Leadership Framework

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Foreword

I am delighted to introduce the NHS Leadership Framework; it provides a single overarching framework for the leadership development of all staff in health and care, irrespective of discipline, role or function.

It is underpinned by a consistent set of guiding principles, contained in the NHS Constitution, which reflect the values of health and care staff. It therefore represents the foundation of leadership behaviour for staff throughout the NHS, to support all staff to improve quality for our patients.

This is a unique period in the NHS and a time of significant change for health and care services in England, with an unprecedented level of responsibility being devolved to frontline staff. Building on our successes as we design the future requires bold and thoughtful leadership, rethinking how we work, challenging current practice and thinking outside of our own organisational and professional interests.

It will be imperative that frontline clinicians and the wider workforce have the leadership knowledge, skills and behaviours to drive radical service redesign and improvement. This will involve working in collaboration across health systems, in developing new models of care, and further developing the skills of the entire workforce. The ability to influence and manage change at the frontline will be central to delivering this. There is no doubt that we must continue to develop the leadership capability within the system. It is on this basis that the Leadership Framework has been designed.

Based on research and created through extensive consultation, the Leadership Framework has been tailored to the specific needs and environment of the NHS, and is applicable to all staff at any stage of their career. It sets out the expectations of leaders at every level of our system and provides guidance to those who commission leadership development.

The National Leadership Council (NLC) has led this work and I would like to thank everyone who has contributed to the development of the NHS Leadership Framework.

Sir David Nicholson
NHS Chief Executive

The Leadership Framework

Introduction

The Leadership Framework sets out the standard for leadership to which all staff in health and care should aspire.   It is based on the concept that leadership is not restricted to people who hold designated leadership roles and where there is a shared responsibility for the success of the organisation, services or care being delivered. Acts of leadership can come from anyone in the organisation and as a model it emphasises the responsibility of all staff in demonstrating appropriate behaviours, in seeking to contribute to the leadership process and to develop and empower the leadership capacity of colleagues[1].

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

The Leadership Framework has been developed by the National Leadership Council after extensive research and consultation with a wide cross section of staff, patients, professional bodies and academics. Those consulted embraced the concept of a single framework because it affords a common and consistent approach to professional and leadership development based on shared values and beliefs which are consistent with the principles and values of health and care staff and the NHS Constitution[2].

The *Clinical Leadership Competency Framework* and the *Medical Leadership Competency Framework* are also available to specifically provide staff with clinically based examples in practice and learning and development scenarios across the five core domains shared with the Leadership Framework.

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

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

The National Health Service (NHS) principles and values

The NHS Constitution establishes the principles and values of the NHS in England. The Constitution sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

1. The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief.

2. Access to NHS services is based on clinical need, not an individual's ability to pay.

3. The NHS aspires to the highest standards of excellence and professionalism – in the provision of high-quality care that is safe, effective and focused on patient experience.

4. NHS services must reflect the needs and preferences of patients, their families and their carers.

5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.

7. The NHS is accountable to the public, communities and patients that it serves.

These seven key principles guide the NHS in all it does and they are underpinned by the following core values. Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and should guide it in the 21st century.

The NHS values[1] provide common ground for co-operation to achieve shared aspirations:

Respect and dignity
Commitment to quality of care
Compassion
Improving lives
Working together for patients
Everyone counts.

Underpinning leadership principles of the Leadership Framework

People understand the term 'leadership' in many different ways. Perhaps the most common stereotypic idea is of the individual, powerful, charismatic leader with followers clearly in subordinate roles. Such situations do exist but are quite limited, rather outdated and by the very rarity of charismatic qualities make it a poor model for leadership development. This way of thinking tends to focus on the individual as a leader rather than the processes of leadership.

A more modern conceptualisation sees leadership as something to be used by all but at different levels. This model of leadership is often described as **shared**, or distributed, **leadership** and is especially appropriate where tasks are more complex and highly interdependent – as in healthcare. It is a universal model such that all staff can contribute to the leadership task where and when their expertise and qualities are relevant and appropriate to the context in which they work. Not everyone is necessarily a leader but everyone can contribute to the leadership process by using the behaviours described in the five core domains of the Leadership Framework: demonstrating personal qualities, working with others, managing services, improving services and setting direction.

As a model it emphasises the responsibility of all staff, in demonstrating appropriate behaviours, to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues.

The final two domains of the Leadership Framework, creating the vision and delivering the strategy, recognise that a relatively small group of people do hold designated **senior positional** roles, and are required to act as leaders in formal hierarchical positions. These two domains therefore focus more on the contribution of individual leaders rather than the general leadership process.

Evolution of the Leadership Framework

The Leadership Framework has been designed to build on learning of the internationally recognised best practice standards for leadership development. It was also informed by analysis of existing NHS leadership data and a review of contemporary leadership literature.

- *The Leadership Qualities Framework (LQF)*[4]. The LQF 360° tool has been used extensively by staff in roles above and beyond the executive population that the original LQF research was based upon. The Leadership Framework addresses this by describing leadership behaviours for all staff depending on their role and the context in which they work.

- *The Medical Leadership Competency Framework (MLCF)*[5]. Jointly developed by The Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement, the MLCF describes the leadership competencies doctors need to become more actively involved in the planning, delivery and transformation of services for patients. It applies to all medical students and doctors throughout their careers.

- *The Clinical Leadership Competency Framework (CLCF)*[6]. The NLC commissioned the NHS Institute to test the leadership competencies in the MLCF to see whether they could be applied to all healthcare professionals. These have been endorsed by the clinical professions and will be progressively embedded within professional regulation and into education and training.

LQF   **CLCF and MLCF**   **Leadership Framework**
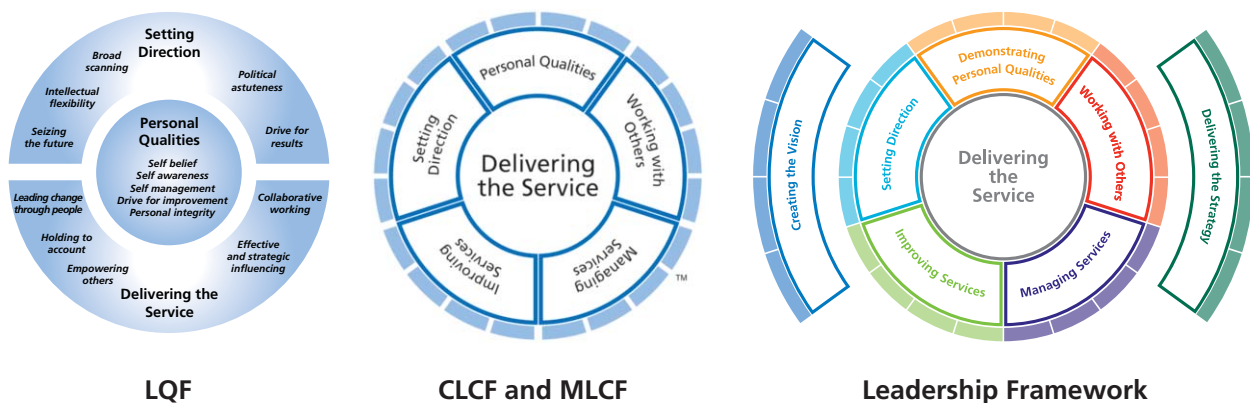
The five domains of the CLCF and the MLCF were informed by the LQF, and are shared with the core five domains of the Leadership Framework to create a single overarching leadership framework.

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[4] NHS Institute for Innovation and Improvement (2005) *NHS Leadership Qualities Framework* http://www.nhsleadershipqualities.nhs.uk

[5] NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) *Medical Leadership Competency Framework*. 3rd ed. NHS Institute for Innovation and Improvement: Coventry.

[6] Department of Health (2011). *Clinical Leadership Competency Framework*. NHS Institute for Innovation and Improvement: Coventry.

Design and structure of the Leadership Framework

The needs of the people who use services have always been central to healthcare. However, if we are going to transform services, acting on what really matters to patients and the public is essential and involves the active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered and evaluated[7].

Delivering services to patients, service users, carers and the public is therefore at the heart of the Leadership Framework. All staff work hard to improve services for people.

The Leadership Framework is comprised of seven **domains**. Within each domain there are four categories called **elements** and each of these elements is further divided into four **descriptors**. These statements describe the leadership behaviours which are underpinned by the relevant knowledge, skills and attributes all staff should be able to demonstrate radiating out from those of the individual to those within the wider system.

We use the word 'patient' throughout the Leadership Framework to generically cover patients, service users, and all those who receive healthcare. Similarly, the word 'other' is used to describe all colleagues from any discipline and organisation, as well as patients, service users, carers and the public.

The five core domains are:-

1. Demonstrating personal qualities - effective leadership requires individuals to draw upon their values, strengths and abilities to deliver high standards of service. This requires them to demonstrate effectiveness in developing self awareness, managing themselves, continuing personal development and acting with integrity.

2. Working with others – effective leadership requires individuals to work with others in teams and networks to deliver and improve services. This requires them to demonstrate effectiveness in developing networks, building and maintaining relationships, encouraging contribution, and working within teams.

3. Managing services - effective leadership requires individuals to focus on the success of the organisation(s) in which they work. This requires them to be effective in planning, managing resources, managing people and managing performance.

4. Improving services - effective leadership requires individuals to make a real difference to people's health by delivering high quality services and by developing improvements to services.
This requires them to demonstrate effectiveness in ensuring patient safety, critically evaluating, encouraging improvement and innovation and facilitating transformation.

5. Setting direction - effective leadership requires individuals to contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values. This requires them to demonstrate effectiveness in identifying the contexts for change, applying knowledge and evidence, making decisions, and evaluating impact.

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[7] Patient and Public Engagement, Department of Health (2009) *Putting Patients at the Heart of Care: The Vision for Patient and Public Engagement in Health and Social Care.* www.dh.gov.uk/ppe

There are two additional domains which apply particularly but not exclusively to individuals in senior positional leadership roles.

6. Creating the vision - those in senior positional leadership roles create a compelling vision for the future, and communicate this within and across organisations. This requires them to demonstrate effectiveness in developing the vision for the organisation, influencing the vision of the wider healthcare system, communicating the vision and embodying the vision.

7. Delivering the strategy – those in senior positional leadership roles deliver the strategic vision by developing and agreeing strategic plans and ensuring that these are translated into achievable operational plans. This requires them to demonstrate effectiveness in framing the strategy, developing the strategy, implementing the strategy and embedding the strategy.

The leadership context

The application and opportunity to demonstrate leadership will differ and the **context** in which competence can be achieved will become more complex and demanding with career progression. We have therefore used four **stages** to describe this and to help staff understand their progression and development as a leader. They are:

Stage 1 *Own practice/immediate team -* is about building personal relationships with patients and colleagues, often working as part of a multi-disciplinary team. Staff need to recognise problems and work with others to solve them. The impact of the decisions staff take at this level will be limited in terms of risk.

Stage 2 *Whole service/across teams -* is about building relationships within and across teams, recognising problems and solving them. At this level, staff will need to be more conscious of the risks that their decisions may pose for self and others for a successful outcome.

Stage 3 *Across services/wider organisation -* is about working across teams and departments within the wider organisation. Staff will challenge the appropriateness of solutions to complex problems. The potential risk associated with their decisions will have a wider impact on the service.

Stage 4 *Whole organisation/healthcare system -* is about building broader partnerships across and outside traditional organisational boundaries that are sustainable and replicable. At this level leaders will be dealing with multi-faceted problems and coming up with innovative solutions to those problems. They may lead at a national/international level and would be required to participate in whole systems thinking, finding new ways of working and leading transformational change. Their decisions may have significant impact on the reputation of the organisation/system and outcomes and would be critical to the future.

Application of the Leadership Framework and supporting tools

The Leadership Framework sets out the standard for leadership to which all staff in health and care should aspire. It is intended for use as a developmental framework and there are many ways it can be applied, for example:

- To raise awareness that effective leadership is needed across the whole organisation
- To underpin a talent management strategy
- As part of an existing leadership development programme
- To inform the design and commissioning of training and development programmes
- To develop individual leadership skills
- As part of team development
- To enhance existing appraisal systems
- To inform an organisation's recruitment and retention processes.

The Leadership Framework is structured to assist the user to understand how they relate to each of the seven domains. Staff will exhibit a range of leadership behaviours across these seven domains dependent on the context in which they operate. To improve the quality and safety of health and care services, it is essential that staff are competent in each of the five core leadership domains: demonstrating personal qualities, working with others, managing services, improving services and setting direction. The two other domains of the Leadership Framework, creating the vision and delivering the strategy, focus more on the role and contribution of individual leaders.

To help users understand and apply the Leadership Framework each domain is divided into four elements and each of these elements is further divided into four descriptive statements which describe the behaviours all staff should be able to demonstrate.

To assist users there are a number of **indicators** across a variety of work place situations which illustrate the type of activity staff could be demonstrating relevant to each **element** and **stage** as well as examples of behaviours if they are not. These indicators are intended to be examples and only apply to part of each element.
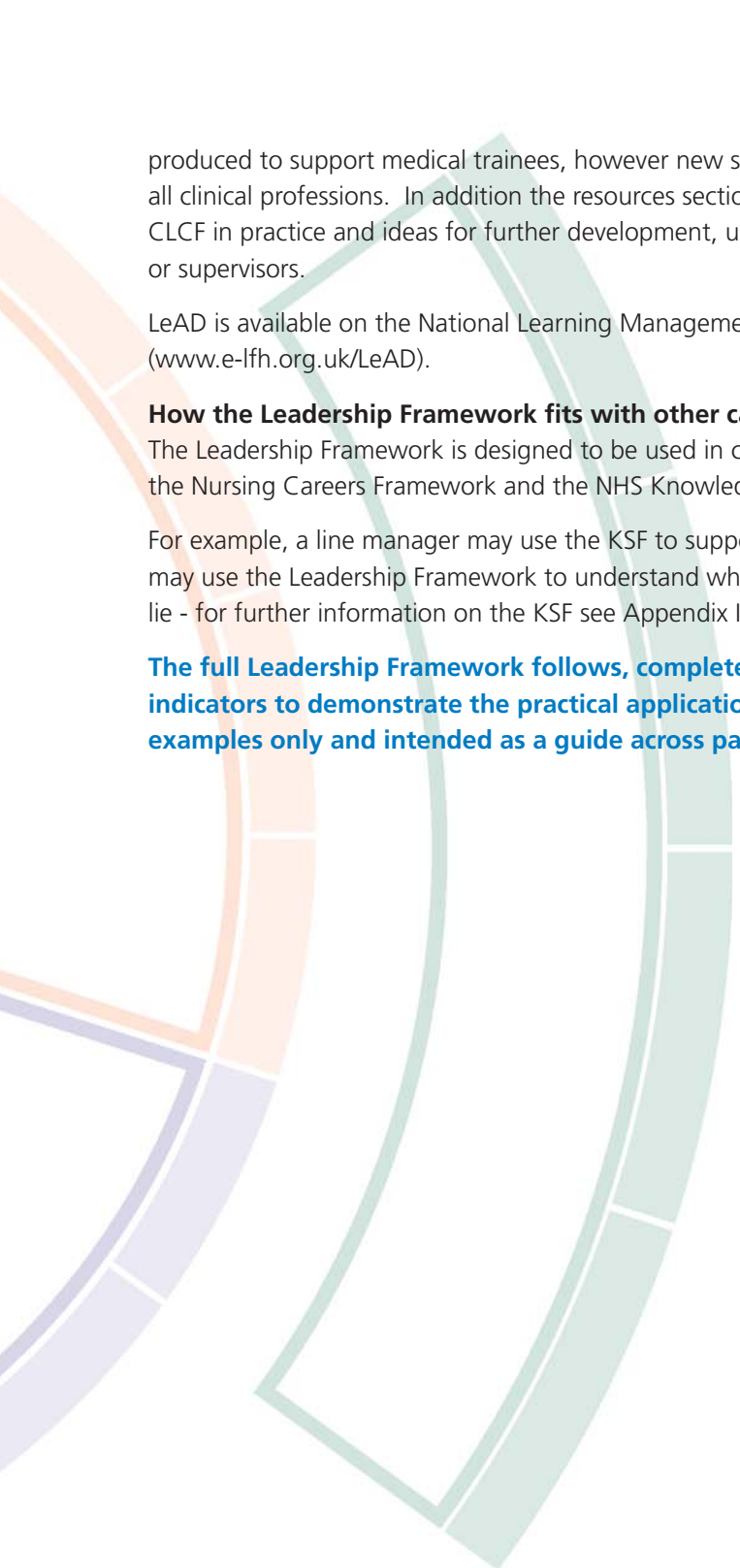
The CLCF and MLCF are also available to specifically provide staff with clinically based examples and learning and development scenarios across the five core domains shared with the Leadership Framework.

