

The Nurse Executives' Handbook

Leading the Business of
Caring from Ward to Board

 **Burdett Trust**
for Nursing

TheKingsFund>

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The Burdett Trust for Nursing is an independent charitable trust named after Sir Henry Burdett KCB, the founder of the Royal National Pension Fund for Nurses (RNPFN). The Trust was set up in recognition of the foundation, philosophy and structure of the RNPFN.

The trustees aim to make grants to support the nursing contribution to healthcare. They hope to encourage applications from nurses and other healthcare professionals involved in a wide range of innovative projects.

Nurses, midwives, health visitors and the allied health professions make up the majority of the healthcare workforce and play a pivotal role in direct care to patients. The Trust will target its grants at projects that are nurse-led, using its funds to empower nurses and make significant improvements to the patient care environment.

www.burdettnursingtrust.org.uk

The King's Fund is a charity that seeks to understand how the health system in England can be improved. Using that insight, we help to shape policy, transform services and bring about behaviour change. Our work includes research, analysis, leadership development and service improvement. We also offer a wide range of resources to help everyone working in health to share knowledge, learning and ideas.

www.kingsfund.org.uk

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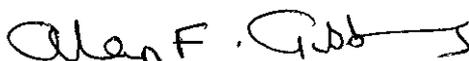
Foreword

Never has the NHS been a more diverse, complex or exciting place to work than now. Inevitably, this presents considerable challenges for newly appointed executives joining NHS boards. For nurse executives, who have a major role to play in ensuring excellence in the business of caring, effective clinical leadership at board level is essential and has never been more necessary.

Caring for patients is the key 'product' of the business of health care, and we make no apology for describing it as such. Bringing the leadership of caring and the leadership of business together to improve people's experience of health care was the central objective of the **Who Cares, Wins** report (2006) commissioned from the Office for Public Management by the Burdett Trust for Nursing.

We are taking this work forward in partnership with The King's Fund, and this handbook is the product of a joint programme of work to support nurse executives on NHS boards. We wanted to draw on the experience of nurse executives who have already made the transition into an executive role, so that others could learn valuable lessons to enable them to fulfil their role as effectively as possible. The handbook is designed to enable all newly appointed nurse executives to approach their new role with confidence.

A place on the board usually requires an individual to make a significant cultural and behavioural shift to manage the demands of a new corporate role, something that newly appointed executives, whatever their professional background, can struggle with during the early days of appointment. This handbook will help you to make the transition as smoothly as possible so that both you and your organisation can benefit. We hope this handbook will be a timely and accessible resource for aspiring and newly appointed nurse executives.



Alan Gibbs
Chairman, The Burdett Trust for Nursing

Introduction

This handbook has been written as part of 'From Ward to Board' – a joint project by the Burdett Trust for Nursing and The King's Fund to support nurse executives¹ on NHS boards. We're building a picture of what good practice in the business of caring looks like by working intensively with a small but diverse sample of boards and their nurse executives. We developed the handbook using research carried out for the project, asking questions of executive nurses and conducting one-to-one interviews with nurse executives and others.

The answers to the questions – which ranged from 'how can you prepare for your first board meeting?' to 'what key advice would you give to aspiring nurse executives?' – informed this handbook.

If you are considering becoming a nurse executive, you will know that the role is a diverse and complex one, defined partly by the remit of the organisation in which you will be working. You will be the professional lead for nursing and you may also have responsibility for managing the nursing workforce, which generally comprises the largest number of staff in any NHS organisation. It is your role to ensure the highest standards of nursing care and to give professional advice to the board on all nursing and patient care matters. You will almost certainly be expected to take the lead on patient safety, patient experience and clinical quality. You will usually have a much wider remit and more diverse range of responsibilities than any other board member. It is a huge job and its complexities are not always recognised, which is why we have written this handbook – to help you navigate the transition to your new role successfully.

Dignity and compassion are not a nice-to-have bonus. They have got to be hard-wired into the DNA of the NHS.'

Phil Hope, Health Minister,
January 2009

How can this handbook help you?

All of the nurse executives we interviewed have been in your position – considering taking up a post or newly arrived in a post. We asked them what information would have been helpful to them at that stage and so this handbook gives an insiders' view of the demands of the role

¹ We have used the term 'nurse executive' throughout to refer to directors of nursing or nurse directors. |

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We want to help you determine your readiness for and commitment to the nurse executive role, and, ultimately, to be as effective and successful as possible in carrying out your new job.

Section 1 will help you think about how to find the right job for you, and decide whether you are ready for the challenge ahead. Section 2 discusses what the role involves, and the key skills and abilities you need to develop. Section 3 explains what you need to know about working with the board, and looks at the key relationships you'll need to develop. Section 4 focuses on the other relationships and networks that will be important to your work. Section 5 sets out some of the early priorities you will need to devote time to. And Section 6 looks at where you can get support to help you address any problems.

Sue Machell, project director for The King's Fund

Deciding to become a nurse executive

Becoming a nurse executive means that you will have a vital role to play, as part of a corporate team, in determining the quality of care for patients and service users in your community. This is the start of a demanding, challenging and exciting journey that will give you the opportunity to demonstrate your considerable experience and knowledge and develop new skills and abilities.

