NHS SCOTLAND

delivery through leadership

leadership development plan

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delivery through **leadership**

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1 purpose

This Leadership Development Plan aims to build effective leadership across NHSScotland to improve health and the delivery of healthcare services. The Plan is based on the overall direction and priorities established in the fuller NHSScotland Leadership Development Framework – 'Delivery Through Leadership'* and provides a practical action plan for the implementation of leadership development in NHSScotland – nationally and locally – in 2005-2007.

2 introduction

The development of leadership doesn't 'just happen'. It has to be worked at and supported by a conscious investment in the development of current and future leaders, systems and processes. It is therefore important that there is clarity on the priorities for action, and that measures of achievement are established and reviewed, to ensure the investment is delivering the longer-term benefits and outcomes. This is what this Plan is intended to achieve.

3 development plan

The priorities to support the overall development of leadership capacity, capability and careers across NHSScotland over the next 2-3 years are:

- improvement in the overall **qualities and behaviours** of NHSScotland leaders at all levels (see details in Appendices 1-3);
- **developing current leaders and teams** with their partner organisations;;
- ensuring the **supply of future leaders** by identifying and developing new and emerging leaders, and supporting the career development of current leaders; and
- driving broader **cultural change** by, for example, improving performance management and communication systems.

In addition to these four strands, the Plan aims to develop governance arrangements of the Plan, including increased transparency on funding streams, and corporate accountability mechanisms to measure and review performance.

These priorities are developed in the table below to show the practical actions to be taken forward locally and nationally.

* The Leadership Development Framework 'Delivery through Leadership' is available on www.workinginhealth.com/leadership

NHSScotland development plan 2005 - 2007

DEVELOPMENT PRIORITY	Key Development Actions		
	NATIONAL ACTIONS	WHEN BY	NATIONAL INVESTMENT 05/06
A. Improve the overall standard of leadership qualities and behaviours	▪ Pilot 360º Diagnostic Tool with Board CEs ▪ Commission final 360º Diagnostic Tool for wider leadership group ▪ Adopt Code of Personal Governance [within the Leadership Qualities] in the standard Contract of Employment for senior managers (cohort tbc)	May 2005 May 2006 TBC	£95K (HR)
B. Develop current leaders and teams	**Top Teams:** ▪ Development Programme commissioned via Scottish NHS Confederation for Executives and Non-Executives ▪ Board Team Effectiveness tool and approach in place **Chairs:** ▪ Board Chairs' coaching in place, and offered to new Chairs **Chief Executives:** ▪ Access to development opportunities for CEs via NHS Modernisation Agency/NILS **Clinical Executives:** ▪ Completion and evaluation of Clinical Executives' programme to determine application and future needs **Frontline/Clinical Leadership:** ▪ Develop proposal to sponsor NHS Education to scope, test and commission frontline leadership development package ▪ Implement clinical leadership programme (CNO)	Ongoing July 2005 Ongoing Ongoing Sept 05 April 05 (proposal); Sept 05 (scoping/ testing). Ongoing (2 years)	£295k (HR) £365k (CNO)
C. Ensure the supply of future leaders	▪ NHSScotland Management Training Scheme (MTS) established ▪ Financial Management Training (Dir of Finance) ▪ Future Strategic Clinical Leaders identified and development programme started ▪ Career Development Review opportunities started for senior managers (cohort tbc) to maximise 'best fit' and retention	Sept 05 (1st intake) Sept 06 (2nd intake) Sept 07 (3rd intake) TBC Jan 06 (1st intake) Jan 07 (2nd intake) From late 2005	£745k (HR) £150k (D of F)

