NHS National Graduate Management Training Scheme

Informatics Competency Framework v2.1

Last Update: November 2017

| <u>Table of Amendments – Informatics Management Competency Framework</u> | | | | | | | | |
|--|---|-----|--|--|--|--|--|--|
| Date of Change | Date of Change Detail Vo | | | | | | | |
| 15.10.12 | Core Competencies Section 4.1. Ensuring Patient Safety reordered to show competencies in correct order | 1.1 | | | | | | |
| | Specialist Competencies Section 4.1: 4.1.4 renumbered to 4.1.8 to maintain unique numbering system, and | | | | | | | |
| 15.10.12 | reordered within section. | 1.1 | | | | | | |
| 27.09.17 | Competencies updated by IBM | 2 | | | | | | |
| November 2017 | Formatting changed | 2.1 | | | | | | |

Introduction

The Graduate Management Training Scheme (referred to from this point forward as the Scheme) aims to develop talent into emerging leaders in the NHS. It provides the opportunities for trainees to develop and practise their leadership skills and behaviour. This framework has been developed to ensure that trainees develop the leadership competencies, behaviours and technical skills to both attain roles in the NHS at the end of the Scheme and begin their leadership journey in the NHS.

Purpose

A competency can be defined as a behaviour or technical attribute that an individual should have in order to perform effectively at work. It is widely acknowledged that job performance is based on a number of factors including technical competences, behaviours, attitude, skills and experience. A competency framework is a tool that sets out a number of competencies required by an individual to work in a certain position or within a certain organisation. The Scheme competency frameworks have been developed to ensure that:

- Trainees have a structured approach to their placements throughout their time on the Scheme;
- Trainee performance and achievement can be assessed, evidenced and recorded;
- Trainees are equipped with the skills and experience to start their leadership journey in the NHS and obtain a job at the appropriate level once they complete the Scheme:
- Trainees have clarity around what is expected of them with regards to skills, behaviours and competency they are anticipated to develop and demonstrate.

Approach and Ethos

Each of the five Scheme competency frameworks were created based on the MHS Leadership Framework, updated to link to the Healthcare Leadership Model and are structured around the seven domains below:

- **Demonstrating Personal Qualities** trainees should 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;
- Working with Others— trainees should 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 to have a positive impact on others and creating a culture of collaboration across teams;
- *Managing Services* trainees should focus on the success of the organisation(s) in which they work. Trainees should develop competence in planning, managing resources, managing people and managing performance;
- Improving Services trainees should strive to make a real difference to people's health by delivering high quality services as well as display curiosity and other behaviours that encourage continuous service improvement across the organisation. This requires them to demonstrate effectiveness in ensuring patient safety, critically evaluating, encouraging improvement and innovation and facilitating transformation;
- **Setting Direction** trainees should support the 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 impacts;
- Creating the Vision trainees should begin to develop a leadership style and be able to support a compelling vision for the future, and communicate this within and across organisations; and
- **Delivering the Strategy** trainees should begin to demonstrate leadership qualities to support the delivery of the strategic vision through agreeing strategic plans and translating these into achievable operational action plans.

For each domain, the competencies have been split between those which are **core** (shown in green) and those which are specific to the **specialism** (shown in blue).

<u>Core competencies</u> are shared by each of the six Scheme specialisms (Policy and Strategy Management, Health Analysis, Finance Management, General Management, Human Resources Management and Informatics Management). Although trainees are divided up to work in specialised areas the Scheme is a leadership programme first and foremost. For example, competency 4.1.3:

"Demonstrates involvement in developing risk mitigation strategies and measures to improve and/or maintain patient safety", is a core competency that all trainees are expected to achieve and highlights the expected leadership behaviours associated with the specific core competency.

<u>Specialism competencies</u> are competencies specifically related to the trainee's specialism. For example, a Finance trainee would need to achieve competency 3.4.10:

"Understands the role of the external auditor and the relationship between the internal audit function and the external auditors". This competency is unique to finance trainees and is not present in any of the other frameworks.

The shared approach to core competencies is designed to ensure that all trainees leave the Scheme with a shared technical, behavioural and knowledge base firmly rooted in leadership for service improvement and patient outcomes. At the same time, equipping trainees with the technical elements related to their chosen field of work, measured by the specialism competencies.

Where applicable, **examples of activities, and associated behaviours, to demonstrate experience** have been provided, together with the **required level of assessment** expected to be achieved during participation in the Scheme. The assessment is based on a rating for each competency of 1 to 5:

| | Level | Description |
|---|--------------------------|--|
| 1 | Awareness/knowledge | Demonstrates insight but has no practical experience |
| 2 | Support | Demonstrates competence through assisting others in undertaking a process/task |
| 3 | Practical application | Demonstrates competence through having a defined responsibility for undertaking a process/task |
| 4 | Experienced practitioner | Demonstrates competence through having a defined responsibility for regularly undertaking a process/task |
| 5 | Leadership | Demonstrates competence through leadership of a process/task |

This scale of rating will allow trainees and their managers to record the trainees' ongoing progress against the competencies and stay focused on further development required.

For each competency, the required target level of achievement is shown in orange.



Each competency will have the minimum target level set at different level: some will be as low as 1, others will be as high as 5.

There are four possible achievement levels for competencies.

Not Achieved: level 0, meaning no work has been done on this particular competency.

Partially Achieved: competency is being worked towards but not yet at the required minimum level (in the case of the example above, levels 1 and 2)

Achieved: competency has been signed off at the required target level (in the case of the example above, level 3)

Achieved +: competency has been signed off at a level above the minimum target level (in the case of the example above, levels 4 and 5)

Trainees are expected to achieve around 40% of their competencies by the end of placement 1 and 90% of their competencies at the end of their final placement in order to successfully complete the Scheme.