Finding the right job

Before you apply for a nurse executive post, think carefully about what type of job you are looking for and what would suit you and your personal circumstances. Then consider what opportunities exist. There are many different types of health and social care organisations around the UK: foundation trusts, acute trusts, integrated care organisations, commissioning primary care trusts (PCT), arm's length community provider organisations, mental health partnership trusts, health boards, specialist networks and private sector organisations.

Health and social care organisations are continuously developing and changing, and vary in make-up and size. Each operates in a different political context and culture and will demand different qualities and experience of their nurse executive. So you need to take care in deciding which organisation would be right for you, given your skills and experience.

You will also find a marked difference between the role of, say, an assistant or deputy nurse executive and the role of a nurse executive, and it will inevitably be a steep learning curve. But the type of organisation and the context in which you will have to operate can make a big difference to how successfully you carry out your new corporate role.

Are you ready for the challenge?

Look closely at why you want the job, and be rigorous in assessing yourself and your capabilities against what is required. A move of this kind is rarely just about career progression, status or salary. It's all too easy to be influenced because a headhunter approached you, or the geography looks right for you. But that in itself is not enough. Managing yourself and your career effectively is an important skill. Making the right decisions for the right

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reasons means you are more likely to find yourself in a place where you can succeed and thrive, and make a real difference in achieving the organisation's goals, as well as your own personal goals.

Discuss your potential career move with a trusted colleague, mentor or friend. Appraise your abilities honestly. Do you have the right skills and experience for the job you are considering? Do you have the confidence and capability? What do you need to do to prepare yourself? What areas might you need support with?

What do you really want?

It will help you to clarify what you want from your life and career before applying for a job – and to revisit this from time to time. Areas for you to think about include:

- ▶ career goals – am I where I want to be, where do I want to be in five years' time, and what do I need to consider now to achieve this?
- ▶ family – what are my immediate family commitments, will I be extending these, what are my family's current needs?
- ▶ financial – how much do I want/need to earn, now or in the future, and what do I need to consider to achieve this?
- ▶ physical – am I fit enough to do this job, is my health good, could I improve it in some way, do I have some physical concerns that could be improved?
- ▶ recreational – what do I enjoy doing when away from work – sport, artistic, community activities, and how can I continue do this?
- ▶ personal development – what would I like to develop or change about the way I am, is there some additional skill or training I'd like to have?

You should be aware of how ambitious you are and of how far your ambitions will align with those of the organisation you will be joining.

Personal life

Your personal life shouldn't be neglected. It is where we get a huge amount of support and validation from, on which we can draw when at work. Families in particular have expectations of us that may need to be negotiated and met in the light of changed circumstances. How far will your new role change the balance in your personal life? Have

you needed to make adjustments or compromises, in the short or the longer term? Are you managing your time in a way that makes this possible? Work out what is essential, workable and flexible and remember that personal needs fluctuate and change, but shouldn't be ignored.

Doing your research

It's important to do your research and get a feel for the values, direction, culture and style of the organisation you're considering working for. Look for key information and data on their website, and get copies of board papers where possible. Do you share the same core values? Is this an environment that would suit you? What do you think you could add to the organisation?

It's also important to use your own contacts and networks for 'soft information'. Talk to people who know the organisation. If headhunters are involved in the recruitment and selection process, ask them what the organisation and its staff are really like, and what they're looking for in a new nurse executive. Get them to look at your CV and help you assess if you are ready for this step. Ask them to make suggestions about your career development or any extra experience you may need.

Before taking up your post

Before taking up your appointment, it's important to talk to your chief executive about what expectations they, and the board, might have of you, and this needs to be a continuing conversation once you have taken up your role. This may be based on your predecessor's role, but at this initial stage it is worth being clear not only about the assumptions and expectations of your role, but what your own expectations are. It will also help you identify areas where you might want to negotiate changes in the way your role has been developed and designed, or what is expected of you.

It is essential that the organisation is the right fit for you. You need to research the organisation prior to the recruitment and selection process. Identify if they are right for you – what's the culture, values, how does quality equate to finance, etc – and be clear about your own values, what your bottom line is, and whether they fit. Identify this before you apply.

Eiri Jones, Senior Associate Nurse Director, Abertawe Bro Morgannwg NHS Trust

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It's important to avoid a reality gap between your expectations of your role and those of your new employer. For example, you will have to deliver on specific responsibilities for which you are accountable, and this is likely to include taking the lead on patient care, patient experience and patient safety. To do this effectively, you will need to ensure that you can exercise both your professional and personal authority, and that you are supported in a way that makes it possible to deliver to a standard you are happy to be accountable for. Organisational systems and processes, and the board, need to provide you with the infrastructure and support to do your job well.

Never underestimate how differently one organisation will function compared to another. Don't take anything for granted, or assume that things are happening as you might expect – always check it out for yourself.

Kay Darby, Director of
Nursing & Strategy,
Lincolnshire Partnership
NHS Foundation Trust

It is also with the chief executive that you can negotiate your role, salary, and working hours. When in post, request time and support from your board colleagues, which will enable you to forge the relationships that you need to function in your new role and establish your place in the corporate team.

Your role as nurse executive

The role and responsibilities of the nurse executive have become increasingly complex as a result of policy changes in the health and social care system. Your role will also differ depending on the purpose and setting of the organisation you work for. Nurse executive portfolios often include areas as diverse as strategy, commissioning, organisational development, communications, patient and public involvement, marketing, and facilities, to name but a few.

