

APPRENTICES WITHOUT MASTERS

Building systems thinking practice capability

Mel Harris • Virginia de La Hamayde • Tash Koerner • Jess Britton

A conversation about learning, momentum and practice without a single master or sponsor

MEL HARRIS

Net Zero Lead
NHS England



VIRGINIA DE LA HAMAYDE

Performance Senior Manager
NHS England



NATASHA KOERNER

Midlands Workforce
Transformation Lead
NHS England



JESS BRITTON

Senior Strategy Advisor
NHS England



THE ENVIRONMENT

LEARNING THROUGH UNCERTAINTY

Organisational change. Reduced capacity. No established systems thinking “master”.

Four apprentices found a way to learn together.



Our Learning Journey

How do apprentices build capability when there are no masters within their organisation to support their learning?

1

BUILD & SUSTAIN

How do we create momentum without formal sponsorship?

2

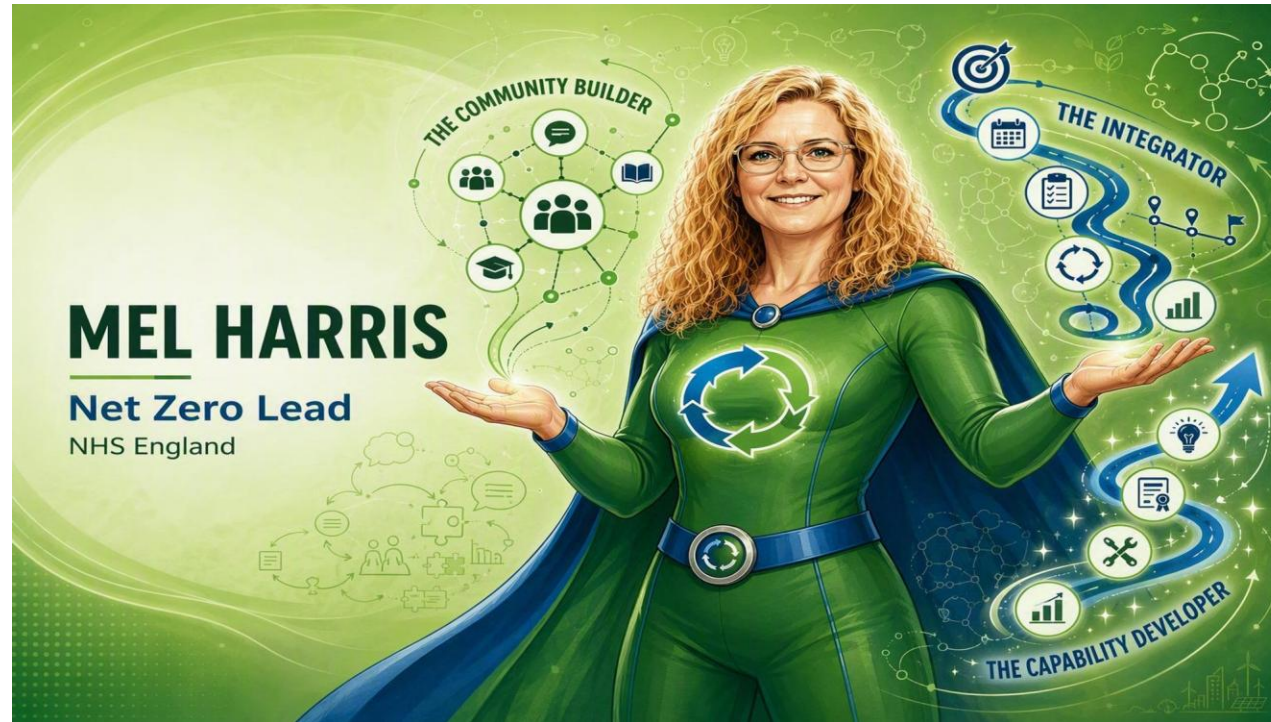
LEARN TOGETHER

How do different perspectives improve our practice?

3

MOVE TO ACTION

How do we turn shared learning into wider impact?



