



Government of **Western Australia**
Department of **Health**

Health Leadership **STRATEGIC INTENT**

2019 – 2029





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Message from the **Director General**

Leadership within health systems across the world is now widely recognised to be the primary influencer of organisational culture, staff satisfaction and ultimately patient care. Leadership effectiveness is linked to better organisational performance including clear direction, better planning, faster execution and better staff engagement.



The WA health system aspires to a leadership approach that is: values-based; collective, collaborative and decisive; transformational, innovative and agile; and system-focused.

It is critical that we acknowledge and develop leadership at all levels and across the system to empower individuals and teams and exercise leadership from wherever they are, “from ward, to office, to board”.

The Health Leadership Strategic Intent 2019–2029 introduces the WA health system to a new perspective on the work of leaders and leadership. Its four strategic intentions will support us in shaping a contemporary leadership culture and the high level integrated development plan will enable us, together, to achieve our vision over the next 10 years.

Implementation of the Strategic Intent will focus our attention on the identification, development and nurturing of leadership talent, for the benefit of the WA health system and the WA community as a whole.

This document aligns with, and will support the implementation of the Department of the Premier and Cabinet’s Service Priority Review (2017) and the WA health system’s Sustainable Health Review (2019). It will also build on the success and progress already achieved through WA Health’s current leadership programs.

The Strategic Intent will guide a system approach to the design and availability of programs and initiatives to support leadership, and the transformation of individuals, teams and organisations.

It will ensure that leadership development is more seamlessly integrated with our workforce reform agenda and will further align our leadership recruitment and selection, performance development, talent management and succession planning.

Development of this Strategic Intent would not have been possible without the thoughtful insights gained through an extensive consultation process. We very much appreciate the contributions of staff across the health system, other public sector agencies, external partners and organisations, universities and consumer representatives who gave their time freely throughout the process.

Dr DJ Russell-Weisz
Director General

Executive summary

Effective Leadership is widely recognised as the primary influencer of organisational culture, staff satisfaction and ultimately patient care. Leadership effectiveness is linked to better organisational performance, including clear direction, better planning, faster execution and better staff engagement.

The results of both the Sustainable Health Review and Department of Premier and Cabinet Service Priority Review highlight effective leadership, and the development of leadership capacity as critical to our ability to thrive into the future and continue to provide high quality and responsive services that meet the needs of the WA community.

The Health Leadership Strategic Intent 2019–2029 will shape the future of leadership development across the WA health system. The eight enduring strategies of the Sustainable Health Review present health leaders with a series of complex adaptive service delivery challenges. Formal leaders and health professionals will need to rethink their own roles, the roles of their organisations and the roles of leaders and leadership to successfully meet that challenge.

This document has been informed by evidence as well as the experience and expertise of current health leaders. In line with best practice it offers a system focused development framework that encompasses:

Our changing leadership context

- We are operating in an environment that is increasingly Volatile, Uncertain, Complex and Ambiguous (VUCA) and leaders need to become skilled at navigating as well as directing.
- The future of leadership is collaborative and collaborative leadership capacity is more critical than individual leadership competence.
- Development needs to be both horizontal (developing skills and expertise) and vertical (maturing to a broader action logic).

Our vision for health leaders and leadership

The WA health system is shaping leaders and leadership that is:



Courageous



Values-aligned



Collaborative



System-focused

Four strategic intentions

1. Build a leadership and talent pipeline that delivers values-aligned and fit for purpose leadership capacity across the system.
 2. Cultivate the competence and capacity to practice courageous, values-aligned, collaborative and system-focused leadership.
 3. Shape a culture that promotes leadership wellbeing, growth and development.
 4. Create a system-focused approach to leadership performance and development.
- An integrated development pathway focuses on creating the conditions across the system for collaborative leadership to emerge and thrive. We invite leaders and leadership teams across the system to engage together as we co-design this next stage of our leadership development journey.

