Collaborative Service Change Network

Wed 27 Feb 2019

Welcome and introduction

Second meeting of the group.

Paul gave brief introduction to the day sharing the agenda we started with a short film on [Collaborative Advantage and Collaborative Inertia](#)

The film talked about the complexity of the problems that need collaboration, how collaboration isn't always the best way, bring different values and beliefs around a single issue, how problematic and frustrating collaboration can be and how we need change the way we think about and practice collaboration.

The film gave us some defining vocabulary, which we used and explored during the morning.

- **Collaborative Inertia** – the natural state of play where nothing happens, meeting and meetings
- **Collaborative Advantage** – Keeping the collaborative group moving and continuing to work productively
- **Structure** – getting the right people in the room
- **Process** – focus on how the right people in the room then communicate with each other
- **Constitutive communication** - how we understand each stakeholders point of view and find the similarities

There is much more in the film and it is well worth watching, multiple times.

Refresh of Debate versus Dialogue Model

We refreshed on the Debate versus Dialogue model. The film had illustrated and articulate the Structure/Process dynamic so we briefly reflected on how a dialogue approach would support the Process part of collaboration in order to gain 'Advantage'.

We also spoke about the difference between 'advocacy' and 'inquiry' and how these ideas sit over the Debate versus Dialogue model.

Collaborative Model Exercise

We worked in two groups on two hypothetical scenirios:

1. Commissioners have said they want to see £100 000 savings from respiratory services and want two teams to merge into one

2. A new adult mental health ward is being built at Highbury to bring back people who have been placed out of area

We applied the latter four steps of the model to the task that had been chosen.

- Building the Team
- Understand what's around
- Gather idea
- Make the change

The two groups were asked to consider the leanring we'd discussed in the Collaborative Advantage/Disadvantage film and to be aware of whether they were having a 'dialogue' or 'debate' approach in their groups.

Group notes

Building the Team	Gather Ideas	Understand what's Around	Make the Change
• Terms of reference • Timeframe & Feedback • Service users • BAME • Carers • Support networks • 3rd Sector • Clinicians • Commissioners • Project Managers (impartial) • Police • Local Councillors • Social Services • EMAS • Taxis • CAMHS • Education • Environmental Team • Venues – location and transport links	• Survey/written • Verbal – varying ways • Who to be informed • Variety of events • Facilitation	• Service users – holistic approach • Self-harm services • Housing projects • Scope all community services • Scope wider – other areas around the country • Transport links • What falls through the net • Impact what else is happening (tram,bus, taxis – imminent changes) • Community impact – local residents • Stigma, apathy from service users and staff	
• Talk to staff first – depends on what stage we are at! • Patient participation • Carer involvement • Respiratory nurses, clinicians • Social services • Mental health • Budget holders • Medical involvement – GP/consultant • Health informatics – leaflets/ advertising • Audit • A person who knows the service requirement - commissioners • Secondary care rep • 3rd sector	• Action plan for core members to do – who they need to talk to • National initiatives • NICE Guidance - NHS England • How we manage change locally • Quality Improvement Team, HR, L&OD, Staff side • Small groups	• Survey – service swoop • SUCE Feedback • Care opinion – trends/identify need • Look at demographics – profile of the area • Know 'pocket money' • Service – staff feedback	• Dialogue v Debate • Follow up • Communication

Reflection on the exercise

There was a lot of concentration on the structure not as much on process

Conversations in the group didn't often illustrate a 'dialogue' approach to interactions

Communcation

An offer to lead a workshop on communication had been made between session so the next session was facilitated by Annette Ellison.

The session asked

- Aren't communication skills just something your born with?
- Don't you just pick up communications skills as you go along?
- Aren't there more important things than communication skills?

Insufficient training in communication is a major factor contributing to stress, lack of job satisfaction and emotional burnout in healthcare professionals (Fallowfield and Jenkins, 1999; Taylor et al, 2005)

We then had a group discussion on the facilitative and blocking skills for communication. The notes recorded are below.

FACILITATIVE   active listening — reflect back,
                                   nodding. acknowledging
Listening.
                appropriate abbreviations
                                        — Interpreters
empathy   Space language
       Silence.   — selective
humour   Parking. Jargon demographics
                          cultural   common
tolerance   nonjudgmental   ground
                                 transparency

open mindedness   Parking
            no assumptions   Values
Self awareness — gestures beliefs
                                  Honesty
eye contact   checking   valued
body language   chunking   respect
        gestures   facial
                              expressions
Questions — open, closed,
            stupid,   trust
Summarised   compromise — harmony

Blocking.

closed questions.

Multiple questions.

Jargon - abbreviations - language barriers.

chitchat / jollying along.

normalising - assumptions.

Finally Annete said she would share a link with the group on 6 Skills Needed for Effective Collaboration
https://www.risebeyond.org/6-skills-needed-for-effective-collaboration/

Evaluation and feedback of second meeting

What worked well?

- Open, honesty, well structured, well led
- Jonathan's summary: meeting more people with varied viewpoints; exercise was good and useful
- Group work
- Annette's talk around communication. The work collaborative model plan around a specific task
- Venue & facilities, tea & biscuits all good. Presentation & exercise on communication interesting including good debate
- Different perspectives

What didn't work well and why?

- Reflection feedback from voluntary sectors – what did they perceive?
- More, longer time to reflect on points
- Time constraints. More time needed on the video
- A lot of people who haven' said anything & others that dominated
- Perhaps more services to attend next meeting
- Can be annoying when people don't adhere to the ground rules and talk over/butt in to others opinions or conversations
- Board members
- Other areas of the Trust
- Spreading the network across the Trust and getting more people involved
- Communication workshop – offer of bringing some work in.
- A more diverse group

What was missing?

- Not enough participants
- Other leaders within health and social care
- Nothing
- Date of the next meeting
- Leaders, more people from different levels of the Trust
- More/better commitment from NHS Trust Staff, more new faces from Trust staff
- Not enough participants, particularly of different ethnicities

Next Meeting: Wed 15 May 2019,
Ollerton Scout Hut