

Senior Operational Leaders Network
Network Launch Event

31 March 2022

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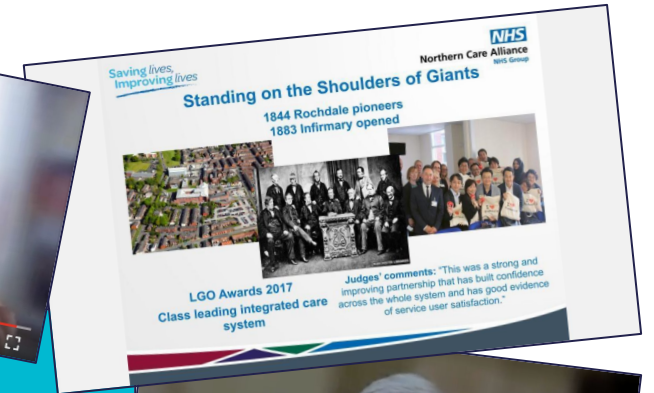
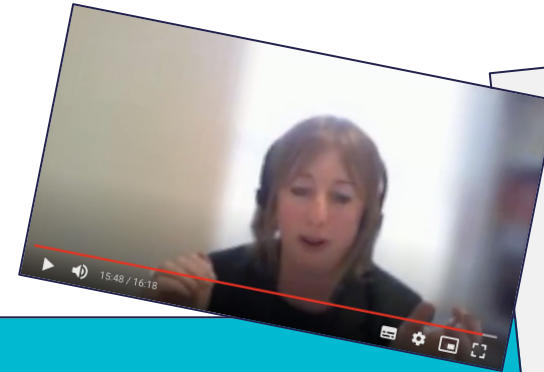
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On the day: Purpose

On 31 March 2022, network members from the Association of Groups' **Senior Operational Leaders Network (SOLNET)** convened for the digital launch of the network.

10 people attended, and the event aimed to meet the following **objectives** to:

- **Build relationships** amongst network members
- **Reflect and learn** from experiences and approaches taken at the Northern Care Alliance on Integrated Leadership
- **Shape the future** of the network



Network framing from Sir David Dalton

Sir David Dalton welcomed everyone to the event. He explained the need for a **safe space for senior operational leaders to connect**, especially at a time when the dependency on operations leaders within the NHS and their own organisations to address big challenges is so great. He empathised with expectation on operational leaders to deliver more for less.

Sir David spoke particularly about **what the network can offer** to leaders, for example to talk about the concerns they may have in their role, to discuss specialist topics and to support one another through mutual understanding. His hope was that connecting with one another via the network would lead to the pooling of good ideas across a range of topics. And reminded us that the more we put into the network, the more we can get out of it.

Sir David expressed **the importance of showing vulnerability**, particularly when sharing difficult issues. He also suggested we be open to challenges and be prepared to ‘unlearn’ so as to consider creatively to tackle common issues. And that, through building connections, we can build mutual trust and lean on one another.

SOLNET exists to support and develop AoG member trusts’ senior operational leaders.

We do this by:

- enabling peer learning across members and their trusts
- building and strengthening member relationships
- exposing members to new ideas and innovations
- offering space and process for personal and leadership reflection and development

Watch Sir David Dalton’s framing [here](#)



Meeting one another

We went into **breakout rooms** in twos, and introduced ourselves. We also reflected on why we joined the network and to share a current challenge the network might help us to address.

Challenges we're facing

How the network can help

Adapting to the new operating environment.

Balancing national guidance with a local need to respond to current pressures.

One challenge is deciding if I can return to ops after 20 years due to a period of sick leave following major surgery. Also now I am focussed on innovation how do we continue to prioritise this with operational and financial pressures.

New ways of working at Place and ICS - how to build effective relationships.

It's hard for you to lower your protective shield and reveal your vulnerability - when the organisation is expecting so much from you. I very much hope that the Network can allow you to do that and you can feel safe and supported in doing so. You'll learn so much more from each other if you can.

