

**Public Trust Board Meeting: Wednesday 10 September 2014**

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<b>Title</b>	<b>Leadership and Talent Development Strategic Framework</b>
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<b>Board Lead(s)</b>	Mark Power, Director of Organisational Development and Workforce			
<b>Key purpose</b>	<b>Strategy</b>	Assurance	Policy	<b>Performance</b>

## Leadership and Talent Development Strategic Framework

### 1. Introduction

1.1 A proposed new Leadership and Talent Development Strategic Framework is presented to the Trust Board, at **Appendix 1**.

1.2 The development and implementation of the Strategic Framework is a key work stream associated with the delivery of the Trust's Organisational Development and Workforce Strategy. The Framework also underpins the requirement for OUH to demonstrate its services are well led (as defined by Monitor, the CQC and the NTDA): "the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, support learning and innovation, and promote an open and fair culture."

1.3 The aim of the Framework is to set the direction and establish a means by which OUH will attract, identify, develop and retain leadership capability of the highest quality. In so doing, there is recognition that the nature of leadership, particularly within the changing landscape of healthcare provision, is being redefined.

### 2. Context and Key Objectives

2.1 In developing a strategic framework for leadership and talent development it is recognised that the prevailing local operating environment requires leadership practices which are based on inclusivity and influence, rather than authority and status; and shared ownership, rather than responsibility vested in a restricted community of identified 'leaders'. The organisation now needs individuals, at all levels, who demonstrate a range of common attributes, including the ability to: create a compelling vision; be 'authentic'; think in a 'system-wide' manner; apply emotional intelligence; demonstrate compassion, and promote distributive leadership.

2.2 The key objectives associated with the application of the Framework's provisions are to:

- define the leadership skills and behaviours needed to deliver organisational success and embed 'compassionate excellence' in the provision of the highest standards of patient care;
- ensure there is a diverse, capable and expanding leadership population across all levels and professions;
- develop the collective multi-professional leadership capabilities across healthcare boundaries;
- maximise and lever external resources available in the wider NHS at both local and national levels;
- implement a talent development framework that will identify existing and rising leadership capability;

- identify appropriate resources required for effective leadership and talent development.

2.3 The Framework acknowledges and highlights the clear link between leadership and organisational performance, development and culture, and employee engagement. The most effective leaders are those who actively work with staff, involve them in decision-making and encourage them to make changes that ultimately improve patient care. Within this context, workplace coaching and mentoring are highlighted as being important interventions in the development of leadership and talent, and the Framework advocates that a coaching and mentoring 'culture' is encouraged and supported.

2.4 The successful implementation of the programmes and initiatives proposed within the Framework will be evident on a number of levels and will be measurable. Overall, increasing leadership capacity and capability, combined with the effective identification and support of talent, at every level of the organisation, will improve the staff experience, aid recruitment and retention, and have a direct and positive impact on patient care. These are all important drivers for investing in leadership and talent development.

### **3. Recommendation**

3.1 The Trust Board is asked to approve the Leadership and Talent Development Strategic Framework.

#### **Appendix:**

1. Leadership and Talent Development Strategic Framework.

**Mr Mark Power**  
**Director of Organisational Development and Workforce**

September 2014

**Appendix 1**

**LEADERSHIP AND TALENT DEVELOPMENT  
STRATEGIC FRAMEWORK**

**Developing local Leadership and Talent  
to deliver  
Compassionate Excellence**

**Author and Executive Sponsor:**

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**DRAFT****LEADERSHIP AND TALENT DEVELOPMENT STRATEGIC  
FRAMEWORK**

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## 1. Introduction

1.1 This document seeks to provide the strategic framework within which a key work stream associated with the OUH Organisational Development and Workforce Strategy will be delivered; namely to implement and embed a systematic approach to leadership and talent development. The guiding principle underpinning this Framework is the recognition that, within the context of the unprecedented changes being experienced by the NHS, and the local challenges presented by these changes, there is a real need to invest in the Trust's current and future leaders, wherever they are in the organisation. Our leaders must be appropriately equipped and supported to successfully deliver the organisation's vision and strategic objectives, while also promoting and role-modelling the OUH core values - Excellence, Compassion, Respect, Delivery, Learning and Improvement - both now and for the foreseeable future.

1.2 The proposed approach to leadership and talent development recognises that traditional 'command and control' models of leadership are no longer appropriate. The power invested in and represented by established hierarchies is diminishing, while change is happening at an ever increasing pace and is becoming more disruptive in nature. Today's operating environment requires leadership practices which are based on inclusivity, influence and authenticity, rather than authority; and shared ownership, rather than responsibility vested in the few. To lead the organisation forward in the evolving operating environment we need individuals who are capable of:

- creating a compelling vision and taking people with them;
- leading across boundaries;
- utilising high levels of emotional intelligence in order to influence through a shared mission or goal;
- being in the present, but also horizon scanning;
- promoting and developing distributed leadership (i.e. leadership at all levels, not just at 'the top');
- embracing diversity, innovation and being open to alternative views;
- demonstrating and promoting compassion for 'self' and others, with a focus on improvement and accountability.

In doing so, our current and future leaders need to recognise talent and solution all around.

1.3 While everyone requires personal and professional development in one form or another, certain individuals will stand out as demonstrating high levels of talent (with talent defined as being the product of current performance and potential). In order to benefit by this latent resource, the organisation must have mechanisms in place which both recognise talent and support individuals in achieving their potential in a systematic and timely way. Effective talent and career development is necessary for the sustained motivation and retention of employees, no matter what their level in the organisation, and must be a key leadership consideration.

1.4 The link between leadership and organisational performance, development and culture, and employee engagement is acknowledged. Furthermore, it is

recognised that, through the development and promotion of desired leadership qualities, the Trust must capitalise upon its strengths, progress and opportunities to create a values-based culture and environment. The role of coaching and mentoring within such an environment, and in the development of 'authentic' leadership capability, is considered within the context of establishing a 'coaching culture'.

1.5 The provisions of this Framework are consistent with contemporary literature and thinking, which recognises how the delivery of health services are changing. In particular, a new paradigm which considers how best to effect sustainable change, through the application of a different style and approach compared to the more established interpretations of effective leadership. This shift from a 'dominant' approach to an emerging 'collaborative' and 'distributive' direction is highlighted in a recent NHS Improving Quality white paper<sup>1</sup> and is summarised below:

Change Paradigm 2000 - 2010 The Dominant Approach	Change Paradigm 2014 - 2024 The Emerging Direction
Power through hierarchy	Power through connection
Mission and Vision	Shared Purpose
Making sense through rational argument	Making sense through emotional connection
Top down leadership driven innovation	'Viral' (grass roots driven) creativity
Tried and tested, based on experience	'Open' approaches - sharing ideas and data, co-creating change
Transactions	Relationships

1.6 The outcomes associated with the successful implementation of the Framework will be manifest in different ways, at an organisational and an individual level, and across a range of 'stakeholder' groups, both internal and external. Ultimately, the development of the organisation's leadership capacity and capability, which is rooted in a commitment to deliver compassionate excellence, will benefit our patients, service users, commissioners and staff, through measurable and sustainable quality improvements.

<sup>1</sup> The new era of thinking and practice in change and transformation - A call to action for leaders of health and care: NHS Improving Quality, July 2014

## **SECTION A: CONTEXT**

### **2. Aim and Objectives**

2.1 The aim of this Leadership and Talent Development Strategic Framework is to set the direction and establish a means by which OUH will attract, identify, develop and retain leadership capability of the highest quality.

2.2 Principal objectives are to:

- define the leadership skills and behaviours needed to deliver organisational success and embed 'compassionate excellence' in the provision of the highest standards of patient care;
- ensure there is a diverse, capable and expanding leadership population across all levels and professions within the organisation;
- develop the collective multi-professional leadership capabilities across healthcare boundaries, which are underpinned by key leadership qualities, namely: service leadership; people/personal leadership; quality leadership; collaborative leadership;
- maximise and lever external resources available in the wider NHS at both local and national levels;
- implement a talent development framework that will identify existing and rising leadership capability;
- identify appropriate resources required for effective leadership and talent development.

2.3 The achievement of the Framework's aim and its principal objectives will support a desired system-wide shift in leadership provision. The guiding principle is that leadership which is shared, distributive and adaptive will underpin the Trust's ambition to deliver the best possible patient care and experience, delivered within a culture of compassion and integrity.

### **3. Leadership and Management - Similarities and Distinctions**

3.1 A useful starting point is to briefly consider the similarities and distinctions between the functions of leadership and management. While, fundamentally, both are concerned with effective goal accomplishment, and both involve influencing the actions of people, leadership and management are distinct concepts. Much has been written on the subject of 'leadership versus management' and a detailed examination is beyond the scope of this document. However, the distinction between the two is important to recognise, particularly when seeking to establish interventions intended to shape leadership development and effect organisational culture change.



