

# MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

<b>Report of:</b>	Margot Johnson Group Executive Director of Workforce and OD
<b>Paper prepared by:</b>	Helen Farrington Associate Director of OD&T
<b>Date of paper:</b>	November 2017
<b>Subject:</b>	MFT Leadership and Culture Strategy
<b>Purpose of Report:</b>	<p>Indicate which by ✓</p> <ul style="list-style-type: none"> <li>• Information to note</li> <li>• Support</li> <li>• Resolution</li> <li>• Approval ✓</li> </ul>
<b>Consideration of Risk against Key Priorities:</b>	The success of the merger and the longer term sustainable high performance of MFT is dependent on developing an inclusive leadership culture of high quality, continually improving and compassionate care.
<b>Recommendations:</b>	The Interim Board of Directors is asked to approve the MFT Leadership and Culture Strategy
<b>Contact:</b>	<p><u>Name:</u> Margot Johnson, Group Director of Workforce &amp; OD</p> <p><u>Tel:</u> 0161 276 4795</p>

## 1.0 Introduction and Background

- 1.1 In preparation for the merger the Trusts have engaged in and collaborated on a significant programme of work to build on the best of what we do, align and further develop our culture and the capabilities of people to lead and manage change. Evidence suggests that focussing on this not only will improve the success of the merger but will also ensure we further build and sustain high quality care and high performance.
- 1.2 The MFT Leadership and Culture Strategy (see Appendix I for full strategy) is the next stage of this programme and is an evidence based strategy which describes the kind of leadership and culture MFT needs to develop to achieve this transformation, successfully ensure the acquisition of North Manchester General Hospital (NMGH) and sustain high performance in the future. It is a key enabler for implementing the new organisational form and operating model.
- 1.3 The strategy sets out how this leadership and culture is developed, practised and maintained and it builds on the already successful leadership and culture programme of work developed in partnership with NHS Improvement and The Kings Fund. It outlines the guidance and plans for developing the cultural conditions needed for a compassionate, inclusive and collective or distributed leadership culture.
- 1.4 This perspective proposes that it is not simply the number or quality of individual leaders that determine organisational performance, but the extent to which formal (those in line management roles) and informal leaders (all staff) work together with energy and passion to achieve organisational goals, model the values of the culture we are looking to create and act on their responsibility to continuously improve the quality of care we provide.
- 1.5 The MFT Leadership and Culture Strategy is an internal strategy that supports the Greater Manchester wide transformation under Devolution Manchester and Manchester Locality Plans. The core areas for alignment within MFT are with the overall Post-Transaction Integration Plan (PTIP), quality and safety, transformation, communications and engagement, ED&I and people strategies and the patient experience strategy “What matters to me”. The Informatics and Estates and facilities strategies will be key enablers in ensuring the right digital, social tools and workplace design are in place to enable collaboration
- 1.6 The strategy sets the standard, expectations and framework for leadership and culture for the Group Board and hospital leadership teams. However it applies to all staff and will underpin and inform the strategies and decisions on leadership and culture development across all hospital sites.

## 2.0 Underpinning Principles

- 2.1 The MFT Leadership and Culture Strategy is underpinned by three core principles and these are:
  - **Compassionate leadership**- the interaction between leaders and their team, where at the heart support and wellbeing is a central principle
  - **Inclusive Leadership**- where everyone regardless of role is seen as a valued contributor and are fully responsible for their contribution to success
  - **Staff Engagement**- creating an environment of trust, where all staff are empowered to drive improvement, thrive and operate at their best

This means a leadership culture:

- Where everyone takes responsibility for ensuring high quality, continually improving and compassionate care
- That is shared in teams and where there is a continual focus on the development of team working
- Where leaders work together across boundaries prioritising patient care overall and not only in their area of responsibility
- That is consistent in its approach – characterised by authenticity, openness, curiosity, kindness, appreciation and above all compassion

### **3.0 Success criteria and measures**

3.1 Successfully delivering this strategy will mean in 3 years' time we will have developed:

- a thriving, resilient, healthy and high performing Trust
- a learning organisation built for agility and adaptability
- an inspiring and shared vision focussed on quality that creates a sense of purpose, pride and belonging
- fully integrated cohesive teams who work effectively together, across other teams and organisations
- a beacon of excellence on equality and diversity and greater connectivity to and understanding of our communities to ensure better health outcomes
- staff who are willing and able to be leaders of change
- ownership and accountability for high quality care at all levels
- leadership practice and behaviours in line with the values and culture are clearly defined, shared and observed
- high levels of staff engagement where staff are committed to, identify with and believe in the purpose and vision of MFT
- as an employer of choice in Manchester and beyond.
- evidence based practice in retaining, developing and acquiring staff required to deliver the vision.

3.2 A range of measures building on our current methods will be developed to evaluate and monitor the success of the MFT Leadership and Culture Strategy. These will be collated into a Culture Dashboard and will include the following:

- Staff Survey and Pulse Checks including the Staff Friends and Family Test (SFFT) and staff engagement scores
- Culture diagnostics
- Senior leadership walk rounds
- Appraisal compliance and quality audits
- Learning and development evaluations and student feedback
- Ward accreditation
- External staff awards and recognition
- Internal vs external recruitment/promotion
- Quality Improvement projects
- Retention and attendance rates
- Social media/media commentary- positive stories
- Professional and behaviour/conduct grievances and disciplinarys.
- Achieving outstanding against the CQC Well-Led Domain.

## 4.0 Objectives and Proposed Actions

### Overall Aim

To develop a compassionate, inclusive and high-quality care culture that is underpinned by exemplary leadership and ensures the best outcomes for people; improving the health of our local population.

Primary Objectives	Secondary Objectives	Proposed Actions
<b>Vision and Values</b> A constant commitment to quality of care; taking responsibility in your work for living a shared vision and embodying shared values	<ul style="list-style-type: none"> <li>Aligned leadership, professional and team identities, shared purpose and values; equal focus on MFT and wider system.</li> <li>Clear and transparent succession planning for difficult to fill, clinical and senior leadership roles</li> </ul>	<ul style="list-style-type: none"> <li>Develop and embed shared vision, values and behaviours</li> <li>Design and embed a values and competency based recruitment process</li> <li>Further develop attraction strategies particularly for hard to fill roles</li> <li>Establish inspirational induction and on-boarding</li> <li>Develop and implement a transparent and systematic succession planning process</li> </ul>
<b>Support and Compassion</b> Support, compassion and inclusion for all patients and staff; making sure all interactions involve careful attention, empathy and intent to take intelligent helping action	<ul style="list-style-type: none"> <li>Leadership more representative of our communities; greater accessibility to career and development opportunities for underrepresented groups, our younger and older workforce</li> <li>Everyone's ambition to improving patient experience, staff engagement and creating an optimistic, positive and supportive climate</li> </ul>	<ul style="list-style-type: none"> <li>Further develop and ensure easy access to coaching and mentoring</li> <li>Implement strategies for developing leaders from underrepresented groups, including younger and older workforce</li> <li>Develop a leadership competency and behaviour framework</li> <li>Design and implement a programme of unconscious bias training</li> <li>Further develop and embed effective staff engagement activities</li> </ul>
<b>Goals and Performance</b> Ensuring effective, efficient and high-quality performance by ensuring there are clear priorities and objectives at every level and intelligent data constantly informing all about performance	<ul style="list-style-type: none"> <li>Leadership teams able to achieve high performance through a matrix structure, devolved decision making and accountability.</li> <li>Inclusive talent management and accelerated internal development for frontline and middle managers</li> </ul>	<ul style="list-style-type: none"> <li>Design and embed governance frameworks in line with SOM</li> <li>Create a high-quality performance management and appraisal process</li> <li>Strategically design leadership roles aligned to strategy and culture</li> <li>Design and embed talent management and development for frontline and middle managers including Graduate Management scheme and Apprenticeships</li> <li>Further develop recognition and celebration mechanisms</li> </ul>
<b>Learning and Innovation</b> Continuous learning, quality improvement and innovation, taking responsibility for improving quality, learning and developing better ways of doing things	<ul style="list-style-type: none"> <li>Appropriate technical and leadership competencies with an ability to nurture compassion, inclusivity, quality improvement and innovation</li> <li>Career support and development in leadership and change management skills for clinical workforce</li> </ul>	<ul style="list-style-type: none"> <li>Further implement leadership, change and improvement capability for all levels</li> <li>Embed key principles of this strategy in learning and education curricula</li> <li>Support regular practice of reflexive learning, exchange of ideas and shared learning</li> <li>Further develop and embed medical leadership and engagement framework</li> </ul>
<b>Team work</b> Enthusiastic cooperation, team working and support within and across organisations, taking responsibility for improving quality, learning and developing better ways of doing things	<ul style="list-style-type: none"> <li>Leaders who work in and create high performing teams who learn, problem solve and innovate together</li> <li>Diverse, multi-disciplinary and high performing team and inter team working</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement a high performing team framework</li> <li>Design, embed and maintain Group Board and Hospital leadership and team development</li> <li>Develop programmes to increase cross team, organisational and professional boundaries</li> </ul>

## 5.0 High Level Road Map

Phase 1 (Dec 2017-Mar 2019)
<b>Vision and Values</b>
<ul style="list-style-type: none"> <li>• Develop and embed the MFT vision, strategic narrative and values and behaviours</li> <li>• Implement and spread 'tackling poor behaviour campaign'</li> <li>• Embed a continuous process for diagnosing and measuring culture, including leadership workforce analysis</li> <li>• Establish and redesign where needed attraction, recruitment and induction programmes</li> </ul>
<b>Learning and Innovation</b>
<ul style="list-style-type: none"> <li>• Establish quality improvement hub</li> <li>• Develop Medical Leadership and Engagement Framework based on Medical Engagement Scale</li> <li>• Continue to and where needed further develop leadership and change capability development with a specific focus on middle managers and clinicians</li> <li>• Establish Leadership and Management sub group to the Integrated Workforce and Education Committee to set and establish evidence based practice and standards across MFT</li> <li>• Continue to develop and support shared learning and reflective practice</li> </ul>
<b>Goals and Performance</b>
<ul style="list-style-type: none"> <li>• Collaborating with key leads develop governance and reporting mechanisms to ensure they reflect and enable the principles of this strategy</li> <li>• Review and establish appraisal process for MFT and including an appraisal quality assessment</li> <li>• Continue to develop and increase access to the MFT Graduate Scheme</li> <li>• Implement MFT Apprenticeship Strategy</li> <li>• Host MFT Staff Awards and Celebration event</li> <li>• Develop and implement Culture Dashboard and evaluation process for measuring the success of this strategy</li> </ul>
<b>Support and Compassion</b>
<ul style="list-style-type: none"> <li>• Assess and review current coaching network to establish MFT programme</li> <li>• Extend and further develop mentoring schemes for example for new starters, staff with protected characteristics and peer mentoring for staff managing change</li> <li>• Fully embed a consistent staff engagement programme where all staff can inform strategy development, generate and implement new ideas and improvement, reinforce information sharing and influence decision making</li> <li>• Streamline staff surveys and pulse checks and implement action plans</li> <li>• Design and establish a leadership competency framework that outlines the leadership capabilities and behaviours required of all staff</li> </ul>
<b>Team working</b>
<ul style="list-style-type: none"> <li>• Develop a high performing team framework based on the Aston Real Team model and establish a cohort of Team Coaches to support implementation</li> <li>• Provide bespoke team development support for those teams who require support through the integration process</li> <li>• Design and implement Board development programme</li> <li>• As part of Locality and GM plans identify and prioritise support for those working across the system</li> </ul>

Phase 2 (April 2019-Mar 2020)	
Vision and Values	
<ul style="list-style-type: none"> <li>On boarding resources designed and available</li> <li>Succession planning process prioritising difficult to fill and senior leadership roles in place</li> </ul>	
Learning and Innovation	
<ul style="list-style-type: none"> <li>Leadership and improvement academy established</li> <li>Leadership skills escalator in place</li> <li>Training and development including under graduate and post graduate clinical and non-clinical programmes reflect the principles of this strategy</li> <li>Action learning established as a consistent learning methodology</li> </ul>	
Goals and Performance	
<ul style="list-style-type: none"> <li>A strengths based/appreciative approach to performance management and reporting in place</li> <li>MFT workforce development plans that reflect learning and development objectives set at appraisal in place</li> <li>Evidence based approach to designing leadership roles in place</li> <li>Further staff recognition and rewards established</li> </ul>	
Support and Compassion	
<ul style="list-style-type: none"> <li>Coaching approaches implemented into leadership and management development</li> <li>Coaching responsibilities built into people's roles</li> <li>Talent management approaches for all staff groups established</li> <li>Digital platform for staff engagement in place</li> <li>Established and embedded strategies that enable and value diversity at all levels</li> <li>Conscious and unconscious bias training available for all staff</li> </ul>	
Team working	
<ul style="list-style-type: none"> <li>Leadership and team development extended to Governors</li> <li>Development centres for senior leadership roles and teams implemented</li> </ul>	
Phase 3 (Mar 2020-Dec 2020)	
Vision and Values	
<ul style="list-style-type: none"> <li>A systematic process for measuring values and compassion established</li> <li>Systematic mentoring programme for all new starters in place</li> <li>Individual potential assessment tools designed and implemented</li> <li>A talent review cycle to understand leader effectiveness in place</li> </ul>	
Learning and Innovation	
<ul style="list-style-type: none"> <li>Tools to assess staff orientation to innovation and improvement established</li> <li>Compassionate behaviour and emotional intelligence training programmes for all staff</li> </ul>	
Goals and Performance	
<ul style="list-style-type: none"> <li>Career pathways and talent management processes for frontline and middle managers in place</li> </ul>	
Support and Compassion	
<ul style="list-style-type: none"> <li>Online system for connecting coaches and coachees</li> <li>A consistent approach to 360 appraisals agreed and implemented</li> </ul>	
Team Working	
<ul style="list-style-type: none"> <li>A programme of system leadership and inter team working in place</li> </ul>	

## **6.0 Governance**

- 6.1 The MFT Leadership and Culture Strategy is a key enabler for the SHS OD programme and implementation will be monitored through the Corporate Workstream and HR Governance arrangements.

