“Maximising the Potential of Your Workforce”

inclusive Talent Management Conference 2014
Effective Modern Leadership at UHNS

Shaping values, mindsets and behaviours.

Helen Parker
March 2014

“We will be a leading centre in healthcare driven by excellence in patient experience, research, teaching and education.”
Effective Modern Leadership at UHNS

The following provides an overview of:

• The leadership development programmes we have provided since 2010
• A summary of the evaluation outcomes and how we have responded to recommendations
• The values, mindsets and behaviours we expect from our leaders going forward
• What we have learned about evaluating leadership programmes and how we might improve on this in the future?
• How we will maximise Return On Expectation (ROE), quality monitoring, impact evaluation.
• Our developing performance metrics
## UHNS Leadership programmes 2010-2014

<table>
<thead>
<tr>
<th>Programme Title</th>
<th>Target Group</th>
<th>Provider</th>
<th>Duration/Content</th>
<th>Psychometric tests etc</th>
<th>Number of programmes</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHASE I 2010</strong></td>
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<tr>
<td>Clinical Leadership</td>
<td>Current and aspiring Clinical Leads and Clinical Directors</td>
<td>Rothwell Douglas Ltd</td>
<td>5 days: Setting direction/service improvement/ change management/team development and coaching</td>
<td>Psychometric tests FIROb, PAPI, MBTI 1:1 feedback</td>
<td>6</td>
<td>62</td>
</tr>
<tr>
<td>Senior Managers</td>
<td>Senior Managers and Aspiring Matrons</td>
<td>First Ascent</td>
<td>7 days: setting direction/innovation/personal qualities/collaboration and partnerships/coaching and action learning</td>
<td>MBTI Insights</td>
<td>3</td>
<td>77</td>
</tr>
<tr>
<td>Business Skills workshops</td>
<td>Service Line Business Management teams</td>
<td>Price Waterhouse Consultancy</td>
<td>2 Days: Business Advisory Cycle/communication styles/creating the vision, stakeholder management</td>
<td>PwC Communication Styles assessment</td>
<td>1</td>
<td>Service Line Triumvirate</td>
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<tr>
<td>Resilience Workshops</td>
<td>All staff in management roles</td>
<td>Robertson Cooper</td>
<td>I day</td>
<td>i-Resilience Questionnaire</td>
<td>9</td>
<td>146</td>
</tr>
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<tr>
<td>1:1 Coaching</td>
<td>Initially Clinical Directors and Clinical Leads who completed the Clinical Leadership Programme in 2010. Now includes all triumvirate and senior leaders</td>
<td>Rothwell Douglas Ltd</td>
<td>4:1 face to face sessions</td>
<td>Psychometric tests FROb, PAPI, MBTI (if not already completed)</td>
<td>n/a</td>
<td>27</td>
</tr>
<tr>
<td>Team Coaching</td>
<td>Management teams at CL, matron and divisional manager level</td>
<td>Rothwell Douglas Ltd</td>
<td>3 facilitated sessions</td>
<td>N/A</td>
<td>1</td>
<td>14 out of 15 Directorates took part</td>
</tr>
<tr>
<td>Effective Managers</td>
<td>New to management role; aspiring first line managers and those requiring update</td>
<td>In house ILM endorsed</td>
<td>3 Days: Leadership styles/team development/coaching/ change management/ action learning sets</td>
<td></td>
<td>17 Cohorts</td>
<td>Over 200 staff</td>
</tr>
<tr>
<td>Springboard</td>
<td>Junior and newly appointed consultants, SPRs</td>
<td>In house ILM endorsed</td>
<td>4 ½ days: Emotional intelligence/NHS in context/service improvement/change management/team development/quality and risk management Case study based</td>
<td>360 Leadership Appraisal and Emotional Intelligence assessment</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Aspiring Matron Programme</td>
<td>Band 7 Ward Managers aspiring Matrons</td>
<td>In house</td>
<td>Attendance at the Senior Managers Programme and Role enrichment programme. All participants were selected from the competency assessment scores completed during the nursing management of change</td>
<td>MBTI Insights</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Lectures and Masterclasses</td>
<td>Alumni sessions for all staff across the local health economy who have completed leadership and management programmes</td>
<td>Various</td>
<td>From 2 hours to whole days</td>
<td>n/a</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Programme Title</td>
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<tr>
<td>Collaborative Leadership Programme (replaces clinical leadership and senior managers programmes)</td>
<td>Current and aspiring Clinical Leads and Clinical Directors Senior Managers and Aspiring</td>
<td>Rothwell Douglas Ltd</td>
<td>Diagnostics and 1:1 feedback Two theoretical modules and one experiential. Leadership development portfolio and learning review.</td>
<td>Hogan Inventory and PAPI</td>
<td>1 (started in Oct 2013)</td>
<td>17</td>
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</table>
Evaluating our programmes: the story so far....

