



**LEADS FRAMEWORK STEERING COMMITTEE
MEETING MINUTES
Thursday, December 8th, 2022
2:00-3:30PM ET**

AGENDA ITEM	MINUTES AND ACTION
1. WELCOME, ATTENDANCE and LAND ACKNOWLEDGEMENT	Graham welcomed everyone, and led a land acknowledgement
2. APPROVAL OF MINUTES; APPROVAL OF AGENDA	September 20 th , 2022 minutes and December 8 th , 2022 agenda approved
3. OPERATIONALIZING WORKPLAN	<p>3.1 Update on LEADS 360 Manager to collate possible organizational data to gather a sense of possibility/potential</p> <p>BL – not much data to look at; Kate has been busy and not able to do a full collation of data; must have same responder categories to create the correct data (ie: customized categories can not be summarized into one); data cannot be exported; limited internal capacity to do these types of things with all other priorities</p> <p>KG – 360’s a gold mine of data that we are unable to access; could Panoramics (creator of the program) fix those so data can be provided? Service delivery question – data should be speaking to gaps; we’re not using the data as we should/could be; direct research from the 360 data could show ROI</p> <p>GD – is there a university researcher who could pull data</p> <p>BL - asking whether this is a priority right now? Ie: where is our time and money best spent?</p> <p>ACTION for March, 2023 meeting: Take to research and evaluation</p> <p>Kelly to add an item to research evaluation in Feb – is there a researcher who might be interested in helping; Kelly and Graham will search for a researcher and willing collaborator and then we can figure out next steps</p> <p>3.2 Discussion on updated LEADS Resources list</p> <p>Resources list – Graham shared</p> <p>BL – need a list to help guide what needs refreshing – should include anything that would be affected by any changes to the framework</p> <p>GD – self-directed learning tools resource is only one on list that wouldn’t be affected; all others would be affected</p> <p>AD – suggestion to include resources list as appendix to working plan (to ensure all are included, retroactively)</p> <p>Leadership Bytes – Kelly sent for team to review; do we see a need to change anything? Bytes are tied to the framework and are 12 years old – concept is viable but is there a gap that needs to be filled; is there a newer resource that is replacing some of these</p> <p>BL – Microlearning exists on the Circle; organized by framework; Bytes could be shared with group of facilitators to create some new ideas</p>

	<p>AD – if Circle consultants are looking for more inventory, could they use (and repurpose) the Bytes to trigger ideas, etc; a comprehensive rewrite of these prior to refresh of framework doesn't make much sense; doesn't need to be a project for this group</p> <p>ACTION for March, 2023: Brenda to share with Circle consultants to review with the view to having them refreshed as we go - to see how it goes</p> <p>3.3 – 3.4 DRAFT of Graham's evergreening workplan for LEADS Refresh 2022-2025 AD – Very comprehensive and clear – resonated and had sound thinking, great first draft; suggests including notions of EDI (ie: language of Indigenous was not included); ensure Francophone health leadership is consulted; framed in the Canadian experience – could it be also framed in the global reality; might want to add a ToR that might need to come out of this; funding question is an entirely different conversation KG – also really like it; logic model is good and summarizes well; likes direction it is going; short and long term strategy; post-pandemic response; suggestion to separate the plan into pieces; suggestion to start collecting data through survey on LEADS GD – we want to hear from orgs who are using the framework; action research cycle feeds into overall process – need overarching plan to conduct the research AD – three year plan needs interpretation bulletins throughout; useful to see how would this be laid out for the next two years to see the cadence of the work; identify funding needed, etc 2024 earliest most likely; what's the ops plan around this?</p> <p>ACTION for March, 2023</p> <ol style="list-style-type: none"> 1. ALL - Create a Steering group/committee – each person in LFSG to provide how many and who they would like to see on the committee (not including LFSG members); 2. Kelly - Create selection criteria – think of skillsets, backgrounds, perspectives ie: EDI, Sr Exec, OD specialist, etc; could use current list of selection criteria for this LFSG group (see end of minutes) 3. Determine the Resources to focus on 4. Graham – to revise and create 2nd version of workplan <p>3.5 Communications Plan Kelly provided tagline for the project: “LEADS 2025: Defining the health leadership capabilities for 21st century care” – Kelly hears this from leadership partners and it gets them excited BL – two audiences: those implementing and integrating LEADS plus the academic audience – two lenses to support evidence based; qualitative study to see the consistencies across Canada; “21st century care” – is that too large?</p> <p>ACTION Graham to use tagline when revising workplan</p>
<p>4. UPDATES/PROJECT SHARING</p>	<p>Round the table updates CCHL: AD - Dissolution of NHLC announcement went out; pulling together to create a new conference “CNC”; CCHL has up to 4 conferences now per year; AD meeting with KG on strategic alignment BL – 1700 members on Circle; engagement growing in Circle; open enrollment programs include a new LEADS-EDI program which launched this fall; NSPSC and New Brunswick doing large 360 projects; programs around HHR supports – ROI and aspiring leadership webinars; lots of orgs showing interest in programs for 2023</p> <p>ACTION (immediate): Brenda will share marketing info on LEADS-EDI public offering with Kelly to be included in her upcoming eblast</p> <p>LEADS Global:</p>

