

Appendix I

A record of the researcher's training, supervisory interactions and other relevant meetings to this research

Record of face to face meetings with supervisor*

Monday 2 October 2006	Cambridge	Rob Willis, Cassie Jones, R Lewis
Friday 3 November 2006	Chelmsford	Rob Willis
Tuesday 19 th December 2006	Cambridge	Rob Willis, Cassie Jones
Wednesday 7 th March 2007	Cambridge	Rob Willis, Cassie Jones, R Lewis
Wednesday 16 th May 2007	Chelmsford	Rob Willis, Cassie Jones
Thursday 14 th June 2007	Cambridge	Rob Willis, Cassie Jones
Monday 16 th July 2007	Chelmsford	Rob Willis, R Lewis
Tuesday 28 th Aug 2007	Cambridge	Rob Willis, Cassie Jones
Thursday 25 th Oct 2007	Chelmsford	Rob Willis
Tuesday 11 th Dec 2007	Cambridge	Rob Willis
Tuesday 19 th Feb 2008	Chelmsford	Rob Willis
Tuesday 15 th March 2008	Cambridge	Cassie Jones
Thursday 22 nd May 2008	Cambridge	Rob Willis
Friday 1 st August 2008	Chelmsford	Rob Willis
Tuesday 14 th October 2008	Cambridge	Rob Willis, Cassie Jones
Wednesday 26 th November 2008	Cambridge	Rob Willis, Cassie Jones
Monday 2 nd March 2009	Cambridge	Rob Willis, Cassie Jones
Thursday 7 th May 2009	Chelmsford	Rob Willis, Cassie Jones
Wednesday 8 th July 2009	Cambridge	Rob Willis
Wednesday 18 th November 2009	Cambridge	Rob Willis
Monday 8 th February 2010	Cambridge	Rob Willis
Wednesday 17 th March 2010	Chelmsford	Rob Willis
Friday 16 th April 2010	Cambridge	Rob Willis, Cassie Jones
Saturday 22 nd May 2010	Chelmsford	Rob Willis
Monday 12 th July 2010	Cambridge	Rob Willis
Monday 13 th September 2010	Cambridge	Rob Willis, Cassie Jones
Thursday 4 th November 2010	Cambridge	Rob Willis, Cassie Jones
Wednesday 3 rd August 2011	Cambridge	Rob Willis
Monday 23 rd January 2012	Cambridge	Rob Willis
Wednesday 9 th May 2012	Cambridge	Rob Willis
Wednesday 15 th June 2012	Cambridge	Rob Willis
Friday 21 st Sept 2012	Cambridge	Rob Willis
Friday 9 th Nov 2012	Cambridge	Rob Willis
Monday 18 th Feb 2013	Cambridge	Rob Willis
Wednesday 14 th March 2013	Cambridge	Rob Willis
Friday 31 st May 2013	Cambridge	Rob Willis
Thursday 20 th June 2013	Cambridge	Rob Willis

* All meeting durations of 60 – 120 minutes, unless stated.

Record of generic training undertaken for research students

Stage I (Part A) pre-induction	Attended	16 th October 2007
Stage I (Part B) induction	Attended	9 th March 2007
Stage II (Part A) Presentations	Attended	16 th May 2007
Stage II (Part B) Academic writing	Attended	23 rd January 2008
Stage III final phase	Attended	18 th October 2008

Record of other research related meetings

Friday 1 st June 2007	Chelmsford	Julie Matthews (co-author – to discuss article content / drafting)
Thursday 1 st November 2007	Cambridge	Onur Demir (PhD student, to discuss thesis format / structure)
Tuesday 8 th January 2008	Chelmsford	Julie Matthews (co-presenter – to discuss presentation content / drafting)
Monday 28 th January 2008	Bury StEdmunds	Institute of Healthcare Management (IHM) event : “An independent NHS : A Review of the options” Hosted by IHM CEO, explored future structural options for the NHS, including those related to markets and franchise arrangements
Friday 15 th February 2008	Huntingdon	Victoria Hughes – NHS Research Ethics Committee Co-ordinator. Meeting to discuss NHS REC Application.
Thursday 28 th February 2008	London	NHS Elect, Contestable Market Seminar
Monday 31 st March 2008	Papworth	Victoria Hughes – NHS Research Ethics Committee Co-ordinator. Meeting to discuss NHS REC Application.
Wednesday 2 nd April 2008	Cambridge	2 nd Annual Research Student Conference
Friday 4 th April 2008	Cambridge	Advanced Research Seminar Series. Presentation with Julie Matthews.
Friday 16 th May 2008	Cambridge / Stansted	Meeting with Rob Worrall, Research Student to discuss scope for joint publication.
Wednesay 21 st May 2008	Huntingdon	Victoria Hughes – NHS Research Ethics Committee Co-ordinator. Meeting to discuss NHS REC Application.
Monday 3 rd November 2008	Harlow	Training Rm 2, Parndon Hall, Research & Development Committee, The Princess Alexandra Hospital NHS Trust. Request to 1) present overview of research to the committee and 2) attend whole R&D meeting as “Exec Director” guest
Monday 9 th February 2009	Cambridge	Faculty Research Sub-Committee (Research Student member). Teleconference with colleagues at Chelmsford Campus.
Saturday 16 th May 2008	Chelmsford	3 rd Annual Research Student Conference

Monday 18 th May 2009	Cambridge	Faculty Research Sub-Committee (Research Student member). Teleconference with colleagues at Chelmsford Campus.
Monday 8 th February 2010	Cambridge	Faculty Research Sub-Committee (Research Student member). Teleconference with colleagues at Chelmsford Campus.
Friday 16 th April 2010	Cambridge	NVivo 8 textual analysis software training
Saturday 22 nd May 2010	Chelmsford	4 th Annual Research Student Conference
Monday 12 th July 2010	Cambridge	Faculty Research Sub-Committee (Research Student member). Teleconference with colleagues at Chelmsford Campus.
Monday 12 th July 2010	Cambridge	Meeting with Patrick Cavill, ARU IT Dept relating to construction and refinement of on-line questionnaire
Monday 13 th Sept 2010	Cambridge	Faculty Research Sub-Committee (Research Student member). Teleconference with colleagues at Chelmsford Campus.
Monday 13 th Sept 2010	Cambridge	Meeting with Patrick Cavill, ARU IT Dept relating to construction and refinement of on-line questionnaire
Saturday 17 th June 2011	Chelmsford	5 th Annual Research Student Conference
Tuesday 24 th January 2012	Cambridge	RD4 application meeting
Wednesday 13 th June 2012	Cambridge	6 th Annual Research Student Conference
Friday 28 th June 2013	Cambridge	7 th Annual Research Student Conference

Appendix II

Approval of the research proposal from the Research Degree Sub-Committee, ARU

30 March 2009
SID Number: 0113233/2



Anglia Ruskin
University

Cambridge & Chelmsford

Chelmsford Campus
Bishop Hall Lane
Chelmsford
CM1 1SQ

T: 0845 271 3333
Int: +44 (0)1245 493131
www.anglia.ac.uk

Mr Darren Leech
Graysons
4a Joiners Road
LINTON
CAMBRIDGESHIRE
CB21 4NP

Dept: Academic Office
Tel No: 0845 196 4912 (Direct dial)
Tel: No: +44 (0)1245 493131 ext 4912 (International dial)
Fax: 01245 684867 or 01245 684839
Email: lyn.nightingale@anglia.ac.uk
Ref: In

Dear Mr Leech

Approval of Research Proposal

I refer to my letter of 25 March 2008 advising that your research proposal had been approved subject to ethics approval.

I am pleased to confirm that Anglia Ruskin University's Research Degrees Sub Committee noted, at its recent meeting, that ethics approval had now been granted and that you had therefore met this condition.

Yours sincerely

Lyn Nightingale
Secretary to Research Degrees Sub Committee

c.c:

1st Supervisor

Dr Rob Willis

Faculty Director of Research

Dr Rob Willis

2nd Supervisor

Ms Cassie Jones

Faculty Director of Research
Degrees

-

3rd Supervisor

Dr Rhidian Lewis

FRDSC Secretary

Caroline Struthers

Faculty
Research
Administrator

Elaine Jackson

Appendix III

Approval of the research proposal from the Research Ethics Committee, ARU



Anglia Ruskin
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Chelmsford Campus

Bishop Hall Lane
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www.anglia.ac.uk

25 February 2009

Mr Darren Leech
Graysons
4A Joiners Road
Linton
Cambridgeshire
CB21 4NP

Dear Darren

Project Title: The effect of marketisation upon leadership practice and existing models of leadership in National Health Service (NHS) provider organisations

Principle Investigator: Darren Leech

Thank you for your recent application for ethics approval. This has now been considered by the Business School according to the Research Ethics Sub Committee (RESC) procedures, and we are pleased to inform you that ethics approval has been given to your research for a period of three years from 27 January 2009.

Please note that if your research has not been completed within three years, you will need to apply to RESC for an extension of ethics approval. Similarly, if your research should change significantly in any respect, or if risk or harm or breach of confidentiality becomes likely, you will be obliged to submit a new application.

We wish you every success with your research.

Yours sincerely

Dr Andrew Armitage
For the Faculty Research Ethics Panel

cc Beverley Pascoe (Secretary, UREC)



Appendix IV

Approval of the research proposal from the Research Ethics Committee at Hinchingbrooke Health Care NHS Trust

Hinchingbrooke Health Care NHS Trust
Hinchingbrooke Park
Huntingdon
Cambridgeshire
PE29 6NT

Mr D Leech
Graysons
4a Joiners Road
Linton
Cams
CB21 4NP

20/08/2008

Dear Darren

Re: *The effect of marketisation upon leadership in NHS hospitals*

REC No: 08/H0306/46

Hinchingbrooke R&D No: 003/FEB08

I am writing to confirm that the above project has been reviewed by the Hinchingbrooke R&D committee and has been approved to proceed.

Documents reviewed were those reviewed by the Research Ethics Committee (REC) and are listed in the REC letter dated 4th August 2008. Approval is subject to compliance within the research governance framework, a copy of which can be found on the R&D site on the intranet or on the DoH website.

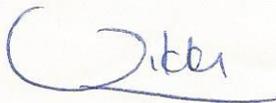
You are reminded that the study must follow the approved protocol. Please note that any protocol amendments or changes to information provided in your original application form must be submitted to the R&D Steering Group for further review and approval.

You are also reminded that it is your responsibility to comply with the law and appropriate guidelines relating to the Data Protection Act 1984, Health and Safety Act 1974 and the Caldicott guidelines. Further guidance can be found on the R&D site on the 'P. drive.

You are also asked to comply, in a timely manner, with project monitoring and auditing requirements of the Trust and to notify the R&D Steering Group of any serious adverse events, incidents or near misses involving participants or staff involved in this research project.

Thank you for your co-operation.

Yours sincerely



Vikki Hughes
R&D Co-ordinator

Tel No: (01480) 363597

E-mail: Victoria.hughes@hinchingbrooke.nhs.uk

Appendix V

Approval of the research proposal from the NHS (Cambridge 3) Research Ethics Committee

Cambridgeshire 3 Research Ethics Committee

Victoria House
Capital Park
FULBOURN
Cambridge
CB21 5XB

Telephone: 01223 597597
Facsimile: 01223 597645

04 August 2008

Mr Darren P Leech
Director, Sustainable Health Services
Hinchingsbrooke Health Care NHS Trust / Cambridgeshire PCT
C/o Hinchingsbrooke Hospital
Huntingdon
Cambridgeshire
PE29 6NT

Dear Mr Leech

Full title of study: **The effect of marketisation upon leadership practice and existing models of leadership in National Health Service (NHS) hospitals**
REC reference number: **08/H0306/46**

Thank you for your letter of 30 June 2008, responding to the Committee's request for further information on the above research.

The further information has been considered on behalf of the Committee by the Vice-Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation.

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA). There is no requirement for other Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Participant Information Sheet:

The Committee acknowledges that harm to participants whether negligent or non-negligent is extremely unlikely, however feels that participants should still be informed that the NHS does not cover non-negligent harm. A sentence advising of the indemnity arrangements (and that the NHS does not cover non-negligent harm) should be given in the Participant Information Sheet. The sheet should be given a new version number and date and a copy should be sent to the Committee.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission at NHS sites (“R&D approval”) should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Application (Lock code AB/131554/1)		22 May 2008
Investigator CV: Darren Leech		21 May 2008
Research Proposal	1	22 May 2008
Covering Letter		22 May 2008
Map of Invitation Process - Research Interviews	1	22 May 2008
Map of Invitation Process - Research Questionnaire	1	22 May 2008
Letter from Sponsor: Mark Millar, Chief Executive Officer, Hinchingsbrooke Health Care		21 May 2008
Questionnaire: Indicative questions for phase 1 and 2	1	22 May 2008
Letter of invitation to participant: Questionnaire	1	22 May 2008
Letter of invitation to participant: Interview	1	22 May 2008
Participant Information Sheet: Interview	4	22 May 2008
Participant Information Sheet: Questionnaire	1	22 May 2008
Participant Consent Form	1	22 May 2008
Letter from University Research Degree Committee		25 March 2005
Intended coding process for research participants for phase 1 (interviews) and phase 2 (questionnaires)	1	22 May 2008
Letter from NHS Elect		20 March 2008
Letter confirming the research interview for participants who have agreed to participate	1	22 May 2008
Letter from Academic Supervisor, Dr Robert Willis		21 March 2008
Letter from Hinchingsbrooke Health Care NHS Trust re interview process		28 March 2008
Supervisor CV: Dr Robert Willis		22 May 2008

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document “After ethical review – guidance for researchers” gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

08/H0306/46

Please quote this number on all correspondence

With the Committee’s best wishes for the success of this project

Yours sincerely

Mr Stuart Kent
Vice-Chair

Email: lynda.mccormack@eoe.nhs.uk

Enclosures: “After ethical review – guidance for researchers”

Copy to: **Mr Mark Millar**
Chief Executive Officer
Hinchingbrooke Health Care NHS Trust
Hinchingbrooke Park
Huntingdon
Cambridgeshire
PE29 6NT

Appendix VI

Letter of support for research proposal from CEO, Hinchingbrooke Health Care NHS Trust

CHIEF EXECUTIVES OFFICE
Hinchingbrooke Health Care NHS Trust
Hinchingbrooke Park
Huntingdon
Cambridgeshire
PE29 6NT
01480 416416 (switchboard)

Chairman
Cambridgeshire 3 Research Ethics Committee

21st May 2008

Dear Sir,

PhD RESEARCH – DARREN LEECH

I am writing in support for the research that Darren Leech, Director – Sustainable Health Services, is planning to undertake towards his PhD.