3.2 There are, of course many definitions of both management and leadership within the subject literature. Essentially, though, the primary functions of management are recognised as including planning, organising, staffing and controlling, in order to achieve effectiveness and efficiency. Leadership, on the other hand, is principally concerned with establishing and articulating a clear and compelling vision for the future and in changing the way people think about what is possible. While management practices seek to provide order, consistency and stability, leadership seeks to produce change and movement by developing and inspiring mutual purposes, and creating alignment, engagement, shared purpose and meaning. Frequently quoted in the literature, Bennis and Nanus contend that “Managers are people who do things right and leaders are people who do the right thing”<sup>2</sup>

3.3 The distinctions between the functions of leadership and management are helpfully summarised by Kotter, in Figure 1, below:

Figure 1: Functions of Leadership and Management (After: *A Force for Change: How Leadership Differs From Management*, J.P. Kotter, 1990, New York Free Press)

Leadership Produces Change and Movement	Management Produces Order and Consistency
Establishing Direction <ul style="list-style-type: none"> <li>• Create a compelling vision</li> <li>• Clarify the ‘big picture’</li> <li>• Set strategies</li> </ul>	Planning and Budgeting <ul style="list-style-type: none"> <li>• Establish agendas</li> <li>• Set timetables</li> <li>• Allocate resources</li> </ul>
Aligning People <ul style="list-style-type: none"> <li>• Communicate goals</li> <li>• Seek commitment</li> <li>• Build teams and coalitions</li> </ul>	Organising and Staffing <ul style="list-style-type: none"> <li>• Provide structure</li> <li>• Determine and appoint to roles</li> <li>• Establish rules and procedures</li> </ul>
Motivating and Inspiring <ul style="list-style-type: none"> <li>• Inspire and energise</li> <li>• Empower subordinates</li> <li>• Satisfy unmet needs</li> </ul>	Controlling and Problem Solving <ul style="list-style-type: none"> <li>• Develop incentives</li> <li>• Generate creative solutions</li> <li>• Take corrective action</li> </ul>

3.4 There are many models of management, but in order to be successful, managers must be able to both manage and lead. Similarly, effective leaders are those who are able to manage, or who are supported by people who can. Perhaps

<sup>2</sup> Bennis, W.G., Nanus, B. *Leaders: The strategies for taking charge*. New York: Harper and Row

the most important trait, which is common both to effective managers and leaders, is the ability to devolve responsibility and accountability for decision-making and contribution to continuous improvement to the lowest appropriate level. In this way, managers and leaders create the right environment and instill the right behaviours which encourage staff, at all levels, to make fundamental contributions towards the achievement of organisational goals and aspirations (which, by definition, must have a positive impact on the patient experience).

## 4. Leadership in Context

### The Changing Nature of Leadership

4.1 Across the NHS, as a whole, and in the recent history of this Trust, there has perhaps never been such a pressing need to develop and sustain effective leadership within all disciplines, both clinical and non-clinical. Such leadership requires high levels of enthusiasm, energy, commitment and engagement, at a personal level, but also an appreciation of the key factors that influence behaviours and attitudes to change within others. The shifting NHS operating landscape, and the Quality, Innovation, Productivity and Prevention (QIPP) agenda challenges all healthcare providers to create and encourage local environments in which innovation, change and improvement become the norm and are central to their core business activities.

4.2 Within the evolving future operating environment faced by the Trust, continued success will require the application of authentic and thoughtful leadership, which has service quality, patient-centred care and efficiency at its heart. Successful managers and leaders must be prepared and be able to re-consider how they and their teams work, challenge current practice, and think beyond their own local and professional interests.

4.3 Future leadership development needs to focus on supporting the networks of people practising leadership throughout and at every level of the organisation, rather than solely on those who occupy formally recognised leadership positions. We need people to recognise and think of themselves as leaders, not necessarily by virtue of their role, but because they see what needs to be changed or improved and are prepared to work with and influence others to make those changes happen. This accords with the emerging concept of 'collective' and 'systems' leadership, which is recognised and advocated by bodies such as the Care Quality Commission and the King's Fund. Simply put, collective leadership involves everyone taking a level of responsibility for the success of the organisation as a whole, rather than just for their immediate team, department, or area. Systems leadership recognises that traditional boundaries between organisations and agencies, and between the roles of key individuals, at all levels, are becoming less distinct, as responsibilities are devolved and/or redistributed.<sup>3</sup>

4.4 This way of thinking and working requires a move away from a traditional 'heroic' style of leadership, where the success, or otherwise, of an organisation is heavily reliant upon the abilities and influence of a few key individuals. Rather, there

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<sup>3</sup> Systems Leadership: Exceptional leadership for exceptional times. The Virtual Staff College 2013

needs to be a shift towards encouraging and establishing more diffuse styles of leadership, based upon collaboration, support, influence and encouragement, rather than command, control and authority. In order to achieve this shift, the organisation must be able to identify and effectively develop talent, such that leadership capacity and capability is maximised and retained.

4.5 The provisions of this Framework recognise and are influenced by the following local context:

### **Leadership for Performance**

4.6 There is widespread recognition of the direct link between leadership capability and sustained high performance. As with any organisation, management and leadership capability should be of primary concern for the Trust, since the contribution and motivation of our staff are key to our collective achievements. While the Trust needs financial resource, technical and professional knowledge and expertise, quality equipment, and fit for purpose estate, success cannot be generated and sustained unless our leaders are able to utilise these resources creatively and effectively. Arguably, the organisations that are best placed to survive and thrive in the future economic climate are those which have a strong focus on leadership development practices and a good understanding of what effective leadership means to them (as evidenced when benchmarking the Fortune and Times 100 best companies to work for - 2013).

### **Leadership for a Purpose**

4.7 According to contemporary King's Fund research, making clear the line of sight between individual contribution and the achievement of corporate objectives can improve discretionary effort by over 25 per cent, and the effectiveness of fair and objective feedback by over 35 per cent.<sup>4</sup> Similarly, West et al make a compelling case for the alignment of organisational, team and individual objectives and the impact of this alignment on the patient experience.<sup>5</sup> There is also mounting evidence that when clinicians and other health professionals are provided with clear information relating to the resources associated with their services, together with the authority and accountability to make improvements and efficiencies, then improved quality and better care results. Along with all NHS organisations, OUH needs to recognise the value of leadership that is shared, distributed and adaptive.

4.8 The Trust's current and future leaders must focus on whole systems of care and on effectively engaging staff and followers in delivering results. In the 'post-Francis' era, and at a time of continued significant transition and challenge, leaders at all levels have a responsibility to ensure that the organisation's core purpose (i.e. the delivery of high-quality patient care and outcomes) is at the heart of what they do. This concept of 'leadership for a purpose' (espoused locally by the Thames Valley and Wessex Leadership Academy) should inform and underpin our future leadership development interventions, which in turn must be concerned with changing organisation practices and processes, where necessary.

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<sup>4</sup> Leadership and Engagement for Improvement in the NHS: Together we can. King's Fund 2012

<sup>5</sup> West, M, Dawson, J, Admasachew, L, Topakas, A (2012). NHS Staff Survey and Related Data

## Leadership for Engagement

4.9 The concept of ‘engagement’ can be defined in many ways. Essentially, engagement is a measure of how an organisation values its employees and how employees value their organisation, and recognises that every individual is at liberty to decide whether to do the minimum required of them, or to do more. Within NHS organisations, engagement is generally taken to represent the degree to which staff are involved in decision-making and/or the openness and perceived effectiveness of communication. This is consistent with the NHS Constitution pledge to “engage staff in decisions that affect them and the service they provide. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families” (Section 4a, NHS Constitution, March 2013). Existing and future leaders have a key role in cultivating a strong culture of engagement.

4.10 Perhaps the greatest resultant benefit of building and maintaining effective staff engagement is the clear link between a motivated, committed and well-informed workforce, and the quality of care provided to patients. Where individuals are performing at the top of their potential, then it follows that teams, divisions, departments and the organisation at large should work more effectively: ‘customers’, at all levels, will receive better service; efficiency will improve; waste will be reduced, and overall performance will be enhanced.

4.11 Staff engagement is not just for the good times, but for all times: While we know that our staff have always been committed to high quality patient care, having highly engaged people during periods of significant and turbulent change will help to more effectively achieve and sustain longer term aims. In order to deliver high levels of engagement the Trust needs its leaders to:

- promote a positive and stimulating climate;
- effectively ‘connect’ with their staff and enable individuals to deliver continuous improvement;
- promote fairness and transparency;
- recognise and celebrate individual and team contribution;
- support innovation;
- apply a coaching style of leadership, thereby moving away from the more traditional command and control models of the past;
- understand the emotional pressures placed upon those responsible for the delivery of health care;
- recognise their responsibility towards the maintenance of healthy working environments for staff.

## Leadership and Organisational Culture

4.12 Organisational culture is, to a large degree, influenced by the nature of its leadership, and in particular its senior leadership. Arguably, the most important determinant of the development and maintenance of culture is current and future leadership.<sup>6</sup> In 2009, the Healthcare Commission prescribed three key roles for

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<sup>6</sup> Schneider B, Barbera KM (eds) (2014). Oxford handbook of organizational climate and culture. New York: Oxford University Press

boards, namely to formulate strategy, ensure accountability and shape culture. Subsequent commentary suggests the ultimate test of any board is the organisation's culture, and that putting quality at the heart of the Trust's business requires:

- Trust Board members to model appropriate engaging leadership behaviours;
- the Board to communicate to all staff the importance of adopting an engaging style of leadership that encourages innovation.

4.13 The consequences of perpetuating a top-down, command and control style of leadership are only too evident from the Francis Inquiry report. Where such practice is widespread, managers, clinical leaders and staff are disempowered and inhibited from making decisions or suggestions for improvement, and even from owning up to mistakes. Ultimately, a style of leadership that fails to promote engagement, inclusion and distributed responsibility, accountability and decision-making, is likely to create a culture which (as Francis suggests) is focused on 'doing the system's business, rather than the patients'.

4.14 Every organisation is likely to face challenges to its established culture, particularly during times of significant change and re-organisation. This Trust is no exception, and its current cultural challenges might be summarised as follows:

- continuing to establish an operating environment which encourages full staff involvement and active clinical leadership;
- thinking differently about performance and accountability;
- developing and embedding a culture of continuous improvement, efficiency and cost reduction - focused on quality of care for patients;
- further developing and sustaining effective leadership and management at all levels - looking for and dealing with problems (Board to Ward);
- keeping a respected, successful and innovative organisation 'moving forward' in more difficult times;
- the need to drive up efficiency, productivity, and quality of care, but within the prevailing resource.

4.15 In meeting these challenges the Trust must recognise and build upon its current progress, strengths and opportunities to create the right environment in which to achieve a sustained, successful economic enterprise and maintain a 'healthy organisation'. Healthy organisations typically seek to establish and maintain a values-based culture that:

- promotes trust, openness and engagement;
- engenders a 'can do' and flexible approach by all staff, encouraged by supportive working processes;
- fosters authentic leadership;
- builds effective partnership working;
- expects personal responsibility and accountability at all levels.

and an environment in which:

- initiative and innovation are encouraged;
- appropriate and responsible risk-taking is not stifled;
- there are high levels of staff satisfaction and wellbeing.