But perhaps one of the most important aspects of your role is to inform, advise and help colleagues on the board to understand how strategic decisions affect the quality and safety of patient care and the wider patient experience. Caring for patients is the business of the NHS, so it is crucial that the quality of patient care lies at the heart of all decision-making, whether it involves commissioning or providing health care. Part of your role at board level is to champion the business of caring, enabling your executive and non-executive colleagues to understand the relevance of patient care to all aspects of the decision-making process.

But as a member of the board, you will also need to have well-informed opinions on issues outside your immediate sphere of responsibility, including business and finance. For many newly appointed executives, not just nurses, this can be a real challenge. But as a nurse executive, you need a corporate perspective in addition to your professional role, and you must keep this in mind; you have a shared responsibility for the whole organisation. Remember too that becoming an effective nurse executive is a process – you will learn a lot on the job, and this inevitably takes time.

What do you bring to the role?

Your skills as a clinician, leader and manager, combined with relevant professional experience and development, qualify you for the nurse executive role. However, these abilities are just your threshold

I have worked (as a nurse director) in three trusts, and despite having experience, each new appointment had a sharp learning curve to understand the culture and political drives.

Denise McMahon, Director of Nursing, The Dudley Group of Hospitals, NHS Foundation Trust

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Executive nurses have a critical role to play in enabling their boards and organisations, whether they are commissioners or providers, to view the 'business of caring' as much a part of their agenda as the financial bottom line.

Who Cares, Wins (Office of Public Management 2006)

capabilities. You now have to consider what else you will need to help you function well in your new post.

Together with the medical director, you are uniquely placed to bring the clinical knowledge, skills and insights that are necessary to good board decision-making. Taking these insights 'from ward to board' is not an easy task but it is essential for the safe, effective provision of clinical services. Getting the right balance between clinical quality and finance and performance targets remains a challenge for most health and social care organisations. But nurse executives are well placed to help boards understand the implications of decisions in terms of risks and benefits to patient care.

Developing your skills and behaviours

As a nurse executive, you will be involved in all aspects of clinical governance, from patient involvement and clinical audit to staffing and staff management.

While you will already have skills, knowledge and experience in these areas, corporate responsibility usually involves developing skills and knowledge in areas where you feel less experienced or competent. This is quite normal, so talk to your chief executive about any extra help and support you think you will need, and agree a timescale for developmental activities. Of course, it's always difficult to know what you don't know, but as your learning needs emerge over time, they can be added to your personal development plan (PDP).

Competence gives you the potential credibility that you need with colleagues if they are to accept your leadership.

Paul Tarplett, Director of National and Local Services, OPM, 2004

To work effectively with your board, you will need the following capabilities:

- ▶ outstanding communication skills, so that you can talk convincingly about the business of the whole organisation, not just clinical issues

- ▶ authority and confidence, to present information and discuss clinical issues with credibility
- ▶ financial and commercial acumen
- ▶ strong management and interpersonal skills, to nurture relationships with key stakeholders, including executive and non-executive board colleagues, leaders in other partner organisations, and your own team.

You should also be able to:

- ▶ demonstrate personal drive, presence and authority
- ▶ act as a role model
- ▶ show your enthusiasm for the job
- ▶ articulate why excellence in patient care is key to the organisation's success
- ▶ manage a demanding and complex workload
- ▶ manage the political agenda of the organisation
- ▶ balance operational issues with strategic ones
- ▶ find time for strategic thinking
- ▶ keep in touch with what is really going on and not rely on second-hand information
- ▶ unite staff
- ▶ analyse and manipulate both quantitative and qualitative clinical data and present it in a way that enables non-clinicians to understand its relevance and impact
- ▶ contribute with confidence to discussions on a wide range of corporate issues
- ▶ demonstrate emotional intelligence (see *p11*) – conveying the patient experience with compassion and resilience but without becoming emotional
- ▶ engage with your local community and be the public face of the organisation.

In my first executive role, I found the mainstreaming of patient quality, experience and safety into the core business of the trust's agenda a challenge.

Denise McMahon, Director of Nursing, The Dudley Group of Hospitals, NHS Foundation Trust

(Machell et al 2009)

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Developing your leadership qualities

Strategic leadership capability is an essential component of your role as nurse executive. In her work at the University of Leeds, Professor Beverly

Communication needs to be clear, fit for purpose (use appropriate language) and evidence-based. You need to be emotionally intelligent and able to evaluate how to best communicate.

Dr Jean White,
Nursing Officer, Welsh
Assembly Government

Alimo-Metcalfe has identified key components of leadership that are relevant to the NHS and the public sector as a whole. They include showing genuine concern for staff and patients, being accessible, encouraging change, being entrepreneurial, resolving complex problems, networking and achieving results, focusing team effort, supporting a developmental culture, and facilitating change sensitively (Alimo-Metcalfe 2006).

The NHS Leadership Qualities Framework would be a useful reference point for you. It has been developed specifically for the NHS in England and sets out the standards, competencies and qualities required of senior leaders, both now and in the future. The framework is being used across the NHS to underpin leadership development, for individuals, teams and organisations, particularly as a means of getting 360-degree feedback.

There are three main aspects of the framework designed to work together: Your 'personal qualities' are central, enabling you to achieve the other two aspects: 'setting direction' and 'delivering the service'.

