

AGENDA ITEM

6.1

PEOPLE & CULTURE COMMITTEE

Management and Leadership Development

Date of meeting	26/04/2021	
FOI Status	Open/Public	
If closed please indicate reason	Not Applicable - Public Report	
Prepared by	Sharon Nash, Head of Organisation Development	
Presented by	Michelle Hurley-Tyers, Assistant Director of OD and Wellbeing	
Approving Executive Sponsor	Executive Director of Workforce & Organisational Development	
Report purpose	FOR NOTING	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.
ACRONYMS		
CTMUHB	Cwm Taf Morgannwg University Health Board	
TI	Targeted Intervention	
ILG	Integrated Locality Group	
CTUHB	Cwm Taf University Health Board	

ABMUHB	Abertawe Bro Morgannwg University Health Board
LMS	Learning Management System
L&MDP	Leadership & Management Development Programme
ILM	Institute of Leadership & Management

1. SITUATION & BACKGROUND

- 1.1 The purpose of this paper is to present the People and Culture Committee with a proposal to transform the face of leadership within Cwm Taf Morgannwg University Health Board (CTMUHB). It sets out the context, intent and approach for instituting a game changing leadership and management development programme, designed to shape a culture and capability of compassionate, collaborative leadership.
- 1.2 The focus of the paper is on the leadership development component of the work, but it also refers to other existing and future strands of work, the integration with which will be crucial to success. This paper does not seek to describe the learning content of the leadership offering; instead it sets out proposals for the design and approach that will lead to a process of competitive tendering for the work. This paper therefore seeks to outline the organisational challenges which demand that we change the way that we think about leadership within CTMUHB.

2. OUR CURRENT LEADERSHIP CONTEXT

- 2.1 CTMUHB, like much of the healthcare system in Wales, has experienced many challenges recently and demands are set to intensify. At the most senior levels of the organisation, our leaders face increasingly complex strategic and operational problems arising from the demands of balancing Covid 19 constraints with delivering essential and routine services.
 - 1.1 If services and the wider health economy are to perform to their best, effective leadership now and a strong pipeline of developing leaders for the future are both crucial.
 - 1.2 Additionally, the agenda for even closer integration of health and social care remains in the spotlight as does the needs of an ageing population, shortages in key workforce groups and ongoing financial constraints. These challenges demand effective team-based working within and across traditional organisational and sector boundaries.
 - 1.3 Across our medical teams, there are established programmes of clinical education and defined professional standards bounded in clinical leadership. However clinical leadership can mean different things in

different contexts and these meanings are often conflated. This can make it difficult for clinical leaders to grasp integrate their contextual perspectives of leadership in a formal learning setting.

- 1.4 As a result of CTMUHB moving into targeted intervention measures (TI), specific leadership development initiatives have been delivered. To date however, we have not been able to fully rebuild trust and confidence in our services and give the assurances needed to lift us out of TI.
- 1.5 CTMUHB currently has no clearly defined learning pathways for its diverse leadership and management population. Both the historical Cwm Taf University Health Board (CTUHB) and Abertawe Bro Morgannwg University Health Board (ABMUHB) had some leadership development offerings and some stand-alone elements still exist. However none are delivered as part of a recognised, coherent programme, they are not targeted at those in most need of development and nor do they reflect the new reality of ILG operating model and our values and behaviours.

