

# YOUR FUTURE STARTS HERE



## Leadership Development and Talent Management Strategy

2018 - 2021

## Introduction & Background

This document sets out our strategy to further attract, grow, develop and retain Trust and system leadership capacity and capability for now and the future. The aim is to ensure a leadership which is representative of the population the organisation serves and safeguards the core value of “putting patients at the heart of everything we do”.

This strategy seeks to address workforce challenges and risks, identified during our strategy development and engagement work, and highlight drivers for a more inclusive leadership style which is effective, compassionate and vibrant. It is underpinned by an action plan to further progress the agenda.

The health and care system faces a number of complex challenges to be met against a backdrop of severe financial constraint and uncertainty; a rapidly ageing population, the rise of long-term conditions and comorbidity, wide ranging health system redesign, accelerating technological advances and a continuous push for improved quality and increased productivity.

The Trust has been cognisant of the changing landscape and has had a **Leadership and Management Development Strategy** since 2015 setting out how it intended to respond positively and proactively to the ever-increasing demands placed on it.

Key to our success will be the adoption of **Liberating our Potential** including **#Flourish at Newcastle Hospitals** a framework to support staff and the organisation through change. “Liberating our Potential” is built around three domains all of which are equally important to create an environment where all staff can flourish at work. (Appendix 1).

- ▶ Domain 1 – our leadership style and behaviours, which set the tone and context for how we will work with teams and with one another.
- ▶ Domain 2 – aligning our priorities through our operating and governance processes to ensure performance and risk is managed effectively
- ▶ Domain 3 – developing networks, coalitions and groups of activity which create momentum for change, engaging with staff across the organisation, enabling collaboration to create an environment where all staff can flourish at work.

Development of the **Trust Management Group** and **Leadership Congress** will assist, providing a platform for collective effort in the co-production of strategy and plans, engagement in decision making, building knowledge and awareness of key local and national strategies and a network for the wider leadership community to share experiences and develop a coherent approach.

Core to the refreshed **Trust Strategy** will be:

- ▶ The development of the new HealthCare Plan and £20+bn investment.
- ▶ The developing Cumbria and North East Integrated Care System and the need for leaders to work within and with colleagues in the wider system.
- ▶ The need to ensure our structures, ways of working and skill sets are fit to support this agenda, which will also require devolved and distributed leadership.
- ▶ The need to ensure leaders are skilled, and supported to respond to the growing “patient ownership” agenda including engaging with the growing pool of North East Patient/Citizen Leaders, focused on the current and future challenges for the NHS and its key strategic partners.

The **underpinning strategies** include:

- ▶ Workforce Strategy
- ▶ Quality Strategy
- ▶ Research and Innovation Strategy

## Strategic Drivers

- ▶ The **NHS Constitution** sets out a number of pledges to staff that include providing a positive working environment, personal opportunities to enable them to fulfil their potential and to maintain their wellbeing.
- ▶ **Board, Executive and Senior Leadership:** following a number of recent very senior appointments including Trust Chair, Chief Executive and Chief Operating Officer together with a refreshed Executive Team, organisational, structural and cultural change is evolving. As a priority, the senior leadership will work with, mentor and support clinical leadership teams (Clinical Directors and Directorate Managers) to facilitate and develop a more inclusive style of leadership.
- ▶ The need for increased and diverse **Clinical Leadership and Engagement**. It can be evidenced that clinical leadership is vital to the success of healthcare organisations and nationally there has been a focus on developing clinical leaders for a number of years. There is a need to strengthen our approach, to provide positive role models and inspire colleagues to consider these roles for their own career progression.
- ▶ **Increased Diversity and Inclusion:** acknowledging that as part of the NHS we have an obligation to improve our leadership diversity by addressing the current leadership profile, which does not reflect the population we serve. We will do this by proactively engaging, supporting and welcoming colleagues to leadership roles.
- ▶ The need to enhance and increase our focus on external **“system” leadership and partnership working** – across the NHS, local government and primary care.
- ▶ **Improving Staff Well Being:** To deliver safe and compassionate care requires supportive, positive and healthy cultures built on trust; a leadership style which fosters openness, the ability to speak up confidently and without repercussion, replacing over-reliance on policy and process with individuals capable of dealing with and resolving matters early. It also requires the development of a distributed model of accountability and responsibility, which respects professional boundaries and provides safe working by confidently challenging inappropriate behaviour. There is an expectation that NHS leaders change culture in organisations through prevention and responding to incidents of inappropriate behaviour in line with national guidelines on managing wellbeing. (Stevenson, Farmer and Carter)
- ▶ **Developing People: Improving Care (DPIC):** The multiagency national strategic framework for leadership development and improvement. Its purpose is to ensure action on improvement, skill-building, leadership development and talent management for people in NHS-funded roles. It reiterates the need for clinical leadership and promotes a focus on the development of compassion and inclusivity, delivery of continuous improvement in local health and care systems, and a coherent approach to talent management.
- ▶ **Care Quality Commission (CQC):** as regulator, the CQC has confirmed the need to build effective leadership, with resilience and capability, which facilitates innovation to support services to improve and provide safe, high quality sustainable care in increasingly challenging conditions. Assessing whether an organisation is well-led includes consideration of its approach to its vision, governance, leadership, culture and values, staff and patient engagement and learning and innovation.
- ▶ **National Funding:** The ongoing issue of constrained funding and resources challenge Health Education England’s ability to fund workforce development. This means that wherever possible the Trust needs to be self-sufficient and/or work collaboratively to ensure the availability of high quality development and career opportunities and to ensure best use of resource and return on investment.

## Strategic Objectives

The Trust's aim is to be a vibrant, clinically led organisation with leadership representative of the population it serves. It is committed to helping all staff recognise their leadership role, fostering an environment that supports leadership from every seat, providing development opportunities for leaders and future leaders at all stages of their careers, thus establishing a motivated and energised workforce and a sustainable talent resource. It aims to build a capable leadership community through improved engagement and representation, to value its leaders and staff and to sustain its organisational ability to provide **the very best care delivered by staff that choose to work, develop and grow with the organisation.**

This strategy prioritises **key areas of development:**

- ▶ Attracting more people into leadership positions, particularly from medical/clinical leadership backgrounds
- ▶ Attracting and developing more staff currently under represented in leadership roles, in particular, staff that identify as Black Asian Minority Ethnic (BAME).
- ▶ Adopting a more systematic and consistent approach to leadership development, succession planning and talent management.
- ▶ Supporting and improving the wellbeing of staff. Responding proactively to the on-going leadership challenge of delivering stretching performance targets and financial balance, working within and across the system, increasing patient ownership, leading continuous quality improvement and being more (publicly) accountable.

The plan detailing key organisational interventions to support delivery of the strategy is outlined later in the paper.

