

# Leading in Complex Systems:

## 10 learning points for developing multi-agency leadership teams

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AQuA Practical Improvement Series - 001



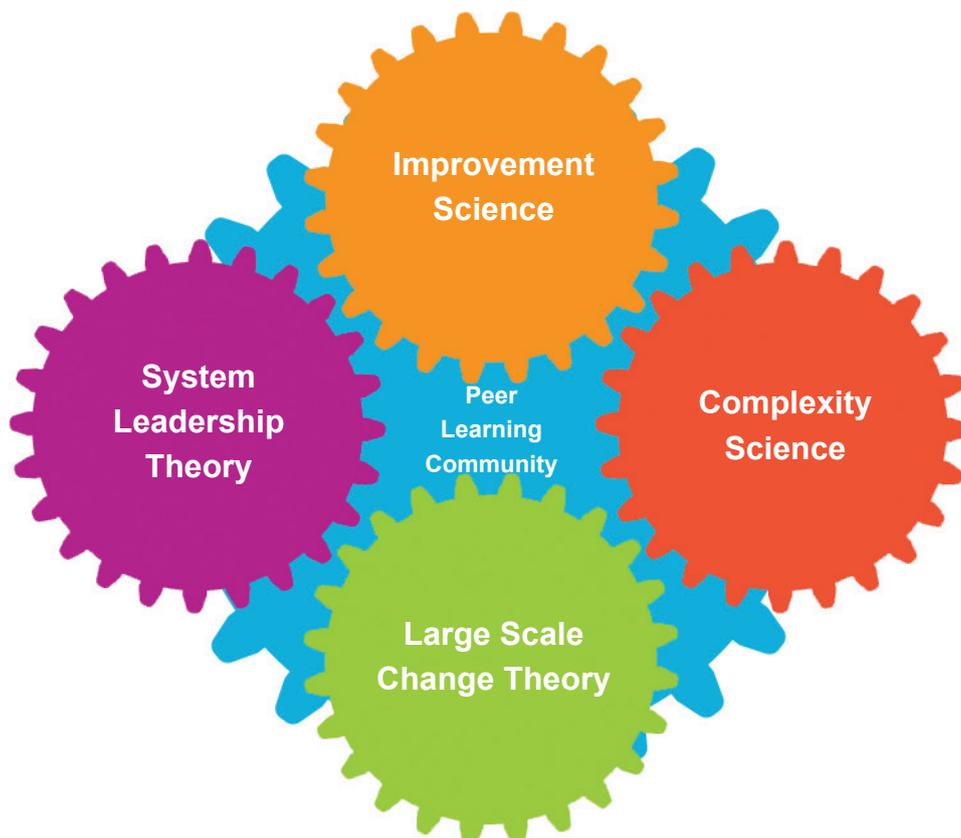
## Introduction

Over the last five years The Advancing Quality Alliance (AQuA) has worked intensively with health and care system leaders across the UK to design and implement new models of place-based integrated care as a means to transforming health outcomes for local people. We have seen first-hand the challenge of leading in complex systems and the wicked problems that leaders face. We have learned a lot through experimenting with different ways to build both distributed and team-based local leadership capability, and there is no magic formula!

We share our observations with the intention of helping others involved in designing similar initiatives and offer:

- ten learning points and development opportunities for senior leadership teams involved in large scale complex change
- a description of our change model that blends the theories of system leadership, complexity science, improvement science and large scale change (Fig.1) to support multi-agency leadership teams
- links to more detail on the theory and application for those who want to explore further.

Fig 1: AQuA's System Change Model



# Ten Learning Points and Development Opportunities

## 1. Blend theory and methodology

A blend of system leadership theory, complexity science, large scale change methodology and improvement science works well in supporting system leaders with transformational change. We found that the marriage of these four leadership and change management methods compliments the leaders' existing skills and real life experience of transformational change. The practical focus and experiential learning methods of a flexible development programme helps the teams to build confidence and experiment with new approaches to leading complex change. The use of simple metaphors to explain aspects of complexity science, such as the advice to 'think like a farmer not an engineer' resonates with leaders and helps them to focus on their role as enablers of change rather than being the person with all the technical answers.

## 2. Intentionally design system leadership support into transformation programmes

We see large scale system leadership development as a building block in transforming place-based care and believe that support for multi-agency leadership teams should be proactively designed into all system transformation programmes. The wicked issues that characterize complexity require leadership skills that are significantly different to traditional organisation-based leadership. They require nimbleness, multiple perspectives, joint learning and unlearning, and a mental frame that sees leadership of complex systems as observing, testing and experimenting at a place-based level. Models such as AQuA's can form a foundation upon which to build support for local leaders in the inevitable highs and lows of long-term, complex change.

## 3. Model collaboration in the provision of system leadership support

It makes sense that if new models of care require collaborative team work between peers in local organisations, then the design and delivery of system leadership development should be collaborative and multi-agency too. This contrasts with the traditional approach of profession-based or sector-based leader development and requires the relevant local agencies such as NHS leadership academies, Local Government Alliances, local improvement organisations e.g. AQuA, academic bodies and others to collaborate in a description of system leadership and in the provision of integrated leadership and change management resources.

