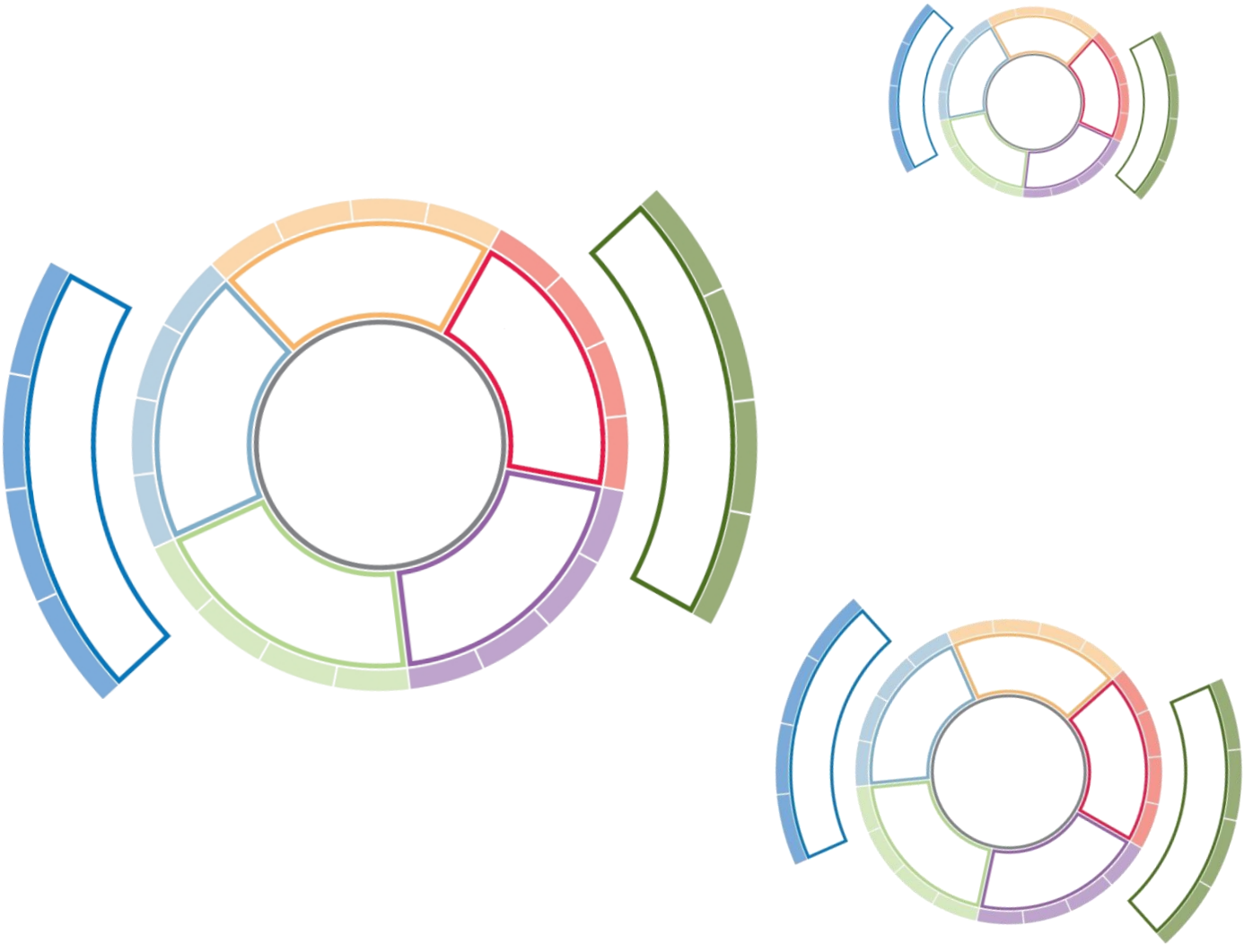
NHS
Leadership Academy

Developing and Embedding the LEADERSHIP FRAMEWORK

Progress report

October 2011



ACKNOWLEDGEMENTS

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We thank those clinicians and individuals who have been working with us, contributing their time and invaluable expertise, and providing case studies and other material.

Special thanks are due to Professor Mary Lovegrove.

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Report on the progress of development and embedding of the Leadership Framework to:

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On behalf of the project team we are pleased to submit this report on progress to develop and embed the Leadership Framework (LF).

While the content of this report is largely on activity delivered between 1st July – 30th September, in reality the process to embed the LF began in 2010, with the work to test the applicability of the generic leadership competences in the Medical Leadership Competency Framework (MLCF) for the other (21) regulated clinical professions.[1]

This document is intended to build on the findings of that work[2] which provides a baseline from which to understand and measure progress to embed. In this context it is very clear there has been significant progress. Given that the framework, tools and resources have only been available since July 2011 the extent of embedding, high level of awareness and excellent examples of adoption are quite impressive.

This is the first time that there has been a single agreed standard that provides a common understanding of leadership and a consistent approach to leadership development that spans the educational, regulatory and professional sectors and aligns with those in the NHS.

The project team has worked hard to continually engage with the professional bodies, academics, regulators and policy makers and other important communities, such as patient representatives. These endeavours have resulted in a high level of awareness about leadership and an appetite for the new framework. For example, the Chief Executive of South East Coast SHA said, “I have had a good look at the LF, including 'deep-diving' into the general and clinical case studies for the various domains and levels. I must say that I think it's an excellent piece of work, coherent and aligned. My congratulations to those concerned.”

The launch by the Secretary of State in June 2011 generated interest and support at all levels of the health system and has provided new momentum to our campaign to embed the LF.

There is evidence of the LF being used by all levels of the system and it is being implemented or planned in many organisations. We are actively working with partners and, where applicable, promoting the sharing of learning more widely.

The strong and vibrant relationships established with the key players in regulation, education and, especially, the clinical professions during the past year need to be nurtured and further developed to support the ongoing embedding. The project team is working very hard to build on this momentum and actively engage with the various players.

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[1] Long, P W et al. (2011) *The CLCF: developing leadership capacity and capability in the clinical professions.* International Journal of Clinical Leadership. Vol 17 No. 2

[2] NHS National Leadership Council (2010) *Report on the findings of the Clinical Leadership Competency Framework Project by the NHS Institute for Innovation and Improvement.* National Leadership Council.

Additionally, explicitly describing leadership in regulation will trigger changes to education and training and eventually drive up the leadership capability within the system. It is therefore vitally important that we continue to work with the various professional, regulatory and educational bodies to ensure their standards and curriculum guidance describe leadership and align to the LF.

We are also working with various players to promote alignment between the LF and NHS processes such as education and training provision and commissioning; organisational development; HR management; recruitment; and management of talent and board development. This will be beneficial for workforce development and links to the Government's policy for workforce development[3].

We are now working on a toolkit of resources to enable organisations to use and apply the framework, such as case studies illustrating the commissioning and provision of leadership programme(s); templates for appraisal, recruitment and selection, assessment of skills, job descriptions and person specifications; and using the 360° assessment tool at a cohort level.

The new NHS Leadership Academy provides an ideal vehicle to build on this work and to continue embedding the next steps which are set in Section 7 on page 26.

We have provided quotes, examples and case studies throughout this document to evidence the depth and breadth of embedding work completed so far. These showcase activity, highlight the benefits to individuals and organisations and provide a compelling narrative for continued efforts to embed leadership.

Some highlights:

- We have developed and launched a wide range of products, tools and resources, in a range of different media and approaches, to make the LF as broadly applicable and widely used as possible. The products are designed to meet the needs of users in a variety of settings and differing levels of the health and care system – from individual clinicians and colleagues in the wider workforce through to provider and commissioning organisations, educationalists, the professional regulators and the professional bodies.

- Products:
  - The Leadership Framework
  - The Leadership Framework website
  - Self assessment tools
  - 360° feedback tool
  - 360° facilitator training module
  - Online Leadership Development Module
  - The Clinical Leadership Competency Framework
  - Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training
  - LeAD CLCF e-learning online module

- There have been 22,948[4] visits to the website and 4970[5] downloads of the Self Assessment Tool PDFs.

[3] Department of Health (2010) *Liberating the NHS: developing the healthcare workforce*

[4] Number includes visits to the main LF website (www.nhsleadership.org.uk/framework.asp) and the main Tools website hosted by Right Management (http://nhsleadershipframework.rightmanagement.co.uk) from 1st July to 3rd October 2011, but does not include visits to other sections of either website.

- We are developing a toolkit of resources to enable organisations to use and apply the LF.

- We conducted a workshop with representatives of the professional regulators to promote sharing and learning. It is possible to facilitate and coordinate a system-wide approach to embedding leadership; a paper to address this is being prepared.

- We are working with the Flying Start National Preceptorship Lead to use the LF to underpin a refresh of their programme for first year nurses and AHPs.

- We are building a national picture of clinical education and training, being delivered by 128 Higher Education Institutions (HEIs) involved in the delivery of some 800 clinical education and training courses across multiple institutions. This will enable the NHS Leadership Academy to make a strategic choice on how to further develop ways to embed leadership into curricula.

- The British Psychological Society (BPS) and the Royal Pharmaceutical Society (RPS) have published their own leadership frameworks based on the CLCF, contextualised for the profession, and similarly, the Royal College of Nursing (RCN) is preparing to publish a document in November.

- We worked with the Centre for Postgraduate Pharmacy Education (CPPE) to design a learning module for pharmacists to be delivered in 2012.

- There has been a strong endorsement from the Chief Executive of the RCN. In addition, the RCN has also agreed to promote the CLCF via numerous communications channels and to coordinate this with the launch of their contextualised version of the CLCF in November.

- The Chief Scientist is supporting the development of a national programme which uses the CLCF as a basis for structuring healthcare science leadership and integrating it into other professions and across healthcare organisations.

- Working collaboratively and in partnership can enhance our efforts to embed the LF. The project team has been proactively engaging with key bodies which are strategically placed to enhance our embedding efforts, including The NHS Confederation, the Faculty of Medical Leadership and Management, National Leadership and Innovation Agency for Healthcare (NLIAH), and NHS Education for Scotland.

- In the past three months the project team has been involved in more than 67 activities, meetings and events, and there has been coverage of the LF in many different media.

2. INTRODUCTION

The need to optimise leadership potential across the clinical professions, and the critical importance of this to the delivery of excellence and improved patient outcomes, is now increasingly echoed by clinicians, managers and politicians within the UK and internationally.

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[5] Number includes the downloads of the full PDF of the LF and CLCF versions of the Self Assessment Tools. Does not include individual sections downloaded individually. Please see page 13 for further information

This is a time of significant change for the health and care services in the UK and a unique period for NHS England with unprecedented levels of power and responsibility being devolved to clinicians. The Secretary of State for Health Andrew Lansley said recently:

> "Leadership in the Health Service cannot be about one person at the very top. It needs leaders at every level, in every institution and in every profession. And the people that I believe, first and foremost, should be leading the NHS are clinicians. GPs, hospital doctors, nurses, pharmacists, allied health professionals, scientists. We need people in every area to step up to the plate and lead. No profession can be left out if we are to deliver truly integrated, high quality healthcare for everyone in the country."[6]

To enable this change to take place successfully and to support frontline clinicians and the wider workforce in this very important role we will need to further develop the leadership capability within the system. It is on this basis and to support this aim that the Leadership Framework was created.

3. BACKGROUND

In January 2010 the Clinical Leadership workstream of the National Leadership Council (NLC) commissioned the NHS Institute for Innovation and Improvement (NHS Institute) to test the applicability of the generic leadership competences in the Medical Leadership Competency Framework (MLCF) for the other regulated clinical professions.

