



# New Ways of Working

Transforming Clinical Leadership



The objective of the programme is a simple one: to create on each station complex the perfect environment for clinical leadership to grow and flourish, improving not only the patient's experience, but also the job satisfaction of the staff on those complexes.





## Introduction

## What does New Ways of Working mean?

The objective of the programme is a simple one: to create on each station complex the perfect environment for clinical leadership to grow and flourish, improving not only the patient's experience, but also the job satisfaction of the staff on those complexes.

In 2008 we identified a number of changes and developments that seemed to be the right ones for meeting this aim, and then asked complexes to apply to be the first sites to be involved, so that we could test the concept and involve staff in designing the programme.

Following this process, Barnehurst and Chase Farm were chosen as the two early implementer complexes for New Ways of Working (NWOW).

Since the launch of the programme, staff at the two complexes have played an integral part in – and in many cases have led on – projects to enhance clinical leadership.

There have been many successes, some mistakes, and lots of lessons have been learned. As a result we are now confident that the programme of change and development is ready to be rolled-out to the rest of the Service.

This booklet aims to provide staff on complexes which are becoming part of the programme with an explanation of what it's about and why we are doing it, as well as giving other staff an insight into what's happening on those complexes. Although this includes lists of things 'to do', it is still important that staff and managers make their own choices about how these projects happen at their complex, and we will work with local teams to ensure that happens.

Martin Flaherty  
Deputy Chief Executive

The development of the New Ways of Working programme is one of the key ways in which the Service is looking to best meet the demands and needs of both patients and our staff over the coming years.

It is tied in closely with other projects and issues being considered and addressed as part of the longer term strategic plan, which will take us to 2013.

There are a range of benefits, to both staff and patients, that we expect to see as a result of NWOW being implemented. These include:

- Increased use of appropriate pathways
- Improved response to patients who need it most
- Improved work-life balance
- More engagement with local health and social care organisations
- More engagement with the community

- Improved peer support and review
- Improved (clear/concise) communication
- Improved staff confidence to use skills/make decisions
- Improved staff engagement
- Improved capability to deal with work-related demands
- Improved support and leadership.

The change projects and developments that have been identified as helping to achieve these benefits have been organised under the following headings:

- 1 Clinical response
- 2 Training, education and development
- 3 Team-based working
- 4 External linkages
- 5 Leadership and management
- 6 Logistics and technical support
- 7 Staff engagement and communication



## Clinical response

1

The new Clinical Response Model – supported by other related projects – will contribute to the delivery of better patient care by:

- Enabling us to get to patients sooner.
- Providing access to resources and pathways tailored to the patient's need.
- Providing staff with updated training and skills, and better matching those skills to the needs of patients.
- Delivering a sustainable, consistent and flexible service across London that is able to respond to constantly changing demand and giving equality of access.

We are planning to introduce the role of advanced paramedic on complexes as part of the programme.

Although the details of the role are still being finalised and trialled, it is likely that advanced paramedics will have additional skills and/or protocols in patient assessment and will be dispatched as an initial response. They will be automatically

backed up by an ambulance response in cases of the most serious Category A calls, and where there is a concern regarding staff safety. In all other cases there will not be an automatic ambulance back-up. The advanced paramedic will assess the patient and determine the best course of action to match that patient's need. This may include:

- Requesting an ambulance crewed by a paramedic and emergency medical technician/student paramedic, to treat and transport patients in need of urgent care to the most appropriate destination. Patient transport service and A&E support staff will be included in providing these resources.
- Requesting an ambulance, crewed by emergency medical technicians/student paramedics and A&E support, to transport patients in need of non-urgent care to the most appropriate destination.
- Requesting an alternative practitioner or other health care professional to provide treatment or to refer.



- Accessing locally agreed alternative care pathways.

supervision and assessment, including from team leaders, alternative practitioners and in some cases GPs, will be available to ensure patient safety and satisfaction, both as an initial response to calls, as well as in response to referrals from other members of our frontline staff.