## Delivering the Strategy

Newcastle Hospitals has achieved much in recent years and remains focused on preparing for the future. This refreshed strategy will continue to build on the principles of supporting existing and emerging leaders to work and lead within and with systems for the benefit of patients and populations.

Availability of resource and infrastructure remains a challenge both in respect of physical resource to design, deliver/facilitate and evaluate leadership interventions and access to suitable facilities in which to deliver high quality development activity. There is additional challenge as the leadership development portfolio grows exponentially.

It is anticipated that to realise the ambition set out in this strategy, a business case to support delivery will be required.

## Enablers for Delivery

There are a number of established arrangements that enable strategy delivery. Leadership development does not solely rely on “delivered programmes”; vertical progression or being in an “identified leadership role”. However, these may be a component of the development process, along with interventions such as experiential learning, coaching and mentoring, shadowing and stretch projects.

Our enablers include:

- ▶ **Leadership and Management Development Programmes:** a comprehensive suite of multi professional programmes and interventions aimed at developing capability and capacity for all staff and at every level in the Trust. See Appendix 2 for the 2018/19 offer.
- ▶ **Coaching/Mentoring** a critical component of the offer. The last two years has seen the development of an internal body of trained coaches (Trust Coaching Network) which is proving to be a valuable workforce development resource. The offer will extend to ‘Mentoring’ as Coach numbers grow. Appendix 3 illustrates our Coach Development Pathway. Our Board and Executive leaders, skilled coaches and mentors, will support development of Clinical Directors, Directorate Managers and other (senior) leaders.
- ▶ **The Professional and Leadership Behaviours’ (PLBs) Framework:** all Trust development programmes are aligned to the behaviours detailed in this framework with behaviours acting as a ‘golden thread’ through recruitment, appraisal and development activity.

Designed and developed within the Trust, informed by the NHS Constitution and other behaviour frameworks including Good Medical Practice, it was intended to support a cultural shift by providing a consistent view of the core leadership behaviours which underpin success for all staff, in both a current role as well as potential future roles – ‘what good looks like’.

It provides a system to facilitate alignment, defining the leadership progression pathway for specialist, clinical and corporate management roles enabling staff to identify where they are at, and the expectations required to perform effectively at each milestone. The four domains underpin the core value of ‘putting the patient at the heart of everything we do’ (See Appendix 4).

- ▶ **Appraisal**
  - ▶ **Staff Appraisal & Personal Development Planning (PDP):** a positive process with protected time for an individual, supported by their Appraiser, to reflect on their personal contribution, performance and behaviours, to consider the forthcoming period and what this means for them at individual and team/service level.

The measurement process adopts a two dimensional approach using a performance and behaviour (PLBs) matrix which equally weights the achievement of objectives with the evidence of appropriate behaviours. A rating system is also used which encourages differentiation of performance, and supports a discussion on identified areas for improvement and/or development.

Appraisal provides the mechanism through which colleagues who aspire to or are working in leadership positions can discuss their aspirations, potential and how their development needs may be addressed. This has been enhanced by the introduction of career planning and/or retirement

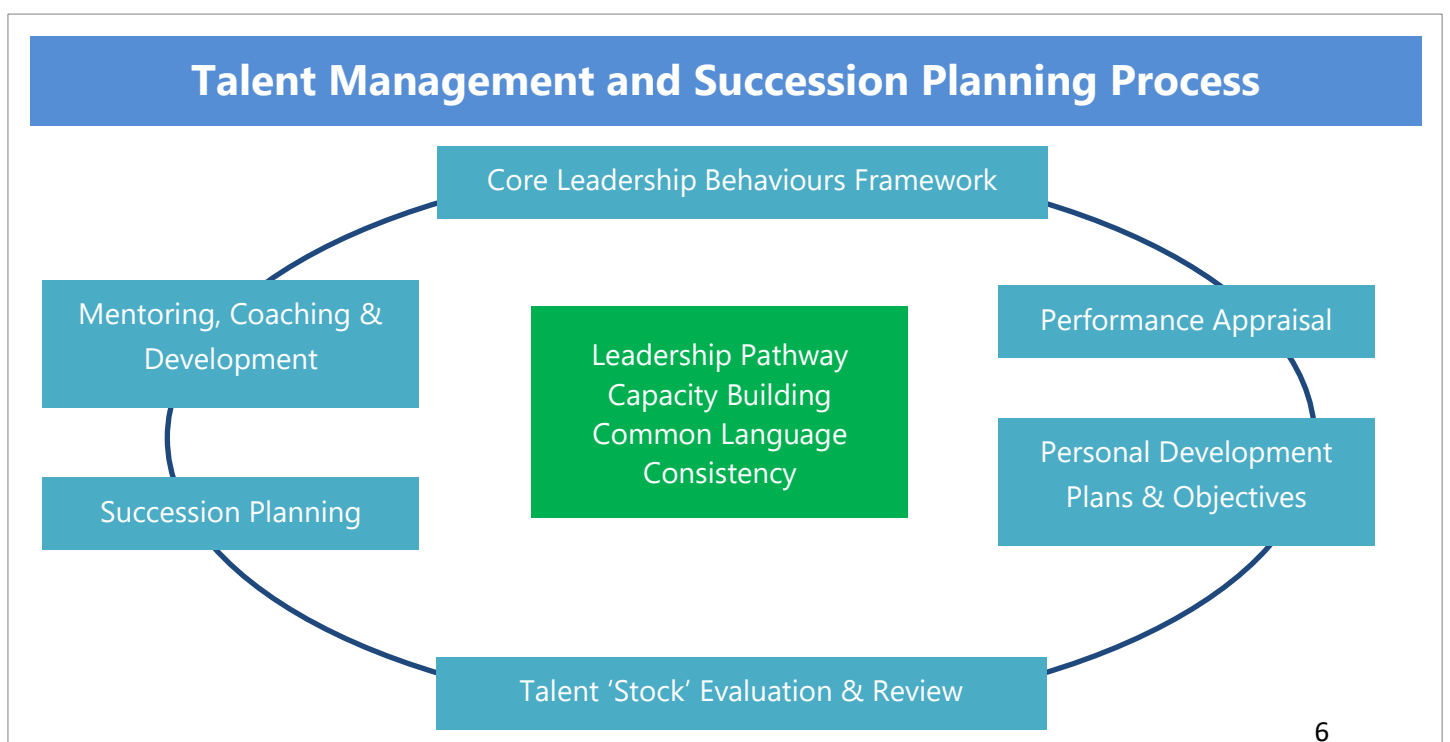
conversations from which the outcome data is recorded and collected. This helps inform our corporate understanding of short and long term planning considerations for mission critical roles and required development interventions.

- ▶ **Medical Appraisal:** Senior Medical and Dental staff undertake an annual appraisal, which centres on a discussion about the appraisee’s professional, educational and personal development. Its primary function is to support the medical revalidation process. Appraisal has the dual aims of ensuring high quality patient care and assisting the appraisee to achieve their full professional potential.