Introduction

The Western Australian health system can be proud of the high quality care, commitment to service excellence, and innovative practice that we have offered the WA community over many decades. We have a culture that values learning, welcomes new ideas, and is recognised locally and globally for our commitment to development and our contribution to clinical practice and better health outcomes.

These strong foundations will serve the WA health system well as we engage in the next stage of our growth and development. We are expanding ourselves in new ways to respond to a changing demographic, changing community needs and a dynamic economic and political environment.

To thrive into the future and continue to provide great health services and outcomes to the WA community, we will need to evolve how we think about leadership and our approach to leadership development. We will need to rethink our individual roles, the role of our entities, the role of the system and the role of leaders and leadership. The Health Leadership Strategic Intent 2019–2029 creates the context and framework for much of that thinking.

Specifically we will:

- rethink the ways in which we develop clinical and non-clinical leadership capacity across the system and how we attract and retain leadership talent
- strengthen the foundations of our core leadership competencies to ensure a robust and reliable pipeline of leadership talent

- expand our collaborative leadership capacity to respond effectively to the significant social wellbeing challenges presented in the Sustainable Health Review.

We are confident that with our strong foundations, and a committed workforce who are willing to grow and develop, we have all the ingredients for success.

The Health Leadership Strategic Intent 2019–2029 has been informed by an extensive consultation process, with a broad community of key stakeholders. This has been matched with a robust review of global research in clinical and organisational leadership.

It offers a vision and strategic direction that:

- aligns with our shared values across the system
- focuses on delivering the transformation required by the Sustainable Health Review
- respects the independence of each entity, whilst also building collaborative system capacity.

We appreciate the input of the many stakeholders who participated in the consultation process

- **Clinical and non-clinical staff from across the system**
- **Alumni from our leadership development programs**
- **Health Service Board Chairs, Executives and Directors**
- **Consumer representation**
- **Public sector agencies**
- **Universities**
- **Private and non-government organisations**

“The greatest danger in times of turbulence is not the turbulence – it is to act with yesterday's logic.”

– Peter Drucker

Our changing leadership context

The Western Australian Government’s Sustainable Health Review (2019) has highlighted the need for transformational change across the WA health system. It emphasises that courage, collaboration and system thinking are needed to change how health care is delivered for a healthier, more sustainable future.

Effective leadership is identified as critical for the implementation of the Sustainable Health Review’s recommendations and *Enduring Strategies for Sustainability* (Table 1) over the next 10 years.

Strong and collaborative leadership has also been identified by the 2017 Department of the Premier and Cabinet’s Service Priority Review as key to driving positive and lasting reform of the public sector (Table 1).

Results from the first Minister for Health Engagement Survey (2019) highlights the impact of leaders and leadership on engagement and productivity.

Like most industries, leaders across the WA health system are:

- operating in a global and local environment that is increasingly Volatile, Uncertain, Complex and Ambiguous (VUCA)
- responding to the needs of a diverse and dynamic community in a way that is ever more visible
- dealing with rapid changes to technology and access to data.

Table 1: Public Sector priorities for delivering effective and sustainable services

SUSTAINABLE HEALTH REVIEW ENDURING STRATEGIES FOR SUSTAINABILITY	DEPARTMENT OF PREMIER AND CABINET SERVICE PRIORITY REVIEW
<ul style="list-style-type: none"> ✓ Commit and collaborate to address major public health issues ✓ Improve mental health outcomes ✓ Great beginnings and a dignified end to life ✓ Person centred, equitable seamless access ✓ Drive safety quality and value through transparency, funding and planning ✓ Invest in digital health and use data wisely ✓ Culture and workforce to support new models of care ✓ Innovate for sustainability 	<ul style="list-style-type: none"> ✓ Build a public sector focused on community needs ✓ Enabling the public sector to do its job better ✓ Reshaping and strengthening the public sector workforce ✓ Strengthening leadership across Government

This context is clearly evident in the **Enduring Strategies for Sustainability** which will require leaders and a leadership culture able to:

- solve complicated technical problems and
- lead teams to work successfully with complex **adaptive challenges**.

