NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Leadership Matters: NHS Scotland Leadership and Management Development Strategy

2. **Author(s) of Paper**

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3. **Purpose of Paper**

To further update and inform the Board on progress with reviewing the National Leadership Strategy for NHS Scotland.

To present the Strategy to the Board

To invite comment

4. **Key Issues**

- There have been two previous national Scottish Government strategies for leadership development:
  2005-08: "Delivery through Leadership"
  2009-12: "Delivering Quality through Leadership"

- The review of the 2009-12 strategy (between May & December 2012) was aligned with the engagement around the 2020 Workforce Vision, "Everyone Matters". Two previous papers have been discussed at Executive Team relating to the review of the strategy:
  - "Leadership for the 2020 Vision", a thought paper presented to the Executive Team prior to the National Leadership Board (NLB) meeting in August 2012 which summarised the themes from the engagement to date together with key themes from a literature review
  - "Leadership & Management for the 2020 Vision", a draft strategic summary document picking up the broad themes and intended to feed into the "Capability, Leadership & Management" work-stream in the 2020 Workforce Vision development. This was presented to Executive Team prior to the NLB in February 2013. The principles around leadership and management development (in section 4 of this paper) were agreed and endorsed by the NLB at that meeting.
Leadership Matters was presented by Malcolm Wright at the NLB on the 25th September 2013 and was fully endorsed.

- "Effective leadership and management" is one of the five priorities for delivering "Everyone Matters" - alongside having a sustainable, capable and integrated workforce and a healthy organisational culture.

- Under-pinning the leadership and management priority in "Everyone Matters", there will be a Scottish Government Policy Statement about leadership and management and leadership & management development (1-2 pages) - which is yet to be drafted.

- The focus and tone of "Leadership Matters" is aligned with the narrative for the "Effective leadership and management" priority in "Everyone Matters", which is as follows (as at 13th September 2013):

  The quality and kind of leadership and management we have affects how services are delivered, how staff feel about their work and how organisations perform\(^1,2,3\). Delivering services that are fit for the future requires leaders and managers, at all levels across the public sector, who: work seamlessly with partners who deliver care; are visionary and can make change happen; empower teams and individuals to innovate and make things better; and who lead by example. They also play a key role in creating a culture of organisational learning and ensuring compliance with regulations and legislation.

  Managers and leaders are part of the workforce and they need to be valued, supported and developed. As we move toward 2020 investment is needed in leadership and management at all levels. Non-executive Board members also have a key role to play in leading by example and demonstrating the shared values. This year, the focus is on supporting and developing line managers and their people skills.

- This strategy, Leadership Matters, is intended to be a national resource which supports the national Policy Statement by providing more detail about:
  - Why does effective leadership and management matter?
  - What does leadership and management need to look like to deliver the 2020 Vision & Workforce Vision?
  - How we need to develop management and leadership for the 2020 Vision (the essence of which is captured in the principles in section 5 of the document)

  It is intended to provide further guidance around leadership and management development over the longer term (beyond the one-year time-frame of the annual Implementation Plan) and to link to other national resources around leadership and management. The intention is that Health Boards are able to this document as a guide and resource in shaping up their own local plans around leadership and management development.

- In addition, it is proposed that there will be a national repository of resources to support the development of leadership and management (provisionally to be housed in the recently launched "Leadership & Management Portal" on the Knowledge Network. For example:
  - Toolkit around performance appraisals, having meaningful conversations, etc

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2 West & Dawson (2012) *Employee Engagement & NHS Performance*
3 MacLeod & Clarke (2009) *Engaging for Success: Enhancing Performance Through Employee Engagement*
Access to national leadership and management development programmes and other development activities (such as the Managers' Development Network and Leading Quality Network)

Toolkits / resources around the national "Leadership Qualities" framework and 360° feedback tool

5. **Educational Implications**

The Strategy sets out 7 principles and high level outcomes for leadership and management development, based on best practice. These principles have direct relevance to NES both in considering how we support the Boards and reflect the principles in how we design, develop, deliver and evaluate the impact of our interventions.

6. **Financial Implications**

A number of priorities or gaps in the provision of leadership and management development were identified during the engagement process. When the Workforce Implementation Plan is published later this year, it will identify a number of new key deliverables for 2013/14 in relation to leadership and management development. These are likely to include deliverables for NES on:

- Development of the leadership and management portal
- Guidance and support for leaders and managers at every level
- Ensuring the national programmes of work reflect the 7 principles in this strategy

The financial implications of this will require consideration.

7. **Which NES Strategic Objective(s) does this align to?**

*Leadership Matters* aligns to all 6 strategic themes and all 10 strategic objectives, with the exception of objective 2.

Within the document the key role of NES in supporting Boards to deliver on this strategy is set out and the strategy also has direct relevance to NES as a Board in terms of how the principles are put into practice as we continue to develop our organisation in line with the 2020 Workforce Vision.