I can also confirm that I am happy for him to approach and interview (with their consent) members of the Trust Management Executive (TME) at the hospital and for him to conduct his research as outlined in his NHS REC application.

I would also like to inform you that the Research & Development Office at the hospital have met and reviewed Darren's NHS REC application. The R&D Office have subsequently confirmed their support and willingness to oversee the research process as described.

Should you wish to discuss the research or Darren's application with myself or with Victoria Hughes (R&D Manager) please feel free to contact my office to arrange this.

Yours Sincerely,

Mark Millar
Chief Executive Officer

Appendix VII

Letter of support for research proposal from Managing Director, NHS Elect



130 Shaftesbury Avenue
London
W1D 5EU

March 20th 2008

Dear Darren

Re: NHS Elect support for research project

Further to our telephone conversation earlier this month, I write to confirm that NHS Elect is happy to support your research project looking at the introduction of a market in publicly-funded healthcare in England. I agree that you can use the NHS Elect network of NHS Trusts as the 'test-group' for your research and we will supply you with contact details of our 30+ sites and help you in approaching our members. NHS Elect is very pleased to support you in this work and I look forward with interest to reading the results of your research.

With best wishes.

Yours sincerely

CAROLINE DOVE
Programme Director – NHS Elect

Appendix VIII

Example of consent form used for case-study research interviews

CONSENT FORM

Research title : *The effect of marketisation upon leadership in NHS hospitals*

Researcher : Darren Leech
Executive Director of Delivery
The Princess Alexandra Hospital NHS Trust
Harlow
Essex
01279 444455 ext 2454
darren.leech@pah.nhs.uk

Please read the text in the boxes carefully, before putting your initials in the box on the right.

1. I confirm that I have read and understood the Participant Information sheet (dated 12 th July 2009, Version Number 6) for the research above. I have had sufficient time to consider the information, ask questions and have had these answered to my satisfaction.	
2. I understand that my participation in this research interview is voluntary and that I am free to withdraw at any time, without giving any reason, without my rights being affected.	
3. I give permission for the research interview to be recorded. I understand that the recordings will be destroyed at the end of the research process.	
4. I give permission to use direct quotes from the research interview transcript in the final thesis, in order for the researcher to support his interpretation of my experiences and opinions.	
5. I understand that all quotes will be anonymised so that my name will not appear anywhere in the thesis or in any publication or presentation associated with it.	
6. I agree to take part in this research.	

Name of participant..... Date..... Signature.....

Signature of researcher..... Date.....
(upon receipt)

Appendix IX

Example of invitation letter used for case-study research interviews



12th July 2009
Version Number 2

Darren Leech
Executive Director of Delivery
c/o The Princess Alexandra Hospital NHS Trust
Harlow
Essex, CM20 1QX
01279 444455 ext 2454
darren.leech@pah.nhs.uk

XXXXXXXXX
Executive Director of Human Resources
Hinchingsbrooke Hospital
Huntingdon
Cambridgeshire, PE29 6NT

19th October 2009

Ref CODE

Dear Anita,

INVITATION TO PARTICIPATE IN A RESEARCH INTERVIEW

I am writing to invite you to participate in a research interview (by telephone). This is related to research I am undertaking at Ashcroft International Business School, as part of a PhD.

You are a member of the Trust Operational Executive Group (TOEG) at Hinchingsbrooke Hospital and therefore, I believe that your views will enrich and inform my research. Pilot work has indicated that the interview will last approximately 20 minutes.

Enclosed are 2 documents. Firstly, a "Participant Information Sheet" which provides you with detailed information about the pros and cons of participating in this research. The second document is a "Consent Form".

If you decide to participate in the research, after reading the Participant Information Sheet carefully, I will need you to complete, sign and return the Consent Form to me by **30th October 2009**. A stamped and addressed envelope is enclosed.

If you would like to receive an abstract once the entire research process is complete, please indicate this in your response to the researcher (this offer applies, whether you decide to participate in the research interview or not).

Thank you for your consideration of this request.

Yours sincerely,

Darren Leech

Appendix X

Example of participant information sheet used for case-study research interviews

12th July 2009
Version Number 6

PARTICIPANT INFORMATION SHEET

Research title : *The effect of marketisation upon leadership in NHS hospitals*

Researcher : Darren Leech
Executive Director of Delivery
c/o The Princess Alexandra Hospital NHS Trust
Harlow
Essex, CM20 1QX
Tel 01279 444455 ext 2454
darren.leech@pah.nhs.uk

You are being invited to participate in the research above. Before you decide whether to participate, it is important understand why the research is being conducted and what your involvement will be. Please take the time to read this information sheet carefully. Feel free to discuss it with others and to ask the researcher, as detailed above, any questions.

The researcher

Darren Leech, Executive Director of Delivery at The Princess Alexandra Hospital NHS Trust is currently undertaking a PhD at Ashcroft International Business School, which is part of Anglia Ruskin University. The research is sponsored by the NHS Trust.

The purpose of the research

The research is focussed on leadership in NHS hospitals and the effects of 'marketisation' (increased levels competition between hospitals). The purpose of the research is to generate a better understanding of leadership in an environment of increasing levels of competition.

Why have I been chosen ?

You have been chosen because you are a member of the Trust Operational Executive Group at Hinchingsbrooke Health Care NHS Trust.

Do I have to take part ?

You can decide whether to take part or not. If you decide to take part you will be given this information sheet and then be asked to sign a consent form. If you decide to take part and decide at any point to withdraw, you are free to do so without giving a reason. A decision not to take part - or to withdraw at any time - will not in any way affect the relationship you might have with the researcher.

Study methods and what will happen to me if I participate ?

You will initially be invited to participate by letter. If you consent to participate you will be invited to participate in a telephone interview, scheduled at a time mutually convenient to you and the researcher.

The interview will last approximately 20 minutes. The interview will be recorded and the only people present and party to the interview content will be you and the researcher.

Following your interview and a series of interviews with other participants, the results from Hinchingbrooke Health Care NHS Trust will be tested using a survey, against the responses of a wider population of healthcare leaders. These will be accessed via the NHS Elect network.

Confidentiality

The researcher guarantees not to breach your confidence or anonymity with regards to any belief, view, attitude or experience you might discuss during the interview. All data will be maintained by the researcher and will be anonymous in both the final thesis and any associated publications or presentations.

If I decided to participate, where would I be interviewed and when ?

The interview would be scheduled at a time agreed as mutually convenient to you and the researcher. Providing that there is a secure telephone connection, where you choose to undertake the interview is your decision. The researcher will be in a private office at The Princess Alexandra Hospital NHS Trust.

What are the benefits of taking part ?

Firstly, this is an opportunity for you to express your valuable opinion and to share your experiences. Secondly, by participating in this research you will be actively contributing to the development of new knowledge and understanding – particularly in the areas of NHS leadership and the related influence that marketisation might be having upon those currently in practice.

What are the risks of taking part ?

There is a risk that some participants might find describing their experiences of NHS leadership and the impact that competition might have had on themselves or their colleagues distressing or uncomfortable. The researcher wishes to minimise the potential for discomfort by reassuring participants that they need only disclose information that they are comfortable in doing so and that, if they wish, participants may opt-out or leave the interview at any time.

In the very unlikely event that you are harmed during the research and this is due to someone's negligence then, whilst the normal National Health Service complaints mechanisms will still be available to you, you may have grounds for legal action for compensation against the sponsoring organisation (but you may have to pay your legal costs). NHS indemnity provision however, does not cover non-negligent harm.

Where will information about this research be found, once it is complete ?

A copy of the final thesis will be kept by both the researcher and by the University. It is also likely that the results of the research will be published in academic and professional journals relating to management, leadership and health services.

If you would like to receive a copy of the final research abstract, along with contact information for the researcher at the point the research is complete - please notify the researcher prior to, or during the interview.

Who has reviewed the research process ?

The research process has been reviewed by the researcher's supervisory committee at Ashcroft International Business School. This committee includes the Director of Research at the University.

In addition, permission to conduct this research has been agreed by both the Local Research Ethics Committee and the Research & Development Department at Hinchingbrooke Health Care NHS Trust.

If I want independent advice about participating in a research study, who could I contact ?

You could contact Victoria Hughes, Research & Development Co-ordinator at Hinchingbrooke Hospital (ext 3597).

What do I do now ?

If you wish to take part then please complete the enclosed Consent Form (dated 12th July 2009, Version Number 2) and return it to the researcher as detailed at the beginning of this information sheet, by **30th October 2009**.

Once you have returned your Consent Form you will be contacted to organise a mutually convenient time for the interview.

Please keep hold of this Information Sheet for your records.

Thank you for considering whether to participate in this research.

Appendix XI

Research interview transcript (2E2)

Research interview with Participant 2E2

Researcher: Thank you for agreeing to this interview *name*, the first set of questions are about you and should be relatively easy.

1. Observed : Male

2. I have got some categories for your age, are you:

- a) under 30
- b) 30 to 39
- c) 40 to 49
- d) 50 to 59

Answer: 50 – 59

3. Part of the reason why I selected you for this research *name*, is because you are part of the management team at the hospital you are currently working at. Can you confirm to me if you are:

- a) an Executive Director
- b) a Clinical Director
- c) a General Manager

Answer: An Executive Director

4. In terms of your current length of service at the hospital you are working at, have you been working there:

- a) under 2 years
- b) 2 to 4 years

Answer (interrupted): 2 – 4 years

5. Okay, so in terms of your total length of service within the NHS, or 'years served' have you worked...

- a) under 5 years
- b) 5 to 9 years
- c) 10 to 14 years
- d) 15 to 19 years
- e) or over 20 years

Answer: Over 20 years

6. Have you always worked in the NHS *name*, or have you worked for any non NHS organisations in the past?

Answer: I have worked for other non NHS organisations in the past.

7. I have got some categories of organisations and perhaps you could tell of which would apply to the areas where you might have worked in and it might be more than one:

- a) charitable organisations
- b) commercial / competitive businesses
- c) non – profit public services
- d) academia / education
- e) other

Answer: commercial / competitive businesses

Researcher: The next set of questions *name* relate to NHS hospitals, now I have got a sense of who you are.

8. During your time in the NHS *name*, in your view has the level of collaboration between hospitals changed?

Answer: I would like to keep it to my profession if that is possible, because I can answer that better than globally.

Researcher: Okay

Answer: Okay in that sense I think that it has got better.

Researcher: Okay so in terms of, in your profession ?

Answer: Finance

Researcher: So in a finance sense, you think that it has got better. So there is better collaboration between the finance departments at hospitals?

Answer: Yes, no doubt about that at all.

Researcher: Corporately, so do you believe in terms of the entities that are NHS hospitals, do you believe that they collaborate across the piece, more or less than in the past or do you believe that it's not changed?

Answer: I think that there is probably more collaboration. I think the reason for that is that I think that the solution is now that we always look for a 'win, win'.

9. Do you think that there is any element of competition between NHS hospitals?

Answer: There is, because that is the nature of the tariff and choose and book itself.

Researcher: So the sort of competition there is, is competition for patient volumes you mean?

Answer: Yes

10. In terms of other things that might indicate competition exists in NHS hospitals, what other evidence have you got to suggest this competition. So apart from the tariff and choice, what things in the hospital would indicate to you that they are competing?

Answer: I think that it is mostly around the bottom line. Targets are being more heavily managed, not just by the SHA or Monitor, but there are external influences that people are very keen to maintain. So there is a public message for instance, and the organisations reputation.

Researcher: How do they go about managing that reputation then?

Answer: I think that varies from organisation to organisation. But there is far more involvement for instance in post directed, like communication officers to deal with the press regularly. People who are trained in dealing with the media, TV or radio. That was never done in the past.

Researcher: That is a good example, thank you.

11. Going forward, do you think that increased levels of competition between hospitals could improve quality for patients ?

Answer: Yes I do

Researcher: Can you explain your answer, why do you think that?

Answer: Well, because the tariff's the same in effect, you've only got to go on volumes and with the patient, I am sure that they go on the reputation of the organisation and with previous organisations. So it's all about quality really, that just drives your market place.

12. Do you think that increased levels of competition that I have been talking about between hospitals in the future, would also improve the financial efficiency of the NHS?

Answer: Not always convinced about that, I mean that's the latest argument around QIPP, isn't it ? If you have got a really high quality service, then the finances generally look after themselves. Not always convinced about that, but it may work in 80% of the time.

13. In relation to market creation, a term you might of heard about in recent commissioning policy, should the level of competition between hospitals increase further, would you be comfortable with that?

