

## Team Leads Hearts and Minds

### Findings from Team Leads Chat (TLC)

-Working in PARTNERSHIP-(Inc. session notes)

#### About Team Leads Chats (TLCs)

Workforce experience is critical for shaping the future of health and care in Leeds. TLCs create a space for our health and care workforce to talk, listen, connect and share experiences of living and working during the pandemic, or working in partnership with health and care colleagues from across the system. The learning that was shared will help to increase awareness and make Leeds an even better place to work.

#### Context

Covid-19 has brought significant challenges and, ironically, many opportunities to work differently across health and care, enabling teams to be delivery focussed and to deliver at both scale and pace. In acknowledgement of this a number of citywide Team Leads Chats (TLCs) have been held to hear *the experiences of our health and care workforce to understand how partnership working has been strengthened, what still gets in the way, and what learning we can use to make improvements.*

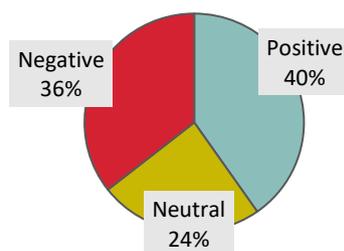
The majority of TLC participants work in desk-based roles and have been working remotely for much, if not all, of the pandemic. **It has been logistically more difficult to attract participants from frontline roles.**

#### Reminder of Partnership Questions

- Have you been able to work together with colleagues from different health, care or third sector teams /services during the pandemic? And what benefits has that brought?
- What might make it easier for you, or encourage you, to build effective relationships with colleagues in other health, care or third sector teams/ services?
- What steps will you take now to build connections with other colleagues in other health, care or third sector teams/ services?

For each of the 3 questions the **sentiment** of individual responses was measured. (Breakdown by individual question is provided in the full, aggregated report).

#### Overall sentiment result - How participants viewed partnership working



### Key findings-Positive

The feeling from these groups can be summarised as a high degree of commitment to working with others, building on existing success and learning from pandemic experience.

- Pandemic related crisis encouraged new partnerships; provided impetus to urgently resolve problems and helped to dismantle historical organisational barriers.
- Partnerships have been more dynamic in nature, due to the need to deliver at scale and pace, resulting in a collective 'can do' attitude.
- The pandemic has enabled some staff to experience redeployment to other areas; increasing workforce opportunity to develop capability and confidence.
- Flexible hybrid working benefits work /life balance and supports effective staff health, wellbeing and role satisfaction.
- Technology is a vital enabler for supporting relationship building.
- Appreciating each other's pressures and priorities supports a culture of valuing others.
- Sharing collective knowledge and skills helps us to better understand communities and is a key to reducing health inequalities.
- Working in partnership can feel extremely rewarding.

### Key findings-Negative

- Increasing bureaucracy and reverting to silo working is evident and threatens the learning and success of partnerships that have thrived during the pandemic.
- Remote working impacts health and wellbeing if there is insufficient opportunity for screen / comfort breaks.
- Priorities are hard to distinguish when most things are described as 'critical'.
- Being new to an organisation during the pandemic, compounded by remote working, has inhibited relationship building for some people.
- Some staff lack opportunity to work with other health and care partners.

## Conclusion:

It was initially anticipated that TLCs might surface issues requiring resolution at partnership level, using a deliberative forum approach. However, the TLC process has resulted in similar themes, irrespective of organisational origin, with feedback suggesting that holding a space for people to re/connect, share experiences and learning is both cathartic and informative.

A new LCH staff member reflected:

***'I attended a Team Leeds Chat and have learnt so much about healthcare in Leeds as a result. I am new to Leeds and LCH but feel that Team Leeds is a tangible thing and experience of working that I have not experienced in other cities. Team Leeds is really welcoming and a positive place to work, with a strong focus on staff health and wellbeing.'***

TLCs contribute to our Leeds ambition for longer-term cultural development, where our workforce feel valued for the knowledge and skills that they bring to a collaborative #TeamLeeds health and care partnership.

