The Health Foundation's position statement on effective leadership development interventions

Research report | September 2009

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Introduction and background

The Health Foundation (the Foundation) commissioned this research to reveal and clarify the key, effective interventions that the Foundation believes work in creating leadership knowledge, behaviours, skills, competences, or 'habits of mind', relating to quality improvement. The Foundation wants to ensure that it is providing, via its leadership development consultants (LDCs), leadership programme interventions that are really effective in developing leadership.

The Centre for Innovation in Health Management (CIHM) has itself been curious about this area and provided a brief piece of scoping research for the Northern Leadership Academy, based on a literature review and a focus event with 60 public sector leaders in the north of England (CIHM 2007).This report was a starting point for this work, as it provided a known basis for effective interventions – for example, base them on 'real work', and make the most of multiple perspectives (provide ways of enabling participants to step into the shoes of others). What it does not do is provide deeper insight into 'how', in other words which processes do this really well.

The broader background to this study is that the nature of leadership development is changing in some organisations and sectors from courses and classroom sessions to more experientially based approaches. This method is particularly prevalent in the Foundation's leadership development interventions. It is difficult, however, to collect evidence about the impact of these methods because prevalent models of evaluation are designed around traditional models of delivery. This study is an attempt to assess *what works* in leadership development in the Foundation's programmes using the views of experts rather than trying to devise and implement inappropriate metrics.

The study was therefore designed to elicit the Health Foundation's position statement on effective leadership development interventions, which we present in this report as the findings, followed by the methodology and the data behind the results.

Executive summary

This piece of work was commissioned by the Health Foundation to deepen its understanding of the nature of those leadership development interventions which are most likely to develop the skills and competences associated with quality improvement.

In order to develop a position statement which reflected current best practice encompassing published work on leadership development, a three-stage methodology was designed. This entailed:

1 A literature review exploring the current published work about leadership and leadership development. This review highlighted several pertinent areas including:
   a. Leadership is a contested concept which is rapidly gaining currency and usage over the term 'management'.
   b. Leadership is assuming a new importance as organisations employ and rely on a growing number of knowledge workers.
   c. A wide range of leadership models, of which the most current, encompass the notion of distributed leadership of leading with peers.
   d. Leadership development cannot be perceived and delivered as a process and that experiential approaches could successfully be replaced by learning which is more socially situated.
   e. Leadership development in the NHS is central to several policy initiatives which emphasise both individual leadership development and interventions which affect culture and structure.
2 Focus groups were conducted comprising of 15 people including the Foundation's staff and leadership development consultants. The first focus group resulted in the production of a number of statements reflecting the conversation threads which were then used to inform a set of desirable outcomes for leadership development by identifying the characteristics of effective leadership. The second focus group used this notion of effective leadership to discuss how this might be developed in development interventions; from this a set of 17 statements emerged.
3 A Delphi study reflected a need to eliminate jargon and to ensure that we did not present statements which were based on an underlying assumption that prescriptive solutions to clearly defined problems existed. Revised statements were offered in a second round of Delphi and further suggestions from respondents were incorporated. It results in the total number of statements being reduced from 17 to nine.

The position statement which resulted from this work includes 25 aims of the Foundation's leadership development programme and describes the nature of effective leadership. It also includes nine principles of effective leadership, which are:

1 Start with real experiences and work environments.
2 Create an environment for learning and development.
3 Keep patient care and health at the centre.
4 Support participants to critically review beliefs, associated actions and leadership choices.
5 Support and encourage participants to behave in ways which are in line with their values.
6 Develop effective relationships to achieve the desired purpose, ultimately to improve the quality of health services.
7 Make the most of difference.
8 Release energy and resourcefulness.
9 Produce together knowledge for change.

The Health Foundation's position statement on effective leadership development interventions

Principles for effective leadership development interventions

These principles will form the design parameters for the Health Foundation's leadership programmes in the future. They come from the key, effective interventions that the Foundation believes work in creating leadership knowledge, behaviours, skills, competences, or 'habits of mind' relating to quality improvement.

What is the effective leadership you are seeking to develop?

The Health Foundation is seeking to develop leaders who:

- Exercise shared leadership in networks and hierarchies, which includes co-producing leadership and enabling users to become leaders. (Co-produce – make together.)
- Take responsibility for their actions and part in the system.
- Lead with peers across the system.
- Create the conditions for other to thrive.
- Plan for succession.
- Question accepted modes of thinking and behaving and manage the anxiety this can create.
- Create the space to allow new rules to emerge.
- Create air-cover for the organisation/system and staff within it.
- Enhance stakeholder motivation.
- Have a clear picture of what is possible, and the future direction.
- Can change the paradigm.
- See any situation with new eyes and do not accept the way things are currently done.
- Can step into other peoples' shoes and see things from their perspective.
- Take an appreciative approach, seeing assets not deficits.

- Make what they are doing visible to others.
- Take a system perspective and practise in a system dynamic.
- Are committed to the struggle of co-creation.
- Can take small steps that lead to big change.
- Use power with humility.
- Self-authorise.
- Balance courage with responsibility.
- Take risk with integrity.
- Seize the moment.
- Are confident and self-aware.
- Have passion and ambition.

Underlying beliefs and assumptions – the nature of leadership

Leadership is best understood as a practice rather than as a set of competences to be acquired by particular individuals in 'leadership' roles. These development principles focus on how the practice of leadership is understood, learned and developed. It is important to differentiate between 'leaders' and 'leadership': many development interventions focus on the *individual as leader* to the detriment of the relational and moral aspects of *leadership* and particularly how colleagues, systems, organisations and their culture impact on how leadership is enacted. A leadership-as-practice perspective allows for an understanding of the environment in which leadership happens and acknowledges that leaders are not acting within a definable and controllable set of conditions.

The principles for effective leadership development

Note: 'the programme' refers to the programme(s) that the Health Foundation is seeking to commission.

To develop effective leadership behaviours, leadership development programmes should:

1 Start with real experiences and work environments
   - Use participants' own work as a vehicle for developing their leadership practice.
   - Help participants to understand their own experiences and ways of viewing the world and give attention to exploring different experiences and perspectives of patients, families and colleagues in their immediate team, wider organisation and health economy.
   - Support participants to develop skills in using this understanding of different perspectives in their practice.
   - Enable participants to behave authentically as a leader, taking into account these multiple and overlapping views of the world.

2 Create an environment for learning and development
   - Create an environment, in terms of physical and mental space, where learning can take place
   - At times, introduce participants to different and new environments as a way of disrupting and challenging pre-conceived views of the world
   - Take into account the different ways individuals and groups learn, emphasising the importance of both thinking and feeling and offer challenge and support.

- Provide a variety of different learning methods including real time feedback and reflection on practice.

3 Keep patient care and health at the centre
   - Focus on improving patient care as the key aim of leadership.
   - Enable participants to explore the contribution of a variety of approaches, for example metrics, conversations and developing relationships, to improve quality and to keep patient care central.
   - Develop participants' skills in handling competing and conflicting priorities and dealing with fallibilities and paradoxes in the system.

4 Support participants to critically review beliefs, associated actions and leadership choices
   - Support participants to reflect on their assumptions and beliefs and to question what they and others take for granted. This includes questioning their own, other individuals and group assumptions, and actions. This will allow participants to understand how they lead in practice and the impact this has on others.
   - Enable participants to learn how to engage in critical reflection on an ongoing basis, and accept and offer feedback in their day to day work.

5 Support and encourage participants to behave in ways which are in line with their values
   - Help participants through feedback and reflection to act in ways which are in line with their personal values.
   - Support participants to develop ways of dealing with situations when their values are challenged.

6 Develop effective relationships to achieve the desired purpose, ultimately to improve the quality of health services
   - Help participants learn how leaders relate to each other, the power of language, and how to develop resilience (through actions that match internal values).
   - Enable participants to develop new ways of looking at problems and situations and keep themselves open to new options for action and to how others perceive them.

7 Make the most of difference
   - Foster a consciousness and recognition of the shared and different values in health systems. Enable participants to use this awareness to shape their leadership actions.
   - Support participants to see conflict as a resource for change.

8 Release energy and resourcefulness
   - Develop participants understanding about what releases energy and resourcefulness in organisations and systems and support them to develop the skills to do this
   - Enable participants to create the conditions for innovation and problem-solving, amplifying what works and de-selecting what does not.
   - Enable participants to use information and relationships effectively to spread what works.
   - Support participants to develop skills in working with resistance.

9 Produce together knowledge for change
   - Develop a learning community of leaders who 'together develop knowledge about the practice of leadership.

- Support participants to develop and test new ideas and hypotheses from their own experience and evidence.
- Use the learning community itself to deepen participants' analysis and understanding and to inform their action.

Methodology

Literature review

The first stage of the research process comprised an overview of the literature. We already knew that the literature lagged behind current practice, and so we felt this stage important in order to establish some context – including our own research and experience on distributed leadership.

Given that the 'evidence' to support current effective leadership is not clear (it depends on what model you subscribe to), the first phase of this work was to review the existing literature around the nature of leadership and leadership development. In this review, we offer an overview of current thinking about leadership and its importance in a post-industrial age. It also includes a review of classic and emergent leadership models and a commentary on leadership development generally and in the health industry specifically. We include recently commissioned reviews by the Health Foundation in this section.

Focus groups

The next stage of the study was to develop a statement about the Foundation's view of effective leadership (competences, skills, behaviours, capabilities or 'habits of mind'). We achieved this through the engagement of focus groups, comprising 15 people, including Foundation staff and their LDCs. The question was, 'What is the effective leadership you are seeking to develop?' The review did not examine all the models/frameworks offered, as we knew that the Foundation would be working with some kind of model/framework, even if not explicitly articulated.

In the third stage of the research we conducted a further focus group. We offered statements of interventions gathered from the literature and asked individuals to add interventions 'they use' in relation to the Foundation's model/framework of leadership. These offered rich descriptions. From these data, we compiled the first set of statements for the Delphi survey.

Delphi survey

Delphi is a method of structuring group communication processes in order to manage and understand complex problems. The method acts as a formal intervention which through its

structured approach integrates what is known across what is often a diverse set of opinion leaders – all of whom have experience of the issues under investigation. One of the appealing features of the Delphi method is the way in which the approach values the often diverse (and subjective) views and places value on practitioner perspectives. The process through the concept of emerging focus, which occurs through the adoption of a number of rounds of data collection and analysis, is able to synthesise the expert conjectures about the issues under study and about the future without foreclosing on alternative views. In essence the process involves repetition of the questions over a number of rounds, needs to be structured, needs to involve real experts, and the anonymity of those taking part needs to be preserved.

