

Executive nurse handbook

March 2019

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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Foreword

Executive nurses have a pivotal and transformational role in the quality of care and compassionate practice we offer our patients, now and in the future.

The scope of the role is broad and executive nurses navigate a complex set of stakeholders and partners in the service of organisational values and delivering on the NHS Constitution. Executive nurses can use their influence at board level to ensure that safeguarding, quality of care, patient safety and experience remain the guiding priorities for their organisation, working closely with their executive and non-executive colleagues.

We recognise the demands of this role, but we also know it can bring immense satisfaction and meaning.

We have updated this handbook originally published by The Burdett Trust for Nursing and The King's Fund as we recognise that moving to an executive post is a journey. We want to help you navigate it successfully by offering a blend of practical advice and insights from executive nurse colleagues.

We can help you determine your readiness for and commitment to the executive nurse role, ensuring you can be as effective and successful as possible once in post.

We hope you find this handbook empowering and that it offers you valuable insight into the executive nurse role. We want to support you as an emerging leader, as the NHS looks to the future.

Ruth May
Chief Nursing Officer for England

1. Introduction

This handbook is part of the talent management and development work of the nursing directorate at NHS Improvement supporting the role of executive nurses on NHS boards. It builds on *The nurse executives' handbook: leading the business of caring from ward to board* from 2008, part of 'From Ward to Board', a joint project by the Burdett Trust for Nursing and The King's Fund.

The role of an executive nurse is diverse and complex, defined partly by the sphere of activity and culture of the organisation. The executive nurse contributes to the strategic and corporate direction and management of the trust. They provide strategic clinical leadership for nursing (and midwifery in secondary care trusts) to the board, managers and clinicians, in accordance with national policy and often provide leadership for allied health professionals (AHPs).

How to use this handbook

- Section 1 looks at the role of the executive nurse
- Section 2 lays out the preparation required to be an executive nurse
- Section 3 reviews effective working and board level,
- Section 4 takes you through your first 100 days in post
- Section 5 outlines the support we offer you
- The references section lists useful background information and resources.

2. The role of executive nurse

“What is it like to be led by me? That’s the question I asked myself on starting out in an executive nurse role and I still take that time to do regular self-reflection. It’s only by knowing yourself, your strengths and weaknesses and investing in continuing development and coaching, that you can be a truly effective and empathetic leader in today’s NHS.”

Clare Hawkins, Chief Executive, Hertfordshire Community NHS Trust

The role of the executive nurse is complex and varied, evolving as NHS health policy evolves. You need to be agile in your leadership style and to learn a significant amount while you are doing the job. The role portfolio may vary depending on where you work but your primary role is to ensure patient safety and quality remain at the heart of the board agenda by setting the vision for nursing practice in the safe delivery of patient care.

Roles and responsibilities

Policy changes in the health and social care system have made the role and responsibilities of the executive nurse increasingly complex. They will also vary depending on the purpose and setting of your organisation. Executive nurse portfolios often include areas as diverse as strategy, commissioning, organisational development, communications, patient and public involvement, marketing and facilities.

One of the most important aspects of your role is to help colleagues on the board 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 healthcare.

You will also need a corporate perspective, which will involve being well informed on issues outside your immediate sphere of responsibility, including business and finance.

What you bring to the role

Your skills as a clinician, leader and manager, combined with relevant professional experience and development, qualify you for the executive nurse role. You also need to be able to acknowledge where you are less strong and consider what else it will take to succeed in your new post. Taking insights ‘from ward to board’ is not easy 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. Executive nurses are well placed to help boards understand the implications of decisions in terms of risks and benefits to patient care.

Although all board members are responsible for quality, it is your role to ensure safe delivery of patient care remains a priority as the board balances this with financial stewardship and the delivery of performance standards. The achievement of all three in tandem is the foundation for consistently outstanding care; consistently achieving good patient outcomes through the reduction of unwarranted variation.

Alongside the medical director, you are uniquely placed to contribute the clinical knowledge, skills and insights necessary to good board decision-making. You are also expected to influence and contribute to agendas beyond your professional portfolio. As a board member you have a shared responsibility for the whole organisation.

The development of sustainability and transformation partnerships (STPs) and integrated care systems requires enhanced collaboration with partner organisations and strong relationships between leaders and clinicians across organisations and boundaries. Future leaders, including executive nurses, will in some cases be leading across systems rather than within a single organisation.

3. Preparing for an executive nurse post

“Having a supportive network of peers has been instrumental in helping me navigate those first few months as an executive nurse. Being able to share ideas and best practice or gain advice from a trusted peer or critical friend has really helped my resilience and I hope to pay it forward for those coming into post in the future.”

