

Need for and provision of director-level leadership development

Research for NHS Leadership Academy

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Institute for Employment Studies

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Executive Summary

The Institute for Employment Studies (IES) was commissioned by the NHS Leadership Academy (the Academy) in December 2017 to conduct research designed to understand and articulate the demand for, and provision of, leadership development for those a range of director-level executive roles across health and care. The purpose of the research was to identify and provide robust evidence to help address the need for, and if appropriate, shape the redesign of the Director Programme, to ensure it is fit for purpose for its target audience.

448 individuals participated in the research between January and March 2018. Three research strands were undertaken: an on-line survey of those currently in board or governing body level roles in health and care organisations; in-depth telephone interviews with a sample of directors, CEOs and HR Directors; an examination of the provision of relevant leadership development through desk research and conversations with leadership development experts and providers.

Demand for director-level leadership development

The individuals participating in this study had a wide variety of job titles and worked for diverse types of organisation. In particular, there were clear differences between the work roles of those in well-established healthcare provider organisations (mostly NHS Trusts) and those in more emergent partnership organisations. Although systems leadership emerged as the biggest challenge across the sample, this adds an additional dimension of leadership to those in fairly traditional functional director roles. But for those in the newest kinds of organisation, working across partnerships is more or less their whole job.

In terms of generic leadership skills, directors highlighted the complex set of skills needed to lead collaborations between organisations and be an effective partner in such collaborations.

The top three development needs identified by director survey respondents are:

- systems leadership (60 per cent identified this)
- leading without authority through others (38 per cent), and
- resilience (25 per cent).

The in-depth interviews showed that systems leadership includes both an understanding of the changing health landscape and the inter-personal and personal skills to operate in an environment in which complex collaborations between organisations are becoming the norm. So leading without authority is really an aspect of systems leadership. Personal resilience is required to operate in stressful, complex and ambiguous work roles and to lead others through change.

Half the survey respondents (53 per cent) are planning to undertake some kind of leadership development activity in the near future. Many of these directors have not yet selected a specific programme or provider, indicating an opportunity for the Academy.

Learning methods most highly valued by survey respondents centre on experiential learning and the ability to share ideas in supportive relationships. Directors said that their “ideal programme” would include some time away from the pressures of work to give them space for thinking, but this does not mean being away from their place of work for more than a couple of days at a time. This is backed up by expert interviewees who report directors valuing development which offers them a safe space and some time away from the pressures of work. These may be reasons why executive coaches are so widely used by the directors in this study and a highly valued learning method among the survey sample.

Supportive networks were seen as an increasingly important output of development activity, giving access to ideas and experience, practising collaboration and gaining personal insights and feedback. The strongest networks seems to come from residential activities but also from learning sets, where people get to know each other well over a period of time.

Seeing how approaches to health and care challenges are being implemented elsewhere is a high priority for directors – another reason why networks are so important.

There is value to directors learning with their own top team and in their locality, but also in seeing how similar challenges are addressed in other part of the country and even internationally. Several interviewees highlighted the danger of the sector becoming too parochial in outlook and approaches.

Some market players sensed waning interest in big set-piece programmes. The market scoping exercise in this study indicated growth in the popularity and provision of:

- Bespoke whole board development; with experts describing how it can combine addressing real local issues with personal skill development.
- Place-based or issue-based development interventions, especially in large urban areas where cross-sector participation can mirror place-based partnerships and their leadership requirements. These interventions can offer the enduring networks or learning sets of set-piece programmes.
- Short learning events providing insights into the changing healthcare environment and/or showcasing specific approaches to addressing health and care challenges.
- Immersive or experiential programmes and innovative development interventions (eg mindfulness; shadow boards). These are increasingly available and often shorter and cheaper than traditional programmes, enabling director level leaders to consider their issues from a new perspective in a new way.

Barriers to participation in development programmes

Directors reported that they generally identified development opportunities for themselves, although also discussing their ideas with others. Barriers to undertaking development

included lack of time and budgetary constraints. In choosing development, the opportunity to work with other senior leaders is the third most important factor (after time and money) influencing their decision.

Almost all directors interviewed had already accessed a significant leadership development programme before, or immediately after, becoming a director. There was very little individual appetite for undertaking another major set-piece programme once individuals had worked at director level for more than a couple of years, unless they were working towards becoming a CEO. However such experienced directors may be attracted by programmes offering exceptional stretch, for example working with health and care leaders in other countries or leaders in the UK outside the public sector.

Some experts think that major personal development programmes for those who have been at top team level for several years may seem to suggest vulnerability or a lack of confidence or competence.

Some saw support was needed to deal with the transformation agenda, but did not believe a major programme would appeal to experienced directors given the heavy time commitment required and their doubt that it would really improve organisation outcomes.

A modular or pick-and-mix format was suggested instead of a set piece programme, where directors could access support as and when needed, with the potential for high personal gain at much lower risk.

Clarity of the current Director Programme offer

Seventy-seven per cent of survey respondents had heard of the Director Programme. The clarity of offer, however, was considered poor by the majority, so there is the opportunity to improve its profile. Particular issues comprised:

- The name “Director Programme” was seen as lacking impact or appeal
- Considerable confusion about whether Top Leaders Programme still exists; some did not realise that the Director Programme had replaced it
- Confusion over who the programme was meant to help and in what circumstances. For example, is the programme for all those called ‘Director’ or specifically for those taking on Board membership? The step up to a first board post was described as a major job transition point where significant development is viewed as necessary, as individuals take on accountability for a whole organisation at this point in their career. It is also unclear whether the Director Programme really is for those several years into working in a top team or can be taken earlier, in which case it overlaps with Nye Bevan.
- Other role transitions where development (but probably not a major programme) makes sense to people are changes of context: organisational type, sector or location. An example would be directors moving from large acute roles into newer kinds of healthcare organisations
- An improvement programme offer several years into a job was considered only attractive to individuals if circumstances are changing fast, and the programme is clearly pitched at the change and not the person

- There seems no strong appetite for programmes pitched at under-performing organisations and/or that individuals want to learn from success more than to share difficulties. However, there may be appetite for programmes addressing specific types of organisational change.

Prestigious business schools offer a range of programmes. Some appear very similar to the Academy's Director Programme in content and structure. Systems leadership across public services is leading development providers to offer fewer hierarchical level and sector specific programmes in favour of more cross-boundary, multi-level programmes.

The Academy programmes are often seen as high-quality, high-utility, cost-effective development options. One way to broaden the appeal might be an offer under the umbrella of the better understood Nye Bevan Programme, offering a continuation of learning to support progression into a board or governing body role.

The vast majority (80 per cent of survey respondents) report having a high degree of discretion and control over their own leadership development. However, there is a lack of knowledge on how their needs might best be met, and how to choose an appropriate provider. The LLAs are an important part of the development jigsaw. Where they work well, they are seen as offering the ability to respond to local development needs and to act as communication channel in both directions with the 'national' Academy. The LLAs might usefully facilitate more conversations about matching development needs effectively to appropriate provision. Some health organisations have internal leadership development teams who research relevant provision: others do not.

Marketing and communications

For the overwhelming majority (91 per cent), email was their preferred method of communication, but word-of-mouth recommendations were still important for over a third (36 per cent). Some interviewees perceived the Academy as not close enough to its customers and suggested a direct approach to individuals (as with external providers) and the greater involvement of potential customers in programme design.

The interviews with directors show that they tend to discuss their development with their CEO and/or HR Director or leadership development team. So it would be appropriate for the Academy to adopt a three pronged approach to marketing – individual directors, and the CEO and HRD of each organisation.

We suggest that it would be beneficial for marketing purposes to have a graphic showing a clear pathway between the different programmes the Academy offers and the transitions they help facilitate at different career stages.

Academy programmes are competing with both internal training and external providers. Being clear about the point of difference between this programme and internal/external competition would be beneficial. Some Academy opportunities offer valued aspects which many competitors cannot, including national networking/peer learning with staff at a similar level in similar organisations.

With tight budgets and busy schedules reported by survey and interview directors, pitching the investment value in time and money of any programme is vital. The offering

also needs to be clear on the value it provides to the organisation. It was noted in the web content for the Director Programme that only three bullet points were offered to demonstrate organisational value. In contrast the Nye Bevan page offers 12 individual benefits and 10 organisational benefits. We suggest that the Academy considers a more direct promotion of its development offers in terms of how it greatly aids organisations in addressing or satisfying (in full or in part) regulatory requirements.

The King's Fund were noted to be using GoogleAdWords to promote their offerings, with the Academy content appearing on the second page of results. Even though few survey respondents expressed a preference for advertising as a communications channel, this is to be expected in comparison with channels perceived to be more organic. We suggest that targeting search engine optimisation and considering online advertising could improve web traffic and conversion to programme bookings.

1 Introduction

Background

The NHS Leadership Academy (the Academy) was formed in April 2012 to support and enable outstanding leaders at every level in the NHS to provide better care. This need was identified as a response to the Francis report which highlighted system level leadership failings; and help the NHS carry out major transformational changes required by the Health and Social Care Act. The NHS is also challenged and demoralised, with gaps in talent where it's most needed; organisational hierarchies, professional silos, positional authority and leadership held at "the top" will not create the future healthcare of the NHS Five Year Forward View.

With rapid change across the health and care system, the Academy frequently reviews its programmes to match NHS needs. For the review of its Director Programme, the Academy needed research to ensure that the Academy gives those top level roles high quality leadership development opportunities and experiences. The Director Programme has targeted Directors (or equivalents) with 2+ years of experience, but there has been concern at low levels of uptake in comparison to other Academy programmes.

The Institute for Employment Studies (IES) was commissioned to conduct research designed to understand and articulate the demand for leadership development in governing bodies across health and care. The research aims to identify development needs, perceptions of how their needs are currently met, barriers to participation, and reflect on effective communication. The research was to concentrate on perceptions within organisations that had not engaged with the Director Programme. Identifying provision gaps will inform future programme development, especially regarding any re-design of the Academy's current Director Programme.

How the research was conducted

Three parallel strands of research took place during January to March 2018, comprising:

- Short on-line survey of those currently in board and governing body level roles to capture their perceptions of their development needs
- A sample of in-depth telephone interviews with directors and also with some CEOs and HR Directors to explore leadership development needs, attitudes towards leadership development and barriers to participation
- Desk research and conversations with leadership development experts and providers to better understand current provision

Some 448 different individuals took part in the research; 20 individuals were both survey respondents and interviewees. The numbers in each research element are presented in Table 1.1 below.

Table 1.1: Number of individuals who contributed to the research, by type of participation

Survey respondents (Directors)	Interviewees (Directors)	Interviewees (CEOs)	Interviewees (HR)	Interviews (experts/providers)
429	24	3	6	6

Source: IES, 2018

Structure of this report

The findings from the survey, interviews and market scoping are presented the next three chapters, followed by our conclusions and reflections in Chapter 5.

2 Survey findings

The survey was targeted at those currently working in board or governing-body level roles across health and care organisations who had not previously engaged with the Academy Director Programme. The survey aimed to better understand the needs and demand for leadership development among this group.

2.1 Data collection and analysis

The survey asked respondents about:

- their professional characteristics
- their current development needs and plans (if any) for training
- the factors that affect whether they engage in leadership development opportunities, and their training and learning preferences
- their awareness of the NHS Leadership Academy's training provision for this audience (ie The Director Programme).

The February 2018 survey was online only. Email invitations were sent to 4,407 individuals on the Ingenium database of directors. Individuals were excluded if they were listed as being in organisations identified (by the Academy) as having engaged with the Director Programme. However, the sample may well have included individuals who had undertaken other director-level Academy offers, including the Top Leaders Programme, which the Director Programme replaced. The survey had a 9.7 per cent response rate (429 responses).

The findings were analysed using SPSS statistics software; the open text questions were coded using Atlas text-based data analysis software.

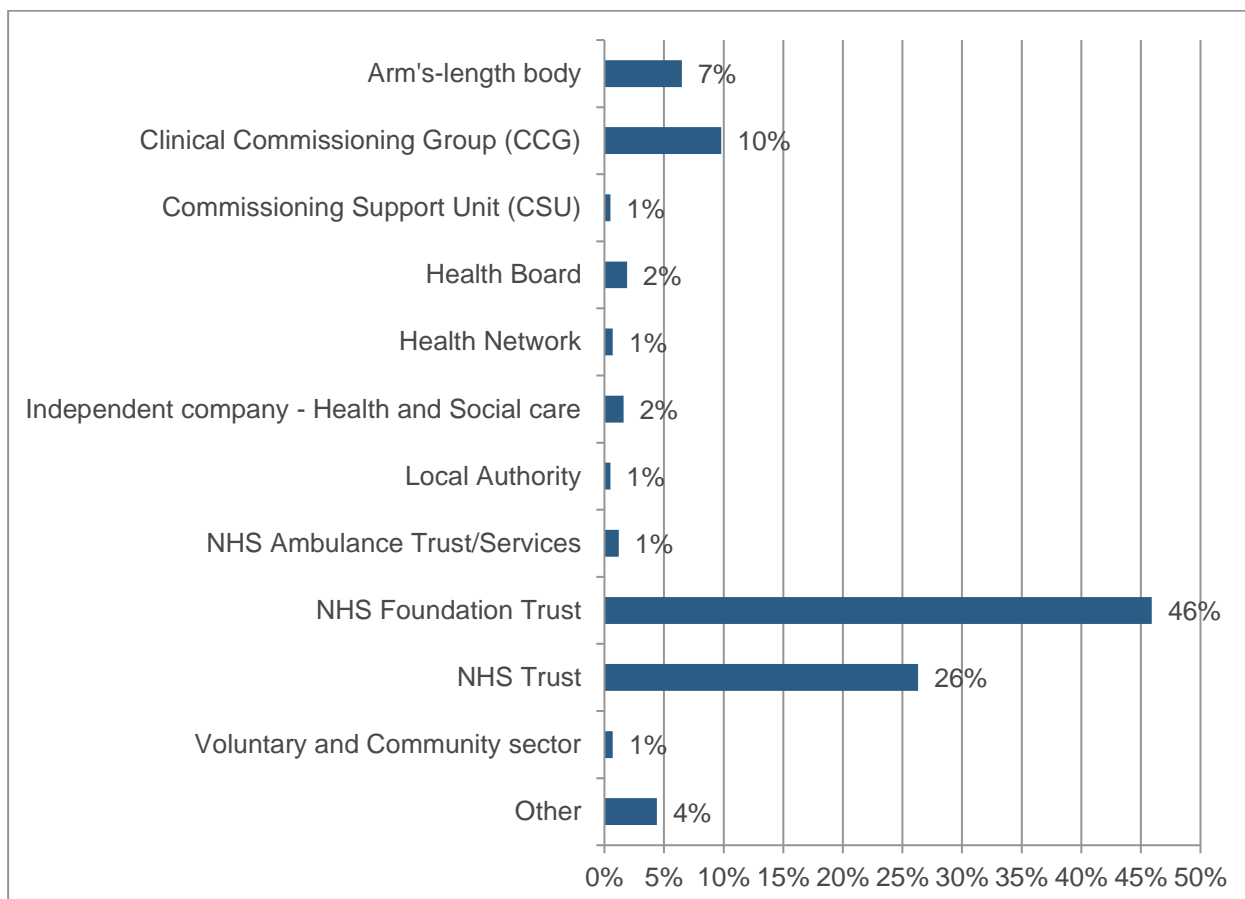
The findings in this chapter are summarised responses for each individual surveyed. A more detailed analysis of respondents' answers according to their professional characteristics was undertaken to look for trends in the data. However, as many of the questions included in the survey had several categorical response options, respondents' answers were widely distributed. The cell counts for these joint frequency distribution tables were small and, as a result, only slight variations in the data could be observed. It was not possible to report differences by organisation type.

2.2 Respondent characteristics

Respondents were asked for details on their professional characteristics. This covered their current role, and how long they had worked at board or governing body level. Survey respondents were asked to specify the type of organisation where they work. The results

of this question are presented in Figure 2.1. As shown, the majority of respondents were currently working in one of two organisation types: an NHS Foundation Trust (46 per cent) or an NHS Trust (26 per cent). The next largest share of respondents (10 per cent) worked for a Clinical Commissioning Group

Figure 2.1: ‘What type of organisation are you working for currently?’



Source: NHS LA Director Survey, 2018

For respondents who worked for organisations other than those listed, these were: NHS England, STPs and/or Accountable Care Networks, Health & Social Care Partnership, Social Enterprise, NIHR, a national shared services provider organisation and a university.

The final aspect of their professional role that respondents were asked to comment on was whether they have an involvement in the development or management of a Sustainability Transformation Plan (STP), Accountable Care System or both. The findings presented in Table 2.1 show that 30 per cent of respondents were involved in both types of work. Twenty-nine per cent of respondents were involved solely with an STP, while few respondents (9 per cent) were only in an Accountable Care System. For 31 per cent of respondents this question was not applicable as they had no current involvement in either process.

Table 2.1: ‘Please indicate if you have a significant and current involvement in the development/management of an:’

	Frequency	%
STP only	117	29
Accountable Care System only	37	9.2
Both	123	30.5
Not applicable	126	31.3
Total	403	100

Source: NHS LA Director Survey, 2018

Respondents were asked for their current job title. There were over 100 unique responses, making categorisation difficult. Answers were analysed using a word frequency count, represented in Figure 2.2. Most respondents were called Director in their job title. Job titles included associate and deputy directors (often in national, regional or arm’s-length bodies) as well as individuals working in medical, nursing, clinical, finance, HR and operations director roles, and deputy CEO roles within provider organisations. However, please note that it was not possible for IES to check whether all respondents were in a senior executive or equivalent role.

Figure 2.2: ‘What is your current job title?’



Note: Only includes words that were mentioned four times or more by respondents.

Source: NHS LA Director Survey, 2018

As Table 2.2 shows, a majority (61 per cent) of survey respondents had worked in their current role for 1-5 years. Just over a fifth (21 per cent) of respondents, meanwhile, had been in their role for 5-10 years, while 10 per cent were new to their role having been in post for <1 year.

Table 2.2: ‘How long have you worked in your current role?’

	Frequency	%
1 year or less	40	10.1
1-5 years	242	61.1
5-10 years	83	21
10-15 years	16	4
15-20 years	11	2.8
20-25 years	3	0.8
25+ years	1	0.3
Total	396	100

Source: NHS LA Director Survey, 2018

Respondents were also asked how long they have been working at board or governing body level. As Table 2.3 illustrates, the highest proportion of respondents (36 per cent) stated that they had worked at this level for 1-5 years, while 30 per cent had been employed for 5-10 years in board or governing body roles. Over a quarter of respondents had worked at this level for a longer period, with 24 per cent reporting between 10-20 years of service. So overall, the director-level population has considerable experience of working at top level.

Table 2.3: ‘How long have you been working at board/governing body level?’