The aim of this was to work with the clinical professions to build leadership awareness and capability across the health service, by embedding leadership competencies in undergraduate education, postgraduate training and continuing professional development.

We interviewed 97 people from 51 organisations representing the clinical professions, their regulatory bodies, policy makers and the higher education sector. The findings of the Clinical Leadership Competency Framework (CLCF) Project provide us with a substantial evidence base with which to inform embedding activity[7]. For the full report, please see http://www.nhsleadership.org.uk/images/library/files/nlcbookletfinal.pdf

Recognition that leadership is important, and the need to further develop leadership capability within the clinical professions, is unquestioned. Practitioners embrace the concept of the leadership frameworks because they afford a common and consistent approach to development based on their shared professional values and beliefs, and which is nested within the domains and standards rather than organisational structures which are ever changing.

The findings revealed widespread support for a common approach to leadership development across the professional, regulatory and education sectors and the NHS. This led to merging and aligning our activity into the LF project.

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[6] King's Fund (2011) *The Future of Leadership and Management in the NHS: No more heroes*. The King's Fund: London

[7] NHS National Leadership Council (2010) *Report on the findings of the Clinical Leadership Competency Framework Project by the NHS Institute for Innovation and Improvement.* National Leadership Council.

4. THE LEADERSHIP FRAMEWORK

The LF sets out the standard for leadership to which all staff in health and care should aspire. It is based on the concept that leadership is not restricted to people who hold designated leadership roles and that there is a shared responsibility for the success of the organisation, services or care being delivered. Acts of leadership can come from anyone in the organisation and as a model it emphasises the responsibility of all staff in demonstrating appropriate behaviours, in seeking to contribute to the leadership process and to develop and empower the leadership capability of colleagues[8].

Health and care staff train and work in many settings. Fundamental to development of the LF was a desire to build on existing leadership frameworks and create a single overarching framework that provides a common language and approach to leadership development for all staff groups irrespective of discipline, role or function or indeed whether they work in the NHS, the independent or other sector. For the NHS, the LF sets the foundation of leadership behaviours for all staff and will help them to understand their progression as a leader.

The LF has been developed after extensive research and consultation with a wide cross section of staff, patients, professional bodies and academics, and has been developed with the input of all the clinical professional bodies. It has the support of the chief professions officers, the professions advisory boards, the bodies representing the higher education sector and the Department of Health. Those consulted embraced the concept of the single framework because it affords a common and consistent approach to professional and leadership development, based on shared values and beliefs which are consistent with the principles and values of health and care staff and the NHS Constitution[9].

4a. Supporting tools

A number of supporting tools have been developed alongside the LF itself.

A self assessment and 360° feedback tool support the LF website; in addition an online learning and development module signposts development opportunities for each of the domains.

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[8] NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2009). *Shared Leadership: Underpinning of the MLCF.* NHS Institute: Coventry

[9] Department of Health (2010) *The NHS Constitution: the NHS belongs to us all*. The NHS Constitution can be accessed via http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx

The CLCF and the MLCF are also available to specifically provide staff with clinically based examples in practice and learning and development scenarios across the five core domains shared with the LF.

Clinicians can use the five domains throughout their career. However the LF, which relates to all staff groups, is a progressive framework that will help clinicians recognise their stage of leadership development in the context of all other colleagues.

To assist with integrating the competencies into postgraduate curricula and learning experiences, there is the LeAD e-learning resource which is available on the National Learning Management System and through e-Learning for Healthcare (www.e-lfh.org.uk/LeAD).

For colleagues working in the higher education institutions or in workplace training facilities there is guidance to assist with integrating the CLCF into education and training. The *Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training* describes the knowledge, skills, attitudes and behaviours required for each domain and provides suggestions for appropriate learning and development activities to be delivered throughout education and training, as well as possible methods of assessment. The scenarios used as examples will be invaluable to health faculties and clinical students, and will stimulate novel special study components which will further enhance leadership skills.

5. PROGRESS WITH EMBEDDING LEADERSHIP

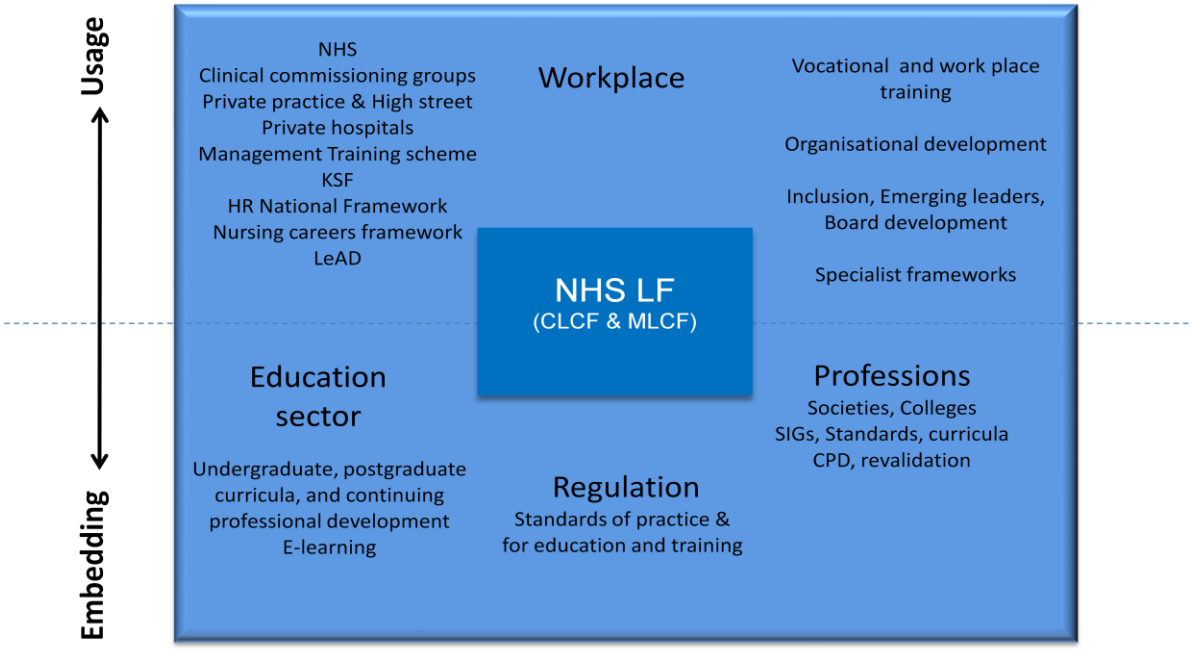
There are a number of opportunities available to us to support embedding clinical leadership, and the project team has been working with the various professional, regulatory and educational bodies to ensure their standards and curriculum guidance align and describe leadership.

We are also working with various stakeholders to promote alignment of the LF and NHS processes such as education and training provision and commissioning, organisational development and HR management, recruitment and management of talent, which will be beneficial for workforce development (see Figure 1).

On June 29th 2011 the Secretary of State launched the Leadership Framework. Coinciding with the launch we also made available a wide range of products, tools and resources, in a range of different media and approaches. The products are designed to meet the needs of users in a variety of settings and differing levels of the health and care system – from individual clinicians and colleagues in the wider workforce through to provider and commissioning organisations, educationalists, the professional regulators and the professional bodies, to make the LF as broadly applicable and widely used as possible.

> "The launch has been a huge success. The delay in publishing the documents was worth the wait, the project team were prepared for every angle, they had the answer for every question, they had the whole package - there is something for everyone."
>
> *Guest at LF launch, June 2011*

Figure 1: Relationship between key sectors and LF



The launch marked the beginning of a campaign to achieve the goal to create long term sustainable change and a stronger foundation for developing high-level leadership capability across the health service.

- One strand is focussed on embedding clinical leadership into professional, regulatory and educational standards.
- The second strand is focussing on adoption within the workplace by marketing the key tools to support individuals and organisations to apply and use the LF.
- A third strand is focussed on determining and gathering of evidence to document adoption, utilisation and impact of the LF, which will illustrate benefits and support continued leadership development.

The campaign has two distinct phases:

- 1st July 2011 – 30th September 2011
- 1st October 2011 – 31st March 2012

The focus of activity during the first phase has been to support the spread and adoption of the LF and supporting products, and on gathering tangible evidence of success which coincide with the announcement of the new NHS Leadership Academy in the autumn.

This document is intended to build on the findings of the Clinical Leadership Competency Framework project,[10] which provides a baseline from which we can understand and measure progress. In this context is it very clear there has been significant progress. Given that the framework, tools and resources have only been available since July 2011 the extent of embedding, high level of awareness and excellent examples of adoption is impressive.

[10] NHS National Leadership Council (2010) *Report on the findings of the Clinical Leadership Competency Framework Project by the NHS Institute for Innovation and Improvement.* National Leadership Council.

The level of interest in the LF is very high and we have been receiving positive feedback from important constituencies. There is evidence of the LF being used by all levels of the system; for example both individual clinicians and non-clinicians are using it, it is being implemented or planned for use in many organisations and we are actively working with partners and, where applicable, promoting the sharing of learning more widely.

The LF and the NHS Leadership Academy

Formally announced on 5th July 2011, Andrew Lansley, Secretary of State, described his vision of the NHS Leadership Academy as "a national centre for developing leadership excellence across the NHS."

Planned changes for the NHS mean that many of the organisations and structures in place that host and/or deliver national leadership activities will no longer be in a position to continue this work and this poses a threat to the continued success of leadership development across the NHS, without other arrangements being in place.

The NHS Leadership Academy will provide a "home" for these activities and will make sure that the progress made is not lost. The purpose of the Academy is to develop outstanding leadership in health. It is appropriate then that the new LF will be one of its flagship products.

5a. Individuals: *Students, clinicians and the wider workforce*

The primary way in which individuals access the LF is using the internet. Between July and September there have been 22,948[11] visits to the website.

Products to support this:-
The LF website
Self assessment tools
360° feedback tool
360° Facilitator training module
Online Leadership Development Module
The Clinical Leadership Competency Framework
LeAD e-learning online module

i. The LF website

The LF website is designed to translate the framework document to a more active web-based navigation integrating the material from the CLCF and providing links and information for all relevant supporting tools and documents. After initial consultation with the web designers, a mock-up of the introductory sections as well as the first domain (demonstrating personal qualities) was produced. This was then sent out to a small consultation group drawn from members of the initial focus groups held in February 2011, and colleagues within the NHS Institute and the NLC. The mix of testers included: clinicians and members of the wider workforce; male and female; those new to the LF and those already familiar with it; people with varied work experience to cover the various stages identified in the LF; individuals from a BME background.

[11] Visits to main LF website pages hosted by the NLC and by Right Management only. Does not include visits or landing page numbers if other than the main page for either host.

