

EVALUATION REPORT



Clinical Champions Cohort 2021-23

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

About this Report

This report summarises our impact evaluation and key learnings from delivering the Clinical Champions programme to a cohort of 22 healthcare professionals and key decision-makers from September 2021 to July 2023.

The findings in this report are based on semi-structured post-programme interviews with participants, survey questions and field notes from observing and reflecting as a host team.

This is a Diabetes UK project in collaboration with Novo Nordisk who provided support and funding.



Contents

1	Summary	3
2	Background	4
3	The Programme	5
4	Impact	7
5	Learnings	19
6	What's next	22
7	References	23

1 Summary !

Background

Good leadership plays a key role in improving services and is highly needed in diabetes care. Every week diabetes leads to 185 amputations, 770 strokes, 590 heart attacks and more than 2,300 cases of heart failure.

However, opportunities for leadership development are scarce in healthcare.

The Programme

The Clinical Champions Programme aims to support healthcare professionals and key decision-makers from across the diabetes system to develop the necessary confidence and leadership capabilities that enable them to be catalysts for positive transformation of diabetes care and prevention.

Impact

- More confidence in providing better care
- Better leadership capabilities
- Successes in managing upwards
- Better relationships with colleagues and improved care
- A network outside of their organisations to keep improving

Learnings

Building connections to keep improving is one of the most effective components.

Participants from Black African and Caribbean ethnicity are under-represented.

Being skilled in managing upwards is vital to push for more resources.

Participants don't learn from the programme how to look out into their communities.

What's next

- Programme refresh based on learnings and to link in with our charity's target programmes 'Get Essential Care Right' and 'Tackle Inequalities'
- Co-designing and testing updated content and delivery options
- Recruitment of two new cohorts planned for early 2024

2 Background



Why the programme is needed

High-quality leadership plays a key role in improving services and is highly needed in diabetes care. Too many of us have poor access to essential diabetes care which can lead to serious illness and early mortality. Every week diabetes leads to 185 amputations, 770 strokes, 590 heart attacks and more than 2,300 cases of heart failure (Diabetes UK, 2023).

Those who work in diabetes care and prevention struggle to meet growing demand, tackle widening social inequalities and adopt new technologies and scientific developments. Workforce challenges, burnout and the

pressure to keep improving within limited resources are high and staff morale is low (King's Fund, 2023). According to the latest staff survey of NHS England, only 56% of staff are happy with the standard of care provided by their organisation and as little as 48.7% were confident that their organisation would address their general concerns (NHS England, 2022).

Inclusive and compassionate leadership are critical to supporting staff and unleashing their potential. Evidence shows that leading colleagues with respect and compassion improves their wellbeing and enables them



The programme plugs a gap. Clinicians historically don't get given any leadership support because if you're a clinician, you're there to just deal with the patient. You leave care delivery and change to managers who aren't clinicians. So what the NHS actually needs is clinicians to be more proactive and instigating change.

(Clinical Champion)



to initiate local action (West, 2017) leading to improved quality and safety of care (Dixon-Woods, 2014). However, opportunities for leadership development are scarce in healthcare.

3 The Programme



Programme objectives

Our ambition is for more people living with and at risk of diabetes to get the care they need to manage their diabetes well.

The Clinical Champions Programme aims to support healthcare professionals and key decision-makers from across the diabetes system¹ to develop the necessary confidence and leadership capabilities that enable them to be catalysts for positive transformation of diabetes care and prevention.

1

Develop leadership capabilities

2

Build confidence in providing better care

3

Catalyse change and keep diabetes a priority

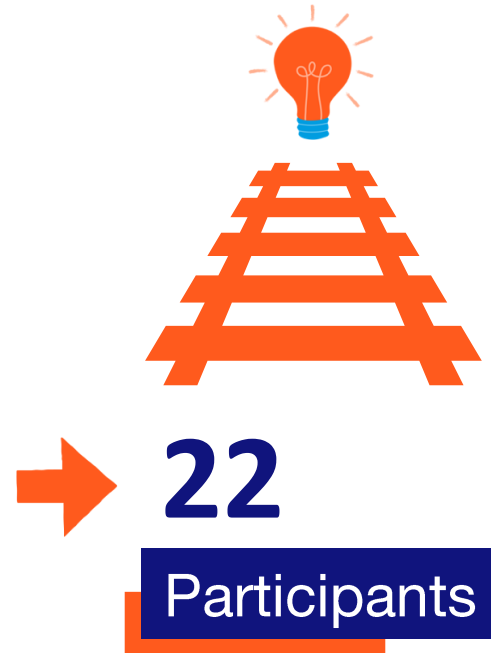
¹ The diabetes system refers to the wide network of national organisations, care providers, community and public health organisations and influential bodies that affect the care and support people with and at risk of diabetes receive.

