

# Case Study: Clinical Leadership Development through Effective Collaboration with Lancaster University

This programme is a pioneering project of collaboration in developing Clinical Leadership between University Hospitals Morecambe Bay NHS Foundation Trust (UHMBT) and CETAD, Lancaster University's Centre of Excellence in Work-Based Learning.

In 2012, after recognising a lack of support for staff in leadership roles in UHMBT and identifying that investment in clinical leadership was needed, UHMBT approached CETAD, a work-based learning centre in the Faculty of Health and Medicine, Lancaster University, that delivers postgraduate leadership, change and innovation programmes in workplaces, to devise a Ward Manager/Clinical Leader development programme to meet the needs of UHMBT.

Initially the Trust was looking for a traditional content based programme, but was quickly attracted to CETAD's work-based, collaborative approach to leadership development.

An integrated programme of training, 360° feedback, action-learning, coaching, mentoring by internal sponsors and applied leadership development for Clinical Leaders in the Trust was devised using assessed 'live' on-the-ground work-based projects.

Participants identified key projects to meet development needs in their clinical areas, and had to deliver benefits for the Trust such as improved patient experience, service improvements, cost efficiencies, team development and increased staff and stakeholder engagement.

At the same time participants identified their leadership development needs and reviewed and reflected upon these throughout the programme.

The first programme ran from December 2013 to March 2015 with participants engaging in work-based projects including:

- Developing Improved Discharge for Patients from Residential Homes
- Nurse-led Discharge from the Patient Progression Unit
- Reducing Pressure Ulcer Incidence on ICU
- Improved Referral to Treatment Pathway for Women's Health
- Improving Women's Experiences in the Ante-Natal Clinic
- Efficient Methods of Improving Radial Nerve Palsy through Splinting

Successful completion led to a Postgraduate Certificate in Clinical Leadership from Lancaster University. Work-based project outputs and learning are now being disseminated and implemented within the Trust and wider health community. A second cohort of clinical leaders started on the programme in January 2015.

## Key Outcomes

Positive results from the work-based learning programme:

- Ward Managers/Clinical Leads developed a range of individual leadership skills, which they applied and reflected upon in the workplace throughout the programme, which led to improved working with their teams
- Ward Managers/Clinical Leads evidenced internal and external networking to support self-development, team development, work-based project delivery and the aims of the Trust
- Work-based projects demonstrated that Ward Managers/Clinical Leads understand the Trust values and core business and feel confident to challenge practice where it falls lower than UHMBT values and standards
- Work-based projects delivered a range of clinical, organisational and workforce results

Positive results from the work-based projects included:

- A reduction of pressure ulcer rates in the ICU from 6.29% to 0.72% (the national average ranges between 4 -10%)
- Improved collaborative working with residential homes that led to reduced patient length of stay and cost savings
- Treating Radial Nerve Palsy through splinting which has improved the patient experience and led to fewer appointments per patient
- Nurse-led discharge as a change in practice which prioritises patient safety and the patient experience
- An improved patient experience in the ante-natal clinic
- A 'paperlite' computer-based assessment for gynaecology patients



Project participants after presenting their Project Output and Impacts to Senior Managers at UHMBT

Participants presented their work-based improvement projects, results and outcomes to Senior Managers at University Hospitals Morecambe Bay NHS Foundation Trust and received the following feedback:

*'Being here today, listening to the fantastic quality improvement projects undertaken by our clinical staff, and the impact they have had on patients' experience has been my best day at work since joining the Trust'*

Sue Smith, Executive Chief Nurse

*'When you are extolling the virtues of investment in leadership development in times of significant financial challenge, it is important to see early returns on that investment. Hearing the presentations from our initial alumni on the Clinical Leadership Programme, delivered in partnership with CETAD, was truly inspirational.'*

*'Early signs of success was having this generation of leaders talk about personal leadership styles, use of OD frameworks, service improvement tools and building teams energised around patient care.'*

*'It was an honour and a privilege to be there.'*

David Wilkinson, Director of Workforce and OD

## Background

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) was established on 1 October 2010 and serves a population of around 365,000 covering South Cumbria, North Lancashire and surrounding areas. The three main hospitals are Furness General Hospital (FGH) in Barrow, Royal Lancashire Infirmary (RLI) in Lancaster and Westmorland General Hospital (WGH) in Kendal. The Trust also provides Outpatient Services at Queen Victoria Hospital in Morecambe, Ulverston Community Health Centre and a range of community facilities. Over 5000 staff work at UHMBT, the majority in clinical roles.