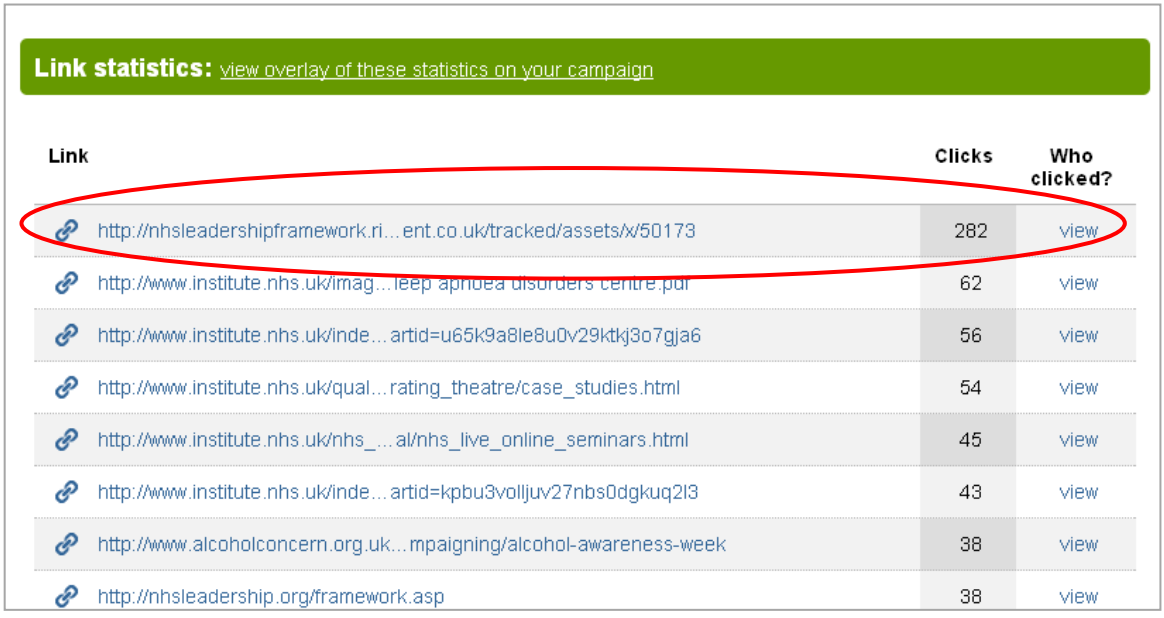
Feedback from the 18 respondents from this testing phase was very positive. Some technical problems were addressed, as well as more general feedback which was brought back to the web designers to integrate as necessary. Additional feedback was received in the weeks immediately after the launch of the website which helped to pick up other small technical problems, but general feedback has been very positive.

The LF website went live on the 29th June and generated a lot of interest. An official press release was issued by the Department of Health to the health media. News items were uploaded to the websites of the NLC and the NHS Institute. The story was Tweeted to 2,000 'followers' of the NHS Institute, and linked to on the various social media channels used by the team.

For **clinicians**, the CLCF PDF can be downloaded from the NLC website and we have also incorporated the underpinning practical examples and learning and development opportunities examples used throughout the CLCF into the LF website. There are excellent examples of the CLCF being used by clinicians – please see Case study**:** *Application of the CLCF in Practice* on page 16.

News of the Leadership Framework, incorporating a link to the LF pages on the NLC website, was also distributed to the 11,000 frontline staff who receive the e-publication 'NHS Live', and the 46,000 cross-NHS staff who subscribe to the NHS Institute External Newsletter[12]. Copy was also submitted to, and accepted for publication in *The Week*, distributed to all NHS Chief Executives.

Figure 2: Link statistics from NHS Live newsletter sent 22nd September 2011



Link statistics: view overlay of these statistics on your campaign

Link	Clicks	Who clicked?
http://nhsleadershipframework.ri...ent.co.uk/tracked/assets/x/50173	282	view
http://www.institute.nhs.uk/imag...leep apnoea disorders centre.pdf	62	view
http://www.institute.nhs.uk/inde...artid=u65k9a8le8u0v29ktkj3o7gja6	56	view
http://www.institute.nhs.uk/qual...rating_theatre/case_studies.html	54	view
http://www.institute.nhs.uk/nhs_...al/nhs_live_online_seminars.html	45	view
http://www.institute.nhs.uk/inde...artid=kpbu3volljuv27nbs0dgkuq2l3	43	view
http://www.alcoholconcern.org.uk...mpaigning/alcohol-awareness-week	38	view
http://nhsleadership.org/framework.asp	38	view

Next steps

To further strengthen the website, we believe it will be helpful to include the further material available for doctors (i.e. the MLCF). The development of a new website for the NHS Leadership Academy will be the perfect opportunity to do this, and conversations have already been held with the web design company responsible for the new website. The additional learning and development opportunities, as well as the examples in practice that are included within the MLCF, will now be included in a manner similar to the CLCF

[12] The link to the self assessment tool was the most clicked on the newsletter, with 1047 click-throughs recorded by 4th October 2011.

material. Similarly, links to additional material such as the *Guidance for Undergraduate Medical Education: Integrating the MLCF* and the *Medical Leadership Curriculum* will be included within the 'Supporting Tools and Documents' section. This will be very supportive in minimising any confusion around how the three frameworks work together.

It will also be vital for the website to be continually maintained and updated as further tools and resources are developed.

ii. The self assessment tool

A key finding of the consultation with stakeholders during the development of the LF was the need for a tool that is freely available to all staff to review their leadership development needs. This led to the production of the self assessment tool which, linked to the LF, is now available for anyone in health and care services who would like to review – quickly, easily and free of charge – their leadership skills.

The LF self assessment tool (SAT) aims to help staff manage their own learning and development by allowing them to reflect on which areas of the LF they would like to develop further.

We launched the self assessment tool in early September, and issued media information to key health publications, as well as made use of LinkedIn, Twitter and other social media channels. This was picked up by, among others, the Guardian's online Health Network, and as of the 3rd October 2011 there have been 4,370 downloads of the stand-alone PDFs. People can also access individual domains of the SAT, and an additional 2,320 people have done so.

Feedback from users is extremely positive and it is clear this tool will be very important as a gateway product leading staff to use the LF and the online development module (see section v on page 15). For example, the CPPE plans to embed the self assessment tool in its Supporting Leadership Series.

For **clinicians**, there is the CLCF self assessment tool which is providing an excellent gateway to the CLCF and it is being used in many different settings. For example, the Faculty of Health and Social Care of the University of Chester now introduces the concept of leadership to first year nursing students using the self assessment tool as part of the 'Learning to be a Professional' module. Students are introduced to reflection, self-assessment, and the use of differing frameworks as guidance to personal, professional and service development. As part of this process, students undertake the CLCF self-assessment tool, initially focussing on domains One and Two (Demonstrating Personal Qualities and Working with Others) as a starting point for development of both reflective and leadership skills, before using the tool to review other domains to evidence an emerging level of competence once practice learning experience has begun. This self-assessment is then discussed and banked in the student's portfolio within the practice learning module and a formative action plan for key points developed within the students' portfolio.

The stand-alone LF Self Assessment Tool PDF, which includes all seven domains of the LF can be downloaded from:
http://nhsleadershipframework.rightmanagement.co.uk/tracked/assets/x/50173

The stand-alone CLCF Self Assessment Tool PDF, which includes the five core domains of the LF shared with the CLCF can be downloaded from:
http://nhsleadershipframework.rightmanagement.co.uk/tracked/assets/x/50172

iii. The 360° feedback tool

360° feedback is a powerful tool to help individuals identify where their leadership strengths and development needs lie. The process includes getting confidential feedback from line managers, peers and direct reports. As a result, it gives an individual an insight into other people's perceptions of their leadership abilities and behaviour. The new online LF 360° feedback tool has been road tested and will be available to colleagues in the service from October 2011 onwards.

a. Road-testing the 360° feedback tool

To road test the 360° tool, 58 people completed the new online questionnaire. Individuals were selected to ensure a fair representation of organisational type (provider/commissioner), geography, backgrounds (clinical/non-clinical), job roles, LF stages and diversity. In addition, 25 facilitators have been trained to provide feedback to the test participants.

Feedback from the participants has been very positive and they found the 360° straight forward and easy to use.

> "The new Framework describes clearly the task of leadership across all disciplines and at all levels within the NHS. It strikes the right balance and feels fit for the future. I liked the focus on style and behaviour in the 360° feedback – this is useful for personal development and exactly the right emphasis for successful leadership in the coming years."
>
> *Dr Mark Newbold, Chief Executive, Heart of England NHS Foundation Trust*

> "Undertaking the 360° appraisal was a very rewarding experience leading to a period of reflection and definite planning for myself, my role and the contribution to the organization going forward. All of this was handled professionally and positively by the facilitators. I would recommend it to anyone at a senior level looking for insight into their development needs."
>
> *Karen Charman, Interim Operating Officer, NHS Confederation*

The 360° is also equally applicable **for clinicians** and several clinicians participated in the pilot. Feedback has also been very positive. For example, Stuart Holmes, a medical student, wrote:

> "This was my first experience of 360° feedback and I was especially excited to take part because it would be exploring my competence in leadership and management. After badgering colleagues, supervisors and friends to review me, I had my feedback session last week... Besides learning that I send excessively wordy emails, the facilitator pulled out lots of areas for me to develop - some of which I was aware of but many of which were as unexpected as the email admonishment."
>
> *Stuart Holmes, Medical Student, University of Manchester*[13]

iv. 360° Facilitator training module

An e-learning facilitator module has also been developed. This will allow all existing LQF facilitators to become LF facilitators, and became available to all active facilitators from 21st September 2011. Updated training materials for in-house facilitator training will also

[13] Read Stuart's full story at: http://www.fmlm.ac.uk/blog/stuart-holmes/what-you-think-my-emails-are-too-long

be available in October from the LF website. So far 60 trainers have used the module, with 86 trainers being trained in total.

Next steps

To meet the anticipated increase in demand for the 360° feedback tool we are seeking to increase the number of trained facilitators across the service and will be funding additional facilitator training and 'Training to become a Trainer' workshops through SHA clusters.

v. Leadership Development Module

The Leadership Development Module can be accessed from the LF website. It gives clear suggestions of activities an individual can undertake to develop in each of the leadership domains.

Individuals can work through all the leadership domains and make a personal assessment of which ones they wish to develop further, or they may already be aware of a specific leadership domain or element that are strengths which they wish to maximise. These may have emerged from a performance appraisal, 360° degree feedback, discussion with their line manager or self reflection (i.e. by using the self assessment tool). The Leadership Development Module can also be used by a line manager when working with a direct report to tackle an identified development need.

For **clinicians**, the online leadership development module can be used in conjunction with the self assessment tool as they work through the CLCF domains, or with LeAD.

vi. Additional tools for clinicians

LeAD

In 2010 the NLC commissioned the production of seven e-learning sessions to introduce and support the CLCF with the aim of enabling the use of existing e-learning sessions for the MLCF, known as LeAD – see Figure 3 below.

Figure 3: *LeAD and the CLCF*

Introductory module		**CLCF DPQ**	**CLCF WwO**	**CLCF MS**	**CLCF IS**	**CLCF SD**
The sessions in this module would give a broad understanding of leadership, how e-learning through LeAD is arranged, and the specific domains of the Clinical Leadership Competency Framework						
Introductory module/	**Introduction to leadership and LeAD**					
Introductory module/	**Introduction to Clinical Leadership Competency Framework**					
CLCF: Demonstrating Personal Qualities	**Introduction to CLCF: demonstrating personal qualities**					
CLCF: Working with Others	**Introduction to CLCF: working with others**					
CLCF: Managing Services	**Introduction to CLCF: managing services**					
CLCF: Improving Services	**Introduction to CLCF: improving services**					
CLCF: Setting Direction	**Introduction to CLCF: setting direction**					

The sessions available on the National Learning Management System (nLMS) will follow the domains of the CLCF with just the first two above being the introductory sessions. This

will allow easy navigation around the sessions. In selecting the case illustrations, the CLCF practical examples are included as down loads in each session.

Next steps

Monitor activity and work with stakeholders to build LeAD into learning and development activity, so embedding the CLCF.

