

NHS HR Professional Development Strategy Stocktake Report

APRIL 2018





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Appendix 1 – NHS PDS stocktake report communications plan Appendix 2 – Talent map – March 2018

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EXECUTIVE SUMMARY

NHS Employers has been working in partnership with NHS Leadership Academy Executive Search and HPMA to support the delivery of a professional development strategy for NHS workforce leaders. This work was developed in response to concerns that there was a limited talent pipeline for future NHS directors of workforce and a danger that board-level workforce leadership could become diluted.

While there is a broad array of leadership development programmes available to support those that are progressing to board level, they are often missing career development support, including guidance on the practical aspects of stepping up to an executive director role and how to navigate the appointment process. There is also a lack of oversight of the participants who complete such programmes and no way of deploying them into senior roles.

NHS Employers commissioned NHS Leadership Academy Executive Search to design and deliver the Aspirant Director of Workforce Career Development Programme.

Consisting of three cohorts of 15, the programme aimed to offer practical support and guidance for aspiring directors of workforce and create a talent map for the profession.

The programme:

- A two-day workshop facilitated by NHS Leadership Academy Executive Search, focusing on what is required when stepping up to a board-level role, including personal impact, resilience and navigating the board appointment process.
- Two action learning sets (ALSs).
- Four coaching sessions with an accredited career coach and senior programme lead from NHS Leadership Academy Executive Search.
- An optional 'OD mindset' session run by Do OD (Karen Dumain, NHS Leadership Academy and Paul Taylor-Pitt, NHS Employers).
- A final assessment including a mock interview and presentation on their career development journey and learning to date. This took place in front of a panel of experienced directors of workforce and programme sponsors.

Outcomes to date:

- 100 per cent rated their experience of the two-day workshop as 'excellent' or 'good.'
- 92.5 per cent felt that the workshop completely or largely met their learning objectives.
- 19 of 45 participants have secured new roles.

Feedback has been positive, but learning to take forward for future programmes has also been identified, particularly around initial selection and engagement of participants throughout the programme.

Key to the programme's future success will be the effective deployment and support for individuals once they have completed the 12-month programme. In this report, we have provided some recommendations to ensure this happens. The newly established regional talent boards could play a key part in this, however it would be led through senior members of the HR professional body, as it is important that regions take ownership of their own talent to ensure effective management for the system.

NHS Employers led a social media campaign, #NHSfutureHR, which has supported the aspirant programme and the professional development strategy more generally. This includes podcasts with aspirant participants and follows the journey of one colleague who now holds a director of workforce role.

Following engagement activity with the HR community in 2013/14, a director of workforce role remit and map of influence were created, which outline the extensive responsibilities and skill set required of workforce directors within the NHS. The role remit and map of influence were used as the standard against which the aspirant programme delegates were developed. Both documents are sent by NHS Employers national engagement service to NHS trust chairs and chief executives when a director of workforce role becomes vacant. The is so the documents can then be used to inform the recruitment and selection processes.

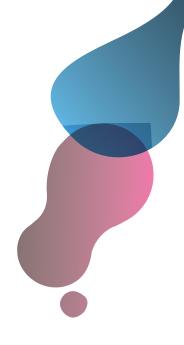
The national engagement service has also been working with HR networks to develop locally owned responses to professional development strategies across the NHS in England. HR networks have developed local professional development strategies including: the completion of talent mapping exercises, reviewing director-level development needs, further development of HPMA branches and the emergence of HPMA academy models similar to the successful London approach.

Other work led by NHS Employers' national engagement service includes the development of partnership approaches with CIPD and HPMA to promote the further professionalisation of NHS workforce leaders. A strategic workforce forum took place over two days in November, which provided NHS workforce leaders with the opportunity to hear from experts and to work with their peers to shape and further develop workforce strategies for local implementation.

The national engagement service has developed a tracking system to record director of workforce movement across all regions. This has highlighted that since October 2016, 88 director of workforce roles have become vacant.







OVERVIEW REASON FOR THE ASPIRANT PROGRAMME

The programme was developed as part of the professional development strategy for HR within the NHS. Before the programme began, there was a widely held belief that there was a shortage of deputy directors of workforce with the aspiration to make a step to director level. This is a concern, given the increasing importance of our workforce and the key role it will play in making the changes to the system to ensure sustainability of the NHS and the services it provides.

As the structure of NHS organisations evolves, the director of workforce role is becoming increasingly strategic and system wide, moving away from one that was once deemed to be more operational and predominantly internally focused. This makes the gap between deputy and board level increasingly difficult for people to bridge.

Leadership development programmes are extremely valuable in developing leadership capabilities and qualities, but the majority lack the career development focus that is needed to bridge this gap. Our experience tells us that there is a real need to work with those at deputy level who are seeking a first board post, to raise their awareness of what might be expected should they apply for an executive director role and to increase their confidence and resilience.

It has also been suggested that there is a lack of individuals currently operating at deputy level who are willing to step up to board level, so it is even more important to support those who do. By providing support to aspiring directors we hope to increase the number of individuals putting themselves forward for director roles, ensuring that HR and organisational development remain a strong presence at board level.

The programme intends to benefit the system by:

- identifying a pool of deputy directors of workforce who are ambitious and want to step up to a board-level role
- supporting those who are ready to take the next step as well as those who are aspirant but not quite ready
- ensuring that the director of workforce role remains an important and crucial one in all organisations, playing a key and active role at board by raising the profile of the profession
- identifying regional oversupply or shortages so that the HR community has the required information to manage talent at local levels
- raising the aspirations of senior HR leaders, highlighting the important role that HR and organisational development play in leading an organisation.

