

Are We Really all in This Together?

Challenging Assumptions About Collective Leadership in Integrated Care

Our Guest Expert – Dr. Aine Carroll



ALIGN Webinar – June 3, 2025





Welcome!

Please introduce yourself in the chat!

(e.g. Name, OHT or organization)

To submit a question for the presenter, please use the Q&A function!



Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto and Sinai Health System operate.

For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.



Meet the ALIGN Team



Michelle Nelson, PhD Scientist, Sinai Health Associate Professor, University of Toronto Senior Associate, International Foundation of Integrated Care and Co-Editor in Chief - IJIC



G. Ross Baker, PhD Professor Emeritus, University of Toronto



Patrick Feng, PhD
Research Manager,
University of Toronto
Adjunct Professor, OCA
D University



Angela Freeman, RM, MSc ALIGN Associate, University of Toronto and Sinai Health System









Are We Really all in This Together?

Challenging Assumptions About Collective Leadership in Integrated Care



Prof Áine Carroll

Chair; International Foundation for

Integrated Care (IFIC)

Co-Director; IFIC Ireland

Professor; University College Dublin

Consultant in Rehabilitation Medicine



Are We Really all in This Together?
Challenging Assumptions About
'Collective Leadership' in Integrated
Care

ALIGN program: 3rd June 2025

Áine Carroll

Professor of Integrated Care and Improvement/ Consultant in Rehabilitation Medicine, UCD/NRH

Chair IFIC

Co-Director IFIC Ireland

Aine.carroll@ucd.ie











- Written to address a highly contextualized issue
- "Collective" leadership and legal accountability



Ir Med J; March 2025; Vol 118; No. 3; P34 March 20th, 2025

Navigating the Tension Between Collective Leadership and the Legal Accountability of the Named Consultant in Healthcare

Á. Carroll

- National Rehabilitation University Hospital, Rochestown Ave, Dún Laoghaire, Co. Dublin, Ireland.
- 2. School of Medicine, University College Dublin, Belfield, Dublin 4, Ireland.

Introduction

In recent years, healthcare systems have increasingly embraced collective leadership as a model to enhance patient outcomes, foster interdisciplinary collaboration, and create more adaptable, resilient healthcare teams ^{1, 2}. Collective leadership encourages shared responsibility across team members, aligning well with the principles of integrated care and complex adaptive systems thinking. However, healthcare's legal framework, particularly in Ireland, often mandates that a single designated individual, the named consultant, holds ultimate legal accountability for patient care and outcomes. This dual structure of accountability presents an inherent tension that raises critical questions about safety, fairness, and efficacy in healthcare leadership.

The Shift Towards Collective Leadership in Healthcare

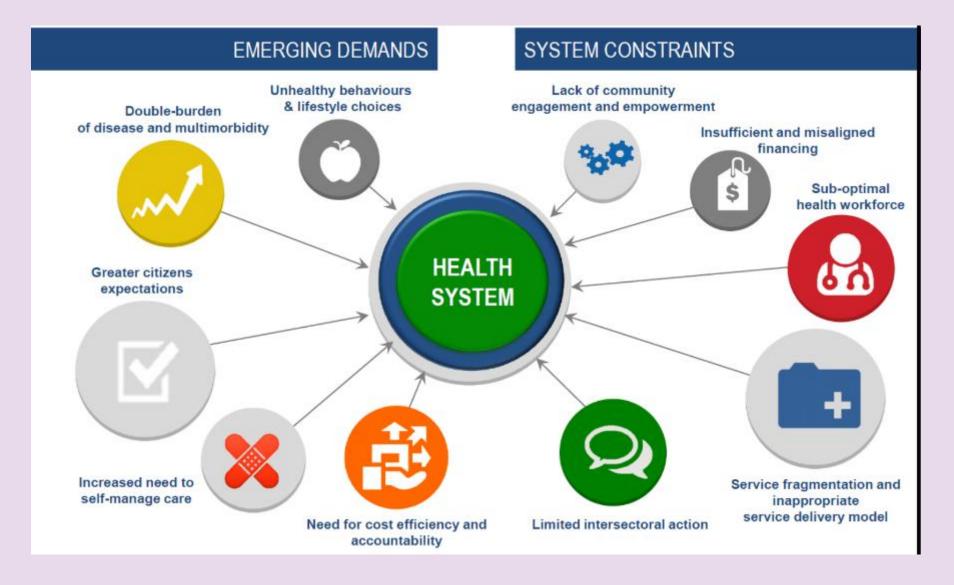
The concept of collective leadership is rooted in the understanding of healthcare delivery as a complex adaptive system, where patient outcomes depend on a range of interactions among healthcare professionals. Collective leadership allows healthcare teams to share responsibility, with leadership roles shifting according to expertise, knowledge, and situational needs. Studies have found that collective leadership can improve patient outcomes by fostering a culture of inclusion, accountability, and continuous improvement ^{3, 4}.

In a study by Aufegger et al., researchers explored attitudes and barriers to shared leadership within the UK's integrated care system ⁵. They found that both clinical and non-clinical managers recognize the benefits of collective leadership for integrated care. However, barriers such as role ambiguity, lack of clarity in accountability, and insufficient resources persist. These findings highlight the broader challenges of implementing shared leadership in systems traditionally rooted in hierarchical models. In Ireland, integrated care is promoted through the Sláintecare strategy, which advocates for team-based approaches and collaboration across disciplines to enhance health and social care integration ⁶. Collective leadership aligns well with Sláintecare's objectives, as it encourages contributions from all team members, enhancing the decision-making process and reducing the risk of adverse outcomes.