(Firm 05/06; Indicative 06/07)			MEASURES OF ACHIEVEMENT
	LOCAL (BOARD) ACTIONS	WHEN BY	
	▪ Pilot 360º Diagnostic Tool across Board team (optional in 2005) ▪ Implement 360º Diagnostic Tool across Board team ▪ Revise Contracts of Employment for senior managers (cohort tbc) to reflect Code of Personal Governance ▪ Use Leadership Qualities and Behaviours in recruitment, selection, performance review, development planning and delivery etc.	(June 2005) May 2006 TBC From April 2005	▪ 100% uptake of tool by NHS Board teams in 2006 ▪ Overall improvement in ratings for CEs in 06/07 ▪ Overall improvement in ratings for Board Teams in 06/07 ▪ Leadership Qualities and Behaviours adopted widely across NHSScotland in practice, with less duplication of effort and inconsistency of approach
	Top Teams: ▪ Access Development Programmes ▪ Implement Board effectiveness tool and development issues which arise (through, for example, executive coaching) ▪ Lead by example in relation to Personal Development Planning, implementation and review **Senior, Middle and Frontline Leaders – clinical and non-clinical** ▪ Diagnosis of key needs ▪ Effective application of Knowledge and Skills Framework to drive personal and career development ▪ Provision and evaluation of local development opportunities to refresh, invigorate, spread best practice and support application of learning	Ongoing March 06 & March 07 Ongoing Ongoing Ongoing Ongoing	▪ Uptake and evaluation of specific opportunities to test penetration of approaches to refresh and develop strategic leaders, and apply learning ▪ Board Team effectiveness reviews completed, issues actioned and improvements realised ▪ Greater clarity of needs and agreed approaches to develop frontline leaders through national and local interventions ▪ Improved spread and penetration of best practice across frontline services
	▪ Local approach to succession planning and career development clarified and implemented (with partners where appropriate) ▪ National approaches to supply future leaders supported through availability of high quality placements, line managers, mentors, and substantive posts etc.	March 06 From Sept 05	▪ Future strategic leaders recruited to/ identified within NHSScotland, developed and retained ▪ Transparent, cross-partner approaches to succession planning in place locally, with improved local retention of leaders ▪ Improved 'fit' and retention of strategic leaders

NHSScotland

development plan 2005 - 2007 (cont)

DEVELOPMENT PRIORITY	Key Development Actions		
	NATIONAL ACTIONS	WHEN BY	NATIONAL INVESTMENT 05/06
D. Drive broader cultural change **(N.B. lead responsibility for national delivery indicated where beyond SEHD Leadership Development team)**	▪ Agreement in principle on future national-level CHP development support ▪ Development of national and regional Managed Clinical Networks and wider organisational arrangements (CMO) ▪ Development of revised performance management arrangements for senior managers (HR PEP) ▪ Development of revised organisational performance review (Dir HSD/CNO) ▪ Development of a more effective interface between SEHD and NHSScotland	April 2005 Ongoing TBC May 2005 Ongoing	£75k (HR)
E. Establish governance and accountability arrangements	▪ Establish greater clarity and simplify funding streams at national and local levels ▪ Establish national steering and accountability mechanisms	Sept 2005 Sept 2005	£40k (HR)
		TOTAL	£1.765m

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(Firm 05/06; Indicative 06/07)			MEASURES OF ACHIEVEMENT
	LOCAL (BOARD) ACTIONS	WHEN BY	
	▪ Local establishment and development of CHPs ▪ Implementation of revised performance management arrangements for senior managers ▪ Development of systems to support revised, national organisational performance review ▪ Contribute to development of a more effective interface between SEHD and NHSScotland	Ongoing TBC May 2006 onwards Ongoing	▪ Effective leadership of CHPs ▪ Performance management system driving more consistent, corporate and accountable approach to delivery ▪ Simplified national organisational performance review ▪ Improved interface between NHSScotland and SEHD which maximises accountability and trust
	▪ NHS Board Development Plan in place to take forward the local development agenda to support delivery of local and national targets and goals (see Appendix 4) ▪ NHS Board Development Plan evaluated and reported through Accountability Review process	March 05 and annually thereafter March 06 and annually thereafter	▪ High-quality NHS Board Development Plans in place and implemented, which explicitly support delivery of NHS Board targets and goals ▪ Clear, accountable mechanisms in place to steer national direction and review effectiveness

leadership

4 delivery mechanisms

It is evident from the above Development Plan that a number of organisations are involved in delivering this investment in leadership development across NHSScotland. It is important to establish some clarity on the roles and contributions of key partners in relation to the delivery of this Leadership Development Plan. This is as follows:

Organisation	Roles/Contributions
SEHD (HR Leadership Development Team)	▪ National policy and strategy development ▪ Commission/provide strategic-level delivery ▪ Co-ordination and influence across NHS Boards, national bodies, and key partners ▪ National evaluation and reporting
SEHD (Professional/Policy leads)	▪ Incorporate Leadership Development Framework direction and approach in professional/policy development
NHS Boards (Development Leads)	▪ Local policy and strategy development to align with national policy and strategy ▪ Commission and provide local delivery ▪ Co-ordination across whole system, with local partners ▪ Evaluation
Scottish Leadership Foundation	▪ Commission or provide national programmes e.g. clinical executives' programme; research; mentoring; etc.
Scottish NHS Confederation	▪ Commission 'employer'-based development, e.g. Strategic Team Development Programme
NHS Education	▪ Commission high-volume/frontline leadership development sponsored on a national basis by SEHD ▪ Integrate leadership development within postgraduate and professional development
NHS Modernisation Agency Leadership Centre/future NHS Institute	▪ CE Development Portfolio and international development opportunities for CEs (Board and Divisional)/Board teams
External Providers (e.g. academic/development bodies)	▪ Provide development commissioned nationally and locally
Professional/Membership bodies	▪ Provide development opportunities for members in the context of the NHSScotland Leadership Development Framework

These roles will develop over time and will be revised as relationships and partnerships develop and mature.

5 managing key risks

There are a number of risks associated with the Development Plan, and these will be managed as follows:

Key Risk	Likelihood	Impact	Management Action to Reduce Risk
1. National-level resources ▪ not secured in full post-05/06 ▪ lack of transparency across SEHD funding streams	M	H	▪ Re-negotiate priorities ▪ Charge for access to certain opportunities ▪ Escalate through steering/review mechanism (see section 6)
2. Poor uptake of opportunities owing to work pressures	M	M	▪ Performance management system to incorporate commitment to personal/team development ▪ Schedule events away from peak periods ▪ Feedback from target group on locations/timings
3. NHS Board Development Plans: ▪ driven by perceived bureaucratic requirements rather than potential local/national usefulness ▪ local investment in development compromised by immediate financial pressures	L H	M H	▪ Review with NHS Board Development Leads and NHS Board CEs ▪ Escalate through Accountability Review process if necessary
4. Career development review for strategic leaders ▪ opportunities get confused with potential organisational changes ▪ lack of opportunity for career progression	M	M	▪ Maintain transparency of purpose, clarity of ownership of information, and separate issues as necessary ▪ Develop portfolio of national-level assignments/contributions and manage
5. Commissioning and procurement processes compromise speed and flexibility of implementation	H	H	▪ Use strategic partners and develop call-off contracts
6. Roles of national organisations/ partners change	M	L	▪ National steering/review mechanism to support resolution of any issues, as necessary

6 steering and **review**

While the SEHD has the national policy lead role, it is essential that there is wider engagement in steering the development and review of the implementation of the overall Leadership Development Framework and this supporting Plan.

This will be discharged as follows:

National Steering/Review Group:	This is proposed to steer and review the strategic development of leadership and career development, performance management and pay. This will involve a formal annual review, reporting to the SEHD Management Board.
Chief Executives' Meetings:	Periodic reviews of the direction, implementation and outcomes of national leadership development.
Scottish Partnership Forum:	Periodic reviews of the direction, implementation and outcomes of national leadership development.
Specific Advisory/ Steering Mechanisms:	e.g. steering NHSScotland Management Training e.g. advising on development of future strategic clinical leaders' programme.
Development Leads' Network: (See Appendix 5)	Take forward more detailed planning on behalf of national steering mechanism and CEs, co-ordinate implementation, exchange good practice, and share intelligence.

Evaluating the impact of leadership development strategies is not straightforward. There are many variables to consider, but it is important to ensure that resources are being applied with the greatest impact. An evaluation methodology will be used for each element of this Plan as it is implemented.

