NHS

Dorset HealthCare
University
NHS Foundation Trust

Talent Management

Literature Review

By

Beki Dellow, MA, BSc(Hons)OT

Talent Management Lead

Dorset HealthCare University NHS Foundation Trust

October 2019

Beki.Dellow@nhs.net

Contents

Abstract

This article aims to offer a comprehensible summary of a range of pertinent literature related to the field of Talent Management. Tansley et al (2007) stressed the importance of organisations identifying what they mean by talent in order to begin to develop a comprehensible Talent Management (TM) Strategy, and therefore some essential definitions/explanations are shared first to familiarise the reader with TM terminology.

Introduction

The role of Talent Management Lead is a new post which was created by Dorset HealthCare in 2019 to help drive forward and embrace the National Health Service (NHS) Long Term Plan (2019a). The plan proposed that 'a systematic regional and local approach for identifying, assessing, developing, deploying and supporting talent' would be in place from early 2019 (NHS 2019a p89). The sole act of recognising and creating such a role indicates the readiness and maturity in thinking and attitude towards each individual's talents, reverberating within Dorset HealthCare and the NHS as a whole. The purpose of the TM Lead role is to lead the design and implementation of a flexible and inclusive approach to TM that supports all employees to maximise their potential; to design, develop, pilot, evaluate and implement a flexible range of tools, opportunities, solutions and a system to drive a culture whereby all employees are able to reach their true potential and that enables us to build strong pipelines of talent across the organisation and create and build a pool of experiential development opportunities to facilitate more internal coaching, shadowing, work experience, additional responsibilities, projects and secondments to support the development and growth of future talent.

Talent Management Terminology

Talent

The word 'talent' is considered an everyday term, however its application in learning and development is diverse and can understandably cause confusion (Stewart and Rigg 2011). Some definitions, although not exhaustive, of 'talent' are shared in date order below to give a taste of the extent of variation and progression of the term in the context of TM:

'Talent is inherent in each individual, one person at a time' (Rothwell 1994 p6).

'The superior mastery of systematically developed abilities (or skills) and knowledge in at least one field of human activity, to a degree that places an individual within the top 10% of age peers who are (or who have been) active in that field' (Gagne 2000 p67).

'Talent means everyone at all levels [working] at the top of their potential' (Redford 2005 p20).

'Talent consists of those individuals who can make a difference to organisational performance, either through their immediate contribution or in the longer term by demonstrating the highest levels of potential' (Tansley et al 2007 p8).

'*Talent refers to highly talented individuals with the potential to create disproportionate amounts of value from the resources that the organisation makes available to them'* (Goffee and Jones 2009 p57).

'*Talent is the combination of doing something good and doing something you like to do. This generates an automatic passion to get results. When developing talent, the right context, support and a proper fit with individual, societal and organizational goals is necessary'* (Flemish Government 2012 p9, cited by Buttiens and Hondeghem 2012).

'Someone who has a natural ability to be good at something, especially without being taught' (Cambridge Business English Dictionary 2019).

'We all have talent. Talent can be a natural aptitude or an acquired ability, learnt with effort. Talent can be cultivated through use and deliberate practice. Engaging in your talent is an enjoyable experience that can also have positive effects on others' (Dorset HealthCare 2020).

Talent Management (TM)

The term 'war for talent' was first used by the American consultancy firm McKinsey in 1997, referring to a key driver for corporate performance and the recruitment of the most valuable employees to an organisation (Stewart and Rigg 2011 p27), or in other words, Talent Management (TM). TM is considered a proactive approach to the development of skills and careers and is particularly useful when an organisation has difficult to fill roles due to varying reasons (Garrow and Hirsh 2008) such as the current supply shortage of specific occupational groups including nurses. The NHS Leadership Academy (2016 P4) emphasised that 'effective talent management is a critical component of NHS Strategy, since the organisation will depend on having talented people in a wide range of leadership, management, technical and operational positions to achieve its objectives'. TM approaches are dependent on how an organisation views talent and their reasons for managing talent (Stewart and Rigg 2011). Various definitions/explanations of TM are shared below:

'The systematic attraction, identification, development, engagement/retention and deployment of those individuals with high potential who are of particular value to an organisation' (CIPD Change Agenda 2006; Tansley et al 2007 p9).

'A comprehensive and integrated set of activities to ensure that the organisation attracts, retains, motivates and develops the talented people it needs to now and in the future' (Baron and Armstrong 2007).

'About positive things – doing things for your best people, investing in developing them, building on potential and, therefore, helping people make the best use of their strengths and improve on their weaknesses' (Garrow and Hirsh 2008 p389).

'Enhancing of an employee's ability to cope with changing work demands' (Garavan et al 2009 p267).

'A set of organisational processes designed to ensure an effective flow of human resources, including leadership resources' (Garavan et al 2009 p266).

'Talent management is an integral set of processes, programs and cultural norms in an organization designed and implemented to attract, develop, deploy and retain talent to achieve strategic objectives and meet future business needs' (Silzer and Dowell 2010 p18).

'The recognition and acceptance that all employees have talent, together with the on-going evaluation and deployment of employees in positions that give the best fit and opportunity (via participation) for employees to use those talents' (Swailes et al 2014 p5).

To further add to the understanding of TM and to guide potential interventions, Silzer and Dowell (2010 p96) developed the Integrated Talent Management Model (see figure 1 below). This is considered a comprehensive Model with interconnected processes which align well with organisational culture and values (Csilla and Klar 2018).
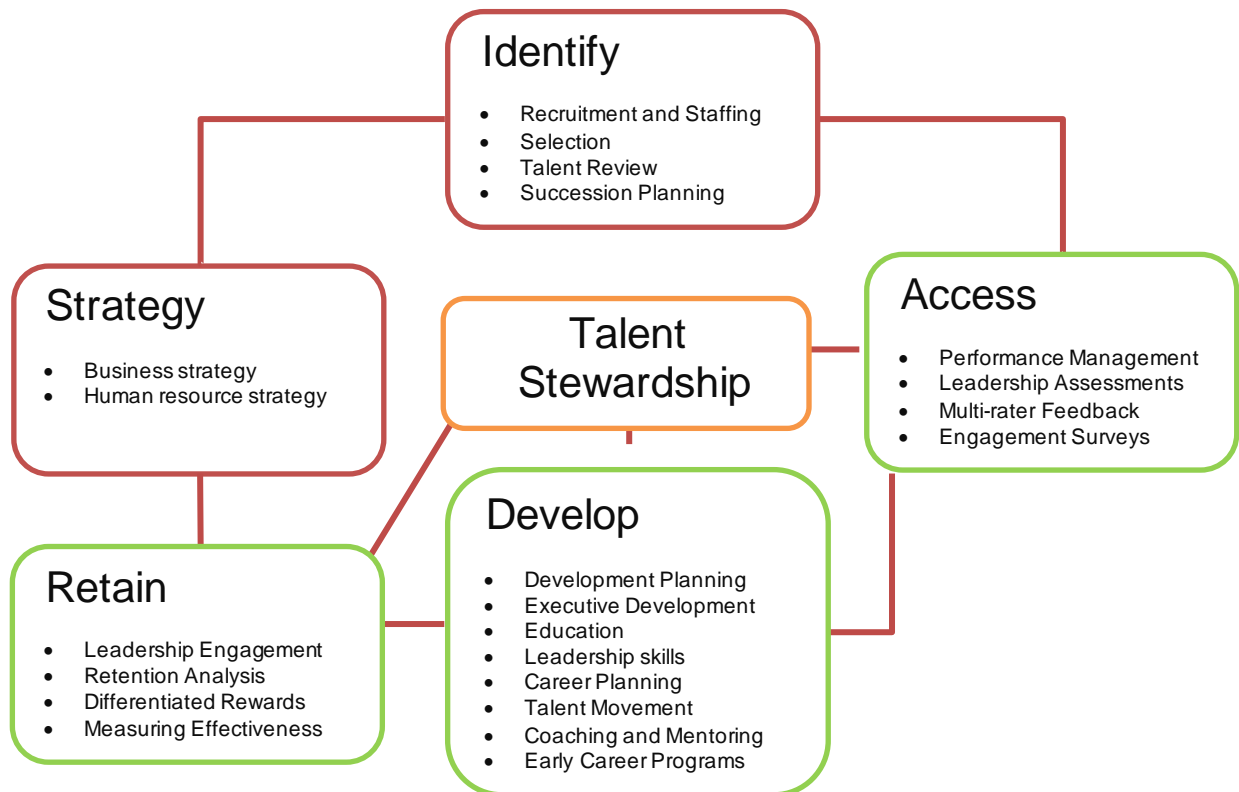
Figure 1 – Integrated Talent Management Model (Silzer and Dowell 2010 p96)

Talent Strategy

Preparation of a Talent Strategy should be an ever changing, dynamic process which is based on 'iteration, dialogue, challenge and response' (Tansley et al 2007 p12), and aligned closely with other relevant corporate strategies. The Strategy must be well-defined, and aim to address three key areas of enquiry including: 'what' part of the organisation (e.g. types of job role), 'where' and 'when' in of the organisation or outside of it (e.g. what areas need immediate focus such as those with hard to recruit posts and when are these needed by), and 'what' does the organisation want to focus on with regards to development outcomes (e.g. goal setting to guide identification of existing talent pools and recruitment needs) (Garrow and Hirsh 2008 p391).

