



'Aspiring Talent'

Piloting a talent management process in
West North and East Cumbria





Development Intervention	‘Aspiring Talent’ Pilot		
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1. Executive Summary

The new National Leadership Framework ‘Developing People- Improving Care’ (2016) <https://improvement.nhs.uk/resources/developing-people-improving-care/> calls for leaders who are skilled in systems leadership, have and can apply improvement know how and can demonstrate compassionate care.

This ‘Aspiring Talent’ pilot has demonstrated that it is possible to develop a talent management process linked to the Developing People framework.

The process, which supports our commitment within West North and East (WNE) Cumbria to attract, grow and develop our people, has evaluated well with both participants and OD practitioners.

The pilot has provided benefits to the health and care system in WNE Cumbria in that it has:

- Provided information on the leadership skills gap, particularly around understanding commercial and business focus and strategic and systems thinking. There is a significant gap in improvement training in this pilot cohort of sub board level leaders. This will inform leadership development programmes delivered through the Cumbria Learning and Improvement Collaborative in the future.
- Supported 7 health care leaders working at sub board level within 3 NHS organisations with a personal development plan based on individual assessment linked to the Developing People framework.
- Defined a process that could be applied in future to develop a local talent pool of potential system leaders.

Areas for improvement have been identified and number of recommendations are made should the programme be run again in the future.

Whilst the return on investment is good the lack of identified funding for system wide organisation development is restrictive in sustaining this process going forward.

Thank you to the North West Leadership Academy for funding this pilot which has added to the talent management knowledge and capability in WNE Cumbria.





2. Introduction

NHS leaders are under pressure not only to improve performance in a world of rising demand and restricted funding but also to work with partners in rapidly developing local health and care systems.

‘Developing People – Improving Care’ (2016) provides a national framework to guide organisations and systems on people development to support a culture where ‘people at every level take pride and joy in their work, and where together they have the capability and capacity to deliver continuous improvement in care for individuals, population health and value for money’.

To achieve this will require leaders to be skilled in systems leadership, to have and apply improvement know how and demonstrate compassionate care.

In order to deliver the scale of transformation and outcomes required within the West North and East (WNE) Cumbria health and care system strong system leadership is required and the system has made a commitment to its workforce to:

- Encourage exceptional talent and their families to come to live and work in Cumbria
- Support our workforce to stay with us, grow and develop in their roles and careers
- Enable excellence in leadership, team working and collaboration to deliver our services
- Embed engagement to deliver innovation and improvement – driven by our workforce

This means that it will support leaders to develop to be the best they can be, encouraging them to progress in their careers and make the most of opportunities that are available to them.

A baseline assessment using the North West Leadership Academy (NWLA) talent management matrix shows that talent management is immature in each of the health and care organisations but there is a commitment to developing a talent management strategy for the health and care system.

As yet there is no baseline measure of leadership capability within the system or understanding of the development needs of our leaders.

This project was developed to design, test and evaluate a leadership development process that will:

- Assess leadership capability in line with the ‘Developing People – Improving Care’ national framework
- Provide individuals involved with direction for personal development
- Identify a pool of leaders who are ‘ready now’ for career progression within the North Cumbria system
- Identify the ‘talent gap’ to inform leadership development opportunities within the WNE

The project was funded by the NWLA and contributed to talent management activity within WNE Cumbria.

The intended outcomes of the pilot were to :

- Develop a baseline of leadership capability
- Identify the leadership capability gap to inform future local leadership development programmes



- Create a local talent pool for WNE Cumbria
- Enhanced leadership capability through personal development planning
- Develop a leadership capability review process that meets national guidance and reflects local practice
- An evaluation of first cycle of the process to identify areas for improvement

The project was included within the system OD plan and was overseen by the WNE Cumbria OD steering group. The project was led by Suzanne Hamilton, System OD management lead and owned by two sponsors, Stephen Singleton, Senior responsible officer (SRO) for OD and Lynn Marsland, SRO for workforce.

Designing the process

The process was designed and supported by the project lead in conjunction with colleagues from the OD steering group. Participation in the pilot was voluntary and targeted at leaders working within the health and care system at sub board level. 8 places were available.