The programme's benefits to participants include:

- broadening their understanding of responsibilities and expectations of a corporate director
- developing personal impact, resilience and interview skills
- providing an in-depth overview of a board recruitment process, giving participants the best chance of being successful in future applications
- assess readiness to progress to a corporate director role and provide structured career development support to help them break through to board level.

OUTLINE OF THE PROGRAMME GOVERNANCE

A steering group was established, comprising representatives of the three programme sponsor organisations and current directors of workforce from different regions. The group provided governance and ensured the voice of the system was fed into the programme's design and development. It also worked to raise the profile of the programme through promotion and publicity.

Advertising and selection of candidates

In order to ensure fair and open access to the programme, we adopted several approaches to advertising. The first phase was from 11 April to 3 May 2016 and was done through:

- social media and blogs
- marketing emails to HR directors
- the NHS Employers website
- the HRD and deputy networks
- promotion at HRD network meetings.

Applicants were asked for a CV and supporting statement to be assessed against the selection criteria (which was based on the director of workforce role remit and map of influence). NHS Leadership Academy Executive Search conducted the initial sifting, based on how strongly applicants had evidenced the criteria.

The first phase of advertising attracted 96 applications. From this, only 32 were progressed by the steering group. The majority of applications lacked evidence against the selection criteria. There were some applications that simply did not meet the 'non-negotiable' requirements:

- Currently operating at deputy level.
- Recent provider experience.
- CIPD accreditation.

Shortlisted applicants were progressed through to a video interview that was assessed by NHS Leadership Academy Executive Search and recommendations made to the steering group. All 32 shortlisted applicants progressed on to the programme, filling the places for cohorts one and two and providing two places for cohort three. Feedback was offered to all unsuccessful applicants by email and, in some cases, telephone.

Phase two of advertising took place between 5 September and 10 October 2016 and focused on the remaining 13 places. NHS Leadership Academy Executive Search emailed those who were initially unsuccessful in their phase one application and offered the opportunity to re-apply, providing verbal feedback on their first application if they hadn't requested this already.



- The same social media strategy was engaged as in phase one, with a joined-up approach from NHS Leadership Academy Executive Search and NHS Employers.
- Rather than attending HRD network meetings, to remain cost effective NHS Leadership Academy Executive Search provided verbal updates on the programme to promote the remaining places.
- NHS Leadership Academy Executive Search attended and presented at the HPMA conference in Cardiff.

During phase two the selection criteria was made more explicit and this led to an increase in the quality of applications. This second round of advertising attracted 34 submissions, of which 16 were from previous applicants. Of the 13 that progressed through to the shortlisting stage, seven were previous applicants.

Support for unsuccessful applicants

The steering group, sponsors and NHS Leadership Academy Executive Search saw it as critical that unsuccessful applicants were still supported. The most effective way to do this was through the HRD networks and as such, reasons for rejection were shared (with permission) with HRD network chairs.

Workshops

Workshops were a focused, two-day residential programme:

- A briefing on the NHS national strategic and policy context.
- Development sessions focusing on clarifying participants' aspirations for senior leadership, building resilience, personal impact and interview skills.
- A panel of senior NHS leaders (chairs and chief executives) leading a discussion on the transition into a first board post and what they seek in a director of workforce appointment.
- An interactive, participative and detailed deconstruction of the board appointment process and how to navigate it to best effect, including CV and application support and interview skills.
- A dinner with invited senior leaders and speakers (Rob Webster, chief executive of South West Yorkshire Partnership NHS Foundation Trust; Stephen Moir, chief people officer at NHS England; Rebecca Smith, director of engagement at NHS Employers and Nicky Ingham, director of workforce at Blackpool Teaching Hospitals).

Action learning sets (ALS)

Each cohort was split into two ALSs to ensure manageable numbers. These were facilitated by Sally Scales, acting associate director at NHS Leadership Academy Executive Search. While not all participants were able to attend all ALSs (cohort three are yet to complete theirs), evaluation has been extremely positive and one group is continuing to work as a self-facilitated set.

COACHING

We have regularly reminded participants to take up their coaching. Uptake for cohorts one and two was slow to progress, but 11 out of 15 from cohort one and 10 out of 15 from cohort two have now commenced their coaching. Cohort three have 12 participants taking this up so far.

The main areas for discussion during coaching have been:

- identifying and planning to address gaps
- identifying the ideal next role and planning to get there
- CV and application reviews
- interview preparation support, including mock interviews
- board dynamics
- improving personal impact
- how to increase visibility within the organisation and system
- confidence in achieving an HRD role
- making an impact in a director role.

Evaluation of coaching is yet to be initiated as some participants are still in early stages or still to commence.

Do OD SESSIONS

To address the changing nature of the director of workforce role, and the importance of organisational development within that, a focused workshop was added to the programme. The Do OD sessions, run by Karen Dumain from NHS Leadership Academy and Paul Taylor-Pitt from NHS Employers, were very well received and attended. Workshops were offered in Leeds and London, and 33 out of 45 participants attended.

ASSESSMENTS

To keep the programme in line with other aspirant director programmes, assessment of each cohort will be at the end of the 12-month programme. Participants are asked to deliver a ten-minute presentation on their career development journey to date. They also undertake a 40-minute mock interview with:

- Sally Scales, head of executive search at NHS Leadership Academy Executive Search
- Programme sponsors Stephen Moir, chief people officer at NHS England or Danny Mortimer, chief executive of NHS Employers
- An experienced HR director (to date this has been Lisa Crichton-Jones, director of workforce and organisational development at Northumberland, Tyne and Wear NHS Foundation Trust, and Sue Ellis, programme director at Leeds Health and Social Care Academy)

Interview questions are based around the director of workforce role remit and the map of influence. Participants are assessed not as if they were appointable, but rather on how far away they are from achieving a director-level role. Participants are then mapped on to a nine-box talent grid to determine if they are ready now; ready within 12-18 months or ready later.

