LEADS in a caring environment

Refresh 2026

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October 5, 2026

LEADS GLOBAL

mitacs

CANADIAN COLLEGE OF HEALTH LEADERS

COLLÈGE CANADIEN DES LEADERS EN SANTÉ

CHLNet

Canadian Health Leadership Network

Le Réseau canadien pour le leadership en santé

Royal Roads UNIVERSITY

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01 About the LEADS Refresh Methodology

LEADS REFRESH METHODOLOGY

EVIDENCE • ENGAGEMENT • SYNTHESIS • A STRONGER FRAMEWORK FOR WHAT'S NEXT

Many voices. One purpose.
Leadership for healthier, more equitable, thriving societies.

1 PLAN & PREPARE
Set the foundation

- Confirm purpose, scope and key questions
- Establish governance (Steering Group, Working Group, Research Team)
- Develop methodology and tools
- Identify and engage stakeholders
- Ethics and data management

Output
Project plan, interview guides, facilitation plans and evidence framework

2 GATHER EVIDENCE
Listen and learn

- Environmental scan and scoping literature review
- Interviews with healthcare leaders (frontline, middle, executive)
- Focus groups across regions, sectors and populations
- Collect diverse perspectives and lived experience
- Document contemporary challenges and emerging opportunities

Output
Evidence base (What We Heard)

3 ANALYZE & SYNTHESIZE
Find the patterns

- Thematic analysis of interviews and focus groups
- Analysis of literature clusters
- Identify cross-cutting themes
- Map findings to existing LEADS framework
- Identify gaps, emerging insights and capability implications

Output
Structured Group Review Report of Evidence (domain summaries)

4 REVIEW & REFINE
Test and strengthen

- **Structured Group Review** (Mar 23): validate key themes and implications
- **Expert Technical Review** (May 21): examine evidence and draft capability statements
- **Expert Convergence Meeting** (Jun 24): deliberate, challenge and reach consensus
- **Steering Group Meeting** (Jun 25): final review and approval

Output
Revised capability statements and approved framework (Jun 24–25)

5 FINALIZE & VALIDATE
Confirm and prepare

- Refine language and definitions
- Ensure clarity, inclusivity and applicability across all leadership levels
- Check alignment with evidence and cross-cutting themes (e.g., equity, cultural safety, digital, well-being)
- Prepare implementation considerations and knowledge products

Output
Finalized LEADS Refresh framework and supporting materials

6 SHARE & ENABLE
Put into practice

- Share the approved framework with contributors (Aug 5)
- Develop implementation guidance and tools
- Create learning and discussion resources
- Support adaptation across sectors and contexts
- Build momentum for ongoing use, evaluation and evolution

Output
Framework release, implementation resources and continuing engagement

	1 PLAN & PREPARE	2 GATHER EVIDENCE	3 ANALYZE & SYNTHESIZE	4 REVIEW & REFINE	5 FINALIZE & VALIDATE	6 SHARE & ENABLE
KEY STAKEHOLDERS	Steering Group Working Group Research Team Partners (CCHL, CHLNet, LEADS Global, RRU)	Healthcare leaders (frontline, middle, executive) Diverse sectors and regions People with lived experience Subject-matter experts	Research Team Analysts Advisors	Structured Review Participants Expert Reviewers Expert Convergence Group Steering Group	Research Team Steering Group Partners	Contributors Partners Healthcare organizations Broader leadership community
GUIDING PRINCIPLES	Inclusive Transparent Rigorous	Diverse voices Evidence-informed Respectful and ethical	Systematic Thematic Aligned to LEADS	Deliberative dialogue Consensus-focused Constructive challenge	Clear and actionable All-levels applicability Equity and inclusion	Practical and useful Sustainable Continuous improvement

CROSS-CUTTING THEMES (THROUGHOUT)

Equity · Belonging · Adaptation · Pluralism · Complexity · Digital stewardship · Community partnership

EVIDENCE TODAY. STRONGER LEADERSHIP TOMORROW.

Note. Content developed by the LEADS Refresh Team; graphic generated with ChatGPT (OpenAI, 2026).

02 The 'Leadership Challenges' identified by participants

LEADS REFRESH

LEADERSHIP CHALLENGES

FACING HEALTHCARE LEADERS TODAY

DIFFERENT CHALLENGES.
SAME PURPOSE.
HEALTHIER PEOPLE.
STRONGER COMMUNITIES.
A MORE EQUITABLE FUTURE.

