Enhancing Practice 2022 Conference

20:20 Vision – Transforming Our Future Through Person-Centred Practices



WEDNESDAY 6 - FRIDAY 8 APRIL 2022 SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

#enhancingpractice2022





Professor Kim Manley CBE, Professor Practice Development and Co-Director ImpACT Research Group, University of East Anglia, Norwich, UK; Emeritus Professor Canterbury Christ Church University, Canterbury UK

Is there a Key to Sustainable Person-Centred Transformation?: Moving from Fractured to Flourishing Cultures

Main Assumptions

Culture is 'the way things are done around here'

Person/people centred cultures are good places to work, support retention positively influence quality, safety, learning and innovation

Micro systems is where care is experienced and provided and therefore should be the supported & enabled by other system levels



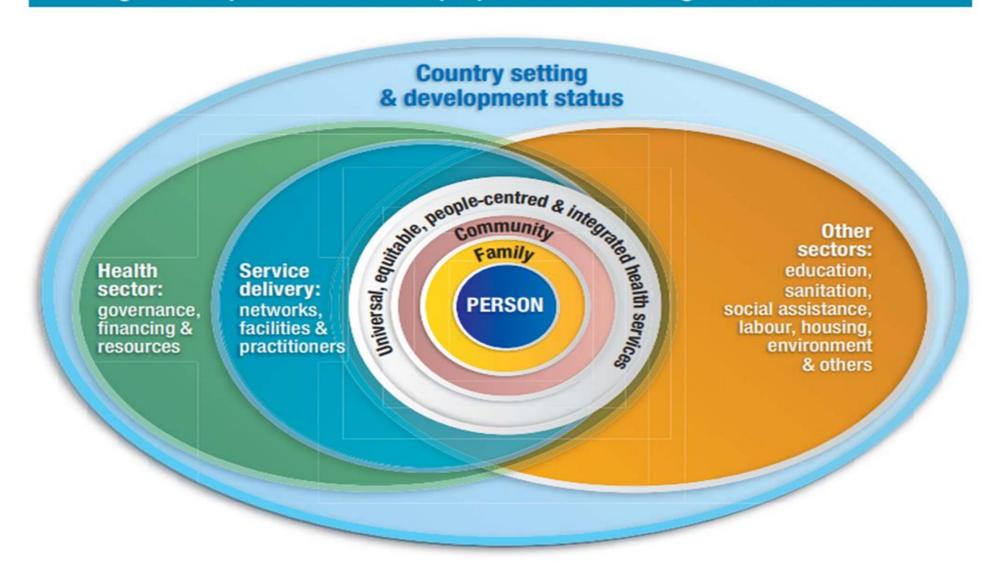


Culture change through the catalysts of:

- Leadership
- Relationships
- Workforce transformation
- At all system levels

World Health Organisation Strategy (2015)

Fig 1. Conceptual framework for people-centred and integrated health services



Systems focus complexity dynamic interdependence context

Micro – small functional frontline teams providing most health care to people.
Outcomes of macro systems can be no better than the microsystems of which it is composed.

Meso – subsets of healthcare systems e.g. organisations, interdependent partners; or services that cross organisations

Macro – set of elements and their relations in a complex whole designed to serve the health care needs of population (focused on place)



My key influences- developing flourishing cultures

| Mid-late 1970s | MICRO SYSTEMS CULTURE |
|--|--|
| 1. Student & newly qualified nurse in a cardiac Surgical ICU – a brilliant culture because of the clinical leader – an Australian! | |
| Mid-late 1980s | MICRO SYSTEMS CULTURE |
| 2. Clinical teacher in a general intensive care unit where the culture was paternalistic and hierarchical | |
| Mid-late 1990's | MICRO SYSTEMS & MESO LEVEL CULTURE |
| 3. Operationalising the consultant nurse role in an intensive care unit established as the first & only Kings Fund Nursing Development Unit in critical care | |
| 2000- 2015 | MESO LEVEL CULTURE |
| 4. Using my learning across organisations and national projects | |
| 2015- present | MICRO, MESO & MACRO SYSTEM LEVEL CULTURE |
| 5. Using my learning to support integrated systems transformation | |

we implemented the same program in two locations. For some reason, we had very different results.





The power of context!