All participants are provided with feedback to use towards a career development plan.

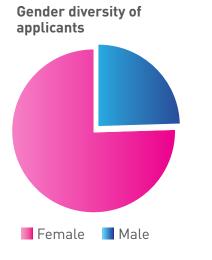


Progress of all three cohorts since March 2018

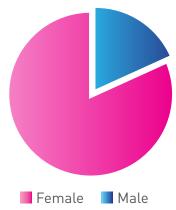
	Workshop	Coaching to Commence	ALS 1	ALS 2	OD Sessions (optional)	Assessment
Cohort one	4-5 July 2016	September 2016	17-18 November 2016	2 and 16 February 2017		5 and 9 June 2017
Cohort two	20-21 October 2016	December 2016	1-2 March 2016	1-2 June 2017	March 2017	10 and 13 November 2017
Cohort three	23-34 February 2017	April 2016	14-15 June 2017	5-6 September 2017		27-28 February 2018*

*one day of assessments for cohort 3 has been postponed due to snow

Analysis of applications







Region	Successful	Unsuccessful
North West	11	11
North East	3	4
Yorkshire & Humber	2	9
East Midlands	0	2
West Midlands	5	9
East of England	5	8
London	11	12
South West	4	6
South East Coast	2	3
South Central	2	4

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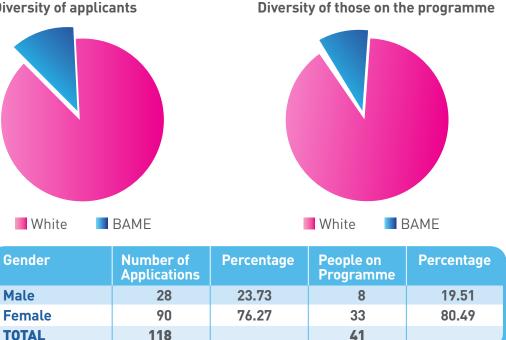
	Number of trusts	Number of Applications	Ratio %	Successful Applications	Ratio %**
Acute	137	59	43	26	18.9
Community	18	6	44	5	27.8
Mental Health	55	25	45.4	10	18
Ambulance	10	2	20	0	0
Specialist	17	9	52	3	27
Commissioning	n/a	5	n/a	0	n/a
ALBs	n/a	7	n/a	1	n/a
Other	n/a	2	n/a	0	n/a

- * There was one additional unsuccessful applicant who was an international applicant.
- * Whilst there were 96 applications for phase one and 34 applications for phase two, there were 16 applicants who applied for both phases.

Diversity of applicants

Any talent scheme or recruitment process needs to strongly consider the diversity of applicants to ensure that access to the programme is fair and open and that the process is transparent. Steps were taken to ensure access to the programme was fair and open, however diversity in terms of ethnicity reduced from application stage to success on programme.

	Number of Applications	Percentage	People on Programme	Percentage
White	96	87.27	34	91.89
BAME	14	12.73	3	8.11
TOTAL	110		37	





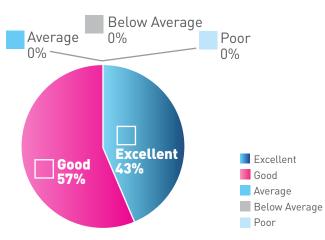




Workshops

Key statistics from the evaluation of the workshops are given below. Overall, feedback has been positive with 100 per cent of participants rating their experience of the two-day workshop as 'excellent' or 'good'.

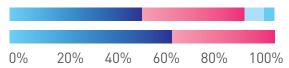
What was your overall experience of the two days?



Day one

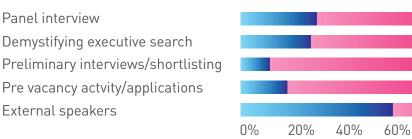
How would you rate the sessions on day one?

Authority, impact and presence Current and Future NHS Challenges



Day two

How would you rate the sessions on day two?

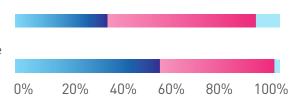


Relevance

92.5 per cent of attendees felt that the workshop completely or largely met their learning objectives.

How well did the workshop meet your learning objectives?

How relevant was the content of the workshop to your own context?



80%

100%

Logistics

Please rate the following elements of the logistical arrangements which supported the programme?

Hotel accomodationImage: Comparison of the programmeVenue cateringImage: Comparison of the programmeCebue location and accessImage: Comparison of the programmeDinner at NovotelImage: Comparison of the programmeOverall organistion of the programmeImage: Comparison of the programmeOw20%40%60%ExcellentGoodAveragePorrectImage: Comparison of the programme

Commitments by participants

Each delegate was asked to commit to a change they were going to make following the workshop. Some participants committed to more than one change. For ease of representation we have summarised these changes into nine categories.

Changes I will make following this workshop





Action learning sets

Feedback

What was your overall experience of the Action Learning Sets?

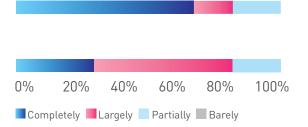
How would you rate the facilitator of the sessions?