The Trust PLB framework has not been adopted in the medical appraisal process. However, it is beginning to be used as part of the annual consultant job planning process. As a minimum expectation, this will facilitate the ability to systematically record leadership aspirations, development, and career or retirement intentions for this critical workforce group. Consideration should be given to whether conversations about effective behaviours are aligned to appraisal. Service medical leaders with a corporate leadership role receive an additional review centred on their contribution in this role. This requires alignment with the Staff Appraisal process to ensure a consistent approach including data capture and recording of performance-rating outcomes.

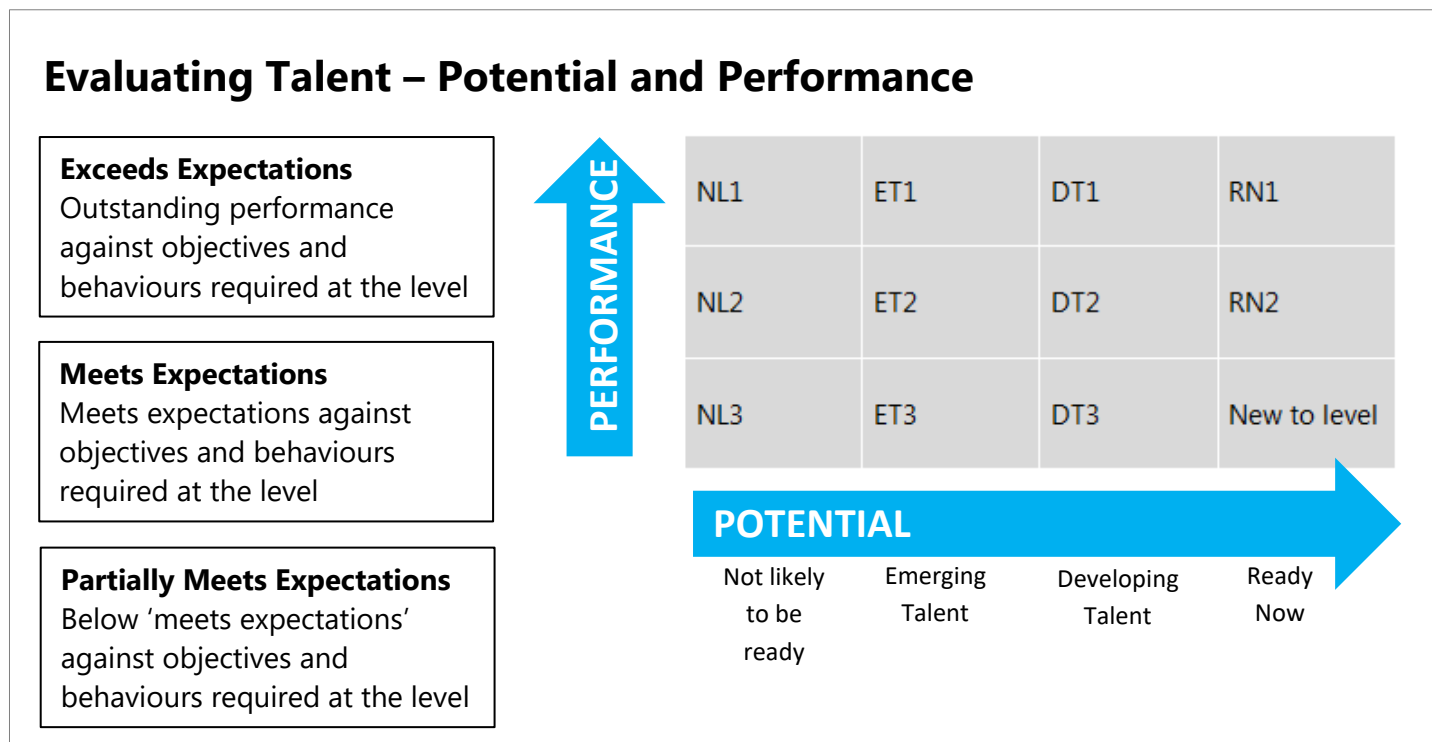
There is an opportunity to improve the data output from these discussions to better inform and shape leadership development interventions, talent management and succession planning.

- ▶ **Talent Management:** to improve the approach to identifying and evaluating people and leadership talent with a view to reducing subjectivity, better informing and shaping leadership development activity, and providing more robust data to support development of the workforce. The strategy incorporates:
  - ▶ Identification of individuals with the aspiration, ability or potential to progress
  - ▶ Development opportunities to enable individuals to be supported to meet agreed needs
  - ▶ Assessment of whether or not the individuals are emerging or developing talent or “ready now” for their next career roles
  - ▶ Development to facilitate a more systematic approach to linking development to deployment in a more consistent and transparent way
  - ▶ Support following appointment to a new role, to facilitate success during transition. This process is outlined below: (guidance notes are at Appendix 5)



This approach has not yet been fully integrated across all workforce groups; senior medical staff development opportunities are considered in isolation, more subjectively, which impacts on the ability of the organization to have a consistent and coherent approach to identifying and developing its workforce and ensuring succession planning supports organisational development and success.

## How talent is evaluated



- ▶ **Succession planning** is an internal, workforce management process, which requires reflection of current resource and assures retention of key capability for future roles and 'mission critical' posts. It is essential to creating and sustaining a pipeline of leadership talent. The Trust is at the forefront of good talent management practice and is engaged in shaping how the NHS will progress this critical work stream.

The Trust has been utilising ESR functionality to create and maintain records of those who have been supported with leadership development. Records now include the outputs from career planning and/or retirement conversations and in due course such data will underpin development of a Trust Leadership Workforce Development/ Succession Plan.

**Succession planning for Board and Sub Board** level critical posts has been more formally adopted in 2017/18, with oversight by the Appointments and Remuneration Committee. For leadership successors in bands 7 to Sub Board level, this will be overseen/governed by the Executive supported by the Strategic Workforce Group.

- ▶ 2018 saw the pilot of a **Medical Engagement Survey** the outputs of which will inform design and structure of future interventions. The tool is applicable to all staff groups, and the intention is to extend the pilot in 2018/19.
- ▶ The Trust is collaborating in the design and implementation of a national programme of work to deliver the first '**whole system' approach to talent management** for the NHS in England as outlined in the Developing People: Improving Care(DP:IC) Framework. The Trust is represented on the newly established North Regional Talent Management Board.

