Feedback from Engagement Events and Recommendations

November 2015
Introducing

This paper pulls together all the feedback we have received from various network meetings and engagement events across Midlands and East to develop the case for working collaboratively across the health system to:

- Assess and unlock the potential of future directors of nursing from all health and care settings and including individuals from broader specialisms than nursing, for example midwives and AHPs
- Develop and support future directors of nursing
- Assess how we might better support existing directors of nursing

Lynne Wigen, Regional Chief Nurse, Midlands and East has been leading this work, which she picked up and developed from the great work started by directors of nursing in Essex whilst Ruth May was held the Midlands and East post. NHS England, NHS Improvement and Health Education England will jointly take this work forward in 16/17, ensuring alignment with national talent management strategies and approaches across the NHS in England.

The intention is to identify all existing leadership development programmes that support aspiring and existing directors of nursing, as opposed to starting again from scratch. To this end, we will not be expecting any potential participants to undertake development in areas they have already covered, but rather, we will provide the additional development needed to prepare them to take the next step. This will include consideration of the future director of nursing role in light of new care models and integrated workforce structures currently being tested through vanguard and pioneer sites.

We will be sending further information about the approach we are taking and associated processes, including how to apply for any high potential programmes during July 2016.

If you have any queries about this work, please email Clare Simpson at: clare.simpson@dh.gsi.gov.uk

Summary

This report analyses the issues relating to the shortage of senior nurse talent pipelines within the NHS in England and makes recommendations for piloting and testing a talent management approach in Midlands and East to inform a national solution.

There is a recognised shortage of Director, senior nurse talent at Board/Governing Body level across the NHS in England with 20% of vacancies requiring two recruitment exercises to fill.

Movement between different health settings is currently restricted, due in part to the risk averse nature of trust executive boards and a view that...
directors of nursing need to be fully competent in either setting to be appointable. Additionally, many deputies and existing DoNs do not want to have to relocate or live away from home to take up new posts. These combined issues and attitudes are limiting individual’s access to the breadth of development and career opportunities as well as reducing the available resource pools for recruiting organisations (particularly for acute providers).

The Stuart Rose report, published in July 2015, highlighted the need to identify and develop a central talent pool and an NHS-wide structured talent management approach to enable a greater flow of individuals between provider and commissioning organisations and maximise “untapped talent” across the NHS.

Talent management has become an imperative for the health and care system as a whole. Lynne Wigens took up her role as Regional Chief Nurse, NHS England Midlands and East in July 2015 and one of her top priorities is talent management for the nursing profession.

Following initial Director of Nursing (DoN) network meetings and discussions with senior nurse leaders within NHSTDA and Monitor (NHS Improvement) an online survey of all DoNs and their deputies across Midlands and East was conducted, which informed the approach taken. The survey confirmed the need and appetite for developing an approach to talent management for the nursing profession across the region. (Annex A sets out summary feedback from the survey).

To build on the survey and further engage with Midlands and East DoNs and deputies, the Regional Chief Nurse invited them to attend 1 of 3 events in Cambridge, Loughborough and Birmingham during November 2015 to share their ideas and views about what we needed to do to:

a. Assess and unlock potential.
b. Develop and support future Directors of Nursing.
c. Assess how we might better support existing Directors of Nursing.

All 3 events were fully booked with 150 attendees in total for the 3 days. The events received high levels of engagement and generated a lot of information and support of talent management concepts and approaches. During the events we took cognisance of what was already in existence and being used. Specific feedback and input was sought around current enablers and ‘blockers’ for senior nurse talent development and deployment; definitions of what a ‘good’ DoN looks like and their core capabilities; and the commitments individual attendees were prepared to make and the support they believed they needed. A summary of common themes arising from the events can be in Annex B.

There was a lot of discussion about the perceived and actual variances in the roles and responsibilities of senior nurse roles in different organisations and health and care settings and the current lack of a nationally agreed framework. Overall it was agreed that it should be possible to articulate the core capabilities and characteristics required to be a good DoN and to be clear about any variances, e.g. across different settings or sizes of organisations / roles in order to ensure we were able to identify appropriate development interventions and facilitate greater movement across the system. For example, a commissioning DoN post was seen as requiring a collaborative cross-system leadership focus to influence and engage multiple stakeholders, whilst an acute DoN was perceived as more fast-paced with an organisational / operational focus. Additionally, spans of control clearly vary between large and small organisations, and it was agreed that this was likely to affect the associated leadership approaches required. (See Annex C for a proposed core capability framework for DoNs).

