Leadership &
Talent Management Strategy
2009 - 2011

“Local Leader of the NHS”

<table>
<thead>
<tr>
<th>Last Review Date</th>
<th>New Strategy</th>
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<td></td>
<td>Trust Board</td>
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<tr>
<td>Date of Approval</td>
<td>2nd July 2009</td>
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<td>Date of Implementation</td>
<td>1st August 2009</td>
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<td>Next Review Date</td>
<td>July 2011</td>
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<td>Review Responsibility</td>
<td>Director of Organisational Development &amp; Corporate Affairs</td>
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<td>Version</td>
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APPENDICES

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1. **INTRODUCTION**

**NHS Doncaster – “The Local Leader of the NHS”**

The purpose of this document is to set out the strategy for a system-wide approach to leadership and talent management, and how the approach will work in practice for NHS Doncaster. The overall aim, and anticipated impact, of this strategy is to improve commissioning, leading to improved services and therefore improved outcomes for patients and the public. This document will therefore be the strategy and implementation plan for the Organisational Development Transformational Leadership Programme.

2. **SCOPE**

This strategy encompasses all staff directly employed by NHS Doncaster; it aims to specifically influence those internal to the organisation (within the commissioning arm) but recognises the integral link to all other partner organisations (included within which is Doncaster Community Health) as well as externally influencing leadership across health and social care. However, a separate leadership and talent management strategy should be developed considering issues pertaining to specifics in relation to partner organisations.

In addition NHS Doncaster recognises that the opportunity for leadership and management development should be made available to all staff regardless of professional status, current qualifications, duties, gender, race, disability, age, religious beliefs, sexual orientation, or any other reason which cannot be substantiated. In fact the continuous improvement of services to patients is dependent on all staff groups enhancing and developing the skills and knowledge relevant to their role.

3. **VISIONS**

The **Vision** of NHS Doncaster is to,

“Promote public health and reduce inequalities through prevention, investment, partnerships and the commissioning of high quality, accessible services”.

Responsibility for delivery relies upon individual leaders within the PCT, particularly clinicians, to be advocates of the strategic changes which are captured in our Strategic Plan. It is our intention to maximise leadership potential across the organisation through professional development, team development, and through encouraging leadership across traditional organisational boundaries. The development of clinical leadership across the organisation is seen as a key priority for NHS Doncaster, including the development of clinical directors to support service redesign and strategic development (as detailed in the Clinical Leadership Strategy). Achievement of this will be demonstrated through improved experience and engagement, delivery of services and positive outcomes for patients and the public.
The Organisational Development Plan highlights the vision and details these aspirations.

“Our organisational vision for NHS Doncaster is to be an organisation which leads, listens, learns and inspires.”

This will be delivered through five themes which are supported by ten developmental aspirations.

<table>
<thead>
<tr>
<th>Systems Thinking</th>
<th>Personal Development</th>
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<tbody>
<tr>
<td>An innovative user of knowledge</td>
<td>A steadfast supporter of our staff at all levels of the organisation</td>
</tr>
<tr>
<td>An organisation which stands for improvement, innovation and change through responsive providers</td>
<td>An employer of choice, empowering staff to lead</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strong Engagement</th>
<th>Shared Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>An organisation where clinical leadership drives change</td>
<td>The leader of the local health agenda</td>
</tr>
<tr>
<td>A pacesetter for new models of listening and communicating with patients and the public</td>
<td>A leading partner within the community, driving improvements in health</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Team Leading</th>
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</thead>
<tbody>
<tr>
<td>An advocate for high quality, safe patient services</td>
</tr>
<tr>
<td>A learning organisation</td>
</tr>
</tbody>
</table>

4. BACKGROUND

World Class Commissioning is a new programme for the Commissioning arm of PCTs to develop them into commissioners who are as good as the best in the world.

The aim of world class commissioning, and therefore the ultimate test of its success, will be an improvement in health outcomes and a reduction in health inequalities. World Class Commissioning is about adding life to years and years to life.

To assess whether the PCT is a world class commissioner, there is a process called Commissioning Assurance. There are 3 elements to Commissioning Assurance; health outcomes, Competencies and Governance. Competencies are the skills, knowledge, behaviour and characteristics that underpin effective commissioning. Of the 11 competencies in World Class Commissioning, the first 4 competencies look at the PCTs leadership of the local NHS and the relationship with partners, patients and clinicians. Clinical engagement is key throughout the World Class Commissioning programme.
The **NHS Constitution** aims to provide clear statements of how the NHS works and what patients and staff can expect from it. These statements are underpinned by rights, pledges and responsibilities. The NHS Constitution describes the rights of patients, staff and members of the public, as recognised by law. The NHS Constitution makes a number of pledges that the NHS will strive to deliver. The NHS Constitution also describes several ways in which patients, staff and members of the public can help the NHS work effectively, identified as their responsibilities. A specifically relevant pledge ‘The NHS will strive to provide all staff with personal development, access to appropriate training for their job, and line management support to succeed’, currently means that we will develop a new system-wide commitment to talent and leadership which is underpinned with business plans and resources.

The national **NHS Staff Survey** - newly defined responsibility for which is shared across the Department of Health and Healthcare Commission - is one of the largest surveys, producing national and local data on how staff feel about working in the NHS and what staff experience in their working lives. The Staff Survey will be used to assess how well organisations are delivering the NHS Constitution and staff pledges. Also the Staff Survey results are the data source for use against the seven job satisfaction questions from Vital Signs which is a national priority for local delivery.