## Leadership and Organisational Development

4.16 The Trust has completed a substantial revision to its service delivery structure, in order to support the strategic direction and aspirations of the organisation and to facilitate clinically-led Divisions. More recently, further rationalisation has reduced the number of Divisions, in order to support the increased integration of care pathways. Having established a new model of service delivery which is based upon strengthened clinical leadership, there is a need to continue to support its full implementation and to provide appropriate development opportunities for those individuals who have recently been appointed to senior leadership positions at Trust Board, Divisional Director and Clinical Director levels.

4.17 The practical and strategic benefits presented by the reconfiguration of clinical services, and the opportunities therein for clinicians, in partnership with operational managers (and with the support of comprehensive and timely 'business information/intelligence'), to influence decision-making, are summarised as follows:

- **Better patient care - by** bringing clinicians to the forefront of service development and promoting a culture of continuous improvement through multi-disciplinary working.
- **Whole systems thinking (seeing the bigger picture)** - by looking at cost and profitability as a portfolio of service lines, rather than for the organisation as a whole, means the Trust will be able to make more informed decisions about how to manage existing services, prioritise new developments, or plan investments.
- **Empowering clinicians and leaders to take the lead - by placing them** at the heart of service line operations, where they are able to take charge of the development, performance and quality of their services, and reshape service delivery to meet direct patient needs.
- **Greater efficiency and productivity - by establishing more** robust reporting systems that provide clinicians and managers with the information they need to better understand their resources and costs, and identify where savings could be made.
- **Engaging staff** - clear decision-making and accountability lines, bottom-up planning and target setting, and increased autonomy will give staff greater ownership of, and influence over, their respective services. This is likely to result in improved morale, focus and commitment within staff groups, at all levels.

## Underpinning Local Strategic Ambitions

4.18 OUH has a number of stretching short, medium and long term strategic ambitions, including, most immediately, to attain foundation status and play a central role in achieving the goals of the OAHSN. Other key objectives include being recognised as one of the top 10 per cent best organisations within the UK health market and to build on its international reputation for excellence in teaching and research.

4.19 The future of a successful patient-centric local health service will be increasingly dependent upon a fully collaborative relationship between commissioners and providers. The complexity of commissioning care pathways will require increased dialogue, transparency and cooperation. Within this environment, effective leadership will need to be delivered, not through traditional management structures, but through influence and relationship building.

4.20 Concurrent with these local ambitions are the requirements to have the ability to respond rapidly to a changing healthcare landscape, in which there is continual financial constraint and still evolving new models of healthcare delivery, against a backdrop of increased scrutiny to maintain patient safety and clinical effectiveness, good governance and accountability. Therefore, OUH needs to identify and develop leaders who are able to embrace 'whole systems thinking' and to deliver a customer focused service that is of consistently high quality (with quality beginning with safety).

## 5. Talent Development Defined

5.1 The concept of 'talent' refers to those individuals who can make a difference to organisational performance, either through their immediate contribution or, in the longer-term, by demonstrating the highest levels of potential. Successful enterprises are likely to view the management of talent as a strategic priority and an important long-term investment.

5.2 Closely aligned to 'succession planning', 'talent development' (also referred to as 'talent management') represents an organisation's efforts to attract, recruit, advance and retain skilled and valuable employees, at all levels. The goal of talent development, locally, is to ensure we have people with the capabilities, commitment and behaviours needed to deliver current and future organisational success. This means making sure the Trust:

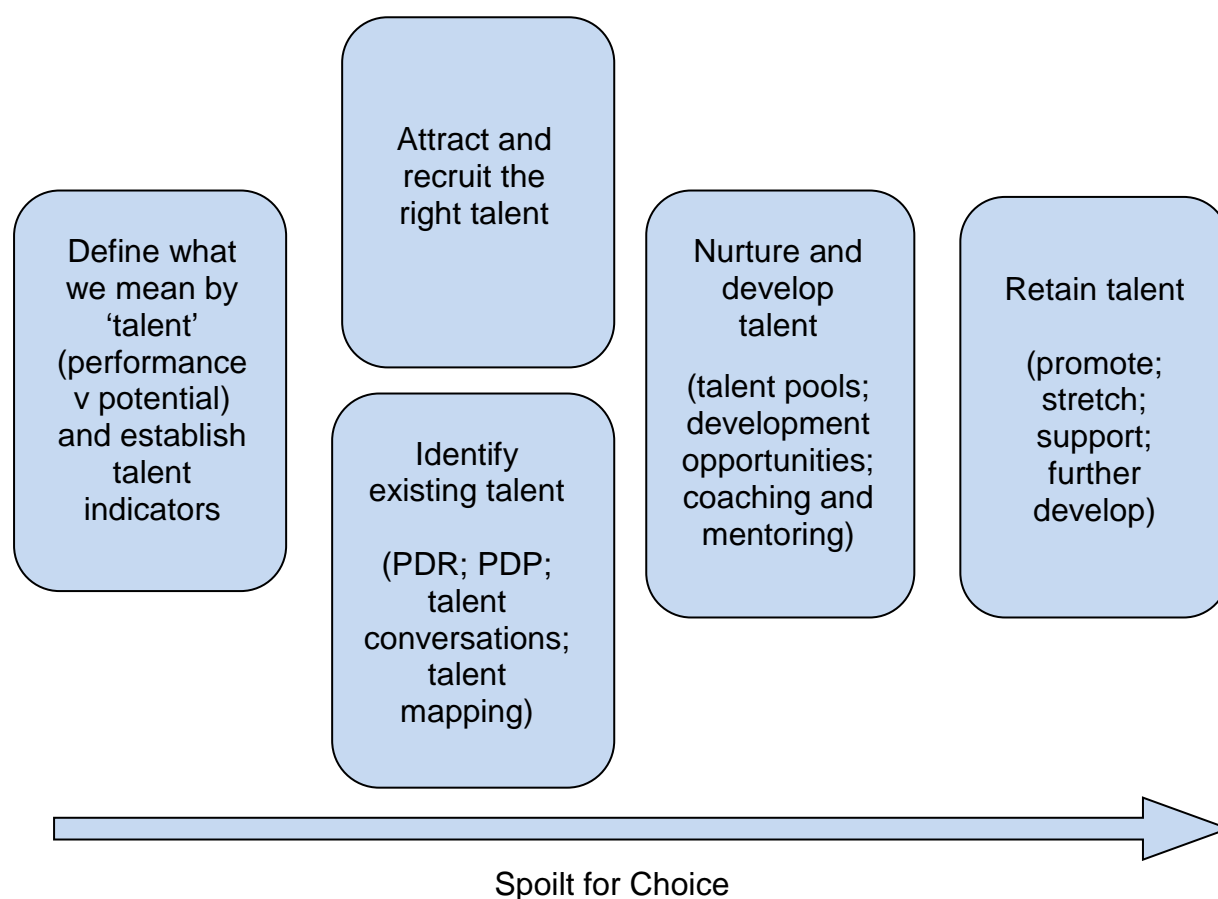
- has the right people, in the right roles, with the right values;
- provides access to opportunities and 'stretch' development that enable people to achieve their potential;
- is able to identify and apply a consistent measure of individuals' potential.

Talent development supports the concept that leadership should not just sit with those traditionally seen as leaders, but that there is also a need for leadership characteristics, culture and attributes across staff at all levels within the organisation.

5.3 Recognising that the effective management of internal talent and the ability to bring in new talent is vital for continued success, there needs to be a systematic approach to spotting, developing and growing talent, which is aligned to succession. Talent development aims to consider the individual in relation to the organisation using two dimensions, one which takes into account their performance to date; the other their assessed potential. The two measures should also take into consideration an individual's personal aspirations and motivations.

5.4 While all staff members should have access to personal and professional development opportunities, individuals who demonstrate consistently high performance, matched with high potential, and who clearly demonstrate the organisation's core values, should be proactively supported in their development in a systematic and timely way. This Framework proposes such an approach to talent development, the key elements of which are summarised in Figure 2, below.

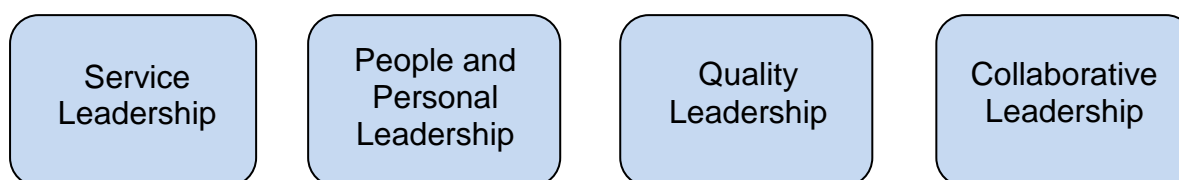
Figure 2: Key Elements of Talent Development





**SECTION B: PROPOSED DELIVERY FRAMEWORK****6. A Proposed Leadership and Talent Development Model****Developing and Promoting Effective Leadership Qualities**

6.1 Within the context outlined above, the Trust's 'fitness' for the future, including its ability to successfully realise the benefits of the new organisational delivery structure and achieve its strategic objectives is, to a large degree, dependent upon the cultivation of strong and capable, authentic leadership at operational, clinical and financial levels ('authenticity' in leadership is described in a later section). In particular, individuals with responsibility for delivering efficient, cost-effective, compassionate and patient-centred services will need to demonstrate leadership qualities in the following four key domains:



These domains, which are expanded below, will provide the focus for, and will inform the content of, the Trust's future leadership and talent development programmes and interventions.

**❖ *Service Leadership***

The ability to:

- develop, implement and deliver service-specific strategies and objectives;
- identify and prioritise opportunities to improve the delivery of excellent patient care;
- effectively utilise the key drivers of financial performance.

**❖ *People and Personal Leadership***

The ability to:

- provide inspirational leadership for people across professional boundaries;
- assist others to perform of their best;
- effect change.