RAMESESPROJECT.ORG

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A word about context

- A multi-layered construct that brings together issues of culture, leadership, behaviors, and relationships.
- Insufficiently understood mediator of change
- Influenced by an infinite combination of boundaries and structures (e.g. staff relationships, power differentials, and organisational systems) that together shape the environment*
- Culture impacts everything
- Leadership a key issue in the way that a practice context is shaped
- How leaders perceive relationships within the team and the impact of these relationships on practice is critical to the way that an effective practice context is created **

^{*}McCormack B, Kitson A, Harvey G, Rycroft-Malone J, et al. (2002) Getting evidence into practice: The meaning of 'context'. J Adv Nurs; 38:94–104. doi: 10.1046/j.1365-2648.2002.02150.x

^{**}Rycroft-Malone J, Harvey J, Kitson A, McCormack B, Seers K, Titchen A. Getting evidence into practice: Ingredients for change. Nurs Standard. 2002;16:38–43.

Relationships for flourishing cultures with impact

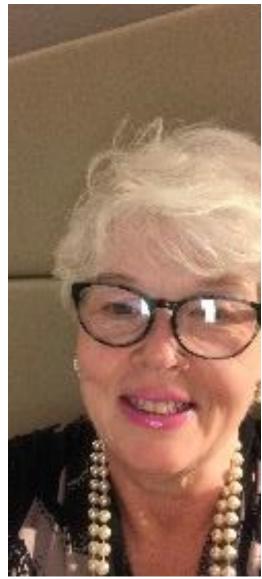
Angie Titchen and Karen Hammond

Dr Angie Titchen, D.Phil (Oxon.), MSc, MCSP Consultant, Writer, Activist and Critical-Creative Companion

Karen Hammond, RN;RM.

Sessional lecturer and practice development facilitator supporting culture change within East Kent







What matters to you?

- What matters to people experiencing and providing care
- · Underlying principle, 'Ask, listen, do'
- Intended to shift the power to the person who knows best about the help or support they need, whether it be a person with a health issue or the clinicians or staff providing care.
- Conversations help healthcare teams understand what is "most important" to patients, leading to better care partnerships and improved patient experience.
- Emotional touchpoints an example of a tool to address this.





Chelsea & Westminster Nursing Development Unit (1991-1996)

The Kings Fund>

CLINICAL NURSING DEVELOPMENT UNITS

Birth of a Nursing **Development Unit**

of an occasional series, describes her role and in a busy intensive care unit.

practice scene of Bottain (C). Justifiably, the circumstances around the both of such mains are ultern not given the same publicity as the CII. Therefore, apportunit of for development.

Liougially, this article will injustrate how would be untrue.

What can be shared however, are the ingredients that we believe essential for escablishing an NDU, our cuttent progress, and

our aspirations.

An additional factor that makes this particulse venture different, is the setting. To date the majority of NDUs have become, or at becoming established in care of the elderly ertings, with a minority centred in more

say, usually for the reasons that intensive units have been perceived from the ide as medically-led power bases, scalled 'technocrat' intensive care nurses who on comp and the true nature of musing equic not be further from the truth (2)

Nursing Development Units (NDUs) are appropriate place to establish a Nursing

innovations they produce.

However, if the contributing factors are more widely recognised, then many norsing teams in both hospital and community sectings may gain encouragement and confidence from their own estarts to develop practice. Nursing itself will benefit from encouraging nurses arrively to develop their practice through the diversity of knowledge, and the expertise that it will generate. Ultimately it is the patient or client who will benefit from

one unit began to think about establishing itself as an NDH', and the various factors that made something previously undreamt of into presently have much to show for our efforts, or that the numing practised in our unit is very different from that practised elsewhere, as that

This NDU is being established in an atensive care unit (ICU), although some ould consider such a project as the ultimate

Caroline Warfield, RGN, is Senior Sister, Intensise Caro Unit, Westminster Hospital,

currently very much in vogue in the nursing Development Unit? Some of the seasons are

CLINICAL NURSING DEVELOPMENT UNIT

Developing a new philosophy in the NDU

Caroline Warfield and Kim Manley, in the second article of a series featuring the experiences of a group of intensive care nurses and their efforts to establish a Nursing Development Unit (NDU), focus on developing a unit philosophy.