In our study, the experts were questioned on two separate occasions and the results and analysis fed back from the first into the second round. There were eight respondents for round 1 and four for round 2. The methods of analysis were qualitative. All responses were read and categories derived and saturated until they were considered both useful and robust.

Data analysis

Data analysis occurred throughout the project and was an iterative process as each analysis informed the next steps to be taken in the process The data created from focus groups on the nature of effective leadership were used to develop a framework for thinking about effective leadership development interventions which then informed the first round of the Delphi survey and so on.

Literature review

What is effective leadership? Models of leadership, why do some endure, and why are others completely inappropriate?

Grint (2000) argues that 'leadership is in essence a "contested concept" ', and Stogdill (1974) suggests that there are as many definitions of leadership as there are authors on the topic. We offer four propositions that appear useful in navigating around the phenomenon:

- Leadership (and management) is about dealing with the boundary between order and chaos – management is slightly more towards the order side, whereas leadership more towards the chaos/complexity side. The issue is to balance maintaining what exists that is useful (unless it is dysfunctional) while developing the new, and managing the transitions from one state to another.
- Leadership has become much more prevalent as a word and concept and has taken over from management, important in the era of manufacturing.
- Good management is added to, not replaced by, leadership. Well-led change needs good management to implement and maintain it.
- Leadership as an activity has in recent years been seen to be more distributed. Although it is still seen as the responsibility of a significant few, it is also a concern of the many who can have significant impact. Leadership is in part about human capital, contained in individuals, but also partly about social capital – embedded in collectives and their relationships: teams, networks, whole organisations, and even sectors and regions. This presents real challenges for leadership development.

The boundary between order and chaos/complexity

Some of the ideas in relation to leadership have endured for a considerable period of time. It has been said that if an idea is repeated in different forms over long periods of time it may well be because the idea has value. The ideas presented below say more or less the same thing. They all relate to organisations and deal with the boundary between order and chaos/complexity, with management and leadership.

- Simon (1957) made the distinction between programmed and unprogrammed work in organisations. He argued that the former is concentrated in technical specialisms and

functions, and that administration/management/leadership concerns itself with the rest (the move from talking about administration to management to leadership seems to relate to the same continuum, but we know that the current debates surrounding the difference between management and leadership are similar to those between administration and management a few decades ago. Management used to be on the complexity side but now it has crossed to the order side).

- Burns and Stalker (1961) deal with the issue of innovation which is of current importance. They made a distinction between a mechanistic and organic way of understanding organisations and how they work. One was not characterised as better than the other, except if too much emphasis was placed on the mechanistic model. This distinction preoccupied discussion in the 1960s.
- Revans (1978), the originator of the concept of action learning, made a distinction between 'P' and 'Q'. P (programmed knowledge) is known solutions to known problems whereas Q (questioning knowledge) refers to the search for as yet unknown solutions to only fuzzily sensed problems.
- Stacey (1992, 2003), and others (most notably, Wheatley (1999)), developed complex adaptive systems theory as it relates to organisations – a theory that explicitly sees an organisation's systems or parts of systems attempting to achieve order through emergent principles.
- Finally Bennis and Nanus (1985), and others, who directly address the management/leadership debate and cast leadership as the visionary, creative, inspirational, energising aspect of organising, in contrast to the routine and operational dimensions of management should be highlighted.

The new importance of leadership

One argument for leadership gaining a new sense of importance in this post-industrial age is the significance of knowledge workers. Knowledge workers being the owners of their own means of production (their brains), are generally much more autonomous than the traditional worker who depends on organisation and management to gain access to the machines through which they earn their living.

This fact, together with the speed which knowledge-based organisations are able to change their business models, coupled with speed with which the networks within which they operate change, means that leadership needs focus far more on people and strategy, leaving management to handle aspects that relate to tasks and operations.

Perren and Burgoyne (2002), in a review of the management/leadership literature on competence, produced a model that illustrates just how this distinction underlies most of the thinking and research on the topic.

The continuing importance of management

Notwithstanding the shift in emphasis to leadership, the point has been regularly made about the continuing importance of management. Organisations make their living, or justify themselves, by managing existing goods and services, and these require ongoing investment to ensure innovation and change.

Review of leadership models

Over the years, there have been a number of approaches to understanding leadership, which represent, in part at least, the transition identified above, from leadership in the industrial era to a post-industrial age. We catalogue these briefly below:

- Trait theory: this suggests that leadership depends on personality characteristics, which may themselves be 'born' or 'bred'. See the revival of this debate in Nicholson (2000).
- Functional: this view suggests that the job of leadership is to look after the task, team and individuals – the classic model was developed by Adair (1983) for military leadership training and is still in use.
- Style: this leadership theory suggests that leadership is about being at the right place on the authoritarian–democratic dimension and knowing when to tell, sell, consult or join.
- Balance: this leadership theory suggests that what is important is getting the correct balance in terms of a leaders concern for people and concern for the task (Blake and Mouton 1964).
- Situational leadership: this view of leadership sees the style and balance dimensions as important, but argues that there is no one right way, only what is appropriate to the situation (Hersey and Blanchard 1988).
- Use of power: this sees leadership as being able to use power in all its different forms – formal, expert, resource, charismatic, political and reputational.
- Transactional versus transformational leadership styles: transactional styles see leaders as skilled in negotiating effort for reward, while transformational sees leadership as creating new visions of fulfilment that excite followers. This is in many ways similar to the management–leadership debate (Alimo-Metcalfe and Alimo-Metcalfe 2003).
- Dialogical leadership: this views leadership as making sure that the right conversations take place in order to stimulate the 'correct' dialogue that creates reality (Drath 2001) for all those engaged in the enterprise. Dialogical leadership, in particular, appears particularly appropriate for leadership in a post-industrial era. In particular it offers a resolution to one of the dilemmas that exists, which is the problem not of *what* leadership is but *where* it is.

More recent contributions: distributed or leading with peers

In recent years there has been much interest in distributed or shared leadership – the idea is that leadership does not exist in one individual alone or even in a few individuals but is dispersed throughout an organisation (Pedler and Burgoyne 2006). Figure 1 illustrates this by showing two dimensions: leadership by the few versus leadership by the many, and leadership as a property of individuals (human capital) versus leadership as a property of the collective (social capital) (Day 2001).

Here the human capital/social capital distinction mirrors the distinction so often made between development processes and the distinction made between education, training and development which targets human capital on the one hand and organisation development, which targets the development of social capital, on the other. We see that so often the majority of effort goes into education, training and development, but perhaps there is a need to renew our commitment to making organisation development a priority as well as hybrid approaches that combine the two (one of which might be dialogical leadership which can both stimulate and facilitate the collective, distributed leadership of the many).

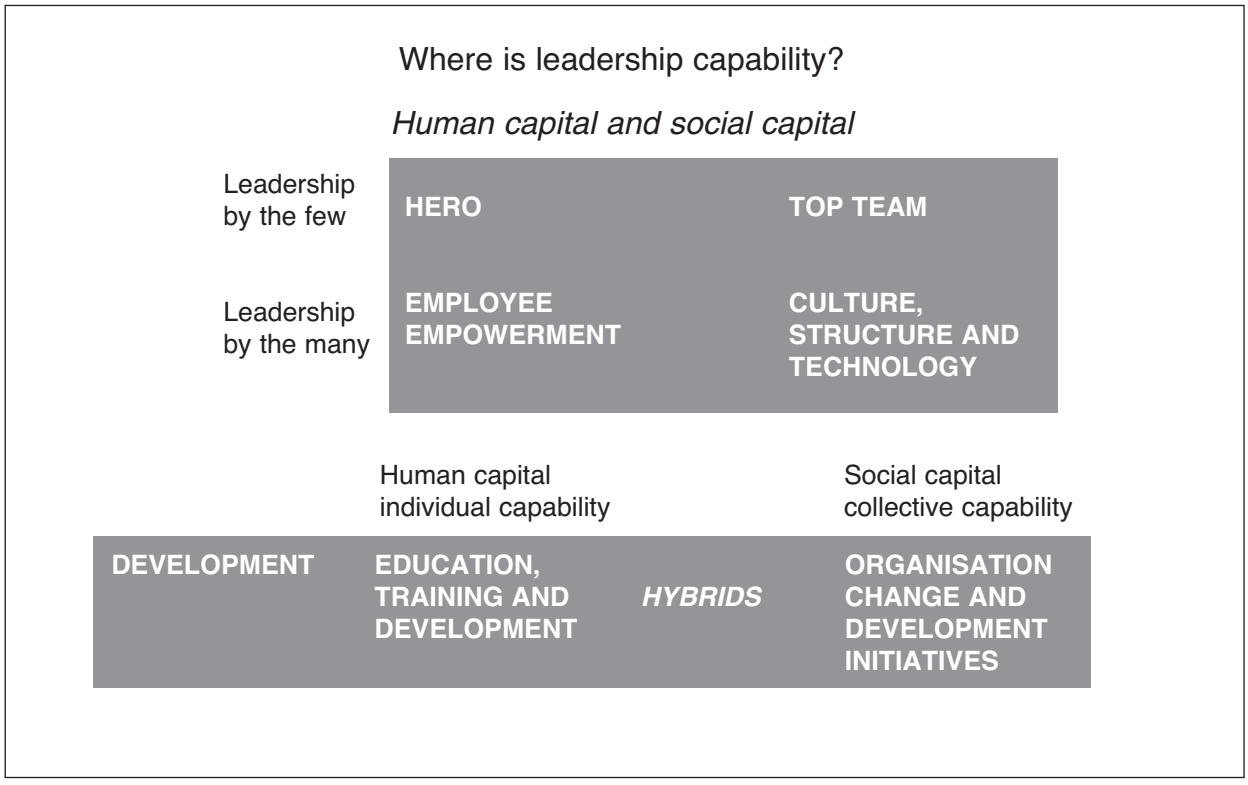

Figure 1: Where is leadership capability?

But it must be said that even with so much of the focus being on the individual within an organisation, distributed leadership does provide something different. It is an idea more suited to where organisations wish to go and offers an emphasis on a more collective endeavour. By so doing it shifts the influence onto webs of interconnection, uncovering and removing past restraints on practice onto the prospect of setting organisations on a path of learning that embraces knowledge-based and high value-added economic and social development.

