



LEADERSHIP
DEVELOPMENT
FRAMEWORK :
FOR DISCUSSION

April 2004

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1. INTRODUCTION

Improving the health of Scotland and reforming how healthcare is delivered depends on effective leadership at all levels of NHS Scotland. Developing the leaders of today and tomorrow will be crucial in delivering the ambitious goals that have been set for the health service.

This Leadership Framework proposes how that can be done. It is focused and simple – but not simplistic. It will be dynamic and not fixed. It aims to:

- establish the change context which must inform the leadership development agenda
- describe the qualities of NHS Scotland leaders
- identify priorities for action in leadership development (nationally)
- propose how NHSScotland can work together – locally and nationally – and with partners, to develop leadership capacity and capability at all levels.

The Framework is built around the following concepts:

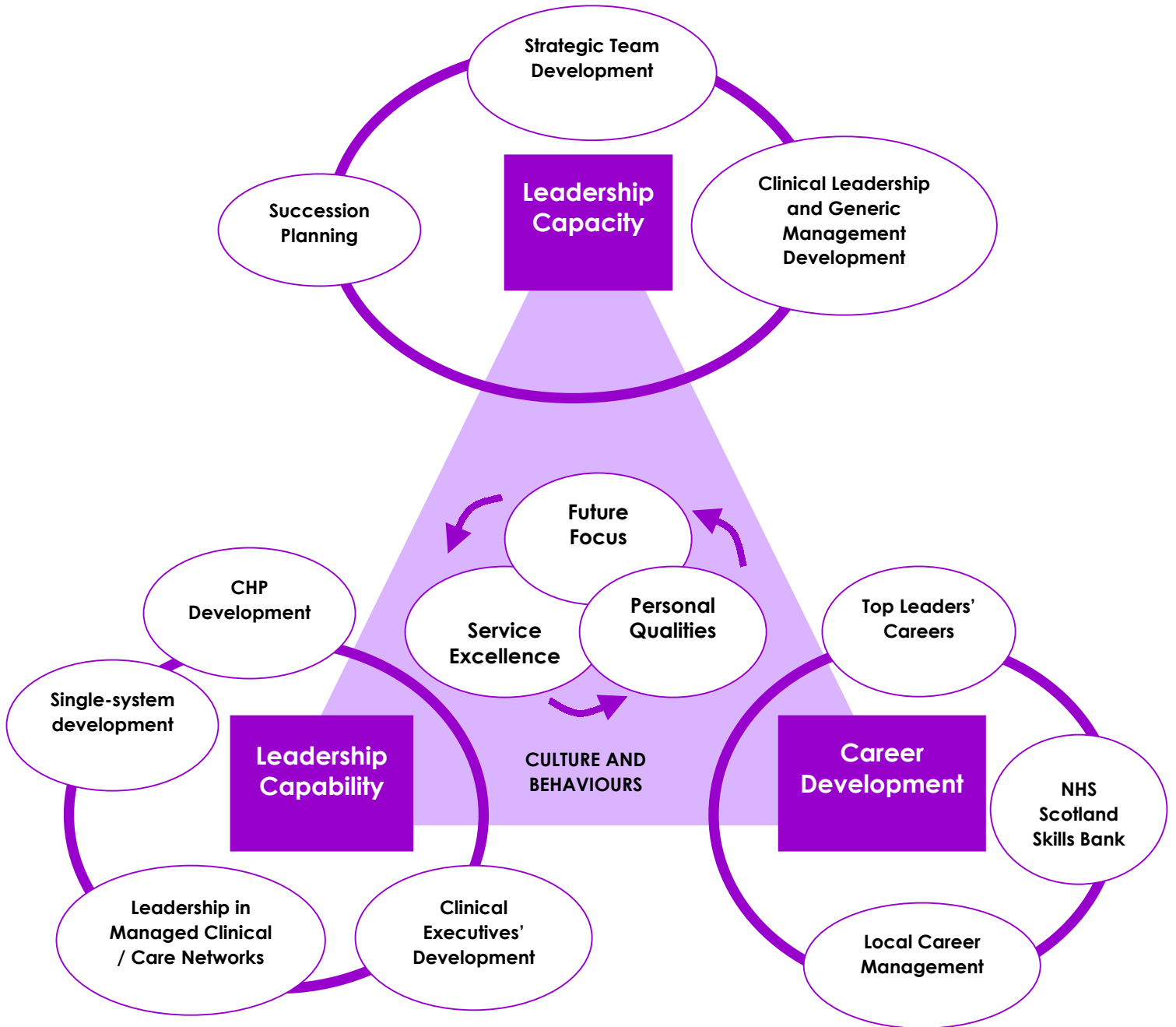
- In order to give strategic coherence, there will be a single, national approach to leadership development in NHSScotland. This will be focused on the needs of the service, teams and individuals.
- Within this cohesive approach there will be significant space for local systems to take forward the leadership development agenda and for professional groups to enhance specific skills.
- The goals of improving health and reforming healthcare delivery cannot be achieved by the health service alone. Wider public sector engagement is critical and this needs to be supported by joint approaches to leadership development.
- New approaches will be needed to provide opportunities for career development and give flexible support to systems where necessary.

And it aims to do this in a way which is useful across the Service. Fine words and intentions deliver nothing unless leaders catch the spirit of this Framework, apply it both locally and personally and derive benefit from it. Together, the aim is to secure a cohort of motivated leaders, working to a common understanding of qualities and behaviours, and delivering real improvements for the people of Scotland.

This Framework is being issued for discussion with a wide range of stakeholders. We want to ensure that what is proposed here is robust, will achieve its stated aims and will meet the needs of the service. The final Framework will be shaped by the views we receive and we hope as many people as possible take the opportunity to comment.

A schematic summary of the proposals in this discussion Framework is provided on the next page.

**LEADERSHIP DEVELOPMENT FRAMEWORK :
OVERVIEW**



[The examples given around the three clusters, such as **Succession Planning** provide a summary of the proposed initial priorities for action. This diagram does not provide a comprehensive overview of all potential national and local actions. Further details are provided in this discussion paper.]

2. **BACKGROUND AND SCOPE**

Background

The health White Paper *Partnership for Care* made a commitment to value and empower staff to “solve old problems in new ways”. It included specific proposals to invest in leadership development and develop a leadership framework. There is a recognition that greater strategic coherence is needed in this area - not to squeeze out local initiative, but so that the whole is greater than the sum of all the parts. And that can only be true if the national actions support local needs, and if local actions complement national priorities.

Health and healthcare policy in Scotland is developing differently from other parts of the UK. This divergence creates opportunities for leaders to learn from elsewhere in the UK NHS and to learn jointly with other public services in Scotland. It also means that NHSScotland has to have greater self-sufficiency in developing tomorrow's leaders to deliver the most significant public sector reform agenda that Scotland has seen. To that end, the leadership development agenda has to add real value to the health agenda and contribute to the wider development of corporate Scotland.

Scope

Leadership and Management Development

This Framework focuses on leadership development – which is about supporting leaders in transformational change. But this cannot be considered in isolation : the change agenda needs to set the context for leadership development. If ‘leadership development’ is understood to be about supporting this transformational change, then that is not the same as ‘management development’ which is about supporting managers in transactional, operational processes, controls and problem solving.