Section 1 - Personal Qualities

There is an exception to the rating scale approach for the competencies required in the 'Developing Personal Qualities' section. These eleven competencies will be signed off after the production of a 2,000 word (+/- 10%) reflective piece of work completed by trainees during their last twelve months on the Scheme. This reflective piece should focus on all eleven competencies and the trainee is expected to provide evidence, either through referencing work they have produced or through reflecting on their qualities and how they have developed during their time on the Scheme. Trainees must reflect on their experiences during their time on the Scheme and provide examples of where they believe they have demonstrated and developed certain behaviours and personal qualities such as these. When providing evidence, trainees are advised to consider the following criteria in addition to any information they wish to provide:

| Knowledge and Understanding | Cognitive Skills – Behaviours, Emotional Intelligence and Values | Practical Skills |
|--|---|---|
| Sources of knowledge are identified; Awareness of your approach and what informs said approach; Evidence of awareness of your strengths and weaknesses; Evidence of a constant interest throughout the Scheme of keeping up to date with NHS issues, news and developments. | Evidence of planning around personal qualities; Evidence of how self-awareness has been increased; Evidence of reflection on personal beliefs, values and motivation in relation to working in the NHS; Evidence that there is a knowledge of NHS code of ethics and values; Evidence of understanding when mistakes have been made; Awareness of how you are perceived by others. | Sources of wider reading evidenced; Evidence of flexibility, curiosity and an adaptive nature; Evidence of effective delegation; Evidence of prioritisation. |

Once completed, trainees must upload their personal qualities reflective piece on to the Scheme's talent management system and arrange to review the piece with their Placement Manager, either during an ad hoc meeting or during one of their formal reviews. The Placement Manager (or Programme Manager in their absence) is responsible for signing off the competencies in the Personal Qualities section once both the trainee and Placement Manager have had an opportunity to discuss the reflective piece.

The competencies within the 'Developing Personal Qualities' section are either at a status of achieved or not achieved, there is no rating scale.

Trainee approach to the framework

Trainees should consider the following points when approaching the competency framework:

- The framework must be owned by the trainee and it is their responsibility to ensure that they are achieved the required competencies and have displayed the required behaviours throughout. The trainee is therefore responsible for ensuring that they have a plan as to how these competencies will be achieved during their time on the Scheme.
- It is the trainees' Programme and Placement Manager's responsibility to ensure that all trainees are placed in an environment where opportunities are available for trainees to achieve competencies and to work with trainees to help them identify those opportunities and shape their work plan. It is not the responsibility of Managers to formulate a work plan based around each and every competency or to provide a piece of work for a trainee to complete in order to fulfil a competency requirement. This is an important distinction that all trainees need to understand.
- Trainees should aim to complete 40% of their competencies at the required level by the end of year one and 90% of their competencies by the end of the Scheme. The 90% achievement rate is a key graduation standard and trainees may not be able to graduate if they have not achieved this level.
- Trainees are required to evidence their competencies using the Scheme's talent management system. Evidence will generally be in the form of narrative prose which references what has been achieved to complete the competency. In addition to this trainees are encouraged to upload any documents that may support their narrative assessment and supports how they have gone about displaying the required leadership behaviours across the programme.
- Placement Managers are responsible for signing off competencies after providing a detailed constructive feedback to the trainee. Programme Managers are also
 authorised to sign off competencies, but the Placement Manager will be working more closely with the trainee and will probably have a clearer understanding of
 what has been achieved. It is the responsibility of the trainee to ensure that they are booking regular meetings with their Placement Manager to gather constructive
 feedback discuss competency achievement and ensure they are being signed off. Competency achievement also makes up an important part of the review process.
- Trainees need to gain an understanding of how best to utilise a competency framework. Successful trainees understand that the competency framework is a hugely important part of their placements on the Scheme and is something they always need to have in mind, but at the same time they know that it isn't something that should be used to drive their placements. Trainees are there first and foremost to work in a real job in a NHS organisation, and whilst those roles will allow trainees to complete their competency framework, there will be tasks, projects and pieces of work that sometimes don't necessarily directly relate to a specific competency.
- Trainees need to be realistic when using the framework. For example, 40% is a realistic amount of competencies to have achieved by the end of year one. If your work plan shows that you will only achieve 10% by the end of year one then you need to reassess. If you present 80% of your competencies as achieved at the end of year one your Placement Manager is likely to question whether you have actually achieved that many competencies to the required level.

Placement Manager approach to the framework

- One of the objectives of the Placement Manager is to ensure that trainees are in a placement which provides opportunities for them to achieve their competencies. Placement Managers are therefore encouraged to work with trainees at the beginning of the placement (or ideally before the placement) to identify which competencies are achievable throughout the duration of the placement.
- It is *not* the responsibility of the Placement Manager to provide a step by step plan for the trainee which maps pieces of work to specific competencies. It is the Trainee's responsibility to take the main elements of their placement and produce a plan as to how this translates to their competencies.
- Placement Managers are responsible for signing off competencies. Programme Managers are also authorised to sign off competencies, but the Placement Manager will be working more closely with the trainee and will probably have a clearer understanding of what has been achieved. It is the responsibility of the trainee to ensure that they are booking regular meetings with their Placement Manager to discuss competency achievement and ensure they are being signed off. Competency achievement also makes up an important part of the review process.
- Competencies are held electronically on the Scheme's talent management system. Your trainee will be able to guide you through accessing the system or you can contact your Leadership Development Manager if you are having any problems.
- It is the responsibility of the Trainee to evidence achievement of competencies on the Scheme's talent management system and to work with the Placement Manager during regular meetings to sign these off.
- As a general guide, Trainees are asked to complete 40% of competencies by the end of year one and 90% of competencies by the end of the Scheme.