We will continue to use clinical telephone advice to ensure that appropriate patients receive the correct level of care for their condition. The highest level of clinical



### Achievements so far:

- ***A new clinical response model was successfully trialled at Barnehurst in late 2009, based on an initial single responder response and assessment. A further extended trial took place in May 2010, using lessons learnt from the first experience and aiming to test the model further.***

## Training, education and development

# 2

Training – of those joining the Service and of the existing workforce – is important to both patients and staff. We are committed to providing locally-delivered training and education to all staff on complexes:

- There will be a three-phase training programme delivered on each complex that will:
  - provide all staff, based on a personal training needs analysis, with the base-line training they need in core and mandatory training.
  - provide key staff with enhanced patient assessment skills.
  - provide all staff with enhanced skills in managing those conditions most prevalent in the community served by that complex.
- There will be two clinical tutor positions on each station complex who will report to the ambulance operations manager as part of the management team and who will line manage the team leaders.
- The clinical tutors will manage the delivery of all CPD, mandatory and emerging refresher/update training activity for the frontline staff on that complex.
- A dedicated, appropriately equipped training facility will be created on each complex (if not already available). Where this is not possible, access to a local education centre will be provided.
- As part of the initial NWOW trials, protected training time was built into the team-based working rotas. This is now being rolled-out service wide ahead of the roll-out of the other elements of NWOW.
- We will establish an online learning site as an integral part of training delivery, and provide staff with the means to access it.



### Achievements so far:

- **Individual training plans have been devised for every operational member of staff.**
- **The individual training packages designed to bring all clinical staff at Chase Farm and Barnhurst up to date in core competencies have been completed.**
- **Two clinical tutors are working permanently at both sites.**
- **Chase Farm has a new dedicated training room and an e-learning room.**
- **An estates plan has also now been agreed for Barnhurst to provide similar facilities there.**
- **Complex specific training modules have been identified and are currently being developed.**
- **Chase Farm staff have scored a massive increase in terms of being encouraged to learn new skills, plus a score of 89 per cent regarding whether sufficient training had been provided to do the job well.**
- **Team leaders have teams of a manageable size so can provide the clinical support for their team in practice.**

## Team-based working

# 3

We are introducing real teams and team-based working on each complex which will provide benefits including:

- Working with and supporting each team member to achieve shared goals.
- Better and more consistent communication, including team briefing.
- Having an identity as a 'team,' with clear individual roles.
- Better patient outcomes.

To achieve this, we will work with staff and managers to:

- Help the complex organise itself into real, multi-skilled teams, with a nominated team leader.
- Where necessary, co-design new rotas that:
  - meet requirements for cover.
  - incorporate up to 50 hours' protected training time per year for each member of staff.

- have sufficient flexibility built in to remove the need for relief staff.
- provide cover for annual leave and sickness, and for each member of staff to work their contracted hours.
- Have increased local ownership of resourcing, with each team largely managing its own resourcing needs in collaboration with resource centres.
- Provide them with the skills and resources to manage their team's performance to meet organisational as well as specific local and team objectives.
- Give all staff the skills and support necessary to accept responsibility and be accountable for their own personal performance.



## Achievements so far:

- **Barnehurst complex is now implementing its new rotas which include protected training time and team-based working.**
- **Each team attends their training on the same day and with their appointed team leader. The FRU staff and existing reliefs will also be incorporated in to these rotas and teams.**
- **At Barnehurst, teams have been developed and protected training, with their respective team leader, has been agreed.**
- **Chase Farm began a team-based working trial in October following work by staff to identify ways of meeting the resourcing cover requirements. There are teams of up to 12 people and their rotas also include protected training time.**

Staff on the Chase Farm complex attended a series of away days where they had the chance to fine tune the new working patterns introduced as part of the team-based working trial.

*"The system includes guaranteed training time incorporated into the rosters, and to date it has been possible for everyone to be granted the annual leave they have requested.*

*"There was a lot of scepticism at first, but after everyone had a chance to have their say, I think most people now think there are some real potential benefits..." – Chase Farm Paramedic Simon Probert*

## External linkages

# 4

Each complex will be supported in establishing new and better links with not only local health and social care providers, but also with their local community.

On each complex, we will work with staff and managers to:

- Recruit a community involvement officer.

- Carry out a local position audit of patient need to determine the appropriate care pathways that are required.
- Work closely with local primary care trusts, patient groups and other providers, to establish appropriate care pathways (where they are not already in place).
- Give all staff training in the use of alternative care pathways.

