Session Key Takeaways

Summarised with OtterAI and ChatGPT

- Hidden leadership often stems from individual confidence gaps, organisational culture, and system-level barriers; creating psychologically safe environments and transparent roles helps surface untapped talent.
- Workforce pressures, limited resources, inconsistent access to training, and digital literacy gaps remain major obstacles to delivering effective bite-sized, on-the-floor learning.
- Protected time for learning is inconsistent across professions, and the lack of standardised clinical educator support widens inequality in access to development.
- Cultural resistance to change and entrenched measurement of “success” (e.g., longevity over development impact) hinder innovation, staff growth, and retention.
- Both leadership development and point-of-care education require shared responsibility: strong organisational support, consistent systems, and proactive individual engagement.

Session Summary

Summarised with OtterAI and ChatGPT

The session opened with introductions from the moderator and expert facilitators, outlining two interconnected themes: how to unlock hidden leadership potential within the nursing workforce and how to embed continuous learning directly into clinical environments. The speakers framed the discussion around real barriers staff face, with Esther focusing on why promising leaders often remain unseen—particularly those from under-represented backgrounds—and Donna exploring how bite-sized learning, micro-teaching, and accessible digital resources can support development amid intense operational pressures. Both perspectives highlighted the need for environments that empower staff to grow, participate, and see themselves reflected in leadership.

During the roundtable feedback, participants identified a shared set of challenges across both themes. For leadership, individuals often lacked confidence, felt "caged" by job titles, or struggled to progress within cultures shaped by blame, poor psychological safety, or narrow definitions of success. Organisational and system barriers—limited time, stretched resources, inconsistencies in development opportunities, and an absence of visible role models—were highlighted as key contributors to hidden talent. For training on the floor, time pressures, inadequate digital access, variable IT literacy, insufficient protected learning time, and disparities between professions (e.g., nurses versus medics) were widely recognised. Participants also pointed to persistent issues such as firewall restrictions, inconsistent clinical educator provision, and reductions in training budgets.

Despite these barriers, a strong set of enablers emerged. Consistent leadership modelling, visible diversity in senior roles, transparent explanation of managerial responsibilities, and deliberate talent-spotting were seen as crucial to surfacing latent leadership. Equally, embedding accessible, flexible learning platforms and improving the consistency of training across organisations would strengthen workforce capability. A recurring message across groups was that staff development relies on shared responsibility: organisations must create supportive cultures and allocate resources, while individuals must take ownership of their own learning and career progression. The session concluded with a commitment from the government representatives to feed delegates' insights into national strategies and ongoing system improvements.