A Commissioning Manager, from the Leeds Office of the ICS shared a view:

***'Team Leeds is an opportunity to be part of a wider movement and has helped me to feel better connected with others.'***

Another participant reflected that new /enhanced ways of partnership working though the pandemic: ***'Shows what can be achieved! Encourages me to do it and seek forgiveness later'***.

This is perhaps reflective of the general level of positivity demonstrated throughout the partnership TLCs and an evident increase in confidence to work differently or *even better* in future. A recurrent theme from statutory organisations was the clear recognition of the added value the Leeds third sector brings and continued support for mutual collaboration.

Negative responses largely related to the fear of reverting to previous habits; less inclusive behaviours, working in organisational silos, lack of opportunity for involvement and the incompatibility of IT and data sharing systems.

It is also important to remember the complexities within which our system operates. Our health and care workforce has multiple identities: individual role; team, service, organisation, employer and Team Leeds. All share significant importance, but developing a culture of Team Leeds is what will potentially create a sense of increased belonging and support the delivery of effective person-centred health and care for our Leeds people. It will take drive, persistence and continuity of staff engagement to maintain momentum and achieve optimal results.

The questions to consider now are:

- Do we all understand what we mean by working in partnership?
- Can we leave collaborative working to chance, or will some people get left behind?
- Does everyone have equal opportunity to participate in partnership working?  
(Recognising not all job roles and functions lend themselves to this).

- Can we encourage a culture of curiosity, where the crisis and urgency of the pandemic is replaced with a commitment to identify common goals and purpose alongside key partners?
- Would a set of shared values and principles for Team Leeds help to unite our partnership?
- How can we ensure the voices of our front-line health and care workforce are included in future engagement, on-going development and culture change?

### **Recommendations**

Participants shared suggestions for ways to improve partnership working across the Leeds health and care partnership:

#### **Connectivity**

- *Prioritise and afford time for staff to connect as part of their role.*
- *Promote opportunities for networking, shared development and learning and increase availability of shared work spaces to encourage new relationships.*
- *Invest in cross partnership communications, ensuring equitable partner representation.*

#### **Digital (Access, Competence and Wellbeing).**

- *Improve access to shared, cross partnership IT, data and data sharing agreements.*
- *Increase access to IT support / training to improve workforce confidence and capability.*
- *Shorten on-line meetings by 10 minutes to enable those working remotely to take sufficient screen / comfort breaks.*