0% 20% 40% 60% 80% 100% ■Excellent ■Good Average Below Average Poor

Relevance

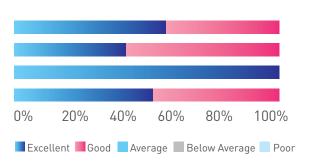
How relevant was the context of the day to your own context?

How well did the Action Learning set days meet your learning objectives?



Logistics

Venue catering Venue location and access Meeting facilities and space ALS information and communication



Coaching

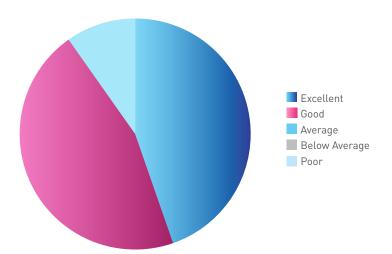
We are yet to undertake an evaluation of coaching as some participants are still in early stages or yet to commence their coaching.

Do OD

Of the 33 who attended the two organisational development sessions in London and Leeds, 11 provided feedback.

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What was your overall experience of the Do OD session?



Assessments

Cohort one

Of the 15 candidates, only six took part in the assessment due to:

- three candidates already having secured a substantive director of workforce role
- one candidate on maternity leave
- five candidates with annual leave or work commitments.

Some key areas for further development were identified through the assessments:

- Demonstrate strategic awareness and evidence of thinking strategically.
- Delivery of interview answers to make clear their own role in the example they are using and to keep concise and succinct.
- Further exposure to board to build on understanding of how a board operates.
- Further exposure to system working.
- Build broad experience of working in HR with different departments within an organisation.
- Develop understanding and experience of governance.

Outcomes

As of March 2018, of the 45 participants on the programme:

- six have secured director roles
- seven are in acting /secondment opportunities
- six have taken a sideways move for development purposes.



Learning

The learning below is taken from a range of sources. This includes observations of those delivering the scheme, evaluation, feedback from participants and feedback from the steering group.

PROGRAMME AREA	LEARNING	ACTIONS
Overall programme and governance	 There was no chief executive involvement in the steering group. This would have been crucial to raising the profile of the pool of candidates. Although all applicants were required to commit to all aspects of the programme, in order to ensure full attendance (allowing for unforeseen circumstances), we would recommend there needs to be stronger implications for non-attendance. 	 To be implemented in future programmes To be implemented in future programmes
Advertising and selection	 During the first phase of advertising the requirement for the recent or current provider experience wasn't explicit enough. However, the steering group agreed to add this as additional criteria for phase two of advertising. Some individuals became aware of the programme late on in the application window and did not have the time so submit a high-quality application 	 Added as an additional criteria for phase two. For future programmes it may be more effective to have a longer 'soft launch' where sponsors of the programme attend HRD network meetings to promote the programme before the application window and/or have a longer application window.

PROGRAMME AREA	LEARNING	ACTIONS
Workshop	• Feedback from the first workshop highlighted the need to increase communication and engagement with the cohort and allow for a more interactive session	 Changes made to the workshop for cohort two and three: Communicated information earlier, including the content of the workshop. Adjusted the workshop to be more interactive through group discussion. Allowed more time during the workshop for interview questions.
Coaching	 Some participants were significantly delayed in starting their coaching so have been unable to use their four sessions within the 12 months, and also maybe haven't been as motivated to start it. Engagement from cohort three has been higher. This may be due their four sessions are set the series of the shore set of the	 For future programmes be more explicit at the beginning of the programme about the timeframe within which they have to use their coaching. No action required
	to some of the change in communications to the later cohorts (see above).	
Action learning sets	 To ensure that all participants have attended ALS, it could be considered to offer a further ALS date for those who have only attended one session. 	 To be discussed with the steering group.
	• Attendance at the ALS sessions hasn't been as high as hoped.	• For future programmes be more explicit at the beginning of the programme about the timeframe within which they have to use their coaching.

PROGRAMME AREA	LEARNING	ACTIONS
Assessments	 The take-up for assessments wasn't as high as hoped. This has in part been due to work and other commitments. 	 Following the assessment for cohort one, future cohorts assessment dates were communicated earlier. For cohorts two and three it must be made clearer that the assessments are a compulsory part of the programme. Another date has been allocated for those unable to attend assessments for cohort one.
Evaluation	 Outcomes needed to relate to increases in confidence as well as tangible outcomes for roles. There was no benchmark outcome at the beginning of the programme so it is difficult to assess how successful the programme has been. 	 Changed the evaluation to include measurement of learning and confidence. Clear definitions to be set for future programmes.



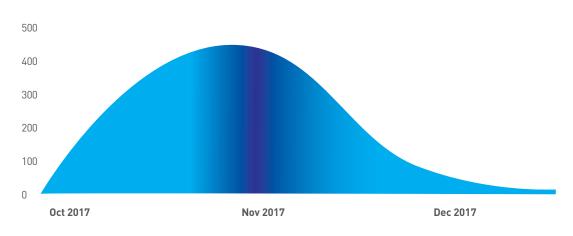
National professional development strategy – progress

As well as the aspirant director of workforce career development programme, NHS Employers has done other pieces of work to help support the professional development strategy nationally. Provided below is some analysis of the success of each of the different pieces of work.

#NHSfutureHR

NHS Employers launched a social media campaign in April 2016, #NHSfutureHR, to keep NHS HR professionals up to date with the latest on NHS HR professional development and the NHS professional development strategy. As a commitment to support the strategy, the hashtag was used as part of the NHS Employers Strategic Workforce Forum in November 2017.

