supportive and innovative HR input to the project from the beginning will assist in speedily creating new roles so that people can work across organisational boundaries.

There is a need, therefore, for HR input to help reduce and/or break down some of the bureaucratic NHS barriers in creating new and innovative roles and training programmes.
**Leadership skills**
Clinical leadership and engagement are seen as central to the modernisation agenda, but leading cross-organisational change requires a multitude of skills.

Evidence suggests that clinicians leading these types of projects need, first and foremost, to have excellent interpersonal skills. They must be personable, communicative and respected by their colleagues.

“**So, I think you need to have a better awareness of how you work and how you interact.**”

**Successful projects have clinicians who are able to lead change by:**

- Gaining respect from colleagues
- Being honest, impartial and transparent
- Working beyond any individual or organisational perspective, boundaries or thinking
- Providing a clear sense of direction
- Providing a clear and inspirational vision which pulls everyone together
- Working in equal partnership with patients
- Constantly focussing the project on patient-centred outcomes
- Constantly challenging the status quo
- Believing in the project and importance of inter-organisational working

**In addition, the specific skills required by clinicians to lead cross-organisational change include:**

- Strong and effective influencing skills
- Good negotiating and conflict management skills
- A good understanding of structure and process
- Enthusiasm, confidence and belief in the project
- Empathy and understanding of other colleagues and their working styles and perspectives
- An understanding of diversity and the different cultural issues of other organisations and individuals
- Excellent communication skills with patients and carers, and an ability to create effective partnerships with patients
- Robust management skills and knowledge – for example financial and business case development etc
- The ability to admit to ‘not knowing’

Investment in training, mentoring and coaching can help clinicians to enhance this skill base. Regular personal feedback in a safe and constructive environment is fundamental to this developmental process.

“**Nowhere in your training is there development of team working skills and behaviours and also they talk about teams in clinical care, but it’s always like the doctors that are supposed to be leading the team.”**
Inter-professional relationships
Respect between colleagues involved in the project is seen as crucial to its success. In order to influence others and promote change, the individuals involved need to have mutual respect. Good inter-professional relationships are key to creating the basis for change. One GP, working in a PCT admitted:

“My lever has to be the level of respect that my colleagues have for me... it’s also about the level of respect you have for the people you’re working with, and they have for you.”

Collective or dispersed leadership
There is increasing evidence to suggest that effective change projects depend on collective or dispersed leadership, as it has been shown that hierarchical leadership does not work in these settings (NCCSDO, 2006).

Collective or dispersed leadership offers further potential for change and can be more receptive and proactive in change projects.

Collective or dispersed leadership is a move away from traditional hierarchical leadership towards shared leadership between leaders and followers and different leadership groups. It is characterised by a shared understanding of what leadership is in the specific context, and a commitment to shared goals and values. Collective or dispersed leadership is seen to offer a flexible and adaptable approach, identifying the strongest leaders for particular projects or areas of work. It builds on collaboration and uses all the expertise and skill across a group.
A Healthcare Commission report (2005) commented that despite recent attention ‘the health service could still often seem to be designed around the needs of NHS staff rather than patients’. There is a real requirement to change the situation as Derek Wanless (2002) proposes ‘putting patients in control and helping them to be fully engaged in their healthcare is likely to be more cost effective and offer better value for money than if people are simply passive recipients of services’.

To be truly patient-centred, the patient voice and experience should be used to shape the future of the service. Information from patients or service users can stimulate and drive change. It is clear from successful projects that their comments and views can bring a unique perspective, helping people challenge the way they and others work. As a patient commented:

“So I think that was a forum in which the patient voice really got heard. I mean profoundly heard and got written up, and delivered outcomes.”

To initiate effective patient and user involvement it is recommended that you:

- Get patients and service users involved from the beginning
- Have a clear idea of why you are involving them and your aims, before you invite them
- Equip them with the training, information and skills required
- Be willing to embrace their ideas and views
- Be prepared to be challenged (the professional view is not always right)
- Be prepared to sometimes feel uncomfortable
- Begin to see things through the patients’ eyes by seeing their view of the world, their perspectives and priorities and issues affecting their quality of life
- Involve patients around a specific well defined area rather than the whole pathway
- Develop patient champions who have a wide range of experience, can develop rapport with clinicians, are visible and can keep the focus on patient centred care and outcomes
Patient Involvement and Leadership

Patient involvement from an early stage will:

- Highlight the gaps between services in a unique way
- Challenge existing practices and deeply held views
- Bring new perspectives
- Drive forward improvements
- Influence others to buy into the change process
- Be a powerful force for change at clinical and organisational levels

We should not underestimate the power of patient and user involvement. The voice of patients and the evidence they provide is extremely influential and can speed up the change process. It is important to move beyond pure patient feedback, to true patient involvement and partnerships, as these will facilitate substantial transformation of the NHS and deliver dramatic quality of life improvements for patients.