Supporting tools

A self assessment and 360° feedback tool support the Leadership Framework; in addition an online development module signposts development opportunities for each of the seven domains. The 360° is a powerful tool to help individuals identify where their leadership strengths and development needs lie. The process includes getting confidential feedback from line managers, peers and direct reports. As a result, it gives an individual an insight into other people's perceptions of their leadership abilities and behaviour.

To assist with integrating the competencies into postgraduate curricula and learning experiences, there is the LeAD e-learning resource. LeAD is a range of more than 50 short e-learning sessions that support the knowledge base of the MLCF and the CLCF. Examples and contexts range across various different fields and specialties, all aimed at improving patient care and services. LeAD addresses how clinicians can develop their leadership contribution in clinical settings. Originally it was

produced to support medical trainees, however new sessions are being added to broaden out the learning to all clinical professions. In addition the resources section of each session includes examples of the MLCF and CLCF in practice and ideas for further development, useful to both the individual learner and also to trainers or supervisors.

LeAD is available on the National Learning Management System and through e-Learning for Healthcare (www.e-lfh.org.uk/LeAD).

How the Leadership Framework fits with other career and skills based frameworks
The Leadership Framework is designed to be used in conjunction with career or skills based frameworks like the Nursing Careers Framework and the NHS Knowledge and Skills Framework (KSF).

For example, a line manager may use the KSF to support an appraisal and development review whereas staff may use the Leadership Framework to understand where their leadership strengths and development needs lie - for further information on the KSF see Appendix I on page 60.

The full Leadership Framework follows, complete with examples in practice and work-place indicators to demonstrate the practical application of the framework. Please note the indicators are examples only and intended as a guide across part of the relevant element.

1. Demonstrating Personal Qualities

Effective leadership requires individuals to draw upon their values, strengths and abilities to deliver high standards of service. To do so, they must demonstrate effectiveness in:

- Developing Self Awareness
- Managing Yourself
- Continuing Personal Development
- Acting with Integrity.

1. Demonstrating Personal Qualities
1.1 Developing Self Awareness
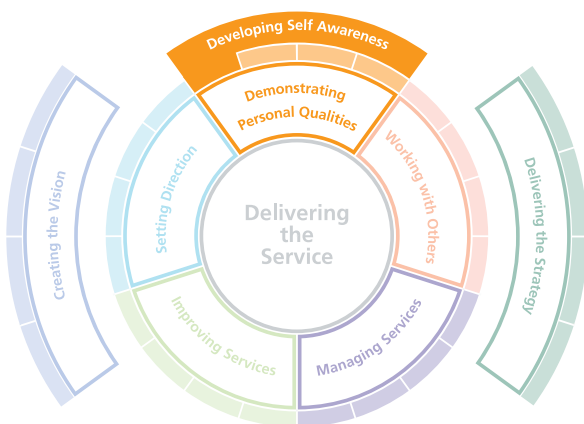
Leaders **develop self awareness**: being aware of their own values, principles and assumptions and by being able to learn from experiences.

Competent leaders:

- Recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups
- Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour
- Identify their own emotions and prejudices and understand how these can affect their judgment and behaviour
- Obtain, analyse and act on feedback from a variety of sources.

Contextual Indicators

Stage 1	Own practice/ immediate team	Reflects on how factors such as own values, prejudices and emotions influence their judgement, behaviour and self belief. Uses feedback from appraisals and other sources to consider personal impact and change behaviour. Understands personal sources of stress.
Stage 2	Whole service/ across teams	Appreciates the impact they have on others and the impact others have on them. Routinely seeks feedback and adapts their behaviour appropriately.
Stage 3	Across services/ wider organisation	Reflects on their interactions with a wide and diverse range of individuals and groups from within and beyond their immediate service/organisation. Challenges and refreshes own values, beliefs, leadership styles and approaches. Overtly role models the giving and receiving of feedback.
Stage 4	Whole organisation/ healthcare system	Uses sophisticated tools and sources to continuously learn about their leadership impact in the wider health and care community and improve their effectiveness as a senior leader. Understands how pressures associated with carrying out a high profile role impact on them and their performance.

1. Demonstrating Personal Qualities
1.2 Managing Yourself
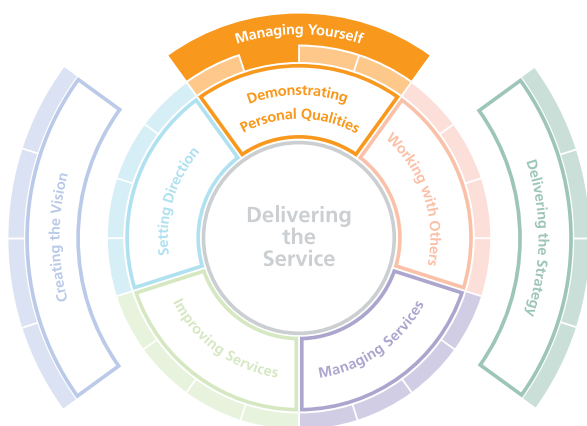
Leaders **manage themselves**: organising and managing themselves while taking account of the needs and priorities of others.

Competent leaders:

- Manage the impact of their emotions on their behaviour with consideration of the impact on others

- Are reliable in meeting their responsibilities and commitments to consistently high standards

- Ensure that their plans and actions are flexible, and take account of the needs and work patterns of others

- Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health.

Contextual Indicators

Stage 1 Own practice/ immediate team	Plans and manages own time effectively and fulfils work requirements and commitments to a high standard, without compromising own health and wellbeing. Remains calm and focused under pressure.
Stage 2 Whole service/ across teams	Ensures that own work plans and priorities fit with the needs of others involved in delivering services. Demonstrates flexibility and sensitivity to service requirements and remains assertive in pursuing service goals.
Stage 3 Across services/ wider organisation	Successfully manages a range of personal and organisational demands and pressures. Demonstrates tenacity and resilience. Overcomes setbacks where goals cannot be achieved and quickly refocuses. Is visible and accessible to others.
Stage 4 Whole organisation/ healthcare system	Remains focused on strategic goals when faced with competing and, at times, conflicting demands arising from differing priorities. Identifies where they need to personally get involved to achieve the most benefit for the organisation and wider healthcare system.

1. Demonstrating Personal Qualities
1.3 Continuing Personal Development
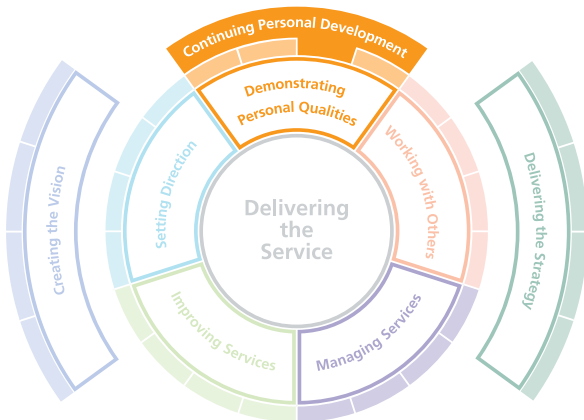
Leaders actively engage in **continuing personal development**: learning through participating in continuing professional development and from experience and feedback.

Competent leaders:

- Actively seek opportunities and challenges for personal learning and development
- Acknowledge mistakes and treat them as learning opportunities
- Participate in continuing professional development activities
- Change their behaviour in the light of feedback and reflection.

Contextual Indicators

Stage 1 Own practice/ immediate team	Takes responsibilities for own personal development and seeks opportunities for learning. Strives to put learning into practice.
Stage 2 Whole service/ across teams	Puts self forward for challenging assignments and projects which will develop strengths and address development areas.
Stage 3 Across services/ wider organisation	Acts as an exemplar for others in managing their continuous personal development. Facilitates the development of a learning culture.
Stage 4 Whole organisation/ healthcare system	Develops through systematically scanning the external environment and exploring leading edge thinking and best practice. Applies learning to build and refresh the service. Treats challenge as a positive force for improvement.

1. Demonstrating Personal Qualities
1.4 Acting with Integrity
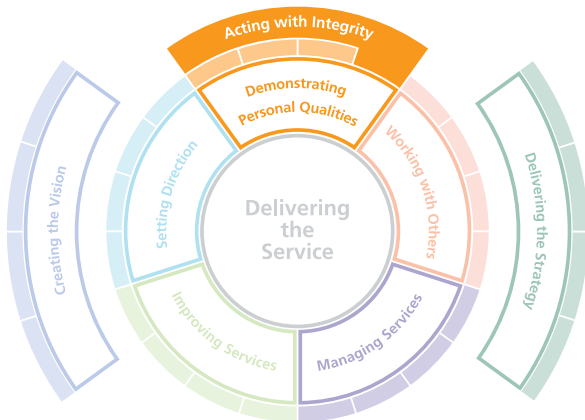
Leaders act **with integrity**: behaving in an open, honest and ethical manner.

Competent leaders:

- Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals
- Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds and their age, gender and abilities
- Value, respect and promote equality and diversity
- Take appropriate action if ethics and values are compromised.

Contextual Indicators

Stage 1 Own practice/ immediate team	Behaves in an open, honest and inclusive manner, upholding personal and organisational ethics and values. Shows respect for the needs of others and promotes equality and diversity.
Stage 2 Whole service/ across teams	Acts as a role model for others in demonstrating integrity and inclusiveness in all aspects of their work. Challenges where organisational values are compromised.
Stage 3 Across services/ wider organisation	Creates an open, honest and inclusive culture in accordance with clear principles and values. Ensures equity of access to services and creates an environment where people from all backgrounds can excel.
Stage 4 Whole organisation/ healthcare system	Assures standards of integrity are maintained across the service and communicates the importance of always adopting an ethical and inclusive approach.

1. Demonstrating Personal Qualities

Generic behaviours observed if individual is not yet demonstrating this domain:

- Does not understand own emotions or recognise the impact of own behaviour on others
- Approaches tasks in a disorganised way and plans are not realistic
- Unable to discuss own strengths and development needs and spends little time on development
- Demonstrates behaviours that are counter to core values of openness, inclusiveness, honesty and equality
- Lacks confidence in own abilities to deliver results.

Examples in Practice for Demonstrating Personal Qualities:

Stage 1

Radiotherapy Physicist X needed to focus her attention on her own professional development in order to meet the state registration criteria with the Health Professionals Council. Accreditation required her to create a portfolio of evidence for various aspects of her work that demonstrated how she has developed the necessary skills and experience to meet the standards set for registration. Radiotherapy Physicist X recognised the need to manage her own workload with her educational and Continual Professional Development (CPD) requirements to ensure that her professional goals were met without impacting on her day-to-day responsibilities.

Stage 2

Surgical Ward Sister C noted that her junior team was in awe of her and not always comfortable questioning what she said. She asked the team to challenge her more if they disagreed with her and admitted that she did have a strong personality which might be seen as intimidating at times. In subsequent meetings she encouraged openness by not reacting as defensively when nurses began to question what she said. She praised them when their ideas would benefit patients and thanked them when their comments would enable her to make improvements to her own performance. Surgical Ward Sister C set up a 360-degree feedback process for the team designed to encourage the sharing of perspectives so that team members could gain insight from some personal feedback on their performance. Despite her heavy workload she made the time to sit with them and discuss their feedback one-to-one.

Stage 3

Associate Directorate Manager E recognised that he needed to spend time increasing his knowledge and self-awareness in order to make himself a more rounded leader at this level. Before moving into the Associate Director role, he undertook a number of secondments in different areas of the organisation to strengthen his knowledge outside of his own functional specialism. He regularly requested feedback on his own leadership style in order to gain insight into what he could do better. Feedback was that others were not always clear about his expectations. To counter his natural tendency to leave the details to others, Associate Directorate Manager E spent time discussing his expectations with others. This not only helped build strong trusting relationships, but enabled Associate Directorate Manager E to understand his team's working methods and align his approach with their preferences.

Stage 4

Chief Executive Officer Y knows how important it is to operate with a high level of emotional intelligence, self confidence and integrity at a senior level, particularly when balancing national and regional considerations, weighing up the competing needs of organisations, and considering the views of Members of Parliament. This is especially relevant when interacting with the Secretary of State, Members of Parliament, Counsellors and senior officials within the Department of Health. Chief Executive Officer Y used his skills when two Trusts put forward a business case for a new specialist unit to be located on their patch when rationalisation meant that funding would only be available for one unit. He was required to adopt an objective perspective and include other factors in the final decision that linked to how the decision would be aligned with national priorities at a strategic level including QIPP and diversity considerations. This then needed to be communicated sensitively to all parties involved. He took the time to speak to politicians and affected groups in person pointing out how the decision taken would benefit all members of the community. He spent many hours negotiating counter offers and compromises between senior executives when each of the parties raised equally valid points which made achieving a win-win outcome particularly challenging.

2. Working with Others

Effective leadership requires individuals to work with others in teams and networks to deliver and improve services. To do so, they must demonstrate effectiveness in:

- Developing Networks
- Building and Maintaining Relationships
- Encouraging Contribution
- Working within Teams.

2. Working with Others
2.1 Developing Networks
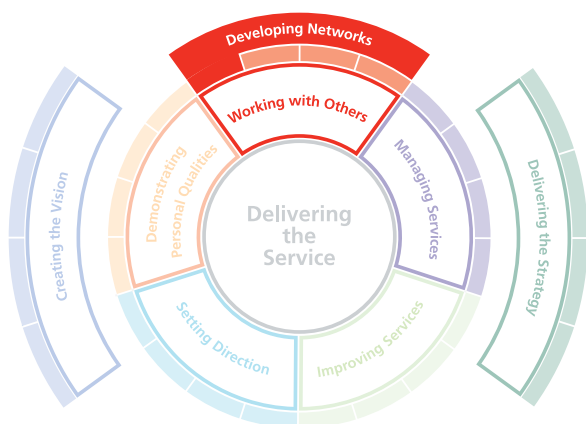
Leaders **develop networks**: working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services.