**❖ *Quality Leadership***

The ability to:

- effectively prioritise patient safety;
- demonstrate commitment to quality of care and outcomes;
- demonstrate outstanding patient commitment;
- continuously aim for self-development.

### ❖ **Collaborative Leadership**

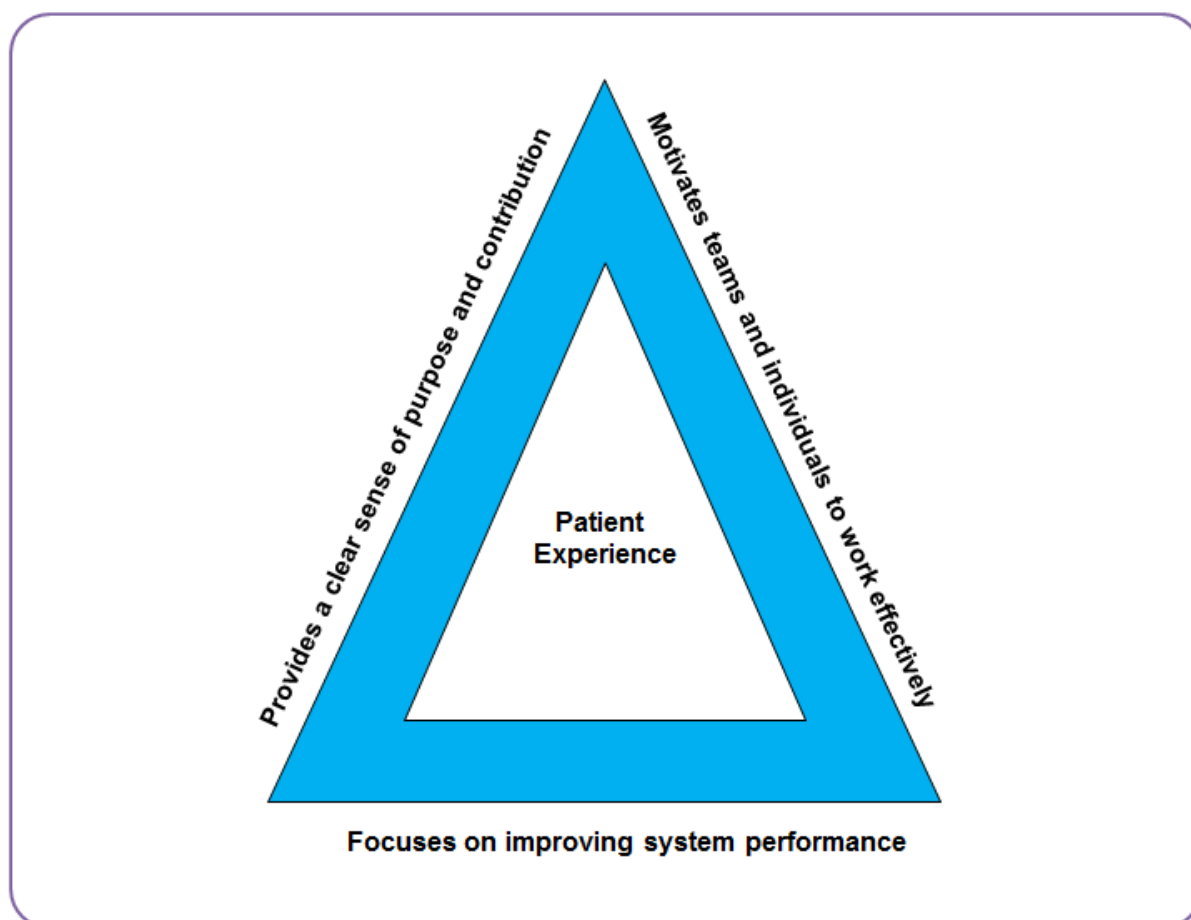
The ability to:

- act within the overall interests of the Trust;
- effectively communicate and collaborate with other leaders within the Trust;
- effectively engage with internal and external partners.

6.2 The four domains of Service, People and Personal, Quality, and Collaborative Leadership are consistent with the revised model of leadership for the NHS, at large. This simple model was proposed in response to the Francis Report, which itself was informed by an extensive literature review on leadership in healthcare and related service industries. Within the revised model, the link between leadership and performance is indirect, but made explicit. With Patient Experience at its centre, the new national model (illustrated in Figure 3, below) comprises three key elements which, combined, provide the foundation for effective leadership, namely:

- Provides a clear sense of purpose and contribution.
- Motivates teams and individuals to work effectively.
- Focuses on improving system performance.

Figure 3: Revised NHS Leadership Model (Source: NHS Leadership Academy)



The three elements are expanded, as follows:

➤ ***Provides a clear sense of purpose and contribution***

- Focuses explicitly on the needs and the experiences of service users, continually reinforcing an inspiring vision of the mission and social contribution of the organisation or unit, couched in terms of service quality.
- Interprets the wider environment, for example policy frameworks, systems of accountability and evidence on effective health care; making sense of what these require of the organisation and staff, including the need to work in closer collaboration with other organisations or occupations.

➤ ***Motivates teams and individuals to work effectively***

- Defines clear and challenging goals with teams and individuals.
- Builds team commitment and positive emotional tone or climate, articulating that both staff and service users are valued, and attending to staff wellbeing.
- Encourages high staff involvement and engagement, allowing autonomy within a framework of values and goals focused on meeting user needs.
- Provides and operates meaningful design for organisations, sub units and individual jobs, within underpinning Human Resource Management systems that provide relevant staff development and reward.
- Manages and improves performance rather than merely reporting it, with openness to a variety of perspectives on performance including 'soft intelligence', rather than focusing on a narrow range of hierarchically imposed targets or indicators.
- Listens to staff and responds to their voice; validate and engage with difficult or negative emotions evoked by the experience of delivering care, rather than suppress or deny them.

➤ ***Focuses on improving system performance***

- Enacts and encourages the practice of service improvement, with compelling cases for change and carefully constructed plans for change based on a variety of evidence.
- Addresses system problems and pursues innovation, initiate new structures and processes; finds ways to intervene informally in patterns of thinking and acting.
- Models learning of new behaviours, from accurate assessments of own and unit effectiveness, and identifies new ways of working appropriate for new and challenging circumstances, coupled with a willingness to show some self-doubt and acknowledge mistakes.

## **Authentic Leadership**

6.3 Underpinning the three elements associated with the leadership model is the need for current and future leaders to demonstrate 'authenticity' in the way in which they influence and support others. When considering overall organisational effectiveness, two key influences are the engagement of individuals within and across professional groups, and the extent to which the organisation enables its workforce to maximise its effectiveness. An enabled workforce will benefit and be inspired by a working environment which is supportive, which optimises roles and which promotes and exhibits authentic leadership. The King's Fund defines the characteristics of authentic leadership as being influence, inspiration and facilitation, rather than authority, status and control.<sup>7</sup>

6.4 Typically, the authentic leader will:

- create a compelling vision by declaring and describing the future state, exciting and motivating;
- foster a belief in shared values and behaviours and acting as a role model (i.e. by living the values);
- involve and empower those around him/her by inviting active participation; identifying and nurturing talent; seeking and responding to feedback; building trust, and strengthening competence;
- encourage innovation by challenging the status quo, tolerating a degree of failure by managing risk, learning from mistakes and celebrating successes and achievements.

Again, future local leadership and talent development programmes and interventions will recognise the need to promote and embed the concept of authentic leadership and the key characteristics which define the authentic leader.

## **A Systematic Approach to Talent Development**

6.5 The proposed approach to future local talent development involves the application of four key activities, which aim to support both the attraction and recruitment of new talent from outside of the organisation and the identification and effective management of talent already residing within. Each key activity is summarised, as follows:

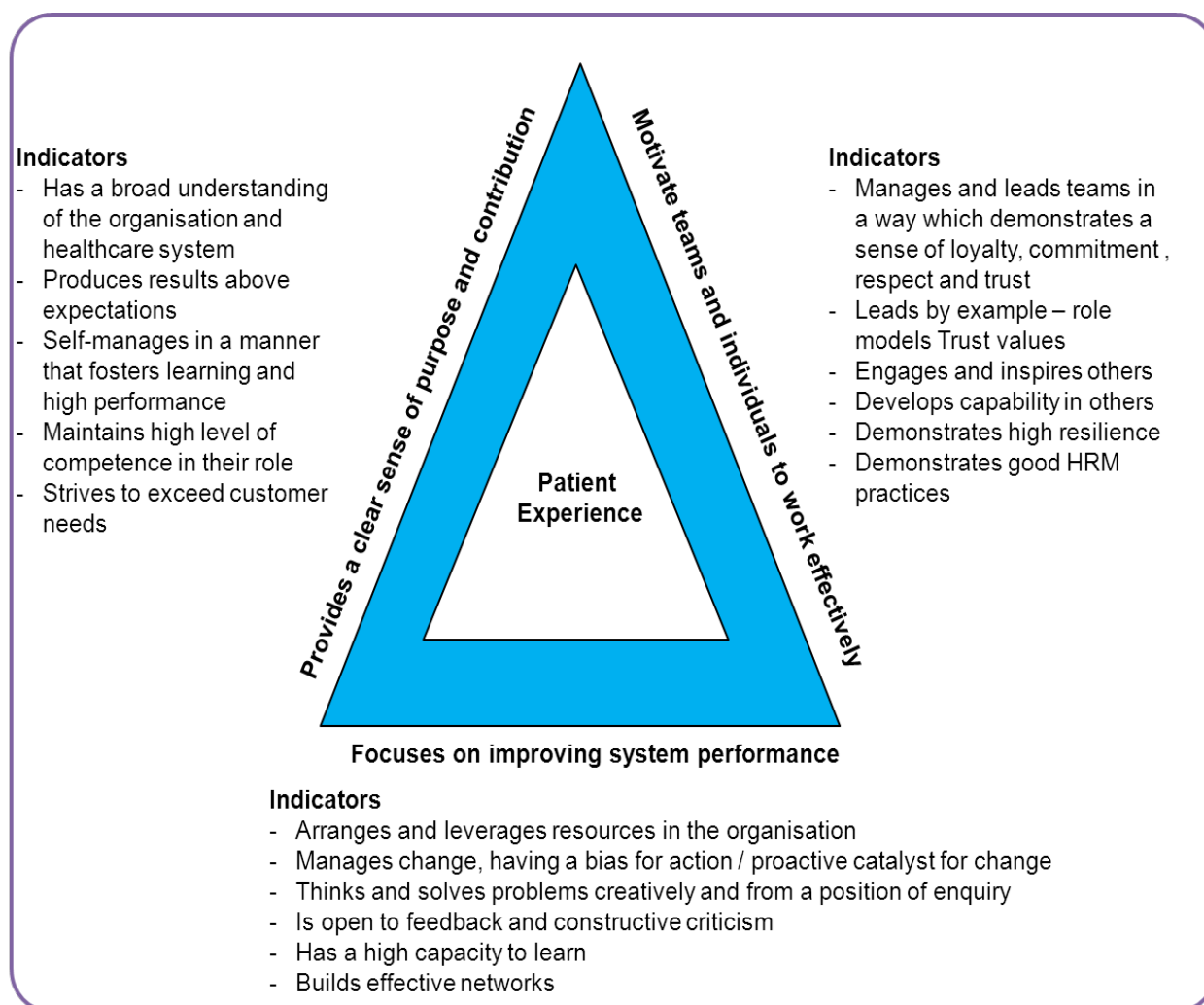
### **➤ Establishing Talent Indicators**