	Frequency	%
1 year or less	20	6.6
1-5 years	109	36.2
5-10 years	91	30.2
10-15 years	44	14.6
15-20 years	29	9.6
20-25 years	5	1.7
25+ years	3	1
Total	301	100

Source: NHS LA Director Survey, 2018

2.3 Current development needs and plans for training

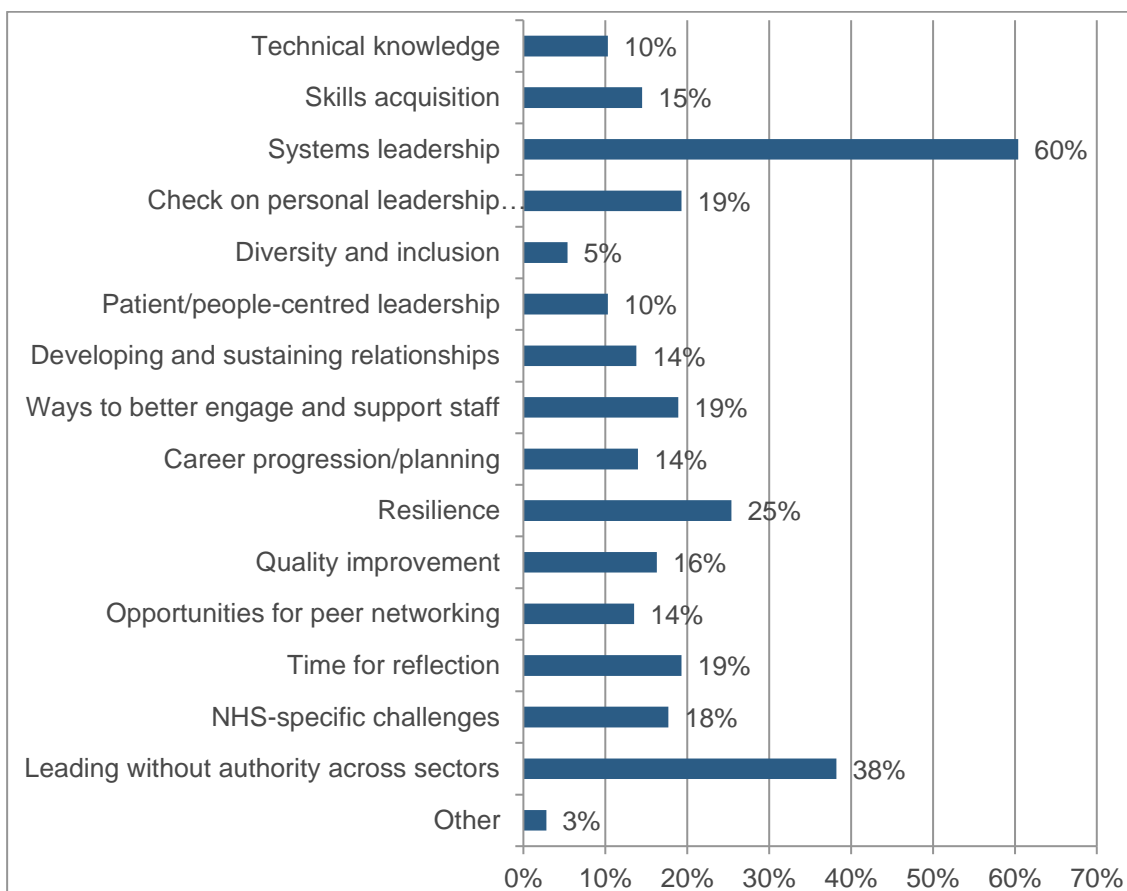
In line with the aims of the survey, respondents were asked about their current individual and collective development needs, and how they planned to address these needs (if at all) over the next 12 month period.

2.3.1 Current development needs

Respondents were first asked to identify up to three development needs which were a personal priority in their current role. The most widely recognised development need (60 per cent of respondents), was around systems leadership. The second most commonly identified development need (38 per cent) related to leading without authority across sectors, while developing greater resilience was the third (25 per cent).

The majority of the other development needs listed received were priorities for 10-19 per cent of respondents. Personal development on diversity and inclusion was a notable exception: it was selected as a current development need by only 5 per cent of respondents.

Figure 2.3: ‘What leadership development needs are a priority for you personally now, in your current role?’



*Note: Percentages sum to more than 100 per cent as respondents could select more than one category.
Source: NHS LA Director Survey, 2018*

Twelve respondents felt they had development needs other than those listed in the questionnaire. These were disparate and included:

- enabling innovative and creative approaches
- clinical leadership
- cross sector working
- accountability and governance
- vision mind set and behaviours
- the ability for respondents to rise above poor judgements by existing leaders about their career potential
- greater collaborative working
- developing skills to use data more effectively
- establishing social work in the NHS
- NHSBT Speak
- priority Setting
- senior doctor specific performance management
- succession planning for a changing NHS
- working with public/patients as equal partners
- working with more closely with Trust Boards and Non-Executive Directors.

As well as their personal development needs, respondents were asked whether they felt there were any collective development needs that were a priority for themselves and their colleagues right now. As Table 2.4 shows, over half of respondents (53 per cent) to this question did feel that there were collective development priorities within their organisation. These individuals were subsequently asked to specify what these needs were though an open text response.

Table 2.4: ‘Are there any collective development needs that are a priority for you and your colleagues right now?’

	Frequency	%
Yes	223	52.8
No	90	21.3
Don't know	109	25.8
Total	422	100

Source: NHS LA Director Survey, 2018

The main themes that emerged from respondents’ answers reflected the top three personal development needs that were identified through the survey (i.e. systems leadership, resilience and leading with authority across sectors), albeit in a slightly

differing order of priority. Collective needs that were mentioned by several respondents included:

- Systems leadership (54 mentions)
- The need for greater resilience (21 mentions)
- Leading with authority across sectors (15 mentions)
- Quality improvement (13 mentions)
- Change management (9 mentions)
- Developing and sustaining relationships across multiple partners/organisation or sector boundaries/in the face of change (8 mentions)
- Working across systems (7 mentions)
- Collective leadership (5 mentions)
- Coaching (4 mentions)
- Diversity (3 mentions)
- Governance (3 mentions)

2.3.2 Plans for training and development

Respondents were asked whether they were planning to engage in any training or development programmes over the next year to address their identified personal and/or collective development needs. As Table 2.5 shows, over half of respondents (53 per cent) reported they were planning to address these. This group were asked to provide programme details if any had already been selected (e.g. the course or programme name, the training provider, etc.).

Table 2.5: ‘Are you planning to engage in any training or development programmes over the next year to address these needs?’

	Frequency	%
Yes	227	53
No	71	16.6
Don't know	130	30.4
Total	428	100

Source: NHS LA Director Survey, 2018

A large number of respondents chose not to answer this follow-up question (114 out of 227). It could be that these individuals had yet to select a programme and so saw this question as inapplicable. Where respondents did provide an answer, they often stated that they had yet to decide what programme to engage with (18 mentions). Taken together, these results suggest a lack of clarity among respondents around what training or development would be appropriate for them.

For those respondents who could be explicit about planned training or development, their answers did not have any strong, common themes. In terms of the providers respondents planned to engage to deliver training, the bodies and organisations most commonly mentioned included:

- The NHS Leadership Academy (11 mentions, including 5 mentions specifically for the Academy's Aspiring Chief Executive Programme, and 2 mentions for the Aspiring Directors programme within the Health and Care Leaders Scheme)
- In-house/internal training provision (9 mentions)
- King's Fund (6 mentions)
- NHS Improvement (4 mentions)
- Universities (for postgraduate/PhD study) (4 mentions)
- Ashridge (3 mentions)
- NHS elect (3 mentions)
- NHS finance leaders national talent pool (3 mentions)
- Regional NHS Leadership Academies (3 mentions)
- Yale School of Management (2 mentions)
- ACT Academy (2 mentions)
- Aston Business School (2 mentions)
- Healthcare Financial Management Association (2 mentions)
- Future vision (2 mentions)
- NHS Digital Academy (2 mentions)

The focuses of the training/development programmes selected by respondents covered:

- Coaching (8 mentions)
- A bespoke programme designed to address their individual requirements (5 mentions)
- Systems leadership (4 mentions)
- Transformational leadership (4 mentions)
- Organisational development (4 mentions)
- Quality improvement (3 mentions)

As shown in Table 2.5, 17 per cent of respondents did not plan to engage in any programmes over the next year to address their development needs. This set of respondents was asked for reasons why they were not planning for this activity. Most often, respondents identified work time constraints as a barrier to engagement in formal programmes (15 mentions).

A number of respondents also highlighted that they had recently completed an extensive leadership development programme (e.g. the NHS Leadership Academy's own Nye Bevan programme, or those run by the King's Fund). This group felt it was too soon to

engage in another major development programme, and that they needed time to consolidate and apply what they have learned (8 mentions). Financial and budget constraints were also mentioned as a barrier to engaging in a training or development programme (7 mentions); others were unaware of suitable opportunities that matched their development needs (6 mentions) or were soon to retire (6 mentions).

2.4 Training and learning preferences

After gathering information on respondents' current development needs and plans for training, they were asked about the factors that affect whether they engage in leadership development opportunities, and their training and learning preferences.

Respondents were first asked whether, in their current role, they have full control over the identification of their development needs and sourcing the most appropriate training opportunities. As Table 2.6 shows, the vast majority of respondents (80 per cent) felt that they did have full control over these decisions, while just a fifth of respondents did not.

Table 2.6: 'In your current role, do you have full control over the identification of your own development needs and sourcing the most appropriate development?'

	Frequency	%
Yes	342	79.9
No	86	20.1
Total	428	100

Source: NHS LA Director Survey, 2018

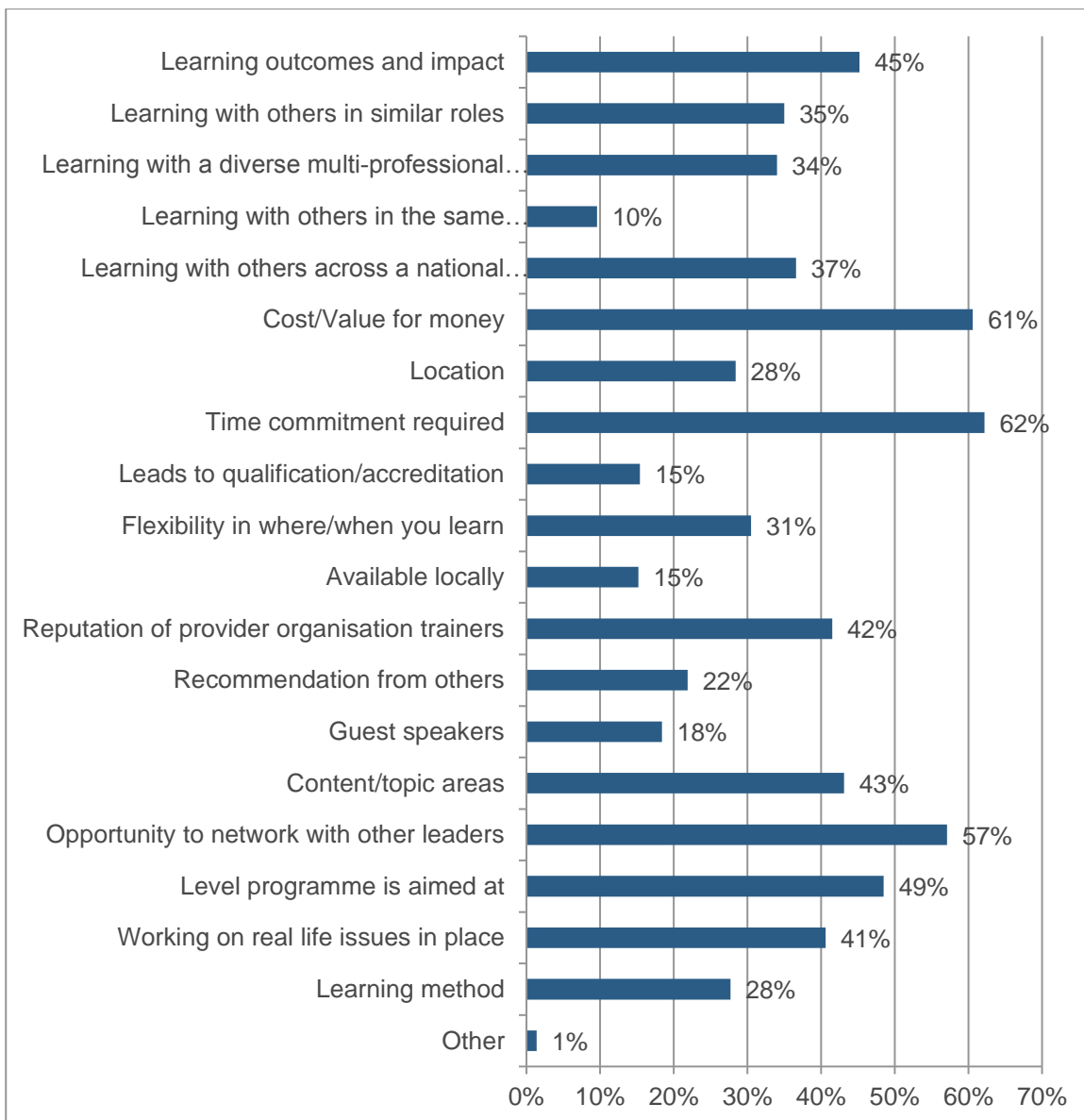
Respondents were asked to specify what factors are most important in decisions about whether they should engage in a given development opportunity: first for themselves and secondly for their employer. Figure 2.4 illustrates what factors were identified as being most important to respondents personally in this decision-making. The top ten factors identified by respondents were:

- The time commitment required (62%)
- The cost of the development opportunity and whether it offered value for money (61%)
- Whether the opportunity provides the opportunity to network with other leaders (57%)
- The intended level of the programme (49%)
- The specified learning outcomes and potential impact of the programme (45%)
- The programme's content/topic areas (43%)
- The reputation of the provider organisation and/or trainers (41%)
- Whether the programme focused on working on real life issues in place (42%)
- Learning with others across a national geography and from a variety of organisations (37%)

■ Learning with others in similar roles (35%)

As shown in Figure 2.4, practical considerations such as the time commitment required, the cost of the development opportunity and whether it offered value for money were the most prominent considerations among respondents, with opportunities for networking not far behind. As previously highlighted in Section 2.3.2, time and perceived value for money were also among the main reasons why some respondents were not planning to engage in any development programmes over the next year.

Figure 2.4: ‘When considering whether to engage in leadership development, what factors are most important to you?’



Note: Percentages sum to more than 100 per cent as respondents could select more than one category
 Source: NHS LA Director Survey, 2018

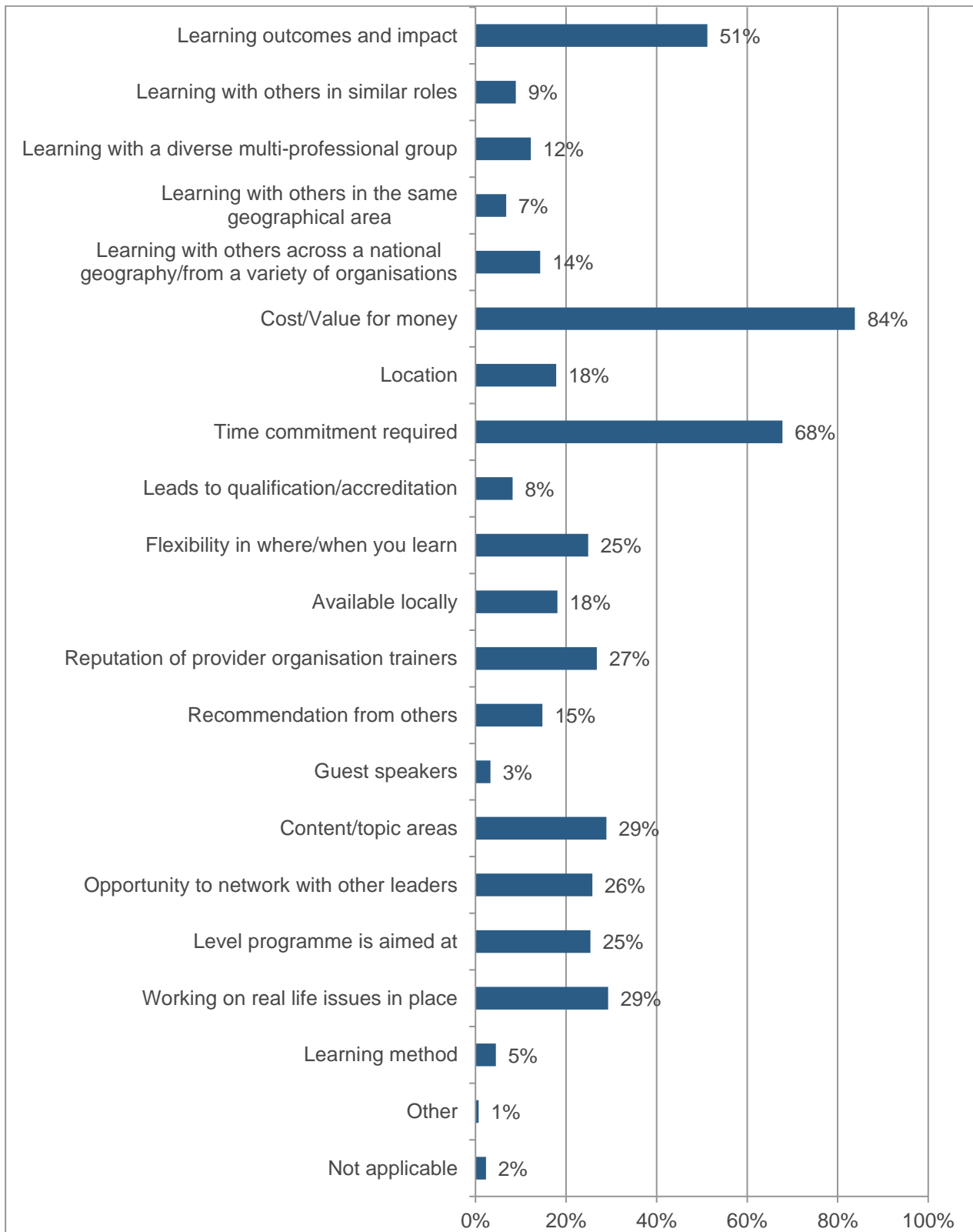
Six respondents identified other factors that were important in their decisions as to whether to engage in leadership development including:

- The ability to tailor or speak to trainers regarding specific difficulties
- Learning from other industries/sectors
- Whether the training was offered by a not-for-profit NHS affiliated organisation or a commercial training provider
- That the programme has a proven impact
- That the programme includes an element of team learning

84 per cent of respondents felt that cost and value for money was the key factor for their employer in deciding whether to support them in a development opportunity. The time commitment required also featured prominently in employers' decisions around development (68 per cent of respondents), as did the learning outcomes and potential impact of a course (51 per cent of respondents). However, as previously noted in Table 2.6, the vast majority felt that they had control of sourcing appropriate development opportunities for themselves.

In terms of the "other" responses to this question, a couple of respondents commented that they were not aware of what factors were most important to their employer when they are considering engaging in leadership development.

Figure 2.5: ‘When considering whether to engage in leadership development, what factors are most important to your employer?’

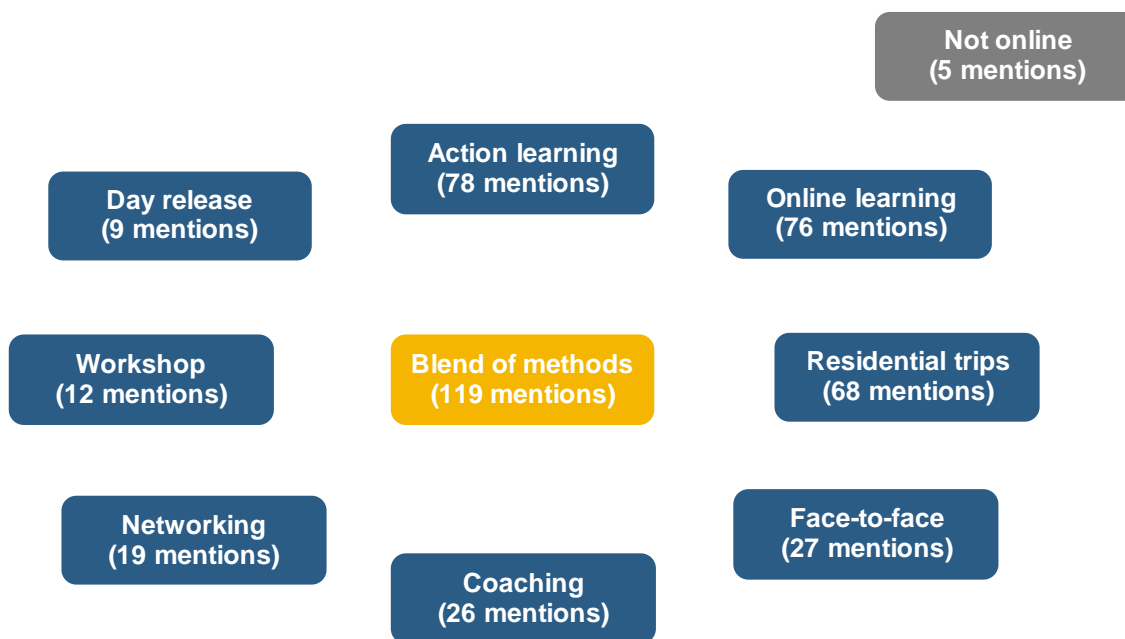


Note: Percentages sum to more than 100 per cent as respondents could select more than one category
 Source: NHS LA Director Survey, 2018

2.4.1 An “ideal” leadership development offering

All survey respondents were asked what kind of leadership development offering would best meet their current development needs and learning preferences, regardless of whether they were intending to engage in any programmes over the next 12 months. The main preferences expressed in response to this question are represented in Figure 2.6.