## **7.0 Next Steps**

- 7.1 Launch alongside the MFT Transformation Strategy during NHS Change Week
- 7.2 Further develop key work streams for delivery including leads, roles and responsibilities at Group and hospital level
- 7.3 Board to consider how they adopt the principles of this strategy in the way they work, the starting point being the Board development in December.

## **8.0 Recommendations**

- 8.1 The Interim Board of Directors is asked to approve the MFT Leadership and Culture Strategy.

## **Appendix I**

### **DRAFT MFT Leadership and Culture Strategy 2017-2020**



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## 1.0 Introduction and Purpose

Manchester University NHS Foundation Trust (MFT) was formed on 1<sup>st</sup> October 2017 with the overriding purpose to improve the health and quality of life of our diverse Manchester population. This will be achieved by building an organisation that:

- Excels in quality, safety and patient experience
- Is recognised internationally as a leading healthcare provider
- Attracts, develops and retains great people
- Plays its full part in the GM health and social care economy
- Undertakes large scale research and innovation and teaching for the benefit of the NHS.

MFT is the largest trust in the NHS with around 20,000 staff and a £1.6bn turnover. 40% of all acute activity in Greater Manchester will be provided across what will be 10 hospitals (the tenth, North Manchester General Hospital will join MFT in 2018/19). In addition, community and out of hospital health and social care services across Manchester will be developed as part of the new Local Care Organisation (LCO) which is due to 'go live' in April 2018.

To deliver for Manchester on this scale requires a new structure and a new way of leading and managing which it is acknowledged may need to be adapted to meet the evolving needs of the organisation and the wider system.

The MFT Leadership and Culture Strategy is an evidence based strategy that describes the kind of leadership and culture MFT needs to develop to achieve this transformation, successfully ensure the acquisition of North Manchester General Hospital (NMGH) and sustain high performance in the future. It sets out how this leadership and culture is developed, practised and maintained and it builds on what we already do well and the successful leadership and culture programme of work developed in partnership with NHS Improvement and The Kings Fund. It is a key enabler for implementing the new organisational form and operating model.

A substantial body of evidence shows that during significant change, staff engagement, morale and productivity can suffer and this in turn has an impact on patient experience and outcomes. In addition, research<sup>1</sup> into mergers and acquisitions (particularly in the NHS) shows that a lack of attention to culture, leadership and productivity is responsible for the poor success of large scale integrations.

Organisational culture is defined by the values we live every day and can be seen by how people actually behave: 'the way we do things around here'. It has a major influence on the behaviour of everyone who works in or interacts with our organisation. Culture has a significant impact on how we deliver care, manage our work and interact with patients, colleagues and partners. It also has a profound impact on how we develop new ways of delivering services and the quality of team work and collaboration.

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<sup>1</sup> Foundation trust and NHS trust mergers The Kings Fund 2015

Having the right cultural conditions are also necessary for innovation and successful transformation change. These include an inspiring vision that emphasises the importance of innovation and improvement, autonomy or freedom for staff to develop and implement new ways of doing things

and a commitment to giving staff the skills they need to do this, positive approaches to inclusion and participation; ethos of optimism, cohesion, cooperation and support across teams and boundaries<sup>2</sup>.

The single most powerful influence on culture is leadership- this is leadership from senior and strategic levels to the frontline. **This means every interaction by every member of staff every day influences the extent to which we develop a culture of high quality, continually improving and compassionate care.** Cultures that support high quality care display compassionate, inclusive leadership- they are cultures where all staff at all levels are empowered both as individuals and teams to act to improve care.

National and international evidence identifies 5 cultural elements<sup>3</sup> and associated behaviours which will help MFT to achieve our ambitions on culture and leadership and set the direction for building capacity and capability in improvement and talent management and leadership development. They are vision and values, goals and performance, learning and innovation, support and compassion and team work and form the basis of our primary objectives and details of these can be found in Appendix IV.

The strategy outlines the guidance and plans for developing the conditions outlined above for a compassionate, inclusive and collective or distributed leadership culture.

This perspective proposes that it is not simply the number or quality of individual leaders that determine organisational performance, but the extent to which formal (those in line management roles) and informal leaders (all staff) work together with energy and passion to achieve organisational goals, model the values of the culture we are looking to create and act on their responsibility to continuously improve the quality of care we provide.

Research<sup>4</sup> on the culture and climate in healthcare suggests this more engaging leadership and culture is more effective than traditional models (e.g. top-down, command and control) and is key to enabling culture change so that MFT can:

- Deliver high quality care, value for money and support a healthy and engaged workforce
- Enable staff to show compassion, to speak up and to continuously improve, creating an environment where there is no bullying and people are able to learn
- Stimulate innovation and deliver transformational change
- Help Boards assure their governance in the culture and capability domain of the well-led framework and improve performance.

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<sup>2</sup> Caring for Change Michael West et al 2017

<sup>3</sup> NHS Improvement Culture and Leadership Programme 2017

<sup>4</sup> References to evidence and research relating to this strategy both in the NHS and in other industries can be found either on the Kings Fund or NHSI websites

## 1.1 Alignment

The MFT Leadership and Culture Strategy is an internal strategy that supports the Greater Manchester wide transformation under Devolution Manchester and Manchester Locality Plans.

The core areas for alignment within MFT are with the overall Post-Transaction Integration Plan (PTIP), quality and safety, transformation, communications and engagement, ED&I and people strategies and the patient experience strategy “What matters to me”. It is recognised that as new strategies are developed for MFT (for example clinical and service strategies), then the Leadership and Culture strategy will be a key enabler and will be updated to reflect priorities. The Informatics and Estates and Facilities strategies will be key enablers in ensuring the right digital, social tools and workplace design are in place to enable collaboration

Alignment will require corporate and hospital teams working collaboratively so that the standards and frameworks relating to people, processes and systems are co-designed and enabling. It will also require building further transformation, improvement and organisation development capability among all staff.

## 2.0 Who is this strategy for?

The strategy applies to all staff and should underpin and inform the strategies and decisions on leadership and culture development across all hospital sites.

It is the Board’s responsibility to focus on leadership and culture and to also model the behaviours we are aspiring to develop. Under the group model it will also be the responsibility of the hospital and managed clinical service leadership teams to do the same thing. This strategy will set the standard, expectations and framework for leadership and culture for the Group Board and hospital leadership teams

The MFT Leadership and Culture Strategy is a key enabler for the SHS OD programme and implementation will be monitored through the Corporate Workstream and HR Governance arrangements.

## 3.0 Core underpinning principles

The MFT Leadership and Culture Strategy is underpinned by 3 core principles and these are:

- Compassionate leadership
- Inclusive Leadership
- Staff Engagement

### Compassionate Leadership<sup>5</sup>

The interaction between leaders and their team, where at the heart support and wellbeing is a central principle- compassionate leadership means:

- **Attending**-paying attention to staff
- **Understanding**- finding a shared understanding of the situation they face
- **Empathising**- feeling how it is to be in their situation
- **Helping**- taking intelligent action to help them achieve their purpose

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<sup>5</sup> NHS Improvement Culture and Leadership Programme 2017

**Inclusive leadership:**

Where everyone regardless of role is seen as a valued contributor and are fully responsible for their contribution to success- inclusive leadership means:

- Enabling individuals to develop potential and attainment;
- Offering and being receptive to feedback;
- Devolving decision making and accountability.
- Everyone taking responsibility and holding one another to account for our values and behaviours
- Rewarding good behaviour and challenging poor behaviour
- Developing a fairer, dignified, ethical and humane workplace
- Giving people a voice and ensure everyone is heard

**Staff Engagement**

Creating an environment of trust, where all staff are empowered to drive improvement, thrive and operate at their best- staff engagement means:

- **Affinity**- basic human need is to believe in something- a worthwhile cause often focused on human need (caring)- creates increased effort and effectiveness
- **Affiliation**- sense of belonging created through meaningful involvement- facilitated by managers and successes recognised and celebrated (social connectedness)
- **Autonomy**- defined decision rights to creatively contribute to improvement (control and results)

**This means a leadership culture:**

- Where everyone takes responsibility for ensuring high quality, continually improving and compassionate care
- That is shared in teams and where there is a continual focus on the development of team working
- Where leaders work together across boundaries prioritising patient care overall and not only in their area of responsibility
- That is consistent in its approach – characterised by authenticity, openness, curiosity, kindness, appreciation and above all compassion

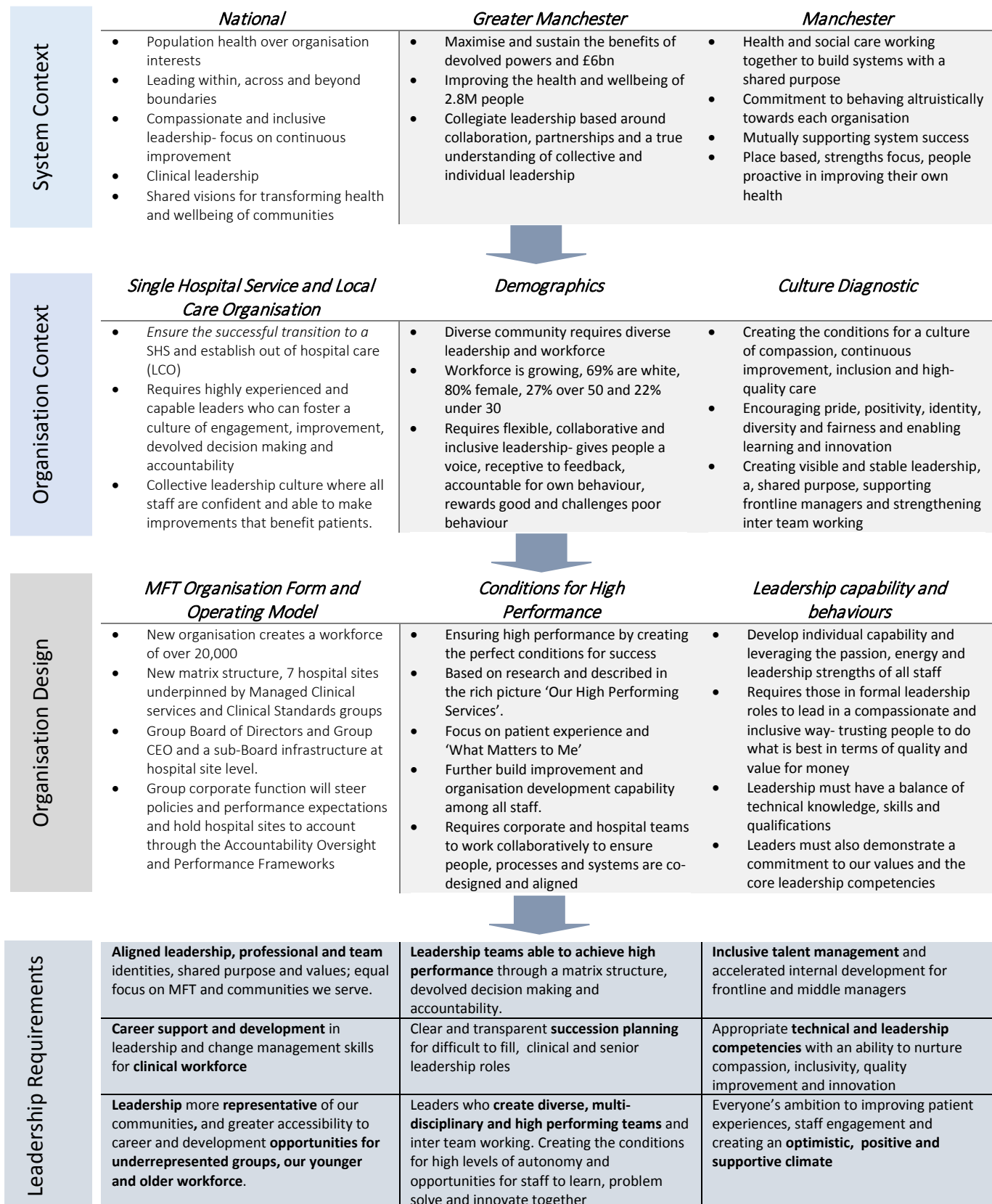
It is this inclusive, compassionate and collective leadership which is necessary to create a high quality and performance culture. The fundamental capabilities of a high performing organisation are having a shared purpose that creates passion, pride and energy, performance and patient (customer) orientated and being values and behaviours led.

To develop this culture, we need leaders (those in formal leadership positions), leadership behaviours (all staff) and leadership collaboration aligned around the vision, values and behaviours of MFT working together to embed the cultural elements referred to earlier.

**4.0 Key Drivers and Context for the MFT Leadership and Culture Strategy**

The summary below of the strategic context for leadership and culture (for full details see Appendix I) identifies the leadership requirements for MFT to deliver against this complex and dynamic environment. This analysis and the substantial body of evidence supporting the development of a leadership culture suggest that delivering against this strategy is a reliable approach to ensuring the success of MFT and our wider transformation programme.

