

NHS National Graduate Management Training Scheme

Health Analysis Competency Framework v2.1

Last Update: November 2017

Table of Amendments – Health Analysis Management Competency Framework		
Date of Change	Detail	Version No
15.10.12	Core Competencies Section 4.1. Ensuring Patient Safety reordered to show competencies in correct order	1.1
15.10.12	Specialist Competencies Section 4.1: 4.1.4 renumbered to 4.1.8 to maintain unique numbering system, and reordered within section.	1.1

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 [NHS 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)**.

Core competencies are shared by each of the five Scheme specialisms (Policy and Strategy Management, 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.

Specialism competencies 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 number 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	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

1.4 Acting with Integrity			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	<ul style="list-style-type: none"> 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	Keeps abreast of developments in healthcare, in own professional field and in own organisation as well as other external bodies and organisations	<ul style="list-style-type: none"> 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.
	Inspiring shared purpose	1.4.1	Understands and acts in accordance with the values for the NHS as set out in the NHS constitution	<ul style="list-style-type: none"> Promoting the NHS values.
	Inspiring shared purpose	1.4.2	Acts with openness, honesty and integrity	<ul style="list-style-type: none"> 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.
	Leading with care			
	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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
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.	<ul style="list-style-type: none"> Building/maintaining relationships (e.g., Local Authority, Private Sector, and Social Enterprises). 	1 2 3 4 5
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Presenting at meetings, or writing minutes of meetings Being recognised as a meeting contributor in meeting minutes. 	1 2 3 4 5
2.4 Working within Teams	Sharing the vision	2.3.3 Sharing a common purpose and inspiring others to live it through their everyday actions	<ul style="list-style-type: none"> Models NHS values in every day practice and is a role model for other colleagues. 	
	Holding to account	2.4.1 Visibly understands the responsibilities of the department and its role and value within the organisation and proactively looks	<ul style="list-style-type: none"> Linking personal objectives to team and department objectives. 	1 2 3 4 5

		for opportunities where the department can contribute	
	Holding to account	2.4.2 Takes responsibility and ownership for leading key activities/projects and new initiatives.	<ul style="list-style-type: none"> Taking on Project Management responsibilities, or a key role within a project, work stream or task lead responsibility for creating a defined project outcome. <p>1 2 3 4 5</p>
	Connecting our service	2.4.3 Provides an effective and valued contribution to projects that require multidisciplinary teams.	<ul style="list-style-type: none"> 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. <p>1 2 3 4 5</p>
	Leading with care	2.4.4 Behaves in a manner that is empathetic to those around them, despite differences of others.	<ul style="list-style-type: none"> Listens to others in team projects, and takes into account other view points and potential information counter to their own views. <p>1 2 3 4 5</p>
	Leading with care	2.4.5 Provides and facilitates a safe environment to enable their co-workers and team to perform their job efficiently.	<ul style="list-style-type: none"> Incorporates other's views and opinions in discussions on job related matters and enables others to participate. <p>1 2 3 4 5</p>

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	<ul style="list-style-type: none"> Creating Project Briefing documents, Board Papers for investment proposals, supporting the creation of wider strategic, outline or final business cases for larger change programmes. <p>1 2 3 4 5</p>
	Holding to account	3.1.2	Applies project planning methodologies and uses appropriate tools to support this, ensuring timely execution	<ul style="list-style-type: none"> Creating Project Initiation Documents, Project Gantt Charts, or implementation plans or roadmaps. <p>1 2 3 4 5</p>
	Sharing the vision	3.1.3	Communicates progress and outcomes of key planning stages/milestones to the relevant stakeholders to ensure two-way communication, alignment and timely delivery	<ul style="list-style-type: none"> Creating project status reports, highlighting reports, and presenting project milestones. Communicating outcomes of risk assessments. Contributing to Board papers seeking authorisation to proceed with project phases, or investment stage gates. <p>1 2 3 4 5</p>
3.2 Managing Resources	Engaging the team	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	<ul style="list-style-type: none"> 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. <p>1 2 3 4 5</p>
	Holding to account			
3.3 Managing People	Engaging the team	3.3.1	Instructs and manages other team members in particular	<ul style="list-style-type: none"> Creating verbal or documented task plans for <p>1 2 3 4 5</p>