The process was structured to measure leadership capability in the three areas identified within the national framework:

Area assessed	Method of assessment
System leadership skills	Assessment and development day using the North West Leadership Academy Aspirant talent programme methodology based on the essential ingredients of systems leaders
Improvement know how and application	Written summary of improvement training and application of knowledge
Compassionate leadership	360 appraisal using the health care leadership assessment tool

Colleagues from Local Authority were not included within the pilot as the 10 essential ingredients for system leaders, used as the basis for the assessment and development day, were designed only for health. The ingredients are being further developed by the NWLA to include social care and Local Authority partners will be included in future development of this project.

The process:

Step 1. Leaders identify an executive sponsor who will support their application and carry out a talent conversation using the NWLA talent conversation tool, to ensure suitability prior to application.

Step 2. Participant is invited to complete a 360 appraisal using the Healthcare leadership model, they are provided with a written report and coaching feedback conversation.

Step 3. Participant attends a leadership assessment and development centre-active participation in group exercises designed to assess leadership capability





against 10 essential system leadership qualities. They are provided with a written report summarising their assessment.

Step 4. Participants complete a written summary of their improvement knowledge and training and its practical application.

Step 5. On completion of steps 1 to 4 the participants receive a facilitated personal development conversation with their sponsor and supported to develop a personal development plan.

As part of the pilot was to test out the potential of a talent pool, a matrix was developed to determine leaders who are:

- a) Ready now - capable and have the desire to be effective future systems leaders
- b) Ready soon - require some further development, within 1 year
- c) Professional talent – requires further development and reassessment.

Anonymised data from the pilot was applied to the following criteria.

Ready Now	System Leadership skills	Overall score of 65% or above
	Improvement skills	CPS practitioner or equivalent completed, using improvement skills in core work on a regular basis
	Compassionate, inclusive leadership	0 behaviours categorised as proficient; behaviours strong or exemplary in all areas
Ready Soon	System Leadership skills	Overall score of 60-65%
	Improvement skills	CPS practitioner requires completion, limited improvement experience
	Compassionate, inclusive leadership	More than 5 behaviours assessed as strong or exemplary
Professional talent	System Leadership skills	Overall score of under 60%
	Improvement skills	CPS practitioner not completed, no improvement experience / desire to improve
	Compassionate, inclusive leadership	5 behaviours categorised as proficient or below

As part of the process participants were assigned a ‘buddy’, an OD practitioner trained in coaching and 360 facilitation feedback, who would guide them through the process and support their development conversations. Buddies were paired with participants from different organisations to ensure a level of objectivity. Written information on the process was made available to participants and sponsors.

Delivery:

The project was supported by an administrator who coordinated the pilot and acted as a single point of contact for the participants.



Timetable

w/c	6/2	13/2	20/2	27/2	6/3	13/3	20/3	27/3	April	May	June	July
Sign off project at OD steering group	■											
Communication of project and invite applications			■	■								
360 questionnaires					■	■	■	■	■			
Training of Development facilitators						■						
Development day						■						
Feedback									■	■		
Evaluation									■	■		
Analysis of information									■	■	■	
Final report to OD steering group with recommendations											■	■

System leadership skills: The assessment and development day was delivered by a collaboration of 3 companies. The companies originally designed the day and deliver it on behalf of the NWLA as part of their aspirant talent programme. There was some difficulty finding a suitable venue due to the number of individual rooms required to host each exercise and the number of groups. The maximum number of people who can be accommodated on the day is 8 and this determined the size of the pilot group. 1 participant dropped out of the programme due to family issues.

Improvement know-how and application: A template was developed by the project lead to capture improvement skills training, examples of how this had been applied in practice and what outcomes had been achieved. Participants were slow to complete this aspect of the process.

Compassionate leadership: Healthcare Leadership 360 questionnaires were purchased and managed by the OD facilitators who provided one to one feedback conversations.

Evaluation

Local evaluation was undertaken and based on the following:

- Effectiveness in achieving the desired outcomes
- Value for money
- Acceptability to stakeholders

The evaluation will inform the future progression of the project and learning will be shared across the health and care system through the Cumbria Learning and Improvement Collaborative and regionally through the NWLA.

