LOROS Ward leadership Project

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Organisation background

LOROS is one of the largest charitable Hospice care providers in the UK. It provides holistic support for over 2500 patients per year. It strives to ensure everyone has the opportunity to live a fulfilling and meaningful life in the time leading to death. The care and support that is provided is flexible to each individual's wants and needs. All of the services, both clinical and supportive are free of charge to patients and families regardless of how long it is needed. Any adult over 18 with the diagnosis of any terminal illness can access elements of the care services. This includes; lymphoedema management, in- patient nursing, community (at home or nursing home) nursing, AHP support, counselling and complementary therapies.

Hospice care is evolving due to the increasingly complex needs of patients and a growing population living with chronic conditions increasing demand for palliative care. All of this is challenging for staff. Nurse leaders need to have specific training and support that will empower them to challenge, nurture and support others in order to bring about cultural change and improved patient outcomes. This training will enable ward leaders to employ strategies to lead the development of a wider vision and flexible approach for the Hospice provision to patients and their communities (Help the Hospice, 2013).

Recruiting clinical leaders at LOROS has traditionally been through promoting staff recognised for their clinical experience. Their knowledge and experience of clinical practice is extensive. Conversely their expertise in leadership may potentially be under-developed, with little focus on leadership development resulting in the current leaders feeling over-whelmed by their role. This may lead to challenging teams, low morale at times, persistent absenteeism and inconsistent approaches across the teams. The current leaders need to enhance their capabilities to deal with these issues, providing a united approach to the management of the ward.

On a regional and national level, reports by Health Education East Midlands focused on supply and demand of nurses, in view of the challenges in recruitment, retention issues and high levels of absenteeism. One of the strategies under development is a

well-being programme to be focused on mindfulness and resilience building. (See Health Education East Midland Supply and Demand Briefing 1 – 2016).

Hospice UK published a strategic document in 2013; Future Ambitions for Hospice Care, which outlined a key priority to develop middle leaders in order to ensure that we can meet the challenges of the future. We recognise this is a key area for development and have reviewed our approach to meet this challenge to ensure we are providing the best quality of care for patients and their families.

The initiative will empower the nursing teams at the Hospice as the ward manager and team leaders will develop enhanced and broader leadership skills. This will support them to build resilience in themselves and their nursing teams and will help them to engage with and involve the teams largely in service developments and innovation. Developing enhanced leadership is often challenging in a busy clinical environment and is an area prioritising the development of clinical skills and competences. Through this project, we aim to increase job satisfaction, strengthen moral amongst the nursing teams and ensure they feel valued; resulting in them witnessing tangible positive outcomes for patient care. Nursing staff often highlight 'making a difference' as being the main reason why they enter the profession. Strong leadership empowering nurses to proactively participate in developments is a key aim of the project.

Another aim is enabling nursing staff to develop and progress. Inspiring and supportive leadership often influences this. By helping the current ward leaders to nurture and develop their nursing teams will in turn support workforce development and succession planning. This will not only influence the development of future nurse leaders at LOROS but also across the wider healthcare community.

Introduction

This project focused on enhancing care on the Hospice in patient ward which in 2015/16 received 816 admissions.

The aim of the project was to develop and enhance the leadership capabilities of our in-patient unit leaders. The objectives were:

- To enable the leaders to confidently apply coaching principles to their leadership practices and effectively support their teams

- To develop the skills and knowledge in recognising key elements of emotional intelligence in order to effectively lead and support their teams

- To explore different approaches to build resilience in the workforce, to enable them to support their staff, particularly in terms of managing change to facilitate health care reform. This will include the use of mindfulness with the nursing leadership team to build resilience and help develop strategies to manage stress and anxiety.

- To support the team to utilise action-learning approaches sharing knowledge and developing a climate of collaborative team working.

The programme was delivered over a 13 month period from April 2017 to May 2018.