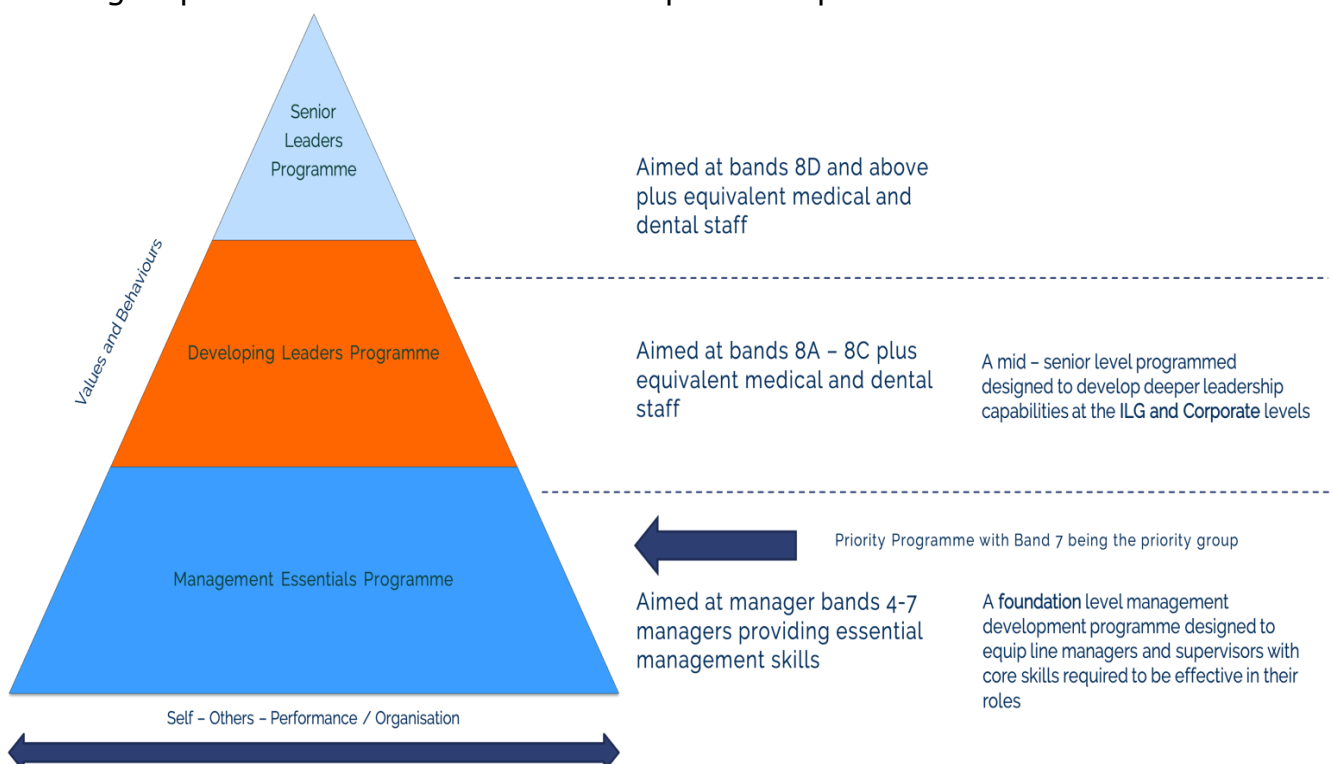
2. WHY WE NEED TO THINK DIFFERENTLY ABOUT LEADERSHIP

- 2.1 There is much written about what a well led organisation looks like on the crest of a pandemic. Being purposeful, compassionate, inclusive and emotionally intelligent appear to be consistent themes drawn from some of the evidence based leadership paradigms. These themes also draw powerful parallels with the challenges that we face as an organisation.
- 2.2 In the height of the pandemic we observed the strength of our leadership as we saw teams pulling together to provide the best possible care for patients. At the other end of the spectrum however, there have been reports of bullying, diminished autonomy, and lack of trust in leadership to address issues of concern which have surfaced. This has also been evidenced through the results of our 2020 NHS Wales Staff Survey and is consistent with the results of recent organisation health reviews undertaken in specific services.
- 2.3 The Reset CTMUHB agenda also proposes a number of resetting principles including the need to augment, new more agile ways of working, and let go of working practices which no longer serve us well. In doing that, there is a clear need to reflect on the kind of organisational leadership that we need to help others to learn and innovate in a changing landscape.
- 2.4 Making sustained progress in these key areas will require an understanding and engagement with some of the wider cultural patterns that appear to have held CTMUHB back in recent years. Some of those patterns are observed as a tentativeness of leaders to lead, an apparent fear to speak up, take full responsibility for a portfolio, and take bold, visible actions.

- 2.5 In services where targeted organisational health reviews have taken place, there is evidence of 'learned helplessness', with some leaders seemingly holding back from using the authority that they have to make decisions, seeing it as the responsibility of others to make change happen, believing that they are powerless to influence.
- 2.6 Other observable practices have seen decisions pushed to the top of the organisation which has the effect of evaporating strategic power at senior levels as leaders get pulled into operational decisions which should be made at lower levels of the organisation.
- 2.7 This complex and nuanced context that we operate within demands that we establish a common idea of what a well-led CTMUHB looks like and but also recognises that each individual's learning journey will be somewhat unique. Delivering a leadership development programme which addresses these systemic needs requires a non-conventional approach that disrupts any existing assumptions about how learning takes place.
- 2.8 A summary of the organisational drivers, design principles, desired approaches and the benefits of the leadership programme to individuals and to CTMUHB is captured in the draft tender document contained in Appendix 1.1.