Case study: *Application of the CLCF in Practice*

A Senior Occupational Therapist (OT) employed in a London Specialist Centre for Children and Young People attended a University postgraduate module on Leadership Skills for Allied Health Professionals. One of the assignments of the course required the students to give a 10 minute presentation on the role of Leadership Skills in Service Transformation. This OT chose to present on the provision of a Fieldwork Placement for a new student. This placement was the first placement offered by this organisation so there was no prior experience of delivering this key service. In addition this was a six week placement and the student's first clinical attachment.

The OT decided to use the Clinical Leadership Competency Framework (CLCF) from the NHS Institute for Innovation and Improvement on which to base her service transformation. At the centre of the CLCF is the delivery of the service, which in this context refers to the delivery of the student fieldwork placement. This local concept was developed to be regarded as the delivery of *future* Occupational Therapy services through the contribution to training the OTs of the future.

Using the CLCF as a reference, the OT presented a personal journey about how she led her student, colleagues and the Occupational Therapy service as a whole through the fieldwork practice placement experience. She considered each of the five Domains in turn and, where appropriate, the related Elements.

For example: **Working with Others**. This part of the framework is about showing leadership through working with others in teams and networks to deliver and improve services.

The OT argued that she had demonstrated leadership to the student in **developing networks** and **working within teams** by providing them with opportunities to observe teamwork in practice with children and their families or school staff. The student then evaluated the benefits of this learning opportunity in terms of meeting therapy goals and ensuring best outcomes. The OT had led the student in developing her understanding of how working with others is central to effective healthcare delivery.

The OT demonstrated leadership **team working and team approach** through enabling her colleagues to share in leading. For one day each week the student was with two other colleagues who were responsible for deciding what the student's learning outcomes for that day would be. Consequently the student was guided to **build** her own **relationships** with members of the occupational therapy team and wider multi-disciplinary teams through providing her with opportunities to work with various professionals in therapy sessions, planning sessions and meetings.

Finally the student was **encouraged** to **contribute** through sharing her observations and her opinions and the OT led the student to develop her own clinical reasoning skills.

In conclusion the OT reflected that the CLCF had enabled her to lead the student to successfully complete her first fieldwork placement. She also reported that she had succeeded in leading the team and other colleagues during this period and had significantly contributed to service transformation.

See Appendix I to learn how a student nurse used the CLCF as well as the self assessment tool to help inform her actions and decisions when undertaking a service improvement project.

5b. Organisations

The LF is being adopted and embedded in a variety of organisations and workplaces and we are continuing to support this activity; a few examples are included below.

Products to support this:-
The LF
Bespoke aggregated 360° reports at cohort, team or organisational level
360° Facilitator 'Training the Trainer' workshops
Organisational Toolkit

i. Examples of Embedding

In **NHS Bradford and Airedale** the GP Commissioning Executive's Organisational Development Group (comprising PBC Alliance GP and Practice Manager leads, PCT staff and LMC) have developed a selection and election approach to Shadow Board formation. The group identified specific competencies from the LF as priority areas for new Shadow Boards. They have commissioned an independent specialist company to design and run an Assessment and Development Centre based on these competencies and assess candidates' potential for development, as opposed to previous experience or specialist knowledge[14].

The Assessment and Development Centre is a required step for any GP standing for election to a Clinical Commissioning Group (CCG) Shadow Executive Committee in September-October 2011.

The members of the **South Staffordshire Locality Group** have been working collaboratively for the last year to develop an integrated approach to Leadership and Management Development across their local health economy. Senior HR and OD managers from the acute hospitals in Burton and Stafford, the local Mental Health Trust, the local PCT and the Social Care teams in Staffordshire County Council have used the LF to underpin their initiatives.

The group focused on providing a wide range of options for assessing capability and providing a co-ordinated set of development solutions. Two development resources have been created, a 'development centre' event and a personality profiling tool. A local catalogue of development resources has also been collated, linked to the LF – see Appendix IV for the full South Staffordshire Locality Group story submitted by Mike Barnett, Head of Organisation Development & Training, Mid Staffordshire NHS Foundation Trust on behalf of the locality group.

NHS London has recently revised its Talent Management System to include the LF and a streamlined rating system. The process now links with the LF to reinforce the behaviours

[14] Submitted by John Callaghan, OD Programme Lead, NHS Bradford and Airedale

required in today's NHS, and encourages participants to embrace these. It also links with the supporting 360° tool which provides more detailed feedback, often considered as part of the resulting development discussions which follow Talent Management:

> "Spring 2011 was perfect timing for us to be able to use the LF in our refreshed Talent Management [TM] system. We are now future-proofed on the leadership behaviours and are able to support the LF by introducing it to our emerging leader populations. The LF, in turn, is able to support our TM by providing a valuable framework for feedback. We were proud to be recognised as an 'early adopter' by Andrew Lansley at the launch of the LF in London on 29 June, 2011."
>
> *Hesketh Emden, Head of Talent Management, NHS London*

See Appendix III for the full story on NHS London's Talent Management system and how it links to the LF, as submitted by Hesketh Emden, Head of Talent Management, NHS London.

The **NHS Graduate Management Training Scheme** refreshed and refocused its offering in readiness for the 2011 intake in order to ensure it responded to the needs of the new NHS. This work coincided with the work being done to develop the LF. As the Scheme exists to produce high quality leaders able to lead service improvement, the LF was used to underpin a number of new developments such as: its recruitment and selection criteria, its education inputs and specifically the Scheme's competency frameworks.

All trainees (as well as developing Leadership for Service Improvement) have a specialism-related competency framework which they use throughout their two years on the Scheme. The Scheme used the LF in a number of ways when developing the new competency frameworks. Firstly, the dimension headings from the LF were lifted and directly used as the headings in all four competency frameworks: HR, General, Finance and Informatics. The new competency frameworks also contain a number of shared 'core' competencies, which echoes the ethos of the LF in that all NHS staff have shared areas of development.

The Scheme administrators envisage that by adopting and using the LF to underpin the new Scheme frameworks, trainees will be working towards competencies that they can easily see are linked to and based on the LF that all NHS staff (both clinical and non clinical colleagues) will use. This will enable trainees to effectively achieve competencies in line with the LF, and demonstrate at the end of the Scheme that they have worked towards all the dimensions expected of NHS emerging leaders. This in turn will assist them in obtaining roles within the 'new' NHS. The LF also gives them a 'line of sight' in terms of the new leadership behaviours required at all levels in the NHS and a leadership development pathway for their journey towards senior leadership positions in the future[15].

NHS East of England had used the Leadership Qualities Framework (LQF) in the past to underpin all of its leadership programmes. It is now changing these programmes so that they are based on the behaviours set out in the LF. See Appendix VI for the full story on how NHS East of England has been integrating the LF, as submitted by Sarah Goodson, Talent and Leadership Manager.

NHS Confederation has also seen the appeal in using the LF, as explained by Karen Charman below:

> "The new Leadership Framework has an instant additional appeal with its increased broad spread of applications from the most senior of leaders to a junior administrator, whether working directly in patient care or in organisations that support them. Whilst

[15] Submitted by John Boileau, Programme Manager, Emerging Leaders

providing a clear shared definition across the NHS of what good leadership is and the need to deliver it also allows for organisations to mould it to their own particular needs whilst not attacking the integrity of the work. This is what we will be doing at the NHS Confederation."

Karen Charman, Interim Operating Officer, NHS Confederation

ii. Organisational Toolkit

It is clear that we need to do more to support organisations to adopt the LF. We are now working on a toolkit of resources to enable organisations to use and apply the framework, e.g. case studies illustrating commissioning and provision of leadership programme(s), templates for appraisal, recruitment and selection, assessment of skills, job descriptions and person specifications and using the 360° assessment tool at a cohort level. Some already exist and others need to be developed. We are working with a number of NHS organisations to road test, evaluate and quality assure a number of these.

Development of the toolkit will be progressive as we build up the resources and tools but it is planned to have it ready to showcase at the NHS Employers conference in mid-November.

Next steps

The web based Organisational Toolkit will be extended as new tools and resources become available. Currently we are working with organisations to develop the materials.

5c. Systems: *Embedding the CLCF into regulatory, educational and professional standards*

The CLCF is applicable across the UK as clinicians train and work in many settings and sectors across the four home countries. It is designed to be read and used in conjunction with the relevant professional and service documents provided by the professional bodies, government bodies, regulators and higher education institutions. We are working to ensure standards, curriculum, guidance frameworks and other processes for training, education and continuing professional development which describe leadership are aligned to the CLCF.

Products to support this:
The CLCF
CLCF Self-assessment tool
LeAD e-learning online module
Guidance for Integrating the CLCF into Education and Training.

i. Regulation

It is important to note the critical role of regulation in embedding leadership into education training and curricula as HEI's relate their content to the minimum standards set down by the relevant regulators, not necessarily to the documentation produced by the colleges and societies. More than any other activity, describing leadership in regulation will drive changes to education and training and this will eventually lead to an increase in the leadership capability within the system.

The project team has held discussions and interviewed senior staff in all of the relevant bodies, the Health Professions Council (HPC), the Nursing and Midwifery Council (NMC), the General Optical Council (GOC), the General Dental Council (GDC), the General Pharmaceutical Council (GPhC), the General Chiropractic Council (GCC), the General Osteopathic Council (GOsC) and the General Medical Council (GMC), and we are working hard to ensure the CLCF is embedded into their regulatory processes.

The regulators are at varying stages of adoption and we conducted a workshop in September 2011 with representatives of the professional regulators to promote sharing and learning. We found it is possible to facilitate and coordinate a system-wide approach to embedding leadership, and a paper to address this is being prepared.

Next steps

A working party, comprised of representatives of the clinical professions regulators and the NHS Leadership Academy will be established and meet quarterly to ensure that there is a link between leadership and professional regulation, and that we continue to understand current status of work across professional regulation. We will need to work with the professions' regulators to develop resources, products and tools that will facilitate leadership framework alignment with regulatory processes.

We will initiate discussions with the Care Quality Commission and Monitor to determine how leadership can be picked up and evidenced in their regulatory approaches.

ii. Education

a. Higher Education

A key component of the embedding strategy must be to ensure that clinical staff are introduced to management or leadership concepts early in their educational development and then subsequently as their service career progresses. Not only does this parallel successful models but it also captures the widespread viewpoint that early introduction normalises the material such that clinical professionals are encouraged to see such activities as an inherent part of their role, rather than something to which they are introduced later in their careers.

Unlike in medicine which is very structured across the specialties, approaching this task for the non-medical clinical professions is more complicated because:-

- There are many more professional groups and regulatory bodies
- Different education models across the groups - a simple concept of undergraduate provision is replaced by pre-registration and post-registration courses of similar but not precise equivalence
- Different timescales to the training routes

To help us understand the scale and scope of the activity to embed in higher education we have completed a review of current clinical training provision, which, uniquely, brings together detailed information held only by separate parts of the system. This 'national picture' illustrates the significant challenge in working to embed leadership into higher education. For example, there are 128 HEIs involved but each one may provide one or several different programmes, giving us a figure of some 800 courses provided across multiple institutions.

The 'national picture' will be of great value to the NHS Leadership Academy because it will usefully inform our thinking on how best to approach the embedding task in HEIs, how we can work with Health Education England, and provide input to workforce development policy.

We believe the most comprehensive, efficient and effective way to embed leadership into higher education is to approach the challenge at a strategic level, by working through the professional regulators and changes to their standards, and by collaborating with the bodies representing the HEIs. We are also working with individual champions and specific institutions, and promoting and sharing the learning using case studies. An excellent

completed case study relating to pre-registration nursing at the University of Chester is included in Appendix V.

