NHS SCOTLAND

DELIVERING QUALITY THROUGH LEADERSHIP

NHSScotland Leadership Development Strategy

June 2009

healthier scotland
SCOTTISH GOVERNMENT

DELIVERING QUALITY THROUGH LEADERSHIP

NHSScotland Leadership Development Strategy

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Contents

FOREWORD 01

1.0 INTRODUCTION 02

1.1 Background

1.2 The review

1.3 The strategy

1.4 Guiding principles of the strategy

2.0 CHANGING CONTEXT 08

2.1 Quality of care

2.2 Mutuality and public engagement

2.3 Workforce and succession planning

2.4 Achieving public value

2.5 Resource management

2.6 Cross-working and complexity

2.7 Partnership working and influencing

2.8 Diversity and equality

3.0 LEADERSHIP QUALITIES AND BEHAVIOURS 12

3.1 Leadership qualities

3.2 Code of personal governance

3.3 Using the leadership qualities and behaviours

4.0 PRIORITIES FOR ACTION 16

4.1 Work with partners to drive cultural change

4.2 Build leadership and organisational development capacity and capability

4.3 Develop current leaders and teams

4.4 Nurture the supply of future leaders

4.5 Evaluate the impact of leadership development

5.0 GOVERNANCE AND ACCOUNTABILITY 26

APPENDICES

Appendix 1. Participants in the 2008-2009 Review of 'Delivery through Leadership: NHSScotland Leadership Development Framework and Plan' (2005) 29

Appendix 2. Leadership Qualities and Behaviours – detailed descriptors 30

Appendix 3. Code of Personal Governance for Managers 39

Appendix 4. Implementation Plan (2009-2012) 40

Appendix 5. Governance arrangements for the National Leadership Board 47

5.1 The Leadership Board 47

5.2 The National Leadership Unit and Team 48

FOREWORD

In 2005 I wrote "*leadership is not a peripheral issue but is central to ensuring that we build capability and capacity within our systems and across the public services to drive the change agenda and realise the ambitious goals that have been set for our nation*".[1]

We have come a long way since 2005 in establishing a coherent approach to leadership development in NHSScotland. We have established leadership as central to the delivery of effective healthcare and created a range of development opportunities that align with and support local initiatives. Now we want to move that agenda forward to ensure that by improving leadership capacity we drive up the quality of care and services provided by NHSScotland.

Over the past six months we have worked with our stakeholders to establish what is needed to drive this agenda forward. *Delivering Quality through Leadership*, the leadership development strategy for NHSScotland, builds on these discussions. It recognises that much has been achieved through taking a national approach to leadership development and identifies further opportunity to ensure that leadership development underpins the delivery agenda.

I regard leadership development as an important priority for NHSScotland, and I expect Chief Executives to own and drive this locally. To support this we will establish a National Leadership Board with oversight of the delivery of this strategy by a National Leadership Unit.

I look forward to continuing to make real progress for the benefit of those we serve.

Kevin Woods

Director General Health and Chief Executive for NHSScotland

1 Scottish Executive (2005), *Delivery through Leadership: NHSScotland Leadership Development Framework*. Edinburgh, Scottish Executive

1.0

INTRODUCTION

1.0 INTRODUCTION

The Scottish Government has set out its single overarching purpose: to focus government and public services on creating a more successful country, with opportunities for all Scotland's population to flourish through increasing sustainable economic growth.

It will do that through five strategic objectives that will create a Scotland that is:

- Wealthier and fairer
- Smarter
- Healthier
- Safer and stronger; and,
- Greener

NHSScotland, as a major knowledge and skills based employer and provider of significant Scotland-wide services, has a significant contribution to make to achieving these five objectives and, through those, delivering the Scottish Government's overarching purpose.

The *Better Health, Better Care: Action Plan*[2] sets out the Scottish Government's approach to creating a Healthier Scotland. The three main goals of this action plan are:

- Health improvement
- Tackling health inequalities; and,
- Improving the quality of healthcare

A Force for Improvement: The Workforce Response to Better Health, Better Care[3] recognises that the workforce has an important role to play in ensuring the delivery of these ambitious goals. Furthermore, it identifies leadership as one of the cross-cutting issues which can "*make or break the delivery of this change programme*".

1.1 Background

Delivery through Leadership: NHSScotland Leadership Development Framework and Plan[4] was published in 2005. A great deal has been achieved:

- Working in partnership through the NHS Organisational Development (OD) leads network, we have a coherent approach in place to support leadership development in NHSScotland
- The leadership qualities and behaviours that we expect from our leaders have been set out and integrated into our recruitment, selection and performance management processes
- A national 360 degree feedback tool has been developed from the leadership qualities and behaviours and is available across the NHS Boards
- We have built capacity for succession planning in the priority areas of future strategic clinical leaders and by re-establishing the Management Training Scheme
- A range of initiatives are in place to support leaders at different levels of the NHS including Board Level, Chief Executives, Executive cohort, Senior Managers and frontline staff
- We have worked with stakeholders and partners across the public services to promote a collaborative approach to leadership development

2 Scottish Government (2007), *Better Health, Better Care: Action Plan*. Edinburgh, Scottish Government

3 Scottish Government (2009), *A Force for Improvement: The Workforce Response to Better Health, Better Care*. Edinburgh, Scottish Government

4 Scottish Executive (2005), *Delivery through Leadership: NHSScotland Leadership Development Framework*. Edinburgh, Scottish Executive

1.2 The review

In *Better Health, Better Care* the Government reflected that though the Leadership Framework and Plan "*had served NHSScotland well over the past two years*" it was time to review the plan "*to clarify the leadership qualities and behaviours*" required to deliver Government's new priorities.

That review was conducted between October 2008 and February 2009 and involved over forty face-to-face or telephone discussions with key stakeholders across the NHS, the Scottish Government and partner organisations (see Appendix 1 for a list of those consulted).

The aim of the review was as follows:

- To ensure that the design and delivery of leadership development is aligned with the new strategic direction of NHSScotland and its service priorities; and,
- To inform any *incremental changes* to the Leadership Development Framework and Plan.

In partnership with stakeholders, the Leadership Development Team sought to clarify the focus, function and form of leadership development appropriate for NHSScotland. Three lines of inquiry were established:

- Reaching clarity about the **focus** of leadership development requires an understanding of the key drivers for change and how these impact on leaders and the development of leadership within NHSScotland.
- Clarifying the **function** of leadership development entails understanding what needs to be developed and how the impact can be assessed and measured.
- Clarifying the **form** of leadership development means assessing the effectiveness of the model of delivery, i.e. the leadership team, its partner arrangements, and the governance and accountability arrangements.

1.3 The strategy

Delivering Quality through Leadership, the strategy for leadership development in NHSScotland is the product from the review. It sets out the direction of travel for leadership development in NHSScotland over the next three years, informed by views gathered during the review and building on what has already been achieved. It clarifies the changing context within which leaders operate (Section 2.0) and sets out the leadership qualities and behaviours that are required of leaders at every level in NHSScotland (Section 3.0 and in Appendices 2 and 3). To ensure a balance between the strategic and operational, this strategy includes ways in which the leadership qualities and behaviours can be used nationally and locally to support culture change and the delivery of high quality, safe and effective care.

A number of priorities for action are identified (Section 4.0). These are aligned with meeting service delivery goals and builds on the progress which has been made. These priorities for action are concentrated around work that: requires to be addressed nationally; and/or, is across public services; and, is of high impact. A detailed Implementation Plan (Appendix 4) sets out both national and local actions to ensure alignment.

The governance and accountability arrangements for the Leadership Board and National Leadership Unit are outlined in Section 5.0 (and Appendix 5).

1.4 Guiding principles of the strategy

Delivering Quality through Leadership is underpinned by the following guiding principles:

- Effective leadership at all levels is essential to delivering the goals of NHSScotland and ensuring high quality, safe and effective care. It is recognised that leadership development is a life-long activity and not confined to specific levels or groups of the workforce.
- Leadership development needs to span clinical leadership, general management, functional management and professional leadership roles. There should be sufficient scope (alongside the national strategy) for local systems to take forward the leadership development agenda and for professional groups to enhance specific skills.
- Diversity is critical to achieving service priorities. As a mainstream issue, equality and diversity should inform all aspects of leadership development.
- There are core leadership qualities and behaviours required of our leaders and these have been updated and set out in the strategy. The strategy recognises the distinct but complementary roles of management *and* leadership. Management (transaction) is about coping with complexity. Without good management organisations become chaotic in a way that threatens their existence. Leadership (transformation) is about proactively enabling change through people. The strategy relates to both management and leadership development, reflecting that during times of complexity and change both are needed.[5]
- NHSScotland should work collaboratively locally and nationally, across public services and with partners, to develop leadership capability and capacity. This will be critical in the future in terms of managing resources and avoiding duplication of effort.
- The strategy recognises the extensive local activity that takes place across NHSScotland. It does not intend to replace this but rather to provide a coherent national approach to leadership development which will guide Boards and complement local activity. The priorities for action at a national level focus on issues that could not be provided locally and which make sense in terms of added value and effective use of resources, i.e. Board Development, Chief Executive Development, and succession planning for strategic posts.
- The strategy reflects the key themes that emerged during stakeholder consultation. The approaches adopted reflect best practice in leadership development drawn from the academic literature, collaboration with other experts in leadership development across the public, and private sectors and robust evaluation of development initiatives.
- Review and evaluation of impact are included as an integral part of the action plan.