**What have been the benefits
of this new way of learning?**

From learning about it to being able to do it

**Confidence does not come
before practice.**

It grows through:

PRACTICE

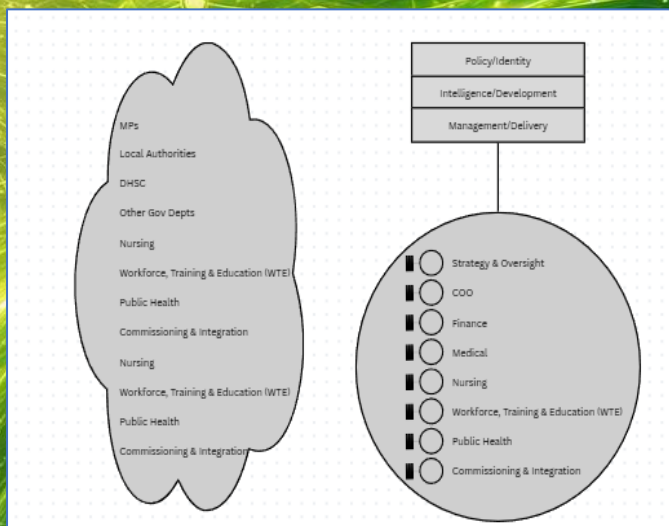
FEEDBACK

REFLECTION

Trusted peers created a safe but challenging rehearsal space.



1 Practise safely



3 Test the model



2 See the system

Systems Thinking in Healthcare Community of Practice

Welcome to the Systems Thinking in Healthcare Community of Practice workspace

This workspace has been created as a place for anyone who is interested in promoting, practising and embedding Systems Thinking across the NHS.

The group has been set up with 3 key purposes:

Awareness

- To increase awareness of Systems Thinking across the NHS.
- To make Systems Thinking a fundamental 'Go-To' approach that decision makers in healthcare expect to see

Capability

- To increase the number of practitioners and facilitators.

Network

- To create a forum where one can share (or ask for) advice and experiences on best practice of applications of Systems Thinking

Please bear in mind that this site is under development. If you have any suggestions on what you'd like to see added please share via the 'Contact us' link

Q Case Studies

Q Learning Materials

Q STP SIG Members

 [Contact Us](#)

Discussion Forum

Share files

COP Meetings

 COP resources

4 Build community



**How do you avoid becoming
trapped by your own worldview?**

Experience gives insight. It also creates blind spots.

STARTING VIEW

Experience and sector knowledge shaped the initial questions.

PEER CHALLENGE

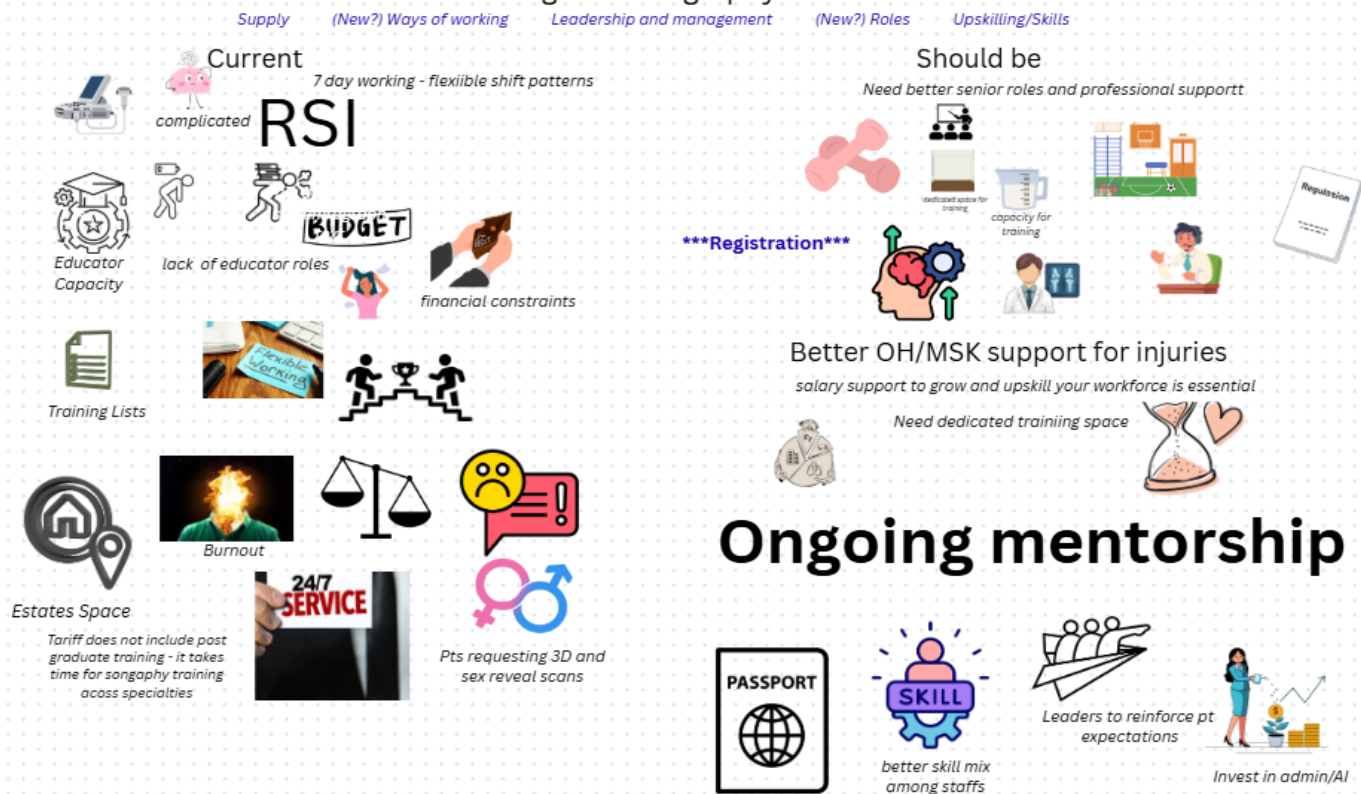
Stakeholder proxies asked whose voice, interests and consequences were missing.