The Legal Role of the Named Consultant in Ireland



DOES LEADERSHIP MATTER?



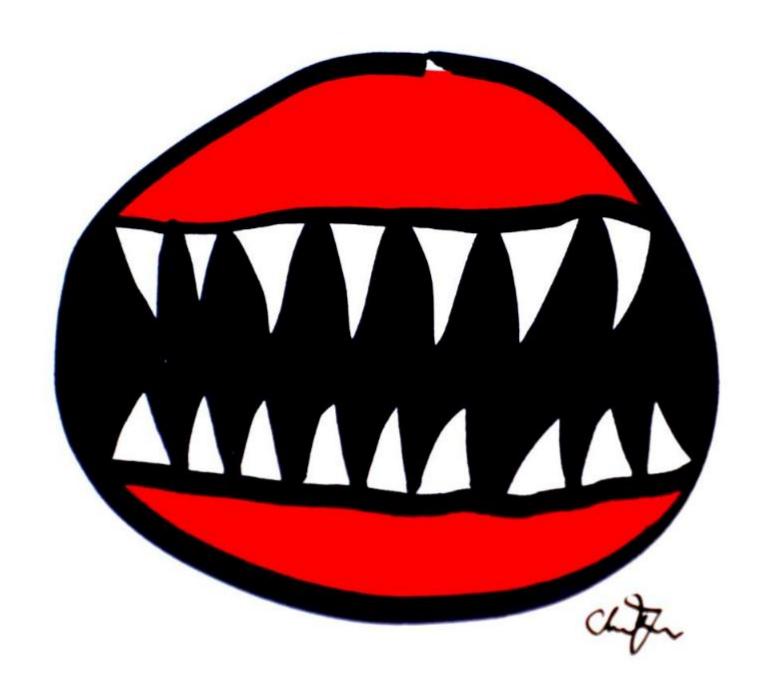






CORONAVIRUS

HEALTH



Consultants' Accountability:

 Rooted in common law (Dunne v. NMH, 1989) and guided by the Medical Practitioners Act 2007.

Professional Standards:

 Emphasize oversight and ultimate responsibility, even in interdisciplinary contexts.

Implications:

• Consultants bear legal risk for team decisions, which can undermine shared leadership and innovation.

• Policy Reform:

- Introduce distributed accountability where all team members are legally responsible for their roles.
- Legal Adaptation:
 - Use Civil Liability Act (1961) and legal precedent to support shared decision documentation and role clarity.
- Cultural Change:
 - Train healthcare professionals in collective leadership competencies and shift the system from blame to learning.
- Conclusion:
 - Bridging the gap is essential to realizing integrated care goals and safeguarding both patient outcomes and professionals.



Ir Med J; March 2025; Vol 118; No. 3; P34 March 20th, 2025

Navigating the Tension Between Collective Leadership and the Legal Accountability of the Named Consultant in Healthcare

Á. Carroll

- National Rehabilitation University Hospital, Rochestown Ave, Dún Laoghaire, Co. Dublin, Ireland.
- 2. School of Medicine, University College Dublin, Belfield, Dublin 4, Ireland.

Introduction

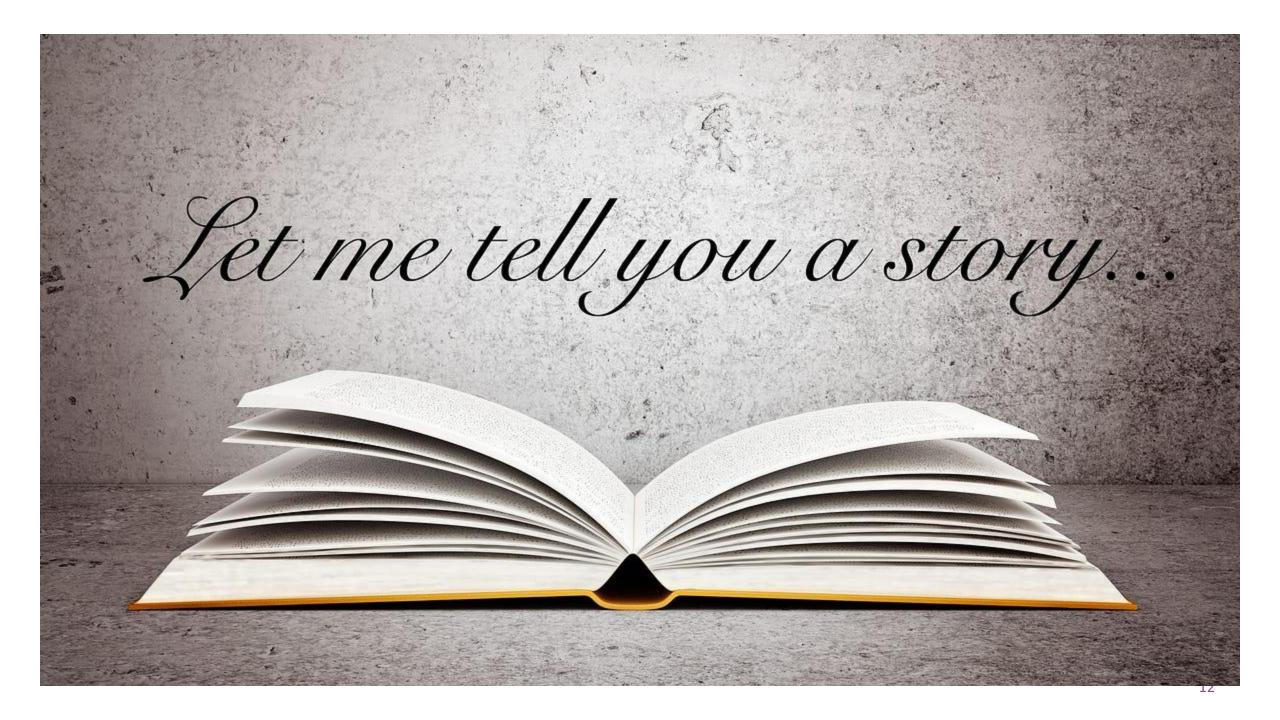
In recent years, healthcare systems have increasingly embraced collective leadership as a model to enhance patient outcomes, foster interdisciplinary collaboration, and create more adaptable, resilient healthcare teams ^{1, 2}. Collective leadership encourages shared responsibility across team members, aligning well with the principles of integrated care and complex adaptive systems thinking. However, healthcare's legal framework, particularly in Ireland, often mandates that a single designated individual, the named consultant, holds ultimate legal accountability for patient care and outcomes. This dual structure of accountability presents an inherent tension that raises critical questions about safety, fairness, and efficacy in healthcare leadership.

