Leadership, Education and Partnership: Project LEAP – Developing Regional Educational Leadership Capacity in Higher Education and Health Services through Collaborative Leadership and Partnership Working

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Abstract

In 2007, Birmingham City University (formerly the University of Central England) and the West Midlands NHS Strategic Health Authority developed and implemented the LEAP (Leadership, Education and Partnership) project. The project extended and developed further a successful leadership development programme, which had run in the West Midlands for healthcare educators working in both higher education (HE) and NHS organisations.

The LEAP project aimed to develop genuine partnership and collaborative working among health and social care education providers from a range of HE and NHS organisations in the West Midlands. This paper describes the leadership programme approaches and activities, the underpinning leadership and management theories and concepts, and the way in which these were woven together in the leadership development programme. Examples of some of the theoretical models and frameworks used in the programme, and reflections on how these helped to develop participant's knowledge, skills and approaches to collaboration and partnership working are also detailed.

Key words

leadership development; partnership working; collaboration; healthcare education; professional development

Introduction

Health and social care educators working in universities, colleges and practice settings are increasingly required to work, lead and manage across professional, organisational and sectoral boundaries. Policy agendas and rhetoric emphasise greater collaborative and partnership

working between providers of services and education, set within a rapidly changing service context, which foregrounds integrated services (Department for Children, Schools and Families, 2004). In the wider public sector, 'collaboration' and 'partnership working' are in danger of falling into that group of over-familiar terms such as 'transparency', 'robust' and 'customer-focused' words enshrined in public sector vocabulary that do not necessarily make a real difference to the end users of services. For several decades, all public sector organisations have been required to work in partnership. Some have done it particularly well, while other ventures have ended in acrimony and all-too-public failure.

Alongside the drive towards integrated working, government education and health agendas have identified poor (or lacking) leadership as one of the causes of failing organisations and services (Audit Commission, 2006). In the UK, although leadership development programmes and activities are proliferating within the NHS and higher education (HE), the majority are delivered either within organisations as part of senior management development, for subject discipline or clinical specialists (such as healthcare educators or for GPs) or within specific sectors (for example, leadership foundation for higher education, and NHS programmes). Very few are explicitly delivered interprofessionally, across organisational and professional boundaries and with a focus on collaboration and 'joined-up working'.

This paper describes the LEAP (Leadership, Education and Partnership) project: an innovative leadership-centred development programme, aimed at developing genuine partnership and collaborative working among health and social care education providers from a range of HE and NHS organisations in the West Midlands. Through shared experience and training, grounded in leadership and educational theory and offering clear and tangible 'real world' outcomes, participants progressed from passive to active learning and ultimately to partnership and/or collaborative working on actual healthcare education projects.

Background and context

The LEAP project was supported by two main stakeholders: Birmingham City University (BCU), which was formerly the University of Central England, and the West Midlands NHS Strategic Health Authority (SHA), which was created from the reconfiguration and amalgamation of former SHAs, including Birmingham and the Black Country Strategic Health Authority (BBCSHA).

BCU was awarded Centre for Excellence in Teaching and Learning (CETL) status in 2005. This UK government initiative to refocus funding on innovative learning and teaching centres was funded through the Higher Funding Council for England (HEFCE) and resulted in the University receiving a £4.2 million grant for the five-year project. The CETL seeks to improve the student experience through the creation of innovative partnerships with its stakeholders. The stakeholders include NHS staff, patients, university staff and students.

The CETL goals are to:

- create real, meaningful and deep partnerships between Birmingham City University and health and social care employers
- provide a greater range and flexibility of learning opportunities
- encourage and enable non-traditional applicants to the health professions
- develop the capacity for prompt organisational and curriculum change

- ensure that fewer students leave their courses early leading to improved retention
- conduct evidence-based investigations into effective partnerships.

