



Putting People at the Heart of Leadership in Health and Care in Scotland

Project Lift Progress Report | June 2019



“Project Lift is a brave new way to develop our leaders across NHS Scotland. We know the system which we work in, which has run for the last seven decades, needs to change to be sustainable. For me the NHS is all about people. Through Project Lift I have been building relationships within the broader NHS system; learning from the colliding perspectives and benefitting from different ways of seeing things – both within the cohort and within my own Team Thrive. Self, team, system – it’s all interlinked. In order to have a more productive, sustainable system you need to have good strong teams.

“We need to give everyone opportunities to be a leader within their own role, their own space to flourish. My experience of successful teams which are really high performing, are ones where we treat each other with humanity and compassion. We share ideas in a space of trust; we support each other; pick each other up when that’s needed; we celebrate success as team. I think that’s so important and at the core of the whole Project Lift experience.”

Suzy Aspley, leadership³ Cohort 1/NHS24

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Executive Summary

Purpose

This document sets out the conditions for change, the ethos and the evidence base for the work being undertaken by Project Lift, an ambitious whole-system approach to enhance leadership capability and capacity in Health and Care in Scotland. It provides a summary of what has been achieved and enabled by Project Lift to date, and what the Project Lift team aims to take forward through 2019-20 in collaboration with others across the system.

The Case for Change

The public sector offers opportunities for people to flourish by making a positive difference to Scotland through the services provided and by working alongside our communities. At the same time, however, the public sector faces unprecedented challenges of financial and workforce sustainability, rising demand, expectations and complexity.

Within Health and Care, there is a growing recognition that alongside policies and structural changes, we need an intentional focus on a more humane approach to leadership.

This is distilled most succinctly in Scotland's 2018 National Performance Framework¹ (NPF), which at its heart offers a set of values to guide our approach to government and public services: **to treat all our people with kindness, dignity and compassion; respect the rule of law; and, act in an open and transparent way.**

Achieving the common set of outcomes in the NPF means that people across Scotland need to work together more effectively – across communities, national and local government, in all the statutory bodies, across the third sector and in businesses. The NPF offers rich potential for individual, team and system rewards, yet requires monumental effort to create system-wide change within the current paradigm. The leadership required to achieve the NPF, as well as deliver current Health and Care outcomes, is being enabled by Project Lift.



What is the Leadership Ethos enabled by Project Lift ?

In Health and Care we provide services and support for and with people. Relationships between people are therefore at the heart of everything we do. Through leadership at all levels across Health and Care, we value people and our humanity so we can make the most of each other's potential, our services, and the positive impact we can make in Scotland.

Project Lift is all about:

<i>People</i>	Our humanness, the relationships between us, both the rational and the emotional.
<i>Purpose & connections</i>	Connecting across the system on the shared ambition and aspiration of the National Performance Framework.
<i>Kindness & compassion</i>	In all of our interactions, behaviours, policies, and cultures.
<i>Humility & curiosity</i>	Being open to other knowledge, to vulnerability, to growth, to courage, to the power of "we".
<i>Inclusivity</i>	Seeking leadership at all levels and in all professions, valuing the strengths of people wherever they are, and working alongside each other in our communities.
<i>Diversity</i>	Respecting and valuing different backgrounds, skills, perspectives, and contributions.
<i>Choice & responsibility</i>	Encouraging people to exercise individual agency and take responsibility for personal and collective development.
<i>Collaborative & collective approaches</i>	Looking and working across boundaries in pursuit of common purpose and outcomes; and being adaptive to navigate complexity, volatility and uncertainty.

These attributes have a deep and robust evidence base, one that we have summarised in the body of this report. This is captured in our Leadership Profile, which underpins our Talent Management process and our approach to Leadership Development.

How is Project Lift enabling this leadership ethos in practice?

Since its inception in September 2017, the Project Lift team has grown in size and structure and continues to be committed to embodying the ethos it has set out to facilitate. The work consists of five elements:



ENGAGEMENT

Through engagement we are developing relationships across Health and Care so that we may understand the realities of leadership, make connections, and act in service of the wider system. As we seek to enable leadership at all levels, our engagement approach spans sectors, organisations, roles, bands, professions and networks. We are achieving this digitally and in person.



TALENT MANAGEMENT

Using our Leadership Profile we are providing a mechanism to identify those at all levels of our services showing the greatest potential to develop into our leaders of the future. An inclusive approach to talent management – based on individual agency – has been designed to help identify and develop future leaders at all levels. We encourage colleagues from all backgrounds and at all levels to participate. This is supporting us to identify, nurture and empower a more diverse leadership cohort, more strongly aligned to our population.



LEADERSHIP DEVELOPMENT

In our approach to developing leadership we acknowledge that, just as there are no easy solutions to 'fix' the complex, systemic issues we face across Scotland, so there is no one 'model' of leadership. We are enabling learning in practice and from practice, and creating space – for exploration, conversation, connection, difference and experimentation.

Developing leadership at all levels, across all areas, of Health and Care means that people are at different starting-points and stages of readiness for development. In our framework we recognise that 'one size does not fit all' by working to ensure access to a blend of opportunities for leadership development – from informal to more formal, and including individual and collective approaches.



VALUES BASED RECRUITMENT

Recruitment processes are being delivered for senior leaders in NHS Scotland using a Once for Scotland Values Based Recruitment approach and are being supported by the Project Lift team. This approach places as much importance on the values of leaders, and how they relate to the values of NHS Scotland, as on their skills and experience.



PERFORMANCE APPRAISAL

We have refreshed performance appraisal systems at senior and executive level within the NHS which put people at the centre of everything we do. The new approach includes three categories of objective including: contribution to the Health & Social Care Delivery Plan; leading and valuing people; and local Board or role specific objectives.

"It provides a unique opportunity to undertake personal reflection and have someone completely objective coach you and provide greater depth to your own reflections, bringing insight that I don't think would have been feasible without this conversation."

(Career Conversation participant)

"It's a different and exciting way of working around Leadership, transformative, hard and challenging, and with active listening – a good way to learn from others in how they handle those challenges. It's such an important way of learning and changing our leadership because it's been very unconventional and quite soul searching in some places. Understanding that involving people at every level, empowering people, breaking down barriers, flattening hierarchies and structures, giving ownership to people (this will) bring change."

(Cohort 1, leadership³)

"I have been shadowing Execs from public sector to assist my operating in a political environment and learning more about their roles in strategic context."

(Career Conversation participant)

"Feedback enabled me to consider my personal strengths and areas for development when applying for a new post. I was successful in securing a new, promoted post and I believe that my feedback conversation contributed to my preparation."

(Career Conversation participant)

"It felt fresh, like the conversation around leadership is opening up and developing beyond model types of behaviour."

(Winter Gathering participant)

"My employing body is considering using this after I tested it out with my leadership and management team. I got permission to use it. This has helped me and my organisation to build a leadership and management succession plan, supporting people's aspirations for their career."

(Career Conversation participant)



What next for Project Lift?

We are taking a robust and meaningful approach to evaluating the impact that Project Lift and our related activities bring.

We will continue to build on our experience and learning to date across all five elements of Project Lift. We are growing the collaboration - of Scottish Government, NHS Education for Scotland, Scottish Social Services Council – to work more closely with a network of collaborators from across public services, the third and independent sectors. In all that we do there is a clear focus on supporting the progress of Integration, exploring and experimenting with ways of achieving Sustainable Performance and Reform, and in achieving the outcomes of the National Performance Framework.

The detail of our specific next steps in each of the five elements of Project Lift is outlined in the final section of this report. In broad outline, the next steps are:



ENGAGEMENT

Continue to build connections across the Health and Care and the wider Public Sector and enable people across our communities to connect with each other through Project Lift



TALENT MANAGEMENT

Continue to facilitate and broaden access to Talent Management and make the connections to broader leadership development opportunities.



LEADERSHIP DEVELOPMENT

Broaden the scope of leadership development and continue to make the connections across the system so that individuals and teams are enabled to access a range of development opportunities.



VALUES BASED RECRUITMENT

Improve and spread the application of Values Based Recruitment across Health and Care.



PERFORMANCE APPRAISAL

Continue to support the improvement and increasing relevance of the Performance Appraisal approach, ensuring that connections are made to Talent Management and Leadership Development.

“There may be no greater leadership challenge in 2019 than to help people under pressure to feel valued and for everyone to appreciate the benefits which come from rebuilding strong relationships, bringing out the best in each other and enabling everyone to be more effective in every way.”

John Sturrock, QC and mediator. May 2019²

The Case for Change

The public sector in Scotland is a hugely rewarding environment in which to work. However, there has been a growing recognition within public services that continuing to do things the way we always have will not be sustainable.

“Unless Scotland embraces a radical, new, collaborative culture throughout our public services, both budgets and provision will buckle under the strain.”

Dr Campbell Christie CBE, 2011³

Today’s Health and Social Care leaders face unprecedented challenges of financial pressure, rising public expectations and quality improvement, with changing workforce demands, at the same time as being asked to deliver transformational change. This is within a wider context of an increasingly complicated organisational and relational landscape, constitutional and societal uncertainty, and rapid technological advancement and democratization of information and knowledge. The human capacity to make sense and survive, let alone to navigate this reality and thrive, is in many cases being stretched beyond comfort. Our system needs to reconnect with its humanity.

“Real change starts with recognizing that we are part of the systems we seek to change. The fear and distrust we seek to remedy also exist within us – as do the anger, sorrow, doubt and frustration.”

Peter Senge et al, Winter 2015⁴

Current commentary on the system and policy context continues to become more pronounced in emphasizing the importance of effective whole-system collaborative human leadership:

“Ensuring effective leadership is also critical. Much more engagement and information are needed about how new forms of care will work, what they cost and the difference they make to people’s lives. Without this, it will continue to be difficult to build support among the public and politicians to make the decisions needed to change how healthcare is delivered in Scotland.”

