Leadership and Management Framework 2016 – 2019

Supporting our Commitment to Collective Leadership and Growing Our Community of Leaders at all Levels
Foreword

The Belfast Trust has long declared its ethos of developing a community of leaders as stated in our inaugural Trust Leadership and Management Strategy. This means having leaders at all levels of the organisation working towards achieving high performance and improvement for our patients and clients. It goes beyond merely looking to those at the top of the organisation in formal leadership management roles. We firmly believe that all of our staff should have the opportunity to demonstrate leadership qualities, through our actions and behaviours, and in living out our Trust Values. This ethos is not dependent on position, grade or role and has the potential to more effectively transform the organisation and help realise our Trust ambition of being a world leader in health and social care.

While our approach has served us well and supported the organisation to progress in its initial years, it is clear that in order to fulfil our ambition that a more transformative approach, focused on the culture, values and behaviours of the organisation and employees, is required. Therefore, in line with the evidence base published by The King’s Fund and Centre for Creative Leadership, we have committed to further embedding this ethos by developing a Collective Leadership Strategy that will grow a culture, aligned to our values and defined by our behaviours, where everyone, at every level, has the capability to deliver improvements for our Trust as a whole.

However, we also recognise that to develop such a Strategy in line with best practice, we need to undertake preparatory work to explore our current culture through engaging with staff and identify gaps and areas for improvement. Therefore, this Framework has been developed to provide a complementary ‘bridge’ to continue to drive forward the Leadership and Management priorities already identified, whilst at the same time working towards the development of the Collective Leadership Strategy.

We are committed to the continued investment in the development of all of our Leaders and Managers and, in particular, to fulfilling on our Employee Engagement Framework. Authentically ‘Living our Values’ through our actions and behaviours will continue to be a core priority alongside the development of Managers who are skilled at engaging staff.

This Framework is designed to support the achievement of our organisational priorities and in particular, will support us to ensure the delivery of safe, effective, high quality and compassionate care for our patients, clients and service users. The work to be undertaken in the development and publication of a Collective Leadership Strategy will ensure that we are doing this in an approach which draws on best practice models and considers the needs of the organisation and our workforce as a whole.

Damian McAlister
Director of Human Resources & Organisational Development
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This Framework builds on the inaugural Trust Leadership and Management Strategy, first launched in 2009, and which set out a clear sense of direction of what we understand by leadership and management and its contribution to the achievement of our organisational purpose. In particular, the Strategy aimed to:

- Demonstrate the commitment of senior leaders/managers to their own development and the development of all Trust leaders/managers.
- Set out a broad model which explained the Trust’s approach to leadership and management.
- Clearly defined what leadership/management means and who fulfils these roles
- Made clear expectations and requirements
- Outlined the broad approaches to leadership and management development and the organisational priorities in support of these.

The content and ethos of the inaugural strategy provided the foundations for the Trust's approach to Leadership and Management and aim of developing a Community of Leaders which continues to have on-going relevance. This Framework aims to build on this to provide the additional building blocks and infrastructure to respond to our emerging and future focused organisational needs and further embed a Community of Leaders.

The strengths, achievements and areas for improvement from the inaugural strategy have been independently evaluated by the HSC Leadership Centre. The evaluation concluded that “the Trust has made very significant advances in the extent to which it aspires to develop a community of leaders.”

This evaluation has influenced the content of this Framework and in particular the recommendations have been considered including the need for a shorter and more focussed outline of key strategic messages.
This Framework is designed to support our Trust’s purpose that remains steadfast. We are here to improve the health and wellbeing of our population and reduce health inequalities in Northern Ireland. **Our ambition** is *to make Belfast Trust a World Leader in the provision of health and social care* and recognised as a high performing organisation. Our focus is on continual learning and the improvement of care that is safe, effective, high quality and compassionate.

The achievement of our ambition is managed operationally through our Trust objectives that are structured under our five strategic themes.

The Trust has changed significantly since its inception in April 2007, moving from a young developing organisation to a maturing, more integrated organisation. We have achieved a lot, as set out in ‘the Belfast Way’ and ‘New Directions’ and will build on this success as we move forward into the next phase of our development journey to be a transforming organisation.