Lisa Grant, Chief Nurse and Chief Operating Officer, Royal Liverpool and Broadgreen University Hospitals NHS Trust

This section identifies actions you can take before you apply and guides you through the application process.

Existing capabilities

You will need the following capabilities:

- outstanding communication skills so that you can:
 - provide a compelling vision for nursing and midwifery
 - speak with authority and confidence and contribute convincingly to the business of the whole organisation, not just clinical issues
 - create relationships with key stakeholders, including executives, non-executive board colleagues, leaders in partner organisation and your own team
 - engage with and listen to staff, patients and carers, ensuring co-production at all levels of your organisation
- financial and business acumen to ensure working at board level
- understanding of the power of data and intelligence to underpin strategy and quality improvement (QI)

- enthusiasm for evidence-based practice and instilling QI methodology to reduce unwarranted variation through a focus on outcome measures.

Developing leadership qualities

When you are considering what leadership qualities you have and what you need to consider – try looking at '[Developing People – Improving Care](#)'¹ a national framework for local, regional and national action on developing NHS and social care staff. It was developed by NHS Improvement with other national health and care organisations to equip and encourage people at every level of the NHS continually to improve local health and care systems and feel pride and joy in their work.

The framework guides team leaders to develop a critical set of improvement and leadership capabilities in their staff and themselves, shown to enable teams to continuously improve population health, patient care and value for money:

- improvement skills for staff at all levels
- compassionate, inclusive leadership skills for leaders at all levels
- talent management to fill current senior vacancies and future leadership pipelines with the right numbers of diverse, appropriately developed people.

Inside your organisation

The first thing to do is master your current post. You will get noticed in your organisation and start to be known outside as someone who has the potential to go further.

Next, identify the gaps between your skills and experience and the executive nurse role. Try reviewing an executive nurse job description to see what you need to develop. If you are currently in a senior nurse leadership role it is likely to be the working at board level and assurance aspects; if you are working in an operations role focus on the current and future national nursing strategy.

Whatever you conclude, there are ways to develop these skills. Working at board level is not just about attending board meetings: it is about understanding the role of the board (see Section 4 Effective working at board level), setting the strategy and

¹ <https://improvement.nhs.uk/resources/developing-people-improving-care/>

being able to work with fellow executive and non-executive directors. You could volunteer to work with executive directors on trust-wide programmes. If you are not currently in a senior nursing role, get involved in a corporate nursing programme with your trust's executive nurse.

Although working at board level is more than attending board meetings, this is an important part of the role. You could:

- shadow an executive director at a board meeting
- attend other organisations' board meetings to experience different styles and understand how business plays out in public meetings and how executive and non-executive directors work together in a unitary² board
- shadow or work with the company secretary/director of governance to get more insight into board assurance and organisational governance. It is important you understand this before you get an executive nurse role.

Beyond your organisation

Beyond your organisation do you have a regional or even national network? Do you have a LinkedIn account? The LinkedIn professional network website allows you to grow a network with regional, national and even international leaders in your field and it is a site recruiters use. Twitter is also a valuable networking space for aspiring leaders.

At conferences and study days choose two or three people to introduce yourself to and do it through the day. Is there a peer network in your area? If yes, do you help each other connect with others? Do you invite executive directors and other leaders to speak at your meetings? If you don't have a network, why not start one?

The recruitment process

The recruitment process for an executive nurse is likely to be different from those you have been involved in before and may involve a recruitment company. You will have to prepare as never before and, if appointed, you will be able to negotiate your terms and conditions.

² A unitary board is one which takes corporate responsibility for board decisions.

Due diligence before the interview

Start your due diligence as soon as you see an advertisement for a post you would be interested in. This means getting to know the trust involved and understand its strategy and culture, strengths and risks. It will take time and energy to do this properly so that you can decide whether it is the right organisation for you.

You could

- begin with the trust website and its Care Quality Commission (CQC) report
- talk to the recruitment company if they are managing the process. They will tell you about the trust and what type of person the chief executive is looking for.
- visit the trust and sit in public areas such as the emergency department or the outpatient waiting areas to see how it feels from a public point of view
- ask for an informal visit to some of the clinical areas
- request a conversation with the chief executive on the phone or in person, but remember: this is the start of the interview.

Applying and shortlisting

When you decide to apply it will be through the NHS jobs website or to the recruitment company by CV and covering letter. Your CV should tell the story of your career highlights and achievements, with your qualifications, awards and publications. Don't repeat your CV in your covering letter. Instead use it to give the panel a flavour of you: how you work, why people should be led by you, your values, why you want the post and why you are the best candidate.

If you are longlisted by the recruitment company, you will be invited to meet them. This is an important part of the assessment and should be treated as formal. From this meeting the agency will draw up a summary of your experience and skills and use it to recommend whether you should or should not be shortlisted.