Technical problems are those where we can confidently apply our authority and expertise, and expect to deliver a successful solution.

Adaptive challenges are those where a “solution” requires a change in belief, roles, relationships, values and our approach to work. In this context the only people who can solve the problem are the people with the problem.

All eight of the **Enduring Strategies for Sustainability** in the Sustainable Health Review contain complex adaptive challenges.

The leadership required to be successful in this context is significantly different to the leadership required to solve even the most difficult technical problems.

We therefore need to develop leaders and leadership that can reliably apply both **expertise and authority** and **adaptive leadership** capacity to:

- work collaboratively with a wide variety of internal and external stakeholders and partner in the development and delivery of new and innovative models of care
- ensure that we can deliver safe, person-centred and integrated care, and high value, sustainable outcomes
- develop themselves and their organisations to embrace technology, work with complex data and lead digital innovation.

KIND OF CHALLENGE	PROBLEM DEFINITION	SOLUTION	WHO LEADS THE WORK
Technical	Clear	Clear	Authority
Technical and Adaptive	Clear	Requires learning	Authority & Stakeholders
Adaptive	Requires learning	Requires learning	Stakeholders

To develop individual **leaders** that the community can trust and be proud of, and who can confidently:

- clarify direction as we adjust (and readjust) course in a volatile operating environment
- secure alignment across key stakeholder groups
- inspire commitment and engagement in their teams and across the workforce.

To develop a **leadership culture** that:

- actively supports leadership growth and development at all levels and across boundaries
- allows all team members to have an opportunity to expand and exercise their personal leadership capacity in service of better health outcomes.

“The biggest single failure of leadership is to treat adaptive challenges like technical problems.”

– Ron Heifetz, Founding Director, Centre for Public Leadership
John F Kennedy School of Government

Our vision for health leaders and leadership

We are committed to shaping leaders and leadership that:

- cultivate courage
- promote values alignment
- operate collaboratively
- optimise systems success.

Courageous



Leaders at all levels are:

- increasing their level of self-awareness and gaining insight into their impact as role models
- demonstrating a growth mindset and are actively engaged in their own growth and development
- communicating a compelling personal vision for the future
- challenging the status quo and are open to positive change.

Values-aligned



Leaders at all levels are:

- aligning their behaviour with agency values
- creating meaningful and shared purpose with their teams and their organisation
- authentic in their communication and ethical in their practice
- holding themselves and each other accountable for their commitments
- investing in their own development and the development of others.

Collaborative



Leaders at all levels are:

- nurturing leadership in others and sharing leadership with colleagues
- investing time and effort in building strong and trusting relationships
- welcoming diverse perspectives, working creatively with conflict, and practicing inclusivity
- fostering strong collaboration between all internal and external stakeholders.

Systems-focused



Leaders at all levels are:

- applying their broad health system and public sector knowledge to their planning and decision making
- expanding their system thinking capacity
- developing confidence in system oriented, risk-based decision making
- developing and applying financial, business and political acumen to optimise system value.

Collective values of the WA health system



An expanded approach to developing leaders and leadership

Delivering against this vision will require a new and expanded view of how we approach leadership development and develop leaders across all levels.

We will build on our existing strengths, frameworks and methodologies for developing leadership **competence** and expand our development approach to include the development of leadership **capacity**.

Building Leadership Competence refers to the work of adding more knowledge and skills. It is about what we know and can apply.

To deliver consistent, quality and reliable services we need a leadership community who are:

- clear about the competencies they need to deliver their role accountabilities
- clear about their current level of competence
- actively and continually developing relevant competence.

There are a number of well-defined and evidence-based competency frameworks available for leaders across the healthcare sector to access. Entities should adapt the competency framework that best suits their local context and situation (Appendix 1: Recommended leadership competency and capability frameworks).

Although each framework is slightly different in language and focus they reinforce a core set of health leadership competencies.