How to do more with less!

Strategies for balancing priorities when responsible for services on multiple sites.

Leading for integrated care - Zeph Curwen

Zeph Curwen, Divisional Managing Director, outlined how in Rochdale they have developed a local care organisation to bring together all system partners. Together they think about how best to work and act in service of the local population, including the pooling of assets.

She explained how this approach links to the rich history of Rochdale including Rochdale infirmary built in 1883 and the founding of a cooperative movement which led to a set of principles for collaboration. Zeph said that, like the pioneers of Rochdale, **“we needed to do something different to be sustainable.”**

Zeph then took us through many **examples of how the local care organisation has tackled place-based challenges**, including:

- Pooling budgets
- Collectively agreeing priority areas
 - Reducing A&E attendances
 - Establishing a ‘neighbourhood’ offer
- Ways of working

In the next slide we’ll go into some of these in more detail.



Watch Zeph’s presentation [here](#)



Leading for integrated care - Zeph Curwen

SOLUTIONS

Developed a local care organisation

- Bought together health and social care commissioning pooled budget (long before ICS)
- Identified key areas to focus to work together (e.g. reducing A&E attendances)

Reduced A&E attendances

- Primary care, voluntary, acute and social care partners came together to focus on what could be done differently
- Established same day emergency care unit
- Introduced a phone line to improve access to patients for local health care professionals
- Opened 2 PCN hubs with urgent on the day appointments
- Winter summits - think about key challenges of winter together
- Established clinical reference group to help design and stress test improvements

Established integrated neighbourhood teams

- Established 6 integrated neighbourhood teams
- Going to move to a 5 township model to work better with PCNs
- Going to establish neighbourhood boards to that relevant place-based people can be included in decision-making

Zeph outlined many interventions and solutions rolled out in collaboration (above). She said there are still **challenges** including:

- Engaging all partners
- Have had to get good at practising 'leading without power' by understanding motivation and reward of all partners
- Showing willingness to give and take
- Modelling generosity and giving time to relationship building and collaboration - this is key to **moving beyond organisational boundaries**

ATTITUDES

Always a 'me' in 'we': what kind of me makes the 'we' work in system leadership?

Focusing on your own agenda is a blocker: **start with a mindset shift.**

Be driven by system outcomes as a whole (rather than your own outcomes)

Structures are not enough

Zeph explained that **culture and courage** are the other key ingredients required to move towards integration. For example, MS teams meetings 3 times a week during covid reduced bureaucracy and enabled better collective problem-solving.

Reflections and Q&A

Sir David then reflected on Zeph's presentation on leading for integrated care. He noted:

- **Power is not a zero sum game:** the more you give to others the more likely you are to get more back in return
- The most important thing is to **build trusting relationships** and recognise in yourself when you are considering if your org will 'win' or 'lose' from the change - this is not the mindset you want
- **Organisations are complex adaptive systems** - like 'throwing a bird rather than a stone' - sometimes you might not be able to determine the trajectory and velocity of change
- A joint description (e.g. **shared driver diagram**) could be helpful to show how individual contributions add up to something bigger
- **Shifting mindset** on how to achieve change is key, and is achieved through truster relationships and finding new ways to work together

We also put questions to Zeph and David.

Q&A

Have you been able to sustain the ways of working?

So far, yes. Bureaucracy could tip back in if we don't keep up the work. You can't function as if you're in major incident mode forever. Funding tap is being slowly turned off and control is increasing. But that doesn't have to stifle collaborative working as a system.

Did all people manage to transition to the new way of working?

Everyone has, through some people have moved jobs. If you'd have asked me before they left will that be a problem I would have said yes. But the ways of working and mindset have outlasted people. Some people have found it harder to get on the bus than others, but we're eventually all on it.