## 4. Teams learn to lead together

Enabling system leadership teams to learn together is very powerful. A senior leader in the North West neatly framed the challenge of collaborative leadership development when he asked AQuA to help his team 'learn to lead together.' He recognised that the move from traditional heroic to more collaborative styles of leadership requires us to think differently about how to equip people for this role.

Teams are not necessarily formed of people with strong pre-existing relationships, and participants valued a safe environment and protected time to explore personal values and aspirations for place-based rather than organisation-based care; to develop trust and to commit to one another; to understand each other's experience of, and expertise in system leadership, complexity science, quality improvement and large scale change; and to craft a common narrative and collective plan. Team coaching, peer learning and introduction to relevant leadership and change theories helped teams to be resilient and brave in the face of inevitable uncertainty.

## 5. Develop distributed system leadership capability

Create a critical mass of people in the local system with the knowledge and skills to apply this blend of system leadership, complexity science, large-scale change and quality improvement to place-based change initiatives.

Experience of the adoption of change all over the globe suggests that 'push' based change is unlikely to be widely adopted, nor to result in a happy workforce! Conversely, a distributed leadership approach can engage others in the change movement, generate momentum, enable the senior leaders to share the burden of implementation and develop practical change skills in the wider workforce.

In recognition of this AQuA's programme design encourages leaders to share power and to demonstrate their trust in others' ability to make decisions. We help to create a critical mass of people in the local system who can take responsibility for application by supporting local capability-building and training initiatives. Spread events enable each leadership team to invite a wider group of stakeholders to learn about the theory of complex change and system leadership. To help build local resilience and sustainability, we cast the leadership team in the role of coaches and enablers of change rather than the people making all the decisions and with all the answers.

## 6. Sustain support to leaders

We know that the consequences of complex change are hard to predict, likewise the support needs of system leadership teams can vary over time yet traditional leadership development tends to be time-limited rather than linked to the life cycle of the transformation. Our experience is that leadership teams request help at different points in their programme as new opportunities and challenges emerge. For example, leaders experienced considerable role ambiguity as they tried to balance the transactional demands of the current state system with promoting and leading transformation to achieve the future state. One participant described this as “... all the time marching to two different beats...”

and the tension associated with balancing both transactional and transformational roles can affect the leadership team’s dynamics and relationships with one another. Complexity also requires leaders to unlearn behaviours and ways of thinking. Unlearning can be risky and leaders can feel uncertain as they grapple with the emotional attachment to old ways. For these reasons, a long-term commitment to provide system transformation teams with leadership development and peer support can be valuable in sustaining their energy, motivation and resilience.

## 7. Tailor support for senior and executive leaders

Our experience is that there is a need to differentiate the support for 'senior middles' and the executive leaders. Our initial co-design work indicated executive board level participants as the target audience for system leadership development and whilst some participants were at this level, the majority were in immediately sub-board positions with accountability for their organisation's involvement in the local change programme. The Office of Public Management's evaluation demonstrated the value of investing in the very 'senior middles' and the impact they derived from a programme that weaved together relationship building, leadership development, change theory and practical improvement support (OPM, 2015).

We found that executive sponsors value separate lighter touch support, for example in the form of masterclasses, discussion forums, action based interventions and group coaching of the top team. We also learnt that we needed to be more specific in the expectations of sponsors in supporting their participants journey and to consider a compact – a form of commitment - between AQuA as the programme organisers and others at several levels:

- a. AQuA and participants
- b. Participants with each other as team members working collectively to support transformation of place-based care
- c. Participants with their sponsors

***“When we initially asked people to sign up, we wanted directors or assistant directors. But actually, getting [senior managers] talking is even more important. They needed protected time to come together to plan some of that mobilisation planning – we already had aligned strategic intentions.”***

***(Programme participant)***



**Delivery**

## 8. Support relationship development at all levels

Relationships are the cornerstone of all change initiatives, whether large or small. More attention should be paid to helping staff develop constructive working relationships with each other. Equally important is supporting staff to develop partnership relationships with service users and local people as part of ensuring that services are place-based and tailored to local need. Relationship management and partnership working skills such as shared decision making and self-management support, motivational interviewing and appreciative inquiry should be incorporated into system-level capability building plans.



**Skills in  
the wider  
workforce**

## 9. Embed improvement expertise in leadership teams

Whilst some of the participating teams members had significant knowledge and practical experience of quality improvement methods, coaching (both leadership and coaching for improvement) and change management, or could access local resources to support implementation of their change initiative, this was not the case for all. As a result, some teams struggled to translate programme concepts into practice and to engage and mobilise the wider workforce in a distributed leadership model. We strongly recommend that expert improvement resource is embedded in transformation teams from the outset and where this does not exist, consideration should be given as to how expert improvement advisors capable of operating at all levels of the system can be trained.