Individuals often have to deliver both a leadership and a management role in their jobs. This is recognised in this Framework which, while focusing on leadership development, will include management development. The wider agenda of staff development is taken forward through the Lifelong Learning Strategy *Working Together*.

Front-line leaders to strategic leaders

Leadership is also not the preserve of a few people at ‘the top’. It needs to permeate each ward team, community team, functional team etc. and support front-line leaders make a difference. The ‘tone’ of an organisation, however, is often set by the styles and behaviours of senior managers. They are the leadership role models for those they lead and serve. For that reason, the national actions proposed in this Framework focus on senior managers (including senior clinical leaders), with an expectation that local Boards will follow through in considering how best to continue to invest in local leadership / management development for their staff.

Clinical leadership, general management, functional management and professional leadership

The term 'clinical leadership' has taken on increasing significance across the UK. While there is no agreed definition of the term, clinical leadership is about driving service improvement and the effective management of teams to provide excellence in patient/client care. This indicates a widely distributed approach to leadership. Positional leadership needs to complement this distributed form of leadership, and vice versa. Positional leaders such as general managers often have clinical backgrounds but come from a wide range of professions, and need development support, as do functional managers - whether in information, estates, human resources, finance or other areas. 'Professional leadership' is another important concept in this context, and professional development for staff is a significant agenda nationally and locally across NHSScotland.

It is not, however, the place of this Framework to determine how local organisations understand these different leadership concepts, and determine effective relationships, accountabilities and responsibilities across different types of leaders/managers. It is, however, appropriate to establish the principle that, as multi-disciplinary teams deliver services to patients and clients, and as groups of teams deliver organisational and system goals, so development should be based on the principle of team and multi-disciplinary learning to support the drive to service transformation.

While leadership development for a specific profession or group, or with a specific emphasis has its place, it is important to guard against development in silos and cherry-picking aspects of leadership / management development unless appropriate. The wider the understanding of all aspects of leadership / management, and the more professional and organisational barriers that are overcome by developing leaders across boundaries (both within organisations and across the wider public sector) the better – for patients/clients and the individuals alike. This Framework therefore will provide a universally applicable description of NHSScotland leadership qualities for all leaders - which can provide a basis for recruitment, personal development planning, individual / team performance review and training delivery. It will also make difficult judgements about the critical areas for investment nationally (which will not satisfy all needs and aspirations), and deliver against those.

Individuals and Teams

Leadership / management development relates to individual needs. Application can sometimes be difficult however for individuals. As indicated above, it can also be taken forward through team-based development opportunities which can provide a powerful approach to taking real work issues, securing and applying change. Both team and individual approaches need to be used.

3. CHANGE CONTEXT

Before the leadership qualities can be considered, the broad change context needs to be understood. This context is multi-faceted, but key drivers include :

- Developing and implementing radical service strategies to improve health and healthcare delivery.
- Delivering excellence in service quality consistently through staff who are 'fit for purpose' – in a context of rising public expectations.
- Using resources to maximum effect - and accounting for their impact on health improvement and service performance.
- Aligning services needs and the current and future workforce - within the legislative and regulatory frameworks for staff and demographic context.
- Moving from a focus on institutions to a focus on networks and the continuum of patient care, and from a focus on healthcare to focus on health.
- Working more effectively in partnership across the wider public sector / other agencies, the public and staff to ensure the continuum of patient care and the meaningful engagement of staff who support care processes.
- Developing effective single-system arrangements and regional planning processes – which support devolved responsibility and accountability, together with career development across the local public sector.
- Creating an infectious 'can do' culture for service transformation in place of apathy and cynicism, where they exist.

This is far from an exhaustive list, but it serves as an indication of the overall change agenda. Leaders need to be developed to take this forward.

The contradictions and tensions are also very real. Driving radical, local reform does not always sit comfortably with the local political context. If leaders are expected to make tough judgements on the best disposition of services and use of resources, then they need to be protected and supported appropriately. Equally, weakness in leadership which results in a loss of trust and respect within systems and across partner organisations cannot be tolerated. Emotional competence is every bit as important as designing service strategy, because the effects of poor behaviours on others can be even more damaging than muddled strategic thinking.

It is important therefore that the qualities and behaviours of leaders for NHSScotland are stated explicitly, and that leadership development supports today's leaders to meet these challenges. It also needs to provide a cohort of emerging leaders fit for tomorrow's challenges.

DISCUSSION POINTS '1' : What other key drivers need to be reflected here, given their impact on the leadership development agenda?

4. LEADERSHIP QUALITIES AND BEHAVIOURS

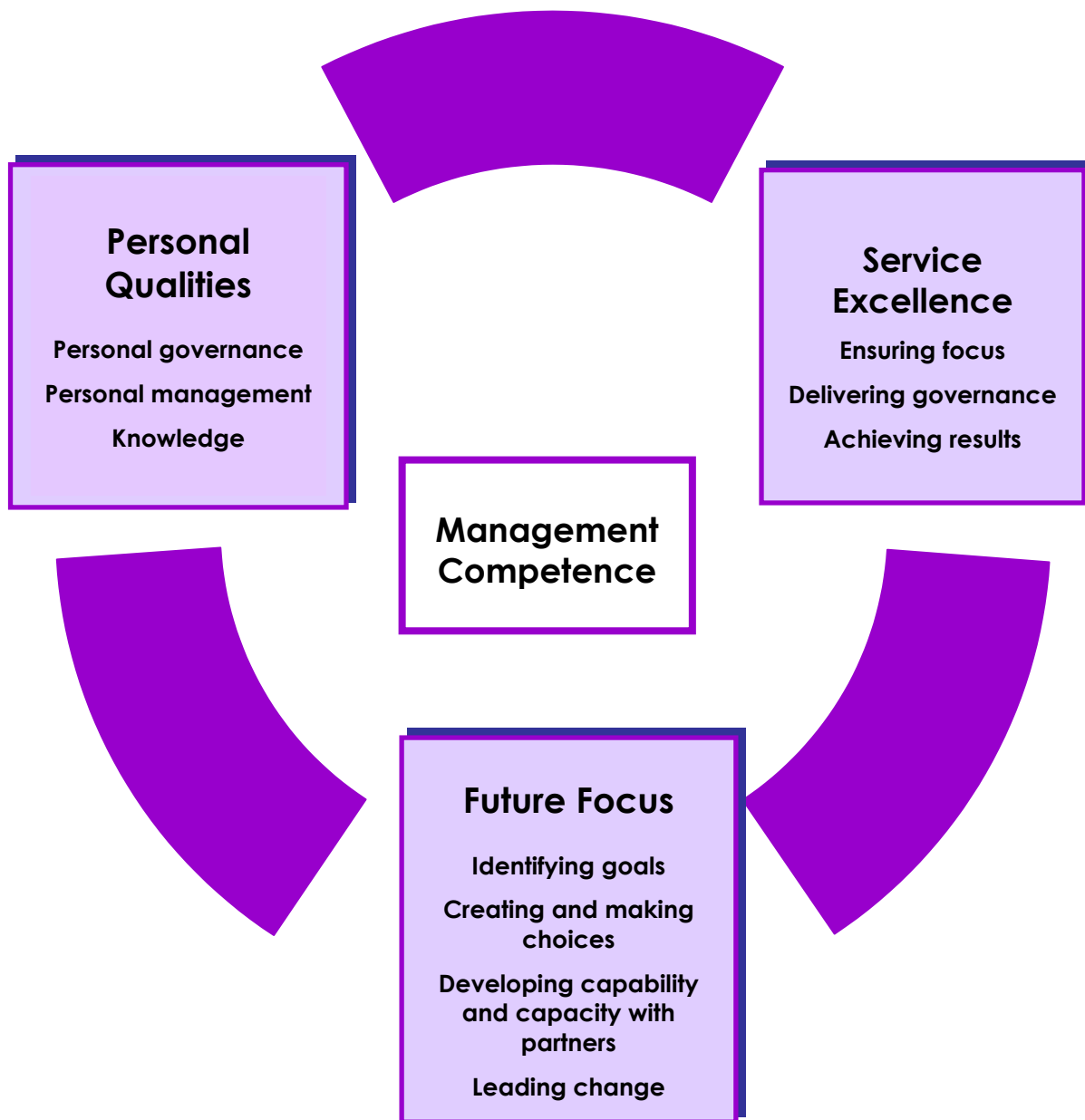
The set of leadership qualities given below has been drawn from a wide range of NHS, public sector, private sector and contemporary academic thinking and models (see 'References' in Appendix 5). It will never be perfect and will evolve, but it is deliberately succinct. Reams of descriptors may satisfy some, but experience in many sectors shows they are a 'turn-off' for the majority. Increasing the complexity of a model decreases its application. This Framework therefore provides a basis for further local development to support:

- Person specifications in recruiting leaders
- Assessment frameworks for leadership appointments
- Personal development planning
- Individual / team performance planning and review
- Design of leadership development initiatives
- A potential contractual commitment to personal governance.

In recent years, local organisations have either developed their own approaches or used previous SEHD models. Our understanding of leadership needs to be progressive, which is why more contemporary thinking is reflected in this Framework. The command and control style belongs to previous decades; competitive behaviours where 'my' and 'I' are more important than 'our' and 'we' are out-moded. **Today, leadership is about facilitating complex systems with partners through major, transformational reform.**

This Leadership Framework therefore proposes a consistent and universal application of these qualities as a common approach and language across NHSScotland. It can be adapted locally to suit local circumstances and specific roles. It aligns to the approach being taken in NHS England, and builds on previous work with this topic in NHSScotland.

NHSScotland LEADERSHIP QUALITIES SUMMARY



LEADERSHIP QUALITIES : DESCRIPTORS

Personal Qualities

- Personal Governance :
(See detail in **Appendix 1**)
- commitment to service excellence
 - integrity and probity
 - account for performance
 - engage with others in decision-making
 - develop team and self
- Personal Management:
- self-awareness
 - emotional competence and consistency
 - articulate and live by values ('being-the-talk')
- Knowledge Management:
- asking the hard questions proactively
 - listening empathetically to understand
 - maintaining a contemporary knowledge of best practice

Service Excellence

- Ensuring Focus:
- directing attention to the key issues
 - regulating the temperature (managing pace and stress)
- Delivering Governance:
(clinical, staff, financial/corporate)
- looking after the needs of patients, staff and the public
 - balancing risks
- Achieving Results:
- creating a climate of performance delivery and accountability
 - resolving complex problems through a win:win approach

Future Focus

- Identifying goals:
- creating purpose with a focus on outcomes
 - shaping and articulating the future with passion
- Creating and making choices:
- thinking flexibly and innovatively
 - making choices in uncertainty and ambiguity
 - taking risks with political astuteness
- Developing capability and capacity with partners:
- building relationships and partnerships which recognise interdependency and which share learning
 - instilling a staff, team and organisational development culture
- Leading Change:
- aligning people, structures, systems and processes to secure goals
 - seizing technological solutions to improve healthcare
 - inspiring others and unleashing energy to change

Code of Personal Governance

The Code of Personal Governance outlined in 'Personal Qualities' above, and detailed in **Appendix 1**, provides a code of practice for all leaders and managers in NHSScotland – and completes the governance portfolio for NHSScotland. It is based primarily on work done by the Institute of Healthcare Management and NHS Confederation to support the development of similar Codes elsewhere in the UK NHS.

The Code provides a measure against which individuals can test their decisions and actions. It also provides reassurance to all those served by NHSScotland of the professional standards leaders / managers use in making complex, balanced judgements.

Careful consideration will need to be given to the implementation of this Code, in relation to potential contractual commitments.

Supporting Leadership Behaviours

Inherent within the above Framework is the need for consistent use of positive behaviours by leaders. The usefulness of the 'Critical Leadership Behaviours' has varied widely since they were introduced in NHSScotland. **Appendix 2** provides a revised model using a summary of positive and negative behaviours in the context of the 'Personal Qualities' of leaders. Again, this does not attempt to provide the perfect summary, but it provides a straightforward approach to clarify the behaviours that need to be in place. This behavioural summary can be used as part of the performance review process. It recognises that performance is not simply about getting things done regardless of 'how', but is concerned at balancing 'what' gets done with 'how' it get done.

DISCUSSION POINTS '2' : Do the Leadership Qualities reflect what leadership in NHSScotland is about today? Does more detail need to be incorporated on Management Competence? How can the Code of Personal Governance (Appendix 1) be improved? Should this Code apply more widely across NHSScotland? How should this be applied? To what extent is the summary of Leadership Behaviours (Appendix 2) useful?

5. PRIORITIES FOR ACTION

There is much to be done. Just as the change context will move on, and the leadership qualities evolve, so too will the priorities for investing in leadership / management development. There are two broad strands for action:

- Building up overall **leadership capacity** and growing new / emerging leaders
- Developing **leadership capability** to meet critical aspects of the NHSScotland change agenda (see section 3) and deliver real results.

Combined, there is a third element of **career management** for leaders. These strands are explored below, complemented with an outline 'Workplan' in **Appendix 3** to show the development path / timescale over the next 1-2 years.

5.1 Leadership Capacity

The initial priorities at a NHSScotland level will be :

- **Strategic Team Development**

There are a number of actions being planned / taken forward:

- (i) 'Developing Corporate NHSScotland' is an approach aimed to promote effective working between leaders in NHSScotland and leaders in SEHD. The development of coherent policy and its successful implementation is dependent, in part, on the effectiveness of this interface. As the first phase, an overall approach has been established as set out in **Appendix 4**.

Further phases of this work will be built around developing the relationships between Ministers, Chairs and Non-Executives, together with system mentoring and coaching where teams face particularly complex change issues. Further details will be developed for discussion.

- (ii) In partnership with the Scottish NHS Confederation in Scotland, a series of development opportunities for top teams (Chairs / Non-Executives / Executive Directors, typically) is being planned. This will include:
 - ❑ National Briefing for new Non-Executives
 - ❑ Generic skills development for Non-Executives (Nexus programme)
 - ❑ Transformational leadership : a series of Masterclasses and Good Practice exchange sessions for top teams.