Established in 1990, CETAD operates as a successful Work Based Learning centre, with expertise in work based learning, leadership and organisation change. The centre is located in the Faculty of Health and Medicine at Lancaster University, with sound knowledge of the NHS improvement agenda and HEE expectations for workforce and organisation development, enabling the centre to support both individuals and organisational development through a broad range of CPD modules, accredited programmes and OD interventions. CETAD's Work Based Learning approach ensures programmes of learning are practical, relevant and focussed on applying learning into workplace practice. Staff are experienced in working with employees at different levels across the NHS, with sound knowledge and understanding of the challenges and issues facing professionals in the context of their roles.



The Deputy Chief Nurse, Joann Morse and the Learning and Development Specialist Carl Hunter, approached CETAD, with a view to developing a framework for future roles and competencies of Band 7 Ward Managers and Clinical Leaders and equivalent Allied Health professionals. To determine perceived development needs two focus groups were conducted in-house with existing Ward Managers and Senior Advisers and the Chief Nurse in 2013. As a result, a proposal for a Trust Clinical Leadership programme was devised.

## Key Aims

- To develop leadership learning through facilitated action-learning sets linked to real work-based challenges, reflective practice and developing a community of practice
- Improving practice through delivering a live work-based project that would deliver innovation, quality and cost improvements
- Managing in UHMBT – to learn about the organisational context for managers in UHMBT
- Setting, delivering upon and reviewing an individual Personal Leadership Development Plan

## Key Stages of Set-Up

When setting up and running this project Jan Metcalfe, Director of Work Based Learning at CETAD, liaised closely with the Deputy Chief Nurse, Joann Morse, and the Learning and Development Specialists, Janette Thorpe and Carl Hunter. The emphasis was on collaborative working between the Trust and CETAD to deliver an innovative programme for the Trust.

It was agreed that CETAD staff would deliver part of the programme and UHMBT staff would deliver other parts. A draft programme, created in consultation with the key members of the team, was submitted and approved by the Trust.

A competitive interview process for candidates was conducted in September 2013. A mix of Nursing Leads and Allied Health Professionals started the programme in December 2013. Six people had completed by March 2015, with other members of the cohort continuing with projects and completing at a later date.

In consultation with CETAD, the Deputy Chief Nurse set the criteria for evaluating the impact of the programme at key stages of delivery and completion, to monitor individual leadership learning development, the outcomes of participant work-based learning activities, the impact of work-based learning activities on patient services, and the impact of the projects on UHMBT.

## How it Works

Following the selection process where applicants had to demonstrate their commitment to leadership, improvement projects and personal development, the successful applicants enrolled onto a collaborative Trust- specific Lancaster University postgraduate programme in Clinical Leadership. The programme was delivered partly on campus and partly in-house at the different UHMBT sites.

CETAD staff delivered underpinning perspectives on developing as a Ward Leader, developing self as a learning leader, leading others and leading others through change. UHMBT staff delivered on workforce planning and management and project management.

UHMBT Learning and Development Specialists facilitated 360' appraisals and MBTI diagnostics for each of the participants, then conducted regular action learning sets with the participants to reflect upon, monitor and evaluate their leadership learning and work-based project progress.

UHMBT internal coaches worked with individuals to support project development and delivery and help participants find balance between the demands of the workplace and study requirements. CETAD supported the coaches with reflective practice sessions to enable them also to develop their own practice.

UHMBT senior staff acted as project sponsors to support and challenge participants and provide a Trust perspective during the set-up, implementation and evaluation of their work-based projects.

CETAD carried out university assessments that simultaneously met the requirements of the Postgraduate Certificate in Clinical Leadership, and met the workplace requirements for leadership development and work-based project delivery in UHMBT.