The LEAP project and programme

The LEAP project arose out of the successful regional leadership programme for NHS and HE educators, funded by the BBCSHA in 2006/7. The BBCSHA leadership programme brought together over 40 healthcare educationalists and health practitioners from across the West Midlands and empowered them to work together in new ways. It was an interprofessional programme (see Theoretical perspectives, models and frameworks section below), which purposefully brought together current and future leaders in healthcare education from the NHS and HE in equal proportion. The CETL and the SHA recognised national initiatives such as *Every Child Matters: Change for Children* (Department for Children, Schools and Families, 2004), which required all stakeholders in health, education and social care to fully engage with integrated working as a starting point and envisaged the LEAP project as a means of giving partnership working across their joint areas a head start.

The CETL recognised the opportunity to build on these foundations and progress the collaborative leadership project. The vision of the LEAP project was to sow the seed of educational collaboration at the formative stages of these future leaders' development in order to influence the next generation of NHS leaders.

In order to obtain funding, a bid was submitted to the CETL, which had to demonstrate how it proposed to address the aims and goals of both the CETL and LEAP programme. The LEAP project was approved, including resources for up to 25 participants to attend the programme and the opportunity for three successful partnership developments to bid for a small amount of 'seedcorn' funding to take their projects forward. Seedcorn funding is widely used in the HE sector (particularly at subject discipline level and among less senior educators and researchers) to stimulate grassroots innovation and development.

The aims of the LEAP project were to:

- build on the learning and the networks formed through the BBCSHA Leadership Development programme
- specifically and actively engage participants in developing and implementing educational projects around collaboration and partnership working that could be branded as CETL outcomes
- further develop the leadership capacity and skills of participants with a focus on collaborative leadership
- develop activities, materials and events to support educational leadership development around collaboration and partnership, which will be made more widely available once they have been trialled through the project (these include ideas on developing simulations concerned with developing leadership skills and capacity)
- disseminate the outcomes and findings from the project to a wider audience through conference presentations, articles and other media
- draw conclusions on the relationship between collaboration and partnership through a combination of experiential activities, participant observation of group dynamics and critical analysis of process.

The LEAP project aimed to build on the pre-existing community of practice and the new partnership imperatives and offer a further opportunity to participate in a tailored leadership development programme in health and social care. The

programme comprised two one-day and a two-day residential workshop delivered over six weeks. Activities included project and change management, advice and consultancy, a chance to develop and test project plans, and to engage with a newly emerging network of informed decision-makers.

From the outset, the programme consciously recruited participants from across the sector who had been identified as the present and future champions of leadership and change in their organisations. The participants actively and consciously embodied the concept of a '*community of practice*' (Lave & Wenger, 1990) of leaders in healthcare education in the West Midland region. Though the BBCSHA has since been reorganised, the relationships and '*community*' that had developed within the leadership participant group were well established and there was a clear desire to follow up on the programme in meaningful ways. Through the CETL, this desire was developed, extended and translated into practical projects around partnership working that would take the vision further, while meeting the strategic objectives and goals of both the CETL and the SHA. These real life 'partnership' projects cut across HE and NHS boundaries to make leadership learning meaningful in a collaborative context.

Theoretical perspectives, models and frameworks

The programme was designed to enable achievement of the aims of the project, while explicitly valuing the skills, knowledge and professional and institutional backgrounds of the participants. It was particularly important to recognise that the participants were themselves senior healthcare educators, many of whom were also leaders and managers. Credibility of the programme and the facilitators is vital. The programme design and activities had to weave a skilful and delicate balance between informing, educating and training, while overtly acknowledging the educational expertise of the participants. The facilitators were required to role model best educational practice in healthcare education (which has its own body of theory, language, philosophies, traditions and approaches), while developing the leadership knowledge, skills and competencies of participants.

The programme team agreed a set of key theoretical principles that underpinned the programme and activities.

The key theoretical principles underpinning the LEAP programme were:

- LEAP explicitly addressed working across professional, organisational and sector boundaries through developing a '*community of practice*' (Lave & Wenger, 1990)
- LEAP aimed to empower individuals
- LEAP was based around theories of:
  - collaborative leadership
  - transformational leadership
  - servant leadership
  - situational, dispersed and distributed leadership
  - partnership working
  - educational change
  - complexity theory
  - personal and professional development.

This section highlights a few of the theoretical approaches and explains the rationale for selecting them.