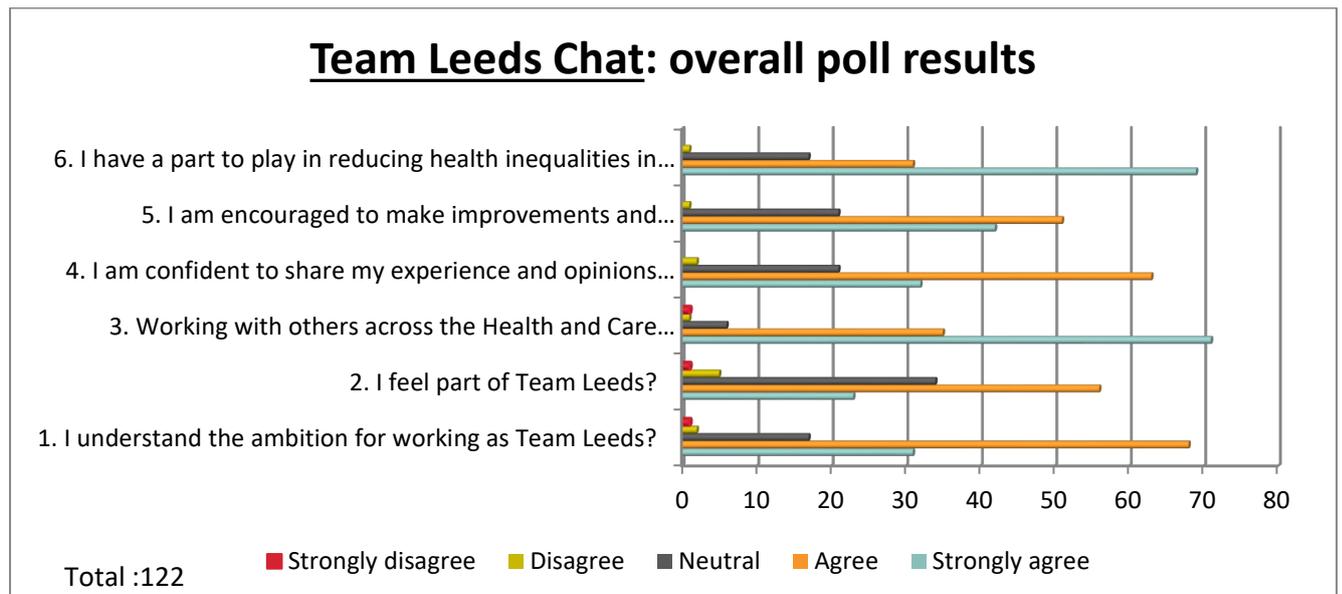
#### **Collaborative Behaviours**

- *Agree a common, shared language to avoid alienating partners; including a shared definition of 'partnership' and agreement of our partnership priorities or 'obsessions'.*
- *Where changes are considered improvements, avoid reverting to pre-pandemic bureaucracy and non-inclusive behaviours.*
- *Senior leaders are requested to maintain visibility and accessibility; recognised as highly beneficial throughout the pandemic.*

## Poll Results

Most TLC participants were asked to take part in a quick-fire poll, which provides an indication of the workforce' understanding of Team Leeds and our joint health and care ambitions.

Note: at the time of writing this is a participant sample of **122 people** belonging to health and care and is not fully representative of all workforce views. However, it is anticipated that health and care partners will be given the opportunity to run this poll internally, to ensure a broad and representative baseline result for future benefit.



The results from the TLC poll on this occasion indicate there are improvements to be made across all 6 domains; in particular perhaps 'I feel part of Team Leeds' which has been a common theme throughout all TLCs.

**Thank-you to everybody who took part in this Team Leeds Chat: we hope this findings report provides a good summary of the key issues discussed. If you have would like to provide further feedback please email us at: [leedsth-tr.heartsandmins@nhs.net](mailto:leedsth-tr.heartsandmins@nhs.net).**

## Appendix – example detailed notes from the TLC Team Leeds Chats

### **Q1. What did participants say about opportunities to work together with other colleagues?**

- Temporary closure of some services, provided opportunities to work with new people and other services.
- Yes, wider than before. All the partners in the Leeds system plus expanded outside to Yorkshire and North-East regions.
- MS Teams increased opportunities for relationships to develop, even out of area.
- Long-Covid-19 Rehab Service-example of working in partnership.
- Working with other WYAAT colleagues to support Covid-19 testing / supplies resilience / digital improvements etc.
- Seen more of City colleagues than LTHT colleagues - identifying where we need to collectively put efforts, fill gaps in care. Rather than a partner solving this on their own.
- Collaboration around the vaccination work has been amazing - CCG, LA, NHS all involved and enabled more people to meet colleagues from other organisations.
- Working with universities to develop student placements, to encourage students into the workforce.
- Better understanding of ways of working in other organisations e.g. Local Authority and therefore appreciation of barriers of legislation that not aware of before.
- Engagement has branched out during pandemic. Doing better externally than internally.
- Some of this work happened pre pandemic but has been accelerated.
- Clinical collaboration on common issues both locally and nationally on common issues has been crucial.
- Internally working across different areas really beneficial.
- Gold commands have brought us together.
- Population board - really feel like they're pulling together for children. The pandemic easing and the new ICS is making more collaboration possible.
- I have worked with all different partners through the pandemic including volunteers and the general public. I don't think I've found it better or worse. I find it harder to get hold of people now they can hide behind teams and I don't feel you get that "personal" relationship with people working from home.
- Yes, the fact that I have met (albeit virtually) and worked with a wide range of colleagues from across the health and care system as part of the covid response has been one of the really positive aspects of the situation. The necessity to delivery at pace has meant that there's been a really 'can do' attitude and task orientated focus, which has been great, providing tangible outputs and a real sense of achievement. I think to a large extent this has been down to the removal, or at least blurring of organisational boundaries, as required to deliver at scale and pace. I absolutely think that joined up health and care matters, but fear that when there is no absolute necessity, i.e. a pandemic, to work together in this way organisational boundaries may create challenges to delivery.