If you are not shortlisted, ask for indepth feedback you can use for the future.

If you are shortlisted, ask to meet the chief executive in person, the chair, key members of the executive nurse's team and other members of the executive team. Remember: at this stage you are exploring whether this is the right organisation for you as much as whether you are the right person for the organisation. Be open

about your skills and leadership style in these meetings and find out about theirs. Work out how well your skills complement theirs.

You will receive the outline of the formal recruitment process. This may include psychometric and personality tests, presentations and stakeholder group discussions plus a panel interview that is likely to include the chief executive, the chair of the trust and an external assessor. Also prepare for stakeholder discussions and presentations.

We can help with interview coaching. Contact our professional leadership team: rhiannon.rusius@nhs.net.

After the interview

If you are offered the post, negotiate your terms and conditions. Not just the salary – this includes agreeing whether you have paid coaching and development courses and other aspects of the role; for instance, starting work one day of the week at 10 because you need to take your child to school.

If you are not offered the job, ask for feedback so that you can develop what was missing. If you felt a rapport with the chief executive, ask them for support.

Our regional and corporate nursing teams will also be able to offer support.

Recommendations

Take the opportunity to shadow the executive nurse on your own trust board and if possible present a paper(s) to the board.

Attend other trust board meetings (public section) to observe a range of board behaviours and effectiveness.

Lead on a project with an executive director (other than the executive nurse).

Take opportunities to attend or present to the health and overview scrutiny panel.

Observe open meetings held by board members or other organisations to gain skills in leading such events.

Take opportunities to develop insight and challenge by engaging with medical directors at regional and national level, chief executives and politicians. You may find these opportunities through both experiential learning and formal education programmes.

Develop your personal reflexivity to assess your leadership style, your biases and blind spots, and your development needs.

Develop your knowledge and understanding of areas such as corporate governance, legal responsibilities and accountability as a board member.

Develop your problem-solving skills, learning from other disciplines and industries to cultivate your ability to debate and discuss complex issues.

Develop networks to mature your thinking about system leadership.

Develop networks from which you can get advice and support once you are in an executive role.

4. Effective working at board level

“From my experience when you take on your first director of nursing post, working at board level, it is important to learn from your board colleagues, both at executive and non-executive level. Understanding our collective purpose as leaders, in service to our organisations and to our communities, is where good governance, board assurance on clinical and quality priorities, and the power of effective staff engagement all come together in terms of our thinking, our behaviours and our actions.”

Caroline Alexander, Chief Nursing Officer, Barts Health NHS Trust

You are uniquely placed to contribute the clinical knowledge, skills and insights necessary to good board decision-making. This section clarifies the purpose of an NHS board and the relationships you will need to develop as an executive nurse. Section 7 describes board roles in detail.

Structure and purpose of the board

The role of a board in an NHS organisation is to:

- be collectively responsible for adding value to the organisation and promoting its success by directing and supervising affairs
- provide active leadership within a framework of prudent and effective controls that enable assessment and management of risk
- set the organisation’s strategic aims, ensure that the necessary financial and human resources (HR) are in place, and review management performance
- set the values and standards, and ensure that the organisation understands and meets its obligations to patients, the local community and the Secretary of State.

“Leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation and promotes an open and fair culture.”

Care Quality Commission (2016) well-led domain

The board of directors in a foundation trust is legally a unitary board, although non-foundation trusts may also take the unitary approach. This means the non-executive directors and executive directors make decisions as a single group and share the same responsibility and liability. All directors, executive and non-executive, have the responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy.

In the best boards all directors, whether executive or non-executive, contribute and do not restrict their input to their particular specialty or interest. 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.

Good leadership, governance and management require systems that ensure clarity on accountability, responsibility and associated schemes of delegation throughout the organisation. All boards are required to implement a transparent and explicit approach to the declaration and to handling of conflicts of interest.

The board and its members must adhere to the [seven principles of public life](#), the [standards for NHS board members](#) and the [requirements of the fit and proper person test](#).

Board behaviours

It's important to consider the behaviours, roles, relationships and competence of individuals that affect the dynamics of the board. The Professional Standards Authority describes the [balance between personal attributes, technical competence and business practices](#) in its standards for NHS boards and clinical commissioning group (CCG) governing bodies relating to the governance, legal and regulatory frameworks in which they operate.

Board diversity

According to the NHS Improvement survey of board diversity based on data from 2017 the average NHS provider board has eight men and six women, one member from a black, Asian or ethnic minority (BAME) community and one disabled person:

- 43%: proportion of women on NHS provider trust boards
- 77%: proportion of women in the NHS workforce
- 7.7%: proportion of NHS provider board members from BAME communities
- 17.7%: people from BAME communities in the NHS workforce
- 5.3%: proportion of board members identifying themselves with a disability
- 17.6% of the general population make the same declaration.