The national results of the annual survey are consistently improving. The staff survey for 2008 shows that staff feel they are making a difference to patients and that the NHS is a good place to work. However, there are still areas for improvement according NHS Employers “in the way that leaders in the NHS communicate their vision for the service, how managers act on feedback from staff…the findings also point to a need to improve the structure of teams and to clarify teams objectives”. The local results portray a similar picture with priorities around “management and supervision i.e. managers providing feedback and asking staff opinion before decisions are made that affect their work ……training, learning & development i.e. improved access and opportunity to mentors…...the job i.e. recognition for good work and support from manager and opportunity to use skills ….the organisation i.e. wanting to become more involved in decision making, improved communication between managers and staff, managers to encourage staff to suggest new ideas for improving services”.

1. Locally lead the NHS
2. Work with community partners
3. Engage with public and patients
4. Collaborate with clinicians
5. Manage knowledge and assessment needs
6. Prioritise investment
7. Stimulate the market
8. Promote improvement and innovation
9. Secure procurement skills
10. Manage the local health system
11. Make sound financial investments
The **NHS Knowledge & Skills Framework** (KSF) is the career and pay progression strand of Agenda for Change (AfC), the NHS pay system. The KSF (i) defines and describes the knowledge and skills that staff need to apply in their work, to deliver quality services (ii) provides a single consistent, comprehensive and explicit framework for staff reviews and development (iii) allows the operation of the AfC pay progression system, without which the contractual commitment to an equitable pay system cannot be met (iv) is a generic competency framework developed from existing best practice.

The KSF is applied by identifying the knowledge and skill requirements for each NHS post (the KSF outline) and ensuring that each post holder has an annual review against their KSF outline, to identify any development needs. A personal development plan is then agreed and carried out. At two points on each of the AfC pay bands, incremental progression is dependent on fulfilling the appropriate KSF outline for the post.

KSF outlines have been developed, derived from the range of job descriptions (for A4C bands 1 to 9 only) within the entire organisation of NHS Doncaster. NHS Doncaster holds approximately 472 different KSF outlines for its range of posts for a total of approximately 1600 staff.

The subject of Leadership is evident within a number of the KSF dimensions, but specifically:

- **Core 4 Service Improvement**
- **G2 Development and Innovation**
- **G6 People Management**
- **G7 Capacity and Capability**

The following is a broad summary of the number of KSF outlines which include the above mentioned dimensions.

<table>
<thead>
<tr>
<th>KSF Dimension</th>
<th>A4C Bands</th>
<th>Number of Outlines</th>
<th>Range Across Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>G2</td>
<td>4 – 8d</td>
<td>46 (Cm – 34) (DCH – 12)</td>
<td>2</td>
</tr>
<tr>
<td>G6</td>
<td>2 – 8c</td>
<td>168 (Cm – 74) (DCH – 93)</td>
<td>11</td>
</tr>
<tr>
<td>G7</td>
<td>4 - 9</td>
<td>52 (Cm – 28) (DCH – 24)</td>
<td>1</td>
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</table>

**KEY Commissioning Arm (Cm) and Doncaster Community Health (DCH)**

It may be concluded from these figures that (a) a significant number of posts within the organisation have requirements for leadership / management capabilities and (b) a significant amount of the posts require a higher than average level of knowledge and skills in relation to leadership / management development.

**A mapping of the Knowledge & Skills Framework dimensions to the World Class Commissioning competencies has been completed and can be viewed on the website for NHS Doncaster.**
5. AIMS

NHS Doncaster will take responsibility, within the organisation, for:

- developing today’s leaders / managers to do their jobs better and get the jobs they want in future
- planning how to replace today’s leaders / managers when they move on
- identifying future leaders / managers at all levels and support their development.

NHS Doncaster aims to achieve these through the following:

- As a steadfast supporter of our staff at all levels of the organisation, we aim to focus on the development of managers capabilities and development needs by ensuring access to a series of management development programmes, to cover the range of levels, both in-house and external (for when accreditation is required).
- As an employer of choice, empowering staff to lead, we plan to make available and support a suite of leadership development programmes, to cover the range of levels, both in-house and external.
- As an organisation where clinical leadership drives change, we will seek out clinical leaders and promote inclusion on the suite of leadership / management development programmes.
- We intend to offer a succession planning tool to help identify potential leaders to fill key positions within the organisations.
- We aspire to adopt a strategic approach to talent management recognising the importance of not only attracting individuals with high potential but also as a means to developing, managing and retaining those individuals.
- We seek to establish a more formalised approach to coaching and mentoring development and support.
6. CURRENT VIEW

Following a broad scan of leadership and management development activities across the organisation and the region the following findings are depicted.

6.1. Provision of Leadership & Management

Currently NHS Doncaster has access to the following leadership and management development programmes (see Appendix A for further details on each programme).
Each programme demonstrates appropriateness for a particular level and quality of participant (see Diagram 1).

In the future NHS Doncaster may wish to access the following leadership development programmes which are currently emergent.

The following Building Leadership Capacity Programmes are recruited to externally and supported by NHS Doncaster in relation to placement opportunities.
Diagram 1. Provision Diagram for Leadership & Management
(and how they contribute to the Agenda for Change grading structure where appropriate).

CEO

Chair, PEC & NED

Directors

Bands 8 & 9

Band 7

Band 6

Band 5

Band 4

Building Leadership Communities

Chair & NED Development

Aspiring CE Talent Development

Aspiring Directors Programme

National Management Development Initiative (NMDI)

Leadership Qualities Framework (LQF)

Building an Empowered Organisation (LEO)

Building Strategic Alliances

MHSC Post Graduate Diploma

ILM First Line Management Introductory Certificate

ILM First Line Management Certificate

ILM Team Leading
6.2. Participation

It is estimated that over the last 3 years 180 staff participated in the suite of leadership programmes (mainly LEO), with a further 30 staff accessing university programmes (figures taken from applications made to the Qualification Based Sponsorship scheme) and 25 staff per annum have accessed management development training. These figures do not take into account those staff that have accessed leadership and/or management development as part of programme applied for under the Post Basic Education system (now known as Learning Beyond Registration). Therefore an approximated total of 285 staff (calculated on Doncaster PCT headcount of 1600 staff), equates to 18% of the workforce, over the last 3 years, have accessed training associated with leadership and/or management development.