8. **Impact on the Quality Ambitions**

There is compelling evidence⁴ that the quality and kind of leadership and management we have affect the quality of care that patients and service users experience. Effective leadership and management have a crucial influence on:

- How our organisations perform
- How our staff feel about their work, i.e., the "staff experience" *(note: link to the newly development NHS Scotland staff experience tool, "iMatters")*
- How services are improved;
- How services are developed and integrated; and,
- How services are delivered

*Leadership Matters* impacts on the delivery of all the Quality Ambitions.

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⁴ For example: the Report of the Mid Staffordshire Public Inquiry; the Keogh Review; the recent Berwick Review into Patient Safety; and, the research undertaken by Professor Michael West into the links between effective people management practices and patient care / morbidity levels.
9. **Key Risks and Proposals to Mitigate the Risks**

Key risks relate to:
- Insufficient resources (human and/or financial) to support Boards by delivering on the annual implementation plan
- Managing rising expectations internally or externally
- Failure to work in a connected way across NES in relation to leadership and management development support for Boards and wider public services.
- Failing to reflect the 7 principles of the strategy as an organisation

Plans for mitigating these risks will require consideration when undertaking operational planning.

10. **Equality and Diversity Impact Assessment**

This is not a new work stream for NES and we have sought guidance from Kristi Long in the development of this strategy. The emphasis on more distributed models of leadership has been supported.

11. **Communications Plan**

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes [ ] No [x]

12. **Recommendation(s) for Decision**

The Board are invited to comment on the enclosed NHS Scotland Strategy.

NES
October 2013
HMcK
2020 WORKFORCE VISION

LEADERSHIP MATTERS:

NHS Scotland Leadership and Management Development Strategy
1. Introduction

This paper sets out the leadership and management development strategy for NHS Scotland and takes a whole-system approach which includes the role of the Scottish Government, the Boards and NES. The strategy has been developed to support major national policies; the 2020 Workforce Vision; health and social care integration and the Healthcare Quality Strategy.

Scotland’s Health Service aims to provide safe, effective and person-centred care. Our vision is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. Our Vision for Healthcare, our quality outcomes and 12 priorities areas for action are set out in detail in the *Route Map to the 2020 Vision for Health and Social Care*\(^1\). The Vision puts people at the heart of everything that we do in a commitment to delivering the high quality healthcare that the people of Scotland expect and deserve. One of the priority areas is the development of a 2020 workforce vision including a detailed action plan to deliver this.

*Everyone Matters*: the 2020 Workforce Vision\(^2\) was launched by Alex Neil, Cabinet Secretary for Health and Wellbeing this June at the NHS Event. The 2020 Workforce Vision has been developed in recognition of the vital role that everyone who is involved in the delivery of healthcare has in making the vision a reality.

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**Our 2020 Workforce Vision**\(^3\)

We will respond to the needs of the people we care for, adapt to new, improved ways of working, and work seamlessly with colleagues and partner organisations. We will continue to modernise the way we work and embrace technology. We will do this in a way that lives up to our core values.

Together, we will create a great place to work and deliver a high quality healthcare service which is among the best in the world

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Informed by feedback from 10,000 people, the Workforce Vision sets out our shared values across Scotland’s Health Service; where our work needs to focus on delivering better healthcare; the role that everyone can play and some of the things that will help to make this happen.

There are many things which affect the quality of care that patients and service users receive. The Workforce Vision recognises that the quality and kind of leadership and management is one of these things. Based on evidence from this country and internationally, it is accepted that effective leadership and management have a crucial influence on how our organisations perform, improve and deliver for the people whom they serve.

To deal with our current demands and rise to the challenges of the 2020 Vision, it is not enough to see leadership and management solely as the responsibility of a few people in senior positions. We need to be clear about the roles and governance responsibilities of those in senior leadership positions. We also need effective leadership and management throughout our organisations at every level.

In support of Everyone Matters: 2020 Workforce Vision, a refreshed national strategy for leadership and management has been developed. The aim of Leadership Matters is to outline:

- The leadership and management challenges in delivering better health and social care
- What leadership and management needs to look like - in terms of roles, behaviours, responsibilities and values - to meet these challenges
- How we can make sure this happens within the context of well governed organisations.
2. Purpose and background

In Leadership Matters we outline the leadership and management that is needed to deliver the 2020 Vision and how this will be developed. The purpose of having a national strategy is to provide clarity and support for all those at Health Board and national level who are responsible for developing leadership and management capability and capacity across NHS Scotland. While the organisations which make up NHS Scotland may be diverse in size, geography and history, we all share similar service challenges and values. In setting a national strategy for leadership and management, we need to strike the right balance between national and local needs and expectations.

While setting some national aspirations, values and standards for leadership and management, we must recognise that development priorities and approaches may vary according to local needs.

- Leadership Matters is set within the leadership context and the challenges that stakeholders have identified (in Section 3). In other words, why leadership and management is important in delivering better health and social care.