During the events, some cultural differences also emerged between geographical areas. For example, one focused on their proactive networking arrangements, another sought a clear senior mandate and support, and another was keen for increased access to master classes and coaching / mentoring.

It will be critical to the success of any talent management scheme that all senior leaders own the approach taken and work together to enable a shared commitment to commonly agreed talent outcomes. We therefore recognise the need to continue to engage with senior nurses and executive boards to establish their common goals and challenges and agree their shared ambition and commitment. To this end, Lynne is also engaging with senior chief nurse colleagues at a national and regional level across NHS England,
Creating Director of Nursing Talent Pipelines - Feedback and Recommendations

NHSTDA and Monitor (NHS Improvement). There is significant support from all these organisations for the development and implementation of an effective talent management solution at a national level for the senior nursing profession that enables greater movement between different health and care settings and thereby increases the talent pool of senior nurses as a whole.

Health Education England (HEE) has agreed to sponsor a pilot talent management scheme in Midlands and East for the nursing profession along with 2 other talent management pilots in London (for HR Directors and Directors of Finance) that aim to inform the national approach to talent management for the professions across the NHS. This commitment has been shared and agreed at a national level with NHS Improvement who have the lead responsibility for talent management across the NHS.

A vital next step will be to engage with CEOs and AOs from across Midlands and East to assess their shared challenges and work through and agree an approach with them for creating talent pipelines to fill their business critical Director of Nursing posts.

Proposition

To work with Directors of Nursing (DoN) and Deputy Directors of Nursing to agree a common language and approach for identifying, developing and deploying DoN talent pipelines across all health and care settings to fill DoN vacancies quickly and effectively locally, regionally and nationally. This includes agreeing an overarching capability framework for describing what a ‘good’ DoN looks like.

To align agreed approaches with existing good practice across the health and care system at a local and national level and test a number of options across Midlands and East to inform a national approach for talent management for the nursing profession.

To work with CEOs and AOs across the health and care system to build the required commitment, capability and structures to enable effective talent management within their organisations, and to increase the desire and ability to move ‘talent’ around the system as a whole.

Next steps

The following steps will be taken to ensure we develop and achieve the full commitment to a ‘fit for purpose’ approach to talent management for senior nurses across Midlands and East that can be used to inform a national approach over time.

a. Feedback to Midlands and East DoNs / Deputies from engagement events

During December 2015 we will share a high level overview of the design and delivery plan for this work, including how we intend to continue to engage with senior nurses as we test approaches and their impact. This will include some initial feedback about the emerging themes from the November events.

b. National professional leads engagement and input

In January / February 2016 we will organise a meeting of all senior nurse leaders from the national bodies, including Monitor, TDA (NHS Improvement) and NHS England to discuss and agree a proposed delivery plan for developing and testing an approach for senior nurse talent management.

c. National talent management approach - NHS Improvement

Given the national imperative around talent management it will be critical to ensure relevant approvals are achieved for any regional or local approach to ensure it is aligned with and can usefully inform the thinking / approach(es) being discussed and reviewed at a national level.

During February / March 2016, approval from the National Board for Leadership Development and Improvement will be sought.

d. Midlands and East CEOs/AOs

The need for senior leaders to commit to any talent management approach that aims to identify, develop and deploy talent in their organisations is well evidenced across the system as well as all industry sectors.
We will engage with CEOs/AOs across Midlands and East between January and March 2016 to seek their views and commitment to any proposed approaches. Whilst it is unlikely that any approach will be mandated, there will be an expectation that each NHS organisation has in place a talent management strategy to support the development and retention of its talented staff and ensure the available resources to fill its business critical posts.

This report has been produced following the survey and engagement events led and supported by:

Dr Lynne Wigens, Regional Chief Nurse, NHS England - Midlands and East

Tracy Eisler, Team Administrator, Nursing Directorate, NHS England - Midlands and East

Clare Simpson, Leadership Associate, Health Education England - East of England

Martin Hancock, Associate Director, NHS Executive Search NHS Leadership Academy

Lyndsay Short, Deputy Director, East Midlands Leadership Academy

Adam J. Turner, Leadership OD and Talent Programme Lead, Health Education England - West Midlands

Karen Bloomfield, Leadership and OD Manager, Health Education England - East of England

There is a recognised shortage of Director, senior nurse talent at Board/Governing Body level across the NHS in England.”

Purpose

1. This report analyses the issues relating to the shortage of senior nurse talent pipelines within the NHS in England and makes recommendations for testing a talent management approach in Midlands and East to inform a national solution.

