

# delivery through leadership

NHSScotland Leadership Development Framework

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\* See also **Leadership Development Plan 2005-07** ([www.workinginhealth.com/leadership](http://www.workinginhealth.com/leadership))

# foreword

# delivery through leadership

Delivery of improved health and healthcare services for the people of Scotland can only be achieved through effective leadership.

Leadership is not a peripheral issue; it is central to improving performance, redesigning services and securing better delivery. This is a challenging agenda. 'Delivery Through Leadership' focuses our investment in developing today's and tomorrow's leaders, teams, organisations and networks to meet these requirements, and is complemented by a practical action plan to make this intent a reality.

I regard leadership development as an important priority for NHSScotland, and I expect Chief Executives to own and drive this priority locally.

I look forward to us making real progress for the benefit of those we serve.

**Kevin Woods**

*Chief Executive,*

*NHSScotland and Head of Scottish Executive Health Department*

# 1 introduction

**Improving the health of Scotland and reforming how healthcare is delivered depends on effective leadership at all levels of NHSScotland.**

**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 and Plan\* propose how that can be done. It is focused and flexible. It aims to:**

- describe the change context which informs the leadership development agenda
- describe the qualities required of NHS Scotland leaders
- identify national priorities for action in leadership development
- 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:**

- 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.

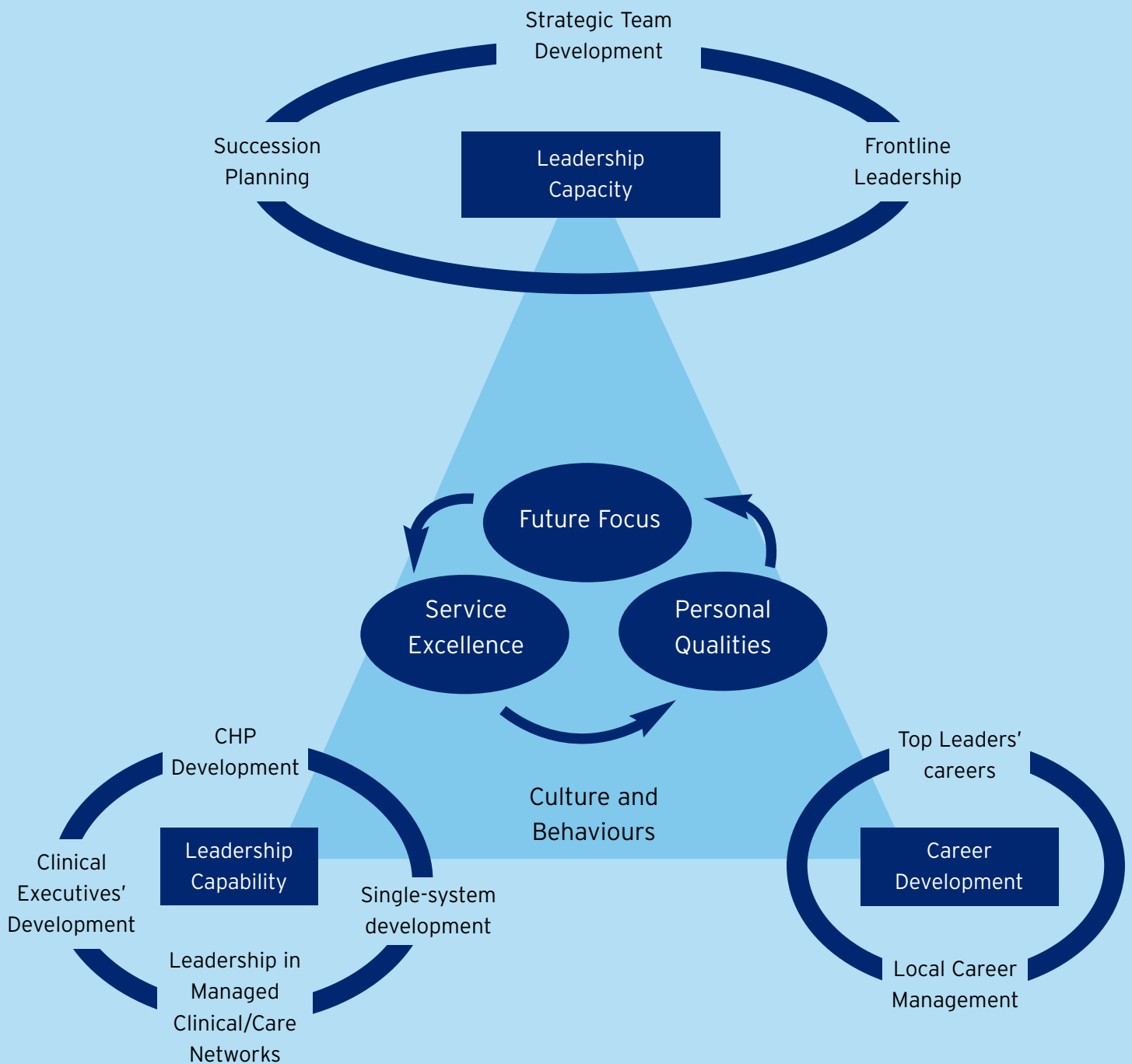
- The goals of improving health and reforming healthcare delivery cannot be achieved by the health service alone. Wider public sector engagement is critical and this needs to be supported by joint approaches to leadership development.
- New approaches are needed to provide opportunities for career development and give flexible support to systems where necessary.

