

Management Development, Leadership and Talent Management Strategic Plan	Type: Strategic Register No: 14035 Status: Public
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Consulted With	Post/Committee/Group	Date
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Professionally Approved By	Bernard Scully, Director of HR	November 2014

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Author/Contact for Information	Catherine Lee
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Document Review History

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1.0	Cathy Lee	14th November 2014
1.1	Jayne Toplis - 6 month extension request due MSB standardisation	6 th November 2018
1.2	Danny Hariram - 4 month extension request due MSB standardisation	4 th June 2019

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1.0 Purpose of the Management Development, Leadership and Talent Management Strategic Plan

1.1 Mid Essex is operating in an environment of intense change as a result of the current healthcare reforms. Crucial to delivering our vision of providing the best possible care for our patients is clear direction, and strong leaders who motivate and manage their teams. Good leadership is vital in the NHS, and the pressure is on to take a practical and pragmatic approach which sees leadership development implemented at all levels.

1.2 The current organisational strategy was developed to deliver healthcare that embraces all the rights and pledges conferred by the NHS Constitution. The strategy is underpinned by 4 strategic priorities:

- Clinical and Service Excellence
- Quality Leadership
- Effective Relationships
- Business Excellence

1.3 All four priorities are interlinked. The organisation recognises our senior leaders and clinicians need to possess robust leadership and management skills in order to contribute to an excellent patient experience. Equally, it is important that our senior staff work together as a leadership team to exemplify the behaviours aligned to the NHS Constitution and manifested in MEH's corporate identity.

This ideal is strengthened in the findings of the Francis report (2013) which referred explicitly to

'Strong and patient centred healthcare leadership'

1.4 Successful delivery is dependent on all staff working together, and pulling in the same direction, and all supporting the end outcome; the negative opposite of these phrases are often quoted when leadership appears to be 'lacking'

1.5 Since the publication of the Francis report and subsequent recommendations, MEHT has refocused on a commitment to developing a leadership framework to ensure that patient care is planned, directed and delivered by staff who can evolve and shape practice consistent with the organisations aims and objectives

1.6 This strategy describes the leadership and management development aims for the organisation, underpinned by objectives. These will translate into an action plan which will be monitored by the workforce advisory group (WAG) and included in the workforce report to the Finance and performance committee.

1.7 In addition to this, MEHT recognises that identifying the next emerging leaders is essential to support the shaping of health services and guide teams. This is termed talent management.

- 1.8 This document will outline a systematic approach to talent management as the systematic attraction, identification, development, engagement / retention and deployment of those individuals with high potential who are of particular value to an organisation.
- 1.9 To date, Leadership and Management Training has been offered as:
- Internal Trust Schemes (leadership workshops, coaching, themed study events)
 - Psychometric profile based programmes
 - Higher Education Institutes leading to a national award
 - Step on step off programmes via the leadership academy
 - Health authority developed programmes targeting specific groups
 - Bespoke programmes in partnership with the Essex Leadership Community
- 1.10 Over 380 staff at different levels in the organisation have benefited from programmes in the past three years. All programmes have their merits, but now need to be incorporated into a consistent approach. This will ensure all identified staff have access to the most appropriate opportunities based on appraisal, performance management and associated development plan outputs. In return, the organisation should benefit from the skills acquired by staff to lead and drive the changes needed to meet today's dynamic healthcare demands.
- 1.11 MEHT is a member of the Essex Leadership Community which consists of provider organisations, clinical commissioners, and is contributing to the development of a leadership framework for Essex which will complement and build on the organisational approach. Through this collaboration, individuals will be able to access local and regional development, working across healthcare contexts to influence changes to health care delivery. This plan will complement the collaboration.

2.0 Aims Leadership and Management Development at MEHT

- 2.1 Leadership and management development provision must be consistent with the organisational strategic priority regarding quality leadership and ensure the organisation is well lead at all levels. Any approved leadership and management development offered as part of the Mid Essex menu must produce leaders who:
- Role model high performing and inspirational leadership behaviours and play a leadership skill pivotal role in developing a culture that embraces change and encourages innovation
 - Contribute constructively to the organisational processes which support a culture of learning and development and ensure that we learn from our mistakes and build on our successes
 - Accept their corporate and organisational responsibilities, and take ownership of their part in the delivery of safe and caring patient services
 - Are empowered to lead and deliver the healthcare agenda at MEHT

- Lead and empower their staff to fulfil their potential whilst supporting succession planning

2.2 Aims of the MEHT Management development, leadership and talent management Strategic Plan

The aims of the management development, leadership and talent management strategic plan collectively are to ensure a considered and co-ordinated approach to development for the identified staff groups. This supports the ethos that that well led competent and motivated teams provide and excellent care experience for MEHT patients and their families. The aims of this strategic plan are as follows

