



British Association of Prosthetists and Orthotists Leadership Programme - 2022/2023

Inspiring the future leaders in P&O 25 November 2022

Executive Summary

The British Association of Prosthetists and Orthotists (BAPO) Leadership Programme, funded by Health Education England (HEE), is developed and facilitated by Richard Shorney of Real Healthcare Solutions Ltd. On the first day, topics covered by the faculty included 'Inspiring Leaders in Changing Times' (Paul McGee, the SUMO guy), Leadership in practice - The art of the possible' (David Wylie, NHS Scotland) and 'Identifying your leadership style' (Bruce Isdale, Spotlight practitioner). Upon completion of the BAPO leadership programme, participants will:

- Have a clear idea of what leadership means to them and others
- Appreciate their own leadership style, qualities and strengths
- Understand the need for flexibility in leadership and how to achieve it
- Know how to define and communicate an inspiring vision
- Understand how to use their leadership skills to influence, motivate, inspire and challenge others
- Demonstrate an understanding of group dynamics and effective teamwork
- Know how to network and influence those around them to achieve their vision

These aims align with the objectives of the delegates, which fall into three broad themes;

- Need to develop/increase self-confidence and self-awareness to grow personally and therefore help teams develop
- Ensuring the P & O professions are contributing to care and service development locally and nationally
- Passion for P & O; strong leadership will ensure its continuing growth

The bespoke leadership programme will provide 'drop-in' on-line seminars, peersupport, support from the course speakers, and from BAPO and AHP leaders in order to support the delegates achieve their objectives and those of BAPO and HEE.

1. Preamble

As the smallest group of Allied Health Professionals, prosthetists and orthotists (P&O) must increase their visibility and utilise their talent for excellent productivity, receptiveness, service redesign skills, and as role models to develop a workforce that is responsive to NHS requirements and changes.

To be truly effective, leaders need to build a toolkit of knowledge, skills and behaviours that will set them, their teams and their organisations up for success. This can be achieved through excellent leadership, one of the 'Enhanced Foundations' outlined in The AHP Strategy for England: AHPs Deliver (2022-2027). To this end, Health Education England has funded this novel, bespoke leadership programme which will, through 'drop-in' on-line seminars, peer-support, support from the course speakers, and from BAPO and AHP leaders allow the delegates achieve their programme objectives.

The aims of this course are to enable you to:

- Have a clear idea of what leadership means to you and others
- Appreciate your own leadership style, qualities and strengths
- Understand the need for flexibility in leadership and how to achieve it
- Know how to define and communicate an inspiring vision
- Understand how to use your leadership skills to influence, motivate, inspire and challenge others
- Demonstrate an understanding of group dynamics and effective teamwork
- Know how to network and influence those around you to achieve your vision

Sixteen delegates were welcomed to the first day of their leadership journey.

The Leadership Programme is offered across all four nations and on the first cohort there were delegates from England, Wales and Scotland.

Over the duration of the programme delegates will be applying the skills they have learnt by developing an outline for a project they would like to implement in their practice and reporting this back to the group at the end of the formal course. When developing their project, delegates will consider;

- The rational for the project
- Which stakeholders need to be involved/informed
- How will they measure its success?
- What are the outcomes?

2. Delegates' Course Objectives

At the start of the day, participants outlined why they applied for the course and what they wanted to achieve (Box 1).

Box 1: Delegate objectives

- To be more assertive personally and professionally
- To develop the skills required to engage the 'trickier' personalities in teams/work
- To develop skills in business planning to increase the success of our services
- To understand and apply non-NHS leadership models/skills to gain a different perspective
- To develop/understand resilience in relation to intimidating people (or their perception of their 'greatness') within the professional hierarchy
- Career progression, options
- To drive change
- To have the confidence to attend meetings, offer opinions and drive change without feeling 'imposter syndrome'
- Develop skills to become a leader in P & O research
- Develop own skills to help team and profession become leaders
- To understand what leadership looks like in building the P & O service/profession in developing countries
- To raise the profile of P & O, particularly to the public (those not requiring services)
- Self-awareness and help in new leadership role in cross-team management
- Self-awareness and being supportive of others
- Develop the profession to stop practitioners leaving. Develop oneself
- How to fix problems in the profession, particularly across different areas (i.e. roles and responsibilities vary). To turn challenge into opportunity
- Develop requisite confidence and skills to ensure that the P & O voice isn't lost within merging of two organisations – ensuring equitable opportunities for all P & O team members

Emerging themes

- Need to develop/increase self-confidence and self-awareness to grow personally and therefore help teams develop
- Ensuring the P & O professions are contributing to care and service development locally and nationally
- Passion for P & O; strong leadership will ensure its continuing growth

3. What the experts say



Paul McGee – The SUMO Guy

Getting the best out of self, life and others. But in order to lead well you have to be well – self-care is an investment. Life is hard work, and we all need support – don't be invisible!