The main methods used in evaluation included:

1. Electronic surveys of OD buddies and participants
2. A focus group to review and check the findings of the surveys





3. Matrix of criteria for talent pool
4. Local formulae to calculate return on investment

This was also supplemented by a reflective conversation with a representative of the providers of the assessment and development day and also with 'buddy' OD practitioners.

4. Findings and Discussions

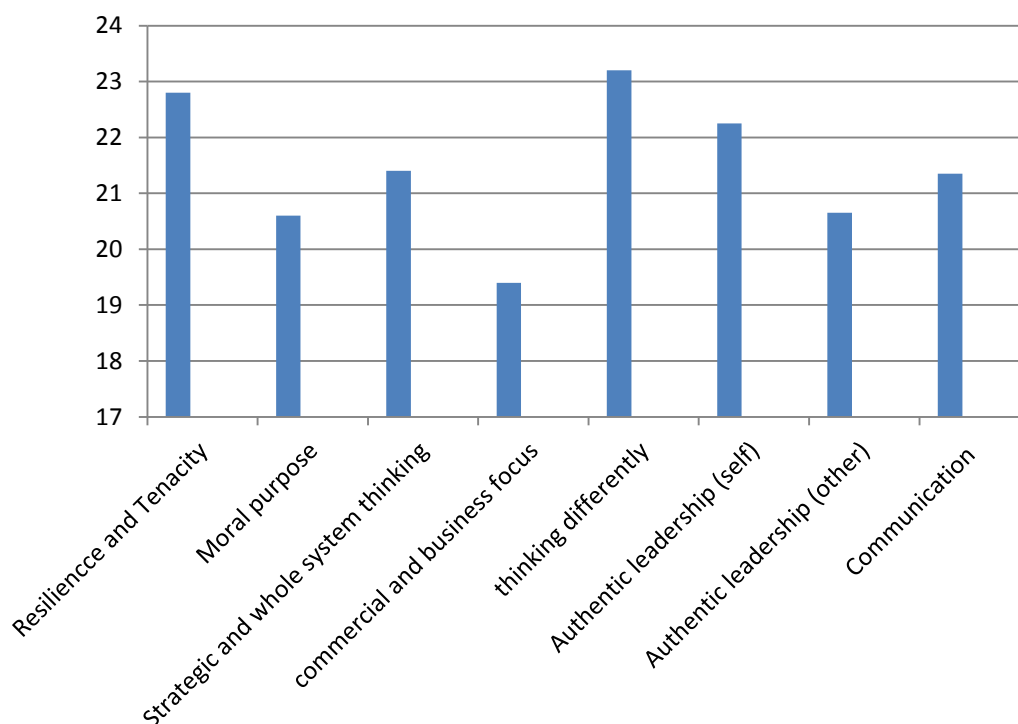
The findings from the evaluation of the pilot are detailed below in relation to the planned outcomes.

Effectiveness in achieving the desired outcomes

1. Baseline of system leadership capability

This was determined by the results of the assessment and development day, improvement know how and 360 appraisal.

The assessment and development results below show that combined scores for the 7 participants in each area assessed.



The mean score for each of the areas would be used as a baseline comparison with future participants should the process run again.

Improvement know how: Cumbria is committed to developing continuous service improvement skills using the Cumbria Production System (CPS) – a local lean based improvement toolkit. It is expected that all senior leaders will have undergone CPS practitioner training or an equivalent programme.

Whilst leaders could evidence practical involvement in service improvement no leaders had undergone CPS practitioner training.

360: The 360 appraisal process was effective in evaluating the leadership behaviours of our cohort but was hampered by the fact that 2 of the participants were



new in post and not well known to their teams and manager. One participant did not have a manager at the time. As a result of this some participants were unable to report on the opinions of peers / manager.

2. Identify the leadership gap

This was determined through the results of the assessment and development day and through discussion with participants in the focus group.

Commercial and business focus was the lowest area of capability identified by the assessment and development day. On discussion there was a lack of understanding about what that means within the NHS. There was a feeling from some that commissioners may know more about this than leaders working in provider services. On discussion participants also felt that there was varying understanding of what strategic and systems thinking and highlighted a desire to link their knowledge and theory to practical application. These factors will be considered when planning local leadership development programmes in the future.