Audit Scotland, October 2018⁵

“Commitment to collaborative leadership and building relationship. The Scottish Government and COSLA should:

- *ensure that there is appropriate leadership capacity in place to support integration*
- *increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively.”*

Audit Scotland, November 2018⁶

“There may be no greater leadership challenge in 2019 than to help people under pressure to feel valued and for everyone to appreciate the benefits which come from rebuilding strong relationships, bringing out the best in each other and enabling everyone to be more effective in every way.”

John Sturrock, QC and mediator. May 2019⁷

This coming together of policies and lived experience is distilled into Scotland's refreshed *National Performance Framework*⁸ as an expression of what matters to the people of Scotland, and how we should be achieving these outcomes. It is a bold expression of purpose from and for Scotland to:

- create a more successful country
- give opportunities to all people living in Scotland
- increase the wellbeing of people living in Scotland
- create sustainable and inclusive growth

At the heart is a set of values which guide our approach to government and public services in Scotland: *to treat all our people with kindness, dignity and compassion; respect the rule of law; and, act in an open and transparent way.*

Achieving the common set of outcomes means that people across Scotland need to work together more effectively – across communities, national and local government, in all of the statutory bodies, across the third sector and in businesses. And this can feel hard – because it means working across current institutions, changing established ways of doing things and stepping across professional boundaries.

We need leadership at all levels across the system which is connected, collaborative and compassionate. This is the only way we can affect the transformational system change set out in the *National Performance Framework* outcomes and envisaged by Christie in 2011⁹ while achieving the *Scottish Government's Health And Social Care Delivery Plan*.¹⁰ And, this is how we can create and nurture the kind of engagement, collaboration, and compassionate cultures identified as so important in the two 2018 Audit Scotland reports and – most recently – in the Sturrock Report.

This is why the *National Performance Framework* is the '*North Star*' for Project Lift - providing common purpose and meaning for the actions and collaborative efforts of people across health and care, across all our public services.

How leaders at all levels across the Health and Care system make sense of and respond to the challenges set out in the Audit Scotland reports and the Sturrock Report is critical. This is the opportunity to model leadership which consistently treats people with kindness and compassion. It is the time for more curiosity, open-mindedness and transparency in how we all work together. Never has there been a clearer or more compelling case for genuine collaboration and compassionate leadership.

"The process we use to get to the future is the future we get"

*Myron Rogers*¹¹



11,435

Hits on projectlift.scot



18

Executive roles
via VBR



81

Career conversations

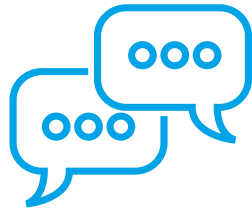
5

Community
Events



22

Boards engaged



2,750

project lift app users

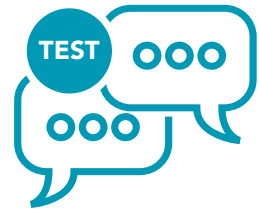


4

Community
Surveys



project lift
in numbers



8

Pilot career
conversations



1

New Horizon
cohort



1,400

Self Assesment
Questionnaires completed

2

leadership³
cohorts

2,060

Twitter followers



Milestones

2015
-2016



NHS Leadership & Talent Management Steering Group and Quality Portfolio Group gathered evidence on Leadership from across the NHS and beyond.

DEC

Scottish Government Health and Social Care Delivery Plan published.

2017



MAY

Scottish Government Executive Level Leadership & Talent Management Plan published.

Predicated on our commitment to ethical leadership, NHS Scotland values and a 'Once for Scotland' approach, the intention is to design and implement a set of new national arrangements which will ensure the very best and most able people reach NHS Scotland boardrooms and that they ensure people working in and across organisations can thrive and flourish...'

Executive Level Leadership & Talent Management Plan, May 2017

AUG

Report provided on lived reality of leaders and impact of leadership development across Health and Social Care in Scotland.

SEP

Project Lift Core Group formed from Scottish Government, NHS Education for Scotland (NES), NHS National Services Scotland (NSS) and The Golden Jubilee Foundation.

NOV

New approach signalled through "Showcasing The Future" event and the launch of the Project Lift website: www.projectlift.scot.

DEC

Technical Partners appointed for Leadership Development and Talent Management.

2018



MAR

All four Project Lift Principal Leads confirmed in post.

APR

Pilot of new Performance Appraisal approach launched.

MAY

Compassionate Leadership Masterclass led by Professor Michael West and engagement event for Senior Health & Care Leaders.

2019

- JUN** Director's Letter signalling new Values-Based Recruitment approach across NHS Scotland.
Launch of the digital Talent Management process on TURAS, open to leaders at all levels.
- JUL** Career Conversations began.
- SEP** Cohort 1, leadership³ programme for aspiring executive leaders, began onboarding.
- OCT** 50th Career Conversation held.
- NOV** 1000 twitter followers @projectliftscot.
- DEC** First Community Events – "Winter Gatherings" – held in Aberdeen, Edinburgh, Glasgow and Perth.
- JAN** Phase Two of the Project Lift App – Career Conversations now completed online and enhanced data reporting capability between the app and PowerBi.
Leadership & Talent Management Division formed within Health & Social Care Directorate for Workforce, Leadership, Reform & EU Exit Preparation.
- FEB** NHS Scotland Chief Executive system leadership development started.
1000 SAQs completed.
- MAR** First Community surveys completed.
- APR** Cohort 2, leadership³ programme for aspiring executive leaders, began onboarding.
Joint event on systems leadership with ACUMEN cohort.
10,000 hits on www.projectlift.scot.
- MAY** First Creative Forum with participants from Health and Care, Third Sector, Private Industry and Freelance individuals.
2000 twitter followers.
18 successful posts filled via Values Based Recruitment since April 2018.

Engagement

Simple, Collaborative, System Wide Engagement

Engagement is how we seek to understand the realities and effectively build the relationships across Health and Care in order that we may connect with, and act in service of, the wider system. The Project Lift Ethos provides a framework for how we engage in ways demonstrating relationships between people are at the heart of everything we do. As we seek to enable leadership at all levels, our engagement approach spans roles, bands, professions and networks. The areas below highlight only a few examples of those who have engaged with us in this vital work.

Key Areas of Engagement:

Contributors for our leadership³ learning events - e.g. Hilary Cottam, Carnegie UK Trust, Cornerstone, John Atkinson & Myron Rogers, Scottish Council for Voluntary Organisations, Edinburgh Health & Social Care Partnership, Wigan Council, and more

Thinking partners & critical friends from across the system - e.g. Regional and local Organisation Development (OD) leads and HR teams, NHS Boards, East Ayrshire Council, members of NHS Scotland Executive Cohort, Health & Social Care Leadership Centre (Northern Ireland), Scottish Government officials, Academi Wales, UK Civil service Talent, Ministry of Defence, Faculty of Medical Leadership & Management, The Alliance, Social Care Scotland, Workforce Scotland, Scottish Leaders Forum² and more

Collaborations for the live, collaborative leadership work - e.g. Scottish Ballet, Cairngorms National Park, National Galleries, Scottish Prison Service, CivTech, the ALLIANCE and more

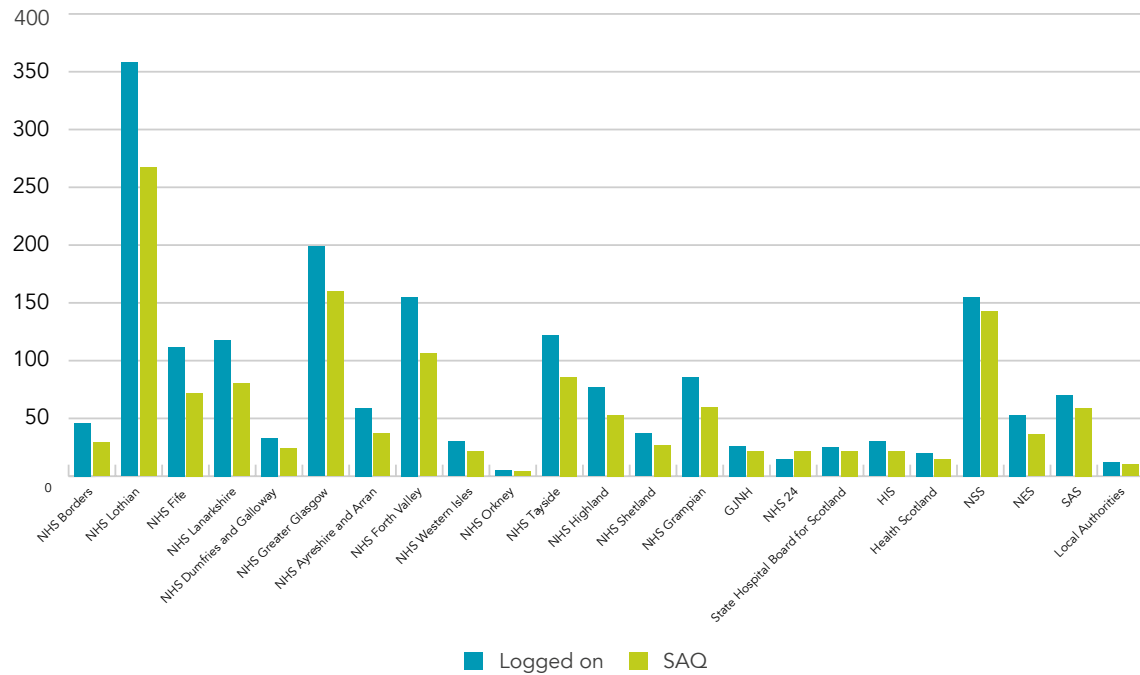
Influencers for our ethos and thinking - e.g. Michael West, the King's Fund, Carnegie UK Trust (Julia Unwin), Tamarack Institute, Nurture Development (ABCD), Deborah Rowland, Center for Creative Leadership, BMJ Leader, Harvard Business Review, McKinsey, Mayo Clinic, IHI, Presencing Foundation, Ashridge Business School, Sea Salt Learning, Policy Lab, Scottish Approach to Service Design, Corporate Rebels. Meg Wheatley, Peter Senge and more