- ▶ The Trust employs a number of **NHS Graduate Management Trainees** and following significant stakeholder engagement has been successful in increasing our potential to access this cohort of talent.
- ▶ **Recognising and rewarding** people in leadership roles takes many forms and key to our approach is the offer open to all staff (leading from every seat), and which underpins the development of aspiring and existing leaders. Some examples of the approach taken by the Trust to date are set out below:
  - ▶ The Trust has utilized the flexibilities contained within Agenda for Change arrangements since 2014. These resulted in alternative performance related pay arrangements, and the potential for further recognition and reward via the Excellence Award process for colleagues employed on Trust Senior Staff contracts. This is overseen by The Executive Team, ensuring a level of quality assurance and consistency.
  - ▶ Senior medical staff undertaking corporate responsibility are recognised predominantly through the additional Responsibility Allowance arrangements.
  - ▶ Valuing people in leadership roles: There is a comprehensive offer available to all staff but there is a clear focus on aspiring and existing leaders. This includes a portfolio of accredited and non-accredited leadership and management development, the opportunity for leaders to develop as coaches, the facility for leadership coaching, enhanced induction programmes for new Consultant Medical staff, and new supervisors/team leaders and managers. It also includes membership of the Leaders Forum/Congress which provides colleagues with ongoing Leadership CPD and networking opportunities.
  - ▶ Assessment Centres: Where appropriate, recruitment processes include an assessment approach to provide a more objective measure of preferred leadership style against expectation for specific roles. Psychometric tools are used and inform both the selection decision-making process and the identification of development needs.
- ▶ **Relationship, Partnerships and Networks:** There are a number of arrangements, which support and underpin the strategic leadership development approach:
  - ▶ **Collaboration and partnerships** (external system working) across NHS organisations, local government and primary care with the potential for these to be strengthened further through joint design and delivery.
  - ▶ Utilising the **National NHS Leadership Development** offer, through the National Leadership Academy, primarily for development of identified senior leaders.
  - ▶ Maintaining a strong relationship with the **North East Leadership Academy (NELA)** as a member of the NELA Partnership Board, Learning & Development Steering Group and the Organisation Development Network. The partnership with NELA is utilised for broader leadership and management development opportunities, which complement and supplement the internal offer. Additionally, the Trust can optimise the opportunity to develop its leaders ability to engage more with service users and patients, and play an active role in the development of the North East talent pool of Patient/Citizen Leaders which is focused on current and future challenges for the NHS and its key strategic partners, thus developing networks and engaging in opportunities for improving care and outcomes for patients and the population.
  - ▶ This relationship supports our ambition to secure **NHS Graduate Management Trainees** on placement each year, recognising this as a talent pipeline.



- ▶ Proactive and effective relationships with local **Higher Education Institutes** working together on a number of leadership development agendas, more recently working with local Universities to explore the potential of accessing Degree/Higher Degree Level Leadership Apprenticeships. Exploration with Newcastle University is ongoing to develop a suite of on-line leadership CPD modules (for its students and our staff) which in time will be a marketable asset.
- ▶ Centre Approval awarded by the **Institute of Leadership and Management** since 2009 allows the Trust to offer nationally recognised qualifications to our staff. This is an effective relationship which ensures delivery of high quality, accredited learning.
- ▶ Collaboration with **Health Education England (HEE) North East** on many fronts, and as a priority, to ensure engagement, alignment and avoidance of duplication with HEE's mandated delivery of leadership development for "Doctors in Training".
- ▶ **Equipping leaders and managers** to deliver safe, supportive, positive and healthy environments our **offer includes** a range of skills training, modules and development programmes, underpinned by the PLB Framework, **and** policy arrangements, to enhance "people management" capability.
- ▶ In response to an increasing demand, access to **360' feedback** as a recognised, non-routine option for leadership development has been implemented.

## Proposed Key Actions and Work Streams

**Aim | to be a vibrant, clinically led organisation with leadership representative of the population we serve.**

The Trust acknowledges that leadership development, talent management and succession planning are complex processes and that development of leaders is not a linear process. However, it understands that for the organisation to be successful in recruiting, retaining and growing a talented workforce a number of operational as well as cultural frameworks will need to be established. This work plan details steps taken to date, and actions to further progress this important agenda.

| <b>Attract more people into leadership positions with a focus on medical &amp; clinical leadership</b>  |   |
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| <b>Progress To date</b>   | <b>Key Actions for 2018-2021</b>  |
| <ul style="list-style-type: none"> <li>• Pilot of Medical Engagement Survey</li> <li>• Clinical Engagement Focus Groups</li> <li>• E&amp;WD Engagement Events</li> <li>• Matron Career Development Masterclass</li> <li>• Career planning introduced into Non-Medical Appraisal</li> <li>• Hosted collaborative, Health and Local Authority, Transgender Conference</li> <li>• Equality &amp; Diversity events</li> <li>• Women into Leadership" Masterclass (within pilot Aspiring Clinical Leaders Development Programme)</li> <li>• Alignment of leadership development activity to the to WRES and Equality Action Plan</li> <li>• Aspiring (Clinical) Leaders Programme (pilot)</li> <li>• Establishment of a multi professional, modular, (accredited and non-accredited) offer</li> <li>• Consistent approach to career planning and retirement conversations within Staff Appraisal and Personal Development Planning.</li> </ul> | <ul style="list-style-type: none"> <li>• Extend Engagement Survey to wider workforce to inform future direction and design/content of programmes/approaches.</li> <li>• Utilize feedback from Engagement Survey and Clinical Engagement Focus Groups to inform next steps.</li> <li>• Review outcome of "evaluation of leadership for allied health professionals in Trusts" (NHS I) to inform future direction</li> <li>• Complete &amp; share evaluation and consider way forward with view to rolling out inter professional programme.</li> <li>• Ensure leadership career pathways and opportunities for progression are available and accessible.</li> <li>• Maximise/promote Behaviour (PLB or refreshed)) Framework to support career development, develop a common language for leadership and "what good looks like"</li> <li>• Develop a Leadership Mentoring Scheme</li> <li>• Establish Executive and Board level mentorship of CDs, DMs and, as required, identified leaders/successors.</li> <li>• Develop role model portfolio and use personal stories to promote leadership roles.</li> <li>• Hold engagement events to understand staff experiences, need and (perceived) barriers.</li> </ul> |