Fine words and intentions deliver nothing unless leaders catch the spirit of this Framework, apply it both locally and personally and use it to deliver improvements in health and health services. 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.

A schematic summary of the Framework is provided on the next page, and explained in detail in Sections 4 and 5.

\* The Leadership Development Plan 2005-07 is available on [www.workinginhealth.com/leadership](http://www.workinginhealth.com/leadership)

# 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 sections 4 and 5.]

# 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 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. This 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.

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## 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. Furthermore, other leaders - who are not formal managers - will be more effective leaders if they understand the managerial context and can utilise key transactional/management skills. This is recognised in this Framework which, while focusing on leadership development, embraces management development. The approach is therefore 'both-and' rather than 'either-or' on the basis that the ability to lead goes hand in glove with the ability to deliver. (See diagram in **Appendix 1**.) The wider agenda of staff development is being taken forward through the Lifelong Learning Strategy *Learning Together*.

## Frontline 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 frontline leaders to deliver improvements. 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 staff (including senior clinicians), with an expectation that local Boards will follow through in considering how best to continue to invest in local leadership and management development for their staff.

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## Individuals and Teams

Leadership and management development relates to individual needs. A focus on developing individuals' strengths within a team context, however, rather than focusing solely on developing individual's weaknesses, has much to offer (see diagram in **Appendix 1**). As indicated above, development should therefore also be taken forward through team-based development opportunities which can provide a powerful approach to tackling real work issues, securing and applying change. Both team and individual approaches need to be used.

## 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 requires a distributed approach to leadership development. Positional leaders such as general managers often have clinical backgrounds but come from a 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.

This Framework gives scope for local organisations to determine how these different leadership concepts are applied, and secure effective relationships, accountabilities and responsibilities across different types of leaders and 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.

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 and management development. The wider the understanding of all aspects of leadership and management, and the more professional and organisational barriers that are overcome by developing leaders across them the better. This Framework therefore provides a universally applicable description of NHSScotland leadership qualities. It also helps with difficult judgements about the critical areas for investment nationally.

# 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 sustainable service strategies to improve health and healthcare delivery.
- Delivering excellence in service quality consistently through staff, with a stronger patient focus and greater public involvement.
- 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 to focus on health as well as healthcare.
- Working more effectively in partnership across the wider public sector/other agencies.
- 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.

This is far from an exhaustive list, but it serves as an indication of the overall change agenda that leaders need to be able to embrace.

This is a demanding agenda. Leaders who are expected to make tough judgements on the best disposition of services and use of resources need to be supported appropriately. Equally, weakness in leadership which results in a loss of trust and respect within systems and across partner organisation is not acceptable.

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.

# 4 leadership qualities & behaviours

How leaders act and behave can help make or break delivery of the change agenda in health. The set of leadership qualities summarised on the next page and detailed in **Appendix 2** has been drawn from a wide range of NHS, public sector, private sector and contemporary academic thinking and models (see 'References' in **Appendix 6**).

## 4.1 Leadership Qualities

The leadership qualities outlined will evolve, but they are deliberately succinct. Increasing the complexity of a model decreases its application. This Framework therefore provides a basis for further local development to support:

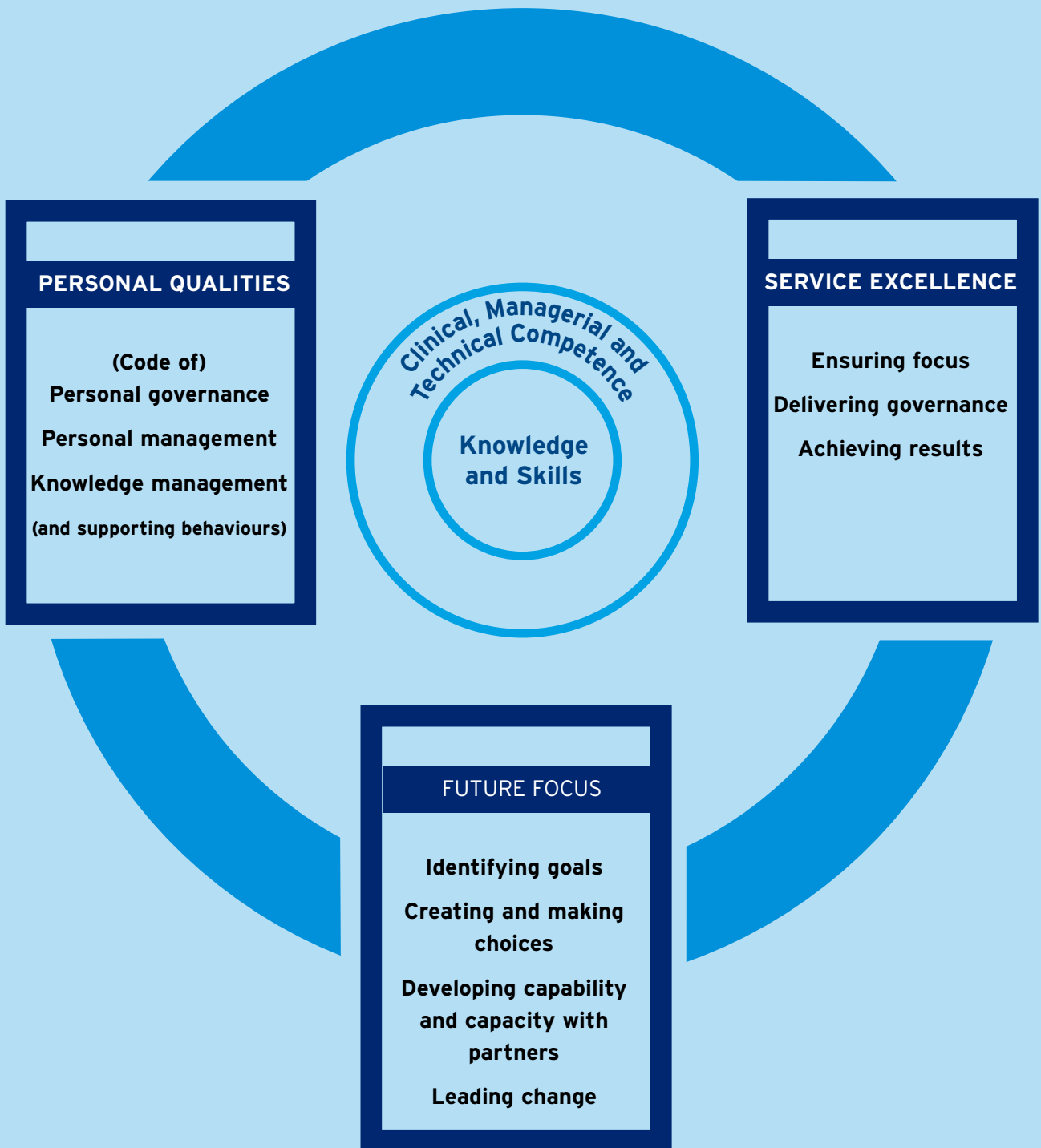
- Person specifications to recruit leaders
- Assessment frameworks for leadership appointments
- Personal and team development planning and review
- Individual/team performance planning and review
- Design of leadership development initiatives
- A potential contractual commitment to personal governance.

Our understanding of leadership needs to be progressive, which is why more contemporary thinking is reflected in this Framework. **Today, leadership is about delivery through complex systems and by engaging partners in the pursuit of major, transformational change.**

'Delivery Through Leadership' 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.

**A summary of the leadership qualities is provided in the diagram over, and the details are in Appendix 2.**

# NHSScotland leadership qualities summary



## 4.2 Code of Personal Governance

The Code of Personal Governance indicated in 'Personal Qualities' in the diagram, and detailed in **Appendix 3**, 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.

## 4.3 Supporting Leadership Behaviours

Inherent within the leadership qualities is the need for consistent use of positive behaviours by leaders. **Appendix 4** provides a revised model of the Critical Leadership Behaviours. It provides a straightforward approach to clarify the behaviours that need to be in place.

This behavioural summary recognises that performance is not simply about getting things done regardless of 'how', but is concerned at balancing 'what' gets done with 'how' it gets done. It should be used as part of the performance review process - and a **360° Diagnostic Tool** has been developed for initial implementation at a national level with top leaders. This will be part of a revised, more corporate approach to performance management, being taken forward through the Executive Managers' Review.