Competent leaders:

- Identify opportunities where working in collaboration with others within and across networks can bring added benefits
- Create opportunities to bring individuals and groups together to achieve goals
- Promote the sharing of information and resources
- Actively seek the views of others.

Contextual Indicators

Stage 1 Own practice/ immediate team	Identifies where working and cooperating with others can result in better services. Endeavours to work collaboratively.
Stage 2 Whole service/ across teams	Uses networks to bring individuals and groups together to share information and resources and to achieve goals.
Stage 3 Across services/ wider organisation	Identifies and builds effective networks with a range of influential stakeholders internal and external to the organisation.
Stage 4 Whole organisation/ healthcare system	Works across boundaries creating networks which facilitate high levels of collaboration within and across organisations and sectors.

2. Working with Others
2.2 Building and Maintaining Relationships
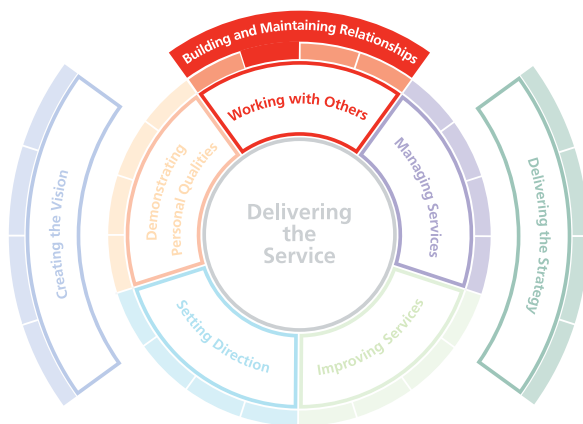
Leaders **build and maintain relationships**: listening, supporting others, gaining trust and showing understanding.

Competent leaders:

- Listen to others and recognise different perspectives
- Empathise and take into account the needs and feelings of others
- Communicate effectively with individuals and groups, and act as a positive role model
- Gain and maintain the trust and support of colleagues.

Contextual Indicators

Stage 1 Own practice/ immediate team	Communicates with and listens to others, recognising different perspectives. Empathises and takes into account the needs and feelings of others. Gains and maintains trust and support.
Stage 2 Whole service/ across teams	Builds and maintains relationships with a range of individuals involved in delivering the service. Manages sensitivities between individuals and groups.
Stage 3 Across services/ wider organisation	Builds and nurtures trusting relationships at all levels within and across services and organisational boundaries.
Stage 4 Whole organisation/ healthcare system	Builds and maintains sustainable strategic alliances across the system and other sectors. Has high impact when interacting with others at all levels.

2. Working with Others
2.3 Encouraging Contribution
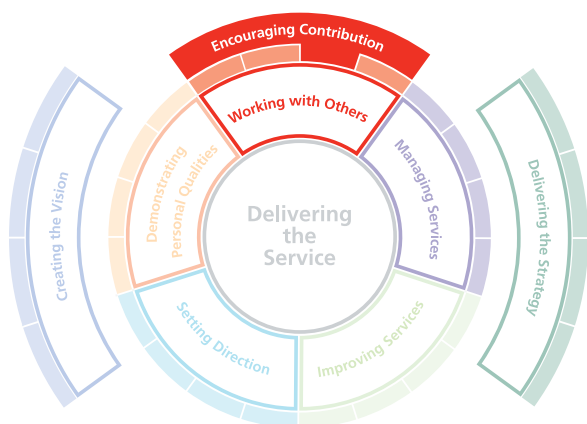
Leaders **encourage contribution**: creating an environment where others have the opportunity to contribute.

Competent leaders:

- Provide encouragement, and the opportunity for people to engage in decision-making and to challenge constructively
- Respect, value and acknowledge the roles, contributions and expertise of others
- Employ strategies to manage conflict of interest and differences of opinion
- Keep the focus of contribution on delivering and improving services to patients.

Contextual Indicators

Stage 1 — Own practice/ immediate team	Seeks and acknowledges the views and input of others. Shows respect for the contributions and challenges of others.
Stage 2 — Whole service/ across teams	Creates a supportive environment which encourages others to express diverse opinions and engage in decision-making. Constructively challenges suggestions and reconciles conflicting views.
Stage 3 — Across services/ wider organisation	Integrates the contributions of a diverse range of stakeholders, being open and honest about the extent to which contributions can be acted upon.
Stage 4 — Whole organisation/ healthcare system	Creates systems which encourage contribution throughout the organisation. Invites contribution from different sectors to bring about improvements.

2. Working with Others
2.4 Working within Teams
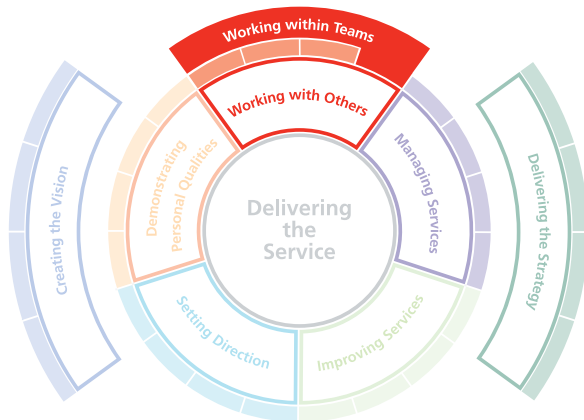
Leaders **work within teams**: to deliver and improve services.

Competent leaders:

- Have a clear sense of their role, responsibilities and purpose within the team
- Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises
- Recognise the common purpose of the team and respect team decisions
- Are willing to lead a team, involving the right people at the right time.

Contextual Indicators

Stage 1 Own practice/ immediate team	Understands roles, responsibilities and purpose within the team. Adopts a collaborative approach and respects team decisions.
Stage 2 Whole service/ across teams	Helps lead others towards common goals, providing clear objectives and offering appropriate support. Shows awareness of team dynamics and acts to promote effective team working. Appreciates the efforts of others.
Stage 3 Across services/ wider organisation	Takes on recognised positional leadership roles within the organisation. Builds high performing inclusive teams that contribute to productive and efficient health and care services. Promotes autonomy and empowerment and maintains a sense of optimism and confidence.
Stage 4 Whole organisation/ healthcare system	Contributes to and leads senior teams. Enables others to take on leadership responsibilities, building high level leadership capability and capacity from a diverse range of backgrounds.

2. Working with Others

Generic behaviours observed if individual is not yet demonstrating this domain:
- Fails to network with others and/or allows relationships to deteriorate
- Fails to win the support and respect of others
- Does not encourage others to contribute ideas
- Does not adopt a collaborative approach.

Examples in Practice for Working with Others:

Stage 1

Student social worker B is on a practice placement with a qualified social worker in a large inner city GP practice. Whilst working with an elderly Asian man who has been newly diagnosed with diabetes she becomes conscious of the culture and familial factors affecting the man's treatment and maintenance. Her supervisor suggests that she explores what other support might be available to him. B approaches Diabetes UK, the local CVS and seeks advice from a contact at the Gurdwara. She is able to put her client in touch with a self-help group for people with diabetes and a worker at the local Indian community centre. Together they start a weekly luncheon group for Asian elders which provides help and support on a number of health issues. This greatly improves the patient's response to his illness and helps maintain good diabetes care.

Stage 2

Chief Speech and Language Therapist G spent time maintaining good working relationships with her team of therapists by providing support and guidance. One of the ways she did this was organising monthly meetings to share information and discuss issues. At one such meeting she encouraged a team member to share some service descriptions which he had written up. She suggested these were used as a blueprint for writing up this type of information in the future. Speech and Language Therapist G also identified an opportunity for a member of her team to work with her on a new assignment involving video fluoroscopy. It was an area that the team member had previously expressed an interest in and provided the individual with the opportunity to take a leading role on the assignment.

Stage 3

Associate Medical Director M supported Lead Clinicians, PCT Medical Directors, Medical Advisors and Directorate Managers both within and outside the Trust in setting up an Acute Stroke Unit. Associate Medical Director M was involved in leading and chairing meetings to develop the business plan for the initiative. He worked closely with colleagues over whom he had limited authority and was required to use his influencing skills to persuade people as to the benefits of the proposal. By communicating the Trust's vision, explaining how individuals and teams could contribute to the strategy, clarifying roles and drawing on his expertise, he was able to help them understand how the new stroke unit would enable them to achieve their own departmental goals. When a difference of opinion arose as to how the Acute Stroke Unit should be co-ordinated, Associate Medical Director M set up a meeting to allow all stakeholders to discuss their perspectives and debate alternative strategies rationally. He facilitated the discussion and mediated between conflicting opinions in such a way that a successful outcome was ultimately achieved.

Stage 4

Chief Allied Health Professions Officer Z's role requires her to focus on external issues, collaborate with Government Ministers and translate policy into practical strategies for the delivery of allied health professional services across the Service. She engenders trust and support from others who may not report into her directly by drawing on her personal credibility and superior influencing skills. She met with the allied health professional leads within each of the regional strategic health authorities on a six weekly basis to share insights and discuss issues around government policy. Working in partnership with these leads, Chief Allied Health Professions Officer Z guided them though the process of creating a narrative outlining how a government white paper was likely to impact on allied health professionals and the services they offered. She influenced the leads by outlining the benefits arising from the white paper for patients and staff and the long-term consequences of remaining with the status quo. She also talked through the drivers that were making change inevitable. Chief Allied Health Professions Officer Z encouraged all allied health professional leads to work together and link up with general practitioner consortia to proactively demonstrate the value they could offer to patients.
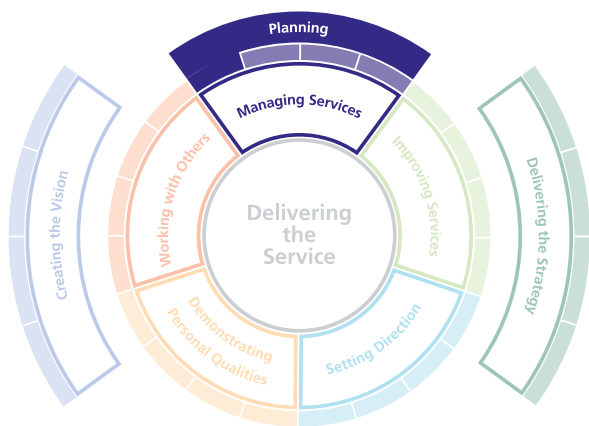
3. Managing Services

Effective leadership requires individuals to focus on the success of the organisation(s) in which they work.

To do so, they must be effective in:

- Planning
- Managing Resources
- Managing People
- Managing Performance.

3. Managing Services
3.1 Planning

Leaders engage in **planning**: actively contributing to plans to achieve service goals.

Competent leaders:

- Support plans for services that are part of the strategy for the wider healthcare system
- Gather feedback from patients, service users and colleagues to help develop plans
- Contribute their expertise to planning processes
- Appraise options in terms of benefits and risks.

Contextual Indicators

Stage 1 Own practice/ immediate team	Contributes ideas to service plans, incorporating feedback from others - including a diverse range of patients, service users and colleagues.
Stage 2 Whole service/ across teams	Works collaboratively to develop business cases and service plans that support organisational objectives, appraising them in terms of benefits and risks.
Stage 3 Across services/ wider organisation	Leads service design and planning processes. Communicates and keeps others informed of strategic and operational plans, progress and outcomes.
Stage 4 Whole organisation/ healthcare system	Anticipates the impact of health trends and develops strategic plans that will have a significant impact on the organisation and wider healthcare system. Ensures strategic objectives are translated into operational plans.

3. Managing Services
3.2 Managing Resources
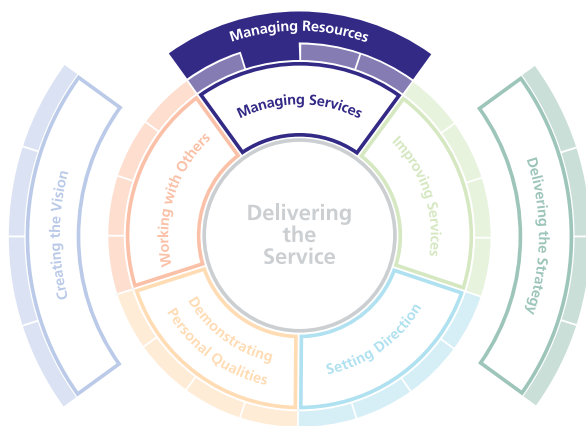
Leaders **manage resources**: knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs.

Competent leaders:

- Accurately identify the appropriate type and level of resources required to deliver safe and effective services
- Ensure services are delivered within allocated resources
- Minimise waste
- Take action when resources are not being used efficiently and effectively.

Contextual Indicators

Stage 1 Own practice/ immediate team	Understands what resources are available and organises the appropriate type and level of resources required to deliver safe and efficient services.
Stage 2 Whole service/ across teams	Identifies resource requirements associated with delivering services. Manages resources and takes action to ensure their effective and efficient use.
Stage 3 Across services/ wider organisation	Forecasts resource requirements associated with delivering complex services efficiently and effectively. Manages resources taking into account the impact of national and local policies and constraints.
Stage 4 Whole organisation/ healthcare system	Strategically manages resources across the organisation and wider healthcare system.

3. Managing Services
3.3 Managing People
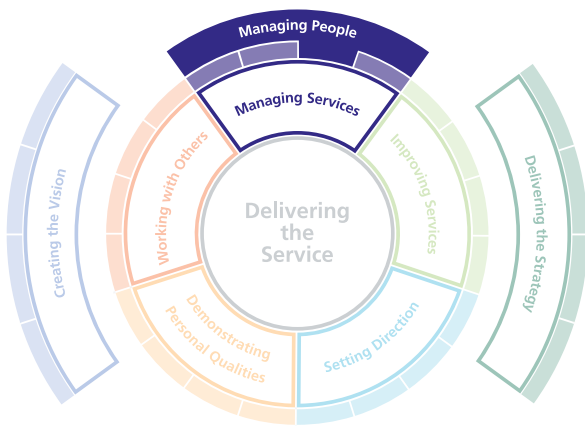
Leaders **manage people**: providing direction, reviewing performance, motivating others, and promoting equality and diversity.

Competent leaders:

- Provide guidance and direction for others using the skills of team members effectively
- Review the performance of the team members to ensure that planned service outcomes are met
- Support team members to develop their roles and responsibilities
- Support others to provide good patient care and better services.

Contextual Indicators

Stage		
Stage 1 Own practice/ immediate team	Supports others in delivering high quality services and excellence in health and care.	
Stage 2 Whole service/ across teams	Provides others with clear purpose and direction. Helps others in developing their roles and responsibilities.	
Stage 3 Across services/ wider organisation	Motivates and coaches individuals and teams to strengthen their performance and assist them with developing their own capabilities and skills. Aligns individual development needs with service goals.	
Stage 4 Whole organisation/ healthcare system	Inspires and supports leaders to mobilise diverse teams that are committed to and aligned with organisational values and goals. Engages with and influences senior leaders and key stakeholders to deliver joined up services.	