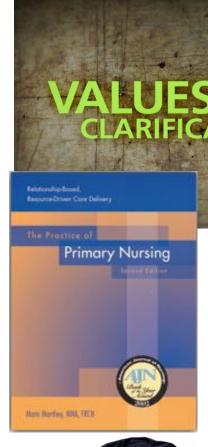
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transit amproves, in the release to the transit amount of the property of the best property of the development of a unit philosophy of the development of t identify areas where these values are not therefore necessary to state these work expli-tablewed to clinical practice (3). A written photosophy forms (tie basis of politics and reflecting the streeting group's even of the actions, it provides reference in case of environment necessary for

ing themselves in the culture or - beiping, trucing for people in their activities

use is make seplicit the phiscopile from distribution and measurement of which flexicity, distribution, and measurement of evolution from each proposed of the property of the

At the time of deciding to establish a NIM: tion to dependent and inter-dependent func-tions within the multidisciolinary team of an



NURSE

CONSULTANT





Service user involvement



Individual

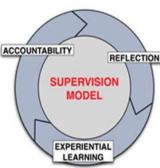
Clinical

Expertise

Best

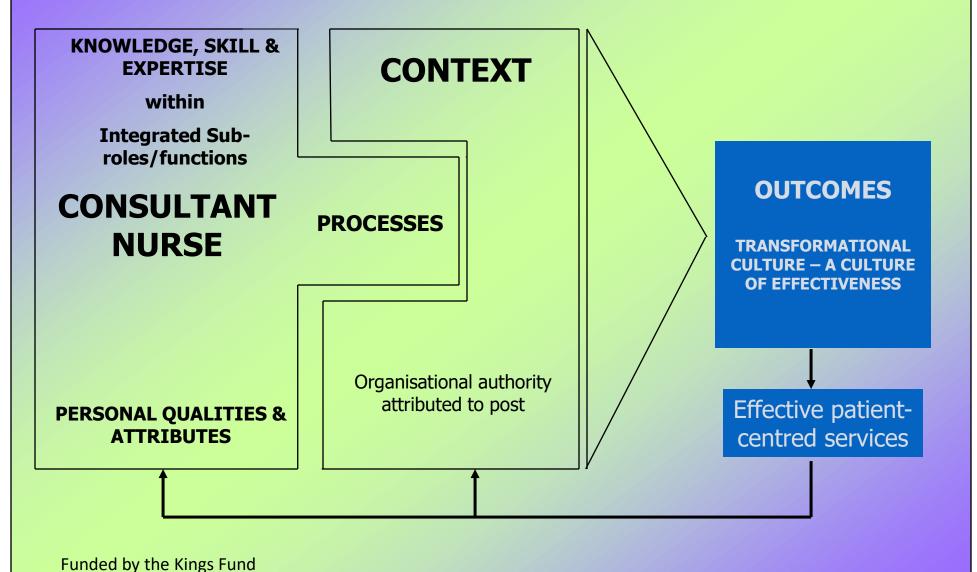
External

Evidence



360FEEDBACK

Consultant nurse: Conceptual framework highlighting the relationship to context, processes and outcomes (Manley 1997)



Transformation Processes (Manley 1997)



- Transformational leadership
- Processes of emancipation
 - Clarifying and working with values, beliefs, assumptions
 - Reflection
 - Critical intent
 - Widening participation
 - Enabling other to see the possibilities
- Practising expertly as a practitioner, researcher, educator, consultant and practice developer
 - Role modelling
 - Facilitating individual, collective and organisational learning, change, practice and service development

LEADERSHIP for flourishing cultures



Leadership: creating constellations of connected

Stars (Jackson et al, 2021, Manley et al 2019)

Guiding Lights:

The light between us as interactions in our relationships

Seeing people's inner light

Kindling the spark of light and keeping it glowing

Lighting up the known and the yet to be known

Constellations of connected stars

Focus:

Clinical, team and systems leadership

Clinical career development















Guiding Light 1 'The Light Between us as interactions in our relationships

Impact of self on others we are connected to:

Demonstrate: personal qualities/attributes necessary to build authentic caring relationships that contribute to the development and self-reflection of others we are connected to

Impact on team(s)/workplace(s):

Demonstrate positive impact on:

- staff/colleagues/students/teams/workplace cultures providing healthcare/education/research services
- on people, families and groups using the service

Impact on health and care systems and communities locally, regionally, nationally or internationally:

Demonstrate contribution to the development of integrated services across the public, health and care system and/or community, based on authentic caring relationships

Guiding Light 2: 'Everyones' Light' 'Seeing people's inner light'

Impact of self on others:

Demonstrate that people feel they experience a safe space to listen, hear, understand develop, act. & learn from multiple perspectives through feedback from others

