Adaptive leadership and responses to the covid-19 challenge in health and care

The Wessex Rapid Insight programme

Wessex AHSN is a member led regional organisation that brings together health and care systems, universities and industry to promote and support innovation that improves care and the economy. Like everyone else, the rise in covid-19 cases during March and the need for health and care services and society to respond to unparalleled challenges, meant our working world changed completely. This paper describes how we chose to quickly re-orientate our priorities and how we supported our member organisations by providing Rapid Insight into the changes they were making.

Our members were working together in their health and care systems to understand fast-changing policy directions and accelerate their decision making and implementation of large-scale change. We wanted to play our part and to support them. Our Rapid Insight offer was to work alongside them to capture learning about the changes that they had put in place to support their response to covid-19 and to help them understand which of these changes they would want to keep and develop in the longer term.

We formed a Rapid Insight team to develop and deliver this new work programme. This comprised staff from across the AHSN - with expertise in evaluation, implementation, specialist subject knowledge and local system knowledge - and senior implementation managers from NICE whose active involvement provided insights into the implementation challenges on the ground. The Health Foundation is a key partner in this work, jointly funding the capacity and resources to deliver the programme and supporting dissemination of the learning. We had a lot of experience of evaluating new care models and new technology that we could draw upon to design our Rapid Insight methods.

In our early internal discussions, we identified the importance of Heifetz[i] work on responding to adaptive challenges and the nature of leading when there aren't easy answers. This became our frame of reference:

We took adaptive work and leadership as our frame of reference

Covid-19 has created unprecedented levels of disruption to all of our lives (at home and at work) to Government and our economy, and to how health and care can be delivered and accessed.

Like others we identified **Heifetz work on adaptive change and leadership** as of central importance to understanding how health and care organisations and systems were responding to their unprecedented challenges.

An **adaptive challenge** is one that can't be met by the existing technical fixes or repertoire of management responses. This challenge will require new approaches and innovation, and importantly, changes in the values, beliefs and assumptions of people and organisations. It was clear that the level of disruption caused by covid-19 would mean the individuals, teams and organisations in Wessex would face very significant adaptive challenges over the coming years. And that those that build their adaptive capacity now will be best placed for this challenge.

Adaptive challenges require **adaptive responses**. This seeks to reduce the gap between the values people stand for and the new reality they face. It creates internal contradiction and conflict, and this in turn can produce the leverage to mobilise people to clarify what matters most and how to handle

the trade-offs in the new reality. Testing and understanding the reality of the challenge means involving people from multiple vantage points and not just through normal lines of authority.

Heifetz describes the central purpose of **adaptive leadership** as mobilising people to tackle tough problems. During a prolonged period of disruption and dilemmas about adjustment, leaders need to concentrate more of their efforts on mobilising adaptive work. This would include:

1. **Framing the challenge as adaptive** (not technical) and using this to stimulate engagement and thinking
2. **Giving the work back to the people** and mobilising engagement across traditional boundaries and hierarchies
3. **Regulating the pressure for change** while managing the risk of overload
4. **Protecting the voices of leadership without authority**, who can be closer to detail and are able to influence the attitudes and behaviours of people that need to be supported to change
5. **Avoiding distractions**, such as blaming others, jumping to conclusions or denying the nature of the challenge

It was clear that in many ways health and care is on a one-way journey – that it wouldn't be able to get back to what was 'normal' before the pandemic. Above all we wanted our rapid insight programme to help our members to understand their adaptive challenge and response in ways that would help them manage this long period of unprecedented disruption to adapt to and understand their **'new normal'**.

By the middle of April, we were able to describe our Rapid Insight offer to our members. The first system that took us up on it was North and Mid Hampshire, a large Integrated Care Partnership (ICP) with a population of 570,000. We agreed to design and deliver two virtual workshops in April to explore how they were delivering change together and what they wanted to keep and develop beyond this crisis.