- What leadership and management needs to look like to deliver the 2020 Vision is outlined in Section 4.

- The focus of Section 5 is on how we will develop this leadership and management capacity and capability. A number of principles are set out with high level outcomes under each principle to enable Boards to make this strategy a reality through the development of local plans.

- Lastly, in Section 6, taking a whole-system approach, we outline the roles and responsibilities at national, Board and NES level in relation to making sure this happens.
The NHS in Scotland has had a national strategy for leadership development for nearly a decade. The most recent strategy, *Delivering Quality through Leadership*\(^4\), was published in 2009 and the action plan has now been fully implemented. Much has been achieved by having a national strategy in terms of building leadership capability and capacity to support the delivery of the quality ambitions. In 2012, the National Leadership Board, chaired by the Director General of Health & Social Care / Chief Executive of NHS Scotland, asked the National Leadership Unit (NLU) in NHS Education for Scotland (NES) to undertake a review of the strategy as part of the development of the 2020 Workforce Vision.

*Leadership Matters* is the refreshed strategy for leadership and management development in NHS Scotland. It is informed by the feedback from the 10,000 people who responded during the development of the 2020 Workforce Vision. Alongside the wider engagement around the 2020 Workforce Vision, the NLU undertook a targeted engagement exercise with around 90 stakeholders as well as desk research to inform this strategy.

The detail of the process for reviewing the strategy\(^5\), and the ‘thought paper’\(^6\) developed from what the literature and our stakeholders told us, were agreed by the National Leadership Board. Both papers are available from NES.

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\(^5\) Progress Report on the review of the National Leadership Strategy, paper presented to the National Leadership Board, February 2013

\(^6\) Leadership for the 2020 Vision, paper presented to the National Leadership Board, August, 2012
3. Context for leadership and management

Like every other developed country, Scotland is experiencing radical demographic change which makes current ways of delivering care unsustainable. For example, we know that the number of people aged 75 and over in Scotland is set to increase by 75% between 2004 and 2031. In addition, the predicted reduction in the number of working age people is leading to potential skills shortages in some areas. While the demands for healthcare are increasing both in volume and complexity, these demands require to be met within an increasingly tight financial climate.

We need to know what it is that we do that makes a real difference to people, where we need to improve what we are doing, and how to reduce variation across the system so that patients and service users can safely expect to receive the same quality of service, regardless of where they live. Effective leadership and management are essential in focussing all staff on delivering the best outcomes for people from their efforts. All of our staff at all levels have a contribution to make in finding new, creative and innovative ways of making this happen. Our systems and processes need to be developed to enable quality and innovation. We need a culture which encourages and celebrates innovation, improvement and learning.

Scotland is facing some complex challenges - such as inequalities in health, ensuring a good start in life and supporting people to live longer, healthier lives. These challenges will not be solved by the Health Service alone. Responding to these challenges will depend on people in all parts of the public service working together, and connecting with local communities, to understand better what is needed and to find innovative solutions.

Working with these complex challenges also requires a balance between thinking about the short term and finding lasting ways of addressing them in the long term. Some of this is about being clear about leadership roles, responsibilities, and governance. However, it also means that people in the Health Service need to
create new and effective relationships across the different professions, between primary and secondary care in the NHS, as well as across the different parts of the public sector. The knowledge, skills, behaviours and values of leaders and managers can make or break these new relationships and opportunities.

The pace of change and increasing complexity is presenting new challenges for the whole system. When we create a culture where the individual values the organisation and the organisation values the individual, real improvements in organisational performance can be achieved. Nurturing a culture which places people – patients, service users and staff - at its heart needs to be a priority at the most senior levels of our organisations at the same time as being a responsibility of all staff at all levels.

The recent high profile failings in NHS England, and the recommendations of the Francis Inquiry\(^7\), Keogh Review\(^8\) and Berwick Review\(^9\) remind us of the importance of ensuring that effective governance arrangements are in place which clearly set out the responsibilities of all staff and the accountabilities of our leaders and managers. However, delivering a high quality service also depends on an organisation culture and values which put patients and service users first. Everyone at every level of the organisation must be clear of their responsibilities for building public confidence in the service and for ensuring that the public are protected.

The Executive and Non-Executive Directors in each of our organisations have particular responsibilities for assuring that governance arrangements are fit for purpose and that the organisation is operating in compliance with all aspects of governance (clinical, financial, staff and corporate). They also have a key role to play in promoting and nurturing a culture which puts people at the heart, enables quality improvement, innovation and learning.

\(^7\) [www.midstaffspublicinquiry.com](http://www.midstaffspublicinquiry.com)


The health and social care context presents a number of challenges and it also provides us with opportunities. We need to think about new ways of doing things for and with patients, families, carers and service users and all those who contribute to care. We need to work alongside individuals and communities in a way which recognises their strengths and enables people to feel more in control of their lives. We need to build new professional relationships across systems and sectors with different partners in a way that is innovative and makes the best use of our joint resources.