Personal qualities:

- ▶ self-belief
- ▶ self-awareness
- ▶ self-management
- ▶ drive for improvement
- ▶ personal integrity.

Setting direction:

- ▶ broad scanning
 - ▶ intellectual flexibility
 - ▶ seizing the future
-

- ▶ political astuteness
- ▶ drive for results.

Delivering the service:

- ▶ leading change through people
- ▶ holding to account
- ▶ empowering others
- ▶ collaborative working
- ▶ effective and strategic influencing.

Find out more about the framework at:

www.nhsleadershipqualities.nhs.uk/portals/0/the_framework.pdf

Emotional intelligence

Emotional intelligence (EI) is the ability to manage yourself and your relationships with others. It is a key aspect of being able to function effectively at a corporate level and is certainly a capability that will be central to your role. Daniel Goleman, an American psychologist, developed a framework for EI that has five key elements.

- ▶ Self-awareness – the ability to recognise and understand your own emotions and how they affect you. This enables you to reflect on your strengths and weaknesses, and to stay in control of your feelings.
- ▶ Self-regulation – the ability to control both your emotions and impulses, enabling you to think before you act. This helps avoid careless decisions, and will help you to manage change positively and objectively.
- ▶ Motivation – EI helps motivation because it makes it more possible to respond to challenges and work productively towards long-term goals.
- ▶ Empathy – being able to empathise with others means you can identify with their needs, wants and desires, recognising how they might be feeling, even when their feelings aren't obvious. This makes managing relationships much easier.
- ▶ Social skills – people with strong social skills tend to be good team players. They enjoy seeing others grow and succeed as much as they value their own development and success. They are good listeners, and as a consequence, communicate well.

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These are all skills that can be learned or enhanced. You can develop your emotional intelligence in many ways, including taking time for personal reflection, keeping a journal, requesting peer feedback, and working with a mentor or coach.

Managing the demands of the role

Excessive stress, where you take on too much, and don't manage the results well, is all too common in high-powered jobs. It's your responsibility – to yourself and to your organisation – to manage your work/life balance in a way that means you both benefit. Here are some ways to help you do this.

I have had five chief executives in five years, as there have been numerous organisational changes and mergers. Flexibility is important. Change can be difficult but I have stopped worrying about it – with experience comes the knowledge that change is manageable.

Ruth Walker, Executive Nurse Director, Cwm Taf NHS Trust

Time management

If you manage your time well, you will achieve more, and be less stressed. Working out what gets in the way of managing your time – procrastination, interruptions, inability to prioritise – can be a first step in learning to manage your time better. Find out what further training or support you can get if you think this is an area where you could improve.

Identify stress triggers

People respond differently to stressful situations. You may experience a build-up of stress due to the high profile of your new role, the pressures of managing constant competing demands, or just trying to keep on top of a new and challenging portfolio. Identifying your stress triggers means that you can take steps towards reducing the stress.

Don't try to do everything yourself – delegate

In your new corporate role, it's neither possible nor desirable to micro-manage. You need to delegate and make the best use of the people who report to you – for example, deputy and assistant directors of nursing – utilising the knowledge and experience within your team. No one expects you to be an expert on everything, but where others

have that expertise, make good use of it. It is an invaluable resource, and not to be underestimated.

Don't try harder, try differently

If you carry on doing the same things, you will get the same results. If something isn't working for you, look at why – and get an external perspective on it too. You may have to think creatively around a problem that might take you outside your comfort zone. This is part of the challenge of your corporate role, but you do have other resources – your immediate colleagues, peer group support, key stakeholders – on which to draw. Use them.

Reflection

When confronted by a complex and challenging work schedule, finding time for reflection is often difficult. It is, however, an essential leadership competence to give yourself time to reflect on the job you are doing, on your own, with peers and with your mentor or coach.

Working with the board

The best boards are those where all directors, whether executive or non-executive, contribute to the work of the board and do not restrict their input to their particular specialty or interest.

Success or failure of a nurse director's role depends on relationships with other board members. It's very important to create and build these relationships.

Dr Jean White,
Nursing Officer, Welsh
Assembly Government

Boards are most effective where directors operate in an atmosphere of mutual trust and confidence that allows open, challenging and constructive debate, and where executives and non-executives understand each other's roles, so that non-executives do not cross the line into management responsibilities, and executives share information openly in a non-defensive way.

Influencing the board

You will need to develop strong relationships with other board members, both executive and non-executive, to engage the whole board on issues of quality of care, to harness the support you may need, and to develop mutual understanding. But it is important to remember that responsibility for the quality of clinical care does not rest solely with you,

or you and the medical director – it is the responsibility of the whole board, and, ultimately, the final responsibility rests with the chief executive. The whole board has corporate responsibility for the management of all clinical performance and outcomes.

It will take you time to get to grips with boardroom dynamics, as much of what goes on remains below the surface. You will have to get to know your new colleagues, and you will need to understand their relationships with each other as well as with you. New senior team members invariably change the dynamics of an organisation and may destabilise other working relationships in the short term. It's up to you to create opportunities outside the boardroom (see next section) as well as in

Remember that when you become part of a culture, you can have a role in shaping – and changing – that culture.

Vicky Warner, Nurse
Director, Torfaen Local
Health Board

it, to develop the key working relationships and alliances that will help you achieve your objectives. This will inevitably take time, but it is important.