Leadership theories

A key question raised by this project was whether or not there are certain leadership styles, approaches or underpinning theoretical perspectives that may be more relevant to partnership and collaboration.

On the earlier BBCSHA programme, which most of the participants had completed, participants had learned to identify, compare and, to an extent apply, contemporary leadership theory to their practice. A key part of the LEAP project was to discover those elements of leadership theory most likely to come to the fore in partnership and collaborative working, and to apply them in a practical, real life situation. It was also vital to develop the skills which accompany leadership: both the 'hard skills' of project management, change management, and the 'soft skills' of negotiation, decision-making, communication (presentation), team working, creative thinking, insight into one's impact on others and conflict-resolution techniques. We presented leadership and management theories and concepts, not as two separate entities, but as a 'toolkit' of interlinking models, frameworks and skills from which participants could draw as required. Facilitators used a range of leadership styles (Goleman *et al*, 2002) relevant to activities and situations.

In the last decade, transformational leadership (Bass & Avolio, 1994), dispersed and distributed leadership (MacBeath, 1998) and emotional intelligence (Goleman, 1995) have been championed in the public services environment (NHS Leadership Qualities Framework, 2008). Leaders in complex systems do need to be transformational and situational (Kotter, 1988) but also embrace uncertainty and emergent realities, allow for autonomy and creativity, and position themselves as a part of interactive networks (Plesk & Greenhalgh, 2001; Mennin & Richter, 2003). Discussion on how to be a transformational leader in the post-modern environment has led most recently to theories of value-led, thoughtful 'collaborative leadership'. This focuses on a commitment to partnership working for the good of the end user. It emphasises qualities and behaviours such as ability to assess the environment; demonstrate values; see common interests and make connections; build, promote and sustain trust; share power and influence; and develop people and oneself. '*Collaborative leaders are personally mature. They have a solid enough sense of self that they do not fear loss of control*' (Turning Point Programme, 2003).

Collaborative and partnership working

Writing on leading in partnerships, Gilbert (2005: 48) cites Beverly Alimo-Metcalf's (2003) assertion that the leader must have '*integrity and humility. It is about removing barriers between individuals, teams, functions and other organisations to work towards the achievement of a joint vision*'. Gilbert also maintains that a partnership leader needs integrity, honesty, change leadership skills, approachability, courage, resilience and a shared approach to leading. Successful partnership leaders often model the '*servant leader*' style (Greenleaf, 2002), where the desire to serve the organisation, profession or sector takes precedence over the urge to lead, and the leader is authoritative rather than exercising positional power (French & Raven, 1959).

In addition to the task-focused work that was achieved, another important element of the programme was a detailed exploration by participants and facilitators alike of the nature of collaborative working, its similarities with partnership working and ways in which it is fundamentally different.

Partnership working tends to be imposed on systems in a highly contractual and often legalistic fashion. Though sometimes welcomed by staff in partner organisations, partnerships rarely achieve the kind of global 'buy-in' they need to fully flourish even when support for the partnership principle is strong. Collaborative working, on the other hand,

appears to occur from deep within systems when the conditions are favourable. Collaboration is often not formalised and is an emergent process.

Liedtka and Whitten (1998: 186) describe collaboration as:

> ***'a process of joint decision-making among interdependent parties, involving joint ownership of decisions and collective responsibility for outcomes. The essence of collaboration involves working across boundaries, specifically professional and functional boundaries … Collaboration is a process that is the means to achieving a set of valued outcomes … fostered by a set of supporting factors'.***

Whittington (2003: 16) describes partnership as:

> ***'a state of relationships, at organisational, group, professional or interprofessional level, to be achieved, maintained and reviewed… collaboration is an active process of partnership in action'.***

The experience of the LEAP project calls Whittington's latter assertion into question, in that it could be claimed that the experience of the project demonstrates that real partnership is, in fact, an active process of collaboration in action.

Communities of practice

The LEAP project explicitly aimed to develop a 'community of practice' (CoP) of leaders in healthcare education across the West Midlands. A CoP '*is a process of social learning that occurs and shared sociocultural practices that emerge and evolve when people who have common goals interact as they strive towards those goals*' (Wikipedia, 2008).