Answer: Yes I would if there was an acceptance, if you like, further up the food chain then, what sort of consequences would be. For instance, if you have to completely reconfigure the services provided at *hospital* here, then that would have to be acceptable across the board, if you want a financially viable organisation for instance. A good example, it might be maternity services. If it's not financial viable to be provided here, but there is an alternative, you know by other competition means, that people can make a profit from those services, then let them go ahead

and do that, but don't insist that we carry on providing maternity services, because that would be ludicrous.

Researcher: I understand. Okay those are the questions about hospitals. Thank you for your responses. My final set of questions relate to leadership.

14. Can you describe to me in your view what constitutes the purpose of leadership, so what are leaders are supposed to do ?

Answer: I think leaders are there to add inspiration to an organisation, that actually ensures the objectives of the organisation, which are ultimately set by the Trust Board, actually get delivered. So it is inspiration and direction, that would be my answer to that question.

Researcher: Thank you very much.

15. To quantify your response to that question and gauge how current NHS leaders measure up -how many people out of ten, in positions of leadership of the NHS, meet the criteria that you have just given?

Answer: As a percentage?

Researcher: Yes

Answer: I would say about 7 – I think leadership in the NHS is very good.

Researcher: Okay, seventy percent ?

Answer: Yes

16. What are the things *name* that constrain leaders in the NHS in your view?

Answer: It has to be the political policies that we work within. Given the fact that it is so high profile politically on a national basis, that's what gives us no chance to deliver the services. There is one thing for sure, they are never the same from one day to the next.

Researcher: Okay I understand. So the predominant feature would be the changing political landscape in your view.

Answer: Yes indeed

Researcher: Would there be any other things that can constrain or would that be it?

Answer: Well actually I think other NHS organisations, and by that I mean, if one organisation screws up, then all organisations in the health service instantly comes under the spotlight. Dr. Foster would be a great example of that. I find that very frustrating actually, regardless on how well your organisation is working or how you are doing in your particular job. If you have got one person that fails somewhere in the country, then the public perception is you are failing.

Researcher: So there is potentially an issue with that generic NHS brand.

Answer: Yes that is a good way to put that.

17. Do you think that the criteria that makes a good leader in the NHS has changed in recent years?

Answer: Yes it has. We have already talked about the public facing part of the job, and I think that is more powerful than it ever was. The financial regime has changed for Foundation Trusts, so that's put a whole new meaning under financial training, requirements that need to be met. The World Class Commissioning initiative, that has raised a whole rack of new issues that the PCT members of staff have had to grapple with, and arguably Provider organisations as well, because you need to be on the same level to do any kind of sensible commissioning really. Those are the key factors that are consistent and the skill base and knowledge of that means leaders have had to move.

Researcher: That's great.

18. Back to you *name*, have you undertaken any specific leadership development activities in your career?

Answer: Lots actually, yes.

19. Okay I have got some categories, so if I read them out, perhaps you can tell if they apply. Of the development that you have undertaken, have you undertaken:

a) things to your local hospital?

Answer (interrupted): Yes

b) things specific to an underpinning profession you might have?

Answer (interrupted): Yes, lots of those

c) Regional development programmes?

Answer (interrupted): Yes, one example at 'one loud carbon foot print'.

d) Any national development activities?

Answer (interrupted): Yes

e) Any non NHS things that you have yourself undertaken?

Answer (interrupted): No

f) Anything other than that on the categories?

Answer : No

20. Are you aware of any theoretical models that explain or suggest what constitutes effective leadership?

Answer: Well there all those things like the Myers Briggs thing, there are several of those. They tend to just identify what your personality is, and whether you would be a potential, say a good Chief Exec or whatever. There are those things, but the ones that I have really come across to date, have really been about what makes effective teamwork, rather than an individual, because I think that we can all work but have different traits.

Researcher: Okay, good.

21. Honestly, can you tell me if you have heard of the Leadership Qualities Framework before?

Answer: No

22. *Excluded question – not applicable due to previous response*

23. When we think of NHS organisations generally Kevin, not necessarily the one that you currently work for, which stakeholder groups hold the most influence?

Answer: I initially wanted to say Consultants, but I think that is probably still the case actually.

Researcher: So Consultants?

Answer: Yes

Researcher: That is the end of the questions *name*, and thank you for replying to all of them, which is very good of you.

Appendix XII

Research interview transcript (3E3)

Research interview with Participant 3E3

Researcher : *Name*, the first 5 questions are all about yourself, and they are relatively easy questions.

1. Observed : Female

2. The first question relates to your age, are you:
 - a) under 30 years old
 - b) 30 to 39
 - c) 40 to 49
 - d) 50 to 59
 - e) over 60

Answer: 50 to 59 years

3. The reason you've been selected to ask these questions, and you have agreed, is because you are part of the Trust Executive operational group at the hospital where you work. Can you confirm whether you are:
 - a) an Executive Director
 - b) a Clinical Director
 - c) a General Manager

Answer: An Executive Director

4. Can you confirm your current length of service at that organisation where you are working now?

Answer: 8 years

Researcher: So, between 5 to 9 years ?

Answer: Yes

5. In terms of your work with the national health service, how many years have you worked in the NHS?

Answer: 33 years

6. Have you always worked for the NHS *name*, or have you worked for non NHS organisations?

Answer: Always worked for the NHS.

Researcher: Okay, that's the first set of questions over with. The next set of questions are probably more detailed and we will probably talk a bit more during them. The next 5 relate to NHS hospitals.

7. *Excluded question – not applicable due to previous response*

8. During your time in the NHS, do you think the level of collaboration between NHS hospitals has changed?

Answer: I would say that it has improved slightly.

Researcher: So you think they are slightly more collaborative?

Answer: Yes

9. Do you think that there is competition between NHS Hospitals?

Answer: I think there is, yes.

Researcher: You do?

Answer: I think the change is mainly into competition than collaboration.

10. Okay, so to you then, what are the key things that indicate that competition does exist between hospitals, if I were to ask what evidence shows that they are competing, what would you say?

Answer: I think that local collaboration hasn't happened, because competition has prevailed, so if you look at our current situation, for example a joint consultant will not always be available to us, because of the need to be with the services from *neighbouring hospita* . So that is an example of that. I think that hospitals compete in relation to performance, additional resources.

Researcher: Do you mean that they try and out perform each other to attract patients to them?

Answer: Yes, also staff, not just patients.

Researcher: Okay.

11. Do you think *name* that increased competition between hospitals improves quality for patients?

Answer: I don't think that there is any evidence of that.

Researcher: So do you think that it could improve quality?

Answer: Yes I think it could drive standards up, I think that is the benefit of competition.

Researcher: So, I guess that is the sort of quality question.

12. Do you think increased competition between hospitals would improve financial efficiency for the NHS overall?

Answer: I think there's a possibility that it could. I think that the challenge is that everybody is competing in a difficult market, and therefore I find it difficult to believe that by competing that there would be equity of services.

13. In relation to market creation, which is a term you might have heard about in recent commissioning policy over recent years, should the level of competition between hospitals increase further, would you be comfortable with that?

Answer: I think it depends on the basis of competition. At the moment, I don't think we are seeing any particular benefits from competition, and I think that the ground rules have moved in relation to creating competition, so I am not sure that it will improve the quality of services.

Researcher: Okay thank you for that. The next and last set of questions relate to leadership and the first question I guess is a very open and generic one.

14. Can you describe to me, in your view, what constitutes the purpose of leadership, what are leaders supposed to do?

Answer: Well, leaders are supposed to make sure that the organisation knows which direction it is heading in and create an environment in which the organisation can move in that direction. So it is about creating a vision for the future, and it's about creating an environment that leads the organisation in that direction.

Researcher: Okay that's really helpful.

15. In relation to the answer that you have just given and your view on how current NHS leaders measure up, how many people out of every ten in positions of leadership in the NHS meet the criteria that you have just given?

Answer: I am really struggling. I can't think of anybody in particular at the moment.

Researcher: You can't think of anybody? Okay, that is an answer in itself. Thanks *name*.

16. What are the things that can constrain leaders in the NHS?

Answer: Policy, Government bureaucracy and basically the environment that we have to work in. Rules contain creativity.

Researcher: Okay, that is an interesting response.

17. Do you think that the criteria for what makes a good leader in NHS organisations has changed in recent years?

Answer: I don't know, I actually don't know. I don't know what the criteria is.

Researcher: To rephrase the question then, to be a successful leader now, do you think leaders need to be different to how they were a number of years ago?

Answer: Yes

Researcher: In what way?

Answer: I think they need to have more priority about purpose. I think they need to be educated in a particular way that makes them understand how businesses are run, rather than just how health services are run. I think they need to be able to balance all of them with what is available to deliver and ration to what is available.

Researcher: Okay. Right, another question about leadership, but it relates to yourself.

18. Have you undertaken any specific leadership development activities during your career?

Answer: I have done a masters degree in health services management, which covered leadership, but apart from that, no.

19. Okay, so was that something that you did off of your own back *name* ?

Answer: Yes

Researcher: So, you haven't done anything else ?

Answer: No

20. Are you aware of any theoretical models that explain or suggest what constitutes effective leadership?

Answer: Probably – what do you mean?

Researcher: Theoretical models. So, published theory for example on leadership.

Answer: Yes, but it's probably a long time since I have looked at it.

Researcher: Okay that's fine.

21. Honestly can you tell me if you have ever heard of the leadership quality framework before?

Answer: Yes, I was going to say, is that the theoretical model that you were talking about – LQF and that sort of stuff?

Researcher: So you have heard of that?

Answer: Yes

Researcher: It's an NHS model that is based on.....

Answer (interrupted): I know what LQF is, yes.

22. As you have answered yes to that question, have you ever used the LQF to develop yourself?

Answer: No

Researcher: Have you ever used it to aid the development of others?

Answer: Yes

Researcher: Do you use it in any way now?

Answer: Not myself, no.

Researcher: Okay, last question.

23. When we think of NHS organisations generally, not necessarily the one you are currently working for, which stakeholder groups hold the most influence?

Answer: Doctors.

Researcher: Okay, thank you we are done.

Appendix XIII

Research interview transcript (4E4)

Research interview with Participant 4E4

Researcher: Thank you very much for agreeing to participate. The first questions should be reasonably easy because they are about you.

1. Observed : Male

2. The first question is to ask you to confirm your age, there are a number of categories:
 - a) Under 30
 - b) 30 to 39
 - c) 40 to 49
 - d) 50 to 59
 - e) or over 60

Answer: 50 to 59

3. The reason why I have selected you as a target for the research questions, is because you are part of the management team at your hospital. I've got 3 categories, which do you fall into ?
 - a) Executive Director
 - b) Clinical Director
 - c) General Manager

Answer: Executive Director

4. Can I ask you how long you have worked for your current hospital ?

Answer: From 1st April 2007

Researcher: So that is between 2 and 4 years.

Answer: Yes, that's correct.

5. In terms of your total length of service within the National Health Service *name*, I have got a number of categories:
 - a) under 5 years
 - b) 5 to 9 years
 - c) 10 to 14 years
 - d) 15 to 19 years
 - e) Or, over 20 years

Answer: Over 20 years

6. Have you always worked in the NHS *name*, or have you worked for non NHS organisations?

Answer: I have worked for a non NHS organisation, mid career.

7. Okay, mid career – if I give you some categories, could you tell me what type of organisation you have worked for and obviously there is 'other' at the end, if none of them apply:

- a) Charity
- b) Commercial competitive business
- c) Not for profit public service
- d) Academia / education training
- e) Other

Answer: I guess it would be other, because it is commercial, but you wouldn't necessarily say it was competitive. It was the Post Office.

Researcher: Okay, the next five questions relate to NHS hospitals and developments.

8. During your time in the NHS *name*, has the level of collaboration between NHS hospitals changed?

Answer: Yes

Researcher: Do you believe that it's less collaborative or more collaborative?

Answer: Probably on balance, less.

9. Do you think there is competition between NHS hospitals?

Answer: In some parts, yes.

Researcher: Which parts would they be?

Answer: I think that there is obviously competition in terms of choice, and I think there's competitive attitude around being seen as being better than somebody else and I think there is less sharing of information and good practice than there used to be. It's not as open.

10. So those are the things that would indicate that competition does exist in your view?

Answer: Yes, but it may not be competition as in particularly commercial competition, but a very competitive element.

11. Do you think that increased competition between hospitals would improve quality of services for patients?

Answer: I think it has the potential to, but there may be a significant cost, I don't necessarily mean financial costs, but other costs in other areas.

Researcher: Can you explain your answer.

Answer: I think the desire to get a good rating or a fare well in Dr. Foster, or being topical about it, any number of the other surveys and league tables, a desire to do well in them can drive up the quality of patient experience. The danger is because it's the old, 'you can meet the target and miss the point' - that you have to assume that what you are measuring is really what's valid, and if you are just doing it to tick the boxes, then the danger is that you are not prioritising what you should be doing sufficiently, in my view.

12. Do you think that increased competition between hospitals would improve the financial efficiency of the NHS?

Answer: It may do as the spin off so to speak, but I don't think it does directly.

13. In relation to market creation, a term you may have heard about in recent commissioning policy, should the level of competition between hospitals increase further than current, would you be comfortable with that?

Answer: As long as the competition isn't merely on price. I think that the problem we have got at the moment, is that given the economic conditions that we are going into, the danger is that it will look as though it is about price and quality and service, but it actually should be about price. Mainly because we are not terribly good about measuring the other two.

Researcher : The remaining questions *name* relate to leadership.

14. Can you describe to me, in your view, what constitutes the purpose of leadership, so what are leaders supposed to do?

Answer: That's a good one! Leaders are meant to, if you like, provide a focus of their own direction, about where we are going, leading implies that you are going somewhere in particular, though it's not necessarily that the leader that sets the direction, you know certainly on their own, but certainly shows people where they are heading for and draw the map and take people along the journey. It's also about motivating people so that people want to travel that journey with you. It's also about exhibiting traits, characteristics that are deemed as being desirable, and there is probably something about respect in there as well.

