Developing the diabetes leadership team,

for improved patient outcomes

The problem

The clinical services manager was in charge of a team of 80 people, responsible for specialist diabetes services across a city. They recognised that the service was not as prompt or effective as it needed to be - their services were sometimes accessed too late to prevent serious complications. As a result, amputation and other surgery rates were higher than the national average.

The manager wanted to align the team's services with wider corporate objectives, secure funding for improvements, and improve healthcare outcomes for diabetics across the city.

The challenge for the team was to improve healthcare outcomes for diabetic patients in the city

What we did

Over a series of leadership programmes, we worked with several members of the leadership team. We covered:

- *Power and influence* and using this for socialised goals that benefit others.
- *Inclusive leadership approaches* that engage the talents and motivations of others.
- *Creativity and innovation tools and techniques* that enable groups to turn novel ideas into tested concepts.
- *360 feedback on leadership approach,* and plans for personal development.
- *Systems leadership* – how working across a city system is different to team or organisational leadership.

We also measured the team's climate for innovation at three points over a 2-year period, to chart improvements, and show how leadership approaches were influencing team members' perceptions of their work climate.

And we kept in touch with the leaders as they made changes in their workplace, hearing stories of implementation efforts, obstacles and progress.

The outcomes

Working with the wider team of 80 staff, the leadership team set a strategic direction, developed a 5 year service plan, and sourced external funding for their efforts.

Their team climate for innovation improved, in particular by linking individual efforts to mission-based challenges; by freeing up individuals to take the initiative and put ideas into action; and by increasing moderated risk-taking.

In time, the effects rippled through to other teams and to patients. Siloed working across departments reduced; a new process was created for electronic doctor's referral, and waiting times for patient appointments were reduced by 80%; and the amputation rate was reduced by two-thirds.

The leadership team is the best I have worked with.

The team's learning included:

- ideas breed activity.
- Time, resources, and hierarchy can be barriers to change.
- Asking questions and listening carefully can allow a course of action to emerge.
- Being an agent for change made the most dramatic difference.

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