Through our Trust’s Organisational Development Framework (2015 - 2025) we have identified our three core strategic priorities that will help us to improve our delivery and build the capacity and capability of our organisation and our staff to innovate and deliver even better outcomes for the people who use our services. These are:

**Organisational Development Priorities**

1. **Safety & quality** – to deliver safe and high quality care to all

2. **Research and innovation** – to drive continuous learning through research and innovation

3. **Collective leadership** – to grow a culture of collective leadership where everyone at every level has the capability to deliver improvements for our Trust as a whole, not just in their own roles or work areas

Our organisational development framework is what we will use to define and deliver the outcomes and benefits necessary to drive improvements in these areas. A focus on developing the right culture and supporting behaviours is important as it is widely accepted that healthy cultures in NHS organisations are crucial for ensuring the delivery of high quality patient and client care.
Our overarching Organisational Development Framework at a glance:

This Leadership and Management Framework addresses the Trust’s requirements to further develop and embed a culture of collective leadership.

Furthermore this Framework is aligned with and supports the achievement of the Trust’s Learning and Development Strategy “Growing our People today for tomorrow – living our value of maximising learning and development” [http://intranet.belfasttrust.local/Corporate%20Documents/Learning%20and%20Development%20Strategy%20Booklet%202014%20to%202017.pdf].

It evidences the Trust’s commitment to its value of Maximising Learning and Development so that we can build the capacity of the organisation and our people through appropriate learning development and support whilst encouraging a curiosity and drive for improvement.

The Trust’s Values will underpin the actions progressed through this Framework and will inform the associated behaviours that are expected of all staff regardless of position or role.

All staff will be expected to role model such behaviours, to proactively support them being a lived experience within their teams and challenge non-acceptable behaviours.

Expected behaviours, as well as those that the Trust has deemed to be non-acceptable, are set out within the final section of this Framework.
**Embedding a Community of Leaders**

In this Framework, we will continue to embed the ethos of creating a Community of Leaders, i.e., leaders at all levels of the organisation working towards achieving high performance and improvement. This goes beyond merely looking to those at the top of the organisation in formal management roles and centres on the opportunity for everyone to demonstrate leadership qualities, through actions and behaviours, and role model our Values. This ethos is not dependent on position, grade or role and has the potential to more effectively transform the organisation and realise our Trust Ambition. All staff can be leaders and can demonstrate leadership qualities and behaviours, e.g. being a leader in wanting to improve your service and generate ideas for improvement and/or support the implementation of new ways of working.

The Francis Report into the Mid Staffordshire NHS Trust inquiry emphasised the need for investment in leadership skills and qualities of clinical, managerial, Board members and all staff as leaders and establishing a cadre of patient/client leaders in support of quality improvement in healthcare. This is further supported in the King’s Fund report on Patient Centred Leadership that advocates a focus on supporting the networks of people practicing leadership throughout an organisation – people who may never acquire the label of ‘Leader’. As James Turnbull argues, “The NHS needs people to think of themselves as Leaders not because they are personally exceptional, senior or inspirational to others, but because they see what needs doing and work with others to do it.” In other words, Leadership is applicable to all staff and stretches beyond those in formal leadership and management roles.

**Moving Towards a Collective Leadership**

The King’s Fund along with the Centre for Creative Leadership have undertaken substantial research that demonstrates the need to move on from a concept of heroic leaders who turn around organisational performance, to seeing leadership as shared and distributed across an organisation and beyond. Leadership must be of the highest calibre if it is to deliver care that is safe, of high quality and within budget. Collective leadership means everyone taking responsibility for the success of the organisation as a whole and, while being successful in their own job, not just focusing on their own role or service.

Collective leadership cultures are characterised by all staff focusing on continual learning and through this, on the improvement of patient and client care.

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1 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013, chaired by Robert Francis QC
2 The King’s Fund, Patient Centred Leadership, Rediscovering our Purpose, 2013
4 The King’s Fund and Center for Creative Leadership, Developing Collective Leadership for Healthcare, May 2014
Collective leadership means the distribution and allocation of leadership power to wherever the expertise, capability and motivation sits within organisations. The purposeful, visible distribution of leadership responsibility onto the shoulders of every person in the organisation is vital for creating the type of collective leadership that will nurture the right culture for health care

(McCauley 2011)⁵

Such an aim can only be delivered by all staff, regardless of their role or position, working to consistently meet the requirement to put the care of patients and clients first — each and every time.