Programme overview

We delivered the programme for this cohort in partnership with Hult Ashridge Business School between September 2021 and July 2023.

Delivery format

- Four residential sessions
- Up to eight peer learning sets
- Optional individual coaching and mentoring sessions
- Peer support
- Ad-hoc development opportunities



4 Impact

Highlights at a glance



Based on the stories of change that Clinical Champions told us and additional questions asked during the interviews, we found five areas of impact:



Better leadership capabilities



Better relationships and improved care



More confidence in providing better care



Successes in managing upwards



A network to keep improving

Leadership capabilities

Participants tell us to have become more self-aware and understand better how their work is connected to the wider context.



Self-awareness

“I know myself better, understand what I can control, know my strengths and how to use them, and learn what to let go of.”



Seeing the bigger picture

“Being on the programme helped me see the broader picture and think about the future of pharmacists in primary care and how they can support the diabetes population.”

They also feel more equipped to lead, involve and influence others.

 **Managing conflict**

“I now go into conflict well prepared and can talk about what’s going on, troubleshooting with others.”

 **Fostering the positive**

“I’m using language differently and work more developmentally in my leadership rather than being reactive and focussing on things that aren’t working.”

 **Bringing other along**

“I am better at understanding what is driving other people’s behaviour and what they want – not just my own agenda and needs. I’m better able to face the complexity of other people’s motivations.”

 **Challenging and influencing**

“I do a lot of BOFF-ing [feedback technique – Behaviour, Outcomes, Feelings, Future]. This has helped me to drive change by feeding back to those in positions of power and influence.”

Confidence

Participants have grown in confidence and feel braver to drive change that leads to better care. They developed a greater sense of their strengths and influence.

The programme helped me to feel more confident to provide high-quality support to people living with diabetes.

100%

agree or strongly agree



It's a feeling we can change the direction of what can be achieved...I have moved from looking locally at patients to more of looking nationally.



It's a programme about communication and how you can drive things forward in different ways... This helps with confidence...' How do I get other people on board?' and how to engage with people. That's what this has taught me. And 'don't give up'.



Better relationships and improved care

Participants tell us about a range of changes they've made as a result of being on the programme. These changes have helped to build better relationships with colleagues and influence their team culture. Many changes have had a direct impact on improving care and keeping diabetes a priority.

At individual level



“

I've progressed three times in the past two years. I'm asked to lead more at work and provide leadership for wider teams. I'm helping with managing communications and how to work better as teams.

”

“

The programme has changed how I show up for patients. That enables patients to be more themselves. They feel more confident in me and can be open in how they speak with me. I have more confidence in silence, getting to know them more. This has improved relationships. Those better relationships create space to tailor better care.

”

At team level

Participants have been catalysts for change that contributes to recovery and improvement of routine diabetes care.



Impact story – Patient safety



I've given my team permission to disagree with me, which is unusual in the health service. I've created space and modelled behaviours for the team to disagree and to create debate. This at times has impacted how we progress with treatment pathways for patients.



Leigh Owens

One of my patients was a child needing special care. I wasn't sure I could manage the child's feeding needs alone because the child had complex needs. I shared this concern with the consultant. The consultant then admitted to feeling the same, so we joined together to support each other. We managed to keep the child out of intensive care, something that I attribute to the willingness to be honest and vulnerable and communicate openly with each other. I wouldn't have initiated this if it hadn't been for the confidence the Clinical Champions programme has given me.

At organisational/trust level

Participants established pathways to improve care and reduce waiting times. They tell us that the capabilities developed on the programme have contributed to these and have been pivotal at times.

Impact story – Better care and scaling up



I've been instrumental in establishing a multidisciplinary foot care service in my hospital. There have been challenges and the plan was met with resistance. I've done months of negotiation, developed pathways and conducted analysis... There is now strong cohesion, and the team are working together for the best care for patients. Now, a patient may be seen in the same week, or even on the same day, whereas previously it could be a 3-month wait. Patient safety has increased and there are better patient outcomes. The plan is to embed this model into our other two hospital sites.

Learning skills for successful negotiation, building relationships and being more willing to listen and understand other people's perspectives has helped enormously. I've become more resilient and I think more focused on the bigger picture. I am less reactive and have noticed the effectiveness of my new approach to influencing change.



Nicola Joyce

At community level and beyond

Some participants focus on creating wider change across the diabetes systems.



This [being relationship-focused] has been a huge challenge of the past three to four years, especially with COVID. I have modelled the ways of working to be more accepting and accommodating of others. I feel proud that the programme has helped to achieve this...this has led to stronger links between two hospitals and has strengthened relationships between primary and secondary care.