Methodology and Acknowledgements

The NHS Graduate Scheme competency frameworks were developed following a comprehensive consultation process in 2007. After deciding to shape the competencies around the NHS Leadership Framework the Scheme contacted hundreds of individuals and organisations, both internal and external to the NHS, to seek their views as to how the competency frameworks should be shaped, both in terms of structure and presentation and content. Without their help we would have not been able to produce the frameworks.

In the summer of 2017, IBM consultants worked with NHS graduate alumni to review and update the NHS Graduate Scheme competency frameworks. This process evaluated the five current scheme frameworks and their fit for purpose based on changing demands within the NHS and the larger graduate workforce. In addition, the competencies were refreshed around the current Healthcare Leadership Model so the graduate scheme linked to the wider organisation's Leadership model. The frameworks review included stakeholder interviews and multiple iterations with a NHS project team to amend and confirm the NHS Graduate Scheme competency frameworks for the current market.

The NHS Graduate Scheme would like to thank the following who had an input in to the development of these frameworks: current trainees, recent alumni of the Scheme, Placement Managers, Programme Managers, NHS staff at various NHS Organisations and Emerging Leaders Steering Group members. A number of professional bodies and organisations including ACCA, CIPD, CIPFA, CIMA, Department of Health, IHM, NHS Information Centre and UKCHIP also gave up their time and expertise to assist with the process. Finally, a special thank you goes to Sarah Reeves and Brian Niven at Mott MacDonald for their hard work and continuing support in the creation of these frameworks.

For more detailed information about the development and consultation process for these frameworks please contact the NHS Graduate Scheme.

Section 1. Personal Qualities

| Core Leadership Domain | Healthcare Leadership Model | | Competency | Examples of activities to demonstrate experience |
|---|-----------------------------------|-------|---|--|
| 1.1 Developing Self- awareness | Leading with care | 1.1.1 | Understands the impact they have on others and the impact other have on them. Can review and reassess own beliefs, values, behaviours, strengths and weaknesses, and leadership style | Developing a Personal Development Plan, demonstrating personal self-awareness and addressing development areas. Using suitable instruments (e.g. MBTI) and reaching out to others to obtain feedback. |
| | Leading with care | 1.1.2 | Caring for others and providing mutual support where needed. | Creates an open and honest environment where others are comfortable interacting and constantly evaluates one's own emotional well-being and its impact on others. |
| | Leading with care | 1.1.3 | Understand the impact of one's own physical and mental wellbeing at work. | Creates a positive atmosphere for others through self- regulation of their own behaviours and mood while at work. |
| 1.2 Managing Self & Others | Holding to account | 1.2.1 | Plans and manages own time and that of others effectively and is able to evaluate personal performance | Managing the diary, prioritising tasks and delegating/supporting others to prioritise tasks. |
| | Holding to account | 1.2.2 | Makes decisions without reference to others in line with own authority levels and departmental and corporate objectives. Is prepared to be held to account for own contribution and the quality of own work | Writing Board papers, or sections of papers or plans, representing the team, department, or organisation at meetings and handling issues and actions arising. |
| | Connecting our service | 1.2.3 | Is flexible and adaptable to changing circumstances | Handling last minute changes to task priorities and dealing with the consequences of those changes. |
| 1.3 Continuing Personal Development | Developing capability | 1.3.1 | Takes responsibility for own personal development and seeks opportunities for learning | Utilising primary and secondary sources of information for research purposes and introducing new ways of working, for example business best practice associated with project planning, change management, benefits realisation and using these approaches in their own work. Joining and attending the professional bodies and |

| | | | | | conferences/working sessions, or working with external consultancies and partner organisations to adopt new approaches to work. | |
|------------------------------|--|-------|--|--|---|---|
| | Holding to account | 1.3.2 | Sets work-based targets and personal targets which exceed the minimum requirements and expectations | • | Coming from the PDR process, developing a series of personal development goals with SMART objectives, which the individual can exceed where possible. | |
| | Connecting to our service | 1.3.3 | • | healthcare, in own professional field and in own organisation as well as other external bodies and | • | Demonstrating commitment to wider reading, e.g. HSJ, NICE publications, BMJ, Twitter etc. Attending events and conferences, e.g. Kings Fund, NHS Confederation, Royal College events, professional bodies. Reading internal communications, newsletters and intranet. |
| 1.4 Acting with Integrity | Inspiring shared purpose | 1.4.1 | Understands and acts in accordance with the values for the NHS as set out in the NHS constitution | • | Promoting the NHS values. | |
| | Inspiring shared purpose Leading with care | • | Taking accountability when mistakes have been made or understanding is limited, in order to learn and improve services. Demonstrates the ability to listen and incorporate feedback to enable continuous improvement and learning when things that didn't go to plan. | | | |
| | Inspiring shared purpose | 1.4.3 | Demonstrates knowledge of professional code of ethics and the public interest role of NHS staff | | | |
| | Evaluating information 1.4.4 Understands and manages conflicts of interest, ensuring that decisions are based on objective data wherever possible | • | Providing advice to business partners regarding potential conflicts. Providing alternative solutions where applicable. Declaring any relevant conflicts. | | | |
| | Leading with care | 1.4.5 | Spreading a caring environment beyond one's own area | • | Taking responsibility for others wellbeing, by continuous evaluation of your emotions and their effect on other people. | |