6.3 Funding

During the previous 3 years the approximated level of spend within NHS Doncaster on the suite of leadership programmes (mainly LEO) totals £22,000, with an additional £30,000 from the Qualification Based Sponsorship scheme, and spend on management development programmes totalled an average of £20,000 per annum. A budget of £87,000 for 2008/9 and £84,000 for 2009/10 for all training and development (including mandatory and statutory training) across Doncaster PCT is available per annum.

7. EXPECTED BEHAVIOURS

7.1. Leadership

Leadership, a partial definition suggests it to be very much about the ability to influence people by personal attributes and behaviours. Although it is acknowledged that different leadership qualities may be needed in different circumstances.

There are a number of leadership frameworks that describe leadership competencies across the NHS, to name but a few;

- NHS Leadership Qualities Framework
- Clinical Leadership Network Competency Framework
- Medical Leadership Competency Framework

Common leadership competencies are apparent throughout the frameworks i.e. setting direction, personal qualities, delivering the service, working with others
NHS Leadership Qualities Framework

The NHS Leadership Qualities Framework (LQF) has been tailored to the specific needs and environment of the NHS, and is applicable to leadership roles at any level of the service.

There are fifteen qualities within the LQF covering a wide range of personal, cognitive and social qualities. They are arranged in three clusters – Personal Qualities, Setting Direction and Delivering the Service.
Clinical Leadership Network Competency Framework

The Clinical Leadership Network (CLN) supports members to develop their leadership skills and lead reform. The CLN Competency Framework has been developed which sets out the skills members need in order to do this, as well as providing a baseline against which they can evaluate their professional progress. The overall aim of the framework is to support members to develop and evaluate their leadership skills and to provide a method by which they can use their CLN activity as evidence to support their overall personal development.

There are thirteen competencies within the CLN Competency Framework. These competencies have also been mapped across to the NHS Leadership Qualities Framework (see above for further information). The diagram below shows relevant competencies from the LQF and how these match to the CLN Competency Framework, with the different colours illustrate the degree of match in the descriptions and behaviours between the two.
Medical Leadership Competency Framework

The Medical Leadership Competency Framework (MLCF) has delivery of services to patients, service users, carers and the public at its heart. To deliver appropriate, safe and effective services, it is essential that any doctor / dentist is competent in each domain.

There are five domains, with a further four elements to each domain, further divided into four competencies. The domains are: demonstrating personal qualities, working with others, managing services, improving services and setting direction.
7.2. Management

Management on the other hand, is predominantly about the planning, organisation, coordination and implementation of strategies, tactics and policies imposed within the organisation. A manager tends to derive authority from their position within the organisation. However, all managers need to be leaders and to understand the concept of leadership.

Leadership now becomes a fundamental part of management, but people who are not nominally managers may function as leaders, influencing others (informally perhaps) by their personalities and behaviours.

Levels of Leadership

Taking a formal structure to the organisation, it is useful to distinguish three levels of leadership, as follows:

- Front-line or team leadership – in which one person (the leader) is responsible for creating specific outcomes usually within a given timescale and with given resources
- Operational leadership – which is to do with day-to-day operations within the organisation and is a major determinant of its culture and climate
- Strategic leadership – which focuses on the issues such as change, vision, translating the vision into purpose, effective communication and behaviour of the Chief Executive and the senior management team.

![Diagram showing levels of leadership]

**Strategic Leadership**
- Vision
- Purpose
- Communication
- Values

**Operational Leadership**
- Energy
- Behaviour
- Manager as a Coach
- Creating work climate

**Team Leadership**
- Task
- Team
- Individual
Diagram to show how these levels relate to each other, with the inclusion of Adair’s three circles (taken from: Developing Effective Leadership Skills).

### 7.3. Coaching

Coaching is about improving skills and performance, usually for the current job, but also to support career transitions. Coaches seek to bring an objective perspective to a structured dialogue to bring about sustainable solutions. Coaching is more directive and prescriptive (than mentoring – see next section), involving goal setting, action planning and creating organisational opportunities to practise new skills and techniques.

It is important to adopt a suitable style or a range of different styles dependent on the individual and circumstance at the time.

![Coaching Style Continuum]

Diagram shows the coaching style continuum (taken from: The Universal Manager – The Learning Organisation).

In summary, how each of the coaching styles on the continuum works in practice:
- **Mirror** – observes and describes performance back to individual, leaving them to reach their own conclusions.
- **Conscience** – asking probing, often awkward questions, prompting individual to appropriate conclusions about current performance.
- **Ideas Generator** – helps individual come up with optional courses of action, assists them with selecting and refining suitable options. Less directive is the ‘sounding board’ for the individuals own ideas.
- **Joint Problem Solver** – helps individual analyse and think through problems. Often participates in decision making.
- **Trainer** – explains, demonstrates, tests and assesses as appropriate.
7.4. Mentoring

Mentoring is a unique partnership set up by (or for) two people. It is a relationship shaped by wishes, needs and aspirations of the mentee and by the skills and experience of the mentor. It entails help given by the mentor to the mentee in achieving transitions in work, knowledge, thinking, personal and managerial effectiveness. It provides a relationship in which the mentor assists the mentee to develop and learn within a safe and supportive, yet challenging, environment.

The mentoring relationship is an evolutionary process.

Diagram to show the four stages of the mentoring process (taken from: MESOL - Mentoring in the Health & Social Care Sector)

‘Mentoring for Success’ is a web based site which has approximately 95 mentors registered on its database, providing a wide range of interests, experiences and roles. All registered mentors have come from NHS organisations across Yorkshire and the Humber and been specifically trained to mentor mid-level managers, clinical leaders and those interested in developing to be leaders.
7.5. Succession Planning

Succession Planning can be broadly defined as identifying future potential leaders to fill key positions. It is “a process by which one or more successors are identified for key posts (or groups of similar key posts) and career moves and/or development activities are planned for these successors”. (CIPD 2008)

Succession Planning commonly covers the most senior posts within an organisation – perhaps the top two or three levels - with short-term and longer-term successors being identified for these posts.