To make full use of these opportunities we need to develop the kind of leadership and management capability (knowledge, skills, behaviours and values) that support the delivery of the 2020 Vision. We also need to ensure we have the right kind of arrangements in place for governing our organisations and ensuring effective processes for accountability.
4. What does leadership and management need to look like?

Our leaders and managers need to put people – our patients, service users, carers, partners as well as our staff - at the heart of everything we do. We need leaders at all levels of the organisation whose behaviours are consistent with our core NHS values.

The values that are shared across Scotland’s Health Service are:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

We need leaders and managers who are clear about their roles and responsibilities in the context of a properly governed health and social care system. When the situation demands it, we need leaders who can show clear direction (e.g., in a critical situation or emergency). There are clear standards and processes for staff, clinical, financial and corporate governance. Our leaders and managers need to carry out their roles in line with these governance arrangements.

Health and social care services do not stand still. We need to change, develop and improve how we deliver our services – in primary care, in secondary care, in our specialist services and across the community. We need leaders at the top of the organisation who are committed to supporting a culture of innovation and improving quality. However, we also need people throughout the organisation to feel able to exercise their leadership – in how they deliver care, how they work with others in the team, in how they identify and make improvements to the quality of services, and in how they connect with members of the local community and the users of services.

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The 2020 Vision means that we will need to understand and work much more closely with local communities as well as with other parts of the public services. In other words, we also need to think of leadership as a 'social process' which involves all staff and which extends to patients, service users and their carers too.

This is about creating and promoting a culture in which people feel able to learn from things which go well or not so well and know that their ideas and contributions will be heard and valued. It is about providing all staff with opportunities to show leadership as well as to take responsibility.

We need both leaders and managers. To deliver health services which are both high quality and efficient, we will always need skilled managers. Effective managers set clear performance goals and create the conditions in which they can be met. They develop and manage effective systems and processes. They also ensure that the organisation is well governed and that everyone involved in delivering services is held to account for their particular area of delivery. In creating local development plans, we need to reflect the importance of effective management.

We need leaders who engage, inspire and innovate. More and more, the effectiveness of those who are in the formal leadership positions will depend on their ability to understand and diagnose the nature of the problem or situations facing them and to make active choices about which approach is required. We need leaders who are able and prepared to listen and ask questions rather than prescribe solutions. We need leaders who can coach, mentor and engage in effective dialogue with others and who are able to develop relationships based on trust.

As we are facing increasingly complex challenges across health and other public services, so we will need to take a more collaborative approach to addressing them. A complex ‘problem’, such as health inequalities or childhood obesity, is one in which there are differing demands and many different perspectives on how to tackle it. There is unlikely to be one simple answer (for if there were, we would have applied it by now). In these situations, leadership is more about listening to
the different points of view and taking a collective approach – or ‘several heads are better than one’.

In health and social care, leadership is more and more about teams working together well in tackling a range of situations and not about the ‘heroic’ actions of one individual leader. We need to make best use of the informal power and leadership which exists across health and social care – at all levels of the organisation, in all types of job (both clinical and non-clinical), and in networks. We need to ensure a balance between individual development and team development. The new roles that will emerge from the integration process will require specific approaches to leadership and the need for a range of management skills relevant to that context.

Having a broader range of people in roles of leadership will add to the effectiveness of the organisation and the quality of the decisions we make. Recognising and valuing diversity in the broadest sense – including gender, ethnicity, sexual orientation, disability as well as different professional, educational and social backgrounds - will strengthen the quality of our leadership. We need to recognise that the role of “leader” or “manager” suggests a certain image for some people. Some people may either down-play their ability to take on the role – while some may not value it as highly as other roles.

We need to show how good leadership and management contribute to the overall effectiveness of health and social care services. We need to be clear about how people can go about developing their leadership and / or management skills and behaviours.

‘Leadership’ and ‘management’ is not just exercised by those in the formal roles of leader or manager. People in all kinds of roles – including doctor, nurse, allied health professional, facilities and estates, finance, HR, IT, ancillary, administrative – may need to use both leadership and management skills and behaviours in the course of doing their job. Having the opportunity to develop and use these skills and behaviours should be supported and valued by the organisation.
Our leaders and managers are operating within a context of change and complexity. The development of individuals and teams in leader and manager roles takes place within the strategic context in which they operate, i.e., in their Health Board or Council, their particular part of the organisation, as well across health and social care in Scotland. This context influences the priorities and challenges each individual faces in their role. It shapes what they are required to focus on in their leadership role, i.e., service objectives, performance targets. However, how individuals and teams lead (values, behaviours, attitudes, mindset) is at least as important as what they deliver in the leadership role.

