

Leadership and Induction Pathway

Developing our nurse leaders

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Blood Donation



Setting the scene and context for the change

- Why was change needed?
- How did it feel?
- How did we manage it in a positive way?



Blood donation challenges 2014



Blood and Transplant

Cannot **continue** meeting demand by **increasing frequency** of donation **only**, in particular for O neg

Must **modernise** our sessions and the way we interact with donors to **secure** the **donor base of the future**

Have an **organisation structure** fit for purpose and strengthen our **front line management** and **planning**

Exceed our donor's **customer service expectations** by improving our **session experience** and **environment** and addressing low performing teams

Need to **change our collection model** both in session and out of session to enable a **step change** in our **productivity**



External reasons for change *Blood and Transplant*

‘What is required now is a real change in culture, a refocusing and recommitment of all who work in the NHS – from top to bottom of the system – on putting the patient first.’

Robert Francis QC, 6 Feb 2013



What did we need to do? *Blood and Transplant*

- Remove duplication in the management structure
- Provide a single line of operational and clinical accountability
- Place nurses as front line leaders of teams with a balanced span of control
- Disestablish 4 management posts and create 2 new leadership posts
82 band 7 Senior Sister/Charge Nurse role
17 band 8a Area Manager/Matron posts
- Prepare our leadership team with the knowledge, skills and behaviours that would enable them to lead teams through a transformation agenda
- Equip/train approximately 300 nurses with the tools and expertise to lead our day to day operations as well as their clinical role



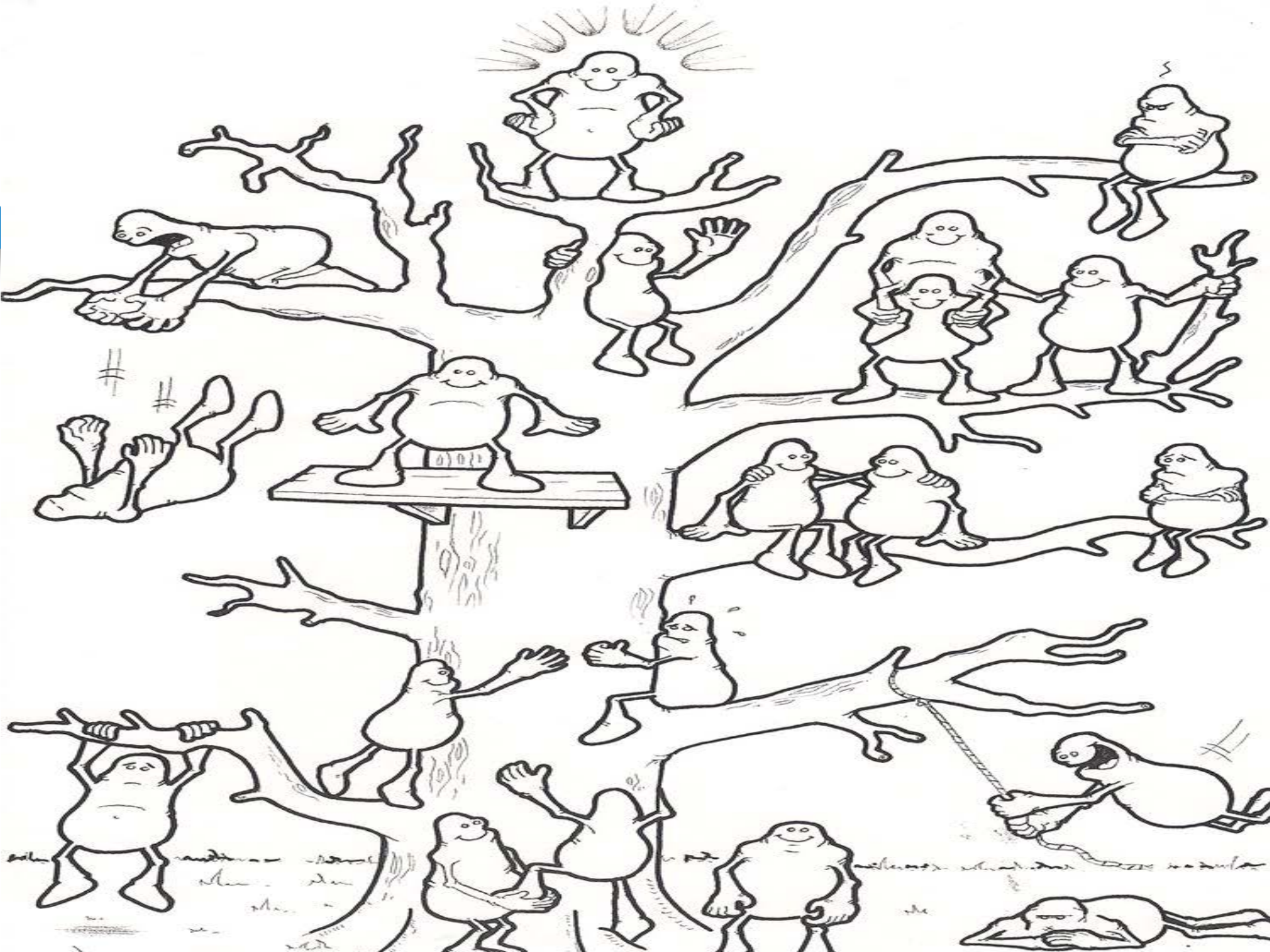
Embed a new culture + set of behaviours that would take us where we needed to goals