7 conclusion

This Plan provides an important investment in driving the development and improvement of leadership capacity and capability across NHSScotland to support improved performance and delivery. It provides clarity on priorities over the next two years, and the contributions of key organisations in delivering the actions outlined.

It will require ongoing steering and review, to ensure it achieves the measures outlined and adapts to emerging issues. Ultimately, it will support NHSScotland deliver its goals to improve the health of the people of Scotland and healthcare delivery.

delivery through leadership

appendix 1

leadership qualities: descriptors (In no order of importance)

QUALITIES	DESCRIPTORS	REFERENCE TO SUPPORTING BEHAVIOURS	REFERENCE TO SUPPORTING KSF CORE+
Personal Qualities			
Personal Governance: (See detail in **Appendix 3**)	▪ commitment to service excellence ▪ integrity and probity ▪ account for performance ▪ engage with others in decision-making ▪ develop team and self	See detail in **Appendix 4**	
Personal Management:	▪ self-awareness ▪ emotional competence & consistency ▪ articulate and live by values ('being-the-talk')	See detail in **Appendix 4**	
Knowledge Management:	▪ asking the hard questions proactively ▪ listening empathetically to understand ▪ maintaining a contemporary knowledge of best practice	See detail in **Appendix 4**	K3
Service Excellence			
Ensuring Focus:	▪ directing attention to the key issues ▪ regulating the temperature (managing pace and stress)		G5 HWB
Delivering Governance: (clinical, staff, financial/corporate)	▪ looking after the needs of patients, staff and the public ▪ balancing risks		G4/G6 HWB
Achieving Results:	▪ creating a climate of performance delivery and accountability ▪ resolving complex problems through a win: win approach		G5
Future Focus			
Identifying goals:	▪ creating purpose with a focus on outcomes ▪ shaping and articulating the future with passion		G8
Creating and making choices:	▪ thinking flexibly and innovatively ▪ making choices in uncertainty and ambiguity ▪ taking risks with political astuteness		G2/G8
Developing capability and capacity with partners:	▪ building relationships and partnerships which recognise interdependency and which share learning ▪ instilling a staff, team and organisational development culture		G1/G7
Leading Change:	▪ aligning people, structures, systems and processes to secure goals ▪ seizing technological solutions to improve healthcare ▪ inspiring others and unleashing energy to change		G2

appendix 2

Leaders'/Managers' Code Of Personal Governance

As an NHS Scotland Leader/Manager I will:

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

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

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

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

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

appendix 3

leadership behaviours: some examples

LEADERSHIP BEHAVIOURS: SOME EXAMPLES		
PERSONAL QUALITIES	**POSITIVE BEHAVIOURS**	**NEGATIVE BEHAVIOURS**
PERSONAL GOVERNANCE		
Commitment to service excellence	▪ Challenges decisions not based on patients'/clients' needs ▪ Recognises and rewards excellence ▪ Celebrates 'success' ▪ Diagnoses and tackles poor performance	▪ Makes/supports decisions without patients'/clients' needs at the centre ▪ Rewards poor practice ▪ Rewards or takes a punitive approach to poor performance
Integrity and probity	▪ Truthful ▪ Open approach to issues ▪ Lets people say 'No', otherwise 'Yes' is meaningless ▪ Respects confidentiality of information consistently ▪ Checks potential probity issues	▪ Deceptive/dishonest/manipulative ▪ Hides and encrypts information ▪ 'Yes-men' abound ▪ Gossips confidential information ▪ Flaunts/ignores potential probity issues
Account for performance	▪ Accepts responsibility and accountability ▪ Gives credit where credit is due ▪ Challenges micro-management ▪ Gives clear, concise, timely explanations – no surprises ▪ Ensures information is organised to show good/poor performance	▪ 'Passes the buck' ▪ Takes credit for others' work ▪ Promotes dependency culture ▪ Withholds or is late with information – lots of surprises! ▪ Information about performance is poorly organised/ignored
Engage with others	▪ Promotes spirit of co-operation and interdependency ▪ Seeks first to understand ▪ Encourages meaningful dialogue at the earliest opportunity ▪ Develops shared vision ▪ Flexible	▪ Suspicious – promotes independency ▪ Seeks first to be understood ▪ Clique led decision-making ▪ Keeps others in the dark ▪ Rigid – imposes change
Develop self and team	▪ Builds self-belief and 'can do' ▪ Gives freedom to make decisions within authority ▪ Lets go – take risks ▪ Instils trust ▪ Values everyone as individuals ▪ Uses inclusive language ▪ Understands and values cultural differences ▪ Shows willingness to change and learn from mistakes ▪ Encourages appropriate behavour	▪ Destroys confidence ▪ Control, control, control ▪ Promotes oppressive, complex accountability ▪ Manipulative – other agenda ▪ Views everyone as 'the same' ▪ Uses discriminatory language ▪ Uses a 'diversity-blind' approach ▪ Knows-it-all ▪ Inappropriate behaviour isn't challenged