Few clear definitions of distributed leadership exist and those that do differ one from the other (Bennett, Wise et al 2003). A distributed leadership perspective on organisations considers the way the leadership function is shared or distributed between those with the ability and experience to ensure the development goes forward to the benefit of the wider organisation. Spillane (2006) suggests that distributed leadership is centrally concerned with leadership practice, and this practice is often framed in a particular way. In short it is a product of the joint interactions of leaders and others and aspects of their situation (such as the tools they use and the routines or procedures they adopt). Seen in this way the focus is redirected from the typical leader (for example the chief executive) towards an understanding of the complex web of leaders, followers and their situations that give rise to leadership practice (Figure 2).

As the focus remains on leadership practice, the shift goes beyond the typical and traditional explorations and examinations of leadership, and onto a focus of the roles, responsibilities and functions and the related interactions that take place. Spillane invites us to consider it as similar to performance of a two-partnered dance. While the actions of each partner are crucial, much of the performance takes place through the interactions between the dancing partners with each dancer both influencing and responding to the other.

Recent research undertaken in the UK indicates that leadership action or practice is part of a chain of events – leading to multiple actions, drawing upon a variety of tools, which are focused upon a number of discrete objects. This is, in effect, a system of inter-related

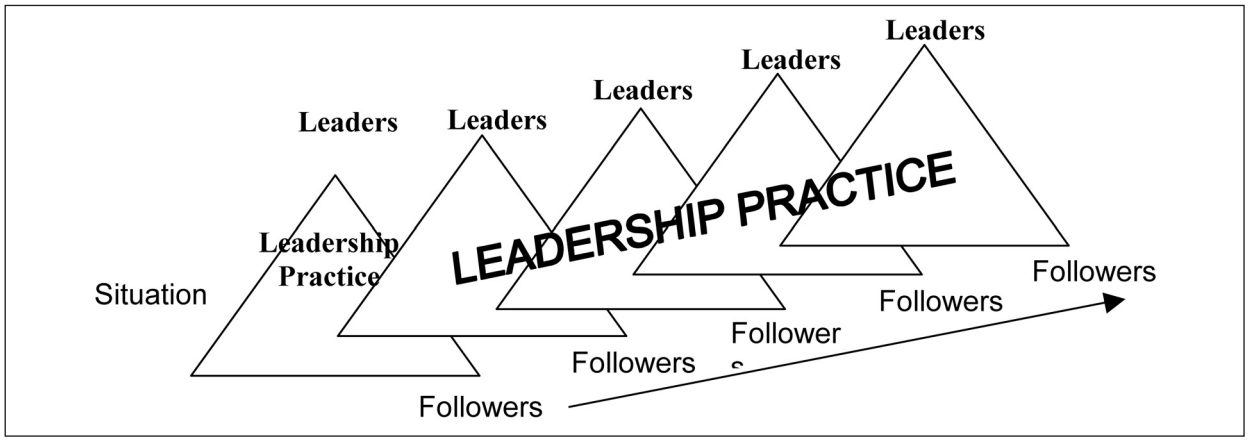

Figure 2: Leadership practice (Spillane 2006).

activities: 'the action of one person only makes sense as part of a pattern of relationships which form the collective activity' (Ross, Rix et al 2005). Such distributed leadership organisations (where roles and responsibilities are shared) are therefore distinct from typical or traditional organisations (where roles and responsibilities reside in the sole leader). We suggest that sole or individualised approaches to leadership represent one end of a leadership continuum – while at the other responsibilities are shared collectively or collaboratively between a number of different leaders (Rodgers, Frearson et al 2003). This is summarised in Figure 3.

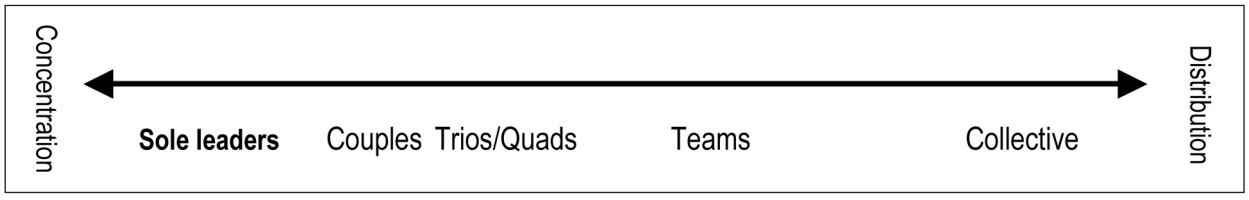

Figure 3: A dimension of approaches to leadership

Leadership development

As a consequence of the above, leadership development cannot be treated as a process where there is a direct relationship between human resource development/training activity and precisely measurable benefits. However, there are some basic 'literacy' skills for management and leadership that can be learnt, and if missing they can hold back the development of the leader.

What we know is that leadership development needs to be targeted on the few *and* the many, and on *both* human and social capital, and on a system based on blended leadership. This calls for education, training *and* development, *and* organisation development, as well as by hybrid initiatives that combine both.

Leadership development might also be characterised as part of a 'bundle' (analogous to a strand in a rope), where the strength of the rope is greater than the sum of the parts, and the actual strength depends on the way in which the strands are woven together. Three main strands are acquisition, development and utilisation.

Acquisition covers the processes of internal and external organisational recruitment to leadership roles, but also the acquisitions of teams and whole organisations with leadership capability, or the ability to add value to it.

Development includes individual and organisational development, formal and informal learning, and is always a supplement to the 'natural' learning that takes place organically in organisations.

Utilisation covers all the practices that determine whether leadership capability actually gets practiced and normally includes performance management, career planning, reward systems and 'hard' organisation development – the restructuring that creates new leadership roles.

For good reasons, leadership development has been largely based on experiential learning approaches such as Kolb's experiential learning theory (Kolb 1984). The 'good reason' is that in operating across the boundary from order into chaos/complexity there are no rules to be followed – they have to be discovered and invented in situ.

However much leadership development in the past has focused on experiential learning for the individual, and this needs to be supplemented by experiential learning for the collective, drawing on insights from more social theories of learning like situated learning (Lave and Wenger 1991).

Evaluation of leadership development

The challenge faced for evaluation is to learn lessons from what has worked well from the past and apply these to what is required to be done in the future. Given what has been discussed above, leadership development evaluation is not just another occupational area to be tackled by generic principles of training evaluation. It needs to recognise that leadership development works as much through 'generative' causation (creating the conditions where things can change and move on to destinations as yet unknown) as 'secessionist' causation (achieving predictable and pre-known outcomes).

Given that organisations do not operate in predictable ways but instead as part of an open system that includes emergent properties, there are two things that can be done:

- Identify those things that do not work so as to narrow the range of choices for future action.
- Identify 'mechanisms' that have worked in the past and might, but cannot be guaranteed to, work in the future. For example, the development of a heightened self-awareness and understanding of one's impact on others – one popular avenue for leadership development – can lead to improved leadership behaviour, performance and outcomes, but is not guaranteed to do so.

Circumstances are always combining and recombining in new forms, and while events rarely repeat themselves exactly there may be characteristics and mechanisms that can be identified that have a greater likelihood of success.

Leadership development and the health industry

> *We believe that effective, skilled leaders lie at the heart of lasting improvements to healthcare. We offer high-quality leadership development opportunities – free of charge – to [healthcare] professionals from a wide range of organisational and professional backgrounds. We are looking for highly motivated individuals who share our passion to improve patient care, and can inspire others to do the same.* (The Health Foundation 2009)

In the health industry new forms of leadership development are widely seen as a panacea to organisational ills. In recent years there has been a rapid rise in the provision of leadership development programmes within the health service (McIntosh and Tolson 2009), this is

evidenced by schemes developed by the Health Foundation. One explanation might be that leadership development has been seen in this sector as a key commitment:

> *We will establish an NHS Leadership Council which will be a system-wide body chaired by the NHS Chief Executive, responsible for overseeing all matters of leadership across healthcare, including the 250 leaders. It will have a particular focus on standards (including overseeing the new certification, and development of the right curricula, and assurance) and with a dedicated budget, will be able to commission development programmes.* (Department of Health 2008)

The importance of leadership development in the NHS is central to a number of policy documents; a central premise being increased efficiencies and effectiveness, in particular around enhanced patient outcomes (Department of Health 2000; Millward and Bryan 2005; Dawson, Garside et al 2009). Another seeks to enhance leadership development in the NHS (for example Department of Health 2008) making a case for the establishment of a National Leadership Council (NLC), which will be created to help nurture and develop future NHS leaders while creating the foundations for a strong culture of leadership, and committing investment in every strategic health authority to talent management and leadership development for the top team. This would, it is believed, drive change and development across the industry. Core aspects of the proposed NLCs would be to gather intelligence and evidence, set standards, take a strategic role in commissioning leadership development programmes and ensure that leadership capacity is improved across the NHS (NHS 2009a). Plans have recently been unveiled by the Health Minister Lord Darzi and NHS Chief Executive David Nicholson (NHS 2009a).

Following a literature review focused on individual leadership development Walmsley and Miller (2008) noted that it was widely encouraged. On the other hand, empirical evidence of organisational influence or impact of leadership development, as with evidence from other sectors, was deemed inadequate. In the light of this ' … [s]everal commentators argue for more situated development programmes which address not only individual leaders but also culture and structures' (Walmsley and Miller 2008). Since 2000 after the grade 'nurse consultant' role was introduced into the UK healthcare system as a direct attempt to enhance leadership development, service quality, and improve outcomes for patients, the leadership role of this grade was central to the agenda (McIntosh and Tolson 2009). The research findings of McIntosh and Tolson highlighted the diversity of leadership across ward, NHS trust and strategic organisational levels, and activities resonating with transformational leadership theories were deemed prevalent. They reported that effective leadership encompassed leadership processes that included ' … [d]eveloping a vision for the service, acting as mediator and champion, and exerting control over complex change initiatives' (McIntosh and Tolson 2009). The studies found that effective leadership techniques were inherently much softer than the mere technical skills so often taught and embraced the ability to pace change and to engage in assertive and lively conversations particularly upwards with those at higher levels in the organisations.

In light of a widespread acknowledgement that conventional leadership development approaches are often inconsistent and incoherent, recent policy has highlighted the importance of clinical leadership (Walmsley and Miller 2008). Some believe that a multidisciplinary approach to leadership development ' … lies in the importance of aligning the clinicians' focus on patients, client group or service with the managers' focus on the needs of the organisation' (Edmonstone 2005 in Walmsley and Miller 2008). This chimes with distributed approaches mentioned above. Complex relations between managers and clinicians in particular, are seen to have an adverse effect on healthcare provision and 'while managerial cultures accept hierarchical relationships, professionals start with an assumption of "elective" or representative leadership, in which all professionals are theoretically equal – and equally valuable' (Edmonstone 2005 in Walmsley and Miller 2008).