LEADS in a Caring Environment

COMPLEXITY AND UNCERTAINTY

- Navigating constant change and disruption
- Making decisions with incomplete information
- Leading in a VUCA (volatile, uncertain, complex, ambiguous) environment

BURNOUT AND WELL-BEING

- High levels of stress and burnout
- Emotional and moral distress
- Sustaining personal and team well-being

OUTDATED SYSTEMS AND INFRASTRUCTURE

- Aging infrastructure and technology
- Slow pace of system modernization
- Barriers to innovation and agility

SYSTEM FRAGMENTATION

- Siloed organizations and services
- Poor coordination across sectors
- Difficulty creating seamless, people-centred care

LEADING THROUGH COMPLEXITY

Challenging times call for bold, values-driven leadership.

FOR A HEALTHIER TOMORROW.

DIGITAL DISRUPTION AND DATA

- Adapting to rapid digital and AI advances
- Ensuring ethical, safe, and equitable use of d
- Bridging digital divides

RESOURCE AND FUNDING PRESSURES

- Doing more with less
- Competing priorities
- Short-term funding cycles vs. long-term needs

EQUITY, INCLUSION AND CULTURAL SAFETY

- Addressing systemic inequities
- Advancing reconciliation with Indigenous Peop
- Creating inclusive, culturally safe environmen

WORKFORCE CAPACITY AND SUSTAINABILITY

- Recruiting and retaining talent
- Supporting team capacity and resilience
- Planning for future workforce needs

Source: LEADS Refresh Teams. Slide imagery developed using Canva and GPT Astra 6.1 (OpenAI, 2026).

03 The 'Leadership Required' to address leadership challenges

LEADS REFRESH

LEADERSHIP REQUIRED

TO BUILD A HEALTHIER TOMORROW

DIFFERENT CHALLENGES.
SAME PURPOSE.
HEALTHIER PEOPLE.
STRONGER COMMUNITIES.
A MORE EQUITABLE FUTURE.

LEADS in a Caring Environment

COMPLEXITY AND UNCERTAINTY

- Provide steady, values-based leadership
- Use adaptive and evidence-informed approaches
- Enable sense-making and informed decision making

BURNOUT AND WELL-BEING

- Champion people-centred leadership
- Create the conditions for well-being
- Normalize and support mental health

OUTDATED SYSTEMS AND INFRASTRUCTURE

- Lead transformation and modernization
- Support digital and physical infrastructur
- Remove barriers to innovation and agility

SYSTEM FRAGMENTATION

- Build collaboration across organizations and sectors
- Strengthen integration and continuity of care
- Create shared goals and aligned action

LEADING THROUGH COMPLEXITY

Courageous leadership creates healthier people, stronger communities.

FOR A HEALTHIER TOMORROW.

DIGITAL DISRUPTION AND DATA

- Build digital and data literacy
- Enable ethical, safe and equitable use of d
- Leverage technology to improve care and outcomes

RESOURCE AND FUNDING PRESSURES

- Set clear priorities and make trade-offs
- Drive innovation and smarter use of resources
- Demonstrate value and impact

EQUITY, INCLUSION AND CULTURAL SAFETY

- Advance equity and anti-racism
- Practice cultural humility and
- Foster inclusive decision-making and environme safety

WORKFORCE CAPACITY AND SUSTAINABILITY

- Foster supportive, psychologically safe environments
- Develop and retain diverse talent
- Model well-being and sustainable leadership practices

Source: LEADS Refresh Teams. Slide imagery developed using Canva and GPT Astra 6.1 (OpenAI, 2026).

