Visible leadership: going back to the front line

Nigel Davies examines the effectiveness of senior managers returning to work alongside staff providing hands-on care

Abstract

The report into care at Mid Staffordshire NHS Foundation Trust called for strong leadership in nursing and the government’s response acknowledged the importance of senior managers gaining front line experience of the NHS. This article discusses the background to the need for visible leadership and the advantages and disadvantages of different approaches to engaging with the front line. Lessons from other industries are considered and a spectrum of engagement activities relevant to health care suggested. Senior leaders’ visits to the front line have brought identified benefits for staff but there is little proof of patient benefits, so more research needs to be commissioned to generate evidence of effectiveness.

Keywords
Back to the floor, front line care, leadership, manager engagement

ONE OF the recommendations of the inquiry into care at Mid Staffordshire NHS Foundation Trust (Francis 2013) was for more visible leadership across the NHS. A way to increase visibility that has been adopted in some areas is for directors and senior managers to go ‘back to the front line’ and experience first hand the realities of care delivery from the perspectives of patients and staff.

In its response to the Francis report, the government has committed Department of Health (DH) officials to gaining insight into front line care (DH 2013a). Initiatives such as ‘back to the floor Fridays’ (Imperial College Healthcare NHS Trust 2009) have been adopted by some trusts as a way to increase senior nurses’ involvement in care. However, this is just one example of how senior nurses can be engaged in practice. This article discusses the background to the need for visible leadership and the advantages and disadvantages of different approaches to engaging with the front line.

Standards and commitment

The Francis report (Francis 2013) emphasises the importance of fundamental standards and of staff commitment to common values. It also recommends strong leadership in nursing, and highlights that all those who provide patient care need to work together effectively in a culture in which patients are seen as the priority. The importance of peer review and learning lessons from others are also highlighted in changing behaviour and ensuring a culture that is consistent and caring. The report contends that activities that take senior managers and directors back to the floor help to demonstrate this element of monitoring and show that learning is integral to staff compliance with fundamental standards and to service improvement.

Francis recognises that the example set by leaders is important and that leaders at all levels need to have personal contact with those experiencing the service. The advice of nursing directors to their boards is also seen as crucial, with Francis recommending that this should be given in relation to its impact on quality. For nurse directors to be effective in providing guidance to their boards therefore, they need to engage with patients and staff to ensure that their recommendations to fellow board members is contemporaneous and relevant.

The concept of maintaining links with the front line or going back to the floor has been endorsed at government level (DH 2013a), and there are expectations that ministers and civil servants gain front line experience of the NHS. In England, for example, health minister Dan Poulter continues to practise medicine as an NHS hospital doctor on a part-time basis (DH 2013b) while, in Scotland, health secretary Alex Neil says he is committed to learning how care is delivered by going ‘back to the floor’ (Scottish Government 2012).
Although back to the floor activities for senior nursing staff have become common over the past few years, there is little evaluation of their effectiveness. The literature suggests that the only study evaluating such initiatives was undertaken at Imperial College Healthcare NHS Trust, London (Jones and Griffiths 2011). In this study, it was thought that improvements would result from stronger clinical leadership monitoring standards, supporting staff, resolving problems, acting as advocates and implementing change. Using an action-research framework, the study involved the survey of senior nurses who were going back to the floor, focus groups with multiprofessional staff and interviews with 45 nurses, one nurse specialist, nine therapists and four patients. Six themes that were perceived as staff benefits were identified but there were only anecdotal examples of patient benefits, with evidence of actual improvements more difficult to identify.

The six themes identified by Jones and Griffiths (2011) recognising benefits of senior nurses going back to the floor included:

- Empowerment.
- Learning together.
- Professional networking.
- Communication.
- Championing change.
- ‘Matron power’ where the profile of the matron was increased promoting a strong clinical leader with clear authority at ward level as envisaged when modern matrons were introduced.