At a national conference in February 2009 examination was made of how senior clinicians might drive change and future development of the NHS. The conference sought to identify the leadership skills required for this to happen and skills this might take and how they might be acquired. Service-line management (SLM) focuses on the creation of effective self-governing units within the hospital environment, allowing clinicians the autonomy to deliver improvements in both care quality and performance at specialty level. SLM is already having a profound effect in a number of hospitals where clinicians are leading change (The Health Foundation 2009). Walmsley and Miller (2008) reviewed the literature on clinical leadership and found that leadership development undertaken in silos would not be sufficient to transform healthcare practices. Culture and structure were also seen as important determinants of leadership performance. Both the sociological and psychological literatures focus on leadership development being complex and ambiguous (McIntosh and Tolson 2009). In particular, problems ensue when attempting to develop a coherent theory of leadership as already suggested, with the need for a greater insight into leadership processes. Notwithstanding, attempts at a definition have been put forward by the NLC (Dawson, Garside et al 2009) as comprising the following:

- posts with significant leadership elements should be filled by strong candidates
- behaviours and values held by those who will fill these posts, should create a culture of leadership which supports real quality improvement throughout the system and career development for all those with potential to fill leadership positions
- development programmes and a broader infrastructure will identify, develop and support people to fill leadership posts throughout the system.

The Health Foundation's commissioned reviews

> *The literature indicates that, despite the rhetoric, there is a slender evidence base for the link between quality in healthcare and leadership. This is a gap the Foundation seeks to remedy through its investment and evaluation of the impact of its leadership schemes.*
>
> (Walmsley and Miller 2008)

The Health Foundation as an independent charity operates a variety of leadership development schemes for individuals, multidisciplinary teams and organisations. Leadership development initiatives are embraced by the Foundation because skilled leaders are expected to drive long-term change and development across healthcare organisations both in the UK and abroad. The Foundation's strategic management team believes that organisational and management structures in which leaders operate must be unambiguous and clearly understood by all stakeholders if performance is to follow (Walmsley and Miller 2008). The following quote encapsulates the perceived link between leadership and healthcare:

> *Good leadership is seen as central to delivering effective healthcare. Yet surprisingly little is known about how different types of leadership development can lead directly to better patient care.* (The Health Foundation 2009b)

In addition, specialist, cost-free leadership development opportunities need to be provided to stakeholders across diverse organisational and professional backgrounds. Several Foundation-commissioned schemes (Leaders for Change, Clinician Scientist Fellowship Scheme, Harkness/Health Foundation Fellowships, Health Foundation Leadership Fellows, Quality Improvement Fellowships, Shared Leadership for Change (BME) and Shared Leadership for Change (diabetes)) seek to provide those individuals who might be considered leadership stakeholders with the tools to drive core projects that serve to enhance local and national healthcare quality. By so doing the Foundation seeks to exploit instances of best practice that can be replicated. Research findings from their internal leadership review

Developing leaders to improve patient care (The Health Foundation 2008) have also shown (as have others before – see the findings from the more general leadership literature review) that leadership skills for clinical improvement require much more than mere technical, financial and basic literacy skills. In addition they need to invest in and focus on the softer, abstract competencies such as inter-personal skills, emotional intelligence and coaching in order to enhance sustainability and development in leadership. This also resonates with Whittington's suggestion that:

> *Leadership is ripe to throw off 'the epistemological straightjacket' of modernism that has valued 'scientific detachment' over practical engagement, the general over the contextual, and the quantitative over the qualitative.* (Whittington 2004 in Carroll, Levy et al 2008)

One other finding has been that the Foundation's schemes tend to embrace transformational leadership theories (see for example Bass and Ovolio 1994) as well as accepting the relevance of alternative approaches, for example situated forms including distributed leadership. The Foundation's strategy seems to reflect Sergiovanni's (2004) assertion that those with the ability and commitment to lead should be afforded the opportunity to do so. A previously commissioned Foundation review by Lucas (2005) found that the Foundation's leadership programmes are inextricably linked to transformational leadership theories. This suggests that development can take place as opposed to theories which presume that leadership capabilities are inherently inborn (for example trait theories). In addition, the Foundation's strict selection processes highlight the emphasis placed on those with certain identifiable leadership attributes (Walmsley and Miller 2008). Again this relates closely to the ideas indicated from our mainstream review.

Focus group 1

Two focus groups were held with Foundation staff and their LDCs, the same 15 participants attended each event. The purpose of this first focus group was to gather information about, and opinions of, the nature of effective leadership in the context of the Foundation's development interventions. The data from this day are mainly in the form of anecdotes and personal experiences from the Foundation's LDCs. Participants were encouraged to contribute to the picture of an ideal leader as a means of provoking discussion and dialogue (see Appendix 2 for photographs). The ideas which emerged from this first focus group were considered alongside the literature review and collated to form the list of statements about an ideal leader.

The nature of effective leadership

The analysis of the data from the focus group concluded with the production of the following set of statements about the nature of effective leadership.

The Health Foundation is seeking to develop leaders who:

- Exercise shared leadership in networks and hierarchies, which includes co-producing leadership and enabling users to become leaders. (Co-produce – make together.)
- Take responsibility for their actions and part in the system.
- Lead with peers across the system.

And who

- Create the conditions for other to thrive.
- Plan for succession.
- Question accepted modes of thinking and behaving and manage the anxiety this can create.
- Create the space to allow new rules to emerge.
- Create air-cover for the organisation/system and staff within it.
- Enhance stakeholder motivation.
- Have a clear picture of what is possible, and the future direction.
- Can change the paradigm.

And who

- See any situation with new eyes and do not accept the way things are currently done.
- Can step into other peoples' shoes and see things from their perspective.
- Take an appreciative approach, seeing assets not deficits.
- Make what they are doing visible to others.
- Take a system perspective and practise in a system dynamic.
- Are committed to the struggle of co-creation.
- Can take small steps that lead to big change.

And who

- Use power with humility.
- Self-authorise.
- Balance courage with responsibility.
- Take risk with integrity.
- Seize the moment.
- Are confident and self-aware.
- Have passion and ambition.

Focus group 2

The second focus group, which had the same set of participants as the first, progressed from examining the nature of leadership to proposing how this leadership might be developed in the Foundation's development interventions.

From discussions, 17 statements emerged which reflected the group's debate about how effective leadership could be developed:

1 Starts with the realities of people's lived experiences
2 Keeps 'the point' (patients) at the centre
3 Action learning
4 Emotional intelligence
5 Amplifies what works
6 Change perceptions
7 A legitimising space
8 Generates theory
9 Develops facilitation skills
10 Immersion
11 Co-produced learning
12 The 'power of now'
13 Communities of practice
14 Create conditions for others to thrive
15 Develops shared ambition
16 Feedback
17 Make the most of difference

These statements were amplified with a brief description and suggestions from the focus group as to how they might be enacted in a leadership development intervention (a full list can be found in Appendices 3 and 4). Wherever possible, verbatim statements compiled from the analysis of focus groups were used in this first iteration of leadership development principles.

Round 1 of the Delphi survey

The expressions of good practice in leadership development comprised the basis for the first round of the Delphi survey. The statements were sent electronically to a different set of LDCs. The responses to each statement can be found in Appendix 3.

These responses were mainly detailed observations on individual statements or on the types of intervention suggested. However, it became clear during our analysis of this first round of the survey that there were too many statements, that there was some overlap between them and that some of them only dealt with the 'how' element rather than the underpinning principles (for example, 'action learning' and 'communities of practice') whereas others included no discussion of the 'how' (for example, 'emotional intelligence'). This was only to be expected at this stage and reflected our commitment to reflecting the views of the focus group participants.

This round of the survey enabled us to draw a number of conclusions:

- There was a need to articulate the findings from the focus groups and from round 1 of the Delphi survey as a clear set of principles which could underpin the design and delivery of the Health Foundation's leadership development interventions. Round 1 statements were too vague.
- There should be a statement about the nature of leadership we are trying to develop which would set the context and provide a reference point for those using the principles to guide their practice.
- There was a need to eliminate an emergent tendency to assume that a prescriptive answer already existed. Although it is important to build on existing good practice, these principles should enable creativity and innovation in leadership development design and delivery rather than merely offering algorithmic solutions.
- Jargon used by LDCs in the context of a focus group discussion did not always translate well into understandable and credible statements of principles. Feedback at this stage helped us to identify overused words and phrases which had lost their common meaning.

Based on an analysis of round 1 statements and using these conclusions, the 17 statements offered to respondents in round one were amended to nine in round two:

1 Underlying beliefs and assumptions – the nature of leadership.
2 Starts with the realities of people's lived experiences.

3 Keeps 'the point' – patient and health at the centre.
4 Critically reviews beliefs, associated action and leadership choices.
5 Develops relationships in service to purpose.
6 Makes the most of difference.
7 Releases energy and resourcefulness.
8 Creates an environment for learning and development.
9 Co-produces knowledge for change ('co-produce' – make together).

Round 2 of the Delphi survey

These nine revised statements, now offered as principles which should guide and underpin the design and delivery of leadership development interventions, underwent a further level of analysis from a further set of respondents (see Appendix 4 for the statements and responses). Results from respondents in round 2 indicated a broad agreement with the principles and a positive response to the change in tone. However, new wordings and ideas were suggested and these were incorporated into the final statements. At this stage, we also asked respondents to suggest any other principles which they felt were missing and although this did not result in the creation of a new statement, it was helpful in checking that we had not missed any significant ideas. Suggestions from respondents to this section were incorporated into the text of the final statements.

Reflections on the process

This was an interesting and challenging piece of work both because of its content and its methodology. The final set of statements will, we hope, provide a shared understanding of the principles for commissioning, designing, delivering and evaluating the Health Foundation's leadership development interventions. Below we list some observations on the process and outcomes which may be of benefit in future studies:

1 There is a huge amount of jargon used by LDCs and it took two focus groups and three Delphi surveys for some words and statements to be challenged. The final statements are intended to be jargon-free and where it is used, an explanation is offered.

2 The lack of clarity about language means that LDCs were often using the same words, and meaning completely different things, or using the same words but having completely different theoretical underpinning. For instance the use in practice of feedback; the practice of Communities of Practice.

3 Foundation LDCs were primarily drawn to interventions based on individual coaching and small group action learning.

4 The use of 'co-production' as a process is still an ambition, it is not a reality in the Foundation's programmes.

5 The Delphi method has proved to be a useful tool for assessing the effectiveness of

leadership interventions, and generating a shared accessible language, and there may be scope for investigating its potential use in other learning and development evaluation scenarios with leadership development participants.