We've now delivered seven large covid-19 Rapid Insight workshops with our members:

- → North and Mid Hampshire ICP Board (28 participants)
- → North and Mid Hampshire ICP Clinical Leaders (55 participants)
- → Dorset Integrated Care System (39 participants)
- → Hampshire and Isle of Wight STP (Discharge) (60 participants)
- → University of Southampton, Faculty of Medicine (41 participants)
- → South West Region – South West CCGs and South Western Ambulance Service FT (40 participants) in collaboration with West of England AHSN and South West AHSN
- → Southern Health FT (97 participants)

In North and Mid Hampshire, the system workshops were followed up with two rapid case studies on discharge from hospital and remote consultations. In Dorset two rapid case studies on remote consultations in child health and general practice are nearing completion.

The rest of this paper considers the findings from the seven Rapid Insight workshops to explore the extent to which the systems have responded in an adaptive way to covid-19. The findings are organised according to five principles of adaptive leadership derived from Heifetz' work.

Insight into adaptive leadership and responses to covid-19

1. How the covid-19 challenge has been framed

An adaptive challenge is one that cannot be met by technical fixes and the current repertoire of management or policy responses. The challenge requires new approaches and innovation, and importantly, changes in the values, beliefs and assumptions of people and organisations. It is important that leaders diagnose and then frame the challenge as different.

The early weeks of the covid-19 challenge in health and care were characterised as a crisis response. The Government declared a Level 4 National Incident on 30th January and on 17th March NHS England and Improvement (NHSEI) wrote to the NHS leaders to initiate what was described as "the fastest and most far reaching regrouping of NHS services, staffing and capacity in our 72-year history".[ii] There was a risk that inpatient acute and respiratory support capacity could be overwhelmed and avoiding this became the focus, while routine regulation activities were suspended and block funding mechanisms instigated. On the 29th April NHSEI described the second phase of the NHS response to COVID-19 following the peak in hospitalisations and anticipating an extended challenge of falling numbers of cases while re-starting other urgent services.[iii] This should include 'locking in' the beneficial changes made so far.

While the scale and pace of the challenge has been unprecedented, national framing, guidance and direction is familiar to the NHS and Local Authorities. Through our rapid insight workshops we identified three common themes that capture how our local systems understood and framed their covid-19 challenge as different.

- **It is a challenge that is shared and owned by the system**. All of them described their system (health, care and public sector) as the place where the response to covid-19 is being led and driven. And all of them described a new shared common purpose as giving this energy. Improved system relationships and greater levels of collaboration were common. One system described the importance of valuing different perspectives to understand the issues being faced. The suspension of regulation and financial rules, and central support with additional costs undoubtedly helped to frame covid-19 as a system challenge. It is clear that these systems quickly adopted fundamentally stronger system sentiment.

- **The response requires much faster pace and agility.** All of them described greater delegation within their system, a sense of empowerment among those who are not usually the decision makers and faster, less bureaucracy. A greater tolerance for trying new things, encouraging creativity and adapting approaches was described. Once again, the reduction in 'national red tape' was described as helping to liberate a better way of working together.

- **The response requires more technology and innovation**. The physical constraints associated with covid-19 frames have driven systems to re-think how they provide health and care and innovate. Much of the response has been planned and delivered by people working in new collaborative teams, remotely from home for the first time and using technology that was unfamiliar. Our rapid case studies have explored the exponential increase in remote consultations and how a new single point of access for discharge was designed and delivered on MS Teams.