Learning from other industries

Back to the floor activities are popular in a number of industries (Stagecoach Group 2012) and the concept has been used in reality television series in the UK and the US, with a number of high-profile executives going undercover to gain insights into how their organisations work, what their industries are like and what their employees think of them.

Research undertaken by the Royal Society for the Prevention of Accidents (RoSPA) focusing on health and safety in different industries centred on the effects of directors going back to the floor (Lumley 2004). This research was based on the premise that strong leadership and a clear focus on performance are important strategic aspects of health and safety management while acknowledging that there has been little research into whether senior management visibly demonstrate commitment and leadership.

The RoSPA study involved ‘best-practice’ organisations (n=23) and found that nearly all (n=21) had directors or senior managers who undertook activities at an operational, or shop-floor, level. The primary motivations for the organisations that undertook back to the floor activities involved a need to:

- Have a moral duty of care.
- Build a positive culture.
- Have strong leadership.
- Test health and safety management systems.
- Improve control of finances and resources.
- Boost client or customer confidence.

The organisations undertook between two and nine different activities including health and safety tours, audits, inspections, ‘best-area’ competitions and senior-management visits. Overall, the survey (Lumley 2004) supported back to the floor activities at a senior-management level.

Team work

Research into teams and team-based working has shown over the past two decades the links between people management and organisational effectiveness (Carter and West 1999, West 2004).

Such research demonstrates that staff who work in teams report higher levels of involvement and commitment, and have lower stress levels than those who do not work in teams. Equally, where there are team-based organisations with flat management structures (West et al 2003a), in which staff have easy access to senior managers, teams can respond quickly and effectively in fast-changing environments, with members working in parallel and inter-dependently. The study also reveals that teams are the best way to implement organisational strategies because they provide consistency. Team working also contributes towards the achievement of shared goals (West et al 2003a).

Research has also shown that good team working can improve patient and customer care (Borrill et al 2000, West et al 2003b). These studies also show that the more staff work as teams in hospitals, the lower the patient mortality.

Front line engagement

There is a range of activities carried out by directors and senior managers that could be regarded as going back to the floor. The activities can be considered on a continuum, from most passive involvement to most active participation, and require a lesser or greater time commitment respectively (Table 1, page 24).

Initiatives such as ward or department visits related to specific issues or associated with new projects can be useful and quick exercises for directors or senior managers to keep up with developments. Equally, staff meetings and patient
forums provide an opportunity for feedback and information exchange. Alternatively, in the middle of the spectrum are activities that enable directors to gain meaningful feedback from patients and staff; these include shadowing and structured walk-arounds (Reinertsen and Johnson 2010). These activities are often characterised by a director spending, for example, between two and three hours on a ward or in a department. One activity that has taken several directors back to the floor in recent years has been patient-safety walk-arounds as advocated by the Patient Safety First campaign (National Patient Safety Agency 2011).

Other examples of going back to the floor where there is greater participation include directors working in substantive roles such as a director of nursing fulfilling a staff nurse position, ‘in the numbers’, for one or more shifts or where they have recognised part-time clinical roles. This greater participation is frequently seen among directors who fulfil their executive roles over three or four days a week but who maintain clinical roles for the remainder of the time.

**Work shadowing**
Adopting any of the range of activities on the back to the floor spectrum may be useful for managers, although incorporating these activities into wider, organisational development, work-shadowing programmes may be more beneficial. Other members of staff can also be given opportunities, for example, to shadow colleagues or senior managers in different locations or departments. Currently, shadowing often happens in an uncoordinated manner, with candidates making contact themselves with senior managers, perhaps as part of leadership development programmes in which they are taking part (Craig 2008).