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Appendix 1
Timetable

February

4	Focus group 1 with the Health Foundation and leadership development consultants on the 'What' – what counts as effective leadership for you?'
4 – 18	Overview of the literature and the first statements on effective leadership development provided.
19	Focus group 2.

March

11–20	Delphi survey 1.

April

2–15	Delphi survey 2.

April/May

Report writing.

Appendix 2

Pictures of an ideal leader

Appendix 3
Conversation threads from focus group 1

Conversation threads

The following conversation threads are offered as a means of illustrating some of the ideas behind the 25 statements created based on an analysis of the focus group data. Many of the statements, or elements of them, are verbatim comments from focus group participants, others are paraphrased and are representative of a number of discussions.

- Shared leadership must be co-designed before it is co-created and entails leaders to think globally but act locally. The Foundation encourages a culture of co-production; thus enabling wider stakeholders to become leaders. Leaders should actively embrace co-produced learning by being transparent and candid about their own and others' learning.
- Effective leadership entails the development of meta-competencies and intuition. Conversely, conventional competencies, qualities and behaviours restrict current leadership practice that encourages shared leadership.
- Leaders should constantly seek new ways to co-opt power by challenging upwards and horizontally; and utilise power using a shared, rather than macho, approach. Effective leaders are articulate enough to translate their ideas across silos and departmental levels and be conscious of the need to continually enhance stakeholder motivation. Ideal leaders will co-opt power from above by challenging with a view to removing certain types of institutional control. They will also lead in a moral and ethical fashion.
- Numerous stakeholders (with diverse agendas) may participate in networks and hierarchies at any one time. Therefore, an ideal leader should identify and extrapolate conventional, informal instances of power within organisations and networks (interest groups/function groups) and seek new ways to lead with peers across the system. They should also empower service users to become leaders in their own right and create the conditions for others to thrive. New skill sets may include the ability to confer power upon others in the activity process or network. For instance, this may entail a medical director from an acute trust creating transparency around norms and protocols with which the voluntary sector recognises and embraces.
- An ideal leader will seek to reduce ambiguity across networks and hierarchies and encourage an open culture by effectively challenging the hierarchical nature of the sector.

- The paradox of Barclays Bank was used to explain a hierarchical system which is also balanced and transparent; where stakeholders know their place yet can communicate across silos and levels. The cultural ramifications of shared leadership must be clearly articulated by leaders such as Quality Improvement Fellows (QIFs) based in the Institute for Healthcare Improvement (IHI) who view the world through the lens of IHI's methodology.
- In effect, one must be willing to challenge one's own presumptions around hierarchy, power and influence.
- The Foundation suggests that an ideal leader should exhibit courage balanced with responsibility, and power with humility. These qualities may help challenge the status quo; paradigms that are skewed towards the heroic model of leadership and which seem to negate service quality. The Foundation believes leadership should be a fluid and evolving activity that enables people to engage with and contribute to the process. Therefore, dynamic and culturally aware rather than conventional, authoritative styles of leadership are deemed essential. Ideal leaders must embrace change, propose new ideas and provide the tools for others to flourish.
- The Foundation believes leaders should also embrace risk in order to challenge the status quo, and view the world from multiple perspectives by considering the interpretation of others. Users are seen as essential stakeholders in the system rather than a hindrance. An ideal leader should also embrace risk without fearing the consequences of failure.
- Leaders must show passion and a willingness to change the system. Leaders are both a product of the collective in conjunction with co-creators of their collective. Ideal leaders must be articulate enough to discern rules and create the foundations for new rules to emerge. The analogy of air-cover was used here; seeking to reduce bureaucracy and enable people to work unrestricted. Leaders would be expected to be transparent in their methods and explicit about their processes and how they operate. Leaders should be courageous about their principles and remain conscious of the bigger picture.
- The Foundation's ideal leaders should be capable of introducing new perspectives and encouraging others to embrace an alternative approach. Seizing the moment was articulated in terms of the 'power of now'. This notion entails starting with 'What is?' and reflects the here and now shared experience in the group as 'illuminators of stuff' that happens at work. It also entails encouraging participants to be more candid in real time. Confidence and self-esteem thrive when small-scale service improvements come to fruition and are recognised accordingly (that is, the model of practice could be shared).

Appendix 4
Responses to round 2 Delphi statements

1. Starts with the realities of people's lived experiences

Learning to be applied to 'lived' experience demands that it is referenced/originated there. This entails starting with people's direct experiences and using real case material. Using real examples and personal stories. Using the conundrums, challenges and successes of everyday life for the leaders we are working with.

How

Making use of photographs, video tapes, guided tours. Others noted the use of action learning, coaching, mentoring and shadowing to encourage or require developing leaders to bring their own agenda items to the table. Participants therefore provide case material from their own work places and experiences. Use of coaching forums that get people to reflect on what 'is happening' before identifying what to 'work on'. This may be done by developing, influencing and using current examples of situations in which people are influencing others and working on how they could use different approaches in coaching workshops and learning sets.

- *Case material sounds as if the 'material is abstracted from the person'. I would seek wording which gives expression to working with and co-producing solutions not asset stripping – however well intentioned 'how' does not give enough attention to multiple perspectives – people with diverse experience learning and reflecting together the current focus could indicate a belief in leaders rather than disseminated leadership.*
- *Real examples of patient experiences understanding the patterning of information – for example, statistical data on group experiences/outcomes.*
- *Add to, challenge and examples: Yes, we strongly agree that an essential way of working with people is to start from where they are rather than where you want them to be. It underpins everything we do. We coach using our tried and tested method of collating information using Success Criteria into a DIY 360. We don't use photos, videos or guided tour. Our action learning method is as described above and constitutes a major*

time component of what we do. Action learning combined with coaching is sometimes 100% of a leadership development intervention we currently run.

- *Identification of role models, and shadowing of those role models, also useful here. Leads to identification of behaviour(s) that work in the organisation. Also helps the learner to identify behaviour(s) that he/she does not feel comfortable trying out (for a variety of reasons).*
- *Absolutely concur that leadership development needs to be rooted in reality of award holders' experiences.*
- *Another approach is also through story telling by the participants. based on their experience in a particular situation, they are able to reflect on what needs to be changed and are challenged as to how to change and develop specific leadership behaviours.*
- *It seems to me that this document is not about the development of 'leadership' (in the sense of behaviour that is likely to lead to 'followership' and is easiest to recognise outside organisational settings in which followership is based on positional rank rather than voluntary) but about the development of managers at the top of healthcare organisations. Development of leadership would start somewhere completely different, but I shall respond on the assumption that this is about development of senior managers. I like the idea of starting with the realities of people's lived experience and reflecting on what is going on now before identifying what is thought to be desirable in the future. As for 'how', it seems important for participants to experience ways of understanding the realities of the realities of others who are touched by their organisation, and to apply these 'back home'. At their best, the 'red thread' seems to be an attempt to summarise and clarify what we believe. Would it be helpful to separate each red thread into a sentence or two about 'we believe' – which might clarify what this is about as well as pointing up the question of why we believe it – and a piece about 'so what we are trying to achieve ...'.*
- *Links to the need for experiential learning through putting ideas into practice, having peers scrutinise this practice and reflect and re-engage. This needs on-the-job learning hence the need for leadership for improvement development to be practice focused.*

2. Keeps 'the point' (patients) at the centre

Understanding one's own needs, expectations of the patient and/or service user. It also entails setting SMART objectives and measuring progress against these. Ensuring that development is contextualised in terms of improving healthcare quality and safety and keeping patients and users as a focus. Ensuring the lived experience, not just health outcomes, is understood.

How

Placing Patient Quality Advisors (PQAs) in fellows workshops and/or including patients/service users as leaders and using their stories actively to identify areas for change.

- *I think this is an odd combination, own and others. If that is the intention then clarity about negotiating shared goals would precede SMART goals. Again the focus on leaders rather than many and various acts of leadership is one theoretical possibility. Can't patients be leaders too?*
- *This can depend on the area of change – often class/professional background creates a 'world view' which means that keeping the patient at the centre is located from a particular perspective. Professional advocates tend to bring with them a 'view' that is more accepted by professionals.*

- *Add to, challenge: this thread is wordy and confused. How can you have SMART objectives for the expectations of the patient? We use PQAs extensively; they need careful selection, induction, support and de-briefing. Also, it should be noted that long-term conditions limit availability and so a large pool is required to 'people' events. Also in coaching, we would often take the voice of a patient to encourage a 'coachee' to consider their leadership concerns in the bigger picture. Coaching in our context is not about career progression/enhancement, but about leading for quality of healthcare.*
- *Not clear in the red thread if you are referring to 'own needs' as well as patient needs. If so, 'own needs' is not covered by the 'How' section.*

I think it's really important to support and challenge all award holders to identify needs and expectations for patients and service users. The most effective projects are those based on data (this could be quantitative or qualitative) providing clarity about how very specifically a quality can be improved for a specified group of patients. In the case of quality improvement fellows, for example, strategic development aims need to be articulated clearly in line with positive patient outcomes. I suggest that focusing on a particular question in setting up coaching or action learning: how will your development through the award affect a) you; b) the team you work with; c) the organisations you work in; d) the partnerships across which you collaborate and ultimately; and e) improve patient experiences?

- *This point was driven home when patients were included in the diabetes team. They were able to provide data to the team in terms of what was working and what was not working especially from the perspective of patients from BME [black and minority ethnic] communities*
- *Red thread – it might be helpful to separate out the objectives and metrics to form a separate point – they are important but distract from the key issue here which is focusing on the primary purpose of the organisation. How – as you have already said in 1, the key thing is finding ways to keep the reality of people's experiences at the centre, which is the sort of thing you are suggesting. But the big challenge here is not that people don't care about patients, it's that there are competing, secondary, purposes that easily take over – finances, government imperatives, achieving foundation status, career survival, professional interests that detract from the primary purpose and so on. The 'How' here needs to include ways of managing these conflicts.*
- *And see previous comments from 1.*

3. Action learning

A structured disciplined approach to facilitation that supports and simultaneously challenges leaders to review behaviour and actions and to learn as a result. Part of individual development and learning through action and reflection. Working on people's real work and challenging upwards with a supportive group of peers. Group coaching focused on one person's issue at a time; learning through discussion, reflection and experience. Structured use of groups to enable learning from discussion of experience. Uses all experiences of leadership – of self and others.