A focus on the self

We expect health leaders to:

- be self-aware and socially aware
- model the values and professional ethics of their organisations and professional disciplines
- operate with a growth mindset.

A focus on others

We expect health leaders to:

- nurture the development of healthy teams
- coach, develop and mentor others
- build productive and trusting relationships with all their stakeholders.

A focus on service outcomes

We expect health leaders to:

- apply business and financial acumen
- optimise use of resources
- ensure quality and sustainable service delivery.

Figure 3: Health LEADS competency framework





“Organisations have grown skilled at developing individual leader competencies, but have mostly ignored the challenge of transforming the leader’s mindset from one stage to the next. Today’s horizontal development within a mindset stage must give way to the vertical development of bigger minds.”

– John McGuire & Gary Rhodes,
Transforming their Leadership Culture, CCL

A focus on improvement/innovation

We expect health leaders to:

- question, inquire, learn and challenge
- identify people centred improvement opportunities
- apply critical thinking and evaluation.

A focus on whole system success

We expect health leaders to:

- expand their operating knowledge of the health system
- apply systems thinking to their decision making
- share ideas and resources and engage in collaborative planning and problem solving.

The process of developing leadership competence is described as “horizontal development” and our Health Leadership Strategic Intent will provide high quality opportunity for leaders to access and develop these critical health leadership competencies.

Expanding Leadership Capacity refers to expanding our minds to allow for more complex, strategic and interdependent ways of thinking and acting. Capacity (sometimes described as action logic) develops differently and alongside competence and is critical for responding to adaptive challenges.

In addition to leadership competence we will also need leaders and leadership who:

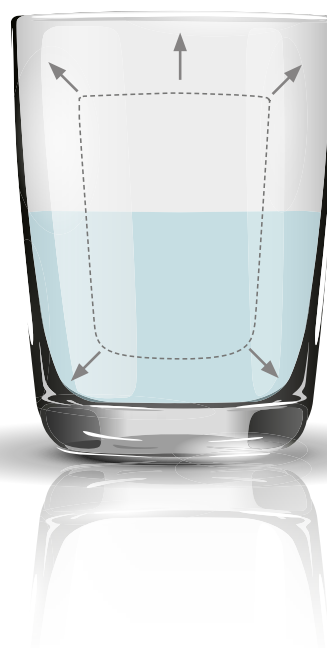
- are clear about their own and their teams current stage of development, its strengths and limitations

- know how to leverage the current developmental stage to optimise performance
- actively and continually develop capacity as well as capability (engaged in vertical development).

Appendix 2 describes the stages of leadership maturity/action logic most commonly found in organisations and a description of their strengths and limitations.

A review of these developmental stages will highlight the need for vertical development as many of the capacities required to deliver the health reform agenda only become available at the later developmental stages.

As the leaders’ “capacity” determines to what degree they can develop and apply new competencies, our leadership development approach will integrate a vertical component to leadership assessment and development planning.



Our strategic leadership development focus

In line with the Sustainable Health Review and in response to the challenges and opportunities of our operating context, we have identified four (4) strategic intentions that will shape leadership and leadership development for the WA health system for the next 10 years.