3. TARGET POPULATION AND SELECTION

- 3.1 Our leadership programme must address the needs of leaders at all levels of the organisation and should be aligned to the learning needs of core groups as outlined in our leadership landscape model below:



- 3.2 CTMUHB employs in the region of 13,000 members of staff. Of these, it is estimated that approximately 1441 staff between bands 4 to 9 have people management or supervisory responsibilities.
- 3.3 We see the programme being delivered in three key phases, from supervisory to management training for new managers, to more immersive programmes for emerging and senior leaders, as outlined below:
- 3.4 **Phase One - Essential Management Skills:** Our Essential Management Programme is a foundation level management development programme aimed at the Entry and Progression levels (bands 4 to 7, circa 1,003 leaders) and designed to equip leaders and managers at all levels with the fundamental core skills required to be effective people managers. This programme will be delivered largely via our LMS platform.
- 3.5 **Phase Two – Developing Leaders Programme:** Our Developing Leaders Programme is targeted at frontline leaders (bands 8A- C circa 400 leaders), and is intended to elevate leadership skills to the next level and help leaders lead with impact and influence across a wider spectrum. It will be beneficial to leaders appointed at mid-senior levels but also to those who have perhaps been promoted due to their technical skills but have not received any formal leadership training.
- 3.6 **Phase Three – Senior Leaders Programme:** This programme is targeted at senior leaders at band 8D and above (circa 50 leaders). It will be designed to enable senior leaders to challenge deeply held assumptions about leadership and sharpen their capabilities in leadership, strategy and change.

4. BENEFITS

Benefits to those who attend:

- An understanding of the requirements of a manager's role and how to undertake core processes
- Knowledge of a range of approaches for managing others
- New skills and confidence in managing others in a way that enhances their performance and releases their potential
- Increase confidence and capability as a manager

Benefits to the organisation:

- Improved people metrics such e.g. increased engagement and reduced absence, incidents of bullying
- Increased team and organisation performance in achieving aims

- Effective adoption of values and behaviours
- Mitigation of risks associated with ineffective management
- Increased management capability and capacity across the organisation

5. PROGRAMME SPONSORSHIP & ALIGNMENT

5.1 For this work to be taken seriously, risks to be managed and to deliver sustainable change over the medium to long term requires committed, consistent senior sponsorship. We propose that sponsorship and leadership of this work alongside the Executive Director for People will reside with:

- The Executive Nurse Director
- The Executive Medical Director

5.2 Several initiatives and partnerships are ongoing to support the development needs outlined above, in particular:

- Our learning partnerships with HEIW, The Kings Fund and Academi Wales
- HEIW Compassionate Leadership Programme available through the Gwella Portal
- Recent/present leadership development in Maternity services
- Establishment of a Leadership Coaching & Mentoring Network
- Our Values & Behaviours Project
- Re-launch of Leadership 360 Degree Feedback
- Our Employee Experience & Wellbeing Programme

6. RISKS AND ISSUES

6.1 As with any ambitious investment, the work comes with uncertainties and risks to be anticipated and navigated by senior sponsors, suppliers and participants alike. Key risks include:

- The volatility/intensity of patient care requirements combined with resource constraints prevents sufficient participant engagement, reducing development impact and feed through into service improvement
- Participant scepticism fuelled by a lack of congruent senior sponsorship (leading by example) undermines credibility of and engagement with the programme, lessening development impact and service improvement

- There may be a sense of unfairness between those who get to participate and those who don't, adds to tensions within and across services
- Funding beyond 21/22 cycle cannot be committed, meaning initial progress may be lost if investment cannot be followed through in subsequent years
- As agency and confidence of leaders increases, the tensions inevitably raised in the system are not worked with productively, undermining the credibility of programme and the value of the investment.

7. TIMESCALES

- 7.1 This work is seen as a long term investment, with an initial phase of input, learning and system collaboration during 2021, followed by a phase of expanding learning through system-wide improvement initiatives that deepens the individual and collective leadership capability of initial cohorts. It is anticipated that the tender process will commence by mid May 2021.

8. BUDGET

- 8.1 A detailed tender document is currently being prepared for Management Board however we anticipate the investment for this programme to be in the region of £180,000.
- 8.2 Depending on our preferred supplier, some may be able to draw on apprenticeship levy funds which might reduce cost.