You will be expected to contribute to establishing an environment that values diversity and incorporates cultural belief into care delivery. Consider how you might shape and/or influence this agenda, either through the mentoring of the BAME workforce, involvement and the composition of the board through the recruitment and selection processes for executive and non-executive director positions.

Director accountability

The NHS Leadership Academy has outlined ways in which effective NHS boards demonstrate effective leadership³ through director accountability and:

- holding the organisation to account for the delivery of the strategy
- being accountable for ensuring the organisation operates effectively with openness, transparency and candour
- seeking assurance that the systems and controls are robust and reliable.

Holding people to account can be a challenge, but it is a fundamental part of your role. To achieve it, consider how you will:

- set expectations for your team
- receive timely and accurate intelligence and data
- triangulate the information to test its rigour

³ NHS Leadership Academy (2013) *The healthy NHS board: principles for good governance* page 7

- look beyond the information to ‘see for yourself’ what is happening at patient level
- identify reassurance and probe for further assurance
- provide positive and encouraging leadership, including developing the team to reach their full potential
- provide incisive challenge adhering to your personal and organisational values.

The other core areas where you will be required to seek assurance are:

- quality governance
- financial stewardship
- risk management
- legality
- decision-making
- probity (honesty, trustworthiness, decency)
- information governance
- corporate trustee.

It is relatively easy to adhere to your personal and organisational values when an organisation is achieving its performance standards, during challenging times some behaviour can drift from the expected standards. Consider how you would manage this.

Foundation trust governors

Foundation trust governors are a local body of representatives elected by members and appointed by partner organisations so that they can raise concerns, provide views on future developments, such as proposed transactions, and approve the appointments of the chief executive, chair and non-executive directors. They hold the non-executive directors to account in managing the trust and feed back about the trust, including its strategy and performance, to their constituency. They can help you keep the board and the organisation focused on clinical care.

Board and board committee meetings

To enable accountability, boards are required to establish committees responsible for audit and remuneration. Current good practice also recommends there is a committee specifically focused on quality. NHS organisations have configured those board committees in several different ways, but we will describe those functions below under the three core headings.

Board committees usually have a non-executive chair. Audit committee members are all non-executive directors with executives attending as appropriate for the work.

Effective boards minimise the number of standing board committees but there may also be committees for strategy and resources, finance and investment, risk workforce and organisation development (OD).

Familiarise yourself with committee forward plans so dates for preparation and publication, and key documents (for example quality accounts, annual safeguarding declaration and annual reports) don't come as a surprise.

Audit committee

The audit committee seeks assurance that the organisation applies financial reporting and internal control principles and maintains an appropriate relationship with the internal and external auditors. It offers advice to the board about the reliability and robustness of internal control processes, and is able to review any other committee's work, including in relation to quality.

The audit committee may also have responsibility for the oversight of risk management, although some trusts have a separate risk committee. It should be positioned as an independent source of assurance to the board, guarding its independence although ultimately responsibility for effective stewardship of the organisation belongs to the board as a whole.

Remuneration committee

The board delegates the remuneration committee to determine the remuneration and terms of service for the chief executive and other executive directors. The committee also monitors and evaluates the performance of the executive directors.

Quality committee

Ultimate accountability for quality rests with the board. The quality committee sets direction to ensure delivery of the trust's quality strategy (which may be part of the trust overall strategy), and offers scrutiny to ensure that required standards are achieved and action is taken where sub-standard performance is identified. It seeks assurance that the organisational systems and processes for quality are robust and well embedded so that priority is given, at the appropriate level, to identifying and managing risks to the quality of care.

Schemes of delegation

The formal powers of an NHS organisation are vested in the board but the [NHS Code of Accountability](#) allows the board to delegate some of its business to board committees and the executive. The board approach to delegation should be consistently set out in:

- standing orders that specify how the organisation conducts its business
- standing financial instructions that detail the financial responsibilities, policies and procedures
- the scheme of reservation and delegation setting out which responsibilities and accountabilities remain at board level and which have been delegated to committees and to the executive, together with appropriate reporting arrangements to ensure the board has oversight. Approaches and schemes of delegation must be subject to regular board review to ensure the distribution of functions and accountabilities is fit for purpose and proportionate to the levels of risk and performance of the organisation.

Attending board meetings and board committees

Preparing

Your first board meeting is where you are likely to see your peers and the non-executive directors in action as a team for the first time.