Approach and location of engagement:



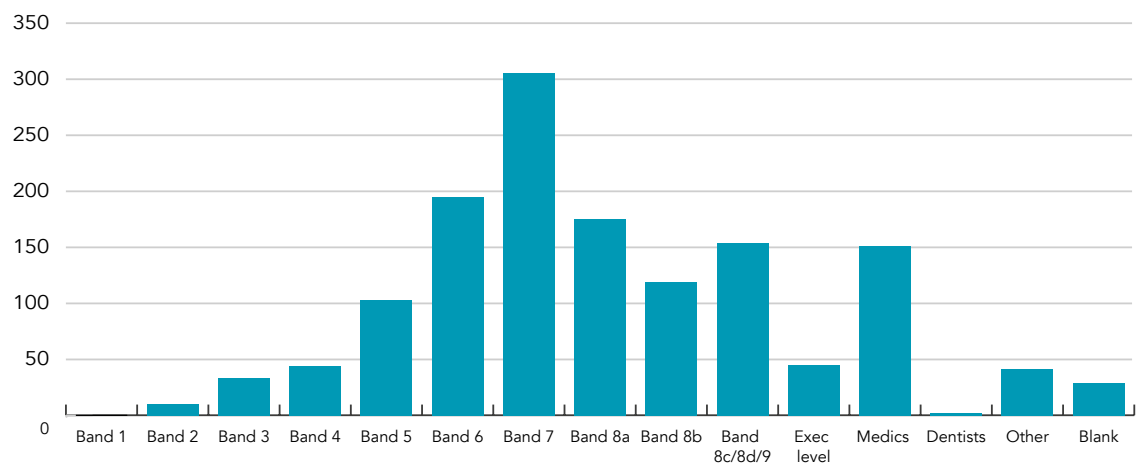
Statistics

No of participants accessed app and completed SAQ by employer



This table provides numbers of participants who have logged in to the project lift App and numbers of participants who have gone on to complete the self-assessment

SAQ completion by grade



This table provides numbers of participants who have logged in to project lift talent management process on TURAS by grade.

*Be ambitious and game changing.
Make us a UK or international leader in
developing our talent to ensure the best and
most able get the most senior positions on
merit – reflecting the integrity of the process
and diversity.*

*Keep sight of the conceptual design of a
longitudinal, accredited approach and end
to end career management for those in the
national cohort.*

*Shirley Rogers, Chief People Officer, Health & Social Care, Scottish
Government, October, 2017*



The Project Lift Ethos

What is it?

In Health and Care we provide services and support for and with people. Relationships between people are therefore at the heart of everything we do. Through leadership at all levels across Health and Care, we value people and our humanity so we can make the most of each other's potential, our services, and the positive impact we can make in Scotland.

Project Lift is all about:

<i>People</i>	Our humanness, the relationships between us, both the rational and the emotional;
<i>Purpose & connections</i>	Connecting across the system on the shared ambition and aspiration of the National Performance Framework;
<i>Kindness & compassion</i>	In all of our interactions, behaviours, policies, and cultures.
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<i>Diversity</i>	Respecting and valuing different backgrounds, skills, perspectives, and contributions;
<i>Choice & responsibility</i>	Encouraging people to exercise individual agency and take responsibility for personal and collective development;
<i>Collaborative & collective approaches</i>	Looking and working across boundaries in pursuit of common purpose and outcomes; and being adaptive to navigate complexity, volatility and uncertainty.

The brand focusses on the power of individual and the potential they have to transform care. It asks people to participate in the process and join a movement rather than access a service, Project Lift aims to expand thinking and open conversations about what a leader looks like and how do we show leadership. The mark was derived from the NHS Scotland mark rooted in the original form but allowing it to open its wings and transform into something more diverse, inclusive and engaging.



The Project Lift Ethos in Practice

People, purpose and connections

There is no one model that can transform our Health and Care system, and there is no one leadership style or mantra that will prepare us to deal with the complex and ambiguous future we face. In facing this future, we are drawing on multiple sources of research, learning and experience to develop ways of fostering more effective and transformational leadership.

In Project Lift, we place an explicit emphasis on the *human capabilities* of leadership.

- Being self-aware and behaving consistently with humility, kindness, compassion and courage
- Remaining aware of our impact on others and able to engage well
- Taking care of our own health & well-being as well as promoting the importance of, and enabling, the health, well-being and resilience of others – in our teams and across the wider system
- Being able to connect well with others both to develop the vision and share a compelling story about the vision
- Inspiring and empowering others through being visible, present, and sustaining a positive outlook
- Being both able to influence others as well as be open to others' perspectives
- Demonstrating adaptability, curiosity, and willingness to embrace complexity, ambiguity and uncertainty
- Being prepared to work across boundaries, to understand the wider context, to think and lead across Health and Care and influence transformational system change

We recognise that leaders also require *Technical Capabilities* – the skills, abilities and knowledge to lead, manage and improve the service - exercised in ways which are consistent with the Project Lift ethos. The development of these technical capabilities is fully covered elsewhere on well-established programmes focusing on: change methodologies, user-led service design, quality improvement, clinical knowledge and skills, financial management, big data, human resource management, value-based healthcare, programme management and more.

We are committed to a meaningful connection between Project Lift and all of these national programmes, uniting around the common purpose of the *National Performance Framework*. Coherence across this range of developmental activity will enable our leaders to share learning and experience with humility and curiosity, as well as to develop expertise where required - all in service of achieving the national outcomes.

“A new leadership paradigm seems to be emerging with an inexorable shift away from one-way, hierarchical, organization-centric communication toward two-way, network-centric, participatory and collaborative leadership styles.

Most of all a new mindset seems necessary, apart from new skills and knowledge. All the tools in the world will not change anything if the mindset does not allow and support change.”

Grady McGonagill & Tina Doerffer, Quoted in Nick Petrie (2014)¹²

Kindness, compassion, humility and curiosity

We know only too well that leadership behaviours and approaches impact directly on organisational culture. The kind of culture experienced by people impacts on their engagement, well-being, motivation and productivity. It is therefore essential to nurture cultures of kindness, compassion and learning – through leadership at all levels which is relational, compassionate, humble, and collaborative.

We will sustain these cultures through our relationships, through having constructive conversations, remaining curious about each other’s perspectives and empathic to each other’s feelings.

“There needs to be an enabling culture from the top. Culture change needs to be owned by the leaders. That means leaders who are not afraid, who have high self-esteem and a great deal of humanity and compassion. Kindness is a critical component of the leadership which will be needed going forward.

A new style of people-centred leadership will be crucial, with a more effective and competent management team and board, and a more compassionate, honest, courageous, humble, empowering culture, open to respectful challenge, communicative and accepting of the realities of operating in a very pressurised and financially challenging situation. Fear cannot be the driver.”

John Sturrock, QC and mediator (May 2019)¹³

Inclusivity and diversity

We believe in making the best use of the strengths, abilities, and experiences of people exercising leadership at all levels of the system. We know that there are many knowledgeable, skilled and committed leaders across Health and Care, undertaking challenging roles with purpose and energy. The ethos of Project Lift means that we both value these contributions whilst identifying and developing the behaviours, attributes, approaches and skills required for achieving transformational system change.

Being inclusive and asset-based underpins our approach to developing the Project Lift communities. Building a leadership community across Health and Care provides an important

way of connecting people, developing leadership capacity and enabling transformational system change in practice – through opening up opportunities for live, collaborative leadership work across the system.

“To advocate human conversation as the means to restore hope to the future is as simple as I can get. But I’ve seen that there is no more powerful way to initiate significant change than to convene a conversation. When a community of people discovers that they share a concern, a change begins. There is no power equal to a community discovering what it cares about.”

Margaret Wheatley (2009)¹⁴

Choice, responsibility, collaborative and collective approaches

Project Lift is about transforming care – starting with you. We encourage and support people with leadership potential, wherever they are and in whatever current role, to exercise individual agency and take responsibility for their own development. Developing leadership starts with raising our self-awareness and understanding more about our own motives and values and the impact we have on others. By raising our own awareness, we can then exercise choice in how we respond to situations with kindness, compassion, empathy and curiosity.

The complex nature of the Health and Care system means that we need to work more effectively in multi-professional teams, collaboratively across organisational boundaries, and alongside people in our communities. We believe in promoting a more collective approach to leadership – meaning that we need both to develop the leadership capacity across the system as well as support people at all levels of our organisations to develop their leadership capabilities.