2. Giving the work back to the people

Adaptive leadership mobilises people across organisations to think, learn and work together on tackling problems – crossing traditional boundaries and hierarchies and encouraging diversity of thinking.[iv]

The emergence of **stronger and more collaborative clinical leadership** is a strong theme from all of our rapid insight work so far. The Dorset system describes more meaningful time for clinicians to contribute, with better communications and relationships. This has supported daily consultant/ GP liaison and clinically led pathway design at pace. In North and Mid Hampshire, the 'Friday Zoom meeting' brings together up to 100 multi-professional clinicians to share and drive their collective response to covid-19. It is informal and hosted by the CCG Clinical Chair and acute trust Medical Director. Clinicians share their experience of adapting to covid-19, offer support and advice and volunteer to take projects forward. It has matured and developed through their response and is now branded as the "One Team Approach".

We have also heard of many examples of **cross sector multi-disciplinary teams** forming to take collective responsibility for key elements of the response. In Hampshire and the Isle of Wight, operational and clinical leaders from all health and care organisations came together to work with common purpose to redesign hospital discharge and implement single points of access in each of their four local systems. In North and Mid Hampshire delayed discharges were reduced from occupying 61 acute beds on 13th March to 9 beds on 10th April and this has been maintained. The staff described themselves as empowered, energised and proud of what they've achieved together – working virtually and flexibly. In the South West Region, participants identified the flexibility and adaptability of staff as key to their response. In Dorset the existing primary and community care transformation programme was accelerated.

For some, the pace at which change was driven, and the reactive nature of the response, were less comfortable. For others, the requirement for more flexible working to meet demand meant rapid re-deployment to areas of work that were less familiar and with less role clarity.

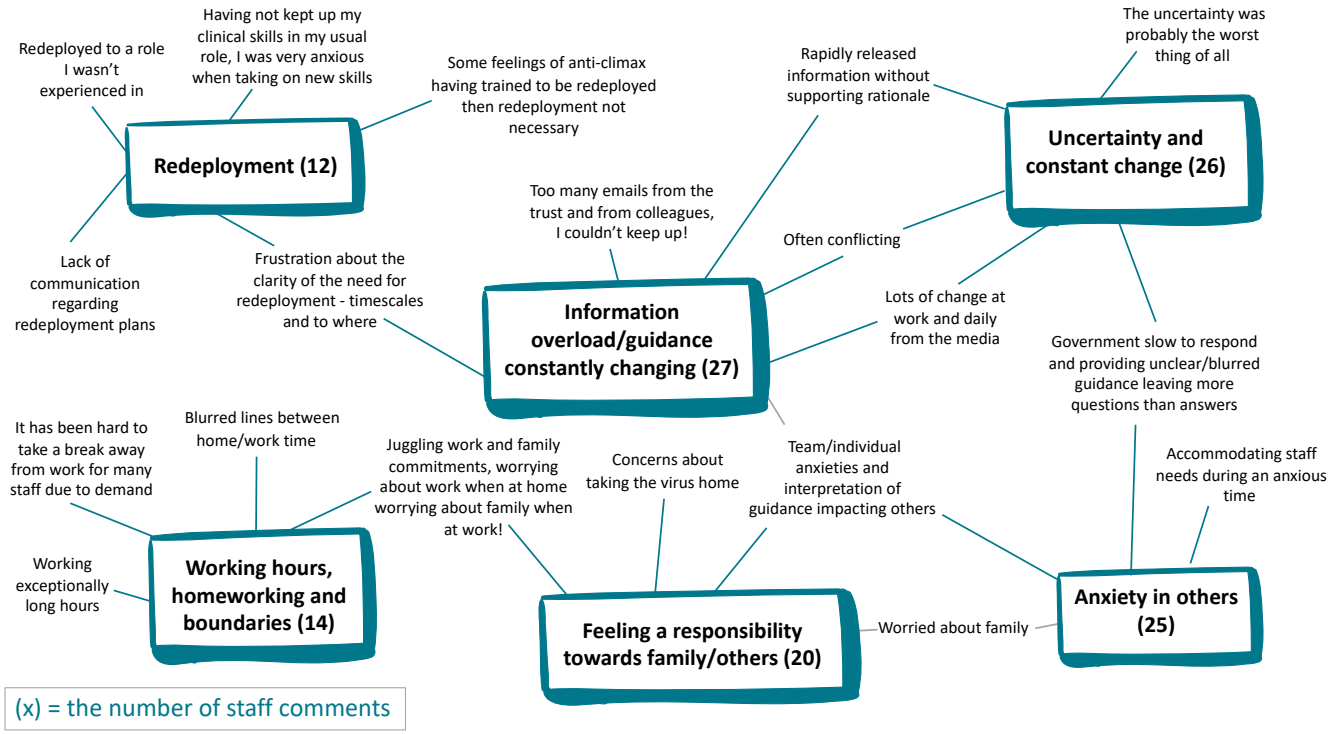
3. Regulating the pressure of change while managing risk of overload

