Nursing management

Health & Medicine, Nursing

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Glossary D. O. H - Department OfHealthN. H. S - National Health Service N. S. F - National Service Framework P. E. S. T. O – Political Economical Social Technological Others 7 S - Shared Values Strategy Structure System Staff Style Skill S. M. A. R. T – Specific Measurable Achievable Realistic

Time-bound S. W. O. T - Strengths Weaknesses Opportunities Threats

Abstract/Summary I am currently working as a Charge Nurse/ Deputy Ward Manager on Ward X , a Diabetic and Renal ward based at a North London Hospital. The ward contains 21 acute medical male beds and a team of 28 staffs which includes 6 student nurses, 2 domestics, 1 ward clerk, 7 health care assistants, 6 junior nurses, 4 senior nurses and 2 ward sister/charge nurse. Some of my main responsibilities on the ward includes the assessment of care needs for patients, the development of programmes of care and their implementation and valuation and most importantly carrying out all relevant forms of care without direct supervision, and demonstrate procedures to, and supervise qualified and unqualified staff and contribute to the overall good of the organisation by being a positive role model and treating all staff, visitors and service users with courtesy (Appendix 1). In this assignment I will demonstrate the use of knowledge, management concepts and theories that I have acquired while undertaking this module of Managing People and relate them to my clinical area.

Certain area of practice will be identified, analysed and evaluated through effective people management using the CLINLAP model (Jumaa (1997)), (Jumaa & Alleyne (2001)) within the ward setting. ‘ CLINLAP is defined as a strategicnursingleadershipand learning process that positions strategic learning as a driving force within health and social care organisations, on a day to day basis, in the management of nursinggoals; nursing roles; nursing processes; and nursing relationships’ (Jumaa & Alleyne, 1997 & 2001)

Introduction The National service frameworks (NSFs) are long term strategies for improving specific areas of care. They set measurable goals within set time frames. NSFs: • set national standards and identify key interventions for a defined service or care group • put in place strategies to support implementation • establish ways to ensure progress within an agreed time scale • form one of a range of measures to raise quality and decrease variations in service, introduced in The New NHS and A First Class Service.

The NHS Plan re-emphasised the role of NSFs as drivers in delivering the Modernisation Agenda. Each NSF is developed with the assistance of an External Reference Group (ERG) which brings together health professionals, service users and carers, health service managers, partner agencies, and other advocates. ERGs adopt an inclusive process to engage the full range of views. The Department of Health supports the ERGs and manages the overall process. (DOH, (2005))

The NSF makes it clear that the NHS is committed to building a modernisation programme to provide high quality patient care and improving the working lives of all NHS staff. In terms of patient care, it draws the attention to the need to look at each service from the patient’s point of

view and to ensure that a patient focus is embedded in theculture. In order to achieve this, new and better ways of working are required through, for example: - Investing in the workforce in terms of more staff and better training Giving frontline staffresponsibility, freedom, skills and resources to do a better job, using their initiative for local innovation within national standards - Reducing bureaucracy whilst increasingaccountabilityso that there are clear and transplant process for holding the NHS to account for their delivery of services - Requiring staff to work effectively in teams, for example, through managed clinical networks - Working in partnership with staff and involving them through representation

NHS is critically dependent on its employees for delivering the strategic and operational goals at corporate, departmental, functional and team levels and managing people efficiently and effectively has become a central part of the ward manager/sister/charge nurse’s task at all levels particularly with a view to improving the performance of employees and thereby the performance of the NHS in delivering services. Ward managers increasingly are being expected to take great responsibility or the personnel management aspects of their work. This implies that we are able to function effectively in 4 key aspects of managing people : - Developing our own management style - Employee recruitment and selection - Managing performance by motivating and developing staffs - Developing Teams and Individuals by improving staffs performance at both individual and team levels. Dm 45 Developing Management Style In this unit I will identify 3 ways of assessing my current skills and competence as a manager.