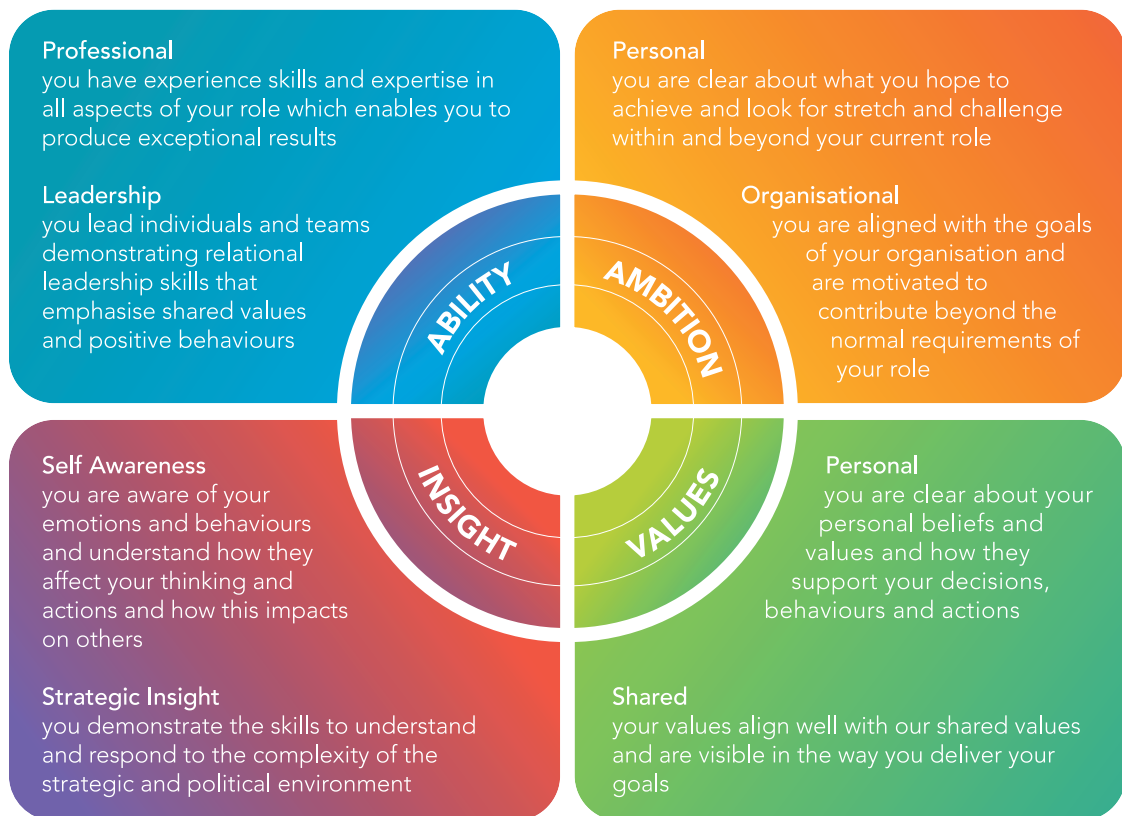
Leadership happens at the three inter-connected levels of self, team and system – and this is reflected in our Project Lift approach to developing leadership:

Self	reflecting on, understanding and developing self as a person and as a leader
Team	learning more about leading and working effectively within teams as well as collaboratively between teams
System	understanding the context, how to think and lead systemically, and reflecting on and learning from the opportunities and challenges of working collaboratively across the system

This focus on both individual and collective agency is also captured in the Project Lift leadership profile.

Our Leadership Profile

The expectations of leaders in the complex context of Health and Care are set out in the *Project Lift Leadership Profile*, developed in collaboration with our technical partners, Silvermaple. The four elements in the leadership profile - ability, ambition, insights, and values – are articulated at both the individual and collective (systemic) levels. The leadership profile underpins the Project Lift national talent management process.¹⁵ It is also used to shape the individual and collective experience in our approach to leadership development.



The Project Lift Ethos - Influences and Evidence Base

Relational Leadership - with common purpose, kindness, compassion and courage

When we think of organisational change we tend to focus first on policy, structures and processes.¹⁶ While these may be necessary, they are not sufficient to make the change happen. Where change really happens is in our collective sense of identity and purpose, the information we pay attention to, and the relationships between us.

Achieving the national outcomes set out in the National Performance Framework means we need to change the nature of relationships between the professionals in different parts of the system, with people in the community, and with people who use services. It means we need a shift in power, even a ceding of power, at the individual, professional, service, institutional and system levels.¹⁷

“Transformational change is multi-layered, messy, fluid and emergent. It is not merely about changing how a service operates, but also about shifting mindsets, changing relationships and re-distributing power.”

The King's Fund (2018)¹⁸

Project Lift is about bringing humanity into leadership. It is about relational leadership based on kindness, compassion and courage – because relationships are at the heart of everything that we do across Health and Care. Nurturing relationships is the key – in ‘Personalising Realistic Medicine’,¹⁹ in taking an assets-based approach to working with communities,²⁰ and in the experimental approach to re-imagining our public services advocated by Hilary Cottam in *Radical Help* (2018).²¹

“A relational way of working, thinking and designing is one that creates possibility for change, one that creates abundance – our capacity for relationships, like love, is infinite. It is through creating a welfare system for this century, through sharing and working with one another, that we find our selves and we make the good life .”

Hilary Cottam (2018)²²

When things don't go well, we find that it is the relationships that have broken down despite sound policies and procedures. It requires sustained and careful attention to build relationships based on trust, respect and openness. And it relies on effective team-working to bring out the best of our combined skills, knowledge and experience.

Working in a psychologically safe environment does not mean that people always agree with one another for the sake of being nice... Psychological safety is about candor, about making it possible for productive disagreement and free exchange of ideas. It goes without saying that these are vital to learning and innovation. Conflict inevitably arises in any workplace. Psychological safety enables people on different sides of a conflict to speak candidly about what's bothering them."

Amy Edmondson (2019)²³

From her research for the Carnegie UK Trust into the place of kindness in our society, Julia Unwin advocates for leaders who are fluent and balanced in their use of both a "rational" and a "relational" language and perspective. In Health and Care, this is about finding the right balance between focusing on improving what we currently do and how we do it (i.e. through quality improvement and performance management) and recognising that change happens through nurturing and sustaining effective relationships with each other based on trust, mutual respect, care and compassion.

"Kindness changes things – and action on kindness in communities must be met by a new contract, fit for the twenty-first century. This contract will recognise that we are at our best when we recognise the importance of emotions and deep human connections. It will protect and enhance the instinct for kindness, making sure that decisions, interventions, design, planning and leadership are rooted in an understanding of how we feel. A contract that recognises that public services are always about relationships and emotions. A contract that is written in the two lexicons of public service (rational & relational) and helps us all to be more bi-lingual. A contract that will build trust in public services, encourage engagement and make social change possible."

Julia Unwin (2018)²⁴

The King's Fund research into effective cultures of health care identifies a clear link between supportive leadership and quality of care and places importance on leaders – "as the carriers of culture" – who are able to "embody compassion in their leadership".²⁵

Compassionate leadership is also central to creating the necessary conditions for innovation. Michael West identifies the same four behaviours which are essential to delivering compassionate care – attending & listening, understanding, empathising and helping - as being crucial for leaders at all levels of Health and Care.²⁶ This approach is also highly correlated with improved organisational performance across system metrics – financial, operational, quality of service and workforce.

"Compassionate leadership means creating the conditions – through consistently listening, understanding, empathizing and helping – to make it possible to have tough performance management and tough conversations when needed. Staff complain they only see their leaders when something goes wrong and that even if they do listen, nothing changes after the conversation. Compassionate leadership ensures a collective focus and a greater likelihood of collective responsibility for ensuring high quality care".

Michael West & Suzie Bailey (2019)²⁷

From the recent work by the ALLIANCE Scotland, the stories of courageous leadership capture the essence of the kind of leadership we now need across our public services:

“There was a time when I thought that courage and leadership was aligned to ‘heroes’ on horseback leading the way with others following up the rear... Glad to say as time has gone on and maturity kicked in, I see the world through a very different lens.

It is one that has great focus on human values like respect for each other, personal and professional integrity, equality, and everyone having agency and citizenship. For me courageous leadership is values based and is about holding onto those human values when you are facing really difficult situations. Sometimes, that difficulty is not about what you are doing wrong, but rather about what you are doing right when systems, processes and procedures just don’t cut it. It is about doing the right thing!”

Anne-Marie Monaghan (2019)²⁸

Systems Leadership - with humility, curiosity, inclusivity and diversity

As public services are increasingly inter-connected, so we need leadership which is able and willing to think and look across the system rather than operate within one narrow silo or even one organisation: “connect the system to more of itself”.²⁹ Achieving the Scottish Government outcomes in the National Performance Framework means leaders who are willing and able to work collaboratively across different parts of the public sector.

“Helping people see the larger system is essential to building a shared understanding of complex problems. This understanding enables collaborating organisations to jointly develop solutions not evident to any of them individually and to work together for the health of the whole system rather than just pursue symptomatic fixes to individual pieces”.

Peter Senge, Hal Hamilton & John Kania, 2015³⁰

The challenge for leaders in Health and Care is to understand more about the experiences of people accessing services which currently straddle primary, community, secondary and specialist tertiary care. Add to this the increasingly important role played by the third sector and independent providers in the delivery of community-based services. And, with the increasing complexity of health and social care needs, there is a growing need to foster and enable self-management of care by patients, people who access services, and carers.

Project Lift is about finding and grasping the opportunities for system change – working across boundaries, seeing beyond the current institutions, being willing to share or cede power in pursuit of common purpose. It is about bringing the National Performance Framework alive - starting where people are, working alongside people and seeking to understand more about what they actually need.

“Quickening the pace of change in health and social care requires new ways of thinking. Traditional models, whereby support and services were block contracted or designed by officials, will no longer do if we are to genuinely build on the assets and meet the needs of communities. Truly enabling people to live well requires statutory bodies to cede their power to communities, individuals and the third sector and embrace cross-sector approaches. This requires new skills as well as a shift in mindset.”

*Health & Social Care Alliance Scotland (2016)*³¹

There is an increasing recognition of the potential of the assets and strengths in local communities and the imperative to work alongside people, ‘working with’ rather than ‘doing to’. This presents both a challenge and an opportunity to practitioners and leaders. Working with people across communities, being prepared to cede power, requires what Edgar Schein calls “here-and-now humility” and the art of “humble inquiry”.³² It requires leaders to approach different situations with a curious and inquiring mind and to be both open and empathetic to others’ perspectives. It is about acting with humility – being curious and open-minded rather than assuming we ‘know best’ simply because we have professional knowledge or a formal position of power.