Thinking differently and resilience and tenacity were identified as strengths of the cohort. Interestingly, in recent work with Senior system leaders to identify core values for the WNE Cumbria system these two areas were identified at discriminating truths about Cumbria – its resilience, tenacity and ability to be creative with limited resources -translated to values of ‘tenacity’ and ‘frugal innovation’. The summary of service improvement identified the gap in training around modern improvement methods with no participants having undertaken Cumbria Production system practitioner training.

3. Talent pool

The pilot did demonstrate that it is possible to use defined criteria with this talent management process to identify a talent pool of leaders who were categorised as ready now. For this pilot the exercise was hypothetical.

			A	B	C	D	E	F	G
Ready Now	System Leadership skills	Overall score of 65% or above	√				√		
	Improvement skills	CPS practitioner completed, using improvement skills in core work on a regular basis							
	Compassionate, inclusive leadership	0 behaviours categorised as proficient; behaviours strong or exemplary in all areas	√	√			√		
Ready Soon	System Leadership skills	Overall score of 60-65%			√	√			
	Improvement skills	CPS practitioner requires completion, limited demonstrable improvement experience	√	√		√	√	√	√
	Compassionate, inclusive	More than 5 behaviours assessed as strong or			√	√		√	√





	leadership	exemplary, some proficient							
Prof. talent	System Leadership skills	Overall score of 50-60%		√				√	√
	Improvement skills	CPS awareness not completed, no improvement experience / desire to improve			√				
	Compassionate, inclusive leadership	5 behaviours categorised as proficient or below							

No leaders involved in the pilot fell into the 'Ready Now' category. Two leaders were identified as 'Ready Soon' and two would move into the 'Ready Now' category with the appropriate improvement training and experience. Three participants fell into the 'Professional Talent' category. No leaders were able to demonstrate high level of training and experience in modern continuous service improvement methods. It should be noted that the assessment and development day was designed for leaders aspiring to be future directors.

4. Leaders with personal development plans

All participants completed the programme with a conversation with their OD buddy and their sponsor and outlined areas for development. Participants found all part of the programme beneficial in developing their leadership capability and self-awareness.

Examples of further development agreed were service improvement training, shadowing colleagues from other organisations / departments, undertaking a discreet piece of work to stretch development in areas identified by the pilot and contracted coaching.

5. Process evaluation with areas for improvement developed

The pilot demonstrated that it is possible to develop a talent management process linked to the Developing People framework.

The evaluation survey and the discussion at the focus group identified the following:
What went well:

- The Assessment and Development day was well organised
- Good range of people represented across 3 organisations
- Relationship building with participants – buddying with OD practitioners from different organisations
- 360 coaching conversation, linked well to the assessment day and prepared participants for the tripartite conversation
- All elements combining to give a strong basis for personal development planning

What could have been better:

- Senior leader engagement – some engaged from the beginning, others in the tripartite conversation only, the impact of manager 'churn' is noted.
- More information about the assessment day prior to attending
- More structure around what happens next – will it be followed up in 6/12



months? What ongoing support is there?

- Confusion over summary of improvement. There is a need for more emphasis on this element.
- Not all managers used the talent management conversation to select participants

What would we do differently next time?

- Application process – include a discussion with the OD facilitator prior to starting the process outlining the healthcare leadership model
- Provide clear information on the development offer going forward – coaching, leadership development, peer development etc.
- Improvement knowledge and experience could be collated as part of an initial conversation.
- Meet other participants at the start of the programme
- Initial conversation with the OD buddy prior to the programme
- Potentially link timing of the programme to appraisals