We are committed to delivering on this through careful planning and focusing on nurturing leadership and management for a positive values-based culture.

**Leadership for Cultures of High Quality Care**

Organisational culture is a vital component of good care associated with improving quality, increasing productivity, innovation and positive patient/client experience.

“The key challenge facing all NHS organisations is to nurture cultures that ensure the delivery of continuously improving high quality, safe and compassionate care. Leadership is the most influential factor in shaping organisational culture so ensuring the necessary leadership behaviours, strategies and qualities are developed is fundamental. There is clear evidence of the link between leadership and a range of important outcomes within health services including patient satisfaction, patient mortality, organisational financial performance, staff well-being, engagement, turnover and absenteeism and overall quality of care”

*The King's Fund Leadership and Leadership Development in Health Care: The Evidence Base, 2015*

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The key cultural characteristics that support this and which can be nurtured through a collective leadership approach are set out below:

- **An inspiring vision**: effectively communicated by Leaders at all levels so that all staff understand and act on what is required to achieve it.
- **Clear objectives & priorities at every level**: so that the Vision can be translated into clear, aligned and challenging objectives from the Board to frontline teams and individuals and further supported by timely and helpful feedback.
- **Supportive people management and leadership**: when staff report high levels of supportiveness from line managers, patients report receiving better care.
- **High levels of staff engagement**: high staff engagement is the best overall predictor of NHS organisations’ outcomes. Leaders can create this directly through engaging behaviours such as providing feedback, information, recognition and living Trust values.
- **Learning and innovation the responsibility of all**: in a culture of collective leadership all staff are likely to intervene to solve problems, to ensure quality of care and promote responsible, safe innovation. Mastery of quality and patient safety sciences is an ongoing priority for all.
- **High levels of genuine team working & cooperation across boundaries**: Leadership that ensures effective team and inter-team working is essential. Where multi professional teams work together, patient satisfaction is higher, health care delivery more effective and higher levels of improvement achieved.

*The King’s Fund and Centre for Creative Leadership, Developing Collective Leadership for Healthcare, May 2014*

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**Clinical Leadership**
The need to optimise clinical leadership potential across the healthcare professions, and the critical importance of this to the delivery of excellence and improved patient outcomes, is now increasingly echoed by clinical staff, managers and health care systems. Clinical staff have an intrinsic leadership role within health and care services and have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. Therefore, the development of leadership capability as an integral part of a clinician’s training and development will be a critical factor.

**Employee Engagement**
If Leaders and Managers create positive, supportive environments for staff, the staff in turn create caring, supportive environments and deliver higher quality care. Data from the UK National health survey reveal that staff engagement is the best measure to provide the overall predictor of NHS organisations’ outcomes.
Within the Trust we have already recognised the vital role of effective employee engagement for organisational effectiveness and have developed our own bespoke Framework ‘Your ideas matter, your voice counts’. This also builds on the ‘Let’s Talk Trust’ initiative whereby staff took the opportunity to say what they believe the key priorities for the organisation should be so that we fulfil our ambition in a manner that reflects an identity that is ‘caring supporting improving together’. There is strong evidence to suggest that when staff feel more engaged, there is a positive impact on the quality of service provided to patients/clients and service users. Engagement is also strongly linked to better health and well-being for staff. Within our Engagement Framework, that is based on MacLeod’s four pillars of sustainable employee engagement, a nationally recognised best practice model, we have set out four interrelated aspects. These all have direct relevance to leadership and our requirements of a community of leaders.

1. **Setting Direction and Aligning Contribution**: providing strong visible leadership which sets a sense of where the organisation has come from and where it is going;

2. **Engaging Managers**: at the heart of our desired organisational culture are engaging Managers who empower, facilitate and treat staff with appreciation, showing commitment to developing and rewarding the capabilities of those they manage;

3. **Employee Voice**: seeking out employees’ views and listening so that employees see their opinions count and make a difference;

4. **Living our Values**: placing a strong emphasis on the need to ‘Live our Values’ through demonstrable staff behaviours and as an embedded aspect of key related processes such as recruitment, induction, appraisal and staff development

Therefore, we remain determined and committed to ensure that Employee Engagement within our Trust across all staff groups is the best that it can be and is upfront and central to key people management and development processes.