Ensure you are familiar with all the papers going to the board, not just your own: you don't want any surprises. Remember as a unitary board member you are accountable for all the decisions made at the board and as a subject matter expert you may be required to give clear direction to other board members. You have both

a professional and board member role and should be clear on your role at the board meeting. Experienced peers can help with this so if you don't already have one, consider getting a mentor and a coach and or discussing with your regional nurse.

Be clear what you will need to take to the board and present it succinctly, emphasising key points and what you are asking the board to do. Most boards receive an executive summary attached to the main report. Ensure this covers the key points and any action.

Keeping the board informed

At all times you are addressing the board as a whole entity. You may therefore wish to talk to board colleagues beforehand. If you are signalling deteriorating performance, it is particularly important that this has been discussed and understood by the executive team and the relevant board sub-committee before being discussed at the board. You also need to be clear about the trajectory for improvement.

Try to avoid surprises for your board members. Give them an informal 'heads up' there are contentious issues that have not previously been discussed in board committee. Always ensure the executive team is aware of any risk issues before the board meeting.

In your role as the nurse professional/AHP lead on the board you have a role in translating national nursing and other strategies to local and horizon scanning for issues that may become pertinent for the board, especially, but not exclusively challenges from regulators such as CQC, NMC, GMC, NHS Improvement, HCPC, the deanery.

Board members are usually expected to attend every board meeting. Discuss expectations around attendance at the board with the chair and company secretary.

Also check expectations around attendance with the chairs of board committees you sit on. Where you are the executive lead, you will be expected to attend all the meetings over the year.

Familiarise yourself with board and board committee etiquette as soon as possible, probably with the chair and/or company secretary. As a voting board member, you need to understand the organisation's constitution and, in particular, the areas you

may be asked to vote on. Most effective boards avoid the requirement to vote, but it may happen on rare occasions. If it does, you and the other board members should be made aware of this likelihood in advance so that you can demonstrate a clear understanding of the issues and your rationale in voting.

Trust boards operate both in public and private. Matters discussed at the private part of the board are usually commercially or patient sensitive: if you are in doubt about the positioning of your reports, check with the company secretary. However, bear in mind when you are preparing papers but that all board papers can be subject to freedom of information requests.

Open (public) meetings

If board meetings are open to members of the public, it can affect how they are conducted. Although there should be a culture of transparency, accountability and openness, a public meeting can sometimes create a climate of discretion, where only positive aspects of the organisation are disclosed. Board members may also be less likely to challenge other board members for fear of either looking stupid or giving the impression that the organisation is not managing its business well. In the long run, this is not helpful, as problems are not adequately raised, scrutinised or resolved.

If your organisation holds open board meetings, think about what information you bring to the meeting and any challenges you may wish to raise during the meeting.

Closed (private) meetings

In a closed meeting without public attendance, board executives may be more candid about less positive aspects of the organisation and any failings but without some kind of feedback loop there can also be 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'.

Contributing effectively

Preparation is everything. Before the meeting take the time to read any committee meeting papers that are circulated and get more information if necessary. If you intend to challenge any issues, be sure you have evidence or data to illustrate your point. Clarify your objectives, keep to the point 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 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.

Constructive challenge is key to a high-performing board, and the key to challenging your colleagues constructively is asking open questions that either clarify or identify gaps in the board's understanding of an issue; actively listening to what is being said, asking a question or asserting a position until it has been satisfactorily answered or integrated into the discussion.

Challenge is not personal attack. It 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 stimulate debate, or argument, which 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: 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?

How you present yourself physically is important. A calm and confident personal style builds the confidence of both your board members and the public if in attendance. Avoid the use of jargon and abbreviations. Wear business clothes in public board meetings. Pay attention to your body language and facial expression, even when not presenting your papers, remembering you are visible at all times. Although there are times when you are clinically facing and may wear your uniform, the board meeting is not the place for this.

Board papers

The effectiveness of the board depends on the timely availability of board papers. Effective boards circulate papers electronically and make sure paper copies are available for the public.

Core disciplines for board papers:

- **Timeliness:** papers are provided a week ahead of meetings so that they can be posted on the trust website and made available to external attendees. The company secretary sets the board cycle and timelines, and will agree your agenda items with you. This will include standing reports and one-off reports.
- **Cover sheets:** for each paper include the name of the author, a brief summary of the issue, the organisational forums where the paper has been considered, the strategic objective or regulatory requirement to which it relates, and an explicit indication of what is required of the board.
- **Be clear on the provenance of the papers,** taking into account the board's constitution. The company secretary can help with this.
- **Executive summary:** direct your reader's attention to the most important aspects and the action you require from the board.
- **Action logs:** The board secretary keeps a tracking log of actions agreed. It should show all actions agreed by the board and for each action the 'ownership', due dates, and status. However, it's also worth summarising what you have taken from the board discussion as agreed actions and timelines during the meeting and sharing with the board secretary. For example: 'I have agreed to provide a plan to address xxx for review by the board quality committee in xxxx [timescale]. This helps manage expectations and ensures you can prioritise and manage your workload and your team's.
- **After the board meeting** take time to ensure the minutes accurately reflect the discussion and decisions and you are clear what you are responsible and accountable for. Don't be afraid to work with the company secretary to ensure the accuracy of the minutes.
- **Be clear about the board's constitution** and how to share papers at external meetings. Some boards will not release papers until they have been approved by the board or the appropriate board committee. The same applies to how you manage relationships and boundaries with stakeholders.