Leadership Induction Pathway (LIP)- What were the challenges?



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- Maximise on the internal recruitment potential and attract enough external candidates to fill posts
- Gain buy in from this group who would lead the transformation of the service that would take some considerable time to achieve results and that had many false starts
- Recruit new leaders who needed to be change agents first and managers second
- Internally recruited new leaders needed to be prepared to take up responsibility for their role whilst maintaining blood collection at a time when they and their teams were undergoing personal change
- Preparing the externally recruited new leaders of the change required
- Building new and strengthening existing relationships with teams
- Ensure our leaders demonstrated the right behaviours and can challenge others whilst dealing with the emotions surrounding change
- Develop Innovative leaders who felt empowered to be creative
- For the new leaders to raise the leadership profile of all nurses to take full responsibility for performance, safety and donor experience when many didn't feel empowered.



LIP - Aims, Objectives and Principles

Strategic Aims

- Understand their own leadership behaviours and how these impact on others
- Effectively engage their team and others through great people management skills
- Confident in their ability to: solve problems; make decisions; continuously improve processes; act autonomously
- Able to achieve high performance against key indicators

Strategic Objectives

1. Managers will be customer focused, providing the highest level of service to donors
2. Managers will work through their teams, utilising the performance framework, to deliver the highest standards of Performance
3. Managers will be empowered to deliver great leadership that engages and motivates their teams