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6 Engaging for Success : enhancing performance through employee engagement. A report to Governance by David MacLeod and Nita Clarke
Leaders and Managers have a crucial role in bringing about high levels of employee engagement and creating the right conditions through such actions as:

- Promoting a positive climate
- Providing information
- Supporting staff innovation
- Developing trusting relationships.
- Recognising staff contributions
- Giving helpful feedback
- Promoting fairness and transparency

‘Engagement is about partnership based on communication across ALL staff through respect, listening, honesty and authentic relations so that employees feel involved, connected, motivated and valued to optimise service delivery and the patient / client experience’.  
Belfast Trust staff definition of engagement

Medical Engagement
There is clear and growing evidence that there is a direct relationship between medical engagement and clinical performance. The evidence of that association underpins the argument that medical engagement is an integral element of the culture of any health organisation and system and therefore one of the highest priorities within a leadership framework. In high performing organisations, Medical engagement makes a critical contribution to achieving innovation and improvement for patients. It requires doctors, managers and all who contribute to patient care to work together to create an organisational culture that meets this challenge.

The Trust has commenced a programme of work to address the findings of our levels of engagement identified through the use of the Medical Engagement Scale. The results of this have been fed back to our Medical staff. To improve the engagement levels, investment will be required in a sustained programme of cultural change based on clear and explicit values, including service and quality improvement, leadership development, education and training and appraisal.

Approach to Developing Collective Leadership
Given the evidence that healthy cultures are crucial to ensuring the delivery of high quality care the Trust plans to review its current culture and to gain an understanding of what aspects are currently working well alongside the aspects that would need to be improved. The output of this assessment will subsequently be used to inform the development of a collective leadership strategy. To do this the Trust will undertake a three phase approach set out by the King’s Fund and Center Creative Leadership.  

1. Discovery  
2. Design  
3. Delivery

7 The King’s Fund and Center for Creative Leadership, Delivering a Collective Leadership Strategy for Healthcare, May 2014
The **Discovery** phase involves collecting data and intelligence about the strategy, vision, mission, future challenges, political context and opportunities for the organisation. This process will enable us to identify the leadership capabilities required to face the future and the gap between current and required future capabilities. **“What do we need from our leadership to successfully implement our strategy and fulfil our mission?”**

The **Design** phase involves identifying required leadership capabilities for individual and collective leadership and the means to acquire, develop and sustain those capabilities. **“What skills, capabilities, competencies and behaviours must our leaders demonstrate in order for them to shape the cultures of care we require?”**

The **Delivery** phase involves elements from organisational and individual leadership development alike, targeting culture, systems and processes, as well as leadership development in synchrony. **“How will we develop the leadership we need for the future?”**

We will undertake on-going **evaluation during all phases** through which, the impact of a well-implemented leadership strategy will be assessed through staff-centred and patient-centred metrics, such as clinical effectiveness measures, measures of safety, patient satisfaction, employee engagement, turnover, satisfaction, financial performance, innovation and quality improvement. The assessment answers the questions, **“Is our leadership performing as required, and are we producing the outcomes we need?”**

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**Leadership and Management**

Building on the model set out in the inaugural strategy it is important that we continue to recognise the interconnected and complementary nature of Leadership and Management. Each has its own characteristic activities and both are necessary in an increasingly complex and rapidly changing health and social care environment. The Trust acknowledges the role of both and seeks to continue to develop its capacity to exercise effective leadership and well as efficient management. So too does the organisation assert the need to actively seek out people with leadership potential and expose them to career experiences, designed to develop that potential and to meet the needs of succession planning so that the organisation can continue to effectively sustain itself. The Trust's commitment in this regard has been demonstrated through the development and implementation of its Succession planning initiative ‘Developing our people today for tomorrow’. Appendix 1 provides a summary of the broad contrast between Leadership and Management.
The Trust remains committed to retaining and building on our accreditation as an Investors in People organisation and to using the internationally recognised quality standard as a clear benchmark for performance.

We believe the newly launched sixth Generation Investors in People Framework, illustrated on the right, will provide for further learning and improvement, and will support the achievement of our organisational ambition.

The standard explores practices and outcomes under three performance headings that are closely aligned with the ethos of this Leadership and Management Framework and which will support our aim to achieve a culture that depicts collective leadership.