The Shift Towards Collective Leadership in Healthcare

The concept of collective leadership is rooted in the understanding of healthcare delivery as a complex adaptive system, where patient outcomes depend on a range of interactions among healthcare professionals. Collective leadership allows healthcare teams to share responsibility, with leadership roles shifting according to expertise, knowledge, and situational needs. Studies have found that collective leadership can improve patient outcomes by fostering a culture of inclusion, accountability, and continuous improvement ^{3, 4}.

In a study by Aufegger et al., researchers explored attitudes and barriers to shared leadership within the UK's integrated care system ⁵. They found that both clinical and non-clinical managers recognize the benefits of collective leadership for integrated care. However, barriers such as role ambiguity, lack of clarity in accountability, and insufficient resources persist. These findings highlight the broader challenges of implementing shared leadership in systems traditionally rooted in hierarchical models. In Ireland, integrated care is promoted through the Sláintecare strategy, which advocates for team-based approaches and collaboration across disciplines to enhance health and social care integration ⁶. Collective leadership aligns well with Sláintecare's objectives, as it encourages contributions from all team members, enhancing the decision-making process and reducing the risk of adverse outcomes.

The Legal Role of the Named Consultant in Ireland





THE 9 PILLARS







Who am I and how did I get here?

Leadership roles

- Medical Union (BMA) representative (LAN and POWAR)
- UK Regional then National Specialist registrar representative, RCP
- National Specialty Director, RCPI
- Chair Medical Board NRH
- President IARM
- Clinical Lead RMP, HSE
- National Director CSPD, HSE (developed the integrated care programmes)
- Academic Consultant UCD/NRH (complexity theory; integrated care)
- Co-Director of IFIC Ireland
- Chair IFIC
- DBA in Complexity leadership, Henley Business School, UK 2023



What word do you think of when you think of leadership?



Definition of leadership



About 1,480,000,000 results (0.26s) April 2025

About 2,990,000,000 results (0.35 seconds) November 2023

About 2,790,000,000 results (0.35 seconds) September 2023

About 2,500,000,000 results (0.36 seconds) May 2023

About 4,520,000 results (0.7. secs) May 2022

Leadership definition

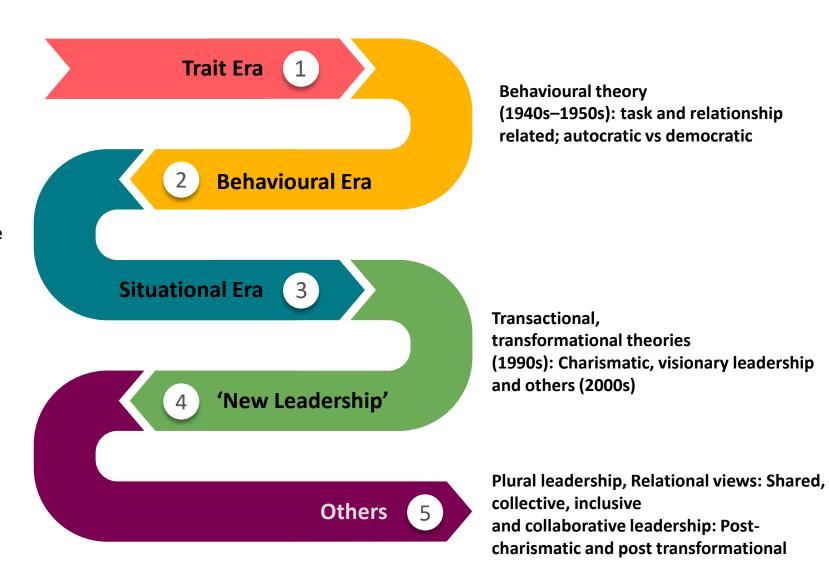
"Almost as many different definitions of leadership as there are people who have tried to define it"