Next steps

We recognise the fundamental importance of the early introduction to leadership concepts in the educational development of clinicians and then subsequently as their service career progresses.

The NHS Leadership Academy needs to consider how best to support this and the links to the wider workforce development agenda. Issues that should be considered include methods of assessment and assurance, working through SHA cluster workforce and education commissioners, links to Higher Education England, the Education Outcomes Framework, and policy in the other home countries.

Initial steps include:
The translation of the leadership frameworks into different contexts and teaching materials (i.e. for tutors and students) and into different formats to support the commissioning of higher education clinical training, needs to be supported.

A process to validate the national "big picture" of education and training will need to be conducted, including identifying the number of trainees.

The reviews of curriculum and the case studies need to be completed.

b. Education Outcomes Framework

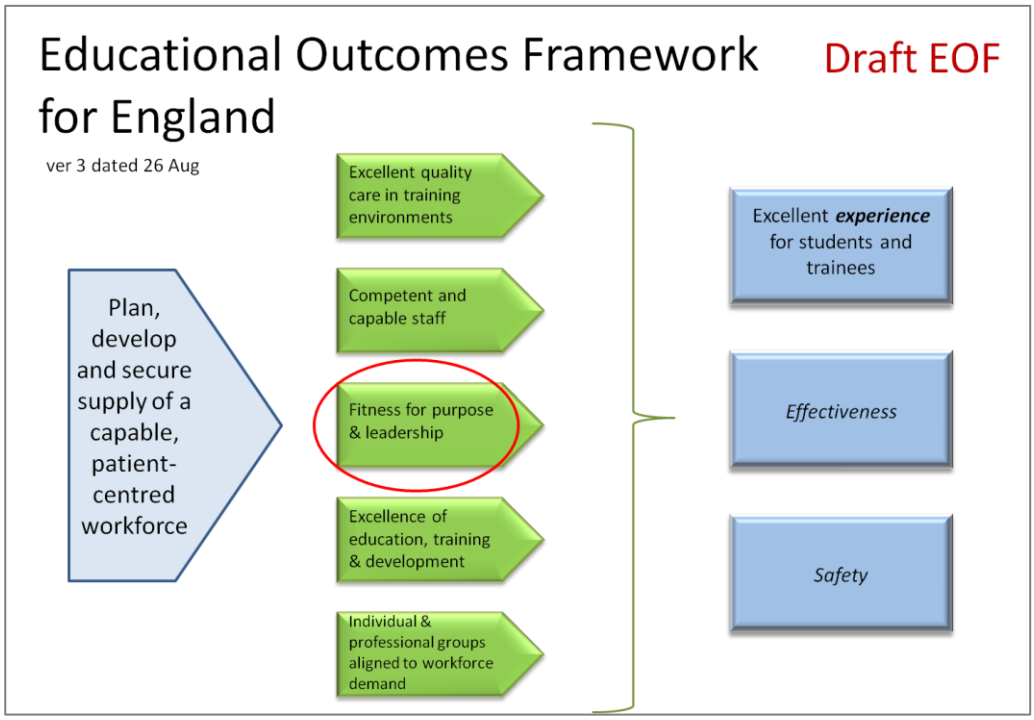
There are two elements to the work being led by the Educational Outcomes Framework (EOF) Design Group. The first is the approach to the EOF which will be included in the autumn guidance on the new workforce arrangements. It will form the basis for the DH to hold Health Education England (HEE) to account. The second element of the work is to initiate the development and approach to quality improvement in preparation to handover to HEE when it is established.

Aligning the EOF and the LF is important as leadership is one of the golden threads that must run throughout education and training at all levels. We have secured agreement by the EOF design group that leadership should be an outcome along with fitness for purpose – see Figure 4 below.

Next steps

Continue to share thinking and, together, produce a narrative that can be published in the new workforce guidance due out in the autumn.

Figure 4: Educational Outcomes Framework for England (draft)



c. Flying Start National Preceptorship programme for nurses and AHPs

Many health practitioners across a wide range of organisations already benefit from well-established preceptorship schemes. Flying Start England[16] is the national development programme for all newly qualified nurses, midwives and allied health professionals in NHS England. It has been designed to support the transition from student to newly qualified health professional by supporting learning in everyday practice through a range of learning activities.

This foundation period for practitioners at the start of their careers helps them begin the journey from novice to expert, and there is a clear link to the LF which sets out the range of leadership behaviours that all clinicians are expected to be able to demonstrate.

The project team is working with the Flying Start National Preceptorship Lead, seeking to use the LF to underpin the refresh of programme for first year nurses and AHPs. In addition, this could provide a critical link between the NHS Leadership Academy and HEE.

Next steps

The project team will continue to meet with the Flying Start National Preceptorship Lead to scope out how to align the LF and to formalise this partnership.

iii. Professions (colleges and societies)

We reviewed progress with each of the 21 clinical professions with protected titles to build up a picture of where each of the colleges and societies are up to in embedding. Progress was measured against the baseline position of each of the professions in 2011.[17] The

[16] http://www.flyingstartengland.nhs.uk/

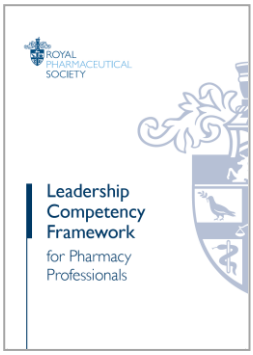
[17] NHS National Leadership Council (2010) *Report on the findings of the Clinical Leadership Competency Framework Project by the NHS Institute for Innovation and Improvement*. National Leadership Council.

focus of this activity is with the professional body responsible for education and training. Face to face and telephone contact was made with senior representatives to ascertain progress since our 2010 review, where they are with embedding leadership into their processes and what support, if any, is required to support this activity. We were also interested in how the college/society can support promotion of the LF to its members using its communication channels, such as website, e-news, members' newsletters, Twitter and other social media, upcoming events (e.g. conferences) and what communications collateral we can provide to support this promotion.

The professional bodies and the professions are at different stages along the development curve and each has their own idiosyncratic issues. The larger professional groups have greater access to resources, such as professional staff, to undertake the necessary development activity, whereas the smaller groups are less so. Interestingly, this does not necessarily correspond to the amount of progress to embed as the smaller bodies often have less internal processes, formalised governance and structures to navigate, whereas the larger bodies have to undertake wider consultation and agreement internally.

We have been working hard to support the professional bodies and it is very pleasing to note the positive response and action within all the societies, colleges and professions, and the significant work completed to embed in several of the large professions.

The **British Psychological Society** (BPS) has published a Clinical Psychology Leadership Development Framework and is now actively planning on similar extension into other areas of practice, such as occupational psychology. The BPS Learning Centre is designing a new leadership course and undertaking a review of its product offerings in relation to the CLCF.



The **Royal Pharmaceutical Society** has published its own highly contextualised version[18] of the CLCF. The LF project team has been working with the CPPE to design a learning module for 240 pharmacists to be delivered in 2012. The Supporting Leadership Series[19] has been designed around the CLCF domains with a launch event, pre and post activities and a series of self-directed modules run over 12 months.

Within the nursing profession there is a significant drive to further develop leadership capability although much has already been done. There has been a strong endorsement from the Chief Executive of the **Royal College of Nursing** (RCN) which has commenced developing a highly contextualised CLCF for Nursing and has identified some exciting possibilities for dissemination via their CPD learning zone. The RCN has also agreed to promote the CLCF via numerous communications channels, and to coordinate this with the launch of their contextualised version of the CLCF in November. Over the next month the project team will be working with the RCN on their CPD Learning Zone that explains the framework, which will be accompanied by an animated, high level graphic explanation of how it works.

The RCN plans to launch its framework in November along with a range of communication activity aimed at linking to the LF.

The Chief Scientist is supporting the development of a national programme which uses the LF as a basis for structuring healthcare science leadership and integrating it into other professions and across healthcare organisations. The scope of this work is to advise on the development of a comprehensive leadership strategy for healthcare scientists which is

[18] The Royal Pharmaceutical Society of Great Britain (2011). *Leadership Competency Framework for Pharmacy professionals*.
[19] Centre for Postgraduate Pharmacy Education (2011) Supporting Leadership Series.

consistent with the NHS Leadership Development programme both today and in the future, including within it:

- integration of the clinical leadership curriculum into future educational and training programmes for healthcare scientists associated with Modernising Scientific Careers (MSC)
- proposing the development of a mentoring system for current healthcare scientists and to embed mentoring within the new training and education pathways for healthcare scientists
- piloting a Regional Top Scientists Forum to make visible the unique contribution of science in policy and decision-making
- specific proposals for overseeing the implementation of targeted actions to help recruit and retain Black, Minority and Ethnic (BME) and women scientists, and increase the representation of these groups at the most senior levels
- a review and development of existing leadership training programmes, curricula and competencies to ensure that they are fit for training the healthcare scientists workforce in the acquisition of leadership skills
- development and review of new training programmes for current healthcare scientists where these are required to ensure that they acquire the leadership skills required to optimize their contribution and actively participate in the new leadership opportunities for healthcare scientists in the NHS

An exemplar programme for healthcare science will be designed and shaped around the LF and developed and delivered using a train the trainer method and cascaded through communities of practice to promote sustainability.

Next steps

We will need to work with the Chief Scientist to co-design six workshops for the Healthcare Science Workforce (approximately 20,000 people). We will need to continue liaising with the RCN and RPS as they develop their contextualised versions of the CLCF and ensure our communications are linked. We will also need to build on the successes with these professions in conversations with the other clinical professions.

5d. Strategic partnerships and links to other initiatives

Working collaboratively and in partnership can enhance our efforts to embed the LF. The project team has been proactively engaging with key bodies which are strategically placed to enhance our embedding efforts.

These discussions need to be followed up and formalised with the NHS Leadership Academy.

i. NHS Confederation

NHS Confederation is the independent membership body that represents all types of organisations providing and commissioning NHS services in England. Members include acute trusts, ambulance trusts, foundation trusts, mental health providers, primary care trusts and independent healthcare organisations that deliver services within the NHS. As such, the 'Confed' is an ideal partner to support and promote use of the LF and especially the Organisational Toolkit.

There is also great value in partnering with Confed to market and disseminate the toolkit, continually evaluating products and adding to or improving these over the years. The aim

would be to promote wide-spread and consistent adoption of the LF by NHS organisations. Confed members, HR directors and other networks through NHS Employers provide an ideal vehicle for this dissemination.

Next steps

Set up a meeting between senior staff of Confed and the NHS Leadership Academy.

ii. Faculty of Medical Leadership and Management

The Faculty of Medical Leadership and Management (FMLM) is a newly established, small but key UK-wide organisation that aims to promote the advancement of medical leadership, management and quality improvement.

As the key body representing the collective viewpoint on 'medical leadership' it is important that we formally engage with the FMLM and agree how we will work together in the long term; for example, on discussions about maintaining alignment with the MLCF and embedding leadership into regulation.

Initial discussions have covered how we can work together to promote the LF and the self assessment tool through the Faculty to the medical colleges, as it makes sense to use the Faculty as the conduit instead of approaching each college individually.

Next steps

A meeting to progress this partnership is scheduled for October 2011.

iii. National Leadership and Innovation Agency for Healthcare (NLIAH)

NLIAH uses the LQF extensively in Wales although use of the LQF 360° has reduced recently, largely due to the disruption resulting from the recent restructure.

NLIAH is looking at ways of updating its LQF facilitators and informing Workforce and OD colleagues about the new LF, the MLCF and CLCF in time to incorporate it into programme development for the autumn.