3.4 Managing performance			activities/projects while ensuring appropriate accountabilities and clear goals are in place	<p>team members/colleagues, or documenting project work packages to define activities and outcomes required.</p> <ul style="list-style-type: none"> • Providing individuals with constructive performance feedback continuously. 	
	Engaging the team	3.3.2	Motivates team members through clear direction setting, constructive feedback and open dialogue	<ul style="list-style-type: none"> • Leading team meetings, encouraging contribution during meetings and seeking/providing feedback. 	<div style="display: flex; justify-content: space-around; width: 100px;"> 1 2 3 4 5 </div>
	Holding to account	3.4.1	Understands the key performance targets for the NHS and the organisation	<ul style="list-style-type: none"> • 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. 	<div style="display: flex; justify-content: space-around; width: 100px;"> 1 2 3 4 5 </div>
	Connecting our service	3.4.2	Demonstrates knowledge of the organisational systems and processes for corporate, financial, information and clinical governance	<ul style="list-style-type: none"> • 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. 	<div style="display: flex; justify-content: space-around; width: 100px;"> 1 2 3 4 5 </div>

	Holding to account	3.4.3	Supports the development and monitoring of key performance indicators at an organisational and/or project level	<ul style="list-style-type: none"> • Possessing knowledge of risk management approach. • 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. 	
	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	<ul style="list-style-type: none"> • 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. 	

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Working collaboratively within multidisciplinary teams to identify or implement improvements to patient care. 	1 2 3 4 5
4.2 Critically Evaluating	Evaluating information	4.2.1 Establishes an evaluation framework and programmes to	<ul style="list-style-type: none"> Demonstrating the ability to set the parameters for undertaking an 	1 2 3 4 5

			support the monitoring of outcomes from service developments, including assessments of the Return on Investment	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.	
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Engages stakeholder and more senior members of the team to evaluate decisions they make and the effect it 	1 2 3 4 5



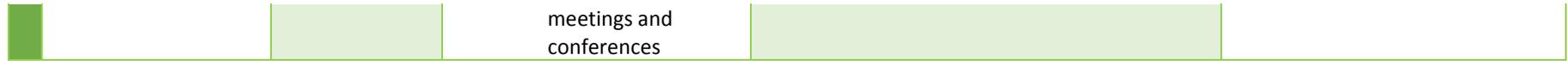
Section 5. Setting Direction

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.	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Assessing and reading the relevant documentation to stay informed. 	1 2 3 4 5
5.2 Applying Knowledge and Evidence	Inspiring shared purpose	5.2.1 Questions and challenges the assumptions and evidence base underpinning the national and local strategies and plans	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

<p>5.3 Making Decisions</p>	<p>Sharing the vision</p>	<p>5.3.1 Is involved in a group/project responsible for deciding future service change/transformation.</p>	<ul style="list-style-type: none"> Contributing to efforts (through research or actions) targeting future services improvement and transformation. 	<p>1 2 3 4 5</p>
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Section 6. Creating the Vision

Core Leadership Domain	Healthcare Leadership Model	Competency	Examples of activities to demonstrate experience	Assessment Level	
6.1 Developing the vision for the organisation	Inspiring shared purpose	6.1.1	Understands the vision for the NHS	<ul style="list-style-type: none"> Linking own objectives to the organisational objectives, strategy and overall vision. 	1 2 3 4 5
	Inspiring shared purpose	6.1.2	Understands the vision for the department or team objectives	<ul style="list-style-type: none"> 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. 	1 2 3 4 5
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, or voluntary sector organisations	<ul style="list-style-type: none"> Attending meetings with Healthcare providers outside of own organisation/environment. 	1 2 3 4 5
	Influencing for results	6.3.1	Communicates the benefits of change to key stakeholders, including clinicians, staff and patients	<ul style="list-style-type: none"> Proactively communicating change benefits to others through a specific change management project. 	1 2 3 4 5
6.3 Communicating the Vision	Inspiring shared purpose	6.4.1	Behaves professionally with colleagues within and outside of the organisation	<ul style="list-style-type: none"> Promotes the vision of the NHS when speaking to internal and external stakeholders when the opportunities arise. 	1 2 3 4 5
	Influencing for results	6.4.2	Acts as an ambassador for the organisation when representing them at external	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Reaching out for opportunities to have informed discussions to develop an understanding of how the vision is translated into the strategy. 	1 2 3 4 5
	Inspiring shared purpose	7.2.1	Understands the strategic direction for the organisation	<ul style="list-style-type: none"> Engaging in informed discussions with the relevant stakeholders to develop a sound understanding of organisational strategy and its impact. 	1 2 3 4 5
7.3 Implementing the Strategy	Inspiring shared purpose	7.3.1	Awareness of the NHS strategic planning process	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Through informed discussion. 	1 2 3 4 5