At the heart of *Delivering Quality through Leadership*, is a model for leadership development in NHSScotland. This is set out in Figure 1.

5 Kotter, J (2000), *Change and Leadership*. Linkage Press.

Figure 1:
Model for Leadership Development across NHSScotland

The broad change context within which leaders in NHSScotland operate sets the scene for leadership development.

As outlined in section 2.0

The challenges of the leadership role (at all levels) comprise:

Service objectives, i.e. what leaders are required to do – *as set out in local Performance Management (PM) processes.*

Role-specific knowledge and skills, i.e. what leaders need to know to do their role – *as set out in the Knowledge & Skills Framework (KSF) or Personal Development Plans for senior managers.*

The leadership qualities and behaviours that are required to deliver the challenges facing leaders in NHSScotland, with personal qualities at the heart.

As outlined in section 3.0

The model for leadership development recognises that leadership development does not take place in isolation but is critically linked to other processes both locally and nationally.

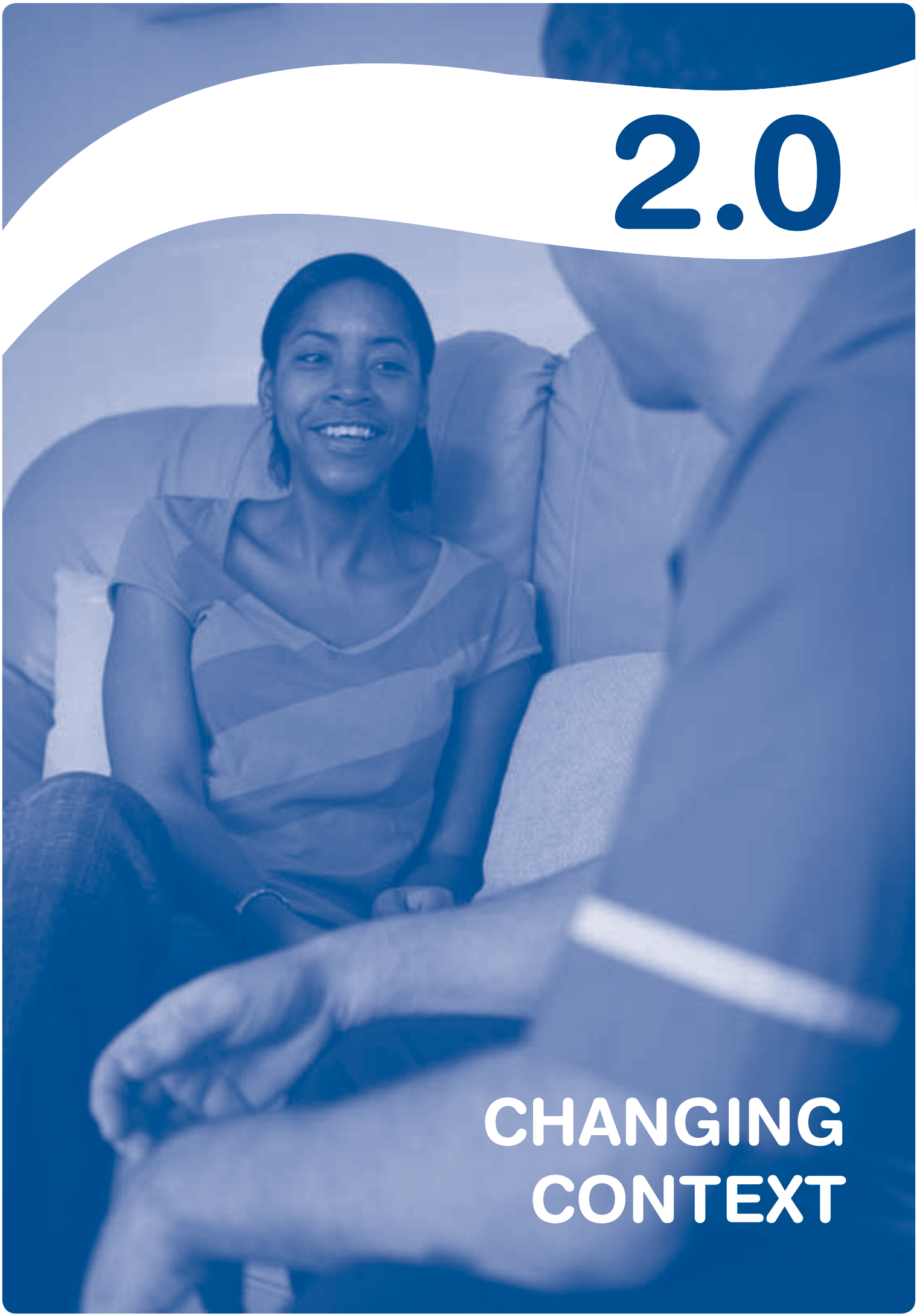
The model also provides scope for development approaches that concentrate on *leadership development*, i.e. enhancing collective leadership capability and *leader development*, i.e. enhancing the development of individual leaders.

The model sets out the **strategic context** in which leaders across NHSScotland operate. The detail is outlined in section 2.0. This sets the scene for leadership development.

The **leadership role** is defined and linked to local processes including performance management, personal development planning and application of the Knowledge and Skills Framework.

The required **leadership qualities and behaviours** required of our leaders are outlined in section 3.0.

2.0



CHANGING CONTEXT

2.0 CHANGING CONTEXT

Before the required leadership qualities and behaviours can be considered, the broad context of change needs to be understood. During the review, stakeholders were asked about the key drivers for change that impact upon leaders and how these translate into areas for development. Some themes endure from the previous framework as follows:

- Developing and implementing sustainable service strategies to improve health and healthcare delivery.
- Moving from a focus on institutions to a focus on networks and the continuum of patient care and to a focus on *health* as well as healthcare.
- Creating a 'can do' culture for service transformation.

In the context of *Better Health, Better Care*, emphasis is also placed on the issues which are described below.

2.1 Quality of care

Delivering excellence in service quality and patient care is an enduring priority of the NHS and the key focus of any leadership development activity, i.e. leadership development is not an end in itself but rather a *means* to an end. While this has always been a priority, stakeholders have highlighted the increasing emphasis on ensuring high quality, safe and effective care. For example, the incidence of hospital acquired infections (HAI) provides the impetus for individuals at all levels to understand the part they have to play and to step up to their leadership role.

2.2 Mutuality and public engagement

With increasing public demand, scrutiny and awareness there comes a need for a heightened focus on patients and the public as 'customers' and 'owners' of the NHS, i.e. the mutuality agenda. This requires leaders to adopt different ways of thinking about shaping patient pathways, to engage with the public in an authentic and credible way and to engage in 'social marketing', i.e. marketing services so that they are truly valued by the public.

2.3 Workforce and succession planning

A Force for Improvement identifies five over-arching workforce challenges for the 21st century: tackling health inequalities; shifting the balance of care; ensuring a quality workforce; delivering best value across the workforce; and, moving towards an integrated workforce. In the context of demographic pressure and legislative and regulatory frameworks for staff, leadership development is seen as essential in tackling these workforce challenges, in particular aligning service needs with the shape of the current and future workforce.

We need to identify people with potential and nurture the leaders of the future. In doing so, we need to be even more open to equality and diversity. To enable this, more clarity is required about the challenge of leadership roles and what is required of leaders at all levels.

2.4 Achieving public value

Leaders across NHSScotland need a sharper business focus while remaining aligned with public sector values. Within the context of tightening public resources, they need to be able to think differently and to have highly developed business and financial acumen. The global economic recession simply sharpens this focus and increases the pressure on resources. However, achieving public value is an enduring driver for change which requires leaders to focus on outcomes and be prepared to foster new ways of working. In relation to leadership development, this means being smarter about how we evaluate the impact on the 'bottom line' and added value. It also means being open to learning from other national and international contexts and benchmarking NHSScotland leadership performance.

2.5 Resource management

Achieving a sharper business focus requires more highly developed resource management (or 'hard') skills including: financial management; service improvement; critical analysis; strategic thinking; and, planning. How these skills are put into practice is critical in the context of economic recession and pressure on public spending, i.e. thinking about the return on capital employed and thinking differently about business planning.

2.6 Cross-working and complexity

Senior managers in the NHS need the ability to work in complex systems. Public policy drivers, including single outcome agreements, mean that there is an even greater need for working across health organisations (i.e. not in silos) as well as across the public services. In relation to developing leadership, we should be thinking about developing public sector leaders and we should be collaborating more across the public services on leadership development.

2.7 Partnership working and influencing

Working more effectively in partnership across, and with, other organisations requires leaders who can use a range of influencing strategies and who can work in a truly collaborative way.

2.8 Diversity and equality

Just as diversity and equality need to be embedded in service delivery, so they need to be integral to how we scope, commission and deliver leadership development. This links to the need to address health inequalities and to deliver health improvement (as outlined in *A Force for Improvement*).

Links to other processes and resources:

The challenges of the leadership role (at all levels) comprise:

- **Service objectives,** i.e. what leaders are required to do – *as set out in local Performance Management (PM) processes.*
- **Role-specific knowledge and skills**, i.e. what leaders need to know to do their role – *as set out in the Knowledge and Skills Framework (KSF) or Personal Development Plans for senior managers.*

Note: Implementation of the strategy is critically linked to these other local processes including Performance Management, personal development planning, and application of the Knowledge and Skills Framework.