Talent Development

'Talent development focuses on the planning, selection and implementation of development strategies for all or part of the talent pool to ensure that the

organisation has both the current and future supply of talent to meet strategic objectives and that development activities are aligned with organisational talent management processes' (Bratton et al 2017).

'Talent development pathways are the career steps that are required to progress to more senior roles. It is acknowledged that there may be some variation in pathways between organisations depending on what is needed to meet models of care and patient pathways' (DH 2007 p21).

Talent Pool

'A talent pool describes a collective of talented employees who have been identified as talented. They can take different forms, have different memberships and be used for example as a means of resourcing project work, secondments, and internal recruitment' (Tansley et al 2007 p9).

'A talent pool is a term for a collective resource of talented employees, with selection for membership of a talent pool being based on performance review, assessment centre, 360-degree appraisal or line manager nomination' (Pilbeam and Corbridge 2010 p103).

A variety of methods can be used to place employees in specific talent pools such as the appraisal/performance review process, the 360-degree appraisal, management nomination and learning and development centres/training cohorts. However, it is important that the selection process is transparent and that the talent pools are 'dynamic entities' which 'flex and change depending on business requirements' (p25). In their case-study, Tansley et al (2007 p25) highlighted various types of talent pool, such as just one individual designated talent pool; several designated talent pools with different memberships; no formal designated talent pool, but nonetheless a pool of talent built up as a result of talent management activities, or like Google, universal talent pools with different 'streams' reflecting its inclusive 'open to all' approach to TM (e.g. one stream consists of customer service staff, and another has

IT specialists who develop new products). They also shared that some organisations classified different talent pools including rising stars, local talent, emerging leaders and exceptional talent (see figure 2 below for an example of a talent pool hierarchy which may be usual within Health and Social Care settings):

Figure 2 – Talent Pool Hierarchy (Tansley et al 2007 p26)

Talent Pipeline

'The talent management pipeline refers to the different elements that make up the talent management process which includes acquiring, retaining, developing and managing of individuals identified as talent. The talent pipeline can provide a framework to inform the design and application of systems for tracking talent and measuring talent management interventions' (Tansley et al 2007 p9).

Talent Bank

'A talent bank consists of speculative enquiries and also applications retained from previous recruitment activity, and provides a pool of potential candidates that can be accessed when a vacancy occurs' (Pilbeam and Corbridge 2010 p171).

Talent Review Panel

'A talent review panel is a group of individuals drawn from across an organisation which includes representatives from senior management, line management and the HR function, as well as individuals with particular expertise in the area. The responsibilities of the panel could involve reviewing the selection of individuals into the talent pool, tracking their progress, evaluating the success of talent management initiatives across the organisation and identifying areas for future action and adaptation' (Tansley et al 2007 p9).

Succession Planning

'A management process by which one or more successors are identified for key posts (or groups of similar key posts) and career moves and/or development activities are planned for these successors' (Hirsh 2000).

'The planned replacement of key staff' (Tansley et al 2007 p10).

History of Talent Management

In order to gain a greater understanding of Talent Management (TM), exploring the historical context of how the NHS first began to adopt and develop this approach is essential. An informative article by Macfarlane et al (2012) is intertwined throughout this section as it provides a critical analysis of the role of managerial TM and the suitability of this approach, which was initially adopted by the NHS three decades ago, but has only recently become a high priority and is picking up impetus and significance.

Foundations of Talent Management - Human Resources

Firstly, in order to clarify where TM has historically been aligned with human resources (HR), it is important to visit human resource management (HRM) literature, which has been described as differentiating between 'soft' approaches

based on 'developmental humanism' and 'hard' approaches based on 'utilitarian instrumentalism' (Storey 1987; Legge 2005 p66). Hard HRM is typically regarded as the management of human resources, with the emphasis being on the 'resources' of an organisation, whereas soft HRM emphasises the development of resourceful humans, with the concentration being on 'humans' (Macfarlane et al 2012 p446). Hard HRM is emphasised by Storey (1987 p6) to be the 'quantitative, calculative, and business strategic aspects of managing the headcount resource in as rational a way as for any other factor'. In other words, individuals are considered more of a commodity and are not recognised fully as a whole person but as assets of the organisation; their skills and attributes that the organisation requires are of main concern (Storey 1987; Legge 2005). In contrast to this, soft HRM encompasses parallels to the high performance work systems approach (HPWS), which Becker and Huselid (1998 p54) described as reflecting a 'new interest in people as a source of competitive advantage, rather than a cost to be minimised'. They defended that in order to 'attract, develop and retain' a motivated, skilled and highly performing workforce, the HPWS approach focuses not only on the organisational systems, but also values and develop the 'intellectual assets' (employees) of an organisation, as both are significant and essential in strategic decision making and optimal positioning of staff to meet internal and external needs. This older attitude is still strongly aligned to TM, which has been more recently considered to be a part of HR activity (Macfarlane et al 2012).

Inclusive versus Exclusive Talent Management Approaches

On a continuum, at one extreme, TM is mostly considered to be fully 'inclusive' and is often referred to as 'humanistic TM'. An inclusive TM approach focuses on the talents of everyone in the workforce holistically and the management of these talents within an organisation, or in other words 'soft TM'. The opposing extreme tends to focus on a select 'exclusive' workforce such as senior management or 'top leaders', also referred to as 'hard TM' (Tansley et al 2007; Pilbeam and Corbridge 2010; Macfarlane et al 2012 p446; Swailes et al 2014; Taylor 2014; Bolander et al 2017 p1530). Stewart and Rigg (2011 p185) gave further explanation of the difference between inclusive and exclusive TM, stating that when talent is seen as 'position' within an organisation, it will put more focus on role development needs, whereas

the focus of talent as the 'individual' will prioritise attention to the individual-level development need. They also proposed that 'defining talent in relation to positions is more likely to lead to exclusive approaches and defining talent as individuals is more likely to lead to inclusive approaches' (p186). It is clear from the literature reviewed that TM is a concept which is multi-dimensional and there are a range of views and uses of the terminology. However, it is evident there is no right or wrong TM approach, and sometimes a 'blended perspective' or blended approach is adopted by an organisation which is neither excessively exclusive nor too constricted in its concept (Stewart 2014 p7). To help summarise, the strengths and weaknesses to an 'inclusive' TM approach is offered below in figure 3, and the strengths and weaknesses to an 'exclusive' TM approach in figure 4 later:

Strengths

Wider employee engagement if the entire organisation has access to a talent pool

Supports succession planning place for all key roles, not just senior management

Encourages the development of a more diverse workforce

More opportunitiy to benefit from all the talents of the workforce

Weaknesses

Learning and development and other resources are spread to thinly

Increased competition for progression which requires managing

Individuals with skills core to the business may receive less investment, to the detriment of the organisation's strategic goals

Figure 3 – Strengths and weaknesses of an 'inclusive' Talent Management approach (Tansley et al 2007 p22)

Strengths	Weaknesses
Provides an identifiable, strategic resource for succession planning if aimed at the future leaders of the organisation	High potential for reduced engagement and increased turnover among staff not included in a designated talent pool
Targets finite resources - financial and non-financial	Less scope to increase diversity
More opportunity to offer individualised development programmes to the talent pool	Reduced development opportunities and resources for employees not on a talent programme
Easier to track and evaluate benefits	If focused upon one occupational group or grade, other types of talent may be overlooked

Figure 4 – Strengths and weaknesses of an 'exclusive' Talent Management approach (Tansley et al 2007 p21)

Talent Management and the NHS

The study by Macfarlane et al (2012) referred to earlier, offered a more detailed history of 'soft TM' and it's relation to the NHS dating back as far as the 1940's, when it was recognised that the NHS would need a more formalised way of employing and educating the administration staff to lead the service. Later, in the 1950's; the Hospital Administrative Staff College of the King Edward's Hospital Fund for London (now known as the King's Fund) delivered training schemes to develop nurses, administration and catering staff to fill more senior positions over a period of time within the NHS. In 1956, the Ministry of Health set out more details of this scheme, stating it's goal was to 'provide for the selection and training for senior posts of the younger officers in the hospital who are showing promise; the recruitment and

training annually of a small number of university graduates and other professionally qualified entrants who are attracted to the hospital service as a career and who might be expected to be capable of future promotion to senior posts'. 14 trainees commenced this scheme in September 1956 (Saunders 2006).