3. Managing Services
3.4 Managing Performance
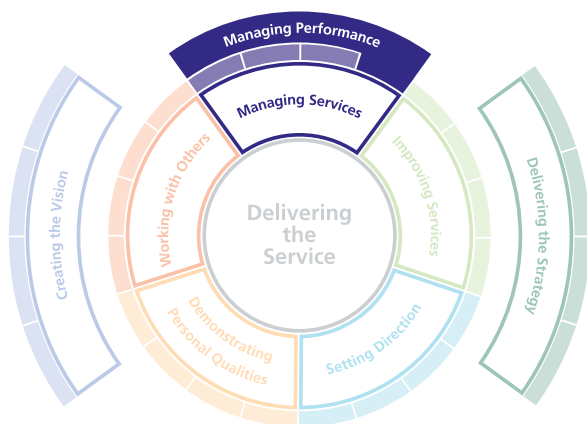
Leaders **manage performance**: holding themselves and others accountable for service outcomes.

Competent leaders:

- Analyse information from a range of sources about performance
- Take action to improve performance
- Take responsibility for tackling difficult issues
- Build learning from experience into future plans.

Contextual Indicators

Stage 1 Own practice/ immediate team	Uses information and data about performance to identify improvements which will strengthen services.
Stage 2 Whole service/ across teams	Works with others to set and monitor performance standards, addressing areas where performance objectives are not achieved.
Stage 3 Across services/ wider organisation	Establishes rigorous performance measures. Holds self, individuals and teams to account for achieving performance standards. Challenges when service expectations are not being met and takes corrective action.
Stage 4 Whole organisation/ healthcare system	Promotes an inclusive culture that enables people to perform their best, ensuring that appropriate performance management systems are in place and that performance data is systematically evaluated and fed into future plans.

3. Managing Services

Generic behaviours observed if individual is not yet demonstrating this domain:
- Disorganised or unstructured approach to planning
- Wastes resources or fails to monitor them effectively
- Does not effectively manage and develop people
- Fails to identify and address performance issues.

Examples in Practice for Managing Services:

Stage 1

Biomedical Scientist Z was asked to get involved in trialling a new Clostridium difficile kit that would result in the strengthening of service outcomes for patients. She conducted a risk assessment on the kit and analysed the strengths and weaknesses of the product. This included assessing factors such as the speed and accuracy of diagnosis provided by the kit thereby helping to ensure that a cost effective, high quality product was purchased. Biomedical Scientist Z used feedback from colleagues when considering how to test the efficiency of the equipment. She compared the performance of the new kit with performance data from old kits and conducted a literature review on alternative options available to ensure she was up to date with the latest developments in the field. Following the trial, the new kit was put into operation and the speed and accuracy with which patients were diagnosed improved significantly.

Stage 2

Deputy Physiotherapist Manager E undertook a service review of the Medical Assessment unit. By looking at data on the types and numbers of patients seen and the staff cover required, she took the decision to split the unit into two sections. She met with the Medical Directorate team to ensure this met with their requirements. She created a business case for recruiting an additional team leader. Deputy Physiotherapist Manager E then supported a member of her staff who volunteered to take on the role of team leader in the interim. She provided advice and encouragement to the individual who appeared to lack sufficient confidence dealing with the complexities of the situation. When a misunderstanding occurred between two members of the team, Deputy Physiotherapist Manager E worked with the interim team manager to manage the situation before it escalated and impacted on service delivery.

Stage 3

After taking up his post, Head of Operations P found a disparate group of directorates each operating independently in 'silos' and not managing services in a joined up manner. Head of Operations P introduced weekly Business Operational and Performance (BOPS) meetings where he spent time listening to the views of the team and demonstrated that each had a valuable perspective which could benefit others in terms of considering efficiencies. He noted that silo behaviour existed largely because the culture previously was hierarchical and revolved around the professional status of each area. Head of Operations P developed a 'decision tree' tool to assist team members with challenging their own thinking and helped them realise that as a group they were able to achieve more than they could on their own. As the team began to trust him and understood what he was trying to achieve he began to challenge them more as part of their ongoing development. Together the team began to jointly prioritise actions and looked at opportunities for sharing resources to help one another deliver a better quality service to patients.

Stage 4

Chief Nursing Officer P is involved in an initiative to increase the number of health professionals. This was in response to changing government policy brought about by an ageing UK population creating more demand for services. She worked with colleagues to gather information from a range of parties including politicians, special advisors, trade union representatives and health visitors, to further understand government requirements and establish future resourcing strategies. Her first priority was to formulate a governance model to clearly communicate the purpose of the initiative. Chief Nursing Officer P then looked at developing a succession planning strategy designed to co-ordinate future resourcing requirements with regional needs. This included debating and refining future strategic imperatives, establishing performance expectations and reviewing resources across regions.

4. Improving Services
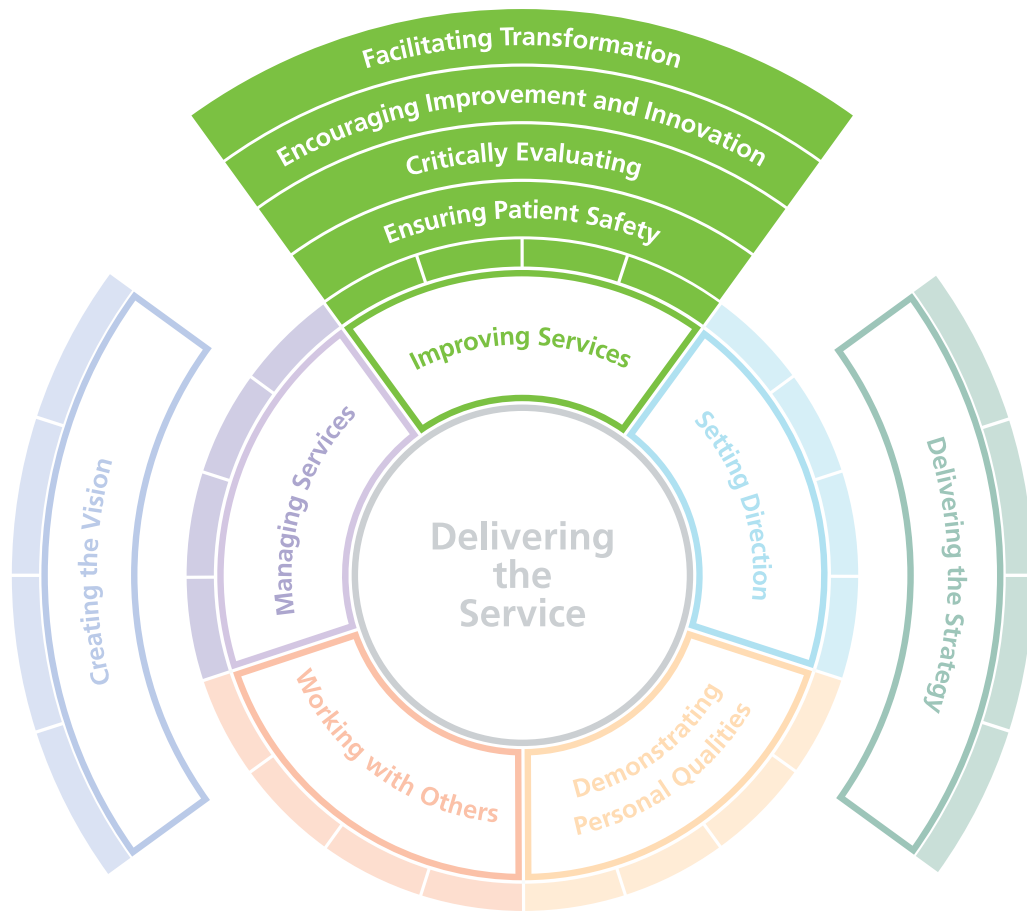
Effective leadership requires individuals to make a real difference to people's health by delivering high quality services and by developing improvements to services. To do so, they much demonstrate effectiveness in:

- Ensuring Patient Safety
- Critically Evaluating
- Encouraging Improvement and Innovation
- Facilitating Transformation.

4. Improving Services
4.1 Ensuring Patient Safety
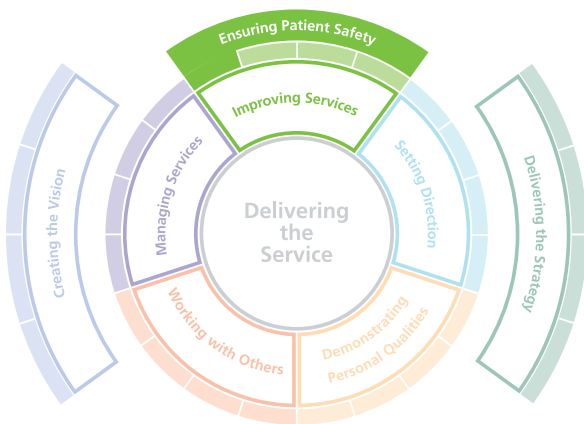
Leaders **ensure patient safety**: assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety.

Competent leaders:

- Identify and quantify the risk to patients using information from a range of sources
- Use evidence, both positive and negative, to identify options
- Use systematic ways of assessing and minimising risk
- Monitor the effects and outcomes of change.

Contextual Indicators

Stage 1 Own practice/ immediate team	Puts the safety of patients and service users at the heart of their thinking in delivering and improving services. Takes action to report or rectify shortfalls in patient safety.
Stage 2 Whole service/ across teams	Reviews practice to improve standards of patient safety and minimise risk. Monitors the impact of service change on patient safety.
Stage 3 Across services/ wider organisation	Develops and maintains audit and risk management systems which will drive service improvement and patient safety.
Stage 4 Whole organisation/ healthcare system	Creates a culture that prioritises the health, safety and security of patients and service users. Delivers assurance that patient safety underpins policies, processes and systems.

4. Improving Services
4.2 Critically Evaluating
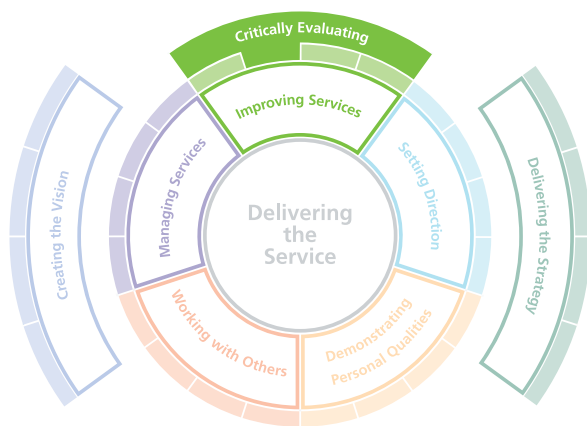
Leaders **critically evaluate**: being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team.

Competent leaders:

- Obtain and act on patient, carer and service user feedback and experiences
- Assess and analyse processes using up-to-date improvement methodologies
- Identify healthcare improvements and create solutions through collaborative working
- Appraise options, and plan and take action to implement and evaluate improvements.

Contextual Indicators

Stage 1 Own practice/ immediate team	Uses feedback from patients, carers and service users to contribute to healthcare improvements.
Stage 2 Whole service/ across teams	Engages with others to critically evaluate services and create ideas for improvements.
Stage 3 Across services/ wider organisation	Synthesises complex information to identify potential improvements to services. Identifies potential barriers to service improvement.
Stage 4 Whole organisation/ healthcare system	Benchmarks the wider organisation against examples of best practice in healthcare and other sectors. Evaluates options for improving services in line with future advances.

4. Improving Services
4.3 Encouraging Improvement and Innovation

Leaders **encourage improvement and innovation**: creating a climate of continuous service improvement.

Competent leaders:

- Question the status quo
- Act as a positive role model for innovation
- Encourage dialogue and debate with a wide range of people
- Develop creative solutions to transform services and care.

Contextual Indicators

Stage 1 Own practice/ immediate team	Questions established practices which do not add value. Puts forward creative suggestions to improve the quality of service provided.
Stage 2 Whole service/ across teams	Acts as a positive role model for innovation. Encourages dialogue and debate in the development of new ideas with a wide range of people.
Stage 3 Across services/ wider organisation	Challenges colleagues' thinking to find better and more effective ways of delivering services and quality. Accesses creativity and innovation from relevant individuals and groups.
Stage 4 Whole organisation/ healthcare system	Drives a culture of innovation and improvement. Integrates radical and innovative approaches into strategic plans to make the NHS a leader in the provision of healthcare services.

4. Improving Services
4.4 Facilitating Transformation
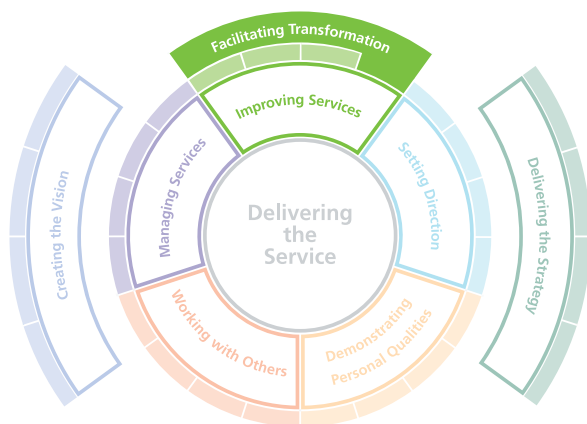
Leaders **facilitate transformation**: actively contributing to change processes that lead to improving healthcare.

Competent leaders:

- Model the change expected
- Articulate the need for change and its impact on people and services
- Promote changes leading to systems redesign
- Motivate and focus a group to accomplish change.

Contextual Indicators

Stage 1	Own practice/ immediate team	Articulates the need for changes to processes and systems, acknowledging the impact on people and services.
Stage 2	Whole service/ across teams	Focuses self and others on achieving changes to systems and processes which will lead to improved services.
Stage 3	Across services/ wider organisation	Energises others to drive change that will improve health and care services. Actively manages the change process, drawing on models of effective change management. Recognises and addresses the impact of change on people and services.
Stage 4	Whole organisation/ healthcare system	Inspires others to take bold action and make important advances in how services are delivered. Removes organisational obstacles to change and creates new structures and processes to facilitate transformation.

4. Improving Services

Generic behaviours observed if individual is not yet demonstrating this domain:

- Overlooks the need to put patients at the forefront of their thinking
- Does not question/evaluate current processes and practices
- Maintains the status quo and sticks with traditional outdated ways of doing things
- Fails to implement change or implements change for change's sake.

Examples in Practice for Improving Services:

Stage 1

Physician B has been undertaking a major piece of audit work on the management of thromboprophylaxis. Physician B worked with a local Thrombosis Committee to collect and critically evaluate data relating to care of patients with thrombosis and compared the results with a set of defined standards. Physician B presented the results to the Thrombosis Committee who had responsibility for implementing policies on the management of thromboprophylaxis. He recommended changes suggesting that a number of adjustments be made to current working practices including creating risk assessment sheets for patients and modifying blood charts, to ensure patient safety and improve patient outcomes.

Stage 2

Specialist Orthoptist F took responsibility for implementing a new eye screening programme aimed at providing high quality eye tests for school children with learning disabilities. He wrote a proposal on the advantages of providing clinics in schools and worked closely with school governors and head teachers to educate them of the benefits. Despite facing initial challenges, the eye screening programme was implemented. Specialist Orthoptist F evaluated the programme some months later, by conducting an audit. He asked parents to comment on the new set up and received very positive feedback. Children were seen more quickly and were less stressed due to being treated in a child friendly environment. Parents also commented on how much easier it was to attend appointments now that they were scheduled on school premises.

