



Evidence based practice and clinical leadership

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Leadership - what it means to me

"The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things."

Ronald Reagan

My experience of leadership

- Worked in three different countries - UK, New Zealand and Australia
- Experienced being a leader in a variety of settings
 - Clinical - intensive care units as shift leader, charge nurse, unit manager
 - Academia - Head of School and now Dean
 - Research - leading project teams, associate dean for research
 - Quality Assurance - Nurse Director for Quality
- Different roles but all require key leadership attributes

Leadership in Healthcare

Florence Nightingale commented:

“Let whoever is in charge keep this simple question in her head ... how can I provide for the right thing to be always done?”

John Daly et al (2014) identified some of the complexities facing leaders in healthcare today:

- workforce challenges; changing consumer expectations and demands; fiscal constraints; drives to improve patient centred care; and issues concerned with levels of quality and safety of health care.
- Lets explore the evidence and the tools that exist that can help us to be good clinical leaders

clinical leaders and nurse leaders - are they the same?

Nursing leaders have strong relationships with management and these tend to be nurses slightly more removed from direct clinical care; they operate in a broader context at an operational or systems level.

Clinical leaders are more about facilitating evidence-based practice and improved patient outcomes through local care (Millward and Bryan, 2005). Stanley (2006, 2008) offers more details from various studies exploring clinical leadership:

- clinical expert in their field, approachable and open, effective communicators, visible in practice,
- positive clinical role models, empowered decision makers, clinically competent and clinically knowledgeable who display their values and beliefs through their actions are most likely to be seen as clinical leaders.

'Clinical leaders should be celebrated and recognised in their own right. Both clinical leaders and nursing leaders are important and need to work collaboratively to enhance patient care and to positively enhance the profession of nursing.' Stanley and Sherratt (2010)

The characteristics of clinical leadership and the attributes of clinical leaders - Daly et al (2014)