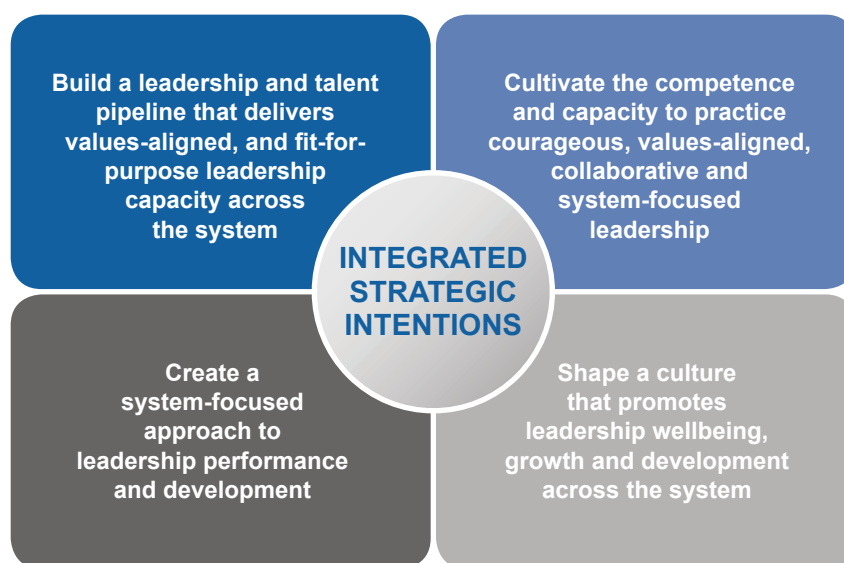


Figure 4: Strategic intentions for systemwide leadership development

Each of these strategic intentions will require an integral approach to their design, development and execution.

- Individual leaders at all levels will need to be willing to engage in self-reflection and personal growth.
- Individual leaders at all levels will need to be willing to practice new behaviours and challenge the status quo.
- Leadership teams will need to be willing to reflect on their shared commitments, values and impact.
- Leadership teams will need to be willing to connect with external stakeholders and find new ways to integrate and collaborate.
- Leadership teams will need to be willing to facilitate opportunities for individuals to reflect, grow and challenge the status quo.

“When we experience the world as too complex, we are not just experiencing the complexity of the world. We are experiencing a mismatch between the world’s complexity and our own at this moment. There are only two logical ways to mend this mismatch – reduce the world’s complexity or increase our own.”

– Robert Kegan and Lisa Lahey

Strategic intention 1

Build a leadership talent pipeline that delivers values-aligned, and fit for purpose leadership capacity across the system

<p>RATIONALE</p>	<p>The development of an integrated talent and succession framework was consistently identified as a priority during the consultation process.</p> <p>Developing new approaches to attracting and retaining leadership talent was particularly highlighted.</p> <p>Developing a pipeline of values-aligned leadership talent that can be leveraged across a variety of health care settings will increase confidence in the system and create transparency in the leadership pathways.</p> <p>Providing cross-system opportunities for development will deliver optimal results for individuals, each entity and the system as a whole.</p>
<p>STRENGTHS TO BUILD ON AND EXPAND</p>	<p>We will build on our recruitment and selection strategy to attract and retain a diverse talent pool.</p> <p>This includes increasing the:</p> <ul style="list-style-type: none"> • visibility of internal promotion and development opportunities across the system • focus on values alignment during recruitment and selection. <p>We will continue to improve the quality of performance planning and feedback.</p> <p>We will continue to tailor development pathways for business critical leadership needs, including supporting Aboriginal leadership development as a priority.</p> <p>We will continue to explore and expand the flexible work options available to our workforce as a key attraction and retention strategy.</p>
<p>NEW CAPACITIES TO DEVELOP</p>	<p>We will design and implement a robust talent identification and succession planning framework.</p> <p>We will create a range of partnerships and networks for attracting talent into the health system and to offer richer development pathways.</p>

Strategic intention 2

Cultivate the competence and capacity to practice courageous, values-aligned, collaborative and system-focused leadership