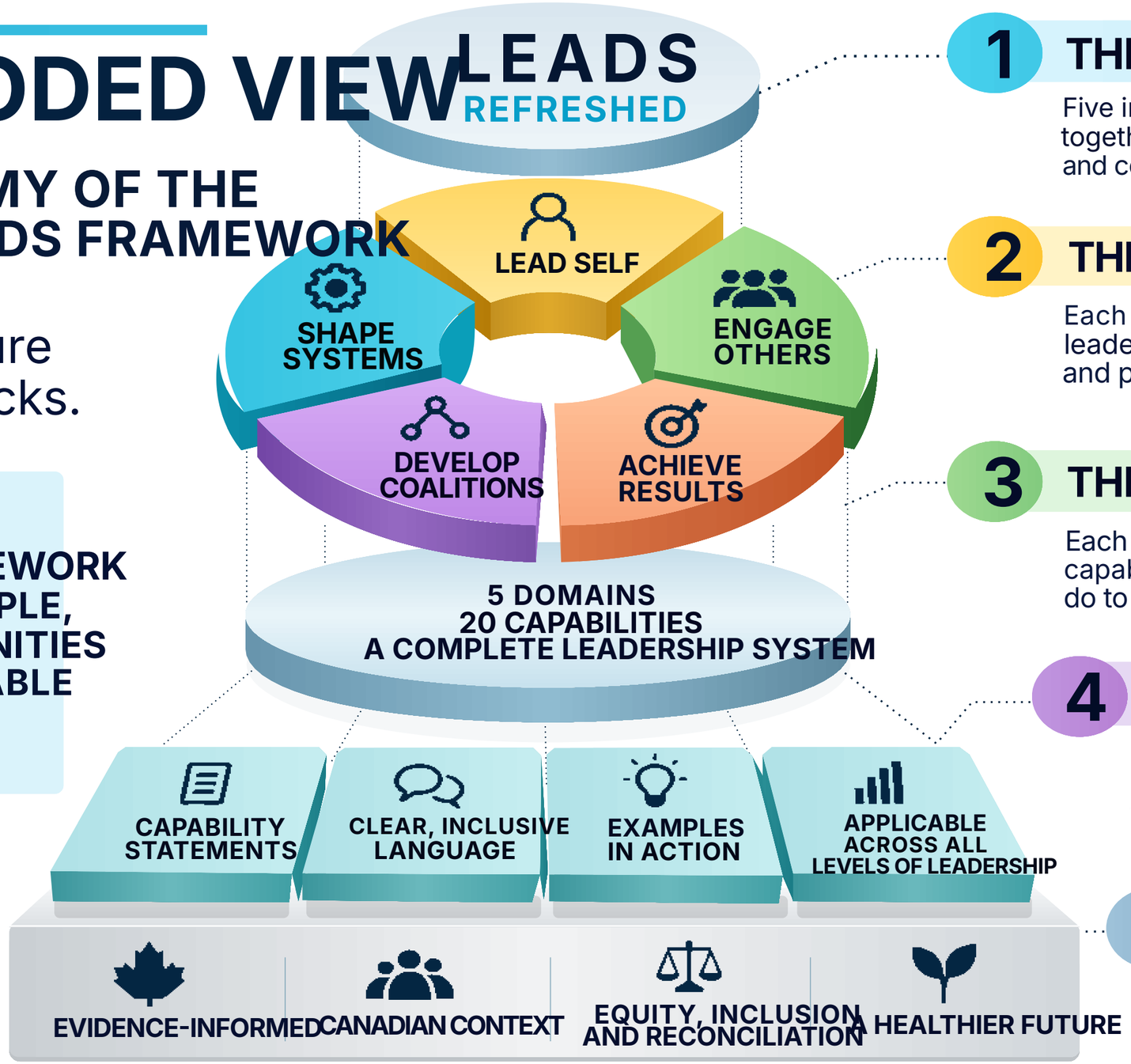
04 The Refreshed LEADS Framework

AN EXPLODED VIEW

OF THE ANATOMY OF THE REFRESHED LEADS FRAMEWORK

From the big picture
to the building blocks.

A COHERENT, INTEGRATED FRAMEWORK FOR HEALTHIER PEOPLE, STRONGER COMMUNITIES AND A MORE EQUITABLE HEALTH SYSTEM.



1 THE FRAMEWORK

Five interconnected domains that together enable courageous, compassion and collective leadership for a healthier Ca

2 THE DOMAINS

Each domain represents a key area of leadership practice, with a distinct focu and purpose.

3 THE CAPABILITIES

Each domain includes four leadership capabilities that describe what leaders do to make a difference.

4 IN PRACTICE

Each capability is further defined with clear, inclusive language and example to bring it to life across all levels of leadership.

5 THE FOUNDATION

Built on evidence, grounded in th Canadian context, and guided by commitment to equity, inclusion, reconciliation and a healthier futu

Note. Content developed by the LEADS Refresh Team; infographic generated with ChatGPT (O

LEADS in a Caring Environment

LEAD SELF

Grounded people make a positive difference.



DOMAIN DESCRIPTION

Self-directed leaders... Are self-aware; Guide themselves; Develop themselves; Demonstrate character.

Self-directed leaders ...

Are self-aware

Critically examine their own assumptions, values, biases, privileges, strengths, and limitations.

Guide themselves

Take responsibility for their actions and actively foster their physical, emotional, mental, spiritual, and professional well-being.

Develop themselves

Actively seek opportunities, challenges, and feedback for personal and professional learning, character building, and growth.

Demonstrate character

Model honesty, integrity, humility, courage, agility, and ethical conduct.

DOMAIN IN ACTION



Greater self-awareness. Stronger impact.