The project actively facilitated the '*legitimate peripheral participation*' (Lave & Wenger, 1990) of participants who would not necessarily have been involved either with HE programmes or NHS training. Bringing participants together as 'students' on the programme situated their learning, legitimised their leadership roles across both sectors, actively contributed to participants own professional development and gave them a leadership 'identity' based around collaboration and partnership working.

Complexity theory

The LEAP project adopted the perspective that partnerships are, by definition, complex adaptive systems, and seen from this viewpoint there are implications for the way in which they can be 'led'. Rouse (2000) applied complexity theory to a healthcare system with implications for leadership and particular relevance to integrated working. He claimed that systems behave in unpredictable and uncontrollable ways, and no one is '*in charge*', so behaviours can be more easily influenced than controlled. Rouse suggests complex adaptive systems have the following characteristics.

- They are non-linear, dynamic and inherently out of equilibrium, and they appear random or chaotic.
- They are made up of independent agents whose behaviour stems from physical, psychological, or social rules rather than a 'system dynamic'.
- Because agents' needs or desires are not uniform, goals and behaviours are likely to conflict. Agents have to adapt to each other's behaviours.
- Agents are intelligent. They experiment, gain experience, learn, and change their behaviours accordingly.

- Adaptation and learning creates self-organisation. Patterns emerge rather than being designed into the system. Emergent behaviours may range from valuable innovations to unfortunate accidents.

This reflects the 'system' that the project team created in the process of the project, and also reflects the complex environment of healthcare education and training. Unpacking this process as it was happening with participants, and shining the complex adaptive spotlight on it, enabled participants, through guided reflection, to experience the theory as it applied to both their learning environment and their own workplaces.

In complex adaptive leadership, the key commodity is 'connectivity' – the capacity to connect with stakeholders and the desire to connect them with one another. A connected leader helps create meaning. Pascale *et al* (2000) described the complexity environment as '*surfing the edge of chaos*'. They point out that in systems, as in life, when threatened, move towards the edge of chaos. At this edge, experimentation and mutation occurs from which creative solutions can emerge. When this occurs, living systems self-organise and new forms or patterns emerge. The challenge for leaders is to disturb or disrupt the movement at the edge to provoke the desired outcome. This is sometimes referred to as '*perturbing the edge*' and is a vital skill for leaders in complex systems. Bak (1996) suggests that '*self-organised criticality is… perpetually out of balance, but organised in a poised state*'. This is what was modelled for participants on the programme through engaging in challenging and sometimes uncomfortable activities such as the open space, fishbowl and the 'dragons' den'; ways which held the boundaries but allowed the emergent process to develop.

Educational change

Participants had learned about the theory and chronology of change management and leadership in the BBCSHA programme. In the LEAP programme, we shifted emphasis to educational change and used Fullan's (2001) model as one of the primary underpinning frameworks for discussing and modelling leadership and educational change. Fullan's model of '*leading in a culture of change*' (see ***Figure 1***, overleaf) is a model of educational leadership and change management based around key elements, which, when brought together, help to develop and embed leadership capacity. Fullan suggests that if leaders can manage to combine moral purpose; understanding change, relationship building; knowledge creation, and sharing and coherence-making within an approach that embodies enthusiasm, hope and energy, they will gain commitment of members to change. The results are that '*more good things happen and less bad things happen*'.

Education and training techniques and approaches

The educational philosophy, activities and techniques were carefully selected to weave theory with practice (both practice within the programme, as well as the participants' own practice as a healthcare educator and leader).