<p>RATIONALE</p>	<p>The consultation process reinforced a need to continue to deepen and expand the core competencies of formal leaders at all levels of the system.</p> <p>There is a well-developed body of evidence and resources that verify the core leadership competencies required for successful health leadership.</p> <p>The new capacities required of leadership, including intelligent risk taking, being decisive and learning from failure require vertical as well as horizontal development.</p> <p>Formal development that builds both core management competence and complex adaptive leadership capacity will ensure fit for purpose leadership into the future.</p>
<p>STRENGTHS TO BUILD ON AND EXPAND</p>	<p>We will continue to work with the various leadership competency and capability frameworks available across the WA health system, and contextualise them for our local needs and situations.</p> <p>We will increase the visibility and availability of development opportunities that all staff can access within the day to day context of their job role.</p> <p>We will further refine and develop line manager capability to offer high quality, considered and developmentally-oriented coaching as a critical aspect of engagement and talent retention.</p> <p>We will deepen the skill of formal leaders to design and work with dynamic team structures.</p>
<p>NEW CAPACITIES TO DEVELOP</p>	<p>We will develop our capacity to diagnose development needs and design appropriate vertical and/or horizontal developmental pathways.</p> <p>We will develop the key skills and capacities required to continuously create team and organisational alignment.</p> <p>We will design and offer structured leadership development opportunities and pathways that:</p> <ul style="list-style-type: none"> • are agile and adaptive • reinforce the aligned-on behaviours in both content and structure • build both capability and capacity (mind-set shift and value).

Strategic intention 3

Shape a culture that promotes leadership wellbeing, growth and development across the system

RATIONALE	<p>Health and wellbeing is our core purpose. Prioritising our own health and wellbeing and the wellbeing of the workforce is central to our personal effectiveness, the effectiveness of our organisations, and the integrity of our system.</p> <p>Welcoming a diversity of perspectives and creating an inclusive culture is an expression of our shared values and core leadership accountability.</p> <p>The consultation process identified the need for more immersive learning opportunities to practice, learn and embed new behaviours.</p> <p>Leader role modelling is the most powerful shaper of organisational culture.</p>
STRENGTHS TO BUILD ON AND EXPAND	<p>We will continue to dedicate time for leadership growth, reflection and development activities in formal and informal forums.</p> <p>We will support staff wellbeing and work-life balance.</p> <p>We will significantly expand the availability of ideas, strategies and resources across the system to support self and team directed leadership learning and encourage local and cross system learning.</p> <p>We will further enhance opportunities across the system to reward creativity, innovation and growth mindset.</p> <p>We will further develop our ability to identify and remove both overt and unconscious bias from our culture.</p>
NEW CAPACITIES TO DEVELOP	<p>We will create mechanisms and capacity for securing timely, regular and high quality feedback on leadership performance and impact.</p> <p>We will develop new capabilities in collaborative planning and decision making.</p> <p>We will develop the new capabilities required to create cultures where everyone feels:</p> <ul style="list-style-type: none">• valued• safe to be open and honest, and• motivated to bring their full self to work.

Strategic intention 4

Create a system-focused approach to leadership performance and development

<p>RATIONALE</p>	<p>Organisational systems and processes of different entities can be instrumental in supporting or limiting staff access to development opportunities (e.g. performance management, development planning, reward and recognition, flexible work practices).</p> <p>As a complex interdependent system, with stewardship of public resources, we need to optimise performance through collaboration wherever it makes sense to do so.</p> <p>Organisational systems and processes need to be consistent enough to provide quality governance and ensure fair and equitable access, and agile enough to respond to changing personal, organisational and community needs.</p>
<p>STRENGTHS TO BUILD ON AND EXPAND</p>	<p>We will further negotiate and align on structures and processes that support cross discipline and interagency collaboration to support leadership development such as:</p> <ul style="list-style-type: none"> • knowledge and idea sharing to deliver system-wide innovation and improvement • supporting staff mobility through consistency and quality in our approach to performance planning and development • sharing tools and approaches that ensure we access and leverage data for the benefit of the whole system.
<p>NEW CAPACITIES TO DEVELOP</p>	<p>Where appropriate we will develop agile and integrated systems and processes that enable the delivery of this Strategic Intention, specifically in the areas of:</p> <ul style="list-style-type: none"> • talent and succession planning • horizontal and vertical development planning • cross system knowledge sharing and social learning. <p>We will develop new mechanisms to continuously:</p> <ul style="list-style-type: none"> • measure the value of our leadership development investment • identify opportunities to calibrate development strategies to respond to changing needs • identify opportunities to secure additional value.