(iii) A coaching pilot for a cohort of NHS Board Chairs is in place. Consideration will be given to extending this, subject to the evaluation outcomes.

(iv) In the past arrangements were put in place for coaching senior executives, with extremely positive feedback on an individual basis. The main area for improvement was the need for a coherent organisational development framework to inform the purpose and direction of the coaching, together with a contemporary and generic framework of the underpinning leadership qualities and behaviours. This Leadership Framework provides that platform, and local health systems are encouraged to consider how they can use the coaching tool to support executives and executive teams locally in taking forward the agenda.

Periodically, corporate briefings for executive coaches will be provided, which will also provide an opportunity for general feedback on issues / priorities to inform future leadership development initiatives. This arrangement will not compromise confidentiality between the coach and the executive / team.

(v) We enjoy very positive relationships with the NHS England Leadership Centre and the Scottish Leadership Foundation, together with other providers and private sector businesses. Development opportunities will be available through these organisations for senior leaders either through direct enquiry or through specific opportunities notified by SEHD. More specifically, we will work closely with the Scottish Leadership Foundation, and other bodies such as COSLA, to consider how to support the need for the development of strategic leaders across the wider public sector.

DISCUSSION POINTS '3': Are these approaches welcomed? How can they be improved and focused?

▪ **Clinical Leadership and Generic Management Development**

A strong commitment was given to developing clinical leaders in *Partnership for Care*. This covers a wide spectrum of roles from Nurse Consultants (with an emphasis on shaping and influencing care delivery, service strategy and professional development) to Ward leaders (whose roles have a stronger managerial component as they manage teams, deliver patient care, control resources, manage information etc.). This is mirrored in other professional groups.

There is a healthy tension here. With the current emphasis on 'leadership development', we must not lose sight of the need for basic management development – for people leading clinical teams, community teams, functional teams and project teams. Managers are encouraged to

emerge through clinical routes, for example, and often have to 'pick up' management / leadership development on a do-it-yourself basis. It is simply not good enough to expect experienced clinicians to be effective managers without providing access to comprehensive leadership / management development. The day is probably coming when managers will be regulated. We need to prepare now for a professional managerial workforce where people have been given the opportunity to gain the skills and understanding they need to help them manage and transform services. The use of Continuous Professional Development approaches will support this.

There are, however, many vital clinical leadership roles which have less 'general management' content, but are powerful roles in leading and transforming services. These leaders also need to be appropriately equipped in their roles, and supported to help them understand the wider context in which their roles operate.

Nationally, some sponsored opportunities have been made available through, for example, the Open University and the RCN Clinical Leadership programmes to develop this broad spectrum of leaders / managers. Some systems have developed local solutions. In future, it is proposed that each system reviews their arrangements for clinical leadership and generic management development, with a view to the SEHD providing a level of financial support, validation and brokerage of national arrangements where appropriate. SEHD resources will need to be 'pooled' to support this approach. This will move us away from a product driven route to an integrated, needs-led approach that utilises and informs the development of local and national products and tools.

To secure subsidies, it is proposed that NHS Boards establish Development Plans with proposals for clinical leadership and management development which demonstrate they will:

- ❑ recognise the improvement of health and the reform of healthcare delivery as the goals of NHSScotland – with outputs clearly linked to those goals
- ❑ stimulate the investigation of best practice and its local application for the direct benefit of those we serve
- ❑ be delivered on a true multi-disciplinary, cross-system basis, with cross-partner approaches where possible
- ❑ consider the balance of team and individual development
- ❑ provide academically accredited development, where appropriate
- ❑ be public sector orientated (i.e. provide opportunities for learning with public / voluntary sector partners), yet seek out appropriate learning from the private sector, where appropriate
- ❑ provide blended learning to reflect different learning styles and circumstances, and support the development of IT literacy.

Financial support will be dependent on SEHD validating the plans put forward by individual Boards. This will ensure that common standards apply across NHSScotland.

DISCUSSION POINTS '4': Does this give local space and ownership to each Board to shape this critical area of development? Is the proposed integration of financial support helpful? What further criteria should be used to validate Boards' plans?

▪ **Succession planning**

There have been many pleas to invest in succession planning to secure the future strategic leaders of the service. Such investment is to some degree a step of faith, but if nothing is done, problems can be expected in recruiting to strategic posts in the future.

The Scottish graduate-level schemes of the past have had chequered reviews. NHSScotland is alone, however, on a UK-wide basis, in opting out of this form of investment in succession planning. It is proposed that NHSScotland needs to develop a fresh approach to investing in this from of succession planning, with the following parameters:

- ❑ Trainees will be drawn from the Service and graduate populations, and training tailored to reflect the career path to date.
- ❑ High selection standards will be set, which will not be compromised, even if it means recruiting fewer trainees than planned.
- ❑ Education will be shared with trainees across England and NI, with local top-ups to ensure full understanding of the Scottish context.
- ❑ Placements in partner organisations will be integral, as will gaining experience outside the local host health system.
- ❑ Mentoring by top leaders and robust performance review will be provided on a structured basis, and initial substantive posts will be provided in the host health system, subject to performance.

Clearly there is much that needs to be done to prepare for this potential approach, as outlined in the 'Workplan' (**Appendix 3**).

Other approaches to succession planning will be considered and developed as appropriate. For example, the proposal to develop Managed Clinical / Care Network leaders (page 14) will contribute to succession planning. There is also a need to consider the development of future leaders in functional areas, and consider fast-track development opportunities for middle-senior managers/leaders. There is an issue of capacity and resource not only to deliver such proposals, but also to ensure they are tied in to the local and national career development approaches which emerge. Different professional groups / bodies have specific contributions to make, and interests they want to see taken forward. Whilst there are no specific plans to sponsor one professional group in preference to another, opportunities to steer and link thinking would be welcome.

NHS Boards will also need to consider local approaches to talent spotting and succession planning and help shape any national campaigns or approaches that will make a difference.

DISCUSSION POINTS '5': Is there support, in principle, for the introduction of a revised graduate-level management training scheme? Are other fast-track approaches needed? If so, what are the priorities and how should they link to career management? What further mechanisms would you suggest local/national succession planning? What local arrangements can we learn from?

5.2 Leadership Capability

To complement the above broad approaches to investing in leadership / management capacity, more specific initiatives will be taken forward at a national level to support aspects of the change agenda. This will involve close working with the Centre for Change and Innovation. The current priorities that are being considered / actively pursued are:

- **Community Health Partnership (CHP) Development**

As new organisations, it is essential that the opportunities and policy direction presented to CHPs are both understood and exploited. To that end, the first phase of a development initiative is being implemented, under the auspices of the CHP Development Group. It is being commissioned to help potential leaders across health and partner organisations, and will be followed up with more specific leadership development to support appointed CHP leaders. More detailed information, such as expected outcomes, is available through the SHOW/CHP Development Group web-site.