For a project to be successful it is clear, however, that patient involvement must be meaningful. Clinicians have to take notice of patients’ perspectives and act on their suggestions. A clinician reflecting on the experience of a change project reflected:

“But they wouldn’t have learnt unless they’d seen what they said made a difference. And I think that’s really important, it’s not token, if we get patients involved, then it’s our duty, as clinicians, to work really hard to do the things that they want us to do.”

Meaningful patient involvement includes:

- Providing patients with the right information and background on the project and helping them understand the aims of the project
- Giving them time to get to know the service and staff
- Continuous patient feedback throughout the project – don’t just stop when users’ views have been obtained
- Patients being involved at every stage of the project as part of the project infrastructure
- Gaining patients’ views on both current service provision and new models of care
- Using patients to evaluate services (and paying them to do it which can challenge the traditional relationship between a patient and provider by creating a direct line of accountability between them)
- Patients offering peer support to each other
- Using patients to teach clinical staff
- Taking patients on good practice visits to gain the patient perspective as well as the clinical or managerial one
- Acting on patient feedback and doing what they want you to do
**Empowerment of patients**
Patients who feel empowered to share their views and believe they are going to make a real difference drive successful projects. It is the responsibility of the project team to make patients feel very involved. Only when patients and users feel completely empowered can they begin to have a real impact on the changes.

The project has to focus on what will affect patients’ everyday quality of life. Patients have to live with their conditions or diseases all of the time and therefore the focus should be on improving their quality of life. This is seen as one of the most motivating factors for both patients and clinicians. For example, as one project member explained:

“We did some work around a new health centre. And we did this big needs analysis with people on the two local estates. And what they wanted was a health visitor locally and a female GP. That was it, that’s all they wanted. A year later, we did the same exercise. They wanted a community garden, an IT suite, a housing office in the building, benefits adviser, a mental health suite and key worker housing. And the reason they went from one to the other was they were empowered.”

**Empowering patients involves:**
- Giving them time to understand the service and ask the right questions
- Choosing patients with the right skills and equipping them with the information they need
- Acknowledging the patients’ perspectives
- Acting on patients’ inputs
- Feeding back to patients and acknowledging the impact they have made

Patients are clear that quality of life should be the fundamental driver for changes to healthcare. It is important not to underestimate the impact this can have on healthcare outcomes and economics, for example increasing self-care and self-management. Additionally, there can be a significant gain to the national economy by, for example, getting people back to work, reducing sickness absence etc.
Equal partnerships
Working together with patients and users in a partnership is the key to successful patient and user involvement. It is recommended that clinicians support patients, helping them understand the system and create aspirational but realistic plans for change. However, it is important to note that patient centred care and equal partnerships can only deliver real change if the clinician has effective interpersonal skills, an ability to listen and strong emotional intelligence characteristics.

Seeing things from a patient’s point of view is an important skill, and having a strong partnership with patients and users helps people achieve this.

Described by Pete Fleischmann (Fletcher and Bradburn, 2001) as: “a way of changing the philosophy of an organisation and all the roles within it”, user involvement may be difficult and uncomfortable at times, but, he adds, “if it is done right, it will result in a better service.”

A clinician commented:

“I view the world through patients’ eyes – wearing patient tinted spectacles! And I’m happy to rock the boat in terms of how we work and what we do, because I believe there are benefits to patients.”

And one patient described equal partnership as the best part of their patient involvement activity:

“For me as a patient the most important part is actually me feeling a genuine partner and a genuine insider.”

Patient and user involvement must not be seen as a bolt-on activity. It has to be meaningful and empowering for those involved.

Training
The most successful patient and user involvement projects use training as a tool for both staff and users.

Those involved in the project need to understand the various change management and organisational development techniques, such as: demand and capacity, management of flow, human dynamics of change, etc.

- **Patient and user training**
  Patients and users invited to take part in the project need to have the relevant skills and so training is recommended to enable them to undertake the activities

- **Staff training**
  Staff require training to help them appreciate how and why patients and users can become involved

- **Patients and users training staff**
  Some projects have successfully involved patients and users in training staff
Clinical Leadership, Engagement and Team Working – What makes it effective?

Evidence suggests that effective clinical leadership, engagement and team working requires many different elements.