Other features that need to be considered when succession planning includes:
- Emphasis on balancing aspirations of individuals with those of the employing organisation
- Broadening experience through lateral moves i.e. secondments
- Identifying and developing groups of jobs to enable potential successors to be identified for a variety of roles
- Integrating succession plans with existing competency frameworks
- Linking to business planning
- Ensuring openness, fairness and diversity in relation to the succession planning process, the methods used to judge potential successors and the roles that are considered suitable for each individual.

7.6. Talent Management

A working definition for both talent and talent management:

“Talent consists of those individuals who can make a difference to organisational performance, either through their immediate contribution or in the longer-term by demonstrating the highest levels of potential”. (CIPD 2008)

“Talent Management is the systematic attraction, identification, development, engagement / retention and deployment of those individuals with high potential who are of particular value to an organisation”. (CIPD 2008)

Key features of talent management include:
- Alignment to the organisation’s corporate strategy
- Identification of approach i.e. inclusive versus exclusive
- Involvement of key stakeholders
- Focusing on the talent management loop - attracting talent, developing talent, managing talent, tracking and evaluating talent.
8. ACCOUNTABILITIES

The individual accepts personal and professional accountability for:

- Their own career and for the career paths of those they can influence
- Taking up the training and development opportunities provided to them
- Actively engaging in the personal / professional development review process (PDR), reflective practice and career planning

The organisation accepts accountability for:

- Developing today’s and future leaders by providing talent development pathways that will deliver world class commissioning
- Planning for movement of leaders
- Contributing to regional talent and leadership pools
- Ensuring that commissioning discussions cover dialogue around leadership capacity to deliver quality services for patients and the public.

9. DIAGNOSIS

Whilst the existing provision offers a broad range of leadership and management development programmes (some accredited – meaning they follow a structured syllabus with theoretical input and application of knowledge through tests, assignments, projects) the following gaps in the structure to support our overall aims have been highlighted.

<table>
<thead>
<tr>
<th>Overall Aims</th>
<th>Identified Gaps</th>
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<tbody>
<tr>
<td>develop today’s leaders / managers to do their jobs better and get the jobs they want in future</td>
<td>It has been identified that a skills gap exists in the range of knowledge and experience of managers (at varying levels) working within NHS Doncaster specifically relating to policies, procedures and processes.</td>
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<tr>
<td></td>
<td>It is acknowledged that there is a potential gap in leadership development programmes available (in-house or accredited) for senior managers / leaders around bands 8 through to band 9 and other comparable clinical roles.</td>
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<tr>
<td></td>
<td>It has been established that the Trust Board &amp; PEC would welcome further leadership development opportunities.</td>
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</table>
It is recognised that LEO, whilst a pure leadership programme, is currently not being delivered within NHS Doncaster at the present time. This is mainly due to the limited number of internal facilitators (total 3), an expired licence and a need to evaluate the contribution of LEO to the wider leadership agenda.

It is acknowledged that effective skills in relation to coaching and mentoring are inconsistent across NHS Doncaster.

Plan how to replace today’s leaders / managers when they move on

It is identified that NHS Doncaster needs to formalise its ability to succession plan, especially for business critical roles.

Identify future leaders / managers at all levels and support their development.

It is identified that there needs to be a robust system to formally embrace and enhance talent management.

10. BRIDGING THE GAPS

For the future it is recommended that the NHS Doncaster consider the following suggested proposals and that implementation / achievement of these proposals be the measure of the success / outcomes.

<table>
<thead>
<tr>
<th>Suggested Proposals</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>To develop and deliver a tailored in-house management development programme to better support and enhance the learning and skills of NHS Doncaster current and future managerial workforce. Overall this in-house programme should better support managers whether utilised as a first introduction to management within the organisation, refresher training for existing managers or as the underpinning knowledge to support learning when undertaking the range of accredited management development programmes (see Appendix B for full programme details).</td>
<td>September 2009</td>
</tr>
<tr>
<td>To develop and deliver a tailored (in-house / accredited) leadership programme to fulfil the leadership development needs for senior managers / clinical leaders. To support some bespoke development for the Board &amp; PEC</td>
<td>September 2009</td>
</tr>
<tr>
<td>To explore the opportunity of engaging with the regional ‘directors for the future’ programme to fulfil the leadership development needs within this potential area.</td>
<td>December 2009</td>
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<td>---</td>
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</tr>
<tr>
<td>To apply for a licence renewal and to re-engage facilitation of the LEO programme within NHS Doncaster.</td>
<td>Completed September 2008</td>
</tr>
</tbody>
</table>
| To train a skilled and supported panel of effective coaches and mentors as an internal resource but also that are registered on the regional website as an external resource to enhance partnership working across the patch.  
Work with SHA regarding proposal to support internal NHS coaches/mentors and develop new coaching/mentoring capacity and capability.  
| To formalise organisational knowledge and thinking around succession planning and document, especially for business critical roles.  
Include succession planning for the PEC. | March 2010 |
| To establish a formal system for developing talent management (see Appendix D for further details).  
Completion of talent management benefits realisation.  
Identification of talent management model.  
Identifiable cohort of talent management.  
To investigate the value of utilising a talent management software package, namely Zynap, to support NHS Doncaster in managing talent development.  
Respond to SHA regarding NHS Doncaster interest. | March 2010 |
| To ensure programmes are research based  
To develop clinical and managerial reflective practice  
To enhance reflective practice / evaluation of commissioned services | Throughout |
| To undertake further work to cost and procure the necessary resources and to agree and allocate ring-fenced funding for developments outlined above to enable ongoing prioritisation. | April 2009 |

### 11. INVESTMENT & IMPROVEMENT

NHS Doncaster is making a significant investment into leadership / management development and identification of talent management to the value of £300k over the next 2 years.
This programme, namely, the organisational development transformational leadership programme will broadly focus on delivering the organisations developmental aspirations; systems thinking, personal development, strong engagement, shared vision and team learning, along with addressing the leadership and talent management aims, bridging the gaps to achieve transformational change.

