For Office Use Only: Date Submitted: _____ Resubmission: _____ Ref: _____

De Montfort University
Faculty of Health & Life Sciences
Faculty Research Ethics Committee

APPLICATION FORM

TO GAIN APPROVAL FOR ACTIVITIES INVOLVING HUMAN RESEARCH or HUMAN TISSUE RESEARCH

PLEASE READ SUBMISSION GUIDELINES BEFORE COMPLETING THIS FORM

Submission guidelines (Oct 2013).docx

Further information and application forms are available at http://www.dmu.ac.uk/research/ethics-and-governance/faculty-specific-procedures/health-and-life-sciences-ethics-procedures.aspx.

For further information or advice please contact the Research and Commercial Office, Faculty of Health and Life Sciences, 1.25 Edith Murphy House, Phone: 0116 2506122 / 0116 2577891 or email: hlsfro@dmu.ac.uk

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1. Applicant name:

2.Postal & email address:

3. Supervisor(s) or co-applicants:

4. Programme (if applicable):

Researcher Development Programme

5. Title of Research Project:

A Constructivist Evaluation of a leadership programme and its subsequent impact

6. Start date for the project:

7. Expected end date for the project:
(FREC/RCO must be advised upon completion)

8. What is your main research question, hypothesis or aim?

The aims of the study involve a critical evaluation and exploration of *"The Delivering Better Care Leadership Programme"* to investigate from the perspectives of the participants, what their expectations and motivations are for undertaking this leadership programme; to discover how participants experience the programme and explore if their expectations change over time. To examine the processes that influence leadership development and to understand how to sustain subsequent impact within a complex healthcare context.

9. Please give a brief overview of your research method? (max. 100 words)

A longitudinal qualitative study of the volunteering participants of the "Delivering Better Care Leadership Programme" past and current. A Constructivist Evaluation involving 3 Phases for current participants; Phase 1 at the start of the yearlong programme, Phase 2 at completion, Phase 3, up to one year later.
In each phase data will be gathered from audio recorded in-depth semi-structured interviews and focus groups. Inductive data analysis will enable findings to be "grounded" in the context of the inquiry.
Case studies of past participants will involve interviews during Phase 1 Element B of the study.
Data analysis will use a Grounded Theory approach and involve using NVIVO software.

10. How do you plan to recruit volunteers for your study, if applicable?

Participants (n=30) of the *Delivering Better Care Leadership Programme* (DBC LP) 2015-2016 will be given an invitation and information sheet (see Enclosure 2a) prior to them commencing the programme, which will invite them to "opt in" to the study using a return slip which they will send back to the researcher.
Further information and the gaining of written consent (see Enclosure 1) will follow once confirmation of willingness to participate.
Past participants (n=6-12) of previous DBC LP programmes will be selected using a theoretical sampling strategy and invited to take part as "case studies". An information and invitation (see Enclosure 2b) sheet will be sent to them via email.
To ensure multiple stakeholders participate and contribute to the data collection, with their permission an invitation and information sheet (see Enclosure 2c) to participate in an interview or focus group will also be sent to each participant's manager, a junior colleague and a peer/team member (3 in total for each participant).

11. If you are conducting interviews, focus groups, observations or experimental studies, will you obtain written consent from all volunteers? Yes ☒ No ☐ Not applicable ☐

12. If you are conducting an experimental study (where you are doing something to participants) **with healthy volunteers or a laboratory based study, have you completed, or will you complete, a risk assessment form?**
Yes ☐ No ☐ Not applicable ☒

13. If your research involves the use of human tissue, have you read, understood and agree to comply with the Human Tissue Act? Yes ☐ No ☐ Not applicable ☒

14. Please list each potential ethical issue relating to your study and state how these will be addressed: include potential risks to participants and research staff

The researcher is also in the privileged position of facilitating the delivery of the DBC LP within NHS [redacted]. The researcher is cognisant of the insider-outsider position and will respect strict and explicit confidentiality and professionalism, in relation to engagement with participants during the programme and within the study. Ground rules will be agreed on day 1 of the DBC LP to ensure a safe environment is created. Data collected during interviews and focus groups will not be shared with others during the study. Additional emphasis and clarity will be made to facilitators and participants of the programme, on the expectations and responsibilities of the participants, the Researcher, the time involved, how data will be analysed and protected.

All contact details and copies of written consent forms will be held in a participant file identified by a number code only and stored in a locked filing cabinet in the researcher's office within the Education Centre of NHS [redacted]. All names and identifying information will be removed from the interview/focus group's transcripts. No identifiable information will be used, only pseudonyms. Downloaded data will be stored on a secure protected Server within NHS Lothian and only accessed by the researcher and her named academic supervisors.
As per De Montfort University requirements, all raw and analysed data will be kept for 5 years after completion of the project and stored in the researcher's office within NHS [redacted].
The researcher is also a qualified nurse with many years experience within NHS [redacted] and is bound by The Code (NMC, 2015) a professional code of conduct, which confidentiality is a fundamental part.
Participants may find exploration of aspects of their role and the impact of consciousness raising during the focus groups, as well as participating on the programme, to be challenging or distressing. However this is deemed to be low risk. The researcher is experienced as a facilitator, coach, coach supervisor and mentor, therefore is well equipped to deal with emotions and challenging situations.
Emotional support will be available if necessary and with the participant's permission, from an appropriate individual who is independent of the study such as the NHS [redacted] Staff Support and Confidential Counselling Service, for on-going support via a referral process.
If at any point during data collection, the participant decides to withdraw from the study, this will be respected and where possible, up to a week following participation, information they have supplied will be destroyed. Once data analysis commences the participant can withdraw, however it will not be possible to remove their specific data at this point.

15. To which research ethical codes of conduct have you referred (include professional codes if applicable)? (See submission guidelines)

Declaration of Helsinki and Data Protection Act 1998
Nursing and Midwifery Council The Code Professional standards of practice and behaviour for nurses and midwives www.nmc-uk.org/code
National Research Ethics Service http://www.nres.nhs.uk
Research Governance Framework for Health and Social Care
https://www.gov.uk/government/publications/research-governance-framework-for-health-and-social-care-second-edition

16. Where will your data be collected? (e.g. DMU, University Hospitals Leicester, Glen Hills Primary School)

[redacted] University [redacted] campuses (focus groups and meetings may be held in [redacted] premises and /or NHS [redacted] sites.

