

Briefing Note: Enhancing CHLNet’s Collaborative Model

Jan 2023

Purpose:

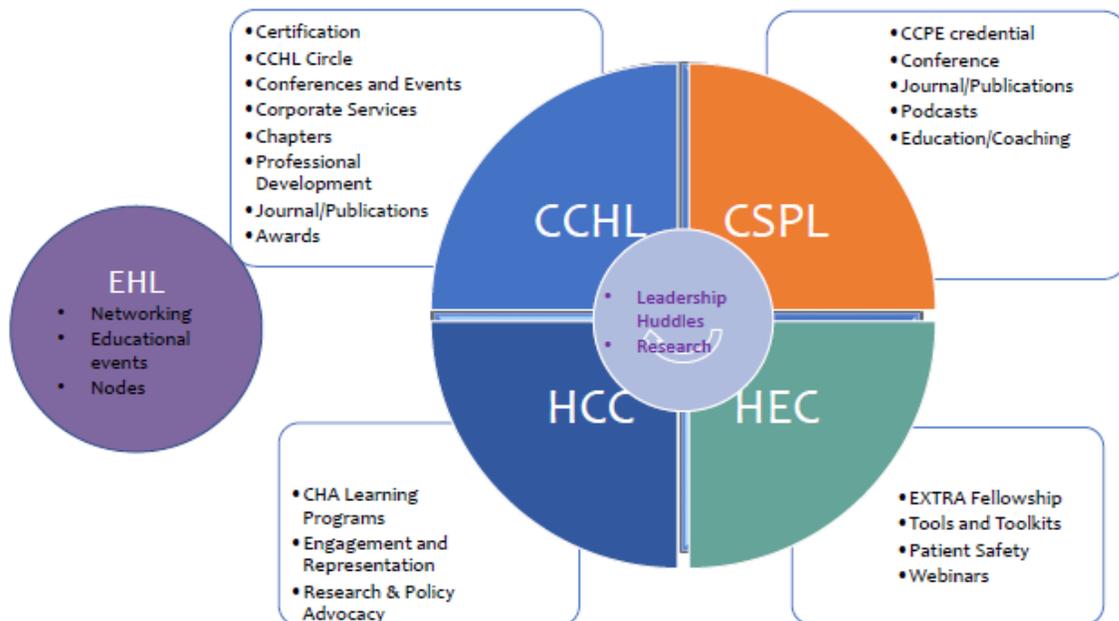
To outline implications and discussions to date on enhancing CHLNet’s Secretariat and governance model to further the impact, spread and scale of network assets.

Background:

Over the last ten years, with great appreciation CCHL has acted as CHLNet’s Secretariat host. In this role rather than paying an annual fee of \$5K, they provide finance expertise (i.e., QuickBooks software, generating and paying invoices, cash account held in trust, and HST/GST rebates) and IT support (i.e., file storage on SharePoint). Prior to the pandemic, office space was also included but is no longer required. In the last few years, no renewal of a formal written agreement has occurred however this should probably be undertaken this year to ensure accountabilities are clearly outlined going forward. CCHL has expressed a willingness to continue in this role but would like to pursue discussions to enhance and deepen collaboration (both at a governance and operational level) now that the new strategic plan is approved.

Through the strategic planning process, the Secretariat determined that CHLNet would not pursue incorporation but rather re-evaluate this structure in 2025. Over the summer, during its Secretariat strategic planning retreats, CHLNet began to define explicitly the some of assets found within the network (see Appendices for strategic plans).