Figure 2.6: ‘What kind of leadership development offering would best meet your current development needs and learning preferences?’



Source: NHS LA Director Survey, 2018

As Figure 2.6 shows, by far the most frequent preference was for a programme that incorporated a blend of learning methods (119 mentions). Where respondents further elaborated on preferences, typically they discussed wanting a mixture of face-to-face and self-directed learning, for instance, incorporating residential (68 mentions), action learning (78 mentions) and online elements (76 mentions).

In response to this question, many respondents recognised a need for an element of training that took them off-site and away from the demands of their day job. The purpose was to provide them with sufficient space and time for self-reflection, and to immerse themselves in their own personal development. An off-site element was also seen as a good opportunity for peer networking and for peer learning; chances to share experiences and best practices were viewed as being particularly important at leadership level in health and care where individuals are dealing with complex issues and the solutions are not always apparent. Respondents were clear, however, that they wanted any face-to-face elements to be short and focused given the time pressures of their roles. Some expressed their preference for short residential trips lasting no more than 2-3 days, while others called for action learning sets that were spread over an extended period (e.g. once a month, for 6-12 months).

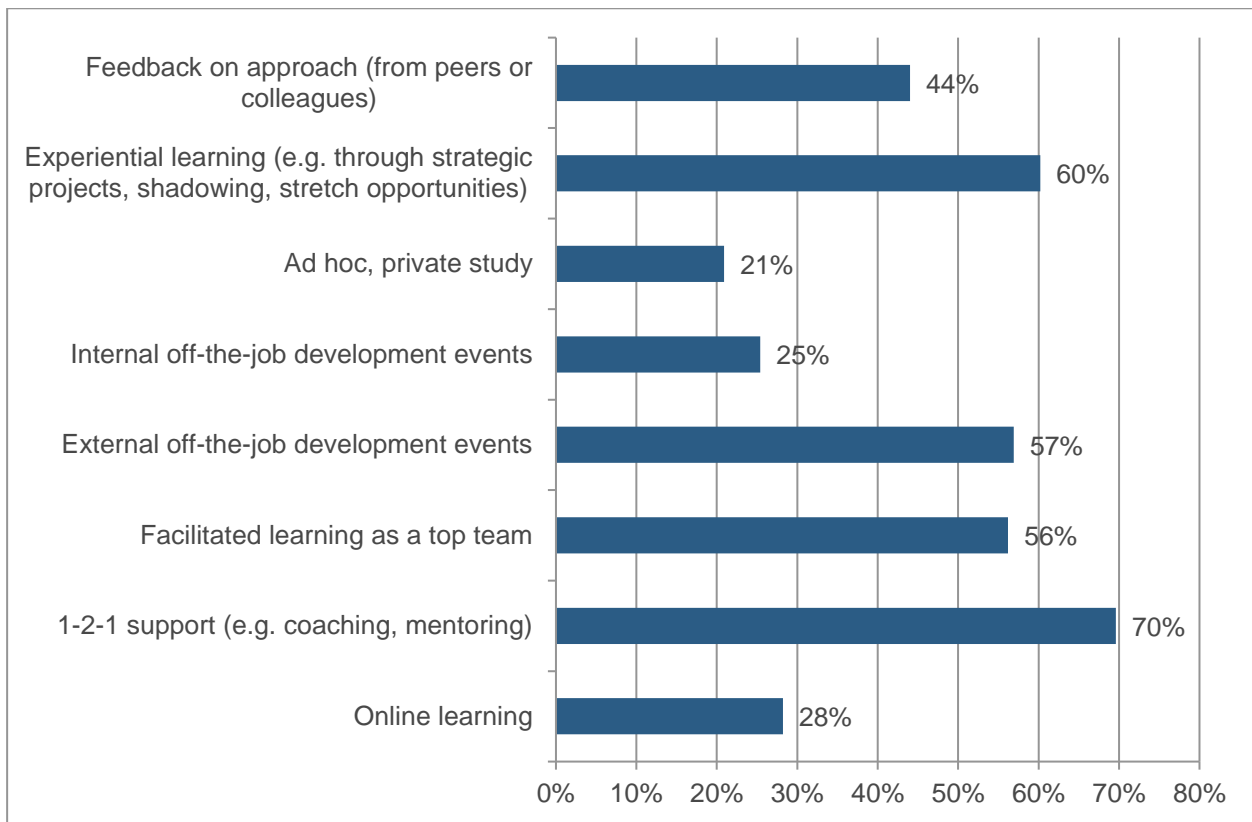
As mentioned, some form of self-directed, online learning was viewed by many respondents as being a necessary part of any training offer to provide a degree of flexibility in terms of when they learn, and to allow development to continue between face-to-face learning events. It should be noted that a small minority commented that they did not want their ideal leadership development offering to include online learning (five mentions). In their view, it was not possible to engage in this form of learning at work. If they were on-site, pressing day-to-day operations would always take priority.

In terms of the other training and learning preferences put forward by multiple respondents, they wanted to see programmes that included an element of coaching (26 mentions), provided networking opportunities (19 mentions), and/or involved group workshops. Several respondents also had an explicit preference for day release/day courses (nine mentions), over residential trips. These individuals felt that the demands of their day job/personal life meant that it was not feasible to have multiple days in a row off-site, and that residential learning was too expensive.

Finally, a handful of respondents who had previously engaged in the NHS Leadership Academy's Nye Bevan programme stated that they wanted to see some continuation of this training offer. This included engaging in a programme that included the same mix of learning methods in future, to re-engage with the action learning sets that they developed on this course, or to have some sort of brief refresher course on its content.

Respondents were asked to further specify what individual learning methods they most valued when engaging in leadership development. As Figure 2.7 shows, 1-2-1 support in the form of coaching/mentoring was the most valued individual learning method identified by 70 per cent of respondents. Experiential learning opportunities were also highly rated (60 per cent), followed by external off-the-job development events (e.g. day courses, residential trips), and facilitated top team learning, which could include engaging in action learning sets.

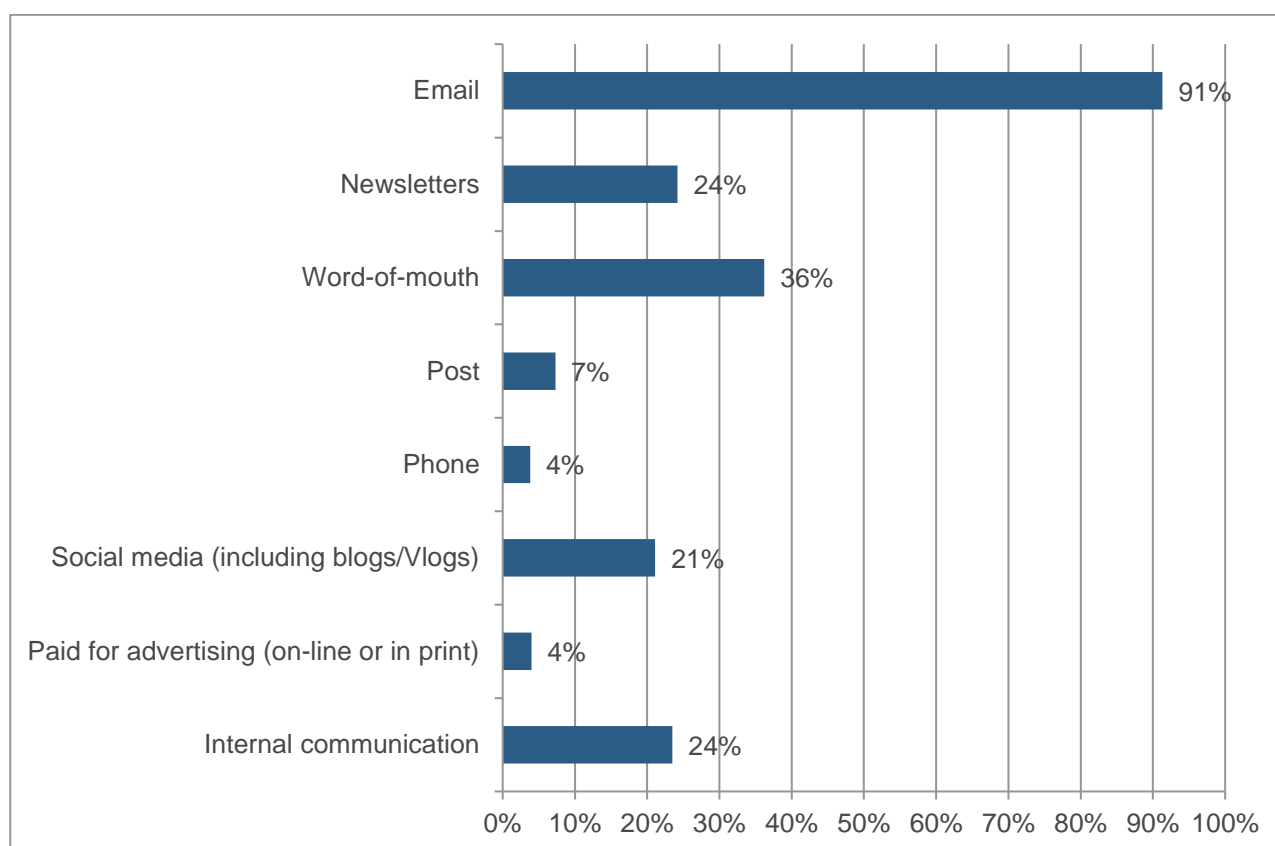
Figure 2.7: ‘In general, when engaging in leadership development, what learning methods do you most value?’



Note: Percentages sum to more than 100 per cent as respondents could select more than one category
Source: NHS LA Director Survey, 2018

Finally, respondents were asked how they preferred to hear about leadership development opportunities. For the overwhelming majority of respondents (91 per cent), email was their preferred method of communication. Word-of-mouth recommendations were still important for over a third (36 per cent) of respondents, while between a fifth and a quarter of respondents preferred to hear about leadership development opportunities via newsletters (24 per cent), internal communication (24 per cent) and/or social media (21 per cent).

Figure 2.8: ‘By what method(s) of communication do you prefer to hear about leadership development opportunities?’



Note: Percentages sum to more than 100 per cent as respondents could select more than one category
Source: NHS LA Director Survey, 2018

2.5 Awareness of NHS Leadership Academy Director Programme

The final section of the questionnaire asked respondents about their current awareness of the NHS Leadership Academy’s Director Programme. Table 2.7 shows that the majority of respondents had heard of this programme (77 per cent), while over a fifth (23 per cent) had not.

Table 2.7: ‘Have you heard of the NHS Leadership Academy Director Programme?’

	Frequency	%
Yes	329	76.9
No	99	23.1
Total	428	100

Source: NHS LA Director Survey, 2018

2.6 Summary of key points from the survey

- Half of the survey respondents are planning on undertaking leadership development although many of these directors have not yet selected a specific programme or provider
- Development needs are clearly articulated by directors with the top three identified being systems leadership, resilience and leading without authority through others
- Most directors report having high degree of discretion and control over their own leadership development decisions.
- Time and cost are perceived as barriers for some in engaging with leadership development. These are also the factors which most influence the choices made, along with the opportunity to network with other leaders.
- Learning methods most highly valued include those which are experiential (eg action learning, projects, shadowing/visits), one to one (eg coaching) and/or collective (e.g. top team learning together)
- An 'ideal' programme would include time out/ 'space' for thinking and the opportunity to form new learning sets/networks. Although time away from work is valued, taking more than a couple of days out at a time is extremely difficult at this level.

3 Interview findings

This chapter presents the findings from the in-depth interviews of this research. The telephone interviews were targeted at those currently working in board, or governing body, level roles across health and care organisations who not previously engaged with the Director Programme. The aim was to explore attitudes and desires for leadership development, and barriers to participation. Additional interviews were targeted at CEOs and HR/OD leads from a perspective as likely gatekeepers, advice givers, and/or those responsible for leadership development in their organisations.

3.1 Data collection and analysis

60 individuals were initially contacted by email using contacts lists provided by the Academy. Ten of these agreed to participate and were interviewed. Three interviewees were identified by the client for inclusion in the sample because of their unique perspective and depth of knowledge (eg an ACS Lead). The remaining 20 interviewees were invited to participate by telephone after indicating in their survey responses that they were willing to be interviewed. Efforts were made during the process to ensure the sample included a mix of organisation types, director role types, and a geographical spread.

Directors, CEOs and HR directors were interviewed during 1 February to 2 March 2018.

Each interview was written up by the interviewer and illustrative quotations were included. The qualitative data was then analysed using thematic analysis against the main research areas of interest (and additional themes were identified). A teleconference was held between interviewers to debate and ensure agreement on the main themes.

3.2 Profile of Interviewees

Thirty-three individuals took part in telephone interviews: 3 CEOs, 6 HR/OD directors, 19 currently in executive director roles, and 5 assistant/deputy directors.

Interviewees were from a range of organisations including provider trusts, CCGs, STPs, national bodies, arm's length bodies, and one ACS. One director worked for a university and led an NIHR CLAHRC. Around half of the interviewees worked for provider trusts, and held executive board roles including medical directors, chief nurses, chief operating officers and a director of out-of-hospital services. Three directors were not on the board but held senior clinical director roles which they stated were board-level equivalent roles. In two cases their interviewees' remits spanned a large teaching hospital as part of a multiple hospital provider Trust and, in another case, a specialist role having a national reach. Among the assistant/deputy directors interviewed, one had formerly been an

executive director, and another provided a different perspective as a deputy director of social work.

The geographical spread of the 33 interviewees is presented in Table 3.1 below:

Table 3.1: Number of interviewees, by location

Yorkshire & Humber	4	North East	1
South East	4	South West	4
East Midlands	5	West Midlands	2
London	4	East of England	2
North West	3	National	4

Source: IES, 2018

The experience among those currently in a director role varied from around two years as a director to around 30 years. Some directors had held multiple executive director posts in a range of NHS organisations.

3.3 Previous leadership development experiences

Directors were asked to recount any significant leadership development experiences they had received either leading up to, or since, being a director. Nearly all of the directors interviewed had been through a major leadership development programme at some stage, or a major training programme that included learning on leadership and management. Out of the 19 current directors interviewed for this research, 15 had been on a major programme of some sort since taking up a director position and only two had not been on any significant programme either before, or since, becoming a director.

The HR directors spoke about how many of their directors had completed major programmes on leadership. Although not specifically asked about their own leadership development one of them, who had been in post for around two years, had not completed any formal leadership programme in her career, although she was a member of the CIPD. Of the three CEOs, two had completed significant leadership development programmes since getting to director level. One had not been through any significant programme, although he had benefitted from a series of shorter courses.

3.3.1 NHS Leadership Academy programmes

A number of our interviewees had been on major programmes run by the Academy. Four directors and two CEOs had been on the Top Leaders Programme while in director positions, and one director had completed the Top Talent programme (run by the predecessor to the Academy). All bar one of these individuals were extremely positive about Top Leaders and often rated it as the most significant of all their leadership development. What they valued most from Top Leaders was being part of a learning set, which allowed them to network with leaders from other NHS organisations around the country. Many were still in touch with their learning sets and saw them as a great source

of on-going support in their career. Another aspect valued was having the space to reflect on their experience as a director and identify their strengths and weaknesses. One director, who undertook the Top Leaders Programme following a disappointing displacement from an NHS trust, believed the programme had helped her recover from this difficult period in her career.

“It was very helpful in thinking about what my strengths and weaknesses were, what kind of opportunities I wanted to do, and also in helping to keep my confidence up... It helped me get back on my feet to be quite honest. As such I was able to then go and secure an assistant chief exec job in a PCT and from then my career took off again. So it was very timely.” (Director, National Body)

The director who did not value the Top Leaders Programme complained it felt like a “set piece”, and thought it unsuitable given his level of seniority (he worked for a national body).

“The programme was pitched at the wrong people... it would have been more suitable for people five years previously who had just become PCT directors.” (Director, National Body)

Four of the directors interviewed for this research had completed the Nye Bevan Programme (in three cases since being a director) and two assistant directors had recently taken part. The feedback on this was also positive and centred mainly around the opportunity provided to gain self-awareness, identify strengths and weaknesses, and develop networks through learning sets.

“The Nye Bevan had a huge impact on me. Because of how my CCG operated, it was quite difficult to step up as a Nurse Leader and I think the Nye Bevan gave me the tools and the headspace to really think things through... It really opened up why I was operating the way I did then and what I could do to move forward... It was a real good one.” (Director, CCG)

One director was on the global leadership programme run by Yale University in collaboration with a Local NHS Leadership Academy at the time of the interview, and one CEO had also been on the Yale Programme. This was extremely highly rated, with the director describing it as his best leadership development experience to date.

“It is opening my eyes to a global view of health and seeing examples from around the world... for the first time I feel like I’m on a programme which is treating me like a grown up and a leader – that feels very empowering.” (Director, ACS)

Two other Academy programmes rated highly by interviewees were the Intersect Programme and the Breaking Through programme for BME leaders.

3.3.2 University and business school programmes

A few directors mentioned university courses (Masters or MBAs), or courses run by business schools such as Ashridge and Said Business School, as significant contributors to their leadership development. Some of these had been designed specifically for NHS leaders: for example, programmes for clinical leaders (including an NIHR one) run at

Ashridge and an aspiring directors course at Birmingham University. Like the Academy's programmes these included a mix of learning methods, and generally the most valued aspects were the learning sets and opportunities for self-reflection. Some also valued the opportunity on these programmes to "rehearse" being a director by carrying out a project in a real organisational setting outside of the NHS.

A medical director spoke about how a trust in his area had developed a Health MBA course specifically for clinical leaders; both his deputies had completed it. He thought this was ideal because it was modular, could be tailored to suit the individual, and allowed participants to use examples from their own work in projects and coursework:

"It was commissioned for that group of staff, it was designed for that group of staff, that's why it has good construct validity... It was very pragmatic in the sense that it was aligned to the work you were doing. Rather than going off and writing a 5,000 word essay, it was related to the work you were doing so you could mesh it in with your day work... It's been tuned into busy clinicians." (Director, Provider)

Some of the university courses were open to leaders from all sectors. Two of the directors had deliberately chosen programmes outside of the NHS because they wanted to meet, and learn from, senior leaders in other sectors. One of these had considered the Nye Bevan at the time but opted for an MBA instead. He felt it would equip him with the practical business skills needed as a director better than an NHS course.

"I didn't want to do NHS leadership development stuff, I wanted to do stuff that was more about leadership in general and management in general... NHS people think like NHS people, don't they? I wanted some more challenge and to see it differently. In the graduate scheme, but probably also in general, there's a bit too much teaching of 'What is it to be a leader?' and not enough of 'This is how stuff works and this is how you can get things done.'" (Director, Provider)

This was echoed by an HR director, who said directors' preferences in his organisation to date (including himself) had been to attend programmes open to leaders from a range of sectors. He suspected that this was because their organisation was a social enterprise so had more similarities to the private sector than NHS trusts.

Three of the directors and assistant directors from non-medical backgrounds had been attracted to university masters programmes because of the resulting qualifications: it was important to position themselves as experts in their field, particularly amongst their clinician colleagues.

