QUESTION	**RATIONALE FOR QUESTION**	**RESPONSES**
How do you think students would describe your culture?	To consider a different perspective of culture than your own. Students come in with fresh eyes and often will model the behaviours they are exposed to. What would they say? How would the culture look to them?	• Welcoming • Negative • Challenging • Open • Approachable • Varied supervision • Improving • Friendly • Supportive • Optimistic • Confusing • Approachable • Jaded • Unwritten rules • preceptorship

What qualities are needed in leaders to be able to lead well? Do your leaders have these qualities? If not, why not?	Leadership qualities are varied but what do you feel you need from your leaders? If leaders within your team/unit don't have these skills, consider why not.	• Boundaries • Compassionate, inclusive, kind • Fair and equitable • Good communication • Approachable • Honesty • Listen • Reflective • Flexible/adaptable • Non-judgemental • Emotional intelligence • Visionary, visible • Supportive • Recognise diversity • Credible • Authentic • Strength • Resilient • Loyal, understanding, respectful • Responsive • Change, proactive, takes action, authority, confident, open to change • Humour, curious • Empathy, human, charisma • Knowledgeable, know your team, training, education, inventive • Trust, candour Barriers • Workforce challenges • Personality clashes • Time • Lack of training • Not supported by higher levels

		• Burnout, workloads • Cultural influences • Fear of repercussions • Happy not being a leader • Unknown factors within the leadership role • Unclear levels of escalation • Not supported by lower levels

What are the elements required at your unit/team to create a just and learning culture? Does this include data insights?	PSIRF supports a just and learning culture which moves away from a blame culture and acknowledges all factors within patient safety events. What do you need to create this at your unit? How does data fit into this?	• Sharing good practices, sharing lessons, sharing learning • Role models • Leadership • Fair blame/no blame culture • Teaching • Guidance • Training • Expectations • Restorative • Freedom to speak without fear of judgement • Questioning • Collaborative • Open • Non-judgemental • Civil challenge • Clinical curiosity • Staff debriefing • Celebration of success • Good support networks • Co-production Data • Evidence • Local data • Accountability • Communication and dissemination from top down and bottom up • Governance to board • Analysis / thematic reviews /Audit • Staff surveys • Service user voice • Service improvement/improvement outcomes

Do you feel able to speak up? Do others feel able to speak up? If not, why not?	It is important that staff feel they are able to speak up and speak out when they have concerns. There can be many reasons why people do not and it's important to understand these reasons and how they might be overcome.	Barriers • Clinical v's non clinical • Stage of career, experience, confidence • Who you are speaking up to • Anonymity • Speaking up internally or externally? • Subject matter e.g. Patient safety or individual relationships • Cultural reaction to speaking up/whistle blowing • Patients – fear if still an inpatient or your baby/child is still an inpatient • Depends if they know the FTSU guardian • Fear of recrimination and identification • Team dynamics • Culture of organisation not 'open' • Fear, hierarchy, past experiences • Local hierarchy which prevents escalation • Colleague experiences of speaking up • Permission to speak up What helps? • Professional midwifery advocates • Anonymous staff surveying