Getting clinical quality and patient care onto the agenda

One of your key (and possibly most challenging) tasks is to get the clinical quality agenda 'into play' at board meetings. Evidence shows that boards have not paid as much attention to clinical information as they have to performance and finance information. However, the recent Darzi recommendations (Darzi 2008) have put clinical quality at the heart of the NHS agenda and this political imperative should support your endeavours. Getting your chief executive and chair 'on side' will help you make clinical quality a priority for the board as well as the organisation as a whole.

The dilemmas you are likely to face are mainly concerned with getting the right information from 'ward to board' and then presenting it in a way that captures the attention of your executive and non-executive colleagues. This is just the right kind of territory on which to engage your medical director (see below). The two of you can make a real difference if you work together to produce a clinical quality strategy that identifies key targets that the board can understand, approve and monitor. You will need to capture a mix of both qualitative and quantitative data that provides a rich picture and incorporates complaints, serious untoward incidents (SUIs), clinical outcomes, patient feedback and patient stories. It should also provide trends and forecasts in key areas such as infection control.

Seek a balance of finding creative and effective solutions to organisational issues and the development of patient care and experience.

Angela Wallace, Executive Nurse Director, NHS Forth Valley

Structure and purpose of the board

It's role is to set strategic direction, oversee progress towards strategic goals, and monitor operational performance using good-quality and timely information. The board's primary duty is to ensure good governance – achieving high standards of patient care depends on it. This means managing the various strands of NHS governance, including clinical governance, risk management, controls assurance, financial and corporate governance.

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What is the board's role?

The role of an NHS board is to:

- ▶ be collectively responsible for adding value to the organisation, for promoting the success of the organisation by directing and supervising the organisation's affairs
- ▶ provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed
- ▶ set the organisation's strategic aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance
- ▶ set the organisation's values and standards, and ensure that its obligations to patients, the local community and the Secretary of State are understood and met.

Find out more in *Governing the NHS: A Guide for NHS Boards* at: www.dh.gov.uk

What is the chair's role?

The role of the chair is pivotal to the success of the board. The chair's responsibilities include:

- ▶ leadership of the board, ensuring its effectiveness on all aspects of its role and setting its agenda
- ▶ ensuring the provision of accurate, timely and clear information to directors
- ▶ ensuring effective communication with staff, patients and the public
- ▶ arranging regular evaluation of the performance of the board, its committees and individual directors
- ▶ facilitating the effective contribution of non-executive directors and ensuring constructive relations between executive and non-executive directors.

Find out more in *Governing the NHS: A Guide for NHS Boards* at: www.dh.gov.uk

Who will you be working with?

Chief executive

Your primary relationship on the board is with the chief executive, to whom you report. The nature of this relationship will depend in part on your respective values and personal styles. As mentioned previously, it is important that you clarify your expectations of each other immediately after (or even prior to) appointment. Regular briefings and discussions will be essential to manage the relationship effectively. You could, for example, schedule in regular one-to-one meetings with your CEO.

Medical director

Obviously you will need to build a close working relationship with your medical director, as you are both experts in clinical care. But while you are colleagues on the board, your agendas and specific areas of responsibility may differ. Your medical director is also likely to have a regular clinical remit, so may not spend as much time on board issues as you do. Understanding the complementary nature of your roles will reinforce the different clinical criteria for decisions that need to be made at board level.

Workforce director

You will need to work closely with whoever has responsibility for workforce development. Working together on issues such as recruitment, selection, retention, training and personal/professional development is particularly important when it comes to accountability for delivering patient care.

Finance director

You will need to create a close working relationship with the finance director. Finance can become separated from its purpose when, above all, it needs to be relevant and synthesised with the clinical agenda. It is also important to have a good working understanding of your organisation's finances, systems and information – you cannot

I expect the nurse director to be the expert lead on nursing and patient experience, and I also expect to be challenged by my nurse director. A board should actively seek new thinking and new ideas, and a new appointment is an opportunity to refresh the team's thinking.

Chris Slavin,
Chief Executive,
Lincolnshire Partnership
NHS Foundation Trust

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influence financial decisions unless you are comfortable with interpreting financial information. Work with your finance director to ensure that this is the case.

Share your portfolio. For example, I am the lead on our 'Save 1,000 Lives' campaign. There are six streams to this so I have asked six colleagues to take responsibility for one each, eg, the finance director, who knows about drug costs (so still within his comfort zone), NICE regulations, etc, is looking at drugs use. The purpose of sharing this project agenda is to share skills and create engagement. Where you can, create an opportunity that enables engagement across the executives' portfolios. Then board decisions can truly be a board decision, based on knowledge and fact.

Ruth Walker, Executive Nurse Director, Cwm Taf NHS Trust

Non-executive directors

Non-executive directors are appointed to bring independent judgement to bear on issues of strategy, performance and accountability, as well as key appointments. They are often selected for their professional skills, perhaps in the business world. But they may well have a personal interest or expertise in the delivery of care, and as such they can be powerful allies in the boardroom. It is well worth identifying those with whom you share a key purpose in championing clinical quality. Take time to find out about their interests and abilities, and keep them all informed, especially on clinical issues.

Other executive directors

Find out the composition of the board, and which members have responsibility for different areas of the organisation, for example, public health, commissioning, planning and performance, information technology, social care, and communications.