Example

A new director recognizes they are feeling overwhelmed during a major change initiative. They pause, seek coaching, and prioritize their well-being. By staying grounded and true to their values, they lead with clarity, support their team through uncertainty, and sustain momentum.

Source: Approved LEADS in a Caring Environment framework. Slide imagery developed using Canva and GPT Astra 6.1 (OpenAI, 2026).

LEADS in a Caring Environment

ENGAGE OTHERS

People-centred leaders who inspire and enable.



People make things possible!

DOMAIN DESCRIPTION

Relational leaders... Communicate effectively; Facilitate collaboration; Foster development of others; Nurture healthy workplace cultures.

Relational leaders...

Communicate effectively

Articulate with clarity and respect, listen to understand, and create space for open, honest, and meaningful dialogue.

Facilitate collaboration

Enable team-based leadership by fostering and strengthening collaboration within and across teams.

Foster development of others

Encourage, support, and challenge others to grow both professionally and personally, building individual and collective capacity.

Nurture healthy workplace cultures

Care for, support, and sustain inclusive and psychologically, culturally, and physically safe environments.

DOMAIN IN ACTION



Example

A director brings together staff from different disciplines to co-design a new patient flow process. They listen to frontline insights, ensure all voices are heard, and create a shared plan, resulting in improved patient experience and higher team morale.

When people feel they belong, great things happen

Source: Approved LEADS in a Caring Environment framework. Slide imagery developed using Canva and GPT Astra 6.1 (OpenAI, 2026).

LEADS in a Caring Environment

ACHIEVE RESULTS

Purposeful leaders who turn insight into action.

From insight to impact.



DOMAIN DESCRIPTION

Outcome-oriented leaders... Bring vision to life; Strategically align decisions; Take action and create conditions for implementation; Assess and improve.

Outcome-oriented leaders ...

Bring vision to life

Inspire shared purpose, ownership, and intended outcomes.

Strategically align decisions

Make decisions anchored in equity, shared purpose, values, and valid evidence.

Take action and create conditions for implementation

Create the conditions for effective, efficient, and inclusive service.

Assess and improve

Continuously evaluate processes and outcomes, benchmark progress, and course-correct to improve results and advance health quality.

DOMAIN IN ACTION



Example

A program lead uses data and staff feedback to identify barriers to access, adjusts the implementation plan, realigns resources, and sees improved uptake and better health outcomes for the community.

Measure. Learn. Do better.

Source: Approved LEADS in a Caring Environment framework. Slide imagery developed using Canva and GPT Astra 6.1 (OpenAI, 2026).

LEADS in a Caring Environment

DEVELOP COALITIONS

Inclusive leaders who build trust and belonging.

Together for healthier communities



DOMAIN DESCRIPTION

Collaborative leaders… Purposefully build coalitions of diverse voices; Demonstrate a commitment to service; Mobilize knowledge; Navigate socio-political environments.

Collaborative leaders…

Purposefully build coalitions of diverse voices

Intentionally convene and connect diverse people, communities, and organizations to foster trust and collective action.

Demonstrate a commitment to service

Foster organizational collaborations dedicated to quality people-centred service.

Mobilize knowledge

Mobilize diverse forms of knowledge, including Indigenous ways of knowing, cultural knowing, contextual knowledge, evidence, and lived experience.

Navigate socio-political environments

Navigate diverse interests, perspectives, and power dynamics with political acumen and a focus on shared purpose.

DOMAIN IN ACTION



Example

A regional lead convenes health, housing, and community partners to address rising mental health needs. By aligning around a shared purpose, they create a coordinated approach that better serves the community.

Healthy people. Thriving communities

Source: Approved LEADS in a Caring Environment framework. Slide imagery developed using Canva and GPT Astra 6.1 (OpenAI, 2026).

LEADS in a Caring Environment

SHAPE SYSTEMS

Leaders who steward equitable, resilient and sustainable systems.



Better systems. Healthier lives.

DOMAIN DESCRIPTION

Systems-oriented leaders… Practice adaptive systems thinking; Create conditions for continuous learning and innovation; Orient themselves strategically to the future; Champion and contribute to sustainable change.

Systems-oriented leaders …

Practice adaptive systems thinking

Make sense of complexity and uncertainty, challenge assumptions, and take informed action to improve outcomes, advance equity, and address systemic barriers.

Create conditions for continuous learning and innovation

Create the conditions for learning, experimentation, innovation, and continuous improvement.

Orient themselves strategically to the future

Anticipate emerging trends, risks, and opportunities - such as planetary health and digital innovation - and their impact on health system resilience.