Next steps

We are waiting for Glynis Hudson, Learning and Development Manager, to get back to us, but conversations will need to be ongoing.

iv. NHS Education for Scotland

NHS Scotland have their own Leadership Framework which they are planning on refreshing and their own 360° which is due to retendered for in 2012. After meeting with Jill Sanders from the National Leadership Centre, NHS Education for Scotland (NES), they are exploring options available, where one option is to adopt the Leadership Framework and the 360° which will be more cost effective for them. The MLCF is already mandated by NHS Education for Scotland so adopting the LF makes a sensible option.

Next steps

Jill Sanders is planning to discuss with colleagues and will come back to us in due course. Conversations will need to be ongoing.

v. Skills for Health

The **Skills Passport for Health** is a major project being undertaken by Skills for Health which is a portable, online record of an individual's career history, current skills and training. The information in a Skills Passport can be independently verified and includes an individual's education, qualifications, competencies, employment history, training record and objectives. It is accessible securely via the Internet at anytime, from anywhere.

We have had discussions with Andrew Butcher, Director of Workforce at Skills for Health and the organisation are keen to align the final version of the Skills Passport with the LF. The timeframe for delivering this initiative is not yet known but preliminary assessment of how to take this forward has highlighted some issue for consideration.

Next steps

We maintain contact with Skills for Health as the Skills Passport is being developed.

6. RISKS

Risks and threats identified by stakeholders:-

- The LF is not widely used across the health and social care system due to re-organisation of NHS
- Service providers and individuals becoming overwhelmed or fatigued by change/innovation and the LF being viewed as something new or add-on
- A lack of clarity around leadership activity, leading to loss of momentum and failure to realise the investment in leadership
- Leadership not being adequately addressed in professional regulatory standards and frameworks
- Leadership not being applied consistently in education and training due to the multiplicity of education providers, lack of accountability and lack of clarity around roles and responsibilities
- Loss of knowledge and expertise due to dependence on external contractors

7. RECOMMENDATIONS AND NEXT STEPS

This is a time of significant change in health and care services in the UK, in which unprecedented power and responsibility is being devolved to clinicians. To enable this change to successfully take place and support clinicians and the wider workforce in this very important role we will need to further develop leadership capability within the system.

It is evident that a great deal has been achieved in the past 12 months. This is the first time that there has been a single agreed standard that provides a common understanding of leadership and a consistent approach to leadership development spanning the educational, regulatory and professional sectors and aligning with those in the workplace.

We have worked hard to continually engage with the professional bodies, academics, regulators and policy makers and other important communities, such as patient representatives, and these endeavours have resulted in a high level of awareness about leadership and an appetite for the new LF. The launch by the Secretary of State generated

interest and support at all levels of the health system and has provided new momentum to our campaign to embed the LF.

Although much has been achieved there is much to be done and the establishment of the new NHS Leadership Academy provides an excellent opportunity to build on this work.

The strong and vibrant relationships established with key stakeholders in the service, in regulation, education and especially the clinical professions during the past year need to be nurtured and further developed to support ongoing embedding work.

a. The LF

It is recommended that:-

- We establish a sound evidence-based process, involving the LF developers and other key stakeholders, for a future review of the leadership frameworks (LF/CL/MLCF).
  Desired outcomes:
  - Process for formal review is determined and agreed and there is clear formal governance in place.
  - Alignment continues across the MLCF, CLCF and LF to ensure integrity.

  Timeframe: January 2011 – March 2012

- We work with early adopters across the service to support implementation of the LF, including proactively working with and providing support to NHS organisations and CCGs.
  Desired outcomes:
  - The LF is widely used across the health and care system.
  - Exemplars of practice and evidence exist that can be used as models for other organisations.
  - There is a body of evidence supporting leadership development across health and care.

  Timeframe: November 2011 – March 2012 (1st stage)

- We review and extend the Organisational Toolkit as new tools and resources become available for organisations to apply the LF. This should draw on: case studies illustrating commissioning and provision of leadership programme(s); templates for appraisal, recruitment and selection, assessment of skills, job descriptions and person specifications; a case study using the 360° feedback tool at a cohort level.
  Desired outcomes:
  - There is a suite of tools and resources available which enable organisations to use and embed the LF across their processes.
  - Widespread adoption and use of the Toolkit and the LF by organisations.

  Timeframe: November 2011 – March 2012

- Working through the four Strategic Health Authority (SHA) clusters we resource and support building up internal facilitator capacity for the 360° feedback tool.
  Desired outcomes:
  - Increased capacity of internal facilitators for the 360° feedback tool. Greater usage of the 360° feedback tool.
  - More data available on leadership behaviours.

  Timeframe: September 2011 – March 2012

- We work with other workstreams in the NHS Leadership Academy to embed the LF in all programmes.
  Desired outcomes:
  - All NHS Leadership Academy programmes integrate the LF into their work and thinking.

  Timeframe: November 2011 – March 2012 (1st stage)

- Establish regional and local LF networks.
  Desired outcomes:
  - Key stakeholders are involved in the LF.
  - Promote an exchange of views, and share learning across communities.

  Timeframe: November 2011 – March 2012

- Determine and agree strategic outcomes and operating arrangements for formal partnerships with the devolved administrations in the home countries in order to promote and support the embedding of the leadership frameworks and supporting products and tools.
  Desired outcomes:
  - Frameworks used in the home countries relate to each other.
  - Strong and vibrant relations with key players involved.
  - MOUs between organisations.

  Timeframe: November 2011 – March 2012

- Scope and agree strategic outcomes and operating arrangements for partnerships with organisations, for example NHS Confederation, the Faculty of Medical Leadership and Management, and NHS Employers, to promote and support embedding of the LF and promote high quality leadership.
  Desired outcomes:
  - Strong and vibrant relations with key players involved.
  - MOUs between organisations agreed as needed.

  Timeframe: November 2011 – ongoing (to be reviewed in March 2012)

- We work with the Flying Start National Preceptorship Lead, seeking to use the LF to underpin the refresh of the programme for first year nurses and AHPs.
  Desired outcomes:
  - The LF is embedded into the Flying Start National Preceptorship programme for nurses and AHPs.
  - We explore links between the NHS Leadership Academy and Health Education England.

  Timeframe: November 2011 – March 2012

- We explore new technologies and other innovative ways to promote the LF.
  Desired outcomes:
  - Use latest technology and other innovative means to further embed the LF and increase usage.

  Timeframe: Spring 2012 – Autumn 2012

- As a pre-cursor to holding an event for our stakeholders in February 2012 we consider the outcomes of the NLC Clinical Workstream accreditation project pilots. These have been testing methods for reviewing and certifying the quality of leadership programmes, assuring that they consistently meet independently assessed standards appropriate for the NHS, and conform to nationally recognised criteria. They have also considered the work analysing barriers to clinical engagement.

Desired outcomes:

- There is a coherent strategy for embedding the LF that encompasses the work on accreditation and barriers to clinical engagement which we can present to stakeholders.

Timeframe: November 2011 – March 2012

b. The CLCF

It is recommended that:-

- Regulation

  Collaborate with the professional regulatory bodies to describe how the leadership frameworks can be embedded into regulation.

  - Establish a working party, comprised of representatives of the clinical professions' regulators and the NHS Leadership Academy, meeting quarterly to ensure there is a link between leadership and professional regulation and that we continue to understand current status of work across professional regulation.
  - That the NHS Leadership Academy works with the professions' regulators to develop activity that will facilitate alignment with the leadership frameworks and regulatory processes.
  - We work with the Care Quality Commission and Monitor to determine how leadership can be picked up and evidenced in their regulatory approaches.

    Desired outcomes:

    - There is a common understanding and agreement of leadership behaviours across professional regulation.
    - There are resources, products and tools that will facilitate alignment with the leadership frameworks and regulatory processes.
    - The Care Quality Commission and Monitor understand how to evidence leadership in their regulatory approaches.

    Timeframe: November 2011 – Ongoing with first review in March 2012

- The clinical professions

  We agree formal and informal ways to embed the MLCF/CLCF with the various clinical professions, i.e. their Colleges and Societies.

  - Establish arrangements to work with the various professional bodies to ensure their standards, curriculum guidance, frameworks (training, education and continuing professional development (CPD)) describe leadership and align to the CLCF.
  - In February 2012, facilitate a workshop with all non medical clinical professions to assist shared learning and alignment to the CLCF. Input into the re-writes and refresh of various support documentation (e.g. curriculum guidance) provided across the clinical professions.
  - We support and quality assure contextualised versions of leadership frameworks for relevant professions.
  - We work with the Chief Scientist to co-design six workshops for the Healthcare Science Workforce

    Desired outcomes:

    - Discipline-specific learning and development and practical examples worked up with each profession, and leadership integrated into their standards and processes.
    - Increased sense of ownership of the CLCF by professions and the sector. Documentation published by the societies and colleges describing how leadership aligns to the CLCF.

- Frontline clinicians have tools to enable them to easily understand their development needs and track them against the CLCF.
- Highly contextualised versions of the CLCF have been quality assured and are available to assist with further embedding and understanding.
- A national leadership programme for healthcare scientists uses the LF as a basis.

Timeframe: October 2011 – Ongoing with first review in March 2012

- Promote a usage and adoption campaign, where we work with the clinical colleges and societies to promote the CLCF and its supporting tools via their communications channels.
- Prepare a communications pack of collateral which we can supply to each of the professional bodies to support this campaign.

Desired outcomes:

- Generate interest in the CLCF and stimulate self assessment of leadership in higher numbers of clinicians.
- Adoption and usage of the CLCF and its' supporting tools.
- Significant downloads of the self assessment tool.

Timeframe: September 2011 – Ongoing with first review in March 2012

- Education

Embed the CLCF and leadership competencies into the higher education sector.

- Work with the representative bodies such as the Council of Deans of Health to map and understand curriculum review cycles.
- Work with the Local Education Training Board and Provider Skills Networks to ensure leadership is embedded into post qualification training and workforce development across England
- Build a national picture of current curricula review processes across the clinical professions including timeframes and key people involved.
- Develop CLCF teaching materials (for tutors and students) into different formats and using different contexts for the commissioners of higher education and NHS organisations.
- Work with the Council of Deans of Health and other representative bodies to conduct a process to validate the national "big picture" of education and training, including identifying the number of trainees.
- Complete the reviews of curriculum and the case studies.

Desired outcomes:

- The NHS Leadership Academy has a 1-3 year plan for embedding leadership into HEI curricula, which aligns with the Education Outcomes Framework.
- There are resources and teaching materials available which translate the CLCF into different contexts, e.g. for tutors and students into different formats which supports education commissioning for higher education.

Timeframe: September 2011 – Ongoing with first review in March 2012

8. APPENDICES

Appendix I: Case study – Alexia Zeniou-Lad, Student Nurse

While a student nurse at Edge Hill University, Alexia Zeniou-Lad undertook a service improvement project on the resuscitation process within the Accident and Emergency department in a hospital trust. During the project Alexia referred to the Clinical Leadership Competency Framework (CLCF) to help inform her actions and decisions. The following case study illustrates how clinical leadership can be demonstrated by a student with reference to CLCF elements. The case study demonstrates that Alexia's work shows leadership particularly in the domains: 2. Working with Others 4. Improving Services and 5. Setting Direction.

Alexia found that there was at the time no nationally available statistical data regarding the number of cardiac arrests, and little available benchmark data (5.1). In her own hospital there was on average one cardiac arrest a day and Alexia set out to investigate what happened when cardiac arrests occurred, and how the response could be improved (5.2). She used a process mapping tool, walking through patients' journeys and listening to patients' stories to identify areas that could be improved. As a result she identified four parts of the process which could be improved (4.2).