“It turns out that trust is in fact earned in the smallest of moments. It is earned not through heroic deeds, or even highly visible actions, but through paying attention, listening, and gestures of genuine care and connection.”

*Brene Brown (2018)*³³

Collective and Adaptive Leadership – with choice, responsibility and collaboration

In Scotland, we face multiple complex or ‘wicked’ issues, such as poverty, an aging population, health inequalities, and climate change. We know that no single organisation or agency will be able to tackle these alone. We understand that we must work collaboratively to affect change. And, this work is often complex, messy, unpredictable, and can be difficult to achieve.³⁴

“Leaders are struggling to innovate, integrate, manage demand and find new solutions... Leaders are wrestling with ‘wicked issues’ that shape-shift and defy resolution, and which cannot be resolved by single agencies acting alone...”

*Sue Goss (2015)*³⁵

Leadership in a complex system like Health and Care is about much more than the activities and accountabilities of a few senior leaders in formal positions in the hierarchy. Leadership is exercised by more people, at all levels of the system, informally as well as through formal roles. It is about “collective leadership” at all levels of the organisation.³⁶

Project Lift is about leadership at all levels of our system – valuing the diverse skills, knowledge and perspectives of people throughout Health and Care. And, it is about being inclusive - seeking out our potential leaders, supporting them to develop and encouraging them to put their leadership capabilities into practice.

This context of complexity, uncertainty and ambiguity impacts on how people need to fulfil roles of leadership. It is about adaptive leadership – because, in finding creative ways to tackle the complex issues we face, we need to work collaboratively and draw on the collective intelligence of people at all levels and across all parts of the system. It is about letting go of the need to be the 'expert' with the perfect solution – since there are no easy solutions to wicked issues.³⁷

With increasing complexity, it is about people who can develop “complex thinking abilities” such as learning agility, self-awareness, comfort with ambiguity and strategic thinking.³⁸

In the face of complexity and ambiguity, we are increasingly faced with tensions or paradoxes to which there are no simple 'either / or' answers. This means leaders who can embrace this “paradoxical”, or “both/and”, leadership³⁹ and who are able to:

- Embrace multiple strategies and identities
- Accept and value multiple cultures
- Learn from multiple perspectives
- “Act consistently inconsistent” - in order to address inherent tensions in the system
- Tolerate uncertainty
- Learn from failure
- “Implement workable, temporary fixes and keep experimenting”

Project Lift – What, How and Where

Talent Management

Currently using our Leadership Profile we are providing a mechanism to identify those within our services that show the greatest potential to develop into our leaders of the future at all levels.

An inclusive approach to talent management – based on individual agency – has been designed to help identify and develop future leaders at all levels, by encouraging colleagues from all backgrounds and at all levels of seniority to participate, rather than relying on a traditional ‘top down’ approach. This will support us to identify, nurture and empower a more diverse leadership cohort, more strongly aligned to the population they serve.

When we first started talking about talent management in health and care we recognised that there were problems in recruiting to our most senior leadership roles. Talent currently in the system wasn’t always visible and it wasn’t clear where our most senior leaders were going to come from in the future. We needed to develop a talent management process that would help us find our current talent and potential leaders for the future. We knew that we had leadership potential at all levels in the health and care workforce but that was sometimes unrecognised and unnurtured. We needed to find a way through which people could become visible and be supported in their development to provide pools and pipelines of talent for the long term. We needed to find an approach that supported a longitudinal, accredited approach and end to end career management for those in the national cohort.⁴⁰



Process completed in an app



App accessible on any device at any time



Career history and aspirations



Personal Development Report on completion



Leadership Profile basis for SAQ



Self Assessment Questionnaire (SAQ)



Signposts to development resources



Career Conversation process and management



Links to leadership³, Communities and other leadership programmes



Shared data with Health Boards enabling local system involvement



1200+ SAQ completions and 75+ career conversations



34 participants on leadership³ cohorts 1&2

We wanted a story that anyone could own. The ambition was to design a process that was open to all, whatever profession, whatever level and whatever stage of career. The process of Talent management needed to be about finding potential but also to nurture and support individuals to be active in their career development and on their leadership journey. We have worked closely with our external partner, SILVERMAPLE, to develop an approach that is open, transparent and fair. One that identifies people with potential and an interest in transforming care wherever they are in our system. As a priority we needed to identify the next generation of executive Directors and Chief Executives and therefore the aim was to find those who could show a readiness to take their next step in career progression and also those whose talent could be mobilised now to support transformation challenges at local, regional and national level.

I participated in Project Lift last year, completing the online activities and attending for a career conversation. I just wanted to give you feedback about the impact this has had on me professionally.

The career conversation led to me embarking on an MBA with the Open University and it has been fully funded by the Specialty Doctors fund. In addition, after the career conversation I asked for a coach which my organisation has provided. Both of these have improved my leadership capabilities and have allowed me to successfully deliver on a number of projects. I wouldn't have done either if I hadn't participated in Project Lift. I just want to say thank you to the whole team and look forward to seeing how project lift develops.

Dr Claire Gilroy, Specialty Doctor in Emergency Medicine

There have been challenges along the way. Some of these were technical challenges as we developed the app and people started to use it. Our software development partner **Daysix**, worked closely with us and **Silvermaple** to ensure that the app worked as intended and in a way that enhanced users' experience of engaging with Project Lift. This wasn't always easy as the agile and emergent nature of the work meant that the way forward wasn't always clear and Silvermaple and Daysix's many challenges and questions helped us develop our thinking and processes. This collaborative approach means our route forward is one in partnership as we progress the development of our digital platform .

Since first becoming involved in Project Lift we've been encouraged to take a fresh approach to the way individuals are supported to understand and grow their potential. This has meant working with the team to challenge established norms, take some risks and re-image the way we think of talent management and development. Through a clear vision and shared values, we've worked together with the core team and other technical partners to support individuals build their self-awareness and make the choices that are right for them. This has led to a more individualised, humanistic, and inclusive way of approaching talent management, which is driven by the needs and insights of people rather than the opinions of their manager or organisation. Whilst there have been clear deliverables and some hairy deadlines, for us Project Lift has never been about implementing a programme. Rather, it represents a broader ethos, mindset and movement which is seeking to enhance the way we understand each other, are supported to make the right choices and maximise our talents.

Chris Martin, Silvermaple

Leadership Development

Developing leadership in practice, learning together

Developing leadership is about seeking out and supporting the development of potential leaders, wherever they are. This means ensuring that our approach is underpinned by the principles of inclusivity, diversity and accessibility. And it needs to be viewed more broadly than being simply about the development of individual leaders. It is also about developing our collective leadership capacity and it is about nurturing cultures of compassion and learning across Health and Care.

In the Project Lift approach to developing leadership we acknowledge that, just as there are no easy solutions to 'fix' the complex, systemic issues we face across Scotland, so there is no one 'model' of leadership. Leadership in public services gives us a chance to make a real difference – and it can also be tough and challenging. It feels important, therefore, to start with the lived reality of being a leader in Health and Care – and then to encourage people to stick with the discomfort, ambiguity, uncertainty and edginess of exploring a different way of being as a leader. A more collaborative, kind and compassionate way of being.

Our approach to developing leadership is all about enabling learning in practice and from practice – because we believe that the best learning happens through our live experiences, our relationships with others, and through experimenting. It is informed by the concept of “vertical development”⁴¹. This means it is all about helping us to understand ourselves, make sense of our context and develop our capacity to think and act differently - rather than being taught a body of theoretical knowledge. It is about stepping out of our professional expertise – while acknowledging when it might be useful to bring in that expertise for the collective benefit. It is about noticing how we experience our live leadership work – what feels hard, what comes more naturally.

“Learners and change makers must cultivate different ways of knowing. While action learning shifts the outer place of learning from the classroom to the real world, whole-person learning shifts the inner place of learning from the head to the heart, and from the heart to the hand. Activating these different intelligences requires a deepening of the learning process by cultivating curiosity (open mind), compassion (open heart), and courage (open will).”

Otto Scharmer (2019)⁴²

We need to listen and spend time to understand – to be open to ideas from those around us. And, we need to be prepared to seek out the difference we find hard to hear, and the difference we do not yet know. That different perspective may be way outside of our experience – and it may have something new and creative to offer us in our thinking and in our action.

“Don’t pressure yourself to have all the answers. Approach leadership as a learner, not a knower”

Dan Rockwell @Leadershipfreak

At its heart, the Project Lift approach to developing leadership is about space: to share, learn from, reflect on and make sense of our experiences. We recognise that, sometimes, space feels at tension – even at odds – with the pace we are experiencing day to day in our very busy, challenging jobs. ⁴³ That is rather the point – learning new ways of being a leader and doing leadership can be uncomfortable!⁴⁴

Seeking out diverse experiences and views - “colliding perspectives”⁴⁵– supports and stretches our leadership learning. We learn by contributing our ideas, exploring our experiences and talking with others about our dilemmas and opportunities. This is why the concept of connecting through communities is central to the ethos of Project Lift. We can “make sense” of our diverse experiences through individual reflective practice – as well as through seeking and giving feedback and in conversation with others, e.g. peer mentoring and coaching.

Communities

Our heartfelt aim is to create space – for exploration, conversation, connection, difference and experimentation. Why? Because as leaders in an increasingly complex and inter-connected public space, we need to be open to challenge and divergence, and curious about difference.

Project Lift is both an emergent and inclusive community as well as a conduit for connecting with other related communities. We see these communities as providing the natural space for enabling both individual agency and the development of collective leadership capacity to flourish. We are engaging across the system in a wide variety of ways - seeking out and bringing together a rich blend of insights, ideas, inspiration, stories of experience, and “colliding perspectives” which we are sharing through our communities – both through events and on line.