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required

Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	The indicative costs of the programme are shown in 10.1 – 10.3 above. The OD and L & D teams would require significant upskilling to support the delivery of the programme.
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WCFG Act Objective	Work with communities to prevent ill-health, protect good health and promote better health and well-being

9. RECOMMENDATION

9.1 Members are asked to:

- Endorse the need for a radical approach to leadership development within CTMUHB
- Note that all CTMUHB values will be embedded throughout the leadership programme
- Note that subsequent papers will be developed to outline the full content and costs in more detail following a formal tendering process

APPENDIX 1.1

LEADERSHIP & MANAGEMENT DEVELOPMENT DRAFT TENDER SPECIFICATION

KEY ORGANISATIONAL DRIVERS

Some of the key drivers facing CTMUHB at present and in the near future are:

- Rebuilding trust and confidence in services and moving out of targeted intervention
- Attending to the physical and emotional wellbeing and recovery of frontline staff
- Helping teams to develop more agile ways of working and build change readiness for the future
- Service improvement initiatives through culture, leadership and structural alignment to enable services such as Maternity and CAMHs to move out of special measures and enhanced monitoring
- Support the recovery and rebuilding of services beyond Covid-19
- Further embed the CTMUHB operating model to achieve full leadership and governance align across the Executive, ILG and Systems Groups leadership teams
- Continue to weave and embed values and behaviours into the fabric and culture of CTMUHB
- Foster effective team-based working within and across traditional organisational and sector boundaries.

LEADERSHIP PROGRAMME DESIGN PRINCIPLES

While we expect suppliers to tailor creative approaches in the bidding process, we have expectations about the quality and philosophy of work we intend to undertake. There are key design principles which all parties will need to observe in the design and delivery of the leadership development programmes. The programme should be created and delivered in ways that model:

- Congruency with our values and behaviours, emphasising our purpose, compassion, courage, vulnerability and collaboration expected of our leaders
- Grounded in evidence of what works in the NHS context and data that connects that to the specific needs of CTM
- A systemic, contextualised perspective, encouraging vertical and horizontal collaboration on real issues across professions, services, sites and bands - bounded within and informed by the CTM context
- Integration with targeted service improvement e.g. therapies integration with primary and community care to reduce referral levels

- Sustainable learning, behaviour change and system improvement over time
- Learner participation, from shaping outcomes aligned to individual and organisational needs, to taking responsibility in the learning process to address learned helplessness
- Support and challenge. Learner's will be supported but also held accountable for a considerable commitment of time and energy to these programmes
- Working with difference and similarity, particularly in terms of the needs and perspectives across clinical and non-clinical professionals, finding ways to honour professional differences whilst also encouraging collaboration and meeting of perspectives

LEADERSHIP PROGRAMME DESIGN FEATURES

While the focus of each programme is on a range of bands, programme design should encourage participants to collaborate with peers outside the programme and other colleagues at bands above and below them. A prerequisite for this programme is that all attendees will need to have previously attended our Management Essentials Programme via our LMS platform.

A competitive application process is envisaged, or at least a targeted process of selecting and sequencing attendees, may therefore help to maximise return on investment, by seeking those best placed and most motivated to learn, and to ensure an appropriate make up for each cohort of attendees.

As part of service improvement, we want programme applicants to nominate service improvements that they want to work on as part of their development during the programme, in dialogue with programme sponsors and executive directors before and during the programme. This would be bounded both by the TI agenda and specific service and sector opportunities and needs. This aims to build greater understanding and system sight across the whole organisation. Whilst prospective suppliers should propose novel designs in their bids, there are some parallel requirements that must be met, namely:

- Alignment with a 360 degree feedback programme, ideally connected directly to the Healthcare Leadership Model, to support participants in understanding their starting point, strengths and development areas against expectations.
- Ideally, a complementary psychometric providing further insight into individual strength and development areas (reference future leader model which focuses on learning agility)
- Grounded in experiential learning in an immersive, dynamic programme, with a strong emphasis on practice, feedback and action based learning, using models, theories and frameworks only directly in service of supporting leadership practice

- Cross-disciplinary where possible, acknowledging of differing professional and hierarchical needs but also supporting people to come together to understand and work with their differences
- Use of virtual and face to face components, to optimise benefits of both
- A cyclical, iterative process of development that combines systemic service improvement with leadership development at individual and collective levels
- Over a 12-18 month period, several cycles of action and inquiry are envisaged, supported by the programme itself, as well as partnership working with internal OD and L & D professionals within CTMUHB to align with other system improvement work.