From this analysis, Alexia identified one area which she considered most critical in terms of enhancing patient safety. This related to the restocking of the resuscitation trolley. There had been a checklist for what equipment should be on the trolley but this did not always correlate with what was actually on the trolley. This could potentially result in a patient being harmed or dying should an item be missing. Alexia wanted to develop a system whereby, whatever the staff member's level of experience, they would easily and safely be able to re-stock the trolley such that the correct items would be available on the next occasion of use (4.1).

For her improvement project, Alexia created and piloted a bespoke checklist in line with current DH resuscitation policy that would allow staff of all levels of experience to follow and complete. It encompassed all the correct equipment and drugs on the list, in the correct location within the trolley. She recognised that to implement such a change effectively she would need to engage staff so they would support and welcome the change (2.3). She recognised the importance of communication and training to ensure that all relevant staff restocked the trolley according to the list, otherwise the chain would be broken (3.3).

In implementing the change, Alexia used the PDSA cycle. **Planning** involved working with others in planning the trial and benchmarking against other trusts (2.3, 4.3). **Doing** was a weeklong pilot with daily feedback from staff using the new and old checklists (5.2). **Studying** involved analysing the results and determining any modifications (5.3). **Acting** involved extending the trial and reporting findings of the project to the hospital's resuscitation committee (5.4).

Alexia knew that sustaining the change would be critical and that strong leadership would be important. She identified potential obstacles to successful implementation and put in place mechanisms to ensure long term success, such as assigning someone responsible for keeping the checklist up to date, and making the checklist easily available on the intranet (4.4). The checklist is now being updated and used within the trust, and all trolleys in the trust are being changed in accordance with a common list, increasing standardisation and further enhancing patient safety.

Alexia reflected on her personal learning throughout the process and was an active member of an action learning set (1.3). Key learning points for her were: recognising the value of different perspectives (2.2); appreciating that change cannot be made by a single person and relies on teamwork and collaboration (2.4); the importance of developing networks within and external to any organisation in order to achieve sustained patient safety improvement

(2.1). She was successful in negotiating a week's work experience at John Hopkins hospital in the USA where she learned about their approach to resuscitation. This provided her with further ideas for how to improve the resuscitation process in future.

Alexia used the Leadership Framework self assessment tool which she found useful in understanding her development needs and determining a personal development plan.

Appendix II: Case study - South Staffordshire Locality Group

The members of the South Staffordshire Locality Group have been working collaboratively for the last year to develop an integrated approach to Leadership and Management Development across their local health economy.

Senior HR and OD managers from the acute hospitals in Burton and Stafford, the local Mental Health Trust, the local PCT and the Social Care teams in Staffordshire County Council have used the LF to underpin their initiatives.

The development of the new LF 360 assessment tool was anticipated, so the group focused its efforts on providing a wider range of options for assessing capability and then providing a co-ordinated set of development solutions.

Two additional development resources have been created, a 'development centre' event and an adapted personality profiling tool. A local catalogue of development resources has also been collated, linked to the LF.

Development Centre

Working in conjunction with consultants from Penna, they designed a one-day development centre. This includes a range of business simulation activities within which participants are given the opportunity to demonstrate their leadership capabilities.

Assessors are drawn from the local HR/OD teams, and participants receive a report which highlights their strengths and development needs, based on observations from the development centre event. This is supported by facilitated feedback from a local HR/OD manager.

The event is designed so that a capable first line manager would give a good account of themselves. This means that it is suitable both for existing and prospective team leaders, ranging from band 6 to band 8 (and equivalents in Social Care environments), depending on their role.

Events are organised to ensure that each contains a good mix of participants from across the LHE, to provide them with networking opportunities and so help collaborative working for the future.

Nominations are sought through line management, and are reviewed to ensure that the participants will get value from the event.

Profiling tool

An existing personality profiling tool, which is aimed at 'performance in the workplace' has been adapted to create an output report which aligns with the LF.

Talent Q has created the report as an option for the 'Dimensions' flexible profiling tool, which typically takes about 25 minutes to complete.

Local catalogue

- The team has developed a shared local learning resource catalogue, based on the LF, which provides opportunities for staff from the local health economy to access a wide range of training options, rather than being limited to their own organisation.

Each event is identified as developing one or more of the elements of the LF. An analysis of the gap in available development opportunities is also currently underway which will highlight where new opportunities need to be developed, either as individual organisations or working collaboratively.

How does it all work?

- The LF 360 provides structured feedback from colleagues and self, based on observations of leadership behaviours over a period of time*.*
- The South Staffordshire development centre provides structured feedback (from independent assessors) of performance in a simulated work environment – without any preconceptions of the participant's track record.
- The Dimensions profiling tool provides an indication of the individual's preferences in the working environment – a pure self-assessment which can indicate how an individual can perform most ably, by playing to their own perceived strengths.

As the national and local pictures change, each of the participating organisations is at slightly different stages of organisation design and development.

While each of the assessment and development resources stand alone as valid entities, by combining different ways of assessing capability, a richer picture of development needs emerges and individuals can make better choices about their priorities for development with the LF.

The investment of time and effort by individuals and their line managers in using more than one assessment tool creates a much deeper level of understanding of development needs and priorities.

This can then drive more targeted development, which will:

1. improve value for money as people will get the development they and their organisations need
2. improve management and leadership capability across the health economy
3. and build the engagement of staff at all levels, as we demonstrate a thoughtful and collaborative approach to developing people to support integrated service provision for the future.

Submitted by:
South Staffordshire Locality Group:

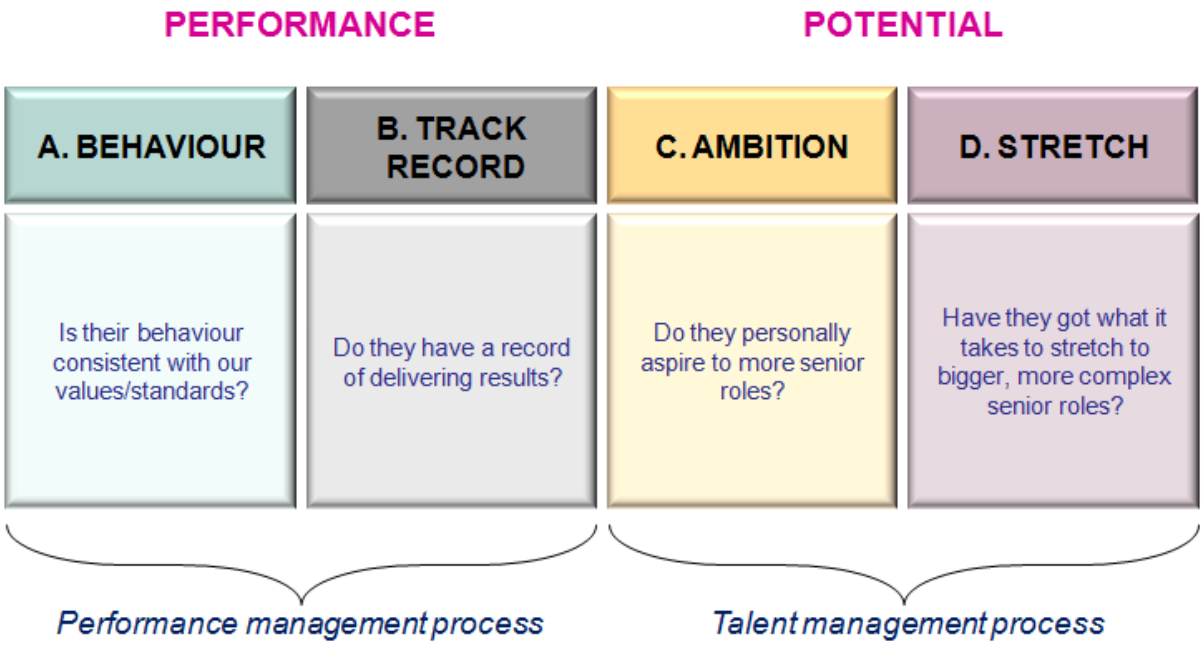
- Mike Barnett, Head of OD & Training, Mid Staffordshire NHS Foundation Trust
- Alex Brett, Head of Organisational Development, *South Staffordshire and Shropshire Healthcare NHS Foundation Trust,*
- Sarah Getley, Head of OD, Staffordshire County Council
- Chris Malpass, Head of OD, South Staffordshire PCT
- Geoff Neild, Deputy Director of Human Resources, Burton Hospitals NHS Foundation Trust
- Wendy Sandbrook, Associate Director of HR, Staffordshire and Stoke-on-Trent Partnership NHS Trust
- Theresa Shaw, *Head of Learning & Development, South Staffordshire & Shropshire Healthcare NHS Foundation Trust*
- Clare Spencer, Workforce Development Lead, Staffordshire and Stoke on Trent Partnership NHS Trust
- Julie Tanner, Director of Workforce and Development, Staffordshire and Stoke-on-Trent Partnership NHS Trust

Appendix III: Case Study – NHS London's Talent Management system and the Leadership Framework

Our 2010 Talent Management (TM) pilot was actually much more than a pilot. With some 38 organisations taking part across London and some 1300 individuals going through the complete process, it was a huge undertaking.

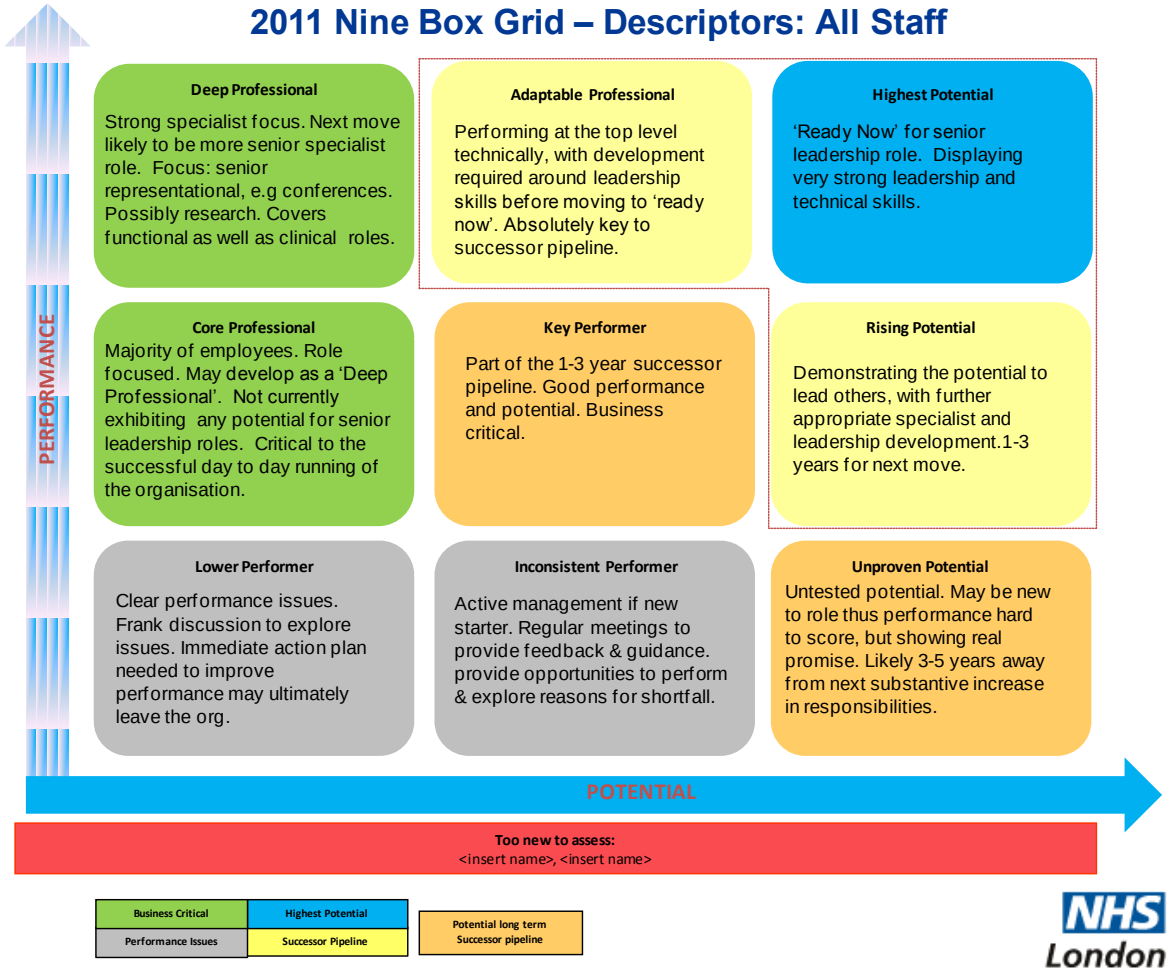
For us, talent was defined as a mix of 'Performance' and 'Potential', referred to us as 'P&P'. Performance considered both an individual's track record of delivery and their behaviours demonstrated in delivering their role. Potential was a mix of personal 'Ambition' and 'Stretch' into a more complex role. Figure A details the process at the heart of which is a detailed, structured one-to-one conversation. To complete the picture, the 2010 pilot had previously utilised a variety of behaviours from the LQF, MLCF and CLCF.