The following ‘flower with petals’ diagram depicts the adopted leadership model, hence the developmental areas of the transformational leadership programme for NHS Doncaster.

![Diagram of Transformational Change]

The programme should demonstrate a wide range of modes of delivery and methods of development, covering the suggested focus areas as depicted below, to ensure that all staff has access and opportunity to suitable and appropriate development. The programme should, however, consider existing staff experience and expertise, to ensure individualised development takes place.
It is requested that the programme or elements of the programme need to be certificated but may or may not be accredited.
12. LINKS TO SYSTEM WIDE INITIATIVES


NHS Doncaster Clinical Engagement 2008


Transforming Talent & Leadership – Guidance for SHA 2008

The Operating Framework for the NHS (Engalnd) – DoH 2008/9

A High Quality Workforce – Next Stage Review 2008

High Quality Care for All – Next Stage Review 2008

Inspiring Leaders: Leadership for Quality 2008

NHS Constitution

Health Ambitions – The Next Stage Review in Yorkshire and the Humber
### Appendix A - Leadership Programmes

<table>
<thead>
<tr>
<th>Programme</th>
<th>Content</th>
<th>Audience</th>
<th>Cost</th>
<th>Duration / Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspiring Chief Executive Talent Development</td>
<td>Aims to ensure high quality candidates for future Chief Executive vacancies or for those already operating at CE level and seeking further development or a move into a role in a larger organisation. Programme developed.</td>
<td>Chief Executives and Directors</td>
<td></td>
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</tr>
<tr>
<td>Aspiring Directors</td>
<td>Aims to secure a high quality talent pool. Programme developed includes 1:1 coaching / feedback using Potentia.</td>
<td>Deputy Directors, Assistant Directors and Heads of Service including clinical.</td>
<td></td>
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</tr>
<tr>
<td>Chair &amp; NED Development</td>
<td>Annual training programme including conference.</td>
<td>Chair and Non-Executive Directors</td>
<td></td>
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<tr>
<td>National Management Development Initiative (NMDI)</td>
<td>Aims to support the development of mid-level managers and future leaders to meet the challenges of an increasingly complex health system. The programme consists of pre-work, a 2-day NMDI Development Centre, a follow-up Review and Development Day and options to access further support such as a mentor or action learning set. Participants have an opportunity to think about their personal and career development. They will explore the attributes required for success in the NHS and they will consider their personal style and how they demonstrate these attributes. The first day allows participants to focus on their personal style and their skills. The second day focuses on how participants apply their skills to their role.</td>
<td>All nominees should also be operating in a mid-level management post, above ward/team leader level and typically would be 3rd reports to a Director.</td>
<td>The charge for 2008/09 is £800 per person.</td>
<td>Programme is 6 days over 6 months</td>
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</tbody>
</table>