The Leadership Framework (pictured below) illustrates both of these points. It is relevant to all of those who have a leadership element to their role – across all professions and different parts of the service. It has been developed across the UK health service and there are versions which are tailored for use by those in medical and clinical leadership roles.\(^{11}\)

Figure 1: NHS Leadership Framework \(^ {12}\)

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11 The "Leadership Framework" is currently under review. We will update the strategy and our supporting materials once the refreshed version is available (by the end of 2013). Further developments and applications of the Framework tailored to the NHS Scotland context will be available later in 2013.

12 As an outcome of our review of the 2009 leadership strategy, the National Leadership Board agreed the adoption of the NHS Leadership Framework. [http://www.leadershipacademy.nhs.uk/discover/leadership-framework/](http://www.leadershipacademy.nhs.uk/discover/leadership-framework/).
There is a growing body of evidence in the leadership literature about the limitations of simply focusing on the development of the individual leader. Furthermore, research into trends in leadership development identifies a shift away from “static individual competencies” and towards “meta-competencies such as learning agility and self-awareness”. However, it is still acknowledged that the development of personal capabilities is important, in particular emotional intelligence, cognitive ability, preparedness to learn, and political awareness.

Developing leadership capabilities out of context is seen as insufficient on its own. It is crucial to develop the leader in the role and in full recognition of the complexities of their context too. Our view is that there is a place for a leadership competency framework. The Leadership Framework sets out the capabilities and behaviours, related to our values (as outlined in Everyone Matters: 2020 Workforce Vision for NHS Scotland), which a leader needs to demonstrate in order to lead well in the particular context. The critical point is that such a framework needs to be used appropriately and with reference both to the particular leadership role(s) and context.

In how we develop our leaders and managers, we need to pay attention to fundamental management skills and processes, as well as personal capabilities and values around self-awareness, learning and reflective practice.

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5. Principles and high level outcomes

There are seven broad principles which drive our approach to leadership and management development. The principles are based on what people in the service have told us and on evidence of best practice in leadership and management development. Following the description of each principle, we have suggested some high level outcomes with the intention of guiding all those with a responsibility for translating this strategy into action.

**Principle 1: Development of leadership and management is valued and seen as important to the organisation in delivering improved outcomes.**

The employing organisation has a responsibility for providing the right kind of development for leaders and managers which enables them to fulfil effectively the responsibilities of their role. While providing broader opportunities for development, we should also be encouraging individual leaders and managers to take their personal responsibility for their development seriously.

Leadership and management development needs to be clearly linked to the relevant governance and people management processes including: the Staff Governance Standard\(^{14}\), ‘performance management arrangements’, Personal Development Planning and Review (PDP&R)\(^{15}\), the Knowledge & Skills Framework (KSF)\(^{16}\), medical appraisal processes and revalidation, and the Careers Framework.

We need to continue to strike the right balance between development activities which happen at the local (Health Board) level and those which are provided nationally (also see principle 6, below). Increasingly, we should consider the

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\(^{14}\) [http://www.scotland.gov.uk/Publications/2012/06/9560](http://www.scotland.gov.uk/Publications/2012/06/9560)


\(^{16}\) [http://www.ksf.scot.nhs.uk/](http://www.ksf.scot.nhs.uk/)
opportunity of collaborating across organisations (within and out with the NHS) where it makes sense to do so.

It is important that learning and development around leadership and management is related to the real context. However, some elements of development need to provide evidence of achievement against external standards set by particular Professional Bodies (e.g., revalidation of post-registration medical staff requires evidence of development against the national “Medical Leadership Competency Framework”). We need to provide a mixed model which includes elements of development which are externally validated by the appropriate Academic and / or Professional Bodies. The key driver in shaping all development should be the need to demonstrate the impact of improved leadership and management on the delivery of high quality, safe, effective and person-centred services.

**High level outcomes:**

- **Local development plans reflect how organisations plan to build the leadership capability and capacity required to deliver the 2020 Vision, the quality outcomes and the 2020 Workforce Vision.**

- **There is clear alignment between what the organisation will deliver (strategic objectives), how that will be delivered (knowledge, skills, values and behaviours) and how all staff (from Board to the front line, clinical and non-clinical) will be held to account.**

- **Roles and responsibilities for leadership and management development are explicit and easily understood, i.e., roles of Boards of Management, Senior Management Teams, Human Resource functions, Organisation Development (OD) and Learning and Development functions, line managers and individuals.**
**Principle 2: The development of leadership and management happens within a culture which has people at its heart and which supports continuous quality improvement, learning, innovation, and working well together across and between organisations.**

We need to encourage the development of those leadership behaviours which create a culture of improvement and innovation. We need leaders and managers who understand the ‘science’ of improvement and the importance of supporting the development of quality.

We need to develop leaders and managers who are self-aware. We need leaders and managers who are able and prepared to learn and to reflect on their practice, supported by a culture which values learning and continuous quality improvement. The content of leadership development should be clearly linked to the national Leadership Framework (see Section 4). The aim of this framework is to provide a single model of leadership behaviours (or “competencies”) for all health staff – in all professions, roles or functions and at all levels. However, the use of the Leadership Framework should be supported by materials which help individuals to make sense of how it applies to their role and context within health and social care in Scotland.