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| <ul style="list-style-type: none"> <li>• 'Leadership Alumni', reshaped, now "Leadership Forum" to create an inclusive environment and platform for enhancing awareness and capabilities of current and aspiring leaders at all levels of the organisation.</li> <li>• Junior Doctor Service Improvement &amp; Leadership Development Programme redesigned - now multi professional, quality improvement development programme.</li> <li>• Development of: - Coaching Strategy supporting growth of in-house Coaches, Coach Network and availability of a Coaching Toolkit.</li> <li>• Production of Coach Development Pathway (Appendix 3)</li> <li>• Medical Engagement Survey</li> <li>• Clinical Engagement Focus Groups.</li> </ul> | <ul style="list-style-type: none"> <li>• Deliver staff development programme for Women and Black Asian Minority Ethnic (BAME) staff (e.g. personal effectiveness, career planning)</li> <li>• Review and strengthen alignment of leadership development activity to the WRES and Equality Action Plan</li> <li>• Promote and engage Senior Medical colleagues and other clinicians to benefit from the internal leadership development offer.</li> <li>• Adopt streamlined approach to career planning &amp; retirement conversations for the senior medical workforce.</li> <li>• Use data to support targeted interventions/development to ensure talent is continuously developed and retained.</li> <li>• Further develop Leadership Forum, build inclusive membership and ensure complementary to the Leadership Congress.</li> <li>• Further develop the offer for Doctors in Training in line with: The Generic Professional Capabilities Framework (quality, safety &amp; leadership) and wider national imperatives.</li> <li>• Establish an inter-professional development approach for doctors training in the Trust.</li> <li>• Strengthen collaborative working with HEE NE on this agenda</li> <li>• Further implement Strategy seeking to strengthen our "community of coaches," encouraging senior medical staff to engage.</li> <li>• Further promote availability of Coaches as internal resource</li> <li>• Extend provision to include a Mentoring Scheme</li> </ul> |
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**Identify and develop successors and talent across the organization.**

| <b>Progress To date</b>  | <b>Key Actions for 2018-2021</b>  |
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| <ul style="list-style-type: none"> <li>• Career planning and retirement conversations embedded within Staff Appraisal.</li> <li>• Succession planning approach established via Staff Appraisal and informally for senior Medical staff.</li> <li>• Data collected on who has undertaken leadership development in last 2 years to inform succession plans.</li> <li>• Review succession planning process across senior medical workforce, identifying potential talent and successors.</li> <li>• Board and Sub Board level succession planning process established for critical posts.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue to build and establish internal approach to Talent Management and Succession Planning – in time leading to development of a Leadership Workforce Succession Plan.</li> <li>• Establish/strengthen governance arrangements for overseeing succession planning for all mission critical posts, with inclusivity at the heart of practice.</li> <li>• Explore/introduce mechanisms to retain identified successors.</li> <li>• Strengthen (digitalized) data capture and reporting processes.</li> <li>• Further define eligibility criteria for leadership development based on succession planning work, PLBs and development pathway (CQC).</li> <li>• Align appraisal of senior medical colleagues with corporate leadership role to the Staff Appraisal process.</li> </ul> |

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| <ul style="list-style-type: none"> <li>• Portfolio review undertaken to ensure leaders equipped for responsibilities around wellbeing/morale/motivation of staff" examples - Enhanced induction for Managers, Harnessing Talent, Developing Self, Bullying &amp; Harassment Awareness and Mental Health First Aid programmes.</li> <li>• Introduced portfolio of Coaching Skills and associated support mechanisms.</li> <li>• Growing portfolio of team development and bespoke team interventions.</li> <li>• Medical Engagement Survey.</li> <li>• Clinical Engagement Focus Groups.</li> <li>• Review of Survey results and analyses informing content of development programmes and interventional support to Directorates.</li> <li>• Review undertaken to ensure leaders equipped to discharge responsibilities around this agenda.</li> <li>• Medical Engagement Survey.</li> <li>• Clinical Engagement Focus Groups.</li> <li>• Review of Survey results and analyses informing content of development programmes and interventional support to Directorates.</li> <li>• Review undertaken to ensure leaders equipped to discharge responsibilities around this agenda.</li> <li>• Pilot "Aspiring (Clinical) Leaders" development programme.</li> <li>• Refreshed internal offer, moved to multi-professional delivery.</li> <li>• Pilot multi agency Leadership Development Programme for Senior Leaders (under evaluation at time of writing).</li> <li>• Extended offer/introduction of <b>new</b> development programmes in light of Developing People Framework, Trust Strategies, national drivers and local need, examples</li> </ul> | <ul style="list-style-type: none"> <li>• Establish formal career planning &amp; retirement conversations for Senior Medical Workforce. Revisit alignment of career planning conversations in medical appraisal process.</li> <li>• Review adoption of Behaviours Framework (PLB) by Senior Medical staff, seeking to establish a more aligned approach, leading to improved engagement and availability of data</li> <li>• Measure progression/retention of identified successors.</li> <li>• Engage in the design and implementation of the national programme of work to develop a whole systems approach to Talent Management.</li> <li>• Engage with leaders and showcase work to date, current offer and identify gaps.</li> <li>• Ongoing review of leadership offer &amp; interventions- ensure behavior (inclusivity, openness etc.) are golden thread through all development. Interventions foster/enable leadership from every seat.</li> <li>• Engage and skill up leaders to develop culture/leadership style &amp; tone to deliver "Liberating our Potential" Framework and Flourish At Work.</li> <li>• Ongoing utilization of data, for example, Staff Survey, GMC, Patient Safety Culture, Engagement Survey to inform content and approach to development interventions and identification of talent pipeline.</li> <li>• Further build coaching skill &amp; capacity within leadership community and Coach Network.</li> <li>• Promote and encourage the use of coaching and mentoring in the development of leaders. Utilise skills of senior leadership community to develop emerging and existing leaders.</li> <li>• Utilise coaching to assist leaders with difficult agendas such as managing difficult conversations.</li> <li>• Non- routine 360' feedback to support leadership development for selected existing/emerging leaders as part of a development intervention.</li> <li>• Facilitate access to team development and bespoke team interventions aligned to organisational need.</li> <li>• Roll out Engagement Survey to wider leadership body.</li> <li>• Cross ref survey results e.g. Staff Survey, GMC, Patient Safety Culture Audit, strengthen debate, raise awareness of roles and responsibilities and ownership via leadership development.</li> <li>• Continue to skill up leaders/managers to lead diverse workforce &amp; support flexible approach to working duties/ patterns/delivery.</li> </ul> |
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| <p>include - Financial Management, Research Awareness, Human Factors, Team Leading and Harnessing Talent.</p> <ul style="list-style-type: none"> <li>• Agreed partnership with Newcastle University to develop suite of online Leadership CPD modules.</li> <li>• Consolidation of E &amp; WD restructures to strengthen capacity for leadership &amp; management development.</li> <li>• Income generation via partnership with Newcastle University reinvested to increase internal capacity.</li> <li>• Refreshed and updated Junior Doctors Leadership and Service Improvement Programme now offered as inter-professional 'Leading through Patient Safety and Quality Improvement' Programme.</li> <li>• Trust Board &amp; Governor development.</li> <li>• Established schedule of E &amp; W D stakeholder engagement events, promoting workforce development opportunities and engaging users in identification of current and future workforce dev needs.</li> <li>• Growing portfolio of team development and bespoke team interventions.</li> <li>• Shadow Board intervention piloted within the Aspiring (Clinical) Leaders programme.</li> </ul> | <ul style="list-style-type: none"> <li>• Roll out the Aspiring (Clinical) Leaders Programme, with enabling work to engage and attract more colleagues into leadership and management roles and with clear intent to build medical/clinical leadership capacity.</li> <li>• Redesign pilot Aspiring (Clinical) Leaders programme and offer multidisciplinary programme with bespoke modules for identified staff groups where there is an identified need.</li> <li>• Utilise leadership development needs identified as part of Trust Strategy and engagement work, to inform interventions including talent and succession planning - taking account of "Liberating Potential" and 'Flourish At Work', the NHS 10 year Plan and associated national drivers. Review workforce development plans in view of outputs</li> <li>• Review workforce development plans in view of outputs from the integrated development of Trust Strategy and ensure alignment of internal offer</li> <li>• Explore/lead on development of a multi-agency development programme on behalf of CNE region, with NELA and wider stakeholders.</li> <li>• Introduce/promote development of leaders in areas such as "holding difficult conversations".</li> <li>• Support leaders in developing mindfulness and resilience in self and in others.</li> <li>• Offer development of leaders to support them in engaging with patients and service leaders on healthcare systems, delivery and behaviours to support this</li> <li>• Support leaders to develop and strengthen relationship, partnerships and collaborative working (system working) across the NHS, local government and primary care.</li> <li>• Equip leaders to lead and manage a digitalised workforce</li> <li>• Identify, maximise collaborations that support development of leaders and system wide leadership development, inc access to external programmes such as National NHS Leadership As academy.</li> <li>• Consider our contribution to evidence based research in this field.</li> <li>• Explore ways of delivering offer at scale.</li> <li>• Progress partnership with Newcastle University in readiness for 2019 academic year.</li> <li>• Explore ways of maximising resource through collaboration and by building a "community of people developers".</li> <li>• Develop Case of Need/Business Case to ensure delivery of strategy.</li> <li>• Continue/seek out and maximise opportunities for generation of income to invest in workforce development.</li> <li>• Further develop the offer for Doctors in Training in line with The Generic Professional Capabilities Framework (quality, safety &amp; leadership) and other imperatives.</li> </ul> |
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|  | <ul style="list-style-type: none"><li>• Develop inter professional approach to development of doctors in training.</li><li>• Reshape the Junior Doctors Forum to facilitate increased engagement.</li><li>• Engage with Medical School on implementation of new Graduate Outcomes Framework.</li><li>• Continue Trust Board &amp; Governor development programme.</li><li>• Continue E&amp;WD events to strengthen engagement and awareness of opportunity and to ensure offer aligns to local need.</li><li>• Review offer with view to developing leadership capacity and capability within teams and/or multiagency team development.</li><li>• Implement Shadow Board and Ward to Board development interventions.</li><li>• Develop Leadership Congress, facilitating engagement, co-production, partnerships and networking.</li><li>• Through dialogue explore options for creating space and time for leaders to reflect, share and learn from one another, build networks/relationships, and develop internal capability &amp; capacity– supplementing established platforms including Leadership Congress</li><li>• Explore opportunity to utilise Apprenticeship Frameworks to provide career pathways, acknowledging Public Sector Target and Apprenticeship Levy requirements.</li><li>• Identify/develop a “Community of “People Developers” underpinned by a multi professional development offer and a support network.</li><li>• Further develop internal approach to using technology to support leadership development, including options for simulated leadership development.</li><li>• Develop leadership capability and capacity in support of the Quality Improvement and Transformation agenda.</li><li>• Align Coach Network to support delivery of key Trust priorities, for example implementation of refreshed Quality Strategy.</li><li>• Further develop work to maintain supply of NHS Graduate Management Trainees and Graduate appointments.</li><li>• Identify and capture a range of case studies from across staff groups, highlighting career pathways within the organisation.</li></ul> |
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## References & Appendices