Impact on team(s)/ workplace(s):

Demonstrate a positive impact on providers and recipients of care and services through:

- · growth and of individuals and teams
- · empowered individuals and teams
- improved wellbeing
- improved skills/capability
- · compassionate workplace cultures

Impact on health and care systems and communities locally, regionally, nationally or internationally:

Demonstrate significant involvement of people and citizens in co-creation activities for improvement and learning and inquiry across systems and communities



A Continuum of Leadership Impact

(Jackson, Manley, Virbuti, 2021)

CHANGE STARTS WITH ME, and everyone can be involved in improving patient care, quality and service delivery

I HAVE CHANGED MY APPROACH to improve practice

I AM A STRONGER, MORE EFFECTIVE AND INTERACTIVE LEADER to support, inspire and engage staff & develop a happier workplace culture

I with team members MANAGE CHANGE EFFECTIVELY using what I have learnt

With team members ACHIEVE A POSITIVE CULTURE through new ways of working

INTRODUCING INNOVATIONS that positively impact on practice

IMPACT ON PATIENTS/COMMUNITIES

Good workplace cultures (Cardiff et al, 2021)

Guiding Lights:

- Collective leadership;
- Living shared values;
- Safe, critical, creative learning environments
- Change for good that makes a difference.

Focus:

- Effective workplace cultures that are good places to work
- Enable everyone to flourish
- Teams Achieving and Celebrating Excellence
- Organisational and Systems enablers



Achieving and Celebrating Excellence (ACER)

Using the Guiding Lights of
Effective Cultures to collaboratively
develop evidence of their
achievement in a clinical
leadership programme

ACER Teams – from fractured to flourishing (McKellar et al, 2021)

Nursing ward team – Key enabler High support and High challenge, collective leadership

Speech and language team – Key enabler collaboration enabling everyone to be involved in collating evidence

Community Medical team – key enabler using emotional touchpoints with patients and staff

Microbiology Team – key enabler collective and enabling leadership



What works in a Clinical leadership programme to impact on effective workplace cultures and person-centred clinical leadership? The 'simple rules' (adapted from Best et al., 2012)

Living values and beliefs

Foster transformational leadership behaviours Focus on building interdisciplinary relationships

Foster change and focus on service improvement

Enable learning in the workplace and experiential learning

Link to organisation objectives

An emerging conceptual framework and impact continuum for clinical leadership continuum (Stanley, 2022)

ORGANISATIONAL (MESO) CONTEXT

Organisational Context and Outcome:

A flourishing

organisation with a shared vision, strong driving force for practice development and culture change and the achievement of improvement in patient care and quality outcomes

Micro system outcome:

An effective frontline microsystem workplace culture and person-centred clinical leadership practice

LEARNING AND DEVELOPMENT CONTEXT

Simple rules of what works in a CL Programme:

- 1. Living values and beliefs
- 2. Focusing on building interdisciplinary relationships
- 3. Enabling learning in the workplace
- 4. Fostering change and quality improvement
- 5. Focusing on transformational leadership
- 6. Linking to organisational objectives

Themes of what does not work in

a CL Programme:

- Lack of alignment between:
- The micro- and mesosystem levels
- · Aims of the individual and organisation
- Strategy for education in leadership and the organisational objective
- 2. Defensive behaviours:
- A psychologically unsafe environment for learning
- A reluctance to engage in experiential learning and practice development tools and strategies

Meso-microsystem outcome

An ineffective organisational culture and a lack of personcentred clinical leadership practice

Organisational Context and outcome:

A fractured

organisation, with

disconnection and

disinvestment

between the frontline

micro-system and the

meso-system

organisational culture

levels and revealing

the dark side of

transformational

leadership practice

development

LEARNING AND DEVELOPMENT CONTEXT

Facilitating organisational Effectiveness at the meso level - Five key patterns (Plesk 2001)