Stage 3

Directorate Senior Business Manager T used his experience outside of the NHS to bring a fresh perspective to dealing with service delivery improvements. He encouraged clinical staff to develop a mindset that viewed patients in a broader sense as 'customers' rather than as just NHS patients. Directorate Senior Business Manager T challenged staff by asking them if a customer in another industry would be satisfied with waiting for a product for thirty weeks. After discussions with the team he identified that there were poor data systems in place. To achieve a 'quick win' he asked his team to implement a cost effective tracking system that documented the patient's journey and helped identify where there were potential bottlenecks with processing patients through the system. The tracking system was well received by staff and patients who saw tangible benefits in terms of time and money savings as well as increased patient satisfaction. Other areas within the NHS have subsequently asked about how they might make use of this cost effective, easy to design tracking system.

Stage 4

Associate Medical Director S led a national initiative to transform emergency care through the delivery of ambulatory emergency care to eliminate the need for overnight stay for certain conditions. The impact and benefits of the widespread adoption of this would be comparable to the adoption of day-case surgery which has transformed inpatient elective surgical services. Dr S observed the delivery of ambulatory emergency care in a range of hospitals over a two year period and identified 49 clinical scenarios where early senior assessment by a competent clinical decision-maker would result in immediate diagnosis, treatment and rapid discharge, avoiding the need for an overnight stay. He estimated that approximately 22 per cent of current non-elective admissions with at least one overnight stay could be managed in this way with a potential saving to the NHS of up to £350 million annually, as a conservative estimate. Dr S published these clinical scenarios in the Directory of Ambulatory Emergency Care for Adults which was adopted as one of the national quality indicators and is well supported by professional bodies as a model of care which is deliverable. All scenarios in the directory have evidence for the concept and the evidence base for effectiveness and safety is building over time. Dr S now also has a role as Clinical Lead of the Emergency Care Intensive Support Team in which he supports and encourages others to transform their clinical practice in emergency services. He estimates that 60-70 per cent of units have already changed their practice and have started to implement the concept of ambulatory emergency care as described within the Directory.

5. Setting Direction
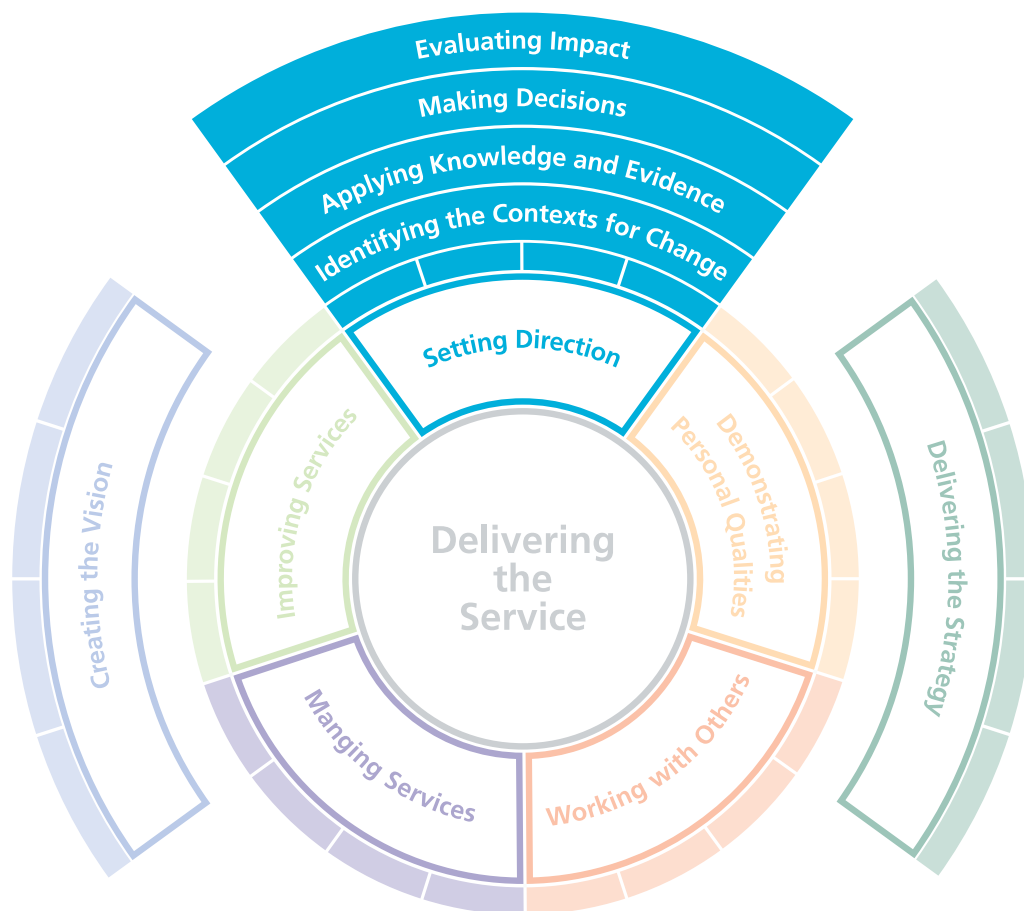
Effective leadership requires individuals to contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values. To do so, they must demonstrate effectiveness in:

- Identifying the Contexts for Change
- Applying Knowledge and Evidence
- Making Decisions
- Evaluating Impact.

5. Setting Direction
5.1 Identifying the Contexts for Change
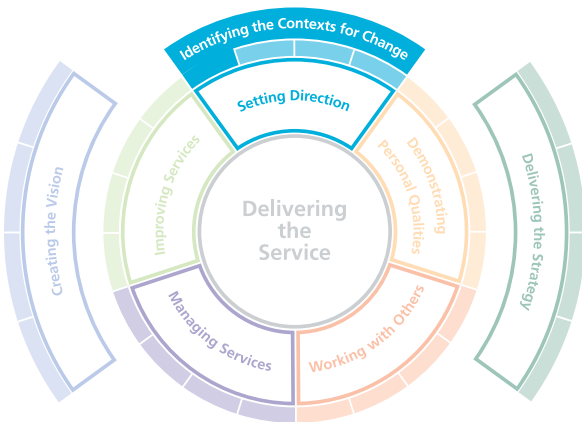
Leaders **identify the contexts for change**: being aware of the range of factors to be taken into account.
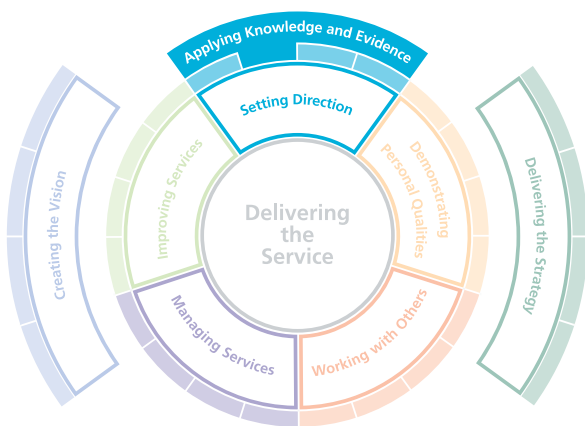
Competent leaders:

- Demonstrate awareness of the political, social, technical, economic, organisational and professional environment
- Understand and interpret relevant legislation and accountability frameworks
- Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes
- Develop and communicate aspirations.

Contextual Indicators

Stage 1 Own practice/ immediate team	Understands the range of factors which determine why changes are made.
Stage 2 Whole service/ across teams	Identifies the external and internal drivers of change and communicates the rationale for change to others.
Stage 3 Across services/ wider organisation	Actively seeks to learn about external factors which will impact on services. Interprets the meaning of these for services and incorporates them into service plans and actions.
Stage 4 Whole organisation/ healthcare system	Synthesises knowledge from a broad range of sources. Identifies future challenges and imperatives that will create the need for change and move the organisation and the wider healthcare system in new directions. Influences the context for change in the best interests of services and service users.

5. Setting Direction
5.2 Applying Knowledge and Evidence

Leaders **apply knowledge and evidence**: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements.
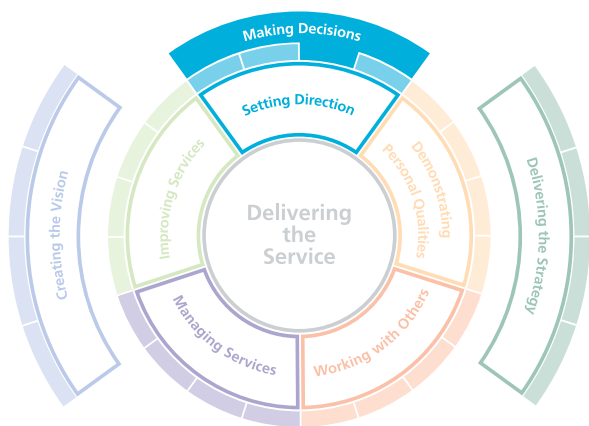
Competent leaders:

- Use appropriate methods to gather data and information
- Carry out analysis against an evidence-based criteria set
- Use information to challenge existing practices and processes
- Influence others to use knowledge and evidence to achieve best practice.

Contextual Indicators

Stage 1 Own practice/ immediate team	Gathers data and information about aspects of the service, analyses evidence and uses this knowledge to suggest changes that will improve services in the future.
Stage 2 Whole service/ across teams	Obtains and analyses information about services and pathways to inform future direction. Supports and encourages others to use knowledge and evidence to inform decisions about the future of services.
Stage 3 Across services/ wider organisation	Understands the complex interdependencies across a range of services. Applies knowledge to set future direction.
Stage 4 Whole organisation/ healthcare system	Uses knowledge, evidence and experience of national and international developments in health and social care to influence the future development of health and care services.

5. Setting Direction
5.3 Making Decisions

Leaders **make decisions**: using their values, and the evidence, to make good decisions.
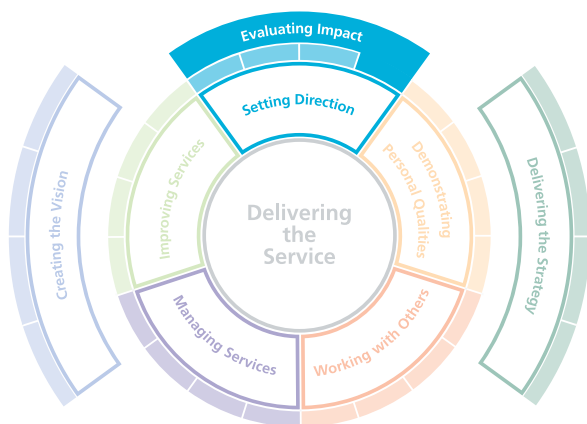
Competent leaders:

- Participate in and contribute to organisational decision-making processes
- Act in a manner consistent with the values and priorities of their organisation and profession
- Educate and inform key people who influence and make decisions
- Contribute their unique perspective to team, department, system and organisational decisions.

Contextual Indicators

Stage 1 Own practice/ immediate team	Consults with others and contributes to decisions about the future direction/vision of their service.
Stage 2 Whole service/ across teams	Involves key people and groups in making decisions. Actively engages in formal and informal decision-making processes about the future of services.
Stage 3 Across services/ wider organisation	Remains accountable for making timely decisions in complex situations. Modifies decisions and flexes direction when faced with new information or changing circumstances.
Stage 4 Whole organisation/ healthcare system	Ensures that corporate decision-making is rigorous and takes account of the full range of factors impinging on the future direction of the organisation and the wider healthcare system. Can operate without all the facts. Takes unpopular decisions when in the best interests of health and care in the long term.

5. Setting Direction
5.4 Evaluating Impact

Leaders **evaluate impact**: measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.

Competent leaders:

- Test and evaluate new service options
- Standardise and promote new approaches
- Overcome barriers to implementation
- Formally and informally disseminate good practice.

Contextual Indicators

Stage 1 Own practice/ immediate team	Assesses the effects of change on service delivery and patient outcomes. Makes recommendations for future improvements.
Stage 2 Whole service/ across teams	Evaluates and embeds approaches and working methods which have proved to be effective into the working practices of teams and individuals.
Stage 3 Across services/ wider organisation	Identifies gains which can be applied elsewhere in the organisation and incorporates these into operational/business plans. Disseminates learning from changes which have been introduced.
Stage 4 Whole organisation/ healthcare system	Synthesises learning arising from changes which have been introduced and incorporates these into strategic plans. Shares learning with the wider health and care community.

5. Setting Direction

Generic behaviours observed if individual is not yet demonstrating this domain:
- Unaware of political, social, technical, economic, organisational factors that impact on the future of the service /organisation
- Does not use an evidence-base for decision-making
- Makes poor decisions about the future
- Fails to evaluate the impact of previous decisions and actions.

Examples in Practice for Setting Direction:

Stage 1

Learning and Development Coordinator D learned of new national guidance regarding information governance which required all staff to undertake annual training in data protection. D had been aware of high profile cases where data protection measures had been inadequate and reported in the press, from sectors other than the NHS, and understood the importance of training to prevent similar occurrences within her trust. D identified that compliance with training in data protection in the trust was only 13 per cent and agreed a target to increase this to 95 per cent over an eight month period. She introduced mandatory training to achieve this. She regularly monitored attendance rates, updated managers with statistical data about uptake and worked hard to raise awareness of the importance of training. After just six months the compliance rate reached 64 per cent and was expected to reach the target on time. As a result of this initiative, the uptake of statutory training overall increased across the trust, and training has been reconfigured to achieve even higher attendance rates.

Stage 2

Falls Lead K realised that the local ambulance service was ideal for identifying people prone to falling. From feedback he received from physiotherapists and the falls team, he constructed a questionnaire to collect details of the patient and their fall. When they deal with a person who has fallen, all of the ambulance officers now fax a form to the falls team, which assesses patients and refers them to physiotherapy as needed. Providing physiotherapy for these patients led to the number of repeat falls being reduced, close to 4,000 fewer falls victims a year. Comprehensive risk assessments have been effective in eliminating a lot of trolley waits, bed days and return visits to hospital. This reduction in falls has saved the ambulance service more than £400,000 in 18 months, money that has been redirected into improving existing services.

Stage 3

Clinical services lead V is working for a community health service and has become aware that a new contract to provide a service to tackle adult obesity among the borough's ethnically diverse communities was being put out to tender. He led work with physiotherapists, dietitians, psychologists, sports medicine clinicians and a local charity to develop and submit a joint bid. This focused its business case on addressing obesity through community-based activity, optimising integrated models of care and achieving long-term financial advantages through ill-health prevention to demonstrate value and cost-effectiveness. The central initiative within the proposal was for professional staff to train lay community figures within the charity to provide information on exercise to clients, and for outcome measures to be implemented at the start and end of the programme. The joint bid was awarded a tender for a year.

Stage 4

Dr K is a senior partner in a GP practice which had been one of the first wave pathfinder consortia for GP commissioning. He identified the need for clinicians from across a range of professions to develop a new kind of collegiate network outside existing membership organisations, which would share learning and best practice during the early stages of GP commissioning. He was concerned that the development and implementation of GP commissioning should be done in a way which accurately reflected policy and which used the experience of clinicians. Dr K took on the additional role of National Clinical Commissioning Network Lead and, over a period of 10 months, identified 400 clinical leaders from across the country and supported them to become active participants in the network which was used to exchange views, share success stories and information about local challenges. Stories about how services had been changed and improved through GP commissioning could be accessed via the network very quickly, providing rapid feedback on progress, and a collective voice for primary care to speak directly to policy makers. Dr K's success in this venture is based upon high credibility amongst his clinical colleagues, the respect he has earned from others, and his accessibility to those he supports within the network.