Our strategic development pathway

These strategic intentions aim to provide clarity and direction for the next stage of our growth and development, and reflect the best thought leadership in the field.

Research has identified a number of factors that support successful execution of leadership strategies.

1. Strong executive engagement

We have had strong engagement from the Health Service Executive throughout the consultation process and design of this Health Leadership Strategic Intent. We have clear commitment from The Health Service Boards and Executives across the health system to support the work and to role model aligned leadership behaviour.

2. Tailored competences

Given the diverse nature of the health system we are confident that entities will use the most appropriate frameworks for their specific needs. The competency frameworks recommended in this document are all robust in their design and well aligned with the principles and philosophy of our strategic approach.

3. Alignment with business strategies

The strategic intentions outlined here are specifically focused on achieving the Enduring Strategies for the Sustainable Health Review and on building the individual and collaborative leadership capacity required to navigate towards this future.

4. Targeted to all levels of leadership

This document focuses both on developing individual leader capacity and the development of leadership capacity at all levels of the organisation and across the whole system.

5. Comprehensive learning approaches

This document focuses on both vertical and horizontal development as well as individual and organisational development. It reflects a strong commitment to collaboration and co-design in specific leadership learning programs.

6. Talent management integration

The development of an agile and fit for purpose talent framework is a core component of this strategic approach, and further integration with the Health Leadership Strategic Intent 2019–2029 will occur over time.

Individual and collective **accountability**

Accountability for the successful execution of this Strategic Intent is shared, with specific groups assuming responsibility for different aspects of the strategies success.

The Health Executive Committee (HEC) will hold overall accountability for the execution of the Health Leadership Strategic Intent 2019–2029. They will ensure that its implementation is aligned with the broad workforce reform agenda and that it remains a key enabler of our strategic direction.

As the largest and most complex entity in the WA public sector, the WA health system has an opportunity to inform and shape the thinking more broadly, and play a key role in whole of sector leadership development collaboration.

The System Manager will work with all stakeholders to facilitate the implementation of this Strategic Intent, monitor the outcomes and ensure alignment with the strategic direction of the health system. **The Institute for Health Leadership** will be reshaped to deliver a business model suited to ensuring thought leadership in design, development, planning and the broad execution of the strategic intentions. The Institute for Health Leadership will assume responsibility for monitoring and reporting on progress.

Individuals at all levels are encouraged to practice self-reflection, to seek feedback from leaders, colleagues and patients and to share their learning.

Line managers have the opportunity of seeing and nurturing talent, offering considered and developmentally oriented feedback and facilitating access to well-matched vertical and horizontal development.

Health Service Providers, Department of Health and Agency Leaders can welcome diverse

thinking and actively explore opportunities for internal/external partnership and collaboration.

They can invest time and resources into leadership development as a critical enabler of organisational change and can leverage the talents of change champions and leadership development alumni to support achievement of agency objectives. They will also be responsible for agreeing relevant success measures in alignment with the Health Leadership Strategic Intent.

Appendix 1

Recommended leadership competency and capability frameworks

	AUTHOR	AUTHOR	PUBLICATION DATE	SUPPORTING RESOURCES
Health LEADS Australia¹	Health Workforce Australia	Health leadership	July 2013	360° feedback tools
Leadership Capability Profile and Leadership Development Profiles²	Public Sector Commission	Public sector; Level 7 – Class 4	June 2016	–
Clinical Leadership Competency Framework (CLCF)³	NHS Leadership Academy	All clinical professions	2011	Self-assessment tool ⁴
Healthcare Leadership Model⁵	NHS Leadership Academy	All staff who work in health and care	2013	Self-assessment ⁶ and 360° feedback ⁷ tools
Master Health Service Management Competency Framework⁸	Australasian College of Health Service Management (ACHSM)	Health, aged and community care managers	2016	Self-assessment tools

