<table>
<thead>
<tr>
<th><strong>Subject:</strong></th>
<th>Joint Portsmouth Hospitals NHS (PHT) Trust and Barking, Havering and Redhill (BHR) NHS Foundation Trust Ward Sister Leadership Development Programme</th>
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<tr>
<td><strong>Prepared by:</strong></td>
<td>Greta Westwood, Head of Nursing, Midwifery and AHP Research</td>
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<tr>
<td><strong>Sponsored by:</strong></td>
<td>Nicky Lucey, Acting Director of Nursing</td>
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<tr>
<td><strong>Presented by:</strong></td>
<td>Greta Westwood, Head of Nursing, Midwifery and AHP Research</td>
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<tr>
<td><strong>Purpose of paper</strong></td>
<td>Describe the development, impact and future of Joint PHT and BHR Ward Sister Leadership Development Programme in the context of the PHT Organisational Development Strategy</td>
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| **Key points for Trust Board members** | • An innovative ward sister leadership development programme involving joint learning across two NHS organisations  
• The interim independent evaluation has identified transformational personal and ward based change  
• The programme becomes part of the suite of leadership programmes offered to all ward sisters  
• This work forms one part of the PHT leadership and management development agenda |
<p>| <strong>Options and decisions required</strong> | For information |
| <strong>Next steps / future actions:</strong> | A Listening into Action (LiA) event for all Band 7 ward sisters will follow this Board meeting. This is required to establish the level and type of leadership development required by this group and the organisation. This will inform the Director of Nursing portfolio. |
| <strong>Consideration of legal issues (including Equality Impact)</strong> | NA |</p>
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<th>Assessment)</th>
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<td>Consideration of Public and Patient Involvement and Communications Implications?</td>
<td>NA</td>
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**Links to:**
- Portsmouth Hospitals NHS Trust Board Strategic Aims
- PHT Organisational Development Strategy including:
  - Leadership Skills Framework
  - Leadership and Management Development
  - Performance Management
  - Talent Management and Succession Planning
  - Leadership Qualities and Behaviours Framework
  - Personal Development within Appraisal
- CQC ‘Well Led Domain”
- National Leadership Programmes

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<th>Strategic Aim</th>
<th>Better People</th>
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<tr>
<td>BAF/Corporate Risk Register Reference (if applicable)</td>
<td>NA</td>
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<tr>
<td>Risk Description</td>
<td>NA</td>
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<td>CQC Reference</td>
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**Committees/Meetings at which paper has been approved:**

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1. Purpose

This paper has been prepared to inform the Board about the development and impact of the Joint Portsmouth Hospitals NHS Trust (PHT) and Barking, Havering and Redhill NHS Foundation Trust (BHR) Leadership Development Programme for Ward Sisters (Band 7).

2. Background

The vital role of the ward sister in promoting patient centered services, ensuring that patients receive the highest quality, evidence-based nursing care and that students have a positive learning experience has long been recognised. In the contemporary NHS, ward sisters have many additional responsibilities. These include ensuring the efficient and effective use of resources; managing the performance of the team; planning and monitoring staffing levels to match requirements of workload and ensuring delivery of the Trust’s strategic objectives and compliance with local and national standards, policies and legislation. To enable ward sisters to take on the full range of responsibilities required, they need to be appropriately developed.

To meet this development need a bespoke Ward Sister Leadership Programme for Portsmouth Hospitals NHS Trust (PHT) and Barking, Havering and Redbridge (BHR) NHS Foundation Trust staff was commissioned (further background available in Appendix 1)

2.1 Ward Leadership – The Evidence Base

Although there is vast literature on leadership development there is little robust evidence related to ward sister development. The extant policy guidance across the UK suggests that successful development of ward sisters requires them to:

- Think of themselves as leaders and as having a leadership role. Without this understanding, it is unlikely that they will take up their authority to lead organisational change and service improvement.
- Be developed within the wider system in which they work. Development should focus on the roles, relations and practices in the specific organisational context in which the nurses work and requires conversations and learning with people who share that context.
- Have a wider understanding of the 'whole organisation/system' i.e. to appreciate how the whole system works to deliver care, not just in their own job/profession. They need to understand the structure of the systems and services in which they work.
- Have an understanding that as ward sister they are key to the effective delivery of all aspects of patient care within their ward i.e. that their leadership style and behaviours influences the ethos and culture of the team.