The idea behind the Project Lift communities is that it enables people both to engage around leadership and to develop their leadership in a range of ways, both in person and through digital interactions.

We have learned a lot about community through our first experiments with hosting community events - the Winter Gatherings in December 2018 and the Creative Forum in May 2019. We are listening carefully to what people are saying to us and we are continuing to explore how we enable communities to emerge and thrive.

Our guiding principles are shaped by the voices of the community and are helping us both to focus and be creative about what we do next in this space:

- Expanding the reach of gatherings and events - at all levels, geographies, professions, organisations and beyond
- Supporting a range of preferences - pragmatic, experimental, topic-led, open spaces, structured, unstructured...
- Learning as we go - a continuous inquiry into approaches, feedback & capability
- Fulfil a role of *holding* spaces – while remembering we don't own the communities
- Seeking out, listening out and hearing *all* voices – and being open to all perspectives
- Being mindful of pace – and space that is, not going too fast, doing too much, too soon...

Our Framework for Leadership Development

Project Lift aims to make connections across the leadership development landscape, recognising the activity already happening across the Health and Care system and the opportunities available in the wider arena to our leaders, as well as bringing project lift offerings directly. We are making connections across this wider landscape, offering a range of development activities and signposting a wide range of other development opportunities to both open and targeted groups: from our events and informal gatherings across our Project Lift communities, to the news items on the Project Lift website, twitter and online discussions, from those who choose to come through the Talent Management process to those who engage more formally for their own leadership development.

Developing leadership at all levels, and across all areas, of Health and Care means that people are at different starting-points and stages of readiness for development. In our framework for leadership development, we recognise that 'one size does not fit all' by ensuring access to a blend of opportunities for leadership development.

These range from:

- More informal development opportunities for individuals – such as reflective practice, network support, mentoring
- Opportunities to learn collectively in practice - such as working collectively or participating in emerging, collaborative leadership work or engaging in the Project Lift communities,
- More formal development opportunities for individuals – such as on line learning, completing the Self-Assessment Questionnaire via the project lift website, engaging in a Career Conversation
- Opportunities which are more formal to learn collectively through team coaching and peer thinking sets.
- More formal opportunities to participate in more leadership development - through national programmes including: New Horizons, Leading for the Future, and leadership³.



DELIVER BETTER SUPPORT BY FINDING OUT PEOPLES STORIES

every **OBJ** tells a story

"a smile is contagious"

"COLLABORATION is the driver to enable **CHANGE**"



ACTIVE LISTENING



listen again

DO WE HONOUR THE STORIES PEOPLE TELL?

SHAPE OUR FUTURE!

LEADERSHIP THROUGH STORYTELLING



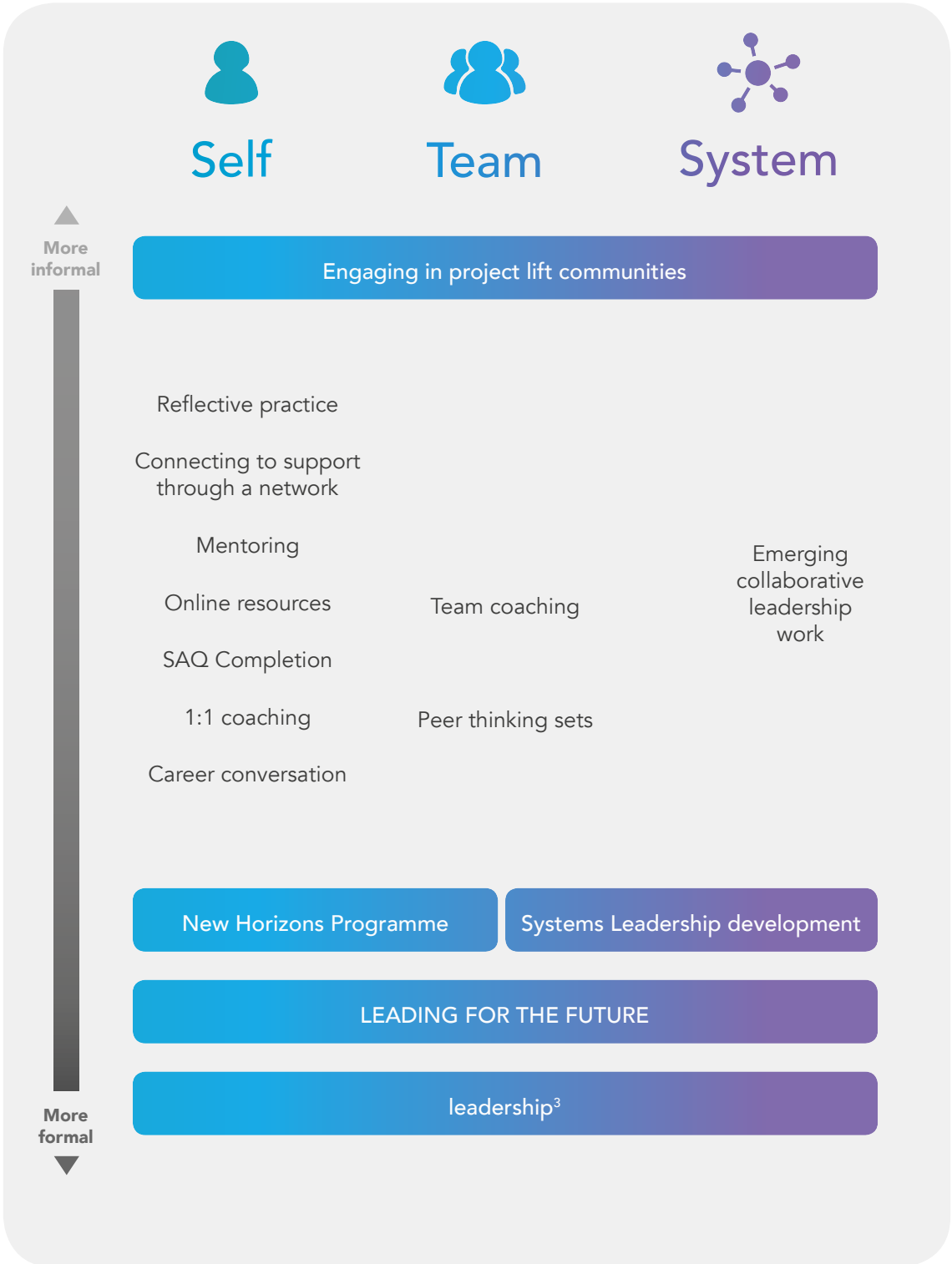
Relation

Our created story from the Creative Forum as captured by the Visual Facilitation team in NES. May 2019



To date, highlights of our blended approach include:

- *We have brokered Coaching and Mentoring relationships* where opportunities have arisen and a need has been identified through connections made during career conversations - both on a peer:peer basis and as mentors to the wider community.
- *We have offered Peer Thinking Sets to emerging leaders and managers.* This is the same target population as those invited to apply for 'New Horizons' – i.e. those who have come via the Project Lift talent management process. There is a current cohort of 13 people (including new and aspirational leaders in Agenda for Change bands 6-7 and Management Trainees).
- *We have our first cohort of 16 people* (from across Health and Care and comprising a range of roles and backgrounds) on New Horizons, a multi-disciplinary foundation leadership programme.
- *For the first time this year, a number of places on Leading for the Future* have been opened up to people coming through the Project Lift talent management process as well as to leaders from across the third sector. Leading for the Future has operated as a national leadership development programme collaboratively across Health and Care for the past ten years. The content and approach is currently in the process of being reviewed, bringing in the thinking and approaches captured in the ethos of Project Lift.
- *We are now supporting the induction programme for new Chief Executives,* a new approach which includes 1:1 support as well as providing space for opening up the discussion and encouraging individuals to connect with each other as a cohort and with Project Lift.
- *We are working with the NHS Boards Chief Executives' group* to develop a tailored approach to systems leadership development.
- *We have two cohorts (a total of 34 leaders) now participating in leadership³,* our national leadership development offering for people aspiring to executive level leadership roles. All participants have participated in the talent management process prior to being offered a place on the programme. More detail about the development of the leadership³ approach is provided overleaf.



leadership³

During the summer of 2018 we shaped up our approach to leadership development, focusing in particular on an innovative programme for aspiring executive leaders – as a first key target group for developing our leadership capacity across the system.

In response to the leadership challenges facing the system, our leadership development approach is focused at three levels – and hence it became leadership³ (leadership to the power of three or ‘leadership cubed’):



SELF

Reflecting on, understanding and developing self as a person and as a leader



TEAM

Learning more about leading and working effectively within teams as well as bringing learning from the programme into the live work in your own team and with other teams across the organisation / system



SYSTEM

Understanding the systemic context, how to think and lead systemically, and learning (and reflecting) about working collaboratively across the system through live collaborative leadership work.

Our belief is that we need to make leadership development much more related to the live context: less a ‘programme’ of development and more a continuous learning experience. In this way, we have drawn on the ideas of both Deborah Rowland⁴⁷ and the Center of Creative Leadership – as well as our own experiences of what works and what has hampered the sustainability and effectiveness of leadership development – in coming up with several key design principles:

Make learning experiential and divergent - invite people to think about their world and how they need to lead in it, challenge them to learn from looking at practice elsewhere and from “colliding perspectives”, and encourage learning live in practice.

Focus on ‘being’ not just ‘doing’ - help people to work on their inner self, their emotional self-awareness and self-management, and provide the space for leaders to reflect.

Place learning in its wider systemic context - rather than taking people out of their context for leadership development, use lived experiences as a way of tuning into and shifting the system as well as providing rich learning opportunities for individuals.

Adopt an assets-based approach – acknowledge the skills, experiences and strengths of the members of the leadership cohort and encourage them to regard each other as a resource in their mutual development

Develop a guiding facilitation approach – facilitators who can: synthesise diverse perspectives (and not subscribe to just one school of thought); work skillfully with live group dynamics; co-create psychological safety; and, take personal risks in pushing cultural boundaries.