Foundation trust governors (England only)

You may be working with foundation trust governors, who provide support to the board of directors managing their trust. The governors are a local body of elected representatives who represent the members and partner organisations so that they can raise concerns, provide views on plans for future developments and approve appointments of the chief executive, chair and non-executive directors. They are also able to feed back information about the trust, its performance and vision, to the constituency they

What are the duties of a non-executive director?

The duties of a non-executive director include:

- ▶ constructively challenging and contributing to the development of strategy
- ▶ scrutinising the performance of management with regard to meeting agreed goals, and monitoring the reporting of performance
- ▶ satisfying themselves that financial information is accurate and that financial controls and systems of risk management are robust and defensible
- ▶ determining appropriate levels of remuneration of executive directors and taking a prime role in appointing, and where necessary removing, senior management and in succession planning
- ▶ ensuring that the board acts in the best interests of the public and is fully accountable to them for the services provided by the organisation and the public funds it uses.

Non-executive directors also have a key role in a small number of permanent board committees such as the audit committee, remuneration and terms of service committee, the clinical governance committee, and risk management committee.

Find out more in *Governing the NHS: A Guide for NHS Boards* at: www.dh.gov.uk

represent. Their role allows the population served by the foundation trust to be directly involved in its management. Governors can play a vital role in helping you to keep the board and the organisation focused on clinical care. Find out more at: www.ftgovernors.org.uk/ft_essentials.html

What happens when things go wrong?

Whenever things go wrong, and particularly when there are high-profile failings in patient care, nurse executives often get the blame. Recent events (for example, in the report into outbreaks of *Clostridium difficile* at Stoke Mandeville Hospital (Healthcare Commission 2006)) have shown

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that the nurse executive, rather than the board, can be held accountable for clinical failures.

If you find that things are not working out as you had planned and that your position has become vulnerable for any number of reasons, there are numerous sources of support. It makes sense to continue your membership of a professional organisation such as the RCN or The

Association for Leaders in Nursing, who provide a range of confidential services for nurse executives. Chief nurses at board, SHA, regional and national levels can also provide support to nurse executives in their patch. They have enormous experience, so don't be afraid to ask for help if you need it.

Do not be fooled by the mystique of the board. There is no 'magic bullet' that makes you a good board member but clearly, if you have been appointed, then you are ready for the challenge.

Tim Archer, Director of Delivery & Performance and Executive Nurse, Cornwall Partnership NHS Trust

Building relationships and networks

Your job as a nurse executive is both high profile and highly visible. Leading by example and building relationships will create opportunities for you to show others how you intend to conduct your business – so be open, direct, sincere and genuine. Establishing trust and confidence will be critical to your success.

Identifying key stakeholders

Stakeholders are the people with whom you interact and your organisation does business, who are affected by its policies and practice, and have either an interest in and/or influence over what the organisation does. Internal stakeholders include your chair and chief executive, other executive and non-executive colleagues, governors, nursing, medical and other clinical staff, managers, patients and service users. External stakeholders include chief nurses at national, regional and local levels, other NHS organisations, politicians, universities, the media, and key people in partner organisations such as local government and the third sector. You will need to carefully balance the complex needs of the different stakeholder groups, especially where they are interconnected but different from your own and the organisation's needs.

It's very important for nurse executives to be clinically credible, and for staff to see that you recognise the value of their input.

Eiri Jones, Senior Associate Nurse Director, Abertawe Bro Morgannwg NHS Trust

Building effective relationships with stakeholders

This is one of the most important aspects of your role as a nurse executive. Establishing productive working relationships with your stakeholders and developing your knowledge and understanding of their interests will help you influence, negotiate, manage change, and get things done. Never assume that you know where other people's interests lie; keep an open mind, and stay interested and curious about other people's views, intentions and motives.

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Here are some suggestions:

- ▶ consult widely, ask questions and listen – this will give you a clearer idea about people's opinions, thoughts and ideas
- ▶ use a wide range of methods to get the information you need: one-to-ones, requesting ideas and feedback, encouraging people to ask you questions
- ▶ give recognition for good ideas and suggestions
- ▶ consult in a way that develops trust and confidence – that is, if you say you'll do something, do it. Be visible and be accountable
- ▶ be sensitive to ethnic, social and economic diversity
- ▶ be realistic, taking into account your organisation's current and possible future activities
- ▶ listen to what you are told, and adjust your approach accordingly.

Developing political intelligence

Developing your political intelligence – finding out where the power and influence lies both in your own organisation and others, and working with this knowledge – will be one of the keys to effectively managing your relationships and achieving your objectives. By 'political intelligence', we mean combining social awareness with the ability to communicate well, while keeping your integrity and objectivity. Politically competent people expect to experience resistance to their attempts to get things done, but they keep on proposing carefully selected initiatives and taking managed risks, in ways that eventually produce the results they want. They also understand the unwritten rules and are attuned to non-verbal messages.

*Keep your promises.
It's not always possible
to deliver on everything,
but you should do what
you say you will do,
otherwise you lose trust.*

Chris Slavin, Chief
Executive, Lincolnshire
Partnership NHS
Foundation Trust

Understanding personality types

When it comes to building key personal and professional relationships, it's worth considering how personality types operate. The Myers-Briggs Type Indicator (MBTI) is one of the most commonly used methods. It sets out 16 basic personality types, which define preferences for the ways in which individuals approach life and work. If you have ever gone through

any sort of psychometric testing as part of your career development, it is likely that this method, or one based on it, was used.