The key educational principles underpinning the LEAP programme were that:

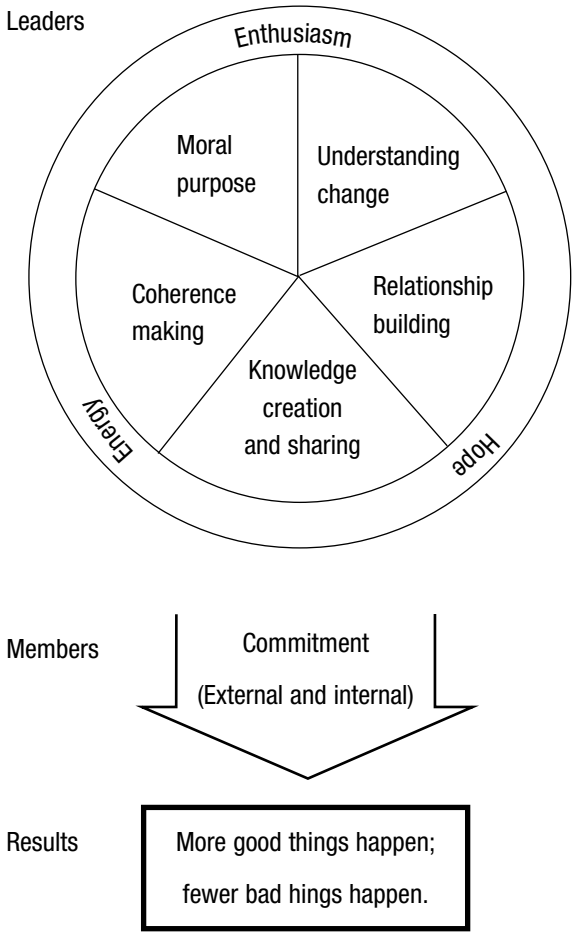
- it was interprofessional
- it was a programme design based on adult learning theory and reflective practice
- the facilitators model best practice in contemporary healthcare education
- it aimed to bring together management and leadership skills, including:

- project management
- strategic management
- creative thinking
- negotiation and conflict resolution
- using metaphor and managing meaning
- communication and presentation skills

• it was supposed to be fun.

The programme activities were grounded in adult learning theory (Knowles et al, 1984), emphasising the need for learning to relate to prior experience, the provision of opportunities for discussion, consolidation, feedback and reflection (Schön, 1983; Brookfield, 1988) and a variety of interactive and experiential learning activities to appeal to different learning styles and needs. The course design facilitated participants' (and facilitators') reflection by explicitly providing 'space' both within and between the workshops for thinking, reading and discussion. Again this models good practice in leadership development, but also echoes the approach to professional development used throughout healthcare education.

Figure 1: A framework for leadership: leading in a culture of change



(Source: Fullan, 2001:4)

We scaffolded the learning within a safe and 'held' environment in order to support and enable participants to take risks, challenge and stretch themselves. A mix of theoretical models and frameworks coupled with fun, yet challenging activities, interspersed with 'time outs', facilitated participants to develop both personally and professionally as leaders of healthcare education. The programme enshrined some specific educational approaches and a mix of activities to enable theory to come to life in the 'classroom'.

Interprofessional education (IPE)

The LEAP programme was interprofessional in that participants were drawn from a range of health and education professions including medicine, nursing, midwifery, allied health professions and further, higher and professional education. The CAIPE (UK Centre for the Advancement of Interprofessional Education) (2006) definition of IPE is one of the most widely used:

> ***'IPE occurs when two or more professions learn with, from and about each other to improve collaboration and quality of care… and includes all such learning in academic and work-based settings before and after qualification, adopting an inclusive view of "professional".'***

As Freeth (2007: 2) notes, IPE is primarily concerned with students or professionals actively learning together. Learning is based on an exchange of knowledge, understanding, attitudes or skills with an explicit aim of improving collaboration and healthcare outcomes. IPE links closely to the concept and practises of the interprofessional delivery of health and social care, where there is interaction among professionals that goes beyond having members of different professions sharing an environment together (Headrick *et al*, 1998) and interdisciplinary health and social care, where professionals work collaboratively to improve health outcomes (World Health Organization, 1988). This helps to support the delivery of effective collaborative practice services and collaborative practice (Boyd & Horne, 2008: 5). IPE is, therefore, highly relevant to leadership programmes for healthcare educators.

Reflection and evaluation

Reflection and evaluation occurred throughout the programme, both on a group and individual basis. The facilitators encouraged participants to unpack the process as it emerged, and this facilitated reflective practice. Participants were encouraged to use a new tool, the COINNS model (McKimm, 2008), to adopt a systematic approach to reflection and generating ideas for projects. These ideas were then put into action through project development.