Champion and contribute to sustainable change

Mobilize interest holders to achieve meaningful, sustainable change that improves health outcomes of diverse interest holders and advances Canada's commitment to reconciliation in healthcare.

DOMAIN IN ACTION



Ideas today. Healthier tomorrows.

Example

A regional lead brings together health authorities, community organizations and Indigenous partners to design a climate-resilient primary care model. By anticipating future risks and leveraging data, they create the conditions for innovation, align resources and champion system-wide adoption.

Source: Approved LEADS in a Caring Environment framework. Slide imagery developed using Canva and GPT Astra 6.1 (OpenAI, 2026).

05

‘Equity, Safety and Quality‘ are everyone’s responsibility.

EQUITY IS EVERY LEADER'S RESPONSIBILITY

LEADS in a Caring Environment Leadership Capabilities Framework

LEADS DOMAIN	SELECTED CAPABILITY	HEALTHCARE LEADERSHIP APPLICATIONS	REFLECTION FOR LEADE
LEAD SELF Self-directed leaders...	**Are self-aware** Understand how your identity, experiences and biases influence your leadership.	• Recognize and challenge your own biases and assumptions. • Seek diverse perspectives to inform your thinking and decisions. • Stay curious, listen to lived experience, and be open to discomfort as a catalyst for growth.	How do my identity, experiences and assumptions shape what I see, hear and value? What do I need to learn or unlearn to lead more equitably?
ENGAGE OTHERS Relational leaders...	**Contribute to healthy workplace cultures** Foster inclusive, psychologically safe and respectful environments.	• Create space for all voices, especially those less heard. • Address racism, discrimination and microaggressions when they occur. • Support team practices that enable belonging, cultural safety and meaningful participation.	Whose voices are missing in my conversations and decisions? What can I do to create greater psychological safety and belonging for my team?
ACHIEVE RESULTS Outcome-oriented leaders...	**Strategically align decisions** Use evidence and lived experience to inform decisions.	• Use disaggregated data to identify and reduce inequities in access, experience and outcomes. • Allocate resources in ways that address priority needs. • Set clear, measurable equity goals and monitor progress transparently.	Who benefits from this decision? Who might be disadvantaged? How will I know if we are reducing rather than reinforcing inequities?
DEVELOP COALITIONS Collaborative leaders...	**Purposefully build coalitions of diverse voices** Partner across sectors, organizations and communities.	• Build authentic partnerships with Indigenous Peoples, equity-deserving groups and community organizations. • Share power, co-design solutions and mobilize lived experience. • Work across sectors to address the social and structural determinants of health.	Who are we not at the table with, and how can we change that? How am I sharing power and influence with people most affected by inequities?
SHAPE SYSTEMS Systems-oriented leaders...	**Practice adaptive systems thinking** Identify and address the structural conditions that create inequities.	• Examine and challenge policies, processes and funding models that perpetuate inequities. • Create conditions for continuous improvement, innovation and more just systems. • Track population-level progress and advocate for systemic change.	What systemic barriers are maintaining inequities in our organization and broader system? How can I use my position to influence the structures, policies and resource allocations that shape health equity?

BUILD THE CONDITIONS. SHARE OPPORTUNITY AND INFLUENCE. KEEP IMPROVING.

Illustrative applications of selected capabilities; not official definitions.

Note. Content and contextual materials provided by the LEADS Refresh Team; graphic developed with AI assistance using ChatGPT (OpenAI, 2026).

SAFETY AND QUALITY IMPROVEMENT ARE JOB #1 FOR ALL LEAD

LEADS in a Caring Environment Leadership Capabilities Framework

LEADS DOMAIN	SELECTED CAPABILITY	HEALTHCARE APPLICATIONS	REFLECTION FOR LEADE
LEAD SELF Self-directed leaders...	**Demonstrate character**	• Raise patient safety concerns with courage. • Acknowledge errors and examine bias in care decisions. • Follow through on concerns raised by care partners.	How do my actions make it safer to raise a concern?
ENGAGE OTHERS Relational leaders...	**Nurture healthy workplace cultures**	• Invite care teams to speak up about unsafe care. • Listen to patients and care partners without blame. • Debrief care incidents respectfully with the team.	Whose safety concerns are we not hearing?
ACHIEVE RESULTS Outcome-oriented leaders...	**Assess and improve**	• Agree on measurable patient safety goals. • Test care improvements with the people affected. • Track patient outcomes and adjust care processes.	What evidence tells us care is becoming safer?
DEVELOP COALITIONS Collaborative leaders...	**Mobilize knowledge**	• Combine clinical evidence with lived experience. • Co-design improvements with patients and care partners. • Share learning across care transitions and services.	How are care partners shaping our improvements?
SHAPE SYSTEMS Systems-oriented leaders...	**Practice adaptive systems thinking**	• Examine risks across the whole care journey. • Address system barriers behind recurring harm. • Check who benefits and who still faces unsafe care.	Which system conditions keep this risk in place?