- **Clinical Executives' Development**

Work is being developed with the Scottish Leadership Foundation to take forward, through action inquiry, key change themes such as 'Improving Service Delivery' and 'Improving the Patient's Experience'. These themes link into the change agenda. This approach will benefit the individual development of these clinical leaders and assist with organisational growth as the learning is applied locally.

- **Managed Clinical/Care Networks Leadership Development**

The balance between leading institutions and leading clinical/care networks will continue to shift towards managing pathways / programmes of care. It is too optimistic to hope that the leaders of these networks will simply emerge with all the requisite skills they need. There needs to be a better understanding of the skills and understanding these leaders require if they are to be equipped to face the challenges before them. This will require action at national, regional and Board levels to take this forward.

- **Local Single-System and Cross-Partner Development**

Local systems have already given significant attention to their development as a single system. Boards will need to continue along their development paths, and, through the Strategic Team Development activities, there will be opportunities to share the learning across local systems.

Furthermore, much has already been achieved through Joint Future and community planning approaches, and within their Development Plans, NHS Boards are encouraged to maximise joint opportunities for cross-partner development to support the change agenda.

Good arguments could be made for other priorities. Those listed above exceed current investment levels nationally, and will require a modest increase / realignment of resources. Nonetheless, the discussion points below provide an opportunity to shape these plans and proposals.

DISCUSSION POINTS '6': Are the above priorities to be taken forward at a national level the most critical in the context of the change agenda? What other priorities should be considered? What local priorities should be reflected here?

5.3 Career Development for Strategic Leaders

Over and above these plans, there is a need to provide support and development for current and future Strategic Leaders across NHSScotland. To date, the movement of 'top' leaders has been fairly random, piece-meal and reactive to particular circumstances. We need to find a way of balancing the needs of NHS Boards, the Health Department and the individuals themselves and consider a more systematic approach to career development, succession planning as well as matching relevant skills to specific requirements. This may involve a trade-off between the freedoms that Boards currently enjoy against a proactive, planned approach to supporting individuals and teams manage their careers within NHSScotland.

If there is an appetite to support career development more proactively, a mechanism needs to be determined carefully. It will require careful handling to ensure consistency and fairness, as well as openness, transparency and personal focus - so that individuals and employers alike see the benefits of a more corporate approach. A small group of NHS Board Chief Executives is giving consideration to this issue at a national level, with a view to incorporating more specific details in the final Framework. Suggestions from across NHSScotland and partners are also welcome in relation to possible approaches such as career counselling, forward planning of movement around time-limited postings for strategic leaders etc.

Additionally, a Skills Bank management information system will be developed in partnership with Careers for Health. Participants within the leadership development framework will have the opportunity to use it. The system will:

- record development progress within the leadership framework
- assist individuals in identifying areas of development
- provide a specialist data resource to inform and extend the use of leadership expertise across NHS Scotland.

DISCUSSION POINTS '7': Is there support for a more proactive approach to career development for strategic leaders? If so, what mechanisms should be considered to take this forward?

5.4 NHS Board Planning and Delivery

Many NHS Boards have developed Leadership and Management Development Strategies. Boards will need to review these strategies and consider how they need to be up-dated to reflect the national approach in the Leadership Development Framework. Other NHS Boards have not yet been able to develop their local strategies and the Framework will help shape local plans. More specifically NHS Boards are asked to establish **Development Plans** which complement their Change and Innovation Plans and which reflect their plans to take forward the broad themes of this Framework locally (together with other local needs). These Development Plans will:

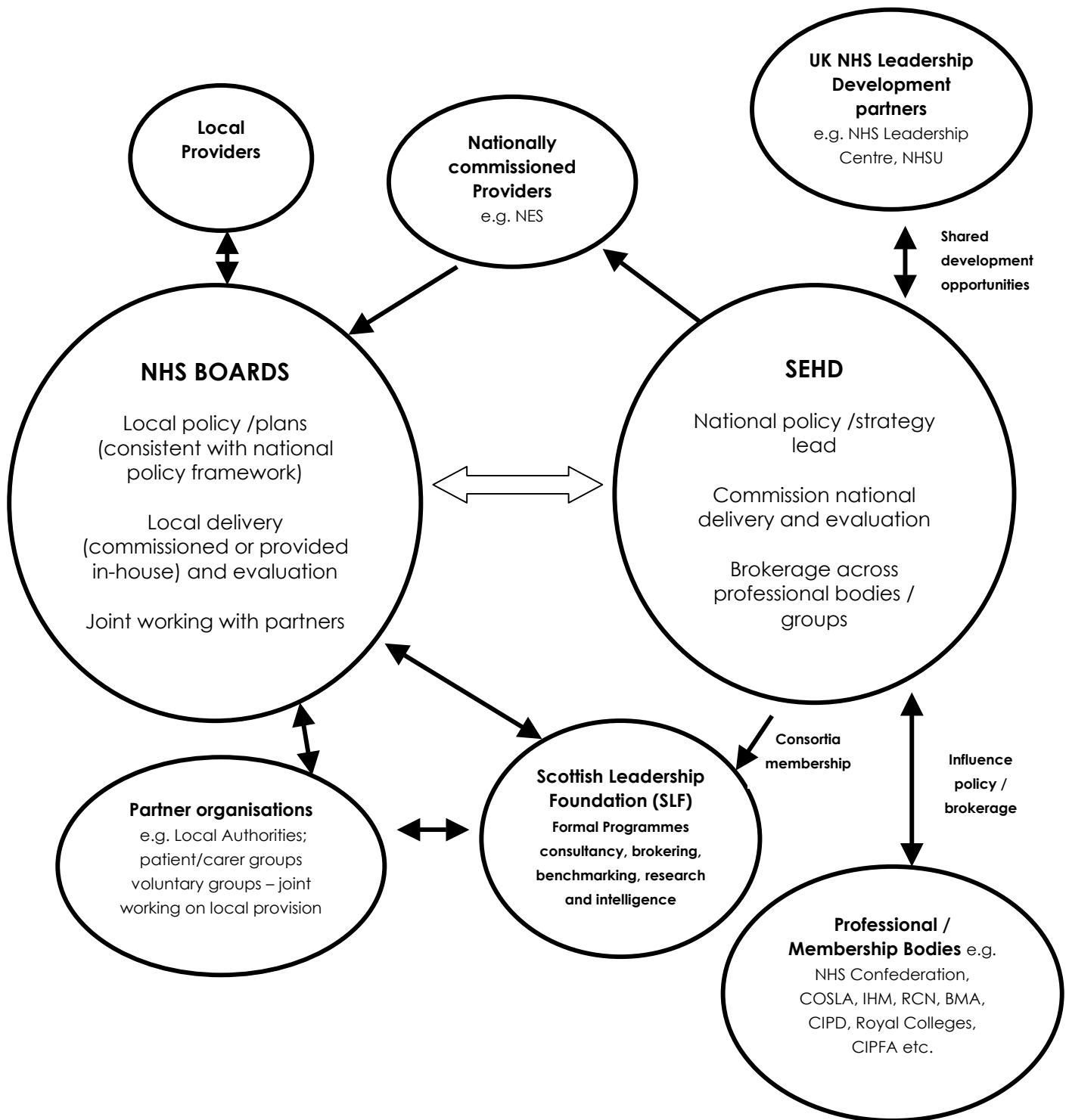
- Establish the local leadership development priorities within their systems, and with their local partners, in the context of the local and national change agenda (Change and Innovation Plan).
- Develop proposals for the development of leadership capacity, particularly in relation to front-line clinical leaders / junior - middle managers, consistent with the principles set out on page 12 (see 'Workplan' in Appendix 3). Validated proposals will receive some financial support in this regard.
- Establish plans for the development of more specific areas of leadership capability locally.
- Consider local approaches for succession planning and career management for local leaders / managers not covered within the provisions of the national actions. NHS Boards are encouraged to consider this within the context of the wider local public sector.
- Indicate the specific investment being made locally to support the Development Plan.
- Assess expected/actual impact of the Development Plan on local health goals.
- Reflect Leadership Development plans in Local Health Plans, and report on progress at their Accountability Review meeting.