The programme culminated in a morning of presentations to Managers and Senior Managers and CETAD assessors at University Hospitals Morecambe Bay Trust in February 2015. At these presentations, participants shared the findings and outcomes of their projects and demonstrated how these live projects had made a real difference to the patients' experience.

## Resources

As all the participants were clinically registered, the programme was eligible for and supported by Health Education North West via the CPD Apply NW fund. In-kind contributions in terms of time and expertise were provided by the internal Learning and Development Specialists, Project Coaches and Project Sponsors.

## Key Challenges

- Keeping course participants on board with a qualification and work-based project when their everyday jobs are already very demanding

Through action-learning set feedback to the internal Learning and Development specialists, informal feedback to university tutors and formal feedback via the evaluation process, the pressures and strains participants were working under were taken into account. Assessment deadlines were renegotiated and the course timescale lengthened, additional individual coaching support for work-based projects was provided by the university, and the Learning and Development Specialists provided personal and professional support to individual participants when needed.

- This highlighted the fact that not having protected time to carry out projects and assessment work meant participants having to juggle all the competing demands on their time.

The Learning and Development Specialists identified this need and negotiated with the Nursing & Midwifery Strategy Group to enable participants to be allocated a day per month for private/self-managed study. This was in addition to the scheduled University sessions and action-learning sets.

- The pace of organisational change - ensuring that participants were fully supported internally when, for example, sponsors moved job roles or organisations and were no longer available as advisors.

This situation was monitored by the internal Learning and Development Specialists, and new sponsors were found.

- Internal processes created barriers that almost blocked some projects, such as access to good quality data, access to resources or even access to rooms to try out a new service.

Having senior leaders as sponsors helped to alleviate barriers.

- Ward Managers/Clinical Leads demonstrated their visibility to patients on wards during the delivery of their work-based projects and patient involvement in their projects, although the challenge to do this alongside other management workplace demands was highlighted.

## Key Learning

**Lessons learnt by UHMBT Managers of the staff who carried out these projects show they understand that:**

- Clinical Leaders are key in motivating teams and other stakeholders to bring about change on the ground, therefore change initiatives don't have to come from the top
- The staff have the skills and knowledge to improve the services delivered to patients, and it was great to see that projects in this programme addressed the issues everyone knows need tackling
- Investment in individuals can reap rewards and help the Trust achieve its objectives
- There needs to be ring-fenced time to allow initiatives like this to happen, as it is very difficult to come out of the 'day job' to undertake these projects

**Lessons learnt by Clinical Leadership participants:**

- They can make a difference in their job roles
- They need to get all staff and stakeholders on board to make a difference, which takes time and effort
- They need to continuously monitor the outputs of projects, and staff commitment to new ways of working, and adapt as appropriate, as results will fluctuate

**Lessons learnt by the UHMBT Learning and Development Specialists:**

- Working collaboratively provides a much wider learning experience and environment for participants
- Diagnostic feedback is important and offering 360', MBTI and similar diagnostic interventions needs to be done early on - ideally once participants are selected and before they start the programme

**Lessons learnt by CETAD:**

- To evaluate new programmes throughout and adapt timescale and content of programmes and learning to meet the need of participants in very demanding job roles. For example, additional coaching support was provided by CETAD to aid the resilience of the participants with their course programme and projects at a time when the Trust was facing pressure due to staff shortages and CQC inspections
- Effective collaborative with employers with committed participation on both sides and good communication ensures flexible, adaptive working practices that meet the needs of course participants and their organisations



## Sustainability

The range of projects undertaken in different departments, specialisms and locations shows how learning from the programme has been embedded in everyday practice in different areas of the Trust:

- Developing Improved Discharge for Patients from Residential Homes (Discharge Unit)
- Nurse-led Discharge from the Patient Progression Unit (Patient Progression Unit)
- Reducing Pressure Ulcer Incidence on ICU (Intensive Care Unit)
- Improved Referral to Treatment Pathway for Women's Health (Physiotherapy)
- Improving Women's Experiences in the Ante-Natal Clinic (Maternity Services)
- Efficient Methods of Improving Radial Nerve Palsy through Splinting (Occupational Therapy)

An example of one of these work-based service improvement projects by clinical leaders will illustrate how the leadership and learning from delivering this project has been, and continues to be, embedded in everyday practice within the Trust, and thus has wider implications for service improvement.