• The four levels of evaluation (Kirkpatrick, 1994) provided the framework for measuring initial reaction, learning, behavioural change and organisational impact.
• Methodology included semi-structured interviews of board members, senior staff and a random selection of participants and an electronic survey to participants, managers and selected members of their team.
• To ensure objectivity the evaluations were carried out by external consultants.
• Evaluation was based on six core criteria (developed in 2010):
  • 94% said that ‘Our leaders and managers know their leadership and management strengths and weaknesses’
  • 82% said that ‘Clinicians are confident in their leadership and management capability and have where applicable service line/business ownership.’
  • 76% of participants were able to demonstrate where they had applied the learning from the programmes and the impact it has had.
  • 42% said that ‘Our staff and their teams have the permission and confidence to make effective decisions and accelerate transformation of services in line with strategic priorities’
  • 42% said that they are proactive in developing their potential and improving their performance.
  • 36% said that ‘Genuine partnerships are in place that go beyond professional, team and organisational boundaries.’
Recommendations from 2013 evaluation

• New and current programmes should clearly link into the work environment through learning agreements, contextually appropriate content and practical exercises and tasks
• Careful selection of participants should be reinforced
• Improve support to and action from Action Learning Sets and Projects
• Provide immediate feedback and check-up regarding non-attendance
• Continue to insist on strong managerial support pre, during and post programme; the learning agreement plays a vital role
• Ensure that each individual has clear and personal learning objectives that will result in changes to behaviour and action
• Agree with the Trust Board and senior members of the organisation how the talent noted and nurtured on the leadership programmes can be best used to benefit the Trust and the individual concerned. This applies to all participants but in the current context is particularly important for clinical leaders.
• Consider different evaluation methodology that can address the hurdles presented by time and work pressure and that can give more immediate feedback to the Trust.
Our response to recommendations

Key recommendations/actions following the 2012 evaluation include:

- The introduction of the Learning Agreement to involve managers in pre and post programme objective/expectation setting. Also ensures programmes can be more tailored and impact can be more accurately measured.
- The Collaborative Leadership programme introduced in 2013 addresses comments regarding consultants, nurses and managers learning together.
- An examination of current theory and practice on evaluation to propose a model of evaluation that may improve the way we measure the true impact of a programme or intervention.
Our expectations of leaders at UHNS: the way forward

As a result of evaluations, external reports and guidance our expectations around leadership have evolved and strengthened. We have developed a framework for Effective Leadership at UHNS that sets out our expectations and principles for leadership going forward.

Our leaders will:

- Contribute to a clear vision and strategic plans
- Develop strong clinical strategies, networks and processes
- Create a patient focussed culture; Living the ‘patient first and foremost’ value. Learning from, respecting and finding solutions together.
- Develop shared leadership and act as a catalyst to continuous improvement and high performance
- Leading Teamwork to bring about quality improvement, safely reducing costs and transforming the way we work across the system
- Encourage a participative, listening and open culture:
  - Openness and candour
  - Care and compassion
  - Collaboration, joint ownership and working
  - Can-do attitude
  - Safety and quality (high-reliability and a learning organisation)
  - Accountability (responsibility with earned autonomy)
UHNS COLLABORATIVE LEADERSHIP MODEL

Leaders at all levels are crucial in strengthening the culture of care and compassion at UHNS. The most effective leaders demonstrate their leadership through their values and what they hold to be important, their mindset in the way they think about things and through their behaviour – what they do! Remember, actions speak louder than words.