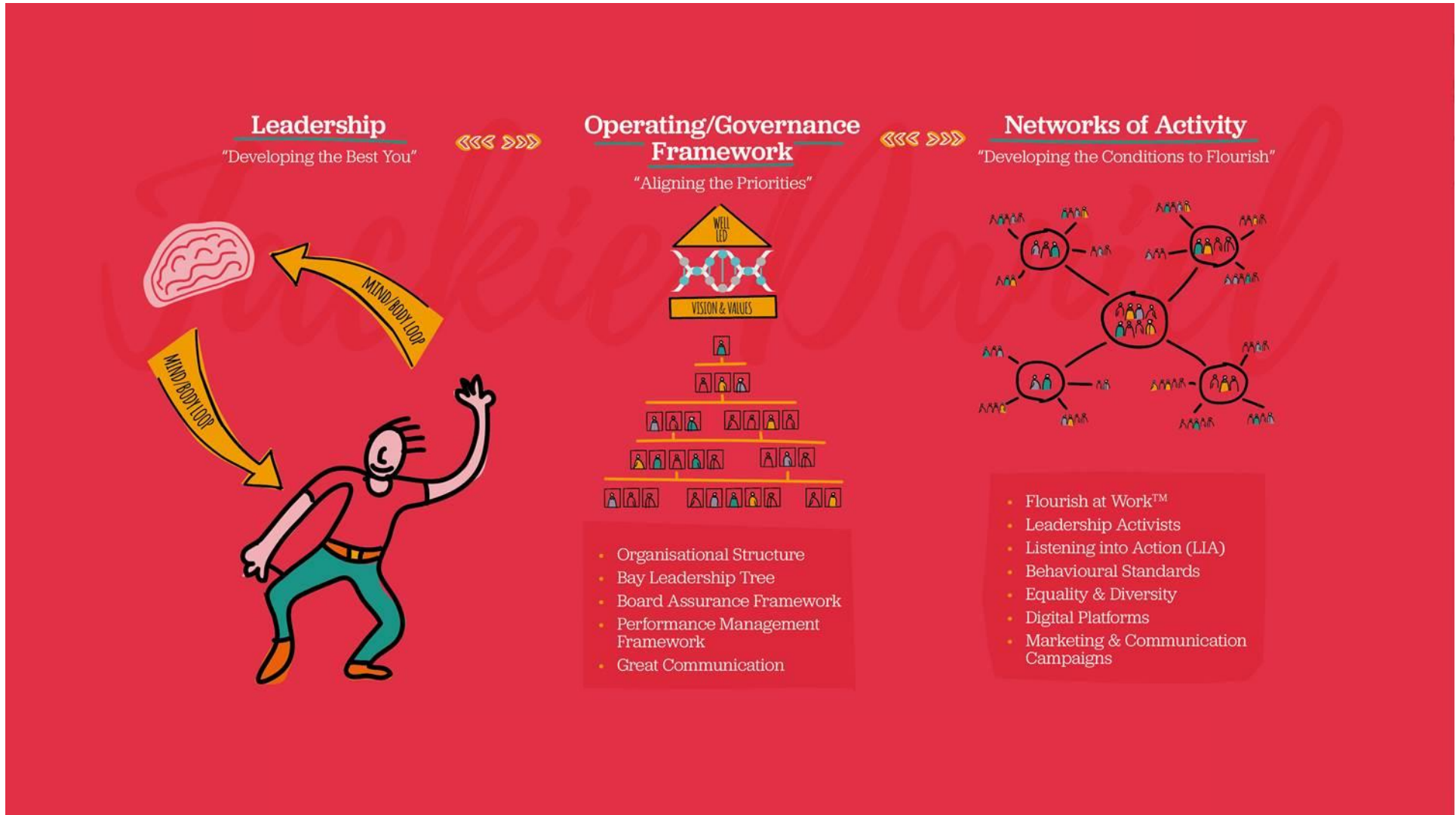
### References

- ▶ The NHS Constitution
- ▶ Trust Strategy development outputs(2018)
- ▶ Trust Workforce Strategy (2018)
- ▶ Trust Quality Strategy
- ▶ Liberating our Potential” Framework
- ▶ Care Quality Commission – Well Led Framework
- ▶ Care Quality Commission - Brief Guide - Assessing quality improvement in a healthcare provider (2018)
- ▶ Developing People - Improving Care (2016)
- ▶ The Shape of Training review\* in (2013)
- ▶ The General Medical Council Generic Professional Capabilities Framework (2017)
- ▶ The General Medical Council Outcomes for Graduates (2018)
- ▶ NHSI “Leadership for allied health professionals in Trusts: what exists and what matters” (2018)

### Appendices

1. Liberating our Potential (#Flourish At Work)
2. Leadership Offer for 2018/19
3. Coaching Development Pathway
4. The Professional and Leadership Behaviours Framework (PLB)
5. Succession Planning Guidance