NHS Boards will be asked to ensure the engagement of Local Authorities and the Local Partnership Forum in developing these plans. It is proposed that the Development Plan is succinct, high-level and outputs/outcomes focused; the section in the second bullet point above will require summary information on inputs to inform the criteria set out on page 12.

DISCUSSION POINTS '8': Do the above points for NHS Boards need to be more explicit / added to? Will the planning and accountability process indicated be sufficient, or does this need to be strengthened through audit tools etc.?

6. MODELS AND PARTNERSHIPS FOR DELIVERY

The map is complex, but it is useful in establishing greater clarity in relation to roles and partnerships between the various organisations and bodies involved in formulating policy, commissioning delivery and providing development and research support. The diagram below provides an overview of the current model:



It is clear that there are multiple organisations and roles. Clarity is required in the relationship between SEHD and the NHS Boards around leadership development. This Framework should support that through providing the basis of national policy and strategy on leadership development which local NHS Boards can use as a basis for development planning and delivery. The next section of this Framework will suggest how NHSScotland can work together to take the agenda for leadership development forward.

At national level, there is a series of complex relationships between a wide range of partners, and we need to secure a common understanding of these relationships and roles. There is also a wide range of national and local providers - which is good from the point of choice - but can lead to lengthy commissioning processes. Nationally, we will develop more strategic alliances and call-off arrangements to facilitate speedier processes within appropriate governance arrangements.

DISCUSSION POINTS '9': Are there any critical links missing? What further information would be helpful in this Framework to clarify roles and responsibilities?

7. STEERING AND REVIEW

While SEHD has the national policy lead role, it is essential that NHS Boards steer the development and review the implementation of this Framework. This responsibility must lie with the leader of each system. To this end, the NHSScotland Chief Executive's Business meeting (see Appendix 4) will provide the forum to review progress and steer further development. Periodically, the Chief Executives' Development Group will also spend time considering leadership development to shape policy and evaluate impact. Sector meetings will also want to consider how they can contribute to policy development and delivery.

In addition, lead individuals are being identified in each Board to take forward leadership development (reporting to CE level). It is proposed that these leads come together, probably on a bi-monthly basis, to exchange good practice, take forward more detailed planning on behalf of CEs, co-ordinate implementation and share intelligence.

Evaluating the impact of leadership development strategies is not straightforward. There are certainly too many variables to consider evaluating return on investment, but on the other hand it is important to ensure that resources are being applied with the greatest impact. Evaluation methodology will therefore be developed, using existing approaches and information where appropriate, with a view to gauging impact after the first 12-18 months; this will then inform further iterations of the Framework.

DISCUSSION POINTS '10': Does the above approach seem reasonable i.e. robust but not overly complex? How could it be improved?

8. PROCESS FOR CONSULTATION

A significant amount of exploratory and consultative work was undertaken through the 'Review of Management and Decision Making' Project Group E, in considering leadership development in NHSScotland. That has served as a helpful precursor to this Framework. In developing this Consultation Draft discussions were held with the Health Department Board, NHSScotland Chief Executives' Group, and Scottish Partnership Forum, together with many more informal discussions with local health systems and partner organisations.

Whilst this Framework will be dynamic and iterative in nature, it is important that NHS Boards and key stakeholders have a more formal opportunity to shape this work and the national priorities it proposes to be taken forward over the next two years.

To this end, discussion points have been incorporated throughout the Framework to provide a specific focus for feedback. In addition, more general feedback would be welcome on, for example:

DISCUSSION POINTS '11'

- To what extent is this Framework helpful in clarifying the qualities of leaders and the priorities to develop leaders in improving health and reforming healthcare?
- What gaps are there in this Framework, and how could these be filled?
- Does it provide both strategic coherence and space for local planning and delivery?
- How will we know the Framework has made a difference?

Arrangements will be put in place to discuss this at the Scottish Partnership Forum, HR Forum, and CEs' Development Group. This Discussion Paper will be circulated widely both within NHSScotland and with key stakeholders to seek out views.

If you would like someone to join a local discussion, please contact Ashleigh Dunn at the address below. Responses to this discussion paper should be forwarded **by 18 June 2004** to:

Ashleigh Dunn
Head of Leadership Development
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LEADERS’/MANAGERS’ CODE OF PERSONAL GOVERNANCE

As a NHS Scotland Leader / Manager I will:

- **Pursue service excellence** by
 - ❑ ensuring patients’/clients’ needs are at the centre of decision-making
 - ❑ seeking to protect patients/clients and staff from clinical and environmental risk
 - ❑ encouraging service excellence and supporting changes to make this a reality

- **Act with integrity and probity** by
 - ❑ communicating with openness and honesty in all matters including handling complaints and giving feedback to staff
 - ❑ ensuring confidential and constructive communication
 - ❑ managing resources and financial risk effectively and efficiently
 - ❑ ensuring personal integrity and probity at all times
 - ❑ seeking to protect patients/clients and NHS resources from fraud, inducements and corruption

- **Account for my own and my team’s performance** by
 - ❑ taking responsibility for my own and my team’s performance
 - ❑ complying with all statutory requirements
 - ❑ providing appropriate explanations on performance
 - ❑ acting on suggestions/requirements for improving performance
 - ❑ supporting the Accountable Officer of my organisation in his/her responsibilities

- **Engage appropriately with others in decision-making** by
 - ❑ ensuring that patients, the public, staff and partner organisations are able to influence decision-making in relation to NHS services
 - ❑ supporting effective and informed decision-making by patients about their own care
 - ❑ seeking out the views of others and building mutual understanding
 - ❑ ensuring clarity and consistency in relation to dual accountability

- **Develop my team and myself** by
 - ❑ building and developing effective teams, supported by appropriate leadership
 - ❑ instilling trust and giving freedom to staff/partners to make decisions within authority
 - ❑ being aware of and taking responsibility for my behaviour and continuous personal development as a NHS manager, to ensure my fitness for purpose.