Stogdill 1974 Handbook of Leadership

The evolution of leadership theory

Second industrial revolution Great Man theory (1840s) Trait theories (1930s–1940s)

Contingent and situational theories (1960s): repertoire of styles; expectancy theory

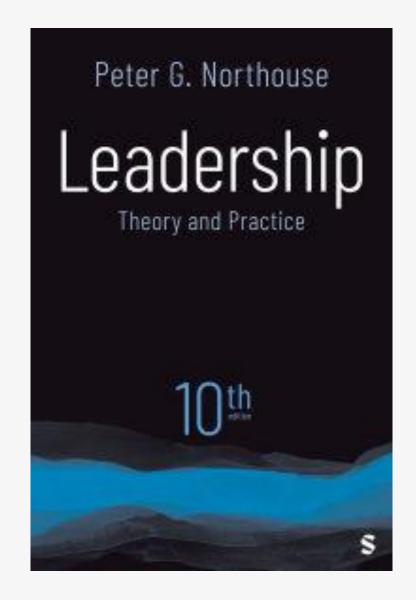


Storey, J., 2016. Changing theories of leadership and leadership development. In Leadership in Organizations (pp. 17-42). Routledge

Definition

- Leadership is a <u>process</u> whereby an individual influences a group of individuals to achieve a common goal
- 4 components
 - Process
 - Involves influence
 - Occurs in groups
 - Involves common goals

Northouse P. Leadership: Theory and Practice - 10th edition Sage 2025



Followership

- The process of leading requires the process of following.
- Leaders and followers together create the leadership relationship, and without understanding the process of following, our understanding of leadership is incomplete.
- However, it is seen as a negative and this negativity is engrained from childhood
- Definition: a process whereby an individual/s accept the influence of others to accomplish a common goal

Northouse P. Leadership: Theory and Practice - 10th edition Sage 2025 chapter 12

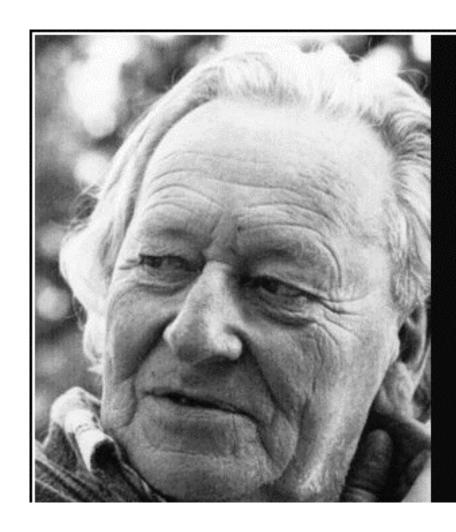
2 forms of leadership



Assigned



Emergent



The major problems in the world are the result of the difference between how nature works and the way people think.

— Gregory Bateson —



"For every complex problem, there is a solution that is simple, obvious, and wrong"

Mencken (cited in Ciotti, 1983, p.37)



The allure of simplicity

With thanks to Dr Ben Knight



Anthropological basis:

 simplicity goes back a long way in human cultures, Taylor calls the reduction of complexity to simplicity 'one of mankind's most ancient dreams' (2001, p.137)

Perceptual/conceptual basis:

- humans streamline perceptual information into manageable conceptual categories. 'An efficient means of representing and storing experience (obviating the need to track each and every individual interaction or encounter)' (Gelman & Kalish, 2006, p.688)
- For all intents and purposes the urge for simplicity is hardwired in human beings (Knight, 2022, p.50)

Political/activist basis:

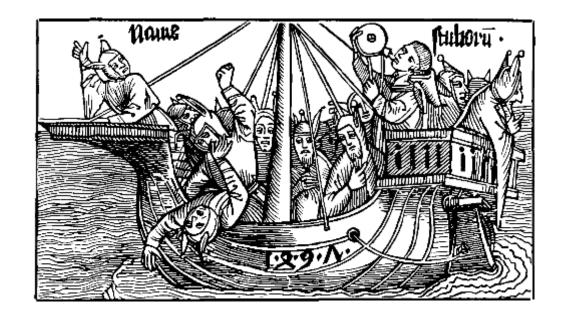
• '(...) anything beginning with "This is a complex issue" is likely to result in most people ceasing to pay attention' (Levin, 2004, p.278).





Governance

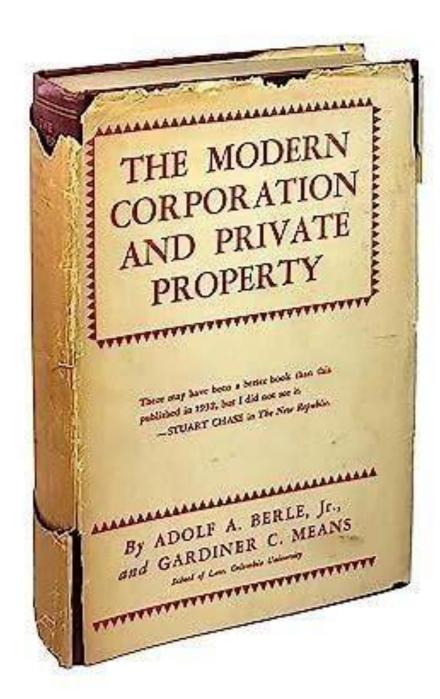
- Although the word governance has its roots in many places, the Greek derivation dates back to Plato in his 'Ship of State' parable, where he used the term 'kubernan' and determined that the most appropriate person to steer a vessel (the state), is the person who understands navigation
- Plato also refers to the wide variety of competing interests that desire to steer society.
- So, the word governance has its roots in the concept of steering rather than controlling.