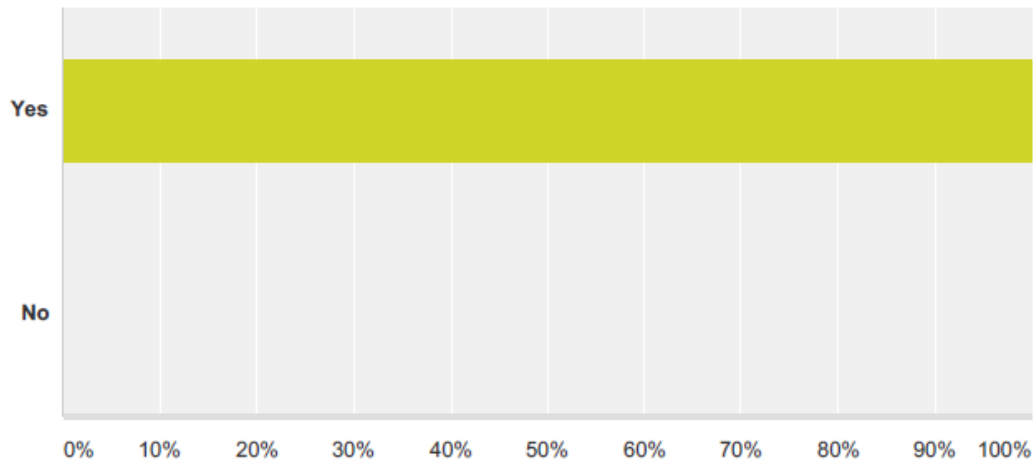
Acceptability for stakeholders (participants / OD / system)

The views of the participants:

Four participants completed the evaluation survey and all found the pilot beneficial. All would recommend the process to a colleague.

Q8 Would you recommend the scheme to a colleague?

Answered: 4 Skipped: 0



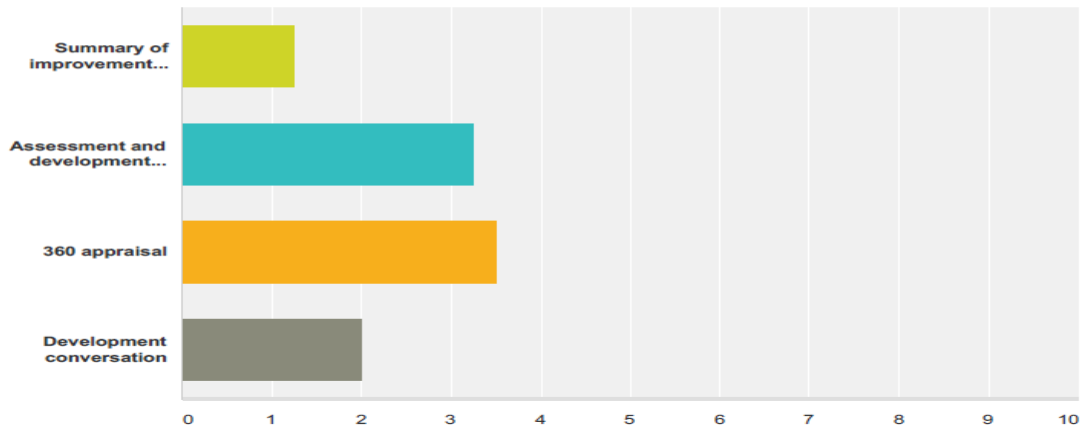
The 360 appraisals and assessment and development day were rated as most valuable with the summary of service improvement least helpful.





Q2 Please rate the following elements of the programme in order of most benefit to you and your personal development – with 1 being the most beneficial

Answered: 4 Skipped: 0



Participants said:

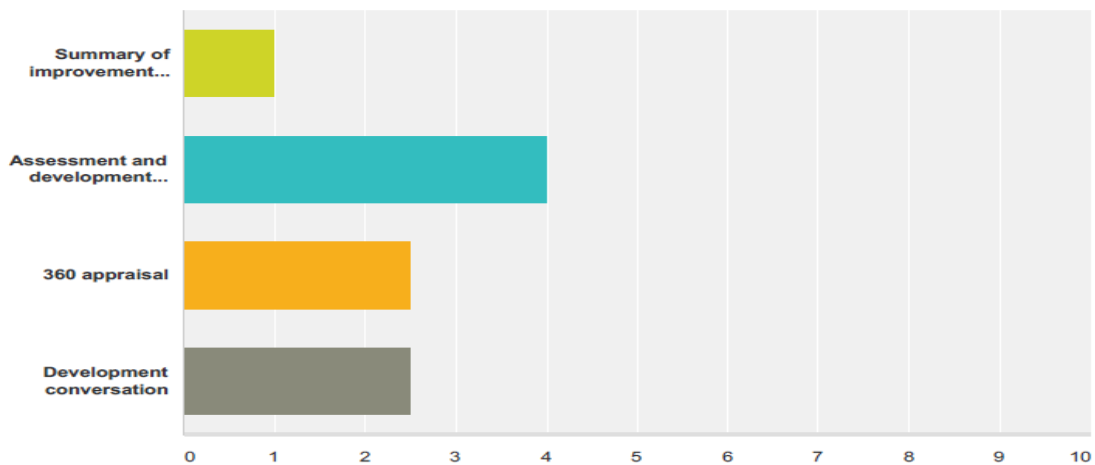
- “This should be undertaken by all senior managers across the health economy”
- “Thank you I am really grateful to have the opportunity to participate”
- “It was all for me and that rarely happens”