These methods will allow me to discern clearly my strenghs and weaknesses and thereby identify areas on the ward in which improvements can be made and devise action plans which will then be monitored for progress. The 3 methods chosen will be, firstly self-assessment and analysis through appraisal, secondly the stakeholder analysis tool and thirdly the SWOT analysis tool. Self- assessment analysis Self-assessment steps :- 1. Arrange a meeting with Ward Manager to agree on an appraisal date. 2. Ward Manager distributes pre-appraisal meeting self-assessment form. Appendix 2) 3. Work through the pre-appraisal form making notes and identifying potential areas for improvement. (Appendix 2) 4. Meeting with Ward Manager on agreed appraisal date. Work through the Personal Development Plan form (Appendix 3) to reach agreement on the current performance and potential areas for improvement 5. Following the meeting the Ward Manager distributes completed Personal Development Plan and list of potential areas for improvement 6. Ward Manager agrees and complete draft action plan to forward to Matron 7.

Matron follows up and verifies the Personal Development Plan. (Appendix 3) 8. Action plan agreed with matron. Ensure that all points on the action plan meet the SMART (Jumaa & Alleyne, (1998))criteria: Specific, Measurable, Action based, Realistic and Time bound. (Appendix 3) Stakeholders analysis An integral part of the clinical governance review process is feedback from stakeholders. The Hospital’s definition of stakeholders includes staff, patients, relatives of patients, carers, other local NHS organisations, voluntary groups and other people with an interest in the trust.

The information provided through stakeholder work helps shape some of the areas that the clinical governance review will concentrate on. Clinical Governance is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating anenvironmentin which excellence in clinical care will flourish. It aims to create not only a culture, but systems and ways of working which assure that the safety and the quality of care is at the heart of the business at every level. Appendix 1, Unit 5) As a Deputy ward manager it is important for me to take into account feedback from stakeholders for effective managerial performance and to provide high standards of care. In order to do so the table that I have produced below will help me to identify the role of individuals, or stakeholder groups who are involved or affected by the clinical governance programme and can thereby affect its success orfailure. Stakeholder analysis chart | | Programme | Organisation | External | | | | | | | | | Clinical Governance | Hospital | DiabetesUK , Patients | | | | | Staffs, Patients | Relatives, carers, PCTs| | Who wants the team to: | Succeed | | Yes | Yes | | | Fail | | No | No | | Who is betting on the | Succeeding | | Yes | Yes | | team: | | | | | | | Failing | | No | No | | Who is supporting the | Visibly | | Yes | No | | team: | | | | | | | Invisibly | | No | Yes | | Whose success: | Affects the team | | Yes | No | | | Does the team affect | | Yes | Yes | | Who does the team’s | Benefit | | Yes | No | | change: | | | | | | | Damage | | Yes | No | | Who can the team’s | Happen without | | No | Yes | | change: | | | | | | | Not happen without | | Yes | Yes |

In the above table it can be noted that the group of stakeholder who are mostly involved and influence a programme are mainly the patients and the

staffs. As part of my objectives I will in future concentrate on feed back from my staff on the ward and our group of patients. This can be achieve by organising ward meetings with staffs or actually having a one-to-oneinterviewwith them at least once in a month. As for feedback from patients this can be organised by their allocated staff nurse in the form of an informal one-to-one interview at some point prior to the patient being discharged home. SWOT analysis A SWOT analysis is a tool, used in management and strategy formulation. It can help to identify the Strengths, Weaknesses, Opportunities and Threats of an organisation.

Strengths and weaknesses are internal factors that create or destroy value. They can include assets, skills or resources that the ward has at its disposal to provide care to patients. They can be measured using an internal assessment tool such as Peters & Waterman's 7S's. The table below will help me assess the internal factors of the ward and identify my goals and make them SMART (Jumaa & Alleyne (2001)) This will help me to identify areas for development. Shared Values Current: The ward believes in team working providing quality care Goal: To support staffs and encourage them to carry on working as a team Provide them with feedback from patient on quality of care on the ward. Strategy

Current: The ward believes in staffs further development and clinical skills. Goal: To send every qualified staff on in–house study days to develop their clinical skills Structure Current: Staffs does not communicate clearly between each other to promote continuity of Care. Goal: To meet up with staffs on a one-to-one basis or ward meeting and discuss appropriatecommunication. System Current: Staff appraisals only being carried out once in a year Goal:

To discuss with manager if appraisals can be done every 6 months Staff Current: The trust is introducing Senior Health Care Assistant posts.