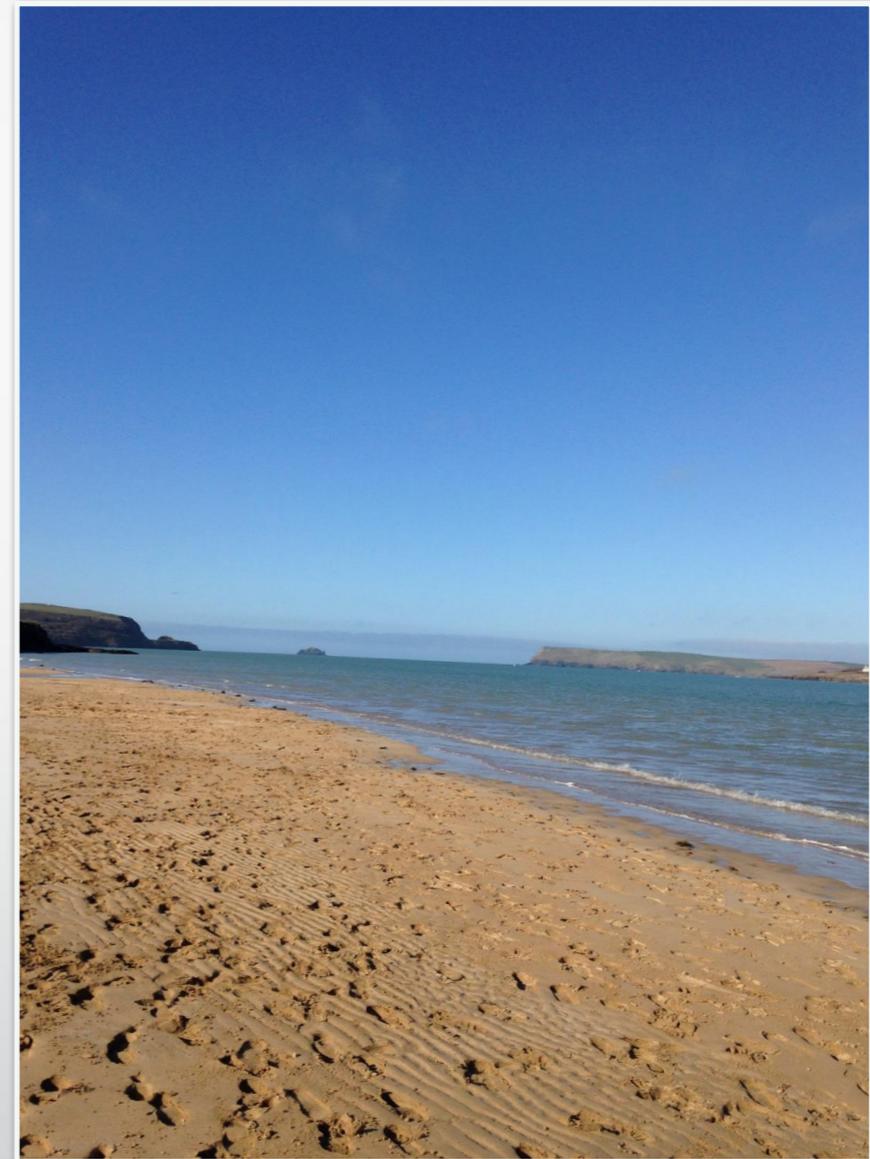
| Leader characteristics | Leader foci | Leader attributes |
|--------------------------------------|---|--|
| Leadership as situational | Context specific Diagnose microsystem issues | Directly involved in care Custodian of care processes and microsystems Reflexivity |
| Leadership as skill driven | Challenge the process and affect change Innovative problem solving | Clinical passion and credibility Expert knowledge Courage |
| Leadership as value driven | Faith and respect Heightened sense of responsibility | Professional identity Positive attitudes toward own profession |
| Leadership as vision driven | Translate broader vision into point-of-care delivery Interpret managerial agenda for clinicians Provide challenging goals | Strategic view Drive Sees improvement opportunities Understands improvement techniques |
| Leadership as collective | Complementarity Constellation of co-leaders | Enabling others to act Advocacy skills Approachable Works well in team |
| Leadership as co-produced | All staff have responsibility to lead Interdependent In interaction with others Networked | Effective communicator Able to influence others to act Inter-personal skills Ability to lead a team |
| Leadership as exchange relationships | Modeling the way Inspiring a shared vision | Capacity to enlist colleagues Role model Provides support Motivator Empowers others Supports others |
| Leadership as boundary spanning | Spans collegial, bureaucratic, interdisciplinary boundaries Links across point-of-care microsystems | Ability to work across teams Systems knowledge |

Clinical leadership
requires vision

Clinical Leadership

In 2011 the UK published
The Clinical Leadership Competency
Framework

<https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Clinical-Leadership-Competency-Framework-CLCF.pdf>



Why was this developed?

“The essence of clinical leadership is to motivate, to inspire, to promote the values of the NHS, to empower and to create a consistent focus on the needs of the patients being served. Leadership is necessary not just to maintain high standards of care but to transform services to achieve even higher levels of excellence.”

(Department of Health, 2007)

- This tool was developed to provide a standardised and consistent approach to leadership development for clinicians at all stages of their professional journey.

NHS Clinical Leadership Competency Framework

- Consists of five elements
- demonstrating personal qualities
- working with others
- managing services
- improving services
- setting direction