2. The recommendations have been informed by work led by the Regional Chief Nurse, NHS England Midlands and East in collaboration with senior nurse leaders at a national level and Directors of Nursing and their deputies across the Midlands and East region.
Issue

3. There is a recognised shortage of Director, senior nurse talent at Board/Governing Body level across the NHS in England with 20% of vacancies requiring two recruitment exercises to fill.

4. Movement between different health settings is currently restricted, due in part to the risk averse nature of trust executive boards and a view that directors of nursing need to be fully competent in either setting to be appointable. Additionally, many deputies and existing DoNs do not want to have to relocate or live away from home to take up new posts. These combined issues and attitudes are limiting individuals’ access to the breadth of development and career opportunities as well as reducing the available resource pools for recruiting organisations (particularly for acute providers).

5. The Stuart Rose report, published in July, highlighted the need to identify and develop a central talent pool and an NHS-wide structured talent management approach to enable a greater flow of individuals between provider and commissioning organisations and maximise “untapped talent” across the NHS.

6. Talent management has become an imperative for the health and care system as a whole.

Director of Nursing Market

7. There is currently more demand than supply.

8. Turnover is high - 37% of trusts in 2014/15 recruited or tried to recruit to their DoN post (63% turnover in last 3 years).

9. DoN vacancies are typically filled, but 20% require two attempts.

10. Only 25% are filled through internal appointments.

11. 75% of appointments received fewer than 10 applications.

12. 80% had a short list of between 3-5 candidates.

13. The average number of appointable candidates per panel is 2.

14. 60% believe the quality of available candidates is either no better, or worse than it was 3 years ago.

15. There are also concerns regarding diversity of candidate fields (largely ethnicity).

16. There is quite a lot of variation across organisations and locations with some posts being easier to fill than others; generally, the larger the trust/role, the harder it is to fill.

17. A number of senior Chief Nurses have retired or plan to, at a time when their roles are getting ever more difficult and complex.

18. There is an increasing reluctance to relocate or live away.

19. The DoN post is not widely considered attractive due to the significant increase in responsibility, complexity and visibility without what aspiring DoNs consider to be a commensurate remuneration package.

20. Boards are more risk averse/demanding when making board appointments and are unlikely to take an applicant who has little or no experience in the specific health setting for which they are recruiting.

21. The gap between ‘one below board’ to board level is wider than it has ever been - fewer ‘safe places’ to learn one’s craft.

22. Deputy DoN posts do not adequately equip individuals for a transition to a board post; those one below board often struggle to demonstrate their ability to ‘step up’.

23. Nursing as a profession is more switched on to the issues and seems more active in responding to them.

24. Much of the required will and potentially the resource and networks are in place to facilitate some action.

25. A consensus that the role has changed,
26. The DoN role often has more breadth, especially as far as external responsibilities are concerned.

27. The DoN role is viewed as an increasingly important role by CEOs, Accountable Officers (AOs) and NEDs, although this is not necessarily reflected by the associated grading and salary.

Analysis and work to date

28. Lynne Wigens took up her role as Regional Chief Nurse, NHS England Midlands and East in July 2015 and one of her top priorities is talent management for the nursing profession.

29. Following initial Director of Nursing (DoN) network meetings and discussions with senior nurse leaders within NHSTDA and Monitor (NHS Improvement) an online survey of all DoNs and their deputies across Midlands and East was conducted, which informed the approach taken. The survey confirmed the need and appetite for developing an approach to talent management for the nursing profession across the region. (Annex A sets out summary feedback from the survey).

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   a. Assess and unlock potential.
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32. There was a lot of discussion about the perceived and actual variances in the roles and responsibilities of senior nurse roles in different organisations and health and care settings and the current lack of a nationally agreed framework. Overall it was agreed that it should be possible to articulate the core capabilities and characteristics required to be a good DoN and to be clear about any variances, e.g. across different settings or sizes of organisations / roles in order to ensure we were able to identify appropriate development interventions and facilitate greater movement across the system. For example, a commissioning DoN post was seen as requiring a collaborative cross-system leadership focus to influence and engage multiple stakeholders, whilst an acute DoN was perceived as more fast-paced with an organisational / operational focus. Additionally, spans of control clearly vary between large and small organisations, and it was agreed that this was likely to affect the associated leadership approaches required. (See Annex C for a proposed core capability framework for DoNs).

33. During the events, some cultural differences also emerged between geographical areas. For example, one focused on their proactive networking arrangements, another sought a clear senior mandate and support, and another was keen for increased access to master classes and coaching / mentoring.