Goal: Identify if any of the present Health Care Assistants on the ward are suitable candidates for the post by appropriate supervision. Style Current : The ward has a team with multicultural staffs Goal: Encourage staffs torespecteach others cuture and thereby work more efficiently. Skill Current: The ward has staffs with different skill mix. Goal: Give positive feedback on their skills and encourage them to share their knowledge and attend study days to expand them. Opportunities and threats are external factors that create or destroy value. Usually an organisation cannot control them and they emerge from Political, Economical, Social, Technological and Others.

The assessment below using PESTO will help me to identify the goals set up by external factors and which needs to be included on the ward to meet expectations and thereby identify areas for my own professional development. Political Current: The NHS Plan outlines a new delivery system for the NHS and changes for social services, and changes for NHS staff groups. It also sets out plans for cutting waiting times, clinical priorities and reducing inequality. Goal: Have regular ward meetings to discuss with team how to incorporate changes on the ward. Economical Current: The NHS budget has doubled since 1997, and will have almost trebled by 2008.

All NHS organisations including my ward are receiving above inflation funding increases, both this year and next. Goal: Meet up with team and prioritise our expenses so we can work within our budget Sociological Current: The Hospital accommodate patients from different ethical background and beliefs. Goal: Ensure that the trust can meet certain

requirements for its ethnic minority group. For example providing them with special diet like halal meal in the case of muslim patients. Technological Current: The trust is currently using advance computer system to handle patients' data. Goal: Ensure that members of the staffs who are not computer literate attend IT course for quicker access to patient's data. Other

Current: The Hospital has performed well in maintaining and encouraging ' The clean our hands campain' and reducing the risk of cross infection Goal: Encourage the team by giving them positive feedback and reinforce infection control policy. DM 46 Recruitment and Selection Once a trust has decided on its goals, it is essential that it identifies whether it has the people necessary to achieve them. Trusts need to develop ways of assessing the number of employees that they need to provide specific services. The implications of the recent policy changes in the NHS are that there will be further major changes in the numbers and deployment of employees across trusts. DOH, (2005)) As a Deputy Ward Manager part of my responsibilities is also to have a clear view of the number of staffs that we have on the ward and the number that we need to deliver the trust's objectives. Currently on my ward we have vacancies for 2 permanent Senior Staff nurses post previously known as grade E. The new post which is now named Band 5b according to the agenda for change has been created by the trust due to our increase in bed turnover and high demand of standards of care. Before the posts were advertised I had a meeting with my Ward Manager and Matron so we can focus on the basic stages of recruitment which are: 1. Agree the vacancy 2. Prepare a job description 3. Prepare a person specification 4. Attract

applicants through goodadvertisement(Appendix 4a) 5. Selection 6. Induction

It is important for us team leaders to use vacancies as an opportunity for re-assessing people's needs and the organisation's structure so objectives can be achieved. Therefore an agreement between team leaders is important to reach our goals. - After the agreement me and my ward manager we devised the job description and person specification taking into account an analysis of the following criterias (Kneeland, (1999)) : - the present or expected duties of the job - changes which might impact on the job in the future - existing duties which might be done more effectively or efficiently by some one else - new duties that could be added to the job While preparing the job description my manager and I focused on 5 important aspects which were: Accuracy in order not to understate or overstate the role and duties associated with the post. (Appendix 4b, Section A) - Clarity in terms of tasks, duties, roles and responsibilities(Appendix 4, Section B) - Up-to-date (Appendix 4b, Section A, E) - Flexibility (Appendix 4b, Section A, B) - Non-discriminatory particularly in terms of gender, marital status or ethinic background The use of person specifications have a different purpose and it actually aims to identify the qualifications, skills, experience and abilities which are seen as essential or desirable in the post-holder and is used primarily to assist those involved in the selection process. (Appendix 5)