EVERY LEADER: IDENTIFY A CARE RISK. ACT WITH OTHERS. CHECK WHAT IMPROVES

Illustrative applications of selected capabilities; not official definitions.

Note. Content and contextual materials provided by the LEADS Refresh Team; graphic developed with AI assistance using ChatGPT (OpenAI, 2026).

06 Sample Interpretation Bulle

SAFETY AND QUALITY: THE WHOLE FRAMEWORK AT WORK

LEADS in a Caring Environment Leadership Capabilities Framework

20 complementary capabilities • Illustrative healthcare applications

LEAD SELF	**Are self-aware** Examine bias in care decisions.	**Guide themselves** Recognize personal limits; seek support.	**Develop themselves** Seek feedback on safety leadership.	**Demonstrate character** Raise concerns and acknowledge errors.
ENGAGE OTHERS	**Communicate effectively** Clarify care plans and listen to concerns.	**Facilitate collaboration** Coordinate care across teams.	**Foster development of others** Coach care teams in improvement skills.	**Nurture healthy workplace cultures** Make speaking up safe and welcome.
ACHIEVE RESULTS	**Bring vision to life** Agree what better care should achieve.	**Strategically align decisions** Use evidence, equity and shared purpose.	**Take action and create conditions for implementation** Provide time and resources to test improvements.	**Assess and improve** Track outcomes and adjust care processes.
DEVELOP COALITIONS	**Purposefully build coalitions of diverse voices** Include patients, care partners and communities.	**Demonstrate a commitment to service** Partner for reliable, people-centred care.	**Mobilize knowledge** Bring evidence and lived experience together.	**Navigate socio-political environments** Address power and competing interests.
SHAPE SYSTEMS	**Practice adaptive systems thinking** Explore conditions behind recurring harm.	**Create conditions for continuous learning and innovation** Support shared learning and small tests.	**Orient themselves strategically to the future** Anticipate emerging risks to care.	**Champion and contribute to sustainable change** Work together to sustain improvements.

SHARED PURPOSE: SAFER, MORE EQUITABLE, PEOPLE-CENTRED CARE

Read across each domain and across domains: combine capabilities to address the care issue.

Illustrative applications, not official definitions or a validated causal model. Framework: CCHL (2026).
Note. Content and contextual materials provided by the LEADS Refresh Team; graphic developed with AI assistance using ChatGPT (OpenAI, 2026).

SAFETY AND QUALITY IMPROVEMENT

LEADS in a Caring Environment Leadership Capabilities Framework

The front-page graphic offers individual applications. This bulletin considers how leaders combine capabilities to pursue meaningful resu changing conditions, and strengthen the relationships through which care happens.

THE RESULTS WE SEEK

Achieve Results

The desired change is better care as experienced by people receiving it: fewer avoidable harms, more reliable care, and outcomes that matter to patients and care partners. Which aspect should improve, for whom, and how will we recognize progress?

Agree on measures with those affected. Consider patient experience, clinical outcomes and equity. Training and new procedures demonstrate activity; examine what actually changes in care.

THE CHANGE DYNAMICS

Lead Self + Shape Systems

Improvement asks people to reconsider routines while continuing to deliver care. Examine your assumptions, reactions to criticism and willingness to acknowledge uncertainty. Your response to concerns shapes participation.

Explore how workload, resources, technology, policies and competing priorities affect what people can do. Hesitation may reveal a practical barrier or an unresolved concern. Adapt implementation while keeping the intended benefit to people receiving care in view.

RELATIONSHIPS THAT MATTER

Engage Others + Develop Coalitions

Safer care depends on people sharing concerns and influencing decisions. Support respectful dialogue across care teams and meaningful participation by patients and care partners.

Whose knowledge is missing? Whose concerns carry less weight? Clarify who can decide, who will act, and how people will hear what happened to their input. Shared responsibility becomes practical when commitments are explicit and people can follow through together.

PUTTING THE CAPABILITIES TO WORK TOGETHER

Consider a transition from hospital to home. The intended result is that patients and care partners understand the care plan and know contact. Leaders explore discharge pressures and information gaps, then involve hospital teams, community providers, patients and c in testing improvements. If instructions are clear but follow-up support is difficult to access, revisit service arrangements and relations organizations. The capabilities work together as leaders learn what the change requires.