- We are gradually changing and develop our offer to support staff as there feels a shift from opportunity for proactive care to responsive care that is taking emotional and physical toll on our workforce.
- We have been working well with our involvement colleagues since well before the pandemic and this has continued and strengthened over the last year. We have many excellent examples of partnership working including the People's Voices Group and Big Leeds Chat. Joined up health and care is essential going forward and we proactively look for opportunities to work together.
- We've always worked in partnership so the pandemic didn't really change anything, though Teams has made it easier to attend meetings that we might not otherwise have been able to get to. I wouldn't ever want to go back to spending an entire afternoon to attend one meeting in person!
- Shared priorities such as workforce change, recruitment and wellbeing through the pandemic have enhanced opportunities to work together.
- Lot of talk and policy about joined up working but the reality is that it is inconsistent/not happening (e.g. Leeds Care Record - every organisation that someone might access needs to be using it otherwise it falls down).
- Being flexible and changing job roles to support frontline staff has been really rewarding.

## **Q.2 What did participants say would make it easier to build new connections?**

- Having a clear, common purpose and deliver purposeful activity.
- Increase opportunities for some face to face interaction, as relationship building has been impacted by the virtual platform.
- Place for both virtual and F2F meetings. Virtual works for the quick meetings. F2F for longer, more strategic discussions. Benefit of being in a room and building relationships.
- New ICS structure and a desire to work differently.
- Better understanding of the new ICS structures.
- Ability for staff to work across organisations more seamlessly (staff portability).
- Increased access to electronic care records (even internally).
- Being able to hold each other to account and not feel bad about it.
- Having shared values around a Team Leeds ethos.
- Being clear on who is taking a lead.
- Find ways to make links and meet new people and build relationships with partners.
- Find ways to work differently and free up staff to participate in important external work.
- It is to develop the mind-set that we are one team as the pandemic has proven.
- Some face to face meetings are key and working as a team rather than individually from home. I think we have a lot of people doing the same thing and not knowing about it.
- Senior organisational leads can really spread positive culture in their own organisations; be more outwardly focused and enable staff to connect with citywide colleagues. Promote and live the #teamleeds culture.
- Increase workforce understanding of new Integrated Care System (ICS) structures.

### **Q.3 What did participants say were the steps they would take to build connections?**

- Come together to share good practice & success stories.
- Ensure understanding of each other's motivations / what we trying to achieve.
- The networks exist but need to ensure structure and focus to partnership agendas.
- Dedicate more time - collaboration takes time and is often not prioritised.
- Attract leaders from alternative sectors, e.g. Primary or community care.
- Use of data to support reducing health inequalities.
- Apply the experiences learnt during the pandemic on how we worked with colleagues across organisations.
- To continue to look after each other.
- To increase opportunities for face to face interaction to build relationships.
- Listen more to partners, strive for better understanding of the challenges faced and seek joint solutions.
- Take advantage of any opportunities to work with partners.
- Encourage others to develop things together.
- Value contributions from partners/ actively seek people from different areas to contribute to problem solving.
- You don't need permission; you can just get on with it.
- Keep connections going, even if you're working on different projects.
- Don't wait for a reason to catch up with people; be more curious.
- Share own learning, e.g. Leeds Shielding Programme. Common Goals, knowledgeable leader, inclusive culture, no minutes taken in any of the meetings and shared responsibility.

**-END-**