Relationships

Generate energy for new ideas/innovation Vs. drain the organisation

Decision-making

Rapid by experts Vs. bogged down in hierarchy and position bound

Power

Power to enable Vs. power over Collective purpose Vs. self interest

Conflict

Opportunities to embrace ideas Vs. negative and destructive feedback

Learning

Curious and eager to learn Vs. learning as threatening to the status quo

Quality Improvement & Safety Culture – facilitation and leadership

- 1. Quality clinical leadership and its impact on safety culture, team effectiveness in frontline teams
- **2. Meso level system** facilitators supporting frontline teams, breaking down silos between L&D; Improvement; R&I supporting transformation
- 3. Meso level senior leaders provide support and enablement
- 4. Meso level governance systems for building on learning not tick box projects and moving on

he**AHSN**Network





Safety Culture, **Quality Improvement, Realist Evaluation (SCQIRE)**

Evidence shows that improving patient safety Specifically, the aim was to identify which is a complex business. You need to focus on a range of issues, and to make a lasting impact, improving the culture in teams and organisations has to be a priority

Good safety culture is where staff have consistently positive experiences of teamwork and leadership, where staff feel comfortable discussing errors, where leaders and frontline staff take shared responsibility for delivering safer care.

In 2016 KSS PSC developed an initiative to facilitate safety culture, improvement and grow leadership and quality improvement capacity and capability across four acute NHS hospitals in South East England.



Culture is "the way we do things around here". it's what you do when nobody's watching.

strategies are effective in supporting frontline teams to sustain bottom up change and quality improvement driven by the needs of patients and practitioners

The England Centre for Practice Development (ECPD) was commissioned to evaluate the initiative, using a realist evaluation approach, to understand what works for whom, when

> Tony Kelly, Clinical Lead for Leadership, Culture & Capability at KSS PSC, said:

"Our approach builds in capability and capacity for teams to run the project themselves, and this research shows that teams can be empowered to tackle their own safety culture.

ECPD Co-Director Professor Kim Manley said: "The SCQIRE project endorses the importance of health care organisations investing in quality clinical leadership for safety cultures in frontline teams: organising facilitation support to embrace the values and diverse skillsets needed to make a difference through building on what works; and adding to our understanding about achieving culture

A range of clinicians and specialities was included in the study, from renal, urgent care. ED and obstetrics to frailty and

The project tested a range of practical tools, including Claims Concerns and Issues, Texas Culture survey, safety huddles and action learning sets. These were found to contribute to and nurture an effective workplace culture and inclusive transformational leadership, but could only work in a sustained way if the managers at Matron. Directorate and Board level were supporting and empowering front line clinicians

For more information about the project, including the full research paper, implementation toolkit and background information, visit www.kssahsn.not/scalro www.canterbury.ac.uk/ecpd or email psc@kssahsn.net

Key messages

- Clinical leaders and front line teams working where care is provided and experienced, are the most essential focus for achieving and sustaining safe, person-centred and effective cultures.
- Investment in the role, skills and support of organisational facilitators to enable frontline teams to be effective as well as growing collective and collaborative capacity for facilitation at all levels of the organisation, can help achieve the learning, development, improvement and innovation needed
- A wide range of skills is needed for this, but the most essential is enabling participation and unpacking the 'why' as well as the 'what' of patient safety with frontline teams and their managers.
- Success depends on providing role models committed to authentic transformational leadership, engagement with front line teams and ability to influence connected quality improvements at all levels to promote effective 'bottom up' change for safety



WORKFORCE TRANSFORMATION Building the capabilities required for person-centred flourishing cultures

Learning from Covid-19 across the system- A collaborative impact evaluation of the Norfolk and Waveney STP 'We Care Together' Campaign

Development of Four Tentative Theories of System Transformation

Teamwork and Being person cross-boundary centred working System-wide guideline System-wide implementation learning and and working communication for safety

Jackson C, Manley K, Webster J, Hardy S. (2021). System wide learning from first wave Covid 19: A realist synthesis of what works?. *Research Square*; 2020. DOI: 10.21203/rs.3.rs-115647/v1.

Context: Workforce Drivers

- Systems transformation & workforce development to meet health & social care needs
- Retention, growth, career development of the workforce, also staff wellbeing
- Wrapping capabilities and impact around citizens and populations
- Asset approaches that builds on citizens strengths
- Using the workplace as the main resource for learning, developing and improving, knowledge exchange, Inquiry
- Collective Leadership



Development of the Venus Model for Person Centred Sustainable Transformation

Received: 24 July 2019 Revised: 17 December 2019 Accepted: 20 January 2020

DOI: 10.1111/jep.13377

ORIGINAL PAPER



The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system

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Funding information

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Abstract

Aims and objectives: The aim of this paper is to present the Venus model for workforce transformation, demonstrating its research origins, theoretical foundations, and practical application for enabling individuals, teams, and services to sustain transformation in the workplace.