The evidence base is however currently limited around illuminating the learning and development interventions that are likely to produce these outcomes and the impact of clinical leadership development programmes on practice. It was therefore important in the development of this programme that the programme met need (individual and organisational), covered key developmental leadership and personal learning and included an evaluation to capture the key learning aspects of self-development and personal impact.

2.2 The Leadership Development Programme

The programme included the following components:

- A work-based project to provide the focus for practice development
- Workshops, seminars, master classes, role play
• Action Learning Sets and/or team coaching to encourage reflection and challenge behaviours and practices which may be unhelpful to leadership practice
• Coaching for problem-solving and personal development
• Mentoring to assist visioning, objective setting and building leadership capability
• Observation, shadowing, visits to the partner and possibly other organisations
• Negotiation of an individual learning contract and setting of personal learning objectives
• Use of the group dynamic to enhance learning
• Critical reflection and learning from experience
• The rigorous application of ideas to practice
• Individuals assuming accountability for their own learning

The programme included four iterative stages:

• **Diagnosis** – finding out about the service and working out with Band 7 ward sisters and organisational key stakeholders the challenges that exist and changes desirable. The aim was to build trust and secure ownership of the programme with the managers and the staff and to work with them to develop their aspirations for the services they offer
• **Co-design** - with selected Band 7 ward sisters and other key staff stakeholders
• **Delivery** - with the selected cohort (includes module days, mentor development, Action Learning Sets, formative evaluation);
• **Evaluation** – including in-depth interviews with participants and their clinical colleagues. Ward performance was not evaluated.

The programme curriculum included four domains of leadership practice:

• **Understanding of context** – organisational, political, system
• **Introduction of technical expertise** – financial, managerial, quality improvement approaches
• **Personal development** – through coaching and action learning
• **Relational development** – and understanding of effective communication, using self, networking

The programme evaluation objectives included:

• Increase understanding of the impact of a co-designed ward sister leadership development intervention on the participants
• Identify its impact on a range of patient and staff outcomes
• Produce a report for programme commissioners
• Co-produce a paper for publication in an appropriate professional journal

The five module programme run for one year from May 2013 - May 2014 across both sites.

### 3. Findings

Although the evaluation is not complete the interim report suggests a positive transformational effect on participants, enabling them to take up their leadership role with increased confidence and skill. Reflections have been derived from participants, ward colleagues, programme facilitators and commissioners. The issue of travel to the programme was identified as a challenge but overcome by ensuring this was kept to a minimum. A full report will be available in July 2014.

#### 3.1 Impact on participants
A participant’s own leadership journey (Sister Carly Goodson) will be presented to the Board.

Participants descriptions of personal impact to date include:

**Increased confidence and capability as leaders:**

“I underestimated how powerful I can be. It made me feel empowered, especially not having a degree, and feeling all those years of experience are worth having. Finding my voice, saying “in my opinion”, keeping the vision, thinking about how I will move things forward. It’s been a wakeup call to me as a role model. Had a situation where a staff member had left and the job was being reviewed, first I sat and listened and said nothing, gathered information, remembered less is more and then took my courage in both hands to redirect and focus the conversation, this changed the whole direction of everything, the whole team changed their view, I kept my integrity, I kept my vision, I kept clarifying and asked good questions. A huge moment, I felt really proud of myself. I didn’t have to get stroppy, they were influenced”. (P9)

**Increased confidence and leadership skills noticed by others:**

“One of the comments my mentor said about me and another individual on the programme was – you’ve changed, become much more confident. I am one of the introverts however if I’ve got something to say now, I say it” (P5)