34. It will be critical to the success of any talent management scheme that all senior leaders own the approach taken and work together to enable a shared commitment to commonly agreed talent outcomes. We therefore recognise the need to continue to engage with senior nurses and executive boards to establish their common goals and challenges and agree their shared ambition and
commitment. To this end, Lynne is also engaging with senior chief nurse colleagues at a national and regional level across NHS England and NHS Improvement. There is significant support from all these organisations for the development and implementation of an effective talent management solution at a national level for the senior nursing profession that enables greater movement between different health and care settings and thereby increases the talent pool of senior nurses as a whole.

35. Health Education England (HEE) has agreed to sponsor a pilot talent management scheme in Midlands and East for the nursing profession along with 2 other talent management pilots in London (for HR Directors and Directors of Finance) that aim to inform the national approach to talent management for the professions across the NHS. This commitment has been shared and agreed at a national level with NHS Improvement who have the lead responsibility for talent management across the NHS.

36. A vital next step will be to engage with CEOs and AOs from across Midlands and East to assess their shared challenges and work through and agree an approach with them for creating talent pipelines to fill their business critical Director of Nursing posts.

Proposition

37. To work with Directors of Nursing (DoN) and Deputy Directors of Nursing to agree a common language and approach for identifying, developing and deploying DoN talent pipelines across all health and care settings to fill DoN vacancies quickly and effectively, locally, regionally and nationally. This includes agreeing an overarching capability framework for describing what a ‘good’ DoN looks like.

38. To align agreed approaches with existing good practice across the health and care system at a local and national level and test a number of options across Midlands and East to inform a national approach for talent management for the nursing profession.

39. To work with CEOs and AOs across the health and care system to build the required commitment, capability and structures to enable effective talent management within their organisations, and to increase the desire and ability to move ‘talent’ around the system as a whole.

Recommended approach

40. To develop and implement a talent management pilot scheme for DoNs across Midlands and East between March 2016 and end of February 2017. This pilot will include:

a. Working with DoNs and deputies, HEE, including the NHS Leadership Academy, NHS England and NHS Improvement, to co-produce:

• a set of common tools and systems for identifying and assessing high potential senior nurses.
• a nurse leadership development programme that emphasises networking and practical experiential learning through work placements, impact groups, secondments and interchange.
Creating Director of Nursing Talent Pipelines - Feedback and Recommendations

b. Building the capability and capacity of executive teams within participating organisations across Midlands and East to embed a culture of talent management and career development planning.

c. Establishing and embedding robust governance structures to oversee and track ‘talent’ across Midlands and East in line with and overseen by the national governance structures established through NHS Improvement and the National Board for Leadership Development and Improvement, jointly chaired by Ed Smith and Ian Cummings. These structures will include consideration of local, regional and national talent pools to fill business critical nurse leadership roles and provide focused support for both aspirant as well as existing DoNs.

41. Associated costs include programme management, communications and engagement events and publications, programme design, development and implementation. It is recommended that participating organisations pay a nominal annual management fee to cover the costs of the programme offices and communications/engagement activities of between £5,000 and £10,000, plus a per delegate fee for their high potential employees who secure a place on any associated talent development programme of £6,000. HEE and NHS England have committed to £50,000 funding to support the initial stages of the pilot programme.

42. Formative evaluation of the DoN talent management pilot for Midlands and East will be undertaken after the first 6 months to inform wider roll out. It is proposed that the other 3 regions across NHS England commence communications and initial roll out of a national approach from October 2016.

Outcomes and measures of success

43. An emerging diverse pipeline of aspirant DoNs ready to fill business critical DoN posts across Midlands and East.

44. Clear and accessible career pathways and development opportunities for aspiring and existing DoNs that encourage and enable greater diversity across the senior nursing workforce.

45. Regular and effective sharing of development opportunities and talented staff across health and care settings.

46. Effective and shared succession plans for senior nursing staff across health and care settings.

47. Effective local and regional forum(s) for reviewing senior nursing talent pipelines, career, development and succession plans.

48. Improved retention of experienced DoNs as well as high potential aspirant DoNs.

49. Reduced time to appoint to DoN vacancies.

50. Reduced recruitment and agency staff costs.

51. Improved standards and engagement across the nursing workforce as a result of consistent and stable leadership.

52. Improved patient experience and outcomes.

53. Greater connectivity between national and local resourcing practices and resource pools.
**Next steps**

54. The following steps will be taken to ensure we develop and achieve the full commitment to a ‘fit for purpose’ approach to talent management for senior nurses across Midlands and East that can be used to inform a national approach over time.

**Feedback to Midlands and East DoNs / Deputies from engagement events**

- During December 2015 we will share a high level overview of the design and delivery plan for this work, including how we intend to continue to engage with senior nurses as we test approaches and their impact. This will include some initial feedback about the emerging themes from the November events.