Thirty years later, in the 1980's and moving into the 1990's, a shift in TM understanding was seen with the emergence of more formal TM strategies within the NHS. These were developed and encouraged by the UK Government, and based on the private sector management approaches which included a focus on leadership culture, building on the more traditional public sector practices used by the NHS at that time (Grint 2000). The NHS Training Authority, later renamed 'The National Training Scheme', took over responsibility for the NHS management training scheme in 1983 following a report that incorporated an overt strategy of adopting an increasingly business-like approach to management and leadership in the NHS. Its primary aim was to increase efficiency and decrease disparity and waste. This strategy included employing private sector senior leaders and also aimed to ensure managers were more proactive and visible (DHSS 1983).

In 1997, the NHS published its first white paper under Labour Government: The New NHS: Modern, Dependable (Department of Health (DH) 1997). This paper aimed to drive forward the vision of modernising the NHS, with a new public management approach which incorporated replacement of the internal market and aimed to extend many aspects of this market orientation, moving towards firmer accountability structures, central reporting and a greater emphasis on connecting people management and workforce planning. The NHS Modernisation Agency soon became part of the infrastructure to put this into operation, with the primary focus being on the strategic aims of ensuring a well-organised quality workforce with the right skills, diversity and numbers of employees to deliver the Government's service objectives for social care and health, along with evidencing that the quality of working life for all staff was improving, and that there was the management capability and capacity needed to deliver this agenda and changes (DH 1999; DH 2000).

It wasn't until the subsequent consultation document: A Health Service of All Talents (DH 2000), where the use of the terminology 'talent' was introduced. This paper's focus was primarily geared towards workforce planning for the future, with new approaches to working proposed including the breaking down of barriers to enhance the contribution of all staff towards patient care, rather than being limiting by insisting that only specific staff could deliver certain types of treatment. Education and training modernisation was proposed to ensure staff had the right skills and knowledge to work in an ever changing and complex NHS. Expanding the workforce to meet the demands of the future was proposed by creating more flexible careers and working arrangements for all staff to make the optimum use of their abilities. Multi-disciplinary team working was promoted across organisational and professional boundaries and workforce planning was suggested which was streamlined and linked to the needs of patients, and not the professionals' needs.

A later white paper: Liberating the Talents: Helping Primary Care Trusts and nurses to deliver the NHS Plan (DH 2002), was published by the Department of Health in 2002, and offered a strategic direction and framework to plan and explain the new ways of working and how extending the roles of front line staff such as midwives, health visitors and nurses in advanced practice could help to improve and promote integrated health care and the overall health of the population. The objective was to liberate the skills and talents of the entire workforce, encouraging creativity and innovation, whilst again focusing on breaking down traditional boundaries to ensure that every patient would have 'the right care in the right place at the right time' (DH 2002 p3). A recruitment and retention programme was also incorporated to improve the working environment.

In 2005, major changes occurred with NHS management and leadership training schemes, demonstrating a growing focus on TM, with the development of a National TM team. The NHS Institute for Innovation and Improvement took over this role and subsequently increased the uptake in NHS Management Trainees scheme from 70 to 90, reflecting the increasing need from the growing NHS at that time (Macfarlane et al 2012).

A few years later, Gander (2008) produced an article for the Health Service Journal which shared the NHS workforce director's view regarding the need for the NHS to 'attract great leaders into the service and unleash the full potential of those it already has'. The necessity to identify and develop NHS talent with assertive 'talent spotting' and the identification of future leaders were made a priority, as the NHS Strategy three years previous had failed to centralise TM through a separate National Body. Therefore, although this level of TM had its issues, devolution of implementation was split into regions and the need to collaborate was highlighted with a systematic approach to remove barriers to moving talented staff around the NHS and develop talent. Also in 2008, the NHS High Quality Care for All: Next Stage Review Final Report was delivered, in which Lord Darzi cited that the 'unlocking of the talents of frontline staff' was required to deliver high quality care, promote partnership working and empowering them to lead on change and the management of the organisations they work in (DH 2008b p13). Further aims of the guideline were to 'foster a pioneering health service that makes the best use of talents of NHS staff, the higher education sector and industry' (DH 2008b p56), whilst also reflecting that the International evidence base from the Far East, North America and continental Europe had proved that the bringing together of talents from different sectors had benefitted patients. In addition to TM, the establishment of a system-wide body called the NHS Leadership Council was given priority for development to oversee all leadership matters across healthcare including the development of 250 leaders (DH 2008a; DH 2008b).

It was around ten years ago that TM eventually became more prevalent within the NHS, with the publication of the paper: Inspiring Leaders: Leadership for Quality (DH 2009) which aimed to provide a best practice framework to be used to develop talent and leaders across health care. This guidance acknowledged that the NHS had not yet fully grasped the importance of identifying, nurturing and promoting talent and leadership; however it emphasised that taking the next step forward was critical in order to fully embrace more people with different backgrounds and skills and support their development in a sustainable way, whilst embracing change management. It was stressed that 'creating a shift in NHS culture' (DH 2009 p7) was needed if talent and leadership were able to contribute fully to improving quality. The main

responsibility for improving talent and leadership capability and capacity would lie with local employers; yet the four Strategic Health Authorities (SHAs) at that time were also tasked with forming the right conditions across their region for the talent and leadership plans that would ultimately lead to this transformation in culture and quality improvements. Concepts including talent pools, talent spotting and emerging and existing talent development pathways were introduced and encouraged, in addition to incorporating assessment of not only the current performance of staff, but also against their ambition and potential, ideally within the appraisal. Behaviour change aligned to NHS values and was proposed to cover five key areas as listed below, which are transferrable and relevant today within health and social care organisations and public services (DH 2007 p27):

- *Taking succession seriously* - fostering a culture where the spotting and development of talent is built into the assessment of performance of managers at all levels.
- *Creating consistency and transparency of process* - to make it easier for potential leaders to understand development pathways available to them.
- *Demonstrating boldness and openness* – by committing to using the NHS values and pledges to patients and staff in the NHS constitution within talent and leadership plans and supporting processes.
- *Willingness to steward talent* – across the system to ensure that healthcare is spoilt for choice in its leaders, and individuals are spoilt for choice in the opportunities available to them.
- *Valuing diversity across the system* – to ensure that the leadership community reflects the diversity of the workforce delivering NHS services and the communities that it serves. Also that there is evidence that sustainable and diverse talent and leadership pipelines are in place for future appointments.

It was also acknowledged that the development of leadership was key to improving the diversity of the workforce and the delivery of quality care, and that healthcare organisations needed to 'attract, retain and develop people from different backgrounds' so that the workforce across the sector would 'reflect the communities

it serves at all levels, from the frontline to the boardroom' (DH 2007 p13). In other words, they were recommending an 'inclusive' approach to TM. However, contradicting this, it was also implied that the development of talent was not possible to achieve in silo due to great leaders moving across regional and organisational boundaries. Collaboration across these boundaries and within organisations was declared as essential, along with investment in pathways of talent development for senior leaders in the region, promoting more of an 'exclusive' approach to TM. Although it was noted that clinician representation in talent and leadership pools must be aligned to models of care and patient pathways needed to be increased. SHAs were asked to consider what targeted developments they had in place to meet these goals. The Operating Framework for the NHS in England 2008/9 (DH 2007) was also produced, to be used in conjunction with this guidance in the transformation of the NHS over a 3 year period. SHAs were tasked with facilitating improvement of leadership regionally, whilst also collaborating with NHS commissioners and providers in co-producing a systematic approach to the development of talent and leadership.