Section 2. Working with others

| Core Leadership Domain | Healthcare Leadership Model | | Competency | Examples of activities to demonstrate experience | Assessment Level |
|----------------------------|-----------------------------------|-------|--|--|------------------|
| 2.1 Developing Networks | Connecting our service | 2.1.1 | Understands the culture and structure of the organisation and the wider NHS and identifies and develops effective collaborations with others outside of their immediate team | Getting involved in health community-wide working groups or project, for example relating to contract management, care pathway redesign, or clinical networks. | 1 2 3 4 5 |
| | Engaging the team | 2.1.2 | Is an effective and trusted team member within the department; demonstrates respect to colleagues and gains their respect and support | Working closely with the team and acting like a regular team member. Creating connections between health and social care services. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|-------------------------------|-----------------------------------|-------|---|---|
| 2.1 Developing Networks | Evaluating information | 2.1.3 | Demonstrates knowledge of local authority information sources and analysis and experience of working and sharing information between NHS and local authority. | Attending meetings with the local authority as part of orientation and part of flexible placement. Acquiring knowledge of information agencies, their roles and work programmes. Getting exposure to project working e.g. public health analysis, joint strategic needs assessment. |
| | Influencing for results | 2.1.4 | Achieves active participation in the negotiations and discussions | Providing support to the contract agreement process; including dataset scheduling, delivery, content and formatting. |

| | between commissioners and providers and other contractors. | Getting involved in the contract negotiation and monitoring meetings with responsibility for producing and/or coordinating activity analysis schedules. |
|--------------------------|--|---|
| Developing Capability | 2.1.5 Develops strategic networks outside of own environment in order to encourage collaboration, idea sharing and information exchange. | |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|--|-----------------------------------|---|---|------------------|
| 2.2 Building and maintaining Relationships | Holding to account | 2.2.1 Is involved in working with organisations who are external to the NHS, such as professional bodies, social care, voluntary services, etc. | Building/maintaining relationships (e.g., Local Authority, Private Sector, and Social Enterprises). | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | |
|---|-----------------------------------|--|---|
| 2.2 Building and Maintaining Relationships | Connecting our service | 2.2.2 Works with clinicians and other senior representatives (and, wh possible, patients?) within the organisation and use informatic support a case for change or implementation of a recommendation. | ere information at the clinical directorate meetings. |

| Core Leadership Domain | Healthcare Leadership Model | | Competency | Examples of activities to demonstrate experience | Assessment Level |
|---------------------------------|-----------------------------------|-------|---|---|------------------|
| 2.3 Encouraging Contribution | Engaging the team | 2.3.1 | Chairs and leads small group/team discussions to show others their contribution matter and are valued | Holding weekly team meetings.Leading a small project. | 1 2 3 4 5 |
| | Influencing for results | 2.3.2 | Articulates ideas and challenge the views of others in a constructive and positive manner | Presenting at meetings, or writing minutes of meetings Being recognised as a meeting contributor in meeting minutes. | 1 2 3 4 5 |
| | Sharing the vision | 2.3.3 | Sharing a common purpose and inspiring others to live it through their everyday actions | Models NHS values in every day practice and is a role model for other colleagues. | |
| 2.4 Working within Teams | Holding to account | 2.4.1 | Visibly understands the responsibilities of the department and its role and value within the organisation and proactively looks for opportunities where the department can contribute | Linking personal objectives to team and department objectives. | 1 2 3 4 5 |
| | Holding to account | 2.4.2 | Takes responsibility and ownership for leading key activities/projects and new initiatives. | Taking on Project Management responsibilities, or a key role within a project, work stream or task lead responsibility for creating a defined project outcome. | 1 2 3 4 5 |
| | Connecting our service | 2.4.3 | Provides an effective and valued contribution to projects that require multidisciplinary teams. | Takes on individual responsibility within team projects and is considered a leader by one's peers. Identifies areas for key contributions on large projects and works with others to accomplish project related goals. | 1 2 3 4 5 |

| Leading with care | 2.4.4 Behaves in a manner that is empathetic to those around them, despite differences of others. | Listens to others in team projects, and takes into account other view points and potential information counter to their own views. | 1 2 3 4 5 |
|----------------------|--|--|-----------|
| Leading with care | 2.4.5 Provides and facilitates a safe environment to enable their coworkers and team to perform their job efficiently. | Incorporates other's views and opinions in discussions on job related matters and enables others to participate. | 1 2 3 4 5 |

Section 3. Managing Services

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|----------------------------|-----------------------------------|---|--|------------------|
| 3.1 Planning and Execution | Evaluating information | 3.1.1 Is involved in the development of business plans to support operational/organisational change. | documents, Board Papers for | 1 2 3 4 5 |
| | Holding to account | 3.1.2 Applies project planning methodologies and uses appropriate tools to support this ensuring timely execution | Creating Project Initiation Documents, Project Gantt Charts, or implementation plans or roadmaps. | 1 2 3 4 5 |
| | Sharing the vision | 3.1.3 Communicates progress and outcomes of key planning stages/milestones to the relevan stakeholders to ensure two-way communication, alignment and timely delivery | | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|--------------|-----------------------------------|-------|--|---|
| 3.1 Planning | Supporting the vision | 3.1.4 | Support the translation of strategic organisational informatics objectives | Translating a number of strategic objectives within own environment |