17. For applicants who are conducting their projects outside DMU such as in a primary or secondary school (but not the NHS) **have you obtained, or will you obtain, written permission from the organisation <u>before</u> you start your research?** Yes ☐ No ☐ Not applicable ☒

18. If you are conducting your research overseas, will you also obtain ethical approval within the host country? Yes ☐ No ☐ Not applicable ☒

19. For applicants conducting their projects within the NHS: N/A ☐

Please tick one of the following three statements

a) **My project is defined by the NHS as research. I will obtain ethical approval via NRES and approval from the relevant Trust's R&D office before I commence the study**
Yes ☐

b) My project is defined by the NHS as research involving staff and does not require ethical approval via NRES. I will obtain approval from the relevant Trust's R&D office before I commence the study Yes ☒

c) My project is defined by the NHS as audit or service development. I will obtain permission to conduct my project from the Trust's Audit Department, Data Protection Officer or appropriate Head of Department before I commence the study (where applicable, specific written permission must be obtained to access patient records) Yes ☐

SUPPORTING DOCUMENTS (all documents should have a version number and date)
Compulsory

☒ Research proposal (suggested headings are listed in submission guidelines)

Where applicable

☐ Permission from external organisation

☒ Consent form (see submission guidelines for example) **See Enclosure 1**

☒ Participant information sheet (see submission guidelines for example) **See Enclosure 2a, 2b, 2c**

☒ Data collection tools (eg draft interview schedule, survey questionnaire) **See Enclosure 3**

☐ Recruitment flyer or advertisement

☒ Participant response slip **(included on Enclosures 2a, 2b, 2c)**

☐ Human Tissue Information: Arrangements for storage, disposal, tracking, tracing, and recording.

☐ Tissue Bank details, including details of their application procedures and a copy of their HTA licence

☐ Drug information: list of proprietary or commercial drugs to be used, including formulation, dosage and route of administration and known adverse side effects

Authorisation

By signing this form, you confirm that you have read, understood and will comply with the above ethical guidelines

Signature of applicant	[redacted]	Date: [redacted]
Signature of supervisor (if applicable)		Date:
Signature of clinical or workplace supervisor (if applicable)		Date:

SUBMISSION OF COMPLETED FORMS

Undergraduate and taught Masters Students: Submit one hard copy of the application form and supporting documents to your supervisor/ relevant module leader, unless they advise you otherwise.

Post graduate research students, staff or external applicants: Submit **two** paper copies and one electronic copy of the application form and supporting documents to the Research and Commercial Office, Faculty of Health and Life Sciences, 1.25 Edith Murphy House. Phone: 0116 2506122 / 0116 2577891, e-mail HLSFRO@dmu.ac.uk

[redacted]

Study Proposal

Title: A Constructivist Evaluation of a clinical leadership programme and its subsequent impact

Introduction and Context

This PhD study will offer an original contribution to knowledge, through providing a critical exploration of a particular clinical leadership development programme and its subsequent impact. The *Delivering Better Care Leadership Programme* uses the Senses Framework (Nolan et al. 2006) as a philosophical underpinning, as well as a facilitation and delivery mechanism. Therefore pivotal to this research investigation will be an exploration of the factors, which hinder or enhance the creation of an enriched caring, learning and working environment for participants, using the Senses as a theoretical frame of reference.

The findings of this study will potentially inform both policy and practice in healthcare, by contributing new evidence, to enable individuals, teams and organisations to maximise any impact following leadership development, thus build capacity and capability.

Background

Developing collaborative leadership throughout the NHS is seen as a priority to ensure the delivery of a healthcare service, which is focussed on improvement, safety and quality (Scottish Government. 2013). Delivering high quality, safe, effective, compassionate and person-centred care requires robust professional and clinical leadership. These factors are considered

fundamental in ensuring enhanced patient care outcomes, patient safety and team working, in the current complex clinical environments of healthcare systems (Gifford et al. 2007, Heifetz, Laurie 2001).

The identification and development of effective leaders for the future remains a challenge for many healthcare organisations, as well as ensuring plans are in place to embed, sustain and build upon this leadership resource(Westphal 2012). Over the past decades numerous studies have highlighted the vital role of nursing leadership in delivering high quality patient care, however despite the increasing interest in developing healthcare practice, there is limited evidence about the subsequent impact following leadership development. Ensuring that leadership development programmes have the desired impact is complex and incorporates diverse influential factors, (Davidson, Elliott & Daly 2006) which this study will explore, analyse and investigate.

The literature suggests that the interplay between organisational cultures and leadership is significant; (Manley 1997, Mannion, Davies & Marshall 2005, Patterson et al. 2011, Manley et al. 2011)therefore the researcher will be cognisant of this throughout the study, particularly in light of recent reports of poor care and ineffective leadership in healthcare systems in the United Kingdom and Internationally (Dixon-Woods et al. 2014, Francis 2010, Gillen 2014).

The proposed study aims to begin to address this gap in our understanding, using the *Delivering Better Care Leadership Programme* as an exemplar. *Delivering Better Care Leadership Programme* is an innovative leadership programme, which focuses on caring, compassion and practice development. Using an appreciative inquiry (Cooperrider, Whitney & Stavros 2008) approach, participants are supported to apply theory to practice, whilst taking forward work-based activities and small change projects using tools and techniques that promote engagement with patients, families and staff.
The *Delivering Better Care Leadership Programme* (see Appendix 1) has evolved over the years in response to evaluation feedback and to meet the needs of healthcare leaders and organisational drivers. This study will explore

how the programme impacts or not on individuals', their clinical practice, their teams and ultimately the healthcare organisation; and investigate how this impact may change over time.

The study will build upon the insights provided by prior clinical leadership development programmes in Scotland and Eire; in particular around the importance of utilising an appreciative inquiry approach (Dewar, Nolan 2013) focussing on what is working well and what areas could be improved upon. Evidence suggests that appreciating positive aspects in situations and people can result in effective and sustainable change (Cooperrider, Whitney 2005).

In a study that examined and evaluated "The Leadership in Compassionate Care Programme" in NHS [redacted], MacArthur (2013) recommended further investigation and investment in effective leadership development, to support the organisational strategic vision of embedding and sustaining compassionate care.

It is anticipated that this study will provide further understanding and evidence of any impact of such initiatives, on leadership, teamwork and care delivery. Therefore fundamental to this research investigation are the principles of Appreciative Inquiry in conjunction with the Senses Framework.

Research Aims

The overall aims of the study, which will involve a critical evaluation and exploration of *The Delivering Better Care Leadership Programme*, are:

- To explore from the perspectives of nursing and midwifery staff /participants (and potentially Allied Health Professionals) their expectations and motivations for undertaking this leadership programme
- To discover how participants experience the programme and whether or not their expectations change over time
- To develop an understanding of a number of potential impacts following participation on a clinical leadership programme and the factors that both facilitate and hinder these

The possibility of finding a diverse range of impact and investigating in detail **what** it is that *Delivering Better Care Leadership Programme* as an intervention, leads to a positive outcome or not, contributes to the motivation and drive of the researcher, who is open to exploring unexpected changes in addition to anticipated changes.
The study will comprise of 3 main Phases and will address several initial questions (detailed later in the study design section of the Proposal).