Figure A: NHS London approach to Talent Management



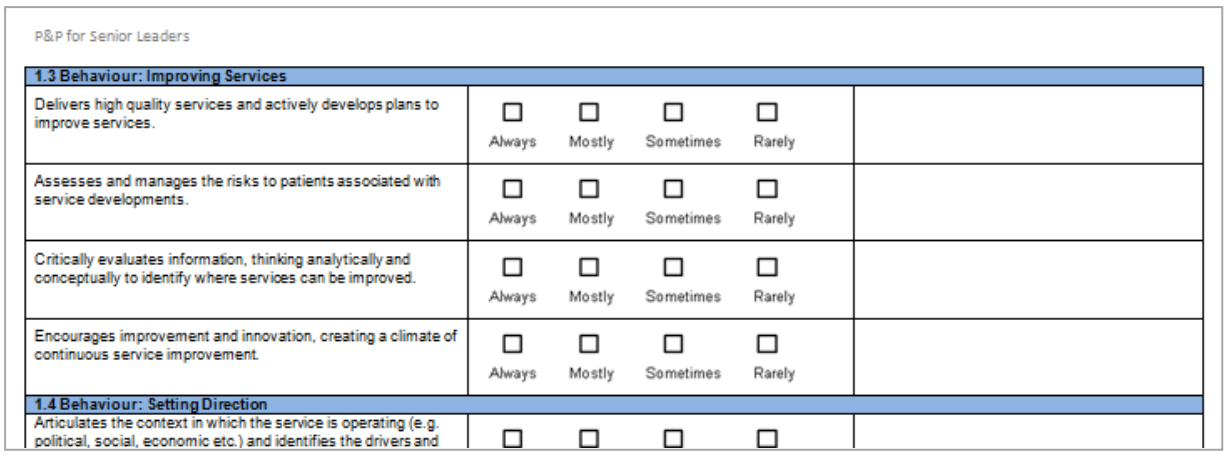
Software is used to plot the P&P ratings on an industry-standard '9-box grid' and this, shown in figure B, forms the basis of all important feedback and development discussion.

Figure B: 9 Box Grid



After extensive feedback from participants and a review by the new Head of Talent Management, the process was revised for 2011 to include the brand new (at that stage draft) Leadership Framework (LF) and a streamlined rating system. For us, the summary description of the behaviour within the framework is used rather than the more detailed scale and has a rating based on the frequency at which the behaviour is displayed, as shown in figure C. This avoids the complexity of a more behaviourally anchored rating scale (BARS) when all our feedback shows that the value of the TM process comes from the fulsome and structured one-to-one P&P conversation between staff member and line manager.

Figure C: Extract of behaviours within P&P form



P&P for Senior Leaders

1.3 Behaviour: Improving Services		
Delivers high quality services and actively develops plans to improve services.	☐ Always ☐ Mostly ☐ Sometimes ☐ Rarely	
Assesses and manages the risks to patients associated with service developments.	☐ Always ☐ Mostly ☐ Sometimes ☐ Rarely	
Critically evaluates information, thinking analytically and conceptually to identify where services can be improved.	☐ Always ☐ Mostly ☐ Sometimes ☐ Rarely	
Encourages improvement and innovation, creating a climate of continuous service improvement.	☐ Always ☐ Mostly ☐ Sometimes ☐ Rarely	
1.4 Behaviour: Setting Direction		
Articulates the context in which the service is operating (e.g. political, social, economic etc.) and identifies the drivers and	☐ ☐ ☐ ☐	

Our TM process's tight links with the LF reinforces the behaviours required in today's NHS and encourages participants to embrace these. Furthermore, it links with the supporting 360° tool which can provide more detailed feedback, often considered as part of the resulting development discussions which follow TM. The fulsome LF guidance and pen portraits of behaviours in action is the perfect complement to TM and takes it to the next level. As Jan Sobieraj, the DH's Managing Director Health and Social Care Workforce recently articulated at the launch of the NLA, it's not the buildings and equipment but the leadership behaviours which will deliver the patient service and outcomes we require.

Spring 2011 was perfect timing for us to be able to use the LF in our refreshed Talent Management system. We are now future-proofed on the leadership behaviours and are able to support the LF by introducing it to our emerging leader populations. The LF, in turn, is able to support our TM by providing a valuable framework for feedback. We were proud to be recognised as an 'early adopter' by Andrew Lansley at the launch of the LF in London on 29 June, 2011.

Submitted by: Hesketh Emden, Head of Talent Management, NHS London

Appendix IV: Case study – NHS East of England

NHS East of England had used the Leadership Qualities Framework (LQF) in the past to underpin all of its leadership programmes. It is now changing these programmes so that they are based on the behaviours set out in the NHS Leadership Framework (LF) 2011.

NHS East of England developed a Leadership Potential Model to assess and track leadership potential. This was based on the LQF behaviours, and is being modified to reflect the LF. The Leadership Potential Model is used in the system-wide talent management and succession planning process that has been developed and adopted as part of the appraisal process in organisations across the East of England.

LF behaviours are used as the basis for assessment for recruitment onto senior leadership programmes for aspiring directors, directors, aspirant Chief Executives, board level clinical leaders and aspirant Chairs. Programme providers must demonstrate in the tender process that the LF behaviours underpin the design of their programmes.

New programmes based on the LF are:

- Change Leaders – for leaders at aspirant director level (clinical and non clinical) who have shown the aptitude and potential for the delivery of quality and efficiency at scale and/or lead responsibility for a QIPP programme.
- The Provider Excellence Programme – to enhance leadership capability to meet requirements of Foundation Trusts (FT), aspirant FTs and community based services focusing on adaptive, inclusive and engaging leadership.

Within the leadership development programmes, delegates undertake 360° appraisal as part of learning support and will utilise the new LF 360° tool for this.

NHS East of England has identified clear advantages of utilising the new Leadership Framework:

- The LF has four career stages which enable the framework to push deeper into organisations and provide a sense of progression and building blocks
- The LF has a free self assessment tool which makes it more accessible across the wider organisation. These self assessment tools will be used to assist people in deciding whether to apply for leadership programmes
- Behaviours in the LF are believed to be more reflective of the current scene and people can easily identify themselves within the LF
- The LF builds in the concept of CPD explicitly (with LQF it was more implicit), which adds another layer of stretch for individuals
- Previously the KSF was used for more junior staff and the LQF for more senior staff. This did not provide a natural progression and it was difficult for people to see the relationship between the two frameworks. It is believed that a single framework applicable to all will be much better.

It is intended that all seven domains of the LF be used to help people more junior in the organisation to see how their behaviours and actions relate to the more strategic aspects of leadership represented in domains six and seven (normally only relevant to those in senior positional leadership roles). For Board level programmes domains six and seven will be the main foundation of the programmes.

Submitted by: Sarah Goodson, Talent and Leadership Manager, NHS East of England

Appendix V: Case study – The Clinical Leadership Competency Framework (CLCF) within the Bachelor of Nursing, University of Chester. August 2011

The Faculty of Health and Social Care of the University of Chester views the CLCF as a key resource thread throughout the programme to enable students to meet the learning outcomes of the various modules. They have identified the links between module content and the elements of the CLCF.

In year one, within the *Learning to be a Professional* module, the concept of leadership and the leadership framework is introduced. Students are introduced to reflection, self-assessment, and the use of differing frameworks as guidance to personal, professional and service development. As part of this process, students undertake the CLCF self-assessment tool, initially focussing on domains one and two (Demonstrating Personal Qualities and Working with Others) as a starting point for development of both reflective and leadership skills, before using the tool to review other domains to evidence an emerging level of competence once practice learning experience has begun.

This self-assessment is then discussed and banked in the student's portfolio within the practice learning module and a formative action plan for key points developed within the student's portfolio.

Within the second clinical placement, students again use the CLCF self-assessment tool to review their behaviour with regard to CLCF domains three and four (Managing Services and Improving Services) during clinical simulation and debriefing session.

Within the module *The Determinants of Health and Wellbeing*, domains one and two are again considered, along with domain three in relation to contributing to planning service delivery and managing risk.

In year two the module *Practice Learning Two* continues to use the CLCF as a means of examining leadership behaviours in both the students themselves, and the clinical staff they are observing and working alongside. The concept of self-assessment is then further discussed and banked in the student's portfolio within the practice learning module and the formative action plans updated within the student's portfolio.

Within the module, *The Value of Evidence in Professional Practice*, the service improvement and change management aspects of the CLCF are focussed upon. At this point elements from domain five (Setting Direction) are introduced and considered alongside domains one to four.

One of the learning outcomes in the module *Field Specific Nursing Practice* specifically focuses on collaborative working with healthcare professionals and service users and again draws upon themes based within the CLCF when learning within field specific sessions.

In year three the *Practice Learning Three* module, draws all five CLCF domains together, and the self-assessment tool is again used to clarify personal development and prepare an action plan for future preceptorship. At the completion of this module, it is anticipated that all components of the CLCF domains are evidenced.

The module *Preparing for Future Practice* is a key leadership and management module within the programme. It encourages students to reflect on their learning prior to registration and provides a vehicle for planning future professional development. The CLCF again maps directly to the module learning outcomes, and is particularly useful in focusing on supporting other healthcare workers and the learning environment in the future.

The module *Co-ordinating Complexities in Care Delivery* further develops the student's ability and knowledge when managing case loads and working collaboratively as a nurse leader.

The *Critical Perspectives in Health and Social Care* module again draws learning from all five domains of the CLCF together with a particular focus on service design and delivery, whilst allowing the student to experience setting direction through enterprise and initiative.

The CLCF domain structure will be an appendix within the Clinical Skills Inventory to allow for ease of cross referencing when in practice and form a structured part of the student's electronic portfolio.