After the posts were advertised and the applications received me and my ward manager short-listed 8 candidates out of 23 applications. This was undertaken by eliminating those who did not meet the pre-agreed essential requirements as set out in the person specification. (Appendix 5). For

example some candidates did not have the knowledge of the KSF of Diabetes which is an essential requirement for the post as we specialise in this area or did not have a minimum of 12 months experience as a qualified staff nurse. We made sure that the necessary information about the selection process were recorded and appropriate feedback given to unsuccessfull candidates about their performance at the interview.

Once the 2 candidates out of the 8 were successfull and appointed, it was important for me to plan induction and development for them. Given the investment made in new employees it is important that they should receive an appropriate induction so they can bring maximum contribution to the trust. At the Whittington Hospital, the trust induction covers areas such as the trust objectives so that the employee understands what they are trying to achieve, personal objectives so that the staff understands what is expected from them and relevant immediate training so that the person can properly undertake their job. Though it is a policy for every new employees to attend the trust nduction, I would personally recommend that all new starters on my ward should have a mentor to supervise them for at least the first 2 weeks of employment or even suggest an informal visit to the ward prior to interview so that candidates feel that the working environment is appropriate for their futur development. DM 47 Managing Performance Performance management encompasses a range of standard management techniques and is not necessarily a formal system and is not necessarily the same as an appraisal system. (Templar, (2001)). On my ward, performance management systems is a common benefit which enable my staffs to see more clearly their role on the ward and the trust’s objectives. The key

elements of managing my group of staffs involve setting objectives for the ward, assessing their development needs, making it happen, review it and doing better. Staffs on the ward need to know what is expected of them. Setting objectives which are S. M. A. R.

T for action means that they can be sure what they should deliver, when and how. (Appendix 6). Discussion about individual objectives will also enable my staffs to understand why they should do the things that they have to do and how they fit into and contribute to the wider goals and aims of the trust. It is important to assess the training and development needs of my staffs to improve their ability to reach the standards of performance expected of them in their jobs. This process should result in planned actions to meet individual needs, and will, where appropriate. (Appendix 6). In order to make the assessment happened, communication between me and my staffs should be improved.

Many tangible and intangible factors contribute to an effective working environment. As a deputy manager it is important for me to focus on the creation of a shared understanding and sense of purpose in my workplace, in particular, communication, culture and climate. Good communication is essential for effective performance management. For example on my ward internal communication such as team briefings, staff meeting, noticeboards and emails enables me and my ward manager to ensure that all our staffs are clear about the ward’s goals and that messages are given and received to and from staffs. This include aims and objectives as well training and development opportunities.

People's performance is affected by their working environment. Morale, motivation, frustration, enthusiasm and commitment all influence the performance that the trust can achieve, so understanding what is important to staffs and listening to and acting on their views is an essential part of organising effectively. (Templar, (2001)). Having set objectives for individual staffs it is essential that performance and progress are regularly reviewed with individuals so that staffs feel recognised for their achievement and can identify areas where performance can improve. Reviews are necessary to improve individual and organisational performance but at the same time identify poor performance.

The scenario below will demonstrate a situation where one of my junior staff nurse was constantly showing poor performance on the ward and the action taken against her. Scenario: Miss X, a junior staff nurse on the ward has been persistently coming late to work and is very slow in carrying out her daily tasks. Several members of Senior staff nurses have been reporting to me that standard of care for the group of patient she was looking after, has been deteriorating. I had a formal meeting on a one-to-one basis with Miss X where her poor performance issues were raised and an action plan was devised. It was discussed that she will be on a 3 months probation and will be supervised at all times by a senior member of staff and feedback will be given to me if her performance was improving.