Board relationships

You will need strong relationships with other board members, executive and non-executive, so that you can engage and influence the whole board on issues of

quality of care, harness the support you may need, and to develop mutual understanding. But 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 chief executive.

It will take time to get to grips with boardroom dynamics, as much of what goes on is below the surface. New senior team members invariably change dynamics and may destabilise relationships in the short term. It's up to you to create opportunities inside and outside the boardroom to develop the key working relationships and alliances that will help you achieve your objectives. This will take time, but it is important.

Creating a high quality sustainable clinical quality strategy

Quality is the organising principle of the NHS and needs to be at the fore in everything the board does. The medical director and nursing director should produce a clinical quality strategy setting outcomes and direction for three to five years with a strong focus on continuous improvement.

- In some trusts this strategy is part of the overall trust strategy, so you will work with the executive lead for this.
- Plan clinical engagement from frontline to board ('ward to board' or 'patient to board') in developing and agreeing the priorities for improvement.
- Set out a clear implementation plan, with trajectories and timelines that can be monitored by the board to demonstrate progress.
- As with other organisational priorities, share this information with the board in an easily digested summary. The closer the data is to 'real time', the greater its value.
- The quality and performance paper that goes to the board should include intelligence about strategic performance and should be an amalgam of issues that have been discussed at the sub board level committees. This is the opportunity for all the board to hear the key issues in one place and to understand the interrelating issues.

The paper

The executive nurse will lead the paper, but it should be co-authored by the executive board members who should present their component parts. The paper should be structured around an explicit set of strategic goals. It should:

- provide an accurate, timely and balanced picture of current and recent performance including patient, clinical, regulatory, governance, workforce, patient engagement, staff engagement and financial perspectives.
- focus on the most important measures of performance and highlight exceptions and risks that need to be drawn to the attention of the board.
- show performance trends, provide forecasts and anticipate future performance issues. If your organisation is in 'turnaround' there is likely to be a separate paper to the board on the trajectory for change.
- enable comparison with similar organisations, (including international comparisons)
- triangulate information from different sources, hard and soft data; integrate informal sources of intelligence from staff, patients and other key stakeholders and external partners. Set up a system to assure the data quality including consideration of assessments from key regulators including comparator information and demonstrating robust systems for learning.
- clearly identify both signs of success and warning signs of deteriorating performance.

Board roles

Chair

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 that management provides accurate, timely and clear information to the board to enable its decision-making and assurance
 - ensuring the trust delivers an effective communication strategy for staff, patients and the public
-

- accountability for regular evaluation of the performance of the board, its committees and individual directors, which includes individual and board collective 360-degree appraisal
- facilitating the effective contribution of non-executive directors and ensuring constructive relationships between executive and non-executive directors.

The board is made up of voting and non-voting board members, and a balance of non-executives and executive members.

Chief executive or accountable officer (CE/AO)

The chief executive is ultimately the accountable officer for the organisation. Their primary responsibilities include:

- corporate decisions
- managing the overall operations and resources of the trust
- acting as the main point of communication between the board of directors and corporate operations.

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. Clarify your expectations of each other immediately after (or even before) appointment. Regular meetings and discussions will be essential to manage an effective relationship. Your CE/AO will work with you to agree your personal objectives, which will support delivery of their objectives and the organisation strategy and priorities.

Executive nurse/chief nurse

The executive director of nursing/chief nurse responsibilities include:

- contributing to the strategic and corporate direction and management of the trust
- providing strategic clinical leadership for nursing (and in secondary care trusts midwifery) to the board, managers and clinicians in accordance with national policy
- often providing leadership for allied health professionals (AHPs)

- executive portfolio may also include accountability for safeguarding, safety, patient experience in their executive portfolio and may be the director of infection prevention and control.

Make sure you are clear when applying for the role what it covers. As you become established you may be asked to take on extra responsibilities. Always assess whether you would pass the fit and proper person test for the responsibilities and if you agree to it, make sure you have sufficient reward.