APPENDIX 2

LEADERSHIP BEHAVIOURS		
PERSONAL QUALITIES	POSITIVE BEHAVIOURS	NEGATIVE BEHAVIOURS
<p>PERSONAL GOVERNANCE</p> <p>Commitment to service excellence</p> <p>Integrity and probity</p> <p>Account for performance</p> <p>Engage with others</p> <p>Develop self and team</p>	<ul style="list-style-type: none"> ▪ Challenges decisions not based on patients'/clients' needs ▪ Recognises and rewards excellence ▪ Celebrates 'success' ▪ Truthful ▪ Open approach to issues ▪ Lets people say 'No', otherwise 'Yes' is meaningless ▪ Respects confidentiality of information consistently ▪ Checks potential probity issues ▪ Accepts responsibility and accountability ▪ Gives credit where credit is due ▪ Challenges micro-management ▪ Gives clear, concise, timely explanations - no surprises ▪ Promotes spirit of co-operation and interdependency ▪ Seeks first to understand ▪ Encourages meaningful dialogue at the earliest opportunity ▪ Develops shared vision ▪ Flexible ▪ Builds self-belief and 'can do' ▪ Gives freedom to make decisions within authority ▪ Lets go – take risks ▪ Instils trust ▪ Values everyone as individuals ▪ Uses inclusive language ▪ Understands and values cultural differences ▪ Shows willingness to change and learn from mistakes 	<ul style="list-style-type: none"> ▪ Makes/supports decisions without patients'/clients' needs at the centre ▪ Focuses on poor performance ▪ Rewards poor practice ▪ Deceptive / dishonest / manipulative ▪ Hides and encrypts information ▪ 'Yes-men' abound ▪ Gossips confidential information ▪ Flaunts / ignores potential probity issues ▪ 'Passes the buck' ▪ Takes credit for others' work ▪ Promotes dependency culture ▪ Withholds or is late with information – lots of surprises! ▪ Suspicious – promotes independency ▪ Seeks first to be understood ▪ Clique led decision-making ▪ Keeps others in the dark ▪ Rigid – imposes change ▪ Destroys confidence ▪ Control, control, control ▪ Promotes oppressive, complex accountability ▪ Manipulative – other agenda ▪ Views everyone as 'the same' ▪ Uses discriminatory language ▪ Uses a 'diversity-blind' approach ▪ Knows-it-all

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LEADERSHIP BEHAVIOURS		
PERSONAL QUALITIES	POSITIVE BEHAVIOURS	NEGATIVE BEHAVIOURS
<p>PERSONAL MANAGEMENT</p> <p>Self-awareness</p> <p>Emotional competence and consistency</p> <p>Articulate and live by values</p>	<ul style="list-style-type: none"> ▪ Takes time to reflect ▪ Values honest feedback ▪ Realistic about strengths and limitations ▪ Seeks help ▪ Positive and enthusiastic ▪ Consistent behaviour ▪ Mature, constructive behaviour ▪ Warmth – easy to approach ▪ Respects others ▪ Handles others’ emotions appropriately ▪ Practices what s/he preaches ▪ Keeps promises - follows through 	<ul style="list-style-type: none"> ▪ Blind spots – doesn’t seek out feedback ▪ Avoids potential weakening of personal power base by indicating personal limitations ▪ Expectations of self / others unrealistic ▪ Negative / cynical ▪ Moody ▪ ‘Toys out of pram’ / vindictive / bullying behaviour ▪ Cool – approached only when essential ▪ Lacks respect for others ▪ Insensitive to others’ emotions ▪ Words and actions don’t match ▪ Let’s others down - doesn’t make it happen
<p>KNOWLEDGE MANAGEMENT</p> <p>Asking the hard questions proactively</p> <p>Listening empathetically to understand</p> <p>Maintaining a contemporary knowledge of best practice</p>	<ul style="list-style-type: none"> ▪ Challenges status quo ▪ Creates climate of support and accountability ▪ Open to new ideas ▪ Shows genuine concern ▪ Tests comprehension and summarises ▪ Seeks comparisons and encourages change ▪ Ensures teaching and R&D are integral and improve service delivery 	<ul style="list-style-type: none"> ▪ Prefers the status quo ▪ Creates climate of blame ▪ Closed to new thinking - blocks ▪ Superficial interest in others ▪ Assumes understanding - content with loose ends ▪ Reacts to externally driven change ▪ Does not maximise the benefit of teaching and R&D to improve service delivery

APPENDIX 3

NHSScotland LEADERSHIP DEVELOPMENT WORKPLAN

GOAL	ACTION	WHO	WHEN
<p>Framework Consultation and Approval</p>	<p>National consultation arrangements Responses from NHS Boards / stakeholders Resource planning Amendments to Framework Framework Approval</p>	<p>SEHD HR (PEP Division) All SEHD SEHD HR (LDC Division) HD Board / Minister for Health & Community Care</p>	<p>April 2004 By 18 June 2004 By May 2004 By end July 2004 August 2004</p>
<p>LEADERSHIP CAPACITY (National)</p> <p>Strategic Team Development</p> <p>Clinical Leadership / Generic Management Development</p> <p>Succession Planning (initial plan only): NHSScotland Management Training Scheme</p>	<p>Developing Corporate NHSScotland – first phase Further phases (Ministers/Non-Executives; system coaching) - proposals National Briefing for new Non-Executives Nexus programme (generic skills for Non-Executives) Transformational leadership events Chairs' Coaching pilot Executive coaching - local arrangements - corporate briefings / review Opportunities with SLF, NHS leadership Centre etc.</p> <p>Secure financial support packages and advise NHS Boards Submit plans for validation and financial support Confirm level of financial support / national brokerage Implement plans</p> <p>Develop detailed proposals for and test take-up with NHS Boards Secure education arrangement Recruitment and selection Scheme commences</p>	<p>SEHD SEHD</p> <p>SEHD Scottish NHS Confederation Scottish NHS Confederation SEHD brokering NHS Boards SEHD All / SEHD</p> <p>SEHD NHS Boards SEHD NHS Boards</p> <p>SEHD HR (LDC Division) SEHD HR (LDC Division) SEHD HR (LDC Division) SEHD/NHS Board sponsors</p>	<p>From February 2004 From May 2004</p> <p>June 2004 From April 2004 From June 2004 Commenced</p> <p>6-monthly intervals Ongoing</p> <p>End May 2004 End July 2004 Mid September 2004 From Sept 2004</p> <p>By end June 2004 By end July 2004 Starts Autumn 2004 September 2005</p>