Brief history of Corporate Governance

- Bubble act 1720 (also Royal Exchange and London Assurance Corporation Act 1719)
 - Recognised the moral hazard of the principle-agent relationship
 - Directors are accountable to shareholders
- Companies Act 1884
 - Required an annual balance sheet
- Companies Act 1856
 - Audit provision removed
- Companies Act 1900
 - Audit reintroduced
- Companies Act 1929
 - Qualified auditor and disclosures

- Companies Act 1981
 - Aspects of GAAP introduced into law
 - Directors report to be audited
- Companies Act 1985,1989, 2006
 - Mainly consolidation
 - Director Duty of competence
- Governments' role
 - To protect the public interest
 - Most statutes as a result of a scandal



• As an area of study, corporate governance is much younger commencing in 1932 with the publication of the book by Berle and Means 'The Modern Corporation And Private Property', although the intellectual roots of these ideas predated this publication.

Reports

- Cadbury 1992 (codification of what was considered good practice)
- Greenbury 1995
- Hampel 1998 (combined code)
- Turnbull 1999
- Higgs 2003
- Tyson 2003
- Smooth 2003

What is corporate governance?

 Corporate governance is the system by which companies are directed and controlled.

(Cadbury Report, 1992)

• Governance involves a "system of rule, as the purposive activities of any collectivity, that sustain mechanisms designed to ensure its safety, prosperity, coherence, stability and continuance"

(Rosenau 2000:171)

Corporate Governance Theories



Network governance theory

• a form of collaborative governance in which diverse actors, including public and private organizations, civil society groups, and individual citizens, work together to address complex governance challenges.



The World Health Report 2000

- Introduced the notion of a government's responsibility for the 'stewardship' of the health system
 - "encompasses the tasks of defining the vision and direction of health policy, exerting influence through regulation and advocacy, and collecting and using information".
- The notion was subsequently refined and characterized by the World Health Organization as 'leadership and governance',
 - "involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, the provision of appropriate regulations and incentives, attention to system-design, and accountability"
- Leadership and governance are generally considered to be the most complex but also the most important function of government in relation to its health system.

WHO's domains of stewardship [14]	PAHO's essential public health functions [28,29]	
	Function	Description
Generation of intelligence	EPHF 1	Monitoring evaluation and analysis of the health situation of the population
Formulating strategic policy direction	EPHF 2	Public health surveillance, research and control of risl
Ensuring tools for implementation: powers, incentives and sanctions	EPHF 3	Health promotion
Building coalition/building partnership	EPHF 4	Social participation in health
Ensuring a fit between policy objectives and organizational structure and culture	EPHF 5	Development of policies and institutional capacity for planning and management in public health
Ensuring accountability	EPHF 6	Strengthening the institutional capacity for regulation and enforcement in public health
	EPHF 7	Evaluation and promotion of equitable access to necessary health services
	EPHF 8	Human resource development and training in public health
	EPHF 9	Quality assurance in personal and population-based health services
	EPHF 10	Research in public health
	EPHF 11	Reducing the impact of emergencies and disasters or health (prevention, mitigation, preparedness, respon- and rehabilitation)
World Bank's governance indicators—three clusters and six basic aspects of governance [31]	UNDP's five principles of good governance [3]	
	Principles	Thematic areas
Process by which those in authority are selected and replaced	Legitimacy and voice	Participation
Voice and accountability		Consensus orientation
Political instability and violence	Direction	Strategic vision
Ability of the government to formulate and implement sound policies	Performance	Responsiveness
Government effectiveness		Effectiveness and efficiency
Regulatory burden	Accountability	Accountability (decision-makers in government, the private sector and civil society organizations)
Respect of citizens and the state for institutions which govern their interaction		Transparency
Rule of law	Fairness	Equity and inclusiveness
Graft (control of corruption)	Fairness	Rule of law

Siddiqi, S., Masud, T.I., Nishtar, S., Peters, D.H., Sabri, B., Bile, K.M. and Jama, M.A., 2009. Framework for assessing governance of the health system in developing countries: gateway to good governance. Health policy, 90(1), pp.13-25.

HEALTH SYSTEMS AND POLICY ANALYSI

POLICY BRIEF 33

It's the governance, stupid!