Key Principles

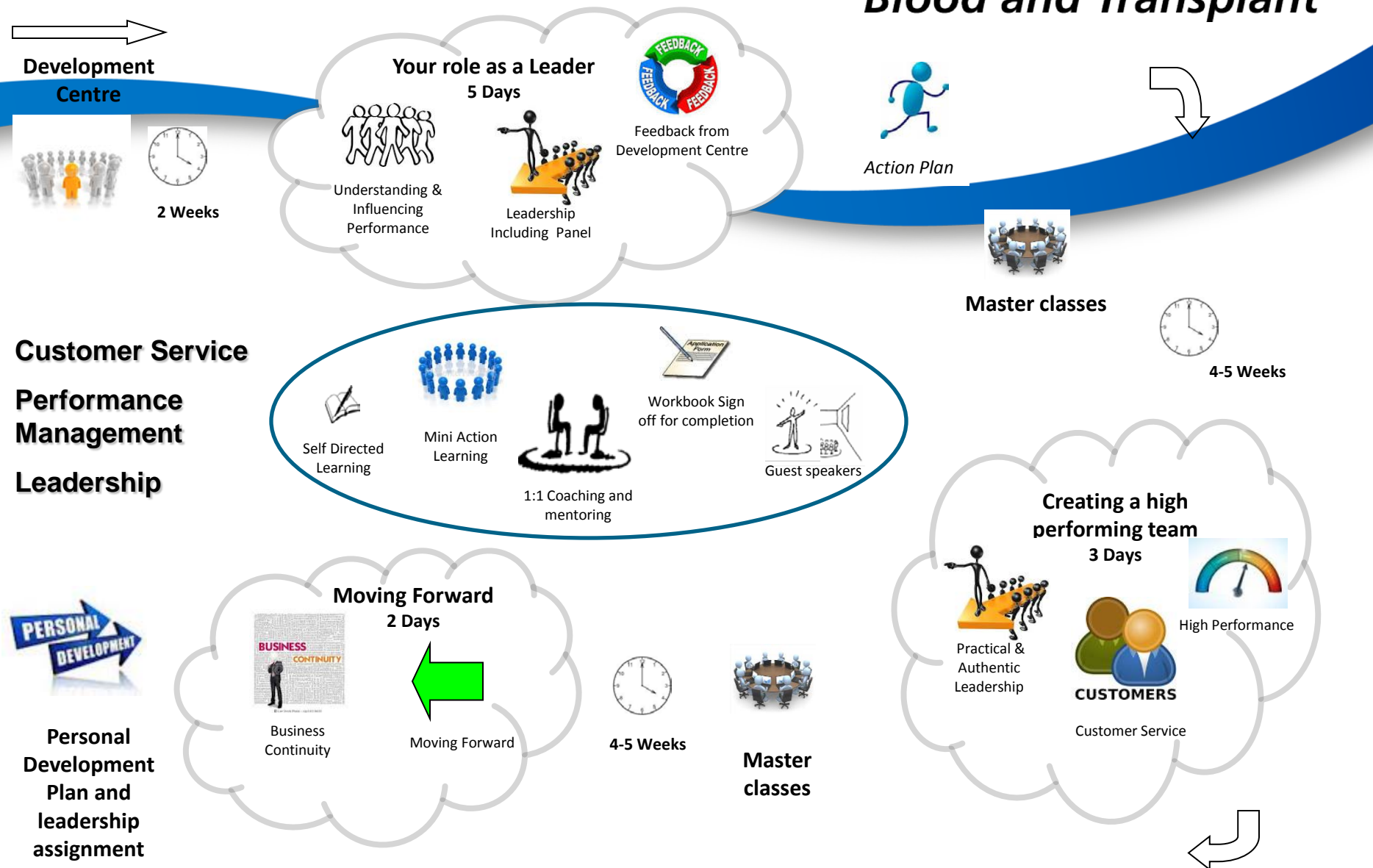
The pathway has been designed to incorporate various messages as 'golden threads' through all sessions:

- Customer service
- Performance management
- Leadership

Blood Supply – Leadership and Induction Pathway



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LIP continued

Leadership and Induction Pathway Handbook

September 2014

- 12 week induction and leadership development programme designed and delivered by internal team from Blood Donation and Workforce
- 6 cohorts (8-25 delegates) October 2013 through to October 2014
- Individual training needs analysis
- Portfolio for Pathway completion
- Syndicate and individual coaching support offered
- PULL theory
- Time with current management team - information and knowledge sharing
- Leadership modules accredited by Manchester Metropolitan University – credits towards a post graduate award in leadership in the health sector

What are the successes so far?

Fully operational leadership team in place having recruited more internal and high calibre external recruits - but differing levels of experience and confidence

Strong national, local and cohort networks as a result of the residential modules

Clear expectations of role and subsequently driven and committed to a long awaited vision

Engaged and empowered management/leadership team working to a shared vision in each 3 regions

Beginning to address the challenges of team morale, sickness and individual performance



Lessons learned

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- Make a visible investment in leaders
- Provide dedicated time to build a network
- Be honest about the challenges they may face, support them and keep focussed on the vision
- Don't underestimate the time taken to design the pathway and the need to continually develop it
- Carefully consider development centres and what the individual needs to gain from them

*Time to
reflect*

on-going

**focused on
improvement**

open mindset

What they said



“Has caused me to question what I do and how I do things enabling me to consider the impact of my manner and attitude and to consider how to develop my team to their best performance”

“Excellent preparation for Senior Sister/Charge Nurses into their roles – really helped engage and motivate them for role particularly new and promoted people”

What they said continued



“The confidence of knowing the values and direction of the organisation align with mine. Empowerment to make those things happen and take actions to improve performance and challenge individuals. Customer/donor focus on everything we do this is a change”

“Feeling of value, being given protected time out of BAU. Reinforces the organisation is committed to helping us succeed”

LIP Evaluation

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Level 2/3 – Behaviour/Results

12 months into role

Delegate feedback

Coach/mentor feedback (if they have one)

Manager - on the job observational feedback?