The adaptive response to covid-19 needs to help people and organisations to change their pre-pandemic values, beliefs and assumptions of how health and care is delivered. It exposes and orchestrates the conflict and contradictions to provide leverage for mobilising people to learn new ways to deliver their service. But there are practical and psychological demands of this crisis that need to be understood and managed to keep the right balance between creative tension and giving up. The wellbeing and health of staff was a key theme identified by most of the systems as requiring particular attention. Our system rapid insight workshops identified common experiences that have hindered their response and added to the pressure on people:

- **Back to back virtual meetings**. Many people described the impact of long days at home in continuous virtual meetings with little or no time to take action. Remote working seems to be more time consuming and tiring than the previous physical world.
- The **pace of change** was sometimes described as too fast to be done as well as it should have been, in particular communicating change and taking people with them.
- Reliance on and waiting for **national direction** creates tension and frustration. Particularly when there is contradictory national advice or it cuts across local plans and circumstances.
- **Having to change direction** as circumstances and guidance changes has been stressful for teams and leaders.

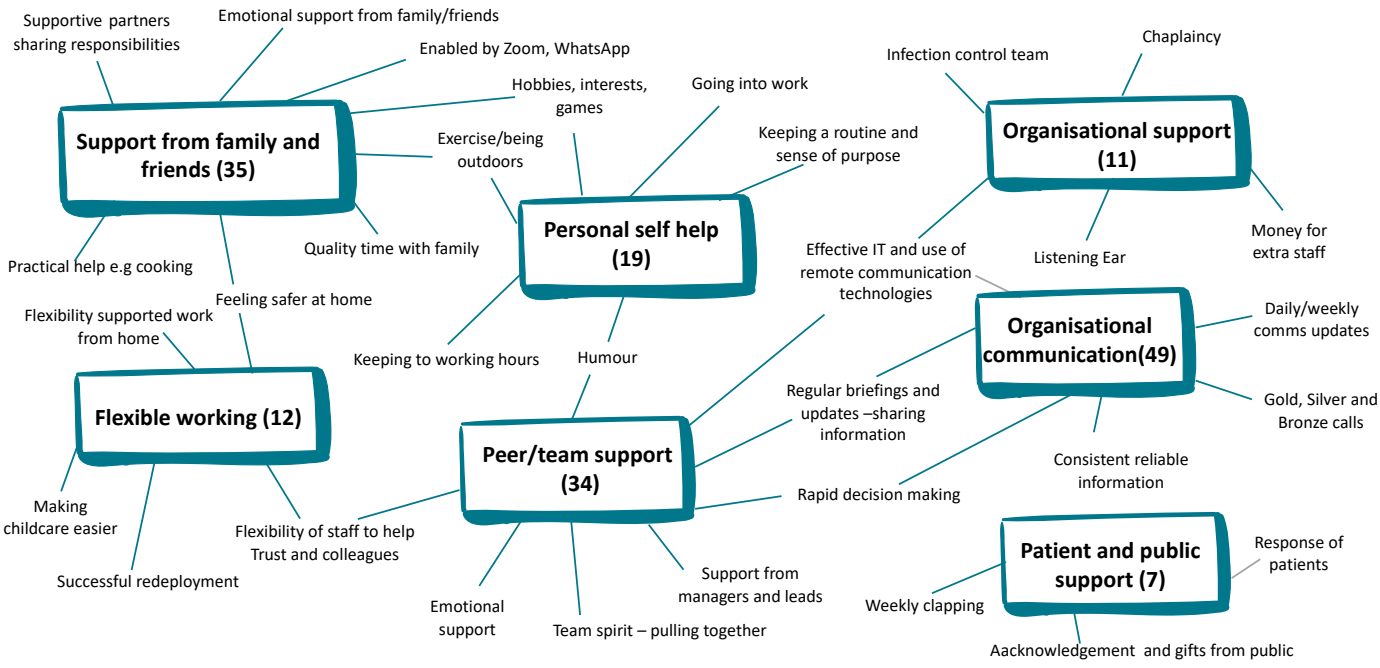
The NHS published its People Plan for 2020/21 in July[v], praising and thanking the people who make up the NHS for their support to the response to covid-19 and setting out what they can expect from their leaders and each other for the rest of this year. It highlights a range of profound changes that have emerged so far, including a greater focus on the health and wellbeing of staff. We held a rapid insight workshop with a wide range of 97 staff from Southern Health FT (a community and mental health trust) focusing on their experience and wellbeing during the response to covid-19. These two mind maps describe the things that made it harder or easier during the peak of the crisis:

What made it much harder at the peak of the crisis?



(x) = the number of staff comments

What made it easier to cope at the peak of the crisis?



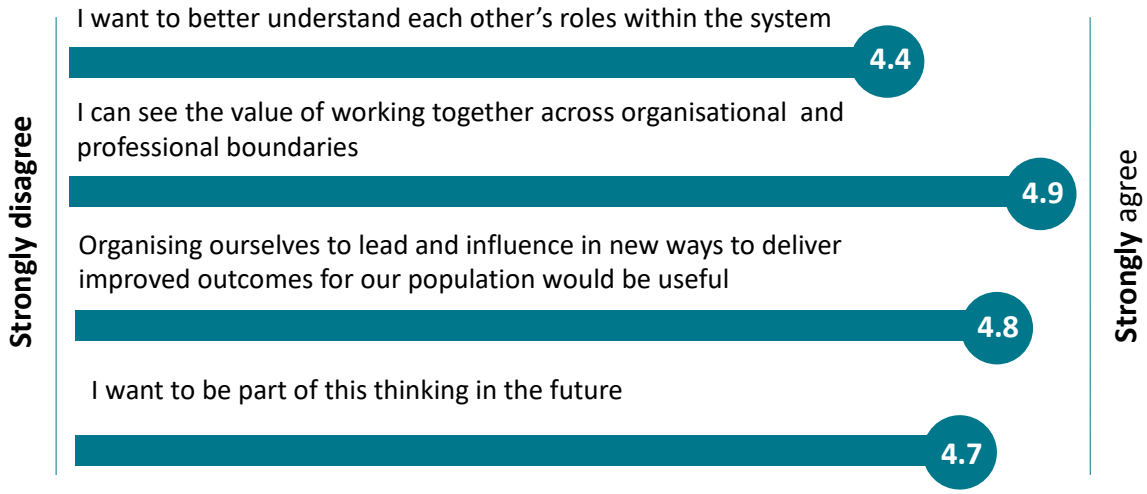
One clear insight is how well-being is shaped by essential interplay between staff's personal lives, their team and the organisation. The workshop also asked them to look forward to the next six-months and describe what would help them cope and they identified these top four themes:

Culture (47)	Continuing to empower staff and keeping up the pace with decision making. Maintaining the rate of formal and informal communication.
Agile, flexible working (38)	Embedding the new streamlined ways of working and use of technology. Agreeing the long-term use of office space.
Optimising technology (37)	More IT support (24/7 help desk) and more training.
Wellbeing and safety (23)	Continuing to support each other and ensuring sufficient PPE. A greater emphasis on staff taking annual leave providing resilience support to teams.