**National professional leads engagement and input**

- In January / February 2016 we will organise a meeting of all senior nurse leaders from the national bodies, including Monitor, TDA (NHS Improvement) and NHS England to discuss and agree a proposed delivery plan for developing and testing an approach for senior nurse talent management.

**National talent management approach - NHS Improvement**

- Given the national imperative around talent management it will be critical to ensure relevant approvals are achieved for any regional or local approach to ensure it is aligned with and can usefully inform the thinking / approach(es) being discussed and reviewed at a national level.

- During February / March 2016, approval from the National Board for Leadership Development and Improvement will be sought.

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**Midlands and East CEOs/AOs**

- The need for senior leaders to commit to any talent management approach that aims to identify, develop and deploy talent in their organisations is well evidenced across the system as well as all industry sectors.

- We will engage with CEOs/AOs across Midlands and East between January and March 2016 to seek their views and commitment to any proposed approaches. Whilst it is unlikely that any approach will be mandated, there will be an expectation that each NHS organisation has in place a talent management strategy to support the development and retention of its talented staff and ensure the available resources to fill its business critical posts.

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**Action**

55. Confirm agreement and approval to proceed with the proposed approach and next steps.

56. Confirm agreement to supporting and securing the required funding to resource the central Programme Office to oversee delivery of the agreed talent management schemes and processes and per delegate fees for the associated development programmes.

57. NHS England, Health Education England and NHS Improvement have been agreed as lead sponsors for this work and will form a steering group to set the direction and agree funding arrangements for the pilot programme. NHS Improvement will confirm the governance arrangements for the national talent management work and where the pilot should report its findings and recommendations to inform national strategy and ensure continued alignment with national approaches.
## Director of Nursing talent pipeline

### DoN career path
- 16% unsure about remaining in DoN role for next 12 years
- 33% want a larger / more complex DoN role
- 18% want a national role
- 3% want a turnaround DoN role
- 0% want CEO / COO role

### DoN responses
- 11% ready for progression
- 66% have capability to progress
- 50% aspire to progress

### DDoN responses
- 27% believe they understand the DoN very well
- 45% believe they will be ready to progress in 1 year
- 69% aspire to progress

### Enablers to progress career
- Master classes with networking opportunities
- Individually tailored development opportunities
- Coaching / Mentoring

### Blockers to becoming a DoN
- Current expertise is not covering the full DoN remit
- Availability of DoN positions in their locality
- DoN is too challenging and complex (Directors only)

### 89% of DoNs are open to sharing talent

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<td>28% acute</td>
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<td>90% are permanent</td>
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<td>7% MH</td>
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<td>95% are permanent</td>
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<td>72% believe DDoN</td>
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<td>have the skills to do a DoN role</td>
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Based on a total population of approximately 120 DoNs and 120 DDoNs
ANNEX B
Summary outputs from November engagement events

Current situation

Aspirations
- A couple of DoNs aspire to being CEOs
- More complex / challenging senior roles
- National director roles
- Many aspired to move from commissioning back into provider settings
- Director of Strategy
- Most deputies aspire to be DoN / Chief Nurse
- Some new to role and looking to consolidate in grade

Current barriers / difficulties
- Feeling like ‘you’re in the club’ or not
- Loneliness of DoNs
  - multiple inspections
  - the weight and fear of being a scapegoat
- Complex landscape both nationally and locally - e.g. ALBs / regulation / CCGs / local government, etc
- Lack of exposure of deputy roles to wider corporate / cross organisational boundaries / political context
- Risk averse Boards / appointing panels
  - Won’t appoint individuals without board experience, but there is no clearly accessible opportunity to get the experience
  - Tendency not to appoint someone with experience in the relevant health setting - particularly true of acutes
- Nothing formalised at the end of training programmes to ‘pick talented individuals up’ and ensure continuous learning / effective deployment
- Deputy roles too operational with no room for strategic thinking / work
- Loads of different job titles and responsibilities for deputies and DoNs
- Difficult to plan - changing landscape and emerging organisations -difficult to know if you have the right skill set
- Appointments process is scary and doesn’t necessarily get the best outcomes -panels can feel overbearing
- No formal support available to help you prepare for appointments processes
- Development / progression opportunities often limited by regular restructuring where whole pay bands or functional areas are removed from the structure
- Fear of progression / more senior roles becoming redundant, so ‘safer’ to stay put
- Difficult to find available mentors or coaches
- Lack of equity between senior roles
  - Pay differentials
  - Significantly broader set of corporate / organisational responsibilities of DoNs versus Medical Directors
- Nurses tend to lack self esteem / self belief. Suffer from ‘imposter’ syndrome and fear of failure
- Tendency for nurses to be the secondary income generators at home, but the primary child carers, which makes mobility and flexibility more difficult
- Lack of mobility between health and care settings - easy to ‘get stuck’
**Enablers**