leadership behaviours: some examples

LEADERSHIP BEHAVIOURS: SOME EXAMPLES		
PERSONAL QUALITIES	**POSITIVE BEHAVIOURS**	**NEGATIVE BEHAVIOURS**
PERSONAL MANAGEMENT **Self-awareness**	▪ Takes time to reflect ▪ Values honest feedback ▪ Realistic about strengths and limitations ▪ Seeks help	▪ Blind spots – doesn't seek out feedback ▪ Avoids potential weakening of personal power base by indicating personal limitations ▪ Expectations of self/others unrealistic
Emotional competence and consistency	▪ Positive and enthusiastic ▪ Consistent behaviour ▪ Mature, constructive behaviour ▪ Warmth – easy to approach ▪ Respects others ▪ Handles others' emotions appropriately	▪ Negative/cynical ▪ Moody ▪ 'Toys out of pram'/vindictive/ bullying behaviour ▪ Cool – approached only when essential ▪ Lacks respect for others ▪ Insensitive to others' emotions
Articulate and live by values	▪ Practices what s/he preaches ▪ Keeps promises – follows through	▪ Words and actions don't match ▪ Lets others down – doesn't make it happen
KNOWLEDGE MANAGEMENT **Asking the hard questions proactively**	▪ Challenges status quo ▪ Creates climate of support and accountability	▪ Prefers the status quo ▪ Creates climate of blame
Listening empathetically to understand	▪ Open to new ideas ▪ Shows genuine concern ▪ Tests comprehension and summarises	▪ Closed to new thinking - blocks ▪ Superficial interest in others ▪ Assumes understanding – content with loose ends
Maintaining a contemporary knowledge of best practice	▪ Seeks comparisons and encourages change ▪ Ensures teaching and R&D are integral to improve service delivery	▪ Reacts to externally driven change ▪ Does not maximise the benefit of teaching and R&D to improve service delivery

appendix 4

NHS Board Planning and Delivery

leadership

NHS Boards are required to establish Development Plans which demonstrate how leadership capacity and capability will be improved. The NHS Board Development Plans will:

- Summarise the key goals and needs in their systems which can be supported through development interventions and investments.
- Establish the priority areas for investment in development (e.g. leadership capacity and capability, career development , culture, systems, structures, management practices, etc.) within their systems, and with their local partners, over a 3-year timescale, and demonstrate how these will support delivery of health goals and local health/community plans.
- Develop plans (Year 1 firm; Year 2 indicative) to take forward the above priorities, and indicate key risks.
- Indicate the specific investment being made locally to support the Development Plan.
- Assess expected/actual impact of the Development Plan by determining measures of effectiveness.
- Reflect the development priorities and plans in Local Health Plans, and report on progress through the Accountability Review process.

NHS Boards should ensure the engagement of Local Authorities and the Local Partnership Forum in developing these plans. It is proposed that the Development Plan is succinct, high-level and outputs/outcomes focused.