- **Individual interest**
  One of the most important factors was found to be people’s willingness to work on the project. The most successful projects involve clinicians who have self-selected because of their passion and interest in the area.

- **Experience and seniority**
  Having the relevant experience and seniority is necessary in order to generate respect and credibility across organisations. Successful projects have leaders who generate and build trust, as well as influence at all levels.

- **Close links with management**
  Being able to work closely and effectively with the appropriate level of management is seen as important. In addition, clinicians often have a deep historical knowledge of the organisation they work in, compared to managers who may move roles more frequently. A member of the team stated:

  "The way you get really radical change is by managers and clinicians working properly together."

- **Political awareness and team working**
  Working successfully across organisational boundaries requires a good level of political awareness and an ability to work as a team. It is worth being mindful that current medical training does not usually focus on political awareness and team working, so doctors may have to find ways to enhance these skills to be able to lead teams effectively when working within the complexity of cross-organisational projects.

- **IT infrastructure and support**
  Technological support for the project is required and is recommended for team working and leadership. The power of data in creating peer review and competition has been seen as an essential lever for change.

- **Training and development**
  Individual training and team development are seen as key elements in effective clinical leadership. Understanding the techniques involved in change management is important and training of this type is available from many organisations. Enhancing awareness of the behavioural elements of change management is also essential.
Clinical Leadership, Engagement and Team Working – What makes it effective?

Portfolio roles
Evidence demonstrates that successful clinical leaders look to others for support and it may be necessary to appoint other key leadership roles within the project.

- **Respected professional leaders**
  It is suggested that the project team also engages respected professional leaders who will promote the project to peers and across the organisation. These people are, ideally, professional or clinical leaders with a significant level of charisma, respect and standing. Less senior or less well respected managers are seen as generally possessing less kudos and leverage.

- **Boundary spanners**
  ‘Boundary spanners’ are people who work between different agencies, with the job of managing inter-organisational relations. It may be necessary to appoint a ‘boundary spanner’ to coordinate activities and provide cohesion. Their role may not be dependent on status, but on their skill as committed, reliable and trusted facilitators, with expert relationship management skills.
Incentives across the healthcare system are seen as vital to achieving and sustaining change. It is recognised, however, that there is a lack of cross-organisational incentives, despite many policies citing this type of working as fundamental for the modernisation and radical redesign of healthcare.

It is important to gain measurable outcomes for cross-organisational projects. Nowadays, many national targets are shared between two or more organisations and these targets can be achieved more effectively by organisations working closely together across their organisational boundaries.

Patient need
The key incentive is seen as improving the patient’s experience across patient pathways. The reality is that patients experience a fragmented service as they move between different organisations and from primary to secondary care. If the service is to be truly patient-centred, improving this experience must be the fundamental driver for change. The involvement of patients and hearing their perspectives, therefore, strengthens this drive for change.

Personal learning and development
Those involved in inter-organisational projects gain considerable experience. It is recognised that personal learning and development is an incentive for clinicians to get involved. Junior medical staff say that being involved dramatically widened their perspective both of the health service and of working with patients and the local population.

One junior medical consultant commented:

“It’s given me a very useful, very good and strong focus at an early stage in my consultant career, to allow me to develop myself and to develop more broadly, I think, than I would have done without it, you know, much stronger sense of working with patients, and for patients in a positive way, not just the individual patient, but actually the patient population. And I think I have a much better sense of what happens in general practice...”

Improved quality and efficiency in healthcare delivery
There is ample evidence that working across organisational boundaries improves quality of life for patients, and achieves better utilisation of healthcare resources (Goodwin et al, 2004).

Locally agreed incentives through contracts or local agreements (e.g. Quality Outcome Frameworks, pharmacy contract, consultant contract) can be used as levers to promote cross-organisational working.

It is crucial that commissioners view the whole patient pathway, not individual sections, and align appropriate incentives to enhance the quality of care provided. Early involvement and engagement with local commissioners of services is vital to ensure long term sustainability is achieved.
Clinicians working across organisations and staff in boundary spanning roles frequently experience the bureaucracy of individual organisations. For successful cross-organisational working to occur, there is a need for new, innovative accountability mechanisms. As a clinician commented:

"I think that is critical, because for as long as people are employed by different Trusts, then obviously, you know, your allegiance primarily has got to be to the person who pays your salary."

Being accountable to different organisations makes this type of working very time consuming. Often simple ratification processes across many organisations can slow down a project and stifle or prevent innovation. For example, in a large cross-organisational project, the attempt to get simple protocols agreed originally took over a year. By putting into place a new mechanism for collective agreement and ratification (medical directors from each organisation ratifying cross-organisational policies and protocols), changes to practice, policies or protocols could be achieved within a month.