Since 30 September 2017, the #NHSfutureHR hashtag received 203 million impressions, 965 tweets and 287 participants. NHS Employers is unable to retrieve data on activity before this date due to the hashtag not being set up for tracking purposes. Going forward, all Twitter activity will be able to be captured and analysed for the purpose of this report.



Tweet Activity on #NHSFutureHR

The spike in activity between mid-October and November 2017 is down to the increased promotion of the Strategic Workforce Forum, where #NHSfutureHR was the main hashtag used.

Examples of some #NHSfutureHR tweets:



A video was developed by NHS Employers, which features Nicky Ingham (former HRD and chair of the north-west HRD network) giving an overview of the national strategy and the aspirant director of workforce programme. Since it was published late in 2017, this has received a total of 205 views.

Podcasts

On the back of the aspirant director of workforce programme, two podcasts were developed in which a participant on the programme was interviewed at the start of their journey, one year on, and after being successful in gaining a HR director level post.

Podcast 1 – **I** <u>Aspiring to become an HR director</u> Total number of listens = 396 (from September 2016)

Podcast 2 – **□** <u>An inspiring journey for an aspirant workforce director</u> Total number of listens = 276 (from September 2017)

Most podcasts on the NHS Employers website get between 250-400 listens, therefore podcast one is within the top range. The second podcast is in the lower end however it has only been live since September 2017 so the number of listens will be expected to increase.

Use of director of workforce role remit and map of influence

The role remit and map of influence are sent to chairs and chief executives when we become aware a director of workforce is leaving. This it to encourage trust boards to use these resources to inform their local job description and person specification. We have included chair and chief executive feedback to illustrate how they are received locally.

The role remit and map of influence have been key resources since their development. They have been promoted at the following events and meetings, demonstrating the reach both resources have gained:

- North West HPMA Roadshow, May 2017 approximately 60 people in attendance.
- Yorkshire and Humber HPMA Roadshow, September 2017 approximately 60 in attendance.
- NHS Confederation Annual Conference and Exhibition, June 2017 approximately 1,000 senior leaders attended across the two days.
- NHS Employers Workforce Summit, June 2017 approximately 100 people in attendance.
- Ten regional HRD networks across the country 102 HRD meetings held per year.
- Used in discussions with head hunters when recruiting for director of workforce roles.
- HPMA Wales conference, March 2018 approximately 100 people in attendance.
- HPMA NI conference, March 2018 approximately 100 people in attendance

Feedback from delegates acknowledged how useful both resources were. The role remit and map of influence were also used as the standard against which the aspirant director of workforce delegates were assessed to get onto the programme.

Director of workforce tracker process

NHS Employers' national engagement service started a 'tracker' process whereby, if there is intelligence of an HR director leaving a trust, a letter is sent to the trust's chief executive and chair, promoting the role remit and map of influence and encouraging them to use these resources as part of their recruitment process. Since September 2017, there have been seven letters sent to chief executives and chairs. NHS Employers' national engagement service is continuing to track this.

Feedback from chief executives and chairs

Just to say these are very helpful - thank you. Have they been produced for all director roles? Steve McGuirk, Chair, Warrington and Halton Foundation Trust *Thank you - very helpful. We will certainly be using these to inform the role.* Thea Stein, Chief Executive, Leeds Community Healthcare NHS Trust.

Very useful. Rob Hughes, Chair, North West Anglia Foundation Trust.

Regional activities

To complement national activities the ten HRD networks across the country are also carrying out their own regional activities. These differ depending on the current set up of networks and relationships with HPMA and NHS Leadership Academy, as well as regional priorities.

South

South West HRD network and the deputies network are strengthening links with HPMA, which is developing events to support professional development. South East Coast HRD network is working with Health Education England to develop a regional leadership programme. South Central HRD network brought in Henley Business School to support professional development discussions regionally at future meetings.

London

London has had a series of professional development activities delivered by the HPMA London Academy, with regular updates at HRD networks. A talent management approach for HR and learning and OD staff is being developed and a subgroup is working on a more comprehensive approach to the management of career pathways and the succession pipeline. London has been successful in a bid to the In Place Innovation Fund from London Leadership Academy for £21,000, to support the development of new HRDs appointed to London NHS trusts. The programme is underway and will be evaluated in May 2018.

The current ASPIRE programmes (aspiring deputy HRD and aspiring business partner programmes), and any future development programmes for workforce practitioners will continue, with a view to commissioning further development cohorts over the coming years to maintain entry into the talent pipeline at each stage up to director level.

Midlands and East

West Midlands HRD network is looking at regional development in three sections: aspirant workforce directors' workplace-based learning, working with HPMA on HR business partners and learning and development practitioners, and increasing the number of regional HR trainees using a higher apprenticeship model. In the East of England, the national engagement service supported development of a deputies HR network, shared the NHS Leadership Academy's programme offer, and have discussed interventions for regional development to complement the offer. East Midlands HRD network has identified current practice, prioritised future interventions and carried out a talent review of deputy HRDs by the HRD network in October 2017 to establish a regional talent map for HR.

North

The North West has agreed to take forward two strands of the PDS strategy. Firstly, the development of HR speed networking events, and secondly the completion of the north-west talent map tool. A speed networking event took place in Cheshire and Merseyside in February 2018, which evaluated positively. There is a plan to roll these out across the other two STP areas.

The North West received a £20,000 grant from NHS Leadership Academy North West to develop a talent mapping tool to be used across the region, and Capsticks HRA was commissioned to complete the work. The tool has been developed and HRDs have formed a task and finish group to work through the practicalities of it. It will be available for trusts to use later in the year. The tool will be fed into the Northern Talent Board, which is being developed by the NHS Leadership Academy.