3.3.3 Other programmes and short courses

Some other significant leadership programmes mentioned by directors included the King's Fund's Aspiring CEO course and Senior Leaders course, and a leadership programme run by Common Purpose. A CEO mentioned that her directors attended events run by their local Leadership Academy and a couple of others regularly attended short courses run by the King's Fund. One of these, a CEO, valued the King's Fund courses because they gave her *"the chance to listen to others facing the same issues, share knowledge but also its application"*. Other interviewees recalled shorter courses, often run by consultants,

on specific skills to help with their leadership approach. There was mention of short courses on “transformative conversations” and “systemic modelling for leaders”. A number of the interviewees had taken coaching qualifications to improve their coaching skills.

3.3.4 Coaching and mentoring

Coaching had been accessed by many directors as it offered a “safe space” to reflect and talk through issues. Some saw coaching as more responsive to current needs than other learning methods. A director who favoured coaching complained that her formal leadership programme had been too theoretical and abstract, and that she had struggled to apply the learning to the workplace. A few of the directors complained that they had not been able to find a coach who had sufficient understanding of their work or its context.

“When you get to very senior positions in organisations it can be a very lonely place, however strong your management team is... I think it’s about having that ear, someone they can talk to and share their concerns and fears and doubts with... It feels more directly supportive.” (HR director, Provider)

3.3.5 Top team development

Only a few mentioned receiving top team or board development, but those who did rated it highly. A director from a CCG had been through top team development whilst part of the board of a PCT and was hoping to persuade her CEO to buy in board development for the newly forming STP team. Another director was involved in top team development when she was part of the governing body of a CCG after it was put in special measures; she thought it had a definite impact on the team’s subsequent performance. An HR director from a provider organisation that had been deemed “inadequate” by the CQC was proposing to introduce top team development for his board to help the organisation pull through its difficult period.

3.4 Accessing leadership development programmes

Nearly all interviewees spoke to their line managers about their development (usually a CEO or Chief Officer), and generally it was the line manager who approved any expenditure. Many were keen to point out that they had been self-directed in accessing leadership development opportunities: they had sought out opportunities rather than being presented with them. Generally, they did not speak to HR about their development needs although the HR directors said they were available to offer advice if needed and also advised their CEOs on development options for directors. A few of the interviewees complained that there was not enough structured support for identifying appropriate provision when they reached their level of seniority:

“It’s been more based on me going out and seeking opportunities and asking rather than being offered.” (Director, Arm’s Length Body)

“I don’t have a tailored development plan I have to say, which I think is probably true of many of my colleagues at this level. It’s a bit of what you go and do yourself rather than anybody putting ideas forward for you.” (Director, National Body)

Directors found out about programmes and courses through a variety of means, including by word of mouth, email, social media, journals, conferences, and through Google searches. A minority said they spoke to the learning and development teams in their organisations about what was available. A couple of the interviewees subscribed to Academy emails; some had a close relationship with their local Leadership Academy and spoke to them about what was available.

The HR directors tended to have more structured systems in place for knowing about leadership development provision. They received regular email communication from the Academy and other providers, and took proactive steps to find out what provision was available. Some of the HR directors said their teams disseminated information they received on leadership development opportunities throughout the organisation. However, the fact that most directors had identified provision themselves suggests that this information is usually aimed at less senior leaders in the organisation.

3.4.1 Preferred suppliers for leadership development programmes

Most people did not believe their organisations had preferred suppliers for leadership development at their level. The Academy was sometimes a preferred supplier for less senior leaders, using programmes such as Elizabeth Garrett Anderson, Mary Seacole and Nye Bevan. The HR directors shared the view that suppliers of director-level development were seen in terms of ‘horses for courses’:

“I think it’s about the fit of the programme. Certainly the reputation of the supplier is key, but it’s about the timeliness and the content that really is critical. Provided that that’s strong I don’t think there are particular issues.” (HR Director, Provider)

The CEO of an arm’s length body was not aware that his organisation had ever used the Academy as a provider, and did not feel their provision would be useful given the unique context in which the CEO operated. Whilst he had joined the Senior Talent Board for Arm’s Length Bodies (which plans to commission its own leadership programme), he wondered whether the best approach would be for them to develop directors themselves.

3.4.2 Barriers to accessing leadership development

As is often the case in organisational development, the main barriers in accessing leadership development were financial constraints and lack of time.

Financial constraints

Many said that cost was a barrier to development and in a couple of cases organisations had put freezes on non-mandatory training or study leave in an attempt to save money. Some felt that the extent to which cost presents a barrier varied across organisations, with those that needed support most often finding it the hardest to access:

“The most challenged hospitals will be able to afford it less. The worst organisations that need leaders the most have the worst chance of getting them. So fundamentally I think it’s misguided for the Leadership Academy to charge trusts for courses.” (Director, Provider)

One director said she found it harder to secure funds for leadership development in a commissioning organisation than in the PCT where she had previously worked. This was a concern given the needs of her GP leaders. In an ACS, the director said his organisation did not yet have a development budget, even though hundreds of people worked for it. Their employment contracts were held by other organisations, but these contracts did not give them access to any development budget. He had scraped together funding from various sources for development for himself and others (including through the Leadership Academy):

“Being able to afford it was more difficult as a CCG, having the capacity to even procure it was very difficult... If anything it was even more critical to do it because most of the governing body is GPs, most of whom won’t have been on a leadership programme.” (Director, CCG)

“The issue of funding learning and development is a fundamental one in these new systems that are forming. There is a huge need to development as expectations of these organisations are different from what people will have experienced before – so there is a real need to look at how people development is funded.” (Director, ACS)

Insufficient time for development

Many spoke of difficulties in taking significant time out of work for leadership development, particularly if it involved longer periods away. The HR director of a provider thought her directors would have accessed more Academy courses in recent years if they had not been too busy. A director who had not been on any formal training since his trainee fast track scheme had been put off the Academy’s programmes because they looked too time intensive:

“If I’m honest I don’t think we’re using [Academy] as much as we could. I think the day job gets in the way sometimes.... It is so full on that it is sometimes a struggle to take that time... It has been an exceptionally busy time for the whole organisation, so probably there’s been less of a focus on our own personal development than just needing to move on and get the job done.” (HR Director, Provider)

One HR director felt that time was more of a barrier for senior leaders than money, as it was hard for individuals to commit to a lot of time off the job. The HR director of another provider believed that time away from the business was more of an issue for those in the next grade down than for those on his executive team.

Lack of a ‘learning culture’

Some of the directors complained about the lack of a “learning culture” within their organisations, and within the NHS overall:

“It’s seen as being for you and not for the organisation. And actually it is for the organisation... It’s seen as a luxury.” (Director, Provider)

“When times are hard, in terms of in times of austerity, it is the first thing to go but it should be the last.” (Deputy HR director, Provider Trust)

One saw that organisations were reluctant to release leaders for development because they worried about losing them to other organisations:

“If they’re doing really good work for the organisation, it’s really difficult for the organisation to be so self-sacrificing and say, ‘Well we’ll have less of this person’s time to ensure that they develop so that they can go on and get a more senior role.’ So I can see why it’s difficult for them.” (Director, Provider)

3.4.3 Overcoming barriers to accessing development

Some interviewees said they presented business cases for development to overcome some of the barriers, and one thought the Academy could help directors put these together. Others thought the best way to overcome barriers was through designing programmes that get the most benefit from the limited time available to senior leaders. A few of the HR directors and a CEO complained that they did not get enough advance notice of programmes being run by the Academy, or other providers for that matter. They were asked to find as many people as possible to put on a programme, and often the window for applications for courses was short, making it difficult to plan both time and finances:

“I think that’s a challenge for lots of the programmes, that often there’s a relatively short timeframe in which we’ve been notified, then the application process is tight, and then starting the programme. If we were more aware of what the schedule is for the next year that makes that planning process much easier.” (HR Director, Provider)

“Cost is less of a factor if development provision is planned and communicated well ahead of time and if we can spread the cost by sending people on a programme at the right time for them rather than all at once.” (HR Director, Provider)

3.5 Clarity of the programme offer

Most had heard of the Academy’s Director Programme, but around a fifth had not and some were surprised to find out about it in the interview:

“I haven’t heard of it and I go to a lot of different events... it’s never been discussed, it’s been Nye Bevan but never Directors/Top Leaders.” (HR Lead, Provider)

Most of those that had heard of the Director Programme had not looked into it in any detail, so the clarity of the programme offer was poor. It is important to point out here that most interviewees had already completed major leadership development programmes since becoming directors (including the former Top Leaders Programme) and were not looking to complete another. Even so, the Director Programme was seen as lacking the

same profile as the other programmes offered by the Academy, particularly the Nye Bevan.

Very few interviewees had considered the Director Programme for themselves at any stage. One, from an arm's length body, had discussed it with his local Leadership Academy colleagues, and had been told it was unsuitable for his role. He opted for an MBA instead which he felt was better for his long-term career. An HR director from a provider had looked into the Director Programme when she was new in post and had been put off by the requirement of two years' experience at director level.

A few discussed the (former) Top Leaders Programme without appearing to realise that this no longer existed and had been replaced. One director said she had read a leaflet on the Director Programme but had not ascertained whether it duplicated the Top Leaders Programme she had already been on or was new. A director from a CLARHC (on contract with a university rather than an NHS organisation), and one an arm's length body were both unsure whether the Director Programme would apply to them as they had no direct involvement in patient care or delivery.

3.6 Suggestions for marketing

With low levels of awareness of the Director Programme and what it offered, most felt improvements could be made to its marketing. Some realised that a programme that assists people in their current role is "hard to sell" compared to one that progresses them to the next level up. One director thought changing the name would help: "Director Programme" could be seen as support for those struggling in the role; a name like "Top Leaders" is much more aspirational and therefore appealing. Others wondered if naming the programme after a memorable figure (the Nye Bevan and others) would make it more memorable:

"The director one is quite different isn't it because it's saying it will help you with what you're doing. It's quite a different concept. So I think you need to make it 'Top Leaders' and 'We've selected you because you're the best and we'll help you go ever further.'" (Director, Provider)

"Perhaps it needs to be named something else, I don't know. Perhaps the 'Director Programme' sounds a bit dull." (Director, CCG)

Some felt that the Academy should be more actively involved with organisation HR and OD departments; some from emerging organisations (which did not necessarily have these functions) suggested a clearer link person with the Academy in each of the regional partnerships. One director suggested that the Academy encourage STPs to set up talent boards and then play an active role in these. A couple of directors thought the Academy should liaise with Trust communication teams, and some thought it should target CEOs and finance directors to get their buy in for leadership development:

"I think they should engage with the board, with the Chief Exec, because that is where that push is going to come from. It's really trying to get that concept over that training pays, training doesn't cost, it pays." (Director, Arm's Length Body)

However, a number of the interviewees felt the Academy should put more resources into direct contacts. One, who held a communications post in an arm's length body, thought it wrong of the Academy to rely on a few gatekeepers:

“These jobs are extremely busy, and if people aren't aware of [specific leadership development programmes], the time to go and seek out this information is extremely limited.” (Director, Provider)

“By doing the communication to a couple of gatekeepers, if they don't effectively cascade it on, or if the people they cascade it to don't cascade it... There are lots of opportunities for the message to get blocked and missed... “They should try to use a range of techniques... and not rely on having a key individual or team to cascade it because if they don't you've missed out on an entire organisation.” (Director, Arm's Length Body)

Whilst some thought that emailing directors would be useful, many imagined mail would be ignored. Other suggestions included contacting directors by telephone, or through the sources of support that directors use (e.g. bulletins, websites, networks), bearing in mind that what directors access varies by specialism.

Overall it seems that the Academy needs to adopt several lines of communication: to director-level individuals themselves, to CEOs, and to a named contact in HR/OD, where this function exists.

3.7 Current challenges experienced by directors

The strongest theme in the discussion of challenges was systems leadership, an issue seen as facing all senior leaders in the NHS. The types of challenges varied between those delivering services in provider organisations and those in other organisations such as STPs, emerging organisations and CCGs.

3.7.1 Systems working in provider trusts

In provider organisations the main issue was around balancing the demands of the wider health and care system with the demands of their own organisation in providing care. For some it was the extent of the extra systems work that was causing difficulties, rather than partnering per se, and the need to lead others through the difficult changes ahead:

“Traditionally the development need for Directors is the difference between being in a corporate role compared to a functional role and the need to influence others... The difference now is the exhaustion levels and the need to work with others more. There is a need for resilience in two ways; the need to keep going oneself and the need to keep the workforce going.” (HR Director, Provider)

“It feels as though the luxury of having money to pump prime things isn't there anymore so you're having to do that dual role of day to day delivery and that transformation piece, so no wonder it feels almost impossible actually.” (Director, Provider)

Directors were seen as struggling to focus on longer term systems working because they were so preoccupied with organisational crises. There were reports of STP meetings being cancelled because providers were too busy. The HR director of a provider rated “inadequate” by the CQC said his colleagues found it difficult to consider long-term organisation needs, let alone the wider health and care system. Some thought systems working was compromised by the fact that provider directors get rated on their organisational, rather than systems, performance:

“There’s a massive pressure to just deal with today’s problems, fire-fighting, but really we all know that it’s the future that’s important. It’s the transformation agenda... If they’ve got day jobs, the STP work is on top of their day jobs.” (HR Director, Provider)

“We can’t stop the bus while we find new ways of working. You won’t get sacked for your partnership working but you will if you are not delivering really good services.” (CEO, Provider)

Some directors spoke of challenges they faced in keeping their organisation on the agenda within the wider system, particularly those from community or specialist providers who felt conversations were dominated by acute trusts.

3.7.2 Systems working in other organisations – CCGs, STPs and ACSs

For STP and ACS directors, the main challenges concerned a lack of clear guidance over how to bring the system together. This was also an issue in CCGs, which appeared from interviews to be playing an increasing role in systems leadership:

“We’ve got to collectively now, across providers and commissioners, and local government, sort out where we’re going and then put the programme together to get there and I think that’s a really big leadership ask. We’ve not done that before and it’s a very odd position that we’re doing it from.” (Director, CCG)

“It’s not about commissioners and providers any more. Now we are becoming more of an enabler, a facilitator – sometimes a coercer... This needs a different set of leadership behaviours – driving but also facilitating.” (CEO, CCG)

Directors across these organisations talked about the difficulty in bringing partners together from different organisational cultures, some of whom were reluctant to be involved, without any legislative backing:

“A lot of it is around managing cultures... As we go towards more integrated systems, working with people who come from different organisational cultures, it’s a real challenge...” (Director, CCG)

“In essence at the moment, we’re trying to run an STP with people that don’t really want to be part of the party.” (Director, STP)

One director’s role in forming partnerships was complicated because her STP covered multiple places. Although organisations within each place were coming together, they did not see the point in partnering with organisations outside their areas. The HR director of a

provider similarly told how there were “no neat boundaries” for the partnerships; it was often difficult to partner with organisations that sat across a different set of STPs.

Only one director from an ACS was interviewed for this research. He had multiple challenges, building the ACS as an organisation, bringing partners together, and actually delivering services all at the same time. He believed directors from more traditional NHS organisations would find it difficult moving into an organisation like his with no clear boundaries or organisational framework:

“We are making it all up on a day to day basis. We are bringing systems together. We are delivering change. But at the same time, we are also developing the organisational forms for achieving this integrated delivery.” (Director, ACS)

Several interviewees raised the issue of the development needs of the governing body/non-exec members, especially in STPs and ACSs. Whilst Director-level employees from NHS and social care backgrounds need to adjust to a changing context, their bigger worry is the individuals from other parts of the system and community representatives who find themselves on the governing bodies of new kind of partnerships. These non-execs may lack both understanding of the set-up and the interpersonal skills and self-awareness necessary to manage the politics and relationships involved.

3.7.3 Influencing without authority

The challenges faced by those less involved in systems working were still predominantly around managing and influencing people within a context of uncertainty, pressure and competing needs. Some of those working for a national body said they needed support in managing the political environment:

“The job is so dramatically changed and we’re not tooled to do it, but we’re still required to be the director and be responsible for everything but not necessary skilled to deal with the art of the politics, the art of pushing back and the art of managing upwards, that I think we really need.” (Director, National Body)

3.7.4 Accountability

Several interviewees described the challenge that new directors face in taking on the corporate role of a board member as opposed to a functional role. None saw this as a current issue for them, possibly because most had been in post for some time. But it is big step in leadership terms and one HR director did not feel the Academy programmes addressed this particular leadership transition sufficiently. In a big Trust one could a Director at a range of levels and only a sub set of Directors were on the Board.

Another director was concerned that, whilst each member of his board was effective in his or her own professional area, they still worked in silos rather than focusing on the organisation’s overall needs. He thought their ability to work strategically had been compromised by an “inadequate” CQC inspection, and the regulator’s constant demands:

“It causes a further loss of focus on that strategic and longer-term management because there is an inevitable focus on day to day... So they become more of a

super important manager rather than really playing the full role as a board member in terms of setting overall direction of the organisation.” (HR Director, Provider)

3.8 Support needed moving forward

Some of the directors did not believe they had any specific leadership development needs but were concerned to stay current and refreshed in their leadership skills. A number identified skills required to deal with current challenges, including managing the transformation agenda:

- Working effectively in partnerships and the political landscape: facilitating, influencing, collaborating and negotiating
- Navigating the dual demands of delivery and systems working (in providers)
- Horizon scanning – identifying and learning from what is happening elsewhere

Some felt the best way to tackle the challenges was to get on with the job; others thought they and their peers needed support moving forward. Some directors were planning to use coaching to help them hone their skills and think through specific challenges. An HR director felt that his colleagues had a sufficient background understanding of leadership and should now access coaching to help with the “behavioural piece”. As noted earlier, some interviewees had struggled to find a suitable coach:

“What is the leadership need in a system that’s working as an STP with integrated care systems? What are the expected behaviour sets?... What is the collective leadership development we need in a system that is being asked to work differently outside of legislation?... I think that is a pretty key thing to pull off and I think we’d be pretty arrogant to think that we could pull it off without any support and development.” (Director, CCG)

“A large proportion of the development need is around the behavioural piece. So having a place where you can reflect on style and behaviours with other relating partners and thinking about how you might shape something that you’re going to communicate, and then understanding how that’s playing out, how your relationship impacts or doesn’t impact within the system.” (HR Director, Provider)

Some organisations were planning to use team development for the Board to address silo working or address the transformation agenda.

Some people welcomed the opportunity to network with others operating at their level, and thought the Academy could potentially help set up these forums. A director at a national body wanted to meet people in similar roles facing similar situations. Whilst she had developed a good network through her learning set on the Top Leaders programme, few contacts were now in positions like her own. A couple of people thought it would be useful to network with other organisations going through the transformation agenda. One welcomed being part of a learning set with others from around the country, which she thought could include the vanguard sites or exemplar organisations that are further ahead in their transformations. Another felt it made more sense to bring together directors in his local transformation area. He saw that the Academy was integrating skills around systems

leadership into its major programmes, but welcomed the idea of a “quick fix” for senior leaders:

“Alternatively we could do something as a local system. It would need to be more than a senior leader’s team development programme where we spend time out together. Cross-organisations locally would be good so it gets together the folk who will need to communicate with each other. There is real power or benefit to be gained from doing development locally across the country. Places are all at different stages. Instead of all trooping off to Manchester where they are much further advanced than we are, we need to make progress from where we are.” (Director, CCG)

3.9 Demand for a Director-level leadership development programme

Few of those interviewed were looking for a formal development programme in the near future. As detailed earlier, the majority of them had already been through a formal leadership programme since becoming a director. Of the 19 directors interviewed, 5 were close to retirement and did not want another programme at this late stage in their career.