As leaders in a changing environment, we should understand that change is good when it is our choice or we are in control, but we need to know the consequences of not changing.

Much of what we do in daily life is on auto-pilot; commuting to work for example, or professionally, undertaking a clinical task. But what if the SUMO 'shut up' relates to pausing and reflecting – could we do 'x' more effectively? Leadership is about pausing to reinforce, remind or reveal something about ourselves or the situation. Fresh thinking is often required in established sectors to prevent the 'we've always done it like this' attitude.

Circles of concern and influence

Leadership is being adaptable (think Greggs vegan sausage rolls) and proactive. But within this you have to understand what you can and cannot influence, and understand where those you are leading are. The latter is your circle of concern, the former your circle of influence. Remember, you are not the general manager of the universe!

For example:

- Q. During an F1 race, which part of the race causes the driver most concern?
- A. The pit stop, as it is totally out of their control

Hippo Time

Those team members who feel they are victims often feel their green circle is too small. Leaders help them to see how they can increase it. However, 'Hippo time' is important for such staff and for self-aware leaders – we all like a wallow. However, this should only be temporary.

Event + response = outcome

This is true in all aspects of your (and your team's) personal and professional life. Thus, begin with the end in mind – this is the event, what do you want the outcome to be? Own your reaction to get the outcome you want.

However, your response to the event may be different to that of a colleague due to perception. Facing a force 8 gale in a dinghy is very different to facing it on a cruise ship, it's a matter of perception. There is no one size fits all approach.

Red hat, blue hat

Our response to an event will be influenced by our brain's differing but connected response:

- Fast (primitive brain), concerned with survival and self-protection (both physically and psychologically). For example, early man would die if he was rejected by his tribe (physical), you don't want to look stupid/be embarrassed (psychological) **Red hat response**
- Slow (pre-frontal), the reactive and reflective side. Anxiety isn't always negative it can focus the mind. **Blue hat response**

Response will be affected by previous experience, particularly if negative. However, while you may not be responsible for your red hat reaction, you are for your blue. React (primitive) or respond (reflective). Blue hat responses require high emotional involvement – do not he afraid to seek help and support. Don't press 'send' too quickly!

Resilience isn't just about bouncing back, it's also about understanding why you fall

How to think

We all think internally, mostly unconsciously – 'what time is it?', etc. Conscious, go-to questions can help to clarify responses – because sometimes stress can make you stupid!

• Where is this issue on a scale of 1-10, where 10 is a disaster? Are you making a 7 out of a 2?

When familiar, competent or comfortable, change can be exciting; however, unknown change can be threatening due to uncertainty and requires courage and reassurance – so to address the uncertainty and return to your comfort zone, ask...

- How important will this be in six- months?
- Is my response appropriate and effective? Am I getting the outcome I want? Deal with the now, with an eye on the future
- What are the positives in this situation?
- What shapes their view, what shapes mine? Perception both views may be correct, both may be incomplete without the other



David Wylie, Associate NMAHP Director,

NHS Education for Scotland

Leadership in practice – the art of the impossible

The NHS was founded on the values of care and compassion. However, as numerous enquiries into failings of care in NHS organisations have proved the adage...

'Culture eats strategy for breakfast' (Drucker)

And that...

'...culture will trump rules, standards and control strategies every single time, and achieving a vastly safer NHS will depend far more on major cultural change.' (Berwick)

Leaders need to challenge and change culture, not merely enforce policy and regulations.

Leadership models

- Systems (organisational)
- Adaptive (operational)
- Transformational (professional)
- Compassionate (individual)

Systems Model

A 2015 King's Fund report suggested that systems leadership was akin to building on a moving platform. Now, that platform is also on fire! Leaders need to manage in chaos – real change happens in real work and those that do the work do the change. Tensions in this system relate to change vs stability, the macro vs micro, values vs demands, old vs new power and the complicated vs the complex. Additionally, the move of authority from centre to local and from transformational to transactional, and driving consistency in standards vs responsiveness to local needs are key.