A CONVERSATION TO BEGIN

What improvement matters most, what conditions are getting in the way, and whom do we need to involve?

Interpretive adaptation of the LEADS change model to the refreshed Shape Systems domain; not official definitions. Sources: CCHL (2026), 2026 LEADS F Refreshed Version; Tholl & Dickson (2022), LEADS at a glance (pp. 8-9); Healthcare Excellence Canada (2023), Rethinking patient safety. Developed with assistance using ChatGPT (OpenAI, 2026).

07

Equity, safety and quality are everyone's responsibility.

USING THE LEADS FRAMEWORK IN PRACTICE *A Use Case: Director Leading an Inter-Agency Health Program*

THE CONTEXT

A Director of Primary Care is appointed to an inter-agency committee to design and implement a community-based chronic disease prevention program. The committee includes representatives from hospital, public health, Indigenous health, social services, municipal government, and community organizations.

The Director's mandate is to build a shared vision, align resources, and co-create a program that improves health outcomes equitably across the population.

HOW THIS LEADER USES THE LEADS FRAMEWORK (BEFORE, DURING & AFTER)

As a guide for self

To assess and strengthen their own leadership readiness and clarify personal priorities and commitments.

As a compass in action

To lead day-to-day effectively across relationships, decisions, implementation, and influence across systems.

As a tool for learning

To reflect, evaluate and adapt—driving better results and deepening impact through double-loop learning.

1. LEAD SELF

Self-motivated leaders…

Build the inner foundation to lead with purpose, integrity and resilience.

HOW THEY USE THESE CAPABILITIES

1. **Are self-aware –** Reflects on assumptions about partner priorities and power dynamics.
2. **Guide themselves –** Manages stress and maintains well-being to lead consistently through complexity.
3. **Develop themselves –** Seeks feedback from trusted peers and learns about equity and cultural safety.
4. **Demonstrate character –** Models honesty, humility and courage, especially in difficult conversations.

Example:
They pause before meetings to set intention, check biases, and lead with openness.

2. ENGAGE OTHERS

Engaging leaders…

Build trust, relationships and high-performing, inclusive teams.

HOW THEY USE THESE CAPABILITIES

1. **Communicate effectively –** Creates space for open, honest dialogue and ensures everyone is heard.
2. **Facilitate collaboration –** Builds team-based leadership and strengthens collaboration across agencies.
3. **Foster development of others –** Encourages others to contribute ideas and build capacity.
4. **Nurture healthy workplace cultures –** Promotes psychological safety, respect and inclusion.

Example:
They convene partners early, establish clear norms, and celebrate small wins together.

3. ACHIEVE RESULTS

Goal-oriented leaders…

Set direction, make decisions and deliver meaningful outcomes.

HOW THEY USE THESE CAPABILITIES

1. **Bring vision to life –** Co-creates a shared vision and aligns on intended outcomes.
2. **Strategically align decisions –** Makes decisions anchored in equity, shared purpose, values and valid evidence.
3. **Take action and create conditions for implementation –** Aligns people, resources and processes to move forward.
4. **Assess and improve –** Tracks progress, learns what works, and adjusts to improve results.

Example:
They develop a phased plan, assign roles, monitor metrics, and adapt as needed.

4. DEVELOP COALITIONS

Collaborative leaders…

Build partnerships, mobilize knowledge and navigate environments for collective impact.

HOW THEY USE THESE CAPABILITIES

1. **Purposefully build coalitions of diverse voices –** Intentionally includes diverse partners to foster trust and action.
2. **Demonstrate a commitment to service –** Centers decisions on people and community needs.
3. **Mobilize knowledge –** Brings together data, lived experience and Indigenous ways of knowing.
4. **Navigate socio-political environments –** Understands interests and power dynamics and focuses on shared purpose.

Example:
They engage community leaders, share decision-making, and adapt to policy and political realities.

5. SHAPE SYSTEMS

Successful leaders…

Understand and influence complex systems to create conditions for sustainable transformation.

HOW THEY USE THESE CAPABILITIES

1. **Practice adaptive systems thinking –** Looks beyond symptoms to understand patterns and leverage points.
2. **Create conditions for continuous learning and innovation –** Encourages learning, experimentation and improvement.
3. **Orient themselves strategically to the future –** Scans trends and anticipates risks and opportunities.
4. **Champion and contribute to sustainable change –** Mobilizes interest holders for equitable, sustainable change.

Example:
They pilot new approaches, share learnings, and advocate for system-level enablers.