“One of the girls said – did they teach you that on the course? – so others have noticed a difference … it’s made me stop and think particularly when dealing with staff issues, I feel a lot less stressed. I take a deep breath in and think it through in a different way and if the girls in the team are noticing … I’m definitely a happier band 7 having done this course” (P6)

4. **Next Steps**

A Listening into Action (LiA) event will take place in July 2014 with all band 7 ward sisters. The cohort of 13 will be involved to explain their journey with personal reflections of impact and this will be used to frame the inclusive conversation about need, level and type of leadership development needed by ward sisters and the organisation. The results of the conversation will then inform the Management and Leadership Development Framework and an implementation plan as part of the PHT organisational development strategy in collaboration with the Director of Nursing.
Appendix 1: Joint PHT & BHR Ward Sister Leadership Development Programme

A Nursing Leadership Development Programme for Band 7s (Senior Sisters)

A joint initiative between Barking, Havering and Redbridge University NHS Trust and Portsmouth Hospitals NHS Trust

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Introduction

Flo Panel-Coates (Director of Nursing, Barking Havering and Redbridge University NHS Trust) and Dr Greta Westwood (Clinical Academic Co-ordinator/Head of Nursing, Midwifery and AHP Research, University of Southampton/Portsmouth Hospitals NHS Trust) were both awarded Florence Nightingale Scholarships in 2012. As part of this scholarship they have set up a partnership between their two Trusts to explore approaches to developing nursing leadership in their Trusts in the belief that enterprising and robust nursing leadership has the most impact on improving the quality of patient care.

This project centres on a joint Nursing Leadership Development Programme for senior ward managers (Band 7s) within the two Trusts, delivered by Sue Machell and Pippa Gough (biographies attached).

Project aims

The main aim of the project is simply to provide a space for Band 7s from both sites to explore together how they can improve the quality of care patients receive in each Trust and how they can provide the leadership to their teams to enable these changes to occur.

In addition, the development programme aims to:

- Provide an environment that enables the Band 7s to learn together and draw on the collective wisdom, insights and experiences of the group;
- Expose the group to new ideas and to facilitate putting these ideas into practice;
- Facilitate a deep reflection about, and scrutiny of, the impact and outcome of individual actions;
- Create skilled and effective senior nurse leaders by providing leadership development interventions which are effective and grounded in best practice in leadership development;
- Enhance organisational capability for leadership and quality improvement;
- Promote multi-disciplinary and cross organisational learning about leading change to improve overall quality of patient care; and
- Demonstrate to each organisation how investing in the senior nurses within their organisations is worthwhile and reaps rewards.

What works in leadership development programmes?

- **Work-based leadership development is most effective**: A work-based project that enables participants to experiment with new approaches and ideas in practice should be incorporated into the programme. Discussion of this provides powerful case material for learning and challenge within the participant group.
- **The importance of peer learning needs explicit recognition**: A robust system of self and peer-assessment of leadership practice will be key to delivery of the programme.
- **Most ‘leadership’ methods work well as long as there is alignment between the programme focus and individual aims**: Robust and comprehensive learning contracts will underpin the programme. The contracts will set out individually identified learning objectives and will be supported by ‘learning logs’ – a reflective narrative focusing on what is being learned, how it is being learned, how new ideas are being applied in practice and how challenges are being managed.
- **Leadership programmes must pay attention to enabling people to secure organisational support**: The programme, whilst focused primarily on individual senior nurses, will also engage in organisational development interventions with the participant’s host organisation. In this way
organisations will be more involved in the learning about what works in providing good quality patient care. The investment therefore is not solely in developing individual leaders but rather in the ability to ‘co-produce quality patient care’.

- **Success depends as much on the situation as it does on how well the person leads.** Many features of the context which affect patient care are created by leaders at higher levels. Value from work-based initiatives is gained by influencing these leaders to create favourable conditions.

- **Leaders at all levels can start and enable improvement in practice.** The leader’s role is to know what needs to be done and lead a process which motivates people to agree and work out how to do these things. This does not depend on formal authority. Leadership is about enabling people to contribute to planning and implementing good practice and to skilfully work through differences to get creative solutions.