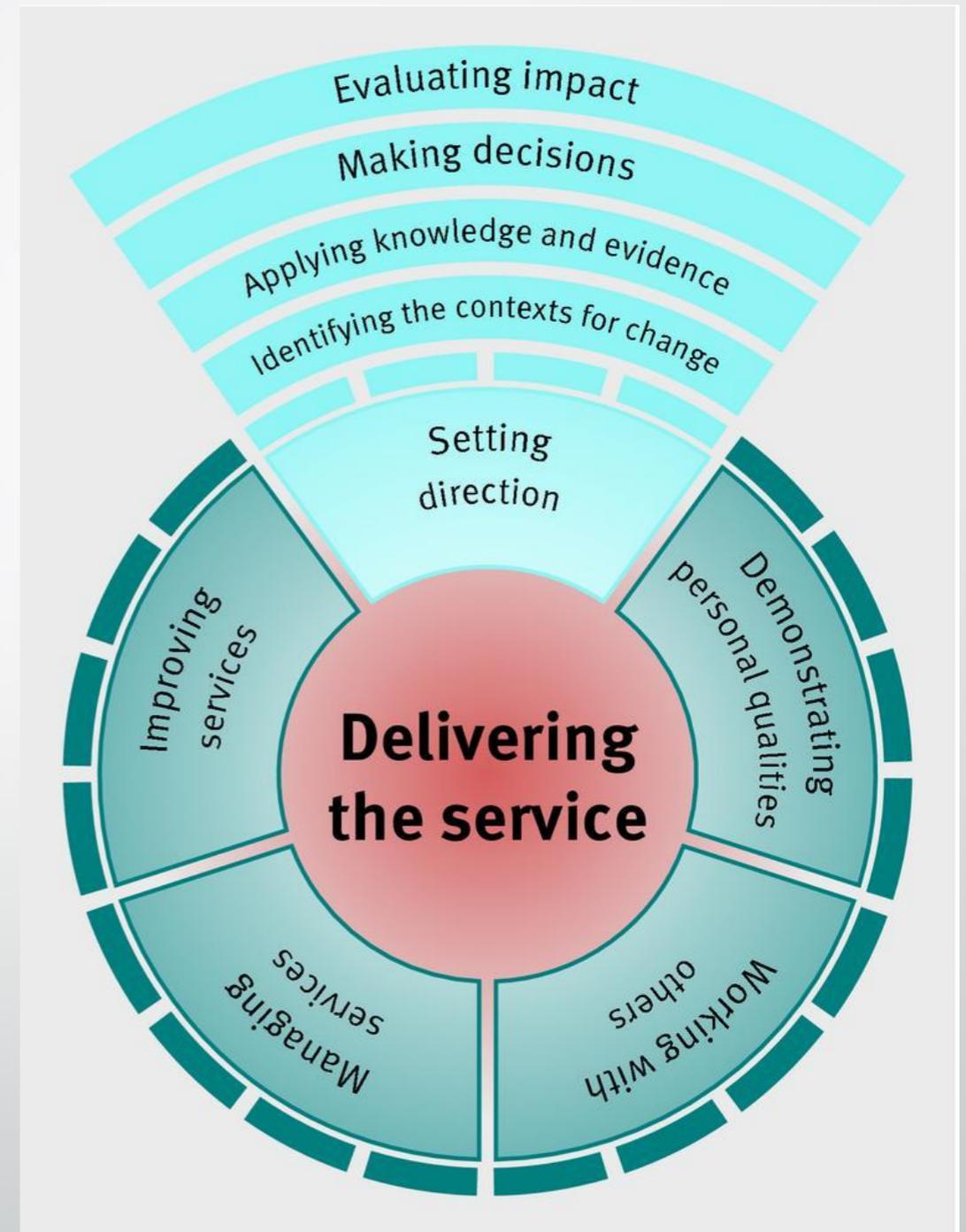
Shared leadership

A key concept for the CLCF - acts of leadership are focused on the group, not the individual.

Everyone should contribute to the leadership process by using the behaviours in the CLCF - developing and empowering the leadership capacity of colleagues



Each domain has four elements with four associated competencies



Purpose:

To be used by the health and care organisations, professional bodies, educators and individuals to:-

- Help with personal development planning and career progression
- Help with the design and commissioning of formal training curricula and development programmes by colleges and societies, higher education institutions, and public healthcare providers
- Highlight individual strengths and development areas through self-assessment, appraisal and structured feedback from colleagues.



