

Inspiring Leadership

Leading self; leading with others in a palliative care setting

Authors: Claire O'Neill, Lead Nurse for Palliative Care, NHS Greater Glasgow and Clyde, Jane Miller Team Lead Community CNS Team, Prince and Princess of Wales Hospice, Susan Jackson, Clinical Effectiveness Lead, Accord Hospice and Fiona Wylie, Senior Nurse for Strategy Implementation, Prince and Princess of Wales Hospice

Background

Palliative Care Band 6 Clinical Nurse Specialists (CNSs) are working in a time of organisational change within increasing complexity around their specialist role. CNSs and, in particular, newly appointed staff, have reported feeling more vulnerable and stressed whilst struggling to cope to deliver the same quality of care to patients and their families. In response to this an NHSGGC Palliative Care Leadership Steering Group was established in partnership with NES Leadership Unit.

Aim

Plan, deliver and evaluate a leadership programme for band 6 Palliative Care Clinical Nurse Specialist's working within NHSGGC acute and hospices. The programme focussed on the leadership behaviours set out in the NHS Scotland Leadership Qualities Framework¹.

Methods

Programme Design

Initially two focus group meetings with Palliative Care Band 6 CNSs identified their leadership learning needs.

The six NHSGGC hospices and NHSGGC Hospital Palliative Care Teams (HPCTs) were invited to nominate Palliative Care Band 6 Clinical Nurse Specialists to join the Programme.



Cohort 1 - Focus Group

Programme Aims

- Build the participants self-awareness, person effectiveness and resilience.
- Exhibit Leadership behaviours consistent with a creating an enabling culture.
- Provide effective leadership and management within teams and across professional and organisational boundaries focussed on service excellence.
- Deliver a quality improvement project which demonstrates an impact on patient and families care experience.