**High level outcomes:**

- The values and behaviours expected of all staff are explicit and embedded in all organisational, governance and staff development processes, i.e. recruitment and selection, appraisal and development.

- Materials are readily available which support individuals and teams in understanding and developing their leadership and management capabilities (with reference to the Leadership Framework and KSF)

- Leadership and management development focuses on building self-awareness in relation to behaviours which promote a climate of person-centeredness, staff engagement, wellbeing, high performance and
improvement, i.e. through the use of 360° feedback, staff experience and patient experience data.

Principle 3: Development is relevant to how people work and the context in which people work. The scope is wide-ranging, reflecting the diversity of leadership and management roles and the changes in our context

The delivery of health and social care is carried out by many different people, working together in teams and across the organisation. We are expecting people to work in a collaborative way across the organisation and with other partners.

So, we should support leadership and management development with whole teams, and not just with individuals.

We need development which is relevant to our context and robust in terms of current theory. By linking development more closely with live situations in the work context, we can give people the chance to test and apply the theory in practice. In other words, supporting people to ‘learn in real time’ or ‘on the job’.

We still need to provide formal programmes of leadership and management development – but these should be delivered alongside (and in support of) work-based development.

Development should take place across NHS Scotland and it should provide people with the opportunity to learn in a multi-professional setting. It should also take place between health and other public services, reflecting the increasingly integrated nature of our work. If we learn together, so we will work together more effectively. Leaders need to be developed in a way which supports collaboration, integration, and effective dialogue with local communities.

Leadership and management development needs to include:

• Promoting the development of a culture which supports the kind of leadership we need for the 2020 Vision and which values the importance of developing leadership and management capabilities
• Developing the capabilities (skills, knowledge and behaviours) of individuals who are currently in the position of leader or manager at all different levels of the organisation

• Providing opportunities for learning and developing leadership and management in a multi-professional setting

• Encouraging and developing the capabilities of people who may have the potential to be leaders and managers in the future, connecting this development approach with succession planning for positions of leadership

• Working with leadership teams on live, work-based issues

• Working alongside groups of people involved in addressing complex issues and change across organisations and supporting them to develop how they approach these issues and work together more effectively

• Developing the capabilities of people who are coming together in networks (e.g., the Leading Quality Network[^17]), so as to make the best use of the value and potential of networks – for learning, sharing knowledge and developing capacity for both leadership and management

• Provision for the development of leadership and management skills for people in all professions who need to use these skills as part of their job (both clinical and non-clinical).

• Helping people to develop how they have more effective conversations with each other.

**High level outcomes:**

• *Leadership and management development approaches are robust in terms of current theory and directly related to the context in which people work*

• **Plans to develop leadership and management capability and capacity reflect a balance between formal programmes and work-based development.**

• **Leadership and management development approaches reflect a balance between focussing on: individuals and teams; current and future leaders; uni-professional and multi-professional; cross system and cross sectors.**

**Principle 4: The vital contribution of management to the effective delivery of high quality services is recognised and people in management roles have the skills and capabilities required to fulfil these roles.**

To deliver services which are both high quality and efficient we need highly skilled managers. Effective managers set clear performance goals and create the conditions in which these goals can be met. They ensure that organisations are well governed and that everyone is held to account for their area of delivery. It is critically important that our managers are fully aware of their accountabilities in relation to financial and resource management and that we have effective processes in place to assure that this effective management takes place.

Managers manage people as well as managing processes. We need managers with the knowledge, skills and behaviours to manage people effectively through their day to day interactions with others and through effective annual appraisal. We need managers who are both aware of, and able to deliver on, their responsibilities for implementing the Staff Governance Standard. Whether people are in formal management roles or in other roles which require management skills, we need to ensure that they have the opportunity to develop those skills which enable them to perform effectively.

The context in which we are delivering services is changing rapidly. The management skills that people require are also changing. In addition to working effectively within the healthcare setting, increasingly we will need managers who are effective across organisational boundaries (e.g. between primary and
secondary care) and across sectors (e.g. working with partners in social care and voluntary sector). In achieving the 2020 Vision we will need managers who have a broad appreciation of the issues to be managed at the interfaces between services.

**High level outcomes:**

- *Local development plans reflect how organisations plan to build management capability and capacity to deliver the 2020 Vision, quality outcomes and the 2020 Workforce Vision.*

- *Plans to develop leadership and management capability and capacity are appropriately balanced between a focus on leadership and on management, in reflection of local need and priority.*

**Principle 5: Development needs to be distributed across all levels of leaders and managers and be relevant to all those who are involved in leadership and management, both clinical and non-clinical.*

Development of leadership and management capability needs to be even more accessible and inclusive. It needs to be equally applicable to those in clinical and non-clinical roles and to those working across organisations or in different types of roles. This can be achieved by using a broader range of approaches and by widening access to development, e.g., through the greater use of online resources and 'social networking' approaches.