Research questions

Due to the complex nature of the study design, the research questions are presented within the description of each Phase of the study below.

Study design, Recruitment, Inclusion criteria and Sampling methods

Using an evolving Constructivist methodological approach, this longitudinal qualitative study will investigate *Delivering Better Care Leadership Programme*.
Constructivism provides a philosophical framework and research style that supports the emergence of themes or "constructs", which develop and progress to become new frameworks and structures as the study evolves (Rodwell 1998). In this Constructivist Inquiry, the researcher will engage face to face, on the telephone and by electronic mail, with all key stakeholders who will include past and present participants of the programme and their managers and colleagues, in order to explore the impact upon individual participants and their practice over time. Throughout their participation, as the data emerges, stakeholders in varying roles and with differing experiences, responsibilities and lengths of service, will assist in shaping the research design by means of hermeneutic dialogue (see below). This element of the Constructivist inquiry enables all those engaged in the process to construct new and enhanced understanding of the situation under investigation and to explore options for change and learning (Rodwell 1998).

This proactive and collaborative process fits well with the underpinning ethos of *Delivering Better Care Leadership Programme* in promoting coproduction and engaging leadership. Workshops and discussion groups provide opportunities for the content and focus to be shaped and co-created by the needs of the group engaged in the programme at that time.

This study, using a Constructivist Evaluation involving multiple stakeholders, will comprise of 3 phases.

Phase 1*(September 2015-April 2016)* will consist of two elements (A and B). Elements A and B will run concurrently during Phase 1 and it is anticipated that they will significantly inform Phases 2 and 3 of the study.
All participants will be required to give informed consent.

Element A will involve engagement with new participants about to embark on their leadership journey in September 2015, at the start of the *Delivering Better Care Leadership Programme 2015-2016,*and their managers.

Participants of *Delivering Better Care Leadership Programme 2015-2016* (n=30) will be staff members- Staff Nurses, Senior Charge Nurses, Support Workers for example, who work in [redacted], who have completed a successful application process and confirmed that they have their line manager's full support to undertake the programme. Although this programme is open to all clinical staff at all levels of Banding, including Non-Registered staff Bands 2-4 and Registered staff at Bands 5-8,the majority of participants will be Nurses with the addition of a small number of Midwives and Allied Health Professionals. Medical staff can apply but tend to prioritise other shorter leadership programmes.

Recruitment to the study will involve sending all participants of the programme (n=30) an invitation and information sheet via email, prior to them commencing the programme in September 2015*(Enclosure 2*a*),* which will

invite them to opt in to the study. Further information and gaining written consent *(Enclosure 1)* will follow once there has been confirmation of willingness to participate.

Purposive sampling will be dependent on numbers of participants who choose to opt in to the study, to create a realistic sample for Element A. It is anticipated that from the group of 30, a sample of 10 participants will be recruited to the study, from a diverse range of clinical specialities and roles. Once the sample of participants is confirmed, the researcher will make contact with the participant's managers by electronic mail to invite them to take part in the study. This will be discussed and agreed in collaboration with participants during the recruitment phase and is detailed in the information sheet. If for any reason a manager declines the invitation to take part in the study, the participant will still be included in the study. It is anticipated that a minimum of 6 managers will accept the invitation to participate.

Qualitative data will be gathered using semi-structured interviews. Each individual participant (n=10) and manager (n=10) will be interviewed face-to-face, once during Phase 1, for a period of 60-90 minutes. Follow-up dialogue on the telephone will be negotiated as required, as the study evolves.

Due to the dynamic nature of the Constructivist inquiry the researcher may also invite participants (not managers) to further explore emerging themes within a focus group with study programme participants during Phase 1.

Element A Research questions

The following are initial questions, which will primarily focus upon leadership aspects, and will develop and evolve as the study progresses.

- What are the views, expectations and motivations of participants for applying to undertake this leadership programme?
- What will success look like for them at the end of the programme?
- What factors are important to ensure full commitment and engagement in all elements of the programme?

The focus of enquiry in Phase 1 Element A, will involve exploration of the meaning of clinical leadership, individual's expectations of the programme and their manager's expectations of the anticipated development and benefits plus their reasons for supporting the participant's application; predicted outcomes and indicators of success; motivations and reasons for participating. (*Enclosure 3 provides an outline of key areas to be explored in the initial interviews and discussions).*

Element B

A case study approach will build on the insights and experiences of previous programmes in Scotland and Eire to explore and understand what underlying factors enable or hinder the sustainability of subsequent impact over time.

Element B will explicitly engage with past participants of the *Delivering Better Care Leadership Programmes* delivered 2007-2014(n=6-12) and a purposive sample of their managers and peers as available, to explore their experiences particularly in relation to subsequent impact.

The study will therefore include 3 colleagues of each past participant who takes part in the study; their line manager, a junior colleague and a peer/ team member. Communication and identification of colleagues to be invited to take part in the study will be in collaboration with participants.

The rationale for this theoretical sampling is to include a diverse group of participants/leaders working in the current complex leadership landscape, as well as past participants over varying periods of time, 2-8 years, to allow exploration of factors which have hindered or enhanced any impact following leadership development.

A key part of Phase 1 Element B purposive sampling, will include past participants who have continued to make significant changes and also participants who have not, in order to tease out influential factors and inform Phases 2 and 3 of the study. This will provide a selection of case studies who will be invited to participate in the study. Information and the invitation (*Enclosure 2b*) will be given via electronic mail.

The researcher was the facilitator for these previous programmes and has email contact details and previously established permission to contact people using them.

Element B Research questions

- How do they recall their experience of *Delivering Better Care Leadership Programme*?
- What have they noticed in themselves as leaders since participating on the programme? *(For managers/colleagues-What have they noticed about their colleague since they participated on the programme?)*
- What aspects of the programme have been most useful?
- How would they describe their leadership role now, compared to before participating on the programme?
- What examples of impact, if any, can they provide to illustrate how they are implementing their learning from the programme? *(For managers/colleagues-What examples of impact, if any, can they provide that illustrates how their colleague has been implementing their learning since their participation on the programme?)*

Each past participant, individual manager or colleague will be invited to have one semi-structured interview either face to face or on the telephone if more convenient, for example past participants from Eire. Interviews will last 60-90 minutes and will provide a comprehensive range of perspectives and observations, which will be crucial to the study, as the researcher seeks to explore emerging themes particularly in relation to impact following leadership development. The inquiry will investigate what factors have enabled and hindered the sustainability of impact on practice, to individual's leadership skills and how the programme has influenced any subsequent impact.

