The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Director of Nursing	Decision		High	Med	Low
	Discussion	✓			
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Professor Mandy Ashton	Strategic				
	Operational				
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	All domains				

Meeting Date: 31st January 2017
Report Title: Leadership Development Programme

PURPOSE:

To provide the Board with an update and outcomes of stage two of the nursing and midwifery Leadership Development Programme.

SUMMARY:

An evaluation of the second phase of the nursing leadership development programme for grades 7 and 8 demonstrates an increased capability, and therefore capacity, of leadership competency within the nursing workforce at The Queen Elizabeth Hospital.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓		✓		✓

RECOMMENDATION/S:

To consider whether further development of the nursing leadership capability within the Hospital needs consideration in this time of transition.

LEADERSHIP DEVELOPMENT PROGRAMME

1. BACKGROUND

1.1 Accelerating challenges in healthcare have made it imperative that front line clinicians, particularly nurses and midwives, have the leadership capability to drive radical service redesign and improvement. The ability to influence and lead change at the front line is now central to delivering this agenda at all levels within the hospital.

1.2 Following the successful completion of stage one of the nursing leadership development programme in January 2016, a second leadership development programme was commissioned by the Trust for ward managers, matrons, and practice development nurses.

1.3 This paper gives feedback to the Board on the successful completion of stage two of the programme and demonstrates key benefits identified to individuals, teams and the trust.

2. CONTEXT FOR CLINICAL LEADERSHIP: NURSING AND MIDWIFERY

2.1 What did the leadership programme comprise?

2.1.1 The competency model previously used in stage one of the programme, (as identified within the NHS Leadership Academy) continued to be used as a basis for stage two. It emphasises the responsibility of all practising clinicians, in this case nurse and midwifery leaders, to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues. There are five domains within the competency model:

1. **Demonstrating Personal Qualities** *1.1 Developing Self Awareness 1.2 Managing Yourself 1.3 Continuing Personal Development 1.4 Acting with Integrity*

2. **Working with Others** *2.1 Developing Networks 2.2 Building and Maintaining Relationships 2.3 Encouraging Contribution 2.4 Working within Teams*

3. **Managing Services** *3.1 Planning 3.2 Managing Resources 3.3 Managing People 3.4 Managing Performance*

4. **Improving Services** *4.1 Ensuring Patient Safety 4.2 Critically Evaluating 4.3 Encouraging Improvement and Innovation 4.4 Facilitating Transformation*

5. **Setting Direction** *5.1 Identifying the Contexts for Change 5.2 Applying Knowledge and Evidence 5.3 Making Decisions 5.4 Evaluating Impact*

2.1.2 The Queen Elizabeth Hospital nursing leadership development programme was divided into three cohorts: senior nurse leaders (17), ward managers and practice development nurses, (32) and the "Top Team" (4). Senior nurse leaders had three interactive taught sessions, Ward Managers four interactive taught sessions.

2.1.3 Participants who had interactive sessions were invited to also participate within an action learning set. The "Top Team" (Associate Chief Nurses and Deputy Director of Nursing) were invited into an action learning set and individual leadership coaching sessions were provided; however there were no interactive sessions as this tier of leadership are already operating with academic "Master's level" leadership backgrounds.

2.1.4 Action learning is a powerful methodology often used in industry that enables joint learning and problem solving. It has been adapted for use within the healthcare setting, and enables participants to take ownership and responsibility for learning with others,

sharing best practice and helping to problem solve with each other. All sessions were facilitated within the programme; however going forwards each group will use their own facilitation skills, learnt over the past months within a sustainable model of learning.

2.1.5 In addition, Dame Professor Eileen Sills (Chief Nurse and Chief Operating Officer, Guys and Thomas' NHS Foundation Trust) visited the Trust in Autumn to deliver her "Master Class" which encapsulated the key challenges facing nursing today.

2.2 How was the leadership programme evaluated?

2.2.1 Participants from both cohorts evaluated each interactive session by questionnaire. This allowed instant feedback to the Director of Nursing and the top team as well as a constant overview of how the programme was developing for participants.

2.2.2 A self-assessment tool was utilised by all participants of the programme that required individuals to self-assess against the leadership competencies (as identified in section 3). This assessed their starting point, their end of stage one programme (January 2016) and the evaluation of their learning by December 2017.

2.3 What were the headline benefits identified in terms of competencies?

2.3.1 The prime purpose of the second phase of the leadership programme was to increase participants' understanding of the context for change with enhanced cohesive and productive teamwork, (results from phase one had demonstrated limited understanding and progress in these competancies).

2.3.2 Evaluation results demonstrated a significant improvement in awareness and confidence relating to change and teamwork from the ward managers and practice development cohort, and an improved awareness and confidence from the matrons.

2.3.3 There was an increased awareness in all participants that The Queen Elizabeth Hospital was part of a wider system of health care and that by looking upwards and outwards, there were innovative solutions for problem solving and improving patient care. This became more evident moving from the interactive sessions into the action-learning environment, where outstanding work progressed relating to patient safety and values based behaviours in practice.

