SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

LEADERSHIP STRATEGY
2013/15

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"Teams are more effective and innovative to the extent that they ***routinely take time out to reflect*** *upon their objectives, strategies, processes and environments and make changes accordingly"*

Professor Michael West, Lancaster University and The King's Fund

1. INTRODUCTION

1.1 It is the leaders in our organisation who will turn the strategic intent of integration into an operational reality. It is our leaders who will engage and align 4000 staff to deliver the Trust's mission, vision and strategic goals. And it is our leaders who will deliver the unprecedented financial challenges; redesign of services and cost improvement plans in the next ten years.

1.2 Leadership at Somerset Partnership comes in many forms and this Leadership Strategy is inclusive of all leaders at all levels of the Trust. Professional Leads (e.g. Nursing; Physiotherapy; Podiatry; Psychological Therapies); Ward Managers; Consultants; Ward Sisters; Service Managers; Head of departments; and Team Managers are just a few examples of the diverse roles that provide leadership for our 4000 staff.

1.3 At Somerset Partnership, two of our values are "*everyone counts*" and *"working together for patients*", and these values help us to understand what is meant by the term *distributive leadership* in that everyone of our 4000 staff has a leadership role in delivering safe and quality care for everyone of our patients.

1.4 Our Patient and Public Involvement Strategy, whose purpose is to "*develop a culture that places the quality of patient experience at the heart of everything we do*" and our Nursing and Allied Health Professional Strategy whose aims include to *"develop a culture that places the patient at the heart of everything we do"* will rely heavily on how successful we are in developing all our staff in values-based leadership – which recognises that, in the words of Professor Michael West, "*leadership starts with you"*. Or alternatively:

"When leadership is defined not as a position you hold, but as a way of being, you discover that you can lead from wherever you are"

Rosamund Zander

1.5 In May 2013, in response to the Francis Report, The Kings Fund published their latest leadership report, 'Patient-Centred Leadership – Rediscovering Our Purpose' (KF 2013). This Leadership Strategy makes regular reference to this most recent Kings Fund paper and it is encouraging that the ideas and sense of direction are aligned in so many ways.

1.6 Organisational culture is also a key theme from the Francis report which clearly emphasises the critical importance of effective leadership in NHS organisations and how leaders must drive a cultural shift - prioritising patients, care and compassion. As Francis said, "*It is a truism that organisational culture is informed by the nature of its leadership."*

1.7 The importance of leadership is embedded in our regulators and specifically the Care Quality Commission outcomes relating to the workforce are:

that people who use our services are safe and their health and welfare needs are met:

- ***(CQC outcome 12) by staff who are fit, appropriately qualified and physically and mentally able to do their job;***
- ***(CQC outcome 13) by sufficient numbers of appropriate staff;***
- ***(CQC outcome 14) by competent staff***

where clear emphasis is provided on delivering these outcomes through effective leadership, provided by the 'prompts':

- ***manage quality by employing the right staff;***
- ***lead effectively to ensure staff are suitable for their role;***
- ***lead effectively to ensure there are sufficient staff;***
- ***lead effectively to support staff.***

2. LEADERSHIP STRATEGY – WHERE ARE WE NOW?

2.1 The Trust has historically had an HR Strategy and Workforce Development Strategy but not a strategy focussing on leadership.

Leadership Strategy – Where do we want to be?

2.2 In recognising that it is our leaders who will engage and align our 4000 staff to deliver the Trust's mission, vision and strategic goals, it is important that we can describe the strategic direction for leadership. This direction will mirror the Department of Health's 'Leadership for Quality' agenda, which is that:

we are

spoilt for choice	*…when we appoint leaders and in the opportunities available to aspiring leaders*

…where

everyone counts	*…with the profile of leaders reflecting the workforce and the communities they serve…* *…and more clinicians are encouraged and equipped to become leaders*

…and we are

as focussed on our leadership development as on our clinical outcomes and financial management	*…with accountability for talent and leadership planning starting with the board* *…with appropriate levels of investment in time and resources*

…so that we

provide better patient outcomes and ever increasing public confidence	*…by demonstrating that leaders make quality the organising principle of all that they do; they work in partnership with patients, their carers and with communities to deliver improvements in the safety and effectiveness of services and in patient experience*

2.3 The Kings Fund (KF 2013, p20) state that 'one of the characteristics of high performing organisations is that they are clear about their values and work relentlessly to ensure that these are known and understood by staff'.