A copy of her job description and a self-assessment form was provided to her so she can set her personal objectives and discuss it with my manager or myself. The disciplinary and grievance process of the trust states that no disciplinary action will be taken against an employee until the case has been

fully investigated. However, it should be recognised that there may be occasions when a full investigation is impossible e. g imprisonment. For example individuals will be informed of specific complaints against them in writing and will be given the opportunity to state their case directly to those who are considering disciplinary action before any decisions are made.

Individuals and their Trade Union representative will be given a written explanation of any penalty imposed and its duration and in the case of written warnings , will have the right to appeal against this penalty. Usually no employee will normally be dismissed for a first breach of discipline except in cases of gross misconduct where summary dismissal without notice or pay in lieu of notice will be appropriate sanction. It, should, however, be recognised that there will be occasions, not covered by gross misconduct, when it will be necessary, because of the seriousness of the offence, for disciplinary action to begin at any stage of the procedure up to and including dismissal with notice for a first offence. (The Hospital disciplinary and grievance policy, (2006))

In the case of a first offence or disciplinary measures my role will be to discuss it first with my line manager as they are the one who are allowed to issue oral warning, dismissals and discuss the circumstances with Human Resources. DM 48 Developing Teams & individuals To get the best from employees, managers need to know who will be doing what, where the strengths and weaknesses of staffs are and which skills need to be developed by their teams. Properly set, achievable objectives that make clear what is expected, by when and to what standard, benefit both staffs

and managers by clarifying roles and responsibilities, and assist in delivering value formoneyin the use of people resources.

Setting performance objectives with staffs will also enable us managers to assess how our team can be best be used productively and identify any areas where staffs are producing different results and output. This can be useful in benchmarking performance and identifying individual, team and departmental areas for improved productivity. (Templar, (2001)) When performance objectives and standards are set for a team, it is necessary to assess whether the team has the skills to meet the standards being set and to agree how skills will be developed if they do not already exist. This is particularly important when ways of working are being changed.

The Developmental plan below which has been devised with a team member and also reflect the team's objectives as a whole, demonstrate the organisational and individual needs that can be met in many ways: Development Plan Individual/Team | Work shadowing | Get full support from Senior members of the team and provide | | | feedback. | | Special Projects | Encourage staffs to actively get involve with hospital projects such| | | as campaings. | Planned self-development | Meet at least every 6 months for appraisal and plan self | | |-development | | Mentoring | Offer support to newly qualified staff in the form of | | | mentorship/preceptorship for the first 2 weeks of joining the team | | Coaching and guidance | Provide staffs with support and guidance whenever and wherever | | | required. | Study for professional qualifications | Encourage staff to go for further studies for example encourage | | | Diploma holder to complete their Degree or send people for | | | specialist course such as the Diabetic Course. | | Planned

delegation | Ensure that Senior staff nurses take responsibility in delegating | | | tasks to junior staffs, H. C. As and student nurses | | On-the-job training | Encourage staffs to attend in-house clinical skills study days. | New responsibilites | Allocate new rsponsibilities to members of the team. For example | | | making each member of the staff responsible for certain part of the | | | ward like for instance in charge of the treatment room's general | | | tidiness. | | Off –the- job training | Negociate with staffs if there is any external training they want to| | | attend and provide them with leave or day off. | Job rotation/secondment | Senior staff nurses to act as team leader in the absence of myself | | | or the ward manager. | | Membership of professional societies | Encourage staffs to join professional bodies like the Royal College | | | of Nursing and UNISON | In the above table it can be noted that the individual development needs add up to the team development needs and trust-wide development needs.

Individual managers must have a view of the team needs across the trust so that common needs can be met in the most cost-effective way and competing needs can be prioritised. Recommendations Staff development should be linked to the achievement of the trust's goals and targets. If a key priority for the trust is to improve patient care, development plans at individual, team, departmental and corporate level should reflect that goal by focusing on enhancing the skills of staffs to deliver the required levels of patient care. Staffs will know which aspects of their work need support and development and are well placed to identify training and development needs to help them perform better in their jobs References

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