15. To quantify your response to that question and gauge how NHS leaders measure up. How many people out of ten in positions of leadership in the NHS meet the criteria fully that you have just given.

Answer: Three

16. In your view *name*, what are the things that constrain leaders in the NHS?

Answer: Fear. Operating environment, what the requirement is / what's important in terms of the day. i.e. the influence of the people up the food chain.

Researcher: By food chain, you mean SHA, DH?

Answer: Well yes, taking it the other way round, politicians down. What ever level you are at, you need to be as certain as you can be, about the consistency, attitude of the people above you.

17. Do you think the criteria for what makes a good leader in NHS organisations has changed in recent years?

Answer: It depends on what you mean by recent. In terms of the length of my career, yes absolutely. Because when I started out, in a sense it was about administering a very stable system. You know you had some money and you knew what you could do with it. So actually, keeping the number of balls in the air that leaders now have to do, and reconciling capacity and demand is very different to what it used to be.

18. Have you undertaken any specific leadership development activities during your career?

Answer: Yes, lots.

19. Okay, so to give me a sense of what you've done *name*, which would apply if I gave you some categories such as

- a) things local to the hospital, or organisation you work for
- b) things specific to your profession
- c) regional development programmes in the NHS / SHA led type programmes
- d) National
- e) or non-NHS, initiated by yourself.

Answer: So are you asking me to choose one or some of those, to give you a sense of the proportion.

Researcher: Yes, give me a sense of which ones would apply to things you have done.

Answer: Apart from, I think we all learn on the job and do it by absorption by people around us and very little of the first, in my case probably the majority of the case is the second, the professional trade. Secondly, national rather than local NHS type leadership things. I think mainly external rather than internal I have to say.

20. Are you aware of any theoretical models that explain or suggests what constitutes effective leadership?

Answer: I am aware, but don't ask me to quote you some on this !

21. Can you tell me whether you have heard of the leadership qualities framework before?

Answer: Yes

Researcher: You have heard of it?

Answer: Yes

Researcher: In relation to that framework, can you tell me

Answer (interrupted): I didn't say I understood it, I have heard of it.

Researcher: You have heard of it yes, so I have some supplementary questions based on the fact that you have heard of it.

22. Have you ever used it to develop yourself?

Answer: Yes

Researcher: Have you ever used it to aide the development of others?

Answer: Not specifically

Researcher: Do you use it in any way now?

Answer: No

Researcher: Okay last question, you will be pleased to hear.

23. When we think of NHS organisations generally *name*, not necessarily the one you are currently working with, what stakeholder group holds the most influence in your opinion?

Answer: Clinicians isn't it?

Researcher: Okay thank you for participating – end of interview.

Appendix XIV

Research interview transcript (5E5)

Research interview with Participant 5E5

Researcher: Thank you Rachael for agreeing to participate in the interview. The first set questions relate directly to you, so hopefully should be reasonably simple.

1. Observed: Female

2. The first question relates to your age. There are a number of categories, which all could apply to you:
 - a) under 30 years
 - b) 30 to 39 years
 - c) 40 to 49 years
 - d) 50 to 59 years
 - e) Or over 60 years

Answer: 40 to 49 years

Researcher: You are a target for this research because you are part of the management team at the hospital.

3. Can you confirm that you are one of these three categories:
 - a) An Executive Director
 - b) A Clinical Director
 - c) Or a General Manager

Answer: Executive Director

4. Can you confirm your length of service with your current employer, the organisation where you currently work:
 - a) under 2 years
 - b) 2 to 4 years
 - c) 5 to 9 years
 - d) 10 to 14 years
 - e) Or over 15 years

Answer: b, 2 to 4 years

5. In terms of your total length of service within the NHS, so your current employer and any previous NHS employers, how many 'years served' have you?
 - a) under 5 years
 - b) 5 to 9 years
 - c) 10 to 14 years
 - d) 15 to 19 years
 - e) Or over 20 years

Answer: 15 to 19 years

6. Have you always worked in the NHS, or have you worked for a non NHS organisation at any point?

Answer: Yes, I have worked in a non-NHS organisation as well.

7. Okay, in terms of describing that experience, if I give you some categories or types of organisations, can you tell me which would apply:

- a) charitable organisations
- b) commercial / competitive businesses
- c) non-profit public services
- d) academia
- e) or any other

Answer: Oh, er, commercial / competitive business

Researcher: The next set of questions relate to NHS hospitals.

8. During your time in the NHS, has the level of collaboration between NHS hospitals changed?

Answer: Between NHS Hospitals?

Researcher: Yes, has the level of collaboration between hospitals changed in your view?

Answer: Has it changed? Yes, I think that is has.

Researcher: Do you believe then, there are two options, that they are less collaborative or more collaborative?

Answer: I think less.

9. Do you think that there is explicit competition between NHS hospitals?

Answer: Yes

10. You do, okay. To you, what are the things that indicate that competition does exist, what evidence have you got for that?

Answer: Well it's recent stuff if I'm to be honest *name*, so obviously not talking about the 15 years I have in, but in terms of recent stuff around when, well we've got, as you know got network relationships with local Trusts, and the introduction of choose & book, 18 weeks, I think with the pressures on PCTs to be driving activity and referral levels down, it's becoming a much more competitive market. So, some of our network relationships are beginning to become more and more fragile

as a result of that. We have struggled to get the service line agreements that we have as an organisation agreed and signed up to, we don't necessarily get the support that we had previously and I think that's about the changing nature in the acute hospital, from where I sit anyway.

Researcher: Okay that is really helpful, thank you.

11. Do you think that increased competition between hospitals will improve quality for patients?

Answer: I think it's a double edged sword actually. I think it can do, but I think a collaborative approach is a better way of achieving it than a competitive approach.

12. Do you think that increased competition would improve the financial efficiency of the NHS overall?

Answer: Not necessarily.

Researcher: Can you explain your answer?

Answer: The reason I said not necessarily, is I think there are ways of collaborating and working together that could achieve greater efficiencies, higher quality of care, rather than direct competition between organisations. Also, it is relative to where you sit as an organisation in terms of rurality and geography, I think that has a big impact.

Researcher: So just to qualify that, it's specific to, it depends how many potential competitors there are, is that what you mean?

Answer: Yes

13. In terms of a term market creation, which you might have heard about in recent commissioning policy, should the level of competition between hospitals increase further still, would you be comfortable with that?

Answer: I think it's about for the right reasons again. So it's about if improvement in quality and patient pathways and clinical quality can't be improved through collaboration or other routes, then I think competition is a potential alternative. My view is, I don't think that's necessarily the first step in the process.

Researcher: Okay I understand. The next final set of questions relate to leadership.

14. Can you describe to me in your view what constitutes the purpose of leadership, so what are leaders supposed to do?

Answer: For me it's about installing and empowering those who are best placed to lead up at local level to do so. It's about providing a clear

direction, it's about developing a culture within the organisation, but support the overall vision and purpose of an organisation. It's about ensuring that helping people to understand where they fit in relation to that, and giving them the opportunity to perform at their best.

Researcher: Okay that's great, thank you.

15. To quantify your response to the last question, engage how current NHS leaders measure up, how many people out of every ten, in positions of leadership in the NHS meet the criteria that you have given?

Answer: (Laugh) Well obviously that is in my own experience?

Researcher: Yes it is

Answer: I would say then, 60%. Six out of ten.

Researcher: Okay, that's fine.

16. What are the things can constrain leaders in the NHS?

Answer: Well I think there are lots of things. I think there's the top down pressure, and the current distractions in terms of the political agenda, and therefore the strategic health authority, under that type of agenda, can be distracting. I think the day to day operational pressures are very distracting at times, and I think it's hard to keep actually to the level you need to get at, but if you like, it means that it's either more important, but it is very hard to keep that at the forefront of your mind when there is a lot of fire fighting, etc., that goes on. I think the political stuff is a big issue, I think the number of targets and boxes that have to be ticked are not helpful in terms of leadership and being able to paint a clear picture, for the people who you are trying to lead.

Researcher: Okay, that is a very helpful answer.

17. Do you think that the criteria for what makes a good leader in NHS organisations has changed in recent years?

Answer: Yes

Researcher: In what way, can you explain your answer?

Answer: I think there is an expectation of a much greater commercial awareness. I think the accountability and responsibility of leaders is more defined in terms and your role on the Board etc. I think that is much, much better than it has been before, than it has done previously. A general more sense of a commercially minded, if you like organisation, I think is driving, refining that role a bit more overall.

Researcher: Okay thank that is a helpful response. This next question relates to you *name* and leadership.

18. Have you undertaken any specific leadership development activity in your career?

Answer: Yes, I've done quite a lot actually.

19. Okay I am going to read out some categories, and can you tell me which ones apply to the things you've done.

- a) things local to your hospital
- b) things that are specific to a profession
- c) regional, SHA type events.
- d) National, DH things
- e) things that you, yourself, have done off of your own back
- f) Others

Answer: All bar local. I have been involved in something in all of those areas, except anything locally within this organisation.

Researcher: Okay, so in terms of things 'other' than the categories I have read out, what types of other things might you have done, if the 'other' category applied?

Answer: I did early on in my career, one of the most noticeable one for me, is an externally run - but by a charity – a very action leadership focussed 5-day type course and that was really good.

Researcher: Was that when you were working in the health service?

Answer: It was in the health service, it was very early on in my career, and I was very lucky to go on it, but it was quite a long time ago. From a personal leadership perspective, it was one of the most provoking I think, and greatest learning type courses that I have been on.

Researcher: Very good, thank you.

20. Are you aware of any theoretical models that explain or suggests what constitutes effective leadership?

Answer: Well, I have done some stuff when I done my MBA and things like that, leadership was a feature I think in some of those things, and obviously on courses that I have been through, but I couldn't pull off, off the top of my head a model without going to have a look at it.

Researcher: Okay that is a perfectly adequate answer.

21. Honestly, can you tell me if you have heard of the leadership qualities framework?

Answer: Yes

Researcher: You have?

Answer: Yes I have, but I don't know what's in it. But I recognise that name.

Researcher: You recognise the name?

Answer: Yes.

Researcher : As you recognise the name, I am going to ask you some supplementary questions.

22. Have you ever used it to develop yourself?

Answer: No

Researcher: Have you ever used it to aide the development of others?

Answer: Well I think it's because I have got one of my team who is on the aspiring Directors course, and I think that it is the aspiring Directors course that uses the leadership qualities framework. That's why I think it rings a bell in my mind. I have used it with them as part of their participation in that course.

Researcher: Okay, that's 'indirect use', that would be the way to describe it, would it?

Answer: Yes

Researcher: Do you use it?

Answer: No, I haven't.

23. When we think of NHS organisations generally, not necessarily the one you are currently working for, which stakeholder groups hold the most influence?

Answer: Medical Staff, either internal or external, so I think Consultants and GPs.

Researcher: Okay, thank you, those were brilliant answers. This is now the end of the interview, thank you.

Appendix XV

Research interview transcript (9M3)

Research interview with Participant 9M3

Researcher: Thank you very much for agreeing to participate, I am very grateful for that. The first set of questions *name* are about you and they enable me to compare the responses of participants.

1. Observed : Male

2. The first thing I want you to do, is confirm your age. Are you
 - a) under 30 years
 - b) 30 to 39 years
 - c) 40 to 49 years
 - d) 50 to 59 years
 - e) Or, over 60

Answer: 40 to 49 years

3. You are working at the organisation as part of the management team. Can you confirm whether you are:
 - a) An Executive Director
 - b) A Clinical Director
 - c) Or a General Manager

Answer: Clinical Director

4. In terms of the organisation you are currently working for, can you confirm to me how long you have worked there?

Answer (interrupted): I have worked here for 8 years.

Researcher: 8 years, good, one of the categories I had got is 5 to 9 years, so I will put you in that category.

Answer: Okay

5. In terms of your NHS service in totality, in terms of 'years served', I have got a number of categories above 5 to 9 years:

- a) 10 to 14 years
- b) 15 to 19 years
- c) Or over 20 years

Answer: Over 20 years

Researcher: Over 20 years in the NHS?

Answer: Yes

6. Have you always worked for the NHS, or have you worked for non NHS organisations at any point?

Answer: No, I have always worked for the NHS.

Researcher: Okay thank you. I am onto section two now, so this is about NHS hospitals *name*.

7. *Excluded question – not applicable due to previous response*

8. During your time in the NHS, has the level of collaboration between NHS hospitals changed?

Answer: Yes (pause)

Answer: It has.

Researcher: So, do you believe that they are less collaborative, or more collaborative?

Answer: Right well, initially when market forces were introduced to the NHS, it was an artificial market in a way, and there was a plan (and I was in training at that time) to merge hospitals, to make one acute site and another one an elective site. A hot one and a cold one, that's what the expression was at that time and I was at Guy's & St. Thomas' at that time, so St. Thomas' was made the hot site, for all of the emergency intake, including obstetrics, and Guy hospital was made relatively the cold site. Now although in practice it made sense to merge the organisation as it was, I don't think mergers always go to plan and there was a lot of stuff that was very high quality stuff being done at Guy's hospital, because you had all the intensive care and all the other facilities down the road, and it didn't work very well in practice. We then had to sort of do a lot of damage limitation, which was in a sense replicating what was there before, so collaboration between the hospitals, ends always in an us and them divide, although we talk about networking, the way the hospitals have now developed because Foundation Trust's have to live on their own, on their own means, to do their own funding, what incentive is there for the leader of the Foundation Trust to look at population in a region in a whole, because they are only looking at their own finances and their own quality of clinical care. The two things in my opinion that are important, clinical quality and financial balance, which is the right thing to do? Obviously I do not see any incentive for the Board of Foundation Trust to look at the wider issues of health care.