360 tool including 7 leadership framework areas & Qualitative comments

Level 1 - Reaction/retained learning

End of module feedback –

5 mins facilitated delegate feedback

And/or evaluation sheet

1-1 meetings with line manager

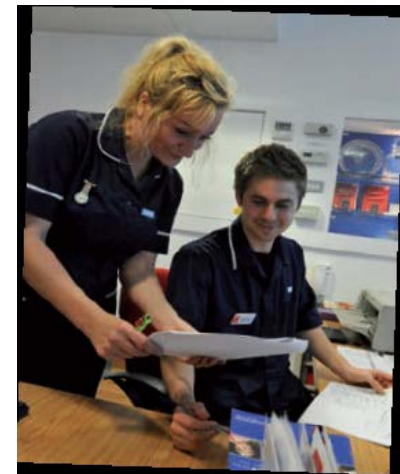
LIP

Level 2/3 - Behaviour/Results

3-6 months into role

Feedback with delegate & manager

On the job? & through PDPR process



What's next LIP phase 2

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Strategic Aims

- Able to demonstrate on the job competence
- Able to demonstrate effective leadership & respond appropriately to team feedback
- Effectively engage their team and others through great people management skills
- Be confident in their ability to: solve problems; make decisions; act autonomously & continuously improve services
- Able to introduce new ideas and approaches and measure impact
- Able to achieve high performance against key indicators
- Able to extract & share best practice and be an effective networker

Strategic Objectives

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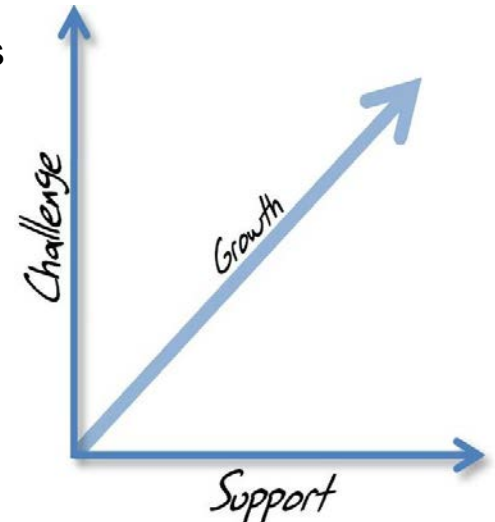
Key Principles

The key principles of Stage 2 LIP are:

- Performance management; Customer Service; Leadership
- Continuous improvement
- Performance Review/On the Job Assessment
- Networking
- Self-directed Learning
- The NHS Framework Behaviours

How phase 2 Needs to Differ From Stage 1


- On the Job
- Tailored & Bespoke
- Activities driven by:
 - local Performance Needs
 - local Productivity Needs
 - Individual & team Learning & Development Needs
 - Local needs of the new Manager/Matron, their teams & the individuals within
 - Learner themselves (supported by manager/matron/supervisor)
- Mix of individual, team, across team, and, Blood Supply wide activities
- Current & Future needs focused
- Linked to wider Performance Management processes
- Also makes use of existing NHSBT Shine Framework opportunities
- Alongside their required statutory/mandatory/professional training



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Leadership & Induction Pathway Stage 2 – ‘On The Job’



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“LIP has been the most important action we took as part of our overall change programme, it has both inspired and educated a new frontline leadership cadre to lead our staff to deliver balanced performance aligned to our aspirations for culture change and putting the donor at the heart of everything we do”.

Jane Pearson
Assistant Director & Chief Nurse
Blood donation