- 2.2.1 To attain a critical mass of leaders working together in the same direction across the organisation
- 2.2.2 To identify staff as leadership cohorts
- 2.2.3 To implement a menu of leadership and management development offerings for identified leadership cohorts
- 2.2.4 To implement a clear, unbiased and transparent talent management process for identifying current leaders and future leaders
- 2.2.5 To maximise opportunities to increase the diversity of leadership talent within the organisation
- 2.2.6 To ensure MEHT's leadership development interests are represented externally.
- 2.2.7 To ensure the appropriate resources are agreed to support management and leadership development
- 2.2.8 To provide data to demonstrate the undertaking of relevant training and development

3.0 Scope

- 3.1 MEHT is committed to the provision of a service that is fair, accessible and meets the needs of all individuals within the scope of this plan.
- 3.2 The plan covers all staff groups employed within the Trust in substantive posts in the 5 leadership cohorts as identified in this section. Each cohort will have differing responsibilities, some development needs in common, plus individual needs based on their proficiency as managers and leaders. Appendix One features a table outlining the opportunities available by cohort.
- 3.2.1 **Very Senior Staff**

This cohort comprises a huge range of roles, is composed of staff who have the responsibility of shaping the organisation, the wider health and social care system and directing and leading culture. The expectation is that this group should be able to implement lasting changes across the whole health system, not just confined to

the organisation. This represents over 300 staff, both clinical and non-clinical (including executive positions, clinical directors, consultants, and senior management grade 8C and above)

3.2.2 Senior Staff

This group is composed of senior managers, clinical and non-clinical who act as support to the strategic team, and are crucial to the success of implementing change. This represents a further 200 staff across all directorates. Emerging heads of service and directors are usually spotted and recruited from this group. Individuals in this group often have a specific project to lead on which can be viewed as practice for a more encompassing senior management role. This group are often key to implementing strategy at operational level, and are usually the AFC Bands 8A and B.

3.2.3 Ward and department managers

This group consists of operational (clinical or non-clinical)-staff who are concerned with management functions and orchestrating the delivery of care within the given framework. This group of staff include ward and department managers, project leads, 'middle' manager roles. This represents about 280 staff across all directorates

3.2.4 Emerging managers

These staff are first line managers acting as support to a department or ward lead, deputising in the leads absence. These staff are experiencing management for the first time, and are often involved on the delivery of care, day to day organisational tasks, local specific management tasks such as appraisal, training and locally based priorities. This group consists of about 500 staff.

3.2.5 New registrants/team leaders

This large group of staff usually have specific duties which have a management or leadership component. They are often responsible for a specific aspect of a bigger project with an expectation of some autonomous actions. They are brand new to the concepts of influence and team dynamics, and need to develop self awareness of their leadership style. This group consists of about 200 staff

4.0 Roles and responsibilities

4.1 Individual Staff Members

- 4.1.1 Are expected to participate in the appraisal process, and take an active interest in their personal development and seek out opportunities for leadership and management experience.
- 4.1.2 An individual who has been approved to undertake leadership development must ensure they complete the development opportunity. They must complete the leadership development sponsorship form, gain manager approval and signature, and submit to learning and development so the appropriate entry can be made on the training database(Appendix Three)

4.2 Managers

- 4.2.1 Managers must ensure appraisals are completed for all their staff on a yearly basis
- 4.2.2 Managers are expected to incorporate a conversation on leadership development during the appraisal process, and apply the talent management criteria(Appendix 2) so that emerging leaders are appropriately identified for development opportunities
- 4.2.3 Managers must approve all leadership development opportunities, and ensure the staff member is supported to undertake the development with commitment to the time needed for said development, complete and sign the leadership sponsorship form

4.3 Senior managers

- 4.3.1 Senior managers must make the final decisions regarding prioritising who undertakes leadership and management development in the event of service and financial implications
- 4.3.2 It is expected that the senior manager will employ a fair, equitable and transparent process, based on service objectives, to all decisions made.

4.4 Appropriate executive

- 4.4.1 The appropriate executive is the last point of referral when there is a dispute over potential attendees. S/he will be expected to make the final decision.

4.5 Learning and Development(L&D)

- 4.5.1 The Head of L&D will act as the organisational leadership representative at meetings, and ensure there is a process in place to maximise leadership development opportunities.
- 4.5.2 The learning and development administration team will enter all leadership development data onto the Trust training database (OLM).

5.0 Audit

- 5.1 All leadership development data will be entered onto the Trust training database (OLM). This will enable reporting and provide a leadership activity picture by directorate.
- 5.2 Monitoring of leadership development uptake will be via the
 - workforce advisory group (WAG)
 - Directorate meetings/dashboard
 - CQUIN reports
 - Workforce report to the Finance and Performance Committee

6.0 Communication

6.1 The communication of this plan and the subsequent development opportunities will be

- Sent by notification email to all education leads / managers/staff groups on a regular basis
- Posted on the hospital intranet
HR/Learning and Development/Leadership Development
- Discussed at the bi-monthly WAG as a standing agenda item
- Published in FOCUS