**Preparation**
If directors or senior managers are considering going back to the floor, it may be helpful first to consider the objectives of the exercise and to reflect on what can be achieved. Box 1 provides a checklist of what should be considered. The purpose of going back to the floor must be to learn about patient experiences first hand and to discuss with staff their views about working in an organisation, including their problems and frustrations. Being open and transparent about the purpose of visits is essential. This includes establishing ground rules that make it clear to staff that the exercise it not to catch people out.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Ward and department visits</th>
<th>Staff meetings and patient forums</th>
<th>Focused walk-arounds</th>
<th>Work shadowing</th>
<th>Back to the floor (‘in the numbers’)</th>
<th>Sabbaticals</th>
<th>Part-time integral clinical role</th>
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<tr>
<td>Examples</td>
<td>Visits because of a specific issue or initiative</td>
<td>Ward meeting or patient panel</td>
<td>Structured patient safety walk-arounds</td>
<td>Working alongside staff in a supernumerary capacity</td>
<td>Working in a staff nurse role</td>
<td>Formal time out to complete return to practice activities</td>
<td>A director whose job plan includes clinical sessions</td>
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<tr>
<th>Involvement</th>
<th>Passive</th>
<th>Active</th>
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<tr>
<td>Observation of care</td>
<td></td>
<td>Participation in care</td>
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<tr>
<td>Information exchange</td>
<td></td>
<td>Partnership feedback and action</td>
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<th>Time commitment</th>
<th>One hour</th>
<th>Between one and two hours</th>
<th>Two hours</th>
<th>Half a day</th>
<th>Full shifts</th>
<th>Full time for a limited period</th>
<th>Regularly one or two days a week</th>
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Whether or not to prepare a ward or department for a visit in advance is debatable. Arriving unexpectedly will provide a true impression of a ward or department, whereas telling the front line staff you plan to visit allows them to prepare. However, just turning up, especially when the concept of directors or managers going back to the floor is new, can be viewed as exerting hierarchical power and not recognising the local area’s ownership of a ward or department. Waiting for an invitation to observe and participate may be more appropriate.

To gain credibility in the activity, it is important to take part in the standard working practices in the area, to the extent that this is possible given the individual director’s or manager’s skills and experience. Simply talking to staff and patients can generate some useful information but ‘rolling up your sleeves’ will provide greater insight into the working practices of the area. Credibility after the activity also comes from doing something about the problems and frustrations that are raised and celebrating any successes and good practice observed.

It should be remembered that back to the floor activities are just one method of gaining feedback about patient and staff experiences. Lessons learned need to be viewed alongside other feedback from patient and staff surveys as well as management reports and key performance indicators.

**Discussion**

There is a need for senior nurses and directors to engage with the front line for the benefit of patients and staff. However, there is little nursing evidence to date about the impact this has on care. The study by Jones and Griffiths (2011) identifies benefits for staff from one organisation’s back to the floor Friday initiative but could only cite anecdotal examples of where it was thought patients had benefited.

More research to understand how engagement by senior managers can motivate staff and lead to improvements in care is needed.

Given the consensus that engaging with the front line is the right thing to do, managers need to ensure that any initiatives they undertake are effective. Learning from other industries is important. Lumley (2004) suggests guidelines for back to the floor activities, which can be adapted for health care:

- The focus of activities should complement the aims of an organisation’s strategic plans and aid achievement of its stated objectives.