#### 4.0 Summary of the key drivers and context for the MFT Leadership and Culture Strategy



## **5.0 What will success look like?**

Successfully delivering this strategy will mean in 3 years' time we will have developed:

- a thriving, resilient, healthy and high performing Trust
- a learning organisation built for agility and adaptability
- an inspiring and shared vision focussed on quality that creates a sense of purpose, pride and belonging
- fully integrated cohesive teams who work effectively together, across other teams and organisations
- a beacon of excellence on equality and diversity and greater connectivity to and understanding of our communities to ensure better health outcomes
- staff who are willing and able to be leaders of change
- ownership and accountability for high quality care at all levels
- leadership practice and behaviours in line with the values and culture are clearly defined, shared and observed
- high levels of staff engagement where staff are committed to, identify with and believe in the purpose and vision of MFT
- as an employer of choice in Manchester and beyond
- evidence based practice in retaining, developing and acquiring staff required to deliver the vision.

This success will be a key enabler in achieving our ambition to lead healthcare in the NHS and by being in the top decile for quality in its broadest sense not only outcomes and safety but patient and staff experience and operational efficiency. As a result, we will be recognised for excellence in patient and staff experience and the use of technology, facilities and strong leadership are enablers for staff to change.

### **5.1 *Measuring success***

A range of measures building on our current methods will be developed to evaluate and monitor the success of the MFT Leadership and Culture Strategy. These will be collated into a Culture Dashboard and will include the following:

- Staff Survey and Pulse Checks including the Staff Friends and Family Test (SFFT) and staff engagement scores
- Culture diagnostics
- Senior leadership walk rounds
- Appraisal compliance and quality audits
- Learning and development evaluations and student feedback
- Ward accreditation
- External staff awards and recognition
- Internal vs external recruitment/promotion
- Quality Improvement projects
- Retention and attendance rates
- Social media/media commentary- positive stories
- Professional and behaviour/conduct grievances and disciplinarys.
- Achieving outstanding against the CQC Well-Led Domain.

## 6.0 Aim and Primary Objectives

We recognise that MFT will only achieve its ambition through its people and as has already been outlined in this strategy it is leadership and culture which will make the most profound difference to how everyone feels about their work, their value, impact and purpose. The following are pivotal to making this happen.

**The overall aim of the MFT Leadership and Culture strategy is to develop a compassionate, inclusive and high quality care culture that is underpinned by exemplary leadership and ensures the best outcomes for people; improving the health of our local population.**

Our **primary objectives** are focussed on implementing the 5 cultural elements that create a high quality and performing organisation:

### 1. Vision and Values

A constant commitment to quality of care; taking responsibility in your work for living a shared vision and embodying shared values

### 2. Support and Compassion

Support, compassion and inclusion for all patients and staff; making sure all interactions involve careful attention, empathy and intent to take intelligent helping action

### 3. Goals and Performance

Ensuring effective, efficient and performance by ensuring there are clear priorities and objectives at every level and intelligent data constantly informing all about performance

### 4. Learning and Innovation

Continuous learning, quality improvement and innovation, taking responsibility for improving quality, learning and developing better ways of doing things.

### 5. Team work

Enthusiastic cooperation, team working and support within and across organisations, taking responsibility for improving quality, learning and developing better ways of doing things

## 7.0 Leadership and Culture Strategy objectives and proposed actions

The following table illustrates the five primary objectives listed in section 6 and the key leadership components of these which were identified in 4 (secondary objectives). The proposed actions will together deliver against these objectives.



## 7.0 Leadership and Culture Strategy objectives and proposed actions

### Overall Aim

To develop a compassionate, inclusive and high-quality care culture that is underpinned by exemplary leadership and ensures the best outcomes for people; improving the health of our local population.

Primary Objectives	Secondary Objectives	Proposed Actions
<b>Vision and Values</b> A constant commitment to quality of care; taking responsibility in your work for living a shared vision and embodying shared values	<ul style="list-style-type: none"> <li>Aligned leadership, professional and team identities, shared purpose and values; equal focus on MFT and wider system.</li> <li>Clear and transparent succession planning for difficult to fill, clinical and senior leadership roles</li> </ul>	<ul style="list-style-type: none"> <li>Develop and embed shared vision, values and behaviours</li> <li>Design and embed a values and competency based recruitment process</li> <li>Further develop attraction strategies particularly for hard to fill roles</li> <li>Establish inspirational induction and on-boarding</li> <li>Develop and implement a transparent and systematic succession planning process</li> </ul>
<b>Support and Compassion</b> Support, compassion and inclusion for all patients and staff; making sure all interactions involve careful attention, empathy and intent to take intelligent helping action	<ul style="list-style-type: none"> <li>Leadership more representative of our communities; greater accessibility to career and development opportunities for underrepresented groups, our younger and older workforce</li> <li>Everyone's ambition to improving patient experience, staff engagement and creating an optimistic, positive and supportive climate</li> </ul>	<ul style="list-style-type: none"> <li>Further develop and ensure easy access to coaching and mentoring</li> <li>Implement strategies for developing leaders from underrepresented groups, including younger and older workforce</li> <li>Develop a leadership competency and behaviour framework</li> <li>Design and implement a programme of unconscious bias training</li> <li>Further develop and embed effective staff engagement activities</li> </ul>
<b>Goals and Performance</b> Ensuring effective, efficient and high-quality performance by ensuring there are clear priorities and objectives at every level and intelligent data constantly informing all about performance	<ul style="list-style-type: none"> <li>Leadership teams able to achieve high performance through a matrix structure, devolved decision making and accountability.</li> <li>Inclusive talent management and accelerated internal development for frontline and middle managers</li> </ul>	<ul style="list-style-type: none"> <li>Design and embed governance frameworks in line with SOM</li> <li>Create a high-quality performance management and appraisal process</li> <li>Strategically design leadership roles aligned to strategy and culture</li> <li>Design and embed talent management and development for frontline and middle managers including Graduate Management scheme and Apprenticeships</li> <li>Further develop recognition and celebration mechanisms</li> </ul>
<b>Learning and Innovation</b> Continuous learning, quality improvement and innovation, taking responsibility for improving quality, learning and developing better ways of doing things	<ul style="list-style-type: none"> <li>Appropriate technical and leadership competencies with an ability to nurture compassion, inclusivity, quality improvement and innovation</li> <li>Career support and development in leadership and change management skills for clinical workforce</li> </ul>	<ul style="list-style-type: none"> <li>Further implement leadership, change and improvement capability for all levels</li> <li>Embed key principles of this strategy in learning and education curricula</li> <li>Support regular practice of reflexive learning, exchange of ideas and shared learning</li> <li>Further develop and embed medical leadership and engagement framework</li> </ul>
<b>Team work</b> Enthusiastic cooperation, team working and support within and across organisations, taking responsibility for improving quality, learning and developing better ways of doing things	<ul style="list-style-type: none"> <li>Leaders who work in and create high performing teams who learn, problem solve and innovate together</li> <li>Diverse, multi-disciplinary and high performing team and inter team working</li> </ul>	<ul style="list-style-type: none"> <li>Develop and implement a high performing team framework</li> <li>Design, embed and maintain Group Board and Hospital leadership and team development</li> <li>Develop programmes to increase cross team, organisational and professional boundaries</li> </ul>

## 8.0 High-level Road Map

Phase 1 (Dec 2017-Mar 2019)	
Vision and Values	
<ul style="list-style-type: none"> <li>• Develop and embed the MFT vision, strategic narrative and values and behaviours</li> <li>• Implement and spread 'tackling poor behaviour campaign'</li> <li>• Embed a continuous process for diagnosing and measuring culture, including leadership workforce analysis</li> <li>• Establish and redesign where needed attraction, recruitment and induction programmes</li> </ul>	
Learning and Innovation	
<ul style="list-style-type: none"> <li>• Establish quality improvement hub</li> <li>• Develop Medical Leadership and Engagement Framework based on Medical Engagement Scale</li> <li>• Continue to and where needed further develop leadership and change capability development with a specific focus on middle managers and clinicians</li> <li>• Establish Leadership and Management sub group to the Integrated Workforce and Education Committee to set and establish evidence based practice and standards across MFT</li> <li>• Continue to develop and support shared learning and reflective practice</li> </ul>	
Goals and Performance	
<ul style="list-style-type: none"> <li>• Collaborating with key leads develop governance and reporting mechanisms to ensure they reflect and enable the principles of this strategy</li> <li>• Review and establish appraisal process for MFT and including an appraisal quality assessment</li> <li>• Continue to develop and increase access to the MFT Graduate Scheme</li> <li>• Implement MFT Apprenticeship Strategy</li> <li>• Host MFT Staff Awards and Celebration event</li> <li>• Develop and implement Culture Dashboard and evaluation process for measuring the success of this strategy</li> </ul>	
Support and Compassion	
<ul style="list-style-type: none"> <li>• Assess and review current coaching network to establish MFT programme</li> <li>• Extend and further develop mentoring schemes for example for new starters, staff with protected characteristics and peer mentoring for staff managing change</li> <li>• Fully embed a consistent staff engagement programme where all staff can inform strategy development, generate and implement new ideas and improvement, reinforce information sharing and influence decision making</li> <li>• Streamline staff surveys and pulse checks and implement action plans</li> <li>• Design and establish a leadership competency framework that outlines the leadership capabilities and behaviours required of all staff</li> </ul>	
Team working	
<ul style="list-style-type: none"> <li>• Develop a high performing team framework based on the Aston Real Team model and establish a cohort of Team Coaches to support implementation</li> <li>• Provide bespoke team development support for those teams who require support through the integration process</li> <li>• Design and implement Board development programme</li> <li>• As part of Locality and GM plans identify and prioritise support for those working across the system</li> </ul>	

Phase 2 (April 2019-Mar 2020)
Vision and Values
<ul style="list-style-type: none"> <li>• On boarding resources designed and available</li> <li>• Succession planning process prioritising difficult to fill and senior leadership roles in place</li> </ul>
Learning and Innovation
<ul style="list-style-type: none"> <li>• Leadership and improvement academy established</li> <li>• Leadership skills escalator in place</li> <li>• Training and development including under graduate and post graduate clinical and non-clinical programmes reflect the principles of this strategy</li> <li>• Action learning established as a consistent learning methodology</li> </ul>
Goals and Performance
<ul style="list-style-type: none"> <li>• A strengths based/appreciative approach to performance management and reporting in place</li> <li>• MFT workforce development plans that reflect learning and development objectives set at appraisal in place</li> <li>• Evidence based approach to designing leadership roles in place</li> <li>• Further staff recognition and rewards established</li> </ul>
Support and Compassion
<ul style="list-style-type: none"> <li>• Coaching approaches implemented into leadership and management development</li> <li>• Coaching responsibilities built into peoples roles</li> <li>• Talent management approaches for all staff groups established</li> <li>• Digital platform for staff engagement in place</li> <li>• Established and embedded strategies that enable and value diversity at all levels</li> <li>• Conscious and unconscious bias training available for all staff</li> </ul>
Team working
<ul style="list-style-type: none"> <li>• Leadership and team development extended to Governors</li> <li>• Development centres for senior leadership roles and teams implemented</li> </ul>

Phase 3 (Mar 2020-Dec 2020)
Vision and Values
<ul style="list-style-type: none"> <li>• A systematic process for measuring values and compassion established</li> <li>• Systematic mentoring programme for all new starters in place</li> <li>• Individual potential assessment tools designed and implemented</li> <li>• A talent review cycle to understand leader effectiveness in place</li> </ul>
Learning and Innovation
<ul style="list-style-type: none"> <li>• Tools to assess staff orientation to innovation and improvement established</li> <li>• Compassionate behaviour and emotional intelligence training programmes for all staff</li> </ul>
Goals and Performance
<ul style="list-style-type: none"> <li>• Career pathways and talent management processes for frontline and middle managers in place</li> </ul>
Support and Compassion
<ul style="list-style-type: none"> <li>• Online system for connecting coaches and coachees</li> <li>• A consistent approach to 360 appraisals agreed and implemented</li> </ul>
Team Working
<ul style="list-style-type: none"> <li>• A programme of system leadership and inter team working in place</li> </ul>