3.0

LEADERSHIP QUALITIES AND BEHAVIOURS

3.0 LEADERSHIP QUALITIES AND BEHAVIOURS

How leaders act and behave can help make or break delivery of the change agenda in health. The set of leadership qualities summarised in Figure 2 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 of *Delivery through Leadership*).

The review of *Delivery through Leadership* confirmed that stakeholders agree with having a framework of leadership qualities and behaviours. They also feel that the particular qualities and behaviours are still largely appropriate, with some modifications. The personal qualities are re-positioned at the heart of the leadership framework, supporting the notion of authentic leadership. Resilience in particular is a critical personal quality for NHS leaders who need to be able to manage upwards as well as across the organisation, to manage ambiguity, to take difficult decisions and have difficult conversations.

Leaders in the NHS have to cope with the paradox of the leadership role: striking the balance between a long-term focus on health improvement with the short-term imperative of meeting HEAT targets; managing the tension between innovation and risk; and, managing corporate governance and performance while being supportive and enabling people to succeed. These themes apply equally to leadership at all levels – from the top in the Scottish Government and the Boards through to the frontline. There is a need for a consistency of approach across all levels.

The model of 'heroic leadership' is no longer appropriate. What is required is 'engaging leadership': "*a commitment to building shared visions with a range of different internal and external stakeholder... [which] exploits the diversity of perspectives and the wealth of experiences, strengths and potential that exists within the organisation, and with partners and other stakeholders*".[6] In essence, it is a model of leadership which focuses on building capacity and capability in people and organisations. It is leadership which is underpinned by the shared NHS and public service values of: quality of service; equity of access; respect for diversity; mutuality and partnership; integrity; and, consistency.

3.1 Leadership qualities

As it was noted in *Delivery through Leadership* in 2005, "*the leadership qualities outlined will evolve, but they are deliberately succinct*". The framework is essentially the same with some incremental changes which are intended to:

- Reflect changes in the context of NHSScotland and challenges facing leaders.
- Ensure that the language and concepts used are sensitive to diversity.
- Aid understanding and use of the model.

The overall model (figure 1) and the framework of leadership qualities (figure 2) provide a basis for further local development to support:

- Role profiles and 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.

6 Beverley Alimo-Metcalfe & John Alban-Metcalfe (September 2008), *Engaging Leadership – Creating organisations that maximise the potential of their people, CIPD Research Insight, p.12.*

Figure 2:
Summary of leadership qualities

Application of the leadership qualities should be linked with other processes, including performance management and personal development planning, as outlined in figure 1.

Our understanding of leadership needs to be progressive which is why more contemporary thinking was reflected in the original design of this framework. As we have confirmed through the review, leadership in NHSScotland (as elsewhere) is about delivery through complex systems and by engaging partners in the pursuit of major, transformational change.

Delivering Quality through Leadership continues the approach set out in the original framework: the consistent and universal application of these qualities as a common approach and language across NHSScotland. It is to be adapted locally to suit local circumstances and specific roles.

3.2 Code of personal governance

Personal qualities are at the heart of the leadership qualities, including Personal Governance. The Code of Personal Governance (outlined in Appendix 3) provides a code of practice for all leaders and managers in NHSScotland and is part of the governance portfolio for NHSScotland. It is based primarily on work done (originally in 2005) by the Institute of Healthcare Management and the NHS Confederation to support the development of similar Codes elsewhere in the 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 and managers use in making complex and balanced judgements.

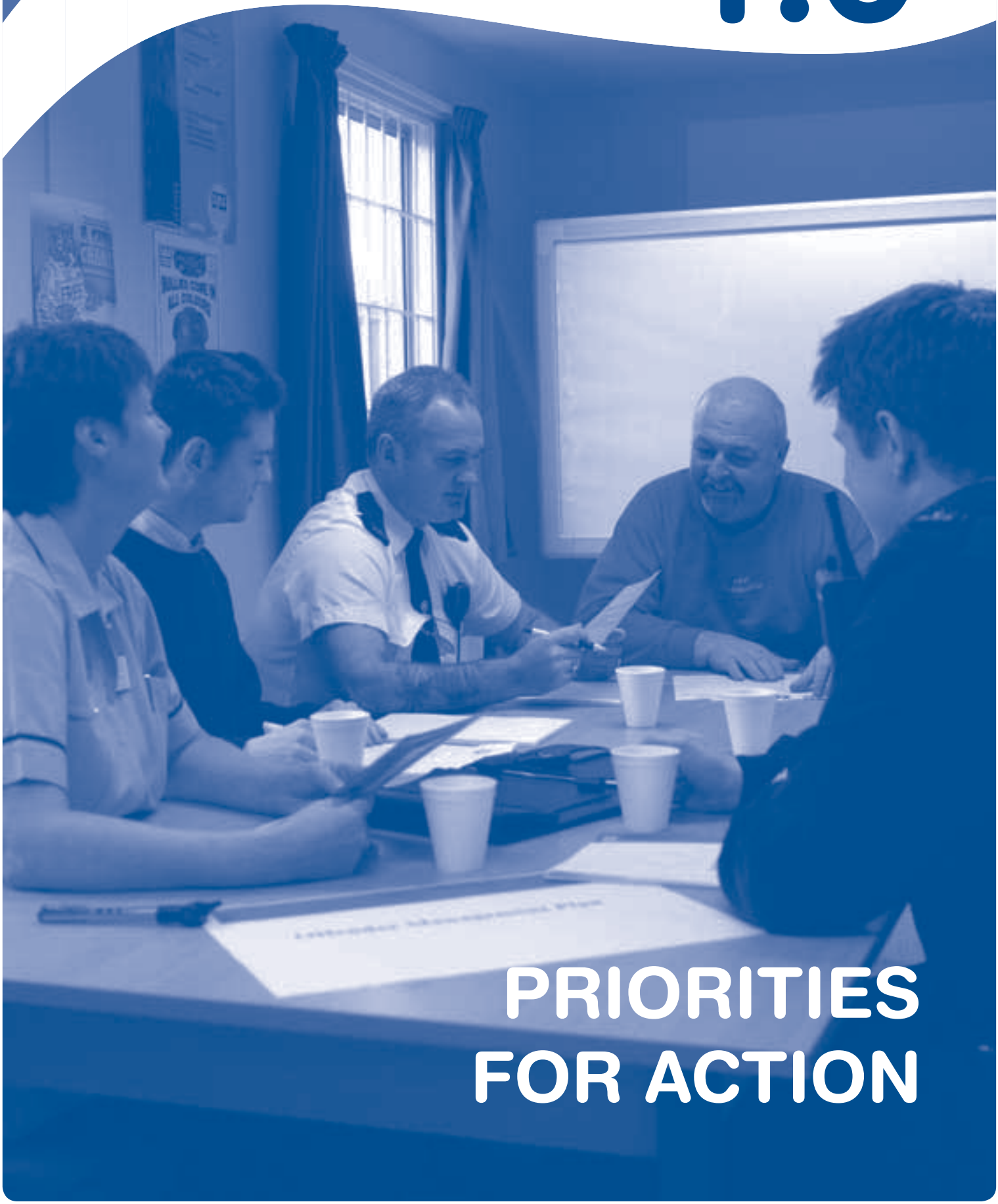
3.3 Using the leadership qualities and behaviours

Inherent within the leadership qualities is the need for consistent use of positive behaviours by leaders. These are summarised in the updated version of the leadership qualities framework in Appendix 2.

The summary of behaviours recognises that performance is not simply about getting things done regardless of *how*. Fully effective performance requires balancing *what* needs to be done with *how* it gets done. It should be used as part of the performance review and personal development planning processes.

There is an on-line 360° feedback diagnostic tool available to support the use and development of the leadership qualities and behaviours. (For further information on the 360° tool contact your Board Development lead or the National Leadership Unit.)

4.0



PRIORITIES FOR ACTION

4.0 PRIORITIES FOR ACTION

The review of *Delivery through Leadership* has confirmed that much has been achieved over the past few years in terms of leadership development – and that more is required. Just as the context and the leadership qualities and behaviours are changing, so are the priorities for investing in leadership development.

There are five priority areas for development over the next three years:

1 Work with partners to drive cultural change in support of the delivery of high quality services.

2 Build leadership and organisational development capacity and capability.

3 Develop current leaders and teams.

4 Nurture the supply of future leaders.

5 Evaluate the impact of leadership development.

These five priorities are explored below with key national actions highlighted in the shaded boxes. Details of the national and local actions that will be taken are set out in the Implementation Plan in Appendix 4. It is important that we ensure our efforts are sustained and that we build on the approaches so highly valued by our stakeholders. For this reason, under each heading, we have also outlined short vignettes of approaches to date which have been seen as effective (in the outlined boxes).

4.1 Work with partners to drive cultural change in support of the delivery of high quality services

There has been positive feedback from stakeholders about the personal contact, consultative approach and practical support demonstrated by the national leadership team. There is a sense of coherence and clarity about the national work that aligns well with local development. In moving forward, however, the leadership strategy should be more explicitly aligned with the NHS service delivery agenda.

The current national work streams (e.g. *Delivering the Future*) have delivered demonstrable service benefits. However, the impact of leadership development needs to be more clearly planned and evidenced, e.g. the positive influence of leadership development on organisational culture which in turn enables service improvement, change and achievement of targets. One practical step would be to align the work of the National Leadership Unit and the Improvement & Support Team (IST) more closely, thereby making explicit the links between behavioural development and service change and improvement.