| | into operational plans and monitor these. | into practical action plans and ensuring these are successfully executed. | |
|--------------------|---|--|-----------|
| Holding to account | 3.1.5 Attempts to learn project management methodologies and processes. | Participates in activities that have direct project management responsibilities. Completes a training, education, or certification in project management. | 1 2 3 4 5 |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|---------------------------|---------------------------------------|---|---|------------------|
| 3.2 Managing Resources | Engaging the team Holding to account | 3.2.1 Takes responsibility for leading a team/group to achieve service objectives within a specified timeframe, resource allocation and budget and to the required quality standard | Being exposed to a project, or a sub task within a project, that requires a group effort to create a defined outcome or project deliverable, within time, budget and to expected quality standards. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | | | |
|---------------------------|-----------------------------------|-------|---|---|--|-----------|
| 3.2 Managing Resources | Evaluating information | 3.2.2 | Through experience and knowledge acquisition develops technical analysis skill to query and analyse and interpret data/information. | • | Developing knowledge that enables to hold informed conversations on using a range of systems to download extracts of data for further analysis into information. Reviewing, combining and managing quantitative and qualitative data. | 1 2 3 4 5 |

| | | | Validating data considering reliability, relevance and completeness. Using analysis to support a range of activities, e.g. monitoring use of resources, public health, commissioning, value for money, studies etc. |
|------------------------|-------|--|--|
| Evaluating information | 3.2.3 | Understands and supports information systems and service management. | Defining and testing requirements, the security of IT systems, technical advice, quality management, and the management of risks. |
| Evaluating information | 3.2.4 | Understands local informatics capability and capacity. | Becoming familiar with tools to deliver informatics enabled change. Where appropriate, getting involved in Health Informatics Benchmarking club. |
| Holding to account | 3.2.5 | Knowledge of organisation's financial duties and targets; including knowledge of budget setting and supports use of financial performance information. | Through initial core leadership component. Setting up and attending meetings with finance representatives as part of orientation and formal meeting with senior finance staff member. |
| Holding to account | 3.2.6 | Knowledge of commissioning and contracting processes and how financial funds flow across the NHS, including and knowledge of the funding mechanism including tariffs, incentives to improve performance. | Through initial core leadership component Meetings with finance representatives as part of orientation. Through formal meeting with senior finance staff member. |
| Leading with care | 3.2.7 | Supports service line management and patient level costing. | Working with finance colleagues to support service line management to understand how systems and |

| | | | information can be harnesse support service line reportin patient level costing. | |
|--------------------|--------------|--|---|---------------------|
| Evaluating data | self-care mo | new models, such as idel for example, through ology and informatics. | Acquiring knowledge/ resea opportunities for patient sel the model, benefits and dow possible technology to supp and application. | f-care; vnfalls, |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|---------------------------|---------------------------------------|---|--|------------------|
| 3.3 Managing People | Engaging the team | 3.3.1 Instructs and manages other team members in particular activities/projects while ensuring appropriate accountabilities and clear goals are in place | Creating verbal or documented task plans for team members/colleagues, or documenting project work packages to define activities and outcomes required. Providing individuals with constructive performance feedback continuously. | 1 2 3 4 5 |
| | Engaging the team Holding to account | 3.3.2 Motivates team members through clear direction setting, constructive feedback and open dialogue | Leading team meetings, encouraging contribution during meetings and seeking/providing feedback. | 1 2 3 4 5 |

| | Specialist | Leadership Healthcare Model | | |
|--|------------------------|---|--|--|
| | 3.3 Managing People | Evaluating information | Understands the basics of employment legislation, NHS staff terms and conditions, staff performance management, statutory requirements relating to pay, pay costs and pay reform, conflict resolution, redundancy and the disciplinary/grievance procedures. | Through initial core leadership component. Scheduling and meetings with HR representatives as part of orientation. Attending formal meeting with senior HR staff member. |
| | | Engaging the team 3.3.4 Attempts to gain hands on experience managing others. | Pursuing opportunities to manage others, being it officially, or as an unofficial leader, on projects, idea creation, process improvement self- driven initiatives or on the job tasks. | |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|---------------------------|-----------------------------------|--|--|------------------|
| 3.4 Managing performance | Holding to account | 3.4.1 Understands the key performance targets for the NHS and the organisation | Reviewing relevant NHS documentation to ensure plans are drafted and executed in line with performance targets. Understanding role and performance requirements of external regulatory bodies e.g. NHS Improvement, Care Quality Commission, NHS England. | 1 2 3 4 5 |

| | Connecting our service | 3.4.2 | Demonstrates knowledge of the organisational systems and processes for corporate, financial, information and clinical governance | • | Possessing good knowledge of the organisation and membership roles of committee structures. Arranging accountabilities. Attendance at strategic meetings, when available. Possessing knowledge of legislation on Data Protection, Freedom of Information Act, patient confidentiality, and any other relevant legislation applicable to your profession. Possessing knowledge of risk management approach. | 1 2 3 4 5 |
|---------|--|-------|--|---|--|-----------|
| | Holding to account | 3.4.3 | Supports the development and monitoring of key performance indicators at an organisational and/or project level | • | Understanding routine analysis of organisational performance against key targets. Defining key outcomes and outputs measures within specific projects, e.g. reduction in readmission rates, patient bed days saved. | 1 2 3 4 5 |
| a II | Holding to account Inspiring shared purpose | 3.4.4 | Identifies when and what corrective action needs to be taken in order to maintain performance standards for self and others | • | Developing a corrective action plan to ensure that timescales and project outcomes are still met. Gaining agreement to additional resources. Taking decisive action within projects. Generating innovative ideas how to maintain and improve standards and efficiencies. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|-----------------------------|-----------------------------------|---|--|---|
| 3.4 Managing Performance | Evaluating information | 3.4.5 Knowledge of the NHS and Social Care performance monitoring indicators and the ability to use these. | Developing awareness of national outcomes, population health, efficiency and other indicators. Developing awareness of case mix adjustment and other standardisation techniques. | ı |
| | Evaluating information | 3.4.6 Has detailed knowledge and experience of using different data sources of information to support performance analysis and management, including an understanding of data definitions | Developing awareness and using different sources, including: outcomes frameworks; NHS Digital; Information Centre for health and social care; Office for National Statistics; benchmarking systems; patient surveys; Workforce Census; local data warehouses, etc. | I |