## 9.0 Detailed Road Map

OBJECTIVES	PROPOSED ACTIONS	YEAR 1	YEAR 2-3	MEASURING SUCCESS
<b>VISION AND VALUES</b> <ul style="list-style-type: none"> <li>• <b>ALIGNED LEADERSHIP, PROFESSIONAL AND TEAM IDENTITIES, SHARED PURPOSE AND VALUES; EQUAL FOCUS ON MFT AND WIDER SYSTEM.</b></li> <li>• <b>CLEAR AND TRANSPARENT SUCCESSION PLANNING FOR DIFFICULT TO FILL, CLINICAL AND SENIOR LEADERSHIP ROLES</b></li> </ul>	<b>Develop and embed shared vision, values and behaviours</b>	<ol style="list-style-type: none"> <li>1. Develop MFT identify, values and associated behaviours with staff</li> <li>2. Develop a clear strategic narrative that ensures the vision for MFT is understood, engages and motivates staff.</li> <li>3. Further develop internal communications to reflect and embed vision and values</li> <li>4. Implement and spread 'Tackling Poor Behaviour Campaign'</li> <li>5. Embed a continuous process for diagnosing and measuring culture</li> <li>6. Design and establish a 'First Impressions' programme</li> </ol>	<ol style="list-style-type: none"> <li>7. Further develop organisation and clinical strategies and business plans that are aligned to the vision and values of MFT</li> <li>8. Ensure learning, education and training reflects and enable the vision and values of MFT</li> <li>9. Review appraisal process to include new vision and values</li> <li>10. Develop methods of measuring values and compassion</li> </ol>	<ul style="list-style-type: none"> <li>• Engage at least 10% of the workforce in the development of identity and vision, values and behaviours</li> <li>• Measure awareness and understanding of vision, values and behaviours via pulse check and staff survey questions</li> <li>• Targeted deep dive diagnostics and use of culture dashboard</li> </ul>
<b>WHAT DOES THIS MEAN?</b> <ul style="list-style-type: none"> <li>• <b>INSPIRING VISION FOCUSED ON QUALITY, THAT IS CLEARLY COMMUNICATED AND BUILDS TRUST</b></li> <li>• <b>STAFF AT ALL LEVELS ARE AWARE OF THE VISION AND DIRECTION OF THE TRUST AND ARE COMMITTED TO CONTRIBUTING TOWARDS ITS ACHIEVEMENT ESPECIALLY THROUGH CHANGE.</b></li> <li>• <b>STAFF CAN SEE HOW PRACTICES AND BEHAVIOURS OF ALL STAFF ALIGNED WITH THE VALUES.</b></li> <li>• <b>STAFF BELIEVE IN WHAT MFT</b></li> </ul>	<b>Design and embed a values and competency based recruitment process</b>	<ol style="list-style-type: none"> <li>1. Include values as part of job descriptions and person specifications as roles are designed starting with business critical roles.</li> <li>2. Introduce values questions into interview practices</li> </ol>	<ol style="list-style-type: none"> <li>3. Introduce values based assessments such as pre-screening assessments, interviewing techniques such as structured interviews, role play or responses to scenarios, assessment centres, psychometric instruments and situational judgement tests (SJTs).</li> </ol>	<ul style="list-style-type: none"> <li>• Assess the retention of levels of staff in roles recruited via values based recruitment compared with those recruited via standard methods</li> </ul>

<p><b>STANDS FOR AND WHAT IT DOES.</b></p> <ul style="list-style-type: none"> <li>• <b>STAFF ARE ENGAGED IN DESIGNING OUR FUTURE</b></li> <li>• <b>SUSTAINABLE WORKPLACE CULTURE AND CONSISTENT PERFORMANCE</b></li> </ul>	<p><b>Further develop attraction strategies particularly for hard to fill roles</b></p>	<ol style="list-style-type: none"> <li>1. Review and where appropriate redesign current attraction strategies in line with MFT vision, values and strategy</li> <li>2. Identify and prioritise business critical hard to fill roles and develop bespoke attraction strategies</li> </ol>	<ol style="list-style-type: none"> <li>3. Expand attraction strategies to meet gaps identified in workforce plans, business cases and development of new/redesigned roles</li> </ol>	<ul style="list-style-type: none"> <li>• Time to fill</li> <li>• Retention rates</li> <li>• Succession plans</li> </ul>
	<p><b>Establish an inspirational induction and on-boarding process</b></p>	<ol style="list-style-type: none"> <li>1. Redesign corporate induction to reflect vision and values and to create a more interactive experience</li> <li>2. Co-design a local values based induction</li> </ol>	<ol style="list-style-type: none"> <li>3. Design and provide easy access to on boarding resources</li> <li>4. Establish a systematic mentoring programme for new starters</li> </ol>	<ul style="list-style-type: none"> <li>• Staff engagement scores for staff survey and pulse check</li> <li>• Induction evaluations</li> <li>• Staff retention</li> </ul>
	<p><b>Develop and implement a transparent systematic succession planning process</b></p>	<ol style="list-style-type: none"> <li>1. Repeat leadership workforce analysis for new organisation structure reviewing future strategy, current state for key roles and work out the gaps and priorities for key roles. Complete this annually.</li> <li>2. Integrate leadership development and succession planning systems by: <ul style="list-style-type: none"> <li>• developing the organisation's mentor network</li> <li>• giving potential leaders project-based</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>3. Develop and embed a succession planning process that includes: <ul style="list-style-type: none"> <li>• Identifying leadership positions and roles that will be most significant or difficult to fill. Review knowledge, skills, attitudes and behaviours required.</li> <li>• Identify potential successors, both in the shorter and longer term.</li> <li>• Provide developmental experiences that reinforce</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• Time to fill</li> <li>• Source and retain a balance of internal and external staff in leadership roles</li> <li>• Attractive career and leadership development opportunities</li> <li>• Succession plans in place</li> </ul>

		<ul style="list-style-type: none"> <li>• learning experiences</li> <li>• exposing potential candidates to a wide range of colleagues across the organisation</li> </ul>	<ul style="list-style-type: none"> <li>• values and develop knowledge and skills</li> <li>• Ensure that succession planning reinforces the Trust values and leadership competencies.</li> </ul>	
			<ol style="list-style-type: none"> <li>4. Implement an individual assessment tool that evaluates an employee's current contribution to the organisation and his or her potential level of contribution.</li> <li>5. Implement a talent review cycle to review leader effectiveness.</li> <li>6. Succession plans in place for Group Board, Hospital Leadership and hard to fill roles</li> <li>7. Embed process for regularly conducting a leadership workforce analysis</li> </ol>	
<b>LEARNING AND INNOVATION</b>				
<ul style="list-style-type: none"> <li>• <b>APPROPRIATE TECHNICAL AND LEADERSHIP COMPETENCIES WITH AN ABILITY TO NURTURE COMPASSION, INCLUSIVITY, QUALITY IMPROVEMENT AND INNOVATION</b></li> <li>• <b>CAREER SUPPORT AND DEVELOPMENT IN LEADERSHIP AND CHANGE MANAGEMENT SKILLS FOR CLINICALWORKFORCE</b></li> </ul>	<b>Further implement leadership, change and improvement capability at all levels</b>	<ol style="list-style-type: none"> <li>1. Seek sustained involvement of all key stakeholders but particularly clinicians in strategy development and generation of new ideas and innovations.</li> <li>2. Implement the Transformation and Innovation hub to enable staff to develop and share new ideas.</li> <li>3. Further develop and adapt quality improvement and</li> </ol>	<ol style="list-style-type: none"> <li>7. Further develop consultation with staff and opportunities for involvement, through 'Ideas into Action' workshops which focus on innovation and quality improvement,</li> <li>8. Introduce as a development component of leadership programmes a focus on personal qualities identified repeatedly in those who are consistently innovative at work</li> </ol>	<ul style="list-style-type: none"> <li>• Staff survey</li> <li>• Medical engagement scores</li> <li>• Cultural diagnostics</li> <li>• Improvement projects</li> <li>• Cost improvement targets</li> <li>• Patient</li> </ul>

<p><b>WHAT WILL IT MEAN?</b></p> <ul style="list-style-type: none"> <li>• <b>EXCELLENCE IN INCLUSIVE LEADERSHIP, IMPROVEMENT AND CHANGE CAPABILITY</b></li> <li>• <b>IDENTIFY AND DEVELOP TALENT - GROWING OUR OWN</b></li> <li>• <b>LEADERSHIP DEVELOPMENT OPPORTUNITIES AT ALL LEVELS, PLUS A TARGETED APPROACH TO INCREASE CAPABILITY OF CLINICIANS AND MIDDLE MANAGERS</b></li> <li>• <b>HIGH LEVELS OF AUTONOMY TO GENERATE IDEAS, IMPLEMENT CHANGE AND INNOVATE</b></li> <li>• <b>STAFF ENCOURAGED TO ACCEPT AND LEARN FROM MISTAKES</b></li> <li>• <b>HIGH LEVELS OF MEDICAL ENGAGEMENT</b></li> <li>• <b>STAFF AND TEAMS HAVE THE KNOWLEDGE, SKILLS, ABILITY AND BEHAVIOURS THAT ENSURE HIGH LEVELS OF INNOVATION AND QUALITY IMPROVEMENT</b></li> </ul>		<p>change skills training programmes currently in place to build a culture of innovation. The current quality improvement and change capability programme is delivered through IQP and in conjunction with the Advancing Quality Alliance (AQuA) with application of a 'Kaisen Permanente' model</p> <ol style="list-style-type: none"> <li>4. As regional host implement Mary Seacole programme</li> <li>5. Quality review and where appropriate redesign leadership and management programmes and development tools. Ensure all leadership programmes include quality improvement projects and build compassionate and inclusive leadership</li> <li>6. Review leadership and quality improvement programmes on offer regionally and across GM against MFT vision, values and Leadership and Culture strategy. Where appropriate ensure staff have access and the opportunity to participate.</li> </ol>	<p>including: attraction to complexity, concern with work and achievement, perseverance, independence of judgement, tolerance of ambiguity, need for autonomy, self-confidence and orientation towards risk-taking.</p> <ol style="list-style-type: none"> <li>9. Implement tools to assess staff orientation towards innovation and improvement including measures of: propensity to innovate, team innovation, confidence in creativity and innovation, assessing creativity and innovation, potential for encouraging others innovation and improvement and conflict management</li> <li>10. Establish leadership and improvement alumni/academy</li> <li>11. Develop compassionate behaviour and emotional intelligence training into programmes for all staff. To include: skills of attending, mindfulness, self-compassion, and understanding, empathising and helping.</li> <li>12. Develop a leadership skills escalator</li> </ol>	<p>experience</p> <ul style="list-style-type: none"> <li>• Ward Accreditation</li> <li>• Research (funding and publications)and awards</li> </ul>
	<p><b>Embed key principles of this strategy in</b></p>	<ol style="list-style-type: none"> <li>1. Through the Integrated Workforce and Education</li> </ol>	<ol style="list-style-type: none"> <li>4. Review internal training programmes to ensure they</li> </ol>	<ul style="list-style-type: none"> <li>• Evaluation metrics from learning and</li> </ul>

	<b>learning and education curricula</b>	<p>Framework ensure the principles, vision and values of this strategy are shared with all teams providing learning and education e.g. OD&amp;T, Practice Education Facilitators, Undergraduate and Postgraduate medical education</p> <ol style="list-style-type: none"> <li>2. Establish Leadership and Management Development sub group to set and establish evidence based standards across MFT</li> <li>3. Working collaboratively with partners in Education review programmes and curricula to ensure they reflect the values of NHS and where possible MFT</li> </ol>	<p>reflect the new vision and values</p> <p>Ensure all programmes emphasise:</p> <ul style="list-style-type: none"> <li>• a constant commitment to high quality compassionate care</li> <li>• Effective, efficient, high quality performance</li> <li>• Support, compassion and inclusion for all patients and staff</li> <li>• Continuous learning, quality improvement and innovation</li> <li>• Enthusiastic co-operation, team working and support within and across boundaries</li> </ul>	<p>education curricula</p> <ul style="list-style-type: none"> <li>• Developments through MMU/MFT strategic alliance</li> </ul>
	<b>Support regular practice of reflexive learning and exchange of ideas</b>	<ol style="list-style-type: none"> <li>1. Continue to support and develop shared learning and reflective practice through Transform Together events and Schwartz Rounds</li> <li>2. Embed Action Learning into existing and newly designed programmes, bringing together groups of leaders (or other staff) to address a known organisational issue or challenge. This provides a guided, integrative, real-time process that addresses complex challenges while developing individual, team</li> </ol>	<ol style="list-style-type: none"> <li>4. Review and share achievements of action learning groups to share best practice and galvanise future change projects.</li> <li>5. Introduce team reflexivity principles to high performing team framework for established teams and also to transient teams such a shift team, theatre team or clinic team, or following specific incidents or problems.</li> </ol>	<ul style="list-style-type: none"> <li>• Staff Survey</li> <li>• Pulse checks</li> <li>• Culture diagnostics</li> <li>• Ward Accreditation</li> <li>• Sickness rates</li> </ul>



		and organisational capacity for leadership.		
		3. Through the High Performing Team Framework support teams to undertake regular team meetings incorporating a focus on successes and areas for development		
	<b>Further develop and embed a medical leadership and engagement framework</b>	1. Review existing practice across MFT and co-design Medical Leadership and Engagement Framework 2. Continue to commission and deliver Newly Appointed Consultant programme and extend to consultants in Wythenshawe 3. Design and implement clinical leadership programme for consultants 5years or more in post for consultants in RMCH as part of the Culture Diagnostic programme. Evaluate and roll out as appropriate. 4. Continue to deliver CEO led and other medical engagement mechanisms	5. Design and implement a medical leadership career pathway 6. Review Medical appraisals to ensure they embed the vision, values and leadership competencies required at MFT 7. Develop engagement and development mechanisms for junior doctors and SpRs. 8. Review recruitment practices in line with wider MFT to ensure values and competency based	<ul style="list-style-type: none"> <li>• Medical engagement scores</li> <li>• Professional and behaviour/ conduct grievances and disciplinarys</li> </ul>
<b>GOALS AND PERFORMANCE</b>				
<ul style="list-style-type: none"> <li>• LEADERSHIP TEAMS ABLE TO</li> </ul>	<b>Design and embed governance frameworks in line with SOM</b>	1. In line and working with key leads ensure governance structures and reporting mechanisms reflect and	5. Work with key leads to embed new governance arrangements across MFT 6. Develop a strengths	<ul style="list-style-type: none"> <li>• Appraisal</li> <li>• Board Assurance Framework</li> <li>• Staff survey and pulse</li> </ul>

