

CHLNet Secretariat Retreat
October 11, 2022 – 1500 to 1700 Eastern Time
Draft Meeting Notes

Participants

Kathy McNeil (Co-Chair)
Susan Moffatt-Bruce (Co-Chair)
Alain Doucet (Host Secretariat)
Bill Tholl (Senior Policy Advisor, CHLNet)
Doran Walker (Emerging Health Leaders)
Graham Dickson (Senior Policy Advisor, CHLNet)
Kelly Grimes (CHLNet)
Maria Judd (NP Liaison)
Scott Malcolm (NP Liaison)
Stephen Samis (CHLNet)

Regrets

Emily Gruenwoltd (NP Liaison)
Wendy Nicklin (HLEA Working Group Co-Chair)

Support Team:

Facilitator: Neil Drimer (HEC)
Tech Support: Sara Abubeker (HEC)
Minutes: Grace Gemin (CHLNet)

Objectives of Meeting:

- *To inform the development of CHLNet's 2025 strategic plan*
- *To review and react to draft of strategic plan*
- *To discuss an action plan for the short, medium, and long-term*

1. Welcome and Review of Objectives

Introductions and welcome to Sara and Neil. Thank you to Sara for providing tech support for the meeting, and to Neil for facilitating. Roundtable introductions for everyone to be familiar with each other.

2. Icebreaker/Warm Up Activity

Goal of today is to have an open mind, especially in the third scenario. If we were to start all over and beginning again, what would we look like? We have a Mitacs grant on design thinking that tells us that 50% of our time could be spent on analyzing the problem and then going into the solution. We need to reflect more on what the problem is and what our network partners are thinking and needing. Neil conducted an Icebreaker of 2 truths and 1 lie through which we learned some fun facts about each other.

3. Summary of Input Gathered to Date

Activity: "What is your single most important piece of advice for CHLNet to be more impactful in delivering on its' vision of Better Leadership, Better Health Together?"

- Re-engage with health system leaders across the country to best find out how CHLNet can support the next generation of health leaders.
- Bring in diverse voices. We need to hear from those we aren't hearing from who are providing leadership- long term care, non-profit service providers
- We must adapt or die or else risk becoming stagnant and irrelevant.
- Broaden and deepen our shared understanding of pre-requisites for effective health leadership in 21st century.

- Trust in the ability of your shared experience to influence Healthcare for Canada.
- Engage the next generation of health leaders to define the capabilities for 21st century care
- be clear about who you serve and who your members/network partners are or should be.
- Broaden Partnership strategy with clearly articulated CHLNet value prop
- Think big

We then compared these to the same question posed at CHLNet's 2019 retreat and noted the following differences:

- Future orientation of who our members are and who it is we serve
 - o Understanding the current needs of the members before we are convening
 - o Who are the healthcare leaders and what do they need and how can CHLNet support them
- More of a focused now on EDI
- Previously we were solely focused on the healthcare system as leaders while now we are seeing it as being one of many systems that it interacts with
- We're manifesting what we discussed in 2019. We in the publicly funded health system needs to shift our concept of who are we and who is part of the system. We don't have enough people, so focused on contracts with non-profit providers for providing care so the leadership skills needed are *influence* instead of leadership hierarchy
 - o This is what the system will be going forward
 - o Importance of leaders' roles in influence & engagement is reminiscent of Helen Bevan old vs new power structures.
- Can't just sit where we are and continue to do what we have been doing to this point
 - o We need to change to meet current needs

Kelly highlighted some of the inputs gathered to date. Including the Network partner survey August 2022 and Wellness Project from 2021

4. Overview of Scenarios to consider

Kelly reviewed 3 scenarios:

Scenario 1 Status Quo

Slight adjustments going forward but keeping mainly in line with what CHLNet is currently doing, going forward.

Scenario 2 Maturity/Being Built to Last

Keeping with our value streams and thinking of some of the key system trends we talked about; EDI, digital leadership, workplace resiliency. Thinking about what issues our partners are raising and how we can incorporate them moving forward.

Scenario 3 Creative Destruction and Reconstruction

What is the realm of possibility and what might we be built like moving forward. A very broad discussion of where we should go next and thinking around n on traditional partners, who they might be and how can we bring them to the table moving forward.

Breakout Room Questions:

1. What are the opportunities and pitfalls of the scenario in question?
2. What are the implications for CHLNet if we choose this scenario?