[N.B. NHS Board Development Leads have been involved in the development of this approach and have received more detailed guidance.]

appendix 5

SEHD/NHS Board Development Leads: Contact Details

Board	Name/title	Address
SEHD	Ashleigh Dunn, Head of Leadership Development	HR Directorate, SEHD, St Andrew's House, Regent Road Edinburgh EH1 3DG 0131 244 2814
	Hazel Mackenzie, Programme Manager (Strategic Clinical Leadership)	0131 244 2319
	Jill Sandford, Programme Manager (Management Training Scheme)	0131 244 3451
NHS Argyll & Clyde	Judith Ward, OD Director	Ross House, Hawkhead Road, Paisley PA2 7BN 0141 842 7271
NHS Ayrshire & Arran	Chris Lisle, Director of Organisation and Human Resources Development	Boswell House 10 Arthur Street, Ayr KA7 1QJ 01292 885 840
NHS Borders	Sandy Burnham, OD Co-ordinator	Newstead Melrose Roxburghshire TD6 9DB 01896 828282
NHS Dumfries & Galloway	Sharon Millar, Head of OD	Mid North Crichton Hall, The Crichton, Dumfries DG1 4TG 01387 244 039
NHS Fife	David Christie, OD Director	Cameron House Cameron Bridge Leven, Fife KY8 5RG 01592 712 812 Ext 330
NHS Forth Valley	Vicki Masters, Organisational Development Manager	Primary Care Operating Division Old Denny Road Larbert FK5 4SD 01324 404 240
NHS Grampian	Anne Inglis, Head of Learning & Development	Summerfield House 2 Eday Road Aberdeen, AB15 6RE 01224 558 532
NHS Greater Glasgow (Single lead TBC)	Juli McQueen, Head of OD and Training, Glasgow Primary Care Trust	Gartnavel Royal Hospital 1055 Great Western Rd Glasgow G12 OXH 0141 211 3852
	Ann Crumley, Head of Training & Development	North Glasgow University Hospitals Division 0131 201 4200
NHS Highland	Lynn Marsland, Head of Learning & OD	John Dewar Building Highlander Way Inverness IV2 7GE 01463 706877
NHS Lanarkshire	Kenneth Small, OD Director	Airbles Road Centre Airbles Road Motherwell ML1 2JT 01698 245 003

Board	Name/title	Address
NHS Lothian	David Lee, Associate Director	Royal Edinburgh Hospital Morningside Edinburgh EH10 5HF 0131 536 9179
NHS Orkney	Fiona Smith, Head of HR	Garden House New Scapa Road Kirkwall, Orkney KW15 1BQ 01856 888298
NHS Shetland	Lorraine Hall, Head of HR	Brevik House Outh Road, Lerwick Shetland ZE 1 0TG 01595 743024
NHS Tayside	Carrie Ferrier, Head of OD and Modernisation	Acute Services Division Level 10, Ninewells Hospital Dundee, DD1 9SY 01382 660111 Ext 33750
NHS Western Isles	Kay Young, OD Director	37 South Beach Street Stornoway Isle of Lewis H51 2BB 01851 702997
National Services Scotland	Chris Murphy, Interim HR Director	Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB 0131 275 6000
NHS 24	Linda Lynch, Head of Learning & Development	5th Floor, Golden Jubilee National Hospital Beardmore Street Clydebank G81 4HX 0141 435 7365
NHS Education	Marian Wrigley, Director of Human Resources	NHS Education for Scotland 2nd Floor, Hanover Buildings 66 Rose Street, Edinburgh EH2 2NN 0131 220 8610
NHS Health Scotland	Gavin Speers, OD Manager	Woodburn House Canaan Lane Edinburgh EH10 4SG 0131 536 5510
NHS QIS	Kathlyn McKellar, Head of HR	Elliott House 8-10 Hillside Crescent Edinburgh EH7 5EA 0131 623 4591
Scottish Ambulance Service	Shirley Rogers, HR Director	National Headquarters Tipperlinn Road Edinburgh EH10 5UU 0131 446 7010
State Hospitals	Ian Jones, Learning and Development Director	The State Hospitals Board Headquarters Carstairs, Lanark ML11 8RP 01555 840 293 ext. 551
Golden Jubilee National Hospital	Roisin Houston, Training & Development Manager	The Golden Jubilee National Hospital Beardmore Street, Clydebank, Glasgow G81 4HX 0141 951 500 ext 5243

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