2.4 We are clear that our values mirror those of the NHS Constitution:

- respect and dignity;
- commitment to quality of care;
- compassion;
- improving lives;
- working together for patients;
- everyone counts.

2.5 One of the best ways to ensure these are known and understood by staff is that they are brought to life and role modelled by our leaders – our values represent the *way we work* (our culture) and the way we work is defined by the *way we lead* (our behaviours).

We will *know* we have good leaders who are living our value...

respect and dignity	*…when our staff <u>experience</u> leaders who role model and promote dignity and respect at work, who build relationships based on trust – and our patients tell us that this extends to their patient experience*

We will *know* we have good leaders who are living our value...

commitment to quality of care	*…when our staff experience leaders who role model and promote this commitment in what they say and what they do – and our patients experience better quality, safety and outcomes*

We will *know* we have good leaders who are living our value...

compassion	*…when our staff experience leaders who notice their needs and act upon those needs – and our patients experience kindness and compassionate care every day without exception*

We will *know* we have good leaders who are living our value...

improving lives	*…when our staff experience leaders who empower them in their work and use coaching to build high performing and resilient teams – who in turn improve the lives of every patient, every day*

We will *know* we have good leaders who are living our value...

working together for patients	*…when our staff experience leaders who role model and promote Trust wide team working and shared goals – and our patients experience the benefits of integrated services*

We will *know* we have good leaders who are living our value...

everyone counts	*…when our staff experience inclusive leaders who recognise the potential of all staff and relentlessly work to develop their skills and competence – for the benefits of every one of our patients*

3. STANDARDS OF LEADERSHIP - WHERE ARE WE NOW?

3.1 Like many other NHS organisations, despite it being critical to have a common ‘standard’ for leadership, which uses common language to describe what is meant by good leadership, such a standard has not historically been in place.

3.2 Every organisation has embedded unconscious assumptions about leadership (Kings Fund, page 29), and we should expect that changing these assumptions to be a challenge.

3.3 To help us in this challenge, the National NHS Leadership Academy is launching, for the first time in November 2013, a Leadership Model which uses nine ‘dimensions’ to describe standards and levels of leadership. The model provides a common language that will help us

with future conversations which are based on such assumptions such as the “difference between management and leadership” and the “difference between clinical leadership and leadership”.

Standards of Leadership - Where do we want to be?

3.4 The new Leadership Model will be used to describe the standards for leadership at Somerset Partnership, they will create a common language and help everyone to understand what we mean by good leadership.

4. LEADERSHIP DEVELOPMENT - WHERE ARE WE NOW?

4.1 Similar to most NHS organisations, investment in leadership development has been ad-hoc and reactive to the opportunities offered by external organisations including the Strategic Health Authority, National Leadership Academy, Local Authority, Kings Fund, higher education providers and many more.

4.2 The result is that whilst a limited number of staff have benefited from attending leadership programmes as they arise, including the ‘Emerging Leaders Programme’, ‘Aspiring Top Leaders Programme’, ‘Executive Coaching’ and ‘Safer Recruitment’ training’ as well as the new tranche of programmes such at Mary Seacole and Elizabeth Garrett Anderson programmes, there has not been a joined-up approach to leadership development in the Trust.

4.3 The unintended consequences of taking advantage of external opportunities as they arise and limiting the opportunity for leadership development to a small percentage of leaders is an unintended incoherence in the standards; the description; and critically (for organisational culture) the language used when talking about leadership.

4.4 A further consequence is that leadership development is not happening sufficiently *in context* and thus “providing the means through which the organisation’s values, goals and culture are aligned” (Kings Fund p30).

4.5 The context, of course, is a time of significant change in the organisation, in terms of changes to the Trust Board; project planning and delivering the (relatively) largest NHS acquisition nationally; delivering the (historically) largest cost improvement plans; forward planning for the most significant financial pressures; and planning the restructuring of the operations from two directorates to six divisions.

Leadership Development - Where do we want to be?

4.6 We want Leadership Development to be available *in context* to all leaders at all levels of the organisation and we will do this by providing the opportunity to ***“routinely take time out to reflect***” (Professor Michael West, Lancaster University)

"The NHS needs people to think of themselves as leaders not because they are personally exceptional, senior, or inspirational to others, but because they can see what needs doing and work with others to do it"

Kim Turnbull James, Patient Centred Leadership, The Kings Fund and Cranfield School of Management

4.7 We will provide the opportunity to "routinely take time out to reflect" by offering an internal programme of leadership development **in addition** to the external programmes on offer.