- Need to build networks / visibility / reputation - find yourself a mentor
- Need a consistent definition of what ‘good’ looks like that all senior staff are bought into
- DoNs supporting Deputies’ development
- Open, transparent and ‘upfront’ communications between DoNs and their teams - people respect and respond to honesty
- Vital to develop a deputy DoN network
- Career development conversations and plans
- National focus and attention
- Regional Chief Nurse role - Lynne Wigens - to support individuals and talent work as a whole
- ‘Rotations’ to provide experiential learning and building of networks across different settings
- Work shadow opportunities
- Prepare for how you want to be viewed by Board - DoNs and deputies to consider creating a personal ‘brand’
- Learn about working on a Board / with NEDs. Consider taking on a lay role or attending public board meetings
- Get to know / understand the broader system / local government
- Improved access to mentors and coaches locally and regionally
- Build on what’s already established / good practice, e.g. Accelerated Director Development Scheme (ADDS) in Beds and Herts
- Some personal stories about needing to show ‘you want it’ by being ‘brave’ and taking personal risks, e.g. ‘acting up’ into a role without additional pay; studying for masters whilst working full time
- Critical as DoNs to build mutually trusting relationships with the exec team and nursing workforce
- RCN reps to provide objective support and advice - can help to build trust across the nursing workforce
- Getting an executive sponsor

**Definitions of a ‘good’ DoN**

- Assertive versus defensive
- Able to keep sense of ‘self’ but also to challenge others
- Able to build and use experts / networks appropriately
- Build and sustains effective relationships with stakeholders, e.g. NEDs, Board, cross system, etc
- Strength of character, tenacity, empowering
- Not being afraid to ask for help
- Emotional resilience, intuitive, credible
- Takes care of self and own development
- Builds and sustains the right team around them
- Good understanding and network across the health and care system
- Sets and shares the vision

**Values:**
- Honesty
- Adaptability
- Courageousness
- Personal integrity
- Authenticity
- Being the patient voice - genuinely affected by the patient story
- Respect for others / inclusivity
- Being caring
- Enabling others

- Communication and voice of profession: ‘from board to ward’ and vice versa
- Politically aware / astute
- Emotional intelligence, calm, reflective
- Good sense of humour
- Understanding others as people as well as their role / responsibilities
- Consistent clear messaging
Courageous and able to say ‘no’ and provide supporting rationale

Breadth versus depth

No substantive difference between DoN posts across the different settings; there is a need to bridge gaps in experience and help aspiring DoNs to understand and be able to deal with the different focus of, for example, a commissioning DoN post (cross-system / influencing) and an acute DoN (fast-paced, and need for organisational / operational focus).

Difference of role: large versus small organisations equals greater spans of control / leadership versus operational / hands-on.

**Making a commitment**

**Personal commitments**

- Work together as DoNs / deputies to create and sustain effective networks for sharing learning / best practice
- Changing our attitude and historical view of secondments as a means of ‘moving a problem’ or performance improvement to a more positive one of personal development, experiential learning and networking
- Seek and take up opportunities - manage own career journey
- To identify and run master classes
- Offer to become mentors
- Champion talent management within our organisations - become ‘talent spotters’ and promote excellence
- Reflect the communities we serve - look for ways of improving diversity / inclusion
- Use coaching to build self-belief / confidence to have a go
- Stop seeking permission - take our own path

**The support needed**

- Develop a clear definition of what ‘good’ looks like that can inform focused development programmes to support DoNs’ and deputies’ career progression
- Opportunity to gain board experience
- Interchange to increase movement / experience across health settings
- To develop and embed a common language and ways of managing talent across the system to link local with national resource pools, etc
- Support in identifying the most appropriate first director post for individuals (experiences can cloud future career progression)

**Who we need to engage and for what purpose**

- Need to understand what CEOs / AOs want / need of DoN and engage with them to take this work forward
- Bring DoN / deputy colleagues who were unable to attend up to speed and engage them in the debate
- Engage all board members and wider workforce to build a commitment to talent management
- Engage ALBs to enable links between national, regional and local approaches
### ANNEX C
Core Capability Framework