Preliminary Network Asset Map



Discussions to Date:

On December 9th, 2022, CCHL’s CEO and CHLNet’s Executive Director met to begin exploring if enhanced strategic partnership and collaboration would allow both organizations to be more impactful around building health leadership. A subsequent brief meeting followed on January 13th. In a free-flowing conversation the following were informally proposed by CCHL:

- *Mutual Gain*: Better meet the needs of the system around health leadership and be more impactful together. CCHL feels that side by side our strategic plans are almost the same now with exception of research/evidence/KM piece. Stakeholder confusion remains prevalent. They believe we could champion strategic leadership excellence better together.
- *Shared Interests*: CCHL would like a value rethink of associations/organization category of CHLNet members and its offerings including a crosswalk of memberships between CCHL individual categories and CHLNet organizations (national associations comprise 60% of CHLNet network partners). As well, more partnership with academics under CHLNet’s research and evidence building. CCHL finds that it has the health regions/direct care provider organizations already engaged thru its work already in individual memberships and chapters.
- *Streamline Governance*: CCHL feels CHLNet could become an ‘affiliate’ of CCHL. This morphing of governance and oversight might mean CHLNet no longer would have its own secretariat/board but rather an advisory committee/council with a link to CCHL board to be determined. It might be similar to how CCHL Chapter’s function. Affiliation might include: maintenance of values and purpose of CHLNet with a focus on 3 to 4 activity streams, cross walked membership model of organizations and individual members, integration of tools into CCHL LD programs/services, permanent secretariat support for finance, banking, IT, marketing, communications, social media, and others. Nothing has gone formally to CCHL board for discussion to date.
- *Sharing of assets and maximizing resources*: CHLNet would need to strive to remain self sufficient. CCHL is willing to help with social media needs, annual conference concurrent session, and provide additional capacity (financial and in kind) for mutually agreed upon projects. The two organizations would work together to seek new funding to granting agencies and other organizations to further resources.

Preliminary network risks identified for consideration are:

- *CHLNet as a value network*: might compromise the original notions of “a multiorganizational arrangement for solving problems that cannot be achieved or achieved easily by single organizations.” Since 2011, CHLNet has evolved to be an informal, interorganizational, community capacity building network.
- *Network Partner composition and stability*: would partners embrace this proposed new governance model and cross walking of membership and other operations or leave the network? Would it attract new organizations that are more atypical? CCHL has significant corporate sponsorship, would organizations see this as a benefit or conflict of interest?

Secretariat Action:

Given this approach by CCHL, a preliminary discussion is required by the Secretariat around the following questions:

1. At this time, is there support among the Secretariat members to explore deepening collaboration at both a governance and operational level with organizations that have health leadership within their mandate to better spread, scale, and amplify our work to take us to place where we want to go faster and better around health leadership and its impact?
2. If yes, what inclusive process should be used to move ideas of deeper collaboration at a governance/secretariat level that demonstrates commitment to our network partners?
3. What are the shared interests/mutual gains, but also organizational/network risks and motives in pursuing new collaborative models (i.e., affiliate, hybrid, subsidiary, merger, etc.)?

Appendix A: CHLNet Strategic Plan

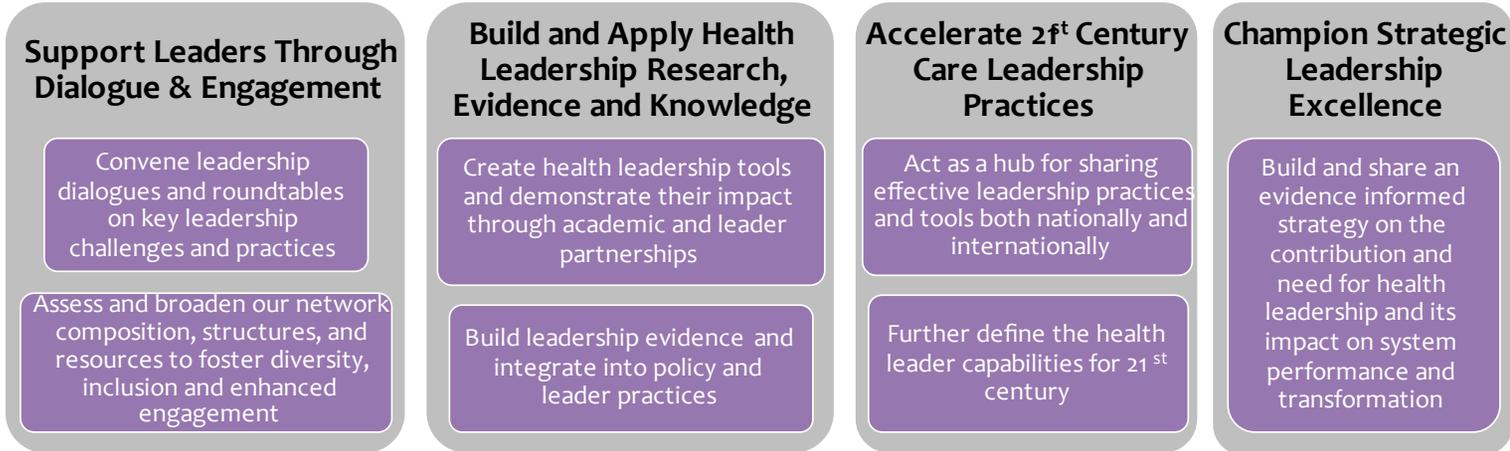
OUR PURPOSE
By working together, better incorporate evidence and systems thinking into the practice of 21st century health leadership to improve health system performance and advance transformation.