A range of indicators can be used to assist in the identification of talent. The three elements associated with the NHS leadership model provide useful references against which to map these indicators. Proposed indicators are illustrated in Figure 4, overleaf.

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<sup>7</sup> The Future of Leadership and Management in the NHS: No More Heroes. King's Fund (2011)

Figure 4: Proposed Talent Indicators



### ➤ Attracting and Recruiting Talent

The ability to attract and recruit external talent is, in large part, dependent upon how potential applicants view the organisation and the sector within which it operates, combined with the extent to which they share the core values of the organisation. Therefore, the creation and promotion of an attractive employer brand is an important factor in attracting external talent and should be integrated into recruitment processes.

### ➤ Talent Spotting

Talent spotting involves the consideration of the performance achieved and behaviours demonstrated by individuals against the agreed 'talent indicators'. An obvious opportunity for consideration is the annual performance assessment (appraisal), but in the interest of timely identification of talent, all opportunities should be exploited by line managers to identify talent early and to engage their staff in informal discussion regarding their contribution within the team and their personal aspirations and ambitions. These 'talent discussions' might be

supplemented by the use of third party/external assessment to enhance the identification of potential.

### ➤ **Nurturing Talent**

Talent development should be linked to other learning and development initiatives. Appropriate learning and development interventions are required at relevant stages in a career path in order for talented individuals to achieve their maximum potential.

Talent development supports the concept that leadership should not just sit with those individuals traditionally seen as 'leaders'. Rather, there is a need for leadership characteristics, culture and attributes across staff at all levels within an organisation.

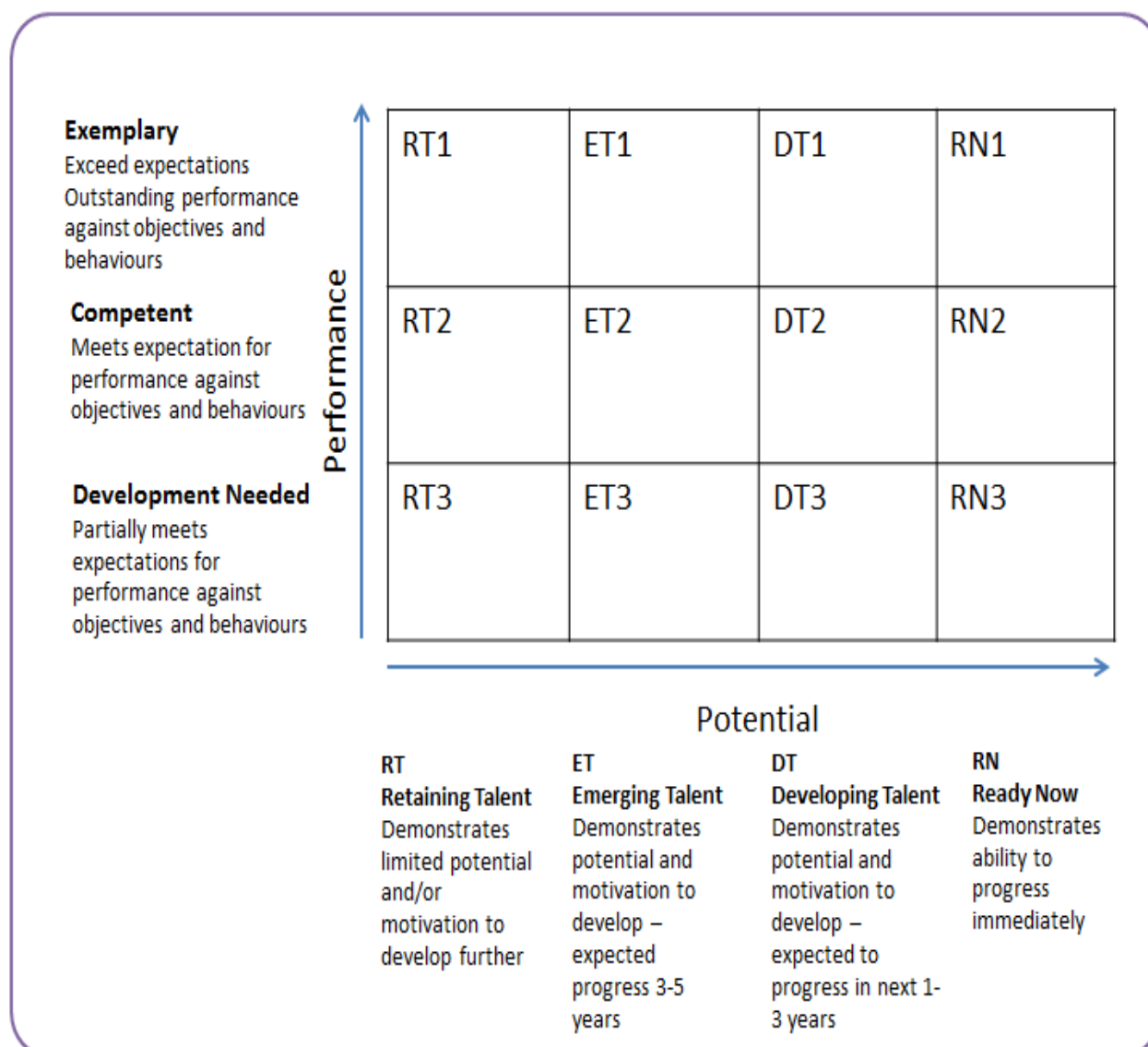
The effective 'nurturing' of talent needs informal as well as formal learning interventions. While these interventions will include conventional development activities there is also the opportunity to use creative and complementary alternatives, such as coaching and mentorship (see Section 9, below), and the encouragement of job rotation and/or secondments.

6.6 Associated with each of the main talent indicators illustrated in Figure 4 are a number of sub-indicators. For example, sub-indicators to support 'Develops capability in others', will include:

- coaches others (both internal and external to the team);
- completes comprehensive annual performance reviews with team and individuals;
- shares own knowledge and lessons learnt with others.

6.7 Within specialties and departments, the application of the Talent Indicator model could inform the completion of a talent mapping template, which assesses individuals' performance and potential, in order to assign a talent 'rating'. The next step would be to establish talent 'pools', which will enable the organisation to more effectively manage a collective resource of identified talent, and to more readily provide appropriate development opportunities. An example of a talent mapping template is provided in Figure 5, overleaf.

Figure 5: Talent Mapping Template (Example)