#### Director of Nursing - Activities

| Nursing leadership | • Setting direction  
|• Visible leadership  
|• Leading, motivating and developing talent  
|• Managing talent and succession  
|• Recruiting and developing sustainable teams that are fit for purpose | • Managing performance of nursing staff  
|• Creating an effective clinical learning environment  
|• Goal setting  
|• Activity planning  
|• Resolving operational problems |

| Strategic organisational leadership | • Understanding of the wider health and care system - local and national  
|• Professional role and responsibility across wider DoN network  
|• Acting as a member of the executive Board  
|• Legal & fiscal responsibilities  
|• Financial understanding and awareness  
|• Information gathering  
|• Corporate responsibility and leadership, including contributing to and challenging corporate strategy  
|• Maximising NED input to enable effective corporate and nursing-specific decision making | • Developing and maintaining relationships externally and internally  
|• Networking  
|• Identification of trends  
|• Visioning the future  
|• Evaluating alternatives  
|• Understanding stakeholders  
|• Developing strategies and business cases  
|• Influencing  
|• Public relations / media handling  
|• Political nous / leadership |

| Governance and assurance | • Programme and project management  
|• Root and branch review to assess current position, risks and issues  
|• Establishing and maintaining effective review / monitoring processes  
|• Initiating and implementing enhancements to products, services and systems | • Identifying and utilising opportunities  
|• Communicating plans  
|• Leading and managing change  
|• Data analysis - understanding, interpreting and reporting |
### Director of Nursing - Key Characteristics*

<table>
<thead>
<tr>
<th>Key Characteristics</th>
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<tbody>
<tr>
<td>• Assertive rather than defensive</td>
<td>• Consistent clear messaging</td>
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<tr>
<td>• Able to keep sense of ‘self’ but also to challenge others</td>
<td>• Honest</td>
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<tr>
<td>• Able to build and use experts / networks appropriately</td>
<td>• Adaptable</td>
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<tr>
<td>• Build and sustains effective relationships with stakeholders</td>
<td>• Courageous</td>
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<tr>
<td>• Strength of character / tenacity</td>
<td>• Personal integrity</td>
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<tr>
<td>• Not afraid to ask for help</td>
<td>• Authentic</td>
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<tr>
<td>• Emotionally resilient</td>
<td>• Is the patient voice - genuinely affected by the patient story</td>
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<tr>
<td>• Takes care of self and own development</td>
<td>• Respects others / is inclusive</td>
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<tr>
<td>• Builds and sustains the right team around them</td>
<td>• Caring</td>
<td></td>
</tr>
<tr>
<td>• Good understanding/network across the health and care system</td>
<td>• Enables others</td>
<td></td>
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<tr>
<td>• Sets and shares the vision</td>
<td>• Credible</td>
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<tr>
<td>• Communication and voice of the profession: ‘from board to ward’ and vice versa</td>
<td>• Intuitive</td>
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<tr>
<td>• Politically aware / astute</td>
<td>• Courageous and able to say ‘no’ and provide supporting rationale</td>
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<tr>
<td>• Emotional intelligence</td>
<td>• Empowering</td>
<td></td>
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<tr>
<td>• Good sense of humour</td>
<td>• Reflective</td>
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<tr>
<td></td>
<td>• Calm</td>
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<tr>
<td></td>
<td>• Breadth versus depth</td>
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*See next page for detailed positive and negative indicators

### Director of Nursing - Technical Skills / Knowledge

<table>
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<tbody>
<tr>
<td>• Nursing professional</td>
<td>• Keeps up to date with literature, research and changes in nursing practice</td>
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<tr>
<td>• Quality improvement</td>
<td>• Knowledgeable about relevant methodology, e.g. SPC charts, PDSA cycles and improvement methodology</td>
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</tr>
<tr>
<td>• Governance and assurance</td>
<td>• Looks for opportunities to attend relevant conferences to keep up to date and also to build their network</td>
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<tr>
<td>• Commercial and financial awareness and understanding</td>
<td>• Brings groups of staff, peers or functional experts together to share best practice</td>
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<tr>
<td>• Understanding and interpreting data, e.g. workforce data</td>
<td>• Is numerate and able to analyse financial, resourcing and patient data effectively</td>
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</table>
## Positive and negative indicators