Phase 2 (September 2016- April 2017) will begin at the end of the *Delivering Better Care Leadership 2015-2016 programme.* This will involve all 10, or subsequent number, of recruited participants from Phase 1 Element A, and a

purposive sample of their managers, peers/team members and junior colleagues (n=12).

Phase 2 Research questions

The following questions will be further developed and evolve following Phase 1 of the study

- How was their experience of the leadership programme?
- What have they noted in themselves (*or in their colleague*) personally and professionally within their role since participating on the programme?
- To what extent have their expectations been met?
- What aspects of the programme were most useful? What aspects could be improved?

The focus of enquiry will be conceptualisation of emergent qualities, skills and attributes of the individual participants and an exploration of the potential impact on patient care, teams and the organisation, including any plans they might have to implement and lead change. Understanding how the programme experience has been for individuals, what aspects have been helpful, what could have been improved, how their expectations have been met and what still needs to happen to continue and sustain their development will be examined.

Exploring observations of any change and impact noted throughout the year whilst participating on the programme and implementing new tools and techniques, from the perspectives of managers and colleagues of the participants, will contribute to the richness of the data.

Similarly to Phase 1, invitations to participate in one semi-structured interview or one focus group lasting 60-90 minutes will be sent via electronic mail to participants (n=10) and a purposive sample (n=30 total) of their managers (n= 10), peers/team members (n=10) and junior colleagues (n=10).

Phase 3 (September 2017- April 2018) The researcher will maintain contact with all study participants via email, telephone and face-to-face meetings/focus groups, periodically throughout the year following Phase 2, (from April 2017 onwards), to maintain dialogue in relation to the emerging data, to gain consensus and understanding, as the inductive data analysis process continues concurrently with the data collection.

Phase 3 will include further qualitative data collection from semi-structured interviews with the sample (n=10) of participants from Phase 1(element A) and Phase 2, and will be supplemented with focus groups with managers, peers or junior colleagues to explore perceptions of impact and change and how this is influenced or not over time. The total number of focus groups, which will consist of a maximum of 6 people, invited to meet for 60-90 minutes, will be decided in response to the emerging themes and subsequent research questions as the study evolves.

Phase 3 Research questions

- What examples of impact, if any, since participation on the programme, have the participants themselves, their managers and peers noted?
- What elements of the programme have been most useful and why?
- Who and what has enabled them, or not, to implement their learning and continue their development?
- What has been their most significant learning about themselves as leaders?

The emphasis will be on exploring what impact, if any, they have observed in terms of patient care and clinical practice, over the past months to a year since completion of the programme (see Enclosure 2c). Specific examples of impact will be explored and details will be captured. Inquiring into personal leadership qualities, skills and experiences of the individual participants and perceptions of peers, managers and colleagues will be included.

The focus of enquiry will be on the analysis of mechanisms to sustain development and impact, as well as revisiting themes from initial expectations and motivating factors, which emerged from the original interviews.

Exclusion criteria

No participants from the 2015-2016 *Delivering Better Care Leadership Programme* will be excluded from opting in to the study.
However Purposive sampling of past participants, their managers, peers and junior colleagues, will result in exclusion of many participants of previous programmes as the researcher will only have capacity to include 6-12 case studies within the study timeline. Any past participant who did not fully complete all elements of the programme will be excluded from the sampling and this information will be accessed from the programme database held within NHS Lothian and with appropriate permission.

Data Analysis

Interviews and focus group discussions with participants, team members and managers (stakeholders) will be digitally audio-recorded and the researcher will transcribe the data verbatim.
Data analysis will be based on a Grounded Theory approach, which supports an emergent strategy of theoretical sampling (Strauss, Corbin 1990), using a Constructivist Inquiry method to generate themes and constructs. As the themes emerge from the data, constructions will develop which will inform the subsequent interviews and focus group's design (Fontana, Frey 1994, Savage 2000).
In order that all participants play an active role in the data analysis, the researcher will support the creation of a robust hermeneutic dialectic process (Rodwell 1998).
Emerging themes will inform ensuing interviews to provide on-going comparison (Charmaz 2011). Each unit of data will be compared with each other in a continual systematic process of inquiry.

Grounded Theory is appropriate to *Delivering Better Care Leadership Programme* as it explores values, beliefs and human factors of the participants involved.

Data will be managed using a software package called NVIVO, which stores, retrieves and establishes links between data.
A reflective diary will be used throughout the study by the researcher, to record contextual details, personal insights, observations and learning during the research journey.
Data collection and analysis will become more refined as the researcher becomes increasingly knowledgeable and experienced in the process through a constructivist lens. Data collection will come to an end when a recurring pattern of concepts and theoretical elements is evident.

Ethical Considerations

Ethical approval is being sought from De Montfort University, Faculty of Health and Life Sciences, Faculty Research Ethics Committee. Further approval will be obtained from NHS [redacted] Research and Development(R & D) Department and [redacted] University [redacted] R &D Department, as *Delivering Better Care Leadership Programme* is delivered in partnership, involving participants from NHS Lothian and venues within ENU.
De Montfort University (DMU) is the sponsor for the study, providing insurance and indemnity cover. The researcher will at all times work within the NMC Code of Professional Conduct (2015) and adopt the University policies as appropriate for data management. The researcher will adhere to the DMU Lone working policy.

The researcher is in the privileged position of facilitating the delivery of *Delivering Better Care Leadership Programme* within NHS Lothian; therefore a potential risk of “insider-outsider” issues will require strict confidentiality in relation to engagement with participants during the programme and within the study. Ground rules will be agreed on Day 1 of the programme to ensure a safe learning environment is created.

Data collected during interviews and focus groups will not be shared with other programme facilitators, programme participants, or managers during the study.

There will be explicit additional emphasis and clarity on the expectations and responsibilities of participants and the researcher, at the outset of the study, with all programme facilitators and participants involved. This will be revisited and reviewed throughout the study. Transparency in articulating specific details in relation to the time involved in the study and how data will be analysed and protected will be additional important factors taken into account by the researcher.

A potential issue due to the researcher's facilitator role within the programme is that of positional power, which may have an influence on participants, resulting in bias and a perceived obligation to take part in the study. Therefore the information given to participants before commencing the programme will be comprehensive and the consent process robust. The researcher will be mindful of the potential biases and will ensure professionalism, integrity and authenticity at all times.