The views of the OD practitioners:

Both practitioners would recommend colleagues to take part in the programme. Practitioners felt that the assessment and development day would be most helpful with the summary of service improvement least.

Q2 Please rate the following elements of the programme in order of most benefit to the participants personal development – with 1 being the most beneficial

Answered: 2 Skipped: 0



Value for money – see additional comments below in costing section



Return on investment was part of the pilot evaluation criteria based on the following :

Return on investment	
Overall cost of the programme (assessment day / 360 / venues etc. excluding internal costs)	£13,886
Overall cost per participant (external costs / number of participants completing the programme)	£1750
3 +ve benefits achieved at evaluation	Achieved <ol style="list-style-type: none">1. Talent pool2. Personal leadership development3. Leadership skills gap identified
Recommendation by 75% participants surveyed	100% achieved

The cost of the programme per participant was shared with attendees at the focus group. Although participants were not surprised at the cost they suggested that, whilst they got a lot out of the programme, the organisation had to get the most out of them. They suggested continuing to pitch the programme at sub board level but being more selective, targeting key groups of leaders and following up the participants after a period of time.

Summary:

The pilot has demonstrated that it is possible to develop a talent management process linked to the Developing People framework that includes the potential to develop a local talent pool.

The pilot has also provided benefits to the health and care system in North Cumbria as it has:

- Provided information on the leadership skills gap in particularly around understanding commercial and business focus and strategic and systems thinking. There is a significant gap in improvement training in this cohort of sub board level leaders. This will inform leadership development programmes delivered through the Cumbria Learning and Improvement Collaborative in the future.
- Supported 7 health care leaders working at sub board level within 3 organisations with a personal development plan based on individual assessment linked to the Developing People framework.
- Defined a process that could be applied in future to develop a local talent pool of potential system leaders.

Whilst the return on investment is good the lack of identified funding for system wide





organisation development is restrictive in sustaining this process going forward.

5. Costings

Staff time (estimate)	Third Party Costs (commissioned provider/external speakers)	Venue related (accommodation, room hire, AV support, catering)	Materials	Number of participants	TOTAL COST
Administration 30 hours OD practitioners 26 hours	£12,578.40	£1701.79	£500 for NHS leadership 360 questionnaires	8	£14,227.19 Inc. VAT

The costs of maintaining this programme on an ongoing basis are high and sustainability is in question due to the lack of identified funding to support system wide organisation development. It may be possible to reduce the costs of the programme if local OD practitioners were trained to undertake the delivery of the assessment and development day themselves.

6. Recommendations for the future and lessons learned

Based on the evaluation of this pilot the following recommendations are made:

- Learning from this pilot should be shared with Senior System leaders
- Learning relating to leadership development should be built into future North Cumbria system wide OD programmes and plans.
- Should the programme run again the potential to train local assessment and development facilitators explored and suggested improvements should be incorporated particularly
 - a) Ensure that staff selection criteria includes being in post for over 12 months and known to line manager for at least 4 months
 - b) Consider targeting at key groups of staff, linked to appraisal / succession planning
 - c) Extend to include partners such as local authority

And finally.... Thank you to the North West Leadership Academy for funding this pilot which has not only supported the personal development of seven of our local leaders but has grown our understanding of talent management and increased our knowledge of system leadership in the WNE Cumbria system.