During the engagement process for developing the 2020 Workforce Vision and in the engagement process to refresh the leadership strategy, many stakeholders emphasised the importance of taking a broad and inclusive view of leadership and management development. Particular high level outcomes have emerged in relation to:

- Development for administrative and clerical staff who often manage large teams of staff;
- Emerging leaders (see note 1) and middle managers;
• Further developing and connecting staff who are skilled in quality improvement science to lead wider systems change;
• Clinical leadership;
• Further support for senior managers across health and across services
• Primary care leadership;
• Development to support leaders and managers working with partners across systems and sectors; and
• Board and Non Executive development.

Note 1: Who do we mean by “emerging leaders”?

- People who are currently in front line leader roles – and including many of those who are currently in middle manager roles (a broad, diverse population across the complexity of health & social care).
- People who have the potential to take on a more formal leadership or management role (clinicians and non-clinicians) – and people who are aspiring to move into more formal leadership roles.
- The many people who demonstrate personal leadership, e.g., in how they lead a specific quality improvement initiative or take personal responsibility for the delivery of care or service to others, and yet who would not see themselves as “leader”.

In developing plans, local systems need to take cognisance of the broad and diverse range of needs, and NHS Education for Scotland has an important role to play in supporting the service around these areas.

Leadership and management, in its broadest sense, should be considered to comprise a range of skills that can be developed across a career. It is important that this is not left to chance or based simply on individual motivation.

**High level outcomes:**

- Leadership and management development is accessible and inclusive, reflecting the range and diversity of roles within the organisation from front line to Board level.
• All staff with responsibility for leading or managing others have opportunities to develop the knowledge, skills and behaviours required to fulfil their responsibilities and to discuss this with their line manager through meaningful annual appraisal.

Principle 6: We are clear about the purpose of leadership and management development, the responsibilities for making it happen and for ‘tracking’ its impact.

With the whole-system approach that characterises this strategy we need to be clear about the responsibilities of government, the Boards and NES as well as agree the purpose and focus of each development programme and activity. Both the people taking part in the development, and their line managers, play a very important part in identifying what needs to change or be developed and how this can be measured or assessed. If we are all clear about what we are trying to achieve, then we will be better able to demonstrate the value of the development to both individuals and the organisation.

We need to step up our evaluation of our development activities to be clear about ‘what works and why’. NES also has an important role to play in supporting the service by creating stronger links with academics and leading practitioners in the fields of leadership and management development both to ensure our approaches are up-to-date but also to sponsor specific pieces of research within the Scottish context. (Also see Section 6).

We need to make sure that people are supported to sustain their development and make the best use of the investment in leadership and management development across the organisation, i.e. through staying in touch with people who have taken part in formal development and by tracking their development, considering how new skills can be used in practice, identifying opportunities for staff to share their skills with others, i.e. through mentoring others, developing networks and communities of practice.
High level outcomes:

- Leadership and management development programmes and activities clearly state the purpose, expected outcomes and how this will be measured.

- Organisational plans reflect how staff are expected and supported to sustain their development, i.e. how new knowledge, skills and behaviours will be put into practice and shared with others.

Principle 7: We use a blended and flexible approach to leadership and management development.

Development should include different ‘building blocks’ which can be undertaken by individuals - or teams - in different combinations, in a ‘mix and match’ and bespoke approach.

The different elements of development need to be well-connected, both as a way of making best use of resources but also as a way of cross-fertilising ideas across the system and supporting collaborative learning and working.

We are expecting everyone to work in a way which puts people at the heart of everything that we do. We are also expecting leaders to work in ways which promote collaboration, innovation and creativity. In the same way, this should be reflected in the way in which we develop staff.

For example:

- Working in partnership with Higher Education Institutions to review our programmes and devise development routes which are formally accredited where it makes sense to do so

- Reviewing the changing needs of the Service and ensuring that our development offerings continue to promote and support the development of professional standards of leadership and management
• Encouraging past and current participants to contribute to the design and delivery of our development programmes and activities;
• Working across systems and sector to identify innovative approaches;
• Using technological solutions to improve uptake and access; and,
• Undertaking small tests of change.

**High level outcomes:**

• *Leadership and management development plans reflect innovative and creative ways of building capability and capacity*

• *Development includes different building blocks that can be undertaken by individuals and teams. This is mapped out in a way that is easy for all staff to navigate.*
6. Roles and responsibilities for making sure it happens

The role of Scottish Government
In relation to leadership and management development the role of the Scottish Government is to:

- Set the policy direction
- Establish governance arrangements
- Facilitate the whole-system engagement with the strategy
- Encourage Board engagement
- Provide guidance to NES

The role of all Health Boards
Health Boards are responsible for ensuring that all staff at every level of their organisation have the knowledge, skills, values and behaviours which are required to fulfil the responsibilities of their role effectively. Key actions in relation to leadership and management are outlined in the Implementation Plan for the 2020 Workforce Vision.