Participants may find exploration of aspects of their role and participation on the programme challenging or distressing, particularly if they have been "sent" on the programme, however this is deemed low risk. If necessary and with the participant's permission, a referral will be made to an appropriate individual who is independent of the study such as the NHS Lothian Staff Support and Confidential Counselling Service, for on-going support.

Consent and Participation

An invitation and information sheet *(Enclosure 2a, 2b, 2c)* will be provided to each participant/stakeholder prior to contact from the researcher. An opt in strategy will be adopted and participants will be given the opportunity to ask the researcher questions, prior to all three Phases of the study.

Participants will be given a minimum of one week to decide if they want to take part in the study, to allow them time during their clinical shifts to access electronic mail and give the research study their consideration.

Written informed consent will be obtained to record the interviews using a digital audio recorder (*Enclosure 1).*

If at any point a participant decides not to proceed with participation in the study, this will be respected and the person will be withdrawn from the study. Where possible, up to a week following participation, any information that they have provided will be destroyed. Once data analysis has commenced however, it will not be possible to remove their specific data.

Risks

There are no direct risks to the participants or the researcher identified.

Data protection and Confidentiality

The researcher will hold contact details of participants and copies of written consent forms in a participant file and will store these in a locked filing cabinet in the researcher's office within the Education Centre of NHS [redacted] premises. Participants will also receive and keep hold of a copy of their consent form.

All names and identifying information will be removed from the interview/focus group notes. Direct quotes from the data will be used in publications and reports, however, no identifiable information will be used, only the use of pseudonyms.

Downloaded data will be stored on a secure protected server within NHS [redacted] and only accessed by the researcher and her named academic supervisors. All raw and analysed data will be kept for 5 years after completion of the study and stored in the researcher's office within NHS [redacted].

The researcher is a Registered General Nurse and a qualified Coach/Coach Supervisor with many years experience within NHS [redacted] and is bound by a Professional Code(Nursing and Midwifery Council. 2015), which holds confidentiality as a fundamental principle.

Dissemination Plan

Findings and recommendations from the study will be shared with all participants of the study and will also be widely disseminated to professional groups and networks, via an Executive Summary. Presentations will take place at DMU, NHS [redacted]. There will be reports made regularly to NHS [redacted] Board and progress reports to DMU.

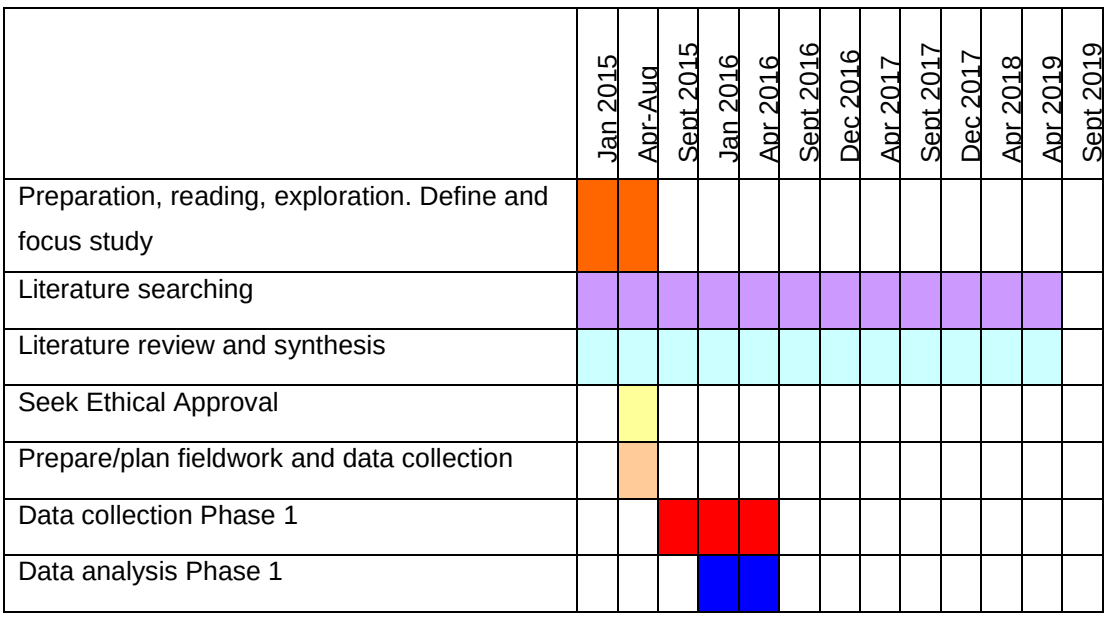
The study outcomes will provide evidence and guidance to Organisational Development and Clinical Education leads and NHS Board Executives, as to which areas require particular focus and attention to sustain impact and continue to build leadership capacity and capability across healthcare environments, thus influencing organisational culture.

Academic and clinical conference presentations will be made nationally and publications will appear in professional journals.

Following completion of the study an Executive Summary of the findings will be readily available on DMU, [redacted] websites.

Timeline

Gantt chart- estimated timeline of the study



Data collection Phase 2													
Data analysis Phase 2													
Data collection Phase 3													
Data analysis Phase 3													
Evaluation of data and Report writing													
Submission of Thesis/Dissemination													

The study will form the basis of a PhD undertaken by [redacted]- the named researcher, at DMU. This is a PhD Part-time Scholarship over 4-5 years, for completion April 2019-2020.

Appendix 1

Delivering Better Care Leadership Programme 2015-2016

NHS [redacted] University's *Delivering Better Care Leadership Programme* is an innovative leadership programme which focuses on caring, compassion and practice development. The programme will have participants from NHS settings and [redacted] University staff. It has evolved from *Leading into the Future* and the *Leadership in Compassionate Care* leadership programmes and actively supports current initiatives in NHS [redacted] including *Leading Better Care*, *The Person Centred Health and Care Collaborative and The Scottish Patient Safety Programme*.

Aims of the programme are that participants will:

- Develop their personal qualities and skills as transformational leaders
- Work with others on the programme to exchange ideas, build upon expertise in the group and develop leadership and practice
- Develop an increased understanding of compassionate, safe, person-centred and relationship-centred care and actively use these concepts to develop practice
- Develop skills of using an appreciative inquiry approach to examine practice
- Develop skills of engaging members of their team and leading a practice development
- Develop a working understanding of policy that relates to quality in health care
- Share their learning and development and celebrate success

It is expected that participants and their managers will work and engage with their teams to develop practice. The Managers' role in providing support during the programme is of utmost importance.
Participants are encouraged to be open to ideas, work with possibilities rather than focus on limitations, and challenge their own values, beliefs and assumptions.

This is an intensive programme (11 workshops over 10 months) that involves a real commitment to attend each session and to carry out the "activities" between sessions in their areas; for example taking stories and gathering feedback from patients, carers, families and students, and observing practice.