Section 4. Improving Services

| Core Leadership Domain | Healthcare Leadership Model | | Competency | Examples of activities to demonstrate experience | Assessment Level |
|-----------------------------|-----------------------------------|-------|--|--|------------------|
| 4.1 Ensuring Patient Safety | Connecting our service | 4.1.1 | Demonstrates knowledge of the wider compliance framework for the organisation and the processes for review | Understanding the role, remit and requirements of external and/or regulatory bodies, including the Department of Health, external auditors, Monitor NHS Improvement, Care Quality Commission, Audit Commission, NHS Litigation Authority and Health & Overview Scrutiny Committee, Healthwatch and Health, NBB. Understanding the different regulatory regimes applicable to organisations. | 1 2 3 4 5 |
| | Evaluating information | 4.1.2 | Assesses and monitors the impacts and risks of service developments/changes to patient safety and care and to the organisation | Defining, measuring and interpreting quantitative and qualitative impacts and outcomes. Using risk management matrices. | 1 2 3 4 5 |
| | Evaluating Information | 4.1.3 | Demonstrates involvement in developing risk mitigation strategies and measures to improve and/or maintain patient safety | Creating/contributing to the development of risk mitigation plans with relevant stakeholders, and demonstration that mitigation plans are achievable, measurable, and address both the cause and consequence of the risks described. | 1 2 3 4 5 |
| | Connecting our service | 4.1.4 | Communicates and works collaboratively to promote continuous quality improvement | Working collaboratively within multidisciplinary teams to identify or implement improvements to patient care. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | |
|-----------------------------|-----------------------------------|--|--|
| 4.1 Ensuring Patient Safety | Holding to account | 4.1.5 Clearly understands and supports compliance with information governance standards. | Supporting compliance with information governance, e.g. the Information Governance Assurance. Framework, Freedom of Information Act, Data Protection Act, Patient Confidentiality etc. Gaining knowledge of the roles supporting compliance within information governance, e.g. the Senior Information Risk Owner. Where relevant, supporting compliance with Information Sharing protocols. Acquiring knowledge of professional codes of ethics, e.g. NHS Code of Conduct, British Computer Society Code of Ethics etc. |
| | Evaluating information | 4.1.6 Demonstrates familiarity with clinical coding systems and processes and an understanding of their importance in clinical audit programmes. | Familiarisation with the work of the clinical coding department. Getting familiar with coding systems, including OPCS, ICD-10, HRGs etc. Understanding of why accurate clinical coding is important for |

| | | patient safety, data quality and reimbursement. | |
|--------------------------|--|--|-----------|
| Inspiring shared purpose | 4.1.7 Knowledge and experience of the data quality agenda and the actions to address risks, where possible, to improve the quality of care and safety of patients. | Being involved in the data quality audit process; recommending and monitoring improvement actions. Leading a section of the data quality toolkit. | 1 2 3 4 5 |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|------------------------------|-----------------------------------|---|--|------------------|
| 4.2 Critically Evaluating | Evaluating information | 4.2.1 Establishes an evaluation framework and programmes to support the monitoring of outcomes from service developments, including assessments of the Return on Investment | Demonstrating the ability to set the parameters for undertaking an evaluation, including economic, of planned changes to services, including e.g. setting the baseline, defining the measures, defining the data sources, capturing the data and measuring the impact. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|---------------------------|-----------------------------------|--|--|-----------|
| 4.2 Critically Evaluating | Holding to account | 4.2.2 Knowledge and use of patient related outcome and experience measures and other performance quality metrics to support the commissioning process. | Assessing either from a commissioning or provider perspective, compliance against patient outcome and experience measures and CQUIN. | 1 2 3 4 5 |

| Holding to account | 4.2.3 Experience of supporting a benefits realisation programme as part of a project evaluation process. | Getting exposure to benefits realisation programme and how it works. | 1 2 3 4 5 |
|------------------------|---|---|-----------|
| Evaluating information | 4.2.4 Involvement in developing and maintaining benchmarking of service activity, quality, efficiency and productivity. | Being involved in and where possible contributing to improving the quality of benching marking of service activity. | 1 2 3 4 5 |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|--|-----------------------------------|--|--|------------------|
| 4.3 Developing new and creative concepts | Evaluating information | 4.3.1 Reviews and critically appraises the activities within the department and suggests new ways of working | Documenting ideas raised or suggested as part of regular one to one meetings with line manager, or from minutes of team/departmental meetings. Sharing best practice. | 1 2 3 4 5 |
| | Engaging the team | 4.3.2 Plays an active role within a team on a service development/change management project | Participating in project management meetings and taking on deliverables that lead to improvements/ changes in services. | 1 2 3 4 5 |
| | Evaluating information | 4.3.3 Thinks creatively and is able to solve complex problems or scenarios | Proactively getting involved in creating solutions to tackle different scenarios to ensure efficiency and quality patient care. | 1 2 3 4 5 |
| 4.4 Facilitating Transformation | Sharing the vision | 4.4.1 Has effective report writing and presentation skills of data and information to support the case for change and to influence decision making | Contributing to or supporting with Board Papers, meeting papers and presentations, and minutes where effective presentation has occurred. | 1 2 3 4 5 |