6. Creating the Vision
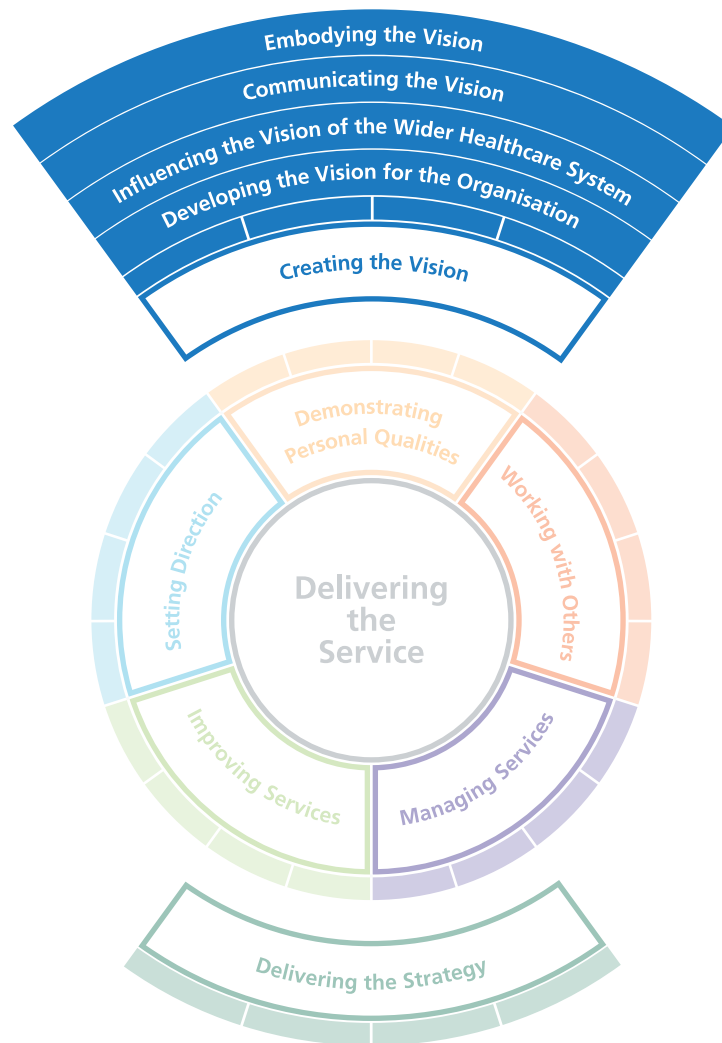
Effective leadership involves creating a compelling vision for the future, and communicating this within and across organisations. This requires individuals to demonstrate effectiveness in:

- Developing the Vision for the Organisation
- Influencing the Vision of the Wider Healthcare System
- Communicating the Vision
- Embodying the Vision.

6. Creating the Vision
6.1 Developing the Vision for the Organisation
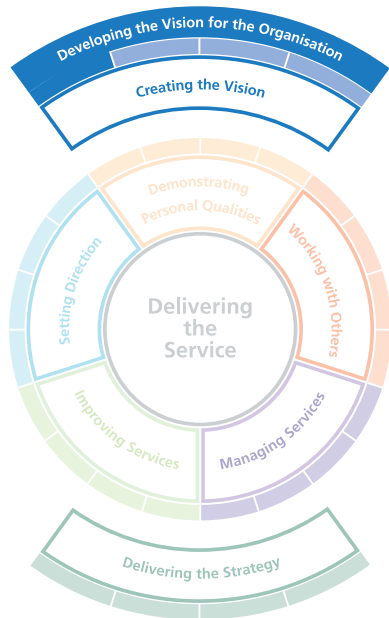
Those in senior positional leadership roles **develop the vision for the organisation,** looking to the future to determine the direction for the organisation. They:

- Actively engage with colleagues and key influencers, including patients and public, about the future of the organisation

- Broadly scan and analyse the full range of factors that will impact upon the organisation, to create likely scenarios for its future

- Create a vision which is bold, innovative and reflects the core values of the NHS

- Continuously ensure that the organisation's vision is compatible with future developments within the wider healthcare system.

### Contextual Indicators

Stage 4
Whole organisation/ healthcare system

Actively engages a diverse range of key stakeholders in creating a bold, innovative, shared vision which reflects the future needs and aspirations of the population and the future direction of health and care services. Thinks broadly and aligns the vision to the NHS core values and the values of the wider healthcare system.

6. Creating the Vision
6.2 Influencing the Vision of the Wider Healthcare System
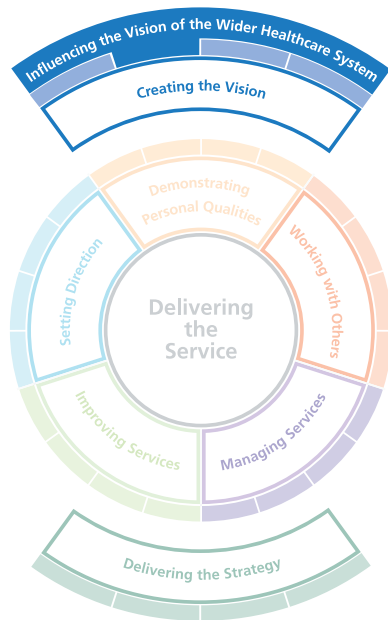
Those in senior positional leadership roles work with partners across organisations to **influence the vision of the wider healthcare system**. They:

- Seek opportunities to engage in debate about the future of health and care related services

- Work in partnership with others in the healthcare system to develop a shared vision

- Negotiate compromises in the interests of better patient services

- Influence key decision-makers who determine future government policy that impacts on the NHS and its services.

Contextual Indicators

Stage 4 — Whole organisation/healthcare system	Actively participates in and leads on debates about the future of health, wellbeing and related services. Manages political interests, balancing tensions between organisational aspirations and the wider environment. Shapes and influences local, regional and national health priorities and agendas.

6. Creating the Vision
6.3 Communicating the Vision
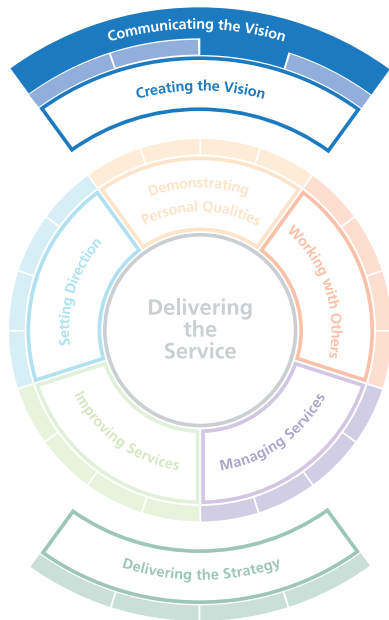
Those in senior positional leadership roles **communicate the vision** and motivate others to work towards achieving it. They:

- Communicate their ideas and enthusiasm about the future of the organisation and its services confidently and in a way which engages and inspires others

- Express the vision clearly, unambiguously and vigorously

- Ensure that stakeholders within and beyond the immediate organisation are aware of the vision and any likely impact it may have on them

- Take time to build critical support for the vision and ensure it is shared and owned by those who will be communicating it.
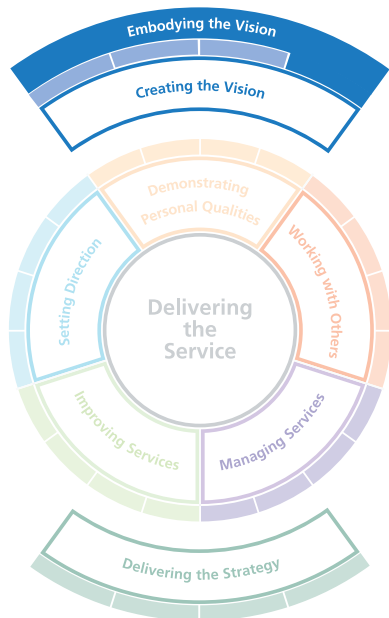
Contextual Indicators

Stage 4
Whole organisation/ healthcare system

Clearly communicates the vision in a way that engages and empowers others.
Uses enthusiasm and energy to inspire others and encourage joint ownership of the vision.
Anticipates and constructively addresses challenge.

6. Creating the Vision
6.4 Embodying the Vision

Those in senior positional leadership roles **embody the vision** by behaving in ways which are entirely consistent with the vision and values of the organisation. They:

- Act as a role model, behaving in a manner which reflects the values and principles inherent in the vision

- Demonstrate confidence, self belief, tenacity and integrity in pursuing the vision

- Challenge behaviours which are not consistent with the vision

- Identify symbols, rituals and routines within the organisation which are not consistent with the vision, and replace them with ones that are.

Contextual Indicators

Stage 4
Whole organisation/ healthcare system

Consistently displays passion for the vision and demonstrates personal commitment to it through their day-to-day actions. Uses personal credibility to act as a convincing advocate for the vision.

6. Creating the Vision

Generic behaviours observed if individual is not yet demonstrating this domain:

- Does not involve others in creating and defining the vision
- Does not align their vision with the wider health and care agenda
- Misses opportunities to communicate and share understanding of the vision with others
- Lacks enthusiasm and commitment for driving the vision.

Examples in Practice for Creating the Vision:

Stage 1 & 2

While the prime responsibility for Creating the Vision rests with senior leaders, it is expected that staff at all stages will contribute to the vision of the organisation by offering their perspective and professional judgment. Staff at stages 1 and 2 are often those closest to patients and service users which puts them in a unique position to ensure that patients' best interests are represented in the organisation's vision.

Stage 3

Deputy Director of Nursing Quality & Workforce has been working with the Executive team to help determine whether the existing vision for her area remained relevant in the light of future changes to the way the NHS would operate. This involved conducting a gap analysis to identify where her team needed to be both in the short and longer-term and establish whether the existing vision and strategy was suitable for achieving organisational goals. Reviews were organised and different stakeholder groups were encouraged to contribute to determining what services should be provided to patients and how the services should be structured and run. Deputy Director of Nursing Quality & Workforce helped the groups consider the interdependencies between nursing, social services and the local authority and how this impacted on the provision of future services. She identified that far more focus needed to be placed on quality and safety than had been the case in the past. She involved her staff in developing value and culture statements for the service to align them with the future vision and strategy. She also set up an innovative and experimental Chief Executive blog which allowed staff to receive regular updates on the strategy. This proved to be a successful initiative as it enabled staff to access and respond to real-time messages from the Chief Executive about the future of the organisation.

Stage 4

Director of Primary Care Improvement X has worked with the executive team on the formulation of a primary care and community services vision for the future. She outlined how she helped review the strategy ensuring that it accounted for key themes such as patient empowerment, quality, prevention and leadership. She spent time speaking to staff to share a national perspective on issues. Ten road shows were conducted to support local delivery and make the strategy relevant within a regional context. Using her knowledge acquired through going to events, making visits and attending small meetings she was able to provide a unique holistic perspective on the NHS that demonstrated her understanding of issues at the grassroots level. Director of Primary Improvement X showed resilience when answering objections relating to issues such as uncertainty about the future and reframed them in a way that made others aware of the need, and encouraged them, to take appropriate risks and operate outside of their comfort zones.

7. Delivering the Strategy
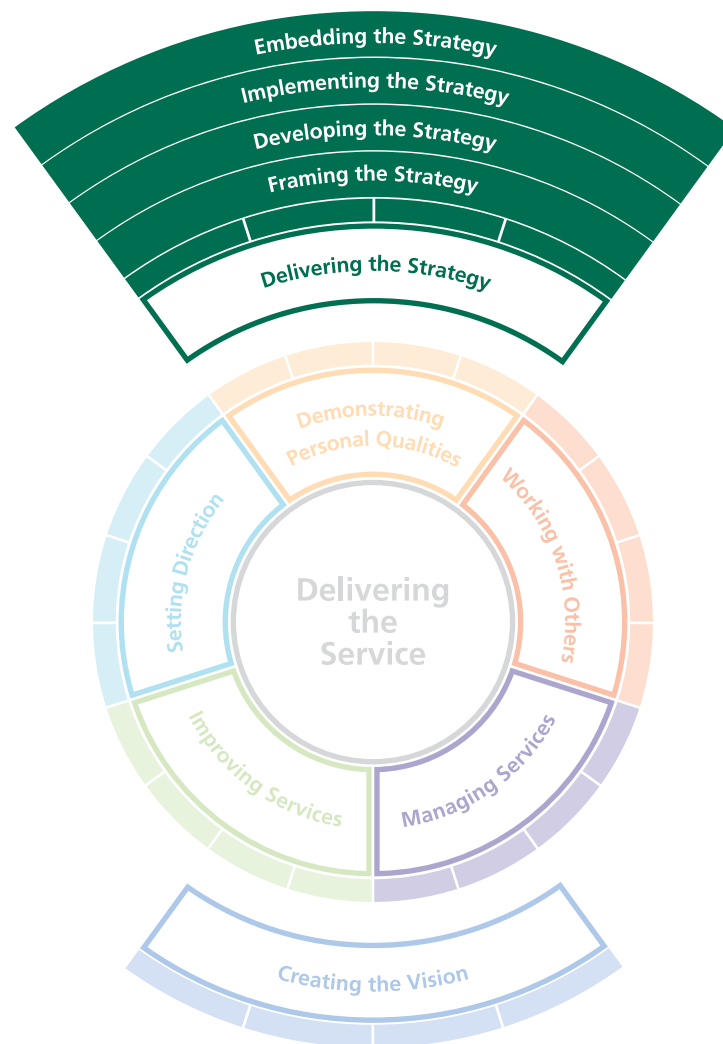
Effective leadership involves delivering the strategy by developing and agreeing strategic plans that place patient care at the heart of the service, and ensuring that these are translated into achievable operational plans. This requires individuals to demonstrate effectiveness in:

- Framing the Strategy
- Developing the Strategy
- Implementing the Strategy
- Embedding the Strategy.

7. Delivering the Strategy
7.1 Framing the Strategy

Those in senior positional leadership roles identify strategic options for the organisation and draw upon a wide range of information, knowledge and experience in order to **frame the strategy**. They:

- Take account of the culture, history and long term underlying issues for the organisation
- Use sound organisational theory to inform the development of strategy
- Identify best practice which can be applied to the organisation
- Identify strategic options which will deliver the organisation's vision.

Contextual Indicators

Stage 4 — Whole organisation/healthcare system	Critically reviews relevant thinking, ideas and best practice and applies whole systems thinking in order to conceptualise a strategy in line with the vision.

7. Delivering the Strategy
7.2 Developing the Strategy

Those in senior positional leadership roles engage with colleagues and key stakeholders to **develop the organisation's strategy**. They:

- Engage with key individuals and groups to formulate strategic plans to meet the vision

- Strive to understand others' agendas, motivations and drivers in order to develop strategy which is sustainable

- Create strategic plans which are challenging yet realistic and achievable

- Identify and mitigate uncertainties and risks associated with strategic choices.

Contextual Indicators

Stage 4 Whole organisation/ healthcare system	Integrates the views of a broad range of stakeholders to develop a coherent, joined up and sustainable strategy. Assesses organisational readiness for change. Manages the risks, political sensitivities and environmental uncertainties involved.