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# 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 development. There are three broad strands for action:**

- Building up overall **leadership capacity** and growing new and emerging leaders.
- Developing **leadership capability** to meet critical aspects of the NHSScotland change agenda and deliver real results.
- Supporting career development for leaders.

These strands are explored below and are summarised in the supporting **Leadership Development Plan 2005-2007** ([www.workinginhealth.com/leadership](http://www.workinginhealth.com/leadership)), which is the practical plan to complement this Framework.

## 5.1 Leadership Capacity

The initial priorities at NHSScotland level will be:

### ▪ **Strategic Team Development**

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

(i) **'Developing Corporate NHSScotland':**

The development of coherent policy and its successful implementation is dependent, in part, on the effectiveness of the interface between the SEHD and NHSScotland. This is being addressed through the regular meetings of the NHSScotland Chief Executive and NHSScotland Leaders.

- (ii) **Team Development for whole systems** is critical. There will always be new challenges, changes in team membership, and the need for new solutions and fresh approaches. A corporate but flexible approach will be developed to support NHS Boards take forward development in the context of their local health and care systems. This will be designed to complement individual coaching of top leaders (see (iv) and (v) below).

- (iii) In partnership with the Scottish NHS Confederation in Scotland, a **Top Team Development Programme** for Chairs/Non-Executives/Executive Directors, is being rolled out. This includes:

- Generic skills development for Non-Executives (Nexus programme)
- Transformational leadership: a series of Masterclasses and Good Practice exchange sessions for top teams.

- (iv) A **coaching pilot for a cohort of NHS Board Chairs** has been undertaken with very positive outcomes. Consideration is being given to extending this, and to the links to wider Board development/coaching.

- (v) 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.

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Periodically, corporate briefings for executive coaches will be provided, which will also give 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.

(vi) We enjoy very positive relationships with the NHS England Leadership Centre (to be incorporated within the new NHS Institute for Learning, Skills & Innovation from July 2005), the National Leadership & Innovation Agency for Healthcare in NHS Wales 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.

## ■ **Frontline Leadership**

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 to support managerial knowledge and skills for people leading clinical teams, community teams, functional teams and project teams. Leaders with managerial positions are encouraged to emerge through clinical routes, for example, and often have to 'pick up' leadership development, managerial knowledge and skills on a do-it-yourself basis. It is simply not good enough to expect experienced clinicians to be effective 'positional' leaders without providing access to comprehensive leadership development and managerial knowledge and skills development.

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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.

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Nationally, some sponsored opportunities have been made available through product-led approaches to develop this broad spectrum of leaders. Some systems have developed local solutions, although there is significant variability with these, e.g. transformational/transactional focus; focus on specific professions/clinical staff/all staff; academically accredited or not; involving partners or not; making use of IT or not; etc. Consideration has been given to how best to support future endeavour through consultation on this Framework. Whilst specific professional groups may initiate development on specific professional/technical skills, there is agreement that generic leadership development for all staff - clinical and non-clinical - should be provided on a multidisciplinary basis.

The intention is to set our sights high, and make available a first-rate package for frontline leadership development to develop current and future leadership capacity. Discussions are underway with a view to sponsoring NHS Education to commission a needs-led development package that is bespoke for NHSScotland with its partners, and reflects current policy and best practice.

The intention would be to provide a generic development package which aims to:

- Cover the breadth of leadership development and the supporting context understanding, managerial knowledge and skills, in a flexible way.
- Support local delivery to multidisciplinary (clinical and non-clinical), cross-system, cross-agency teams.
- Provide learning to reflect different styles and the needs of remote and rural locations.
- Give academic accreditation to individuals on successful completion.
- Support local application of learning.
- Share risk with developers.

More detailed discussions will need to be held with the service to determine needs and scope this more specifically, before a commitment is made to proceed. Thereafter, procurement and development timescales will mean this approach will be available in the medium term.

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## ■ Succession planning

There have been many pleas to invest in succession planning to secure the future strategic leaders of the service.

Following consultation on the draft Framework there are two principle areas of investment at a **national level** in the first instance. These are:

- (i) The **NHSScotland Management Training Scheme** for graduates with little or no management experience but with the potential to be future top leaders in NHSScotland. The following parameters have been agreed:
  - 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 and funded by the host health system, subject to performance.

A Steering Group has been established to support the implementation of this approach.

- (ii) A **Future Strategic Clinical Leaders programme** will be established to develop future national/top clinical leaders. Consideration will be given to providing an integrated, flexible programme to include other leaders aspiring to top management positions.

Other approaches to succession planning will be considered and developed as appropriate. 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 succession planning and help shape national approaches. This will need to be reflected in NHS Board Development Plans (see section 5.4).