In 2010, Equity and Excellence: Liberating the NHS (2010) was published by the coalition Government (Conservative and Liberal Democrats). It stated that 'the people who work in the NHS are among the most talented in the world' (DH 2010 p7), and promised that support would be given to empower front line staff to run healthcare services from the bottom up with shared decision making between professionals and patients. Macfarlane et al (2012) suggested that this marked a significant turning point in TM policy within the NHS, moving away from the top-down, highly centralised approach. At this point, an independent NHS Commissioning Board was planned to lead on the accountability and allocation of NHS resources and quality improvement. HealthWatch England, located within the Care Quality Commission (CQC), was tasked to provide advice on leadership. Unfortunately at this time, NHS management costs were planned to be reduced by more than 45% over a 4 year period, which also incorporated plans to abolish SHAs and Primary Care Trusts (PCT) by 2012/13. These were to be replaced by the independent NHS Commissioning Board, overseen by a new unit in the Department of Health and accountable to the Secretary of State. Created to deliver high quality

leadership development programmes and deliver support and resources throughout the NHS, the new National Leadership Academy was formed in 2011 (DH 2011a; NHS England and Health Education England 2018). They were tasked to pull together all activity nationally, whilst also supporting the development of leadership in NHS and health funded services (Aggarwal and Swanwick 2015). Coinciding with this activity, a new educational module called 'Learning and Talent Development' was introduced to the new Chartered Institute of Personnel and Development (CIPD) advanced-level qualifications (Stewart and Rigg 2011 p3). A few years later in 2013, a variety of national programmes were launched which were designed to support staff from a variety of non-clinical and clinical backgrounds to form 'a more capable and compassionate' health care system (NHS Leadership Academy 2013).

A few years later, Developing People – Improving Care (NHS 2016) was published in 2016, in response for calls to build leadership and improvement capability within the NHS, in order to maintain delivery of care for service users and support the continued provision of high-quality care for all. The framework highlighted that leadership needed to be compassionate and inclusive, reflecting the 'talents and diversity of people' working within its services (p14). TM was described as a critical capability 'to support NHS-funded services to fill senior posts and develop future leadership pipelines with the right numbers of diverse, appropriately experienced people' (p14). This paper clearly marked the beginning of a more purposeful and serious 'inclusive' approach to TM, with the introduction of a framework. Explicit TM related actions were incorporated within the NHS to speed up efforts to develop a more adaptive and flexible workforce, whilst also developing individuals to use their talents effectively. The subsequent and most recent related white paper: the Interim NHS People Plan (NHS 2019), built on this platform and included the development and roll out of Regional Talent Boards, overseen and co-ordinated by a National Talent Board and driven forward by the NHS Leadership Academy. An Apprenticeship Levy was also introduced which aimed to develop specialist talent in addition to enhancing existing staff skills from a range of professional backgrounds. Flexible career pathways, such as those for scarce roles, along with initiatives for future digital talent were proposed for implementation by March 2020 and Health Education England were tasked with the delivery of this plan.

Talent Management in Practice

This section is presented with the most recent literature first, as the findings are more relevant and transferrable to the NHS and other public services today and are more likely to inform any TM interventions moving forward.

Bolander et al (2017) carried out pertinent and highly relevant research which found that organisations involved in their study with 'humanistic TM' approaches had a 'firm belief that talent can be developed throughout a person's lifetime and that the organisation can become an important arena for that development by offering opportunities for learning' (p1530). This view supports the vast opportunities we have available to individuals working within the NHS and could attract and encourage them to stay and develop within the organisation for their whole working life, if presented with a variety of attractive opportunities. They also proposed that 'ability is a part of talent, but more important are the individual's interests and desires'. They described that those organisations taking a humanistic TM approach, rather than focusing on how well their employees had performed in the past, paid more attention to what they would enjoy working with or doing and how they wanted to develop (p1530). Interestingly, talent was also viewed as 'context-dependent' (p1530), where an individual who is not performing well in one area of the organisation may be seen as talent in another. To identify talent, talent reviews were mostly performed annually, in order to highlight employees' strengths and find the best ideal place for them in the organisation whilst also identifying those who wished to grow beyond their present role. Performance was discussed in these reviews; however the main focus of these conversations was on factors which were 'input-related' (p1531), including their personal interests. In order to focus full attention on the person, there was open communication regarding plans to be taken forward from the review, and the process of assessment was informal and based on talent being understood holistically, instead of using overtly defined criteria. This approach could work really well within Dorset HealthCare and the wider system, and is a potential area of TM for exploration and development.

A study by Holton and Dent (2016) investigated key barriers and facilitators to women's career development, which also addressed TM processes within organisations and how they might be used to create better working environments. A practical framework was proposed and presented that aimed to recognise key factors which promoted effective career development for women. It was highlighted that women still faced challenges reaching top leadership posts within organisations, despite the increasing number of women joining at professional or junior levels or as graduates. Data was collected for the study through questionnaires and interviews with women identified through a UK business school, in addition to alumni through conferences, professional network groups, associations, social media and personal networks (City Women's Network and Women in Banking). The participants were also encouraged to invite friends and other colleagues to take part in order to reach a broader group of working women.

There were a total of 1,402 responses from a vast range of sectors and backgrounds including private, public and voluntary sectors from the UK (73%), Europe (18%) and internationally (9%), of which 39% were senior managers; 30% directors or chief executives and 6% junior managers. Most participants were from large companies including the NHS, with over 1000 staff. 45% were in the 41-50 age group; 4% were under 30; 1% over 60; 29% 31 – 40 and 20% were 51 – 60 years old. The study found that there were various ways that women could take more control of their personal careers including the following:

- A good supportive and inspiring relationship with their line manager and colleagues, with TM and career development being provided mostly on an informal basis.
- Mentoring or coaching (internal or external) at any stage of their career, but particularly early on due to uncertainty of personal leadership capabilities, and also at senior levels to promote visibility within the organisation. Reverse mentoring, for example, women mentoring senior men at Board level and the chief executive officer attending network events and meetings to gain a fuller understanding of the challenges women faced.

- Sponsors or more experienced individuals to help the development of expertise and skills and the navigation of opportunities to promote career development within an organisation.

- Role models, particularly for younger women as many were the first to be in a newly created role. Providing support to access special projects, learning and development opportunities and succession planning.

- Building self-confidence, self-belief and self-awareness of talents, strengths and areas for development. Access to stretch assignments.

- Gaining feedback from others to help build self-awareness, self-belief and self-confidence to help drive forward in a career.

- Developing a career plan with areas for development based on transparent promotion criteria and career structures to help the recognition of subsequent career steps.

- Creating better working environments including networking opportunities and conducting a 'female friendly' organisational culture where mothers who are working can still achieve careers in senior roles.

It was also proposed that talent pipelines specifically for women were considered, as data suggested that organisations often lose some of their most talented staff based on data that thousands of women leave the workforce between the ages of 30 and 40 each year. This was identified as being largely due to discrimination by employers, such as not being able to return to their existing role on a part time basis following maternity leave (Hall 2013). As a consequence, there are generally fewer women in middle management roles, and therefore fewer to select from for senior executive roles and Board positions (Holton and Dent 2016). The study concluded that women must take responsibility for their personal career development, and that cultural changes within organisations need to happen to allow opportunities where women can reach their full potential and also contribute fully to business achievement.

A noteworthy article by Swailes et al (2014) proposed a new approach to TM which they termed 'fully inclusive talent management' (FITM). A definition of FITM was offered as 'the recognition and acceptance that all employees have talent together with the on-going evaluation and deployment of employees in positions that give the best fit and opportunity (via participation) for employees to use those talents' (p533) and fits well with the NHS.

FITM is described as aligning closely with the Kantian idealistic philosophy (Philosopher Emmanuel Kant) of 'treating others as one would wish to be treated' and of 'seeing workers as ends not means' (p541). NHS staff are proudly renowned for delivering high quality and personalised care to our patients, and always strive to treat them as they would expect and want to be treated themselves if they were in their shoes. We should be taking this same personalised approach with all of our employees to help them feel truly valued. Further explanation is given that FITM is 'primarily motivated by welfare, not wages and profits' (p538) and that each person is considered to have talent of some kind, and therefore should have access to programmes that identify and use their talent/s to enhance the meaningfulness of their work. It was proposed that rather than providing opportunities for individuals to meet a predefined threshold that reflects a vision of talent, a range of opportunities to develop internal and basic capabilities through participation should be provided. However, warning was given of the potential organisational challenges in trying to match all staff into roles which would enable them to use their talents to the maximum. They also recommended that in the case of an employee's talents being mutually deemed to fall below reasonable thresholds that the organisation has legitimately, not randomly set and embraced, the organisation should support them to utilise their talents elsewhere. It was emphasised that it is only if an attempt is made with the second stage described to deploy the person effectively, could the scheme be considered to be fully inclusive in its approach. They further stressed that 'inclusive has to mean everyone: no one can be ignored' (p533), and that systems are put in place to identify the entire range of talent in the organisation and talent is deployed according to 'job fit' (p534), which could mean helping some individuals to benefit from a different role. This TM approach fits well with the values of the NHS

and more specifically Dorset HealthCare as we view all individuals employed by the organisation as being talented.