Adaptive Model

Comprises 'tame' and 'wicked' issues. Tame issues have an algorithmic solution (e.g. making jam tarts). Wicked issues require an adaptive solution as they are difficult to define, independent and multi-causal, socially complex, and solutions may have unforeseen consequences.

Here, leaders need to 'get on the balcony' - have an overview of

- Self (know your bandwidth, role and purpose)
- The system (think systematically, differentiate technical and adaptive). What is causing the issue/variance?
- Culture (understand tribes and identify toxicity)

There are five stages of, and behaviours associated with, culture:

- 5. Innocent wonderment (life is great)
- 4. Tribal pride (we're great)
- 3. Lone warrior (I'm great)
- 2. Apathetic victim (My life sucks)
- 1. Undermining (Life sucks)

Leaders need to be aware of these and how they affect team culture and performance. To address these issues, create a psychologically safe environment, monitor resistance, consistent messaging, give people more responsibility, and establish an action plan.

Transformational Model (within AHPs)

The theoretical model of leadership:

- Idealised influence (attitude and behaviour)
- Inspirational motivation (e.g. ambition, confidence, optimism)
- Intellectual stimulation (e.g. questioning the status quo, innovation, tolerating other views)
- Individualised consideration (e.g. mentoring, team morale, empowerment)

This model has been shown to work amongst AHPs in Scotland. However, culture both restricted and assisted the application of the study's principles.

Compassionate Model

Works for all levels;

- Individual (listening, role-modelling reflexivity)
- Team (discovering meaningful differences & similarities, facilitating purpose)
- Inter-team (empathetic information exchange, awareness of mutual needs)
- Organisational (realistic vision, culture of belonging)
- System-wide (compassionate leadership, strategy as a reflective learning process)

'Leadership is about doing the difficult, not managing the inevitable' (West)



Bruce Isdale, Spotlight Practitioner

Adaptability in Leadership – SpotlightPROFILE

The Spotlight approach is based in sports performance; elite performers continue to thrive by adapting to change. The Spotlight personality tool will enable you to develop and awareness of your mindset and behaviour to help others adapt.

Good leaders have:

- Humility to acknowledge that other views exist and no one person has a monopoly on reality
- Curiosity to understand the viewpoint of others, to learn and grow
- Tolerance to value differences and amplifying them to build agile people/organisations

As mentioned in other talks, it's all about perception. If you see all views, you have insight. If you have insight, you have choice regarding your response.

The performance brain - mindset and behavioural style

Research suggests that we can gain an accurate sense of someone else's personality with only 60 seconds of information. We need to be cognisant of this and why we have attributed traits to others, and ascertain what others think of use – are our strengths in the 'sweet-spot' for effectiveness or too over/underdone?

Your performance preference is influenced by mindset and behavioural style; e.g. are you more sensitive to reward or threat, and where on the continuum to each are you? Mindset can be summarised as COPE:

- Contained (this is the right way)
- Optimistic (let's go)
- Prudent (take care danger)
- Engaged (stay alert, change happens)

Team members should identify each mind-set, but some may only have one...

Behavioural style is on a continuum of focus between task and people and on the direction between external and internal – FLEX:

- Forceful (external/task action orientated, strong)
- Logical (internal/task analytical, detailed, gaining understanding)
- Empathetic (internal/people reflective, encouraging, values driven)
- Xpressive (external/people connecting, persuasive, interactive)

Delegates will complete an individual Spotlight profile, the outcomes of which will be reviewed by Bruce and discussed with each programme delegate individually, and support offered as required.

'It's not about where you are, it's about where you can get to'.





This report captures the experiences and learning at the launch event of the BAPO Leadership Programme. To support the cohort's onward leadership journey, over the coming year, they will all be invited to three evening seminars (held virtually) and a follow up face to face meeting where they will be asked to present back to their peers on a chosen project topic.



Peter Iliff, Chair, BAPO



Richard Shorney, Programme Developer and Facilitator, Real Healthcare Solutions Ltd.

If you would like further information on this leadership programme or other professional development activities we support please contact:

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