4. Protecting the voices of leadership without authority

An adaptive response to a situation as complex as this pandemic requires the contribution of people from multiple vantage points and different values. Adaptive leadership aims to induce this learning and look beyond purely top-down solutions. Many clinicians and professionals lead without formal authority and they are usually closer to the detail of what needs to change and the people this will involve.

The sense from our rapid insight work is that the response to the covid-19 challenge has drawn a much wider and diverse group of people into finding the solutions and that informal groups have formed to take collective responsibility. We described the "Friday zoom meeting" in section 2 and this is a great example of this. We held an evening virtual workshop with 55 clinicians and professionals from this system and included the following survey to explore their interest and commitment to working together to lead change. The results were very positive (scored out of 5):



The importance of including the views of patients and families in planning for the future came through strongly in the workshops. Patient and carer interviews and focus groups were included in our case studies on remote consultations and discharge.

5. Not getting distracted

Adaptive change isn't easy. People hold their values dear and it can be painful to change or lose your role, routine or purpose. Heifetz warns against avoiding the hard work of adaptive change by getting distracted by – for example – blaming authority (externalising the enemy), wishful thinking (that it might go away) or focusing on less stressful actions (that won't meet the challenge). The challenge for adaptive leadership is to avoid these distractions and continue to support the conditions for people to learn and adapt to the new reality together.

Our rapid insight work has found little evidence of distraction from the adaptive work to meet the covid-19 challenge in Wessex. The size of this global challenge has kept people focused on the need for a fundamental response, driven by the opportunity of common purpose and distributed leadership across systems.

Participants from all of the systems expressed degrees of frustration with delays and contradictions in national guidance and increasing levels of upward reporting. There is a risk that this could distract from the hard work of responding to the complex challenges of covid-19. There appears to be an important adaptive issue with getting the right balance between central command and control and local initiative. And how this balance changes (adapts) as we move from an initial fast-moving crisis to a long period of management and adjustment to an emerging 'new normal'. National and local leaders have a shared need to minimise distractions from the essential tasks at hand.

On the 31st July NHSEI wrote to NHS leaders describing the actions for a third phase of response to covid-19.[vi] The priorities are to accelerate the return of non-covid-19 health services while preparing for winter alongside a possible covid-19 resurgence and locking in beneficial changes made so far. The national incident level was reduced from 4 to 3, which transitions from national to regional command and control. AHSNs are all working with their partners to help understand and lock in the beneficial changes made so far locally and nationally.

An emerging new normal

We asked the wide range of participants in all of our system workshops to reflect on the changes they've made so far and to share their top three that they'd like to continue as part of their new normal. There was a lot of agreement around the following themes:

→ **The primacy of system working**. To continue to be aligned around a common purpose that trumps 'the old' organisational barriers.

→ **Widely distributed leadership**. Working as 'one team', taking collective responsibility for finding solutions and moving beyond 'the old' professional barriers (particularly between GPs and consultants).

→ Continuing to work at a **faster pace, with more agility**. Greater devolution and support to try things and learn.

→ **Locking in the technological benefits** so far and building on these.

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Further reading

The two detailed rapid insight case studies on Remote Consultations and Discharge can be found at https://wessexahsn.org.uk/innovation-insight-library

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References

[i] Heifetz, R. (1994) Leadership Without Easy Answers. Cambridge, Mass: Harvard University Press

[ii] 17th March 2020. Important and Urgent – Next Steps on NHS Response to COVID-19. Letter from Simon Stevens and Amanda Pritchard. NHS England and Improvement

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[iv] Robbie MacPherson and Paul 't Hart. Leading in a Crisis: Using Adaptive Leadership to Shape COVID-19 Crisis Response. 18th April 2020

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