**Identifying our Leaders and Managers**

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<tr>
<th>Role</th>
<th>Job Title</th>
<th>Structure</th>
<th>Responsibility</th>
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**Managers**

Managers are readily identified within the Trust as there remains a traditional hierarchical structure that sets out key roles and managerial responsibility within Directorates. Job titles and organisational structures provide clarity around knowing who the individuals are with responsibility for progressing the management function and role i.e. planning and organising of key processes, groups of people and service provision.

**Leaders**

Leaders on the other hand are positioned at every level of the organisation regardless of hierarchical structures as leadership is about interpersonal relationships and influencing whilst modelling a core sets of values. From its inception the Trust’s Vision declared a commitment to developing a community of leaders. Therefore, in this next phase of our strategic approach, we will build on this by striving for collective leadership that is:
The Trust already has in place a robust and systematic approach to determining what it is that leaders and managers are required to achieve. The organisational 3 year overarching corporate plan sets out the objectives to be achieved within that timespan whilst the annual corporate and directorate plans specify the corresponding annual objectives. Individual review mechanisms such as Staff Development Review, Knowledge and Skills Framework and Medical Appraisal support individuals to understand how their role contributes to wider team, Directorate and Trust objectives, what they can do to achieve these, alongside the identification of personal development needs.

Furthermore, as part of the inaugural Leadership and Management Strategy the Trust put in place a Leadership and Management Charter that set out the principal knowledge, actions and behaviours required of all leaders and managers. This has been simplified and updated as part of this Framework to focus on values and behaviours. This reflects the maturing nature of the organisation and comprehensive availability of policies and strategic documents as well as our published information on Engaging Managers.

In addition, the Trust uses the NHS Healthcare Leadership Model that sets out the nine dimensions of Leadership behaviour. This is an evidence based research model that reflects: • the values of the NHS • what is known about effective leadership • learning from the Leadership Framework (2011) • what patients and communities have indicated that they want from NHS leaders. The Model is used to inform Trust recruitment processes as well as the content of development programmes for staff.
The Trust remains committed to the provision and resourcing of a wide range of opportunities that will support the development of highly effective Leaders and Managers as set out in the inaugural strategy. Leaders and Managers are expected to be effective role models in the area of learning and development and to seek to develop their own competences in these functions as well as foster growth in others. In relation to the development options, it is strategically important that the Trust builds on its current provision, incorporating modern technologies where relevant, and promoting a range of options which are equally valued, innovative and cost effective. These will be aligned with organizational, directorate and individual objectives using established Trust processes for planning, evaluation and staff development review and appraisal.

The emphasis for all leadership and management development will be on its multi-disciplinary application in line with the Trust’s identity of Caring Supporting Improving Together. The range will include on and off the job learning with an expectation that the majority is informal learning. By informal we mean learning in the workplace environment, both internal and external to the organisation, through activities such as observing how others do things, asking questions, participating in discussions with others, trying through doing. Such Informal learning is usually driven by the learner and a need to know. This will be supported by learning from others through approaches such as coaching and mentoring while participation by staff in formal training off the job will constitute a smaller proportion of learning. We will work in support of the ethos of maximizing opportunities for all staff to learn ‘informally’ in the workplace and place a greater emphasis on this.

In line with the Trust’s corporate objectives a particular focus and targeted programmes of work will be progressed across the following:

- **Leading with Care**: senior leadership development programmes aligned with Berwick’s principles and the development of a culture of collective leadership. A combination of coaching, feedback with diagnostics along with formal learning.

- **Succession Planning**: supporting the future cadre of leaders through proactive talent management initiatives. A learner driven personalized development plan for individuals who aspire to achieve a more senior position.

- **Quality improvement**: creating a culture of improvement aligned with Quality 2020 and the acquirement of skills and knowledge in the science of improvement. On line individual learning, multi professional workplace improvement projects and master classes.

- **Coaching**: supporting performance improvement through one to one coaching and as a workplace skill for line managers, as a key methodology, both to empower and enable staff to utilize their own resources, supporting the creation of a learning culture.

- **Accredited Leadership & Management Development programmes**: in house development combining formal learning with practical application on the job leading to an accredited qualification through the Institute of Leadership and Development.

*Figure 1 Maximise informal learning*
The following table sets out the main priorities to be progressed as part of this Framework and to inform the Year 1 & 2 priorities of the subsequent Collective Leadership Strategy.