The COINNS model (challenges and opportunities, ideas, needs, next steps) was developed prior to this programme by the authors as a means of encouraging participants in leadership programmes to generate ideas for projects in small groups, while identifying some of the challenges and opportunities relevant to collaborative and partnership project working. It draws partly on a SWOT analysis (strengths, weaknesses, opportunities and threats) with which the participants on the programme were familiar, but refocuses this towards identifying 'challenges and opportunities', then generating 'ideas' (thus emphasising creative thinking) and finally summarising practical 'needs' in relation to taking the ideas forward through NS – 'next steps' – which gives it an action orientation.

Putting theory into practice

The teaching and learning activities were carefully planned to go beyond modelling good educational practice, by also modelling collaborative leadership and enabling 'directed evolution'. Participants were given a number of tasks over the sessions, many of which set broad desired outcomes without prescribing how they might be achieved. This reflects Hussey and Smith's (2008) notion of the '*corridor of learning*', in which facilitators actively facilitate emergent outcomes instead of sticking to prescribed learning objectives – we might call this 'going with the flow' – but towards broad goals and within agreed parameters. Enabling participants to define their own learning needs and building in unfacilitated 'open space' encourages emergent outcomes, leads to a richer and more diverse learning experience and enables learners to align with the learning tasks through articulation of both the formal and informal, and explicit and tacit knowledge (Wenger, 1998).

Participants were challenged to think in different ways about their own organisations and developed shared meaning through using concepts such as vision and metaphor. It was intended that through imaginative metaphor, participants would discover new insights into the ways in which leadership was actually occurring in their organisations and, on that basis, begin to assess their organisation's capacity and openness to collaborative working. Using metaphor also helped to develop ways of negotiating and articulating shared meaning; what Wenger (1998) would describe as '*reification*'. It

was important throughout that the facilitators were ready to respond to individual needs, but could keep the focus on achieving tasks and outcomes.

A wide range of other interactive teaching and learning techniques were included such as a fishbowl exercise, open space work, and small group web-search activities, while on the final day participants had to present their project plans in a 'dragons' den' situation. This was a real-life learning activity as the projects would be real and funded, representing a challenge to the participants and taking them to the edge of their learning experience and comfort zones. This was modelling complexity theory and the mix of educational activities (many of which were new to the participants) '*perturbed the edge*'. Good team teaching was vital at this point and facilitators were between them modelling partnership, flexibility and collaboration, while paying close attention to process and relationships, demonstrating Epstein's (1999) concept of '*mindful practice*'.

By 'making it real', with funding attached, the project modelled the kind of competitive processes, which are part of the contemporary public-sector environment. However, in this case the 'competitive' activities happened as part of the emergent process, which modelled Rouse's (*ibid*) '*self-organisation*' in which patterns emerge rather than being designed into the system. Emergent behaviours in this case were agreement and negotiation, and participants competed against criteria, not against one another.

From conception to execution, it has been shown that this project was envisaged as a hands-on demonstration, with participants experiencing the emergence of collaborative leadership, applying models of leading change and encountering a micro-example of leadership within complex adaptive systems.

Did the LEAP project achieve its aims?

The LEAP project's aims were achieved and this in turn enabled the CETL to achieve its goals (some directly, some indirectly). This is evidenced by participant feedback (gathered individually, as well as in three groups), evaluation and facilitators' reviews. The aims and outcomes are summarised below with examples of outcomes and feedback.

Aim 1. To support participants through advice and consultancy in developing successful projects based around collaborative working in healthcare education and training.

In the 'dragons' den' activity, three real-life projects were taken forward with support from the funders. These were:

1. A 'health economy' based approach to interactive blended learning for end of life care.
2. Service user involvement in clinical education, giving feedback to students as part of training.
3. Developing a fairer approach to practice placements for learners with disabilities.

A significant outcome was the way in which proposals were assessed by the participants, who voted for the projects they felt should go through. Members of unsuccessful project teams then aligned themselves with one of the three successful projects. This demonstrated collaboration in action, as participants were able to let go of their own projects and offer their energies to others.