Examples

- Creation of guidelines for care homes
- Creation of a tool for healthcare professionals to generate treatment recommendations
- Creation of a tool for primary care to access appropriate guidelines
- Health inequalities project involving the necessary stakeholders
- Growing good practice training events from 20 participants to 200 per session
- Working alongside British Dietetic Association and NICE to influence policy
- Sharing learning nationally

Successes in managing upwards

Participants feel that their ability to manage upwards and deal with conflict has helped to better resource and support their workforce in the very hierarchical environment of the NHS.



Securing funding for staff and projects



I'm proud to have secured funding for five posts, including three nurses, to establish a full 7-day service. This is an achievement in the current financial climate.

(Janet Collins)



A network to keep improving

Many tell us that the connections formed on the programme have influenced their work to improve care. This has been through collaborating on projects, exchanging diverse perspectives and sharing learning.

Connecting with each other



I feel better connected with others from across the diabetes system and more able to share learning and good practice.

100%

strongly agree



The group continues to use WhatsApp to stay in regular communication by sharing learnings, achievements and requests for help.

They also say the network spans wider than the group and connecting with participants who have different perspectives has influenced how they work.

Wider network



“Even if there isn’t someone in the cohort who can help you, they know someone who they can connect you to. The connection goes beyond the cohort”.



Group diversity

In this cohort, we welcomed a diabetes commissioning manager as a participant for the first time.



Having a commissioner’s presence changed my perspective on his role by hearing about the challenges he faced. I hope that the group were also able to change his perspective of healthcare professionals and our needs.

Connecting with Diabetes UK

They also Clinical Champions have better connections with Diabetes UK and have been involved in lots of our work. This has helped to drive change and share knowledge and learnings to achieve our strategic outcomes at national level.

Involvement from participants in:

- Campaigns
- Healthcare Professional Advisory Committee (formerly known as Council of Healthcare Professionals),
- Professional Interest Groups
- and much more...



DUK Professional Conference



We hosted a **networking hour** for all cohorts of Clinical Champions at the Diabetes UK Professional Conference 2023 to build cross-cohort connections. This was well received, and Champions have requested future events to continue ongoing connection.

55%

of the cohort joined our Diabetes UK Leadership Community

5 Learnings



The overall feedback about the programme was very positive:

“Keep doing it! People out there will benefit.”



Great group

Participants appreciated meeting people with “the same ethos” – a shared goal of improving the lives of people living with diabetes.



Challenge me

“Supervision in my field never involves self-reflection, which was powerful in the coaching circles. The facilitator helped challenge me to get out of my comfort zone.”



Opportunities to connect

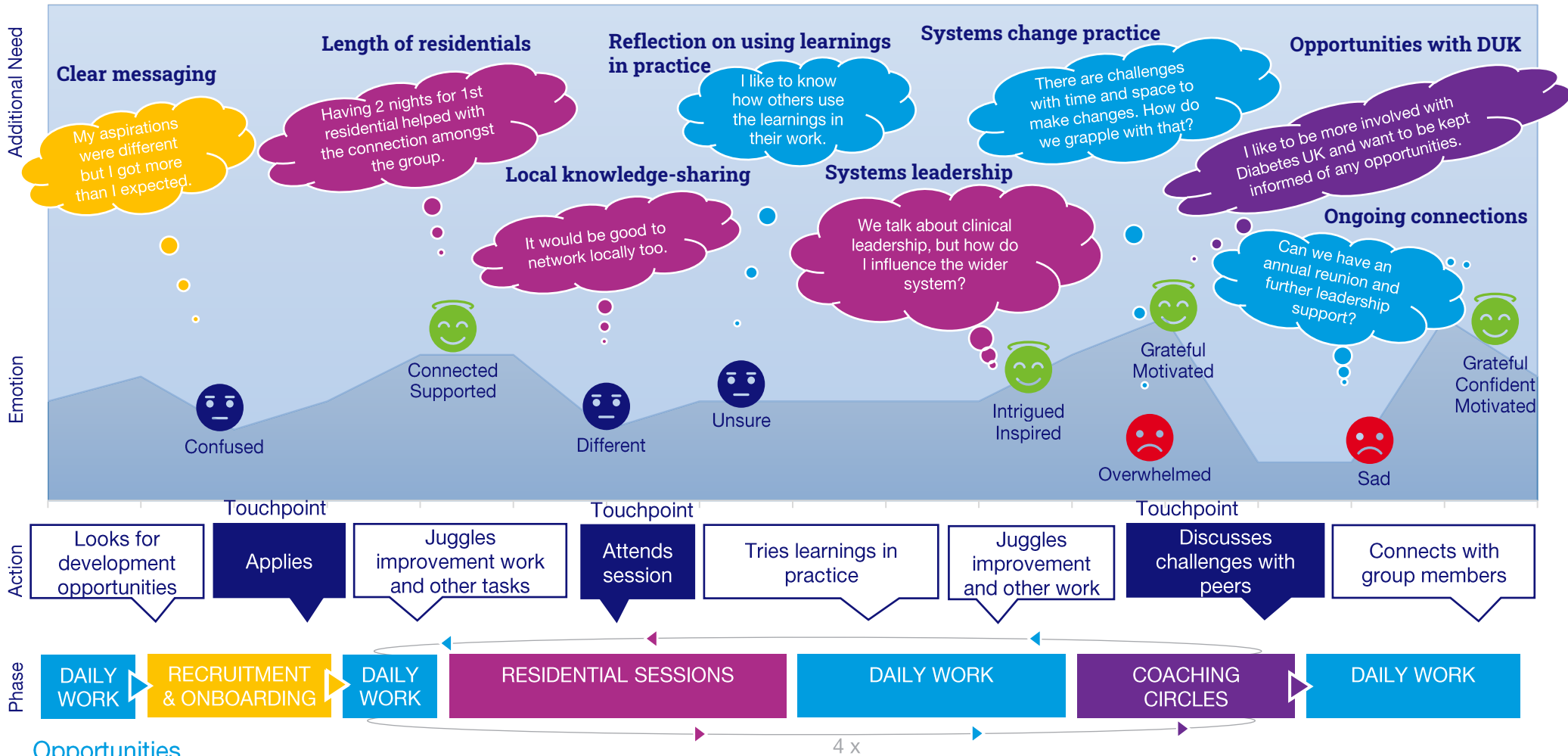
Connecting with leaders in different fields and having genuine peer support and a network is the most highly valued thing about the programme: “Time to talk to each other properly and to connect is key.”