5. Input on Scenarios – World Café

Scenario 1: Renewal and Status Quo

- What are the opportunities and pitfalls of the scenario in question?
 - o Nothing good can be gained by staying how we are
 - o People are looking for things that are actionable, ways to improve and have higher expectations
 - o Some things we have been doing are still working and shouldn't be thrown out
 - o There isn't really a status quo anymore given how many changes we have gone through
 - o Some of the things we are doing are successful and can be used moving forward
 - o Who we serve, members are diverse so may need to make a matrix for their needs going forward
- What are the implications for CHLNet if we choose this scenario?
 - o If we don't adapt, we will not survive
 - o Need to have some plan for transformation that is more than just slight enhancements
 - o Since we are small how do we scale up and reach more people; how we can build this?
 - o Collaboration and resources stewardship going forward

Scenario 2: Maturity/Being Built to last

- What are the opportunities and pitfalls of the scenario in question?
 - o Based around Jim Collins book with the fly wheel concept
 - CHLNet has already had 2 previous rotations through the fly wheel so the third one should be easier
 - o Not research versus dialogue and engagement but they are related and need to come together more
 - Without research, dialogue wouldn't be where it is
 - These need to be tied together in a cleaner way
 - o Advocacy: Big A versus little A, which is strategic without trying to do too much
 - Advocating for more dollars to go into leadership development at all levels
 - There is still some market confusion concerning advocacy and we need to help partners connect to better direct resources for advocacy
 - o 3 basic CHLNet constituencies of research community/academics, government, healthcare delivery organizations
 - We're trying to use the same instruments to hit all 3 targets so need to be clear about how we serve each audience/ cluster of partners
- What are the implications for CHLNet if we choose this scenario?
 - o Never let a good crisis go to waste
 - o Need to give more visibility to what we're doing in terms of research
 - o Need to develop more partnerships to have a bigger impact, focusing on the developing coalitions part of LEADS
 - o This scenario wasn't bold enough or practical enough for built to last
 - o Need to build an ecosystem
 - o Need to look more closely at the impact factor for CHLNet
 - o Need to understand our capacity limits we currently have with our budget and team size

Scenario 3: Creative Destruction and Reconstruction

- Felt the description of the scenario were inconsistent, the title was very creative and felt that the underlying description was not as open ended
- Saw it as either a third outlined scenario or a complete reconstruction of the network
- What are the opportunities and pitfalls of the scenario in question?
 - o CHLNet composition – focus should more be on the service delivery of health care and not the policy delivery
 - o Challenge of who will do the work if we take on an ambitious scenario, if we want to reconstruct it then maybe you envision another way to get the work done
 - Dichotomy of what we could be and what we currently are
- What are the implications for CHLNet if we choose this scenario?
 - o The composition of CHLNet could be expanded to include private sector and international organizations and change the structure to accommodate that
 - Include dialogue to learn from this
 - o Primary goal to facilitate sharing of leadership development strategies/programs so we aren't redoing the work
 - Share what we are currently doing
 - Could incorporate international options in this as well
 - o What is advocacy for? What are we advocating for?
 - Is it better leadership? Is it changes in the system?
 - o Is there an ability to do a caretaker status to what we are now and then move to an organization group of what we could be?
 - Don't want to leave a void if we reorganize
 - we don't have the resources to deconstruct and rebuild at the same time as continue our current work

Overall thoughts:

- Need to consider our priorities within a framework of short term vs long term vs medium term objectives, what can we do at each stage.
 - o Who is going to do the work?
- If we envision our network partner groups changing all together then we need to discuss this
- If we re-envision – who the network partners are is important, there is a lot of growth from what the leadership sphere was when we first started so should consider this going forward
 - o Could CHLNet be a Canadian hub in an international leadership field
 - o World is different now than when CHLNet was formed
- Next step could be an asset map of what is in this space in 2022, and what is our role in that? Is it a gap filler, a convenor, an advocate? We aren't clear on what we should be or could be in this new leadership space
 - o To avoid duplicating others/overlapping mandates
 - o Our small staff keeps us nimble and able to adapt
 - o How can we continue to add value in our new reality?
 - o Where is the best value for leadership development as an organization? Unsure on this, what are people contributing to the space, or do we need to be contributing ourselves
 - o What are we meaning by assets? Money, people, time, existing programs,

- How to coalesce assets to meet the needs of people out there. We should be collaborating with money to focus a higher budget for leadership development overall. Perhaps funding the money for leadership development together instead of doing it individually
- We need to be responsive and bold and need to understand what we can do with our current membership and assets

6. Decision Time

Need to better understand what the problem is to come up with the best solutions. Need more time to deliberate before voting on a decision.