A pertinent study by Powell et al (2013) sought to explore the introduction of TM to the NHS in Britain and examined issues related to TM principles, goals and measures using focus groups with managers in 2009/2010 to gather data. Interviews were conducted with those responsible for TM at Strategic Health Authority (SHA) and National levels and managers from various high performing NHS organisations. Additionally, NHS staff surveys were explored, along with interviews being conducted with two NHS Trusts in 2010/2011 to gain further data on TM. Findings showed that it was unclear if there was evidence of a TM 'system' in the NHS, and if so, if it was a collaborative or competitive system. Attitudes included staff being considered as 'property' and being 'poached', with one manager commenting that 'hoarding your best staff is absolutely what you should do as a leader of an NHS organisation' (Powell et al 2013 p 297). This sadly still reflects the attitudes of some managers who are reluctant to enable free movement of employees to enable them to use their talents effectively in the right place, at the right time within individual NHS organisations and the NHS as a whole system. In the study, Foundation Trusts were considered to have more autonomy to make decisions related to TM, with no direct control from SHAs. Therefore, some were seen as driving forward TM and others were considered as lacking willingness to invest.

Overall it was felt that although TM had progressed over time to more of a joined up and systematic approach, these approaches were considered to be variable and ad hoc. However, it was clear that there were concerns regarding the future of TM due to past initiatives failing to be maintained. Inclusive approaches to TM which focused on the whole workforce were favoured in contrast to previous more exclusive approaches targeted at senior management and 'top talent' (p 299). The Top Leaders Programme was significantly criticised due to a lack of transparency in the selection of participants, fostering resentment and low morale of staff not chosen. Black and minority ethnic (BME) staff in existing talent pipelines and senior management roles were recognised as not being representative of the community or

workforce by the SHAs, and concerns were raised that the NHS was not fast enough in the uptake of the inclusion agenda, whilst also lacking data, infrastructure and transparent processes to identify talent. A few comments suggested more focus was needed on promoting an inclusive approach: 'it still relies quite a bit more than it should on individual spotting'; 'judgements a little bit subjective and parochial and runs the risk of missing some good people' (p 303).

There was also a clear lack of consistency of views of 'talent' within and between organisations, with some talented individuals not coming forward or were not noticed, whereas others were seen as optimistic about their talents and pushed themselves forward. This inconsistency was partially linked to a lack of a shared database or system, along with a robust flow from appraisals or a Personal Development Plan (PDP), which is clearly still a common issue today in 2019. Appraisals were also broadly considered as negative and sometimes tokenistic and empty. Although the 360 degree assessment was considered as 'good', and it was suggested that informal, regular appraisals were better than just formal annual appraisals. In conclusion, the study found that there was no clear shortage of activity, investment or vision for TM, although based on past 'false starts', they stressed the importance of not allowing further NHS reorganisations to derail TM initiatives and suggested the need for urgent review of vigorous evidence of TM.

Another interesting study conducted by Tansley and Tietze (2013), built on research carried out by Tansley et al (2007) which was discussed earlier in this literature review. This paper expanded on their findings from a specific large global accountancy firm with over 140,000 employees. They focused on the development of an individual's self-identity as they travelled through the different stages of the TM process and talent pools or what they described as 'rites of passage'. This term was derived from a study of rituals by Van Gennep in 1960, which described ways that people move social group from one to another. This is related to the process of employees moving from one stage in their career to another, with advancement/promotion through the talent pipeline. The study concluded that identity work would be highly valuable within organisations with a focus on

developing a 'strong sense of self; a self which is able to cope with, indeed celebrate, perpetually shifting assignments, relationships and locations' (Tansley and Tietze 2013 p1813). They further accentuated that although invisible, this identity work is fundamental to the flourishing and continuous integration of the talented individual into their new environments/teams/roles, whilst aligning with the overall purpose of the organisation. This would be a useful area of self-development which could be offered within Dorset HealthCare through eLearning or other methods of education highlighted in the studies below.

Due to the recent expansion of organisations developing skills and talent by using remote learning systems, e-learning has grown to be an essential tool for companies to react to the modern day leadership and recruitment challenges. It is also considered cost-effective as employees can undertake learning in bite sized chunks or in their own time around their day to day responsibilities (Stewart and Rigg 2011), which is ideal with busy organisations such as the NHS.

Related to this area of TM development, a significant case study by Mulin and Reen (2010) explored the use of remote e-learning solutions within the global TM context and also within their organisation Arkadin, an international supplier of integrated web and audio conferencing services with offices in over twenty-two countries and six hundred employees. They highlighted the challenges faced to deliver training to staff in geographically dispersed workplaces, which were often globally spread. The company found that e-learning solutions facilitated cost-effective discussion and the sharing of information with ease, connecting people almost anywhere in the world.

With the growth of their global presence, the company needed to form development plans to recruit one hundred individuals per year, integrate new employees easily and rapidly, support several departments in retaining talent and to offer standardised training to employees which focused on its ability to continuously develop and maximise people's talents and work-based skills, product knowledge, project management and people management skills. In order to do this effectively, they

created a number of training academies and adopted the Charles Jennings Model of Learning as its strategy of delivery. This model focuses 70% on work-based learning through secondments, projects and assignments for example, 20% training time on coaching/feedback and 10% on formal learning methods such as instructor-led training and e-learning modules. Managers were recognised as key to successful TM and the sustainment of growth, along with successful implementation of their TM strategy. To minimise staff turnover and connect employees who were dispersed geographically, the organisation focused on key objectives including training recruitment staff in efficiently conducting the recruitment process, providing specifically targeted training to team leaders to help them effectively manage daily challenges, delivering training aimed at the strategic managers with a focus on social responsibility and values; improving inductions to ensure a standardised level of content and quality to all new staff. They also created a new development training programme to retain talent, whilst offering incentives for personal and professional growth and career advancement.

As staff were busy, it was identified that learning modules needed to have learning material that was both flexible and easily accessible to staff anytime and anywhere, with learning that was easy to implement immediately, and not too theory heavy. Three hundred and fifty modules were created, which could be accessed immediately as and when needed. Some examples were given of modules covering various subject areas, including preparing for a meeting or interview, project planning and skills for new team leaders. A campus was created with seven different academies which offered e-learning, mentoring, distance training solutions, face to face training and other training activities. Due to turnover, it was critical to implement a strategy which would help to retain existing talent by offering a clear development pathway and career progression to staff. The seven academies consisted of a talent development academy, induction academy, sales academy, sustainability and values academy, manager's academy and a team leader academy was also created to ensure a consistent competency criterion for specific levels of management. This design strategy would fit well within the NHS and allow staff to have instant access to tailored development opportunities in their own time.

The main challenge faced was the varying skill levels of its learners, therefore self-assessments that prescribed personalised training paths were used to ensure only relevant subjects were studied, where staff required further training instead of focusing on areas where they were already skilled. To help communicate and advertise this resource, training tips of the month/week were developed which focused on specific modules. For example; 'improve your efficiency' and 'visit your campus and see how you can enhance your time management skills' (p15). Designated project leaders and the HR team had project meetings and steering support committees provided to offer support in implementation and all staff in the organisation had access to the same training, reflecting a fully inclusive approach to TM.

A major and highly relevant in depth study of TM which was commissioned in 2007 by the Chartered Institute of Personnel Development (CIPD), and was conducted by Tansley et al (2007). This research involved 9 different public and private organisations covering a broad range of sectors. Despite being dated, this study is considered valuable due to the inclusion of a case study with an NHS organisation which was clearly an early adopter of TM, based on the paucity of public sector literature available. Various challenges for TM were identified including increased numbers of individuals working part time and the challenges faced utilising their talents when working less hours than full time employees; continuous growth of the female workforce and their decreased presence in leadership roles; work-life balance being given higher priority with more flexible ways of working; increasing access to career opportunities and legislative changes which can lead employees to be less loyal to the organisation; demographic trends in the UK with a decreasing workforce of 20 – 40 year olds and an increased workforce of those aged 45 – 65, and organisational changes influenced by increased diversity of the workforce and the global labour market. The need to establish 'talent potential' was emphasised along with the importance of this being based on observed behaviours, individual performance and the possession of fundamental characteristics including high levels of initiative, expertise, leadership behaviours and creativity (p8). A further critical

success factor in any TM process was highlighted as the 'effective deployment of talent' (p9), which aligns with equality of career development and job opportunities to fill key roles within the organisation, whilst promoting initiatives to identify certain groups being fully represented such as black, minority ethnic individuals (BME) and people with disabilities.