<p>7.4 Embedding the Strategy</p>	<p>Sharing the vision</p>	<p>7.4.1 articulate the key messages Demonstrates the ability to support the implementation of organisational change programmes</p>	<ul style="list-style-type: none"> Getting involved in implementation of organisational change programmes or working with others to gain understanding of the process. 	<p>1 2 3 4 5</p>

Section 8: Specialist Competencies

Within the Health Analysis specialism, the idea is that trainees should aim to meet the core level for all, and the higher level for 6 of the technical skills of their choice by the end of the scheme. This will not be assessed as all competencies on Geni can only be rated to core level and so this will be assessed in terms of the percentage of competencies achieved.

Specialist	Healthcare Leadership Model			Core Level	Advanced Level	
8.1 Contextual and Strategic Skills		8.1.1	Knowledge of the NHS	<ul style="list-style-type: none"> Show familiarity with the financial and business structure of the NHS and how this effects wider work area. Demonstrates understanding in work. 	1 2 3 4 5	-
		8.1.2	Knowledge of NHS datasets and definitions	<ul style="list-style-type: none"> Understand and be able to articulate the process of developing a dataset including awareness of existing platforms, information standards, data governance and the NHS data dictionary. 	1 2 3 4 5	-
		8.1.3	Policy formation and the commissioning cycle	<ul style="list-style-type: none"> Influencing the development of policy/commissioning by presenting their work in the context of policy development or service usage. 	1 2 3 4 5	-
		8.1.4	Interpretation of analysis	<ul style="list-style-type: none"> Able to interpret own work and work of others in context of literature, 	1 2 3 4 5	-

8.2 Planning and designing analysis	8.2.1	Critical thinking	<p>think tanks and NHS practice.</p> <ul style="list-style-type: none"> Can propose both methodological and interpretative alternatives and their relative merits including consideration of resource. Applies critical thinking to others' work. 	1 2 3 4 5	-
	8.2.2	Business case development and options appraisal	<ul style="list-style-type: none"> Develop options that identify a range of feasible solutions and enables articulation of risks and issues. Design and conduct sensitivity analysis to inform risks. Sets business case in wider context of work area. 	1 2 3 4 5	-
	8.2.3	Ethics of analysis	<ul style="list-style-type: none"> Understands ethical considerations in own work area, such as data confidentiality and the principals of the Data Protection Act. May liaise with the ethics committee or other monitoring committee for particular projects. 	1 2 3 4 5	-
8.3 Consultancy Skills	8.3.1	Presenting and communicating analysis with impact	<ul style="list-style-type: none"> Can set key narratives of work in wider context. Communicates with customers in relevant and clear fashion, taking questions and 	1 2 3 4 5	-

			responding to comments. Explains method and results in an immediately useable format that has been agreed with the customer.			
		8.3.2	Customer base development	<ul style="list-style-type: none"> Can market role of analysis to new customers and identify potential new work areas. Maintains links with existing customers, keeping them informed of progress and communicating in an accessible manner. 	1 2 3 4 5	-
		8.3.3	External stakeholder engagement and management	<ul style="list-style-type: none"> Able to use results of regular communications and publications to inform wider context of work. 	1 2 3 4 5	-
		8.3.4	Facilitation of workshops	<ul style="list-style-type: none"> Supports the design of and participates in workshops to gain insight, progress and understanding of work area. 	1 2 3 4 5	-
		8.3.5	Commissioning external partners	<ul style="list-style-type: none"> Can provide critique of work specification for external partner. Understands contracting process and use of confidentiality during bidding process. 	1 2 3 4 5	-