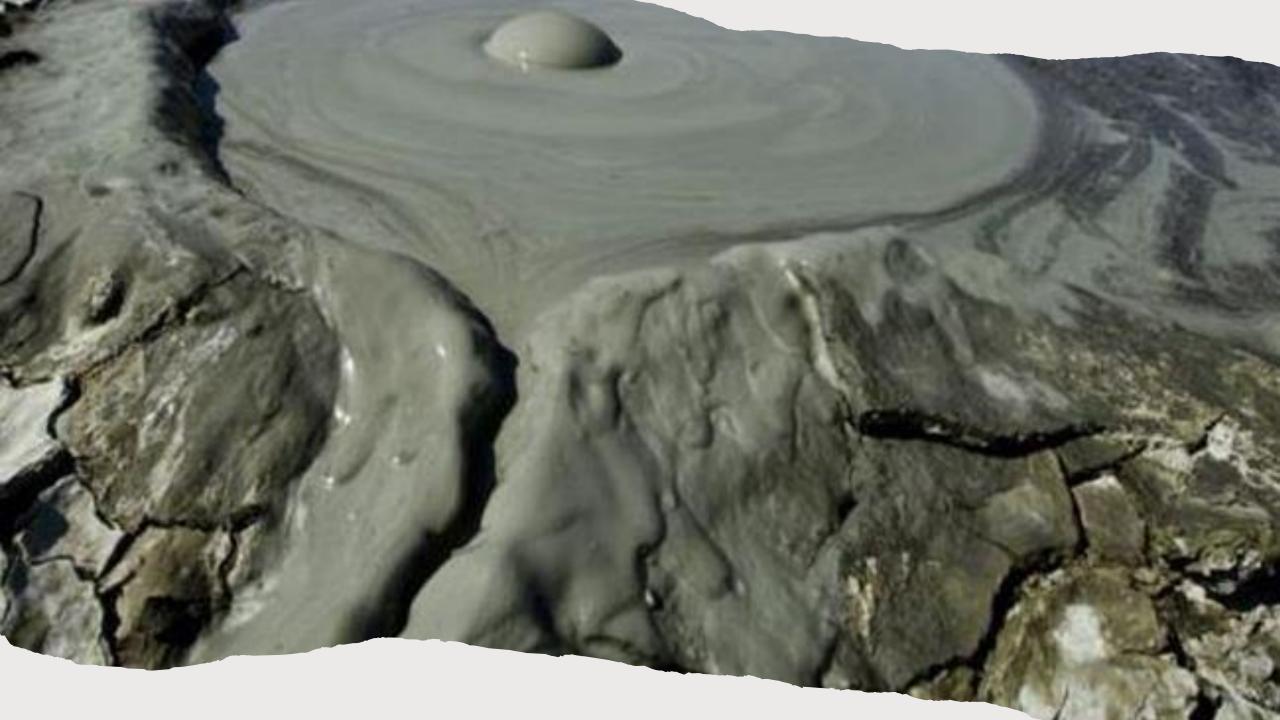
TAPIC: a governance framework to strengthen decision making and implementation

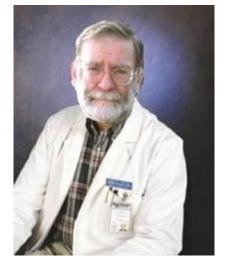
Scott L. Greer Nikolai Vasev Holly Jarman Matthias Wismar Josep Figueras



TAPIC

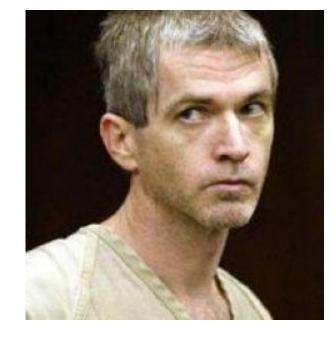
- T is for Transparency making clear decisions, their grounds and the decision-makers.
- A is for Accountability ensuring that anybody who acts must account for their actions to appropriate other actors who can reward or punish them.
- P is for Participation ensuring that people who are affected by a decision can express their views about it in a way that ensures they are at least heard.
- I is for Integrity a system in which organizations and jobs have clear definitions, and procedures such as hiring and contracting are regularized and clear.
- C is for policy Capacity employing the necessary expertise to assist policy-makers in avoiding, diagnosing and remedying policy failures and unintended consequences

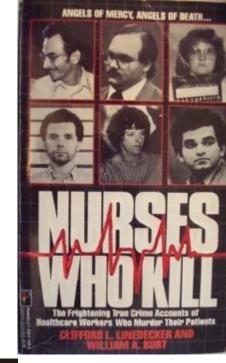








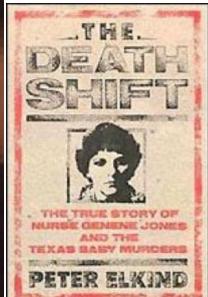












Integrated governance process (governance and leadership)



An integrated governance approach erodes the traditional boundaries that exist within the complex healthcare system.



Allows for a greater understanding of healthcare strategies and organisational objectives, and the dissemination of these throughout the organisation.



Further, enhancing awareness within the clinical setting of the core attributes of the organisation and for the upper echelons of management to have a greater understanding of the clinical issues.

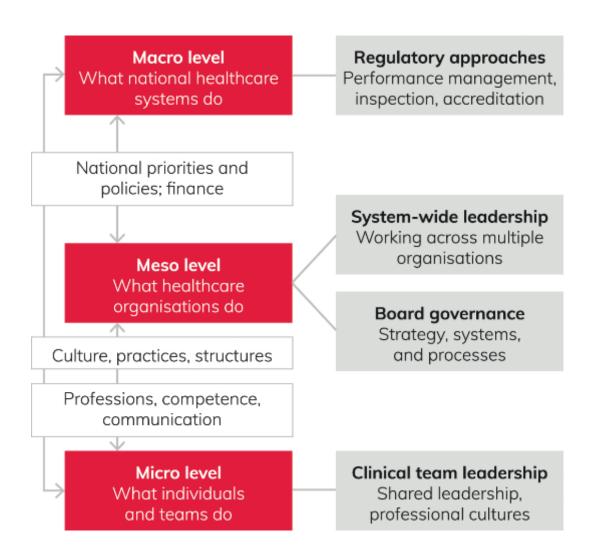


Integrated governance acknowledges the contribution of all stakeholders including consumers in safeguarding the delivery of healthcare and its standards.