The 2015 programme commences on [redacted] and will finish on [redacted].

The programme is a significant on-going investment by NHS [redacted] and [redacted] University which aims to build leadership capacity and capability, and enable safe, person centred, effective compassionate care for our patients and families; therefore participants are encouraged to embrace and capitalise on this exciting opportunity.

Programme model outline

Venues to be confirmed (likely to be held on an [redacted]

Date	Workshop topic
	Contracting for success *Compassionate care theme: Involving, valuing and transparency* Introduction to; Compassionate care themes and model, The Senses Framework and relationship centred care, Appreciative Inquiry and Action Research Sharing experiences and ensuring sustainability, exploration around practice development tools and techniques
	Valuing and working with feedback *Compassionate care theme: Feedback, Caring conversations* Our values into action; exploring leadership theories, models and styles; Emotional Touchpoints and the power of storytelling Fish Philosophy!
	Developing leadership through feedback *Compassionate care theme: Feedback, Caring conversations* Quality Improvement and patient safety; introducing improvement methodology- small tests of change, tips and tools; engaging our teams and seeking, hearing and acting on feedback on our leadership qualities Working with data, presenting our findings
	Communication that works *Compassionate care theme: Knowing you, knowing me* *Attitudes and behaviours, Transactional Analysis; meaningful conversations and enhancing our emotional intelligence*
	Inquiring and acting appreciatively *Compassionate care theme: Flexible person –centred risk taking, Caring conversations* Playing to the strengths of the team, understanding our roles and accountability
	The power of observation *Compassionate care theme: Involving, valuing and transparency, Creating spaces that work (The environment)*
	Enhancing the patient experience through valuing equality and diversity *Compassionate care theme: Involving, valuing and transparency, Creating spaces that work* Adult Protection, Rapid Impact Assessment, Valuing the diversity of the team

	Relationship Centred Care and the Senses Framework in practice *Compassionate care theme: exploring all CC themes* Enhancing the experiences of patients, staff, students and carers
	Celebration of learning and sharing best practice

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Participant Invitation and Information sheet

You are invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and to decide if you want to take part. Talk to others about the study if you wish.

This information sheet tells you the purpose of the study, what will happen to you if you take part and gives detailed information about the conduct of the study.

If there is anything that is not clear or if you would like more information please contact [redacted], mobile number [redacted], Email: [redacted]

What is the purpose of this study?
This research will form the basis of a PhD submission to De Montfort University by [redacted].
Over the past decades numerous studies have highlighted the importance of effective leadership in delivering safe, effective patient care. There is limited evidence however about what factors influence the sustainability of impact following leadership development in Healthcare. This study will explore expectations and motivations for participating in leadership development and processes that influence any subsequent impact.

Who is organising and funding this study?
De Montfort University in Leicester is the sponsor for the study, providing insurance and funding.

What is the reason I have been invited to take part?
You have been invited because you will be a participant on Delivering Better Care Leadership Programme (DBC LP) 2015-2016, starting in September. Your views and experiences are valued and it would be really helpful to learn from these.

Do I have to take part?
No – taking part is entirely voluntary. If you would prefer not to take part, you need do nothing and you do not have to give any reason and this will not in any way influence your experience on the Delivering Better Care Leadership Programme

What will I have to do?
If you are willing to take part, you will be invited to have an interview or take part in a focus group at 3 stages of the study-at the start, at the end and a year later. Each interview or group will be digitally recorded so that they can be transcribed and analysed at a later stage. You will be given the opportunity to read the transcripts of the interviews or groups and to make comments on the analysis of them.

The interviews can take place at a mutually convenient venue such as your workplace or at an [redacted] University Campus for example, or by telephone if you prefer. The focus groups will take place at an [redacted] Campus.
The interview or focus group will last about an hour depending on how much you have to say. It will focus on your experience of the programme and reasons for applying to participate on the Delivering Better Care Leadership Programme, and in particular what aspects of leadership you hope to develop. The second and third interviews will focus on how the programme has been helpful or not to you in your role, how your expectations have been met, how you are sustaining your development and will give you the opportunity to share examples of any impact or changes you have made.

If you choose to take part you will be asked to sign a consent form.

What are the possible benefits of taking part?
There are no direct benefits to you; however some people enjoy having the opportunity to reflect. It is hoped the information we get, will help us to understand how to sustain impact following leadership development more effectively in the future, which ultimately will benefit staff, patients and the NHS.

What are the disadvantages to taking part?
The interview/focus group will involve prioritising your time. You might find exploring aspects of your role in relation to your participation on the leadership programme challenging or upsetting, however this is unlikely. The researcher is an experienced coach/facilitator, as well as a registered nurse so is well able and confident in working with groups and individuals.

Expenses and Payments
Participants will not be paid to participate in the study.

Will my taking part in the study be kept confidential?
As part of the study, your manager will be invited to take part, as their experiences are also valued and it will be helpful to learn from these. With your permission, a junior colleague and a peer will also be invited to participate in the study. This will be discussed and agreed with you at 2 or 3 stages during the study.
Quotes from the interviews will be used in the academic doctoral studies and in reports of the research, articles and presentations at professional and educational meetings and conferences. However, your name or details that will identify you or any other person will not be used in any report of the findings.
No one other than your manager and the 2 colleagues we agree to invite to participate will be informed that you have taken part in the research.
Procedures for handling, processing, storage and destruction of study data meet the requirements of the Data Protection Act 1998.
Ethical and legal practice guidelines will be followed and all information about you will be handled in confidence. If you join the study, the data collected for the study will be looked at by the researcher and authorised persons from De Montfort University and academic supervisors of the researcher, who will check that the study is being carried out correctly; all have a duty of confidentiality to you. All information, which is collected, about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database.

Any personal information (address, telephone number for contact for example) will be kept for 6 months after the end of the study so that you can be contacted about the findings of the study and possible follow-up studies (unless you advise that you do not wish to be contacted). All other information (the interviews/focus group notes) will be kept securely for 5 years. After this time your data will be disposed of securely.

What happens if I don't want to carry on with the study?
Your participation is voluntary. You are free to withdraw at any time and without giving a reason, and if that is up to a week following participation, your information from your interview(s) will be destroyed. Once data analysis starts it will not be possible to remove your specific information however.

What will happen to the results of the research study?
Quotes from the interviews will be used in the academic doctoral studies and in reports of the research, articles and presentations at professional and educational meetings and conferences.
These publications and presentations will contain verbatim quotations from interviews so although you will not be identified you may if reading these papers recognise something you have said.
The study outcomes will provide evidence and recommendations to NHS Board Executives and education leads as to which areas require attention and focus to sustain impact and continue to develop leadership across healthcare.