OUR VALUES
Trust & Reciprocity in All Our Interactions
Inclusivity and Broad Systems Level Partner Engagement
Share and Convene Based on a Common Leadership Language and Continuous Learning

Our Value Streams and Priorities

2023-2025 STRATEGY



Appendix B: CCHL Strategic Plan

**CCHL 2022-2024
 STRATEGIC PLAN**



PURPOSE

THE COLLEGE IS THE CONNECTED COMMUNITY THAT DEVELOPS, SUPPORTS, AND INSPIRES HEALTH LEADERS ACROSS CANADA.

VALUES

COMPASSION
 Committed to responsive and compassionate support

ACCOUNTABILITY
 Accountable to our peers and the public we serve

INCLUSION
 Promote inclusive, respectful, and ethical practices

TRUST
 Be a trusted ally, convener, and voice

COLLABORATION
 Innovation through collaboration and partnership

COURAGE
 Think differently and act with courage

PRIORITIES

YOUR CONNECTED COMMUNITY

- Be the hub of a member's leadership journey through chapter and community of interest engagement
- Implement a tiered community of practice membership engagement and development platform
- Create a connected health services network in context, across multiple platforms, and across the continuum of care
- Increase member, organizational, and corporate collaboration and co-creation

YOUR NATIONAL VOICE

- Identify and take a stand on relevant and pressing national health leadership issues (advocacy)
- Convene members, health leaders, industry, government, employers, and partners to facilitate national dialogue
- Curate output of position papers, thought-leadership, research publications
- Leverage existing and new channels to communicate our position and points of view on important topics

YOUR CAREER JOURNEY

- Increase recognition and acceptance of CHE and FCCHL designations
- Codify and structure career progression, personal growth, and life-long learning
- Create and deliver best-in-class and evidence-informed professional and leadership development, tools, models
- Champion the ongoing validity and application of the LEADS framework as a cornerstone of health leadership capacity in Canada

PANDEMIC RECOVERY AND RESILIENCE FOR EMERGING AND ESTABLISHED LEADERS

Appendix C

2021 - 26 STRATEGY

OUR PURPOSE

To shape a future where everyone in Canada has safe and high quality healthcare.

OUR HOW

Working with people across the country, we:

Find and promote innovators and innovations

Drive rapid adoption & spread of quality and safety innovations

Build capabilities to enable excellence in healthcare

Catalyze policy change

OUR FOCUS

Care of older adults with health and social needs

Care closer to home and community with safe transitions

Pandemic recovery and resilience

QUALITY & SAFETY PERSPECTIVES

Lived experience of patients, caregivers and communities

People in the workforce

Value

Culturally safe and equitable care

First Nations, Inuit and Métis priorities

OUR VALUES

Partner meaningfully

Innovate courageously

Act with integrity

Be inclusive