	<p>GD – 3 things a) two people working with GD to facilitate LEADS Global (JVD – who can reach out to physicians internationally; doc development by Karen Schmultz); b) draft of concept paper – 8 countries to contribute: Israel, USA, UK, Belgium, Antilles, Canada, South Africa; c) LOA with Royal College International who will market internationally with CanMeds</p> <p>CHLNet: KG - revised its website and is up and running - appreciate receiving feedback; partner roundtable is done; new 2023 projects will kick off in January – 4th value stream has been added; create strategy around impact and what should change around health leadership; 3 page infographic being developed; new co-chair Maria Judd from Healthcare Excellence Canada</p>
<p>5. ADDITION OF NEW MEMBERS TO COMMITTEE (suggestions tracked at end of this document):</p>	<p>On hold</p> <p>Suggestion to keep this LFSG group as is and once steering group for Refresh/Evergreen project is created, some members could eventually be included in LFSG “exec” group</p> <p>ACTION: Tracy to remove #5 from future agendas altogether</p>
<p>6. DATE OF NEXT MEETINGS in 2023</p>	<p>Suggesting the following (TBC): All times are 2-3:30PM ET March 23rd, 2023 June 22nd, 2023 September 21st, 2023 December 14th, 2023</p>
<p>7. ADJOURNMENT</p>	

Membership (Taken from the LFSG Terms of Reference and approved March, 2021)

- Representatives of the three founding member partners; CCHL, CHLNet and Graham Dickson.
- Additional members to be added based on defined selection criteria (reviewed annually) and unanimously agreement by all three founding member partners.
- Terms are not limited.
- Vacancies will be filled by the steering group as required.

Criteria for selection of potential additional members

In the context of the above terms of reference, and in particular the purpose of *Strategic advocacy and renewal of the LEADS in a Caring Environment framework*, the following criteria are suggested when the three original partners consider additional membership.

Number of Members:

For decision making and practical management purposes, it is suggested that a maximum of seven members comprise the LEADS Framework Steering Group (including representatives of the three founding member partners).

If, when that maximum has been reached there is a compelling argument—supported by all members—to change this maximum, then this criterion can be altered.

It is also recommended that the seven members be chosen such that a broad representation of the richness of the health landscape be reflected in the membership including different professions, research, gender and diversity, administrator, or consultant communities.

Potential members:

- *Licensed organizational users* of the LEADS framework.
- *Other health care organizations or agencies* that use LEADS as a guide for internal leadership practice and guidance.
- *University departments, centres or programs* that utilize the LEADS framework as a guide for research, curriculum development, or program design/delivery.
- Under special circumstances, *Individuals*--who have an abiding passion for, knowledge of, and commitment to modeling, teaching, conducting leadership research, and/or facilitating developmental programs based on LEADS--will be considered. They must also satisfy most or all, of factors contributing to selection outlined below for potential members.

Desirable factors contributing to selection:

Potential members will satisfy most or all, of the following criteria. The member:

- Is committed to maintaining the ongoing integrity (i.e., scholarly base; wording as phrased in the LEADS brochure; and how it is used) of the LEADS framework.
- Is willing to contribute intellectual property, in-kind people resources, or cash resources to ensure the appropriate evolution, over a cycle determined by the founding member partners, of the LEADS framework to reflect current and future health leader capabilities.
- Can provide evidence that they represent--formally--a broader group or suite of similar organizations that are working together to foster leadership practice and development using LEADS.
- Uses LEADS as the preferred common language for health leadership in their individual or organizational leadership development work and is prepared to promote its use nationally.
- Is prepared to discuss and contribute to opportunities to promote, advocate and disseminate LEADS with other founding member partners.
- Models EDI goals and principles in their leadership practices.
- Will support and promote the unique business interests of other founding member partners (i.e., products, materials and services) rather than compete with them; and
- Is willing, where sensible and appropriate, to create products, materials and services that they are uniquely positioned to offer to the broader community of LEADS-based leadership development in Canada's health system.

SUGGESTED NEW MEMBERS	- CSPL representative
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