Understanding basic personality types can help you:

- ▶ understand and develop yourself and others
- ▶ understand what motivates you and others
- ▶ understand your own and others' strengths and weaknesses
- ▶ clarify roles and responsibilities so that you work more effectively.

Dealing with conflict

Conflict within the workplace is an inevitable fact of life. It's important that you don't take any conflict personally, but use it as an opportunity to resolve the problems that may have given rise to it in the first place. Effective conflict resolution can make the difference between positive and negative outcomes. Different people approach conflict in different ways and knowing how you operate, and how those around you operate, will help you deal with it. Kenneth Thomas and Ralph Kilmann have identified five main styles of dealing with conflict that vary in their degrees of co-operativeness and assertiveness:

- ▶ competitive
- ▶ collaborative
- ▶ compromising
- ▶ accommodating
- ▶ avoiding.

(Thomas and Killman 1974)

Try to bear these basic rules in mind when you are dealing with conflict.

- ▶ Make maintaining good relationships a priority. Respond calmly and respectfully, aim to remain constructive, and don't get personal.
- ▶ Recognise that real problems may result in 'difficult' behaviour, and keep the two separate. Avoid personalising the issue, which can damage relationships further.
- ▶ Listen first, talk second.
- ▶ Pay attention to what someone is saying to help you really appreciate the other person's viewpoint, as this may not be immediately apparent.
- ▶ Establish the facts, independent of the feelings.
- ▶ Explore options to resolve the issue(s) together.

In your attempts to resolve conflict don't be afraid to ask for help.

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Early priorities

Setting your objectives

Prior to taking up your post, you need to identify with your chief executive some short, medium and long-term objectives; your personal objectives will need to fit within the overall strategic objectives of your organisation.

You need to have a vision of what you want to achieve (which will depend in part on the current challenges faced by the organisation you are joining) and some guiding principles on which to work.

Don't expect to make any major changes in the first three months... You need this time to absorb how the organisation is currently functioning. Ask questions, find out information, don't make early decisions about the competence of staff, really get into the detail.

Dr Peter Carter, Chief Executive and General Secretary, Royal College of Nursing

You need to allow time for a diagnostic phase, to gather the information you need to work out what your priorities will be. Talk to as many people as possible, from the finance director to the nursing staff, of the key issues and challenges.

This will be the beginning of an ongoing process where you:

- ▶ identify and gather information
- ▶ assess and prioritise this information
- ▶ establish options on which you can take action
- ▶ take action
- ▶ review outcomes.

Be visible. In the first six months, be extremely visible. Get to know your workforce, be out and about, not office-based – you need to walk the walk, and talk the talk. Also, walk a patch through its 24-hour cycle, which could be more valuable than just one shift.

Dr Jean White, Nursing Officer, Welsh Assembly Government

During this time, you need to find out:

- ▶ who is already doing what
- ▶ what the lines of accountability are
- ▶ what systems and processes are already in place
- ▶ how these are monitored.

Your first board meeting

Board meetings deal with a huge amount of information prepared beforehand that needs to be discussed, debated and scrutinised so that the right decisions can be made. Every member of the board needs sufficient, relevant information to be assured that the organisation is running well, but not so much information that it becomes difficult to know what is important. Your first board meeting will give you a good opportunity to observe the board in action and how it conducts its work.

Open meetings

If board meetings are open to members of the public, their presence can have a bearing on the way meetings are conducted. While a public meeting should promote a culture of transparency, accountability and openness, it can sometimes create a climate of discretion, where only positive aspects of the organisation are disclosed. Rather than improving accountability this can actually restrict more challenging discussions. In the long run, this is detrimental to the organisation, as problems are not adequately raised, scrutinised or resolved.

It may also be that board members are less likely to challenge other board members at an open meeting for fear of either looking stupid or giving the impression that the organisation is not managing its business well. This can also be counter-productive.

If your organisation holds open board meetings, you need to think about how you handle yourself in terms of what information you bring to the meeting, and the challenges you may wish to raise during the meeting.

Closed meetings

You will find there is often a different dynamic in a closed meeting. Without public attendance, board executives might be more candid about discussing less positive aspects of the organisation and any failings it may be experiencing. But without some kind of feedback loop, closed meetings can also change the culture and create a distance from one of your most important stakeholder groups – the public. Where closed meetings are the norm, it's also important to ensure that this does not lead to collusion and 'group think'.

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Contributing effectively

Here are some pointers to help you get the best out of your participation in board meetings.

- ▶ Preparation is everything: take the time to read any papers that are circulated before the meeting and seek further information if necessary.
- ▶ If you intend to challenge any issues, be sure you have evidence or data to illustrate your point.
- ▶ Clarify your objectives: be clear in your own mind what you would like to achieve at the meeting.
- ▶ Keep to the point: be mindful of the purpose of the meeting, and stick to the agenda.
- ▶ Acknowledge the contributions and viewpoints of others: if you disagree on something, try to explain why, and discuss issues constructively.
- ▶ Follow up on action points: agree a timescale, and make sure actions are carried out.
- ▶ Communicate decisions and information: inform those who need to know, but keep confidential information confidential.