WIDER INQUIRY

The workshop moved beyond numbers to identity, mentorship, injury and career pathways.

Trusted peers helped test assumptions before they shaped action.

Understanding the sonography workforce

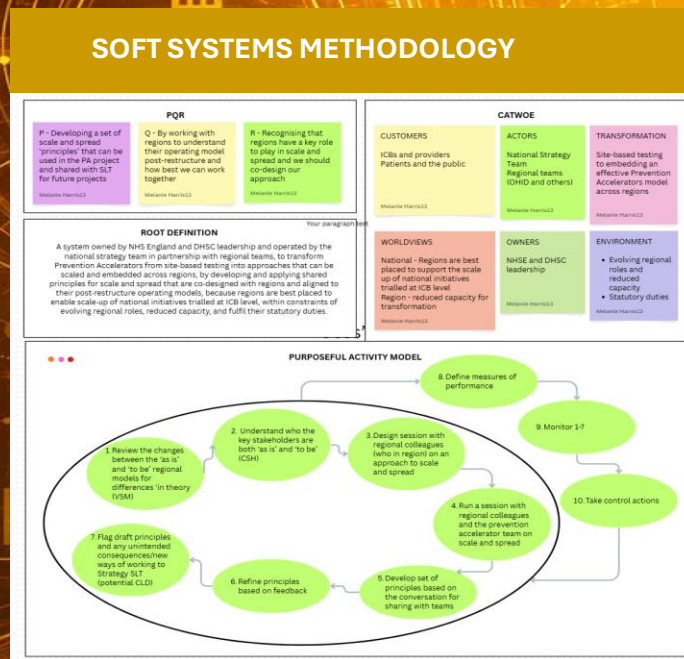




How has working with people who see the system differently changed how you understand and approach your work?

FROM DIFFERENT PERSPECTIVES TO DIFFERENT DECISIONS

A richer picture only matters if it changes what we do next.



CRITICAL SYSTEM HEURISTICS

Stakeholder	Motivation (stakes)	Control (stakeholding – power/resources)	Knowledge (what they bring)	Legitimacy (voice/representation)
National programme team (NHSE/DHSC)	Deliver 10YHP commitments; demonstrate impact shape national policy	Set programme direction, priorities and design; influence funding and expectations	Policy knowledge, national evidence base, programme design expertise	Strong voice within programme design and governance
ICBs / local systems	Improve local outcomes; manage system performance	Responsible for implementation at place level; influence local prioritisation	Operational and system-level insight into delivery and constraints	Represent local health systems and partners
Combined / Mayoral Strategic Authorities	Improve population health; align health with wider determinants (e.g. housing, employment)	Influence across system through convening power and partnerships	Cross-sector knowledge, including wider determinants of health	Represent regional and cross-sector perspectives
Regional teams	Support system performance and coordination; bridge national and local priorities	Variable influence; provide coordination, guidance and system oversight	Knowledge of regional context, relationships and system dynamics	Represent regional system perspective; often act as intermediaries
Health Innovation Networks (HINs)	Support adoption of innovation; deliver improvement programmes	Influence through funded programmes, networks and delivery infrastructure	Implementation expertise; innovation and spread methodologies	Represent innovation and improvement perspective across systems
CLEAR / evaluation and delivery partners	Generate evidence; support implementation and learning	Influence via methodology, data monitoring design and relationships with sites	Analytical expertise, pathway insight, data monitoring knowledge	Represent technical and evidence-based perspectives
Primary care / delivery partners (PCNs, GPs, pharmacies)	Deliver interventions; manage workload pressures; improve patient outcomes	Limited formal control over programme design; central to delivery	Frontline delivery knowledge; practical implementation experience	Represent those responsible for delivering interventions in practice
VCSE / community organisations	Address community needs; improve equity and access	Limited formal influence within programme structures	Community insight; understanding of local populations and barriers	Represent underserved groups and local community voice
Communities / patients	Improve health outcomes; access to services	No direct control over programme design	Lived experience; insight into barriers to uptake and engagement	Often indirectly represented; limited direct voice
Future / aspiring sites	Interest in adopting interventions; improving local outcomes	Limited influence while outside the core programme	Early-stage learning needs; perspective on scalability	Not formally represented within the current model