At the heart of leadership³ is the opportunity for people to work in small teams on live, collaborative leadership experiments across the system. In the first cohort, there are four live collaborative teams working on current topics from the wider impact of public health, to staff health and well-being, to the exploration of culture in the Scottish Prison Service, and the systemic considerations around implementing better access to elective care. This is not about professional expertise and technical solutions. Rather it is about “starting where people are” (as Hilary Cottam would challenge us) – making connections across the system and working alongside communities.

On *leadership*³ our learning events are not meant to be master classes with experts imparting their professional expertise and wisdom. They are intended to be spaces for dialogue, connection, difference and divergence. Rather than pushing one particular ‘model’, we invite people to explore different ideas, approaches and evidence – and then to integrate or synthesise these into their own personal approach to leadership. It is all about expanding your mind, heart and will to stay open to different perspectives and kinds of leadership.

We started the experiment with *leadership*³ with our first cohort of twenty aspiring executive leaders during September 2018 and our second cohort of fourteen leaders during April 2019 – and we are learning, seeking feedback and experiencing change in practice alongside each other as we go. These pioneering cohorts will be with us on the programme until September 2019 and May 2020, respectively. Their wider contributions to the project lift community and to the development of leadership capacity across the system will continue long beyond that.

For us, Project Lift is about purpose and meaning – nurturing relationships, making connections across the system, challenging our ideas. As facilitators and team coaches, we are alongside the people on leadership³ – acting as ‘Sherpas’ and not claiming to be ‘experts’ in content. We are continually integrating ideas and evidence to share with the group – encouraging us all to keep open minds, to be curious, to notice what is going on and how it impacts. We seek to be in relationship with everyone in the cohort, working and learning alongside each other.

At times, working in this way – at the edge of our practice – is tough. It is also immensely rewarding and inspiring. It means being very comfortable in our own skins, remaining ever curious. As we expect of the cohort, we too are prepared to show our vulnerability. We are constantly vigilant about our own self-development, practice, and the relevance of the approach to the system.

Brigid Russell & Joanne Kerr, Brigid Russell Associates

Values Based Recruitment

Values Based Recruitment, (VBR), is presently supported for those in NHS Scotland, making the NHS Scotland Values a vital component of appointments to our NHS services, as well as ongoing appraisal and personal development. Recruitment rounds for senior leaders in NHS Scotland using a Once for Scotland Values Based Recruitment approach are already being planned and delivered. This means the values of leaders, and how they relate to the values of NHS Scotland, are as important as their skills and experience.

The Project Lift Core Group developed the Values Based Recruitment (VBR) programme for Project Lift in 2017 for launch and implementation in 2018 as the starting point of a cohesive career journey from recruitment through performance appraisal, leadership development and ongoing talent management.

Our starting place was a recognition of the context in which our current leaders are working as referenced in the Project Lift ethos. To successfully step into the challenges therein they need to be leaders who not only have the capabilities required, but who live and breathe the values needed to ensure all patients and service user groups within the system receive the best possible care and that our staff are valued and treated well.

We worked with the Scottish Government Leadership and Talent Management Steering Group to develop a draft process with NHS Scotland values embedded throughout. The Group had high expectations and were always sensitive to any apprehension we heard from our stakeholders. After many discussions and iterations, we had a proposed method for recruiting Board Chief Executives and Executive Team members, Non-Executive Directors and Board Chairs. We then worked on this with stakeholders from Public Appointments Scotland, HR Directors and Staff Side colleagues to gain agreement on the way forward.

In early 2018 we went around the regions delivering workshops about Project Lift and Values Based Recruitment to introduce the approach. This allowed us to test the model again and ensure it was robust under scrutiny. The Project Lift ethos of collaborative live work has pushed us to welcome all lived experience and to incorporate this into our thinking.

One of the biggest tests, and one of our proudest moments, was when we first ran the process for a round of Board Chair appointments. The appointment panel included Public Appointments Scotland, an experienced Board Chair and was chaired by the Chief Executive of NHS Scotland. They were all curious about the new process, happy to test it and slightly sceptical about whether it would work. The process itself ran incredibly well, the candidates told us afterwards that they had all felt genuinely and tested, and four excellent appointments were made. The panel experienced for themselves the difference the VBR approach makes and all were impressed with, and commended, the process.

David Miller & Safia Qureshi

Following on from this extensive engagement the Director's Letter was issued on June 1st, 2018. This detailed the guidance to be followed for all CEOs, and Executive Team members of NHS Boards. Feedback to date has been very positive, particularly regarding the level of feedback that is available to candidates at the end of the process.

Executive and Senior Management Performance Appraisal

The Executive and Senior management performance appraisal systems at senior and executive level within the NHS have been refreshed, putting people at the centre of everything we do. A new national performance appraisal form was introduced in April 2018 for executives/senior managers in NHS Scotland. To promote creative strategic thinking and encourage collaboration, it includes three categories of objective including: contribution to the Health & Social Care Delivery Plan; leading and valuing people; and local Board or role specific objectives.

The introduction of the new talent management process and leadership development approach highlighted the need for an enhanced and more values-based approach to appraisal. The focus has been on executive and senior management leaders reflecting their significance in terms of system and service transformation. Appraisal is a key activity that can both engage and motivate individuals if done well, informing development planning and career conversations.

An opportunity to engage a range of stakeholders in this work arose from the development by NHS Education for Scotland of the Turas Appraisal system, and the user centred design approach this entails. After initial work with the Golden Jubilee Foundation, further iterations of a digitised national appraisal form were developed and tested through positive engagement with members of Board Chairs, Chief Executives, HR Directors and those Administrators and Board Secretaries who support local Remuneration Committees.

In any collaborative and user-centred development process, there will be differing views, requirements and expectations. This is not only essential to innovation, but aligns with our ethos of welcoming “colliding perspectives. The iterative “Agile” development process, with its discipline of planning and regular review of priorities, offers a flexibility that ensures new requirements are quickly prioritised, developed and delivered, enabling us to be much more responsive to stakeholder feedback, and to continue to evolve the system as we move forward.

As with the other elements of Project Lift, this represents the beginning of a journey in enhancing appraisal practice and introducing, through ownership and development of the digital platform, innovative approaches in support of high-quality meaningful appraisals. A round of Remuneration Committee Roadshows during Spring 2019 are providing further invaluable feedback both the system and the support materials published for appraisers, appraisees and those governing the process. Closer integration with the Project Lift App, also hosted on Turas, will support the development of Leadership Personal Development Plans, whilst further development of reporting capabilities will provide the ability to use key data on individual performance to help identify potential as part of the talent management approach.

Tom Power / Anne Campbell

Impact and Evaluation

Our approach to impact planning and evaluation

Role modelling the project lift ethos is a holistic commitment and therefore extends to our impact and evaluation planning approach. We are taking a robust and meaningful approach to evaluating the impact that project lift and our related activities bring.

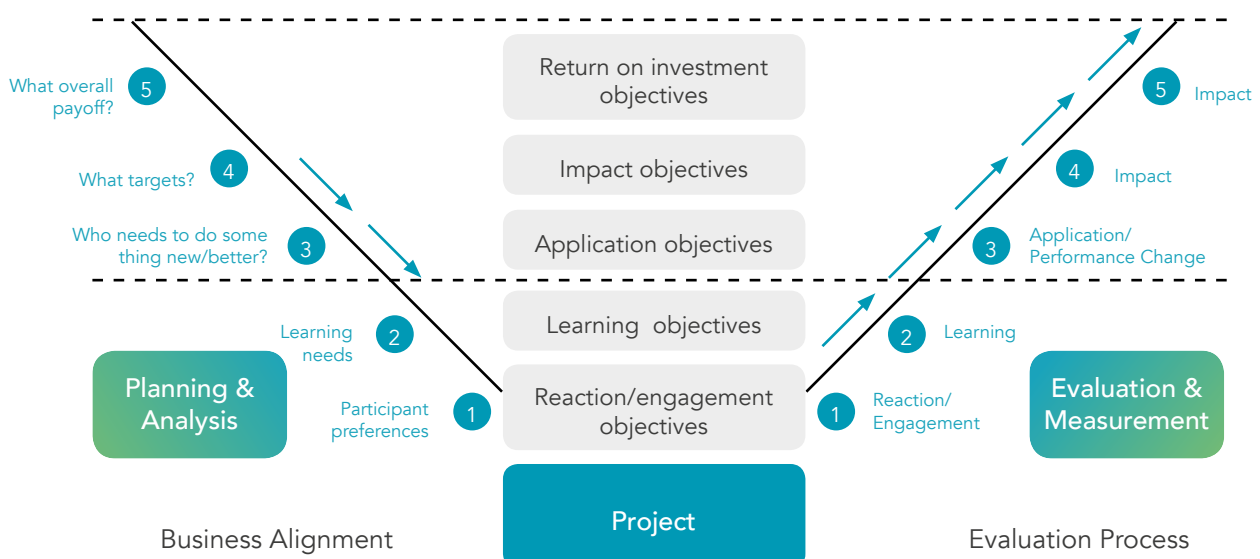
The key areas of the ethos that are visible through our impact and evaluation plans are:

- the purpose and connections that connect our work across the system relating to the shared ambitions of the National Performance Framework,
- humility and curiosity in being open to a developing approach that will evolve as our work progresses and
- working in a collaborative and collective way, working across boundaries to share data and insights where relevant and pertinent to ensure a shared understanding of the impact of the work across the system.

The purpose of creating a robust planning and evaluation methodology has been not only to demonstrate the impact, but also to improve as the work progresses. By continually reviewing our activities, impact and approach we can make adjustments and also share what we learn in doing this with the system. To allow us the opportunity for this we selected a robust methodology, used by NES in their Educational Governance and based on Kirkpatrick's 'Levels'. The diagram below gives an overview of this methodology.