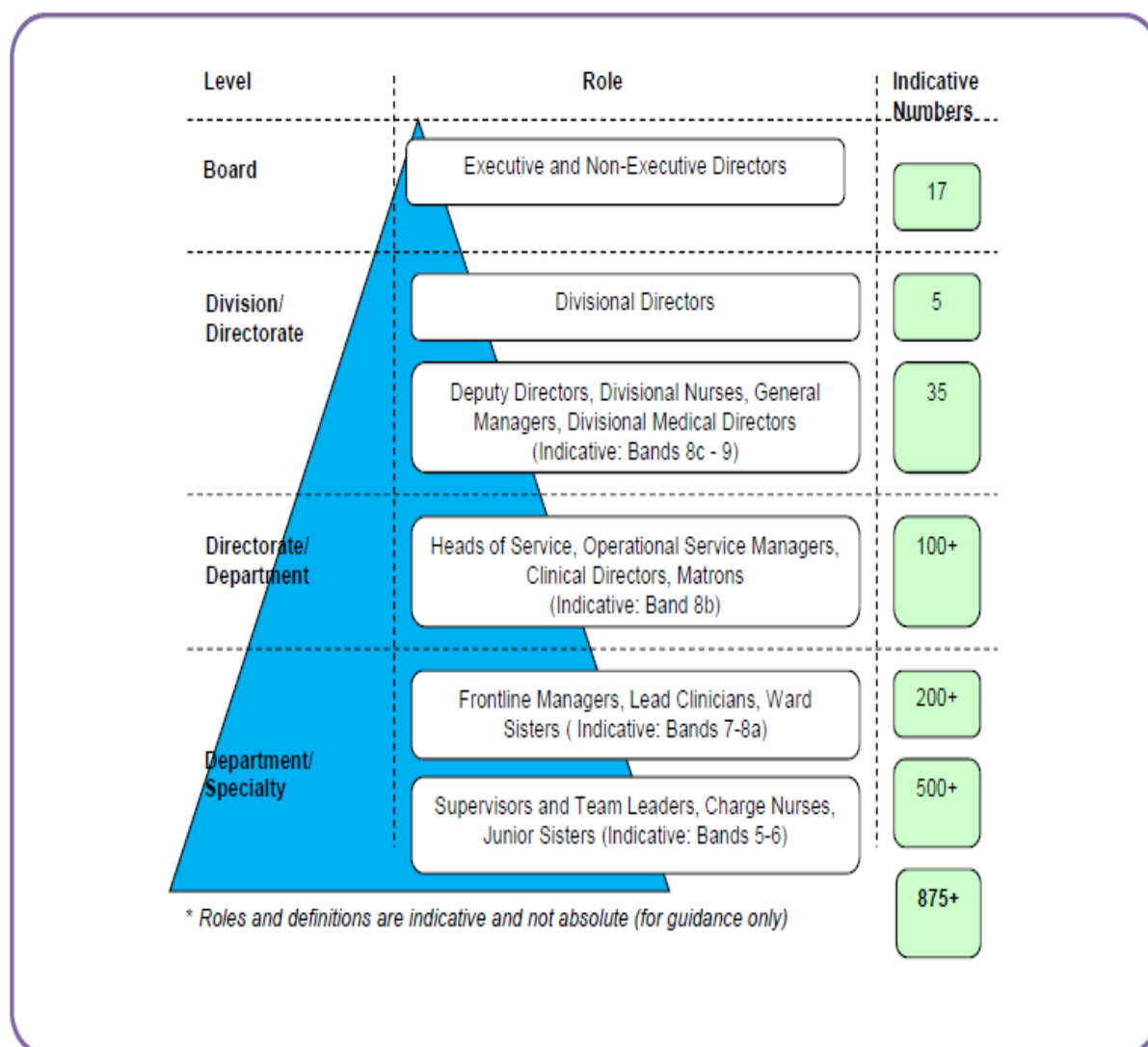


## 7. Current and Future Leadership Development Provision

### Current Provision

7.1 Recent leadership development activity has assisted in identifying the Trust's leadership profile, from 'board to ward'. In total, around 900 individuals (i.e. circa eight per cent of the total workforce), across all professional groups, are recognised as occupying roles which have a significant leadership component. Within this indicative leadership 'population' (shown in Figure 6, overleaf) the level of experience, competence and confidence, and the degree of previous investment in leadership development is likely to vary significantly.

Figure 6: Indicative OUH Leadership Population



7.2 To date, the approach taken by the Trust towards leadership development has been largely opportunistic, rather than strategic in nature. Over the past twelve months, and in response to the perceived needs of the organisation, a number of initiatives have been undertaken, which have aimed to raise the profile and importance of leadership development and capitalise on the opportunities provided by the emergence of a range of nationally and locally sponsored leadership development programmes. Key initiatives have included the following:

- **OUH Leaders Conferences:** Over 400 leaders, at all levels of the organisation, have attended these internal conferences to learn more about other sectors and the longer term challenges of the NHS. This initiative is making good progress in identifying and supporting a core cohort of leaders, whose members now have access to a developing internal network.
- **Sisters' Leadership Programme:** A Trust-wide 'front line' Nursing Leadership programme '*Safe in Our hands*' has been designed and implemented for Band 7 nurses working in Wards, Critical Care and Theatres.



- Access to nationally and locally sponsored leadership development programmes: The Trust has been successful in gaining places for staff on the core professional programmes sponsored by the NHS Leadership Academy and other short programmes provided by Health Education Thames Valley. Designed to develop outstanding leaders for every tier across the healthcare system, the five programmes provide targeted development for people from all backgrounds and experience levels. While the Trust has been able to secure places on all the programmes, allocations across organisations are not unlimited and the overall uptake has been relatively low, to date.

7.3 Similarly, the concept of talent development and succession planning has not been widely embraced by the organisation and efforts to establish a simple and consistent methodology for 'mapping' talent have achieved limited success. Although the annual performance review process has been strengthened, the staff appraisal 'template' makes no direct reference to, nor does it encourage, an open 'talent discussion' between individuals and their managers.

### **Future Provision**

7.4 The future provision of leadership and talent development programmes and interventions will focus on five key areas, namely:

- ❖ Building on the success of current leadership development initiatives, by developing and delivering a suite of local programmes to promote multi-professional leadership at all levels.
- ❖ Building on the success and popularity of the OUH Leaders Conferences, by scheduling further such events.
- ❖ Maximising the number of individuals participating in nationally sponsored leadership development programmes.
- ❖ Establishing a talent development infrastructure.
- ❖ Promoting coaching and mentoring networks, which will underpin the adoption of a local 'coaching culture'.

7.5 Figure 7, overleaf, provides a high level overview of the leadership development programmes it is proposed are designed and commissioned. The design of each programme will aim to provide a clear step change between each leadership level and to support a 'leadership career path'.

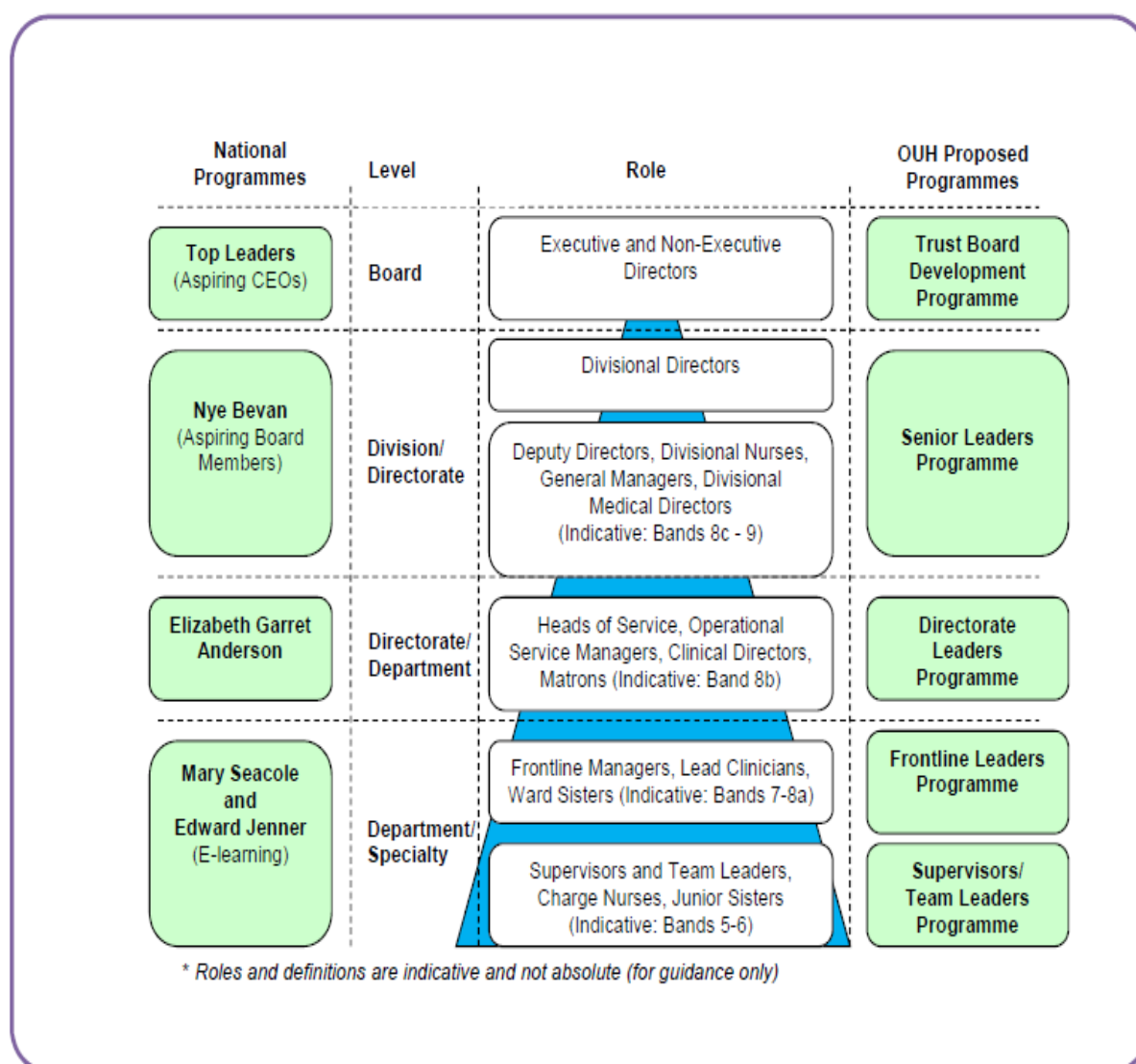
7.6 Furthermore, it is recognised that entry into leadership development is not necessarily sequential from the bottom up; for example, professionals may enter into senior roles early in their career. Consequently, programmes will be developed and delivered on a modular basis, such that learning can be tailored to meet the particular needs of individuals.

7.7 OUH local leadership interventions will complement the national programmes by increasing the capacity to meet the organisational demand. The Trust will work closely with the Academy to increase the faculty available to both the NHS Leadership Academy and OUH. This may include entering licence agreements to buy into additional programme spaces, or to deliver some of the national programmes locally.

**Core Leadership Development Programmes**

7.8 Four core local leadership development programmes are proposed. These will be designed and implemented to support leadership and talent development across the various leadership levels, from Supervisors and Team Leaders to Divisional Directors. The ‘positioning’ of each of the proposed core programmes is shown in figure 7, below.

Figure 7: Proposed Core Leadership Development Programmes



7.9 The content of each programme will be centred on the four domains of Service, People and Personal, Quality, and Collaborative Leadership (highlighted in Section 6, above), but aligned to the specific requirements of each target group. However, elements associated with a number of key themes will be common to all four. These themes, and their essential elements, are as follows:

➤ ***Customer Focus***

- Identifying core 'customers' (including patients; carers; service users; colleagues; external partners) and their expectations.
- Defining the role of the leader in customer care.
- Dealing with challenging customer relations/situations professionally and effectively.
- Modelling key behaviours and supporting others in delivering excellent service.
- Engaging and partnering the team in best practice.