- **Leaders can be more effective if they use the research and literature to help shape their actions in the planning and implementation process.**

**The approach**

The programme will be underpinned by an eclectic mix of the following ideas and approaches:

- A philosophy of adult and experiential learning with both the individual and their organisation;
- The use of Appreciative Enquiry to determine what works well, what the conditions of success are, and to develop ideas about how to amplify this success;
- An understanding of health care systems as being characterised by complexity, uncertainty and ambiguity. The emphasis here is on autonomy and creativity, networks and connections, collaboration and partnership, sharing and building trust, and sharing power and influence. Leadership from this perspective is about sense-making and creating meaning – allowing creative solutions and ideas to emerge rather than imposing them from on high;

- A belief that a model of single ‘heroic’ leaders of single organisations, taking responsibility for ‘driving’ the whole process and acting as a central focus for everyone else’s collaborative effort is outdated and inappropriate. In this model the work of leadership is to be all-knowing and take the blame when the master plan fails. This model is ill-suited to contexts which are complex, ambiguous, uncertain and multi-layered and also one in which partnership working is increasingly expected at strategic and operational levels;

- The challenge is to continue to demonstrate and elaborate a different model of leadership—particularly as it relates to quality, sustainable change and improvement – namely one which is premised on leadership as being constructed by and within the ‘community’ (staff, patients, citizens, and other agencies). In other words, the development of an approach premised on leadership as a form of **co-production**.

- The role of today’s health services leader in improving quality of care is no longer to provide all the answers but to provide and hold the space that enables groups, teams, organisations and communities to find their own way forward and their own solutions to problems as they arise – that is, to ‘co-produce quality care’. The role is to ask the hard questions and to maintain dialogue. The leader’s role is to provide a framework of high challenge and high support that allows adaptive responses to emerge but which sufficiently contains anxiety which may otherwise threaten to overwhelm.
Elements and structure of the programme

The first cohort of the programme will consist of 12 participants drawn from each Trust (24 in total) at Senior Sister grade (Band 7).

The programme will run over the course of one year with one day interventions approximately every other month, hosted alternately in Portsmouth and BHR. Team coaching/ALS will take place on site. Mentors will be identified to support participants internally. A half day development programme will be offered for the mentor group on each site.

The programme will be made up of the following components:

- A work-based project to provide the focus for practice development;
- Workshops, seminars, master classes, role play;
- Action Learning Sets and/or team coaching to encourage reflection and challenge behaviours and practices which may be unhelpful to leadership practice;
- Coaching for problem-solving and personal development;
- Mentoring to assist visioning, objective setting and building leadership capability;
- Observation, shadowing, visits to the partner and possibly other organisations;
- Negotiation of an individual learning contract and setting of personal learning objectives;
- Use of the group dynamic to enhance learning;
- Critical reflection and learning from experience;
- The rigorous application of ideas to practice; and
- Individuals assuming accountability for their own learning.

There are four stages to the programmes, which are iterative:

- A diagnostic phase – finding out about the service and working out with Band 7s and key stakeholders what challenges exist and what changes are desirable. Our initial aim is to build trust and secure ownership of the programme with the managers and the staff and to work with them to develop their aspirations for the services they offer;
- Co-designing a leadership development programme with selected Band 7s and other key staff;
- Delivering the programme with the selected cohort (includes module days, mentor development, Action Learning Sets, formative evaluation);
- Evaluating the programme (see Annexe One).

In facilitating learning and introducing new ideas, the programme ‘curriculum’ draws from four domains of leadership practice:

- An understanding of context – organisational, political, system;
- The introduction of technical expertise – financial, managerial, quality improvement approaches
- Personal development – through coaching and action learning;
- Relational development – and understanding of effective communication, using self, networking.