Researcher: So, to be clear, in essence you think there's less collaboration now?

Answer: Well there aren't the incentives built into the system to avoid that.

Researcher: Okay, I understand.

9. So in terms, I guess related to collaboration, do you think there's competition between NHS hospitals?

Answer: Well, yes, the idea to promote quality was to develop competition and this was always done in an artificial way. You either got full competition of an open market, which wasn't the case. The way that things work in an open market, is where everybody is competing, and then they try to do the best. It's the game theory. Everybody is trying to sort of be a winner, and at the expense of others. I think what we need is more of an incentive equilibrium where the winners are the patients, rather than the individual costs. I think the emphasis has been slightly wrong, and I think that the Americans are now coming into this as well, because they have completely open market forces, and Obama's health care plan is going in today, I think?

Researcher: Yes, I think the vote is today.

Answer: Yes

10. Okay, so I guess that if we were to accept that there was some sort of competition, what sort of things to you indicate that there is competition between hospitals?

Answer: Well, I think that competition it's against the very ethos, the way the National Health Service has been developing. I am not trying to say that I am all for one system and all for the other system. The National Health Service is unfortunately a command economy kind of institution and so it has sort of, decisions to make, higher up than what are followed, which is the way a command economy works. It's not the way, I mean if you look at the Board, I was speaking to a gentleman who sits on the Board of Anglian Water and he was saying that the NHS Boards are actually quite defunct, so in a sense they do not have to make decisions which are in the interest necessarily of the shareholders. I think it's always a bit difficult to decide, I mean I would say all equity investors are all patients. That's the way that I would describe it, and if that is so, then things should be done more for the patient, rather than for trying to improve one site and trying to compete to develop the competition between that and another site. We should have reasonable planning and then ensure that care is provided to all the population without any health inequalities. We are now aware of health inequalities between different regional groups for a number of reasons.

11. Hmm, moving on then, so I guess leading from that question, if the command element of the NHS were to increase the level of competition between organisations, do you think that could improve quality for patients?

Answer: I said that NHS ethos is the command economy, but that's not the way markets work. Markets work in a completely different fashion and that is a different type of economy, so you can't have a structure which is based under a command economy, and then develop market with an artificial competition.

Researcher: So your view, in essence, is no, because it's not possible under that system to have a proper market?

Answer: Yes

12. So I guess if I were to ask you whether increased competition would improve financial efficiency, I assume you would say the same?

Answer: I mean, how would it improve financial efficiency? Taking the example of my own organisation. We have a treatment centre. Taking, I'm sure at the time the decision was made that the population demographics were taken into account quite comprehensively, and the treatment centre was built. This was obviously a strategic decision to build this treatment centre. Now does it make any sense that other hospitals, which obviously have to look at all budget and their own quality, they are also building the same treatment centres. All referrals dried up during the time that the treatment centre was built, which started in October 2005. So, there wasn't a regional planning over here, it was in effect a number of different hospitals building their own treatment centres, so its going to be over capacitated.

Researcher: So, you are suggesting really, that it drives inefficiency aren't you?

Answer: I think it is actually investment of inefficiency, because it is right now we need the resources spent on improving quality for the patient. Remember, the quality of health care is always going to be an issue, in a sense that there is no limit to the investment that you can make in this. There is always, you can say for instance, because they can afford it, they say every woman 50 or above can have free MRI scan, and they can afford to do it. So what happens if they got 2% extra tumours when they are just growing, so obviously the results, when those tumours are operated on much earlier on, the results having to be better. Now, in order to gain that sort of extra bit of health gain they can afford to make such a large investment. We have problems in all regions providing MRI scans for standard procedures, for which the images have been actively planned / purchased a million scans or something from the private organisations. So it is done a fashion, that is has not actually improved efficiency because either those private scans are lying empty because they were contracted out to do so many scans in a certain period of time, so the judge was made whether or not you had the scan or not. From the private sector this makes sense, because that's the way they would contract it out, but it wasn't of benefit to the individual patient that we have.

Researcher: I guess reflecting on what you have said about the US, it's only those people with that level of insurance that would have got the MRI scan, whereas in this country we are looking at a health service that is open to all?

Answer: Yes, this is an absolute part of the states, and there are other health deprived areas in the states as well, so the United States has great health inequality. We are much better at accessing quality care in the UK, but we do have this tendency of developing health inequality too.

13. So, you may have heard the term 'market creation' in recent commissioning and NHS documents – if the level of competition in the NHS between hospitals were to be increased in future, would you be comfortable with that ?

Answer: Well, yes and no. You need to go the whole way and either have it, or not.

Researcher: Okay, my next set of questions *name* - final set - relate to leadership.

14. Can you describe to me, in your view, what constitutes the purpose of leadership - what are leaders supposed to do?

Answer: I think the leaders should understand the organisation very, very clearly. So they should be aware of each little cog wheel that works in the organisation. So that the people who are sitting on the Board are actually aware of what a Radiologist is doing, or for that matter what a pre-operative assessment nurse is doing. What is her importance in the scheme of things? So, it does require quite a depth of knowledge of how clinical systems work, so that they can make the important decisions, taking all of these issues into account, and the Board obviously has to attain financial balance at the end of the year, but it needs to in an educated way, taking into account where, for instance, what's happened in staff rate, where in order to get financial balance, they had a receptionist dealing with patients, answering back to patients, and given them clinical advice. This kind of thing is not on, and obviously the CQC then reprimanded them for that, and this was with a Foundation Trust.

Researcher: Okay, that's good, thank you.

15. In response to your last answer, trying to engage current NHS leaders measure up, how many people out of every ten in positions of leadership in the NHS meet the criteria that you have just gave. How many of them are up to that standard?

Answer: Well, I think the clinical directors don't sit on the Board, the only medical person from us is the Medical Director, whereas the other people sitting on the Board are the Finance Director, the Chief Exec, the Non Executives. I can't comment on the Board, but the Board does make the decisions which impact on patient care and on the employees as well, and how care is delivered so this question is, as a clinical director, I only give my feedback when I am invited to a performance meeting, and I sort of give it from a clinical perspective, but clinical directors are not involved in any actual decision making as such. I cannot answer.

16. So what things do you think constrain leaders in the NHS?

Answer: Well, for instance, there are very good ideas that can come from almost any part of the NHS, but because there is this sort of divide

between clinicians as it were, and the management, it results in very good plans when they implement it, not bearing the fruit.

Researcher: Okay, that's quite a constraint.

17. Do you think the criteria for what makes a good leader in the health service has changed in recent years, or do you think it's pretty much been constant?

Answer: I think that leadership is a very broad term, it requires most of the Doctors, the clinicians themselves think that they are needed, and in fact the reason why they probably tend to do so, is that they always talk, sort of jump through the hoops, as it were, and the hoops become more and more difficult. This is right for your education, you have to be the top person to get into Medical School, and so it is a competitive process. I mean some of the medical schools have now dropped the lower 10% off every year, so for instance in London it is a very competitive process and it is a very difficult and long laborious process to get to your qualifications. Having said that there were, and certainly in the national health service and in Medical schools, the leadership skills were never really sort of it, they were just too young to be leaders, but they are very good decision makers in the clinical sense, and not given enough training as such to make decisions where you have to prioritise limited resources for the best outcomes for the population.

Researcher: Okay that is interesting because you have led quite nicely into my next question *name*, which relates to your good self.

18. Have you undertaken any specific leadership development and activities during your career?

Answer: I was very enthusiastic about one of the things that I have found out the first time after becoming a clinical director, was I could not make head or tail of financial statements, balance sheets or any statement of any sort. I was put in charge of cost code without any training as to what it was all about. So, the importance of learning that was, I needed more training at a financial level.

Researcher: Did you get it?

Answer: I never got any proper financial training, just 1 hour, development programme with one of the accountants and that was not enough, and then there were occasionally there was when the new budgetary programme here, they had some e-training, but there wasn't any proper comprehensive training for finance ever, as such. Then there was the clinical leadership programme, but eventually I found that there was some other names there, although it had been suggested in my PRDP, when I had my appraisal, and my name had been put forward. So I decided to take this into my own hand, and I am now doing an MBA in Cambridge.

19. Excellent, that is something that you have initiated yourself, or have you also done local organisational, SHA or DH things ?

Answer: Yes, myself, because one of those things in clinical terms as well, you don't take things lying down, if things are not done in your way, you are proactive and go do it yourself.

Researcher: Interesting, thank you.

20. My next question, maybe you have an advantage then, are you aware of any theoretical models that suggest or explain what effective leadership is?

Answer: Yes we have got many things. I have done new things in leadership as well. The leadership 5 disciplines, about learning organisations, how leaders work. There are certain qualities of leadership which are essential, which I must say I learn by trial and error, how to manage colleagues, how to work with, not just the difficult colleagues, but otherwise normal colleagues, and certainly for a particular reason then go off the rails. It does happen because these are complex organisations you are dealing with very technically qualified people who obviously for that reason have their own vengeance and their own said message. At the same time you have so many diverse targets and for service provision during my time, first we were told that the workload was going to get less, and then widely it's actually the clinical capacity to do that. In effect it actually increased, and then the 18 week target became on top of that, so that dramatically increased the whole amount of work, but we managed. The fact of the matter was that these were disjointed, because it wasn't communicated, we were all left in limbo about it, it was never communicated. Decisions were made far removed and we were just told to go ahead and do it, which we did to the best of our ability, but I think poor communication right up and down vertically as well as horizontally.

21. Hmm, could you tell me whether you have heard of the leadership qualities framework before?

Answer: Is it the NHS as such?

Researcher: You may not have heard of it, in which case the answer's no. It's a question that I am asking of everyone, have you heard of it?

Answer: I've heard of leadership programmes, but not the leadership qualities framework specifically.

Researcher: Okay that's fine. You will be pleased to know that this is the last question next.

22. *Excluded question – not applicable due to previous response*

23. When we think of organisations generally, not necessarily the one you are currently working for in the NHS, which stakeholder groups hold the most influence, who calls the shots?

Answer: It should be the patient, that is what it should be.

Researcher: Should be, but who is it?

Answer: We are now led to believe that it's the SHA, certainly in decisions that are made, especially in our case because we are non Foundation Trust, we are sort of micro managed by the SHA. Whereas the Foundation Trust are obviously monitored by Monitor, so it is a different system, so certainly in our organisation I'd say that the SHA has a huge responsibility and at times speaking to some of the people from the SHA and the PCT and the Commissioners, I am surprised that they are disconnected with what I think should be the shareholders, which is the population, your public.

Researcher: Okay that is a very helpful answer. *Name*, that's the end of the interview, thank you very much for taking part.

Appendix XVI

Research interview transcript (11M5)

Research interview with Participant 11M5

Researcher: Thank you for agreeing to this interview. As I say, the first few questions are about you, and hopefully it will be relatively easy.

1. Observed : Male

2. OK, in terms of your age, I have got some categories and I need you to choose which you fall into
 - a) under 30 years
 - b) 30 to 39 years
 - c) 40 to 49 years
 - d) 50 to 59 years

Answer (interrupted): 50 to 59

3. Part of the reason, as I explained that you have been selected, is because you are part of the Executive operational group at your hospital. I need you to confirm your status at the organisation. Are you an Executive Director, a Clinical Director or a General Manager

Answer: Clinical Director

4. In terms of your length of service at the hospital that you currently work at, again I have got some criteria, if you could tell me which one applies
 - a) Under 2 years
 - b) 2 to 4 years
 - c) 5 to 9 years
 - d) 10 to 14 years

Answer (interrupted): 5 – 9 years, just under 10 actually

5. In terms of your total length of service within the National Health Service, including your current employer, how many 'years served' have you done ? Again, I have got categories and clearly they are going to be above 5 – 9 years
 - a) 10 to 14 years
 - b) 15 to 19 years
 - c) Over 20 years

Answer: Over 20 years

6. Have you always worked for the National Health Service *name*, or have you worked for any other non NHS organisations at some point?

Answer: All NHS

Researcher : The next set of questions relate to NHS hospitals, and as you have worked for the NHS for some time, I feel you are well placed to give me a response.

7. *Excluded question – not applicable due to previous response*

8. During your time in the National Health Service, has the level of collaboration between NHS hospitals changed?

Answer: Yes

Researcher : I have two categories here. Do you think then that they are less collaborative or more collaborative?

Answer: Less

Researcher: Why do you think that is?

Answer: The element of competition, market forces, which has been opened in the NHS.

9. That leads into my next question, which was do you think there's open competition between NHS hospitals?

Answer: Yes I do feel that there is.

10. To you then *name*, what are the key things that would indicate that competition exists ? So, what things do you see in the National Health Service that leads you to that conclusion?

Answer: The inequality in treating various tasks. For example, our Trust was not allowed to apply for Foundation status, whilst the rest of the region's Trusts was allowed to. We had a discrepancy already in offering us to be able to compete appropriately on the same ground with other Trusts. Being not a Foundation Trust, we have different standards. Also, we have been paid different tariffs, as you know before, than other Trusts. So it is really about how the PCTs deal with the various Trusts and will they pay the Trust ? As I said, it is the ability to be a Foundation Trust or otherwise. So we are competing in the sense that we are a smaller Trust in the region and we feel therefore, the competition is because of the need for work, the need for money and therefore this Trust is trying to take the specialities they require and to promote within the Trust. The commissioning therefore varies from the PCTs to what do they want from each Trust

Researcher: Okay I understand.

11. More of a theoretical question *name*. Do you think that increased competition between hospitals will improve quality for patients?