One director who had completed the Top Leaders Programme was interested in further development but was unsure where to get it. She knew there was an aspiring CEO course, but was not certain this would be appropriate as she did not want to step up to the next level. Ideally, what she wanted was to refresh what she had learnt on Top Leaders. Some senior directors working for national bodies did not believe there were any Academy programmes aimed at their level, and a CEO reported a gap in the market for very senior leaders. However, two of the HR directors in trusts did not believe a major programme would appeal anyway to their experienced executives:

“Once you get to director level, what else is there? Other than chief executive which not a lot of us would want!... Although you might go on one of these development programmes and it highlights your areas of development, it’s about, once that’s finished, how do you touch base in a year’s time to say how you’ve improved or are those areas still apparent?... That’s the big gap, so you go and do the Top Leaders Programme but actually what are the next steps after that? Are there any? And if not, why not?” (Director, Provider)

“There remains a place for significant programmes, to give even experienced leaders the chance to have some breathing space to refresh their thinking - to think about themselves and others, to reflect on what’s working – to get some intellectual stimulation to take back to one’s own organisation.” (CEO, Provider)

Only one person (who had been on an aspiring leader course but nothing since becoming a director), showed an interest in the Director Programme. She had been vaguely looking at the Aspiring NHS Chief Exec Programme, so was surprised to find out in the interview that there was a course specifically aimed at supporting directors in their current role.

3.9.1 Is there a need for major development programmes aimed at directors?

Only one of the directors interviewed showed an interest in taking part in the Director Programme, but many of the interviewees nonetheless felt that there was a need for significant leadership development at this level. Most felt directors should be able to access support during all the stages of the transition to director-level: before becoming a director, when new in post, and then later on too. It is worth noting that discussions were based primarily on experiences in provider or commissioning organisations. An HR director in an STP felt it was too early to know when to support directors in such emerging organisations, as they lack a clear career pathway.

Many stressed that the step up onto a board or governing body is a big one involving becoming accountable for all aspects of the business, not just a functional area, and having to relate to colleagues and other organisations in a completely new way. Some thought support was needed before this step to ensure newly appointed executive directors have sufficient resilience. A number felt that support should continue once in the role because it is only then that you can appreciate the challenges involved, and later in a career to ensure that skills remain current:

“Until you’ve stepped into it, you can only know theoretically that this is going to feel very different. So I think supporting people once they do that is really important.”
(Director, CCG)

“Ideally you want to find the best people at sub-director level and help them become directors and then when they become directors help them remain resilient and succeed in that role.” (Director, Provider)

“I think some sort of ongoing support, touch points really, just refreshing skills about being corporate and being strategic in that role would be valuable.” (HR Director, Provider)

Some saw coaching and other forms of development as valuable during these different stages, but major programmes were still valued for offering space away from work to reflect on strengths and weaknesses, and an opportunity to meet and network with directors from other organisations. A provider organisation HR director believed that major programmes were more effective for building networks than shorter courses:

“There is something about longer-term programmes... It’s not just about the content but about the network of people that you meet. There is something that over a longer period of time, 9 months, 12 months, 2 years that you build up relationships that become very critical as you go forward in terms of your support network as a director... [Major programmes] are probably becoming more expensive and more time heavy but I wouldn’t underestimate their benefits.” (Director, Provider Trust)

A minority felt that major leadership programmes for directors are no longer appropriate because they are too resource intensive and insufficiently tailored to individual needs. A clinical director suggested that the Academy diversify to offer shorter courses rather than competing with academic courses, which always have the advantage of providing formal

accreditation. Some of the concerns about major leadership programmes centred around the requirement to go on residential. Many saw these as a benefit, but all appreciated that they present difficulties to busy professionals:

“I think this is where the potential conflict comes. Certainly when I’ve done some courses and been away on residential, it’s really helpful for a few days because you immerse yourself in them, you immerse yourself in a group of people and I think that’s quite powerful. There’s a balance there between that and the practicalities of taking someone out of work for a period but I think that’s important.” (Director, Provider)

Some directors felt that a set-piece programme was no longer appropriate and recommended instead a modular format, whereby participants “pick and mix” options. This would allow learning to be tailored to individual needs (thereby avoiding duplication) and offered in shorter chunks. One clinical director had valued being on the NIHR Senior Leaders Programme, which offered him a selection of half-day courses. One thought a programme could include some compulsory modules that would benefit everyone (e.g. on behaviour change, culture, transformation change, horizon spanning) but also optional modules covering functional skills (budget management, project management, leading teams, and coaching):

“If you have an overall course on everything you need to know to be a clinical leader for a week to 10 days, some of that would probably be very familiar already... Because I’ve been doing this for some years now, I think something that is really useful is to have modules that somebody can just pick out. Many of us have more-than-full-time jobs and it’s really hard to say ‘I’m going to take a week out to do this’... The longer it is the more constraining it is in terms of everything else that I have to do.” (Director, Provider)

A summary of Director views on the comparative advantages of set-piece programmes and pick and mix programmes is provided in Table 3.2 below:

Table 3.2: Programmes versus ‘pick and mix’ interventions

Advantages of significant leadership programmes	Advantages of ‘pick and mix’ interventions
Gives shape and coherence to development architecture	Tightly focused on individuals needs
Programmes can achieve strong brand and be well understood if name, purpose and content fairly stable	Can pick from wide range of providers and content
Cohorts can form strong, enduring networks	Can mix and match different groups/networks for different purposes
Can support over a lengthy transition period	Some specific interventions can last a long time, eg coaching, mentoring, learning sets
Can become a procurement habit with costs built into budgets if marketed clearly and ahead of time	Can be procured ‘just in time’ if organisation agile and knowledgeable about provision
Current national programmes heavily subsidised so good value for organisations	Costs vary and may be harder to control if many smaller purchasing decisions

Become a currency for the individual's CV and can carry kudos if perceived as high quality	Some kudos conferred by some institutions, even on shorter interventions
'Aspiring' programmes attract individuals, although require large investment of time and commitment	Those experienced in role may be more attracted by individual interventions, which are also easier to fit in

Source: IES, 2018

3.9.2 When to deliver a programme aimed at directors

A handful of directors were asked what they thought of the Academy's decision to target the Director Programme at those who have been in post for two years or more. Among this small group, most felt that two years into role was appropriate as it allows sufficient time to reflect on experiences. Some told how coaching was better during the period of "on-boarding":

"That is good timing actually. I think it gives an individual enough time to get their feet under the table, to spend time in the role, and perhaps then be in a good place to assess where they're strengths and weaker areas are." (HR Director, Provider)

One director had wanted formal support early in her director role as she had moved into a different type of provider with a completely different culture. She had been able to attend the former Top Leaders Programme after just eight months as an executive and found it hugely beneficial. Another HR director had considered doing a formal programme when she started as a director but was put off by the Director Programme requirement for two years' experience, which she thought was "a bit arbitrary". One director advocated a more modular approach because he thought this would allow directors to access support as and when needed:

"The longer programmes, you are trying to get a lot of information across to people. Whereas if you do it in pick and mix or bite-size way, as you recognise different challenges and different opportunities, you have the ability to go off and do those [shorter offerings] would be far more beneficial... unless you use it on a daily or frequent basis sometimes the relevance can be lost." (Director, Provider)

Many of the HR directors and others were keen to point out that major programmes need to sit alongside other types of learning such as project-based learning, coaching and mentoring. While a programme can give a theoretical backing, other types of development bring other benefits.

3.10 Factors that would attract directors to a programme

Interviewees were asked what specific factors would appeal in a programme aimed at them. Many had already completed a major programme and were not looking to do another, so they were asked to think hypothetically about what might attract others.

3.10.1 Content

Only a few interviewees gave information on the content they would like to see in a directors' leadership programme. A couple thought it important for a programme to fully explain the corporate role of an executive director. Many thought it important to include systems leadership in a programme, and an HR director criticised the Leadership Academy for not covering this in sufficient depth so far. A couple of interviewees thought programmes should explain how central and local government works, as often senior leaders in the NHS lack this understanding. Other suggestions included adding basic skills on how to effectively manage your workload and emails:

"It would mean you have absolute certainty about who you are, what you are, what you're doing, what your lines of accountability and responsibilities are." (Director, Provider)

"My worry is that some of the conversations about the systems piece have been at a very peripheral level, at the surface. They haven't really gone into the depth and practicalities of what that looks like." (HR Director, Provider)

"I've never been on [an NHS course] that said, 'As a manager, you're going to get loads more stuff to do than you can do, this is how you practically go about prioritising and managing yourself.' It's mad that we don't." (Director, Provider)

A couple felt it important for any programme aimed at directors to focus on current issues, and to be realistic about the difficulties faced by directors:

"There is nothing that is a three day programme that says you are going to come out of this tougher and more sustainable for the future. I don't think anyone is thinking about that at the moment... we need to be honest about how harsh it actually is... They [Leadership Academy's programmes] are not necessarily based in the reality of today. They are based on models of leadership. Models that don't fit the job anymore and I know that because I have been part of the course...and I know they are old style leadership." (Director, National Body)

Some thought a programme should cover learning from other sectors, for example by using private sector case studies. A number recognised that other sectors had faced challenges similar to the NHS in the past so offered significant learning opportunities. Some would prefer to learn alongside leaders from other sectors (see below).

3.10.2 Mix of participants

Most felt it was appropriate for a programme to run nationally so that directors mixed with senior leaders from other parts of the country, not just their own health economy, and saw this as particularly important given the transformation agenda. Many had appreciated being able to meet peers from other parts of the NHS in their previous learning experiences. Most felt it was important for development opportunities to bring together directors from a mix of functional roles, in order to appreciate their different (and sometimes similar) perspectives. One HR director strongly disagreed with the notion that there should be separate programmes for different professional groups, as fundamentally

leadership skills are the same across all groups. Most felt it would be useful for a programme to include directors from a mix of tenures, as even experienced directors can learn from those newer in post. A minority were unsure whether it would be appropriate for very experienced directors to learn alongside new directors. A director from a national body was concerned about exposing new directors to the experiences that very senior NHS leaders face, whilst an HR director did not believe her experienced directors would welcome this:

“I wouldn’t want it to just be based in my own health economy. I think that would be too stifling. I think you need that stimulation from other people and from different professional backgrounds.” (Assistant Director, CCG)

“I’d find it helpful if they were all at director level but I’d say a mix of new and experienced can be helpful. I think even those with lots of years of experience have got something to learn from those new in post... You can have a very experienced director who’s done the same thing for 20 years and you can have a newly appointed director who’s had a number of different experiences over a shorter period of time and still has enough to bring to the table for others to learn from.” (Director, Provider)

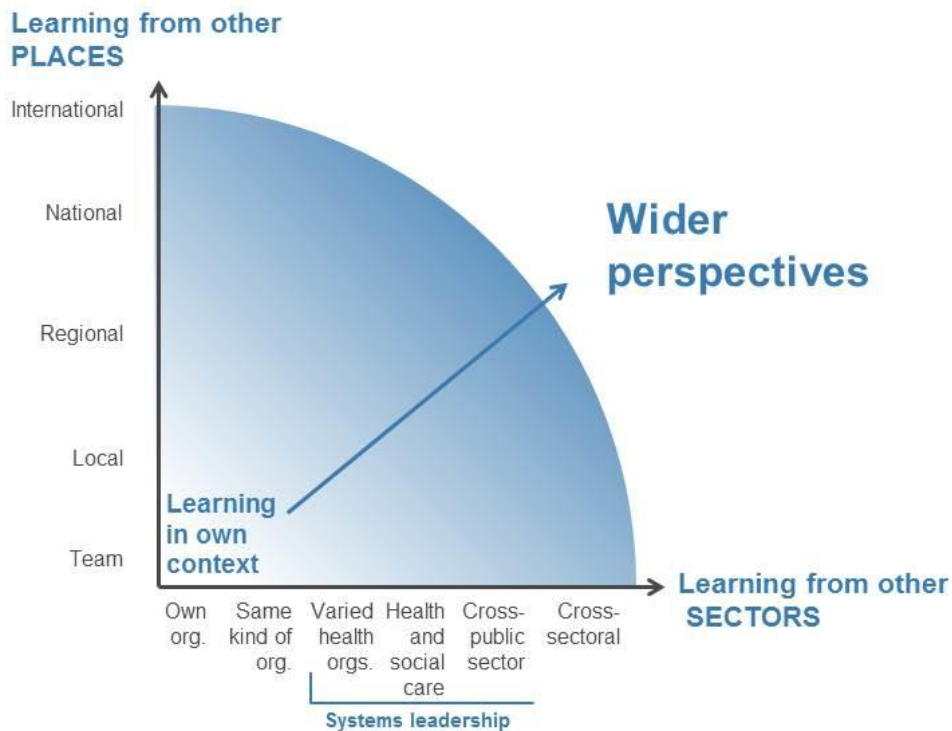
A number thought a director programme should be open to leaders from other sectors, at least those from social care partner organisations. Some wanted to go further still and were attracted to learning alongside senior leaders from a range of sectors, including the private sector. However, others warned against a programme that is too diverse in its outlook given the unique regulatory systems in place in the NHS:

“I think across the whole system. Quite often, especially in health, there’s a focus on acute services and it’s not necessarily where it is going forward. I think it’s bringing in from local authorities, from the private sector and also from the third sector to broaden people’s outlook of what’s out there... I do think you can become too health and social care focussed. There’s a bigger world out there and we can learn a lot [from it].” (Director, CCG)

3.10.3 Who directors can learn from (and with)

Directors may need to concentrate on development in their own context: themselves in their own job role; development in their existing team; or within their own organisation. On the basis of the interviews, the more experienced directors are more likely to seek out and value wider perspectives. The obvious ways of achieving this broader view are through learning with, and from, those working in different kinds of organisations and/or learning from different places. We conceptualise the findings from our interview regarding who directors can learn from (and with) in Figure 3.1 below:

Figure 3.1 Who directors can learn with and from



Source: IES, 2018

Wider perspectives can come from working with other kinds of organisations (on the horizontal axis in Figure 3.1): different kinds of health providers or their collaborators in the wider health and care system. Looking even wider, they may benefit from sharing ideas across the public sector, or including private and third sector organisations.

A wider view can also come from learning across different geographies. The NHS, even collaborative systems, can sometimes feel parochial. Experienced directors are keen to keep in touch with what is happening elsewhere in the country. Their approaches may be widened further by looking at healthcare systems in different countries.

A single director may wish to match and match their learning experiences across this diagram to meet their different needs over time.

3.10.4 Learning styles

Thoughts on the learning style for a directors' programme were not covered a great deal in the interviews, but those that made suggestions favoured blended learning methods. It was clear from discussions about previous development experiences that learning sets with other directors were particularly valued. Some felt it important to maximise the limited time available by keeping residential periods to a minimum, and using webinars and e-learning as much as possible. Some said they would be put off a programme that required a lot of extra work to be completed in their own time:

“That interaction, that discussion, that understanding of what other people are doing is very valuable... I do think though the more that can be done online, the more that can be done through webinars... I think going forward that’s the way to cope with the time pressures that people are facing.” (HR Director, Provider)

3.10.5 Clarity of learning and organisational outcomes

A few interviewees thought it important for programmes to be clear about the learning outcomes that can be expected. Some of the HR directors said that major programmes need to be better at showing a link between learning and the subsequent benefit to the organisation. Some suggested the programmes offer the opportunity to tackle real work issues in projects and assignments, and one director suggested some follow up to assess and support a director in applying their learning. A director who had been on the NIHR Senior Leaders had valued having a course instructor shadow him in the workplace, and give feedback on how well he was applying his learning:

“There is a trade-off between what the individual gets out of [the programme] and what the organisation gets out of it. We’ve been very good at supporting the individual. We’ve been less good at saying what does the organisation get out of it... I know that the individual will be taking aspects of the organisation to the leadership programme but it’s sometimes limited about what people are bringing back and sharing and integrating. It’s how is that made more transparent or relevant to organisations?” (HR Director, Provider)

“It’s about being able to really relate the learning back to the particular circumstances faced... Some support in helping them apply it and address the issues in their workplace I think would be very valuable.” (HR Director, Provider)

3.10.6 Using intelligence from local Academies

A director in a provider trust felt that the links between the national Leadership Academy and trusts could be improved. He felt there was a “jockeying for position” between the Academy, NHS Improvement and NHS England which meant the Academy focused too much on positioning itself nationally rather than listening to its customers’ needs. Some of the interviewees had close links with their local Leadership Academies and a CEO wondered whether the national Academy could do more to engage with the regional branches when positioning and designing national programmes, as these local networks often have good intelligence on development needs. .

“There is a much bigger opportunity for the national academy to use the knowledge that regional academies gain about what the sector really needs.” (CEO, Provider Trust)

3.11 Summary of key points from the interviews

- The learning needs from the interviews echoed the survey findings with regard to systems leadership, influencing skills, personal resilience and the need for sustained networks of people facing similar challenges. However the interviews also highlighted

the need for those at director level to see how approaches to organisational effectiveness in the new health environment are applied elsewhere.

- The survey findings on preferred learning methods are also supported, especially experiential forms of learning (principally learning sets), coaching and the ability to form sustained networks. Experienced directors are especially mindful of the challenge of transferring any learning back into the workplace and see this as a key issue to address in any future programmes.
- Directors generally researched development opportunities themselves, although most needed funding from a central budget in their organisation.
- Almost all the directors interviewed had accessed a significant leadership development programme before or soon after becoming a director. The step up to the first board appointment is a major transition point and requires significant development support. There was little appetite among interviewees already operating at Board level for undertaking another major set-piece programme, if they were not aspiring CEOs. Only one director appeared interested in anything akin to the Director Programme
- Some saw that support was needed to deal with the transformation agenda, but did not believe a major programme would appeal to experienced directors. Some suggested a modular format to development, even within a significant programme architecture, so that directors could have support as and when needed
- Barriers identified included money and lack of time. Improved advance warning of Academy programmes is necessary to give organisations and individual directors the time to plan for time spent away from the workplace and the cost of director-level investment.
- The clarity of offer from the Director Programme was poor. There was confusion about whether Top Leaders still exists, and some did not appear to realise that the Director Programme had replaced it. Some perceived the Academy as not close to its customers and suggested a direct approach (as external providers do)
- The name 'Director Programme' was seen as lacking impact or appeal.
- Systems leadership was identified as the main challenge currently for experienced directors across the NHS organisations, although the development needs described are very different for directors in providers compared to other organisation types
- Many felt that there is a place for development aimed at directors as it is only after a while in post that the challenges are appreciated, but views differed as to the need for a major 'set-piece' programme for those with more than a couple of years of top team experience
- Most thought it appropriate for directors to learn alongside peers in different functional roles and from different parts of England. Some were happy to learn with Directors having different levels of experience, although they are still looking to be stretched both by the content of any input and the capability of other delegates.

4 Market scoping findings

This chapter presents the results from the market scoping exercise including a representation of the director level leadership development market in graphic form.

4.1 Approach taken

There were two approaches to the market scoping exercise: desk research and market scoping interviews. The methodologies are summarised before the findings from each method.

Desk research

The desk research element involved web exploration of the leadership development available for director level leaders, focusing specifically on the provision which might be suitable for health and care service leaders. Internet research was both self-directed and followed leads arising from the market scoping interviews. It was followed wherever appropriate by telephone calls to contacts (named on website) responsible for the provision to explore content and suitability for director level leaders across health and care in more detail.

Telephone Interviews

The interview element of the market scoping exercise involved semi-structured telephone interviews with six market stakeholders, selected for their particular leadership development expertise and perspective. They included a noted leadership development expert, three providers of director level leadership development in the public and other sectors, and two senior leaders from NHS Local Leadership Academies (LLAs).

The first choice interviewees were selected by the project team following consultation with the client, and aimed for a balance between key providers of leadership development, experts in the field and LLA leads. In some instances the first choice interviewees from development provider organisations did not consent to participate due to perceived commercial sensitivities (they saw the Academy as a competitor) and alternative interviewees were drawn from the information arising from desk research.

As the interviewees were diverse in their perspectives and expertise, the discussion guide was less structured than is typical to allow interviewers to adapt and add to the questions according to the individual, and so gain the maximum insight from each contributor.

Results from the market scoping interviews were analysed under key headings and a synopsis of views for each area is presented below.

4.2 Market scoping desk research

The market scoping desk research explored a wide range of leadership development provision mainly in the UK market. The provision is grouped under two key segments of the market as they are relevant to director-level health and care leaders: business school provision in all its forms; other comprehensive leadership development programme providers including general leadership programmes, sector-specific provision; coaching; and collective issue-based development.