The further pooling of effort and resources in leadership development across public services is seen as beneficial. Stakeholders feel that there is great potential in a collaborative approach to leadership development, i.e. by providing the opportunity for leaders from different organisations to share and exchange their learning across their diverse contexts. Additionally, there is scope for stronger partnership with Higher Education and Further Education. Universities and Colleges could be an integral part of the development solution, i.e. by providing theoretical and research input on leadership as well as being part of the practical delivery of leadership development.

Collaborating for Outcomes in Public Services

In May 2008, the Public Sector Leadership Development Collaboration Group was established. The group has launched a collaborative leadership development programme which is designed to:

- Provide a context in which the sixty or so participants can support each other in delivering on their own leadership challenges in contributing to Government Purpose and Outcomes
- Build capacity and links across the Public Sector to increase mutual understanding
- Increase alignment across the Public Sector
- Create sustainable networks of learning and support.

The programme is organised around the Scottish Government's five Strategic Objectives: Wealthier & Fairer; Healthier; Greener; Smarter; Safer & Stronger. Using a variety of methods including case studies, input from guest speakers, programmed visits across Scotland and Action Learning Sets, the programme will focus on each of the Strategic Objectives in turn providing opportunities for reflection on the leadership challenges of achieving successful outcomes.

Building on the relationship between excellent leadership and the delivery of high quality services, leadership development should link in closely with the performance management process for individual managers. Greater emphasis should be placed on making the leadership qualities and behaviours set out in this strategy an integral part of the performance management process for senior managers. (See Section 3.0 for ways in which the leadership qualities and behaviours might be used locally to support cultural change).

Key national actions under this priority (4.1) are as follows:

- **Build and strengthen relationships with key partners and stakeholders to ensure alignment of the development and service delivery agendas.**
- **Work with partners through the Public Sector Leadership Collaboration to share and identify areas for mutual development.**
- **Support the application and sustained development of the revised leadership qualities and behaviours.**
- **Update the 360º feedback tool to ensure that it reflects the revised leadership qualities and behaviours.**
- **Work with local users and providers of the 360º tool to improve access and uptake.**

4.2 Build leadership and organisational development capacity and capability

The strategy recognises that the majority of leadership development initiatives quite rightly take place within the local systems where there is a great deal of innovation and good practice. The focus of this strategy is the alignment of activity and the identification of synergies across the Boards as a way of building leadership and organisational development (OD) capability and capacity across NHSScotland.

Much progress has already been made through the establishment and development of the OD Leads network over the past three years. This is a unique approach in public services and is highly valued by stakeholders. The OD capacity in some Boards remains small. In terms of adding value, it makes sense to focus on national activity and the pooling of resources across the service, e.g. national investment in supporting the OD leads network, sharing expertise, commissioning or developing national resources such as the 360º tool.

Building OD capability through networking

The OD Leads network meets formally every couple of months. A recent review of the network has reiterated the value its members derive from meeting together to share ideas and come up with collaborative solutions. This review has refreshed both the purpose and ways of working of the network. The meetings now include:

Open space – an opportunity for members to bring live issues from their system and engage in dialogue with colleagues to reach practical and sometimes collaborative solutions.

OD practice-focused session – a structured opportunity for members to learn more from each other around an element of OD practice, e.g. *"how does OD work with redesign/improvement methodology?"*.

Policy context-focused session – an opportunity to hear more about the policy context and to explore what this means at the local level, e.g. *"how to influence at a national level for early OD engagement – around Board Development"*.

In this respect, coaching is a powerful development tool which has already had some positive benefits in terms of ways of working across Boards. The rigour of the coach matching process used for the Chief Executives' development framework is cited as a particular reason for the success of this service. There is a strong sense that a national approach to commissioning executive coaching will be very helpful in ensuring high quality and public value (building on the approach launched for the Chief Executives in 2008).

The linkages between the National Leadership team and the NHS Boards are strong and the inclusive approach is highly valued, e.g. the approach taken to the scoping of the Chief Executive framework. However, there is also recognition of the limitations on this approach in terms of capacity and available resources at a national level. This creates a paradox for the national team. While its focus is rightly on national delivery, there is huge value to be derived from building informal personal contacts with Boards as a way of understanding more about local activities and needs and ensuring alignment between local and national. While there is close connection between the national team and the OD Leads Network, there could be better alignment with the wider workforce agenda (as outlined in *A Force for Improvement*). One possibility is a named link in the national team to each Board.

Key national actions under this priority (4.2) are as follows:

- **Further develop the OD Leads network and support the implementation of the revised ways of working and work plan.**
- **Identify national priorities for OD practitioners' development based on the OD competencies framework.**
- **Build into the OD Leads' work plan ways of building capacity – including co-facilitation, mentoring and sharing resources.**
- **Allocate a member of the National Leadership Team to each NHS Board to act as a conduit and support local OD Leads where required.**
- **Establish a register ("framework agreement") of individuals and organisations with a track record of working effectively at Board level.**
- **Agree a national approach to coaching in NHSScotland based on best practice and establish an executive level coaching service.**
- **Explore the feasibility of establishing a cross-sector mentoring service.**
- **Identify opportunity for the development of shared national leadership development resources, i.e. programme directories, e-learning, and national licences.**

4.3 Develop current leaders and teams

The national work streams delivered to date (including *Delivering the Future*, the Chief Executive Leadership Framework, the Management Trainee Scheme, and the Frontline Leadership and Management Programme) have received positive feedback and stakeholders have seen clear value in their continuation. A nationally co-ordinated approach to the development of other key groups is welcomed, i.e. executive cohort; senior managers; and non-executives. Indeed, there was a sense of urgency about getting development programmes for these groupings up and running.

The current Framework for Developing Boards is welcomed. Providing leadership development for Chairs and Non-Executive Directors and preparing people for taking on non-executive and executive roles are seen as critical priorities. For example, the development of a framework approach for Chairs similar to the Chief Executive framework is seen as an important priority.

Framework for Chief Executive Development

A Framework for Chief Executive development was researched and published in 2007. Implementation of the framework has continued throughout 2008 and into 2009.

The framework includes the provision of Executive Coaching for Chief Executives. Each Chief Executive was offered a matching conversation that enabled them to select an Executive Coach from a register of accredited and highly experienced coaches. The fit between the client and coach has been a critical success factor in the effectiveness of the coaching process. There is some evidence already of the positive impact of coaching in terms of individual and team development.

A cross-public sector action learning set has been established for a number of the Chief Executives – an opportunity for these senior leaders to share learning with their peers across public services.

There is a strong view that development in professional silos is not helpful given the importance of working across organisations and systems to deliver the national agenda. At the same time, it is recognised that there may be situations where it is important and necessary to develop specific skills within a particular professional group. National effort around leadership development should continue to focus on offering opportunities across professional groups and leadership careers at different levels.

There are two critical points in relation to national work streams. The first is that the work streams should continue to be aligned with local Board development initiatives. Wherever appropriate, national work streams should foster and support the development of local OD capability and capacity to deliver. Secondly, the consistency and sustainability of the current national programmes is seen as important. In particular, there could be value in exploring the creation of a virtual "leadership academy" through which the alumni of the several national programmes could continue their learning (e.g. through access to coaches, mentors, buddying, and refresher national events).

Key national actions under this priority (4.3) are as follows:

- **Further implement the Framework for Developing Boards work stream.**
- **Scope the leadership development needs of NHS Board Chairs and develop a Framework to address their needs.**
- **Continue the implementation of the Framework for Chief Executive Development and explore further opportunities to develop this work across the public services.**
- **Develop a framework for Executive level development which offers a range of opportunity to meet the diverse needs including a focus on succession planning.**
- **Roll out first phase of the approach to development of senior managers in the Northern region. Review and progress further roll out of the approach.**
- **Work across the service to identify strategic clinical leaders, e.g. ACF Chairs, who might benefit from joining a clinical leadership community of practice.**
- **Scope the next phase of the Frontline Leadership and Management Development Programme (beyond year 3) and identify ways of sustaining development.**

4.4 Nurture the supply of future leaders

Two of the current national work streams, i.e. *Delivering the Future* and the Management Trainee Scheme (MTS), focus on building leadership capacity. Capacity-building is regarded as critical and more work is needed at a national level around succession planning for leadership roles at all levels, but particularly in the executive cohort.

This is a particular concern for some functional groups where the perception is that there is no or little "leadership pipeline". There is also a particular issue about promoting leadership roles within remote and rural settings and the need to take some targeted action to attract potential candidates (e.g. as an option within MTS).

There is a need to take a sustained approach to succession planning that aligns with local effort.

Key national actions under this priority (4.4) are as follows:

- **Further implement Delivering the Future.**
- **Identify ways of sustaining development of strategic clinical leaders.**
- **Continue implementing the Management Training Scheme.**
- **Explore opportunity to align the MTS with other graduate training schemes, i.e. NHS finance training scheme and schemes across the public sector, to ensure best practice.**
- **Ensure that within the work streams outlined under 4.3 consideration is given to succession planning, i.e. identifying leaders at all levels who have potential to achieve at more senior levels.**
- **Within each of the work streams, explore opportunities for identifying development needs, i.e. application of the 360º tool, use of development centres, and accessing existing programmes as appropriate.**

Management Training Scheme

The Scheme was re-established in 2005 with a first intake of seven graduates based in various Boards across Scotland. Up to eight people have been recruited each year since then to this two year Scheme. The trainees are NES employees with a third year commitment from host Boards to deploy them.