<p>ACHIEVE HIGH PERFORMANCE THROUGH A MATRIX STRUCTURE, DEVOLVED DECISION MAKING AND ACCOUNTABILITY.</p> <ul style="list-style-type: none"><li>INCLUSIVE TALENT MANAGEMENT AND ACCELERATED INTERNAL DEVELOPMENT FOR FRONTLINE AND MIDDLE MANAGERS</li></ul>		<p>support development of leadership and culture</p> <p>2. Support the implementation of decision rights, accountability framework and information/performance management</p> <p>3. Senior leadership team having a clear purpose and five or six clear objectives and replicating this clarity of objectives at every level so that each directorate, department, team and individual (via their appraisal process) has clear objectives aligned with the organisation’s purposes, vision, mission and values.</p> <p>4. Develop and implement Culture Dashboard and evaluation process for measuring the success of this strategy</p>	<p>based/appreciative approach to performance reporting and management</p>	<p>checks</p>
<p>WHAT WILL THIS MEAN?</p> <ul style="list-style-type: none"><li>OWNERSHIP AND RESPONSIBILITY FOR HIGH QUALITY CARE AT ALL LEVELS</li><li>VALUES BASED CULTURE THAT ENABLES PERFORMANCE</li><li>GOLDEN THREAD FROM GROUP BOARD DOWN WHERE ALL STAFF HAVE CLEAR AND AGREED GOALS ALIGNED TO THE TRUST VISION, VALUES AND STRATEGY</li><li>HIGH PERFORMANCE IS CELEBRATED.</li><li>HIGHLY EFFECTIVE PERFORMANCE MANAGEMENT PROCESSES WHERE INFORMATION ENABLES STAFF TO ASSESS AND IMPROVE PERFORMANCE</li><li>MOTIVATED STAFF AND INCREASE IN DISCRETIONARY</li></ul>	<p>Create a high quality performance management and appraisal process</p>	<p>1. Review of current Appraisal process to ensure it reinforces the vision, values and culture of MFT by agreeing objectives aligned to the values and organisational aims and ensuring staff are recognised and valued for their efforts</p> <p>2. Design and implement a quality audit for appraisals</p> <p>3. Continue to monitor appraisal compliance to ensure at least 90% of staff receive one</p>	<p>4. Workforce development plans to reflect learning and development objectives set at appraisal</p>	<ul style="list-style-type: none"><li>Appraisal completion rates</li><li>Performance assessments as part of appraisal process</li><li>Feedback on quality of appraisal from audits, staff survey and Pulse Check</li><li>Feedback on understanding and delivering the Trust’s organisational values,</li></ul>

## EFFORT

	annually		behaviours and objectives	
<b>Strategically design leadership roles</b>	1.	Review and design leadership roles so they deliver: direction – achieving agreement on what we are trying to achieve together, alignment – effectively co-ordinating and integrating aspects of the work, so it fits together and serves the shared direction, commitment – people and teams making a success of the whole of MFT.	2. Apply evidence-based approach to designing leadership roles, identifying features of work that lead to intrinsic motivation ensuing a sense of personal responsibility, meaningfulness and knowledge of results. Framed around five job characteristics to support motivation: skill variety, task identity, task significance, autonomy and feedback	<ul style="list-style-type: none"><li>• Use a Job Diagnostic Survey to diagnose their work environment and job design while reviewing leadership roles to gather quantitative feedback as to whether leader role job design supports psychological ownership</li></ul>
<b>Design and embed talent management and development for frontline and middle managers including Graduate Management scheme and Apprenticeships</b>	1.	Introduce the Chartered management apprenticeship programme and ensure programme content aligns to organisation and meets demand for senior / middle management development	4. Develop and implement career pathways and talent management processes for frontline and middle managers (particularly where these don't already exist e.g. A&C staff)	<ul style="list-style-type: none"><li>• Participation numbers</li><li>• Evaluations</li><li>• Staff survey and pulse checks</li><li>• Internal promotions</li><li>• Successful completions of programmes</li></ul>
	2.	Continue to develop and increase access to the MFT Graduate Scheme	5. Expand the Apprenticeship offer to all staff groups in line with the MFT Apprenticeship strategy	
	3.	Review internal and external leadership and management programmes and tools for frontline and middle managers and provide fast track access where appropriate		
<b>Further develop recognition and celebration mechanisms</b>	1.	Develop and deliver an MFT staff awards programme and celebration event	4. Raise awareness of award opportunities and where awards and accolades have been achieved	<ul style="list-style-type: none"><li>• Staff awards</li><li>• Regional/national and international awards</li><li>• No. of Gold Wards</li></ul>
	2.	Continue to embed the Ward		

		<p>Accreditation process and Transform Together events</p> <p>3. Continue to build and spread the Newly Appointed Consultant networking events to showcase good practice, innovation and improvements and shared learning.</p>	<p>5. Further develop staff recognition and rewards with staff</p>	<ul style="list-style-type: none"> <li>• Staff Survey and pulse checks</li> <li>• Patient experience</li> </ul>
<p><b>SUPPORT AND COMPASSION</b></p> <ul style="list-style-type: none"> <li>• <b>LEADERSHIP MORE REPRESENTATIVE OF OUR COMMUNITIES, AND GREATER ACCESSIBILITY TO CAREER AND DEVELOPMENT OPPORTUNITIES FOR UNDERREPRESENTED GROUPS, OUR YOUNGER AND OLDER WORKFORCE</b></li> <li>• <b>EVERYONE'S AMBITION TO IMPROVING PATIENT EXPERIENCES, STAFF ENGAGEMENT AND CREATING AN OPTIMISTIC, POSITIVE AND SUPPORTIVE CLIMATE</b></li> </ul> <p><b>WHAT DOES THIS MEAN?</b></p> <ul style="list-style-type: none"> <li>• <b>STAFF FEEL SUPPORTED BY THEIR MANAGERS, COLLEAGUES AND PATIENTS AND THIS IS EXPRESSED THROUGH THEIR BEHAVIOUR</b></li> <li>• <b>STAFF FEEL MORE CONFIDENT TO DO THINGS FOR</b></li> </ul>	<p><b>Further develop and ensure easy access to coaching, mentoring and wellbeing support</b></p>	<p>1. Extend coaching network across the organisation, providing coaching skills accredited training for coaches. Build further a non-hierarchical multi-disciplinary offer.</p> <p>2. Extend the Reverse Mentoring scheme which aims to support the development and progression of staff in three protected characteristic groups</p> <p>3. Offer peer mentoring to support those coming through development and change capability building programmes and those delivering change or service improvement work.</p> <p>4. In partnership with the Employee Wellbeing Service ensure easy access to support through the Employee Assistance Programme, health and wellbeing activities, stress</p>	<p>5. Implement coaching style of management into leadership and management development interventions to enable leaders and managers to develop and empower their teams.</p> <p>6. Build coaching responsibilities into people's jobs and providing appropriate time and recognition for this contribution</p> <p>7. Build an on-line system for connecting coaches and coachees</p>	<ul style="list-style-type: none"> <li>• Cultural diagnostics</li> <li>• Staff survey and pulse checks</li> <li>• Grievance rates</li> <li>• Participants on programmes</li> <li>• Programme evaluations</li> <li>• Collective 360 results</li> </ul>

<p><b>THEMSELVES (SOLVE PROBLEMS, MAKE CHANGES) AND ARE ENABLED THROUGH COACHING BEHAVIOURS</b></p> <ul style="list-style-type: none"> <li>• IMPROVED SOCIAL RESPONSIBILITY AND CONNECTION WITH OUR COMMUNITY</li> <li>• STAFF ARE MORE RESILIENT AND FLEXIBLE IN A DYNAMIC ENVIRONMENT AND CHALLENGING SITUATIONS</li> <li>• STAFF WHO ARE MORE AWARE OF THEIR OWN BIAS, IMPROVING POSITIVE INTERACTIONS AND REDUCING PREJUDICE AND DISCRIMINATION</li> </ul>	and resilience training.			
	<b>Implement strategies for developing leaders from underrepresented groups, including the younger and older workforce</b>	1.	Set and quickly achieve ambitious goals for ensuring that staff and leadership roles are demographically representative of the local community with an aim to achieve this at every level within five years	2. Implement supporting initiatives such as mobility policies and quotas to influence selection and promotion decisions and review job designs to include workplace accessibility 3. Review and develop career pathways and talent development opportunities for the under 25s and over 55s. Including mentoring and knowledge sharing practices. Accelerate access where appropriate. <ul style="list-style-type: none"> <li>• WRES</li> <li>• Staff Survey and Pulse Checks</li> <li>• Grievances</li> </ul>
	<b>Develop and embed a leadership competency framework</b>	1.	In line with the development of the MFT values and the behaviours underpinning this strategy develop a leadership behaviours and competency framework	3. Design and implement (adopt national guidance if appropriate) a leadership 360 <ul style="list-style-type: none"> <li>• Appraisals</li> <li>• Staff survey and pulse checks</li> <li>• Retention</li> </ul>
		2.	Align recruitment and leadership development to the framework.	
	<b>Design and implement a programme of unconscious bias training</b>	1.	Review current Equality and Diversity training ensuring it educates all staff about the Workforce Race Equality Standard (WRES) and further develop and implement Unconscious Bias training.	3. Review recruitment practices to ensure process and all recruiters are trained appropriately <ul style="list-style-type: none"> <li>• WRES</li> <li>• Staff Survey and Pulse Checks</li> <li>• Grievances</li> </ul>
		2.		
	<b>Further develop and embed effective staff</b>	1.	In partnership with Communications continue to	5. Further develop opportunities for staff to share views ideas, <ul style="list-style-type: none"> <li>• Staff survey and pulse checks</li> </ul>

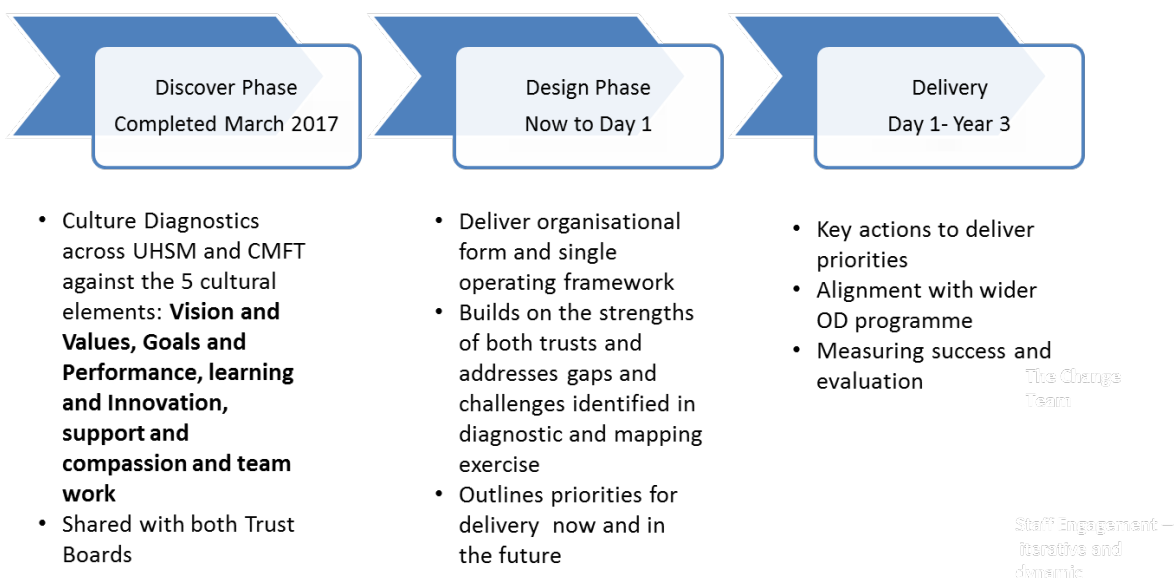
	<p><b>engagement activities</b></p> <p>develop and embed a programme of staff engagement processes and events that reinforce information sharing, ensure staff are able to influence decision making and are genuinely able to participate in changes and where staff feel able to speak up without blame.</p> <ol style="list-style-type: none"> <li>2. Continue to align staff engagement activity to patient experience 'what matters to me' to ensure the patient voice is included.</li> <li>3. Streamline staff pulse checks to measure SFFT and staff engagement quarterly</li> <li>4. Develop and implement staff survey action plan</li> </ol>	<p>learning and good practice through digital technologies and staff engagement platforms</p>
<p><b>TEAM WORKING</b></p> <ul style="list-style-type: none"> <li>• <b>LEADERS WHO WORK IN AND CREATE HIGH PERFORMING TEAMS WHO LEARN, PROBLEM SOLVE AND INNOVATE TOGETHER</b></li> <li>• <b>DIVERSE, MULTI-DISCIPLINARY AND HIGH PERFORMING TEAM AND INTER TEAM WORKING</b></li> </ul> <p><b>WHAT DOES THIS MEAN?</b></p>	<p><b>Develop and implement a high performing team framework</b></p> <ol style="list-style-type: none"> <li>1. Identify immediately those teams which require immediate support and ensure the necessary resources are in place</li> <li>2. Build on the evidence base of the Aston Real Team framework embed a high performing team approach across MFT.</li> <li>3. Develop a cohort of Team Coaches who will work with team leaders prioritising those</li> </ol>	<ol style="list-style-type: none"> <li>5. As part of high performing team framework include tailored support for teams throughout their lifecycle by further building on the number of team coaches and team leaders able to implement the framework for themselves.</li> </ol> <ul style="list-style-type: none"> <li>• Team diagnostics</li> <li>• Staff survey and pulse checks</li> <li>• Cultural diagnostics</li> </ul>