# Appendix 1 | Liberating our Potential

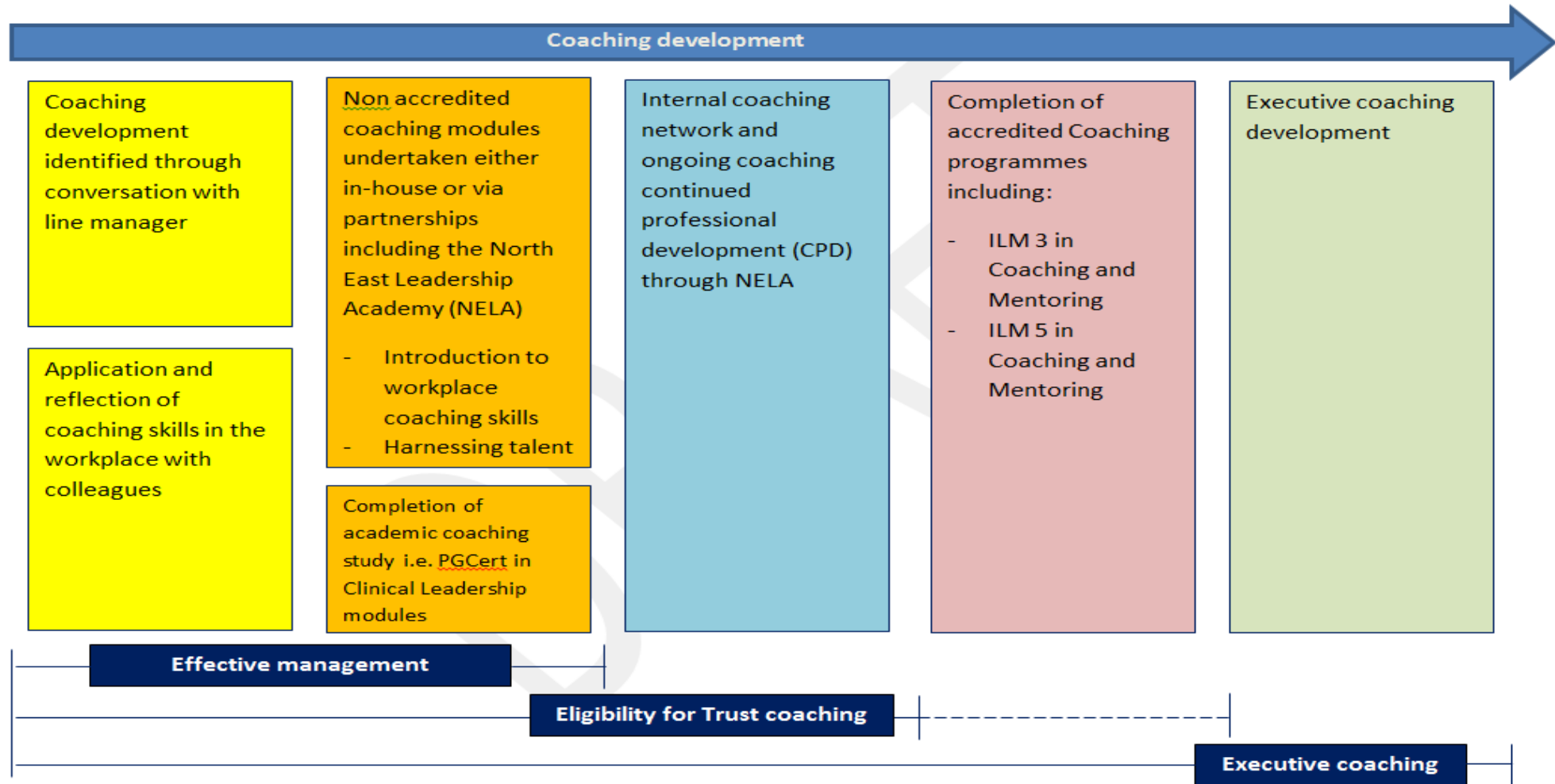




## Appendix 2 | Leadership Offer 2018/19

|  | Programme  | Accreditation          | Teaching Days               | Facilitator/s               |
|--|--|------------------------|-----------------------------|-----------------------------|
| In House Accredited Programme  | <b>Level 2 Certificate in Team Leading</b>   | <b>NCFE</b>            | Distance / Self-directed    | Bridges to Learning         |
|  | <b>ILM Level 3 Award in Leadership and Management</b>  | <b>ILM</b>             | <b>3</b>                    |                             |
|  | Developing yourself and others   |                        | 1                           | E&WD                        |
|  | Motivating Others  |                        | 1                           | E&WD                        |
|  | Understanding Leadership   |                        | 1                           | E&WD                        |
|  | <b>ILM Level 5 Award in Leadership and Management</b>  | <b>ILM</b>             | <b>2</b>                    |                             |
|  | Assessing Own Leadership Capability and Performance  |                        | 1                           | E&WD                        |
|  | Understanding Organisational Culture and Ethics  |                        | 1                           | E&WD                        |
|  | <b>ILM Level 5 Certificate in Service Improvement</b>  | <b>ILM</b>             | <b>4</b>                    |                             |
|  | Preparing to apply lean production and improvement methodologies to operational problems in service delivery |                        | 2                           | Service Improvement<br>E&WD |
| Applying lean production and improvement methodologies to operational problems in service delivery |  | 2                      | Service Improvement<br>E&WD |                             |
| In House Modules   | Coaching Skills for Managers   | N/A                    | 1                           | E&WD                        |
|  | Decision Making and problem solving  | N/A                    | 1                           | E&WD                        |
|  | Effective Teams  | N/A                    | 1                           | E&WD                        |
|  | Financial Management Awareness for Managers  | N/A                    | 0.5                         | E&WD                        |
|  | Harnessing Talent  | N/A                    | 0.5                         | E&WD                        |
|  | Leading Change   | N/A                    | 1                           | E&WD                        |
|  | Performance Management   | N/A                    | 2                           | E&WD                        |
|  | Research Awareness   | N/A                    | 0.5                         | E&WD                        |
|  | Time Management  | N/A                    | 0.5                         | E&WD                        |
|  | Vital and Challenging Conversations  | N/A                    | 0.5                         | E&WD                        |
|  | Leading through Patient Safety and Quality Improvement   | N/A                    | 3                           | E&WD                        |
| Enhanced Induction for New Managers  | N/A  | 1                      | E&WD                        |                             |
| Forums   | NuTH Leadership Forum (formerly Leadership Alumni)   | N/A                    | 0.5                         | E&WD                        |
|  | NuTH Coaching Network  | N/A                    | 0.5                         | E&WD                        |
|  | Leadership Engagement Events   | N/A                    | 0.5                         | E&WD                        |
| <b>GMT</b>   | Graduate Management Trainee Scheme (GMTS)  | NHS Leadership Academy | 18 months                   | E&WD                        |

## Appendix 3 | NuTH Coaching Pathway



## Appendix 4 | Professional and Leadership Behaviours Framework

|   | <b>Creating and implementing our vision</b>   | <b>Influencing to achieve results</b>  | <b>Adaptability to meet service needs (change facilitator)</b>                                     | <b>Following through to achieve results</b>  |
|---|---|--|--|--|
| <b>First Level Leader</b>                         | Makes decisions<br>Influences and communicates with colleagues<br>Empowers team members to deliver                          | Interprets data<br>Develops expertise<br>Provides insight and guidance   | Embraces & takes ownership for change.<br>Resolves conflict<br>Adopts positive approach.           | Maintains professional and technical standards<br>Takes action to ensure delivery on a timely basis<br>Ensures compliance with corporate standards |