The programme included a number of activities to enhance good leadership. This included;

1. Individual strengths and development – this centred on identifying strengths within the leadership team and areas of development. This was enhanced with the use of a session on emotional intelligence. From this activity individual actions and projects were identified as part of the project. Each ward leader was asked to keep a portfolio of their learning and development as part of the project. This is a tool that could be utilised for revalidation

evidence by the participants reflecting on their learning during this project and how it will change their clinical practice. These portfolios have not been monitored or checked during the project but are merely an aid for each person. They have developed their own format and requirements to suit their own learning.

2. Coaching sessions – this was both in one to one sessions and group training. Co-coaching techniques also underpinned this work for the leaders. Action learning sets were used as a way to embed these coaching skills within the team. There are a number of benefits of coaching for an individual which include an increased self-awareness, increased confidence and increased job satisfaction. These in turn can increase motivation and performance. Individuals can also have an impact on their peers so by investing in this type of programme it may have an impact on the wider workforce.
3. Mindfulness sessions were used to support the programme, and explored concepts such as self-compassion and coping with difficult emotions. This focused on building resilience in the workforce; aiding the management of stress, anxiety, reduce absenteeism and encourage retention. They took place over 4 days throughout the autumn of 2017.
4. Reverse Quality End of Life Care for All (QELCA) programme - this was an opportunity for the ward leaders to spend time in the acute setting and to reflect on systems and processes that could support development at LOROS. The Education and ward teams have worked closely together with our local acute trust, University Hospitals of Leicester (UHL)to deliver QELCA. training programme in previous years. This programme was for staff from the acute trust to participate in a four week course at the hospice developing their understanding of good practice in end of life care and to take the learning back to the acute trust. For the ward leadership programme UHL supported our staff by enabling them to spend time in the acute setting, we have called this the Reverse QELCA programme. The aims were for each ward leader to enhance understanding of the wider healthcare setting and enhance their leadership skills. The feedback and learning again were very positive and are highlighted in the conclusion.

5. Action learning sets – three facilitated action learning sets were planned to support use of this strategy for ongoing support and learning. The literature supports the use of action learning sets as it has been used in a number of work settings including the NHS to develop managers. (Walia and Marks-Maran 2014) The process of discussion within a group enables people to consider the issue fully before a plan is actioned. " The questioning approach of the action learning process helps the participants think before diving into action. " Joyce 2012 (30). The literature makes reference to a number of aspects that are important and identify the activity as action learning. This includes an emphasis on action rather than just discussion, issues being relevant and current and the skills and experiences being offered by others in the set. Mullins for example states "helping others, listening, using spaces to think and reflect are all identified as important learning moments" Mullins 2007 (189.) Action learning is a useful tool for middle managers to learn and develop alongside their peer group and therefore was a useful tool to use during this project. Action learning is about learning from each other and sharing knowledge, skills and experiences. It is a continuous cycle of action, refection, learning and planning. "Reflection is embedded in the process but the main focus is on action following thorough exploration of the issues the individuals present." Haith and Whittingham (2012:111).
   Some of the team leaders had already used this method of learning during a previous leadership programme and therefore were familiar with the benefits and challenges of its use.

In regard to evaluation of the programme the main tool had been focus groups which took place before the start of the programme and at the end and were useful to explore some of the views of the ward leaders and other ward staff. 'Focus groups can be especially useful for studying the success or failure of a particular programme and are well suited to eliciting views about change as part of the interactive process' Wilson, E (2018) The evaluation and subsequent report was produced by Eleanor Wilson, Senior research fellow at Nottingham University.

There were three areas that the focus groups covered which were; Leadership and management, expectations of the programme and recognising impacts of the programme. The outcomes of this independent evaluation will be referred to throughout this report.

It was also hoped to use pre and post questionnaires to measure confidence of the ward leaders in specific tasks of leadership and management. Unfortunately due to project team staff changes at LOROS data that was collected prior to the programme was incomplete and not available so this cannot be used as a reliable source.

Discussion

In addition to the ward leadership project taking place it should be noted that there were some significant changes for the ward leaders as well. The team moved into a new office space which enabled all ward leaders to have a designated office space. Being in a physical environment together has been reported by the leaders as having a positive effect. They reported improvements in communication as a leadership team and supporting each other. There was also a change of staff and a new ward manager within the project lifetime. In addition to this the ward had changed shift working patterns and had moved to a 12 hour 'long day' shift.