Chief operating officer/director of operations

The chief operating officer is responsible for the day to day operational delivery of the trust and ensuring the organisation's strategic intentions are carried out through its daily activities.

Build a close working relationship with your chief operating officer, as you are the expert in clinical care and quality who will seek assurance that services are safe and of high quality. Ensure there are regular meetings for shared decision making and clarifying the accountabilities and interface between your roles. Agree jointly when interventions from the nursing/quality corporate team are required to support any operational risks and to drive up quality improvements.

Medical director

The medical director provides medical leadership and the continued development of professional standards and quality reporting. Additional portfolio responsibilities often include patient safety, medicines management, dentistry, and the Caldicot Guardian role. The medical director may also be the director of infection prevention and control if this is not in your remit.

You will need to agree shared and joint approaches to the delivery of trust strategy with the medical director, including clarity on the specific areas of responsibility. A key priority for both of you will be to ensure the patient/user perspective is retained in the board, and that the board is clear on the Trust's quality performance (effectiveness, safety and patient experience).

Finance director

The finance director provides strategic leadership for finance, managing trust contracts and financial agreements between the trust and its stakeholders. They will

often be the accountable director for estates and facilities, information governance and information management and technology.

An effective working relationship with the finance director will help ensure that the trust's financial management is synthesised with the delivery of safe and effective clinical services. You will both need to understand the quality impact of any financial decisions. Work with your finance director to ensure that you both understand how to interpret both financial and quality systems, processes and information.

Non-voting board members

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

HR and OD director

The HR/OD director manages the delivery of all the business and transactional HR services, and develops and delivers the trust workforce and organisational development strategies, aligned to the STP.

You will need to work closely with whoever has responsibility for workforce and organisational development on issues such as recruitment, selection, retention, training and personal/professional education and development. You need to be clear about accountability for safe staffing and workforce plans as you will be professionally accountable for the nursing elements of this work.

You also share a role in staff engagement and experience; agreeing issues to be discussed at board and board committees.

Director of governance/company secretary

The director with accountability for effective governance is responsible for ensuring that there are appropriate governance arrangements to safeguard the quality of systems and processes that contribute to the care of patients and the overall operation of the trust business. The company secretary is jointly accountable to the chair and chief executive. They ensure the effective operation of the board and its committees, review board governance, facilitate induction and ensure arrangements are in place for the professional development of board members.

You will need to work closely with whoever has responsibility for quality governance, working together to ensure the delivery of safe high-quality care.

Director of communications

The director of communications strategically leads and is accountable for the communications and engagement function.

They can support you to raise the profile of nurses and nursing, and clinical service delivery, inside and outside the organisation. They will ensure you get training and development to support your personal engagement with press/media.

Director of strategy

The director of strategy leads the trust's strategic and operational planning. They may have overall responsibility for all aspects of the annual planning cycle and associated business plans. The director of strategy is often responsible for engagement with commissioners and contract negotiation.

You will need to work closely with the director of strategy when you are working with commissioners on the quality requirements in trust contracts. Handling strategies for key meetings such as the contract clinical quality review group should be agreed together and information to be discussed at the board or board committees.

Improvement/turnaround director

The improvement/turnaround director is responsible for the programme management of the trust's turnaround programme where relevant. You will need to work closely with the improvement/turnaround director to ensure all schemes/programmes of work have had a quality impact assessment and been monitored.

Non-executive directors (NEDs)

Non-executive directors are appointed to bring independent judgement to bear on strategy, performance and accountability issues, as well as participating in key appointments usually for directors and consultants. They are selected for their professional skills and expertise. The non-executive board membership strengthens the board by bringing a combination of business acumen, strategic planning,

financial probity and clinical expertise usually from individuals with previous board experience.

Ensure you familiarise yourself with the trust process of escalation of risks to your board, and keep non-executives informed of any clinical/quality issues. Find out about their interests, abilities and skills and seek their views and help. Their perspective is often invaluable.

5. Your first 100 days

“The most important investment I made (and continue to make) as an executive nurse was to get out onto the floor and really listen to what our staff are telling us. It’s impossible to lead effectively from a meeting room. It’s only when you can get up close and personal with the challenges, opportunities and triumphs your staff experience, on a daily basis, that you can gain an understanding of what is needed from you as a leader.”

Sue Tranka, Chief Nurse, Ashford and St Peter’s Hospitals NHS Foundation Trust

When you start, identify some short, medium and long-term objectives with your chief executive: your personal objectives will need to fit within the overall strategic objectives of your organisation. Create a vision of what you want to achieve (which will depend in part on the challenges of your new organisation) and some guiding principles on which to work.

Don’t expect to make any major changes in the first three months. Use this time to absorb how the organisation is currently functioning. 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, about key issues and challenges. Search out information, don’t make early decisions about the competence of staff, and really get into the detail.