You never know what you can achieve if you don't push your boundaries

Competency tool

- There is a competency self assessment tool available to help manage personal learning and development
- <https://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Framework-LeadershipFrameworkSelfAssessmentTool.pdf>

1. Demonstrating Personal Qualities



Effective leadership requires individuals to draw upon their values, strengths and abilities to deliver high standards of service. To do so, they must demonstrate effectiveness in:

- **Developing self awareness** by being aware of their own values, principles, and assumptions, and by being able to learn from experiences
- **Managing yourself** by organising and managing themselves while taking account of the needs and priorities of others
- **Continuing personal development** by learning through participating in continuing professional development and from experience and feedback
- **Acting with integrity** by behaving in an open, honest and ethical manner.

Look at statements below:

- On the scale next to each statement, choose a rating that reflects how frequently it applies to you
- Total your scores after each domain and reflect on how you have scored yourself



| DEMONSTRATING PERSONAL QUALITIES | | | |
|---|-----------------------|-----------------------|-----------------------|
| Developing Self Awareness | | | |
| I reflect on how my own values and principles influence my behaviour and impact on others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I seek feedback from others on my strengths and limitations and modify my behaviour accordingly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Managing Yourself | | | |
| I remain calm and focused under pressure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I plan my workload and deliver on my commitments to consistently high standards demonstrating flexibility to service requirements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Clinical leaders - powerful role models

Think about who has influenced you
during your career - positive and
negatively.

Even the negative experiences can
drive achievement in others



Why do we need to bother with leadership?

Recent inquiries, commissions, and reports have promoted clinician engagement and clinical leadership as critical to improving quality and safety

In the UK: The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) Chaired by Robert Francis QC - pivotal investigation that has had wide reaching impact.

The patient needs to be foremost in the minds of clinicians, managers, leaders and policymakers.

Key recommendations - leadership

- Leadership which constantly reinforces values and standards of compassionate care;
- Involvement in, and responsibility for, the planning and delivery of compassionate care;
- Constant support and incentivisation, which values nurses and the work they do through:
 - Recognition of achievement;
 - Regular, comprehensive feedback on performance and concerns;
 - Encouraging them to report concerns and to give priority to patient well-being.

cont.

Training and continuing professional development for nurses should include leadership training at every level from student to director.

A resource for nurse leadership training should be made available for all NHS healthcare provider organisations that should be required under commissioning arrangements by those buying healthcare services to arrange such training for appropriate staff.

OK - so where to now?

- The recommendations from Francis posed significant challenges to the NHS and to Nursing
- The NMC responded by stating: The two reports by Robert Francis into Mid Staffordshire NHS Foundation Trust have had a profound impact on the health system in England and been heeded across the UK. Failings of care were compounded by shortcomings in the system's response and the distress caused to families is a matter of lasting regret.
- They triggered a review of the standards for nurse education - due to be released early 2018
- They promoted a joint initiative to produce a joint statement on candour for healthcare professionals in response to Hard Truths
- They refreshed guidance on raising concerns; and emphasised that leaders must act if patient safety is jeopardised.

Francis, Keogh and Berwick - all investigated leadership

- Each each report cited the need for improved leadership, leadership behaviours, values and competencies.
- **Berwick** devoted a whole section to leadership in his report, recommending specifically that: ' NHS England, through the NHS Leadership Academy, should designate a set of safety leadership behaviours that can be used in leaders' hiring, in appraisals, in leadership development and in promotion and along with partners, should encourage and expand structured programmes to equip NHS leaders with an in-depth understanding of safety and improvement, and of managing the spread of innovations and good ideas within and among organisations.'

NHS response

- The NHS responded by creating:
- Nursing and midwifery programme
- Leadership development programmes
- Executive fast track programme
- Leadership model review and refresh
- Recognising the best – regional and national awards
- Regional and national approach – working with Local Delivery Partners

There is no quick fix to the many leadership challenges that the NHS faces, but there is a lot of evidence that tells us that leadership development is crucial to improving the safety and quality of patient care

NHS Leadership academy

Strategic and co-ordinated

Ensuring leadership skills are abundant, flexible and capable

System wide

For every NHS organisation, for those working in NHS funded care and for our partners in healthcare design and delivery

Comprehensive

High quality leadership at every level of the healthcare system

Collaborative and patient focused

in design, development and delivery

Our approach

Our philosophy

A more **engaged staff** leads to better patient care, and better outcomes. Leaders need to develop a broader range of skills and behaviours to engage staff more effectively.