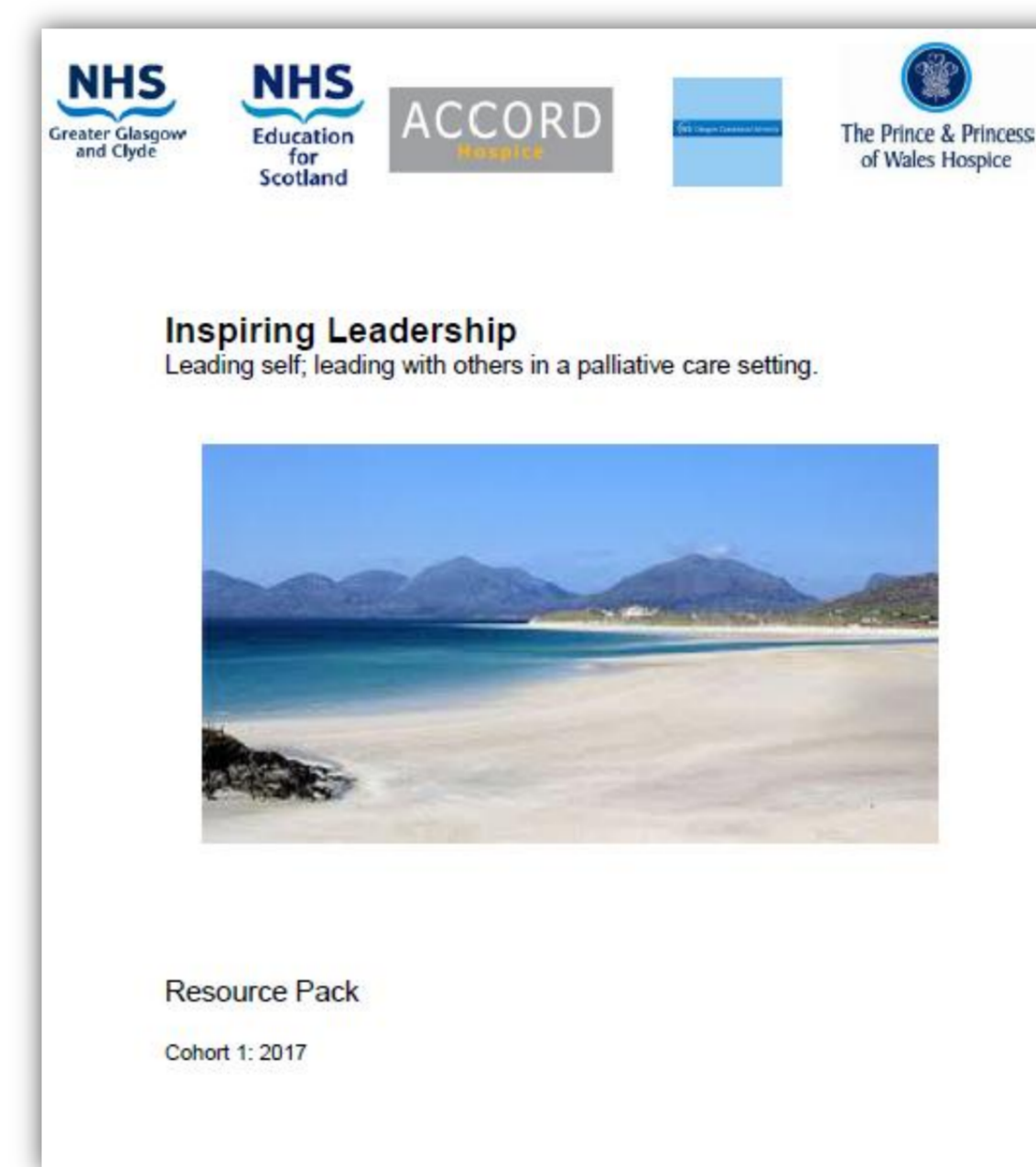
Programme Interventions

A 12-month Leadership Programme was developed based on the identified leadership learning needs with the aim to provide a safe space for participants to share and learn from each other.

This was delivered through participants attending master classes on:

- Myers Briggs and Working with Differences
- Quality Improvement (QI) Methodology
- Influencing skills
- Strategic landscape for Palliative Care

They undertook 360 review with feedback sessions linking with PDPs, Action Learning Sets, shadowing opportunities and completed a work based QI project. They were issued with a resource pack to enable the participants to build a portfolio.



Programme Resource pack

Programme Evaluation

The overarching aim of the evaluation of the programme was to address the extent to which the programme aims, and objectives were met, with reference to Kirkpatrick's² four levels of evaluation.

A combination of quantitative and qualitative data was collected by questionnaires and semi-structured interviews from participants, line managers and the programme steering group.

Results

Eight nurses completed the programme, The evaluation data indicates the programme was very effective in supporting participants to meet the stated objectives. The line managers supported this view and were able to give tangible examples of the impact the programme had at individual, patient, team and organisational level. Several of the participants highlighted their role had been enhanced or they had secured a new role whilst undertaking the programme and feel the programme positively influenced this.

"I now feel confident to review my influencing skills and practice them until they become second nature"

Participant Feedback 3



Cohort 1 - Focus Group

"Great insight into quality improvement and practical skills to help me initiate, QI project"

Participant Feedback 1

"She is more confident in clinical decision making and she has demonstrated an ability to challenge behaviour where previously she may not."

Line manager feedback

"I am much better at dealing with challenging situations...thinking about difference in the Team and considering other approaches"

Participant Feedback 2

Recommendations

It is recommended this programme is delivered again and also consideration given to a similar programme for band 7 Palliative Care CNSs. The Steering group had secured a Burdett Grant for this project, following on from the success of this pilot funds leftover from the initial pilot have been secured to deliver another Band 6 CNS programme and to develop and deliver a Band 7 CNS over the next 3 years.

Acknowledgements

The participants of Cohort 1 Inspiring Leadership Programme, Hazel M Mackenzie Consulting Individual, Team, Organisation Development, NES Leadership Unit.

References

1. Scottish Government (2009) Delivering Quality through Leadership. NHS Scotland Leadership Development Strategy, NES.
2. Kirkpatrick DL Kirkpatrick JD (1996) Evaluating Training Programmes. San Francisco, CA Berrett-Koehler Publisher.