Answer: It may, if it is on equal level. That is a level of competition, all equal, doing similar jobs, competing for the same end result, which is patient quality of care. Then, yes!

Researcher: So you are saying the metrics for measuring quality should be patient care ?

Answer: Quality and outcomes.

Researcher: Outcomes, important.

12. Do you think increased competition between hospitals would improve financial efficiency overall for the NHS?

Answer: That is a difficult question. In competition we have an issue, it may or may not. If you are competing you may spend all the money to be able to divert someone to the trust unnecessarily. On the other hand, you are trying to provide a clinical outcome of patient which is above national level, or above national average, or as high as possible in the way of outcomes, compare to best practices etc. But to have best practice, you have to pay to acquire for example equipment, support for certain activities and therefore, at that length it stems to requiring some money. Therefore the difference to us, at different levels this year, causes a problem in competition.

Researcher : So you are suggesting that at the outset, when competition came into place, the playing field wasn't level ?

Answer: Yes, but if it was all equal, I would suggest that yes, competition is always a healthy thing.

13. In relation to market creation, a term you might have heard about in recent commissioning policy. Should the level of competition between hospitals increase further still, would you be comfortable with that?

Answer: I am happy with competition, just because competition is clear and transparent. If Trusts are competing, they are competing to achieve what ? One needs to know the competition is fair. For example all I am trying to say, if you have a set of allotted money to you, whether you do well or not, then you are competing with others, not going to intrude on your work in the sense of income or attracting more work into your Trust. So what I am trying to say, again, is the competing Trust faces competition that is harsh in this era of difficulties with the economy. The more you compete, the more you need some money to support what you are trying to achieve. I think money has a great influence in what you can do, unfortunately in this day, whereas technology has advanced tremendously. I mean, I am surgically minded, as you know, as technology has a great element in the work that we do. So in these respects you need some support there. In the generality of care of patients in the Trust, medically or otherwise, the type of patients that you can care for in the Trust again varies by coronary artery disease, could you manage them in such a Trust or

should they go to another Trust. You see, the speciality comes in now - am I going to compete about it ? I am not going to compete, for example for acute MI that need immediate angiograms, because we do not have the facility or the space. I can compete, but I am not given the support to do so. We have an agreed facility here and people interested in looking after those patients. For example, and therefore would I want to compete, I would say yes, but you need, you know, financial support.

Researcher: I guess to meet all the new standards, as you said before, that requires investment.

Answer: Yes

Researcher: Okay, the final set of questions relate to leadership.

14. Can you describe to me in your view what constitutes the purpose of leadership, so, what are leaders supposed to do ?

Answer: In my mind, leaders are mainly facilitators and people who should, try and find in various aspects of the workplace - the Trust in my case - to find leaders in various aspects of patient care. To support them, to be able to facilitate the work with colleagues within their departments for part of the work they do. They will try to find people who have the ability to motivate and get those people to work along the line that will support, basically, the Trust's objectives and the department's objectives.

Researcher: Okay, that's great.

15. So to quantify your response to my last question, engage how current NHS leaders measure up, how many people out of every ten in positions of leadership in the NHS meet the criteria you have just given ?

Answer: It will be a questimate?

Researcher: It will, your view

Answer: I would say 3 out of 10.

16. What are the things to your mind that constrain leaders in the NHS ?

Answer: The main constraints. Number 1 is if any of the leadership is centred either on the clinical lines, or the general line in any of the work place. What constraints mainly is the people within the group you are trying to lead, who are difficult to change their mindset. In a way that they have been accustomed to doing things in a certain way, because move to change and also the way they think or do things that they have done for a long time. So it's about changing they way one works, to be able to be creative and motivate in the way that things are run, or done. I think these are the main things really that constraints leaders and also, if you have opposing interest between leaders on

the clinical ground and leaders on the management side - if there is a conflict of interest, for example, the Trust view of certain aspects of care, going on a certain line, and leaders feel that they should go the other way. So this constrains the way this leader would want to work and we have to reach quite basically middle ground between leaders who are opposing ideas. Of course if you have lack of staff, members of staff, quality, ability to recruit and retain people. If you have difficulties within your department, or within your Trust.

Researcher: So workforce constraints ?

Answer: Yes workforce indeed.

Researcher: Okay

Answer: And of course economy.

17. *Name*, do you think that the criteria for what makes a good leader in NHS organisations has changed in recent years?

Answer: That is a difficult one for me. It use to be before, it use to be certain thing really, in my good old days. You knew who was the boss, the one who shouts more. Leadership has changed, I think. It has become more organised and more focused, whilst before, as I said, I think it used to be whoever shouts loudest leads and gets his, or her own way.

Researcher: Are you talking about the clinical fraternity?

Answer: Clinical in part, yes that's right.

Researcher: Okay, I understand.

18. Question about you, have you undertaken any specific leadership development activities during your career?

Answer: I have attended courses basically.

19. Okay, were they local to your hospital or were they specific to your profession ?

Answer: Generally, specific to me, it was some time ago University, about basically leadership skills.

Researcher: Was that something that you instigated *name* ?

Answer: It was advertised and I applied, before becoming a Consultant.

Researcher: Okay, I understand.

20. Are you aware of any theoretical models that explain or suggests what constitutes effective leadership?

Answer: I have prepared myself fully about that, but I have I think vaguely talked about that. But I have not yet looked into that, I am not aware of that at the moment.

Researcher: Okay, right we are nearly there.

21. Honestly can you tell me whether you have heard of the leadership qualities framework before?

Answer: I have had heard of that term, yes.

Researcher: Okay, because you have heard of it, I have a number of supplementary questions.

22. Have you ever used that framework to develop yourself ?

Answer: Not yet. I have acquired a leading medical post now, only a couple of weeks ago, and I am looking at these matters really now. So I am looking for such a course for development activity, or along these lines.

Researcher: Okay I understand. So you won't have used it to aide the development of others as you haven't yet used it?

Answer: No

Researcher: Okay

23. Last question. When we think of NHS organisations generally, not necessarily the one you currently work for, which stakeholder groups, which groups hold the most influence. To clarify, who calls the shots and sets the directions?

Answer: Health Authority essentially.

Researcher: You think the SHA?

Answer: Yes

Researcher: Okay, thank you *name*, that is the last question.

Appendix XVII

Research interview transcript (12M6)

Research interview with Participant 12M6

Researcher: Thank you for agreeing to participate. There are 21 questions, 6 of which should be reasonably easy, because they are about your good self.

1. Observed : Male

2. The first question is about your age. Would you be:
 - a) between 40 and 49
 - b) 50 and 59

Answer (interrupted): 50 and 59

Researcher: The reason you have been selected as part of this research, because you are part of the management team at your organisation.

3. I just want you to confirm, are you
 - a) an Executive Director
 - b) a Clinical Director
 - c) a General Manager

Answer: A Clinical Director

4. In terms of your length of service at your hospital *name*, would that be:
 - a) under 2 years
 - b) 2 to 4 years
 - c) 5 to 9 years
 - d) 10 to 14 years
 - e) or over 15 years

Answer: Over 15 years

5. In terms of your total length of service with the NHS, so that's all previous NHS employers, would that be:
 - a) 15 to 19 years
 - b) Above 20 years

Answer: Above 20 years

- 6: Have you always worked in the National Health Service *name*, or have you worked for any non NHS organisations at any point?

Answer: Always in the National Health service *name*.

7. *Excluded question – not applicable due to previous response*

8. The next set of questions relate to NHS hospitals and your views of them, so during your time in the NHS, has the level of collaboration between NHS hospitals changed?

Answer: It is very difficult to say, probably a bit less, but I think what you get is all the organisations appear to be in competition and the actual professionals probably still collaborate.

Researcher: Okay that is a very interesting answer. Thank you

9. In terms of that *name*, do you think that there is competition between NHS hospitals?

Answer: I think there is, and there is competition. It's probably more competition managerially to get contracts, that type of thing, and there is between professionals. So there is competition between professionals, and there is always 'us and them' between the teaching hospitals and the DGH's.

Researcher: Okay I understand.

10. So I guess in terms of the key things that indicate competition does exist between NHS hospitals, what recently then, are the indicators to you that that's the case.

Answer: I think things people say formally and informally also to some extent what comes out from the Government. I mean league tables, Dr. Foster mortality and Dr. Foster data, and all of that type of thing. They try to engender competition.

Researcher: Okay that's good.

11. Do you think that increased competition between hospitals will improve quality for patients?

Answer: No – I think to be honest that increased competition is a lemon, if you are going to have competition you have got to have spare capacity haven't you. But firstly the area I deal in, which is Emergency, has no choice - the ambulances are going to take you to the nearest hospital. If you share the statistics, saying your local hospital is dire compared to the others that is completely unhelpful. You haven't got any choice about where you go, and it's just going to increase anxieties to the local population.

Researcher: So you don't think that would influence the ambulance drivers, because they tend to go on nearest journey times ?

Answer: Probably not, as they have got their journey time targets.

Researcher: What about the planned work?

Answer: I think that there is an awful lot in Elective, and an awful lot of effort, you may to win contracts etc., which I think is fairly phoney, for the reasons that I have said, there is so little spare capacity in the NHS and to be honest I think the competition in the independent treatment centres help us increase concern about quality. I am not so sure that I think it was the targets, rather than the competition that drove down the waiting list.

12. So do you think that increased competition would improve the financial efficiency of the NHS overall?

Answer: No !

Researcher: Would that be related to needing to resource the capacity you are eluded to?

Answer: Yes, you have got to have spare capacity to generate competition. I mean in a sense the building of our treatment centre was an absolute classic example to generate the spare capacity we couldn't afford, so we were bankrupt.

13. In terms of market creation, a term that you might of heard about in recent commissioning policy, which you have already referred to, should the level of competition between hospitals increase further, would you be comfortable with that?

Answer: No

Researcher: Why would that be?

Answer: Well in the area that I deal with, which is the area of Emergency, no I think it is irrelevant.

Researcher: Okay, the next set of questions, not too many more, relate to leadership *name*.

14. Can you describe to me in your view what constitutes the purpose of leadership, what are leaders supposed to do?

Answer: I think there are two things, to establish direction the group or organisation they are leading is going in and having established the direction, make sure everybody is signed up. I think that is a really crucial thing.

Researcher: Okay that is very helpful.

15. To quantify your response to the last question, to engage how current NHS leaders measure up, how many people out of every ten in positions of

leadership in the NHS that you have come across meet the criteria that you have just given.

Answer: Well I think I can't really, I mean I think it is an impossible job, because I think the problem is that, I have got to say the direction, and the direction is dictated by the Secretary of State and the Prime Minister wanting to avoid grief at Prime Ministers question time in the House of Commons and grief in the tabloid headlines. So you can't possibly go in one direction if that is what you are trying to do. Because, you are always going to be off course.

Researcher: Interesting – I guess that this now leads into my next question.

16. What are the things in your view that constrain leaders in the NHS.

Answer: Well where would you like me to start ? I have talked about those two, then there are constraints on finance. You have got constraints on workforce – you have got a lot of professionals, which are often impossible to hire and they are even harder to fire. Up till very recently you had big constraints on sort of property on facilities, and those got worse with the PFI. You can build what you want, but in fact that wasn't a complete solution because now you have got them, you are stuck to them and you can't change them.

17. Okay, so do you think that the criteria of what makes a good leader in the NHS has changed in recent years?

Answer: I think it has got significantly harder and I think the other thing is that I think that leadership has changed. For example, the leaders work dominantly to Lead Consultants...you know in the sort of 1950's and 60's and now pretty much, particularly since the Griffiths report in the late 80's, the leadership was apparently administered by the Chief Executive, but the Chief Executive's hands are totally tied. I mean, I think in this organisation at the moment we've had a 12 hour breach and the Chief Executive will be fired, well that is absolutely ridiculous. What control has he got, as to whether there is a 12 hour bridge or not ?

Researcher: Quite. Okay, moving on to slightly different questions, similar subject *name*.

18. In terms of you, have you undertaken any specific leadership development activities during your career?

Answer: Yes – I went on one management course in 1986 at Manchester Business school. I was the only person in the history of the course to double the surgical waiting list !

Researcher : Okay ! In a way that answers my next question, so...

19. *Excluded question – not applicable due to previous response*

20. Are you aware *name* of any theoretical models that might explain or suggest what constitutes effective leadership?

Answer: Not specifically.

21. Could you then tell me if you have ever heard of a document called the leadership qualities framework?

Answer: No

22. *Excluded question – not applicable due to previous response*

23. This brings me to my last question *name*. When we think of NHS organisations generally, not necessarily the one you work for, which stakeholder groups currently hold the most influence?

Answer: That is very interesting. The Providers will always run rings around commissioners, always. Within the Providers, the consultants will always run rings around everybody else. Everybody will protest to the contrary and Acute Trusts, compared to the PCT have always got much more clout than the community provider Trust. As a general rule the teaching hospitals, particularly in the big cities, particularly London weald the most clout, but some of the big provincial cities have got a lot of clout as well.

Researcher: Okay, well that brings us to the end of the interview *name*. Thank you very much for participating.

Appendix XVIII

Research interview transcript (16G4)

Research interview with Participant 16G4

Researcher : The first 5 questions are reasonably easy I hope, as they are about you.

1. Observed : Male

2. So, I need you to confirm your age. I have a number of categories for you to choose from and tell me which one you fit into. They are...
 - a) 30 to under 30
 - b) 30 to 39
 - c) 40 to 49
 - d) 50 to 59

Answer (interrupted): 30 to 39

3. Are you an Executive Director, a Clinical Director or a General Manager, what would you class yourself as being ?

Answer: Probably General Manager is the best description.