Who has reviewed the study?
This study was given a favourable ethical opinion for conduct in the NHS through the De Montfort University, Faculty of Health and Life Sciences, Faculty Research Ethics Committee…….. Approval Number:…….

What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions. If this is not satisfactory then please contact [redacted] who is the Professor supervising the study, by telephone on [redacted], mobile [redacted] or by email [redacted] or by post to De Montfort University, [redacted] The Gateway, Leicester LE1 9BH or failing that please contact the Head of the Faculty Research Ethics Committee by email via [redacted]

What if I have any queries or concerns after reading this information sheet?
Please feel free to contact the researcher [redacted] Telephone direct dial: - [redacted], work mobile [redacted] email [redacted]
Or you can write to: [redacted]

What do I do if I want to take part?
Please complete and send back the return slip below to [redacted] via the NHS [redacted] internal mail or email [redacted] to confirm that you are interested in taking part. Sue will then contact you.

Thank you for reading this information sheet.

Return slip to opt in

If you decide to take part in the research study please keep this information sheet, complete the slip below and return to [redacted] Education Centre, via the NHS Lothian Internal mail or email [redacted]
Thank you.

Contact Details:

Work email:

Telephone number (work landline or mobile):

Best time to phone you:

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Over the past decades numerous studies have highlighted the importance of effective leadership in delivering safe, effective patient care. There is limited evidence however about what factors influence the sustainability of impact following leadership development in Healthcare. This study will explore expectations and motivations for participating in leadership development and processes that influence any subsequent impact.

Who is organising and funding this study?
De Montfort University in Leicester is the sponsor for the study, providing insurance and funding.

What is the reason I have been invited to take part?
You have been invited because you are a past participant of Delivering Better Care Leadership Programme (DBC LP). Your views and experiences are valued and it would be really helpful to learn from these.

Do I have to take part?
No – taking part is entirely voluntary. If you would prefer not to take part, you need do nothing and you do not have to give any reason.

What will I have to do?
If you are willing to take part, you will be invited to have an interview face to face or on the telephone, during the study. The interview will be digitally recorded so that it can be transcribed and analysed at a later stage. You will be given the opportunity to read the transcripts of the interview and to make comments on the analysis of them.

The interview can take place at a mutually convenient venue such as your workplace or at an [redacted] University Campus for example, or by telephone if you prefer.
The interview will last about an hour depending on how much you have to say. It will focus on your experience of Delivering Better Care Leadership Programme, your original reasons for applying to participate on the programme, how your expectations have been met, what aspects of leadership you had hoped to develop and how you are sustaining your development. You will have the opportunity to share examples of any impact or changes you have made.

If you choose to take part you will be asked to sign a consent form.

What are the possible benefits of taking part?
There are no direct benefits to you; however some people enjoy having the opportunity to reflect. It is hoped the information we get, will help us to understand how to sustain impact following leadership development more effectively in the future, which ultimately will benefit staff, patients and the NHS.

What are the disadvantages to taking part?
The interview will involve prioritising your time. You might find exploring aspects of your role in relation to your participation on the leadership programme challenging or upsetting, however this is unlikely. The researcher is an experienced coach/facilitator, as well as a registered nurse so is well able and confident in working with groups and individuals.

Expenses and Payments
Participants will not be paid to participate in the study.

Will my taking part in the study be kept confidential?
As part of the study and with your permission, your manager, a junior colleague and a peer will be invited to take part, as their experiences are also valued and it will be helpful to learn from these.
Quotes from the interviews will be used in the academic doctoral studies and in reports of the research, articles and presentations at professional and educational meetings and conferences. However, your name or details that will identify you or any other person will not be used in any report of the findings.
No one other than your manager and the 2 colleagues we agree to invite to participate will be informed that you have taken part in the research.
Procedures for handling, processing, storage and destruction of study data meet the requirements of the Data Protection Act 1998.
Ethical and legal practice guidelines will be followed and all information about you will be handled in confidence. If you join the study, the data collected for the study will be looked at by the researcher and authorised persons from De Montfort University and academic supervisors of the researcher, who will check that the study is being carried out correctly; all have a duty of confidentiality to you. All information, which is collected, about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database.

Any personal information (address, telephone number for contact for example) will be kept for 6 months after the end of the study so that you can be contacted about the findings of the study and possible follow-up studies (unless you advise that you do not wish to be contacted). All other information (the interview notes) will be kept securely for 5 years. After this time your data will be disposed of securely.

What happens if I don't want to carry on with the study?
Your participation is voluntary. You are free to withdraw at any time and without giving a reason, and if that is up to a week following participation, the information from your interview will be destroyed. Once data analysis starts it will not be possible to remove your specific information however.

What will happen to the results of the research study?
Quotes from the interviews will be used in the academic doctoral studies and in reports of the research, articles and presentations at professional and educational meetings and conferences.
These publications and presentations will contain verbatim quotations from interviews so although you will not be identified you may if reading these papers recognise something you have said.
The study outcomes will provide evidence and recommendations to NHS Board Executives and education leads as to which areas require attention and focus to sustain impact and continue to develop leadership across healthcare.

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What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer your questions. If this is not satisfactory then please contact [redacted] who is the Professor supervising the study, by telephone on [redacted], mobile [redacted] or by email [redacted] or by post to De Montfort University, [redacted] The Gateway,

Leicester LE1 9BH or failing that please contact the Head of the Faculty Research Ethics Committee by email via [redacted]

What if I have any queries or concerns after reading this information sheet?
Please feel free to contact the researcher [redacted] Telephone direct dial: - [redacted], work mobile [redacted] email [redacted]
Or you can write to: [redacted], Research Fellow, [redacted] Hospital, Education Centre, [redacted]

What do I do if I want to take part?
Please complete and send back the return slip below to [redacted] via the NHS [redacted] internal mail or email [redacted] to confirm that you are interested in taking part. Sue will then contact you.

Thank you for reading this information sheet.

Return slip to opt in

If you decide to take part in the research study please keep this information sheet, complete the slip below and return to Sue Sloan [redacted] Hospital Education Centre, via the NHS [redacted] Internal mail or email [redacted]
Thank you.

Contact Details:

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This information sheet tells you the purpose of the study, what will happen to you if you take part and gives detailed information about the conduct of the study.

If there is anything that is not clear or if you would like more information please contact [redacted], mobile number [redacted], Email: [redacted]

What is the purpose of this study?
This research will form the basis of a PhD submission to De Montfort University by [redacted].
Over the past decades numerous studies have highlighted the importance of effective leadership in delivering safe, effective patient care. There is limited evidence however about what factors influence the sustainability of impact following leadership development in Healthcare. This study will explore expectations and motivations for participating in leadership development and processes that influence any subsequent impact.