The issues facing the NHS and the broader care system are enduring **complex** and require **high performing, intelligent, expert leadership**, able to work with and without authority and with system leadership behaviours.

For leaders to be at their most effective they need **confidence** in their role.

Leaders need the **right behaviours** to **build alliances** with a wide range of professionals and across organisational boundaries to serve the needs of diverse communities

To secure confidence they need **competence, skills, expertise, experience and support.**

This competence and expertise comes from **experience and high quality development and training.**

Evidence base

There are some examples of a more evolved leadership style and approach in the NHS - but not enough. We have all witnessed and have had recorded where the **failure of leadership has led to failures in care** for our patients and local populations. International research includes:

A study in the Harvard Business Review (Bassi and McMurrer) provides a **strong link between leadership skills and organisational performance.**

The Institute of Work estimates that 20% of the variance in productivity and profitability in organisations can be attributed to better people management - **a stronger driver than strategy, technology and research and development.**

West et al have demonstrated the link between good leadership and HR practice in healthcare and patient mortality and morbidity rates - **more engaged staff, through better leadership, saves lives.**

US companies alone spend over \$13Bn on leadership development each year. **Building the leadership capabilities of an organisation is a clear differentiator.**



There is a link between good leadership and HR practice in healthcare and patient mortality and morbidity rates - **more engaged staff, through better leadership, saves lives.**

NHS leadership programmes

- Edward Jenner Programme Leadership Foundations
- Mary Seacole Programme - Leading care I
- Elizabeth Garrett Anderson Programme - Leading Care II
- The Nye Bevan Programme - Leading Care III
- Top Leaders Programme



Sewing seeds for a great future

- Sarto and Veronisi (2016) assessed the evidence base related to clinical leadership and hospital performance
- The evidence lends support towards increasing the presence of clinicians in leadership positions in healthcare organisations.
 - Clinicians could be medics - or nurses!



Clinical leadership and innovation

- David Stanley's work suggests a link between clinical leadership and innovation
- Innovation leads to change, and that change leads to improvements in care, service, quality and professionalism.
- PROMISE study - case study example

Pressure reduction through continuous monitoring in community settings (PROMISE): Reducing and preventing avoidable and unavoidable pressure ulcers

- Led by Consultant Nurse Nicci Aylward-Wotton
- Many people with high levels of frailty and underlying health conditions develop pressure ulcers and these can be difficult to manage in community settings without access to specialist support.
- This project will explore whether monitoring and adjusting pressures using mattress and chair sensors in patients' homes, and in residential and nursing homes, can alleviate discomfort and reduce pressure damage.
- Nicci is a clinician who puts the patient first. She is an amazing role model for others - She was awarded Tissue Viability Nurse of the Year Award in 2017 for her work around innovative pressure monitoring and prevention systems.
- Nicci commented: "I am both surprised and honoured to have received this award and would like to thank my team who have been a tremendous support to enable me to carry out the work to improve patient care. I would also like to thank Professor Bridie Kent at Plymouth University, Sumed UK, the Regional Innovation Fund, Burdett Charity for supporting the project and the Health Foundation for enabling the work to continue."

Effective leadership - crucial to high quality care

- Clinical leadership, if it is to be evident and successful, requires broader clinician engagement and forms of citizenship behaviours within the clinical context that mediate the realisation of this form of leadership (Daley et al., 2014).
- Barriers to achieving this are evident in the literature:
 - lack of incentives, lack of confidence, clinician cynicism, poor communication, poor preparation for leadership roles, curriculum deficiencies at undergraduate level, experience as participants in poorly constructed clinical leadership programs, inadequate resourcing of development programs, poor leadership, lack of vision and commitment at the higher levels, perceptions of leadership as “other” and not core to a clinical practice role, poor interdisciplinary relationships, role conflict, and at times rejection of the “leader” role as unacceptable impost, resistance to change, and poor team work.