The recruitment and selection process is delivered by the Scheme manager and a team of trained assessors from within NHSScotland. This has added value and developed capacity and capability across the system to support competence-based recruitment. The education and learning provision is changing to reflect the nature of the NHS within Scotland but still keeping this within the broader UK and indeed European context.

Three external evaluations have identified that the Scheme exhibits robust recruitment and selection (in line with best practice), high retention rates, both on and off the Scheme and innovative development interventions (e.g. shared action learning with doctors).

Delivering the Future

'Delivering the Future', a leadership development programme which aims to identify senior clinical leaders and prepare them for roles at Board, regional and national level, has been running since January 2006. Three cohorts (of around 25 participants) have now completed the programme and a fourth cohort is under way.

Formal evaluation has demonstrated that 80% of participants have either increased significantly their range of responsibilities or have achieved promoted posts within the year of attending the programme. It further reveals that the impact of the programme is very positive in terms of personal development with comments such as: "*a learning and development experience of a lifetime ... a fantastic experience from which I have gained enormously*". (Spurgeon and Flannigan, 2008 Warwick University).

4.5 Evaluate the impact of leadership development

In the context of increasing scrutiny of public spending, there is a need for a clear demonstration of the return on investment as well as the public value of leadership development. While leadership is a cross-cutting theme in *A Force for Improvement*, there are further links to be made between leadership development, staff governance and workforce monitoring. More work is required on defining the measures of impact of leadership development (albeit indirect or qualitative).

While this is set out as a separate priority, evaluation is integral to how we approach leadership development. In terms of the leadership strategy in its entirety, measures of achievement have been included in the implementation plan (in Appendix 4).

Key national actions under this priority (4.5) are as follows:

- **For each area of work, an evaluation strategy is identified at the planning stage.**
- **Independent evaluation is undertaken for any large national programmes to ensure that aims have been met.**

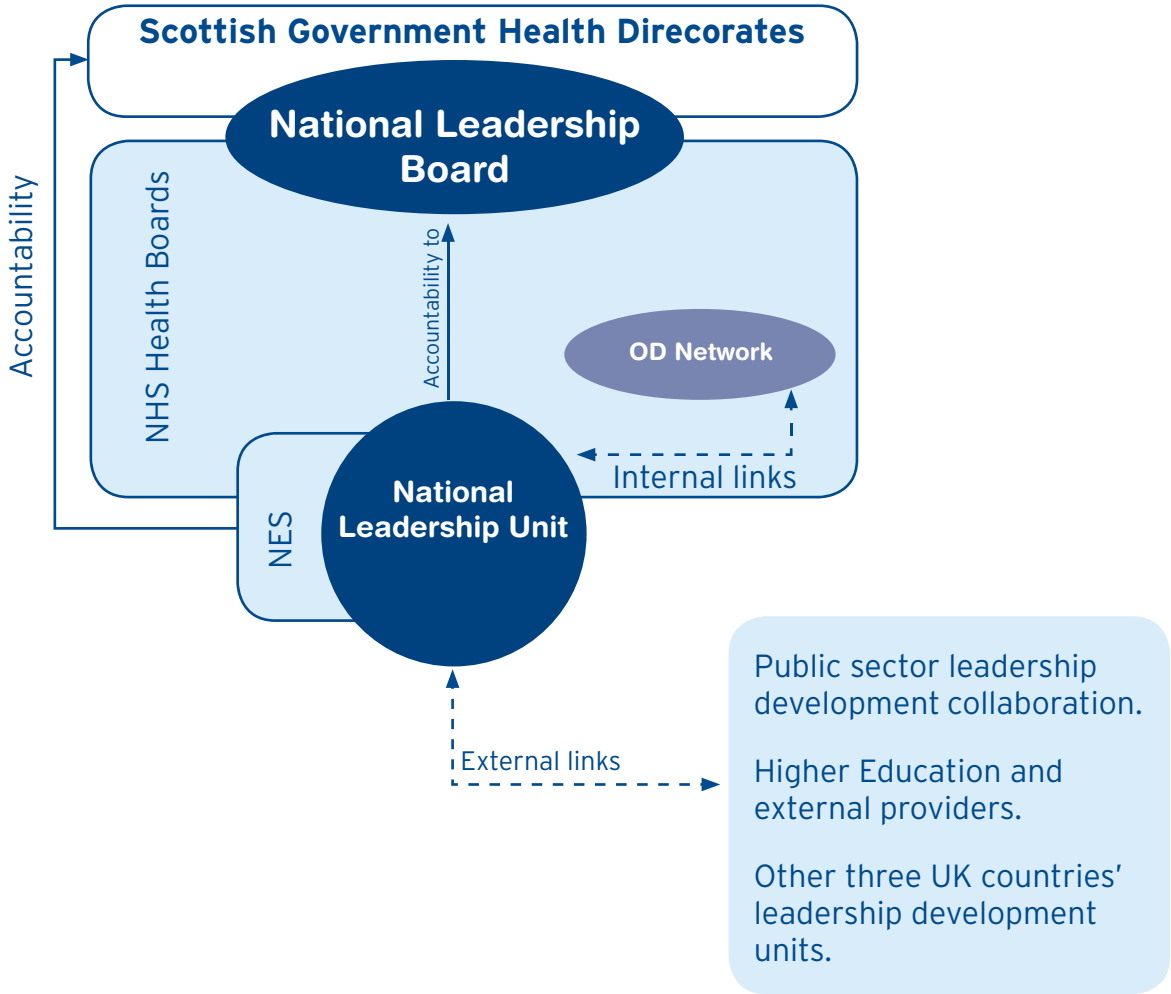
5.0

GOVERNANCE AND ACCOUNTABILITY

5.0 GOVERNANCE AND ACCOUNTABILITY

The governance and accountability arrangements for leadership development across NHSScotland are shown in Figure 3, below.

Figure 3:
Governance and accountability for leadership development



- For governance reasons, the strategic oversight and quality assurance role will be separated from the delivery and commissioning of leadership programmes. A National Leadership Board with responsibility for steering and setting the national agenda for leadership development will ensure a clear connection between the corporate agenda and leadership development priorities.
- The National Leadership Unit, comprising the national leadership team, will be located within the Service – in NHS Education for Scotland (NES) – and will be accountable to the National Leadership Board for the delivery of the national strategy.
- The Head of Leadership will have a reporting line into the DG Health/Chief Executive of NHSScotland.
- The national leadership team will continue to work collaboratively with the Health Boards and through the OD network, thus ensuring that national work aligns effectively with local systems.
- The national leadership team will continue to work collaboratively with external partners, ensuring effective relationships across NHSScotland and beyond and adding value at a national level.

The terms of reference, modus operandi and membership of the National Leadership Board and the purpose and ways of working of the National Leadership Unit are set out in detail in Appendix 5.

Appendices

APPENDIX 1

Participants in the 2008-2009 Review of 'Delivery through Leadership: NHSScotland Leadership Development Framework and Plan' (2005).

The success of the Leadership Development Framework is dependent on effective partnership working between the SGHD Leadership Team, the NHS Boards including the OD network, as well as with a range of external partners. Given their critical importance, it was important to gather and consider the views of a wide range of these stakeholders as part of the review. The stakeholders include a number of groups as well as key individuals. In outline, the exercise included formal and informal discussions with stakeholders in the following groupings (with more detail provided in the table below):

- Internal stakeholders within Scottish Government.
- Groups within NHSScotland.
- External partners.
- A sample of individual stakeholders from across NHSScotland.

Internal stakeholders in Scottish Government	NHSScotland Groups
– DG Health & Chief Executive, NHSS – CNO/Health Workforce Director – Director of Healthcare Policy & Strategy – Director of Healthcare Planning – Director of Primary & Community Care – Head of Improvement & Support Team – Director of Health Delivery – Head of Public Service Reform Group – Corporate Learning – Scottish Partnership Forum (SPF) – SWAG and MSG	– Chairs' group – Chief Executives' group – Medical Directors – Nurse Directors – Public Health Directors – HR Directors – Finance Directors – OD Leads

External partners:	Individuals for 1:1 dialogue:
– Cross-public sector collaborative leadership group – National leads on leadership development from the other three UK countries – Audit Scotland – Leadership Foundation for Higher Education – The Improvement Service – Scottish Police College – Sample of Scottish Higher Education Institutions – Institute for Healthcare Management (IHM) – Royal College of Nursing – Centre of Confidence & Well-being.	– All 22 Chairs – All 22 Chief Executives – Several Executive and Non-Executive Directors from across the NHS Boards – Director, Equalities & Diversity (Health Scotland)

APPENDIX 2

Leadership Qualities and Behaviours

As outlined in Section 3.0 of this document, the framework of leadership qualities and behaviours is set within the strategic context and the leadership challenges facing leaders across NHSScotland (see figure 1, page 6).

Figure 2:
Summary of leadership qualities

In this section, we have provided further description of each of the Leadership Qualities and associated behaviours (in each of the clusters: *Personal Qualities; Service Excellence;* and *Future Focus*).