8.4 Innovative / Anticipative Skills	8.4.1	Keeping up to date with health analysis literature	<ul style="list-style-type: none"> Actively researches work area before starting a new project and regularly updates research to inform direction and technical aspects of projects. 	1 2 3 4 5	-
	8.4.2	Novel applications and presentation of analysis	<ul style="list-style-type: none"> Identifying and applying new techniques in work area to improve the quality of work, increase impact or ease of interpretation. Actively keeps up to date with creative ways of presenting analysis from sources such as ONS, the press and think tanks. 	1 2 3 4 5	-
8.5 Data Skills	8.5.1	Ability to assess data quality and reliability	<ul style="list-style-type: none"> Shows understanding of NHS data sources and can put quality and reliability into operational context. Identifies extreme/missing values and appropriately correct erroneous data. 	1 2 3 4 5	1 2 3 4 5
	8.5.2	Use of specialist software (R, SQL, SAS, GIS, Simul8, Stata, Ithink, HES portal etc)	<ul style="list-style-type: none"> Demonstrates ability to independently use specialist software and applies own judgement to work. 	1 2 3 4 5	1 2 3 4 5
	8.5.3	Working with large data sets	<ul style="list-style-type: none"> Triangulates data with other sources. Shows awareness of how data flows into the platform, the limitations and 	1 2 3 4 5	1 2 3 4 5

8.6 Quantitative Skills		8.5.4	Quality assurance of own work and work of others	<p>advantages of extracts, joins and linkage.</p> <ul style="list-style-type: none"> • Able to peer review others work and to consistently exhibit best practice in own work. Use of automation to flag potential errors, and documentation to aid transferability of work. 	<div style="display: flex; justify-content: space-between; width: 100px;"> 12345 </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> 12345 </div>
		8.6.1	Descriptive statistics and standardisation	<ul style="list-style-type: none"> • Shows familiarity with and is able to apply a range of descriptive statistics (mean, mode, median, normal distribution, standard deviation etc). Is able to apply appropriate standardisation in a health context. Shows understanding of sampling and sampling error, and can calculate common confidence intervals (e.g. mean, proportion). 	<div style="display: flex; justify-content: space-between; width: 100px;"> 12345 </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> 12345 </div>
		8.6.2	Problem structuring	<ul style="list-style-type: none"> • Applies methods to structure a quantitative problem, such as root cause analysis or causal diagrams. • Able to assess type of problem and advise on possible avenues of investigation. 	<div style="display: flex; justify-content: space-between; width: 100px;"> 12345 </div>	<div style="display: flex; justify-content: space-between; width: 100px;"> 12345 </div>

8.7 Quantitative skills	8.6.3	Modelling and reporting	<ul style="list-style-type: none"> • Able to build and document complicated and varied types of model • Can use explorative data analysis to understand population being modelled. Able to automate reporting and dashboards or able to lead consistent ad hoc briefing. 	1 2 3 4 5	1 2 3 4 5
	8.7.1	Use of qualitative analysis	<ul style="list-style-type: none"> • Synthesises and applies results of qualitative research together with quantitative results to present coherent narrative in own work area. 	1 2 3 4 5	1 2 3 4 5
	8.7.2	Designing and conducting interviews	<ul style="list-style-type: none"> • Able to draft a structured or semi-structured interview schedule/topic guide. Able to conduct structured and semi-structured interview ethically and non-judgementally. 	1 2 3 4 5	1 2 3 4 5
	8.7.3	Coding of qualitative data	<ul style="list-style-type: none"> • Able to develop method for coding qualitative/interview data. Able to interpret 	1 2 3 4 5	1 2 3 4 5

			and summarise results accurately.		
		8.7.4 Design of qualitative research	<ul style="list-style-type: none"> Understands how to develop an interview schedule/topic guide from a brief that is fit for the research. 	1 2 3 4 5	1 2 3 4 5
		8.7.5 Focus groups	<ul style="list-style-type: none"> Understands how to draft a focus group interview schedule/topic guide and would be able to assist in the facilitation of a focus group. Able to analyse complex interview data. 	1 2 3 4 5	1 2 3 4 5