7. Next Steps & closing

Next week (October 19th) we meet again for 1.5 hours as well as a 30-minute secretariat meeting.

What would be helpful for that meeting:

- An asset map (Inventory of assets)
- Aligning targets and instruments
 - What are we doing and what are the objectives that are being advanced by what we're doing?
- Design approach of putting down in words what the problem is and then have people throughout the discussion tease out each word that is in the problem to evolve where you want to go from there
- Categorization of the membership
- What if we took the concepts of systems leadership and true collaboration across borders (coalitions) and applied them to CHLNet?

Meeting adjourned at 1700 EST.

CHLNet Secretariat Retreat/Teleconference
October 19, 2022 – 1500 to 1630 (Retreat), 1630-1700 (Secretariat) Eastern Time
Draft Minutes

Participants

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Alain Doucet (Host Secretariat)
Bill Tholl (Senior Policy Advisor, CHLNet)
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1. Welcome

Introductions and welcome to Sara and Neil. Thank you to Neil and Sara, from Healthcare Excellence Canada (HEC) for facilitating this session.

2. Towards CHLNet 3.0 Objectives and Insights from Day 1

Kelly overviewed a background document on Day 1 retreat results. It included dialogue on current network partner composition, CHLNet's problem statement evolution from 1.0 to 3.0. Decision to focus CHLNet 3.0 on the problem statement "How does CHLNet, and its network partners, as a value network (bigger than just health system) adapt thru and beyond COVID-19 to better incorporate evidence (broadest sense) and (broad) systems (unusual partners) thinking (tools) focused on people/patients/communities into the practice of 21st century health care leadership (towards transformation) to solve problems and understanding/demonstrating its impact?". Some discussion on the network asset map provided and how helpful in telling our story.

3. CHLNet 3.0 Strategic Priorities

Neil took the team through an affinity diagram of "using this problem statement, ask yourself how CHLNet can address this?" Each member came up with 5 ideas. The group was split into 2 groups to sort through and determine common themes from the ideas shared by everyone. See appendix A for results.

Some of the themes have more ideas under them so may be the ones to focus on. What do we mean by professionalizing leadership? Importance of expanding capacity and evidence-based leading. What does "we" mean, not to stray into the business of helping to professionalize leaders, that is the responsibilities of professions themselves, not us as an organization. Emphasis on competencies of leadership instead of professionalization?

Kelly will use this work to develop the strategic priorities to circulate back out to Secretariat for input to then be brought to the Network Partner Roundtable.

4. Considerations and Implications

Kelly reviewed the considerations and implications brief developed based on the Secretariat's previous discussions. It seems we should continue as a value network but should start to look at our partners in a different way and tailor our products/assets to our partners and their needs. Each recommendation was reviewed by section:

- a. Confirm network form and membership structure - recommendations approved
- b. Formalize board functions – discussion on what problem are we trying to solve by adopting a board? Clarified that more for recruitment purposes, there is confusion as to what the secretariat does when it is basically acting as a board currently. Especially since we have the Host Secretariat as well. What are the accountabilities of members of a secretariat versus a board? Since we aren't incorporated there aren't any changes to responsibilities. Traditionally a CEO reports to the board while we have 2 cochairs, a visual may be helpful for explaining the flow. Consider a council instead of board. More discussion to come through an ad hoc governance group.
- c. Succession planning - agree with recommendations to create a nominating/governance group.
- d. Expanding resources and partnerships - Kelly will put together some terms of reference for a network development group and then bring back for consideration.
- e. Evaluate secretariat functions - originally, we were going to rotate the host secretariat every 5 years. CMA served first and now CCHL. Should we go back to this rotation and what should be the condition? Need to be a little clearer on what this is based on since it's been by good graces so far. Assess by both parties to make sure that it is working for all. Could be more than 1 organization providing support. Review by the ad hoc governance group.

5. Secretariat Meeting

A short secretariat meeting was held. The following was discussed.

Motion to approve Maria Judd as new CHLNet cochair, Approved.

Network Partner Roundtable Agenda - reviewed and comments will be incorporated.

M&T Award

Discussion underway that this award with shift to HEC now with the money moving over in the next few weeks. Hoping to give out the award on a biannual basis instead of every three years.

6. Next Steps & Closing

Kelly will be getting feedback from the Emeritus on the strategic priorities.

Meeting adjourned at 1700 EST.

Appendix A: Affinity Diagram Results