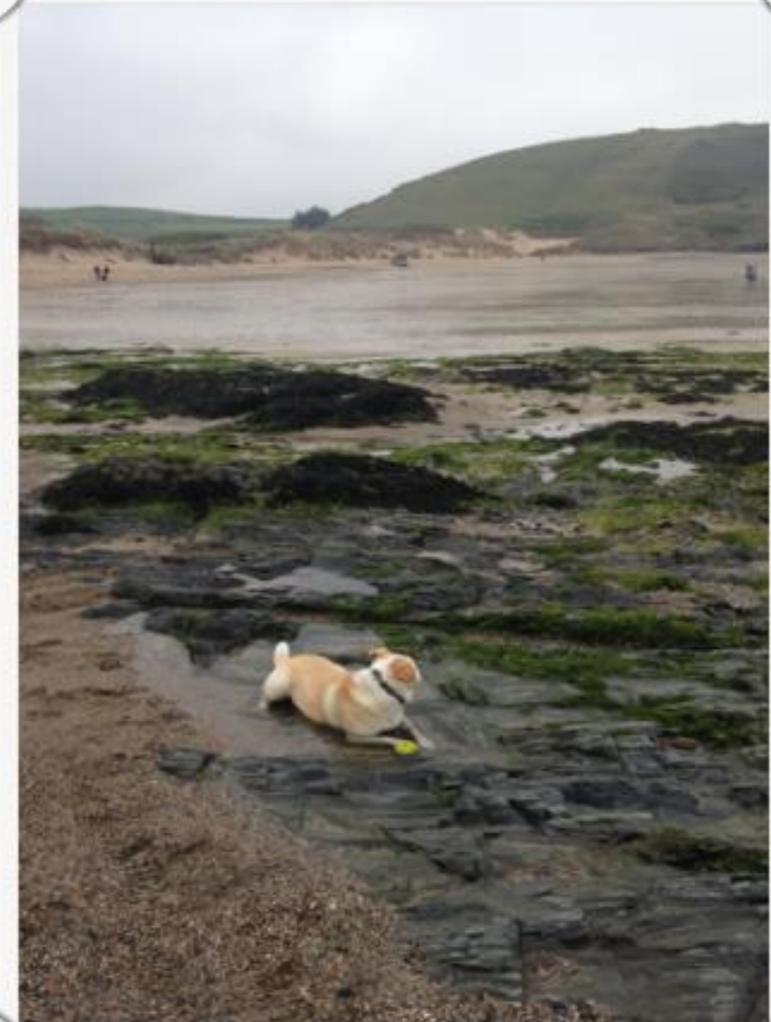
Nurturing your own values

In the role as guardians of patient safety and quality, clinical nurse leaders can influence the performance of nursing teams through positive leadership qualities, strategies and behaviours (Rankin et al., 2016).

They explored key characteristics of leadership and the reasons why nursing teams are functional or dysfunctional.

Identified 3 themes related to factors involving individual aspects of leaders, team members and the working environment for clinical teams.

Clinical leaders who demonstrated positive characteristics were described as being 'authentic,' 'inspirational' and 'transforming' leaders for the nursing team and profession.



Challenges for us moving forward

- We need to learn from the studies that have been conducted - transforming healthcare is everyone's business.
- Current leadership research is broad ranging covering behaviour and conduct of leaders, team members and the environment where leadership takes place.
- It is evident that these factors clearly influence and impact on leadership, culture and the performance of nursing teams.



Clinical leadership in healthcare

- In the UK, Clinical Commissioning Groups and provider organisations are creating new clinical leadership roles that are bigger and broader than ever before.
- Most activity focuses on medical leadership - we need to reach consensus on what nursing leadership means for us in practice.
- We need to consider how to embed training programmes into nursing curricula - pre and post registration
- Research is also needed to see how the NHS Clinical Leadership Competency Toolkit translates to other countries' healthcare organisations.



Thank you

I hope you enjoyed considering the leadership landscape illustrated by pictures from Devon and Cornwall in the UK.

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