Some essential steps to forming a TM strategy were proposed (see below) which are still applicable for the NHS and other public services today (Tansley et al 2007 p13):

- Strategic analysis – identifying those corporate strategies that have implications on the demand for talent whether these are qualitative or quantitative and analysing external market supply potential.
- Ensuring that the evolution of the corporate strategy has 'talent' inputs – HR to participate in corporate or business unit planning (input and output); matching internal people capability with the external business opportunity.
- Preparing an HR forecast based on this iteration – translating the outputs from the corporate or business unit strategy with a demand forecast; identifying potential sources of supply.
- Identifying where interventions for talent management will be needed and at what level – quantitative requirements, what numbers are needed to satisfy the needs of the corporate or business unit plan? And qualitative, does the organisation have the people with the skills to deliver to the corporate or business unit strategy?
- Designing talent management programmes to support the strategic analysis.
- Building tools for the measurement of the success of the programmes over time.

To conclude, the study highlighted some valuable key findings that will aid the implementation of TM within the NHS and public services (Tansley et al 2007 pxii):

- A successful approach is based on an agreed, organisation-wide definition of talent management. Such definitions form the springboard from which both talent strategy and talent management processes can be launched.

- In addition, a language for talent management activities that is understood by all parties in the employment relationship is a strong requirement.

- A proactive, strategic approach to talent management offers considerable organisational benefits in terms of developing a pool of talent as a resource to meet identified needs.

- Support for talent management must flow from those at the very top of an organisation and cascade throughout.

- Engaging line managers from an early stage is critical to ensure they are committed to organisational approaches to talent management.

- Talent management can be used to enhance an organisation's image and supports employer branding in the labour market as well as providing a means of enhancing employee engagement to improve retention.

- Talent management activities should be developed and aligned with other HR/organisational policies/strategies and practices for a joined up approach.

- Developing talent management may be based on a blend of informal and formal methods.

- HR specialists have an important role to play in providing support and guidance in the design and development of approaches to talent management that will fit the needs of the organisation.

- Processes must be developed to track the performance and progress of those identified as talent.

- Talent management is a dynamic process that has to be continuously reviewed to ensure that organisational requirements are still being met in the light of changing business priorities. Ultimately, organisational success is the most effective evaluation of talent management.

Talent Management Today and Moving Forward

Attracting, retaining and developing the competencies and skills of talented employees in the NHS is critical in order to meet the ever-changing pressures of healthcare, whilst balancing demands on services within budgetary constraints (Tansley et al 2007). According to The King's Fund (2011), those companies with effective leadership that foster a diversity of talents and have robust succession planning within their organisation, are usually the highest performing companies'.

Most organisations today function across localities, regions, countries and even globally (macro talent management systems), and as a result, the systems and forces which shape the availability, supply, structure and flow of talent in and out of organisations have become more fluid and complex than ever before (King and Vaidman 2019). It is argued that many organisations fail to match skills supply and demand, whilst also failing to consider potential interventions at the macro level that could help to grow talent pipelines or change organisational recruitment across many macro talent contexts (Cappelli 2015; King and Vaidman 2019). King and Vaidman (2019) argue that to be effective, TM needs a focus to be way beyond just the individual organisation, and must focus across 'multiple talent systems' by 'consideration of cross-level interactions' (p196). They give the example of the NHS which employs over a million staff. 600,000 of which are professionally qualified clinical staff. They highlight that the NHS is currently experiencing acute staff shortages of approximately 100,000, due to restrictions in attracting non-UK talented individuals in the current political climate and also the planned exit from the European Union. They further warn of existing and potentially increasing high turnover levels within the current UK-based workforce (Buchan et al 2019). In support of these issues, King and Vaidman (2019 p204) propose that 'organisational talent systems which are designed to consider cross-level micro-macro interactions in the embedded talent management system are better positioned to both mitigate external talent risk, and also to leverage the conditions within the external macro talent which offer competitive advantage'. TM also requires the dissipating of traditional leadership boundaries, and this could involve numerous individuals whose expertise is shared across organisation and professional confines such as through secondments, rotations, change management and service improvement projects,

shadowing, pairing of trainees with more experienced staff, mentoring, leadership 'buddy schemes', coaching, workshops, informal conversations and development programmes which may include an academic component, whilst promoting investment in innovation, collaborative working and improving outcomes (Boldon 2004; Tansley et al 2007; Boldon 2011; Powell 2013 p268; Aggarwal and Swanwick 2015; Csilla and Klar 2018).

It is important to mention that positive psychology is highlighted in the TM literature and should be incorporated into TM approaches within the NHS and other public services. Positive psychology relates to a person's potential and strengths, rather than focusing on how they can overcome their limitations and weaknesses (Swailes et al 2014). Lopez and Snyder (2009) suggested this approach was the appreciation of human optimal functioning and development and focuses on dynamic change processes. This clearly affiliates with fully inclusive TM. It is believed that if organisations can show that they are sincerely attempting to enable the identification and deployment of individual staff strengths and talents, they are likely to feel increased happiness and personal fulfilment. FITM would fundamentally help an individual find their work more meaningful (Swailes et al 2014). Ethical implications to positivity should also be regarded and embraced, as strategies for FITM may increase the positive experiences of employees due to the organisation showing increased responsibility to them, enhancing their well-being and encouraging and supporting them to maximise their potential. These actions become more virtuous, even though the organisation may benefit from the employees' increased performance as a result. This is in contrast to those organisations using TM for reasons of self-interest and to improve the performance of the organisation (Swailes 2013). Swailes et al (2014) further suggested that the Maslowian ideal that humans have an inert desire to self-actualisation and to reach their full potential as a route to their happiness (Maslow 1943), fits with a truly inclusive approach to managing talent and helping individuals to flourish. The following powerful quote was shared by the Chairman of Standard Chartered PLC, and resonates with the core values of the NHS that recognises staff for their passion to delivering high quality patient care: 'talent comes in many different forms – managing people, trading, good performance, creativity. I look for different skills and talents in my own corporate

team and to see that they can develop their skills. You can nurture talent if there is a passion there' (Tansley et al 2007 p13).

It is clear from the TM evidence base reviewed here, that in order to successfully move forward with the development and implementation of a robust and meaningful Talent Management Strategy, the following must be in place:

1. Well-articulated organisational Strategies which highlight the importance of 'talent' to the organisations' mission.
2. Organisation-wide commitment to shared values and behaviours, and corporate responsibilities are evident in all processes which have implications for Talent Management such as recruitment, selection, retention, development and deployment of employees.
3. The head of the organisation and senior leadership team publicly recognises the contribution that talented individuals make to the organisation.
4. There are processes for employees to contribute to developing a shared understanding and definition of 'talent'.
5. Appropriate resources are assigned to Talent Management processes and interventions.

Talent Management Interventions

The 'Talent Management Loop' (figure 4 over the page) is a proposed method of identifying Talent Management key processes which are supportive of each other, to facilitate a more structured approach which will inform the start of the transition from Strategy to implementation (Tansley et al 2007 p19). The addition of 'retaining talent' is an essential part of this process based on this literature review, and is added to the diagram.

Figure 4 – Talent Management Loop (Tansley et al 2007 p19), adapted by Beki Dellow

Attracting and Recruiting Talent

The first part of the loop above is 'attracting & recruiting talent'. Thoughtful consideration is essential in how to attract talented individuals, as they are always in demand (Pilbeam and Corbridge 2010). In order to attract talented people to an organisation and have a positive impact, research has shown that consideration to the image of the industry or sector as a place to work is important, along with having a strong employer brand/image to maximise the positive effects and minimise the negatives. In addition, clear messages regarding the core beliefs, values and nature of the business must be projected (see figure 5 over the page) (Tansley et al 2007). It is important at all levels of an organisation to recruit with the future vision and Strategy in mind, not just to meet the current needs. In addition to focusing on skills, competencies, knowledge and qualifications, it is also important to consider behaviours, values, motivational drivers and personality characteristics (Massie 2015), and if these align with organisational values and behaviours.