They provide a basis for further local development to support:

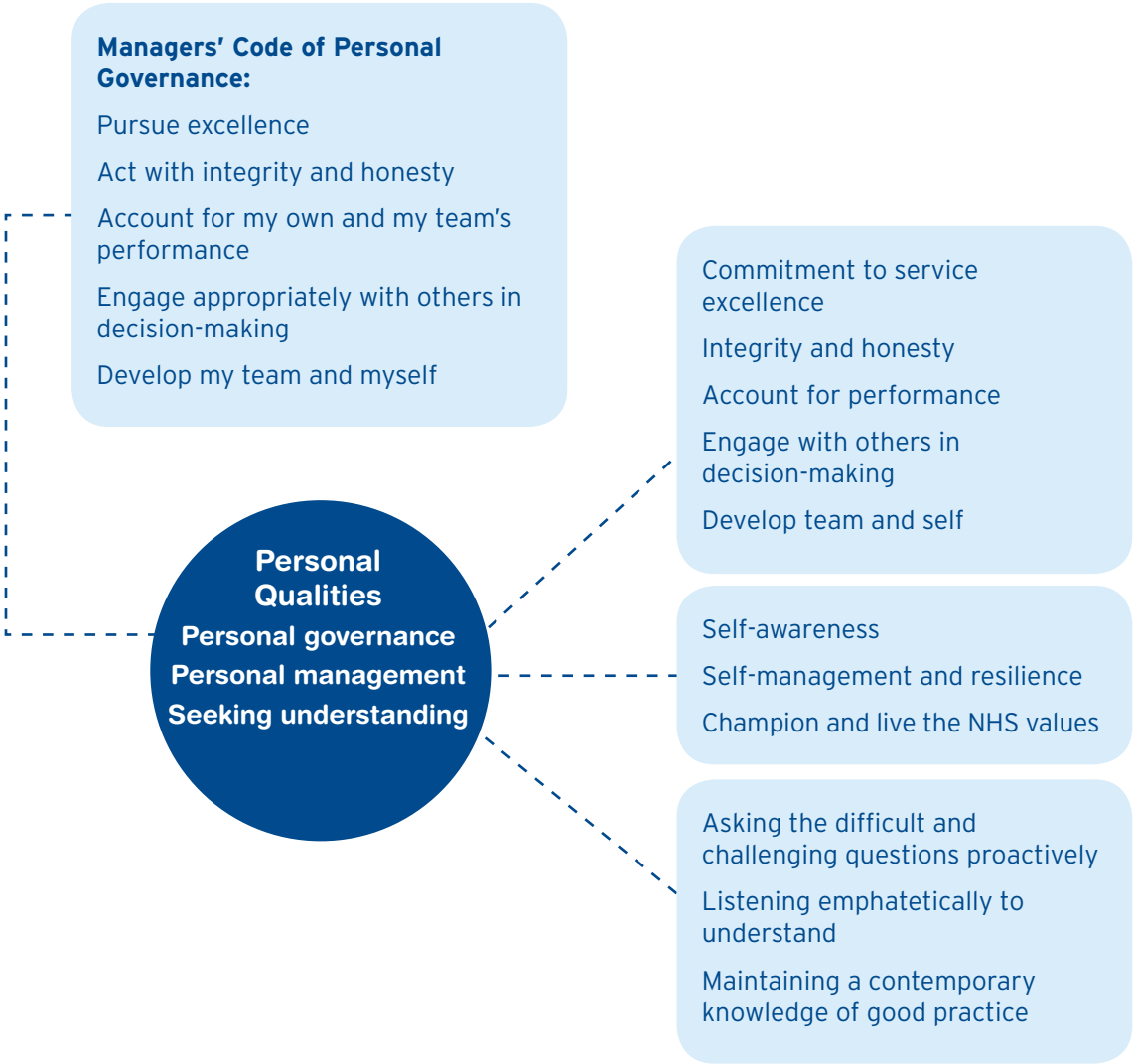
- Role profiles and person specifications to recruit leaders
- Assessment frameworks for leadership appointments
- Personal and team development planning and review
- Individual/team performance planning and review
- Design of leadership development initiatives
- A potential contractual commitment to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

Note - Application of the leadership qualities should be linked with other processes, including performance management and personal development planning (as outlined in figure 1). There are also links to be made between the leadership qualities and elements within the Knowledge & Skills Framework.

Personal Qualities

The Personal Qualities are deliberately positioned at the heart of the framework of leadership qualities and behaviours, supporting the notion of authentic leadership. Resilience in particular is a critical personal quality for NHS leaders who, working within a political context, need to be able to manage upwards as well as across the organisation, to manage ambiguity, to take difficult decisions and have difficult conversations.

Personal Governance is one of these personal qualities. The Code of Personal Governance is outlined further in Appendix 3 and provides a code of practice for all leaders and managers in NHSScotland. 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 and managers use in making complex and balanced judgements.



Personal Qualities

Personal governance (also see Appendix 3 – Code of Personal Governance)	
Descriptors	**Behaviour statements in 360° tool**
• Commitment to service excellence. • Integrity and honesty. • Account for performance. • Engage with others in decision-making. • Develop team and self. ↘ *See examples of leadership behaviours in table below.*	**1.** Makes decisions based on patients'/clients' needs. **2.** Encourage and give recognition to service excellence. **3.** Act with honesty and integrity. **4.** Open and transparent in communication. **5.** Respect confidentiality of information. **6.** Take responsibility for own performance. **7.** Take responsibility for team's performance. **8.** Model and promote collaborative working. **9.** Work with others to create a shared vision. **10.** Build and develop effective teams. **11.** Take responsibility for personal development. **12.** Understand and value cultural differences.

↘	Positive behaviours	Negative behaviours
Commitment to service excellence.	– Puts patients'/clients' needs at the heart of decision-making. – Challenges decisions which are not based on patients'/clients' needs. – Recognises and rewards excellence. – Celebrates success. – Diagnoses and tackles poor performance and provides appropriate support.	– Makes decisions which are not centred on patients'/clients' needs and does not consider the patient/client point of view. – Tolerates poor practice and does not tackle poor performance. – Takes a punitive approach to poor performance, giving no support.
Integrity and honesty.	– Is truthful and honest in dealing with people. – Takes an open approach to issues. – Creates a climate of openness in which people can say 'no' as appropriate. – Respects confidentiality of information consistently. – Checks out and tackles issues potentially involving dishonesty.	– Behaves in a deceptive, dishonest, or manipulative way. – Hides and encrypts information so that it is not readily available to those who need it. – Expects others simply to agree and not question actions. – Leaks or inappropriately shares confidential information. – Flaunts or ignores issues potentially relating to dishonesty.

↘	Positive behaviours	Negative behaviours
Account for performance.	– Accepts responsibility and accountability. – Gives credit where credit is due. – Challenges micro-management where it is not needed. – Gives clear, concise, timely explanations – so that there are no surprises. – Ensures information is organised to explain good and poor performance clearly.	– Does not take on responsibility. – Takes credit for others' work. – Promotes a culture of dependency. – Withholds or is late in providing information. – Information about performance is poorly organised or not provided at all.
Engage with others in decision-making.	– Promotes a spirit of co-operation and inter-dependency. – Seeks first to understand. – Encourages meaningful dialogue at the earliest opportunity. – Develops a shared vision. – Is flexible in approach.	– Is suspicious of others and promotes dependency. – Seeks first to be understood. – Decision-making takes place within cliques. – Does not share information or views with others so that they are left out of the decision-making. – Is rigid and imposes change.
Develop team and self.	– Builds self-belief and promotes a 'can do' attitude. – Gives others freedom to make decisions within given authority. – Lets go of control, enabling others to take calculated risks. – Inspires trust. – Values everyone as individuals and respects differences. – Uses inclusive language. – Understands and values cultural differences. – Shows willingness to change and learn from mistakes. – Encourages behaviour which is consistent with all of the above and challenges those whose behaviour is not.	– Undermines other people's confidence. – Concerned to retain ultimate control at all costs. – Operates with complex and controlling systems of accountability. – Is manipulative. – Expects everyone to be 'the same', i.e. does not respect diversity. – Uses discriminatory language. – Is unaware or ignorant of diversity and equality. – Acts as if they know it all. – Behaviour which is inappropriate is not challenged.

Personal Qualities

Personal management	
Descriptors	**Behaviour statements in 360° tool**
• Self-awareness. • Self management & resilience. • Champion and live the NHS values. ↘ *See examples of leadership behaviours in table below.*	**13.** Show understanding of own strengths and development needs. **14.** Seek feedback on own performance and act on it. **15.** Recognise and manage own emotions. **16.** Recognise emotions in others and help them manage them. **17.** Come across as positive and enthusiastic. **18.** Behave consistently with the NHS values. **19.** Does what s/he says they will do.

↘	Positive behaviours	Negative behaviours
Self-awareness.	– Takes the time to reflect. – Values honest feedback. – Is realistic about strengths and development needs – Seeks out feedback and support where needed.	– Does not seek out feedback. – Does not admit to their weaknesses or development needs. – Has unrealistic expectations of self and others. – Does not ask for help or support, tries to go it alone.
Self management & resilience.	– Adopts a positive and enthusiastic approach. – Is consistently fair in dealing with others. – Is responsible and constructive. – Demonstrates warmth and is easy to approach. – Demonstrates mutual respect. – Recognises and manages own emotions and handles others' emotions with appropriate sensitivity. – Is resilient especially when faced by setbacks.	– Comes across as overly negative and cynical. – Is temperamental and changeable in mood. – Is unco-operative. – Displays vindictive and bullying behaviour. – Is unapproachable, only approached when essential. – Lacks respect for others. – Is insensitive to others' emotions and the impact they have on others. – Gives up when faced with setbacks.
Champion and live the NHS values.	– Actions are consistent with what they say they will do. – Does what they say that they will do, even when this means admitting when a promise cannot be kept.	– Words and actions do not match. – Lets others down - does not make it happen. – Takes actions which are inconsistent with NHS values, even when challenged by others.