2.3.4 Previously high scores (as presented from phase one) remained constant and these included:

- A improved understanding of "self" as leaders;
- A renewed approach to continuing professional development;
- Greater awareness of the need for integrity;
- Improvements in managing resources and people;
- Encouraging progress and a greater desire for improvement and innovation (as evidenced by the projects submitted by every participant of the leadership programme).
- Applying knowledge and evidence for setting a new direction;
- Making a commitment to a new direction.

2.3.5 Pleasingly, the evaluation scores relating to the context for change, decision-making and impact, demonstrated a significant positive shift to a median score of 9. The previously recorded score was 6. This may indicate a greater confidence and capability in this workforce to lead in a changing environment with greater impact on outcomes. Evidence

of increased confidence and capability was demonstrated within the qualitative evaluation as indicated in particpants' comments (as below).

2.4 What did participants say about the programme?

2.4.1 It is important to listen to the comments of individuals during any learning experience: the spoken and written word gives a clear insight into new cultures emerging and hopes and aspirations for individuals' futures. Qualitative feedback recorded during the programme has indicated these points. On completion of the programme, participants were encouraged to write a "note to self and colleagues". The following comments reflect some of their comments.

- *"I have the drive, resilience and commitment to succeed" (Matron);*
- *"We are stronger as a team than we are as individuals. Keep quality at the heart of what we do and let's not go back" (Matron);*
- *"Together we can aim to raise the profile of nursing within the QEH. Keep standards high and keep offering support to each other" (Ward Manager);*
- *"Keep resilient, keep positive, keep smiling and keep action learning!" (Ward Manager);*
- *"It's been an enjoyable experience coming together to share knowledge, issues and experiences. It also makes me realise how much influence we do have and that the power is in our hands" (Practice Development Nurse).*

In answer to the question, "What will be your legacy?" responses included:

- *"We don't allow problems to chase us, we chase the problems"*
- *"Giving staff the freedom and courage to try"*
- *"Recognition that we have the expertise"*
- *"Developing resilience to carry on with instilled values and resourcefulness"*
- *"Empowering staff to become "leaders" in their own Right"*
- *"Encouraging all to build on and celebrate every success and triumph"*

2.4.2 The qualitative evaluation gave evidence of positivity and resilience amongst both matrons and ward managers/ practice development nurses.

2.5 Discussion of impact

2.5.1 During the past two years, nursing and midwifery has gone from strength to strength at The Queen Elizabeth. The challenges have been, and continue to be, significant. The provision of a resilient and supported/ supportive workforce to meet those challenges is a fundamental building block for success.

2.5.2 On writing this report, I am informed of the intent of 16 student nurses to take their first registered positions at The Queen Elizabeth Hospital after graduation. This is a paradigm shift in culture and reputation for The Queen Elizabeth Hospital. The possibility of newly qualified nurses choosing The Queen Elizabeth Hospital rather than other hospitals was inconceivable in 2014: now they choose to come. This is an excellent step forwards.

2.5.3 A recent recruitment process for a specialist nursing role showed the widening "leadership pool" within the hospital, with four internal candidates demonstrating both the clinical competency and leadership capability to be shortlisted for the post. Two years ago, this would not have occurred, with external adverts gleaning few applicants.

2.5.4 The future recruitment challenges for The Queen Elizabeth Hospital will remain difficult, as is the national picture for nursing. However the examples above, give an indication that the culture is changing, and that the profile for nursing at The Queen Elizabeth has improved significantly within and beyond the hospital.

2.5.5 The backdrop to this changing context for nursing at the Queen Elizabeth Hospital could be the change in resilience, positive attitude and belief in the existing nursing and midwifery workforce within the hospital. The significant leadership expectations of the ward manager and matron level have been matched by a workforce that is now better equipped to lead and manage in turbulent times with improvement skills, enhanced people management skills and the ability to think, make decisions and act in ways that ensure better quality of care for patients.

2.5.6 The overriding theme in the final evaluation process from all participants was the importance of being together to learn, share and develop. Two years ago, these staff did not know each other, their self-belief, self-esteem and resilience was poor. They now have the potential to continue to grow their professional confidence and to impart newly found leadership skills throughout the hospital. This could be regarded is a paradigm shift in terms of free socialisation and networking of nurses and midwives in the hospital, which is an essential culture for quality improvement and clinical competency.

3. NEXT STEPS

3.1 Based upon the evaluation, which overwhelmingly supports the need to continue on this journey of learning together, it is proposed that the five action-learning sets will continue in 2017. The sets will be facilitated by internal team members and will meet every two months for one and a half hours each session. This becomes a self-sustaining model for learning and development for the nurse leaders within the hospital. They have the skills and professional impetus to drive this forward themselves, and gives the Queen Elizabeth Hospital a cost effective and sustainable model for future leadership development within the hospital.

3.2.2 However, a supportive note of caution: successful transformational change is a position that is difficult to sustain. There is inevitably, a tendency, to “fall back” into previously held cultures, mindsets and behaviours. This is particularly poignant during further times of leadership transition. It is imperative that this is recognised and that what has been achieved, may be difficult to sustain. Leadership is a concept requiring constant nurturing and development: to stand still may result in going back. It may be prudent to consider “what next” for nurses and nursing leadership so this improvement journey continues and becomes a sustainable position for this vital workforce.

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January 2017