Innovative human resource practice could help to create new accountability mechanisms, reducing bureaucracy, but still ensuring all legal and statutory requirements are fulfilled. For instance, creating flexible effective honorary contract mechanisms, having a process where new roles can be assessed and banded speedily by experts with human resources and improvement science knowledge, and creating flexible working practices could all enhance cross-boundary working.
Barriers and Risks

The main barriers to inter-organisational working are seen to be:

- Lack of full senior management support and corporate buy-in
- Financial pressures of, and between, different organisations
- Lack of alignment of clinical, financial and managerial perspectives
- Bureaucracy
- Lack of systems in place to communicate across organisations (including robust IT links)
- Individual anxieties of going into the unknown – “it all feels a bit risky”

Clinical autonomy

Another potential barrier is clinical autonomy. It is important to understand how clinicians perceive their accountability in relation to clinical autonomy, and the potential implications when working across organisational boundaries.

It is important to understand what drives an individual doctor, as only then can you try to align these motivators to the project aims. The likelihood of success will be enhanced by attempting proactively to align accountability and clinical autonomy to the aims and outcomes of cross-boundary projects.

Breaking down the barriers

By examining the barriers and risks it is possible to identify solutions to reduce these barriers.

- Case studies / patient stories
  Using case studies and patient stories of how working across organisational boundaries has been successful in helping to achieve dramatic improvements to the quality of patients’ lives, can slowly break down barriers.

- Reframe financial constraints
  Research suggests that finances are not always fundamental to change. A change in perspective linked to working in different ways is often the most effective mechanism to achieve change. This does not necessarily require significant resources.

“It’s looking at things in a slightly different way and approaching the problem of making changes happen in a way that sees a different time frame and different goals – because actually some of the things that we’re trying to do don’t cost any less, don’t cost any more, but they dramatically improve things for patients and probably for staff as well.”
Personal risks
Working across organisational boundaries and redesigning the patient pathway across these boundaries can also result in many personal risks and uncertainties.

“So I suppose there’s a disruption to your planned future, which is you know, which makes you feel a little bit nervous.”

The way staff currently work will be challenged and many will start to feel uncomfortable. There may be changes to roles, places of work and uncertainties around posts, as well as changes in the way people are managed. Potential job losses or significant changes to job roles may be part of this type of change. Departments and services may be destabilised during the process, causing personal anxiety. These are all real risks, which must be considered and actively managed.

Going into the unknown can be extremely unsettling. Starting with a blank sheet of paper to redesign the patient pathway across organisations is exciting, but there will be staff who are frightened of the outcomes.

“I think it’s quite risky, because obviously a percentage of us are going to have to change job roles. That’s the worst outcome for us I suppose.”

This uncertainty amongst staff can reduce collaboration and cross-organisational working by destabilising the existing working of departments.

“A lot of people feel that their jobs are much less stable than they were, which tends to mitigate against being collaborative and, in general, more of a bunker mentality.”

Whilst the above personal feelings should not be ignored, the studies also revealed that many people involved in the projects felt there were more opportunities than risks.

Breaking down these personal risks involves:

- Getting everyone involved
- Creating a culture in which everyone can influence the future
- Understanding and acknowledging the individual personal risks and challenges
- Identifying the significant personal development opportunities
- Identifying and keeping a focus on the benefits for patients
- Identifying clinical and patient champions
Conclusions

*It is clear that collaboration, partnerships and cross-organisational working is the way forward. This type of working is crucial for the delivery of high quality, whole patient pathway care.*

These Practical Recommendations have aimed to fill the current knowledge gap around what is required for good clinical engagement and leadership when working across organisational boundaries. It aims to be a useful source of information for front-line practitioners, offering new knowledge and evidence for clinicians and managers to consider when embarking on a cross-organisational project.

**The key findings are:**

- Clinicians need to lead cross-boundary organisational working – but they have to be equipped with the necessary skills and support to do this
- Patients will benefit from effective cross-organisational working and these improvements will act as an incentive
- Patient and user involvement is crucial to successful cross-boundary working
- Moves to align appropriate incentives and create new innovative accountability lines are needed for projects to succeed
- Rapid consideration must be given to the current and future training of doctors and other clinicians to enhance their effective participation in inter-organisational working
These recommendations are based on the findings of real inter-organisational projects carried out across four NHS organisations and the private and voluntary sectors in southeast London. For more information please refer to www.modernisation-initiative.net.

Other literature used includes:


References


www.integratedcarenetwork.gov.uk.