4.8 Some of the leadership development opportunities available to nominated staff for external programmes can be seen below. We will continue to nominate staff and use these programmes to their maximum potential:

Leadership Development – External Programmes			
Mary Seacole – Leading Care 1	Elizabeth Garret Anderson – Leading Care 2	Nye Bevan Programme – Leading Care 3	NHS Top Leaders Programme
NHS Aspiring Top Leaders Programme	NHS Nursing and Midwifery – Senior Operational Leaders Programme	NHS Nursing and Midwifery – Front Line Leadership Programme	NHS Leadership Southwest Master Classes
Other NHS Leadership Academy programmes offered as and when	Programmes offered by the Local Authority	NHS Leadership Southwest Executive Coaching Programme	

4.9 In addition to the above, we will offer an internal programme of leadership development, which will aim to provide the opportunity:

1) to routinely take time out;

2) to provide development *in context.*

4.10 The table below summarises how we will achieve this:

Leadership Development – Internal Programmes			
Developing You	**Developing Your Team**	**Developing Groups of Staff**	**Developing Future Talent**
a timetable of weekly leadership development learning sessions planned 52 weeks in advance – providing the opportunity for you to routinely take time out to reflect	a tailored programme for a specific team in which the manager chooses a number of learning sessions to put together for the specific benefit of their team	a tailored programme for groups of staff who choose a number of learning sessions to put together for the specific benefit of their group	a tailored programme for one or more individuals who have identified specific learning needs for their development into new roles
e-Development e-Learning Leadership modules – for maximum flexibility			

4.11 **Developing You –** for individual leaders a timetable of weekly leadership development learning sessions, planned 52 weeks in advance – providing the opportunity to *routinely take time out to reflect*.

By publishing and offering a weekly timetable of learning sessions one year in advance, individual leaders can discuss and agree with their line manager which (and how many) sessions to plan to attend.

The sessions will be a mixture of traditional Action Learning Sets, facilitated learning sessions and classroom training which will cover the broadest range of subjects from “empowerment vs delegation” to “having a difficult conversation” and from “emotional intelligence” to “long term planning”.

Coaching will be available for all leaders after attending the learning session, which will help to provide development *in context.*

4.12 **Developing Your Team** – a tailored programme for a specific team in which a manager chooses a number of learning sessions (from the 52 week programme) to put together for the specific benefit of their team.

The benefits of this are not only building a stronger team (which includes the understanding and awareness of *who* is in *what* team), but also the potential to provide development *in context.*

4.13 **Developing Groups of Staff** – a tailored programme for groups of staff who choose a number of learning sessions (from the 52 week programme) to put together for the specific benefit of their group.

The benefits of this are not only building stronger relationships between individuals in the group e.g. Ward Sisters; Junior Doctors; Aspiring Team Leaders, but the potential to provide development *in context.*

4.14 **Developing Future Talent** – a tailored programme for one or more individuals who have identified specific learning needs for their development into new roles.

4.15 **e-Development** – for all staff, e-learning leadership modules providing maximum flexibility.

5. HOW WILL WE GET THERE AND ENSURE SUSTAINABILITY?

5.1 Firstly, we need assurance that all staff with management / supervisory responsibilities have the knowledge, skills and competence to hold a competency based conversation with each of their direct reports using the new Leadership Model.

5.2 We will seek this assurance by requiring all staff with line management responsibilities to attend a programme similar to the new 'Coach to Lead' programme being offered by NHS Leadership Southwest.

5.3 The outcome of these competency based conversations, which will be tied to the supervision and appraisal process will be some jointly agreed learning needs. These learning needs can be mapped to the leadership development opportunities provided by the External Programmes or Internal Programmes and for the first time be forward planned up to 52 weeks ahead.

5.4 There is sufficient research for us to know that attending a leadership course does not, in its self, achieve the desired outcomes of sustainable change in the leader nor an embedded shift of an organisation's culture. Therefore each leadership development learning session will be followed up by either a coaching oriented conversation with the line manager or some coaching sessions with an internal coach.

5.5 The successful implementation of the coaching element of this strategy is critical to its sustainability and overall success.