In Yorkshire and Humber (Y&H), the strategy is being taken forward through the deputy HRD networks in conjunction with HPMA. They held the first HR speed networking event in June 2017, followed by the second one in January 2018, which brought together junior NHS professionals to meet up and share good practice, views and to establish informal networking opportunities. Since Y&H HPMA branch relaunched they have increased their activity and this year have a monthly programme of events lined up for members.

In the North East, the HRD network worked with coaching organisation Shiny Minds on a stocktake of the professional development strategy and the role of workforce leaders in facilitating the change needed to work on professional development regionally. They were granted funding from the leadership development fund to take forward the professional development of HR staff in the North East. Two events took place in February and March, facilitated by Bec Howard from Shiny Minds.

The North East is proposing to commission research on links between staff engagement and patient experience and quality outcomes. They are also discussing building an HPMA branch in the region.

Shiny Minds development sessions

NHS Employers commissioned Shiny Minds to facilitate some developmental sessions for the HRDs in five out of the ten regional HRD networks. The session was made up of two parts.

The first part was for HRDs to do a stocktake of the strategy and the role of workforce leaders, looking at this from an individual, organisational and regional/national perspective, and considering the role remit and map of influence. The second session looked at building and creating their story of change, to start to move forward collaboratively into a place of owning and creating the change needed as a region.



Evaluation from the sessions (formal evaluation was only conducted for two out of five networks)

Average evaluation form completion rate was 76.5 per cent.

Average scores for four standard evaluation questions

THE SHINY MIND SESSION TODAY HAS ENABLED INDIVIDUALS TO:	1 STRONGLY DISAGREE	2	3	4	5 STRONGLY AGREE
Make useful connections with others			9%	35%	57%
Identify and learn about good practice			19%	50%	31%
Support my own professional development			8.5%	39%	52.5%
The overall quality of the session				9%	92%

Following the second Shiny Minds session, all the networks with the north region developed an HRD anthem. This was a statement that HRDs would sign up to show how they can collaboratively take forward the change.

In December 2016, Yorkshire and Humber HRDs signed up to the anthem at their network meeting and showed their commitment to the professional development strategy. They also agreed to brand all their communications, agendas and papers with the anthem to reinforce the importance of this.

Yorkshire and Humber Anthem - I am a

workforce director who inspires and empowers people every day to act courageously, so that staff can realise their limitless potential to enable themselves and patients to lead happy and fulfilling lives.

North East Anthem – *I* am a director of workforce and I'm here to unleash the potential and ignite the passion of our people.

North West Anthem – My name is...I am a super HRD leader. I transform workforce systems and cultures to galvanise every aspect of the health economy, by captivating and mobilising them in the vision of a groundbreaking NHS system that is designed for our patients and is fit for the future.

South East Coast Anthem -

We are proud to be NHS directors of workforce of the future. We help create an enjoyable uplifting environment to work in, breaking down constraints to provide the best care wrapped around our patients. We are going to step forward to proactively influence and shape the development and transformation of the workforce. We will do this by realising people's potential to achieve the best outcomes for patients through living our values and beliefs. To do this we will be empowering, genuine and inspirational with true belief.

A session plan has been worked up, to enable the national engagement service working with Shiny Minds to deliver the same session in other areas where there is appetite to do so.

Recommendations for the future – Professional Development Strategy including the Aspirant Director of Workforce Career Development Programme

Director of workforce role remit and map of influence

In March 2018, and following extensive feedback from HR directors, the role emit and map of influence was updated to reflect the system transformation agenda and to include diversity and inclusion and health and wellbeing within the workforce directors' portfolio.

CIPD partnership

Further discussions to take place with CIPD to:

- facilitate building links between the CIPD and the regional HRD networks
- recognise NHS workforce leaders' contribution both within the NHS and more widely
- have greater integration and involvement between the NHS workforce community and the CIPD.

HPMA partnership

Very positive discussions have taken place between NHS Employers and Nicky Ingham, the HPMA executive director. The development of a framework agreement between the two organisations has been agreed. This will include the identification of mutually beneficial work for NHS Employers and the HPMA to support the progression of the NHS Professional Development Strategy and recognise the unique contribution of both organisations in taking that forward. This will be a consideration of mapping current offers that support the NHS workforce profession, which will include the aspirant programme, the ASPIRE programme in London and the work taking place regionally across England.

NHS Employers director of workforce tracker

NHS Employers national engagement service will continue to populate the director of workforce tracker, which will be used as follows:

- To trigger a letter from NHS Employers to new HR directors, which welcomes them to the role and links them to their regional engagement team colleagues.
- For NHS Employers to make an intervention with organisations who are going to recruit, to make sure they use the director of workforce role remit and map of influence to inform their appointment processes.
- One of NHS Employers' commissions from DHSC relates to HR capacity and capability the tracker will be used to monitor trends and risk and HR capacity.
- For vacancies to trigger visits to trusts by area heads of engagement with new HRDs.
- To understand what the general turnover of HRDs is and if there are any patterns in terms of them leaving compared with the organisational context (staff survey results, special measures, mergers etc.)
- To link in with professional development strategy implementation across the regions.
- To produce quarterly reports for the NHS Leadership Academy Executive Search to help them understand the demand for HRD posts to support aspirant directors by providing them with an early, real-time indication of new vacancies.
- Vacancies to be shared with the regional talent bo ards if they fall within that area.
- Maintaining the NHS Improvement HRD database.



Further evaluation

Participants on the aspirant programme will be asked to complete a survey on completion of the programme, to evaluate the extent to which they feel that the programme has helped them in their career development and progression. In order to assess whether there is continued career development, further evaluation will be conducted by NHS Leadership Academy Executive Search 12 months after the completion of the programme.