A draft summary of the design and possible timetable is provided on the GANNT chart attached.
Annexe One

Draft Evaluation Questionnaire for beginning, middle and end of programme

1. In your experience, what works well in the Trust currently?

2. What is going on for you; your team; your organisation that enables these things to work well?

3. What things (actions, resources etc) would make them work even better?

4. What do you see as the key challenges for change in nursing locally?

5. What needs to be done to meet these challenges to enable these changes to be made?

6. What would you like to be doing differently in your work in a year’s time?

7. Any other comments?
Biographies

Pippa Gough

Pippa has worked as a clinician, manager and consultant in the public and voluntary sectors at local, regional and national level. She is experienced in designing, commissioning and delivering innovative leadership development programmes within the health service and other parts of the public sector. She has specialist delivery expertise in managing and facilitating large-scale whole systems events, working with executive and senior teams to develop strategy and improve effectiveness against a backdrop of organisational upheaval and change. She has been involved in facilitating a number of NHS board development projects. Pippa’s professional interests include: development of the health workforce; the role of leadership in managing change; creating connections and networks across systems; shaping public sector (health) policy and analysis of political contexts; the manifestation of power in organisations; the role of groups and teams in organisational life; and facilitating whole system events.

Originally trained as a nurse and midwife, most of Pippa’s clinical experience is in health visiting. She worked as a HV for 8 years within a very deprived and diverse area of Bristol during which time she undertook a part-time MSc in Politics and Policy at Bristol University. Following a lectureship at the University of the West of England, Pippa began work with the King’s Fund Nursing Development Programme and gained skills in facilitating health care teams to improve the quality of care. She moved from there to the nurses’ regulatory body, the UKCC, to head up community nursing policy and thence to the Royal College of Nursing where she was appointed Director of Policy and set up the RCN Policy Unit. In 2001 she was headhunted to re-join the King’s Fund in a joint role as Senior Faculty in the Leadership Development Directorate in conjunction with leading a Policy Research and Development Team exploring development of the health workforce, within the Kings Fund Policy Directorate. Most recently, from September 2008 until February 2011, Pippa worked at the Health Foundation as Assistant Director, Leadership.

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Sue Machell

Sue Machell is an experienced coach, facilitator and organisational development specialist. Previously a Director of Nursing and Chief Executive in the NHS and a senior fellow at the King’s Fund, Sue’s particular expertise lies in leadership development, programme design and delivery. She works with senior, middle and frontline leaders across the health and social care system to transform and integrate services, manage change effectively and improve the quality of care for patients and users. She has a particular interest in how human relationships can work more effectively and productively between individuals and across professions, groups and organisational/sector boundaries.

At the King’s Fund Sue was responsible for designing and directing a number of national, transformational leadership and organisational development programmes including the Burdett NHS Board Development Programme, the Johnson and Johnson Nursing Leadership Programme and the Seattle Overseas Study Tour for cross sector leaders in conjunction with Group Health, the Veterans Administration and Microsoft. She was also a co-director of the Top Managers Programme, the European Strategic Leaders Programme in conjunction with Insead, all programmes for medical staff and the women’s cross public sector executive leadership programme.

Some of Sue’s most recent work has included directing the Burdett ‘Ward to Board’ programme for NHS Midlands and East working with Nurse Executives, Medical Directors and their Boards to increase levels of clinical engagement and improve the quality of patient care. She is also working with Clinical Commissioning Groups on their development towards set up and authorisation. As part of Tavistock Consulting, Sue is a team leader for the new Health Foundation Shared Purpose organisational development project, which aims to raise awareness of the role that corporate services can play in improving the quality of care. She is currently part of a team providing new and innovative leadership programmes for new Directors of Adult Social Services and also for Senior Leaders in Social Care spanning public, private and third sectors on behalf of the National Skills Academy.

Sue has a Bachelors Degree in Health Studies and Applied Social Science and a Masters Degree in Business Administration. She is an ILM certified coach and is licensed to use Myers-Briggs and Firo B. Sue has a background in the behavioural sciences having trained at the National Training Laboratory in the USA and the Tavistock Institute and the Institute for Group Analysis in London. She is an associate consultant with the Tavistock Consultancy Service, the National Skills Academy for Social Care and with the Centre for Innovation in Health Management at Leeds Business School.

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