- **INTEGRATED HIGH PERFORMING TEAMS**
- **NEED TO SHIFT FOCUS FROM INDIVIDUAL TO TEAM LEARNING**
- **TEAMS NEED TO BE EMPOWERED AND SKILLED TO FIX THEMSELVES.**
- **ADVOCATE THE ONE TEAM CULTURE –TEAMS ARE AWARE AND APPRECIATE THE WHOLE SYSTEM AND NOT JUST THEIR OWN AREA.**
- **TEAM MEMBERS UNDERSTAND HOW THEY CONTRIBUTE TO THE TRUST PERFORMANCE**
- **THEY ENCOURAGE ONE ANOTHER TO PERFORM AT THEIR BEST**
- **CULTURE AND OBJECTIVES ALIGNED ACROSS ORGANISATION BOUNDARIES**

		team who require immediate intervention and/or in the first phase of integration		
		4. Develop team leadership training as part of leadership offer.		
<b>Design, embed and maintain Group and Hospital Board leadership and team development</b>	1. Implement a development programme to support senior team working to include Myers Briggs and Belbin 2. As part of the Board seminar and workshop programme establish regular learning, discussion and debate on leadership and culture at MFT	3. Extend leadership development to governors 4. Design and implement development centres for senior leadership roles	<ul style="list-style-type: none"> <li>• Team diagnostics</li> <li>• Staff survey and pulse checks</li> <li>• Cultural diagnostics</li> </ul>	
<b>Support to collectively lead across organisational and professional boundaries</b>	1. Work to identify and prioritise support for those working across the system. Share and embed five principles for system leadership: developing a shared purpose and vision, ensuring frequent personal contact, surfacing and resolving conflicts, behaving altruistically towards each other, and committing to working together for the longer term.	2. Continue to develop system leadership and inter team working through the high performing team framework and leadership development	<ul style="list-style-type: none"> <li>• Stakeholder surveys and cultural diagnostics</li> </ul>	

## 10.0 Developing our Leadership and Culture strategy

The MFT Leadership and Culture strategy has been developed in line with the NHSI and Kings Fund culture pilot programme and involves a cross section of staff (see Appendix V for key stakeholders). It is being developed in 3 phases:



## 11.0 Stakeholders and Contributors

The MFT Leadership and Culture Strategy has been developed collaboratively with people across a range of professions, roles and services.

Thank you to all those who contributed both their time and expertise.

A list of all those who have been directly involved is below:

❖ Debra Armstrong	❖ Helen Bateman	❖ Bethany Darbyshire
❖ Mags Bradbury	❖ Marilyn Brandwood	❖ Stacy Bullock
❖ Claire Davies	❖ Stephen Dickson	❖ Helen Dixon
❖ Kirsty Dodgson	❖ Rowan Fawcett	❖ Karen Fishwick
❖ Marion Gallagher	❖ Sinéad Gamble	❖ Vanessa Gardener
❖ Victoria Hall	❖ Stephen Hodges	❖ Sarah Ingleby
❖ Karen Kemp	❖ Lindsey Fair	❖ Marie Marshall
❖ Nigel Moloney	❖ Nichol Orton	❖ Ann Parker-Clements
❖ Craig Parsons	❖ Sara Renwick	❖ Jo Roberts
❖ Tracy Shawcross	❖ Emma Shooter	❖ Walter Tann



❖ Anne-Mare Varney	❖ Louise Weave-Lowe	❖ Glyn Wood
❖ Adam Johnson	❖ Andrew Lloyd	❖ Anna Cooper-Shepherd
❖ Anne-Marie Miller	❖ Bethany Waller	❖ Binita Kan
❖ Cara Saxon	❖ Caroline Parkin	❖ Chris Skene
❖ Claire Cook	❖ Claire Moore	❖ Claire Bellhartley
❖ Damian Barton	❖ Giselle Rusted	❖ Imelda Arthern
❖ James Gray	❖ Janet Brennan	❖ Janet Wilkinson
❖ Jaydeep Sarma	❖ Jean Turner	❖ Joanne Davies
❖ Joanne Stephenson	❖ Karen Moore	❖ Karen Zaman
❖ Katherine Sellers	❖ Katie Woolley	❖ Keeley Hegarty
❖ Lauren Wentworth	❖ Leah Potter	❖ Marie Dolan
❖ Marie Mathew	❖ Mary Flannery	❖ Matt Graham
❖ Mike Channon	❖ Naomi Ledwith	❖ Natasha Collins
❖ Nicola Barnes	❖ Patrizia Capozzi	❖ Peta Stross
❖ Rachel Koutsavakis	❖ Chris Skene	❖ Tina Rogan

## **Appendices**

## Appendix I Context

### *National Context*

We are all operating in challenging environments characterised by the increasing complex needs of an aging population, workforce shortages and the slowing growth in the NHS budget. Also across England health and social care organisations are working together to reduce and where possible eliminate barriers between primary care and hospitals, physical health and mental health and between health and social care. This means putting the health and care of an individual, population health and wellbeing and improving value for money ahead of organisational interests.<sup>6</sup>

This puts new demands on leadership. As set out in the NHSI Developing People-improving care Framework leaders are now expected to lead within, across and beyond organisations, sectors and in ambiguous and complex environments. They are expected to build trusting relationships, lead change and improvement which include implementing wide ranging changes to care, teams and organisations and in partnership with patients and communities. However they will only be successful if they are skilled in compassionate and inclusive leadership, have the power to engage, energise and motivate staff by recognising strengths and trusting people to do their best.<sup>7</sup>

Successfully reshaping our health and social care systems will require strong clinical leadership but clinicians have had in the past less opportunity for training in major change management and little career support for challenging perceived boundaries between clinical and management roles – hence maybe impacting on clinicians applying or seeing senior and system leadership roles as attractive or feasible.<sup>8</sup>

There is a growing focus on the importance of leading across the health and social care system- system leadership- which requires leaders to develop shared visions for transforming the health and wellbeing of communities, building networks of leaders who work together to build trust and deliver real change for communities, have a shared commitment to work together for medium and long term objectives and to resolving conflicts quickly, fairly and collaboratively. They also must have an overt commitment to behave altruistically towards each other's organisations, mutually supporting the system success to transform the health and wellbeing of communities.<sup>9</sup>

These developments in leadership in the NHS are now reflected in the recently reviewed NHS Well-Led Framework which now provides strengthened content on leadership, culture, system working and quality improvement.<sup>10</sup>

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<sup>6</sup> NHS Five Year Forward View 2014

<sup>7</sup> Developing People-.Improving Care- a national framework for action on improvement and leadership development for NHS Funded services 2017

<sup>8</sup> Developing People-.Improving Care- a national framework for action on improvement and leadership development for NHS Funded services 2017

<sup>9</sup> Leading across the health and care system The Kings Fund

<sup>10</sup> Developmental Reviews of Leadership and Governance using the well-led framework 2017

## ***Greater Manchester (GM)***

The Cities and Local Government Devolution Act 2016 is intended to support the delivery of the Governments manifesto commitment to devolve powers and budgets to create and improve growth in England. Stronger Together, Greater Manchester Strategy 2013 outlines growth and reform for GM.

The vision for GM health and social care reform as defined in The Plan<sup>11</sup> is 'to ensure the fastest possible improvements to the health and wellbeing of the 2.8 million population of GM and this in turn means delivering the fastest and most comprehensive improvements in the capacity and capability of the whole of the GM health and social care workforce. The GM workforce strategy<sup>12</sup> focuses on enabling better community and acute care through workforce transformation, learning and development, leadership and talent management

To realise this vision and maximise and sustain the benefits from devolved powers and the £6bn health and social care budget, leaders across GM need to deliver focussed and 'collegiate leadership of GM based around collaboration, partnerships and a true understanding that through collective and individual leadership we are strong'<sup>13</sup>.

## ***Manchester Locality Plan***

Across Manchester, health and care organisations are working collaboratively to build health and care systems with the shared purpose of improving the health and wellbeing of the population of Manchester.

There are two main strategies influencing health and social care in Manchester.

In January 2016 Our Manchester strategy was launched and seeks to develop a new approach by public sector organisations working with people and communities by starting from strengths e.g. what can people do rather than what they can't do and therefore is aimed at enabling people and communities to be active partners in improving their own health and wellbeing.

Through the implementation of the Manchester Healthier Together Locality Plan we are striving to deliver three core transformation change programmes; the development of a single commissioning service for Manchester, development of out of hospital care by establishing the Local Care Organisation and the creation of the SHS.

The creation of the SHS, a new, city-wide hospital Trust, will provide much better, safer, more consistent hospital care that's fit for the future and for people living in the City of Manchester, Trafford, and beyond.

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<sup>11</sup> GMHSCP Taking Charge of our Health and Social Care in GM-The Plan

<sup>12</sup> GMCA: Developing a sustainable workforce in Greater Manchester 2016-2021 (Draft v0.5)

<sup>13</sup> Stronger Together, Greater Manchester Strategy 2013

Through changing the way we deliver care we will address a number of health inequalities in our region, building an organisation that is fit and sustainable for the future in the light of rising demand on services, staff shortages and significant money pressures.

The Manchester Locality Workforce Plan describes the leadership required to deliver these changes as encouraging collaboration, continuous improvement in quality and leaders particularly clinical leaders with clear accountability and devolved responsibility to deliver outstanding patient care. Distributing leadership and sharing decision making with front line staff will build localised and flexible services with ownership and responsibility for high quality, safe and affordable care.

This changing landscape has led to organisational, service changes and new integrated models of care which in turn has introduced new organisational forms and operating frameworks.

#### **4.4     *Local Demographics***

Further analysis needs to be completed to more accurately profile our leadership however based on the information we currently have the following demographics are useful in helping us initially in developing the qualities of our leadership.

Approximately 12% of the population of Manchester are aged 65 or older, and it is predicted that this figure will double by 2050. The population in the UK is getting older with 18% aged 65 and over and 2.4% aged 85 and over. Manchester has a young population, with the largest student population of any city in Europe, home to over 100,000 students.

The first phase of the development of a SHS sees our workforce grow to a total of 19,527. 69% of which are white British, 80% are female, 27% are over the age of 50 and 22% are under 30.

31% (over 6,000 staff) of our total workforce are in Bands 6-8a which account for the majority of our frontline managers.

On the central site the percentage of female staff in every pay band is higher with the exception of Band 9 and Medical and Dental. Although there have been improvements in the number of staff from a BME background in bands 7-8b roles only 1.8% of staff in Bands 8c-9 are BME and there are currently no BME staff at Wythenshawe are working at Bands 8c-9.. We also know that staff from a BME background are more likely to experience discrimination, harassment and bullying from staff and patients and are less happy with the opportunities they have for career progression.

Having diverse leaders who value and encourage diversity has been shown to have wide reaching benefits for organisations. Research shows that diversity of leaders can improve creativity and innovation, bring positive challenge to decision making, improve better patient care and staff retention.

To be truly innovative, there has to be an exchange of ideas through debate among diverse groups. A cohort of researchers who wrote "Collective Genius," found that all too often, leaders and their groups solve problems through domination or compromise, resulting in less than inventive solutions. Leaders can create the context to allow innovation to unfold by encouraging ideas from a diverse team whose members believe they can truly bring their whole selves to work.

There is a small but increasing body of research that outlines the impact of implicit bias in the decisions we make about the care of patients. One mechanism to prevent this bias is to have a diversity of views and background and an inclusive leadership culture that values difference.

An age diverse workforce also has clear benefits. Research suggests that there are some significant benefits to engaging the younger workforce such as enhanced loyalty, reduced turnover and cost effectiveness. However it will be the value they bring in terms of greater flexibility, willingness to learn, high energy and the insights and connections to our patients and community that will bring the greatest benefits. Improving access and progression routes for our younger workforce through apprenticeships, graduate schemes and knowledge transfer approaches will have a significant impact on our future leadership pipeline and collective culture.

The same level of focus will need to be on our older workforce who hold a wealth of knowledge, organisational memory and experience which is essential to hold on to through mentoring, coaching, learning and leadership development.

Tensions created through difference and generations can threaten morale and increase turnover therefore aligning our diverse workforce and the generations requires a flexible, supportive and engaging leadership approach.<sup>14</sup>

### ***Culture Diagnostics***

The culture diagnostics<sup>15</sup> completed in the design phase have highlighted some key areas for focus in the leadership and culture strategy. The following is a high level summary of the strengths staff identified and also those areas where we have an opportunity to address and/or change (more detail can be found in Appendix III):

The following were identified as areas of strength that we could build on:

- Putting patients at the centre and quality being at the heart of everything
- Getting the balance right between strong performance and lines of accountability and a friendly, caring and community spirit.
- Encouraging pride, positivity and identity, diversity and fairness and enabling learning and innovation
- Highly motivated staff who work in effective teams
- Staff contribution to ideas and improvement
- Raising and reporting concerns
- Connected Boards who care about patients and our services

The following opportunities for change are:

- Building the stability and visibility of the Executive and senior management teams
- Creating a shared and clearly understood vision
- Challenging and addressing poor behaviour.
- Supporting and developing frontline and middle managers particularly those in operational support and management roles
- Strengthen inter-team and collaborative working across professions, services and organisations
- Reducing the gap between staff perception of their own leadership capability and that of their managers or leaders

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<sup>14</sup> Hays , 2013

<sup>15</sup> See UHSM and CMFT BoD and TMB papers April 2016 for full diagnostic results

- Succession planning and developing clear career progression and development particularly for, difficult to fill and clinical leadership roles, A&C and underrepresented staff.
- Paying attention to the disconnect between 'I' and 'Trust' = 'We', through a focus on staff engagement.