4. How long have you currently worked at the hospital you're working in now ? Again, I've a number of categories and they are...
 - a) under 2 years
 - b) 2 to 4 years
 - c) 5 to 9
 - d) longer

Answer: 2 to 4 years

5. In relation to your total length of service, within the NHS, can you tell me what that is ?...
 - a) under 5 years
 - b) 5 to 9 years
 - c) 10 to 14 years
 - d) 15 to 19 years
 - e) over 20 years

Answer: 5 to 9 years

6. Have you always worked in the NHS, or have you worked for non-NHS organisations in the past?

Answer: No, I've always worked for the NHS

Okay we are now on to the next set of questions, which relate to NHS hospitals.

7. *Excluded question – not applicable due to previous response*

8. So during your time in the NHS, has the level of collaboration between NHS hospitals changed ?

Answer: Between hospitals, I would say it is probably less collaborative.

9. Do you think that there is competition between NHS hospitals then ?

Answer: Yes

10. So to you, what sort of things then indicate that competition exists between hospitals ?

Answer: I think that there is a much stronger a presence of marketing, which is aimed at getting extra referrals. Locally, I think that is the biggest one. I think providers managing their GP relationships much more, again indicates competition and I think the whole tender processes, which the PCTs are promoting is increasing competition even more.

11. Do you think that increased competition between hospitals will improve quality for patients ?

Answer: If the tariff is maintained, yes. If they remove the tariff, then I think quality will go, and competition will be on the basis of price.

12. Do you think that increased competition between hospitals will increase the overall financial efficiency of the NHS ?

Answer: Yes

13. In relation to a term called 'Market Creation', which is a term you might have heard about in recent commissioning policy, should the level of competition between hospitals increase further still from where it is currently is, would you be uncomfortable with that ?

Answer: No, I don't think that it should, because I think that it is getting to the point where it's affecting the ability of hospitals to deliver services. Competition means that you are losing vital components of services now, as they are going up and down. Most hospital services are integrated - you pull out one core service and it affects a whole range of others. I think that it is actually affecting the way hospitals are able to operate.

Thanks for that, the next set of questions, of which there aren't many, are mostly about leadership.

14. Can you describe to me, in your view, what the purpose of leadership is ?
So, what is a leader supposed to do ?

Answer : In the NHS, or generally ?

Researcher: In the NHS

Answer: I think the role of a leader is to horizon scan, to make sure they are aware of everything that's coming their way, to form their organisation appropriately, and it is to steer their organisation through that process, so to manage the people, to identify the key priorities, and to manage the business of the organisation to deliver those priorities.

15. So, to quantify your response to the last question, and gauge how current NHS leaders measure up, how many people out of every 10 in leadership positions in the NHS meet the criteria you have suggested?

Answer: Oh, Oh, Um, I would probably say....no more than 2 or 3.

Researcher: That is interesting, because it sort of leads into the next question.

16. What are the sort of things that constrain leaders in the national health service?

Answer: I think it's from two angles. I think it is very hard to detach yourself from the day to day operational work and actually lead effectively. You get bogged down and lose the bigger picture and that is important, because I think in terms of the SHA and Monitor and the Department of Health, there is far too much coming out, which actually constrains the ability to lead effectively. A change of policy overnight actually means that a perfectly coherent strategy for a leader gets undermined, you know, by a stroke of a pen. So I think that it's both the top and underneath that constrains people.

17. Do you think the criteria for what makes a good leader in NHS organisations has changed in recent years?

Answer: Yes definitely, I think you need to be a lot more commercially savvy, business minded and ability to take from a business decision, rather than just operational or clinical decisions.

18. *Name*, the next set of questions are about you. Have you ever undertaken any specific leadership development activities during your career ?

Answer: Er, yes I have.

19. Could you tell me if they were local to the hospital, specific to your profession, or whether they were SHA programmes, national programmes, or something you did yourself - or something else?

Answer: Specific to my profession, I have done my professional accountancy qualifications. In terms of the SHA and leadership, I am currently on the Aspiring Directors course, which is the regional programme. Nationally, I was a graduate Financial Management trainee at the start of my career.

20. Are you aware of any theoretical models that explain or suggest what constitutes effective leadership ?

Answer: Yes, a number of them, but I couldn't necessarily name them off of the top of my head, but the models - yes I am !

21. Can you honestly tell me whether you have heard of the 'leadership qualities framework' before ?

Answer: Hmm, no, I haven't.

22. *Excluded question – not applicable due to previous response*

23. When we think of NHS organisations generally, not necessarily the one you currently work for, which stakeholder groups hold the most influence in your view?

Answer: GPs I think. I only think that as they dictate where referrals go, where the activity goes. In reality, I think that they control how the money flows - so they've got the ultimate decision on how or whether the system works.

Researcher: That was the last question *name*, thank you very much for your participation.

Appendix XIX

Research interview transcript (17G5)

Research interview with Participant 17G5

Researcher: *Name*, thank you very much for agreeing to participate. The first questions relate to you.

1. Observed : Female

2. The first relates to your age, and I have got some categories and I need you to tell me which category you fit in to:
 - a) under 30
 - b) 30 to 39
 - c) 40 to 49
 - d) 50 to 59
 - e) or over 60

Answer: I'm 60, so I am over 60.

3. You are part of the management team at *hospital*, so could you confirm to me that you are either an Executive Director, a Clinical Director, or a General Manager?

Answer: I am an Associate Director, which means I am one below an Executive Director, so in effect, you could say I am a General Manager.

4. How long have you worked at *hospital*, and again I have got some categories:
 - a) under 2 years
 - b) 2 to 4 years
 - c) 5 to 9 years
 - d) 10 to 14 years
 - e) or over 15 years

Answer: Over 15 years

5. In terms of your total length of service within the national health service, so all previous employers included, is that the same, or are there more 'years served'?

Answer: No, I started in 1984 for the NHS.

Researcher: So, that would be over 20 years?

Answer: Yes

6. Have you always worked for the NHS, or have you worked for a non NHS organisation at some point?

Answer: Yes, I have worked for non NHS organisations previously.

7. How would you describe those organisations? Would you describe them as:

- a) a charity
- b) commercial / competitive businesses
- c) non-profit public services
- d) academia / education / training
- e) overseas
- f) or other

Answer: Commercial / competitive, also for the legal profession, but I am not sure where that fits (laugh) ?

Researcher: Legal, that's fine.

8. In your time with the NHS *name*, do you believe that the level of collaboration between NHS hospitals has changed, the choices you have are:

- a) No, it hasn't changed
- b) Yes, it is less collaborative
- c) Yes, it is more collaborative

Answer: Except for where we have got joined networks, and where we share clinicians, I think we went through a period of it being much more collaborative, than it is now currently.

Researcher: So, you think it is less collaborative now?

Answer: I do in a way, because in a way I think 18 weeks may have brought some competition.

9. Do you think that there is competition between NHS Hospitals?

Answer: I think in a lot of ways, we learn from each other, and we help one another, but when it comes down to trying to ensure you achieve like an 18 week target, the bigger hospitals might not be so willing. So it's all about flexibility, 18 weeks, and if you only have a specific session to enable to ensure they are fulfilled, they you will always get the sessions that you should and it's more difficult. So I kind of think on one surface there isn't and on another surface there is competition. Sorry if that sounds a bit woolly, but that is what I think it is.

10. To you, what are the key things that indicate where it does exist, that competition is around between NHS hospitals ?

Answer: I think where it does exist, is we all try to learn from one another, so that we don't reinvent things again. So we are doing extremely well with 18 weeks validation, and for example, *other hospital* is struggling and I think they want to learn from us. So I think that the size of the type of the hospital doesn't have any bearing, I think it's what some

people have learned, and performance is good. It may be that we are a very good performer, but we are in a small DGH, but have got things that we could share with others on how they can improve. So I think shared learning is something we have all learnt to do and learn from one another, and not try to reinvent the wheel!

Researcher: So, are you suggesting that perhaps good practice is something people are more likely currently to share, or less likely?

Answer: Yes, I think less so.

11. Do you think increased competition between hospitals will improve quality for patients?

Answer: Not necessarily.

12. Do you think increased competition between hospitals will affect an improved financial efficiency of the NHS overall?

Answer: No

13. In relation to a term 'market creation', which you might have heard about in recent commissioning policy documents, or discussions with commissioners, should the level of competition between hospitals increase further, would you be comfortable with that?

Answer: Yes, I would, but I think it needs to become at some point, but I don't know who will lead it, that actually not all hospitals can cope with everything, and I think that there needs to be a better understanding if we all of us are to achieve. But maybe some hospitals do more general work (DGH work), and others take the bigger work. I think there needs to be a better working together of all hospitals that say, actually should we be doing that particular big surgery case here, wouldn't it be best if we took more of the smaller work, fast through work, and take that away from the bigger hospital. Can you see what I am saying? Actually in doing that, we ought to be more clever about it. I don't worry about competition, I don't at all, because I think if you have got good healthy competition, I hope that it makes Trust's improve their services, but that is if they can afford to.

Researcher: The remaining questions *name*, are predominately around leadership, so we have done questions about you, hospitals, so this is the last bit.

14. Can you describe to me in your view what constitutes the purpose of leadership? So, what are leaders suppose to do?

Answer: They're supposed to give direction. They're suppose to present, I think, at all times, no matter what is going on, quite a positive attitude, because whatever happens in busy environment, is people below you can get very demoralised. Especially in areas where there is a lot of

change going on, so its good direction, good positive outlook, even if it is a negative thing that you are having to provide, but also incredible support.

15. To quantify your response to last question and guage how current NHS leaders measure up, how many people out of every ten in positions of leadership in the NHS, meet the criteria that you have just given?

Answer: Most probably, six.

Researcher: That's interesting, is this might lead on to the next question somewhat.

16. In your view, what are the things that constrain leaders in the national health service?

Answer: Crisis managing, and running around like headless chickens, because we haven't got any beds. Actually the whole of the day gets spent on how we are going to deal with it, instead of doing our job. Also, when you haven't got any beds, the staff that are booking, we are cancelling, and they have got to re-book, and I think that is the most demoralising thing that can happen.

Researcher: Okay, so operational pressures?

Answer: Yes

17. Do you think considering the duration of time that you have worked in the NHS *name*, I would be interested in your views on this one, do you think that the criteria for what makes a good leader in NHS organisations has changed in recent years?

Answer: Yes I do.

Researcher: In what way?

Answer: I think you have to have a much, much more business head on your shoulders. A much more financial business head and be much more accountable.

18. Another question about you, but from a leadership perspective. Have you undertaken any specific leadership development activities during your career?

Answer: I have previously, I haven't of late.

Researcher: What did you do?

Answer: I have done all the personality things and I have undertaken a lot of different management roles since I have worked here, so although I have worked here for 15 years or more, I have managed a high number of different areas in the Trust, so I have kind of undergone

training around managing those areas, more than, I haven't done anything like aspiring directors, etc, etc. Had it not been for my age now, I would have been looking for that, but I wouldn't now.

19. So the development you have done is predominately local to your employer, rather than SHA, DH or something self-initiated?

Answer: Yes. Having said that, I have been on quite a few collaboratives, and I have lead for the Trust for a collaborative, a national collaborative, and also we were an 18 week pilot site here, so I have worked very much directly with the Department of Health.

20. In terms of leadership then, are you aware of any theoretical models that explain or suggest what constitutes effective leadership?

Answer: I have heard of them, and people have quoted them to me, but I haven't personally read them.

21. Honestly, please tell me whether you have heard of the Leadership Qualities Framework before?

Answer: No

22. *Excluded question – not applicable due to previous response*

23. When we think of NHS organisations generally, and not necessarily the one that you are currently working for, which stakeholder groups hold the most influence in your view?

Answer: This is difficult.

Researcher: So, who calls the shots *name*?

Answer: That's why I am thinking. The reason why I am not answering you quickly, is that I am struggling with the answer, and I am struggling to actually know the real answer. The word that comes straight away is the commissioners. I would like to say patients, but I am going to say commissioners.

Researcher: *Name*, thank you very much for taking part. Thank you.

Appendix XX

Research interview transcript (18G6)

Research interview with Participant 18G6

1. Observed : Male

2. In terms of the first question, hopefully this is a reasonable one, I have got some age brackets, and I would like you to tell me which age bracket you fall into?
 - a) under 30
 - b) 30 to 39
 - c) 40 to 49

Answer (interrupted): 40 to 49

3. In relation to your status at your current employer, are you an Executive Director, a Clinical Director or are you an Associate Director / General Manager?

Answer: Associate Director, so General Manager

4. In terms of your length of service *name* with your current employer, how long is that? Is it:
 - a) under 2 years
 - b) 2 to 4 years
 - c) 5 to 9 years
 - d) or more

Answer: 5 to 9 years

5. In terms of your total length of service with the NHS, so that includes your current employer, how many 'years served' have you?

Answer: 19 years

6. Have you always worked for the health service, or have you worked for non-NHS organisation at some point?

Answer: I have yes, non-NHS, I have worked for the private sector.

7. How would you describe the non-NHS organisation:

- a) charitable
- b) commercial, competitive business

Answer (interrupted): Commercial, competitive business.

Researcher: Anything else, no non-profit, academia or anything of that nature ?

Answer: No

8. During your time in the health service *name*, has the level of collaboration between NHS hospitals changed? Do you think that no, it is just as it has always been, or do you think that there has been a change and they are less collaborative, or do you think that they are more collaborative?

Answer: I think it's marginal shift. I think there is a degree of more collaborative working, particularly for this hospital and that's based around joint appointments, but in broad terms though, I would say that there is no improvement around service provision and joint appointments, that I think there has been marginal shift, but otherwise I would say that there has been no shift.