## 5.2 Leadership Capability

To complement the above broad approaches to investing in leadership 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 are:

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

At the national level and under the auspices of the CHP Development Group, a CHP Development programme for future, potential CHP leaders was rolled out in 2004. This provided organisational development support for leaders as they considered the opportunities that CHPs present and as they prepared Schemes of Establishment for Ministerial approval. The evaluation both from participants and stakeholders, together with NHS Board CHP Development Plans, will inform any future development support made available through a national approach by the CHP Development Group.

At a local level, considerable development support will be required to assist the new CHP organisations as they establish themselves. CHP Development Plans included in the Schemes of Establishment, will need to be taken forward as part of the overall NHS Board Development Plan (see section 5.4).

- **Clinical Executives' Development**

A Clinical Executives' programme is being taken forward by the Scottish Leadership Foundation. Through action inquiry, key change themes such as 'Improving Service Delivery' and 'Improving the Patient's Experience' are being explored, supported by wider learning opportunities. This approach is proving to be of benefit at an individual level and will assist with organisational change 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, and the outputs will be linked to the succession planning activity with future strategic clinical leaders (section 5.1).

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

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

### 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.

Any such approach needs to be determined carefully, 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. The Executive Managers' Review Working Group has given consideration to this and is subject to a separate consultation. Beyond the consultation process, implementation will require skilful design and steering (see section 7).

### 5.4 NHS Board Planning and Delivery

Many NHS Boards have developed Leadership and Management Development Strategies. Boards will need to review these strategies to reflect the national approach in this 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 required to establish Development Plans which demonstrate how leadership capacity and capability will be improved.

**These Development Plans will:**

- Summarise the key goals and needs in their systems which can be supported through development interventions and investments.
- Establish the priority areas for investment in development within their systems, and with their local partners, over a 3-year timescale, and demonstrate how these will support delivery of health goals and local health/community plans.

- Develop plans (Year 1 firm; Year 2 indicative) to take forward the above priorities, and indicate key risks.
- Indicate the specific investment being made locally to support the Development Plan.
- Assess expected/actual impact of the Development Plan by determining measures of effectiveness.
- Reflect the development priorities and plans in Local Health Plans, and report on progress through the Accountability Review process.

NHS Boards should 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.

# 6 roles and partnerships for delivery of the framework

There is a need to establish greater clarity in relation to roles and partnerships between the various organisations and bodies involved in formulating leadership policy, commissioning delivery and providing development and research support. The diagram opposite provides an overview of the current organisations involved, links and roles.

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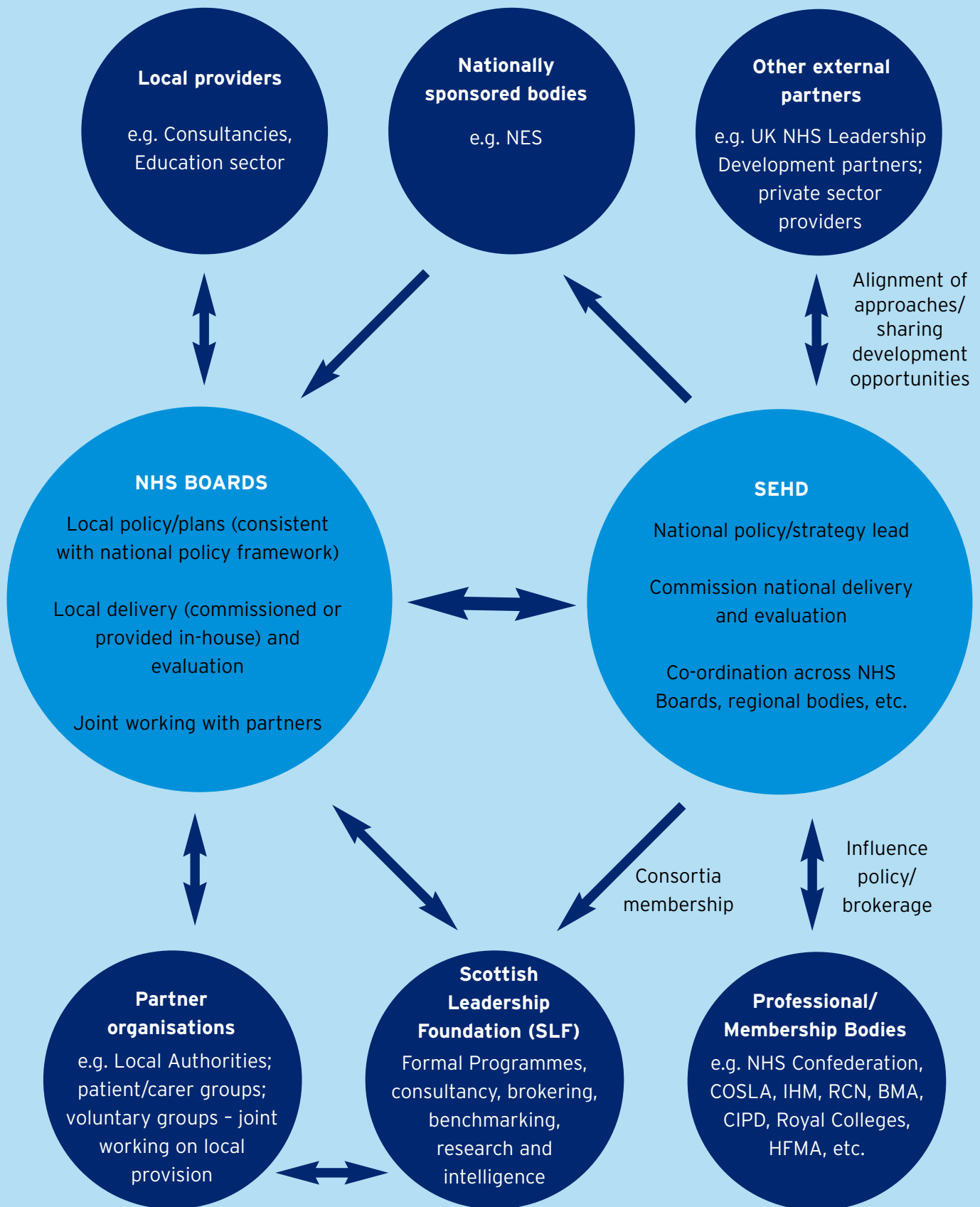
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It is clear that there are multiple organisations and roles. This Framework will enable clarity between SEHD and NHS Boards in leadership development by providing the basis of national policy and strategy. The next section of this Framework will suggest 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 continue 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.