Values
- Championing Patient Leadership
- Inspiring High-Performance
- Bringing out the best in people

Mindset
- Engaging people in change
- Seeking continuous quality improvement
- Thinking about the system and business impact

Behaviours
- Guiding effective team work
- Measuring outcomes and their impact
- Adopting a coaching approach
# Underlying Principles for Collaborative Leadership

## VALUES

<table>
<thead>
<tr>
<th>Leadership is about being Patient Centred</th>
<th>Leadership should be shared</th>
<th>Leadership should be “a way of being”</th>
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<tbody>
<tr>
<td>The patient “first and foremost” needs to be at the centre of the leader’s concerns and decisions. Patients and carers should be an integral part of the design and the development of the services they receive. When leaders promote co-design and active collaboration, it becomes the norm.</td>
<td>Leadership is most effective when the responsibility is shared and owned by all who could improve service delivery. By recognising and maximising the leadership contribution of others in their teams, the best leaders make everybody’s contribution counts.</td>
<td>We lead by example, so how we behave affects how others follow. Leadership is not a role that can be picked up and put down at will – unless a leader lives their leadership values in everything they do, others will doubt their authenticity and may choose not to follow.</td>
</tr>
</tbody>
</table>

## MINDSET

<table>
<thead>
<tr>
<th>Leaders are focused on outcomes</th>
<th>Leaders look for value and shape the learning</th>
<th>Leaders take a systems view</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaders judge their success by the impact they have on patient outcomes and the results for which they are responsible. Systems, processes and measures are simply tools to help reach the end goals. Their success needs to be judged on the added value they bring and the difference they make.</td>
<td>Leaders adopt a learning mindset by always questioning the purpose and value of any experience or process. They eliminate the ‘done that’ tick box mentality in favour of extracting benefit, added value, pushing forward improvement and understand the importance of continuous learning.</td>
<td>Operating in a complex health economy, decisions are interconnected and competing needs have to be taken into consideration. A whole systems mindset is required to balance across the system, issues of safety, quality, cost and sustainability.</td>
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</table>

## BEHAVIOURS

<table>
<thead>
<tr>
<th>Leaders act decisively in delivering strategic and operational objectives</th>
<th>Leaders create strong and cohesive team working</th>
<th>Leaders use language to build optimism, hope and self-belief in making a difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving things forward, taking tough decisions, balancing and managing risks are defining behaviours of effective leaders in any context. Leaders need to have the skills, drive, and determination to focus both on moving forward day-to-day operational improvements and on developing services for the longer term.</td>
<td>Effective team working and active collaboration (intra and inter team working) is at the heart of a successful NHS and the key to high standards and excellent frontline delivery.</td>
<td>A leader is there to inspire and help others make sense of what is happening. By being present when things get tough, they can strengthen resolve when encountering setbacks, they can encourage others effort not to give up, lead forward with optimism and build confidence for the future – in other words, they bring resilience to the workplace.</td>
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ROE, QA and Impact Measurement of UHNS Leadership Development Programmes

Maximising ROE at the start

Why are we doing this?

What specifically are we intending to achieve?

Developing Leaders
To meet the objectives identified in the 2013-16 OD strategy and to ensure our leaders reflect and role model the values, mindset and behaviours described in our Effective Modern Leadership at UHNS

Measures

System
- Strategic Impact objective
- Quality improvement objective
- Team/behavioural objective
- Business process objective

Personal
As identified by participants in learning agreement

Quality Monitoring

What are we measuring at levels 1&2

Learning Review Form
- Participants comments on learning and the learning environment
- Immediate changes resulting from experience
- Energy for change
- Barriers to learning transfer

Contract QA monitoring
- Satisfaction with provider
- Satisfaction with logistical arrangements
- Provision of programme designed to meet objectives

Impact Evaluation

What are we measuring at levels 3&4

System Impact
- Participants have an impact on the strategic work of the Trust
- Enhanced personal behaviour that supports quality improvements and a patient focussed culture
- Enhanced team work
- Participants taking full responsibility for their service and meeting performance targets
- Product outcomes

Personal Impact
As identified by participants in learning agreement. Reported back after discussions with line manager

Talent Management
As an essential part of the Trust’s Talent Management process

Tangible products
- ALS outcomes
- Projects
- Personal tasks set with manager

Reported to the Board

Improve and specify future programmes

Inform Trust talent Pool

“We will be a leading centre in healthcare driven by excellence in patient experience, research, teaching and education.”