Delaney L. The challenges of an integrated governance process in healthcare. Clinical Governance: An International Journal, 2015.

MIN WHEN WHERE WHO

Different levels that are entangled



- Governance at macro, meso, and micro levels
- The figure draws on work by Fulop and Ramsay.
- Fulop NJ, Ramsay AIG. Governance and Leadership. Cambridge University Press; 2023



Leadership for Integrated Care: Results of Mapping exercise (Yukl's taxonomy)

		Micro	Meso	Macro	
Task orientated	Clarifying	2	3	6	
	Planning	1	1	3	
	Monitoring Operations	1	4	1	
	Problem solving	2	4	4	
	Sub Total	6	12	14	
	Total	32			
Relations orientated	Supporting	3	5	2	
	Developing	2	5	2	
	Recognising	5	5	7	
	Empowering	1	3	7	
	Sub Total	8	18	18	
	Total	44			
Change-orientated	Advocating change	3	4	3	
	Envisioning change	1	4	6	
	Encouraging innovation	2	5	3	
	Facilitating collective learning	4	2	3	
	Sub Total	7	15	15	
	Total	37			
External	Networking	1	10	9	
	External monitoring		3	2	
	Representing	2	3	5	
	Sub Total	3	16	16	
	Total	35			
Other	Determination		1		
Total		24	62	63	
Total		149			

Mirela Minkman IJIC

 "I define governance as the total package of leadership, accountability and supervision in the local setting in an area or region"



Minkman, MMN 2017 Longing for Integrated Care: The Importance of Effective Governance. International Journal of Integrated Care, 17(4): 10, pp. 1-2, DOI: https://doi.org/10.5334/ijic.3510

EDITORIAL

Longing for Integrated Care: The Importance of Effective Governance

Mirella M.N. Minkman*,†

Keywords: alignment of integrated care; collaborative governance; research agenda

at the University of Tilburg/TIAS Business School, where I have held since 2016 my chair called 'Innovation of the organization and governance of integrated care' [1]. For me it was a day to remember. In the Netherlands it family, friends, colleagues and other relations are invited to share this moment. The inaugural lecture and the related book were a perfect reason for me to take some time for reflection on how to bring integrated care further
Interest in integrated care is growing. This is reflected with the readers of our Journal.

Last March I had the honour to do my inaugural lecture traditional governance which is mostly focusing on expanding or maintaining organizations or is professionally driven. Accountability is mostly targeted at 'those who pay and those who can punish' like health care insurers, policy makers and health care inspectorates. I expect that the era is also a very formal and traditional ceremony where in which being mostly accountable towards clients, the community and the society will be on the rise.

Growing interest in integrated care

and what challenges there are for a research agenda. This in the rising numbers of scientific publications and is editorial is a pleasant invitation to share some of my ideas manifest in both IJIC's increased impact factor and the increasing number of participants at IFIC's international

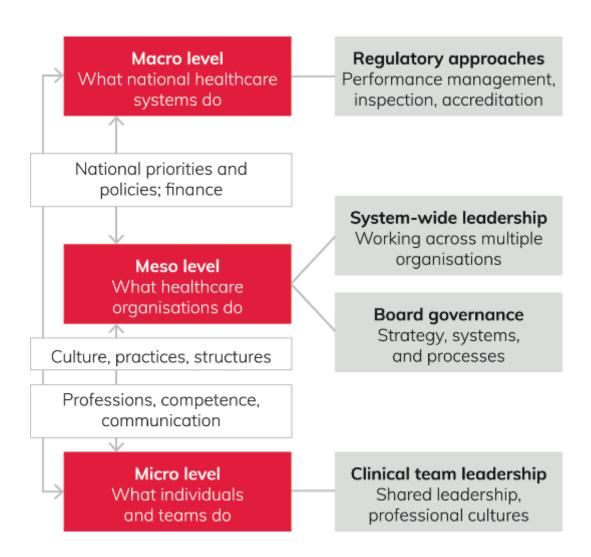
Where I've got to

 Good governance (leadership and followership) is an emergent process generated through the (relational) interaction of multiple stakeholders, facilitated (?) by enabling constraints, the creation of adaptive space and adaptive processes (feedback loops, sensemaking, reflection and reciprocity)

Key elements that have engendered good governance and performance:

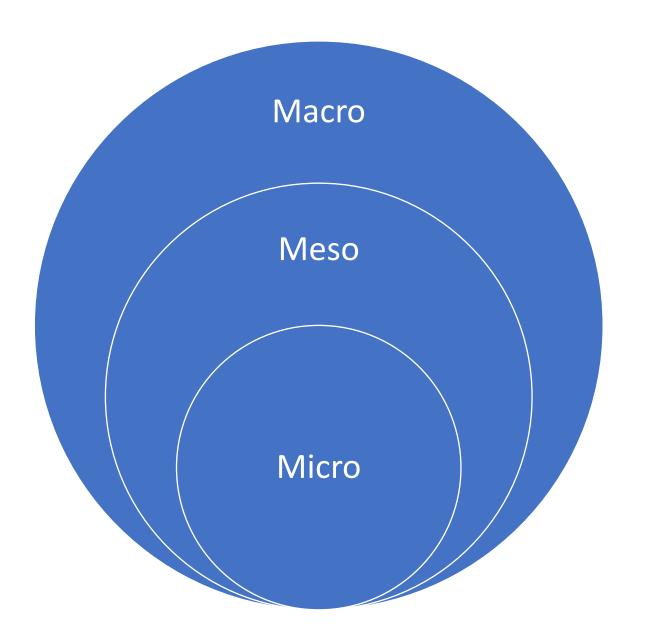
- Good statutes (rules), with clear objectives (vision) and accountability mechanisms (what happens)
- Clearly stated & understood roles for all participants (consensus and participation; equity and inclusion) including how we lead and follow
- Operational and financial independence
- Sound internal ethical decision-making processes informed by data
- Formal plans and budgets
- Effective senior management and board monitoring (efficiency and effectiveness)