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# roles and partnerships for delivery of the framework



# 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 meetings will provide a forum for periodic updates.

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In order to allow detailed attention to steering and review at a national level which integrates leadership and career development, top management deployment and performance management, a mechanism needs to be put in place. This group will also need to make the case for additional investment in any additional/alternative priorities which emerge.

In addition, Development Leads have been identified in each Board to take forward leadership development (reporting to CE level). These leads come together on a bi-monthly basis, to exchange good practice, take forward more detailed planning on behalf of CEs/national steering mechanism, co-ordinate implementation and share intelligence. Details of the Development Leads are provided in **Appendix 5**.

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 be used for each element of this Framework as it is implemented. Consideration will have to be given, however, for the more holistic evaluation of implementing this Framework to inform further iterations of the Framework and investment policy.

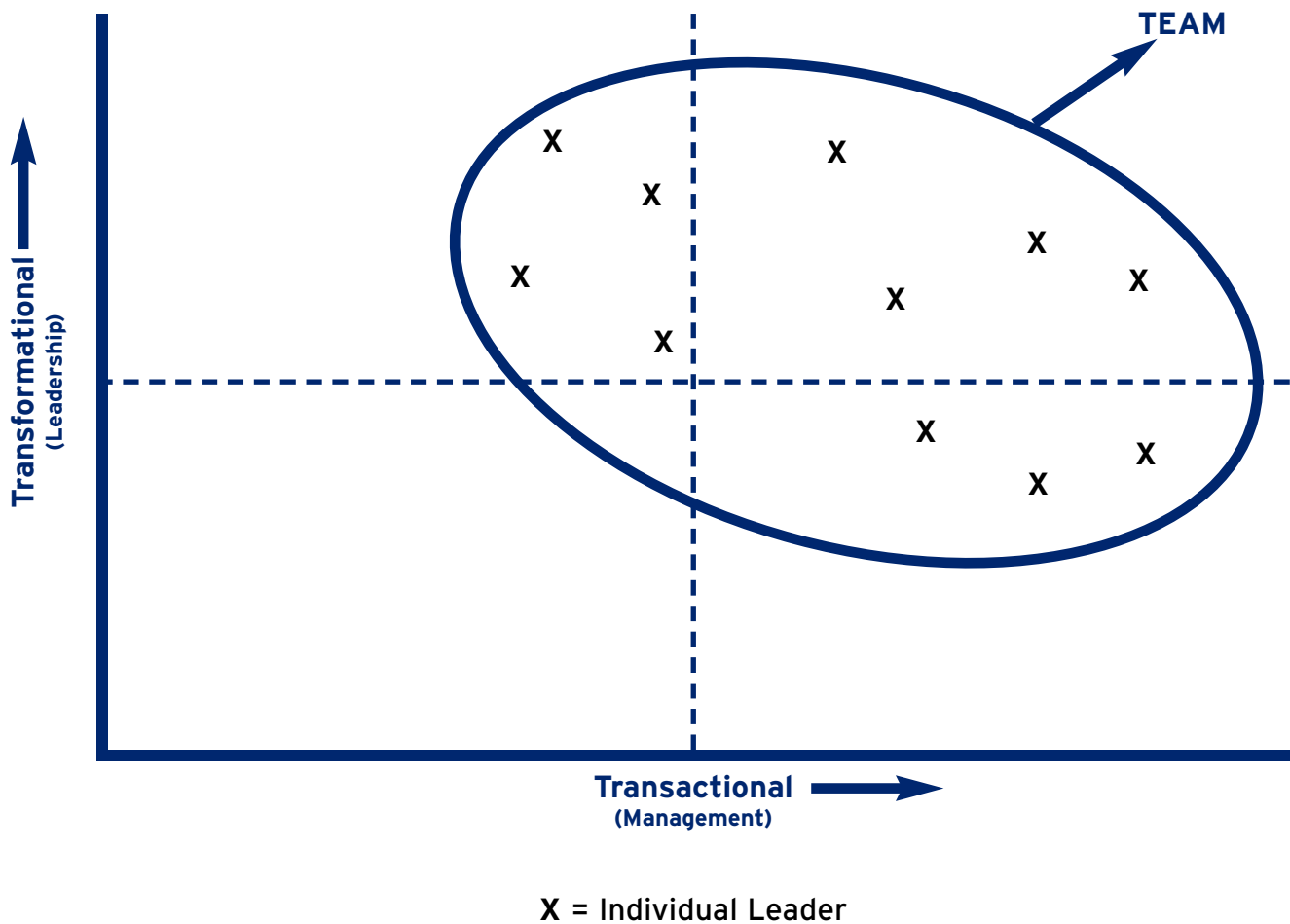
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# appendix 1

## leadership, management and teamwork

The 'ideal' leader is able to combine leading transformational change with transactional management - both are needed to deliver services in an era of change. An individual's strengths may be greater as a leader or as a manager, however, but through teamwork, a group of individuals can provide the blend of ability to drive transformational change and deliver it.

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# appendix 2

## leadership qualities: descriptors (In no order of importance)

QUALITIES	DESCRIPTORS	REFERENCE TO SUPPORTING BEHAVIOURS	REFERENCE TO SUPPORTING KSF CORE+