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<tr>
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<th>Negative indicators</th>
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<tbody>
<tr>
<td><strong>Nursing Leadership</strong></td>
<td>✔ Balances time commitment between Board role and Nursing leadership to ensure a significant presence on the ‘shop floor’ with their team ✔ Makes right judgements about where to provide strong visible leadership and where to manage with a light touch ✔ Ensures team defines and executes what needs to be delivered in order to achieve the strategy ✔ Aligns functions, resources and skills optimally to deliver strategy ✔ Role models high quality nursing practice ✔ Takes personal accountability for managing outcomes and risks ✔ Demonstrates powerful communication skills - wins hearts and minds ✔ Builds capability in the organisation, giving personal time to identifying and developing talent at all levels</td>
<td>• Spends more time in the office, focusing on broader strategic aspects of their role than nursing leadership • Does not actively demonstrate a passion for nursing • May be overly challenging without offering the support required to manage stress and encourage staff to think and act for themselves without fear of blame • Alternatively, they may be too supportive and allow poor performance to go unchecked • Takes on too much personal responsibility for work delivery, rather than delegating effectively to their team • Thinks about immediate resourcing requirements, without recognising the need to develop their staff for the longer term</td>
</tr>
<tr>
<td><strong>Executive Leadership</strong></td>
<td>✔ Sensitive to wider political and organisational priorities ✔ Contributes to formulating and shaping the long-term vision ✔ Able to navigate complex and ambiguous environments, identifying tensions, taking tough decisions about priorities and making the right trade-offs to achieve the vision while effectively managing risks ✔ Enables peers to make key choices based on robust evidence ✔ Presents ideas and information clearly and concisely, outlining the benefits of their own view ✔ Uses a wide range of sources to gather information and identify trends</td>
<td>• Presents overly lengthy Board papers, which lack focus and substance, particularly around numbers and data • Lack of clarity around key messages and what action they need individual peers to take • Unable to deal effectively with challenge and lack authority to secure Board commitment to their proposals • Lacks commercial nous • Self-effacing, taking challenge personally • Unaware, or unable to articulate the wider organisational impact of their proposals • Does not recognise or demonstrate an understanding of their role as part of a senior leadership team responsible for organisational effectiveness as well as the effectiveness of their own functional area • Sees self as a clinician and ‘different’ from Board colleagues</td>
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## Positive and negative indicators

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| **Governance & Assurance** | ✔ Identifies and seizes opportunities to improve delivery and add value through a more robust delivery approach  
✔ Anticipates problems or future developments, and puts in place effective strategies to address these  
✔ Uses data on current and future standards and quality needs to develop solutions  
✔ Benchmarks internally and externally to measure organisational effectiveness / performance  
✔ Demonstrates personal commitment to improving existing practices and processes  
✔ Constantly questioning, challenging status quo, shows courage to say what people may not want to hear while still sensitively managing relationships  
✔ Acts decisively when faced with ambiguous or crisis situations | • Delegates too much of the detail to more junior staff and believe what they are told, rather than checking things for themselves  
• Unable to articulate issues or plans effectively with colleagues in order to secure their commitment and engagement to supporting them  
• Unable to create effective programme and project management structures and processes to deliver against the governance and assurance agenda for their organisation |
| **External Partnerships** | ✔ Understands the health and care system as a whole and identifies and connects with system partners both locally and nationally  
✔ Demonstrates understanding of stakeholders’ political concerns, personal and organisational agendas  
✔ Ensures the organisation gets feedback on impact from external stakeholders and staff across the system  
✔ Builds trust and commitment across a broad spectrum of key stakeholders, identifying and acting on opportunities to remove duplication and drive more efficient and effective partnership working | • Narrow focus on own portfolio of work within their own organisational context  
• Lacks awareness and understanding of the wider system and its impact on their organisation and work  
• Can become isolated from wider network  
• Does not keep abreast of research, developments and changes to ways of working  
• Fails to share information, learning or issues with wider network, leading a lack of mutual trust and opportunities to collaborate effectively with others (‘sharing the pain’) |
## Positive and negative indicators

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<td><strong>Personal Effectiveness</strong></td>
<td>✅ Demonstrates deep self-awareness of own strengths, weaknesses and motivations</td>
<td>• Overly needy and emotional</td>
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<td></td>
<td>✅ Shows excellent awareness of their impact on others, and actively seeks to manage and adjust this in a positive way</td>
<td>• Fails to recognise their personal impact where staff and colleagues are looking to them for leadership</td>
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<td></td>
<td>✅ Demonstrates sustained emotional resilience, maintaining work performance and motivation despite workload and setbacks</td>
<td>• Shows an interest in one aspect of their role, rather than embracing the breadth of responsibilities</td>
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<td>✅ Demonstrates a clear commitment to self-development, actively seeking feedback from others</td>
<td>• Fails to keep up-to-date on professional and leadership best practice</td>
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<td></td>
<td>✅ Sets and measures themselves against ambitious yet attainable goals</td>
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<tr>
<td></td>
<td>✅ Seeks ways to overcome obstacles to achieving set goals</td>
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