Support cultural shift

“Do more work on knowing when to act and when to allow space to explore things rather than pressure to produce outcomes. This would help to move away from just reporting on numbers. The NHS culture conditions this way.”

Journey map – Clinical Champions Cohort 2021



Keep the first residential to two nights to allow time to build stronger connections among the group members

Add 1:1 buddy sessions as another opportunity to build better relationships

Be clearer on what we mean by a 'Clinical Champion' to better communicate what to expect from the programme

Swap one residential for a regional event to enable more local knowledge exchange and relationship building

Expand the leadership concept by including systems leadership to have a greater and more lasting impact on the diabetes system

Avoid sessions during winter months when clinical pressure is highest in the participants' workplaces

Include opportunities to gain hands-on experience in systems change practice to build capabilities and relationships, whilst making change happen

Connect participants to our new Diabetes Leadership Community for ongoing support and partnerships to drive change

Key takeaways

1. **Keep opportunities to connect:** One of the most effective components of the programme is building connections with each other and Diabetes UK to keep improving.
2. **Keep content on managing upwards:** Being skilled in managing upwards is vital to push for more resources and support for the diabetes workforce in the current environment of the NHS.
3. **Expand to systems leadership:** Clinical Champions don't learn on the programme how to look and go out into their communities. They mainly look, manage and move upwards where key decision-makers are and don't look beyond the NHS.
4. **Tackle inequalities & Grow diversity:** The programme puts little emphasis on noticing and tackling inequalities and participants from Black African and Caribbean ethnicities are underrepresented on the programme.

6 What's next



Refresh content and delivery options

- Based on the learnings presented in this report
- Link in with our charity's target programme 'Get Essential Care Right' by recruiting more generalists, focusing on basic care processes and inequalities, and co-designing content with those involved in and affected by essential diabetes care
- Link in with our charity's target programme 'Tackling Inequality' by co-designing new content, addressing barriers in recruitment and sharing stories from alumni Champions from under-represented groups
- Testing updated content/delivery options

Recruitment

- Recruitment of two new cohorts planned for early 2024

7 References



Diabetes UK (2023). [Number of people living with diabetes in the UK tops 5 million for the first time](#). (accessed on 09.08.2023)

Dixon-Woods M., Baker R., Charles K., et al. (2014). Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study. *BMJ Qual Saf.* 23:106-15.

King's Fund (2023). [NHS leadership and culture | The King's Fund \(kingsfund.org.uk\)](#). (accessed on 09.08.2023)

NHS England (2022). [National results across the NHS in England | NHS Staff Survey \(nhsstaffsurveys.com\)](#) (accessed on 01.09.2023)

West M., Eckert R., Collins R. (2017). *Caring to change. How compassionate leadership can stimulate innovation in health care*. Kings Fund: UK.

DiABETES UK

KNOW DIABETES. FIGHT DIABETES.



This is a Diabetes UK project in collaboration with Novo Nordisk who provided support and funding.