<p><b>Personal Qualities</b></p> <p>Personal Governance: (See detail in <b>Appendix 3</b>)</p> <p>Personal Management:</p> <p>Knowledge Management:</p>	<ul style="list-style-type: none"> <li>▪ commitment to service excellence</li> <li>▪ integrity and probity</li> <li>▪ account for performance</li> <li>▪ engage with others in decision-making</li> <li>▪ develop team and self</li> <li>▪ self-awareness</li> <li>▪ emotional competence &amp; consistency</li> <li>▪ articulate and live by values ('being-the-talk')</li> <li>▪ asking the hard questions proactively</li> <li>▪ listening empathetically to understand</li> <li>▪ maintaining a contemporary knowledge of best practice</li> </ul>	<p>See detail in <b>Appendix 4</b></p> <p>See detail in <b>Appendix 4</b></p> <p>See detail in <b>Appendix 4</b></p>	<p>} K3</p>
<p><b>Service Excellence</b></p> <p>Ensuring Focus:</p> <p>Delivering Governance: (clinical, staff, financial/corporate)</p> <p>Achieving Results:</p>	<ul style="list-style-type: none"> <li>▪ directing attention to the key issues</li> <li>▪ regulating the temperature (managing pace and stress)</li> <li>▪ looking after the needs of patients, staff and the public</li> <li>▪ balancing risks</li> <li>▪ creating a climate of performance delivery and accountability</li> <li>▪ resolving complex problems through a win: win approach</li> </ul>		<p>} G5 HWB</p> <p>} G4/G6 HWB</p> <p>} G5</p>
<p><b>Future Focus</b></p> <p>Identifying goals:</p> <p>Creating and making choices:</p> <p>Developing capability and capacity with partners:</p> <p>Leading Change:</p>	<ul style="list-style-type: none"> <li>▪ creating purpose with a focus on outcomes</li> <li>▪ shaping and articulating the future with passion</li> <li>▪ thinking flexibly and innovatively</li> <li>▪ making choices in uncertainty and ambiguity</li> <li>▪ taking risks with political astuteness</li> <li>▪ building relationships and partnerships which recognise interdependency and which share learning</li> <li>▪ instilling a staff, team and organisational development culture</li> <li>▪ aligning people, structures, systems and processes to secure goals</li> <li>▪ seizing technological solutions to improve healthcare</li> <li>▪ inspiring others and unleashing energy to change</li> </ul>		<p>} G8</p> <p>} G2/G8</p> <p>} G1/G7</p> <p>} G2</p>