1. Identifying strengths and development

Ward leaders had identified their own strengths in leadership and the development that they required at the start of the project at the first study day. This has been an interesting part of the project as each ward leader selected one of two individual projects depending on depth and breadth of topic chosen. The projects ranged from e-prescribing, leading on Trainee Nurse Associates, clinical reflection groups, walk around handover, e –rostering and electronic handover. They have enabled the ward leaders to enhance ways of working on the ward and also develop their own skills. The leaders identified the importance of training to implement new initiatives such as e-prescribing and electronic handover. On-going training for new staff was felt to be manageable and has become part of the induction for new staff. E prescribing had been successful and was fully implemented. There were recognised benefits for the organisation such as reduced drug errors, ordering drugs online and reduction in time wasted looking for drug charts. There had been some challenges such as systems from the acute trust being set up and the strength of the WIFI at the hospice. E – Rostering has been partially implemented with the next steps are training staff to request shifts/holiday etc. through the e rostering process. It is currently running alongside the current HR system. There had been some IT issues and support that was required as part of the work. On reflection it may have been helpful to have a member of the IT team attend training alongside the ward leader.

This highlighted the need for IT to be familiar with the system prior to roll out to ensure they can support staff with queries related to the systems implementation.

For the work being undertaken by the ward leader with our Trainee Nurse Associates (TNA) it is progressing as planned. The TNA's training programme is 2 years long so they are due to completed in January 2019. The challenges nationally have been the role of the TNA around limitation regarding drug administration and this is being explored at LOROS. Other challenges have been the TNA's using the E-prescribing and staff understanding the role of the TNA. The ward leader alongside other colleagues continues to work to develop the specific role and responsibilities that the nurse associates will have when they have qualified. The team recognise the benefits of the role for patients and the future ward workforce.

While some initiatives have not been implemented such as the walk around handover they have still been useful to consider. This was felt unsuitable for our environment and patients however the ward leader has developed quality assurance orientations as a result of it. This entails the nurse in charge orientating new patients to ensure they know who people are, who is caring for them and information about how the ward is run.

With regard to the individual portfolios that were asked to be compiled have not been monitored or checked throughout the programme. To achieve increased benefits from the use of these portfolios it may have been more effective to offer more support on the format and completion of the portfolios.

One to one supervision was planned monthly for each ward leader with their line manager and then with senior leaders every 3 months. One to one supervision with senior leaders had been planned on a 3 monthly basis during the project in addition to the monthly supervision offered by line managers. While this had taken place on some occasions it had proven more challenging for appointments not to be cancelled/ delayed due to ward pressures or staff absence. This will be discussed further within the conclusion. Supervision with senior leaders had not taken place in the way that the project plan had intended in terms of frequency. While it had been

useful the ward leaders had not found it easy to attend due to ward pressures and therefore it had been cancelled or postponed on a number of occasions. The ward leaders did not highlight this as a concern

2. Coaching sessions

A study day on coaching was attended by all leaders in June 2019 led by a specialist in this field. The facilitator then provided one to one sessions for each leader at two points during the project. The benefits of this were the potential development of ward leader's leadership style. Whilst coaching has been recognised as positive for the team leaders it could potentially be used more across the ward team. This may potentially upskill the ward nurses who have the right knowledge and skills to undertake tasks at a higher level. In terms of succession planning for future ward leaders this might also show which staff members have the potential to be a future leader.

3. Mindfulness sessions

The study day on emotional resilience and mindfulness that took place in autumn 2017 was well received. The ward leaders felt that the training could have been condensed to one day rather than the four allocated to it. All ward leaders cited personal learning as a result of the programme and in particularly in terms of resilience. For example in the post programme forum one of the nurse leaders said, "it still affects me occasionally, but I feel I'm more resilient, I still think over things, so mindfulness you just get a bigger container, but maybe I have learnt something." Resilience was a key theme throughout the project and this work will be ongoing.