Methods: The paper provides a brief synopsis of how the Venus model was generated from four large-scale mixed-method studies embracing workforce transformation, safety culture, integrated facilitation, and continuous professional development Results: The Venus model has five stems and identifies key integrated skill sets pivotal to successful transformation, which are interdependent:

- 1. Being able to facilitate an integrated approach to learning, development, improvement, knowledge translation, inquiry, and innovation-drawing on the workplace itself as an influential resource:
- 2. Being a transformational and collective leader building relationships that encourage curiosity, creativity, and harnessing the talents of all not just a few;
- 3. Being a skilled practice developer focused on achieving the key values of being person-centred, and the ways of working that are collaborative, inclusive, and
- 4. Applying improvement skills that enable small step change using measurement wisely to focus on measuring what is valued as well as evaluating positive progress; and, finally
- 5. Facilitating culture change at the micro-systems level while being attuned to the organizational and systems enablers required to support this.

Conclusion: The paper concludes with consideration of implications for implementation of the model and its relevance for practice, policy, education, and future research as well as outlining potential limitations and conclusions.

culture change, facilitation, improvement, innovation, leadership, practice development, workforce transformation

VENUS MODEL OF PERSON CENTERED SUSTAINABLE TRANSFORMATION **Facilitation Skills Improvement Sk Practice development skills Person Centered Sustainable Transformation Culture Change Skills Leadership Skill** Vibrant nergising New Galaxy of interconnected stars Unifying Shining brightly in the solar system Constellations transformed through energy, creativity and light ynthesis

Venus Stems

- Venus model has 5 integrated stems representing the essential 'know how' required of any healthcare professional when planning sustainable changes in practice or wishing to develop, innovate or improve the quality of services. This 'know how' consists of:
- 1. Leadership (systems and clinical)
- 2. Skilled facilitation
- 3. Culture change,
- 4. Innovation and improvement skills
- 5. Practice development co-production, focus on what matters

Macrosystems level
principles
underpinning
Venus Model

1. Whole systems transformation is enabled through:

- authentic, enabling and transformational leadership at different levels of the system
- Workforce capabilities and capacity wrapped around the needs of communities and people rather than professions across place.
- Co-creating services in partnership with providers based on shared values

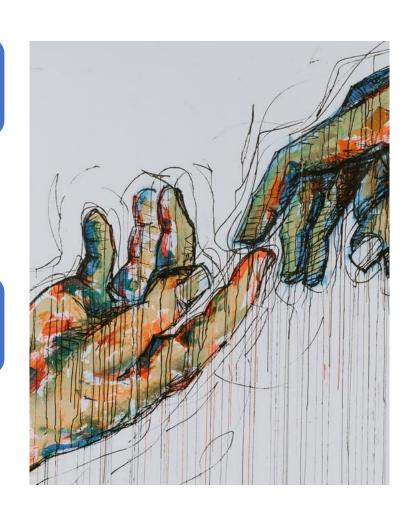
Macro-systems level principles underpinning Venus Model

2. Growing people with the integrated skills (systems leadership) required across the domains of :

- strategic and enabling leadership;
- learning, developing, improving across the system;
- research and evaluation; and
- Process consultancy will embed expertise across system

3. Integrated, learning, developing and improving governance systems to:

- support system integrity,
- demonstrate impact,
- support ongoing quality and safety





What is a systems leader?

'the leadership approach that drives integration across boundaries based on specialized clinical credibility working with shared purposes to break down silos and deliver person-centred, safe and effective care with continuity' (Manley et al. 2016, p. 5).



Multi-Professional Consultant Practice Capability and Impact Framework (HEE 2020)

- Systems leadership
- Embedded researcher
- Integrates all pillars according to the needs of the context
- Values based leadership, cultures of learning, what matters to people and using the workplace as the main resource for learning, developing, improving, knowledge translation, inquiry and innovation
- https://www.hee.nhs.uk/sites/default/files/doc uments/Sept%202020%20HEE%20Consultant%2 0Practice%20Capability%20and%20Impact%20F ramework.pdf

Multi-professional consultant-level practice capability and impact framework





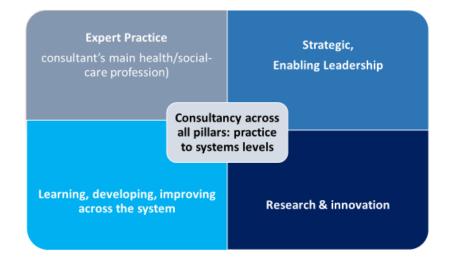


Developing people for health and healthcare



www.hee.nhs.uk

Four Pillars and Consultancy Practice across systems



Working definition - MPCP is defined as...