DEVELOPING THEIR OWN READINESS

Using LEAD SELF as their starting point

- Reflect on strengths, gaps and potential blind spots.
- Identify capabilities to strengthen for this role.
- Set personal intentions and well-being practices.
- Seek feedback and plan for growth.

DOUBLE-LOOP LEARNING: FROM PROJECT TO PRACTICE AND SYSTEM

1. REFLECT (Single-loop)

What happened? What worked? What didn't? What will we do differently?

Improving actions and outcomes.

2. QUESTION ASSUMPTIONS (Double-loop)

What assumptions shaped our approach? What could we do in a fundamentally different way?

Challenging mindsets and structures.

3. ADAPT & TRANSFORM

Apply new insights to redesign how we work together, allocate resources, and serve communities.

Driving system change.

OUTCOME

Stronger partnerships, better program outcomes, healthier communities, and a more equitable and resilient health system.

Source: Approved LEADS in a Caring Environment framework. Illustrative example developed with Canva and GPT Astra 6.1 (OpenAI, 2026).

08 How we built these files

HOW WE BUILT THESE FILES AND IMAGES

Human-led. AI-assisted. Evidence-grounded.

Approved LEADS Refresh content remained the source of truth throughout.

1

APPROVED INPUTS

Phil provided the approved LEADS Refresh content, evidence (codes, sources and frequency counts), wording, framework decisions and intended messages.

2

SYNTHESIS

ChatGPT reviewed the supplied material, organized themes, connected evidence and translated complex content into visual concepts.

3

VISUAL DEVELOPMENT

Draft graphics and presentation treatments were created using AI-assisted design and presentation tools (Astra 6.1Skills and Plug-Ins, Canva).

4

AGENTIC SUPERVISION

Phil reviewed every output, challenged assumptions, reasoned through choices, corrected wording and directed iterative refinements.

5

FINAL OUTPUT

Only the reviewed and approved versions were retained for presentation and knowledge-mobilization use.

THE GOVERNING PRINCIPLE

AI accelerated synthesis and design; it did not replace content ownership, judgment, review or approval.

Final visuals reflect a human–AI collaboration under active expert supervision.

09 Sources accessed

SOURCES ACCESSED

Source trail for the final digital visuals

Sources consulted or reviewed during development of the visuals retained in this deck.

LEADS Refresh Methodology

LEADS Refresh project materials: project plan; interview/focus-group process; literature review and thematic synthesis; Structured Group Review (Mar 23); Expert Technical Review (May 21); Expert Convergence (Jun 24); Steering Group approval (Jun 25); approved 2026 LEADS framework.

Leadership Challenges Facing Healthcare Leaders Today

LEADS Refresh Structured Group review of participant evidence from the What We Heard findings, literature clusters and approved cross-cutting themes.

Leadership Required to Build a Healthier Tomorrow

LEADS Refresh participant evidence themes + approved 2026 LEADS capability statements; synthesis of leadership implications arising from identified challenges.

Exploded View of the Refreshed LEADS Framework

Canadian College of Health Leaders (2026), approved LEADS in a Caring Environment Framework — 5 domains, 20 capabilities, refreshed definitions and examples.

Five Domain Slides — Lead Self; Engage Others; Achieve Results; Develop Coalitions; Shape Systems

Canadian College of Health Leaders (2026), approved LEADS in a Caring Environment Framework. Domain wording and capability statements checked against the approved refresh.

Equity Is Every Leader’s Responsibility

CCHL (2026) LEADS framework; National Collaborating Centre for Determinants of Health; PHAC/Health Canada; CIHI; National Collaborating Centre for Indigenous Health; Health Quality BC; Canadian Health Inequalities Data Tool; Ontario Health EIDA-R; EQUIP Health Care; WHO (2025) social determinants report; WHO Commission on Social Determinants of Health.

Safety and Quality Improvement Are Job #1 for All Leaders

CCHL (2026) LEADS framework; Healthcare Excellence Canada (2023), Rethinking patient safety; LEADS Refresh Team contextual materials and healthcare examples.

Capabilities in Practice — Safety and Quality

CCHL (2026), 2026 LEADS Framework Refreshed Version; Tholl & Dickson (2022), LEADS at a glance, pp. 8–9; Healthcare Excellence Canada (2023), Rethinking patient safety.

Practice Guide — Director Leading an Inter-Agency Health Program

CCHL (2026) approved LEADS framework; LEADS Refresh application logic, approved capability statements and user-supplied inter-agency healthcare leadership context.

Development note: Approved project content and framework decisions remained primary; external sources were used for contextual guidance and evidence support.

Visuals developed iteratively with ChatGPT/OpenAI and Canva under Phil Cady’s review and approval.