During this time, find out:

- Who is already doing what?
- What are the lines of accountability?
- What systems and processes are already in place?
- How are these monitored?

Before starting, plan how you will work in your first 100 days and your main focus. This will be a critical period as you will be laying the foundations for your time in the post and therefore, ultimately your success. Your new colleagues will be interested

and want to meet you. Be aware that people from every area of the organisation (nurses at all levels, other directors, senior managers, senior clinicians etc.) will be assessing you from the outset. You should be able to tell your 'story' about what you achieved previously, why you left your last post and why you are there.

If you have moved within the same organisation, a key area will be making the transition so that colleagues and staff accept you in your new role. This is your opportunity to develop your story.

Areas to complete in your first 100 days

- Comprehensive induction
- Make sure you get around – visibility, visibility, visibility
- And listen, listen, listen
- Internal due diligence (building on your pre-application due diligence but this will be more rigorous)
- Review areas of portfolio
- Establish a productive working system including regular 1:1s with key individuals (including chief executive, other executives, direct reports,)
- Review risks and identify top three for nursing, quality and the organisation
- Preparing for 'firsts' (first board, committees, external committees, etc)
- Meet corporate nursing team and senior nurses
- 1:1 with executive and non-executive director colleagues
- Initial meetings with external colleagues such as the regional nurse and local CCG lead nurse
- Start building effective working networks (see below).

Building strong relationships

Building strong relationships right from the start is important but keep it manageable as you will not be able to meet everyone in the trust (unless it is a very small organisation) in your first three months. You will therefore need to prioritise this. These relationships are in two sections, internal and external.

Internal	External
Executives	NHS Improvement
Chair	NHS England
	Regional nurse
Other board members	Local commissioners – specifically their governing body nurse and director of nursing/director of quality
Trust senior management team (clinical directors, general managers, etc)	Local Health Education England
Your immediate team	Other local executive nurses
Your personal assistant, establishing an effective way of working	Your organisation's local authority/ies especially key boards, such as safeguarding, health and wellbeing, etc.
The nursing, midwifery and AHP workforce	Local Healthwatch and other key patient groups
	Local key third sector
	Your coach/mentor

6. Our support offer

“NHS Improvement offered me access to an experienced executive nurse colleague as part of my development plan, and I also regularly check in with the regional NHS Nursing lead in my area, to keep up to date on policy, improvement programmes my team can access and general best practice. These networks are really important so you don’t feel isolated and know you have a robust support network for ongoing quality improvement and workforce priorities within your own organisation.”

Julie Tunney, Director of Nursing and Quality, Mid Cheshire Hospitals NHS Foundation Trust

Development needs

As an executive nurse you will be involved in all aspects of clinical governance.

Along with the medical director you will lead the creation of a culture where patient safety is the priority for all employees and organisational teams; an open and transparent culture that continuously learns from errors and a learning culture that continually seeks to improve patient care and reduce harm.

You will be expected to lead on workstreams that are likely to include user and carer involvement, clinical audit, the development of safe systems of care, and workforce development for nursing, midwifery and AHPs.

Talk to your chief executive about your development needs and agree a timescale for development activities. It’s always difficult to know what you don’t know, so consider discussing your learning needs with a peer (experienced executive nurse).

We can connect you with an experienced executive nurse or the regional nurse to develop your thinking.

Action learning combines a professional problem-solving element with personal development and growth. It will enable you to exchange and test ideas in a supportive and safe environment, getting different views and unbiased feedback. You are also likely to build a strong professional network as a result of accessing this support.

Join our executive nurse action learning set and be mentored by an experienced executive nurse. We propose building the set around the following questions:

- What situation am I am bringing to discuss?
- What are the facts around this situation?
- What are my feelings around this situation?
- What decisions have already been made?
- What choices have I got?
- What are the existing assumptions?

Work-life balance

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

Managing the demands of the role

Time management: Work out what gets in the way of managing your time – procrastination, interruptions, inability to prioritise. Is there training or support you can?

Identify your stress triggers: People respond differently to stressful situations. You may experience a build-up of stress because of 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.

Don't try to do everything yourself: Delegate: it's neither possible nor desirable to micro-manage. Make the best use of the people who report to you – for example, deputy and assistant directors of nursing. No one expects you to be an expert on everything, make good use of other people's expertise.

Don't try harder, try differently: If something isn't working for you, look at why – and get an external perspective too. You may have to think creatively around a problem that might take you outside your comfort zone but you do have other resources – your immediate colleagues, peer group support, key stakeholders. Use them.

Take time to reflect on your own, with peers and with your mentor or coach.

7. References and useful resources

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