How

Bringing a group of leaders together regularly to analyse issues with feedback, constructive challenge, empathy and good questions in order for the person bringing the issue to take action they would not have done otherwise. Action learning is deemed most effective when all

participants reflect on difficult situations, unexpected successes, unfamiliar tasks, before using this to make bids to work. Learning through action and reflection – in coaching, practical 'real' examples in workshops. Constant use of experience as case material for learning. It gets them thinking about problems and issues from different perspectives and helps them face anxieties and deal constructively with them. It also changes the way we have conversations.

- *I am concerned that this is code for one size fits all design. I believe there has to be a cogent logic model, or rigor, underpinning interventions and that designs should arise from these i.e. structure the facilitation as in rules of thumb for design rather than rigid facilitation style or content rules conversations are very important but under described here as a distinctive form of communication.*
- *There are different structures e.g. 'Sit out' and 'empty chair' which we use in action learning sets. We also enable the spread of skills for groups potentially to become self-facilitating by offering the opportunity for set members to practise and review feedback on their facilitation. We also allow time for a critique of the main facilitators' style and approach in order for skill dissemination. This has enabled leaders to start their own groups, e.g. in Alder Hey and Yorkshire.*
- *Using action learning to develop the skills of facilitation in the action learners ie developing them to run their own action learning sets.*
- *Agree that action learning needs to be a key 'red thread'. I wonder whether we might suggest the benefit of developing the structure disciplined approach? The methodology can be used by award holders themselves in problem solving (and analysing their leadership challenges so that they can take action to move an agenda forward) with support from others during sets and in between times as a framework for thinking.*
- *The use of action learning has been extremely effective as the participants realise that they hold the key to unlocking many problems/issues. This model also proves to the participants that colleagues can help rather than having to go outside or engage 'consultants'. A real model to demonstrate shared leadership in action. Also a powerful way of sharing good practice.*
- *This all seems to be about 'How'.*
- *Agree.*

4. Emotional intelligence

Builds confidence and self-esteem. Being able to offer and accept good feedback. Emotional intelligence as observation of one's own and other's performance in groups and in managing difficult situations (and change). Recognising own power of influence. Heightened self-awareness of the impact of self and others. Belief in ability to lead or confidence to say 'I don't know it' and 'could someone else lead here?' Feeling less anxiety about weaknesses and recognising the strengths of people whose working styles and preferences are different.

How

Delivered through coaching and action learning sets ' ... asking people what they admire about themselves? And what do people rely on them for? How could you get feedback on a particular aspect of behaviour or performance?' Through 360° degree feedback – which includes developmental conversations with those who have given feedback; feedback from others via practical work and interest in developing positive and appreciative self talk. Exercises on noticing one's internal self talk (voices) and messages. Learning and reflection in

guided settings – coaching on action learning. Role modelling, reflection, co-consulting and learning logs. Exploration of issues in which people own up to their weaknesses in group discussions.

- *I think the terms 'confidence' and 'self-esteem' are rather over used and under described. They are emergent qualities rather than means in themselves so more needed on what your belief is about how these qualities emerge. Behavioural feedback is clearly part of this and I like the sorts of descriptions that are linked to resilience such as strong sense of what is/reality strong internal value set and well developed capacity to improvise. This is the base from which self-esteem and confidence to cope emerge.*
- *The red thread is clumsy – building confidence and self-esteem is a by-product of building emotional intelligence. The intervention here is about strengthening leaders' self-awareness and the ways their own emotional predispositions can influence behaviour. This includes underestimating their contribution and power and failing to recognise the contribution of others who are different.*
- *Also using personality and motivation questionnaires to understand self and how self relates in a team. This needs skilled feedback and the use of well validated questionnaires (not that many on the market). Also the ease of interactive psychometric exercises (as used in development and assessment centres).*
- *The importance of improving self-awareness is key to the development of emotional intelligence. As to 'How'? I think the value of 360° degree feedback as a structured framework for collecting data about how award holders are perceived by others is critical. It is clear from other sectors that 360° degree feedback can be used constructively in developing clarity about the need to change. It is relatively new in the NHS and so in terms of challenging the status quo (where there might be resistance to hearing the feedback) the awards could really add value in establishing the principled use of the tool in developing emotional intelligence. My understanding of the evidence and research about use of 360° degree feedback in a range of contexts is that those participating will need to be identifying the 'raters' from whom they are seeking feedback. The role of the LDC in supporting and challenging award holders (to ensure that truly 360° degree perspective) is key. The process needs to be set up with adequate briefing opportunities for discussion about purpose and intent. In feedback of data those participating need to be clear about the need to follow-up with further 'developmental conversations' with 'raters'. There needs to be a clear commitment to the compilation of a personalised leadership development plan – to be acted upon – by those who participate.*
- *360° degree feedback and follow-up coaching is most effective in challenging and developing emotional intelligence. Not all participants are comfortable in owning up to weaknesses in an open forum especially if the organisation culture is not a supportive culture.*
- *Perhaps worth separating out cognitive from experiential learning about this.*
- *Links to authenticity of leader and leadership and being able to embody and role-model effective leadership and communication.*

5. Amplifies what works

Determining the conditions for success and making these explicit. This may help remove barriers, inertia, or resistance. Conversely, it may motivate and encourage change, and provide a platform on which to build ideas for more interventions.

How

Design 'spread' interventions for example via talks, meetings etc. Focus and reflection on what actually works – and also by feedback and coaching. By making people present in workshops and coaching them to design and plan their interventions to create maximum engagement.

- *What is your theory about resistance. This seems to me to be a possible left over of deficit thinking the how is rather restricted to transmission. The underlying design principle might be something about what releases energy and resourcefulness?*
- *In all our work we encourage leaders to blow their trumpets and amplify what works, to increase self-esteem of individuals and teams, disseminate good practice to others, undertake evaluations including having 'critical friends', using innovative methods to create internal reports which have maximum impact, and measuring success. This, not for personal gain necessarily, but for sharing of good practice with others.*
- *Networking to identify what works in the wider NHS.*
- *Spread can also be facilitated through the writing of academic peer-reviewed articles and submissions to journals. Re: the definition above as a red thread element this needs to be articulated clearly – identifying how improvements across systems can be sustained and spread. Coaching and other interventions with an LDC could develop a communication and marketing strategies to achieve this.*
- *Spread interventions have a limited impact in terms of actual implementation. There has to be an explicit buy-in from departmental 'senior management/leaders' and they must be involved in the actual planning and implementation followed-up with regular reviews.*
- *I think that we could develop the use of more appreciative inquiry approaches with health people. We use this with some groups already. I don't necessarily mean a full inquiry – but in taking an appreciative rather than deficit approach to situations.*
- *Agree.*

6. Change perceptions

Seeing the world differently and in particular, their/my world differently. Opening the self up to reframing situations and seeing things in different ways.

How

Offering challenging experiences with peers, new places and new ways of doing things. Challenge and pose good questions regarding underlying assumptions. Use action learning disciplines, structure and mentoring.

- *Yes but need to say more about what sort of questions support new ways of seeing. Maybe something about problem finding as well as problem solving.*
- *This includes insisting on multiple perspectives through, for example, specifically worded challenges in action learning sets, offering repeated challenge in coaching, creating platforms and opportunities for user and other stakeholders to offer perspectives our leaders wouldn't normally encounter. This includes challenging current health paradigms and also involves academics and expert practitioners.*
- *Also MBTI. A good tool for understanding how others see the world differently.*
- *Again I agree that the above needs to be a red thread. I might question whether we could incorporate challenging self re-perceptions and changing perceptions of others?*

I think the use of psychometric tests as an aid to surfacing one's own assumptions and preferred ways of doing things can be particularly useful in achieving this change to perceptions.

- *As discussed previously, one-to-one sessions and peer challenges are very effective in reframing.*
- *More of this could be done through visits to other sectors and more exposure to different approaches and challenges from outside the NHS – followed by challenging reflections on their own assumptions.*
- *Agree.*

7. A legitimising space

A reflective place: somewhere to be vulnerable and to look holistically at one's responsibilities. Provides participants with time to learn about themselves and their contexts through facilitative conversations. 'Space' was defined as 1:1 or group activities where leaders are temporarily freed from pressure to do in order to reflect on practice or/and understand theoretical principles that they apply to the doing or leading or doing differently when they're back. Figurative space where one can put other things such as routines and feelings on hold and legitimising putting things on hold. Literal space from a temporal and spatial dimension – time and room venue. Giving people room to talk about or think about the present and how it might be different or changed.

How

Space can be a residential, for instance, or any learning environment where people can think, be challenged, question in a way that 'holds' them. Another suggested the need to coach participants to think about leadership tasks/roles that might be approached differently. Good group process (ie action learning day – whole group work, action learning sets, coaching) that entails listening, questioning and developing themes in the group, and also by modelling this as a facilitator. Holding boundaries of time and rules of dialogue to enable safe exploration of tough personal issues.

- *I think the term 'holistic' is much over used and has lost a common meaning. Can you rephrase this in more behavioural systems terms?*
- *Totally agree.*
- *Blocking out time for self-reflection in diary.*
- *I wonder whether legitimising space is the only way to describe the concepts discussed in the focus groups? Would there be any merit in articulating this as a safe but challenging space for development?*
- *Agree – nothing to add.*
- *Agree – nothing to add.*
- *Red thread should also include reference to the currency of change being conversation. Space is about enabling, facilitating good conversation and amplifying connectivity.*

8. Generates theory

Taking what has been learnt in practice and hypothesising from this. Put an idea into practice, scrutinise and reflect on the outcome and then describe it. The emergence of a knowledge base that is evidence informed.

How

Participants are asked to note what they have learnt and what theories they are generating from this – what is it telling you about what you might do in different situations. Invite participants to come to conclusions from seminars, by using dialogues where the issues are explored.

- *A fact is an argument based on data. Let's not assume all evidence is of this sort. How you define evidence and how we go about generating it could be explained further. Again describe more about what you mean by dialogue.*
- *We do this but we don't call it theory. We encourage leaders to frame assertions of what works, ground rules for their own or others' activity, dos and don'ts for certain situations and make public statements at the beginning and end of seminars about their position on an issue (informed by pre-reading) and the extent to which their position has been change or confirmed through reflective dialogue in an event. We encourage journaling and continual refection through coaching.*
- *Learning log.*
- *I suspect there might be some value in articulating the evidence base upon which this principle and methodology is based. David Kolb's work is a fundamental basis as a process for effective adult learning. It's been available for four decades now and has informed the development of other models and tools. It can be seen as a key influence on the work of the Institute for Healthcare Improvement with PDSA cycles the improvement model. Would there be any rate framing that how around the four stages of his cycle?*
- *Besides generating theories/models – can also get them to relate their learning to existing good practice models from the literature.*
- *Agree.*

9. Develops facilitation skills

Leaving a legacy. The leader participants learn processes that they can use at a wider and higher contextual level. Learn how to facilitate these sorts of conversations in their own space. Improving outcomes through sharing skills and recognising the need to work with groups in ways that are not always formally chaired meetings and acquiring the skills to do this. Facilitation entails interventions with groups and individuals aimed at particular purposes for instance Heron's [6] categories of interventions was mentioned.