Further support for those having completed the programme

To give individuals space for development in a practical and actionable way, and to allow them to learn from each other and engage in shared learning, the NHS Leadership Academy Executive Search recommend that opportunity is provided for continued action learning sets. These could be facilitated or self-facilitated, depending on budget considerations. These ALSs could be arranged through the already established deputy and HRD networks.

Although the ownership of the career development plans should be with the individuals and fed into their own personal plans, there should a method to ensure that they are accountable for taking these actions. This could be picked up through the survey by NHS Leadership Academy Executive Search after 12 months, through the HRD network or by the individual's mentors. We also recommend that these are discussed with line managers and form part of a regular talent management discussion. Feedback on the final assessment could be a three-way discussion with the interview panel member, the participant and their line manager to agree further development actions.

There must be a consistent approach across all HRD networks for supporting those applicants who were unsuccessful.

As the commissioner of the aspirant programme, NHS Employers will retain this information as part of managing the talent map and there is commitment to share this information to support ongoing development of current and future talent. NHS Employers has a mailing list for participants on the aspirant programme in order to keep in touch with colleagues. There must be continued support through the NHS Leadership Academy Executive Search team for deployment from the programme. Working with the profession we need to raise the profile of the talent pool so that CEOs are aware of its existence and come to it as a first point of call for any suitable vacancies.

Talent map

One of the desired system outcomes of the programme was the production and management of a national talent map of HR directors (see appendix 1). It would be our recommendation that the talent map be owned and tracked at a national level to ensure consistent oversight, through NHS Employers in partnership with NHS Leadership Academy Executive Search HPMA and relevant arm's-length bodies. The talent pool would still need to be owned regionally through the regional talent boards (RTB). This could be by ensuring representation from the HRD networks on the RTBs.

The talent map would need to be continually updated in order to accurately reflect the supply of talent. Likewise, as the demand for talent shifts based on system need, this will need to be continually evaluated to ensure that the supply of HR talent is sufficient. NHS Leadership Academy Executive Search could play a key role in this through information provided from the regional HRD networks.

Deployment

A key consideration for the programme is the difficulty in ensuring talent is deployed in the most effective way. A danger of development schemes such as aspirant programmes is that nothing is done with the talent.

The goal of talent pools within the RTBs is that hiring organisations will have the confidence to go to these individuals first of all when opportunities arise. This should be key to the deployment of the aspirant directors of workforce. The talent pools should offer opportunities for stretch and development, along with appropriate permanent opportunities. The Midlands and East region is currently running this in a pilot scheme through the Midlands and East executive talent scheme. As at March 2018, there has just been three placements through the scheme, but this should and will develop as awareness and credibility of the pool develops.

In order to ensure successful deployment of individuals of the schemes, hiring organisations and CEOs must be aware that this pool of aspirant directors of workforce exists. The programme and its successful outcomes should not only be marketed through the HRD networks but also to chief executives.

NHS Leadership Academy Executive Search would also play a key role in the deployment of the aspirant director of workforce candidates through their substantive board appointment processes.

Future programmes

While we recommend that there should be a delay before for the next programme is offered, to ensure that the market isn't saturated with candidates, it is important that the momentum of the programme isn't lost. The decision of when the next programme is due to commence should be made reasonably soon after the completion of cohort three. A key consideration for this, however, is the identification of funding to deliver the aspirant programme.

To ensure engagement in future programmes, communicating the success from the first programme will also be key. We propose that this should be done through attendance at HRD network meetings by NHS Leadership Academy Executive Search in conjunction with NHS Employers, over a six-month period.

Given the changing nature of the health and social care system and the importance of system working, leadership and relationships we would also recommend that future programme sponsors shape the programme to be inclusive of all parts of the health and social care system and not just focus on providers.

Also, given the requirement of more OD professionals at a senior level, the profession needs to consider how it can promote OD specialists to director of workforce roles either by offering CIPD accreditation or by being more lenient on this criteria.

The diversity of successful applicants to the programme was less than ideal from an ethnicity and gender perspective. Further analysis is required in terms of the diversity of existing directors to assess whether positive action should be considered in the future. Any talent management activity at levels below should also have a strong focus on diversity. Consideration may need to be given to running a targeted aspirant programme to support BME deputy directors, a number of whom applied for the first three cohorts but were unsuccessful in gaining a place.

With the above in mind, in summer 2018 the aspirant programme executive steering group and other key stakeholders will meet to explore the need for further programmes, the funding arrangements for it and scope of future cohorts of the aspirant director of workforce programme.

A group of key senior colleagues from NHS Leadership Academy Executive Search, NHS Employers and HPMA met in January. They agreed it was useful to meet and there was support for a further cohort of the aspirant director of workforce programme to take place in 2019/20. This will be discussed again in more detail with the regional HRD network chairs at their meeting in April 2018.





Appendices

Appendix 1 – Talent map – March 2018

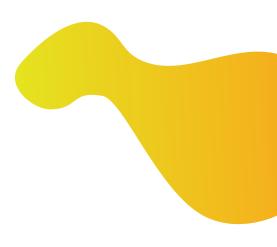
To formulate the talent maps following we have focused initially on those who were members of the Aspirant Director of Workforce Career Development Programme, as it is these individuals who we know the most about.