Figure 5 – Influences to the attraction, recruitment and retaining of talent (Tansley et al 2007 p31)

Developing Talent

The second part of the loop shown in figure 5 above is 'developing talent'. Once talented individuals have joined an organisation, it is essential to have effective talent development processes in place such as in-house coaching, mentoring, development programmes and stretch assignments, internal secondments with mobility to different settings within the organisation, including shadowing and succession planning to develop talent and help to fulfil an individual's personal aspirations. Ideally the organisation should create an environment where employees have appropriate opportunities to enhance their learning experiences, often at different stages in the individual's career path, to help them to achieve maximum potential. Talent development must be supported fully by the organisation and planning is joined up with HR processes and all relevant Strategies. Other more formal interventions to developing talent are effective, such as formal education programmes which offer qualifications, usually in collaboration with external educational institutions (Tansley et al 2007). According to Massie (2015), 'successful organisations invest time in engaging staff all the way through, with a learning and innovation culture in which future leaders are developed systematically and are clear about where and how they can be aligned to the future vision and strategy of the organisation'.

A list of pros and cons of a focus on internal talent is shared below in figure 6:

Pros

- Growing internal talent can help to address skills shortages in the external labour market
- Recruiting internally ensuring major organisational change demonstrates that talented individuals must be retained during a difficult time
- There is less risk in internal recruitment to a talent pool because more evidence is available about individuals
- Identifying talent internally recongises the aspirations of employees
- Recruiting internally sends out positive messages to individuals that their skills are valued
- Costs are lower than external recruiment

Cons

- Selecting talent internally can reinforce an organisational lack of diversity
- Internal recruits may just be 'more of the same' when there is a need for new thinking and innovation
- Consideration must be given to 'entry-level talent'
- It may be difficult to provide sufficient opportunities for progression to meet expectations

Figure 6 – The pros and cons of a focus on internal talent (Tansley et al 2007 p25)

Managing Talent and Evaluating Talent

The next arcs of the loop are 'managing talent' (often referred to as deploying talent), which is a key element of any line manager's role at any level in an organisation along with 'evaluating talent'. To deliver a sustainable approach to TM, the foremost principle is to have 'the right people with the right capabilities, motivations and commitment in the right part of the organisation to deliver and lead the business strategies' (Massie 2015 p15). Research has demonstrated that the approach to formally reviewing an individual's performance is important because it provides an opportunity for a conversation which can facilitate improvement by sharing feedback on their strengths, potential and areas for development, whilst closely aligning with

the organisations values, objectives and needs. This conversation is mostly referred to as appraisal or Individual Performance Review (IPR) (Trebble et al 2013). This is also highlighted as particularly important to those individuals in a talent pool, and raises questions such as whether they should be appraised more frequently or differently, as there is a requirement for more close performance monitoring, particularly if they are involved in important projects. Role-modelling has been shown to play a key part in building a culture and reputation that demonstrates an organisation is a place where staff can copy these behaviours, which will prepare them for filling key leadership positions in the future, building 'reservoirs of talent within the organisation' (Tansley et al 2007 p 49).

Consideration should be given to often unintended and unforeseen consequences such as staff thinking about how their talents might be valued elsewhere, and that they are more employable to other organisations, highlighting a clear connection between TM and staff turnover. Positive moves can be taken in attaining a good balance of 'new blood' and also key talent being retained within the organisation. However, it is critical to consider talented staff that have left the organisation, by keeping in contact with leavers, particularly during the first month when they may regret their decision to leave. It is also important to not discourage leavers to work outside the organisation, but actively encourage them to return and use this time out to give them new experiences and potentially refresh their commitment. Creating an employee alumni association can also facilitate contact being maintained (Tansley et al 2007).

Retaining Talent

Employee engagement is an important part of retaining talent, and can be enhanced by providing opportunities to demonstrate open communication by enabling staff to share their feedback and views upwards, exhibit commitment from managers to the organisation and also by keeping employees well-informed about the organisation. If staff feel passionate and are emotionally attached to their work, they are likely to 'go the extra mile' for the organisation and are more engaged (Tansley et al 2007 p51).

It is important to analyse why individuals leave an organisation and to identify the 'push' and 'pull' factors. An ideal time and way of doing this is during an exit interview (Pilbeam and Corbridge 2010 p109). Push factors have been described as those dimensions of a job or an organisation that push individuals to seek a new job or employer, some of which include reduced opportunities for progression and training, lower pay levels, quality of supervision/management, limited flexibility in working patterns and the absence of communication mechanisms for employees to voice their opinions. Pull factors, on the other hand, are the availability of a wide range of opportunities and benefits to employees, working environments which are desirable, convenient locations of workplace premises and work which is rewarding (Pilbeam and Corbridge 2010).

Conclusion

It is extremely evident that Talent Management has evolved greatly over the years from 'just managing the elites' (Sparrow et al 2014 p297) or 'top talent', and there is a strong acknowledgment that Talent Management interventions must include everyone, and in this case, beginning with the development of a shared meaningful definition of 'talent'. Although there is clearly limited rich research available on Talent Management, particularly with a focus on public services in the UK such as the NHS, this literature review and findings are adequate and informative enough to guide the implementation of a 'fully inclusive' Talent Management approach within Dorset HealthCare and the wider NHS. It is important to note that to support a successful Talent Management Strategy; this must be a shared and supportive responsibility between multiple key stakeholders within an organisation (Anlesinya et al 2019). A 'talent mind-set' is also crucial throughout the organisation and must be whole-heartedly supported by senior management for successful implementation of all Talent Management activities (Garrow and Hirsh 2008 p399). It is also important to note that as the nature of our work in health care and our approaches to leadership are evolving, along with the need for increasing cross-boundary, collaborative and more flexible working. A Talent Management strategy and service must be closely intertwined with other relevant organisational strategies in order to contribute to the achievement of strategic goals, whilst striving to embed a fully inclusive approach to

TM within the organisation. In the future, further research would be useful to measure the impact of Talent Management within the NHS on both the individual employees and the organisation as a whole, whilst also considering the consequential effects on the delivery and quality of patient care and health and well-being outcomes.

References

Aggarwal, R., and Swanwick, T., 2015. Clinical leadership development in postgraduate medical education and training: policy, strategy, and delivery in the UK National Health Service. *Journal of Healthcare Leadership.* 7, 109 – 122.

Anlesinya, A., Dartey-Baah, K., and Amponsah-Tawiah, K., 2019. Strategic talent management scholarship: a review of current foci and future directions. *Industrial and Commercial Training.* 51, (5), 299 – 314.

Baron, A., and Armstrong, M., 2007. *Human Capital Management: Achieving added value through people.* London: Chartered Institute of Personnel and Development.

Becker, B.E., and Huselid, M.A., 1998. High Performance Work Systems and Firm Performance: A Synthesis of Research and Managerial Implications. *Research in Personnel and Human Resource Management.* 16, 53 – 101.

Bolander, P., Werr, A., and Asplund, K., 2017. The practice of talent management: a framework and typology. *Personnel Review.* 46, (8), 1523 – 1551.

Boldon, R., 2004. *What is Leadership?* Exeter: University of Exeter Centre for Leadership Studies.

Boldon, R., 2011. Distributed leadership in organizations: a review of theory and research. *International Journal of Management Reviews.* 13, 251 – 269.

Bratton, A., The role of talent development in environmentally sustainable hospitality: A case study of a Scottish National Health Service conference centre. *Worldwide Hospitality and Tourism Themes.* 10, (1), 69 – 85.

Bratton, A., Garavan, T., D'Annunzio Green, N., and Grant, K., 2017. IHRD and global talent development. In: Garavan, T., McCarthy, A., and Carbery, R., (Eds). *The Handbook of International Human Resource Development: Context, Processes and People.* Cheltenham: Edward Elgar Publishing.

Buchan, J., Charleworth, A., Gershlick, B., and Seccombe, I,. 2019. *A Critical Moment: NHS Staffing Trends, Retention and Attrition.* London: The Health Foundation.

Buttiens, D., and Hondeghem, A., 2012. Talent management in the Flemish public sector. Positioning the talent management approach of the Flemish government. *Pyramides.* 23, 61 – 85.

Cappelli, P., 2015. Skill gaps, skill shortages, and skill mismatches: evidence and arguments for the United States. *ILR Review.* 68, (2), 251 – 290.

Chartered Institute of Personnel and Development (CIPD)., 2006. *Change Agenda: Talent Management: Understanding the Dimensions*. London: Chartered Institute of Personnel and Development.

Csilla, C., and Klar, V.V., 2018. Individual Coaching in the Service of Retaining Talent in Private Businesses. *Human Resource Management.* 6, 83 – 96.

DHSS, 1983. *NHS Management Inquiry Report.* London.

Department of Health (DH), 1997. *The new NHS modern. dependable.* London: The Stationary Office.