4. Reverse QELCA programme

Staff had spent a week at various wards at the local acute trust including oncology and the admissions unit. The experience had been used to reflect on systems and processes used within the teams and if any of these could enhance patient care and staff effectiveness within the ward at LOROS. Formal feedback had been collected after participants had attended their QELCA days. Overall it was positive with our leaders commenting that staff in the acute trusts had been welcoming and friendly during their time with them. They would recommend it to others as a useful learning opportunity. They felt that 3 days would have given them enough time and that 5 days wasn't needed necessarily to gain the learning. They felt that 2 colleagues attending at the same time felt supportive and could be useful if others planned this for the future.

Specific areas that they had considered were the ward managers role and support they offered. This included a ward manager's open door/reflection time. Staff were able to share concerns with the manager and it was felt to be a good use of time as any issues were dealt with promptly. Within the LOROS ward it was felt that it could be a nominated person other than the ward manager i.e. team leader and that staff could book an appointment or ring if as well as 'drop in' during a designated time.

Another example that the team had felt was interesting to reflect on was the daily ward walk round with the Receiving Oncology Consultant (ROC) with the oncology consultant and ward manager. This was felt useful as it made care planning and decision making time efficient and effective. The most relevant people were there to ensure decisions could be made at that time. The ROC decisions were then fed back to the staff nurses and the HCA team meet at lunchtimes for their handover. In terms of transferability to the LOROS setting if the ROC was used it may have an impact on the use and need of the Multi-disciplinary team meetings. However given the importance and value of the wider team we would not want to exclude these vital members of the team and their contributions to decision making.

The ward leader who spent time at the admissions unit was able to reflect on the use and potential benefits of this at LOROS. This might work using a designated bed that was for assessment and/or triage for a short admission. It might result in a referral for admission or some other support and a return home. It would utilise the skills and knowledge of the nursing team with potential benefit of more patients being able to use the service.

The final example shared was a walking handover. The benefits included patients and families being more actively involved in discussion and planning in their care. It also ensured what team were considering i.e. a discharge home had been discussed with patients. The ward leader felt the team had constant contact with their patients and the patient knew the team. Some challenges might be around confidentiality as talking amongst the team at the bedside could be heard by others in the bay. This example had been considered further by the ward leader and adapted for the LOROS environment as part of an individual project.

5. Action learning sets

Action learning sets had taken place twice during the project. The main challenge to this was enabling all ward leaders to attend a group activity and for there to be no nurse managers/leaders on the ward. The ward leaders valued the sessions, they were engaged and keen to participate but practically it was very difficult. After two formal action learning sets the group decided that they were able to self-regulate and continue to use action learning in a more informal way during other times they met. The ward leaders used the time well within the action learning sets and were able to use the time to reflect on appropriate issues

6. Additional activities

In addition to the activity that was planned some additional work took place. This included discussions about the LOROS ward leader's competency framework. The competency framework had been completed for Band 6 Team leaders prior to the project starting. This was reviewed during the project due to a change in staff responsibilities and a move by one of the team leaders into the ward manager

position. The competencies that were developed were more appropriate for the deputy ward leaders (Band 5) and linked to the work that they carried out. Additional work is now required to develop the competencies for team leaders if the current framework is going to be adopted for the Band 5 deputies.

Each ward leader met with the project lead near the end of the project to review the leadership domain within the competency framework. This enabled any gaps to be reviewed and further opportunities or experience to be highlighted. Each ward leader had met the competencies expected for a band 6 team leader despite some being deputies at band 5. In discussion with the ward leaders they felt that their role had developed since the competencies had been written and these needed to be reviewed. During the focus group the ward leaders recognised the changes that had taken place in their roles. This therefore needs to be considered for the future. There also wasn't a competency framework for the ward manager in place so this too needs to be developed. Given that ward staff remained confused at times about the difference between the team leader and the deputy role this competency framework might help both leaders and ward staff to gain further clarity on the differences between these two groups of staff.