Aim 2. To explore and develop participants' capacity for leadership with a range of stakeholders including collaboration with other providers.

One group's feedback included '*The project fostered a networking "community" with "leadership" as connecting*', which suggests that this aim was met for that group at least.

Aim 3. To facilitate the development of a regional network that understands horizon scanning, regarding workforce (new ways of working) and policy developments. Several of the proposed projects addressed workforce concerns.

Aim 4. To further develop participants' knowledge and application of leadership, change management and project management.

Formal presentations on these were reinforced by applied work in a number of real situations in which the new projects were generated.

Aim 5. To support the personal and professional development of the members of a network through project planning as innovators of change. Analysis of the feedback reveals a general consensus that participants had developed their collaborative working practices and enhanced their project management skills as they applied them to a real situation.

All three feedback groups agreed that:

- the selection of people (participants and facilitators) and the relationships they developed was important
- the interpersonal environment, citing trust, having permission to collaborate and feeling valued, was influential
- the standard and approach of facilitation was a positive factor
- the 'real life' tasks set the programme apart from other training
- the content, timing and venues contributed to the programme's success.

Discussion and lessons learned

How does the experience of developing a regionally-based leadership development programme for healthcare educators inform leadership development and practice more widely?

Collaboration and partnership working

It was essential to develop shared terminology and meaning to enable participants to generate their own leadership identities and rhetoric within a conceptual and theoretical framework. This could then be applied to educational leadership practice.

Though the official rhetoric of partnership initiatives tends to use the term collaboration interchangeably with partnership, on this project participant feedback and facilitator reflection and evaluation agree on the existence of a fundamental difference between partnership and collaboration. The two concepts are, however, closely linked and there is clearly room for more investigation into their interrelationship in applied contexts. These concepts are clearly not the only variables that have a bearing on the success or otherwise of integrated working, but the experience of the project was that, when both are present, the possibilities of a successful outcome are greater. It seems that sensitivity to the variable relationship may be a significant skill for the collaborative leader. The project raised questions about the point at which a partnership becomes collaborative, or vice versa. The experience of this project suggests that if collaboration precedes a partnership, then quality outputs of the ensuing partnership will be evident earlier.

Through discussion and modelling, the consensus of the project was that partnership is '*a formalised agreement between individuals or organisations to work together within the bounds of the*

agreement', whereas collaboration is '*a philosophical and cultural commitment to the principles and practice of partnership working in the shared interest of better outcomes for the end-user and the whole community*'.

Collaborative leadership

Successful collaborative leadership (and leadership development) requires management, personal and financial commitment and investment, risk and time to develop relationships. It also requires an understanding of systems, organisations, boundaries, leadership theory and an understanding of collaboration and partnership working.

The LEAP project has been a clear endorsement of a policy of managed, extended leadership development at all levels, resulting in leaders who lead, with confidence to take risks and be proactive. The project leaders and participants demonstrated great commitment to using the networks they had already established in order to achieve more than they could in their own organisations. It would appear that leadership development is likely to be more successful if training is revisited and extended. Provision of continuing leadership development is, perhaps, beyond the resource capacity of many organisations. Organisations such as CETLs and SHAs may have a key role here in building shared collaborative capacity to take the development of leadership further. On this occasion, not only did the participants extend their knowledge and skills in leadership but they also experienced educational development through collaboration, partnership, shared purpose and common values.

An unintended aspect of the project, but perhaps one of the most important, was that CETL funding afforded a space for staff to breathe and think in an environment that provided stimulation for innovative thought. Collaboration takes many forms and often works most effectively through the development of personal relationships. The focus on group working and the time and space within the programme for understanding to be shared and developed proved vital. Shared concerns can often lead to shared solutions and through sharing problems trust develops. The personal relationships that were built on the project continue, and further collaborations have now developed at a variety of levels. From the CETL perspective this has been particularly fruitful as the Birmingham City University is now seen within the region as a source for innovation. The project participants had clearly and productively embraced the concept of leaders as connectors and put it into practice.