1 SURFACE WORLDVIEWS

Regional perspectives challenged assumptions that were invisible from a national position.

2 QUESTION BOUNDARIES

Whose knowledge shapes the design? Whose voice is missing? What becomes difficult locally?

3 CHANGE THE DESIGN

Scaling needs broader legitimacy, distributed ownership and stronger knowledge flows.

Collective learning creates value when it changes decisions.



How have you become a practitioner and kept meaningful change moving forward despite uncertainty and organisational constraints?

Trusted relationships become the infrastructure for learning.

ORGANISATIONAL UNCERTAINTY

Changing structures • Job uncertainty • Demanding workloads • Limited formal support

TRUST

Safety to say “I don’t know”

SHARED RESPONSIBILITY

Protect time and carry the energy

RESPECTFUL CHALLENGE

Examine assumptions, not win arguments

A SELF-SUSTAINING LEARNING CYCLE

PRACTICE

Try safely



DIALOGUE

Compare perspectives



REFLECTION

Surface assumptions

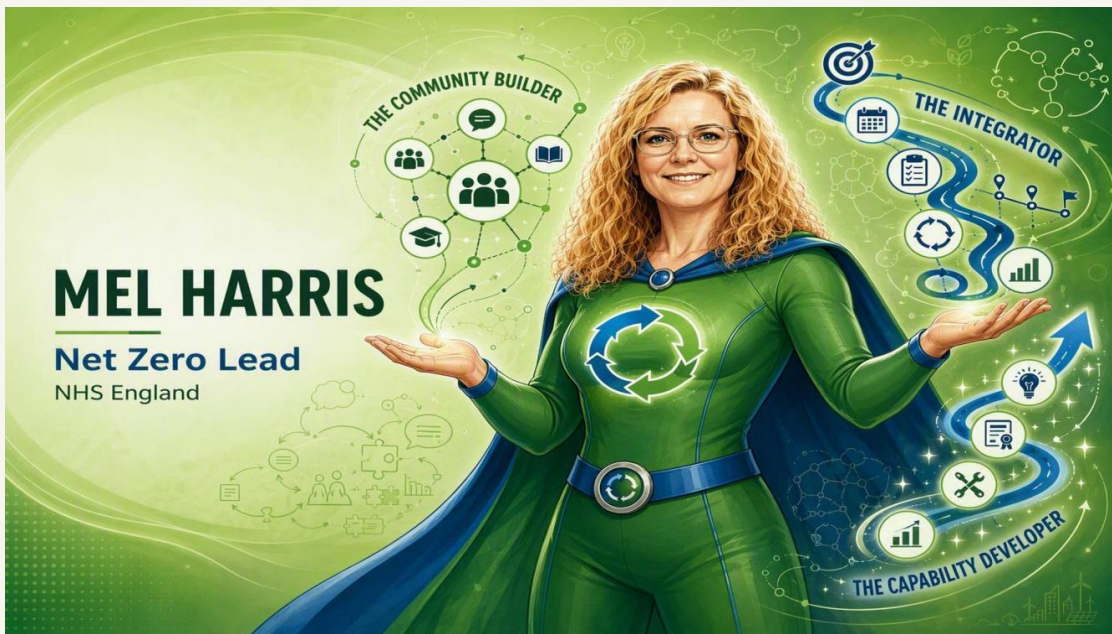


APPLICATION

Change what we do

SUSTAINED MOMENTUM

Collective capability continues even when formal support is limited.



If our peer group disappeared tomorrow, what would you miss most?