'...integrated expertise in the four domains necessary for enabling quality* care at all levels of the health and social-care system:

- Expert practice (the consultant's main health/social-care profession)
- Strategic and enabling leadership
- Learning, developing, and improving across the system
- Research and innovation as an embedded researcher

This embraces the key skillset for systems leadership and systems transformation aided by clinical credibility in the consultant's own professional practice and underpinned by consultancy approaches that sustain quality.'

*Quality is defined as person centred, safe and effective care with continuity



Key messages for building flourishing cultures at every level of the system and unlocking potential

- At the micro level: Leadership that is enabling, collaborative and collective is essential
 for developing cultures that are good places to work and which grow and retain the
 workforce as well as enabling them to provide quality care that is person centred, safe
 and effective with continuity.
- At the meso level senior leadership that is supportive and facilitates teams with governance structures that encourage and build on learning with strategic alignment and psychological safety and integrated facilitation teams essential for supporting frontline teams and clinical leaders
- At the macro level clinical systems leadership and workforce transformation is essential
 to keep focused on people and citizens and what matters to them through expertise in
 all the pillars required across the system for embedding quality, developing the
 workforce and providing and evaluating services that focus on what matters to people
- Key strategies for achieving flourishing cultures include person centred enabling leadership and relationships, contextual readiness especially around learning and an impact framework that demonstrates investment in these areas

Unlocking potential: getting the combination right for flourishing cultures!

- Enabling leadership and relationships
- Contextual readiness Learning and governance across systems
- Workforce development in all the skills required for embedding person centred transformation
- Impact framework to demonstrate impact on what matters





Thankyou for listening.

Questions, comments, discussion

References

Akhtar, M; Casha, JN; Ronder, J;Sakel, M; Wight C; Manley, K, (2016) Leading the health service into the future: transforming the NHS through transforming ourselves *International Journal of Practice Development* Volume 6, Issue 2, Article 5 https://doi.org/10.19043/ipdj.62.005

Crowe, C & Manley, K. (2019) Assessing contextual readiness: the first step towards maternity transformation *International practice Development* Journal Volume 9, Issue 2, Article 6 November https://doi.org/10.19043/ipdj.92.006

Dewar B, Mackay R, Smith S, Pullin S, Tocher R. Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting. *Journal of Research in Nursing*. 2010;15(1):29-41. doi:10.1177/1744987109352932

Hardy, S.; Clarke, S.; Frei, I.A.; Morley, C.; Odell, J.; White, C and Wilson, V (2021) A global manifesto for practice development: revisiting core principles (Chapter 8) in Manley, Wilson, Øye (eds) *International Practice Development in Health and Social Care*. Wiley. Chichester

Jackson, C., Manley, K., Vibhuti, M. (2021) Change Starts with Me: An impact evaluation of a multiprofessional leadership programme to support Primary Care Networks in the South East of England. *Leadership in Health Services*, LHS-11-2020-0094.

Jackson, C., MacBride, T., Manley, K. et al. (2022) "Strengthening Nursing, Midwifery and Allied Health Professional Leadership in the UK- a realist evaluation". *Leadership in Health Services*. LHS-11-2020-0097.

Manley, K., Jackson, C. (2020) The Venus model for integrating practitioner-led workforce transformation and complex change across the health care system. *Journal of Evaluation in Clinical Practice- International Journal of Public Health Policy and Health Services Research*, 26:622-634 https://doi.org/10.1111/jep.13377

Manley, K.; Jackson, C. McKenzie C. (2019) Microsystems culture change- a refined theory for developing person centred, safe and effective workplaces based on strategies that embed a safety culture *International Journal of Practice Development* Volume 9, Issue 2, Article 4 November 2019 https://doi.org/10.19043/ipdj.92.004

McKellar, D.; Stanley, H.; Manley, K.; Moore, S.; Lloyd, T.; Hardwick, C. and Ronder, J. (2021) From fractured to flourishing: Developing clinical leadership for frontline culture change (Chapter 13) in Manley, Wilson, Øye (eds) *International Practice Development in Health and Social Care*. Wiley. Chichester

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