Department of Health (DH), 1999. *Future Staffing Requirements: The Government's Response to the Staffing Requirements.* London: The Stationary Office.

Department of Health (DH), 2000. *A Health Service of All the Talents: Developing the NHS Workforce.* London: The Stationary Office.

Department of Health (DH), 2002. *Liberating the Talents: Helping Primary Care Trusts and Nurses to Deliver the NHS Plan.* London: The Stationary Office.

Department of Health (DH), 2007. *The Operating Framework for the NHS in England 2008/09.* London: Department of Health.

Department of Health (DH), 2008a. A *High Quality Workforce: NHS Next Stage Review.* London: The Stationary Office.

Department of Health (DH), 2008b. *High Quality Care For All: NHS Next Stage Review Final Report.* London: The Stationary Office.

Department of Health (DH), 2009. *Inspiring Leaders: Leadership and Quality.* London.

Department of Health (DH), 2010. *Equity and excellence: Liberating the NHS.* London: The Stationary Office.

Department of Health (DH), 2011a. *DH Press Release: NHS Staff to Lead the NHS of the Future.* London: Department of Health.

Flemish Government, 2012. *Up to a policy of talents in the Flemish government.* Brussel: z.u. Cited in: Buttiens, D., and Hondeghem, A., 2012. Talent management in the Flemish public sector. Positioning the talent management approach of the Flemish government. [Online].

Available from:

https://journals.openedition.org/pyramides/885

[Accessed on 14th October 2019].

Gander, P., 2008. Managing NHS talent. *Health Service Journal.* [Online].

Available from:

https://www.hsj.co.uk/home/managing-nhs-talent/1542636.article

[Accessed on 10th September 2019].

Garavan, T., Hogan, C., and Cahir-O'Donnell, A., 2009. *Developing Managers and Leaders: Perspectives, debates and practices in Ireland.* Dublin: Gill and Macmillan.

Garavan, T., McCarthy, A., and Carbery, R., (Eds) 2017. *The Handbook of International Human Resource Development: Context, Processes and People.* Cheltenham: Edward Elgar Publishing.

Garrow, V., and Hirsh, W., 2008. Talent Management: Issues of Focus and Fit. *Public Personnel Management.* 37, (4), 389 – 402.

Goffee, R., and Jones, G., 2009. *Clever: Leading your smartest, most creative people.* Boston, MA: Harvard Business Press.

Grint, K., 2000. *The Arts of Leadership.* Oxford: Oxford University Press.

Hall, M., 2013. Up to 50,000 women a year can't return to jobs after maternity leave, study finds. *The Telegraph.* [Online].

Available from:

https://www.telegraph.co.uk/finance/personalfinance/10267223/Up-to-50000-women-a-year-cant-return-to-jobs-after-maternity-leave-study-finds.html

[Accessed on 16th September 2019].

Hirsh, W., 2000. *Succession Planning Demystified.* Brighton: Institute for Employment Studies.

Holton, V., and Dent, F.E., 2015. A better career environment for women: developing a blueprint for individuals and organisations. *Gender in Management: An International Journal.* 31, (8), 542 – 561.

King, K.A., and Vaiman, V., 2019. Enabling effective talent management through a macro-contingent approach: A framework for research and practice. *Business Research Quarterly.* 22, 194 – 206.

Legge, K., 2005. *Human Resource Management: Rhetorics and Realities (Anniversary Edition).* Basingstoke: Palgrave Macmillan.

Lopez, S., and Snyder, C.R., 2009. *The Oxford Handbook of Positive Psychology (2nd Ed).* Oxford: Oxford University Press.

Macfarlane, F., Duberley, J., Fewtrell, C., and Powell, M., 2012. Talent management for NHS managers: human resources or resourceful humans? *Public Money & Management.* (11), 445 – 452.

Maslow, A., 1943. A theory of human motivation. *Psychological Review.* 50, 370 – 396.

Massie, S., 2015. *Talent management: Developing leadership not just leaders.* London: The King's Fund.

Mulin, C., and Reen, H., 2010. Arkadin develops employee talent through e-learning. *Strategic HR Review.* 9, (16), 11 – 16.

National Health Service (NHS) England, 2014. *Five Year Forward View.* NHS England.

National Health Service (NHS), 2016. *Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services.* NHS.

National Health Service (NHS) England, 2017. *Next Steps on the NHS Five Year Forward View.* NHS England.

National Health Service (NHS) 2019a. *The NHS Long Term Plan.* NHS.

National Health Service (NHS) 2019b. *Interim NHS People Plan.* NHS.

National Health Service Leadership Academy, 2013. *Largest – ever NHS development programme launches today.* [Online].
Available from:
https://www.leadershipacademy.nhs.uk/news/largest-ever-nhs-development-programme-launches-today/
[Accessed on 19th September 2019].

National Health Service Leadership Academy, 2016. *Talent and Talent Management Insights: Insight 7. Talent Spotter. Talent Manager. Talent Developer; The Role of Line Manager.* NHS Leadership Academy.

NHS England and Health Education England, 2018. *Leadership Development.* NHS.

Powell, M., Duberley, J., Exworthy, M., Macfarlane, F., and Moss, P. 2013. Has the British National Health Service (NHS) got talent? A process of evaluation of the NHS talent management strategy? *Policy Studies.* 34, (3), 291 – 309.

Pilbeam, S., and Corbridge, M., 2010. *People Resourcing and Talent Planning: HRM in Practice (4th Ed).* Essex: Pearson Education Limited.

Powell, M., 2013. The snakes and ladders of National Health Service management in England. *The International Journal of Health Planning and Management.* 29, 260 – 279.

Redford, K., 2005. Shedding light on talent tactics. *Personnel Today.* [Online]. Available from:
https://www.personneltoday.com/hr/shedding-light-on-talent-tactics/
[Accessed on 8th October 2019].

Rothwell, W.J., 1994. *Effective Succession Planning: Ensuring leadership continuity and building talent from within.* New York: AMACOM.

Saunders, G, E., 2006. *The NHS National Management Training Scheme in England: A Chronology.* London: NHS Leadership Centre.

Silzer, R., and Dowell, B., (Eds) 2010. *Strategy-driven talent management. A leadership imperative.* San Francisco: Wiley.

Sparrow, P., Scullion, H., and Tarique, I., (Eds) 2014. *Strategic Talent Management: Contemporary Issues in Internal Context.* Cambridge: Cambridge University Press.

Stewart, J., and Rigg, C., 2011. *Learning and Talent Development.* London: Chartered Institute of Personnel and Development.

Storey, J., 1987. Developments in the management of human resources: an interim report. *Warwick Papers in Industrial Relations.* 17. IRRU School of Industrial and Business Studies: University of Warwick.

Swailes, S., 2013. The Ethics of Talent Management. *Business Ethics: A European Review.* 22, (1), 32 – 46.

Swailes, S., Downs, Y., and Orr, K., 2014. Conceptualising inclusive talent management: potential, possibilities and practicalities. *Human Resource Development International.* 17, (5), 529 – 544.

Tansley, C., Turner, P., Foster, C., Harris, L., Sempik, A., Stewart, J., and Williams, H., 2007. *Talent: Strategy, Management, Measurement.* London: Chartered Institute of Personnel Development.

Tansley, C., and Tietze, S., 2013. Rites of passage through talent management progression stages: an identity work perspective. *The International Journal of Human Resource Management.* 24, (9), 1799 – 1815.

Taylor, S., 2014. *Resourcing and Talent Management (6th Ed).* London: Chartered Institute of Personnel and Development.

The Cambridge Business English Dictionary, 2019. [Online].

Available from:

https://dictionary.cambridge.org/dictionary/english/talent

[Accessed on 17th October 2019].

The King's Fund, 2011. *The Future of Leadership and Management in the NHS: No more heroes.* London: The King's Fund.

Trebble, T.M., Cruickshank, L., Hockey, P.M., Heyworth, N., Powell, T., and Clarke, N., 2013. Individual performance review in hospital practice: the development of a framework and evaluation of doctor's attitudes to its value and implementation. *British Medical Journal.* 22, 948 – 955.

Turnbull James, K., 2011. *Leadership in context: lessons from new leadership theory and current leadership development practice.* [Online].

Available from:

https://www.kingsfund.org.uk/sites/default/files/leadership-in-context-theory-current-leadership-development-practice-kim-turnbull-james-kings-fund-may-2011.pdf

[Accessed on 19th September 2019].

Van Gennep, A., 1960. *The Rites of Passage.* London: Routledge Kegan Paul.