7. Delivering the Strategy
7.3 Implementing the Strategy

Those in senior positional leadership roles are entrepreneurial in that they organise, manage and assume the risks of the organisation in order to **implement the strategy**. They:

- Ensure that strategic plans are translated into workable operational plans, identifying risks, critical success factors and evaluation measures

- Identify and strengthen organisational capabilities required to deliver the strategy

- Establish clear accountability for the delivery of all elements of the strategy, hold people to account and expect to be held to account themselves

- Respond quickly and decisively to developments which require a change in strategy.

Contextual Indicators

| Stage 4 — Whole organisation/ healthcare system	Responds constructively to challenge. Puts systems, structures, processes, resources and plans in place to deliver the strategy. Establishes accountabilities and holds people in local, regional, and national structures to account for jointly delivering strategic and operational plans. Demonstrates flexibility when changes required.

7. Delivering the Strategy
7.4 Embedding the Strategy
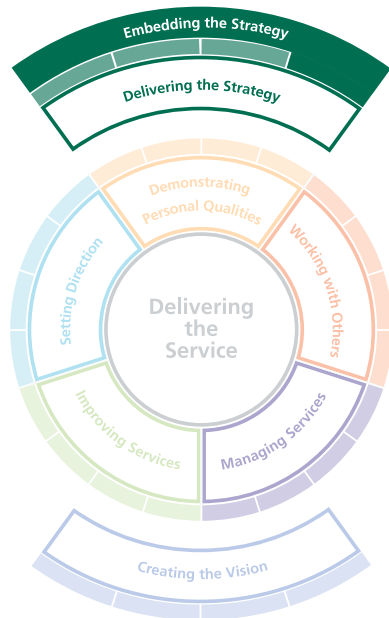
Those in senior positional leadership roles **embed the strategy**, ensuring that strategic plans are achieved and sustained. They:

- Support and inspire others responsible for delivering strategic and operational plans, helping them to overcome obstacles and challenges, and to remain focused

- Create a consultative organisational culture to support delivery of the strategy and to drive strategic change within the wider healthcare system

- Establish a climate of transparency and trust where results are discussed openly

- Monitor and evaluate strategic outcomes, making adjustments to ensure sustainability of the strategy.

Contextual Indicators

Stage 4
Whole organisation/ healthcare system

Enables and supports the conditions and culture needed to sustain changes integral to the successful delivery of the strategy. Keeps momentum alive by reinforcing key messages, monitoring progress and recognising where the strategy has been embraced by others. Evaluates outcomes and uses learnings to adapt strategic and operational plans.

7. Delivering the Strategy

Generic behaviours observed if individual is not yet demonstrating this domain:

- Does not align the strategy with local, national and/or wider health care system requirements
- Works to develop the strategy in isolation without input or feedback from others
- Absolves oneself of responsibility for holding others to account
- Fails to enable an organisational culture that embraces the strategy.

Examples in Practice for Delivering the Strategy:

Stage 1 & 2

While the ultimate accountability for Delivering the Strategy rests with senior leaders, the actual delivery of strategy is undertaken by everyone in the organisation and it is everyone's responsibility to ensure that their plans and actions are in line with and contribute to the organisation's goals.

Stage 3

Associate Medical Director R took steps to ensure that his organisation was compliant with the Chief Executive's strategy to meet new national policy guidelines around best practice in delivering high quality patient care. This initiative was important as the reputation of the organisation was linked to a successful outcome. A number of processes and procedures were identified as being below standard. A particular issue that proved to be challenging was getting commitment to implement basic procedures such as using World Health Organisation (WHO) checklists. A climate existed where staff failed to recognise the importance of the issue and in some cases felt that the matter was not pertinent to their circumstances. Associate Medical Director R used meetings to reinforce his message, presented statistical results, shared real stories highlighting the impact of non-compliance on patients and encouraged professional teams to work together as a single integrated unit. His approach resonated with his target audience and contributed to compliance data improving with 95 per cent of WHO checklists being used effectively by staff. However, a further area for improvement was identified which was making effective use of checklists at the patient checkout stage. Associate Medical Director R took prompt action and, with the support of his teams, considered devolving the checkout stage of the process to middle grade doctors and theatre staff or anaesthetists as a possible solution. Ultimately the option chosen was successful and his overall approach was highly valued by the Chief Executive.

Stage 4

Chief Executive Officer P has adopted a long term perspective on issues when reconfiguring maternity services in his region. Reconfiguration of maternity services involved moving from thirteen sites down to eight sites as part of a rationalisation process. The rationale for this reconfiguration of services was to provide a better overall service to the community and save lives as well as reduce waste. Chief Executive Officer P spent time acknowledging concerns and the perspectives of different parties in various forums. He needed to be particularly sensitive given that the decision had a significant political dimension to it. Constituents for eight Members of Parliament (MPs) wrote to Parliament and the press saying that they were unhappy about the prospect of losing their local maternity unit as a result of the proposed reconfiguration. Chief Executive Officer P's approach was to spend time consulting with the MPs, the local community and other interested parties and lay out the case for change based on ethical arguments around patient safety as well as by providing a sound business and financial rationale for his approach. Chief Executive Officer P described how he communicated his views in an open and honest manner and showed a willingness to meet community representatives face-to-face to discuss issues as well as face cross examination from the media on television. All of these actions built credibility and trust with stakeholders and ensured the process was viewed as being consultative in nature, transparent and fair. Key to building partnerships was spending time liaising and engaging with the wider public service and local authorities. This included finding outcomes that would be of benefit to all parties and would in turn help drive the initiative forward with broad support.

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Contributors to the contextual examples underpinning the CLCF

Contributors to the *Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training*

Contributors to the *Medical Leadership Competency Framework*

Contributors to the *Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework*

Contributors to the *Medical Leadership Curriculum*

*indicates someone who also sits on the Steering Board, but is categorised under a different group above.

Organisations and groups consulted

Allied Health Professions Federation

Ambulance Service Education Leads

Ambulance Training College

Ambulance Trust CEs Group

Ambulance Trust National HR Directors Group

Association of British Dispensing Opticians

Association of Clinical Scientists (ACS)

Association of Optometrists

Association of Professional Music Therapists

Bradford District Care Trust

British and Irish Orthoptic Society

British Association of Art Therapists

British Association of Dramatherapists

British Association of Prosthetists and Orthotists

British Dental Association

British Dietetic Association

British Healthcare Trades Association (BHTA) Orthotics Section

British Psychoanalytic Council

Centre for Pharmacy Postgraduate Education

Chartered Society of Physiotherapy

College of Occupational Therapists

College of Operating Department Practitioners

College of Optometrists

College of Paramedics

Department for Health and Social Services, Wales

Department of Health and Community Care, Scotland

Department of Health, England

Department of Health, Social Services and Public Safety, Northern Ireland

Federation of Healthcare Scientists

Federation of Ophthalmic and Dispensing Opticians

General Dental Council

General Medical Council

General Optical Council

General Pharmaceutical Council

Health Professions Council

Institute of Biomedical Science

Lead Midwife for Education Strategic Reference Group

Local Supervising Authority Midwifery Officers

Midwifery 2020

National Leadership Council Clinical Leadership Framework and Accreditation Steering Board

National Leadership Council, England

National Skills Academy for Social Care

NHS Institute for Innovation and Improvement

Nursing and Midwifery Council

Royal College of Midwives

Royal College of Nursing

Royal College of Speech and Language Therapists

Royal Pharmaceutical Society of Great Britain

Skills for Health

Social Care Institute for Excellence

The British Psychological Society

The Council of Deans of Health

The Council of University Heads of Pharmacy

The Dental Schools Council

The Institute of Chiropodists & Podiatrists

The Society & College of Radiographers

The Society of Chiropodists & Podiatrists

Relevant reading

This document is designed to be read and used in conjunction with relevant professional and service documents such as policy, curricula guidance, standards and frameworks related to education and training, learning and development activity and performance assessment tools.
A selection is included below:

British Association of Arts Therapists, *Suggestions from council on curriculum content*

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College of Occupational Therapists (2009 revised edition) *The College of Occupational Therapists' Curriculum Guidance for Pre-Registration Education*

College of Operating Department Practitioners (2009) *BSc in Operating Department Practice Curriculum Document*

College of Optometrists (2009) *Scheme for Registration Trainee Handbook 2009*

College of Optometrists (2009) *Assessment Framework Optometrists*

College of Paramedics (2008) *Paramedic Curriculum Guidance and Competence Framework*, 2nd edition

Committee of Postgraduate Dental Deans and Directors (2006) *A Curriculum for UK Dental Foundation Programme Training*

College of Podiatrists and the Society of Chiropodists and Podiatrists (2008) *Regulations and guidance for the accreditation of pre-registration education programmes in Podiatry leading to eligibility for membership of The Society of Chiropodists and Podiatrists Handbook*, Edition 2

Department of Health (2010) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*

Department of Health (2008) *High Quality Care for All: NHS Next Stage Review Final Report*

Department of Health (2010) *Equity and Excellence: Liberating the NHS (White Paper)*

Department of Health (2009) *Transforming Community Services: Enabling New Patterns of Provision*

Department of Health (2010) *Modernising Scientific Careers: The UK Way Forward*

Department of Health (2010) *Planning and Developing the NHS Workforce: The National Framework*

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Heifetz, R. and Laurie, D. (2009) *Review: The Work of Leadership by Heifetz and Laurie*. The Welsh NHS Confederation

Midwifery 2010 Midwifery 2020 – *Delivering Expectations*

MMC Inquiry (2008) *Aspiring to Excellence: Final Report of the Independent Enquiry into Modernising Medical Careers*

Mott MacDonald (2010) *Literature Review: Leadership Frameworks*. Mott MacDonald: Bolton

National Skills Academy Social Care (2009) *Leadership and Management Prospectus*

National Skills Academy Social Care (2010) *Overview and Key Messages May 2010*

NHS Institute for Innovation and Improvement (2006) *NHS Leadership Qualities Framework*

NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) *Medical Leadership Competency Framework*, 3rd edition

NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) *Shared Leadership: Underpinning of the MLCF*

NHS Scotland (2009) *Delivering Quality Through Leadership: NHS Scotland Leadership Development Strategy*

Nursing and Midwifery Council (2010) *Standards for Pre-registration Nursing Education: draft for consultation*

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Skills for Health, *Shape a Quality Nursing Workforce*

Society and College of Radiographers (2007) *Learning and Development Framework for Clinical Imaging and Oncology*

Society and College of Radiographers (2010) *Education and Professional Development Strategy: New Directions*

Society and College of Radiographers (2005) *A Framework for Professional Leadership in Clinical Imaging and Radiotherapy and Oncology Services*

Spurgeon, P., Clark. J., and Ham, C. (2011) *Medical Leadership: From the Dark Side to Centre Stage*, Oxford Radcliffe Press: Oxford

Stanton, E., Lemer, C. and Mountford, J. (eds) (2010) *Clinical Leadership: Bridging the divide. Quay Books*: London

Tamkin, P., Pearson, G., Hirsh, W. and Constable, S. (2010) *Exceeding Expectation: the Principles of Outstanding Leadership.* The Work Foundation

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Appendix I

The NHS Knowledge and Skills Framework

The NHS Knowledge and Skills Framework (KSF) was re-launched in 2010 in a simplified form, designed to be a flexible tool and adaptable for local use. The new KSF focuses on the core dimensions and links to the Leadership Framework particularly in the areas of communication, personal and people development, service improvement, quality and equality and diversity. The KSF also includes a new optional dimension on management and leadership (http://www.nhsemployers.org/PayAndContracts/AgendaForChange/KSF/Simplified-KSF/Pages/SimplifiedKSF.aspx) which sets out concisely the knowledge and skills required for leadership across four levels of the KSF and so relates well in summary form to the Leadership Framework. It also includes indicators to help organisations identify whether the knowledge and skills of the dimension are present in the organisation.

To view a visual representation of what the KSF and the Leadership Framework have in common, please visit: www.leadershipacademy.nhs.uk/lf

Appendix II:

The following tables combine the indication of behaviours at different leadership stages from each domain section. Please refer to the full domain pages for the element descriptors.

1. DEMONSTRATING PERSONAL QUALITIES

Effective leadership requires individuals to draw upon their values, strengths and abilities to deliver high standards of service. To do so, they must demonstrate effectiveness in demonstrating self awareness, managing themselves, continuing their personal development and acting with integrity.

Element	1 Own Practice/Immediate Team	2 Whole Service/Across Teams	3 Across Services/Wider Organisation	4 Whole Organisation/Wider Healthcare System
1.1 Developing Self Awareness	Reflects on how factors such as own values, prejudices and emotions influence their judgement, behaviour and self belief. Uses feedback from appraisals and other sources to consider personal impact and change behaviour. Understands personal sources of stress.	Appreciates the impact they have on others and the impact others have on them. Routinely seeks feedback and adapts their behaviour appropriately.	Reflects on their interactions with a wide and diverse range of individuals and groups from within and beyond their immediate service/organisation. Challenges and refreshes own values, beliefs, leadership styles and approaches. Overtly role models the giving and receiving of feedback.	Uses sophisticated tools and sources to continuously learn about their leadership impact in the wider health and care community and improve their effectiveness as a senior leader. Understands how pressures associated with carrying out a high profile role impact on them and their performance.
1.2 Managing Yourself	Plans and manages own time effectively and fulfils work requirements and commitments to a high standard, without compromising own health and wellbeing. Remains calm and focused under pressure.	Ensures that own work plans and priorities fit with the needs of others involved in delivering services. Demonstrates flexibility and sensitivity to service requirements and remains assertive in pursuing service goals.	Successfully manages a range of personal and organisational demands and pressures. Demonstrates tenacity and resilience. Overcomes setbacks where goals cannot be achieved and quickly refocuses. Is visible and accessible to others.	Remains focused on strategic goals when faced with competing and, at times, conflicting demands arising from differing priorities. Identifies where they need to personally get involved to achieve the most benefit for the organisation and wider healthcare system.
1.3 Continuing Personal Development	Takes responsibility for own personal development and seeks opportunities for learning. Strives to put learning into practice.	Puts self forward for challenging assignments and projects which will develop strengths and address development areas.	Acts as an exemplar for others in managing their continuous personal development. Facilitates the development of a learning culture.	Develops through systematically scanning the external environment and exploring leading edge thinking and best practice. Applies learning to build and refresh the service. Treats challenge as a positive force for improvement.
1.4 Acting with Integrity	Behaves in an open, honest and inclusive manner, upholding personal and organisational ethics and values. Shows respect for the needs of others and promotes equality and diversity.	Acts as a role model for others in demonstrating integrity and inclusiveness in all aspects of their work. Challenges where organisational values are compromised.	Creates an open, honest and inclusive culture in accordance with clear principles and values. Ensures equity of access to services and creates an environment where people from all backgrounds can excel.	Assures standards of integrity are maintained across the service and communicates the importance of always adopting an ethical and inclusive approach.

Generic behaviours observed if individual is not yet demonstrating this domain:

- Does not understand own emotions or recognise the impact of own behaviour on others
- Approaches tasks in a disorganised way and plans are not realistic
- Unable to discuss own strengths and development needs and spends little time on development
- Demonstrates behaviours that are counter to core values of openness, inclusiveness, honesty and equality
- Lacks confidence in own abilities to deliver results

Effective leadership requires individuals to work with others in teams and networks to deliver and improve services. This requires them to demonstrate effectiveness in developing networks, building and maintaining relationships, encouraging contribution, and working within teams.