How

Development of leaders as facilitators – facilitating groups meetings and in facilitating change. Passing on skills such as facilitator analysis and modifying behaviours. This can be achieved through facilitation workshops and facilitating one's own action learning sets and getting feedback and coaching people to plan sessions. Role model different types of interventions,

pressing the pause button to make explicit the interventions used. Formal theoretical inputs and encouraging development of skills with the group using structured exercises and experiential learning to rehearse and develop skills.

- *What does the second sentence mean? Is facilitator the right word? How about design co-design skills? And co-production? No idea what facilitator analysis is, all a bit dense.*
- *Clumsy descriptor. 'Learning processes with which to work with groups and individuals in ways that are not formally chaired meetings' could be the lead statement here.*
- *I think this relates to sustainability and spread. The clear expectation about the award holders (as leaders) developing other leaders through the use of the methodologies we use needs to be key.*
- *Building internal capacity is vital for sustainability.*
- *Agree.*

10. Immersion

The Health Foundation requires participants to immerse themselves in another space from a module to immersion for weeks overseas. At a basic level immersion occurs for at least 24 hours with minimum distractions. It makes space for new learning and experience, and creates the opportunity to be out of one's comfort zone. Immersion in a new environment helps you see your current work differently. Provides external challenge. Programmes are designed to allow long enough for participants to think through new ideas, and reframe their experience. A programme with an overnight stay has a different impact from a one-day programme. The social interaction is also important.

How

Creating the space for rhythm, and deep interactions. Planning for entry (to the immersion) and re-entry (to work) is a part of any immersion. In a shorter programme that re-entry planning is as simple as asking for the one thing they will do when they get back to work.

- *I think this elevates one learning process out of all proportion. The point is surely how one is 'immersed' in one's real work.*
- *First sentence inexplicable. Bottom line is we get more from participants off the job, in a pleasant environment, not working extremely long hours and supporting good health. We are working in the 'health' service after all!*
- *The 'how' is too abstract. What exactly do you mean?*
- *I think the definition of this red thread quality could be tightened up a little bit – can carry describe it as something other than 'another space of'? I'm wondering about the value of the concept articulated around commitment?*
- *Can extend evaluating re-entry by follow-up contact (email/phone call) after a couple of days.*
- *Agree.*

11. Co-produced learning

Being open about your own and others' learning, and is used to build collective learning. A collaborative inquiry. Contributing to learning: a community of leaders developing new insights/ideas/ways of theorising. It is the outcome of the group and their experiences.

How

Keeping a focus on shared realties; joint investigation and exploration of health leadership issues and dilemmas translated into possible actions. Can include book reviews, shared learning logs, writing up and sharing OD projects, using expert witnesses to be interrogated and synthesising this into a group presentation. Presenting aspects of their own leadership to the group.

- *Peter Reason's model of collaborative inquiry is much richer than this, involves feeling too.*
- *This is about exchanging insights and pooling wisdom and investigating experience; capturing it in ways that remain recognisable after the event and can be reflected upon together in subsequent conversations. Not just an inexplicable flip chart or typed up list of easily forgotten and incomprehensible data.*
- *Think the principle of co-produced learning as a red thread again is imperative. Such a model lends itself appropriately the evidence around self-empowerment and leaders empowering others.*
- *Agree*

12. The 'power of now'

Staying in the moment; using the power of the here and now shared experience in the group as illuminators of stuff that happens at work; pressing the pause button to retain focus on the reality.

How

Use the group as an intervention in its own right. Address the power dynamics in the room.

- *This is a bit of jargon. How about expanding it to explain more about real time real work.*
- *Fine.*
- *Yes, but HOW do you use the group as an intervention in its own right or address the power dynamics in the room? Not specific enough.*
- *Can we exchange 'stuff that happens' for 'challenges that emerge' or 'issues that evolve at work'?*
- *Working with process and content produces rich outcomes*
- *Agree.*

13. Communities of practice

(This suggested different things to different people)

Developing a community of interest or a community of leaders who have some sense about how they practice together. Multidisciplinary groups that recognise a shared commitment to act in specific ways to improve care for patients.

- *This is a commitment to learn about a practice of collective interest/usefulness commit to practice what is learned and share learning. See literature by Etienne Wenger.*
- *There is a massive benefit in learning in a community with other learners – if the learning is safe, and supportive. This is about building affinity, shared realities and multiple forms of communication including social, intellectual, interpersonal and personal. How?*

Through internet-based networks (not much of this) but extensive use of email but more importantly by far, meeting face-to-face after awards have ended. Groups also commission their own/other activities, for example negotiation skills and media training, to meet their agreed collective needs.

- *Should be thinking about the 'How?' for this principle as well?*
- *Shared commitment has been key to getting multidisciplinary groups to pull together – putting their differences aside.*
- *My understanding is that the origin of this term comes from the communities of masters and apprentices through which tacit knowledge of a particular practice is shared and transmitted. It seems to be used in the leadership development field in a bewildering number of ways. But participants in these programmes have a hunger for time with experienced chief executive officers learning about their experience.*
- *Agree.*

14. Create conditions for others to thrive

Communicative and supportive learning community. Set clear ground rules and work with groups to develop the values that allow everyone to thrive. Coaching people to delegate tasks to others.

- *Communities don't learn – individuals do. This learning organisation language is quite bankrupt theoretically – links back to theory of learning is groups eg elias.*
- *This duplicates other threads eg the 'power of now'. All our work is about supporting others to thrive – this is non-specific here.*
- *Delegation is key here and very few people are trained to delegate properly. Also understanding how to recognise the preferences, different ways of working and skills of others: delegation workshops for groups of people with similar roles so that, across the organisation, there is consistency about how and what to delegate MBTI and other interventions to enable individuals to understand how to develop others in ways that suit their preferences (eg different levels of supervision for different people etc).*
- *It will be really worthwhile to articulate the principle of effective leadership involving the development of others as leaders – sharing leadership. If we were to develop the 'How?' for this principle then might it be around enhancing one's own skills to coach/mentor others?*
- *No comment*
- *This seems to be about the development programme. What enables participants to do this back home?*
- *This is the first mention of values. Maybe another red thread is 'Surfacing setting and developing values of the organisation and making explicit in strategy, vision, and practice'. How – as a constant process within all the previous threads.*

15. Develops shared ambition

Develop a vision of a better future with goals and targets associated through a process of conversation. It all entails creating a shared sense of how things could be different.

How

Through notions of structured conversations and allowing open questions to emerge before using these questions to deepen the conversation. Scrutiny of each other's practice and each other's interpretation of practice, for instance via peer and self-assessment. Shared ambition

may also be developed via robust learning contracts and identification of learning objectives which may enable common ground of ambitions; via coaching in workshops using discussion and hearing speakers tell their story (lived experiences); setting success criteria for their own leadership development and also setting learning and career goals. Workshops and interviews/focus groups can be used to facilitate and describe values and motivating principles. Action planning team work facilitated to articulate consensus statements and an action plan.

- *Structured conversation is an oxymoron like managed network. Vision is also a degraded term. In action learning they talk about grounded aspirations which might be nearer to your stated intentions Not really very clear here about how you build community.*
- *The 'how' here is muddled. Coaching is an individual pursuit and the DIY 360s we use are completely bespoke/unique to each individual, so consciously and deliberately not a shared ambition. In action learning sets again, the vision is deliberately not a shared one – but that of the 'issue-holder'. Overall, because of the kind of leaders we recruit and the rigorous assessment processes we use, we tend to get people in the first place who share a vision to some extent. The use of the word 'conversation' is helpful – we determinedly work using a process of collaborative inquiry.*
- *It seems to have been of some value in the past to set success criteria. I can see these as valuable and effective in establishing shared vision but they need to be built into something that also allows for (in fact encourages) a strategy that acknowledges the value of emergence as a principle ... it is especially important if we are to dovetail these principles together. The value of emergent strategy/vision links with the co-created learning I think.*
- *Nothing to add.*
- *I find this particularly confusing. It seems to be a mixture of all sorts of things. How does this relate to the primary purpose of the organisation? Is it about developing a vision or uncovering what really matters to people? Is there a link between this and the need to stop stopping people from doing a good job that was implicit in the section on learning from what works?*
- *Also underpinned by 'values work' mentioned previously in (14).*

16. Feedback

Helping leaders see themselves more clearly and hearing specific observations from a range of stakeholders about how people (as leaders) are doing in specific areas. It concerns collecting data about performance/behaviours to have options about what to improve. Feedback was seen as not an evaluation statement, but as intentional, purposeful discussion providing description of observed behaviour and impact on self and observed impact on others and is given in an attempt to provide insight into behaviour and enhance learning about the other? (And about self).

How

Giving and receiving feedback on leadership behaviours, processes and inputs. It should be timely, appropriate and purposeful ie asking purposeful questions of others. It should also be formulaic – what I observed, impact on me and how it might be better/different. Feedback should also be used as part of role-modelling clear communication as a whole. 360° degrees, in a formal structured way facilitated by an independent outsider. It should also entail structured, constructive observations about what works well and how one leads and how one might do so even more effectively. Dialogue (talking through examples) and getting feedback.

Observation and feedback may occur through assessment centres and entail presenting and shadowing by a coach in addition to action learning sets, coaching and workshops.

- *I believe one characteristic of feedback as a designed intervention is that it is always a personal offer to another that gives possibilities for that person to change their behaviour. Given the difficulty of conceptualising leadership care would have to be taken to keep the offer personal for example. From my perspective on leadership in this context ... I am feeling uncomfortable that this is getting theory light.*
- *Fine. Giving feedback as a coach is risky but important and quite possible if done well.*
- *Training managers to give feedback regularly. Some good models from sales organisations, which may not be good at other things ... but do have a structured and pragmatic approach to giving immediate and constructive feedback.*
- *Absolutely agree about the need for rigorous detailed feedback – the use of a structured evidence-base such as the leadership qualities framework which relate to the NHS specific context is critical.*
- *Nothing to add.*
- *Agree.*

17. Make the most of difference

Difference pertains to both (creating a value of) diversity and personality. It involves capturing and developing a diverse blend of leaders from different practices but at a similar level of competence (to work together). It also entails using conflict productively to make the most of difference.