➤ ***Leadership of Self and Others***

- Defining what we mean by effective leadership.
- Leadership in context - local and wider NHS considerations.
- Knowing yourself - behavioural characteristics; motivators; others' perceptions.
- Leadership qualities and living the Trust's values.
- Motivating and inspiring the team.
- Dealing with conflict.
- 'Personal Brand' as a leader and authentic leadership.

➤ ***Working Effectively***

- Core skills to support personal effectiveness and resilience.
- Maximising resources and minimising duplication.
- Prioritising for greater efficiency.
- Time management - core principles; tools and techniques.
- Psychology of personal organisation.

➤ ***Maximizing Individual and Team Performance***

- 'Group' and 'Team' distinctions.
- Understanding the stages of team development.
- Flexing leadership style dependent on team development.
- Assessing team 'health'.
- Contracting with your team for high performance.

➤ ***Assessing Performance***

- Performance at an organisational and individual level.
- Consistent processes for assessing performance.
- Developing behaviours for success in performance management.
- Fair, effective and consistent feedback.
- Addressing performance issues.

## **Action Learning Sets**

7.10 Often, the greatest challenge facing those charged with leading teams and leading change initiatives is not getting started, but maintaining momentum after the initial enthusiasm has waned. In order to enhance the learning experience and to support the transfer of learning to the workplace, the concept of Action Learning Sets will be introduced and facilitated within all future programmes. Ideally, an Action Learning Set is a group of between five and eight people, which meets regularly for an agreed period to reflect upon and explore real issues, problems or opportunities. Through this shared and detailed analysis with peers, group participants grow in their understanding of themselves, of each other and how to collectively solve problems.

7.11 The essential elements of an Action Learning Set are tackling real tasks, learning with and through each other, and taking responsibility for implementing solutions and plans. The overall aim is to help each participant both to address real issues and to learn from the process. Some of the practical benefits of Action Learning Set activity include the following:

- skills development (e.g. listening, questioning, challenging);
- personal growth;
- enhanced self-confidence;
- greater self-awareness;
- developing new ways of solving problems and managing change;
- peer support, challenge and motivation;
- potential reduction in stress.

This activity should also encourage a continuing dialogue amongst the leadership community, which examines the evolving nature of leadership within a changing operating landscape and stimulates a regular 'refresh' of leadership thinking.

## **8. Delivery Methodology**

8.1 When designing leadership development interventions an instinctive approach might be to propose that a predominantly instructional methodology is applied. Here, learning and development is dependent upon the ability of subject experts to successfully impart knowledge to an audience. Perhaps augmented with a more interactive and participative 'workshop' style of delivery, formal instruction certainly has its place. However, its limitation is that it is unlikely to bring out the best in individuals or teams. Future OUH leadership development interventions will be grounded in the three elements associated with the new NHS Leadership Model (detailed in Section 6, above), and informed by local context and requirements. Any development programme, especially in the area of leadership, needs to focus on the participants' context and provide practical insights at all levels.

8.2 The 70/20/10 Model is a learning and development framework derived from the conclusions of contemporary research by Michael Lombardo.<sup>8</sup> Based on a longitudinal study of how executives learn to lead, Lombardo's model derives from the assertion that leadership is mainly learned through 'doing' and critical observation.

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<sup>8</sup> Michael M. Lombardo and Robert W. Eichinger for the Centre for Creative Leadership (2012)

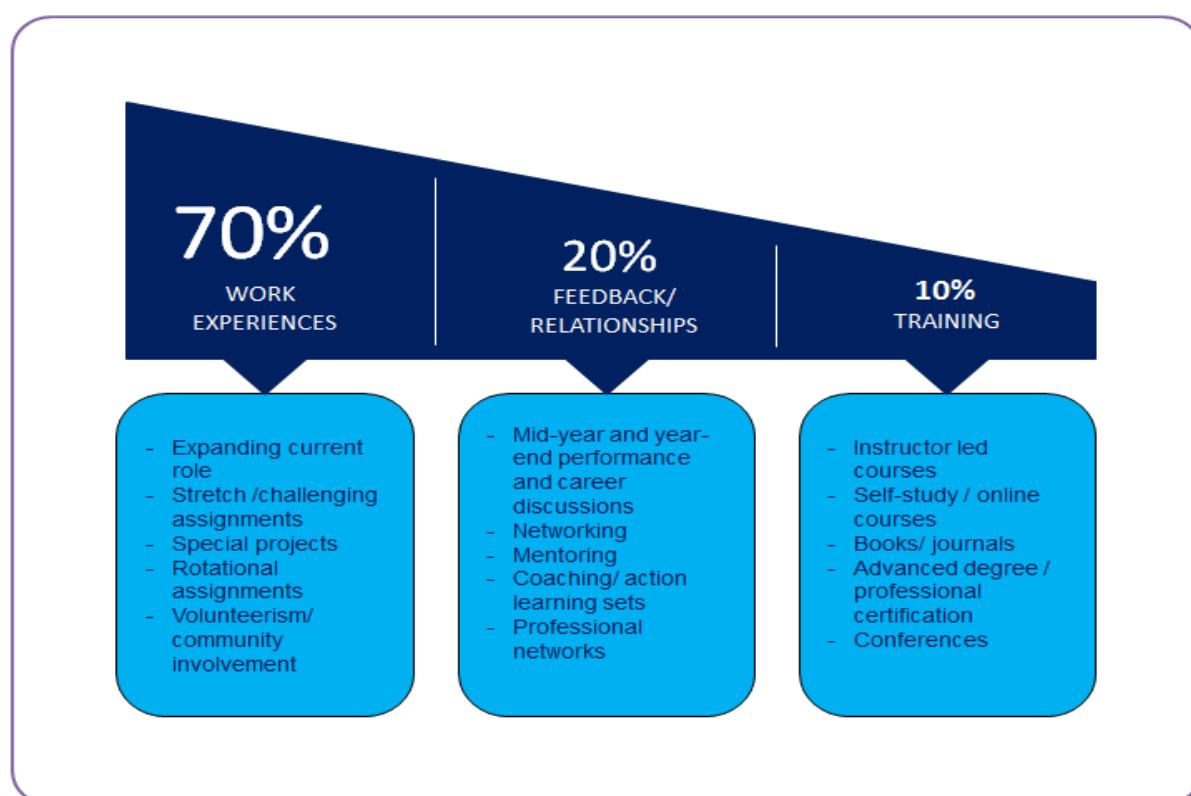
Supporting evidence includes a study by the Corporate Leadership Council (part of the US-based Corporate Executive Board - a leading research and advisory body in business and executive leadership), which concludes that 'on-the-job' learning has three times more impact on employee performance than formal training.

8.3 As its name implies, the 70/20/10 model (adaptations of which are widely applied in the corporate and not for profit sectors) proposes that a blend of different learning approaches, applied in concert can provide for powerful and effective learning that is grounded in the local prevailing environment and what is real for the organisation. The model, illustrated in Figure 8, overleaf, suggests the most effective development will be derived from:

- approximately 70 per cent workplace experiences, tasks, and problem solving;
- approximately 20 per cent feedback and observation of both good and bad practice;
- approximately 10 per cent formal programme interventions and self-study.

8.4 The three components of the 70/20/10 model reinforce one another, helping to promote new and sustainable behaviours, leading to improved performance. The general principles associated with the model are mirrored by the national programmes sponsored by the NHS Leadership Academy and it is proposed that a similar methodology is applied to the design and delivery of future local leadership development interventions. The design, development and delivery of the local programmes will be achieved through a combination of internal resources and collaboration with external partners and subject experts.

Figure 8: The 70/20/10 Model for Effective Learning



## 9. The Role of Coaching and Mentoring

9.1 The concept of coaching is not new and originated in the world of sport. Increasingly though, coaching is being recognised as having an important part to play in the workplace and as being a complementary activity alongside structured learning and development programmes. Although there are many definitions and interpretations of coaching, essentially it is concerned with unlocking an individual's potential to maximise their performance. Coaching has a focus on the future, the fostering of individual performance in a personal and/or organisational context, and on the provision of support for individuals to seek solutions from within, in order to discover their own path.

9.2 Much of our contemporary working activity involves a continuing need to drive for greater efficiencies, perhaps through the redesign of existing roles and the restructuring of services, while also maintaining a range of quality standards. This is demanding of teams and individuals, and requires a high degree of resolve and resilience from our leaders and managers. Coaching, whether applied to individuals or teams, has the potential to encourage and 'allow' a range of human capacities, such as creativity, initiative, innovation and sensitivity, to be expressed. This, in turn, supports better engagement between individual and organisation, and therefore a more productive and 'healthy' workplace. John Whitmore<sup>9</sup> also suggests other benefits associated with coaching, in contrast to instructing, which include: improved learning; staff development; better use of people, skills and resources; improved responsiveness to change; improved motivation, and culture change.

9.3 Within the NHS, there is a strong tradition of mentoring across multiple disciplines, both clinical and non-clinical, and it continues to be successful in supporting personal and corporate development and learning. Mentors typically have recognised expertise and experience within the field in which they are advising and guiding others. Mentoring is usually provided as part of a wider support programme and can therefore be an integral component of a longer term professional development plan. As such, the intended outcomes are perhaps ill-defined at the outset. In contrast, within the coaching process, the coach does not usually give advice, and is not generally required to have any specialist experience in the area in which the client is seeking support. In the main, coaching is used as an intervention to quickly assess and improve a particular area of, for example, performance, and so concentrates on establishing clear goals with agreed outcomes from the outset. A coaching intervention is likely to be time bound, whereas a mentoring relationship often extends over many years and multiple career pathways.

9.4 This is not to say that the attributes of mentor and coach are exclusive, since to be effective in either role requires the application of skill and competence in areas such as self-awareness, listening, questioning, evaluating, empathy, and managing the relationship. Although the respective roles of mentoring and coaching are distinctive, provided this distinction is recognised and appreciated, it is not difficult to see how the two interventions can be complementary in building leadership and management capacity: Both, after all, are concerned with facilitating insight, learning and change.