1. healthleadsaustralia.org.au

2. publicsector.wa.gov.au/document/leadership-capability-profiles-level-7-class-4

3. www.leadershipacademy.nhs.uk (Clinical leadership competency framework)

4. www.leadershipacademy.nhs.uk (Leadership framework)

5. www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model

6. www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/supporting-tools-resources/healthcare-leadership-model-self-assessment-tool

7. www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/supporting-tools-resources/healthcare-leadership-model-360-degree-feedback-tool

8. www.achsm.org.au/Education/Competency-framework

Appendix 2

Stages of leadership maturity/action logics

STAGE OF DEVELOPMENT	CHARACTERISTICS AND CAPACITIES OF EACH STAGE
<p>INTEGRAL</p> <p>4% of managers and executives</p> <p>2% of general population</p>	<p>Priority focus: System transformation, integrating polarities, focus on organisations position in broader society and it's social impact</p> <p>Time: Multi-generational</p> <p>Source of power: Unitive worldview</p> <p>Strengths: Deep capacity with ambiguity, at home in constant flux, holds multiple perspectives effortlessly, deeply related to "what's so" allowing for powerful and direct action.</p> <p>Limitations: Can be seen as disconnected from reality and aloof.</p> <p>Influences by: Holding up a mirror, witnessing, uses metaphor to energise the system</p>
<p>STRATEGIST</p> <p>12% of managers and executives</p> <p>5% of general population</p>	<p>Priority focus: System integration, delivering sustainable value for multiple stakeholders over time</p> <p>Time: Own lifespan</p> <p>Source of power: Optimising interactions between people and system</p> <p>Strengths: Cultivates change in culture and values, highly developed system awareness</p> <p>Limitations: Approach may seem difficult to grasp, communicate and translate into action plans</p> <p>Influences by: Reframing and reinterpreting so that decisions support overall principles, strategy and integrity</p>
<p>CATALYST</p> <p>25% of managers and executives</p> <p>11% of general population</p>	<p>Priority focus: System optimisation, facilitating connection and integration for whole system success</p> <p>Time: 10+ years</p> <p>Source of Power: Visionary, deconstructing and reshaping world views</p> <p>Strengths: Holds a broader and more systemic view of issues, challenges how things are done, creates new perspectives and surfaces conflict as a source of creative energy</p> <p>Limitations: May over-explore and slow down decision-making</p> <p>Influences by: Creating a vision, adapting to different environments, airing issues and differences</p>



STAGE OF DEVELOPMENT	CHARACTERISTICS AND CAPACITIES OF EACH STAGE
<p>ACHIEVER</p> <p>44% of managers and executives</p> <p>30% of general population</p>	<p>Priority: Delivery of results, goals, effectiveness and success within the system</p> <p>Time: 1–5 years</p> <p>Source of power: Co-ordinating resources</p> <p>Strengths: Works through others to deliver results, plans, monitors and measures progress</p> <p>Limitations: Creates silos, can cooperate but not yet collaborate, has limited systems thinking capacity</p> <p>Influences by: Providing logical argument and data, works through contacting and agreements</p>
<p>EXPERT</p> <p>13% of managers and executives</p> <p>37% of general population</p>	<p>Priority: Quality, efficiency, expertise and procedure</p> <p>Time: Months</p> <p>Source of power: Expert knowledge or authority</p> <p>Strengths: Tactical problem solving, teaching technical skills, invests in speciality, attention to detail</p> <p>Limitations: Limited cross discipline or business focus</p> <p>Influences by: Arguing position on technical merit</p>
<p>DIPLOMAT</p> <p>1% of managers and executives</p> <p>11% of general population</p>	<p>Priority: Socially accepted behaviour and approval</p> <p>Time: Past and today</p> <p>Source of power: Persuasive, peer power</p> <p>Strengths: Creates harmony and supportive glue, concerned for compliance</p> <p>Limitations: Limited capacity for decision-making, avoids conflict</p> <p>Influences by: Enforcing social norms, cajoling</p>



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