7.0 References

Francis, Robert (2013) The Francis Report; summary and recommendations

Talent Management Toolkit www.eoeleadership.nhs.uk

Project Managers Service Managers	Coaching and mentoring programmes Change managers programmes nationally recognised management courses for those who aspire to executive roles	Higher Education Institute(HEI) NHS Leadership Academy
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1.3 Ward/department managers

Roles	Type of Training	Provider
Ward and Department managers	Individual or group sessions based on development discussions	Internal subject matter experts
Project Leads	Basic management skills sets – HR, finance Leadership in action Coaching and mentoring programmes Clinical Leadership Programmes Influencing care outcomes	Royal College of Nursing Higher Education Institute(HEI) NHS Leadership Academy

1.4 Emerging Managers

Roles	Type of Training	Provider
Band 6 type roles Clinical leaders Non-clinical managers	3 day programme Introduction to essential leadership skills incorporating <ul style="list-style-type: none"> • Management skills sets – HR, finance, appraisal, team dynamics • Leadership styles and contexts Coaching and mentoring programmes Clinical Leadership Programmes	Internal subject matter experts NHS Leadership Academy

1.5 New registrants/team leaders

Roles	Type of Training	Provider
Newly qualified nursing, midwifery and allied health	Leadership and management for beginners	Internal subject matter experts
Subject Champions	Fundamentals of Leadership Leadership Styles and self awareness	NHS Leadership Academy

Appendix Two The organisational approach to talent management

As well as attaining a critical mass of leadership development for eligible staff, it is increasingly important to identify and harness the skills of staff with the capability to exceed expectations and objectives. Talent Management is the systematic attraction, identification, development, engagement / retention and deployment of those individuals with high potential who are of particular value to an organisation.

The process for identifying talent for development opportunities must be clear, unbiased and transparent. Appraisal discussions must incorporate a talent management conversation. Talent management conversations, along with documented observation of the individual in action should consider the following criteria as a means of identifying staff who consistently:

- Exceed performance
- Exhibit advanced levels of self-awareness
- Can clearly articulate direction for themselves and their teams
- Demonstrate emotional maturity
- Accept and relish responsibility
- Are keen to undertake new challenges
- Are driven, committed and outcome orientated
- Have previously demonstrated success

Talent Management is a key strand of activity within the NHS Midlands and East Approach to Leadership Development. The NHS Leadership Academy has issued a toolkit to support organisations to follow a process for inclusive talent management.

www.eoeleadership.co.uk

MEHT will adapt elements of this toolkit and integrate a talent management component to the appraisal process. MEHT will also collaborate with the Essex Leadership Community to develop the local and regional talent pool. This will enable us to grow our leaders, and access those from other areas who are sharing the same approach.

All eligible staff will be given the opportunity to undergo development via the most appropriate route on the basis that they are demonstrating an aptitude for leadership. The talent for leadership will be identified through a consistent process involving a structured discussion with their manager, either at appraisal or prior to an application opportunity.

Appendix Three: Leadership Development Sponsorship Form

Leadership Development: notification of application/course acceptance			
Name			
Role			
Area of work			
Contact details:	e-mail		
Phone			
Title of Programme Applied for			
Name of line manager/sponsor			
Directorate Lead			
Date of appraisal & talent management conversation	Appraisal		Talent management (if different to appraisal)
Confirm mandatory training is in date and all elements undertaken (will be checked and could delay application)	Circle response	Y / N	
Are you a nursing /midwifery /AHP mentor ?	Comments		
<u>For Nursing/midwifery</u>		Y / N	
Date of last update	triennial review	Completed Y / N	Date
<u>Other health professions:</u>			
All statutory/ professional requirements up to date ?	Y / N		
Are you a medical educational/clinical supervisor ?	Y / N		
All supervision educational requirements met ?	Y / N		

Signature of Applicant (signature confirms your intention to complete the course, and pay the penalty that may be imposed if you give up without mitigating circumstances)

..... **Date:**

Signature of Manager (signature confirms you have met with the individual and undertaken a development/talent management discussion)

..... **Date:**

Signature of Directorate Lead (signature confirms that you have checked the requisites are in place, that you are in agreement that this individual should undertake this course, support the time out required, especially where there is a residential component.)

..... **Date:**

COMPLETED FORM TO BE SENT TO:
Catherine Lee, Head of Learning and Development (C453, WW2 /
catherine.lee@meht.nhs.uk)

Appendix Four: Equality Impact Assessment (EIA)

Title of document being impact-assessed:

Management Development, Leadership and Talent Management Plan

Equality or human rights concern. (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	No	
Race and ethnicity	The plan is written in English	Translations can be sought if required
Disability	Within some locations some areas may be less accessible for staff with a disability	Ensure any disability is registered during application process so that reasonable adjustments can be made.
	Difficulty in reading plan	<ul style="list-style-type: none"> • Can be provided in larger font • Can be proved orally to individuals • Dyslexia support tools can be made available
Religion, faith and belief	No	
Sexual orientation	No	
Age	No	
Transgender people	No	
Social class	No	
Carers.	N/A	

Date of assessment:

14 November 2014

Names of Assessor

Catherine Lee, Head of Learning and Development