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<sup>9</sup> Whitmore J (2012). *Coaching for Performance*. London and Boston. Nicholas Brearley Publishing

9.5 The intelligent application of a mix, or 'blend', of coaching and mentoring interventions has the potential to both broaden and deepen the development experience for the participant, provided the common aim is to align corporate goals with personal aspirations and development, and to engage individuals and teams with developing and implementing solutions to real organisational issues. Therefore, it is proposed that the important role of coaching and mentoring, in the context of leadership and talent development, is more formally recognised within OUH and that a coaching and mentoring 'culture' is actively encouraged and supported. This aim will be achieved by recognising the existing cohort of coaches and mentors within the organisation and providing a framework of support for those individuals. Concurrently, opportunities to broaden the resident coaching and mentoring community will be actively pursued, such that we build strength in depth.

## 10. Engagement with Academic Partners and Other Agencies

10.1 Development programmes and initiatives of this nature represent an important strategic investment for the organisation and a significant personal investment for those individuals participating and contributing. Given the intended objectives of the programmes of work proposed within this Framework, it is unrealistic to assume that successful outcomes will be achieved without the utilisation of expert knowledge and assistance in the design, delivery and evaluation stages. The Trust enjoys and benefits from close relationships with both Oxford University and Oxford Brookes University. Where appropriate and possible, OUH will seek to engage the Universities in providing accreditation and resources for the programmes developed as part of this Strategy.

10.2 In addition, best use will be made of existing relationships with other organisations, including:

- Health Education Thames Valley (HETV);
- Thames Valley and Wessex Leadership Academy (TVWLA);
- NHS Leadership Academy;
- Other NHS trusts;
- Commercial enterprises;
- The Kings Fund;
- University of Oxford Said Business School;
- Institute of Leadership and Management;
- Oxford Academic Health Science Network.

Since the proposed programmes will very much emphasise and aim to embed our local organisational values, expectations and strategic goals, involvement will also be required from a number of key individuals from within the Trust, and with reference to supporting Trust documentation.

10.3 There is a particular and significant opportunity for the Trust to further develop its links with Better Value Healthcare (BVHC). A partner organisation within the Oxford Academic Health Science Network, BVHC is an Oxford-based company which seeks to increase value for individual patients and populations by systems development and culture change. BVHC already offers a range of online courses

and modules which examine 'value in healthcare'; 'healthcare systems'; population medicine' and 'culture change in healthcare'. A key theme underpinning these programmes is the assertion that culture change is achieved by influencing the thinking in an organisation and empowering people to find their own solutions, and that leaders need to be able to develop a culture that:

- focuses on patients;
- hates waste and loves sustainability;
- uses technology to best effect;
- values systems more than it values bureaucracies;
- values networks more than it values hierarchies;
- is ready to face the challenges of the 21<sup>st</sup> Century.

10.4 Current work being undertaken by BVHC recognises that there are a number of valuable leadership and management initiatives underway, locally, but these are largely uncoordinated. Much can be gained by joint working in a way that allows each initiative to maintain its own identity. With ambitions to combine the talents, knowledge, resources and aspirations of the range of health care provider organisations within the locality, BVHC aims to establish an 'Oxford Healthcare Leadership and Management Programme' which could be marketed nationally, and even internationally. The focus of the Programme would be on those specific leadership and management skills required for working in a health service, emphasising the technical, competent skills for management, as well as the related set of skills for leadership. Core leadership skills are identified as being: understanding and increasing value; designing and building systems of care; creating the right healthcare culture; delivering population-based medicine, and designing and delivering patient-centred and personalised care. The Trust will continue to support BVHC in the development of the Oxford Programme, which has the potential to make a significant contribution towards future leadership development and culture change within the organisation.



## **SECTION C: TAKING FORWARD THE PROPOSALS**

### **11. Delivery Plan Overview**

11.1 The proposed delivery plan spans a five-year period. Year one will focus on establishing the supporting delivery infrastructure and designing the core local leadership programmes. Concurrently, access to the national leadership development programmes will be promoted and increased, and the current provision of local development initiatives (e.g. the Sisters' Leadership Programme) maintained.

11.2 Key activity in year one will include the following actions:

- developing and establishing an 'identity' and 'brand' for OUH leadership development;
- designing, developing and testing the proposed local leadership development programmes identified in Figure 7, above;
- gaining recognition by the Institute of Leadership and Management (ILM) as a competent centre for multi-professional leadership development (as the precursor to later full accreditation);
- developing a local (multi-professional) 360 degree appraisal process to support each leadership development programme;
- designing and implementing a talent development framework and guide;
- establishing the foundations of a local coaching and mentoring network.

11.3 The three-year high level plan for OUH leadership and talent development is provided in Figure 9, overleaf.

### **12. Resourcing Future Leadership and Talent Development Provision**

12.1 This document aims to make a compelling case for the need to invest in the provision of multi-professional leadership and talent development within OUH. Currently, there is no dedicated financial resource to support the delivery of the programmes and initiatives proposed, certainly on the scale required. The size of financial investment required to deliver the full five-year plan has yet to be fully assessed, but the funding needed to support the first year of implementation is likely to be in the order of £100k. This includes the costs associated with design work, scoping work with the Institute of Leadership and Management, and supplementing/augmenting the OUH Learning and Development function with fixed term specialist expertise. Once the proposals are approved in principle, a business case(s) will be developed and presented to the Trust Management Executive for detailed consideration.

12.2 Concurrent with the submission of any business cases to support internal financial resource, every opportunity will be sought to secure external funding and/or expert assistance from, for example, TVWLA and the NHS Leadership Academy.

Figure 9: Three-Year High Level Plan for OUH Leadership and Talent Development

<b>OUH Leadership and Talent Development – Key Activities</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>Leadership Development</b>			
Identify and establish and establish OUH leadership 'brand'			
ILM recognition			
Local programme design and development			
Local programme testing			
Testing evaluation and programme refinement			
360 appraisal process development and implementation			
Trust Board development programme established			
OUH leaders conferences continued and improved			
Collaboration with BVHC on development of Oxford programme			
Increased access to national leadership programmes			
Local programme implementation:			
<i>Supervisors/Team Leaders</i>			
<i>Frontline Leaders</i>			
<i>Directorate Leaders</i>			
<i>Senior Leaders</i>			
<i>New Consultant Development Programme</i>			
<b>Talent Development</b>			
Talent development framework design			
Talent development education for managers			
Talent development framework implementation			
Talent pools established			
<b>Coaching and Mentoring</b>			
Existing coaching and mentoring capacity identified			
Coaching and mentoring programmes commissioned			
Coaching and mentoring registers established			

### 13. Potential Risks and Mitigation

13.1 The key risks associated with investing in strategic initiatives, such as those proposed within this document, are concerned with how well they will be received by the participants, to what extent they will have the desired impact for the organisation, and to what degree they will be sustainable. The risk of raising the expectations of

individuals, and the organisation at large, but then falling short on delivery is recognised. While the impact of any development programme cannot be comprehensively assessed until it has been fully implemented, other areas of risk can be mitigated by ensuring the programme content is deemed to be credible, relevant, and of high quality, both at the outset, and throughout delivery. Similarly, any associated improvement projects undertaken as part of a development programme must have direct relevance and real value in the work setting.

13.2 In acknowledging these risks, the design and development stage is therefore critical and must be informed by the views of principal stakeholders, including prospective participants, heads of services and the senior leadership team. Subsequently, the proposed testing of key elements of the development programmes will allow for further adjustment, as necessary, and provide an indication of likely immediate and future impact.

13.3 Clearly, the participation by individuals in a leadership development programme does not, in itself, guarantee the desired outcomes will be realised and/or sustainable change will be achieved. Therefore, 'follow up' is an important consideration and, in this respect, the role of coaching and mentoring (as described in Section 9, above) will be key in supporting the effective consolidation and application of learning and in promoting continuous leadership development. Similarly, further development of the OUH 'leadership community', which is recognised and appropriately supported, is key in establishing a cohesive and collaborative leadership capability that has real influence and impact across the organisation.

## **14. What Will Success Look Like?**

14.1 The successful implementation of the programmes and initiatives proposed within this Strategic Framework will be manifest on a number of levels and across a range of 'measures'. Ultimately, improved leadership capacity and capability, combined with the effective identification and support of talent, at every level of the organisation, will improve the staff experience (and thereby aid recruitment and retention) and have a direct and positive impact on patient care - these are the main drivers for investing in leadership and talent development.

14.2 The need to establish both qualitative and quantitative success measures will be a key consideration in the design, development and testing of all new programmes. Broadly, at both an organisational and an individual level, demonstrable evidence of success will include the following:

- a clear understanding of the leadership skills and behaviours needed to deliver organisational success and embed 'compassionate excellence' in the provision of the highest standards of patient care;
- a growing leadership 'community' which is recognised and appropriately supported (and which is self-sustaining);
- a greater level of devolved accountability and decision-making;

- confident, authentic leaders, at every level, who are recognised as demonstrating and promoting the Trust's core values;
- improved multi-disciplinary team working;
- improved performance against patient experience metrics;
- lower staff turnover rates (i.e. better staff retention);
- continued improvement in performance against the range of staff engagement measures associated with the annual Staff Survey;
- external recognition for excellence in the development and support of leaders and emerging leaders;
- better quality candidates (both internal and external) applying for key roles within the organisation;
- talent development and succession planning are recognised as being an essential part of effective day to day people management, and talent discussions included within the appraisal process;
- the essential principles of coaching and mentoring are understood by leaders and applied to routine interactions with team members;
- a clear path for career progression and personal development for existing and future leaders is established and understood.

14.3 Successful implementation will also support the organisation in demonstrating to external agencies that services are well led. The current definition of well led services, articulated by the foundation trust regulator Monitor, the Care Quality Commission, and the Trust Development Authority is "... the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, support learning and innovation, and promote an open and fair culture." This interpretation is completely aligned with the aspirations of the provisions of this local Strategic Framework.

**Mr Mark Power**  
**Director of Organisational Development and Workforce**

July 2014