Supported and informed by effective appraisal which includes clarity of role, developmental conversations and learning contracts
What have we learned about evaluating leadership programmes?

The examination of current theory and practice on evaluation makes the following points:

• Evaluation is not a simple task
• Leadership Development and its subsequent evaluation is part of a talent management process and therefore needs to be supported by clarity of role and expectations
• For leadership development programmes, prospective and post programme evaluation are both necessary – knowing what is required before the programme begins
• Personal and system objectives should be aligned to organisational goals and objectives.
• The optimal point of time to evaluate is ambiguous because benefits and impact on organisational progress accrue (or not) over time
• Methodology also needs to be considered as the process so far has struggled to involve people who were not contacted personally
Developments in evaluation

There are a number of reasons why a change in methodology has been implemented for the next round of evaluation:

• The Kirkpatrick model suggests exploring the impact of programmes after a gap of approximately one year and this is the pattern that has been followed. However the time gap both dulls the memory of participants and limits the true definition of impact as many other factors will have come into play over that period.

• Recommendations tail behind progress; in the one year gap before recommendations can be made the context has shifted.

• For some participants loyalty to the programme dims over time and they are less inclined to give the time needed to participate in an interview or on-line survey, so it is difficult to gather robust material.

• Most importantly the previous methods have limited opportunity to ‘disturb the field’ and encourage individuals and their managers to applying the learning from the programme experience.
Developments in evaluation

– Methodology is **Action Enquiry** - examination of what is happening in real time both encouraging application of learning (Hawthorn effect) and measuring impact.

– Evaluators provide a reflective process through which participants, their managers and I can better inform current and future processes

– Will test out Level 3 Kirkpatrick- level 4 will be tested 6 months after the programme

– Two strands of enquiry:
  • Strategic- do the CEO and Exec team have a publicly shared view of expectations from the programme?
  • Operational- do the participants implement their learning in a way that impacts on performance?

– From these questions a number of KPIs are being measured
Developments in evaluation

1. The Executive members are clear about their expectations from the programme and participants
2. That view is known and understood by 75% of course participants and their managers
3. 75% of the managers of programme participants meet with participants and provide pre, during and post programme support for the participant
4. 75% of participants have written learning objectives (their own KPIs) that will meet their learning needs and the Trust expectations of the role
5. Participants are able to use the learning from the programme to change their work related performance. In particular they can show evidence of:
   - **Contribution to vision and strategic plans;** 75% will report an increase in understanding and impact on strategic work
   - **Creation of a patient focussed and high quality culture:** 80% will report enhanced interpersonal behaviours which are stimulating quality improvements and improving patient experience
   - **Development of shared leadership and encouragement of a participative, listening and open culture:** 80% line managers will report enhanced team working, building and embedding the habits of high performance teams
   - **Development of strong business processes** 85% of participants are seen by others to be taking full responsibility for managing their section of the organisation and meeting performance targets
Developments in how we approach evaluation

- 6 participants from the programme are taking part in the action enquiry approach
- The remainder are in a control group who will take part in the evaluation following the completion of the programme
- This tests the action enquiry approach
- Mix of medical, nursing and managerial staff in group
- Interviews, telephone/email questions will take place after module 1 and 2
- Questions will be determined by the individual requirements from the programme and will be searching for examples of cause and effect.
- Evaluators will attend the post programme learning review
Learning from the initial interviews

- The process of asking questions has stimulated managers to think more carefully about how they will support participants.
- Several people have mentioned the impact of the new CEO – they are considering his expectations and what that might mean for their style and approach.
- Although the interviews are taking place soon after programme module, the material gathered is fitting level three in the Kirkpatrick framework.
- Dialogue between provider and evaluator is very useful. We have discussed the theory/practice gap and ideas about how to further involve managers.