Clutterbuck (2003) sums up this active collaborative tendency in stating: '*Good networkers/facilitators go one step further. They actively recruit new people into the networks, even where doing so has no obvious, active benefit to them*.' There was no direct benefit to the University and the CETL of bringing these staff together for some development in leadership. Investing funding to create goodwill is not often something that will win over a project or finance manager. However, the CETL was advised by its funder, HEFCE, that it should take risks. The risk in this case was that the participants would take the training and leave without further engagement. This has not proved to be the case and further developments continue.

It is worth noting that both the CETL project manager and the SHA representative had been on the BBCSHA leadership programme, where they had developed and consolidated their relationships, which in turn provided space and

'permission' to generate new ideas, think creatively and begin to 'own' a shared vision.

Programme design and educational expertise

The project outcomes were, to some extent, a gratifying confirmation of the facilitators' ability to create and nurture the conditions for success, and to confirm that the theoretical and educational assumptions on which the project had been modelled were valid. However, these are only partially responsible for the acknowledged success of the project. Some elements of the planning were contributing factors. The criteria for selecting participants were carefully chosen and uniformly applied. Extending participants' leadership development from the BBCSHA programme applies learning from other studies of the advantages of long-term leadership development (Petersen & McKimm, 2008; Storey, 2004). Other planning decisions also had significant impact: the use of real-life projects was much more effective than case studies or simulation; the choice to acknowledge and work with complexity and allow the process to emerge was risky but effective.

Good educational practice should not be overlooked as a success factor. The facilitators are experienced educators/trainers, with current knowledge of leadership and management theory, and are credible healthcare educators and leaders in their own right. They are also skilled in 'holding' a group and allowing its creativity. They structured the programme to overtly provide space for reflection, consolidation of learning and development of ideas, between the days and within the days themselves, thus the need for space for thinking and personal development was reinforced. This led to an environment that enabled and facilitated consensus, but was also 'punctuated' by structured activities, such as fishbowl the and the 'dragons' den', which countered the potential insecurity that open space work may evoke. Space was made for regular reviews of process and progress towards the goals, and transparency was maintained throughout the project. It was important that participants felt safe, and this environment enabled 'unpacking' of processes and permitted challenging of assumptions about HE and the NHS (and, perhaps, self and colleagues).

Facilitators motivated participants through mutual trust and they communicated their belief that the projects and participants could effect change: participants, therefore, began to see themselves as leaders of educational change with a 'can-do' philosophy. Fullan's (2001) model was brought to life, in that facilitators and participants alike demonstrated the '*change leaders*' qualities of '*enthusiasm, energy and hope*'. The facilitators also '*perturbed their own edge*' through trying out some new educational techniques and '*letting go*' of the process. Good leaders will take a risk: here we did so by testing out our ideas around complexity theory, which predicts that '*something*' will emerge. Fullan (2001), on the other hand, would (more reassuringly) suggest that '*more good things happen, less bad things happen*'.

Conclusions and next steps

The project team are convinced that the decision to focus on complexity theory and collaborative leadership actively promoted partnership working in practice. It is also felt that contrary to the usual process in which a distant decision is taken to embark on a given partnership enterprise, the partnerships most likely to succeed are those that grow organically from the seeds of collaboration and build on personal understandings. In order to plan partnerships that will succeed, it is vital to have in-depth knowledge of the proposed partner organisations. Without knowing

where the shared values and purpose of the organisations lie, and more critically, where they intersect with other organisations' values, purpose and goals, then it may be that the total of the outcomes will be less than the sum of the partner organisations. This project was good evidence for the value of lead-in time: something consistently overlooked by the initiators of partnerships.

More research is needed to further explore the differences between partnership and collaborative working, identify implications for integrated practice and leadership development. Facilitator skills and teaching and training techniques need to be developed to capitalise on collaborative leadership and to develop and further identify the 'hard' and 'soft' skills needed to support effective partnership working. In particular, leadership development and training must be revisited, reinforced and revised over time if the investment in the trainees is to be fully realised.

Neither the partnership label, nor the most robust of partnership contracts will make a partnership succeed. That is something only the people within the partnership can do. This project has demonstrated that partners who are already collaborating, or are predisposed to do so, are more likely to build and sustain a partnership that really delivers.

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