It is worth highlighting that the risk of talent mapping is that it is typically a static document. If it is being used as a long-term strategy or pipelining document, the information can go out of date quickly and so needs to be reviewed constantly and updated as candidates make a career move, get promoted or change locations. It is recommended that the networks within each region take ownership of this, with NHS Leadership Academy Executive Search and NHS Employers having oversight at a national level. As the regional talent boards start to progress, the talent maps should start to evolve to feed into these.

As of March 2018, of the 45 participants on the career development programme:

- six have progressed to permanent director roles, one of whom has been appointed deputy CEO
- three have secured interim director roles
- four are in acting director roles in their own organisation
- six have progressed to new roles that have furthered their career
- 20 of the 45 on programme have been assessed on their readiness for a director role.

*Those who had already been appointed to substantive roles did not complete the assessment



Supply of Talent

General talent map – Aspirant Director of Workforce Programme participants The talent map below is taken as a snapshot of the picture as it looks now (November 2017)

Ready now: Those appointed to permanent director roles or deemed to be ready now through assessment

Ready soon: Those assessed to be ready within the next 2 years (with some development needs)

Ready later: Those that may need another role or further experience and are over 2 years away.

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28 April 2018

NHS HR Professional Development Strategy Stocktake Report

Diversity

	Number of Participants	Percentage
White	34	91.5
BAME	3	8.11
TOTAL	37	

Gender	Number of Participants	Percentage
Male	8	19.51
Female	33	80.49
TOTAL	41	

The gender diversity within the talent pool is poor. More work should be done to explore if this is due to the lack of diversity within the profession or if more should be done to raise the aspirations of males aspiring to a director of workforce role.

Geographic mobility

Although we have structured the talent map across regions, allowances have to be made for geographic mobility of candidates. For some candidates it may be easier to move to an organisation in their neighbouring region, rather than within their own. We have made the assumption for the purpose of this map that individuals are tied to their own regions, however it is important for the regions to share data where this is applicable.

It is also important to consider if an individual has the aspiration, or the skill set required to progress to a director role within their own organisation.

Other aspirant directors

The 68 applicants who were not successful are still relevant for consideration as aspirant directors. Given that there is limited information about these individuals, it is recommended that the HR networks within the regions manage and support this pool of individuals.

It is important that the Aspirant Director of Workforce Career Development Programme is not considered in isolation. A number of the national multiprofessional leadership development programmes and regional development programmes also provide support to aspiring directors of workforce. Consideration should be given to these, however it must be noted that it is difficult to assess the readiness of these individuals for a board post as each leadership development programme will differ in selection, focus and assessment.

From the knowledge of the NHS Leadership Academy Executive Search team at the time of production of this talent map, currently:

- seven workforce professionals have completed the Nye Bevan aspiring directors programme
- four workforce professionals have completed the aspiring director programme
- two have completed NHS Leadership Academy Executive Search regional workshops commissioned by local leadership academies.

Demand for talent

In order to build a fully functioning and accurate talent map, you need have an accurate picture of the demand for talent. Several factors much be considered:

- Retirement age this information would need to be obtained from ESR information or through HR directors in organisations. This would allow you to project the demand for HR directors over a 12-month period.
- Only a small number of applicants were experienced in both OD and HR. This is a consideration for future talent mapping given the changing direction of the director of workforce role to have a much more balanced focus across the two disciplines. As the system evolves, the need for a stronger OD skill set at the senior and strategic level is starting to emerge. Future aspirant director of workforce programmes should also look to address this need.
- Changing organisational form may also potentially lead to a reduction in the number of director of workforce roles as we currently know them, and organisations begin to merge and group models begin to form.
- A fairly crude and simplistic way to measure the demand for directors of workforce is to measure the number of recent HRD appointments. From November 2016 November 2017, there were 20 new HRDs appointed.

Analysis of current HR directors

We have analysed a selection of provider trusts (154) of all sizes and across all sectors. From this data we can draw the following conclusions:

Directors of workforce and their role on the board

- Not on the board 11.7 per cent
- Non-voting but on the board 28.5 per cent
- Voting and on the board 48.35 per cent
- Unknown 9 per cent.

CIPD

Of trusts that have HR directors with CIPD:

- 22.2 per cent are fellow
- 23.7 per cent are MCIPD
- 54.1 per cent is unclear if they are CIPD qualified.

Further research should be done to determine if CIPD qualification is considered a requirement for a director of workforce.

Experience when appointed

When considering the mobility of HRDs it can be useful to look at current post holders and if they were aspirant, experienced or internal post holders. Of those who are in board roles:

- 39.25 per cent were aspirant directors when they were appointed to their current post.
- 54.07 per cent are experienced directors
- 69.6 per cent are external appointments to the organisation
- 17.78 per cent are internal appointments.

The number of internal appointments is lower than we would have expected. This could be due to the changing requirements of the system. Further analysis into the size and scale of these organisations would be useful to determine if there is a link.

Length of time in post

- 28 per cent have been in post less than two years
- 37 per cent have been in post between two and five years
- 25.18 per cent have been in post more than five years
- 8.15 per cent unknown.

From the data above, the average length of time in post seems to be relatively high in comparison to some other board roles, such as the director of finance. However, this poses challenges for those looking to move into new roles, meaning that they become available less often.

Background

There is a considerably high percentage of those with experience outside the NHS, again perhaps more so than other board roles.

- 74 per cent have NHS background/experience
- 23.7 per cent have public or private sector experience (in some cases mixed with NHS).





Contact us

For more information about NHS Employers
Zenquiries@nhsemployers.org
Mww.nhsemployers.org
Mnhsemployers

NHS Employers Floor 15 Portland House Bressenden Place London SW1E 5BH

NHS Employers 2 Brewery Wharf Kendell Street Leeds LS10 1JR

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