## Achievements so far:

- **Community involvement officers were appointed to both complexes in September 2008. They have been able to make good links and contacts with a range of healthcare partners and community groups in their areas, making it possible to establish local appropriate care pathways.**
- **Barnehurst now has five appropriate care pathways available for patients in their catchment area.**

*Julie Carpenter was an emergency medical technician at Greenwich before she took up the community involvement officer post at Barnehurst.*

*She has built relationships with hospitals and primary care trusts, as well as helping to set up a project to refer fallers to a unit at Queen Mary's Hospital in Sidcup.*



# 5

## Leadership and management

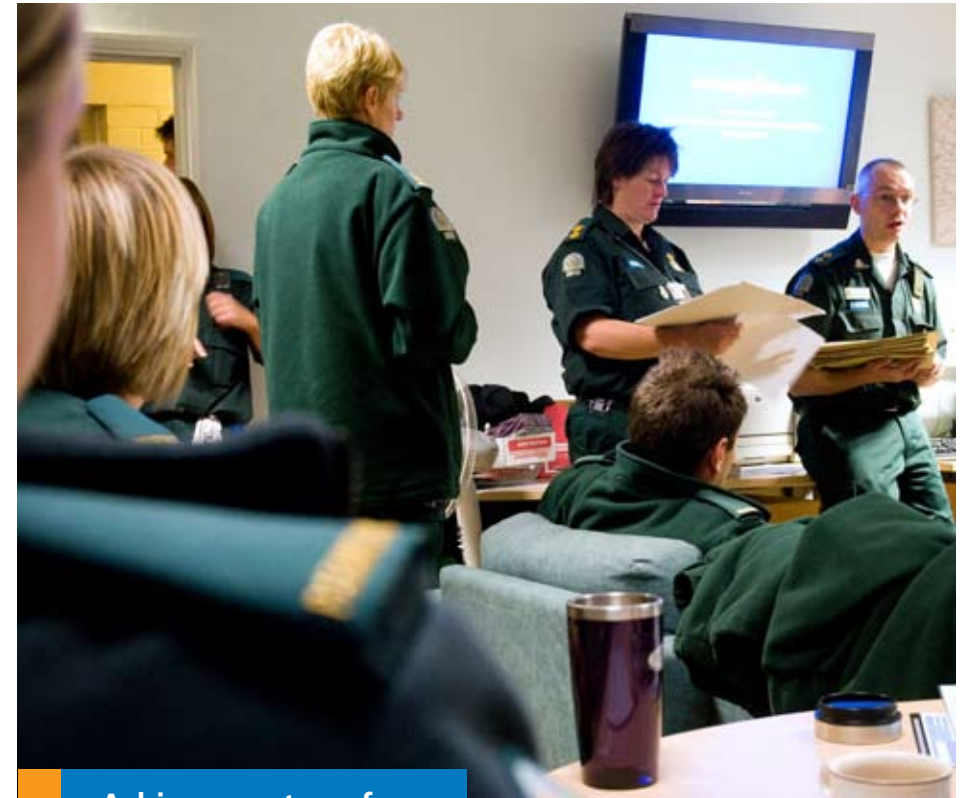
We are approaching leadership in the same way we approach patient care - by working and communicating with individuals to better understand and meet their existing and emerging needs. We need to be able to motivate and encourage people to develop themselves for their benefit and the benefit of their teams and the Service as a whole.

The senior management team will act as role models, providing an example of transformational, values-based leadership in action.

On each complex we will:

- Appoint two clinical tutors and a community involvement officer to be part of the management team.
- Review the existing management team and ensure that all positions are filled.
- Provide a robust induction programme for the core management team.

- Ensure that there is a clear description of each management role with agreed objectives and responsibilities.
- Conduct an initial development needs analysis with all managers and provide both personal and team development based on need.
- Carry out a leadership audit involving all staff on the complex, enabling them to feed back to the management team and inform the leadership development plan.
- Use real and comprehensive performance management as a means of motivating staff in the achievement of personal and wider departmental and organisational objectives and goals.
- Provide regular performance appraisals and feedback for all staff from their line manager.