<table>
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<tr>
<th>Box 1</th>
<th>Checklist for senior nurses going back to the floor</th>
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<tr>
<td><strong>It is not about public relations</strong></td>
<td>The purpose of going back to the floor is to learn about patient experiences and about the challenges and frustrations staff face day to day. It should be used neither to boost your profile nor to make people think you are brilliant.</td>
</tr>
<tr>
<td><strong>Undercover or not?</strong></td>
<td>Unlike many of the popular back to the floor television programmes, going incognito is not a good idea. It can be seen as spying or as ‘Big Brother watching’. You should be open about the purpose of the visit to staff, patients and relatives you encounter.</td>
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<tr>
<td><strong>Arrive without warning</strong></td>
<td>If you tell people you are going to visit, they will prepare. Just turn up and say: ‘I’m here to help you today.’</td>
</tr>
<tr>
<td><strong>Roll up your sleeves</strong></td>
<td>Rather than just talk to staff and patients, you will understand the issues fully if you are prepared to undertake practical work. You will also gain credibility if you can tell staff that you truly understand their jobs.</td>
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<tr>
<td><strong>Ground rules</strong></td>
<td>Acknowledge from the beginning that you are there to learn the nature of the issues, not to catch people out. Do not identify specifically who said what.</td>
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<tr>
<td><strong>It is just one tool</strong></td>
<td>Include the learning from a quick visit as part of your overall feedback from staff and patient surveys, focus groups and other performance indicators.</td>
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<td><strong>Make it part of your business</strong></td>
<td>If this activity becomes routine across the organisation, you are less likely to have people trying hard to impress and you will find out more. Consider how managers going back to the floor can be part of a wider staff-shadowing scheme.</td>
</tr>
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<td><strong>Be sure to deliver</strong></td>
<td>You must be prepared to do something with what you learn, good or bad. Consider how you can celebrate the good things you see, for example through a staff magazine or awards scheme. However, following up poor practice and addressing problems and frustrations are equally important.</td>
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<td><strong>Go with humility</strong></td>
<td>Offer to make the beds and the coffee. Do not order people around.</td>
</tr>
<tr>
<td><strong>Do say:</strong></td>
<td>‘I’m the director of nursing and I’m here to help...’</td>
</tr>
<tr>
<td><strong>Do not say:</strong></td>
<td>‘Just carry on while the cameras are here...’</td>
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- A balance between the required outcomes and time required to accomplish the criteria identified should be achieved.
- Activities should be reviewed annually in line with the aims of new annual plans and longer-term strategies.
- The type and frequency of back to the floor activities should be specified in directors’ and senior managers’ objectives.
- Activities should be spread throughout the year.
- A framework procedure should be established for all activities. This procedure should outline the aims of activities, the process and
how to deal with the outcomes, and list the criteria for success.

- Reporting of back to the floor activities should be brief and developed in consultation with directors and senior managers.
- Back to the floor activities should be reviewed periodically to ensure aims and criteria for success are achieved.

The drawbacks of the activities also need to be considered, such as the potential burden placed on practice areas. Co-ordination is needed to ensure that areas are not burdened by too many managers going back to the same ward or department and that visits are not too frequent. Managers also need to ensure that they each have an overview of the whole organisation. This overview is especially important in multi-site organisations in which smaller units or satellite sites should be included as well as the main hospitals.

Although not considered in the literature, the ethics behind visits must also be taken into account. Patient confidentiality, dignity and respect should be maintained. Patients should not feel that the main objective of the visits is to be observed; rather visits need to encourage a sense that, as patients, they are helping to improve quality. The activities that senior nurses undertake must also be considered and whether or not individuals are sufficiently trained and up to date to provide care. This question over engagement can become more acute when staff return to areas where they have worked earlier in their careers, and expectations or assumptions are made about their abilities to care.

**Conclusion**

Back to the floor activities can be used as part of wider organisational development to build culture, and encourage and reinforce patient-centred philosophies of care and management across the NHS. The concept can be used to represent and establish best practice and to demonstrate:

- Evidence of strong leadership and visible commitment to policy and its effective implementation.
- The driving force of quality in healthcare delivery, helping to maintain impetus for change.
- A firsthand appreciation of gaps between the corporate rhetoric and real conditions on the front line.
- Better board-level understanding and focus on patient experience and patient safety.

It seems clear from the limited evidence that there is a benefit for quality improvement and staff satisfaction if senior nurses and directors engage with the front line. However, there is little nursing evidence to date about the impact this has on care.

More research is needed to understand how engagement by senior managers can motivate staff and translate into better care for patients, relatives and carers.

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