In 2008/09 organisations are asked to nominate staff from these priority groups:
- Clinicians
- HR professionals
- People from any service from a black and minority ethnic background
<table>
<thead>
<tr>
<th>Programme</th>
<th>Content</th>
<th>Audience</th>
<th>Cost</th>
<th>Duration / Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading an Empowered Organisation</td>
<td>Leadership approaches for forward thinking organisations that wish to modernise patient services and implement the large change agenda, achieved by empowering leaders at all levels within the organisation. Enables the novice and experienced leader alike to deepen their understanding of leadership and embrace a new management approach that is based on empowering staff and strengthening communication in the workplace.</td>
<td>Available to all staff</td>
<td>Internal costs</td>
<td>Programme is 3 consecutive days</td>
</tr>
<tr>
<td>Leadership Qualities Framework</td>
<td>The NHS Leadership Qualities Framework has been developed specifically for the NHS and sets the standard for outstanding leadership in the service. It describes the qualities expected of existing and aspiring leaders both now and in the future. The framework can be used across the NHS to underpin leadership development, for individuals, teams and organisations. There is a 360° diagnostic instrument derived from The Framework that can be used to assess individual or organisational wide leadership capability and capacity.</td>
<td>Available to all staff</td>
<td>£45 per person – electronic OR £120 per person – paper based AND/OR £35 electronic group report</td>
<td>As &amp; when requested approx 4 hours</td>
</tr>
<tr>
<td>Building Leadership Communities</td>
<td>Chief Executive master-classes series will now link up with the Chief Executive Forum meetings, which are organized as overnight events. The provider continues to be Leeds Metropolitan.</td>
<td>Chief Executives</td>
<td></td>
<td>3 master-classes in 2009</td>
</tr>
<tr>
<td>Common Purpose – Focus</td>
<td>Focus is a powerful educational experience that brings together leaders from all sectors - private, public and voluntary/community - and widely differing backgrounds. The diversity of the participant group is central to the challenge of the programme.</td>
<td>Directors and Assistant Directors who have been in the NHS 3-10 years.</td>
<td>The fee for Focus is £2,625 + VAT.</td>
<td>September – December.</td>
</tr>
<tr>
<td>Programme</td>
<td>Content</td>
<td>Audience</td>
<td>Cost</td>
<td>Duration / Dates</td>
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<tr>
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</tr>
<tr>
<td>Common Purpose – Profile</td>
<td>Participants develop their own leadership abilities through collaboration with their peers in other sectors, site visits, panel discussions, expert briefings and exposure to numerous different approaches to leadership. Together they explore and work through real-life challenges from business, the public and voluntary sector. Participants visit prisons, housing developments, businesses, hospitals and manufacturing plants in order to find inspiration outside their usual experience. They will learn about alternative approaches to leadership through the eyes and experience of fellow participants. The end result is that participants will learn a lot more about themselves as leaders, as well as how society works - and will explore the central themes of leadership, partnership and diversity.</td>
<td>Candidates who are leaders, i.e. people who are able to influence change in their organisations and/or in their area. There is a need to balance the group members between private and statutory organisations so only 3 names can be put forward.</td>
<td>SHA have negotiated 20% off for all PCTs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme</th>
<th>Content</th>
<th>Audience</th>
<th>Cost</th>
<th>Duration / Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Purpose – Profile</td>
<td>Profile provides a two-day briefing for leaders who want to be more effective in the areas where they operate. It is the fastest way to get a behind-the-scenes view of a locality and is well-suited to decision-makers who need a quick introduction (or update) to the important issues, people and institutions that make up the area. In two intense and fast-paced days, Profile gives participants an overview of the city or area and offers an introduction to key players. Participants are able to get behind the</td>
<td>New leaders to the South Yorkshire area – generally Director level and above.</td>
<td>The fee for Profile is £1,000 + VAT. The SHA have negotiated a discount for all PCTs.</td>
<td>October</td>
</tr>
<tr>
<td>Programme</td>
<td>Content</td>
<td>Audience</td>
<td>Cost</td>
<td>Duration / Dates</td>
</tr>
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<tr>
<td>Scenes to examine how the various agencies and services operate and see aspects of the city, town or area with which they might not otherwise come in contact. The agenda consists of a series of briefings, conversations, visits and group work to introduce the key issues and the plans to address them. Participants are taken to different venues and places around the city, town, or area, as well as speakers coming to the group.</td>
<td></td>
<td>(information not provided)</td>
<td>(information not provided)</td>
<td></td>
</tr>
<tr>
<td>Common Purpose – Navigator</td>
<td>Common Purpose Navigator is the Common Purpose leadership programme for emerging, high-potential individuals who are tipped as &quot;people to watch&quot; in the organisations or as future leaders in the communities. In an intensive five days (split into 3-days and 2-days), this residential programme takes participants outside their four walls, giving them a behind-the-scenes view of how society works and addressing some of the key issues facing it. In every day there is an emphasis on learning by experience. Participants have the opportunity to go on visits in small groups, engage in real-life case studies, challenge leaders in their fields of expertise and debate key issues with them and learn from each other.</td>
<td>Aspiring Directors, rising stars. This programme is aimed at a younger cohort. This programme may be appropriate for PEC clinicians, PBC Leads and GPs etc looking to move into management.</td>
<td>The fee for Common Purpose Navigator is £3,500 + VAT.</td>
<td>2009</td>
</tr>
</tbody>
</table>
| Common Purpose – 20/20     | 20:20 is Common Purpose's programme that brings together senior leaders from across the UK. It provides the cross-sector group of senior decision-makers with a wide-angle view of the way the UK works, where it sits in an international context and                                                                                                                                 | Chief Executives  
Deputy Chief Executives | The fee is £5,750 + VAT which includes the weeks | 20:20 is a five-day residential programme. This high- |
<table>
<thead>
<tr>
<th>Programme</th>
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<th>Cost</th>
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</tr>
</thead>
</table>
| Building Leadership Capacity     | Recruits fresh new talent and develops high calibre individuals into innovative, accomplished leaders through a portfolio of three programmes, each of which uniquely contributes to the NHS talent pool:  
- Graduate Management training Scheme  
- Gateway to Leadership  
- Breaking Through Programme | Graduate MTS continues to recruit high calibre graduates onto the award winning scheme.  
Gateway to Leadership attracts fresh talent into the NHS from other sectors by recruiting on its programme.  
Breaking Through Programme recruits NHS managers from black and minority ethnic backgrounds. | accommodation, food, programme materials and travel during the week to and from London and Brussels. | level programme is held just twice a year. |
### Appendix A - Management Programmes