### Achievements so far:

- **Personal and team development has been put in place for all management team members on the two complexes.**
- **Team leader numbers have been increased on both complexes to support team-based working and the clinical development programme for staff.**
- **A staff survey at Chase Farm demonstrated a significant increase in the sense that managers are listening to and considering ideas from staff. Similar improvement has also been identified regarding managers' availability for support or advice when needed.**



# 6

## Logistics and technical support

Having the right tools and environment to do the job to the best of your ability, and having someone to turn to for technical solutions, is an important part of creating a culture of performance and support. The logistical and technical support that is provided to staff and managers on complexes will be evaluated and enhanced to ensure it is always appropriate, reactive and timely.

At each complex we will:

- Establish a lead in each support department, making each site a 'super user.'
- Carry out a current baseline analysis to determine need.
- Provide all staff with the appropriate IT resources for their needs.
- Improve access to IT resources, including online learning through an e-learning site.
- Implement electronic inventory management.
- Resolve all outstanding estates issues.
- Create a dedicated, appropriately equipped training room and/or learning

resources that allows the full range of CPD/update training to be delivered (including access to e-learning).

- Meet all office accommodation requirements legitimately arising from other Transforming Clinical Leadership projects.
- Review all fleet requirements that come about as a result of Transforming Clinical Leadership initiatives and provide the appropriate levels and type of vehicle, with associated access to maintenance and support.

### Achievements so far:

- **Four new Mercedes ambulances delivered to both Barnehurst and Chase Farm have helped to reduce vehicle off-the-road time.**
- **A fully-equipped training room at Chase Farm.**
- **Unlocked ECA phones at Barnehurst.**
- **Review of estates issues at Barnehurst.**

## Staff engagement and communication

# 7



Effective, open and honest communication through an active programme of meaningful staff engagement will be at the heart of the successful complex. A strong commitment to good communication and a determination to engage with staff, recognising that everyone on complex

is responsible for and can contribute to improving the Service, are key qualities of local management teams.

At each complex we will work with staff and managers to:

- Support the management team in developing and implementing a clear





local communication and engagement plan. This will cover both how they are communicated with and how they will communicate and engage with all staff on complex.

- Assist the management team in holding meetings with all staff to update them on the NWOW programme and to get feedback.
- Establish working groups, made up of both managers and staff, to oversee the progress of each of the NWOW projects.
- Establish regular and structured reporting from the complex through the NWOW programme group.
- Place a clear expectation on the management team to consistently demonstrate the right attitudes and behaviours that match our values and that are reflected in the attitudes

and behaviours of all complex staff – a very powerful piece of communication in itself.

- Ensure that existing communication tools (such as local intranet pages, noticeboards, bulletins, etc) are used to best effect and are regularly updated.
- Work with managers and staff to explore other innovative means of staff engagement, for example:
  - local staff suggestion schemes.
  - rewarding staff for jobs well done rather than just mentioning long delays or lengthy turnaround times.
  - congratulating staff regarding letters of thanks.
  - recognising service milestones – both through the formal corporate process and locally.
  - developing social events.

## Achievements so far:

- **Forums were set up at both Chase Farm and Barnehurst, and they have played an active role in all the NWOW projects that have been undertaken on the complexes. These are now being replaced by central complex groups to continue staff involvement.**
- **A booklet detailing all patient experience issues for Barnehurst has been shared with staff, so that they understand the issues being raised.**
- **At Chase Farm, staff have scored satisfaction with complex communication at 73 per cent, which is above norm and significantly higher than the score in the previous year.**

## Frequently asked questions

### What exactly is New Ways of Working (NWOW)?

NWOW is a programme consisting of many facets that the Service is implementing across all complexes in London. The programme is a staff-led initiative which aims to improve the working lives of staff, provide training either on complex or local to the complex and implement team-based working for all staff on complex. Along with the introduction of the community involvement officer, the goal is to improve patient care.

### Having just changed rotas will I have to change my rota again to incorporate team-based working?

No, not necessarily. The new rotas can be adapted to incorporate team based working. Both Chase Farm and Barnehurst have opted to work with fixed rotas, but have both incorporated team-based working in to them. These rotas will be available for viewing on the pulse.

### Do I have to give up working with my crew mate?

This depends on how you as a complex want your rotas to work. Neither Chase Farm nor Barnehurst have opted for total flexible working.