Element	1 Own Practice/Immediate Team	2 Whole Service/Across Teams	3 Across Services/Wider Organisation	4 Whole Organisation/Wider Healthcare System
2.1 Developing Networks	Identifies where working and cooperating with others can result in better services. Endeavours to work collaboratively.	Uses networks to bring individuals and groups together to share information and resources and to achieve goals.	Identifies and builds effective networks with a range of influential stakeholders internal and external to the organisation.	Works across boundaries creating networks which facilitate high levels of collaboration within and across organisations and sectors.
2.2 Building and Maintaining Relationships	Communicates with and listens to others, recognising different perspectives. Empathises and takes into account the needs and feelings of others. Gains and maintains trust and support.	Builds and maintains relationships with a range of individuals involved in delivering the service. Manages sensitivities between individuals and groups.	Builds and nurtures trusting relationships at all levels within and across services and organisational boundaries.	Builds and maintains sustainable strategic alliances across the system and other sectors. Has high impact when interacting with others at all levels.
2.3 Encouraging Contribution	Seeks and acknowledges the views and input of others. Shows respect for the contributions and challenges of others.	Creates a supportive environment which encourages others to express diverse opinions and engage in decision-making. Constructively challenges suggestions and reconciles conflicting views.	Integrates the contributions of a diverse range of stakeholders, being open and honest about the extent to which contributions can be acted upon.	Creates systems which encourage contribution throughout the organisation. Invites contribution from different sectors to bring about improvements.
2.4 Working within Teams	Understands roles, responsibilities and purpose within the team. Adopts a collaborative approach and respects team decisions.	Helps lead others towards common goals, providing clear objectives and offering appropriate support. Shows awareness of team dynamics and acts to promote effective team working. Appreciates the efforts of others.	Takes on recognised positional leadership roles within the organisation. Builds high performing inclusive teams that contribute to productive and efficient health and care services. Promotes autonomy and empowerment and maintains a sense of optimism and confidence.	Contributes to and leads senior teams. Enables others to take on leadership responsibilities, building high level leadership capability and capacity from a diverse range of backgrounds.

Generic behaviours observed if individual is not yet demonstrating this domain:

- Fails to network with others and/or allows relationships to deteriorate
- Fails to win the support and respect of others
- Does not encourage others to contribute ideas
- Does not adopt a collaborative approach

3. MANAGING SERVICES

Effective leadership requires individuals to focus on the success of the organisation(s) in which they work. This requires them to be effective in planning, managing resources, managing people and managing performance.

Element	1 Own Practice/Immediate Team	2 Whole Service/Across Teams	3 Across Services/Wider Organisation	4 Whole Organisation/Wider Healthcare System
3.1 Planning	Contributes ideas to service plans, incorporating feedback from others - including a diverse range of patients, service users and colleagues.	Works collaboratively to develop business cases and service plans that support organisational objectives, appraising them in terms of benefits and risks.	Leads service design and planning processes. Communicates and keeps others informed of strategic and operational plans, progress and outcomes.	Anticipates the impact of health trends and develops strategic plans that will have a significant impact on the organisation and wider healthcare system. Ensures strategic objectives are translated into operational plans.
3.2 Managing Resources	Understands what resources are available and organises the appropriate type and level of resources required to deliver safe and efficient services.	Identifies resource requirements associated with delivering services. Manages resources and takes action to ensure their effective and efficient use.	Forecasts resource requirements associated with delivering complex services efficiently and effectively. Manages resources taking into account the impact of national and local policies and constraints.	Strategically manages resources across the organisation and wider healthcare system.
3.3 Managing People	Supports others in delivering high quality services and excellence in health and care.	Provides others with clear purpose and direction. Helps others in developing their roles and responsibilities.	Motivates and coaches individuals and teams to strengthen their performance and assist them with developing their own capabilities and skills. Aligns individual development needs with service goals.	Inspires and supports leaders to mobilise diverse teams that are committed to and aligned with organisational values and goals. Engages with and influences senior leaders and key stakeholders to deliver joined up services.
3.4 Managing Performance	Uses information and data about performance to identify improvements which will strengthen services.	Works with others to set and monitor performance standards, addressing areas where performance objectives are not achieved.	Establishes rigorous performance measures. Holds self, individuals and teams to account for achieving performance standards. Challenges when service expectations are not being met and takes corrective action.	Promotes an inclusive culture that enables people to perform to their best, ensuring that appropriate performance management systems are in place and that performance data is systematically evaluated and fed into future plans.

Generic behaviours observed if individual is not yet demonstrating this domain:

- Disorganised or unstructured approach to planning
- Wastes resources or fails to monitor them effectively
- Does not effectively manage and develop people
- Fails to identify and address performance issues

4. IMPROVING SERVICES

Effective leadership requires individuals to make a real difference to people's health by delivering high quality services and by developing improvements to services. This requires them to demonstrate effectiveness in ensuring patient safety, critically evaluating, encouraging improvement and innovation and facilitating transformation.

Element	1 Own Practice/Immediate Team	2 Whole Service/Across Teams	3 Across Services/Wider Organisation	4 Whole Organisation/Wider Healthcare System
4.1 Ensuring Patient Safety	Puts the safety of patients and service users at the heart of their thinking in delivering and improving services. Takes action to report or rectify shortfalls in patient safety.	Reviews practice to improve standards of patient safety and minimise risk. Monitors the impact of service change on patient safety.	Develops and maintains audit and risk management systems which will drive service improvement and patient safety.	Creates a culture that prioritises the health, safety and security of patients and service users. Delivers assurance that patient safety underpins policies, processes and systems.
4.2 Critically Evaluating	Uses feedback from patients, carers and service users to contribute to healthcare improvements.	Engages with others to critically evaluate services and create ideas for improvements.	Synthesises complex information to identify potential improvements to services. Identifies potential barriers to service improvement.	Benchmarks the wider organisation against examples of best practice in healthcare and other sectors. Evaluates options for improving services in line with future advances.
4.3 Encouraging Improvement and Innovation	Questions established practices which do not add value. Puts forward creative suggestions to improve the quality of service provided.	Acts as a positive role model for innovation. Encourages dialogue and debate in the development of new ideas with a wide range of people.	Challenges colleagues' thinking to find better and more effective ways of delivering services and quality. Accesses creativity and innovation from relevant individuals and groups.	Drives a culture of innovation and improvement. Integrates radical and innovative approaches into strategic plans to make the NHS world class in the provision of healthcare services.
4.4 Facilitating Transformation	Articulates the need for changes to processes and systems, acknowledging the impact on people and services.	Focuses self and others on achieving changes to systems and processes which will lead to improved services.	Energises others to drive change that will improve health and care services. Actively manages the change process, drawing on models of effective change management. Recognises and addresses the impact of change on people and services.	Inspires others to take bold action and make important advances in how services are delivered. Removes organisational obstacles to change and creates new structures and processes to facilitate transformation.

Generic behaviours observed if individual is not yet demonstrating this domain:

- Overlooks the need to put patients at the forefront of their thinking
- Does not question/evaluate current processes and practices
- Maintains the status quo and sticks with traditional outdated ways of doing things
- Fails to implement change or implements change for change's sake

5. SETTING DIRECTION

Effective leadership requires individuals to contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values. This requires them to demonstrate effectiveness in identifying the contexts for change, applying knowledge and evidence, making decisions, and evaluating impact.

Element	1 Own Practice/Immediate Team	2 Whole Service/Across Teams	3 Across Services/Wider Organisation	4 Whole Organisation/Wider Healthcare System
5.1 Identifying the Contexts for Change	Understands the range of factors which determine why changes are made.	Identifies the external and internal drivers of change and communicates the rationale for change to others.	Actively seeks to learn about external factors which will impact on services. Interprets the meaning of these for services and incorporates them into service plans and actions.	Synthesises knowledge from a broad range of sources. Identifies future challenges and imperatives that will create the need for change and move the organisation and the wider healthcare system in new directions. Influences the context for change in the best interests of services and service users.
5.2 Applying Knowledge and Evidence	Gathers data and information about aspects of the service, analyses evidence and uses this knowledge to suggest changes that will improve services in the future.	Obtains and analyses information about services and pathways to inform future direction. Supports and encourages others to use knowledge and evidence to inform decisions about the future of services.	Understands the complex interdependencies across a range of services. Applies knowledge to set future direction.	Uses knowledge, evidence and experience of national and international developments in health and social care to influence the future development of health and care services.
5.3 Making Decisions	Consults with others and contributes to decisions about the future direction/vision of their service.	Involves key people and groups in making decisions. Actively engages in formal and informal decision-making processes about the future of services.	Remains accountable for making timely decisions in complex situations. Modifies decisions and flexes direction when faced with new information or changing circumstances.	Ensures that corporate decision-making is rigorous and takes account of the full range of factors impinging on the future direction of the organisation and the wider healthcare system. Can operate without all the facts. Takes unpopular decisions when in the best interests of health and care in the long term.
5.4 Evaluating Impact	Assesses the effects of change on service delivery and patient outcomes. Makes recommendations for future improvements.	Evaluates and embeds approaches and working methods which have proved to be effective into the working practices of teams and individuals.	Identifies gains which can be applied elsewhere in the organisation and incorporates these into operational/business plans. Disseminates learning from changes which have been introduced.	Synthesises learning arising from changes which have been introduced and incorporates these into strategic plans. Shares learning with the wider health and care community.

Generic behaviours observed if individual is not yet demonstrating this domain:

- Unaware of political, social, technical, economic, organisational factors that impact on the future of the service/organisation
- Does not use an evidence-base for decision-making
- Makes poor decisions about the future
- Fails to evaluate the impact of previous decisions and actions

6. CREATING THE VISION

Those in senior positional leadership roles create a compelling vision for the future, and communicate this within and across organisations. This requires them to demonstrate effectiveness in developing the vision for the organisation, influencing the vision of the wider healthcare system, communicating the vision and embodying the vision.

Element	ELEMENT DESCRIPTORS (see also pages 43-47)	4 — Whole Organisation/Wider Healthcare System
6.1 Developing the Vision for the Organisation	• *Actively engage with colleagues and key influencers, including patients and public, about the future of the organisation* • *Broadly scan and analyse the full range of factors that will impact upon the organisation, to create likely scenarios for its future* • *Create a vision which is bold, innovative and reflects the core values of the NHS* • *Continuously ensures that the organisation's vision is compatible with future developments within the wider healthcare system*	Actively engages key stakeholders in creating a bold, innovative, shared vision which reflects the future needs and aspirations of the population and the future direction of healthcare. Thinks broadly and aligns the vision to the NHS core values and the values of the wider healthcare system.
6.2 Influencing Vision in the Wider Healthcare System	• *Seek opportunities to engage in debate about the future of health and care related services* • *Work in partnership with others in the healthcare system to develop a shared vision* • *Negotiate compromises in the interests of better patient services* • *Influence key decision-makers who determine future government policy that impacts on the NHS and its services*	Actively participates in and leads on debates about the future of health, wellbeing and related services. Manages political interests, balancing tensions between organisational aspirations and the wider environment. Shapes and influences local, regional and national health priorities and agendas.
6.3 Communicating the Vision	• *Communicate their ideas and enthusiasm about the future of the organisation and its services confidently and in a way which engages and inspires others* • *Express the vision clearly, unambiguously and vigorously* • *Ensure that stakeholders within and beyond the immediate organisation are aware of the vision and any likely impact it may have on them* • *Take time to build critical support for the vision and ensure it is shared and owned by those who will be communicating it*	Clearly communicates the vision in a way that engages and empowers others. Uses enthusiasm and energy to inspire others and encourage joint ownership of the vision. Anticipates and constructively addresses challenge.
6.4 Embodying the Vision	• *Act as a role model, behaving in a manner which reflects the values and principles inherent in the vision* • *Demonstrate confidence, self belief, tenacity and integrity in pursuing the vision* • *Challenge behaviours which are not consistent with the vision* • *Identify symbols, rituals and routines within the organisation which are not consistent with the vision, and replace them with ones that are*	Consistently displays passion for the vision and demonstrates personal commitment to it through their day-to-day actions. Uses personal credibility to act as a convincing advocate for the vision.

Generic behaviours observed if individual is not yet demonstrating this domain:

• Does not involve others in creating and defining the vision
• Does not align their vision with the wider health and care agenda
• Misses opportunities to communicate and share understanding of the vision with others
• Lacks enthusiasm and commitment for driving the vision

7. DELIVERING THE STRATEGY

Those in senior positional leadership roles deliver the strategic vision by developing and agreeing strategic plans that place patient care at the heart of the service, and ensuring that these are translated into achievable operational plans. This requires them to demonstrate effectiveness in framing the strategy, developing the strategy, implementing the strategy, and embedding the strategy.

Element	ELEMENT DESCRIPTORS (see also pages 49-53)	4 Whole Organisation/Wider Healthcare System
7.1 Framing the Strategy	• *Take account of the culture, history and long term underlying issues for the organisation* • *Use sound organisational theory to inform the development of strategy* • *Identify best practice which can be applied to the organisation* • *Identify strategic options which will deliver the organisation's vision*	Critically reviews relevant thinking, ideas and best practice and applies whole systems thinking in order to conceptualise a strategy in line with the vision.
7.2 Developing the Strategy	• *Engage with key individuals and groups to formulate strategic plans to meet the vision* • *Strive to understand others' agendas, motivations and drivers in order to develop strategy which is sustainable* • *Create strategic plans which are challenging yet realistic and achievable* • *Identify and mitigate uncertainties and risks associated with strategic choices*	Integrates the views of a broad range of stakeholders to develop a coherent, joined up and sustainable strategy. Assesses organisational readiness for change. Manages the risks, political sensitivities and environmental uncertainties involved.
7.3 Implementing the Strategy	• *Ensure that strategic plans are translated into workable operational plans, identifying risks, critical success factors and evaluation measures* • *Identify and strengthen organisational capabilities required to deliver the strategy* • *Establish clear accountability for the delivery of all elements of the strategy, hold people to account and expect to be held to account themselves* • *Respond quickly and decisively to developments which require a change in strategy*	Responds constructively to challenge. Puts systems, structures, processes, resources and plans in place to deliver the strategy. Establishes accountabilities and holds people in local, regional, and national structures to account for jointly delivering strategic and operational plans. Demonstrates flexibility when changes required.
7.4 Embedding the Strategy	• *Support and inspire others responsible for delivering strategic and operational plans, helping them to overcome obstacles and challenges, and to remain focused* • *Create a consultative organisational culture to support delivery of the strategy and to drive strategic change within the wider healthcare system* • *Establish a climate of transparency and trust where results are discussed openly* • *Monitor and evaluate strategic outcomes, making adjustments to ensure sustainability of the strategy*	Enables and supports the conditions and culture needed to sustain changes integral to the successful delivery of the strategy. Keeps momentum alive by reinforcing key messages, monitoring progress and recognising where the strategy has been embraced by others. Evaluates outcomes and uses learnings to adapt strategic and operational plans.

Generic behaviours observed if individual is not yet demonstrating this domain:

• Does not align the strategy with local, national and/or wider health care system requirements
• Works to develop the strategy in isolation without input or feedback from others

• Absolves oneself of responsibility for holding others to account
• Fails to enable an organisational culture that embraces the strategy