| <b>Leading through others (including Leaders)</b> | Develops strategies & expertise<br>Acts as catalyst to support generation of ideas and solutions                            | Makes decisions<br>Influences and challenges ways of thinking  | Creates structures & allocates resources to deliver  | Delivers objectives and goals<br>Empowering and supporting colleagues to achieve goals   |
| <b>Service &amp; Corporate Leaders</b>            | Develops long term strategies to deliver Trust vision;<br>Benchmarks performance & uses appropriate data to inform approach | Authentic and empowering leader.<br>Directs teams and holds people to account<br>Creates solutions focused culture | Ensures appropriate resources to implement change.<br>Works collaboratively to improve performance | Drives high performance culture<br>Displays innovation<br>Builds organisational capacity   |

## Appendix 5 | Trust Succession Planning Guidance Notes

### What is succession planning?

'Planning to perpetuate the enterprise by filling the (leadership) pipeline with high-performing people, to assure that every leadership level has an abundance of those performers to draw on both now and in the future'

The Leadership Pipeline: Charan, Drotter, Noel

- ▶ It is not a guarantee of a particular role – some people may 'outlive' the organisation
- ▶ High potential does not necessarily mean high performance
- ▶ A 'leadership pipeline' has bends and turns
- ▶ It is an internal workforce planning management process
- ▶ The principles also apply to clinical/service succession requirements.

Succession planning is a dynamic process under continual review.

### Assessing potential

- ▶ Must consider current job performance
- ▶ 'Potential' hinges on the individuals' ability to:
  - ▶ Develop new skills
  - ▶ Demonstrates willingness to take on challenges that come with greater responsibility (bigger job)

### Effective succession planning

- ▶ Focus on **performance** – has the person demonstrated the ability to perform at a consistently high level
- ▶ Continuous flow – reflect on **more than one leadership level**
- ▶ **Career development** – enable people to work at the right level – it is not always a straight line to the top of an organisation
- ▶ **Short and long term**: Immediate needs and the 'talent' bank for the future
- ▶ It is not about fast tracking

### Data capture

- ▶ Key points about current role/job performance/personal data
- ▶ The individual's career progression aspiration (discussed at appraisal)
- ▶ Make a judgement – evaluate performance using ratings
- ▶ Creates clear, unambiguous, consistent approach
- ▶ Identifies development needs/opportunities
- ▶ Performance/potential should be reviewed on an annual basis as a minimum

### Ratings

- ▶ **Performance Results (R)**:
- ▶ The output of appraisal/review discussion. This should also identify planned retirements:
  1. Exceeds expectations
  2. Meets expectations
  3. Partially: meets expectations (improvements required)

► **Potential (P):**

|                                     | <b>Not Likely (NT)</b><br><i>to be ready.<br/>Limited potential<br/>to develop at<br/>current level <u>or</u><br/>not motivated <u>or</u><br/>does not aspire to<br/>progress</i> | <b>Emerging Talent (ET)</b><br><i>Shows potential &amp;<br/>motivation to<br/>develop at current<br/>level.</i> | <b>Developing Talent (DT)</b><br><i>Demonstrates<br/>potential and<br/>motivation to<br/>progress within 1-<br/>3 years</i> | <b>Ready Now (RN)</b><br><i>Demonstrates<br/>potential,<br/>motivation and<br/>experience to<br/>perform at next<br/>level.</i>                     |
|-------------------------------------|---|---|---|---|
| <b>Exceeds expectations</b>         | NL1: High performance   | ET1: Consistently high performer. Shows potential.  | DT1: High performer. Likely to progress to key or senior roles in time.   | RN1: Consistent high performer with capacity for immediate progression. Strong organisational asset<br><u>Suitable for 'mission critical' posts</u> |
| <b>Meets expectations</b>           | NL2: Stable, satisfactory performance   | ET2: Satisfactory performance. Shows potential  | DT2: Moderate potential over time.  | RN2: Future talent. High potential  |
| <b>Partially meets expectations</b> | NL3: Needs to improve performance   | ET3: Shows potential /low performance   | DT3: Low performance. Needs stretch   | RN3: New Role Yet to demonstrate results or potential.  |

The rating summary should prompt the requirement to identify relevant development plans for individual.