Reflecting together on the discussions so far

We went into **breakout rooms** in threes, to reflect on the conversation and consider “what is one thing I might test or apply in my context?”

Seek more regular opportunity to meet with commissioning / social care partners

How to encourage shared responsibility across the system for our social care provision problem?

Ensure ownership of a common driver diagram.

Jointly looking at staffing challenges with community and social care.

Work out how to build trust in order to get really honest views on the real concerns or fears linked to change or service transformation.

Bitesize chunks - start small and start with the willing - build on this first.

Shaping our network

George from Kaleidoscope then took us through the **network behaviours** which are:

- Members **dedicate the time and energy** required to take part in network activities, actively engaging with and leading on network events and materials.
- Members put energy into **building relationships with fellow operational leaders**, recognising the value in establishing a network that operates on a small scale, while also providing national insight.
- Members will be **open-minded to radical ways of thinking and new ideas**.
- Members will **share openly**, providing insight into the challenges they're facing, any key learning, and providing details of their own areas of best practice.
- Members will respect the need for **confidentiality** to create a culture where difficult challenges can be discussed and vulnerability is fostered

Shaping our network

He also outlined the **proposed topics** for our network events:

- Operational performance management - **Organisational raid**
- Inclusive leadership and DEI - Virtual event
- Navigating the new and future ICS environment - Virtual event
- Leadership to support personal and teams resilience - Virtual event
- Demand, flow and capacity issues - **Organisational raid**
- Integration of health and social care - Virtual event
- Supporting mental health services - Virtual event
- Working effectively across systems and departments 'System by default' - **Organisational raid**

What else do we want to cover?

George then asked us 'what additional topics would you like to explore?'

Something (I don't know what) about thinking differently

As we are a military hospital and the military offers more structure in their approach to career progression.

Commitment and permission to prioritise ourselves.

At a trust in Birmingham (my previous employer) they have just created a new ops delivery structure for development as the higher banded jobs were going external so they have added another layer to create opportunities for middle managers

What would help us commit?

George, wanting to maximise attendance and usefulness of the network, asked us about enablers which would help us commit the time. Here are some of the points we discussed:

- This is about commitment - if people are saying they are members and value what this is about then they also have to commit. Do we stay small or open up to different levels of ops managers?
- Need to ask the question to the non attendees - what would help them commit?
- The onus is on us as a group of volunteers to commit
- Not good at prioritising this kind of activity collectively as a group of people - it is incumbent upon ourselves in terms of the commitment we need to make this happen
- Would advocate for a mixture of face to face as well as virtual
- We talked about supplementing comms, maybe through social media - this could be a way of getting some momentum between sessions



Commitment



Events



Comms

Closing reflections

Janet Budd, Chief Executive of NHS Transformation Unit, provided final reflections on today's session. She expressed excitement the network has launched, particularly given she was involved from when it was just an idea.

She noted that the relationship building and sharing learning has already started. And flagged the nice relaxed environment of the day was positive, and leads to excitement for what comes next. She was hopeful that people will take things away from the session.



Janet Budd

Chief Executive of NHS
Transformation Unit

Thank you and evaluation

Thank you so much for being part of the Senior Operational Leaders Network (SOLNET) and attending the launch.

We have an email address solnet@kscopehealth.org.uk and will use this to email you. **Please add it to your safe sender list!**

Thanks also to our speakers, and to those who filled out the evaluation form.

What our participants thought...

100

% of participants would recommend an event like this to a colleague

Why would you recommend the event to a friend or colleague?

- “good to network, sharing issues, learning from each other, bit of time out of the 'doing'”
- “Useful and well managed - despite being virtual it did feel there was good opportunity to connect with people.”

100

% of participants agreed the event met the aims of building relationships, creating a space to reflect and learn, and providing an opportunity to shape the future of the network?

100

% found the event relevant and useful

Thank you

Thank you for all your contributions and participation.

If you have any questions, please email solnet@kscopehealth.org.uk.