How

Re-designing the selection process and seeking new ways in which to encourage the right people to participate. Also, via MBTI, 'stepping into each other's shoes' and providing participants with the tools to both challenge and listen respectively.

- *I wonder if difference and 'the right' people derive from very different world views about leadership.*
- *We have worked mainly with groups with varying levels of experience and competence technically but with similar levels of (or ambitions towards) high emotional intelligence.*
- *I wonder whether this needs to link specifically with the development of emotional intelligence (self-awareness) and empowering others through the appreciation of different perspectives. Could this be an opportunity to articulate explicitly the value of team learning (Senge 1992)?*
- *Nothing to add.*
- *And how does this go back into the participant's real world. In answering all these specific questions I've completely lost the plot on how it all fits together.*
- *Links to values mentioned in (14).*

Appendix 5
Responses to round 2 Delphi survey statements

PART 1:

Underlying beliefs and assumptions – the nature of leadership

Leadership is best understood as a practice rather than as a set of competences to be acquired by particular individuals in 'leadership' roles. These development principles focus on how the practice of leadership is understood, learned and developed. It is important to differentiate between 'leaders' and 'leadership': many development interventions focus on the individual as leader to the detriment of the relational and moral aspects of leadership and particularly how colleagues, systems, organisations and their culture impact on how leadership is enacted. Leadership should not be seen as a means to a set of ends; a leadership-as-practice perspective allows for an understanding of the environment in which leadership happens and acknowledges that leaders are not acting within a definable and controllable set of conditions.

- *Broadly agree, particularly with the idea of 'no set of acquirable competences'. Less sure about 'leadership not a means to a set of ends'. In my view, leadership must be with purpose, even if the purpose is to distribute the leadership responsibility.*
- *I like the emphasis on the relational aspects of leadership, together with the focus on leadership as a practice. I also support the systems perspective and the central role that culture plays. With a little refinement, this position statement would represent a clear, distinctive perspective for the Health Foundation to adopt in relationship to the role and importance of leadership.*
- *I like the tone of this much more. The sentence about differentiating between leaders and leadership seems to be getting close, though I don't understand how the next part of the sentence clarifies it. I think this needs to state what we mean by leadership – and the previous page only describes aspects of it. Can we just say that a leader is somebody that others choose to follow, and that leadership is their practice? Or if that's not it, say that leaders are people who are appointed to senior positions in healthcare organisations.*
- *I like this. It is clearly articulated and points up the importance of context; integrity; and the dynamic aspects of leadership practice. I would also like to see some reference to 'authenticity'.*

PART 2:

1. Starts with the realities of people's lived experiences

Be they users/patients; families; health professionals (those participating in the Foundation's programme, and those who are part of the systems the participants are working in/seeking to change), recognising that these realities are partial. The programme works on the participants

understanding of this day-to-day experience; how they give attention to multiple/other perspectives; and how they choose to behave as leaders in this reality. The programme immerses participants in real work.

- *Absolutely, but not always easy to live up to this aspiration. There is a problem with 'leadership programmes' in contrast to real life consulting/coaching support.*
- *I like and support the emphasis on real work, combined with the full inclusion of users/patients, bringing their perspectives. The understanding that a variety of perspectives can be adopted is also beneficial, and supports rich learning. The idea that leaders have choices as to how they behave is also an important one*
- *I don't agree with the final sentence if it means that the programme provides real work for the participants to immerse themselves in. Could it be more like 'participants are encouraged to reflect on their day-to-day work and to develop new leadership practices'.*
- *What are these realities? It's not quite clear. Instead of 'they' maybe 'to' give attention to etc. Agree.*

PART 2:

2. Keeps 'the point' – patient and health at the centre

Leadership programmes are designed to keep the purpose of health services at the very centre of the development, working on how participants develop the context and conditions (eg metrics, conversations, relationships) in systems for this, and how they work through the competing, conflicted, secondary purposes that take over (finances, professional interests, policy imperatives).

- *A good and proper aim, but we need also to keep in mind that the health system, as currently conceived and practised in the UK, is not inevitable nor infallible. We must contribute to and stimulate that debate.*
- *Not sure about the use of the term 'the point' in this context. I prefer 'purpose'. The distinction between primary and secondary purposes is helpful.*
- *Yes.*
- *Agree*

PART 2:

3. Critically reviews beliefs, associated actions and leadership choices

The programme recognises that leadership requires critical reflection and the questioning of 'taken-for-granteds'. This includes challenging individuals' and groups' underlying assumptions, understandings and actions. Leadership requires 'choiceful' action. The programme will enable leaders to articulate their own 'theory in use' of leadership, and assess the impact that has in the system. This will include developing rigour in generating evidence to support action. As an outcome of their learning, leaders should engage in critical reflection as an element of their professional practice; accepting and offering feedback and challenge to existing thought and practice in their day-to-day work.

- *Agreed, but again easier said than done.*
- *It is good to have a strong emphasis on critical reflection – in my experience; this is often undervalued as an activity, particularly when working in a high-paced, pressurised environment. The importance of being able to challenge is also appropriate in developing*

effective leadership, as is the generation of evidence. While I think I understand and am supportive of the idea behind 'choiceful' action, I really don't like the word, and I think that it would alienate some people as a piece of jargon!

- *Agree.*

PART 2:

4. Develops relationships in service to purpose

Relationships are at the core of leading systems. Leadership programmes generate learning about how leaders relate to others; the power of language; resilience (through a strong internal value set and well-developed capacity to improvise); opening self up to seeing things in different ways, and to how you are seen by others, through real-time feedback within the programme and within the workplace. It develops cognitive learning.

- *Yes, although cognitive learning is not a phrase I fully understand.*
- *Again, I recognise and support the value of this principle. I would say that it not only develops cognitive learning, but also affective (emotional domain) and behavioural. Good, though last sentence vague.*
- *Resilience is also about containing anxiety for the organisation/individuals so as to give room for thought.*
- *I'm not sure the heading of this principle is clearly stated. Should it read 'develops relationships to serve the purpose?'*.

PART 2:

5. Makes the most of difference

A consciousness and recognition of the existence of both a set of shared values which are inherent in the system and the task but often require articulating; a broad set of individual values; and the potential for conflicting values is a significant premise of any leadership development intervention. It is important to recognise that organisations are multi-voiced and that this presents opportunities for understanding the nature of, and value of, conflict and for seeing this as a resource for change The relational nature of leadership encompasses the need to create a shared sense of the present and of possible futures which have resonance for all concerned in the system. This is also true for our leadership development interventions.

- *Yes, the value of difference should be a given. But difference must be tempered with a willingness to compromise.*
- *It is good to be explicit about the potential for conflicting values – this is the reality, although often not articulated. I like the notion of organisations being multi-voiced, and the expression of the potential benefits of conflict. The idea of resonance is also a powerful concept when related to leadership.*
- *The sentence beginning 'the relational nature' doesn't really belong in a section on making the most of difference. The present has been at least partly covered in an earlier question, and the issue about future orientation (possible futures, options, a desirable future) seems a key issue in its own right if leadership is about people to follow (into a future). The last sentence feels redundant to me.*
- *Something about mediation of competing values?*
- *Agree – wonderful!*

PART 2:

6. Releases energy and resourcefulness

Leadership programmes work on what releases energy and resourcefulness in systems; how to create the conditions for innovation and emergent solutions; how to connect the system to itself; the use of information, the generation of identity; the development of effective relationships. How to amplify what works and select what doesn't. How to work with resistance.

- *Yes, good change management principles. We also draw attention to the danger to change agents/leaders of taking these strong change positions.*
- *Good and appropriate importance attached to energy, and leaders' roles in creating the right conditions for ideas to emerge. I also like and support the focus on using what already works in the system – an appreciative approach.*
- *Agree.*

PART 2:

7. Creates an environment for learning and development

Leadership programmes create an environment where learning can take place; be it in the workplace; in a reflective place; an experiential place. The environment includes time, physical space and the dynamic for challenge, which includes real-time feedback. This recognises the relationship between thinking and feeling, and the nature of collective learning – how both individuals and groups learn.

(Note: should we be more explicit here about physically creating a place where it's hard to 'hang on to' personal patterns of sense-making – by immersion in significantly new places at high pace/high challenge.)

- *We should definitely bring out the merits of being somewhere else. I don't subscribe a lot to outdoor 'games', but much depends on the group's needs.*
- *The point about creating an effective learning environment is well made. Personally, I wouldn't be explicit about the second point, as I think this could be limiting – there are many ways in which an appropriate learning environment can be created, which include new physical places, but this is far from being the only means of achieving this.*
- *I think the experience is that participants find this immersion very significant in provoking change.*
- *Agree.*

PART 2:

8. Co-produces knowledge for change ('co-produce' – make together)

By this we mean leaders together generating knowledge that is evidence-informed (a collaborative inquiry). The programme will support a community of leaders developing new insights/ideas/ways of theorising; taking ideas, hypothesise (an articulation of what, how and why) and testing them out; and generating hypothesis from experience; deepening collective analysis and understanding to inform action. The programme will develop a community of leaders who are learning about how they practise leadership together.

- *An excellent principle, sometimes challenging where participants may see themselves as competitors.*

- *Good emphasis on developing a community of leaders, who are creating knowledge and understanding together.*
- *Practise*.
- *Agree.*

PART 2:

9. Any other principles that you think are missing?

- *Something about situational sensitivity: not all problems need 'leadership'; leaders are not always 'leading'.*
- *I think the overall number of principles is about right, although there is scope for increasing/decreasing slightly. I wonder whether there should be a further principle that reflects the importance of courage as a leader, and how this can be used to take appropriate risks, in order to challenge low standards and/or bring about significant improvements?*
- *This round is a lot better than the last one! I think there is a key issue that needs to be acknowledged even though it is not amenable to leadership development programmes. If I am going to follow somebody, I have to trust that they know what they are doing in a technical sense. I would, for example, follow one person to a restaurant, another at the scene of a road traffic accident and another when making an investment decision. Maybe it comes under the context piece, but I think you have to say that the essence of leadership is doing a good job and being seen to be doing a good job – and only once this is in place is it relevant whether they are doing a good leadership job and being seen to be a good leader. And – maybe this is a personal thing for me – although we have covered the multiplicity of values under making the most of diversity, there is a surprising lack of anything about acting personally in ways that are congruent with one's own values and holding out against imperatives that are not congruent with them. The same could be said for following one's passions and anticipating that others will follow.*
- *No.*

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