<table>
<thead>
<tr>
<th>Key priority</th>
<th>Safety &amp; Excellence</th>
<th>Improvement</th>
<th>Partnerships</th>
<th>People</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Use a Cultural assessment tool to carry out a baseline survey of Trust Culture</td>
<td>✓</td>
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<td>Use baseline survey results to inform the development of a collective leadership strategy that will be effectively communicated to all staff</td>
<td>✓</td>
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<tr>
<td>Leading with Care leadership development programme: fully implemented for all Tier 3 &amp; 4 post-holders</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Succession Planning: further develop initiative to target cohorts in line with workforce planning</td>
<td>✓</td>
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<tr>
<td>Develop compassionate leadership through mindfulness approach</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Coaching: further embed a coaching culture through provision of coaching skills for line managers and one to one coaching service</td>
<td>✓</td>
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<tr>
<td>Quality Improvement: implement a range of development programmes in quality and safety science to target initially level 1 &amp; 2 of Quality 2020 attributes framework</td>
<td>✓</td>
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<td>Values: work towards a values based culture and extend provision of values workshops for teams</td>
<td>✓</td>
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<tr>
<td>Engaged Manager: widely promote and implement the programme for line managers to enhance engagement skills</td>
<td>✓</td>
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<td>Medical Engagement: draw up and implement an action plan to improve engagement as demonstrated through the MES scores</td>
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<td>Employee Engagement: implement the Trust’s Employee engagement framework and strategy</td>
<td>✓</td>
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<tr>
<td><strong>Management skills:</strong> provide a wide range of management skills training that are both classroom based and blended with online learning, including access to accredited development programmes</td>
<td>✓</td>
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<tr>
<td><strong>Clinical Leadership:</strong> review and develop range of leadership programmes such as CLIME and STEP</td>
<td>✓</td>
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<td><strong>Leadership conference:</strong> The Trust will hold an annual leadership conference for all its senior managers and Leaders to highlight key organisational leadership issues</td>
<td>✓</td>
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<td><strong>Team effectiveness:</strong> review current model and provide opportunities for teams to identify areas for improvement</td>
<td>✓</td>
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<tr>
<td><strong>Statutory and Mandatory training:</strong> Achieve compliance with the requirements for the statutory and mandatory training policy</td>
<td>✓</td>
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<tr>
<td><strong>Supporting Belfast Strategy:</strong> Implement the updated strategy to support those in supervisory and first line management roles</td>
<td>✓</td>
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**Conclusion**

This framework will be used to inform the development of a Collective Leadership Strategy that will be designed to enable the Trust to fulfil its ambition and successfully meets its key performance indicators as set out in the Corporate Management plan. The implementation of the identified priorities will be monitored and progressed in line with the accountability and performance management structure established for the Trust’s Organisational Development Framework.
## Contrast Between Leadership and Management

<table>
<thead>
<tr>
<th>Leaders / Leadership</th>
<th>Managers / Management</th>
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</thead>
<tbody>
<tr>
<td>Leadership is interpersonal – you lead people</td>
<td>Management is associated with task/process – you manage things</td>
</tr>
<tr>
<td>Leadership is synonymous with effectiveness – leaders do the right things</td>
<td>Management is synonymous with efficiency – managers do things right/well</td>
</tr>
<tr>
<td>Leaders and leadership transform – leaders are keen to learn and change things as a</td>
<td>Managers and management transact – managers solve problems at the level they occur</td>
</tr>
<tr>
<td>result of learning and review</td>
<td></td>
</tr>
<tr>
<td>Leaders are visionary/strategic – tend to focus on what could/should be and tend to</td>
<td>Managers’ horizons are often here and now/operationally focussed and tend to operate on</td>
</tr>
<tr>
<td>operate on medium to long term horizons</td>
<td>short term horizons</td>
</tr>
<tr>
<td>Leaders ‘work on the system’ – leaders are always looking at ways to improve things</td>
<td>Managers work in the system – managers are committed to developing systems which support</td>
</tr>
<tr>
<td>and if the system needs to be overhauled or changed</td>
<td>the efficient delivery of service</td>
</tr>
<tr>
<td>Leaders initiate and deal with change</td>
<td>Managers deal with the status quo</td>
</tr>
<tr>
<td>Leaders change organisational metaphors and paradigms to drive change and transform</td>
<td>Managers know, accept and use current metaphors and paradigms</td>
</tr>
<tr>
<td>culture</td>
<td></td>
</tr>
<tr>
<td>Leaders seek and create opportunities to improve/change</td>
<td>Managers deal with and react/respond to challenges/situations and control associated risks</td>
</tr>
<tr>
<td>Leaders challenge and change organisational rules</td>
<td>Managers develop, implement, enforce and adhere to organisational rules</td>
</tr>
<tr>
<td>Leaders provide a vision to believe in</td>
<td>Managers seek and then follow direction</td>
</tr>
<tr>
<td>Leaders motivate people by satisfying their key motivators and by meeting their</td>
<td>Managers motivate people by moving them in the right direction</td>
</tr>
<tr>
<td>needs</td>
<td></td>
</tr>
<tr>
<td>Leaders inspire and energise people</td>
<td>Managers coordinate activity and resource</td>
</tr>
<tr>
<td>Leaders coach, facilitate, engage and empower their followers to succeed</td>
<td>Managers provide instruction and guidance/advice</td>
</tr>
</tbody>
</table>
This document sets out the values and guiding behaviours required of all staff in the Belfast Trust to serve our purpose to improve health and well-being and reduce health and social inequalities. All staff will be expected to role model such behaviours, to proactively support them being a lived experience within their teams and to challenge non acceptable behaviours.