We are also bringing an "action research / inquiry" approach to our work in Project Lift, encouraging members of the facilitation team and participants in our programmes to reflect live on our learning in practice as we go. In developing an action inquiry approach we are drawing on the expertise and experience of colleagues in Workforce Scotland, in particular the provocations outlined in the recent Workforce Scotland research publication on collective leadership⁴⁸.

The V Diagram



As visible in The V Diagram, the initial planning is conducted based on needs and then the measurements developed that provide an indication that the needs have been met.

In Autumn 2018 this impact planning and evaluation methodology was used to map out the two most tangible elements - Leadership Development and Talent Management. Using both qualitative and quantitative data we created a logic model that would allow us to demonstrate the impact of the work.

As project lift continued to progress and work with the system it became clear that the plan needed to be expanded to include other key elements such as the development of communities, thereby allowing a fuller analysis of the impact of the whole project. The project's governance structure was also being reworked so was an opportune time to review our impact plan.

Overview of the current evaluation matrix sections

The evaluation matrix demonstrates, across five key areas, the impact that the project is making. The following sections summarise the impact that is being measured:

1. Values-Based Recruitment - Measuring the number of VBR processes will provide an indication of how many staff have been appointed based on their values being as important as their skills and experience. We are also looking to measure what impact involvement in project lift is having on the quality and availability of high potential individuals throughout the system that are applying for posts at Director level and above.

2. Talent Management - This section focuses on the spread of potential from individuals that have completed our Self-Assessment Questionnaire (SAQ). It also considers the Aspiring Directors that have taken part in Career Conversations with the Principal Leads and the subsequent development recommendations. This information is aimed at providing an indication of our talent profile and most recommended development options.

3. Executive and Senior Manager Appraisal - From reporting year 18/19 every member of staff has moved onto the Turas Appraisal recording system. Executive and Senior Managers split their objectives across three categories looking at how they contribute regionally/nationally, lead and value people and how they contribute to their local/board plans. The impact plan will initially be looking at how the objectives are split and the spread of the weightings, to gain insights into where our most senior leaders are focusing their attention and the extent of their emphasis on the bigger picture and collaboration.

4. Individual Impact - This section looks at the difference that involvement in project lift has made to individuals in terms of their personal development. This also considers the various ways in which people may have participated, for example, through a leadership programme, event or using the SAQ in conversations locally.

5. System Impact - Although system-wide changes are difficult to identify after only one year, there are several measures and areas of focus that we have identified that would certainly give us an indication that we are going in the right direction. Some of these areas are:

- Impact of the live collaborative work
- Development of the leadership communities and the underpinning ethos
- Engagement and penetration throughout the system
- System feedback, including iMatter results

“Project Lift – The role of the Scottish Social Services Council.

As a strategic partner in project lift the Scottish Social Services Council in partnership with Social Work Scotland is piloting project lift starting with Chief Social Work Officers (CSWO's). The pilot is recognition of the key role that Chief Social Work Officers have in leading transformational change in health and social care and advising and influencing Scottish Government and senior leaders in the public voluntary and independent sectors in Scotland in relation to complex issues of support and protection of the most vulnerable individuals in our society.

Project Lift is based on collaborative leadership recognising that shared leadership results in mutual respect, and trust leading to a strengthening of working relationships across the health and social care system. Evidence suggests that when collaborative leadership is developed in this way this leads to innovation in the workforce and the delivery of better outcomes for those receiving services.

Project lift provides a unique opportunity for social services to identify and nurture existing and future talent and build leadership capacity and capability in a structured and sustainable way. This test of change will be evaluated as part of the ongoing work of the project lift strategic steering group and the next phase of the work will focus on talent management in the independent and voluntary sector.”

Phillip Gillespie, Director of Development and Innovation- Scottish Social Services Council.

What Next for Project Lift

Developing the Project Lift Ethos in Practice

People, purpose and connections

Through Project Lift, we will continue encouraging and supporting people across Health and Care to develop the human capabilities of leadership – because we know these capabilities are fundamental in enabling: relationships based on trust; effective team-working and team cultures of psychological safety; collective leadership at all levels; collaborative working across the system; and, cultures of compassion and continuous learning.

We will continue to make connections across the system in support of the National Performance Framework – both in broadening the scope of Project Lift across and beyond Health and Care as well as in strengthening and highlighting links with other programmes, networks and communities.

Kindness, compassion, humility and curiosity

Nurturing cultures of kindness, compassion, humility and courage takes both time and careful and consistent attention. It is dependent upon bringing humanity and kindness into our leadership. We will continue to encourage leadership at all levels which is relational, compassionate, humble and collaborative.

Sustaining compassionate cultures which are empowering to everyone is dependent upon everyone being able to have constructive conversations. It is about enabling respectful challenge, being curious about different perspectives, and fostering openness in how we communicate and how we learn. There is no quick fix – and no one solution which can be ‘done to’ or provided for people. Rather it is about how we each show up, how we interact with each other, how we pay attention to and understand our impact on others.

One of the most valuable resources Project Lift is providing is space and time – for people across the system to connect, listen to each other’s perspectives, share learning, feel supported, and be open to constructive challenge in support of change and improvement.

Inclusivity and diversity

We will continue both to recognise the strengths and assets of leaders and potential leaders across Health and Care and seek to nurture and open up opportunities for further development. We will only make progress on the challenges we face by making the most of the diverse abilities, experiences and potential of people at all levels of the system.

We believe that developing collaborative working and leadership happens best in practice – in the real work we do together in Health and Social Care Integration, in bringing an asset-based community development approach to how we work alongside our communities

Choice, responsibility, collaborative and collective approaches

We have made significant progress to date in encouraging individuals across the Health and Care system to engage with Project Lift, to exercise their individual agency and take responsibility for developing their own leadership. We are determined to achieve even greater reach across and beyond Health and Care by: making the Talent Management approach even more accessible; encouraging people to connect with our Project Lift communities; and spreading the word that developing leadership starts with raising self-awareness and enabling learning in practice and from practice.

We know that leadership happens at the three inter-connected levels of self, team and system – and we will continue to support and enhance both informal and formal approaches which support the development of both individual leaders and collective leadership capacity.

In Project Lift we have a particular role to play in promoting, nurturing and supporting the kind of leadership we need across Health and Care. We are not working alone. A large part of our national contribution is to make connections across different parts of the system and nurture relationships with individuals, teams, organisations and communities across Scotland – always in support of the National Performance Framework and in bringing humanity into our leadership.

Next steps in building the elements of Project Lift

In support of developing the Project Lift ethos in practice, the key next steps in each of the elements of Project Lift are summarised below. These next steps are with a clear focus on supporting the progress of Integration, exploring and experimenting ways of achieving Sustainable Performance and Reform, and in achieving the outcomes of the National Performance Framework.



- We will continue to build our connections across the NHS, Local Authorities, Integration Joint Authorities, Social Care, Third & Charity Sectors, and the wider Public Sector – in support of developing a more integrated approach to learning & development as well as fostering the kind of cross-system collaborative working envisaged in the National Performance Framework.
- We will continue to nurture diverse ways for people in leadership roles and those with a potential interest in leadership to connect with each other across the country - for support, challenge and sharing learning through:
 - broadening the Project Lift digital presence;
 - providing a diverse range of events and gatherings; and,
 - continued connections with other networks and communities.



TALENT MANAGEMENT

- We are continuing the iterative development of our digital Talent Management platform, ensuring both ease of access for individuals, improvements in the quality of data and reporting, and more effective communications across communities.
- We are expanding access to the Talent Management platform across Health and Care, with a particular focus on leaders from Local Authority backgrounds through 2019-20.
- Through our Talent Management approach, we will widen access to collaborative opportunities within Health and Care and across the wider Public Sector.
- Through the creation of the Talent Management Board in Summer 2019, we will be able to strengthen a coherent and proactive national approach to Talent Management and succession planning.
- We will continue to broker active connections between people who have been identified as having leadership talent (through the Project Lift Talent Management process) with existing and emerging leadership challenges across the system.



LEADERSHIP DEVELOPMENT

- We will continue to contribute to the curation and navigation of Leadership Development offers across Health & Care – providing clear information and signposting for individuals about the purpose and relevance of particular offerings at particular stages of their development.
- We will continue to make links between the development support available at local, regional and national levels – brokering specific connections and collaborations where it makes sense to do so (e.g. joint development events).
- We will continue to encourage the sharing of leadership stories in support of learning and connecting across the system – focusing on the continued development of a digital presence.
- We will increase opportunities for people in the Project Lift community to access formal leadership programmes. We will continue to broaden the scope of ‘formal learning’ as well as the ways individuals can contribute to it. We will increase access to coaching opportunities for people within the Project Lift community.
- We will continue to develop the Project Lift community, encouraging people (including alumni) to get and to stay connected – with others across the community and with the Project Lift team.



VALUES BASED RECRUITMENT

- We will evolve and improve the experience of Values Based Recruitment for employers, panellists and applicants.
- We will enable consistency of approach and methodology, with employing organisations.
- We will support a deeper reach of Values Based Recruitment to formal appointments within organisations in partnership with employers.



PERFORMANCE APPRAISAL

- We will evolve and improve the experience and impact of Performance Appraisal, supporting our senior leaders in embodying the attitudes and behaviours of the Project Lift ethos.
- We will actively link the system and organisational data sources to Executive and Senior Management Appraisal, such as iMatter and Care Opinion (Scotland).
- We will actively link Values Based Recruitment and Performance Appraisal with a holistic approach to Leadership Development.



"A butterfly is not just a caterpillar with wings."

Eddie Obeng, NHS Event June 2017

Thanks

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