| Connecting our service | 4.4.2 Has experience of supporting the implementation of a change management process/project | Taking on a task of Project documentation and post- implementation review, detailing the role of the individual, and the outcomes achieved with the project. | 1 2 3 4 5 |
|------------------------|--|--|-----------|
| Leading with care | 4.4.3 Provides positive actions to push leaders and those above them to take responsibility for the wellbeing of their team. | Engages stakeholder and more senior members of the team to evaluate decisions they make and the effect it has on individual's health and wellness. Pushes back on senior members of the team if decisions are counter to wellbeing within the team. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|--------------------------|-----------------------------------|--|--|-----------|
| 4.4 Facilit Transforn | | 4.4.3 Uses information analysis to inform service transformation and cost improvement activities, including the development of models and simulations of the impacts and outcomes. | Using business intelligence to support cost and quality improvements or service transformation work streams. | 1 2 3 4 5 |
| | Developing capability | 4.4.4 Facilitates operational service transformation through information and IT systems, and informatics developments. | Gaining experience in using wide range of information systems and understand their role in healthcare delivery e.g. SUS, PAS, Choose and book etc. Evaluating and making recommendations to improve existing systems. | 1 2 3 4 5 |

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Section 5. Setting Direction

| Core Leadership Domain | Healthcare Leadership Model | | Competency | Examples of activities to demonstrate experience | Assessment Level |
|--------------------------------------|-----------------------------------|-------|--|---|------------------|
| 5.1 Identify the contexts for change | Sharing the vision | 5.1.1 | Demonstrates knowledge and understanding of key strategic policy documents informing the national direction of travel e.g. Health and Social Care Bill, NHS Operating Framework etc. | Familiarising yourself with the relevant policy documents and applying the insights into everyday work. | 1 2 3 4 5 |
| | Sharing the vision | 5.1.2 | Demonstrates knowledge and understanding of the system reform agenda, including new organisational forms and their governance and accountability frameworks | Assessing and reading the relevant documentation to stay informed. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|---|-----------------------------------|-------|--|--|
| 5.1 Identifying the Contexts for Change | Holding to account | 5.1.3 | Knowledge and understanding of the national information and technology strategies. | Understanding of the NHS information and Technology strategies. |
| | Connecting our services | 5.1.4 | Knowledge and understanding of the local information and technology strategies, how these relate to national policy and how this translates into local actions and service developments. | Understanding how local informatics developments can support patient choice and encourage shared decision making. 1 2 3 4 5 |

| Core Leadersh Domain | ip Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|--|--------------------------------------|---|--|------------------|
| 5.2 Applying Knowledge ar Evidence | Inspiring d shared purpose | 5.2.1 Questions and challenges the assumptions and evidence base underpinning the national and local strategies and plans | Understanding the national and local plans in order to have informed discussions and give sound opinions based on evidence and insights. | 1 2 3 4 5 |
| | Evaluating information | 5.2.2 Supports the development of service transformation through the use of information and evidence | Using of benchmarks and data to understand opportunities for improvements. Reviewing and incorporating evidence-based feedback from case studies into own work environment. Working with information and finance departments to gain an evidence base to support change. Conducting wider reading e.g. HSJ, profession specific magazines | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|-------------------------------------|-----------------------------------|---|---|-----------|
| 5.2 Applying Knowledge and Evidence | Influencing for results | 5.2.3 Use of the relevant processes and tools for analysing and presenting information. | Gaining awareness of statistical methods for analysing variation, e.g. funnel plots/statistical process control, regression and confidence intervals. | 1 2 3 4 5 |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|---------------------------|-----------------------------------|---|---|------------------|
| 5.3 Making Decisions | Sharing the vision | 5.3.1 Is involved in a group/project responsible for deciding future service change/transformation. | Contributing to efforts (through research or actions) targeting future services improvement and transformation. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|-------------------------|--------------------------------------|--|--|-----------|
| 5.3 Making Decisions | Influencing for results Sharing the | 5.3.2 Can present information to a range of stakeholders to influence organisational decisions.5.3.3 Has experience of supporting the | Sharing insights and disseminating outputs internally and externally. Attending at Executive Team and | 1 2 3 4 5 |
| | vision Influencing for results | Executive Director with responsibility for informatics and has involvement with the Board. | Board meetings when presented with such opportunities. • Assisting with preparation of Board reports. | 1 2 3 4 5 |
| | Evaluating information | 5.4.2 Expands own strategic knowledge across the breath of informatics field to identify opportunities for innovation, change, improvement, collaboration and cross-pollination of skills and ideas. | | 1 2 3 4 5 |