## **Impact of context on MFT design and operating principles**

### ***MFT Organisation form***

The merger of UHSM and CMFT has established one of the largest trusts in the NHS with almost 20,000 staff. The second phase of SHS will see services from North Manchester also coming under the MFT Group and this will increase the workforce still further. The size and scale of MFT requires a new structure and a new way of leading and managing which it is acknowledged may need to be adapted to meet the evolving needs of the organisation and the wider system.

The organisational form of MFT (see Appendix II) has been drawn from research both nationally and internationally and is designed to facilitate the delivery of the organisational aims set out earlier.

It should also enable MFT to:

- Lead on translational research and innovation
- Be at the forefront of precision medicine
- Maintain the strong identity of our hospitals
- Deliver single services to realise the benefits of the SHS

The structure (Appendix II) is closely aligned to the existing hospitals and aims to combine clear accountability based on hospital site, with a mechanism for driving standardisation across hospitals.

It aims to exploit the synergies between services that might sit across different hospital sites.

The design has taken into account those services that are provided on a Greater Manchester, North West or national footprint. This is clearly not all services, but those specialised services that are already delivered on a networked basis and those that we might in future develop on a footprint that extend beyond the Trust.

There are 7 Hospital Sites in the new organisation and underpinning and complementing the work of the Hospital Sites are Clinical Standards Groups (CSGs) and Managed Clinical Services (MCS).

The CSGs will lead the work to deliver the standardisation agenda, setting the standards for specific groups of clinical services and the MCSs will take responsibility for operational delivery for specific services across a number of Trust sites and ensure delivery of the clinical standards across services relevant to them

Given the size, operating scale, workforce numbers, extent of estate and potential for further expansion the new organisation requires highly experienced and capable leaders. The structure includes a group Board of Directors led by the Group CEO and a sub-Board infrastructure at Hospital site level. It will also require leadership arrangements and ways of operating that place responsibility and accountability as close to the patient as possible.

### ***MFT Single Operating Model***

The Hospital Leadership Team will be responsible for ensuring an effective governance structure is in place to support delivery of the KPIs as set out in the Trust Performance Management Framework and will be resourced with the appropriate levels of managerial and professional expertise to form the Hospital Board.

The Hospital Leadership Team will be responsible for:

- achievement of clinical standards
- delivery of contracted/commissioned activity
- meeting NHS targets
- budget management
- employment and management of staff
- Creating an inclusive and compassionate high quality care culture where everyone is responsible and able to provide the best care and outcomes for patients.

Each hospital will have a Chief Executive who will ensure the Hospital is clinically led through a range of mechanisms, including specialty / ward clinical leadership teams with explicit accountability and performance expectations. The managed clinical services and clinical standards groups will also have identified leadership.

Managing service delivery will be guided by standardised frameworks, but there remains a need for some local judgement and flexibility. Where standard operating procedures are not in place, and they cannot cover every eventuality, local teams will use their judgement and be guided by the culture, values and expected behaviours promoted by the Group and Hospital Boards.

The Group Chief Executive and Executive Directors will take responsibility for the overall success of the organisation, and ensure corporate governance. They will run corporate policy making functions, including all corporate functions necessary to steer the organisation by defining and establishing corporate policies and performance expectations. Having set policies, the Group Executive Directors will hold Hospital Sites to account through the Accountability Oversight Framework (AOF) for implementation of policy and meeting and exceeding performance expectations.

The AOF is underpinned by a performance management framework to ensure a focus on, and to drive forward, performance across the organisation. The arrangements seek to foster the leadership culture described by the 5 cultural elements and specifically one of devolved decision making and accountability where decisions and improvement is made as close to the patient as possible.

### ***Creating the perfect conditions***

The perfect conditions will have to be in place to enable an inclusive, compassionate and high quality care culture.

The culture and conditions we are looking to develop are described in the rich picture 'Our High Performing Services' (Appendix III). Developed with staff, aligned to the patient experience programme 'What Matters to Me' and based on the research referred to in this strategy, the rich picture illustrates the 5 cultural elements (vision and values, support and compassion, goals and performance, learning and innovation and team work) and the following conditions:

- Collective leadership behaviours aligned to embed the 5 cultural elements and decision making closest to our patients



- Enabling hospital and service structures and processes
- A diverse workforce with the right skills and experience
- Effective performance and information systems
- Suitable and clean environment
- Professional and operational excellence
- Easy access to and a range of employee health and wellbeing services
- Effective systems and processes for staff and patient feedback and involvement
- Effective and positive communication

Creating the perfect conditions will require corporate and hospital teams working collaboratively so that the standards and frameworks relating to people, processes and systems are co-designed and aligned. It will also require building further transformation, improvement and organisation development capability among all staff.

### ***Leadership capability and behaviour***

We already work in very demanding circumstances and this level of change and complexity places even further pressure on the leadership, skills and morale of our entire workforce as not only do we need to ensure we are meeting the demands of the here and now we need to change the way we work and in some instances where we work to realise the benefits of this transformation.

The success of MFT will depend on recognising and developing individual capability and leveraging the collective leadership strengths of staff to work with patients and our community to make health and care better. However this will be dependent on those in formal clinical and management leadership roles having the skills to lead teams in a compassionate and inclusive way- trusting people to do what is best in terms of quality and value for money. This is the key to creating a culture that engages and supports staff and embeds continuous improvement.

The leadership therefore must have an effective balance of technical knowledge, skills and backgrounds and be appropriately qualified to discharge their roles effectively, including setting strategy, monitoring and managing performance and nurturing continuous quality improvement. They must also demonstrate a commitment to our values and behaviours.

Based on research and references made in this strategy and the 10 leadership behaviours <sup>16</sup>(see Appendix IV) which underpin the five cultural elements, the core leadership competencies required for MFT are described below. These will be further developed as part of this strategy.

### **Vision and Values**

#### ***A constant commitment to quality of care; taking responsibility in your work for living a shared vision and embodying shared values***

- Puts patient centred and high quality care at the heart of decision making
- Communicates with passion an inspiring and shared vision
- Harnesses the energy and drives skills of others through influence and networks
- Helps others embrace change and builds confidence in success
- Ensures agreed and shared objectives at all levels

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<sup>16</sup> NHS Improvement Culture and Leadership Programme 2017

### **Support and Compassion**

***Support, compassion and inclusion for all patients and staff; making sure all interactions involve careful attention, empathy and intent to take intelligent helping action***

- Shows persistence and resilience, adapts style and manages own emotional responses
- Listens carefully, pays attention to and is empathic with people; showing genuine concern and compassion
- Regularly engages with a wide range of patients to seek feedback and ensuring a diversity of views are heard
- Continuously seeks out opportunities for self-development and models reflective practice to learn from mistakes

### **Goals and Performance**

***Ensuring effective, efficient and high quality performance by ensuring there are clear priorities and objectives at every level and intelligent data constantly informing all about performance***

- Committed to ensuring that there are the necessary resources to get the job done, where possible finding resources and encouraging people to make the best use of limited resources
- Encourages and develops entrepreneurial thinking, initiative, innovation and ambition in self and colleagues
- Sets high expectations of accountability and performance and provides constructive feedback on these
- Identifies and deals with performance and behaviour problems

### **Learning and Innovation**

***Continuous learning, quality improvement and innovation, taking responsibility for improving quality, learning and developing better ways of doing things.***

- Encourages a culture of high levels of autonomy where all staff are supported to implement improvements
- Displays a coaching and facilitative approach when working with others, adapting leadership style to aid development and enabling learning
- Acts as an accelerator of change, eliminating barriers when necessary and champions learning and capability development and new ideas for improvement
- Open and curious to new approaches and positive about taking appropriate risks

### **Team work**

***Enthusiastic cooperation, team working and support within and across organisations, taking responsibility for improving quality, learning and developing better ways of doing things***

- Ensures team members have clarity of direction, a shared understanding about the teams direction and objectives and encourages members to focus on overall organisational and system success
- Builds trust and cohesion and contributes to resolving conflicts quickly and fairly
- Uses collaboration, cooperation and personal credibility to build and maintain positive relationships inside and outside the Trust
- Leverages uncertainty to create change and more flexible mindsets and beliefs
- Encourages multi-disciplinary team working recognising the value that every team member can add and skills/knowledge that they can bring

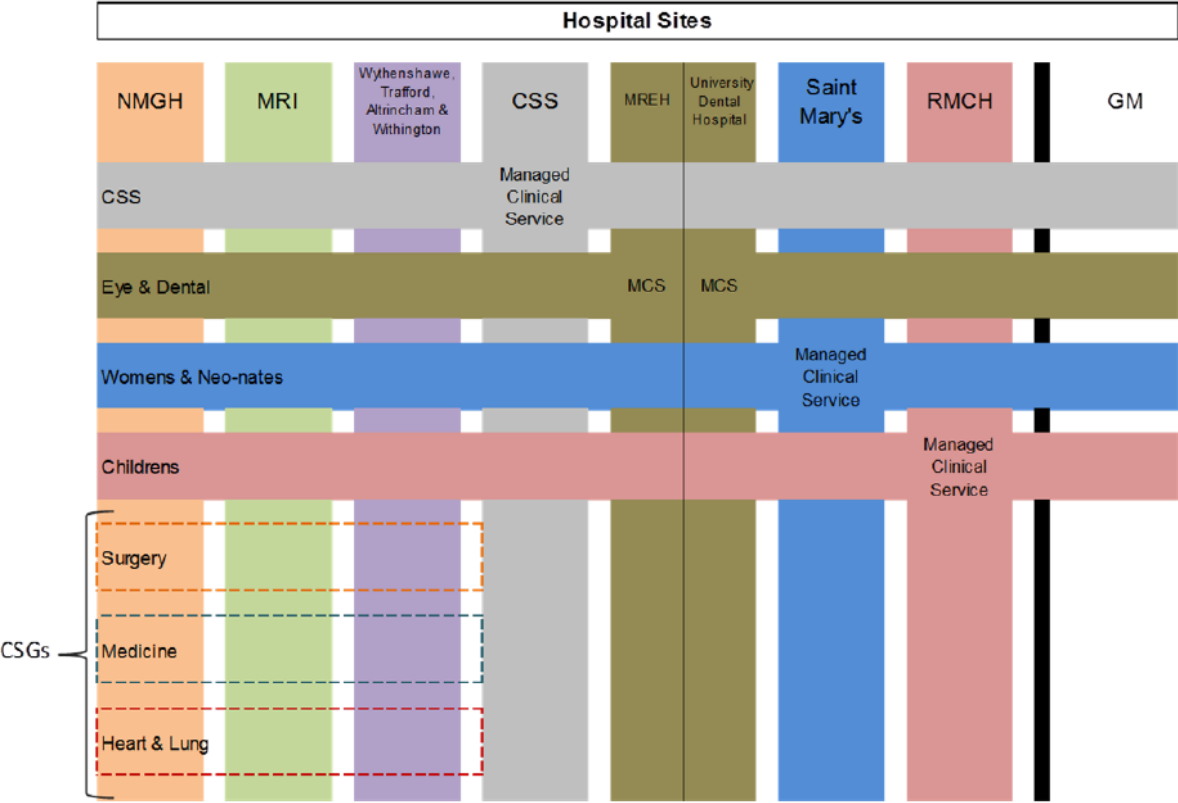
The strategic context, changes in organisational form and operating model mean changes in culture and leadership and this will require specific skills and development needs and solutions.

## Leadership and culture requirements

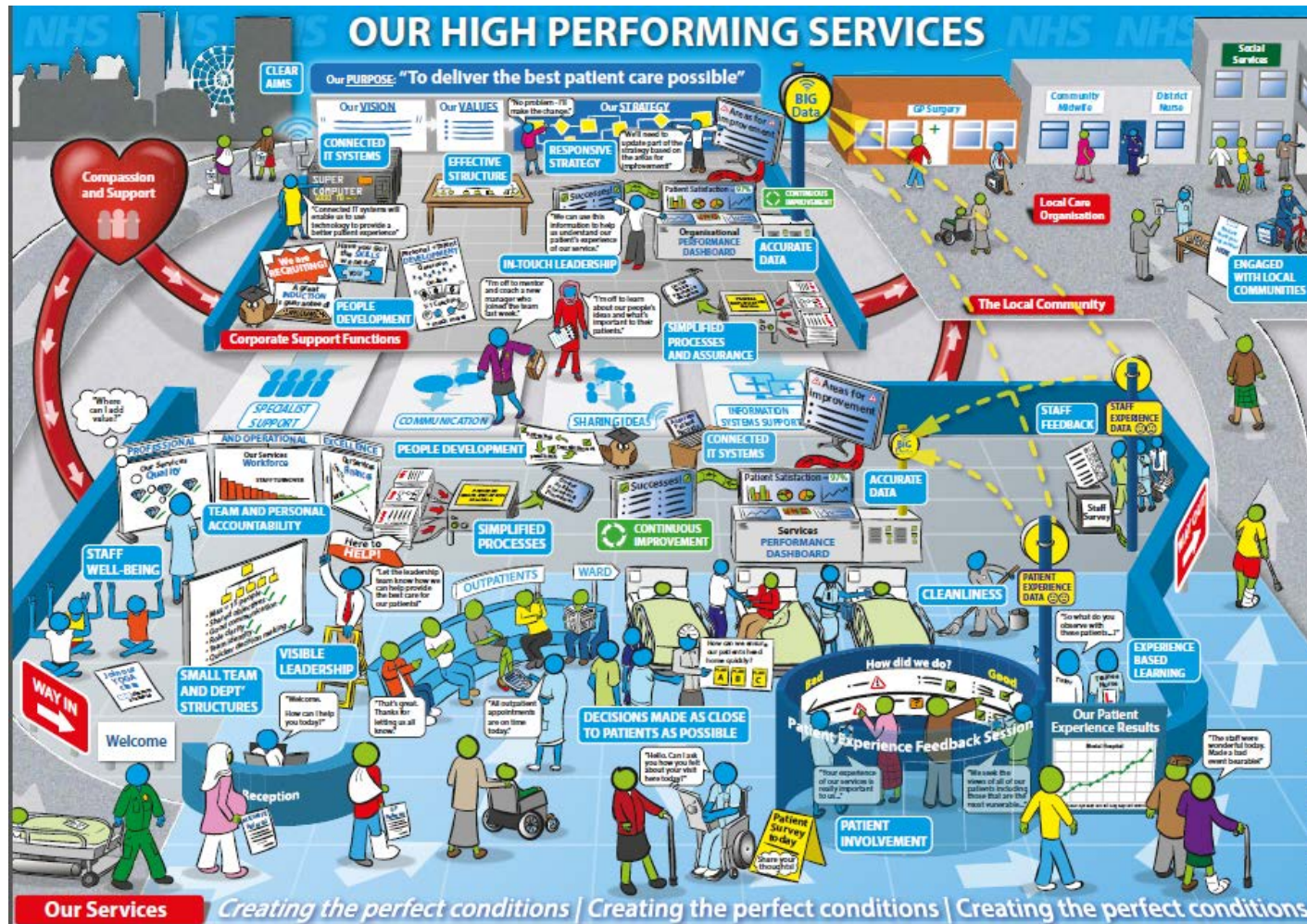
Based on the above context and a more detailed mapping exercise (Appendix V) the following is a summary of the leadership and culture requirements needed to ensure the development of a compassionate, inclusive and high quality care culture that is underpinned by exemplary leadership and ensures the best outcomes for people; improving the health of our local population.