Both complexes work to a fixed rota with staff crewed permanently together, the difference being that Chase Farm

have flexi hours to work which enables the team to cover their own shortfalls (eg sickness and annual leave). These shifts are usually undertaken with someone else within the team.

### If we adopt the 'flexi week' model, what happens if my team are fully staffed on my flexi week? Will I be sent off complex?

There is more chance of you remaining on complex if you are an NWOW complex. For example, if your team is fully resourced and you need to work your flexi hours, then you could be offered to another team on station to cover any of their shortfalls. If the other team(s) on station do not have any vacancies, then you could be offered to the remaining teams on complex.

In the unlikely event of there being no vacancies at all on complex then you may be offered the option of covering an additional vehicle, changing your training/development day or carrying your flexi shift over to the next rotation of the rota.

These are all options that can be discussed with your team leader, and planned in advance. If a solution cannot be reached, then you may be asked to work on a neighbouring complex, as currently happens.



### **Will I have to work a relief week?**

No, but the Service is aiming to move away from the outdated model of having reliefs, so as a complex you will need to find a way of incorporating a relief factor into your rotas.

Chase Farm has included a flexi week in their rota, where, when managed proactively, staff are able to work the shifts at a time that suits both them and the Service.

### **Does team-based working mean that there will be no overtime on complex?**

Working on an NWOW complex will not disadvantage you in terms of overtime opportunities. Currently there is a limit on overtime across the Service due to financial constraints, and we can expect that these will continue throughout the year.

In addition to this, the Service has recruited in excess of 500 student paramedics to enable us to reach full establishment for the first time in many years. Both of these factors will have implications on the number of hours available in overtime across the Service. With or without NWOW, there will be less overtime available.

### **Will I lose the security of partnership agreements such as the annual leave agreement between the unions and the Service?**

Absolutely not. There is nothing to say that you will have to move away from such agreements. Becoming an

NWOW complex does not mean that all partnership agreements such as annual leave and rest breaks no longer apply.

Indeed, we have seen that local management of resourcing, in conjunction with team-based working, can allow in excess of the agreed 10 per cent to be on leave at any one time, increasing the likelihood of leave requests being granted.

### **We don't have enough team leaders to introduce proper teams?**

The numbers of team leaders on NWOW complexes will be reviewed, and where necessary increased, to ensure teams of an appropriate size have a dedicated team leader.

The Service will invest to ensure that these vacancies are filled with the most suitable people to ensure that the team ethos is encouraged to flourish and clinical leadership is promoted on complex.

### **We already have training days in our rota so what will change in terms of training?**

Each complex will have two clinical tutors. They will be an important part of the complex management team and education and development on complex will be their priority.

It will be their key responsibility to deliver the individual training programmes for every member of operational road staff in line with the identified core competencies

and corporately-dictated continued professional development (CPD) programme. We will invest to provide the facilities to deliver the education and development programme on complex or locally within the vicinity.

### **Will all training be delivered in the classroom?**

No, face to face training will be enhanced with elements of e-learning. The Service, along with the wider NHS, is moving towards e-learning. Each complex will have dedicated e-learning facilities which will consist of computers with additional software to allow the new modules to be accessed. The broadband width will also be adapted as necessary so that the modules can be uploaded/downloaded effectively and efficiently. This system will also allow completion of the e-learning modules to be recorded and certificated.

### **Will we get a community involvement officer?**

Yes, this is one of the key elements of NWOW and the community involvement officer will be responsible for developing community partnerships, not only with the primary care trusts.

Also working closely with the PPI team, they will lead on community responder schemes, junior citizens and local specialist patient groups such as Age UK (formerly Age Concern).

They will provide key links to establish how we, as a service, can better provide

for our patients locally. They will also lead on setting up appropriate care pathways within the community, for example access to palliative care teams.

### **Shouldn't we be getting all this anyway?**

Yes, absolutely you should, but to implement such significant changes simultaneously across the Service would be complicated and disruptive.

Such a level of change requires robust support and staff engagement, which could not be provided adequately across all sectors simultaneously. Therefore the introduction of NWOW is a phased and carefully managed programme.

**Any other comments or questions can be sent to [nwow.project@lond-amb.nhs.uk](mailto:nwow.project@lond-amb.nhs.uk)**

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