9. Do you think that there is competition between NHS hospitals?

Answer: Yes

10. So you say that competition exists - what sort of things do you feel indicate that NHS hospitals are competing?

Answer: I think particularly that there is more of analysis around capacity, service line reporting, value for money, and I think smart operators, good strategic organisations are beginning to focus on the best performing paying work and the way in which that they deliver that and gear themselves up to try and deliver that realistically within their health economy county wide. I can think about for instance, the ENT business, Head and Neck, and you know that's a point in question at the moment with *competitor hospital*, Head & Neck cancers are no longer being done within this site, and being centred in *competitor hospital*, but the minor procedures are being more focused in our hospital.

11. Do you think *name*, that increased competition between hospitals improves the quality for services for patients?

Answer: No, not always.

Researcher: Can you explain?

Answer: Well, I guess in a sense it depends on what the patient derives on being important to them really, because you might not have the procedure that's done on head & Neck cancer, that basically the outcome is the same as *competitor hospital* as it is here, but actually the support function around research, rehabilitation, physio, might be better structured, but actually for the patient, and for their relatives to travel miles up and down the *road*, the inconvenience for the actual road journey, actually outweigh the benefits that enhance the physio and support and recuperation facilities that the bigger units might have. So that is the type of example that I would have given.

Researcher: So would you describe that as 'access dis-benefits'?

Answer: Yes, I would.

12. Increased competition. Do you think that increased competition between hospitals would improve the financial efficiency of the NHS overall?

Answer: Probably. On the basis of organisations would have to fight to survive financially and therefore it will force people to focus their eyes on actually working in an efficient way, so I think so.

13. In terms of market creation, a term you might have heard about in recent commissioning policy, should the level of competition between hospitals increase further, would you be comfortable with that?

Answer: I think it is difficult really, because I think patient care and service delivery is sometimes actually more than just economical commercial performance, it's about a lot of holistic issues around governance, safety and I am not absolutely convinced that actually focusing on commercial demand would not cause detriment to some of those issues, to be honest with you.

14. Can you describe to me in your view, what constitutes the purpose of leadership, what are leaders supposed to do?

Answer: I think people over complicate the whole leadership agenda, to be honest with you, you know I have studied it myself in terms of various models, and theories, and I think actually in real simple terms, organisation effective leadership is about actually people understanding, a) what is expected of them – b) is how they are meant to deliver what is expected to deliver them – c) the rationale for that, and the mechanism for measuring whether that has been done in a fair way.

15. In relation to your response to my last question, how many people out of every ten in positions of leadership in the NHS fulfil the criteria you have just described?

Answer: Four

16. What are the things currently *name*, in your view, that constrain leaders in the NHS?

Answer: I think volume of work, I think people get very operationally focused, and because of that they become very reactionary, so basically instead of focusing on communication and clarity, which would actually enable to manage some of the pressure that you have got within the system, they are focusing on operational pressure and therefore they are not communicating and are not being clear as a

leader of what they expect from their workforce or their colleagues, so for me it would be workforce pressures / operational pressures.

17. Do you think that the criteria for what makes a good leader in NHS organisations has changed in recent years?

Answer: Yes, I think it probably has. I think there has been a shift. I think the historical focus in the NHS was more holistic around actually the overall delivery service for the patient, and holistically considering the a lot of different factors and I think there has probably been more of a focus recently, particularly with the financial crisis around commercial value for money. So I think the patient experience would have been historically one of the main features and factors within the consideration of leaders in the NHS, whereas I think now the patient experience in terms of productivity and leaning of processes is considered, but actually not as widely as it would have historically given.

18. In relation to you, have you undertaken any specific leadership activity during your career?

Answer: I have, yes.

19. Okay, I have got a couple of categories and you could perhaps tell me which ones might apply to the development that you have done.

- a) things that were local to your hospital or your employer.
- b) things that were specific to your profession
- c) regional programmes, such as those run by the SHA
- d) national or things that you have instigated yourself
- e) other category

Answer: The first three apply

20. Are you aware of any theoretical models that explain or suggest what constitutes effective leadership?

Answer: I am, yes

Researcher: Could you tell me some of those?

Answer: No I couldn't, because I can't remember them, but specifically within my Masters in HRM I did a specific module on leadership and I looked at various different spectrums of thought around the whole subject, so you know I could practically give you some synopsis of different leadership styles, but actually in terms of giving you theoretical names, I would need to go back to my journal. I could do it with my journal, but my memory is not that good.

21. Honestly, can you tell me whether you have heard of the leadership qualities framework before?

Answer: I have yes.

Researcher: You have?

Answer: Yes, I have followed it twice. I have done the LQF 360 appraisal twice.

22. So have you used it to develop yourself?

Answer: I have, yes.

Researcher: Have you used it to aide the development of others?

Answer: No

Researcher: Do you use it in any way now?

Answer: I have through the aspiring directors programme, yes.

Researcher: Is that current?

Answer: I finished that last year, so no, it's not current in that sense.

23. When we think of NHS organisations generally, not necessarily the one you currently work for, which stakeholder groups hold the most influence in your view? So who calls the shots and sets the direction?

Answer: It should be the patient, but I think it is the PCT.

Researcher: *Name*, thank you very much for participating.

Appendix XXI

Example of invitation letter used for multi-site on-line questionnaire

10th Sept 2010
Version Number 3



Darren Leech
Executive Director of Delivery
The Princess Alexandra Hospital NHS Trust
Harlow
Essex, CM20 1QX
Tel 01279 444455 ext 2454
darren.leech@nhs.net

Position
NHS Elect member site

Date

Dear Name,

INVITATION TO PARTICIPATE IN A RESEARCH QUESTIONNAIRE

I am writing to invite you to participate in a research questionnaire. This is related to research I am undertaking at Ashcroft International Business School (ARU), as part of a PhD.

You and your NHS Hospital in England are members of the NHS Elect network. NHS Elect are supportive of this research and have agreed to assist me in accessing senior leaders such as you, as I believe your views will enrich and inform my research.

Testing has shown that the on-line questionnaire will take approximately 10 to 15 minutes to complete.

I have enclosed a "Participant Information Sheet" (dated 10th September 2010, Version Number 3) which provides you with detailed information about the pros and cons of participating in this research. Should you decide that you are interested in participating, when you log onto the website you will be asked to enter your "Research Participant Password".

Your "Research Participant Password" is **INSERT**

Once you have entered this code, you will be asked 5 questions to confirm your consent, including a question that asks you to confirm that you have read and understood the Participant Information Sheet. You will then be asked a series of research questions.

If you have any problems or questions relating to the completion of the questionnaire, or you would like to receive an abstract once the entire research process is complete, please contact me (this offer applies, whether you decide to participate in the research questionnaire or not).

Thank you for considering this request.

Yours faithfully,

Darren Leech

Appendix XXII

Example of participant information sheet used for multi-site on-line questionnaire

10th September 2010
Version Number 3

PARTICIPANT INFORMATION SHEET

Research title : *The effect of marketisation upon leadership in NHS hospitals*

Researcher : Darren Leech
Executive Director of Delivery
c/o The Princess Alexandra Hospital NHS Trust
Harlow
Essex, CM20 1QX
Tel 01279 444455 ext 2454
darren.leech@pah.nhs.uk

You are being invited to participate in the research above. Before you decide whether to participate, it is important to understand why the research is being conducted and what your involvement will be. Please take the time to read this information sheet carefully. Feel free to discuss it with others and to ask the researcher, as detailed above, any questions.

The researcher

Darren Leech, Executive Director of Delivery at The Princess Alexandra Hospital NHS Trust is currently undertaking a PhD at Ashcroft International Business School, which is part of Anglia Ruskin University.

The purpose of the research

The research is focussed on leadership in NHS hospitals and the effects of 'marketisation' (increased levels of competition). The purpose of the research is to generate a better understanding of leadership in an environment of increasing levels of competition.

Why have I been chosen ?

You have been chosen because you are an Executive Director, Clinical Director or a General Manager at an NHS Hospital in England.

Do I have to take part ?

You can decide whether to take part or not. If you decide to take part after reading this information sheet you will be asked to confirm your understanding and agreement to participate. If you initially decide to take part and then decide at any point to withdraw, you are free to do so without giving a reason. A decision not to take part - or to withdraw at any time - will not in any way affect the relationship you might have with the researcher.

Research process and what will happen to me if I participate ?

You will be invited to participate via an email letter (dated 10th Sept 2010), sent to you via the NHS Elect Network. If you consent to participate you will be asked to follow a web-link to an on-line questionnaire. You will be asked to enter your Research Participant Password (as shown in the invitation letter) to access a secure website. Once logged onto the site, it will guide through the questions.

If I decide to participate, how long will it take ?

You can schedule time to complete the research questionnaire at any time, 24 hours a day up until midday on 19th November 2010. Testing has shown that the questionnaire takes approximately 10-15 minutes to complete.

Confidentiality

The researcher guarantees not to breach your confidence or anonymity with regards to any belief, view, attitude or experience you might describe in your response to questions. All data will be maintained by the researcher and will be anonymous in both the final thesis and any associated publications or presentations.

What are the benefits of taking part ?

Firstly, this is an opportunity for you to express your valuable opinion and to share your experiences. Secondly, by participating in this research you will be actively contributing to the development of new knowledge and understanding – particularly in the areas of NHS leadership and the related influence that marketisation might be having upon those currently in practice.

What are the risks of taking part ?

There is a risk that some participants might find responding to questions about their experiences of NHS leadership and the impact that competition might have had on themselves or their colleagues distressing or uncomfortable. The researcher wishes to minimise the potential for discomfort by reassuring participants that they need only disclose information that they are comfortable in doing so and that, if they wish, participants may opt-out or skip research questions at any time.

In the very unlikely event that you are harmed during the research and this is due to someone's negligence then, whilst the normal National Health Service complaints mechanisms will still be available to you, you may have grounds for legal action for compensation against the sponsoring organisation (but you may have to pay your legal costs). NHS indemnity provision however, does not cover non-negligent harm.

Where will information about this research be found, once it is complete ?

A copy of the final thesis will be kept by both the researcher and by the University. It is also likely that the results of the research will be published in academic and professional journals relating to management, leadership and health services.

Who has reviewed the research process ?

The research process has been reviewed by the researcher's supervisory committee at Ashcroft International Business School. This committee includes the Director of Research at the University.

In addition, permission to conduct this research has been agreed by both the Local Research Ethics Committee and the Research & Development Department at an acute NHS Trust.

If I want independent advice about participating in a research study, who could I contact ?

You could contact your local NHS Research & Development Co-ordinator.

What do I do now ?

If you wish to take part then please follow the link shown on the email or log onto the website :

<http://btc-server.btc.anglia.ac.uk/limesurvey/index.php?sid=29298&newtest=Y&lang=en>

You will first be asked to enter your Research Participant Password. You will then be asked to complete 5 questions regarding your consent to participate in the research. Once you have done this, you will then be asked a series of questions relating to the research subject as described.

Please keep hold of this Information Sheet for your records.

Thank you for considering whether to participate in this research.

Appendix XXIII

Letter of advice from Occupational Health professional regarding potential research participant reactions to questioning

THE OCCUPATIONAL HEALTH SERVICE
Hinchingbrooke Hospital
Hinchingbrooke Park
Huntingdon
Cambridgeshire
PE29 6NT

Tel: 01480 416263
Fax: 01480 416675

28/03/07

Strictly private and confidential

Darren Leech
Director of Sustainable Health Services
Hinchingbrooke HCT

Dear Darren

Re: Interview process for research

Thank-you for the opportunity to review and comment from an occupational health perspective on the questions that are intended to be asked to a selected group of staff members.

As you are aware any interview process can be very positive for some negative and for a very small minority of people an interview process could be a traumatic experience. The risk of people being seriously affected is relatively low but a risk however small should be considered.

I have reviewed your draft questions and consider that there is a slight possibility that the following questions may trigger an emotional response:

20. Do you consider yourself to be a leader ? (why is that ?)
- Yes No
21. Have you undertaken any specific leadership development activities during your career ?
(Yes - why is that ? / what was it ?, No – why is that ?)
- Yes No
23. Honestly, please tell me whether you have heard of the “Leadership Qualities Framework” before (if yes, have you used it for personal development purposes ? Are you using it currently ?)
- Yes No

In the event that this should occur I would advise that you consider the following action:

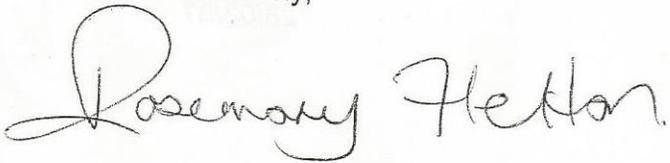
1. Stop the interview and ask the candidate if they would like to take 5 – 10 minutes out of the process.
2. Ask if they would like you to contact a friend or colleague to support them in the immediate term?
3. After 5-10 minutes ask if they would like to continue with the interview?
4. Offer support, water, tea/coffee and repeat the question again.
5. If the emotional response is still evident ask if they would like to speak to an occupational health professional or to access the Trust’s confidential counselling service on 0800 0727072.

6. Advise the candidate that access to the counselling service is 24hours per day 7 days per week therefore professional support is available after they have left either the interview venue or their place of work.
7. Assess if the candidate would like to have their interview feedback at an appropriate time, this maybe determined at the time of interview or following contact at a later date.

It is also worth considering that the interviewer/researcher may also be affected by a candidates emotional response and for this reason the support and advice detailed in points 5 and 6 should be available and accessible to the interviewer/researcher throughout this process.

If you have any further questions please do not hesitate to contact me.

Yours sincerely,



Rosemary Fletton
Occupational Health Manager
Hinchingbrooke HCT

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