<table>
<thead>
<tr>
<th>Programme</th>
<th>Content</th>
<th>Audience</th>
<th>Cost</th>
<th>Duration / Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHSC Diploma</td>
<td>Programme that brings together health and social partners from across the locality. Based on six modules: personal and team effectiveness, financial management, managing service delivery, managing your enterprise, business and service planning. Includes monthly tutorials, meetings with a mentor to support learning, and a commitment to achieving the additional personal study time requirement of 7 hours per week. Assessment through successful completion of 6 module assignments and a project ranging from 3000 to 10000 words each.</td>
<td>Designed for middle / senior health and/or social care professionals with significant management responsibilities.</td>
<td>£3200</td>
<td>Programme is 18 days over 18 months</td>
</tr>
<tr>
<td>MHSC Certificate</td>
<td>Programme is designed to enable individuals to manage more effectively in a health and social care setting. Programme integrates management theory and working practice and focuses on the work needs of managers. Based on four models: the manager, managing people, managing information, and managing services. Includes monthly learning sets and meetings with a mentor / line manager in order to transfer learning to the workplace. Assessment through successful completion of 4 module assignments and a final work based project.</td>
<td>Designed for middle managers in a health and/or social care setting.</td>
<td>£1200</td>
<td>Programme is 14 days over 1 year</td>
</tr>
<tr>
<td>ILM First Line Management Certificate</td>
<td>Programme for essential knowledge and understanding to be an effective first line manager / supervisor. Introduces a range of managerial topics. Includes learning via completion of study books, attendance at sixteen workshops, and participation</td>
<td>Designed for junior / first line managers / supervisors.</td>
<td>£600</td>
<td>Programme is 20 days over 1 year</td>
</tr>
<tr>
<td>Programme</td>
<td>Content</td>
<td>Audience</td>
<td>Cost</td>
<td>Duration / Dates</td>
</tr>
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</tr>
<tr>
<td>ILM FLM Introductory Certificate</td>
<td>Programme to gain background knowledge and understanding of skills required by first line managers / supervisors and to develop basic management skills. Introduces a range of managerial topics. Includes learning via participation at five workshops and meetings with line manager to transfer learning into the workplace. Assessment through successful completion of one assignment, four segment reviews and summative personal development review / plan.</td>
<td>Designed as an introduction / taster to management for junior / first line managers / supervisors.</td>
<td>£300</td>
<td>Programme is 6 days over 4 months</td>
</tr>
<tr>
<td>ILM Team Leading</td>
<td>Programme aims to give practising and potential team leaders the foundation for their formal development. To assist participants in gaining the basic knowledge required by a team leader and to develop basic team leading skills through participation at five workshops. Includes areas such as team leading skills, getting the work done, leading people in teams and communicating with people. Assessment via completion of a short presentation, a mini-project and a knowledge assessment.</td>
<td>Designed for team leaders although it is also appropriate for participants working from inside a team who may not be specifically designated as team leader but who have some responsibility for the teams outputs.</td>
<td>£300 / £400</td>
<td>Programme is 6 days over 4 months</td>
</tr>
<tr>
<td>Project Management</td>
<td>PRINCE 2 Foundation course covers the following elements: projects and project management; benefits of a structured approach; overview of PRINCE2; the</td>
<td>This Prince2 Foundation course is suitable for all staff working on any type of project</td>
<td>Approx £300</td>
<td>Course is 3 consecutive days</td>
</tr>
<tr>
<td>Programme</td>
<td>Content</td>
<td>Audience</td>
<td>Cost</td>
<td>Duration / Dates</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>PRINCE2 process model; PRINCE2 management products; developing a business case; project organisation &amp; project management team roles; project assurance and support; plans and the product-based planning technique; controls, including work packages and checkpoint reports; management of risk; quality in a project environment; change control and configuration management and project document management. Completion of the course will be assessed via the PRINCE2 Foundation Certificate Examination.</td>
<td>and is also suitable for experienced project managers who require a comprehensive introduction to the PRINCE2 method.</td>
<td></td>
<td>delivered twice annually</td>
<td></td>
</tr>
<tr>
<td>LEAN Service Improvement Programmes</td>
<td>Access to a range of service improvement programmes via the Regional Lean Healthcare Centre cited within NHS Doncaster. Open courses include: - Lean Thinking - Capacity and Demand - Process Flow Analysis - Visual Management - Problem Solving - 6s - Standard Operating Procedures</td>
<td>Healthcare staff</td>
<td>No cost</td>
<td>Various</td>
</tr>
</tbody>
</table>
Appendix B – Effective Management Programme

The following Effective Management Programme has been designed and developed and will be delivered to better support and enhance the knowledge and skills of the PCTs current and future managerial workforce.

Aim of the Programme

The programme aims to create an effective and productive work environment and culture by developing effective managers, through positive actions, attitudes and behaviour and thereby embedding an empowered culture across the workforce.

Objectives of the Programme

To:
- Ensure consistency and equity in how people are managed in the PCT
- Provide managers with the understanding and skills to manage staff effectively
- Create a healthy culture where people are able and willing to give of their best

The programme objectives will be achieved by use of:
- Attendance and participation at six workshop sessions
- Participation in two action learning groups (facilitated by an external facilitator)
- Support via 1-1 buddy / triad of peers
- Receipt of a management / leadership text
- Evaluation and reflection on performance
- Personal development action planning

Content

The programme content is delivered on a workshop basis, focusing on a proactive approach to effective management, with the use of case studies, scenarios and exercises to support application of learning.
The programme also has the opportunity to participate in action learning groups as a means to supporting personal learning and giving the opportunity for reflective practice.

Participants will also be given a copy of a relevant leading management text book for their ongoing reference.

<table>
<thead>
<tr>
<th>Timings</th>
<th>Workshop</th>
<th>Content</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ day</td>
<td>Opening Event</td>
<td>Overview of programme, timetable, programme &amp; individual objectives, identified goals (strengths &amp; development areas), learning styles, reflective practice, MBTI, roles &amp; responsibilities of an effective manager, management styles.</td>
<td>OD</td>
</tr>
<tr>
<td>1 day</td>
<td>Managing Performance</td>
<td>Taking responsibility for effectively managing the performance of individuals: recruitment &amp; selection, induction, training, performance &amp; development, giving &amp; receiving feedback, conduct &amp; capability, bullying &amp; harassment, grievance, disciplinary, handling situations &amp; behaviour, managing stress.</td>
<td>HR</td>
</tr>
<tr>
<td>½ day</td>
<td>Action Learning Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 day</td>
<td>Managing People</td>
<td>How to create supportive working environments: teams, team types, leadership and change</td>
<td>OD</td>
</tr>
<tr>
<td></td>
<td>Managing Quality</td>
<td>How to support individuals to deliver high performing results: quality, innovation &amp; development, research</td>
<td>Q&amp;CA</td>
</tr>
<tr>
<td>1 day</td>
<td>Managing Information &amp; Effective Communication</td>
<td>How to communicate effectively: media presentation, plain English, receiving information &amp; making decisions, holding to account, chairing meetings. How to create a ‘healthy culture where individuals are positively engaged. How to handle differences and diversity in a positive way: equality &amp; diversity, EIAs</td>
<td>COMMS</td>
</tr>
<tr>
<td>½ day</td>
<td>Action Learning Group</td>
<td></td>
<td>E&amp;D</td>
</tr>
<tr>
<td>½ day</td>
<td>Closing Event</td>
<td>Evaluation, personal action planning, reflection on learning, future personal development.</td>
<td>OD</td>
</tr>
</tbody>
</table>

**Commencement**

Each programme of 6 full days plus 2 half days will be delivered across a period of approximately 6 months, with a total number of 16 participants per programme. Programmes will commence in July 2009 (completing January 2010) and September 2009 (completing March 2010).