*Leadership Matters* is the Leadership and Management Development Strategy for the NHS in Scotland and each Health Board is responsible for turning this strategy into a reality.

Local Development Plans should be underpinned by the principles outlined in Section 5. Health Boards may find the ‘high level outcomes’ associated with each of the principles helpful in devising and implementing their Local Development Plans.

While setting national aspirations, values and standards for leadership and management, it is recognised that development priorities and approaches may vary according to local needs. The principles are intentionally broad to reflect this diversity. In common with other priority areas in the 2020 Workforce Vision, support and guidance for leadership and management guidance is available at a national level.
The Role of NHS Education for Scotland

NHS Education for Scotland is a special health board with an international outlook, responsible for education, training and workforce development for those who work in and with NHS Scotland. The key aim of NES is to improve health and care through education. NES prepares professionals for practice in medicine, dentistry, clinical psychology, pharmacy, optometry and healthcare science and to provide access to education for the nursing, midwifery and allied health professions and for healthcare support workers and administrative, clerical and support staff.

NES aims to add value in support of public service reform and supports current policy priorities through education for improving quality, service re-design and leadership and management, with a particular emphasis on enabling sustainable quality through the 2020 Workforce Vision.

NHS Education for Scotland has a particular role to play at the national level in supporting Boards to implement Leadership Matters.

The role of NES is to:

- Support the development of policy and strategy for leadership and management development across NHS Scotland and across sectors.
- Support the implementation of strategy aimed at improving leadership and management capability and nurturing future capacity to deliver the 2020 Vision, public service transformation and the 2020 Workforce Vision
- To work in partnership with the Boards and other organisations to provide a comprehensive approach to leadership and management development for all occupational and professional groups and at all grades.
- To support Boards through the provision of:
  - programmes of work which might be difficult to deliver locally and require a national approach (e.g. Graduate Training Scheme, Chief Executive Development and succession planning for strategic clinical leaders)
- Support leadership and management development associated with the integration of health and social care.
- Support leadership and management development across the broader public services.
- Manage national resources provided for the purpose of leadership and management development and liaise closely with the NHS Organisational Development (OD) leads and professional leads to make the most effective use of these resources through the alignment of national, regional and local endeavours around leadership development.
- Build strategic partnerships with other NHS partners, wider public services, and provider and research organisations in Scotland and across the UK to support leadership and management development across NHS Scotland and wider public sector.
- Act as a conduit to connect development initiatives across the system and share good practice.

NES will continue to design, commission, manage and deliver national development programmes and activities. This role is carried out in collaboration with the Health Boards and with partners in other public sector organisations and beyond.

The principles set out in this strategy also apply to the way in which NES needs to be thinking about leadership and management development and work is already underway to make sure that existing national programmes and activities are fit for purpose and accessible.
In addition to existing programmes of work which are already underway, additional priorities have emerged during this review. These include

- Development for administrative and clerical staff who often manage large teams of staff
- Emerging leaders\(^{18}\) and middle managers
- Further developing and connecting staff who are skilled in quality improvement science to lead wider systems change
- Clinical leadership (including further development of national leadership and management development programmes for trainee doctors)
- Further support for senior managers across health and across services
- Primary care leadership
- Development to support leaders and managers working with partners across systems and sectors

Boards are also seeking support in helping to map out leadership and management development opportunities across different roles and levels. There is also an opportunity to work across NES in providing a more integrated approach to leadership and management development across professional groups.

NES will work with stakeholders to develop an implementation plan which will provide Boards and partners with the detail on how it will continue to support Boards in delivering this strategy.

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\(^{18}\) See note 1 on page 20
7. Conclusion

In conclusion, *Leadership Matters* sets out the challenges that stakeholders have identified. This provides the context of why leadership and management is so important in delivering better health and social care outcomes.

Section 4 draws on the literature as well as what stakeholders described in terms of what leadership and management needs to look like to deliver the *2020 Vision*. The emphasis here is on leadership and management throughout our organisation from front-line to Board at the same time as ensuring that those who have key positional leadership roles are skilled in delivering on their accountabilities.

In section 5, *how we will develop this leadership and management capacity and capability is described*. A number of principles are set out with high level outcomes to enable Boards to make this strategy a reality through the development of local plans. A key principle is the need to develop leadership and management skills and behaviours of both individuals and teams. There is also an intention within the Strategy to support the development of the leadership culture within NHS Scotland and how leaders in NHS Scotland work together with others across public services.

The final section outlines the roles and responsibilities at both a local and national level in relation to making sure this happens including the role of NES in supporting Boards and other stakeholders.

Having a national vision and strategy for leadership and management will provide consistency in our approach to development across NHS Scotland and with our public sector partners. It will also ensure that we avoid duplication and make the best use of valuable resources. The key deliverables within the strategy provide a way to ensuring that our workforce are enabled to deliver the 2020 Vision.