4.2.1 Business school provision

Though the majority of business schools now offer some form of executive education, courses comparable to the Director Programme are uncommon. Those that are of a suitable length, focusing upon the level of senior leadership suitable for NHS directors, are typically taught in highly-regarded business schools. Across England, based on our web exploration, there are at least ten courses comparable to the Academy Director's Programme, in eight different institutions. Of these ten courses, the Manchester Leadership Academy Programme is the only programme that is not located in the south of England.

Course content and methods

All of the ten courses identified provide participants with a blended methods approach to leadership development. The courses are characterised by seminars and workshops set across a series of residential blocks. 360-degree feedback and 1:1 coaching are included in some of the programmes. Executive education courses at this level tend to assume a high degree of management experience from their participants. Many operate a selection process to ensure high calibre students or a good mix in any single programme cohort. Emphasis is placed on developing generic leadership skills such as innovation, resilience and strategic thinking.

All the institutions suggested that they can also run customised in-company courses, designed to fit the needs of the client organisation and its participating employees.

Table 4.1: Comparison of senior leadership programmes offered by UK business schools¹

Provider	Residential	1 on 1 coaching	360 feedback	Access to online resources	Focus on leadership	Focus on management
Ashridge	x	x	x		x	
Canfield	x	x		x		
Dale Carnegie		x	x			x
Henley	x	x		x	x	x
Judge	x	x			x	
King's Fund				x	x	
LSB	x	x			x	
Manchester	x	x	x	x	x	

Source: IES Desk research, 2018

Suitability for health and social care director level leaders

During follow-up calls to named contacts, all of the institutions in Table 4.1 suggested that their courses would be suitable for those working at NHS director level. All business schools had considerable prior experience of working with NHS staff, predominantly at middle management level. Excluding the Manchester Leadership Academy Programme, the director-level executive education programmes each had previous, though limited, experience of teaching NHS directors.

The courses are designed to be suitable for leaders from a variety of sectors, with elements such as the 360-degree feedback and 1:1 coaching sessions personalised to fit specific needs. Typically, these courses focus on senior leadership skills. The 2016 evaluation of the Academy's Director Programme found that participants sought out development of their own leadership style as a key outcome of the course, suggesting that this broad focus on leadership would suit NHS directors. In instances where individuals are also seeking guidance on specific issues (such as systems leadership), the majority of programmes indicated that this could be covered in the personalised course elements.

Excluding the Cambridge Advanced Leadership Programme which is taught over an intensive three-week period, all the leadership development programmes are designed to fit around full-time employment. Similar to the Director Programme, most courses require a small number of days out of the workplace, with interim 1:1 coaching sessions being run on a flexible basis.

Feedback from the Director Programme suggested that the opportunity to network with peers working at a similar level within the NHS was a key attraction to the course (Breaking Blue, 2016). In this sense the diverse nature of national provider's intakes may be less appealing to NHS directors. However, findings from the market scoping interviews

¹ There are ten courses provided by eight separate providers. The providers offering two suitable courses – Ashridge and Henley – have near identical structures on each of their applicable courses and so each provider appears only once in the table.

suggest that many director level leaders are keen to network across sectors too, particularly in their particular geographical location so non-NHS specific programmes may appeal. In a similar vein, courses provided at the national level typically emphasise the opportunity for corporate networking among their cohorts. For this reason, some business schools (not named in this report) indicated that they would be unlikely to accept NHS directors, as they offer less potential for developing useful business relationships to course participants than those working within the private sector.

Routes to market

Excluding the King's Fund, which specialises in training healthcare professionals and is frequently promoted by delegates at medical conferences, none of the business schools specifically target the NHS in promoting courses. However, a review of executive education by the Chartered Association of Business Schools (2017) found that 70 per cent of business schools providing executive education rely on public sector clients for around a third of their income. Given that director level leadership courses were also found to be the only type of course resisting a decline in demand for executive education (CABS, 2017), it may be the case that providers increasingly target directors in the public sector.

In telephone calls to the admin or course leads named on provider websites, all providers stated that participants typically arrive on their courses following personal recommendation by a previous attendee. However, business schools also use their alumni networks to shape their marketing campaigns. For example, IES was told that one Business School direct marketing operations towards institutions from which individuals have previously attended. Since their most recent cohort included an NHS Divisional Strategic Operations Director, the associated NHS foundation trust now receives material promoting that programme from the school's executive education department. Business School staff suggested this enabled them to target suitable individuals with supportive employers who may not be reached by a personal recommendation alone.

Many programmes find that the small number in their cohorts, in combination with the school's reputation and recommendations from alumni, mean that little further marketing is required. The Executive Development arm of another Business School for example, finds that these relatively small efforts, together with search engine optimisation (SEO), are enough to fill classes.

Typical course structure and cost, according to their own websites

The leadership development courses identified vary in length from three weeks to 12 months. Predictably, according to their websites, executive education courses at business schools are considerably more expensive than the Academy's Director Programme, which IES understands costs £4500. Excluding the Senior Executive Programme at Ashridge Executive Education, all courses include accommodation and meal costs in their fees. At the Cranfield School of Management, participants employed by the NHS are given a 50 per cent discount on executive education fees. In addition, all of the business schools suggested that discounts would be available for group bookings from a single

organisation, and that custom courses delivered to group bookings would be given at a reduced rate.

Table 4.2: Duration, format and cost of UK business schools' senior leadership development programmes

Organisation	Course Title	Duration/Format	Cost
Ashridge Executive Education	Senior Executive Programme	2 x 5 day block, extended coaching	£16000 + VAT excluding accommodation
Ashridge Executive Education	Transformational Denior Leadership Programme	1 x 5 day block, 2 x 1:1 coaching sessions	£7500 + VAT
Cranfield School of Management	Directors Programme	4 x 1 week block, 1:1 coaching sessions and 12 months access to Cranfield's Knowledge Interchange	£10,202.50 + vat (with 50% NHS discount applied)
Dale Carnegie Training	Exective Leadership Programme	6 x 1 day sessions, 3 x 1:1 coaching sessions	£5,500
Henley Business School	Advanced Management Practice Programme	2 x 5 day block, 12 months of access to virtual learning space, 1:1 coaching sessions throughout	£15,000 + VAT
Henley Business School	Leadership Programme	1 x 5 day block + 1 x 1.5 day block	£6,450 + VAT
Judge Business School	Cambridge Advanced Leadership programme	1 x 3 week block	£18,000
The King's Fund	Top Manager Programme	4 x 4 day block	£9,500 + VAT
London Business School	Senior Executive Programme	2 x 2 week block or 4 week block	£33,500
Manchester Alliance Business School	Manchester Leadership Academy	3 x 3 day block, coaching for following 6 months	£9,950

Source: IES Desk research, 2018

Targeted short courses

Though the number of business schools providing broad and long running executive education programmes directly comparable to those of the Academy is fairly limited, a greater number offer shorter (3-5 days) executive education programmes. These courses focus on particular skills required at director level, including systems thinking and strategic management. Targeted short courses from business schools are thought to appeal mostly to directors with limited time who are looking to improve specific elements of their leadership and management skills within a higher education setting and style. The high

number of business schools providing shorter leadership development programmes also means that provision is more evenly spread across the country.

Typically these courses involve standard methods of teaching like lectures and seminars, with some group work. Elements such as 360-degree feedback and 1:1 coaching are less likely to feature in these courses which, owing to the reduced timescale, are also less likely to involve tailored, industry-specific elements.

The cost of these courses varies greatly, from £13,650 (inclusive of accommodation) for the six day “Oxford Strategic Leadership Programme” at Saïd Business School, to £925 for the three day (non-residential) “Systems Thinking in Service Organisations” course at the University of Derby.

Bite-sized courses

Similar to the shorter targeted courses, many business schools offer one- or two-day “bite-sized” courses aimed at developing leadership skills. Those suitable for NHS directors focus either on broad leadership skills or specific elements of leadership and management relevant to director level roles.

These courses have the advantage of requiring very little time away from a workplace, and are offered by enough business schools for there to be good geographical coverage. The majority of one-day courses are run within specific departments such as University College London’s (UCL) one day “Systems Thinking” workshop run by the UCL Centre for Systems Engineering, and designed for those interested in new approaches to managing complexity in organisations.

There are also a number of bite-sized courses at business schools provided by external leadership training organisations. The Institute of Directors (IoD) run their own two-day Leadership for Directors Certificate Programme at a number of business schools including the University of Salford and Leeds Beckett University. These programmes bring training courses typically found in London to a wider variety of geographical areas.

According to their websites, the cost of these courses varies from around £150 for a one-day programme at a less prestigious business school, to £1,725 for the IoD’s two-day certified leadership course.

International leadership training courses

Alongside the courses offered within the UK, there are a variety of leadership development programmes taught overseas in English, including some specifically addressing the health sector at director level. These are typically taught over a series of residential blocks and are comparable to the longer executive education programmes offered by business schools within the UK and the NHS LA Directors Programme.

Harvard Business School for example, runs its own internationally focused “Managing Health Care Delivery” course of 3 residential blocks over a nine month period. The course is designed for both clinical and non-clinical executives of large established health care delivery organisations and has hosted healthcare professionals from the UK.

A similar health-focused international offering is the “Advanced Management Programme on Health Innovation” taught in three residential blocks over six months between Imperial Business School (London), Copenhagen Business School and IESE Business School (Barcelona). The course is supported by the European Institute for Innovation and Technology’s Health Institute and focuses on developing healthcare leadership skills.

These leadership courses have the advantage of operating within a university business school setting, while focusing on healthcare. They may also appeal to those wanting to gain insight into, and draw inspiration from, alternative systems of healthcare.

Surprisingly, these courses may offer slightly better value than some of the comparable programmes taught at business schools in the UK. Harvard Business School’s “Managing Healthcare Delivery” programme costs \$28,000 (around £20,000 at the time of writing); the ‘Advanced Management Programme on Health Innovation’ taught across the three European business schools is £12,400. Both course prices are inclusive of accommodation and food during the residential trips but exclude travel to the appropriate campus.

4.2.2 Other Providers

Outside of the courses taught at business schools there are other providers specialising in leadership development. Broadly these courses focus on leadership in corporate environments, though there are a number of providers catering to public sector and health based directors. This section covers providers of general leadership courses and sector-specific leadership development.

General leadership courses

There is a wide variety of leadership development courses provided by specialist leadership development and training organisations, and courses vary in length and style. The more comprehensive programmes mostly operate from London, and are taught by providers such as Hemsley Fraser, DSM Training and BOC. These programmes typically place emphasis on leadership in corporate contexts, but all providers contacted suggested that the broad soft-leadership skills taught within their programmes would be equally applicable to the public sector. These programmes are more likely than those at business schools to feature new and alternative forms of teaching. For example, when further information was requested from Gauge Leadership Lab in London regarding their Lea-p leadership training course, the information supplied was limited because “*surprise forms an important part of the learning experience*”.

Outside London, it is more difficult to find leadership courses aimed at those working at director level (within the health and care sector). There are a smaller number of leadership training companies providing similar courses, such as Windsor Leadership (who have considerable experience in training public sector workers), Cambridge Management Services and Salford Professional Development.

These courses vary widely in terms of cost, though are typically significantly cheaper than provision at business schools due to their reduced length.

Sector-specific leadership courses

Skills for Care is an independent charity with over 18 years' experience in workforce development, working as a delivery partner for the Department of Health and Social Care. In the past they have also worked with government departments for health and housing. Skills for Care run two programmes suitable for those working at director level within the health and care sector. The "Top Leaders Programme" follows a similar structure to courses offered at business schools, being taught in 3 residential blocks over eight months. The programme is designed for senior leaders who are looking to enhance their own leadership capabilities. It aims to develop leadership skills for those in service provider and commissioner roles. The "New Directors Programme" is designed for aspiring directors of adult social care with statutory responsibility. Though the "New Directors Programme" has a degree of focus towards social care, the course is also considered suitable for those working within relevant areas of the NHS. The course is taught over two, two-day residential blocks, with two single-day meetings. Learning on both of these Skills for Care programmes is delivered via group work, practical tasks and workshops based at the University of Warwick. The Top Leaders Programme and New Directors Programme have the advantage of being significantly cheaper than similar courses provided by business schools, costing £2,500 and £1,500 respectively.

Another key provider of leadership development training to those working within the public sector is The Public Service Transformation Academy (PSTA). Programmes take place over six months and involve five days of facilitated or taught learning methodologies, including master classes, expert speakers, a site visit, peer-to-peer challenge and practical action planning to apply commissioning practices to the public sector. The PSTA invite experts as speakers to stimulate debates and help participants develop the skills and confidence to address the challenges of implementing change within the public sector. Over 1,100 senior leaders in central and local government and across public services have already attended the development programmes run by PSTA, including many from the NHS. Cost details were not available.

The NHS itself is also a major provider of development to those at all levels of leadership as well as targeting specific functional leaders. One example is aimed at Nurse Directors (deputies and in-post directors), known as the Director of Nursing Talent Scheme, organised by NHS Executive Search and sponsored by NHS Improvement, NHS England and Health Education England and the Leadership Centre. The ACT Academy delivers The Transformational Change Through Systems Leadership (TCSL) programme, which is a four month programme (delivered over six days) for very senior leaders in health and care systems. The idea here seems to be to encourage as many of the local systems as possible to participate as a collective, which potentially would include Directors.

4.2.3 Coaching

As the NHS LA website says, "whether as a one-to-one focused and bespoke relationship or within a group context, coaching is often perceived as the single most effective

development intervention that a senior leader in the NHS can access”.² Coaching also has the advantage of being tailored to fit individual schedules and needs, allowing directors who have little time to benefit from focused executive and leadership development.

Our understanding is that all LLA’s offer coaching and mentoring programmes to those working at band 4 or above within the NHS. However, there is also evidence of NHS directors looking for coaches outside of the NHS LA schemes.

Due to the individual nature of coaching, it is difficult to track the route to market in such instances. However, the Trusted Coach Directory – a recently established online register of qualified and experienced executive leadership coaches – has previously connected an individual working at director level within the NHS with a suitable coach. Similar registers accessible online, such as that of the European Mentoring and Coaching Council, offer other alternatives to the LLA schemes.

4.2.4 Place based learning

Place based learning (PBL) and leadership development is seen by some as a way around the limitations of more traditional “top-down” development programmes, in addition to the observed lack of strong local leadership in the UK as compared to other countries.³ PBL initiatives – based on the idea that context-specific local knowledge and awareness are valuable to leaders – are increasingly popular amongst public sector organisations in the UK. PBL typically involves individuals from local government, service providers and civil society coming together to discuss the potential problems facing their region and gaining insight from each other’s experience.

A number of NHS trusts run PBL programmes. The University Hospitals Birmingham NHS Trust runs a programme in partnership with Warwickshire County Council, and the Dudley NHS CCG runs a PBL initiative across 3 NHS Trusts and Dudley Metropolitan Borough Council. Though the majority of PBL programmes currently in place in England appear to be run between NHS Trusts and Local Government Authorities without outside assistance, there are providers who can facilitate the development and running of PBL-style programmes. This is achieved via a range of approaches including coaching, mentoring, facilitating small groups and running events for larger groups of people. The King’s Fund, for example, offers assistance to health bodies and trusts looking to implement “place-based plans” similar to those which produced during PBL programmes.

4.2.5 Experiential programmes

There are a range of experiential offerings suitable for director level participation. Two increasingly popular types are summarised: shadow boards and mindfulness.

² <https://www.leadershipacademy.nhs.uk/resources/coaching-register/>

³ Hambleton, R. (2009) ‘Place-based leadership and public service innovation’http://urbananswers.co.uk/downloads/1Place-based_thinkpiece.pdf

Shadow Boards

Shadow boards are an increasingly popular means of leadership development within the NHS, and are already operating in a number of trusts across England, often run in partnership with the Inspiring Leaders Network (ILN). Shadow boards offer a hands-on and context specific approach to leadership training. They mirror real life executive boards and seek to develop assurance, corporate governance, and support talent management strategies through succession planning.

Shadow boards currently in existence typically seek to provide those aspiring to a Board role, with a greater diversity of thought and experience, as well as preparation for scenarios real boards that may experience in the future. They can prepare both executive and non-executive roles. The ILN shadow board programme is delivered via a modular approach, within the organisation's own boardroom. The programme's experiential approach and content aims to focus on real life challenges faced by the relevant NHS trust. Following completion of participation in a shadow board, ILN provides participants with access to further shadow board networks in order to support continuous learning and sharing.

Outside of the ILN, which seems to be a key facilitator of shadow boards, there are a small number of other providers. The King's Fund offer the creation and facilitation of shadow boards, and have considerable experience of providing similarly structured cross-sector "Health and Wellbeing" boards. In a similar vein, GP Training Consultants offers shadow board programmes aimed at general practitioners and middle managers working within the NHS. These boards operate with the dual purpose of preparing aspiring directors for leadership roles, as well as enabling those working at lower levels within the NHS to gain an insight into the processes involved in NHS directorship with a view to improving communication and understanding between NHS workers. Both the King's Fund and GP Training Consultants' shadow board programmes are bespoke programmes designed to operate in-house with costs appropriate to the scope and length of provision.

Mindfulness-based interventions

The use of mindfulness-based interventions is growing in many businesses and organisations as a means of reducing stress as well as improving employee productivity and quality of work. Mindfulness is used to help individuals pay attention to situations they encounter with the specific purpose of developing open-minded awareness, a quality considered particularly important for leaders.

As a result of this, leadership courses from a variety of providers now include elements of mindfulness. There is also a growing market for residential "retreat" programmes specifically focused upon mindfulness for leaders, designed to be taken by small groups from a single organisation. Mindfulness Leadership are an organisation offering bespoke mindfulness retreat packages both in the UK and internationally. Recently, they provided an NHS Trust's board of directors from the north of England with a five day retreat package. London Meditation Online Live is another mindfulness company which offers residential courses on the Isle of Wight, and claims to have considerable experience of

working with NHS middle managers. The cost of a three day residential mindfulness retreat is around £500 per person.

Mindfulness retreats with a focus upon leadership are facilitated experiences designed to enable leaders to reconnect with themselves in order to better connect with those they lead. Mindfulness Leadership's residential course with an NHS Trust's board of directors required that participants spent the first three days of the retreat in complete silence. Following this, the silence was "guided" by a retreat guide, who ran organisation-specific leadership sessions and mindfulness practices.

4.3 Market scoping interviews

4.3.1 Perceptions of the development needs of director level leaders

The views offered were not identical across all contributors, but there were some common ideas (proposed by more than one interviewee) about the development needs of director-level leaders in the health and care sector.

Managing the step up to the Board

Support with the transition from professional lead (e.g. nurse lead, HR lead) to corporate responsibility at board level was seen as important, as was rising above the "tribal" perspective and managing the tensions created by the different perspectives and value systems of one's own profession and the demands of executive leadership. This requires a paradigm shift and the space and time to think about this step up to being an executive team member with corporate responsibilities. Professional leadership was observed as a prevalent and enduring need across the health service.

Keeping up with issues

For most experienced directors, keeping up with current issues and potential approaches is their main learning need and reflects the fast-changing and complex environment of the health and care sector, and the ever-expanding and shifting responsibility boundaries of leaders in the sector.

Systems working and systemic thinking

The knowledge, appreciation of the guiding paradigm, and the necessary associated skills are all relevant to successful leadership in a systems model of health provision. Directors need to be able to work across boundaries. Development around "seeing the bigger picture" is essential in a systems landscape and was described by one contributor: *"Senior people coming together, for example, in STPs, are familiar with their own slice of the action. But they also need to understand the bigger picture and to have the skills to think systemically"*.

In the current and evolving health service context, this entails being able to deal with ambiguity and grasp and work within new and complex organisation structures in health. It

also requires the ability to cope with political interference, and the pressure and obligations of constant and public measurement of performance: “*How can we empower our people to do the right thing within our context and regulations, when we are all measured to death?*”

Personal leadership style

Interviewees identified the **personal skills** required to enable successful systems leadership and considered that these can be developed. The requirements of systems leadership involve being able to operate in systems where directors have no mandated or hierarchical authority. Understanding reciprocity, the ability to influence, and building trust in alliances are key. The shift away from the command and control, “NHS Hero” model of leadership to a more collaborative leadership style is driving demand for different leadership approaches and skills.