Managers should also take account of the requirements of Engaging Managers as described in the Trust’s Employee Engagement Framework ‘Your Ideas Matter – Your Voice Counts’.

The Values and Behaviours outlined are applicable to all of the staff of the Belfast Trust regardless of grade or position.
## Values and Behaviours of all Belfast Trust Staff

<table>
<thead>
<tr>
<th>VALUES</th>
<th>EXPECTED BEHAVIOURS</th>
<th>NON-ACCEPTABLE BEHAVIOURS INCLUDE BUT ARE NOT LIMITED TO:</th>
</tr>
</thead>
</table>
| respect & dignity | • Being respectful to others  
• Showing compassion for those who need our care  
• Acting fairly  
• Acknowledging the good work of others  
• Supporting others to achieve positive results | • Avoiding patients/clients/service users or colleagues who need our help  
• Being rude and shouting  
• Criticising colleagues in front of others.  
• Talking down others during discussions  
• Failing to listen or trying to understand others’ views |
| openness & trust | • Communicating openly and consistently  
• Listening to the opinions of others and acting sensitively  
• Being trustworthy and genuine  
• Ensuring that appropriate information is shared honestly | • Communicating something that knowingly isn’t true  
• Saying one thing and doing another  
• Failing to share information in a timely and appropriate manner  
• Making decisions which affect others without involving them  
• Making comments to patients / clients / service users or visitors that may undermine the reputation of the Trust |
| leading edge | • Actively seeking out innovative practice  
• Participating in new approaches and service development opportunities  
• Sharing best practice with others  
• Promoting the Trust as a centre of excellence | • Refusing to work with individuals and/or teams  
• Disregarding data and best practice  
• Dismissing good ideas without even thinking them through  
• Reluctance to look for better ways of doing things |
| learning & development | • Acting as a role model for the development of others  
• Continuing to challenge my own practice  
• Fulfilling my own statutory and mandatory training requirements  
• Actively support the development of others | • Showing lack of interest in the value of learning for myself or others  
• Not recognising the need for change for the better  
• Refusing to comply with statutory and mandatory training |
| accountability | • Taking responsibility for my own decisions and actions  
• Openly admitting my mistakes and sharing learning from others  
• Using all available resources appropriately  
• Challenging failures and poor practice courageously | • Not accepting individual responsibility  
• Turning a blind eye and tolerating poor performance  
• “Passing the buck” or blaming other people, departments or the Trust |
Engaging Managers

Managers have particular responsibilities towards their staff as set out in the Trust’s Employee Engagement Framework ‘Your ideas matter, your voice counts’.

As an engaged Line Manager in the Belfast Trust I will:

- Set clear objectives for the team and individuals
- Be accessible and visible to my team
- Provide clear and regular feedback to staff
- Thank and recognise staff for their work and efforts
- Role model positive behaviours that engage and value staff
- Meet with staff regularly to discuss their performance and development needs
- Support team by holding regular team meetings
- Respond to staff in a timely manner
- Respond proactively to resource issues
- Explore options for use of social media including Facebook and Twitter