

PHASE 2 ANNEX C

# Involving the change team in mapping work

*Northumbria Healthcare NHS Foundation Trust*



This describes how Northumbria carried out their mapping work involving members of their change team.

Phase 2 required us to critically review our current processes and practices in three main areas:

- leadership recruitment and talent management for formal leaders
- leadership development for formal leaders
- leadership behaviours development for the wider workforce (non-managers).

We also used the five collective leadership cultural elements (vision and values, goals and performance, learning and innovation, support and compassion, and teamwork).

We set up three groups to carry out this work. First, we asked our Phase 1 change team members if they wanted to continue and about half were keen to stay engaged. The others cited workload challenges and pre-existing commitments as reasons why the timing of Phase 2 did not work for them.

We then invited new contributors, promoting the opportunity at forums such as the workforce committee and education board, via weekly staff bulletins and by using connections and networks. We gave those interested the option of being 'actively involved' or acting as a 'critical friend' or a 'subject matter expert'.

We wanted more people to be involved in the programme's second phase to:

- increase knowledge and learning about collective leadership by being actively involved in the activity
- broadening the increase numbers contributing to the trust's future culture to help its development and adoption
- gain as many perspectives – generalist and specialist – as possible so the strategy reflected the trust's diversity
- Ensure appropriate representation from clinical and non-clinical, managers and staff and staff representatives.

### **Viewpoint: the three working groups in practice**

“I asked people to consider which workstream they felt they would best be able to contribute to, based on their experience or interest, and in what capacity (involved, friend or expert).

I soon had three groups of between six and 10 people who were prepared to be directly involved (ranging from trainees to general managers and HR/OD staff to matrons). We engaged in the activity with a further two to three critical friends (usually consultants whose clinical commitments meant consistency of engagement was an issue) and the appropriate subject-matter experts (for example, organisational psychologists and recruitment managers).

I also asked for three workstream leads to co-ordinate and lead the efforts of the respective areas of focus. We were keen to ensure that the workstreams were operationally or clinically led (rather than by HR/OD), and we were fortunate that two out of the three were led by business unit operational or general managers, and only one by an HR/OD manager.

The workstream leads were then provided with the appropriate materials (compassionate and inclusive leadership resources) and empowered to work with their groups (and critical friends and experts) to critically review our current practices in the areas of scope. They were also provided with emerging good practice/evidence base documentation, and asked to make appropriate recommendations about the areas for the trust to address by incorporating into the collective leadership strategy.”

Kristina Henry, Head of Learning and Organisational Development, Northumbria Healthcare NHS Foundation Trust

## **Initial findings**

The early insights from this work were:

### **Workstream 1**

This team focused on the people, processes and practices associated with:

- how we recruit and select our leaders (from job description content to assessments)
- how we on-board and induct our leaders (effectively assimilating them into our desired collective leadership culture)
- how we enable and manage our leaders’ performance (probation and appraisal/Performance and Development Review)
- how we manage our leadership talent (succession planning and talent management).

They produced a series of prioritised recommendations that are currently under review and that focus on where our practices need redesigning or revising to advance a collective leadership culture.

Examples of provisional recommendations include:

- reviewing our leadership community's job descriptions and person specifications to ensure they reflect the leadership qualities and behaviours we require and expect from the new leaders we recruit
- exploring the potential for a system which effectively pre-screens candidates according to how their values align with the trust's
- reviewing our current approach to assessment centres to ensure they incorporate compassionate and inclusive leadership behaviours for leadership roles in support of the desired future culture
- revising our values-based interview question bank, to include focused questions that draw on compassionate and inclusive leadership traits and characteristics to support selection decisions
- developing an on-boarding process as a mechanism to engage and assimilate newly recruited managers (externally recruited, in particular) into the compassionate and inclusive leadership culture to which the trust aspires.

## **Workstream 2**

This team focused on reviewing our existing leadership development programmes.

This resulted in revisions to the content of existing programmes, for example:

### **Doctors in Training programme**

- Include the concepts of collective leadership as part of the programme
- Incorporate a more in depth session on compassionate care and personal resilience
- Include Equality & Diversity training as part of the programme

### **Strategic Leadership Programme**

- Include the concepts of collective leadership as part of the programme
- Include systems leadership and broader partnership / collaborative working as part of the programme

### **Clinical Leaders Programme**

- Include a session on the concepts of collective leadership as part of the programme
- Include a session on coaching conversations as part of the programme

Several new leadership and management development solutions are being devised, these include:

- a team leader apprenticeship development programme (for frontline managers)

- a management apprenticeship development programme (for middle/senior managers)
- a managers' induction programme (for all newly promoted/appointed managers).

All of these will contain elements of compassionate and inclusive leadership principles and practices to help develop our leadership culture.

These will be some of the interventions in the leadership development strategy, which underpins and contributes to the wider people and organisational development strategy and the compassionate and inclusive leadership strategy.

### **Workstream 3**

This team focused on what conditions or interventions were required to develop leadership behaviours in the wider workforce (in other words, those who do not have a formal leadership or management position).

To date they have:

- mapped the five compassionate and inclusive leadership culture themes to the staff survey questions
- identified those teams or departments with the best results for these questions in the 2016 survey
- facilitated a series of focus groups with about 50 staff at one site, to understand which practices had contributed to these results, with a view to assessing which could be readily replicated elsewhere in support of a compassionate and inclusive leadership culture).

This workstream group started late, so hopes to finish by late July so its findings can be considered for inclusion in the trust's compassionate and inclusive leadership culture strategy.

## **Next steps**

The workstream groups will finalise their recommendations from this exercise and share them with the executive steering group. Those that are approved will be used to inform the collective leadership strategy, which will be designed over summer. This will, in turn, shape the trust's leadership development strategy.