- Align leadership, professional and team identities to the new organisation creating a shared purpose and values and maintaining a balanced focus between MFT and the wider GM and Manchester system
- New structure, growth and new operating model will require new visible and stable leadership roles at group, corporate and hospital levels that are able to achieve high performance through a matrix structure, devolved decision making and accountability.
- Talent management and accelerated internal development for frontline and middle managers
- Clear and transparent succession planning for difficult to fill, clinical and senior leadership roles
- Those in formal leadership roles to have a balance of technical knowledge, skills and backgrounds and be appropriately qualified to discharge their roles effectively, including setting strategy, monitoring and managing performance and nurturing compassion, inclusivity and continuous quality improvement.
- Our medical leaders require career support and development in leadership and change management skills to attract more clinicians into more senior management roles and strengthen medical engagement
- Leadership that is more representative of our communities, talent management and accelerated development for underrepresented groups, our younger workforce and opportunities for our older workforce to access alternative career options and lead knowledge transfer activities
- Leaders who create diverse, multi-disciplinary and high performing teams and inter team working. Creating the conditions for high levels of autonomy and opportunities for staff to learn, problem solve and innovate together
- Collective ambition to improving patient experiences, staff engagement and creating an optimistic, positive and supportive climate

Appendix II MFT Organisation Form



### Appendix III Rich Picture 'Our High Performing Services'



## Appendix IV

Cultural Elements	Values	The way we do things	Leadership Behaviours	
<b>Vision and Values</b>	constant commitment to quality of care	everyone takes responsibility in their work for living a shared vision and embodying shared values	facilitating shared agreement about direction, priorities and objectives	encouraging pride, positivity and identity in the team organisation
<b>Goals and Performance</b>	effective, efficient, high quality performance	everyone ensuring that there are clear priorities and objectives at every level and intelligent data constantly informing all about performance	Ensuring effective performance	Ensuring necessary resources are available and well-used
<b>Support and Compassion</b>	Support, compassion and inclusion for all patients and staff	everyone making sure all interactions involve careful attention, empathy and intent to take intelligent helping action	modelling support & compassion	valuing diversity and fairness
<b>Learning and Innovation</b>	Continuous learning, quality improvement and innovation	everyone taking responsibility for improving quality, learning and developing better ways of doing things.	enabling learning and innovation	helping people to grow and lead
<b>Teamwork</b>	Enthusiastic cooperation, team working and support within and across organisations	everyone taking responsibility for effective team based working, interconnectedness within and across organisations, systems thinking and acting	building cohesive and effective team working	building partnerships between teams, depts, and orgs

**Appendix V Creating our Leadership Culture- Mapping exercise.**

<b>Cultural Element</b>	<b>Current situation</b>	<b>Future needs</b>	<b>Interventions to support development of future needs</b>
<b>Vision and Values</b>  <b><i>A constant commitment to quality of care; taking responsibility in your work for living a shared vision and embodying shared values</i></b>	<p>Staff believe leadership encourages pride, positivity and identity, diversity and fairness and enabling learning and innovation</p> <p>Patient first' in every decision we make, it's at the heart of our team working and in feedback from our patients</p> <p>Experienced and stable Board with strong leadership around vision, direction, performance and equality and diversity</p> <p>Corporate leadership not always visible or engaging- a perceived disconnect between Board (and Cobbett House) and staff</p> <p>Vision not fully understood and shared- hindered by size and pace</p> <p>Lack of detail around the future vision is creating anxiety and some learned helplessness behaviours</p> <p>Bridge the disconnect with inconsistent messages and behaviours from stretched or underdeveloped middle managers</p>	<p>Clear, inspiring and shared vision for MFT that is understood and valued by staff at all levels</p> <p>MFT values and behaviours developed and modelled by all staff</p> <p>Leaders who reinforce our core values and work compassionately and collectively to develop the culture we need for high performance</p> <p>Puts patient centred and high quality care at the heart of decision making</p> <p>Encourages pride positivity and identity at a team, service, hospital and group level.</p> <p>Highly visible senior leaders who have an ability to build high levels of staff engagement around a shared purpose or vision - 'taking people with you'</p> <p>Senior leaders (Including the Board) effective balance of technical knowledge, skills and backgrounds and be</p>	<p>Communications and engagement programme that involves staff in shaping the vision for MFT and developing our values and behaviours.</p> <p>A recruitment process for all staff that communicates the organisational values and recruits staff to our values.</p> <p>Review and redesign On- boarding and Corporate Induction to help all new starters understand the vision, values and culture of MFT</p> <p>Review of current Appraisal process to ensure it reinforces the vision, values and culture of MFT by agreeing objectives aligned to the values and organisational aims and ensuring staff are recognised and valued for their efforts</p> <p>Working with our partners particularly those in education, review learning and education programmes and curricula to ensure they are values focussed and wherever possible aligned with our vision and values.</p>

		<p>appropriately qualified to discharge their roles effectively, including setting strategy, monitoring and managing performance and nurturing continuous quality improvement. They must also demonstrate a commitment to our values and behaviours.</p> <p>Harnesses the energy and diverse skills of others through skilful influence and deliberate development of networks</p>	<p>Identify and develop potential leaders and managers into more senior roles with a particular focus on hard to fill positions (succession planning).</p> <p>Governance structures that enable decision making as close to the frontline as possible as reflected in the SOM (decision rights) and organisational form</p> <p>Leadership and Management Development in quality improvement, change management, staff engagement and strategy.</p>
<p><b>Goals and Performance</b></p> <p><i>Ensuring effective, efficient and high quality performance by ensuring there are clear priorities and objectives at every level and intelligent data constantly informing all about performance</i></p>	<p>Positive shift in culture in the last 3 years - a commitment to quality, strong work ethic and motivated staff</p> <p>The appraisal process is much improved with high compliance rates.</p> <p>Autonomy could be developed further with more support from managers and through personal development</p> <p>Performance driven culture seen to reinforce command and control behaviour and compromise innovation</p> <p>Clarity of career progression and succession planning</p>	<p>MFT vision translated into clear aligned challenging objectives at all levels</p> <p>Leadership teams will be judged on outcomes that drive performance. An oversight framework which will be a proportionate risk-based approach will be in place across all Hospital Sites. The arrangements seek to foster a culture of devolved decision making and accountability</p> <p>Formal leaders must set direction and seek agreement on what everyone is achieving together; build commitment to and effectively coordinate and integrate</p>	<p>Review of current Appraisal process to ensure it reinforces the vision, values and culture of MFT by agreeing objectives aligned to the values and organisational aims and ensuring staff are recognised and valued for their efforts</p> <p>Leadership roles to be designed strategically and effectively.</p> <p>Leadership Workforce analysis</p> <p>High Performing Team Framework which includes supporting leaders and their teams to develop clear goals aligned to the MFT and hospital vision and objectives and provide effective</p>



		<p>work and resources to achieve a shared direction.</p> <p>Expertise in business acumen, financial viability and sustainability with a focus on effective performance management and productivity</p> <p>Impactful delivery and high clinical standards focused on safety, quality and patient experience- driving everything they do</p> <p>More accurately forecast and revise our leadership workforce needs to minimise vacancies and capability gaps. This will be particularly necessary for senior leadership, business critical and hard to fill roles.</p>	<p>performance feedback.</p> <p>Leadership and Management development to include business and financial acumen, performance management, influencing and negotiation and building collaborative relationships</p>
<p><b>Support and Compassion</b></p> <p><i><b>Support, compassion and inclusion for all patients and staff; making sure all interactions involve careful attention, empathy and intent to take intelligent helping action</b></i></p>	<p>Staff believe they demonstrate support and compassion but are not as confident their leaders do</p> <p>Staff are comfortable to speak out / raise concerns</p> <p>Strong leaders who care are collaborative and demonstrate a coaching approach.</p> <p>Although diversity and fairness is valued the Equality, Diversity &amp; Inclusion programme could be strengthened; including increased opportunities for career development for staff from underrepresented groups and reducing number of staff experiencing discrimination, violence or poor behaviour</p>	<p>Build social responsibility and connection with our community</p> <p>Increase the % of underrepresented groups in senior leadership roles</p> <p>Compassion as a core value and which is manifested in all of our interactions</p> <p>Deep understanding of the diverse needs of our staff, patients and communities, including the health inequalities in our communities and cultivate a sense of responsibility for narrowing the health gap</p> <p>Work effectively, cooperatively and inclusively with partner organisations in</p>	<p>Unconscious bias training</p> <p>Leadership and Management development to include developing emotional intelligence, coaching skills, handling difficult conversations</p> <p>Talent development focussed on underrepresented groups</p> <p>Mentoring schemes including reverse mentoring.</p> <p>Coaching service</p> <p>Values and Behaviours programme and</p>

	<p>at work.</p> <p>Pressure and a lack of resources impacts on behaviour- behave better with patients than to one another -not always challenged by managers.</p> <p>Need to develop bands 5-7 managers – more and faster</p>	<p>health, social care and government - network and work across organisational boundaries</p> <p>Compassionate, consistent, integrated and supportive leadership and people management practices</p> <p>High levels of self-awareness, resilience and patience to manage ambiguity and complexity</p>	Steering Group
<p><b>Team work</b></p> <p><i>Enthusiastic cooperation, team working and support within and across organisations, taking responsibility for improving quality, learning and developing better ways of doing things</i></p>	<p>Effective teams- strong team working focussed on high quality care</p> <p>Silo working – structurally and professionally- building partnerships between teams, professional groups, departments and organisations.</p> <p>Inconsistent effective inter-team working and system working, with limited consideration of interdependencies</p> <p>Need to shift focus from individual to team learning</p>	<p>Teams should strive to get the best from relationships by focusing on collaborative problem solving and not being constrained by any unnecessary barriers</p> <p>Ability to build cohesive and effective team working and break down silo working to create collaborative working across the system; systems mind set of 'we win even if I lose'</p> <p>Develop inter-organisational and inter-professional high performing teams</p>	<p>Team diagnostics and development plans</p> <p>High performing Team Framework which supports teams to recruit for diversity, develop effective tem structures and processes, team roles, developing shared/collective leadership</p> <p>Executive and Board development</p> <p>Action Learning and Team Learning</p> <p>Embed collaborative action development across professions, services and organisations (e.g. strategic change projects and action learning) into leadership and management programmes</p>
<b>Learning and Innovation</b>	Learning and Innovation seen as strength	Sustained commitment to continuous quality improvement, innovation and	Leadership and Management development including leadership for

<p><b><i>Continuous learning, quality improvement and innovation, taking responsibility for improving quality, learning and developing better ways of doing things.</i></b></p>	<p>across both organisations</p> <p>Staff are able to deliver services in the way they see best</p> <p>We are open to innovation, learning &amp; development which staff feedback has a demonstrable impact on patient care</p> <p>There are a variety and opportunities for development</p> <p>We learn from our mistakes</p> <p>There are more opportunities to use social media to broaden communication and learning opportunities</p> <p>Ideas welcomed but not always implemented</p>	<p>transformation.</p> <p>Able to develop creativity, innovation and new ways of providing services by actively encouraging learning, reflexivity, autonomy and the spread and adoption of new ways of working</p> <p>High levels of interaction, discussion and constructive debate where staff are encouraged and provided with the resources to come up with ideas and implement improvements.</p> <p>Keeping pressure positive</p>	<p>improvement, improvement capability, reflexivity and developing innovative cultures.</p> <p>Development opportunities such as stretch assignments, secondments</p> <p>Development and implementation of Apprenticeship Strategy</p> <p>Action Learning and action learning sets</p> <p>Shared learning events such as Transform Together</p>
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