Seeking understanding

Descriptors	Behaviour statements in 360° tool
• Asking the difficult and challenging questions proactively. • Listening empathetically to understand. • Maintaining a contemporary knowledge of good practice. ➘ *See examples of leadership behaviours in table below.*	**20.** Constructively challenge current thinking and practice. **21.** Create a climate of support and accountability. **22.** Open to new ideas. **23.** Actively listen to other people to understand their views. **24.** Seek comparisons and best practice from within the NHS. **25.** Seek comparisons and best practice from outside the NHS.

➘	Positive behaviours	Negative behaviours
Asking the difficult and challenging questions proactively.	– Seeks to understand why things are done the way they are; does not just accept the status quo. – Creates a climate of support and accountability. – Encourages dialogue.	– Simply accepts the status quo without question. – Creates a climate of blame in which people are reluctant to express their views openly. – Closes down conversation.
Listening empathetically to understand.	– Open to new ideas. – Shows genuine concern. – Tests out their understanding and provides summaries as a way of ensuring they are understood.	– Closed to new thinking and blocks innovation by others. – Shows superficial interest in others. – Assumes they have understood and does not check.
Maintaining a contemporary knowledge of good practice.	– Seeks comparisons and encourages change. – Ensures learning, research and development are integral to improving service delivery. – Encourages others to share knowledge through networking.	– Simply reacts to externally driven change. – Does not maximise the benefit of learning and R&D to improve service delivery. – Is suspicious of knowledge sharing and discourages networking.

Service excellence

Sitting alongside the personal qualities, there are three leadership qualities aimed at delivering service excellence. These are further described in the table below.

Ensuring focus

Descriptors	Behaviour statements in 360° tool
• Clearly identify and focus attention on the key priorities for delivery. • Monitor progress against plans, managing pace and stress. • Takes ownership to plan work on a proactive and realistic basis.	**26.** Recognise key priorities for delivery. **27.** Stay focused on key priorities for delivery. **28.** Keep people focused on the key priorities for delivery. **29.** Anticipate pressures that might interfere with service delivery. **30.** Take action to manage pressures that might interfere with service delivery.

Delivering governance (clinical, staff, financial and corporate)

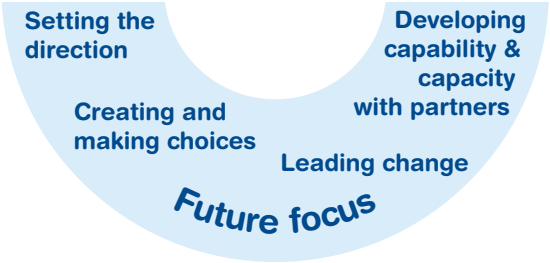
• Is concerned to look after the needs of patients, staff and the public, ensuring adherence to appropriate standards of quality and safety. • Identifies risk and is concerned to manage and balance risk appropriately. • Maintains professional ethics when confronted with pressure from others and the situation.	**31.** Ensure appropriate standards of safety for staff, patients and public. **32.** Consider all aspects of Governance in making decisions.

Achieving results

• Create a climate of performance delivery and accountability. • Set clear goals and objectives. • Manage performance by recognising good performance and tackling poor performance constructively. • Balance delivery of results with service quality and excellence.	**33.** Create a culture which is geared to service excellence. **34.** Actively manage the performance of all individuals within the team. **35.** Constructively tackle complex issues. **36.** Achieve a win-win resolution of issues.

Future focus

Sitting alongside the personal qualities, there are four leadership qualities aimed at ensuring future focus. These are further described in the table below.



Setting the direction

Descriptors	Behaviour statements in 360° tool
• Create purpose with a focus on quality, outcomes and health improvement. • Shape and articulate the future with enthusiasm. • Inspire others around the vision of working collaboratively across the public sector.	**37.** Clearly focus on longer-term outcomes. **38.** Create a sense of purpose for delivering agreed outcomes. **39.** Communicate the vision and make it happen. **40.** Create enthusiasm for achieving the agreed outcomes.

Creating and making choices

• Think flexibly and foster innovation. • Make choices in the context of uncertainty and ambiguity. • Involve and engage others in decision-making and build on their ideas. • Be prepared to take calculated risks. • Be politically aware and politically astute in approaching situations and in communicating decisions.	**41.** Think radically and creatively to find solutions to meet goals. **42.** Encourage others to be flexible and innovative in finding new ways to improve service delivery. **43.** Recognise the uncertainty and ambiguity in situations. **44.** Balance the need to make progress and the need to gather more information. **45.** Understand the wider context and the underlying politics and realities. **46.** Take calculated risks showing awareness of the needs of multiple stakeholders.

Developing capability and capacity with partners

Descriptors	Behaviour statements in 360° tool
• Build relationships and collaborative partnerships which recognise inter-dependency and which support shared learning. • Inspire a culture of development across the organisation and in working with partners.	**47.** Work collaboratively with key partners to achieve goals. **48.** Build positive relationships with partner teams and organisations. **49.** Readily share learnings with partners for mutual benefits. **50.** See a development culture as critical to securing long-term goals. **51.** Promote an environment within which people are passionate about personal development. **52.** Promote an environment within which people are passionate about team development.

Leading change

Descriptors	Behaviour statements in 360° tool
• Align people, structures, systems and processes to secure goals. • Seize technological solutions to improve healthcare. • Inspire and influence others and motivate them to change. • Engage others in making changes which result in service improvement.	**53.** Identify the full range of effects when implementing change. **54.** Address all the implications of the planned change. **55.** Secure the right resources and support needed to achieve change. **56.** Explore and understand emerging technologies. **57.** Actively pursue technological solutions to improve service. **58.** Create a momentum and enthusiasm for change through personal visibility and drive.

APPENDIX 3

Leaders'/Managers' Code of Personal Governance

As an NHSScotland 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 honesty 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 honesty 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 Office 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 Implementation Plan 2009 to 2012

Development Priority	Key Development Actions				Measures of Achievement
	National Actions	When By	Local Actions	When By	
4.1: Work with partners to drive cultural change which supports the delivery of high quality services.	• Build and strengthen relationships with key partners and stakeholders to ensure alignment of the development and delivery agendas.	Ongoing from May 2009	• Work with local, regional and national partners to promote alignment. • Ensure that local leadership and OD strategy supports the delivery plan.	Ongoing from May 2009	• Service contribution of leadership development built into all development initiatives.
	• Work with partners through the Public Sector Leadership Collaboration to share and identify areas for mutual development.	Ongoing	• Identify opportunities locally for shared development across the public sector. • Identify participants for national level development opportunities.	Ongoing	• Examples of joint programmes/ approaches for development across the public sector.
	• Support the embedding of the revised leadership qualities and behaviours.	Ongoing	• Use the revised leadership qualities and behaviours in recruitment, selection, development, planning and delivery.	Ongoing	• Leadership qualities and behaviours adopted widely across NHSScotland.
	• Update the 360° tool to ensure that it reflects the revised leadership qualities and behaviours.	Sept 09	• Support the use of the 360° tools in local initiatives.	Ongoing	• Improved quality and usage of 360° tool evidenced in quality reports.
	• Work with local users and providers of the 360° tool to improve access and uptake.	Ongoing	• Feedback on the usage and quality of the 360° tool through the OD Leads Network.	Ongoing	• Improved quality and usage of 360° tool evidenced in quality reports.

Development Priority	Key Development Actions				Measures of Achievement
	National Actions	When By	Local Actions	When By	
4.2: Build leadership and organisational development capacity and capability.	• Further develop the OD Leads network and support the implementation of the revised ways of working and work plan.	Ongoing	• Each NHS Board to identify local OD Lead to contribute to national OD Leads Network.	Ongoing	• Each NHS Board represented at the OD Leads Network. • Annual review of ways of working and work plan demonstrates implementation.
	• Identify national priorities for OD practitioner's development based on the OD competencies framework.	April annually	• Identify shared objectives from the Personal Development Plan process across the network.	April annually	• Engagement in national opportunities.
	• Build into the OD Leads work plan ways of building capacity including co-facilitation, mentoring and sharing resources.	April annually	• Build opportunities for shared learning with colleagues in the network.	April annually	• Evidence of shared learning across the network.
	• Allocate a member of the National Leadership team to each NHS Board to act as a conduit and support local OD Leads where required.	January 2010	• Identify areas of work that might require some national support.	January 2010	• Examples of National Leadership Team supporting local approaches.
	• Establish a register of individuals with a track record of working effectively at Board level.	July 2010	• Work collaboratively with the National Leadership Team to establish national register.	July 2010	• Register is evaluated as a useful resource for NHS Boards.

Development Priority	Key Development Actions				Measures of Achievement
	National Actions	When By	Local Actions	When By	
4.2: Build leadership and organisational development capacity and capability.	• Agree a national approach to coaching in NHSScotland based on best practice and establish an executive level coaching service.	Dec 2010	• Work collaboratively with the National Leadership Team to agree best practice principles. • Contribute to the development of the coaching service.	Dec 2010	• Guidance on coaching agreed and in place. • Executive coaching service in place.
	• Explore the feasibility of establishing a cross-sector mentoring service.	April 2011	• Contribute to the scoping exercise. • Identify best practice and approach.	April 2011	• Agreed strategy and implementation plan in place.
	• Identify opportunity for the development of shared national resources, i.e. programme directories, e-learning opportunities and national licences.	Ongoing	• Contribute to identifying the need for national resources. • Contribute to the development of national resources.	Ongoing	• Range of national resources in place which are utilised locally.