Balancing the increasing need to focus externally (eg across organisation and sector boundaries) with the need to lead internally was also identified as a development need. For CEOs, keeping a human face of leadership and not losing this focus when having to work/face outwards (and across many boundaries) is a challenge. For directors, how to step up to cover some of the inward facing CEO role and have less CEO support than previously is a challenge.

Context and place are becoming more significant in leadership as a result of the increasing requirement to work as a leadership community and across traditional organisational boundaries. Context and place are also a providers’ response to need, and many development opportunities are constructed around these, sometimes (but not always) using an issue that needs addressing, or a specific topic to explore, and the format and content are becoming more diverse. It was observed that these almost always offer equal opportunities for personal leadership skill development alongside the work on contextual issues or place and that this mix is received well by directors.

There is a broad acknowledgment among market scoping interviewees that personal skill development is needed, and some providers noted that this is what is sought most frequently by directors, including a strong interest in individual coaching for personal development. Others noted that the need for development around organisational issues and challenges, and wider community or societal problems, affords the opportunity to develop both things at once, since personal development occurs whilst directors work with their peers and others on place- or issue-based challenges.

A comprehensive understanding of finance and funding in the health service remains a key competence for directors, and an issue for those directors who have previously headed non-finance positions such as clinical leads. The context of cuts, increasing demand, and the blurring of traditional health and social care boundaries, continue to create development demands in this area.

Professional specialism leadership development is popular. Those in HR and finance will often look for leadership development within their specialism and which is provided by known professional providers. Doctors, for example, will often opt to go to Keele for their leadership development having been trained there in other contexts.

There is also an appreciation that directors moving in from other sectors have an immediate development need to be brought up to speed with the health service systems and landscape.

The changing health leadership landscape and context means that network building and utilisation skills are needed and the specific communication skills to support this seen as are key development needs for directors.

Other specific needs identified by the market scoping interviewees include: the ability to problem solve in real time; managing major change such as mergers and closures; innovation, entrepreneurship and creativity in order to think about problems differently; and the ability to problem-solve in real time.

4.3.2 Areas of high demand from director level leaders

Apart from systems working and issue- or place-based leadership, market scoping interviewees identified other key development demands from director level leaders. Coaching is in demand and offered by many larger providers, although there are plenty of independent coaches that leaders may be seeking out. A growing number of these are ex-CEOs or other former NHS leaders. One contributor observed that top teams could benefit from team facilitation coupled with some individual coaching to combine working on issues with improving team working and individual skills. There was acknowledgement that the Academy already offers a coaching register for Directors.

A strong demand for top team development was also identified, again often with coaching included. One contributor noted that development in this context is not always labelled as such, and that a top team will often commission facilitation on a business issue. This turns into them addressing the way they operate as a team so becoming team leadership development as a result.

Increasingly directors are asking for more multi-level team or group development, and facilitated, issue-focused, highly bespoke development support, for example using a consultancy model.

Providers acknowledge that director-level leaders are seeking opportunities away from the immediate and pressing demands of the day job to have space to think about the larger issues, and to talk with others in similar positions or other sectors and settings about job challenges, in order to develop their thinking and refine their approaches. This time and space with peers, often from other organisations or sectors, is highly valued as a way to discuss issues, and to take new ideas back to their own organisations. There are a range of formats available for leaders to use to do this, some of which will require initiation and administration by themselves; others are organised by local or national providers of different sizes.

One market scoping interviewee identified the need for directors to increasingly take on CEO responsibilities as CEOs spend more time working externally to the organisation within and outside of the health sector. It was noted that there is little currently available in the way of support for directors who are stepping up in this way.

4.3.3 Development types or content declining in popularity

The aspects of leadership development that are observed by the market scoping contributors to be declining in popularity or utility include major “set piece” personal development programmes or leadership development programmes, including some of those currently offered by public sector academies. Formal, content-rich “teach-y” programmes are less appealing, along with individual programmes, as compared to those that emphasise peer learning and issue based content. In addition, within-sector programmes may be of less interest in a systems landscape than those that cross sectors. Finally, programmes targeted clearly towards one level of hierarchy are starting to being seen as less relevant or impactful than those which are more inclusive.

4.3.4 Routes to market

The Academy is perceived internally and externally to the NHS as a very strong brand which people will seek out: “Rolls-Royce programmes” as one contributor put it. This is helped by the higher levels of funding that the Academy attracts as compared to some market peers such as Skills for Care and regional Employers Organisation (local government). One contributor suggested that in the future the Academy might involve potential clients much more in designing, piloting and promoting their offerings, using local as well as national networks.

It was observed that alumni become advocates for the programmes they have attended, and a CEO of an organisation will often recommend to directors that they attend a particular course they themselves have been on, and this may well be an Academy programme. Business schools tend to rely on this kind of word of mouth recommendation for their future students.

The King’s Fund has an exceptionally strong profile and reputation and their offerings and health sector-specific expertise attracts NHS director-level leaders across England.

One provider reports the use a range of ways to let people know that they exist and how they can support local authorities across the north-west, including newsletters, blogs, vlogs, updating their website and sharing personal stories.

Smaller organisations and niche consultancies often sell their offerings through executive journal articles and usually have a specific angle which is almost always future oriented.

Providers of coaching tend to gain reputation from personal recommendation and networks, or they might offer coaching directly to individual directors and CEOs. This may be provided as a fixed price bundle: eight to ten meetings over two years that is paid whether or not all are used.

One sector provider operates a constant information-seeking process from leaders about what kind of development they most want, including having “regional conversations with leaders” in its six geographical areas. It also consults its “workforce development forum” which feeds in views from umbrella organisations, along with the views of a cross-organisation senior leadership role forum via their own workforce forum. They aim to inform or remind people of the evidence of money saved by good quality training, e.g., by

inducting managers properly. They use nudge tactics to engage potential trainees or decision makers, but they acknowledge that they “need to be cuter in selling the benefits” to potential participants as this is what persuades people to find money and time to attend a programme.

There is also a tendency for directors from particular professions to use providers who are known to be associated with their profession: doctors will often choose to go to Keele for their leadership development programme.

HR is often responsible for finding good development provision, and it was mooted that HR practitioners may in some instances act as a stranglehold on provision. Word of mouth from their own networks, the track record of the provider, and whether the provider has worked with similar kinds of clients before tend to inform HR choice of provider. One contributor suggested that, “Ideally a good HRD or head of OD would be working with a good CEO to figure out how to address the development needs of the Directors and then to offer the top team some appropriate options.”

Several contributors pointed out the need for development to be addressed at requirements which may apply to many levels of the hierarchy, rather than be targeted solely at one level. One provider acknowledges this and has recently changed its marketing to reflect this shift in design and conception of development.

One contributor commented on how the Academy might redevelop its programmes to attract more interest, suggesting that the involvement of potential senior customers in programme design might be valuable. Its customers could be involved in piloting or be given tasters of Academy’s content, and could then act as ambassadors by, for example, blogging about the programme. The contributor also suggested that some programmes could use a more interactive design, so the programme could respond more in real time to delegates’ needs and interests. The contributor also recommended using “less tired” terminology around leadership and building a more overtly future brand to attract interest, for example, “leadership for changing times, adapting, next steps”, since a focus on leading edge and the future seems to attract interest when describing short events by smaller providers.

4.3.5 Perceptions of current provision

Demand

There is still a level of perceived demand for top business school development, including international schools such as INSEAD and Harvard. It is felt that the attraction is mostly to the prestige, name and reputation, and the access to high profile speakers along with the contacts/network opportunities available on the programmes.

Other contributors sense a decline in interest in these kinds of programmes and feel that business schools are finding it harder to fill such courses. One interviewee suggested that directors are less interested in wide ranging major programmes than other more focused, experiential programmes. Another highlighted the high costs of major programmes and

increasing pressure on L&D budgets, especially outside of the health sector, pulling directors away from those types of programmes which are high cost in time and money.

It was believed that NHS leaders find Academy programmes attractive because they are cost effective (and subsidised), and they provide high quality and directly relevant programmes for the sector. They may be most appropriate, and worth the investment in time and money, for those preparing for a step up in their career. One contributor expressed the view that there is less appropriate provision available for director-level leaders who have been in post for some time than there is for those making a transition. It was noted that the Director Programme itself may have been open to both newly promoted and those more established in post. One contributor expressed the view that there is definitely still a place for major programmes that thousands of people can be put through cost efficiently, but more of the contributors were sensing a move away from comprehensive, taught leadership development schemes lasting six months or more and including several residential periods .

The rise of systems leadership, and the need to focus on place, context or issue, creates a demand for programmes that cross boundaries. Many providers, including some of the LLAs, are now offering appropriate programmes.

Cost also may be influencing the observed increase in demand for shorter, targeted programmes (see below). Directors may find shorter and therefore lower cost programmes quicker and easier to sign off, and/or gain approval for using.

Systems leadership courses are particularly popular, along with programmes about how to cope with complexity and improve agility, or to improve transformational capability. The demand for short, leading edge programmes which both introduce or build on a new idea, and offer the opportunity to share ideas with others in similar roles across health or other sectors, is growing. Short, sharp and immersive programmes appeal and are plentiful, but are often relatively expensive. They are nonetheless popular since these programmes offer the space and time to think about bigger issues, the opportunity to learn from others and the chance to build enduring connections and developmental networks, alongside providing specific learning content or experiences of relevance to directors.

Provision in the short and innovative space includes experiential offerings. Many smaller organisations offer experiential and innovative formats, but larger organisations also offer these, or incorporate elements in to their offerings to directors. There is a range of providers in the marketplace who do not provide content but offer an immersive experiential space to explore self-identified issues, such as Street Wisdom, which is also a no-cost social enterprise. Action learning sets, or similar networks, are also popular being easy to establish and sustain in large conurbations in particular as, even when people move jobs, they tend to remain within a geographical area. Facilitation of action learning sets or developmental networks is offered by providers such as the King's Fund or the LLAs, or by involved parties such as local authorities or health organisations.

Access to other organisations in one's own sector – or in another sector for a different angle on a shared issue – is another development format which is valued by director-level leaders. Here, a group of senior people from one organisation visits another, and looks at and critiques what they are doing, and enquires into issues of shared interest. They

observe innovation but also analyse and reflect, using the space and time to think that is so valued by leaders, while gaining new ideas for their own organisation or sector.

One interviewee felt there is a gap in the market for those seeking established in-post development and another that there was little available for directors who are covering the in-organisation responsibilities of the CEO. One provider reported experiencing a similar lack of take-up for one of their director level leadership development programmes as the NHS LA has experienced for the Director programme, which suggests that there may be a shift in what people are looking for. This contributor observed that established directors are reluctant to join something branded as a personal development programme because they are not keen to be seen as vulnerable by their colleagues. The interviewee also felt that directors are very busy and perhaps don't want to commit the time in their diaries for big programmes.

Recent changes to leadership development provision

Creative, less directed and unconventional approaches to development seem to be gaining popularity: for example, "organisation raids", mindfulness retreats for top teams and street-based events. Organisation raids are managed by the organisations involved. One organisation acts as host for one day and other organisations "steal" ideas to apply back in their own organisations.

Team based development is increasingly of interest, involving all of the top team or teams put together from across the organisational hierarchy. This approach can combine both a focus on issues and an ability to challenge at a more personal level, especially around relationships with others. One contributor noted that as a result these are ideal for the market.

Emerging needs and provision

One LLA contributor emphasised the need to offer development beyond a single leadership level, suggesting that attempting to include "one up and one down" in development interventions might be the most realistic expectation, given that waiting for entire organisations to be developed in parallel would mean development would never happen. This offering beyond the strata is acknowledged more widely and, as mentioned previously, some providers have changed their marketing to focus more on the individual's requirements than the hierarchical role.

Directors are asking for top team development. Some providers recognise the need to cross hierarchical and traditional power, organisational, and sector boundaries, especially when the learning needs to reflect the systems leadership model.

Leadership provision also needs to acknowledge technological change both in content and methods of learning delivery. Two contributors pointed out that new and evolving technology will be at the heart of leadership, and will change medical practice radically in the future. Thought around how leaders can re-think how people will work alongside machines and opening up development (and leadership itself) to younger people, will be paramount.

There is significant demand for less formal, time-minimal, cross-boundary, place-based and issue- or context-based development approaches. One approach within this field which seems to be particularly valued by leaders is curated development networks or issue-focused networks, action learning sets, or other on-going development communities. Providers like the King's Fund are explicitly offering their services as curators and facilitators of this type of network, and regional LA's and other sector providers have been involved in creating these small group development networks which meet at regular on-going intervals. One place-based network set up by one provider interviewed consisted of an 18 month experiential and informal place-based programme comprising a launch event followed by leadership master-classes and workshops and an action learning group.

Setting up these types of groups tends to be very expensive and so is not considered particularly scalable by regional LAs. However, once the development groups are established they are often self-sustaining and highly valued by participants, and continue for as long as there are people who want to be part of them, often for years.

Targeted cross-sector provision of development also already exists at a regional or local level in the LLAs (eg, one LLA is working with the police on mental health and emergency care issues) and at a national level with the Academy and Skills for Care collaborating on parts of leadership programmes; and the North West LLA collaborating with the local authority sector development provider in the region. There seems to be more scope to extend this and the demand for place-based and context/issue-based development suggests it will continue to grow.

There is a sense that future roles will span communities, organisations and systems so the reach of director-level leaders will be much wider than they have traditionally been. For example, Directors of Operations will hold this role on behalf of collections of organisations, not just one. This will have implications for how people lead, their knowledge base, and the skills they need for success.

One provider interviewed was very clear that the challenges of progressing leadership where leaders must work across organisation, sector, and hierarchy in order to capitalise on technological advances and generate the necessary innovation, will require a new, uncomfortable candour in leadership development. This candour will involve acknowledging that the new model contradicts the command and control, hierarchical model of leadership that government operates on and which is reflected in the current health sector. The discomfort this engenders is compounded by the fact that employees in the health sector are confronted with mortality as a daily and integral part of their work. The contributor emphasised that this conflict also needs to be surfaced for health sector leadership, and the health service in general, to improve in the future.

The same contributor emphasised that development must step into the uncomfortable space of acknowledging that leaders do not necessarily want to relinquish power differentials, open themselves to challenge, and/or include the broadest hierarchy of colleagues in development. Although wary of any suggestion of a new silver bullet model of leadership, he felt strongly that the collaborative model of working which supports the systems thinking/STD approach must give permission to both experiment and fail; leaders

must grapple with this allowance of failure and be prepared to give up the traditional status and power of their hierarchically stratified position to facilitate this allowance. He believes that any development intervention must include the most junior and most senior staff, and must move away from development interventions being limited to particular organisational strata. This was echoed by other providers in their consideration of how development is changing for director-level leaders.

The same contributor expressed a concern that refining leadership programmes in the NHS without these acknowledgments and surfacing of tensions, is tantamount to rearranging deckchairs on the Titanic: a need to feel like you are doing something which is going to make no difference at all to the quality of leadership itself in the NHS. The concern was that providers should come to appreciate that doing the same thing over and over again, in introducing a new leadership model every few years, yet expecting different results, is illogical. He proposed that it is essential that programmes address the conflict created by expecting leaders to relinquish the status and comfort afforded by hierarchy and power in opening leaders to challenge from every level and involving the young and junior in order to embrace and capitalise on technology's power to drive change.

4.3.6 Other issues identified

The Skills for Care interviewee expressed their enduring strong interest in the development of a collaborative single programme for both care and health leaders. They felt that tweaking current programmes is not the best approach and that ideally both parties would need to be involved from the inception of the idea. This would facilitate proper integration of delivery for the two sectors and would ensure that it was not limited to an extra day or two on an existing NHS programme. This would include collaborating on leadership models and competencies, and the joint content of a programme.

Acknowledging the challenges presented by the different funding models and possibly the differences in content that might be required at times, Skills for Care said that they had nevertheless been keen to do this for some time, and had collaborated in the past but not in a particularly integrated way. They suggested that a closer working relationship would create efficiency, reflect the increasingly close relationship between health and social care, and allow better management of "development deserts" in less urban regions of the UK, such as Cornwall.

Skills for Care also asked for it to be a matter of record that they very much appreciated the approach to them in this research, and valued the opportunity given to share their thoughts about how the future for director development (and other development) might be more integrated across the care sector and the health sector.

4.4 Visual representation of the market

The diagram below summarises the development provision available to health and care sector leaders in a visual form.

Figure 4.1: Diagram of director level development provision

Source: IES, 2018

4.5 Summary of key findings from market scoping

- The Academy and LLAs are seen by leadership development experts as high quality, high utility, cost effective options for development for NHS director-level leaders
- Access to an executive coach seems to be a given at director level
- Prestigious UK and international business schools offer a range of programmes. Some appear very similar to the Academy's Director Programme in content and structure. However, some market players sense waning interest in big "set-piece" programmes
- Directors are thought to value development which offers them space and time away from their workplace
- Systems leadership is leading development providers in other public services to offer fewer hierarchical and sector specific programmes in favour of more cross boundary programmes
- The prevalence of place-based or issue/context-based development interventions is increasing, especially in large urban areas where cross sector participation, (local authority, NHS, police, charities, etc.) can mirror place-based partnerships and so their leadership requirements. These interventions may offer enduring networks or learning sets if sustained

- Bespoke whole-board development is thought to be on the increase, often combining issue-based learning with personal skill development
- Immersive or experiential programmes, and innovative development interventions, are increasingly available and often shorter and cheaper than traditional programmes (e.g. mindfulness, shadow boards), enabling director level leaders or those aspiring to director level roles to consider issues from a new perspective in a novel way

5 Conclusions and Discussion

5.1 What characterises a ‘director-level’ role?

We noted a great diversity of job titles (in our survey respondents) and roles described (among interviewees who self-identified as having board and governing body roles) across the health and care sector. The director-level landscape seems increasingly “messy”, but there were however clear commonalities in the leadership challenges faced by those participating in our research. Leadership models in the literature typically indicate three main aspects variously described but typically including: strategic business leadership; leading own functional area; and building/sustaining relationships. From our interviews we found the focus of director-level roles across health and care to be more complex. Understanding the complex focus of current roles is an important pre-cursor to identifying what leadership development may best support each aspect. See Figure 5.1 for our conceptualisation of the main aspects involved in health and care sector director-level roles:

Figure 5.1: Focus of director roles in healthcare system



Source: IES, 2018

Director roles are increasingly focused on achieving healthcare outcomes for a population or community. We found that this applies even to directors who are delivering more traditional health services, as their decisions need to focus more on outcomes and the range of stakeholders in those services.

Many directors are still functional leaders, being responsible for delivery of a service or a function, including corporate support functions such as finance or IT. Executive directors have an additional role in the collective leadership and governance of the organisation. Even if wearing a primarily functional hat, they need to contribute to decisions outside their function and actively work across functional silos.

Nearly all directors have some element of systems leadership now, working with members of other organisations in the health and care system. For some directors, this is the main focus of their role, but for many it sits alongside their functional and corporate responsibilities.

As the health and care system is in an exceptional state of flux, organisational design and organisational development are much larger areas of work than normally expected. For some directors, leading very new forms of organisation such as integrated care systems, it is not clear yet how these organisations should be structured and how they will deliver outcomes. This goes clearly beyond the task of feeling one's way in a CCG or even an STP. For some directors, creating an organisation while simultaneously also delivering services and working in existing partnerships is a distinct, fourth aspect of their director-level role.

We also need to remember that health and care organisations are of greatly differing sizes. Director roles in a large Trust may be less ambiguous than in a CCG or STP but their operational responsibilities are huge. Someone who is not yet an executive director (ie on the Board) may be doing a much bigger job than someone who is a CEO somewhere much smaller.