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LEADERSHIP CAPABILITY (National)			
CHP Development (Phase 1) (OD/Policy application focus)	Specification Commission providers Complete design / advise NHS Boards Programme delivery	SEHD/CHPDG SEHD/CHPDG Providers/SEHD/CHPDG Providers	Completed Completed April 2004 May – Nov 2004
CHP Development (Phase 2) (Leadership development focus)	Specification Commission providers Programme delivery	SEHD/CHPDG SEHD/CHPDG Providers	July 2004 September 2004 Jan 2005-June 2005
Clinical Executives	Programme design Programme Delivery	SLF/Steering Gp/SEHD SLF	February 2004 June 2004–June 2005
MCN Leadership Development	Specification Commission providers Programme delivery	SEHD SEHD Providers	Sept 2004 Oct-Nov 2004 From Jan 2005
Career Development for Strategic Leaders	Determine scope / mechanism for career management Implement arrangements	All / SEHD TBC	July 2004 From Sept 2004
NHS Board Planning and Delivery	Establish NHS Board Development Plan(See Clinical Leadership / Generic Management Development above) Incorporate Leadership Development Plan in Local Health Plan Use Leadership Qualities descriptors in recruitment, selection, performance review, development delivery etc. Progress report through Accountability Review process	NHS Boards NHS Boards NHS Boards NHS Boards	End July 2004 and annually in March from 2005 Annually from Apr 05 From July 2004 Annually from 2005
Partnerships	Clarification of roles and relationships with national bodies	SEHD	Ongoing
Steering And Review	Programme discussion at NHSScotland CE's Business meeting and CEs' Development Group Leadership Development Leads Group Develop evaluation methodology	SEHD	From May 2004 From May 2004 Dec 2004

APPENDIX 4**DEVELOPING CORPORATE NHSSCOTLAND****1. PURPOSE**

This note sets out proposals to strengthen the executive function of corporate NHSScotland. It builds on feedback received from a number of NHS Chief Executives as part of the current review of the Scottish Executive Health Department.

2. BACKGROUND

There has never been a greater need for us as the leaders of the health service in Scotland to feel part of a corporate organisation which has and sustains a strong common purpose and supports development of the right skills, knowledge and behaviour to deliver that purpose. This has to show in the way we do business and the way we behave individually and together.

This starts with a clear and practical set of business and development arrangements which help to create shared understanding, confidence and trust and improve delivery.

The current arrangements for the way Chief Executives and Directors come together on a regular basis need to change to reflect new demands around health delivery and development and the importance of public sector reform. These new arrangements have therefore been designed to:

- Increase the effectiveness of corporate working
- Support an open corporate style and culture
- Improve the consistency and relevance of corporate briefing
- Maximise the use of knowledge and skills in the development of policy and strategy and their delivery
- Move from a conference culture to participation, sharing experience and development of shared understanding
- Move from “professional sector” to corporate team as a model
- Encourage a Regional as well as National focus
- Create a good balance between learning, development, briefing and performance management
- Complement business arrangements between Ministers and NHS Board Chairs

3. KEY ELEMENTS

There are 6 main elements to the proposals.

3.1 NHSScotland Chief Executive's Business Meeting

This meeting will focus on progress and delivery of Ministerial targets and the NHS Business Plan. Currently this is undertaken by the Scottish Executive Health Department Board which does not include representatives of NHSScotland. It is proposed that in future the NHSScotland Chief Executive's performance and operational management function is exercised through a Chief Executive's Business Meeting.

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The core attendance will be:

- Chief Executive, NHSScotland
- NHS Board Chief Executives
- Lead SEHD Directors for Strategy, Performance Management, Clinical Governance and Staff Governance
- Other Directors from SEHD and the NHS will attend for specific issues.

The Business Meeting will be held monthly.

3.2 NHS Chief Executives' Development Group

NHS Chief Executives at both NHS Board and Divisional Level face a major challenge to deliver a complex and challenging agenda.

There is a need to create a safe and supportive environment where Chief Executives can come together to discuss major policy matters, "hard to deliver" issues and future planning.

It is proposed to establish an NHS Chief Executives' Development Group to replace the current Chief Executives meeting. This will meet in alternate months and will focus on one or two major issues at each meeting to allow in depth discussion and problem solving.

The core attendance will be:

- NHSScotland Chief Executive
- NHS Board Chief Executives
- NHS Divisional Chief Executives
- Key SEHD Directors

3.3 Sector Meetings

It is important that the separate "functional" or sector meetings for Directors from a single discipline continue – finance, nursing, medical, HR, planning etc

These regular meetings are hosted by the relevant SEHD Director.

However it is proposed to strengthen the interaction between the sector meetings to improve corporate working across the NHS. The agenda for these meetings will include sector specific issues identified by the sector group or at the Chief Executive's Business Meeting. The agenda will include core briefing on corporate issues.

Sector meetings will be linked into the cycle of other Executive Director meetings by establishing a network of the Chairs of the Sector Groups.

3.4 Knowledge Management

It is important in terms of improved knowledge management that information flows freely among the membership of these three key meeting groups. To this end, the following arrangements will apply:

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- HD Secretariat will circulate the agenda and minutes of the Chief Executive's Business Meeting to the members of the Chief Executive's Development Group.
- HD Secretariat will circulate the agenda and minutes of both the Business Meeting and the Development Group will be circulated to the Chairs of the Sector Groups
- The Chairs of Sector Groups will arrange for the agenda and minutes of Sector Group meetings to be sent to HD Secretariat (Richard.dimelow@scotland.gsi.gov.uk), for circulation to the members of the Chief Executive's Business Meeting and the Chief Executive's Development Group
- The agenda and minutes of all groups to be sent to Ryan Gunn, HD Directorate of Human Resources (Ryan.gunn@scotland.gsi.gov.uk) for circulation to the Scottish Partnership Forum and the HR Forum.

3.5 Network Programme for Directors

A network programme of Directors will be established to focus on developing corporate skill, understanding and effectiveness amongst Directors on NHSScotland.

The programme of events will be based on key corporate themes and priorities.

Each event will be hosted by the NHSScotland Chief Executive, SEHD Directors/or NHS Board Chief Executives.

Some events will be open to all NHSScotland Directors irrespective of function and other will be geared to specific issues. There will be a mixture of national and regional events. There will be no predetermined programme or format for these events with the process designed for each event.

The opportunity will be taken to include non-health Directors for cross-boundary thinking and development.

3.6 Leadership Development Programmes for Directors

As part of the developing Leadership Strategy Development Programmes for Directors will focus on creating skills, networks, capacity and confidence of Directors in NHSScotland.

These programmes will form a key part of the open development approach to leadership development and succession planning.

The programmes will be complimentary to individual systems and sector-based or system-based leadership development programmes and will be inclusive, where appropriate, of wider public sector in Scotland.

3.7 Corporate Stock Take Event

In addition to strengthening the interaction of the Executive cohort in NHSScotland there is a need to improve corporate communication with the service generally.

It is proposed to establish a half-yearly stock take event to review progress over the preceding 6 months and to focus on key issues to be addressed over the next 6 months. This will be a physical event open to all Directors, Chairs and Non-executives.

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CDRom briefing will be produced to allow the corporate communication process to be taken into NHSScotland.

This event will take place on the same day as a development event, but will be separate from it.

4. CONCLUSION

These arrangements will not work on their own. They are however in themselves an important step towards a new way of working which will also be reflected in the workforce strategy which we will be discussing soon and the complementary approach to leadership development, executive reward and career management which stand alongside it.

The proposals will need to take into account the developing processes across wider public sector through Community Planning.

They will also not work without effective leadership of the process and proper secretariat support across corporate NHSScotland. This will be addressed through the review of SEHD.

They also complement the existing performance management and accountability review processes.

TREVOR JONES

Head of Health Department and
Chief Executive, NHSScotland

March 2004

APPENDIX 5

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