Section 6. Creating the Vision

| Core Leadership Domain | Healthcare Leadership Model | | Competency | Examples of activities to demonstrate Assessment Level experience |
|--|-----------------------------------|-------|--|---|
| 6.1 Developing the vision for the organisation | Inspiring shared purpose | 6.1.1 | Understands the vision for the NHS | Linking own objectives to the organisational objectives, strategy and overall vision. |
| | Inspiring shared purpose | 6.1.2 | Understands the vision for the department or team objectives | Aligning objectives above, to the wider department and direct team objectives to create a cohesive vision from the individual level up to the organization level. |

| Specialist | Leadership Healthcare Model | | | |
|--|-----------------------------------|-------|---|---|
| 6.1 Developing the Vision for the Organisation | Sharing the vision | 6.1.3 | Understanding of the national strategic vision for informatics. | Attending national and regional conferences and events, e.g. ASSIST, HFMA, and NHS Digital. Conducting wider readings. |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|---|-----------------------------------|--|---|------------------|
| 6.2 Influencing the vision of the Wider Healthcare System | Connecting our service | 6.2.1 Attends and participates in joint meetings between the NHS and Local Authorities, or other health and social care organisations, | Attending meetings with Healthcare providers outside of own organisation/environment. | 1 2 3 4 5 |

| | | or voluntary sector organisations | | |
|-------------------------------|-----------------------------|---|---|-----------|
| 6.3 Communicati the Vision | ing Influencing for results | 6.3.1 Communicates the benefits of change to key stakeholders, including clinicians, staff and patients | Proactively communicating change benefits to others through a specific change management project. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|------------------------------|--|-------|--|---|
| 6.3 Communicating the Vision | Sharing the vision | 6.3.2 | Clearly articulates the vision of the organisation to the informatics team and discusses the role that the team should take to facilitate implementation of this strategy. | Participating in team discussions and initiatives to facilitate implementation of the informatics strategy across the organisation, not only within own environment. |
| | Connecting our service | 6.3.3 | Effectively communicates the vision for informatics to senior staff within and outside of the organisation and the impact on the service and ways of working. | Communicating compelling and credible vision, supported by achievable and exciting action plans to have an impact on ways of working. |
| | Connecting our service Sharing the vision | 6.3.4 | Acts as an ambassador for informatics within and outside of the organisation and for informatics as a profession in general. | Engaging with stakeholders within the organisation and outside to promote informatics as a profession and a contributor to improving health and social care across the country. |

| Core Leadership | Healthcare | Competency | Examples of activities to demonstrate | Assessment Level |
|-----------------|------------|------------|---------------------------------------|------------------|
| Domain | Leadership | | experience | |
| | Model | | | |

| 6.4 Embodying the Vision | Inspiring shared purpose | 6.4.1 | Behaves professionally with colleagues within and outside of the organisation | Promotes the vision of the NHS when speaking to internal and external stakeholders when the opportunities arise. | |
|--------------------------|--------------------------|-------|--|--|--|
| | Influencing for results | 6.4.2 | Acts as an ambassador for the organisation when representing them at external meetings and conferences | Attending conferences and external meetings in order to promote own organisation and its objectives. 1 2 3 4 5 | |

Section 7. Delivering the Strategy

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level | | |
|--|-----------------------------------|--|--|------------------|--|--|
| 7.1 Framing the Strategy | Connecting our service | 7.1.1 Understands how the vision for the organisation is translated into a strategy | Reaching out for opportunities to have informed discussions to develop an understanding of how the vision in translated into the strategy. | 1 2 3 4 5 | | |
| Specialist Leadership Healthcare Model | | | | | | |
| 7.1 Framing the Strategy | Sharing the vision 7.1. | 2 Understands how the national vision and strategies for informatics are translated into local information | σ, | s | | |

through informed discussion with the relevant stakeholders as well as own research and reading.

and technology strategies.

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|--------------------------------|-----------------------------------|--|---|------------------|
| 7.2 Developing the Strategy | Inspiring shared purpose | 7.2.1 Understands the strategic direction for the organisation | Engaging in informed discussions with the relevant stakeholders to develop a sound understanding of organisational strategy and its impact. | 1 2 3 4 5 |

| Specialist | Leadership Healthcare Model | | | |
|-----------------------------|-----------------------------------|--|---|-----------|
| 7.2 Developing the Strategy | Evaluating information | 7.2.2 Assesses the local information and technology strategies for the organisation and understands how this supports the wider strategic direction of the organisation. | Engaging in informed discussion to assess local strategies and how it supports wider strategic objectives. Report to the relevant stakeholders if there are major discrepancies and misalignment. | 1 2 3 4 5 |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|-------------------------------|-----------------------------------|--|--|------------------|
| 7.3 Implementing the Strategy | Inspiring shared purpose | 7.3.1 Awareness of the NHS strategic planning process | Gaining knowledge of the planning process by proactively engaging with the relevant individuals and applying this knowledge in own work. | 1 2 3 4 5 |
| | Connecting our service | 7.3.2 Understands how the strategic direction of the organisation translates into organisational and departmental business plans | Gaining a perspective on how strategy comes to life through own involvement or conversations with other. | 1 2 3 4 5 |
| | Inspiring shared purpose | 7.3.3 Is familiar with the organisation's annual business plan and can | Through informed discussion. | 1 2 3 4 5 |

| | articulate the key messages | | |
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| Specialist | Leadership Healthcare Model | | | | | |
|-------------------------------|-----------------------------------|-------|--|---|--|-----------|
| 7.3 Implementing the Strategy | Evaluating information | 7.3.4 | Involvement in supporting the implementation of key aspects of the organisation's local information and technology strategies. | • | Contributing to improvement in local planning activities. Member of team tasked with delivery of aspects of the strategy. | 1 2 3 4 5 |

| Core Leadership Domain | Healthcare Leadership Model | Competency | Examples of activities to demonstrate experience | Assessment Level |
|-------------------------------|-----------------------------------|--|---|------------------|
| 7.4 Embedding the Strategy | Sharing the vision | 7.4.1 Demonstrates the ability to support the implementation of organisational change programmes | Getting involved in implementation of organisational change programmes or working with others to gain understanding of the process. | 1 2 3 4 5 |