Development Priority	Key Development Actions				Measures of Achievement
	National Actions	When By	Local Actions	When By	
4.3: Develop current leaders and teams.	• Further implement the *Framework for Developing Boards* work stream.	Ongoing	• Work with the National Leadership Team, NHS Lead and Board Chair to implement the roll-out of the work stream.	Ongoing	• All newly appointed Non-Executives have access to the National Induction. • All NHS Boards undertake a Developing Boards Diagnostic. • Board members undertaking specific roles report being prepared for this.
	• Scope the development need of *NHS Board Chairs* and develop a framework to address their needs.	2010	• Support the National Leadership Team in undertaking this work to contribute to the framework.	2010	• Framework in place to support the development needs of NHS Board Chairs.
	• Continue the implementation of the *Framework for Chief Executive Development* and explore further opportunities to develop this work across the public services.	Ongoing	• Work in collaboration with the National Leadership Team to support Chief Executive Development.	Ongoing	• Framework in place to support the development needs of Chief Executives. • Further cross-sector opportunities in place and accessed by Chief Executives.

Development Priority	Key Development Actions				Measures of Achievement
	National Actions	When By	Local Actions	When By	
4.3: Develop current leaders and teams.	• Develop a framework for *Executive Level Development* which offers a range of opportunities to meet the diverse needs including a focus on succession planning.	Dec 2009 ongoing	• Work in collaboration with the National Leadership Team to identify and support development needs of this Cohort.	Dec 2009 ongoing	• Framework in place to support the development needs of the Executive Cohort.
	• Roll out first phase of the approach to development of senior managers in the Northern region. Review and progress further roll out of the approach.	Dec 2009 Dec 2010	• Support the National Leadership Team and subgroup of OD Leads Network in developing and evaluating this approach.	Dec 2010	• Evaluation from first phase available to demonstrate value added. • Development of capability in this Cohort.
	• Work across the service to identify strategic clinical leaders, e.g. ACF Chairs, who might benefit from joining a community of practice.	Ongoing	• Identify other local strategic clinical leaders to have access to national opportunities.	Ongoing	• Clinicians is strategic roles have access to a community of practice.
	• Scope the next phase of the Frontline Leadership and Management Development Programme and identify ways of sustaining development.	Dec 2009 Dec 2010	• Through the OD Leads Network sub-group feed into the evaluation and ongoing development of the programme. • Provide local support and sustain development.	Ongoing	• Positive evaluation of this national programme. • Opportunities in place to sustain development. • Evidence of value added.

Development Priority	Key Development Actions				Measures of Achievement
	National Actions	When By	Local Actions	When By	
4.4: Nurture the supply of future leaders	• Further implement *Delivering the Future* – the national succession planning programme for strategic clinical leaders.	Ongoing	• Work with the Chief Executive and National Leadership Team to recruit and select programme participants.	Ongoing	• A cohort of strategic Clinical Leaders is prepared and available to work at Board, regional and national level.
	• Identify ways of sustaining development of strategic clinical leaders (including the Chairs of ACF).	Dec 2010	• Develop an OD plan and opportunities to support strategic clinical leaders.	Ongoing	• External evaluation demonstrates that the stated aims of the programme have been achieved.
	• Continue implementing the Management Training Scheme (MTS).	Ongoing	• National approach to the supply of future leaders supported through availability of a range of high quality placements, line managers, mentors and substantive posts.	Ongoing	• Future strategic leaders recruited to NHSScotland, developed and retained.
	• Explore opportunity to align the MTS with other graduate training schemes, i.e. finance training scheme and across the public sector to ensure best practice.	Ongoing	• Input to this discussion from the cross public sector leadership collaboration.	Ongoing	• Opportunities to work together across the system and sector are fully explored.

Development Priority	Key Development Actions				Measures of Achievement
	National Actions	When By	Local Actions	When By	
4.4: Nurture the supply of future leaders	• Within the work streams in 4.3 consideration is given to succession planning, i.e. identifying leaders at all levels who have potential to achieve at more senior levels.	• Ongoing with implementation of work steams	• Develop local strategies to support succession planning. • Support future leaders to identify and meet development gaps through the personal development planning process.	Ongoing	• Leadership potential is recognised and developed to ensure a "pipeline" for future posts.
	• Within the work streams explore opportunities for identifying development needs, i.e. 360° tool, development centres and existing programmes.	• Ongoing as plan is implemented	• Through the OD leads network and other networks share and identify good practice.		• Future leaders are identified and have access to development opportunities.
4.5: Evaluate the impact of leadership development.	• For each area of work, an evaluation strategy is identified at the planning stage.	Ongoing	• Evaluating strategies in place locally to identify the impact of leadership development on service delivery.	Ongoing	• The strategy for NHSScotland reflects best practice in leadership developments.
	• Independent evaluation is undertaken for any large national programmes to ensure that aims have been met.	Ongoing	• As above	Ongoing	• Outcomes for all programmes of work can be identified.

APPENDIX 5

GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

5.1 The Leadership Board

The Leadership Board has the strategic role for setting national policy for leadership across NHSScotland and for ensuring a clear connection between the corporate agenda and leadership development priorities. It also fulfils a quality assurance role, holding the service to account for the quality of leadership and effectiveness of leadership development.

Chaired by the Chief Executive of NHSScotland, the Leadership Board is accountable to the SGHD Management Board for the delivery of its purpose.

Terms of reference:

- Provide strategic direction for the implementation of *Delivering Quality through Leadership* including evaluation of the impact.
- Set the tone and clarify the expectations and required standards for leadership and leadership development across NHSScotland.
- Identify the critical leadership gaps and development needs at a national level to ensure service quality and delivery on a sustained basis.
- Facilitate access to networks relevant to the aims and objectives of the programme.
- Ensure financial governance in the allocation of the budget for this programme of work.

Modus operandi:

- The Leadership Board should act as an interface between the Government and NHS Boards, ensuring that local views and interests in current delivery and future direction are taken into account in shaping leadership and leadership development priorities.
- The size and composition of the group should enable a discursive and exploratory approach while ensuring robust governance of and accountability for leadership development.
- The group will meet twice a year.
- Action points from the Leadership Board will be formally reported to the SGHD Management Board and discussed at the following forums in order to enable wider inclusion and alignment: NHS Chairs' group, Chief Executives' group, functional groups, and NHS OD Leads meeting.
- The work of the Leadership Board should inform and support the Advisory Committee structures for national leadership development work streams and vice versa. There should be representation from these Advisory Committees on the Leadership Board.

Further work will be undertaken to devise a formal constitution for the Leadership Board.

Membership:

Proposed membership of the Leadership Board is as follows:

- Director General Health and Chief Executive of NHSScotland (Chair)
- Director of Workforce, SGHD
- Director of Delivery, SGHD
- Chair of NHS Chairs' Group
- Chair of Chief Executives' Group
- Chief Executive of NES
- Head of Leadership, National Leadership Unit
- Nominees from HR Directors' group, Executive Nurse Directors' group, Finance Directors' group, Medical Directors' and Public Health Directors' group
- Representative from Scottish Partnership Forum
- Representative from Public Sector Leadership Development Collaboration
- Chairs of Advisory Committees for national leadership work streams (additional members)
- External expert(s) from Higher Education (additional members).

5.2 The National Leadership Unit and Team

The Head of Leadership and Leadership Team will be based in NES and form the new National Leadership Unit. The separation of functions, i.e. steering from the commissioning and delivery, strengthens governance and accountability for leadership development.

The Head of Leadership is held accountable by the Leadership Board (on behalf of the Scottish Government Health Directorates) for implementation of *Delivering Quality through Leadership* and for the commissioning and delivery of leadership development. In addition to reporting to the Leadership Board, the Head of Leadership will meet on a quarterly basis with the Director General Health and Chief Executive of NHSScotland to discuss progress in implementing the strategy.

Purpose of the National Leadership Unit and team:

The purpose of the National Leadership Unit is to:

- Support the development of policy and strategy for leadership development across NHSScotland.
- Lead the implementation of *Delivering Quality through Leadership* – to improve leadership capability and nurture future leadership capacity in support of *Better Health, Better Care*.
- Manage resources provided for the purpose of leadership development and co-ordinate the NHS OD Leads and professional leads to make the most effective use of these resources through the alignment of national and local endeavours around leadership development.
- Work with and support colleagues across Scottish Government Health Directorates in leadership development to develop an inclusive approach to allied leadership initiatives.
- Build strategic partnerships with other NHS partners, wider public sector organisations, and provider and research organisations in Scotland and across the UK to support leadership development.
- Provide advice on leadership theory and practice to support NHSScotland leaders (individual, team, network, organisational and system-wide) to deliver service improvement and strategic goals.

Ways of working:

Building on success to date, the Leadership Team will continue to:

- Work with our partners in a collaborative and consultative way.
- Build effective links with the OD network across NHSScotland.
- Focus on learning and building capability.
- Foster culture and behavioural change.

In addition, the team will strengthen its scope to:

- Align the leadership development and service delivery agendas and build stronger links with the IST.
- Align more closely with the HR and Workforce agenda, i.e. while leadership is a cross-cutting theme in *A Force for Improvement*, there are further links to be made between leadership development, staff governance and workforce monitoring.
- Forge stronger links with Academics – for research, external benchmarking, and evaluation of impact.
- Link more closely with NHS colleagues in other countries and with colleagues in other sectors around leadership development.

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