**Selection**

Selection for the programmes is expected to be made via a combination of the following:
- individuals opting to attend
- managers nominating participants based on need
- any manager appointed within the last 12 months

Nominations for the initial programmes are anticipated to be received from managers within agenda for change bands 6 through 8(a, b, c & d).
Appendix C – Future Directors Development Programme

The suggested modular content of this programme should include the following module topics. To be jointly delivered with the PCT / neighbouring Trusts and/or DMBC by internal and external facilitators with completion in 12 days over a 12 month period.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 1</td>
<td>Participants undertake MBTI &amp; LQF, selection of mentor and final agreement of work-based project</td>
</tr>
<tr>
<td>Month 2</td>
<td>Individual LQF feedback</td>
</tr>
<tr>
<td>Month 3</td>
<td>MBTI feedback. Workshop – working in a political context. Preparation for work-based project and action learning sets</td>
</tr>
<tr>
<td>Month 4</td>
<td>Action learning set</td>
</tr>
<tr>
<td>Month 5</td>
<td>Workshop – motivating in a primary care setting, learning styles and influencing skills</td>
</tr>
<tr>
<td>Month 6</td>
<td>Action learning set</td>
</tr>
<tr>
<td>Month 7</td>
<td>Workshop – team building and positive workplace</td>
</tr>
<tr>
<td>Month 8</td>
<td>Action learning set</td>
</tr>
<tr>
<td>Month 9</td>
<td>Workshop – Coaching and mentoring</td>
</tr>
<tr>
<td>Month 10</td>
<td>Action learning set</td>
</tr>
<tr>
<td>Month 11</td>
<td>Workshop – thinking tools</td>
</tr>
<tr>
<td>Month 12</td>
<td>Presentation of projects, individual career coaching and programme evaluation</td>
</tr>
</tbody>
</table>
## Draft programme of facilitated learning modules

### Module 1- Managing Self & Personal skills (2 day module)

| Day 1 | Overview of the programme  
Agreeing ground rules  
Support and challenge model  
Johari Window  
Exploring self-awareness and interpersonal dynamics using the Myers Briggs Type Indicator (MBTI) |
|-------|---------------------------------------------------------------------|
| Day 2 | Strength Deployment Inventory  
Identifying strengths and overdone strengths  
Conflict management  
Individual & managerial effectiveness – “7 Habits of highly effective people”  
Time Management  
Early thoughts about work based project |

### Module 2 Providing Direction

| Day 3 | Situational leadership  
Coaching skills  
Motivating teams  
The NHS Leadership Qualities Framework (LQF) |

### Module 3 Facilitating Change

| Day 4 | The ten high impact changes  
Managing change  
The emotional impact of change  
“Who moved my cheese”  
“The Oregon Trail”  
Taking teams with you in change  
Further discussion of work based project |
## Module 4 - Working with people

| Day 5 | Performance management  
Observation, assessment and feedback skills  
Influencing styles  
Negotiation skills  
Exploring Assertiveness – communicating in difficult situations  
Transactional analysis |

## Module 5 Using resources

| Day 6 | Project management  
Establish action learning sets around project work  
Decision making and problem solving  
Report writing and presentation skills |

## Module 6 Achieving results

| Day 7 | Creating a culture of accountability  
Customer focus in the NHS  
Feedback activities  
Portfolio development  
Personal development planning |
## Appendix D - Talent Management Benefits Realisation Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is talent management on the PCTs agenda i.e. Board / Executive Leadership Forum?</td>
<td></td>
</tr>
<tr>
<td>How are the CE, Chair, Directors and other senior leaders actively engaged in developing the leadership skills of others?</td>
<td></td>
</tr>
<tr>
<td>Explain how talent management is seen as a key objective which drives and enables high performance?</td>
<td></td>
</tr>
<tr>
<td>Do we have clarity about what talent management will deliver for our business and our people?</td>
<td></td>
</tr>
<tr>
<td>What is the compelling case for talent management?</td>
<td></td>
</tr>
<tr>
<td>What is our definition/s for talent management? Ensure it differentiates between performance and potential, are not restrictive, and are clear even in the light of complex competency frameworks.</td>
<td></td>
</tr>
<tr>
<td>Which are our business critical roles?</td>
<td></td>
</tr>
<tr>
<td>Do we have succession and development plans in place for these?</td>
<td></td>
</tr>
<tr>
<td>Clearly state the principles which underpin our talent management processes?</td>
<td></td>
</tr>
<tr>
<td>How will we ensure these are clear to and consistently understood by staff?</td>
<td></td>
</tr>
<tr>
<td>How do we ensure that it is clear what it means to be labelled as talent in our organisation?</td>
<td></td>
</tr>
<tr>
<td>Clearly define the respective roles and responsibilities for talent management i.e. what line managers are responsible for and what HR professionals are responsible for.</td>
<td></td>
</tr>
<tr>
<td>Outline our focus on future requirements as well as current needs.</td>
<td></td>
</tr>
<tr>
<td>How do we ensure line manager willingness and skill to undertake talent management conversations?</td>
<td></td>
</tr>
<tr>
<td>Do we have some simple tools available to support line managers undertaking such conversations?</td>
<td></td>
</tr>
<tr>
<td>Demonstrate how talent management is linked into and aligned with other key HR processes such as, for example, PDR, PDP, recruitment, recognition and reward.</td>
<td></td>
</tr>
<tr>
<td>What are our clear inputs and outputs at each stage of our talent management process?</td>
<td></td>
</tr>
<tr>
<td>What is the commitment to invest in talent management?</td>
<td></td>
</tr>
<tr>
<td>What capacity do we have to gather, store and use talent management data effectively?</td>
<td></td>
</tr>
</tbody>
</table>