5.2 Leadership development needs

5.2.1 Stated needs

We found that Directors are clear about the different types of outcome they are seeking from their development. Through the survey and interview, three main learning needs were reported:

- Systems leadership skills and understanding
- Personal resilience
- Leading and influencing without authority

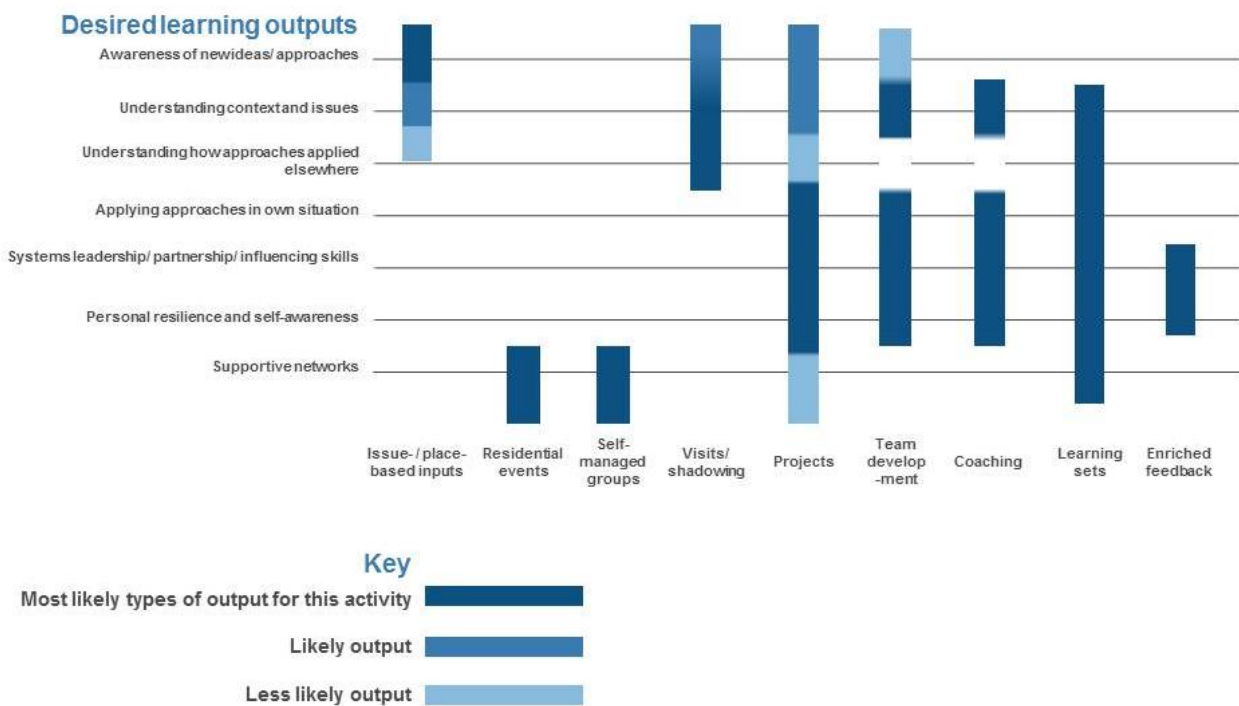
Interestingly, from the interviews we concluded that the term “systems leadership” is used as a short-hand for two different types of development need. Firstly, there is a deficit of knowledge which might be thought of as to **what** systems leadership is and, in particular, what leader(s) need to understand about their place within their own system. Secondly, there is a deficit of personal skill described which might be thought of as the **how** a leader develops a personal skill set needed to successfully navigate and be effective in their role within the system.

This study also highlights that not all those called ‘directors’ are on top teams or on the Board of an organisation. There are some large director roles below top teams in major provider organisations. As Trusts continue to merge and grow in size, so the proportion of director roles without board responsibilities will also grow. There are also emerging senior roles in contributing to complex partnerships, but perhaps without direct operational accountability and sitting on large governing bodies or consultative forums, not conventional boards. Future leadership development offerings could usefully signal more clearly those elements which cover the particular step into serving as an executive board member, with the very particular demands this imposes.

5.2.2 Relationship between learning needs and learning methods

In contrast to the clarity about their development needs, we found considerably less clarity among directors about what kind of provision might best meet those needs. Our research found that they want to gain new ideas and approaches, and appreciate the issues arising from the changing context in which they are working. It is very difficult to take this learning back to their job without an appreciation of how ideas are implemented elsewhere. Some kinds of development may directly support applying new approaches in their own situation. Figure 5.2 maps two aspects of our research findings in order to highlight the relationship between desired outputs of learning and the types of learning activities which might best meet them.

Figure 5.2: How different learning activities may contribute to desired learning outputs



Source: IES, 2018

In terms of generic leadership skills, directors highlighted the quite complex set of skills to lead collaborations between organisations and be an effective partner in such collaborations. This is what the term “systems leadership” really means to them.

Directors working in the current context require increased personal resilience and self-awareness to cope with stress, and to manage their own behaviour to lead others through ambiguity and change. They also need to be able to manage their own learning.

Supportive networks were seen as an increasingly important output of development activity, giving access to ideas and experience, practising collaboration and gaining personal insights and feedback.

As Figure 5.2 shows, different types of development activity contribute to different types of outcomes. Short events and visits showcase new ideas, but learning sets and some types of projects are more likely to show directors how ideas can be applied. Enriched feedback (development centres, 360-degree tools) and coaching are likely to contribute to personal awareness. Coaching may also extend into new ideas if coaches are experienced in specific relevant issues or areas of expertise.

Networks are most likely to be sustained if formed through learning sets or residential learning experiences where there are opportunities to engage deeply with other people.

5.3 Leadership development provision

5.3.1 The ‘ideal’ programme

It was interesting that some of the features of the pre-existing Director Programme match those suggested by interviewees and survey respondents as their preferred development methods. In this sense the ‘ideal’ programme would include short but high level inputs plus learning sets/projects/visits and the option for some personal feedback and 1-1 coaching.

For most director-level leaders, the ideal development programme does seem to be national, bringing together directors from a mix of functional roles and offered to those with a range of health and care experiences. However some directors are seeking the extra stretch to be gained from learning alongside leaders from the private sector and/or internationally. There will also be value in top team and local place-based learning interventions built around leadership relationships and issues locally. Local and national approaches do not have to be mutually exclusive – some directors will seek both for different reasons.

The need for wider perspectives might be addressed by incorporating learning from the private sector (where applicable) and opening some places on national programmes to leaders from social partner organisations. Providing sufficient notice of programmes and ensuring they maximise the limited time available will help to overcome the main barriers around cost and time faced by directors. More financial support may be required in new emerging organisations that have limited, or no, funds available for development.

5.3.2 Set-piece programmes versus ‘pick and mix’

From our market scoping we found that whilst some leadership development providers have for some years offered significant programmes, other smaller interventions are also on offer. From our interviews we found that major set-piece programmes are perceived as having a number of advantages (see Table 3.2 in Chapter 3 Page 35) but are also a large item to sell to, and gain commitment from, busy directors.

From our interviews we found that timing is key from an individual’s perspective. Very few interviewees already working at director level were currently looking to access a significant development programme, partly because most had already undertaken a significant programme in preparing for the promotion to director or soon after securing a director position. A modular or pick-and-mix approach could be an effective way of addressing the needs of the diverse director level audience. Participants could sign up for individual modules/credits (possibly at a premium cost) or the full programme (possibly at a reduced rate). Some survey respondents indicated a preference for one-day workshops over residential offerings, citing personal circumstances and difficulties justifying several days away from their workplace. Incorporating a variety of different learning methods, locations and durations would create greater flexibility for senior leaders. This would enable a learner to build a bespoke package that suits their organisation, and their individual development and personal needs.

Individuals seem most likely to commit to a significant programme when this will directly improve their personal promotion prospects, and/or support a major transition into a completely new context. When well established in a job role (after two years) ‘pick and mix’ support seems more attractive to individuals, easier to fit in, and may also seem a better investment for the organisation.

5.3.3 Building on the success of the Nye-Bevan Programme

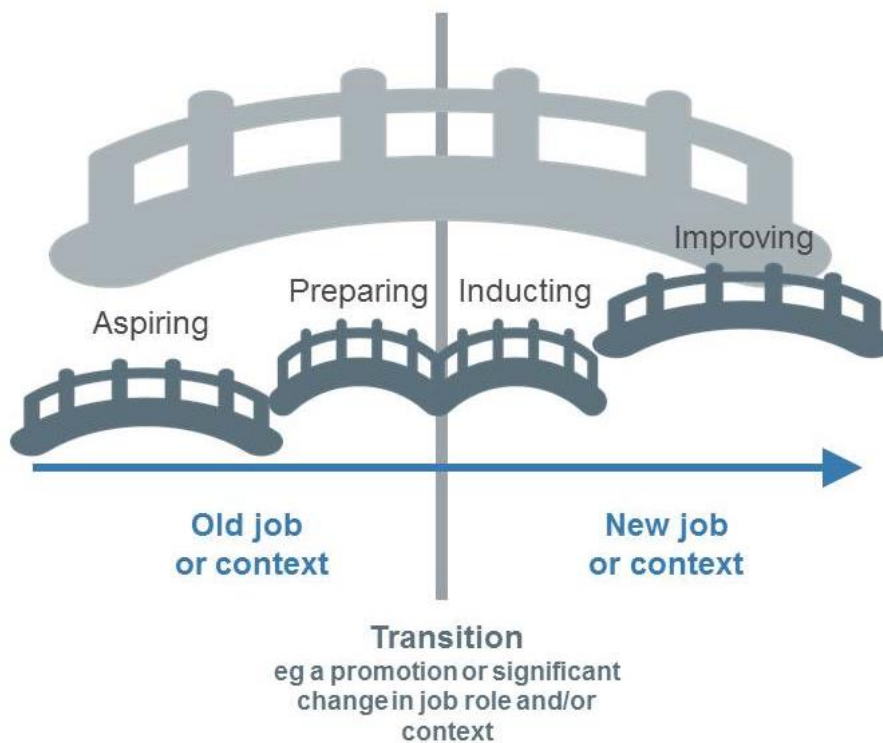
Some interviewees indicated that they had taken part in Academy programmes previously and that, once the course was finished, they had hoped to have further opportunities to embed and continue their learning. This was especially the case for those who had been on the Nye Bevan programme. Those attending the previous Top Leaders programme had also often voluntarily sustained their learning sets.

One way to broaden the appeal of a re-designed Director Programme could be to offer it more explicitly as continuing learning under the same umbrella as the Nye Bevan Programme. In this scenario, the Nye Bevan brand could offer leadership support into a director level role and beyond. In any event, we suggest that it would be beneficial for marketing purposes to have a graphic showing a clear pathway between the different courses the Academy offers and the transitions they help facilitate. It is essential to showing much more clearly the relationship between any new version of the Director Programme and Nye Bevan, as individuals seem to be using Nye Bevan at varying stages of their transition to director.

Our conceptualisation is of leadership development as a bridge, supporting one or more transitions (see Figure 5.3below). In terms of job tenure, a development programme or set

of activities can take place well before a possible job move or promotion, just before it, just after it, or over a longer period of performance improvement. It is this longer period of performance improvement which are most concerned with, in terms of positioning any re-designed Director Programme.

Figure 5.3: Leadership development as a bridge



Source: IES, 2018

When leadership programmes are labelled with hierarchical levels or job roles – such as the Director Programme – they seem to be pitched at people already in those jobs. This is different from those programmes pitched at individuals aspiring to a kind of job role, often one big promotional jump above where they are now. “Aspiring programmes” can give some appreciation of that transition, for example as tasters to help individuals explore their interest and heighten their awareness and readiness for what will be involved. Aspiring programmes have strong appeal to individuals and, like Nye Bevan, can give a real boost to career prospects. Organisations investing in aspiring director or aspiring chief executive programmes are likely to reserve these for individuals with the evident potential and aspiration to progress further.

If one instead considers development as a bridge supporting work transitions, this may help all parties to identify where such bridges are best positioned and how much of the transition they support.

Transitions can be promotions but can also be changes of organisational type, sector or location. Those entering NHS organisations from local government, the Civil Service or the private sector may have knowledge gaps about how the health sector operates. Most

individuals moving between sector would perceive this to be a major transition. Directors moving from large acute roles into one of the newer kinds of healthcare organisation also need to learn a great deal. Working in partnership inevitably means knowing more about other organisations, their cultures, and how to work effectively with them. Again, IES would argue that most individuals moving into a very different operating context would identify with this as being a major transition (with accompanying development needs).

Aspiring programmes feel just that: aspirational! They often appeal to individuals but need careful timing to feel relevant. In the immediate run up to a promotion, for example, specific areas of knowledge and experience can be very helpful. This is what many talent programmes offer. Job holders often have a period of intensive learning needs when they take up a new post, which is possibly why new job holders are quite often supported with coaches. In a complex job, like director, it may take some time for the individual to achieve a high level of performance in the role.

These different stages in the same transition offer opportunities for programmes to combine these different bridge spans in different ways. In this study we have seen the highly regarded Nye Bevan programme being used in the first three stages of the transition. Some individuals have even taken it when they have been working at director level for quite a while.

Offering a performance improvement programme several years into a job is only attractive if circumstances are changing fast, and the programme is clearly pitched at such change. For example, when systems leadership was completely new this could have been attractive to established directors. Now systems leadership might be seen as everyday currency, a programme for experienced directors may need a “new peg” to hang off or the programme will appear remedial and fail to attract delegates. No one wants to go on a programme that makes them feel like a failure or appears to offer them peers from failing organisations to learn with.

5.4 Marketing and communications

5.4.1 Allowing organisations more time to plan

The marketing plan for a previous cohort of the Director Programme, provided by the Academy to the IES research team, focused promotion efforts from April 2016 for a June 2016 start. Some HR Director interviewees noted that additional time to justify learning expenditure, and plan ahead/identify cover in busy diaries, would be beneficial. Commencing promotion no later than eight months prior to the start of the course would allow flexibility in this regard. Incentives such as a modest early booking discount could also encourage sign-ups.

The cohort of the Director programme commenced in June 2016, with the first residential at the end of the same month. The timing of this would indicate the programme was running during a period when many employees choose to take annual leave, making availability, and identifying cover, increasingly difficult. It may be prudent to consider starting future programmes in the autumn, as per the current elapsed time spent promoting and selecting for Nye Bevan Programme cohorts.

5.4.2 Diversity of audience and defining the point of difference

With a diverse potential audience, the Director Programme has a broad remit. As a secondary audience, the programme is also presented to CEOs, HR and L&D staff. Does the title “the Director Programme” offer appeal, clarity and distinction to all of these audiences? While around 80 per cent of interviewees had heard of the Director Programme, few could detail what the offering was or how it could appeal to them, and some felt the name was simply dull.

Our survey showed that almost 80 per cent of directors identify their own learning and development opportunities. . Any offering has to be clear on “what is in it for the learner”, which can be difficult when approaching such a diverse audience base with differing learning and development needs. Some interviewees felt that a course which would help them maintain their current role would be harder to justify than one which supported upwards career progression. With limited budgets, the offering also needs to be clear on the value it provides to an organisation. It was noted in the web content for the Director Programme page that only three bullet points were offered to demonstrate value to organisations, whereas the Nye Bevan Programme page offers 12 individual benefits and 10 organisational benefits.

When asked what factors were most important to their employer when engaging with leadership development, just over half of the survey respondents indicated that “learning outcomes and impact” was a priority: the third most selected answer. To help address this, it would be beneficial to tailor any marketing material to clearly demonstrate the outcome and impact it would offer participants, especially if this course is aiming at keeping people fresh, informed and still honing their personal leadership style while staying in their current job role.

Our study indicated that, in most cases, Academy programmes are competing with both internal training and external providers. Being clear about the points of difference between this course and those offered by internal/external competition would be beneficial. Some of the points raised by survey respondents and interviewees, including the desire for national networking/peer learning opportunities, with staff at a similar level in similar organisations, offers an opportunity which many competitors cannot address. Other survey respondents mentioned the benefits of coaching, and importance of offsite training to fully engage with learning. Highlighting these factors, and other benefits shown in the survey findings, will help strengthen the marketing of any future director level offering.

5.4.3 Demonstrating understanding of the operating environment

With tight budgets and busy schedules reported by survey and interview directors, our conclusion is that pitching the value of investment in time and money of any programme is vital. One interviewee indicated that they would have appreciated material to help them compile a business case to justify their participation in an Academy course. By providing resources (even only on request) to support prospective director-delegates to secure funding locally, the likelihood of their applying is greatly increased.

In an increasingly complex regulatory environment, other in-house sectoral providers justify the need for learning and development investment by explicitly linking it to addressing compliance with requirements of their regulator and/or organisation performance tables. NHS Improvement has developed a Well-led framework⁴ to support organisations subject to CQC rating. Their self-review template, which aims to offer reassurance of board level of compliance, asks the question “Are there robust systems and processes for learning, continuous improvement and innovation?” We suggest that the Academy considers a more direct promotion of its development offers in terms of how it has/will/can greatly aid organisations in addressing or satisfying (in full or in part) regulatory requirements.

5.4.4 Internal communications and external advertising

Our director interviewees indicated that they found out about leadership development opportunities through a variety of means including word of mouth, email, social media, journals and on-line searches. Levels of awareness of the Director Programme offering were fairly low and real understanding of it very low. Our conclusion is that more might be done to improve its profile. Directors usually choose their development programmes/interventions themselves so there is a need to target directors directly in some way. Keeping CEOs and HR Directors in the loop is important too and it may be easier to keep these contact lists up to date than to be sure of where every director is working.

Whilst over ninety per cent (91.3 per cent) of our survey respondents indicated that they want to hear about leadership development opportunities via email, many of our interviewees felt that email approaches may be ignored. The example emails provided to IES by the Academy offer an introduction to the course from a respected authority, but could perhaps offer more diverse content to increase interest, including use of images, linking to blog content, and highlighting benefits using bullet points.

Word-of-mouth is still an important channel for communicating about training, chosen as the second most important channel by survey respondents, and by developing additional resources/newsletters for alumni the odds of recommendation are increased. A “Recommend a Friend” scheme could also be considered. Newsletters and internal communication featured highly, and engaging with communications staff in relevant organisations could see offerings promoted on intranets or internal newsletters.

In a recent web search for the term “NHS training”, the King’s Fund were noted to be using GoogleAdWords to promote their offering, with the Academy content appearing of the second page of results. Even though few survey respondents expressed a preference for advertising as a communications channel, this is to be expected in comparison with channels perceived to be more “organic”. We suggest that targeting search engine

⁴ <https://improvement.nhs.uk/resources/well-led-framework/>

optimisation (SEO⁵), and considering online advertising could improve web traffic and conversion to programme bookings.

5.5 Recommendations

- To address the needs of an increasingly diverse director level audience, it is recommended that the Academy consider moving away from a generic hierarchical level major set-piece programme offer for director-equivalents who have been in post for some time (Note: there is still a perceived need for and support for set-piece programmes for aspiring directors and aspiring chief execs)
- Consideration of a modular or pick-and-mix programme design is recommended. 'Pick and mix' support is likely to be more attractive to individuals, easier to fit in to busy schedules, and may also be perceived as a better investment for organisations. One of the modules should be a clear offer around stepping into a board position. Regional coaching offers, access to on-going networks with others nationally and locally and periodic place-based or issue-based collective offers could all be presented as pick and mix options potentially available for all in board and governing body roles
- We recommend positioning development offers as positive, stretching and challenging 'continuing' learning. Potentially this could be under the same umbrella as part of a broadened Nye Bevan brand, offering leadership support into your first director level role and then into every subsequent director, board and governing body role change or context change. This should encourage more individuals to step forward more often for appropriate development and so improve the effective leadership of the wider health and care system.
- It is recommended that the Academy considers a more direct promotion of its offer(s) in terms of how it helps organisations especially in addressing requirements of regulators.

⁵ SEO techniques include using relevant keywords on a website to help Google (and others) to work out whether your website is relevant to someone's search terms. This information is used to rank what order pages appear in when someone does a search.