Who is organising and funding this study?
De Montfort University in Leicester is the sponsor for the study, providing insurance and funding.

What is the reason I have been invited to take part?
You have been invited because you are the Manager or colleague of a participant on *Delivering Better Care Leadership Programme* (DBC LP). Your experiences are valued and it would be really helpful to learn from these.

Do I have to take part?
No – taking part is entirely voluntary. If you would prefer not to take part, you need do nothing and you do not have to give any reason.

What will I have to do?
If you are willing to take part, you will be invited to have an interview either face to face or on the telephone, at 2 or 3 stages of the study-at the start (if you are a Manager), at the end (Managers and colleagues) and possibly a year later (a selection of Managers and colleagues will be invited). Each interview will be digitally recorded so that they can be transcribed and analysed at a later stage. You will be given the opportunity to read the transcripts of the interviews and to make comments on the analysis of them.

The interviews can take place at a mutually convenient venue such as your workplace or at an [redacted] University Campus for example, or by telephone if you prefer.
The interview will last about an hour depending on how much you have to say. It will focus on your experience of working with your colleague who participated on the programme, and for Managers, your reasons for supporting their application. The second and third interviews will focus on how you think *Delivering Better Care Leadership Programme* has been helpful or not to your colleague, and will give you the opportunity to share examples of any changes or impact you have observed since they participated on the programme.
If you choose to take part you will be asked to sign a consent form.

What are the possible benefits of taking part?
There are no direct benefits to you; however some people enjoy having the opportunity to reflect. It is hoped the information we get, will help us to understand how to sustain impact following leadership development, more effectively in the future, which ultimately will benefit staff, patients and the NHS.

What are the disadvantages to taking part?
The interview will involve prioritising your time. You might find discussing aspects of your colleague's role in relation to their participation on the leadership programme challenging or upsetting, however this is unlikely. The researcher is an experienced coach/facilitator, as well as a registered nurse so is well able and confident in working with groups and individuals.

Expenses and Payments
Participants will not be paid to participate in the study.

Will my taking part in the study be kept confidential?
Quotes from the interviews will be used in the academic doctoral studies and in reports of the research, articles and presentations at professional and educational meetings and conferences. However, your name or details that will identify you or any other person will not be used in any report of the findings. No one will be informed that you have taken part in the research.
Procedures for handling, processing, storage and destruction of study data meet the requirements of the Data Protection Act 1998.
Ethical and legal practice guidelines will be followed and all information about you will be handled in confidence. If you join the study, the data collected for the study will be looked at by the researcher and authorised persons from De Montfort University and academic supervisors of the researcher, who will check that the study is being carried out correctly; all have a duty of confidentiality to you. All information, which is collected, about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database.

Any personal information (address, telephone number for contact for example) will be kept for 6 months after the end of the study so that you can be contacted about the findings of the study and possible follow-up studies (unless you advise that you do not wish to be contacted). All other information (the interview notes) will be kept securely for 5 years. After this time your data will be disposed of securely.

What happens if I don't want to carry on with the study?
Your participation is voluntary. You are free to withdraw at any time and without giving a reason, and where possible, up to a week following participation, your information from your interview(s) will be destroyed. Once data analysis starts it will not be possible to remove your specific information however.

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These publications and presentations will contain verbatim quotations from interviews so although you will not be identified you may if reading these papers recognise something you have said.
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What if I have any queries or concerns after reading this information sheet?
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Or you can write to: [redacted] Education Centre, [redacted]

What do I do if I want to take part?
Please complete and send back the return slip below to [redacted] via the NHS Lothian internal mail or email [redacted] to confirm that you are interested in taking part. Sue will then contact you.

Thank you for reading this information sheet.

Return slip to opt in

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Thank you.

Contact Details:

Work email:

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Best time to phone you:

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Participant Consent Form

Title of Study: *A Constructivist Evaluation of a clinical leadership programme and its subsequent impact*

Approved by: De Montfort University, Faculty of Health and Life Sciences, Faculty Research Ethics Committee
(Project ethics reference number: [*to be inserted]*
Name of Researcher: [redacted]

	Please initial box
I confirm that I have read and understand the information sheet version number * dated **/**/**** for the above study and have had the opportunity to ask questions.	
I understand that the interview will be digitally recorded and that anonymous direct quotes from the interview may be used in the researcher's PhD study Thesis, study reports, and subsequent publications	
I understand that authorised individuals may look at relevant sections of information collected in the study from, the research team, De Montfort University and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study.	
I understand that my participation is voluntary and that I am free to withdraw without giving any reason, and without legal rights being affected.	
I understand that my personal details will be kept confidential.	
I agree to take part in the above study.	

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

Sue Sloan. PhD Study: A Constructivist Evaluation of a clinical leadership programme and its subsequent impact

Enclosure 3: (Version 2) 03/8/2015: **Indicative Content for initial interviews in Phase 1 with Participants and Managers.**

Interview content will evolve based on data analysis in Phase 1

About self (participant)	Main motivating factors prior to application /*Manager's reasons for supporting application*
	Previous leadership development- how will you sustain your development/*How will manager support and sustain participant's development and commitment*
	Philosophy of care- paradigms, models of care, vision, purpose
	Communication of values, role modelling
	Expectations of Delivering Better Care Leadership Programme
	Resources
	Time to participate and work- life balance
Patient focus	Safe, effective, person centred care
	Relationship centred care- family, carers
Support within the team- working with others	Psychological colleague support
	Confidence in the competence of the team
	Trust
	Multidisciplinary team working
Caring for self as a leader	Colleagues listen
	Colleagues back you up- credibility, responsibility, accountability
	Colleagues help you
Decision Making	Resilience and confidence in decision making
	Circle of influence
Influence over decisions	Priorities- first things first
	Appreciative Inquiry
	Reflecting on self- cognitive biases
	Developing new skills
	Staff development- developing performance of the team, CPD
Challenges/opportunities of the leadership/management role	Ability to bring up issues/ having meaningful conversations
	Dealing with differences of opinions
	Instilling a sense of pride

	Inspires confidence/ motivates team
	Consulting about daily leadership challenges
	Goals and objectives for the team
	Explicit about standards of care
	Hands on examples of good care / role model
Support from the Organisation	Resources
	Training
	Assistance with expertise
	Visible accessible Execs- listening, hearing and acting?
	Staff treated with dignity and respect- values
	Rewards- celebrating success
	Career opportunities
Personal experience	Individual “story”
Job satisfaction	Creating the Senses