5.6 A permanent sub-group of the Workforce Governance Group will be established, called the Leadership Working Group. Its aims will be

1) to provide assurance to the Workforce Governance Group that the Outcome Measures in the next section are being achieved;

2) to plan the timetable of Internal Programmes 52 weeks ahead;

3) to provide assurance that the Internal Programmes are providing the necessary development to achieve the commitments for leadership in the Nursing and Allied Health Professional Strategy:

As staff we commit to developing key skills to enable us to lead others

- lead by example – be a good role model;
- openly display empathy with patients;
- speak out on what is best for patients;
- help others to see a way forward;
- challenge others to think;
- invest in developing productive relationships;
- have positive energy and attitude.

As staff we will get the basics of leadership right

- take opportunities to develop as leaders through the supervision, appraisal, coaching and competency process;
- speak and act in the best interest of patients.

As staff we will look for the leaders of tomorrow amongst our colleagues and nurture them

- we will identify and recognise leadership qualities in colleagues;
- we will identify and give recognition to individuals with compassion and courage who have an aptitude for leadership.

6. HOW WILL WE MEASURE SUCCESS?

6.1 In the most recent assessment of our organisational culture (the last Staff Survey) our staff told us that they continue to have good levels of staff engagement. However, there were a number of key findings, which indicate we can make significant positive improvements to our organisational culture and these have informed some of the outcome measures below.

Outcome 1
The Staff Survey key findings show:

- a reduction of work pressure felt by staff (key finding 3);
- a reduction of the 75% of staff working extra hours (key finding 5);
- an increase of the 68% of staff who feel able to contribute towards improvements at work (key finding 22);

and most critically to the Francis report:

- an increase of the 73% of staff who feel satisfied with the quality of work and patient care they are able to deliver (key finding 1).

Outcome 2
All staff with management/supervisory responsibilities have been competency assessed against the nine domains of the new Leadership Model and can explain their level of leadership and their development needs.

Outcome 3
The Maximising Potential and Talent Management tool is being used Trust wide and has enabled Talent Maps for existing and potential leaders to be regularly reviewed by the Executive Team, which includes areas of risk and succession planning for future leadership roles.

Outcome 4
Talent Maps for existing and potential leaders allow for the quick response to external leadership programmes such as NHS Leadership Academy Master Classes and have removed the need for last minute nominations.

Outcome 5
Leaders are building resilience in their teams demonstrable through analysis of Individual Stress Risk Assessments and the reduced sickness absence relating to stress.

Outcome 6
Evidence of a growing coaching culture is found in the regularity and quality of appraisal, management supervision and Personal Development Plans.

Outcome 7
Difficult conversations, where needed, are taking place and evidence is found in performance management and improved team performance.

Outcome 8
Feedback about all aspects of our work is sought on a routine basis both informally and using 360 degree tools

Outcome 9
The follow up 'Individual Stress Risk Assessment' completed by the group of leaders across the organisation shows improvements on all three areas for concern.

Outcome 10
And whilst research (http://www.lums.lancs.ac.uk/nhs/quality) has found that a positive organisational climate is "associated with low and declining levels of patient mortality" - we will, ourselves, look for evidence of improved team performance and its impact on the quality and safety of patient care.

7. THE RESOURCES REQUIRED TO DELIVER THE LEADERSHIP STRATEGY 2013-15

7.1 The outcome measures of success in the previous section demonstrate the return on investment, which will be in the region (and to a maximum) of £100,000 for 2014.

7.2 The Learning and Development directorate will be re-structured in 2013/14 to release approximately £100,000 to provide recurring re-investment in leadership and coaching from 2015.

7.3 The scope for the investment will include:

1) purchase a cost effective and fit for purpose 360 degree feedback tool to support leaders identify their development needs;

2) two further cohorts of internal coaches;

3) purchasing cost effective access to coaching supervision for the internal coaching resource;

4) the cost of the Internal Programme of leadership development learning sessions.

7.4 Courses funded by the national Leadership Academy such as the Emerging Leaders programme; Aspiring Top Leaders programme and Mary Seacole programme will continue to be offered by NHS Leadership Southwest (the regional branch of the National Leadership Academy). NHS LSW pans to invest £1.5 million in the South West on Leadership Development, and the Trust will continue to nominate individual leaders (where appropriate) to benefit from the limited places available on these courses.

DIRECTOR OF HUMAN RESOURCES AND WORKFORCE DEVELOPMENT