There had been an additional opportunity for two members of the team to attend an external conference that focused on ward leadership. The participants valued the opportunity to attend and recognised this as important during the post programme focus group. They felt in order to maintain, update and build upon what they had learnt, attendance at future leadership events would be important.

Summary

There have been a number of themes that are important in summarising this project. It also enables us to think about next steps with regard to future leadership within the ward setting at LOROS.

The key themes that were evident from the independent evaluation were around development of the ward leaders attitudes and management styles. They felt that while the programme had been taking place significant changes had taken pace as well such as nurses moving to a 12 hour shift and a new nursing management structure had taken place. However some changes had taken place as a result of the programme. This included new initiatives such as e-prescribing, electronic handover and e-rostering. All ward leaders felt they had gained in confidence and knowledge and increased their resilience. The ward leaders felt that a greater sense of team working, cohesion and support had been established within the nursing teams.

The nursing team also expressed a number of improvements that had started during this programme. However they did feel that further positive changes would be beneficial. In particular they felt applying consistency in some areas such as off duty, moving staff across the ward and leaders having a consistent presence on the wards was needed to sustain positive leadership.

The nurse leaders felt that their coaching skills had been enhanced during the programme. They felt the way they approached and managed issues had changed because of this aspect of the project. For example the latitudinal focus group highlighted the benefits of involving staff in problem solving and in seeking solutions. It also identified the leaders understanding of empowering staff to be part of the solution rather than a dependency that they felt was evident before. It could be suggested that the next steps for this is how ward leaders (and others) might initiate coaching across the wider ward team. This recognises the importance of up-skilling staff and ensuring they feel confident to work more independently. It will be important to recognise the time constraints that the ward leaders have and ways to overcome this.

The competency frameworks for the ward leaders need to be updated. The Band 6 team leaders need to be updated to reflect the responsibilities and competencies that this staff group need. The team felt that the current framework would be more appropriate for the deputy leaders in the Band 5 position. There is no competency framework for the ward manager currently. Other competency frameworks for other ward staff may need to be reviewed as well.

The reverse QELCA programme has been hugely successful. Not only did this offer time in a different healthcare setting but also stimulated staff to consider improvements and efficiencies that the LOROS ward could make. This opportunity could be extended to the wider staff team to act in a similar way. It could be a good way to motivate staff, increase morale, enable them to reflect on the uniqueness of working in the hospice setting as well as consider different ways of working.

Ongoing attendance at leadership events and cascading learning such as mindfulness techniques to wider ward team were both identified within the independent evaluation. One of the challenges to achieving this is in the planning in advance of dedicated time to undertake these types of activities. The ward leaders had commented on the planning of the activities within this project had been more achievable due to having dates and times of the programme for the year ahead. In addition to this the ward leaders recognised that having time working together enabled them to develop and grow as a team and this continued cohesion is crucial to ensure the ongoing success of the team.

Ward staff were generous with their time and shared their views in a helpful and honest way. They identified some areas that continue to require ongoing work from the ward leader's team. This included more direct communication with the doctors and the role that ward leaders had to instigate this.

With reference to the intended outcomes it is challenging to measure if they have been achieved. The programme did enable the leaders to confidently apply coaching principles to their leadership practices as concluded within the evaluation that was carried out. Using this to effectively support their teams still requires further work.

The staff report a development of the skills and knowledge in recognising key elements of emotional intelligence in order to effectively lead and support their teams. They have also explored different approaches to build resilience in themselves. Further work is required to build this resilience in the wider workforce, and to enable them to support their staff. This will include the use of mindfulness with the nursing leadership team to build resilience and help develop strategies to manage stress and anxiety.

Finally the team utilised action-learning approaches to share knowledge and developing a climate of collaborative team working. However the process evolved from the original planning and I would suggest that this might have diluted the potential benefits.

In regard to sharing the learning from this project it may be that other teams in the hospice could gain enhanced understanding. Developing a shared sustainable approach to leadership training and practices across the hospice teams would be hugely beneficial which could result in long term benefits for the teams, the workforce and the organisation.

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