# appendix 3

## Leaders'/Managers' Code Of Personal Governance

### As an 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 leader/manager, to ensure my fitness for purpose.

# appendix 4

## leadership behaviours: some examples

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

## leadership behaviours: some examples

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

# appendix 5

## SEHD/NHS Board Development Leads: Contact Details

Board	Name/title	Address
SEHD	Asleigh Dunn, Head of Leadership Development	HR Directorate, SEHD, St Andrew's House, Regent Road Edinburgh EH1 3DG 0131 244 2814
	Hazel Mackenzie, Programme Manager (Strategic Clinical Leadership)	0131 244 2319
	Jill Sandford, Programme Manager (Management Training Scheme)	0131 244 3451
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NHS Ayrshire & Arran	Chris Lisle, Director of Organisation and Human Resources Development	Boswell House 10 Arthur Street, Ayr KA7 1QJ 01292 885 840
NHS Borders	Sandy Burnham, OD Co-ordinator	Newstead Melrose Roxburghshire TD6 9DB 01896 828282
NHS Dumfries & Galloway	Sharon Millar, Head of OD	Mid North Crichton Hall, The Crichton, Dumfries DG1 4TG 01387 244 039
NHS Fife	David Christie, OD Director	Cameron House Cameron Bridge Leven, Fife KY8 5RG 01592 712 812 Ext 330
NHS Forth Valley	Vicki Masters, Organisational Development Manager	Primary Care Operating Division Old Denny Road Larbert FK5 4SD 01324 404 240
NHS Grampian	Anne Inglis, Head of Learning & Development	Summerfield House 2 Eday Road Aberdeen, AB15 6RE 01224 558 532
NHS Greater Glasgow (Single lead TBC)	Juli McQueen, Head of OD and Training, Glasgow Primary Care Trust	Gartnavel Royal Hospital 1055 Great Western Rd Glasgow G12 0XH 0141 211 3852
	Ann Crumley, Head of Training & Development	North Glasgow University Hospitals Division 0131 201 4200
NHS Highland	Lynn Marsland, Head of Learning & OD	John Dewar Building Highlander Way Inverness IV2 7GE 01463 706877
NHS Lanarkshire	Kenneth Small, OD Director	Airbles Road Centre Airbles Road Motherwell ML1 2JT 01698 245 003

## SEHD/NHS Board Development Leads: Contact Details

Board	Name/title	Address
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NHS Shetland	Lorraine Hall, Head of HR	Brevik House Outh Road, Lerwick Shetland ZE 1 0TG 01595 743024
NHS Tayside	Carrie Ferrier, Head of OD and Modernisation	Acute Services Division Level 10, Ninewells Hospital Dundee, DD1 9SY 01382 660111 Ext 33750
NHS Western Isles	Kay Young, OD Director	37 South Beach Street Stornoway Isle of Lewis H51 2BB 01851 702997
National Services Scotland	Chris Murphy, Interim HR Director	Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB 0131 275 6000
NHS 24	Linda Lynch, Head of Learning & Development	5th Floor, Golden Jubilee National Hospital Beardmore Street Clydebank G81 4HX 0141 435 7365
NHS Education	Marian Wrigley, Director of Human Resources	NHS Education for Scotland 2nd Floor, Hanover Buildings 66 Rose Street, Edinburgh EH2 2NN 0131 220 8610
NHS Health Scotland	Gavin Speers, OD Manager	Woodburn House Canaan Lane Edinburgh EH10 4SG 0131 536 5510
NHS QIS	Kathlyn McKellar, Head of HR	Elliott House 8-10 Hillside Crescent Edinburgh EH7 5EA 0131 623 4591
Scottish Ambulance Service	Shirley Rogers, HR Director	National Headquarters Tipperlinn Road Edinburgh EH10 5UU 0131 446 7010
State Hospitals	Ian Jones, Learning and Development Director	The State Hospitals Board Headquarters Carstairs, Lanark ML11 8RP 01555 840 293 ext. 551
Golden Jubilee National Hospital	Roisin Houston, Training & Development Manager	The Golden Jubilee National Hospital Beardmore Street, Clydebank, Glasgow G81 4HX 0141 951 500 ext 5243

# appendix 6

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