### Developing Improved Discharge for Patients from Residential Homes

Tracy Ashton is a Clinical Lead in the Furness General Hospital Discharge Unit. For her work-based service improvement project Tracy identified a need to improve communication with residential homes when residents are discharged back to the home from the acute setting, and to provide more support during the immediate post discharge period. The aim of the project was to develop a safe and effective discharge process and help prevent readmissions and/or failed discharges.

The need for this project was highlighted by a complaint lodged by a residential home following the discharge of a patient. Tracy investigated the complaint and gathered information and suggestions for her project from colleagues and stakeholders in the multidisciplinary teams involved in the discharge of patients. In particular, Tracy collaborated with the managers of residential homes, taking feedback and suggestions and seeking to understand how discharges could be improved from their perspective. As a result of this consultation, she decided to trial a pilot discharge improvement project with seven residential homes. Tracy recognised this would require a number of changes in current practice, and she anticipated some resistance to the change. This gave her the opportunity to apply her course learning about clinical leadership in the workplace to lead staff, colleagues and stakeholders through change.

As a result of the consultation carried out by Tracy, there has now been a change in the way discharges are planned. A transfer letter had been introduced that is written by the hospital ward staff without medical jargon so that it is easily understood by non-medical staff in residential homes. Follow-up contact is made with the residential homes 24hrs and 7 days post discharge. This new discharge process was audited in the first few months of delivery to ensure the agreed key components of the process had been completed, and any omissions corrected. After a few months of implementation, concerns raised by the residential homes participating in the pilot study post discharge were minimal to zero. Indeed the residential homes involved in this pilot project have become keen advocates of the new discharge process to other residential homes, and it was recommended that the project be extended across the area.



12 months on, the discharge improvement project has been rolled out to residential homes in several other localities in the area. In addition, the responsibility for follow-up phone calls had been delegated to the admin team, who then pass on all residential home feedback to the wards.

It is evident that this work-based service improvement project:

- delivered better quality discharges for patients
- bridged the void between residential homes and UHMBT, rebuilding trust with external stakeholders through collaborative working
- reduced complaints and improved communication between residential homes and UHMBT
- decreased the number of discharge follow up phone calls to wards from residential homes after the introduction of the new discharge process
- led to culture change on wards and active collaborative working with residential homes to reduce patient length of stay and deliver cost savings

This project illustrates that having a focus on developing leadership through a practice based approach allows participants to clearly demonstrate how their work-based improvement projects have a direct, immediate and sustainable impact on patient services. Change is embedded in everyday practice and the transferable learning from these work-based improvement projects is being shared more widely in the Trust.





## Next Steps

- Clinical Leader participants are disseminating their learning with the Trust through presentations, meetings, tweeting and sharing good practice with other departments
- Clinical Leader participants are disseminating their learning outside of the Trust by presenting at conferences, submitting articles to journals and eWIN
- Implementation and Action Plans ensure that the work-based projects did not end at the end of the university programme but continue to develop and be driven by the clinical leaders
- A further Clinical Leadership programme is underway and the first cohort are acting as role models for the second cohort
- Participants will be Improvement Champions and will contribute to ongoing service and quality initiatives through the UHMBT Improvement Hub
- The Chief Executive of the Trust has requested a film be made of the most successful project to share the learning further

- The strong relationship forged between CETAD and UHMBT on this programme means they are now working very closely together on the Trust 'Listening into Action' programme and creating an Improvement Culture
- Rather than simply repeating the collaborative approach outlined in this case study, CETAD is continuously innovating and responding to the Trust needs, currently providing workshops on improvement and change management and offering in-house drop-in surgeries that provide coaching in planning, managing and delivering successful work-based projects

## Relevant Websites

University Hospitals Morecambe Bay NHS Foundation Trust  
[www.uhmb.nhs.uk](http://www.uhmb.nhs.uk)

Centre for Education, Training and Development  
[www.lancaster.ac.uk/fhm/cetad](http://www.lancaster.ac.uk/fhm/cetad)



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