Different levels that are entangled



- Governance at macro, meso, and micro levels
- The figure draws on work by Fulop and Ramsay.
- Fulop NJ, Ramsay AIG. Governance and Leadership. Cambridge University Press; 2023

https://www.cambridge.org/core/services/aop-cambridge-core/content/view/9FBFA3C48A57CCB5B97F5899895D011D/9781009462587AR.pdf //Governance and Leadership.pdf?event-type=FTLA



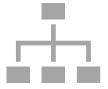
Questions at every level:

- 1. What are the rules? How about shared goals, mutual respect, trust and communication
- 2. Is there a clear vision?
- 3. Is there clear understanding of accountability and consequences?
- 4. Are there clearly stated & understood roles for all participants
- 5. Are we guided by ethical principles and how might we know?
- 6. Are we efficient and effective and how might we know?

Why Rethink Leadership and Governance in Integrated Care?



Integrated Care Systems (ICSs) operate in complex, dynamic environments



Traditional hierarchical models struggle with:

Fragmentation across sectors
Accountability mismatches
Innovation bottlenecks



Need for a model that reflects real-world complexity and fosters collaboration

Theoretical Foundations:

- Leadership Theory: Complexity Leadership Theory (CLT)
 - Leadership is emergent, adaptive, and distributed
 - Focuses on enabling innovation and learning through "adaptive space"
- Governance Theory: Network Governance
 - Emphasizes collaboration across boundaries
 - Uses soft power (relationships, trust, shared norms) over command-andcontrol
 - Appropriate for cross-sectoral, multi-actor systems

The Adaptive Stewardship Model



Purpose:

Align leadership and governance for integrated care systems



Key Idea:

Combine distributed leadership with shared accountability and flexible governance



Design Principles:

Stewardship, not control

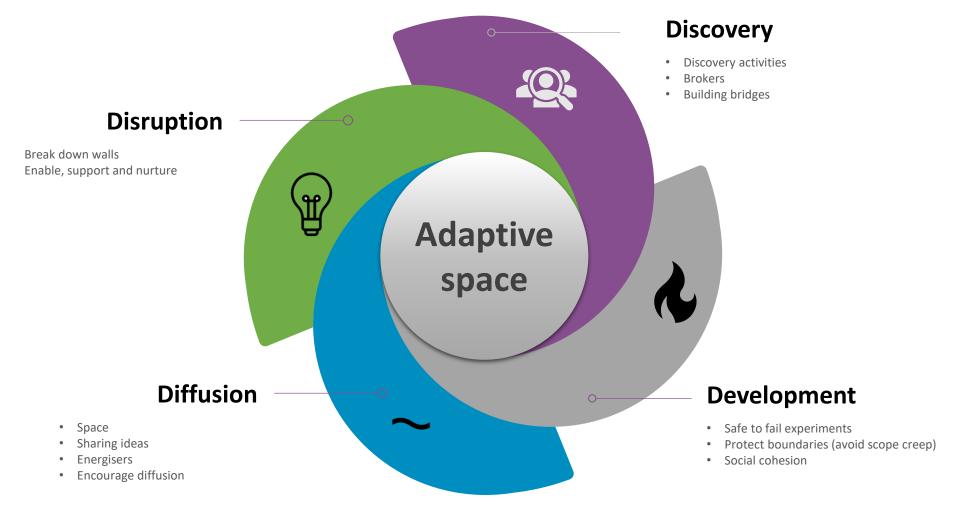
Adaptive structures, not rigid
hierarchies

Shared decision-making, not topdown mandates

Adaptive Stewardship model

Component	Description
Distributed Leadership	Leadership shared across disciplines, organizations, and sectors
Named Leaders as Stewards	Clinicians and managers facilitate collaboration, not just manage risk
Shared Governance	Joint boards with statutory, voluntary, and community actors
Adaptive Structures	Flexibility to respond to local needs while aligning with system-wide goals
Transparent Accountability	Role-based, team-informed accountability with documentation and feedback
Embedded Learning	Ongoing cycles of reflection, quality improvement, and co-design

Creating adaptive space



Implications for Policy and Practice



LEGAL FRAMEWORKS NEED TO EVOLVE TO SUPPORT SHARED ACCOUNTABILITY



LEADERSHIP AND FOLLOWERSHIP DEVELOPMENT SHOULD FOCUS ON ADAPTIVE, COLLABORATIVE COMPETENCIES



GOVERNANCE REDESIGN MUST INCLUDE ALL ACTORS: STATUTORY, VOLUNTARY, AND LIVED EXPERIENCE



EMPHASIS ON LEARNING CULTURE OVER PUNITIVE CULTURE

Thank you!