Challenge

Constructive challenge is key to a high-performing board, and the key to challenging your colleagues constructively involves:

- ▶ asking open questions that either clarify or identify gaps in the board's understanding of an issue
- ▶ actively listening to what is being said
- ▶ where necessary, asserting a position until it has been satisfactorily answered or integrated into what is being discussed.

Challenge should not be used as an inter-personal attack, which, at its worst, could lead to harassment and bullying. Challenge should exist within a framework of behaviour that is respectful, objective, and without personal discrimination. An absence of challenge can breed complacency, which is a threat to diligence.

Challenge can often stimulate debate, or argument. Sometimes this can

be quite confrontational. Are you able to have a robust debate without damaging relationships, or feeling hurt? Reflect on past debates and your role in them. Ask yourself questions like: Could I have spoken up more clearly? Should I have been better prepared? Did I challenge that point adequately? How could I have done better? What do I need to practise? Who can support me?

Presenting reports to the board

You need to make sure you prepare any reports or papers for board meetings well in advance so that they can be circulated for review at least a week before the meeting. Your report or paper should include:

- ▶ a summary or outline of its contents
- ▶ hard data and metrics presented in an easily accessible form, including tables, graphs and charts where this will help illuminate the facts
- ▶ evidence of what this means for patients and staff. Providing comments from service providers or users can make your message more powerful and more readily understood. It also shows that you have consulted with key stakeholders
- ▶ actions being proposed or already taken
- ▶ proposed or actual outcomes
- ▶ a conclusion, summing up your key findings and your proposed way forward.

Presenting a paper to the board is an art; it takes preparation, thought and practice. When you are presenting, you should assume that people have read the paper, but take the opportunity to clarify the purpose of the paper, and what you want the board to do (i.e., for decision, assurance, approval). Highlight key points and note any contentious issues. Provide additional narrative or background information to illustrate key points if necessary. Point out the benefits and risks of any proposed actions. Then invite comments and questions, and seek agreement on any actions required.

Challenge is important. I expect to be challenged. I set up a head nurses group, and I expect them to challenge me.

Paul Reeves, Director of Nursing and Clinical Practice, Ealing Hospital NHS Trust

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You must have a working knowledge of your colleagues' portfolios – I couldn't do my job without that.

Jackie Bird, Chief of Quality & Standards and Chief Nurse, Rotherham General Hospital, NHS Foundation Trust

It will also be useful to you to have briefed relevant colleagues. For example, if you are proposing an idea that has financial implications, it makes sense to discuss this in advance with your finance director; if you are recommending some change in clinical practice, you will need the support of your medical director.

Getting support

No one can do this complex and demanding job without support. As you become more senior, some of the informal support you may have received from your colleagues becomes less available to you, and you may find yourself feeling rather isolated. To deliver in this new role, you need to identify what support you need and where you can get it.

Internal support

Chief executive

You are accountable to your chief executive and he or she is also your first port of call for advice and support on matters relating to your job. The day-to-day organisation of your work is your affair, but you should talk to your chief executive regularly about what actions you're proposing to take and what support you need to do so, as well as any major difficulties you're encountering.

Other board colleagues

Your colleagues should be able to support your learning process, especially where you want to develop a better understanding of their portfolios and how they relate to yours. Inevitably, you will find some colleagues more supportive than others. But where you need explicit help on a work-related issue, don't be afraid to ask.

External support

It is useful for all senior executives to have some form of external support, enabling you to explore work-related issues in complete confidence. Professional coaching or mentoring, for example, can be invaluable. If it has not been offered to you, it is worth requesting it as part of your career development package.

It can be very lonely, and no one prepares you for this. You need robust networks externally and I believe a mentor is essential.

Eileen Sills, Chief Nurse and Chief Operating Officer, Guy's & St Thomas' NHS Foundation Trust

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Peer group support

This may be available to you within the organisation, or outside it, or even through work-related friendships. It is an important and valid source of support because no one knows the demands of the job better than someone else in the same position.

Taking care of yourself means making sure you have good peer support, and networks – set one up if necessary – otherwise the job can be very isolating.

Vicky Warner, Nurse
Director, Torfaen Local
Health Board

Peer group networks

You are probably already aware of the main peer support networks. Where networks have been formalised, perhaps through a professional body like the Royal College of Nursing (RCN) or The Association for Leaders in Nursing they are the best starting point. You should also explore what other peer group development exists in the wider health economy (for instance, the strategic health authority (SHA) or chief nursing officer networks).

Family and friends

Family and friends are crucial, but they will also have needs to be met by you. What is useful is to think about what sup-

port can be solicited from elsewhere, and what can only be gained from your family and friends. It is important not to neglect this area of your life when you will probably find yourself with many competing priorities so make sure you have time for it.

Use the nurse director network for support, get a mentor and diary time out to attend sessions – you are never too senior to ask for advice/reflection.

Denise McMahon, Director
of Nursing, The Dudley
Group of Hospitals, NHS
Foundation Trust

Further information and resources

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Useful resources

The Association for Leadership in Nursing

3rd Floor,

9 Prescott Street,

London E1 8PR,

020 7480 4738

www.leadersinnursing.co.uk

The Royal College of Nursing,

20 Cavendish Square,

London W1G 0RN

020 7409 3333

www.rcn.org.uk

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Notes

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