*“The programme supports the individuals on it and builds resilience, understanding and tools at leadership level, but the gap is how you operationalise this and what the implementation plan looks like. That will look different for the different systems involved, we have struggled with how we make it happen when we go back into the organisation.”*

*(Programme participant)*



**Skills in  
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## 10. Think measurement – what is feasible?

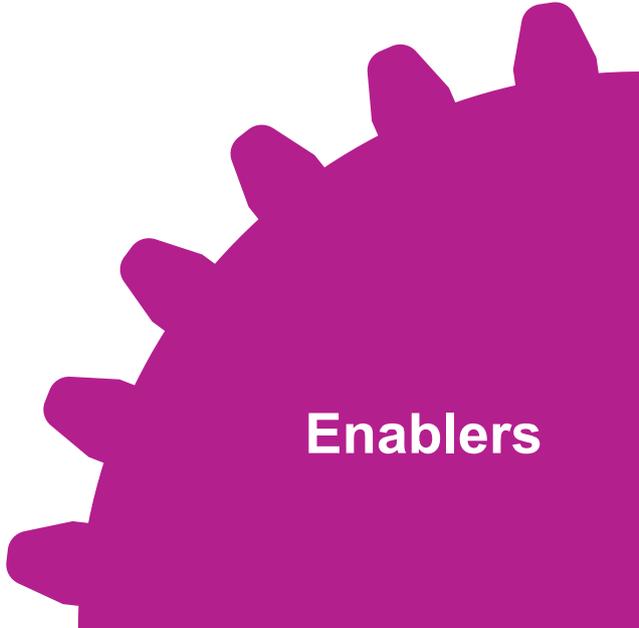
Major shifts in population outcome require tracking over the long term, however other measures can be captured during a leadership programme such as changed relationships, personal confidence and team cohesion. These can be reported by individual participants and their sponsors and the observations of partner agencies not directly involved in the leadership programme may be useful markers of progress.

The use of a blend of measures and approaches to evaluation such as Kirkpatrick, case studies, stories, external evaluation and process measures related to locality changes demonstrated the efficacy of theory and application.

AQuA's Integrated Care Framework Assessment tool (AQuA, 2012) was both popular and useful to programme teams and to faculty. By reviewing the baseline and six monthly scores the programme could be tailored around common development needs. Several of the tools such as AQuA's Integrated Care Framework Assessment and the NHS Sustainability Tool are freely available and can be self-administered by the teams to gauge progress over time.

***“Previously we wouldn't have collected so many stories or built such a narrative, and our leaders probably wouldn't have put the effort in to collaborate and repeat.”***

***(Programme participant)***



**Enablers**

## Further reading...

So....those were the headlines! For more detail on AQuA's Practical Improvement Series – 001

The background to this work:

[www.AQuAnw.nhs.uk/resources/aqua-practical-improvement-series-001/21234](http://www.AQuAnw.nhs.uk/resources/aqua-practical-improvement-series-001/21234)

AQuA's model of change and design of the Leading Complex Integrated System Change Programme:

[www.AQuAnw.nhs.uk/resources/aquas-model-of-change/21235](http://www.AQuAnw.nhs.uk/resources/aquas-model-of-change/21235)

System leadership:

[www.AQuAnw.nhs.uk/resources/system-leadership/21237](http://www.AQuAnw.nhs.uk/resources/system-leadership/21237)

*Author: Belinda Weir, AQuA Affiliate and Director of Leadership and Senior Fellow, Health Services Management Centre, University of Birmingham/Leadership Associate: The King's Fund*

Complexity science:

[www.AQuAnw.nhs.uk/resources/complexity-science/21238](http://www.AQuAnw.nhs.uk/resources/complexity-science/21238)

*Author: Paul Plsek, AQuA Affiliate and Director, Directed Creativity*

Large scale change:

[www.AQuAnw.nhs.uk/resources/large-scale-change/21239](http://www.AQuAnw.nhs.uk/resources/large-scale-change/21239)

*Author: Paul Plsek, AQuA Affiliate and Founding Director of the Academy for Large-Scale Change for the NHS*

Improvement science:

[www.AQuAnw.nhs.uk/resources/improvement-science/21240](http://www.AQuAnw.nhs.uk/resources/improvement-science/21240)

*Authors: Elizabeth Bradbury, Director AQuA and Nicki McNaney, AQuA Affiliate*

## References

AQuA (2012) *System Integration Framework Assessment Tool*. Manchester: AQuA. Available from: [www.AQuAnw.nhs.uk](http://www.AQuAnw.nhs.uk) (accessed March 2016).

Office for Public Management (2015) *Evaluation of the Leading Integrated System Level Change Programme. Report to the Advancing Quality Alliance (AQuA)*. London: OPM.

## Find out more...

The Advancing Quality Alliance (AQuA) is a quality improvement organisation based in North West England. AQuA's aim is to transform the quality of care commissioned and delivered by its' member organisations and consultancy customers.

### How to find out more

You can also find a number of other useful resources on AQuA's Resource page -

[www.AQuAnw.nhs.uk/resources.htm](http://www.AQuAnw.nhs.uk/resources.htm)

We welcome conversations about how we can support you to develop local system leaders and in the wider work of transformational change. For further information please contact:

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