

Community events series

Getting Practical:
Supporting the people we serve

10 February 2022

Community event series

Throughout the [Project Lift Community Engagement Events 2020/21](#) we explored the ‘what’ of leadership - together establishing the 12 indicators of good leadership. In the latest [Community Events Series 2021/11](#), we aim to collectively explore the ‘how’ of good leadership - how we practically live these indicators in our everyday.

During this series, we aim to build on the 12 indicators and collectively explore what these look like in practice. We will be opening up some key leadership conversations of the moment to inspire, connect, learn and grow together as a community of leaders in health, social care, and social work.

On 10 February 2022, we invited Project Lift community members and sector leaders to come together to explore the topic ‘**Supporting the people we serve**’ and consider what opportunities can emerge within our own teams and organisations by doing so.

12 indicators of good leadership



This pack provides an overview of the discussions.

Getting practical: What makes a flourishing team?

Our objectives for the session were to:

1. Support the collective understanding of how to implement the key indicators of good leadership across healthcare and social services in Scotland.
2. Explore how to effectively and authentically support the people we serve.
3. Provide participants with a chance to build connections, feel energised and inspired, and a safe space for learning and reflection.

Flow of the session:

1. Welcome
2. Opening perspectives
3. Breakout discussions
4. Whole group sharing
5. Closing reflections and next steps

Who joined us?



Project Lift exists to support leadership **at all levels and at all stages, in all roles across health, social care, and social work in Scotland.** A core aim of the community events series is to broaden Project Lift's reach and connect to more of the system, and so these events were open to all.

We were joined by **39 colleagues** from across health, social care, and social work in Scotland.

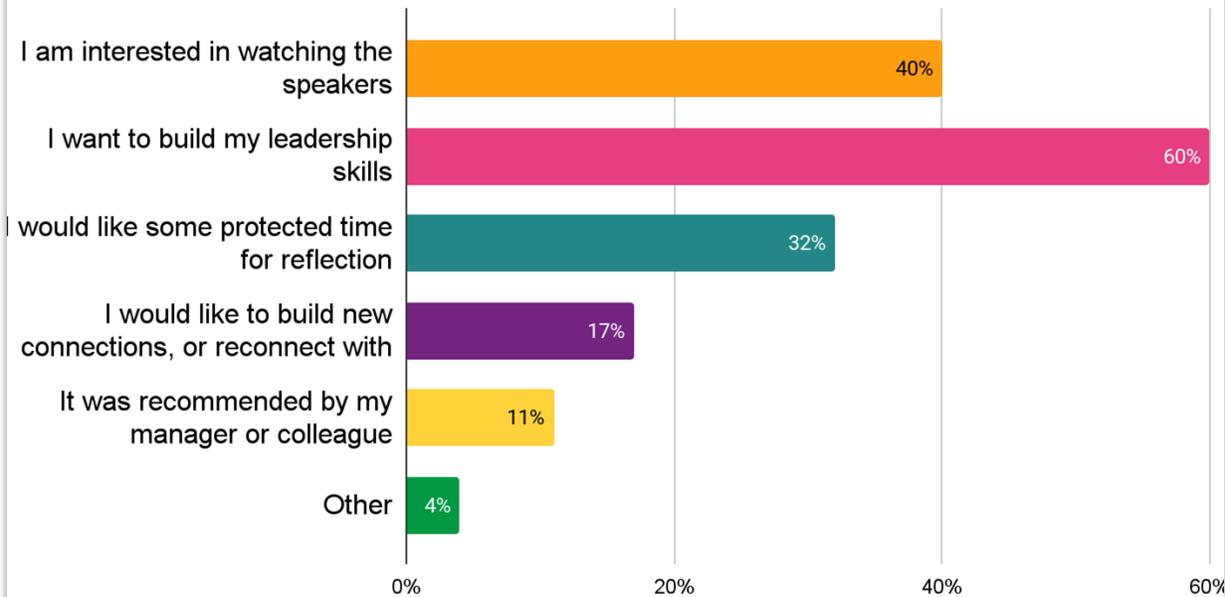
Participants joined us from across the system, including those working in general management, social work, nursing, project management and more.

This included a range of organisations across Scotland, including Scottish Social Services Council, Strathclyde University, Ypeople, Care Inspectorate, Wheatley Care, NHS organisations in: Tayside, Greater Glasgow & Clyde, Dumfries & Galloway and more.

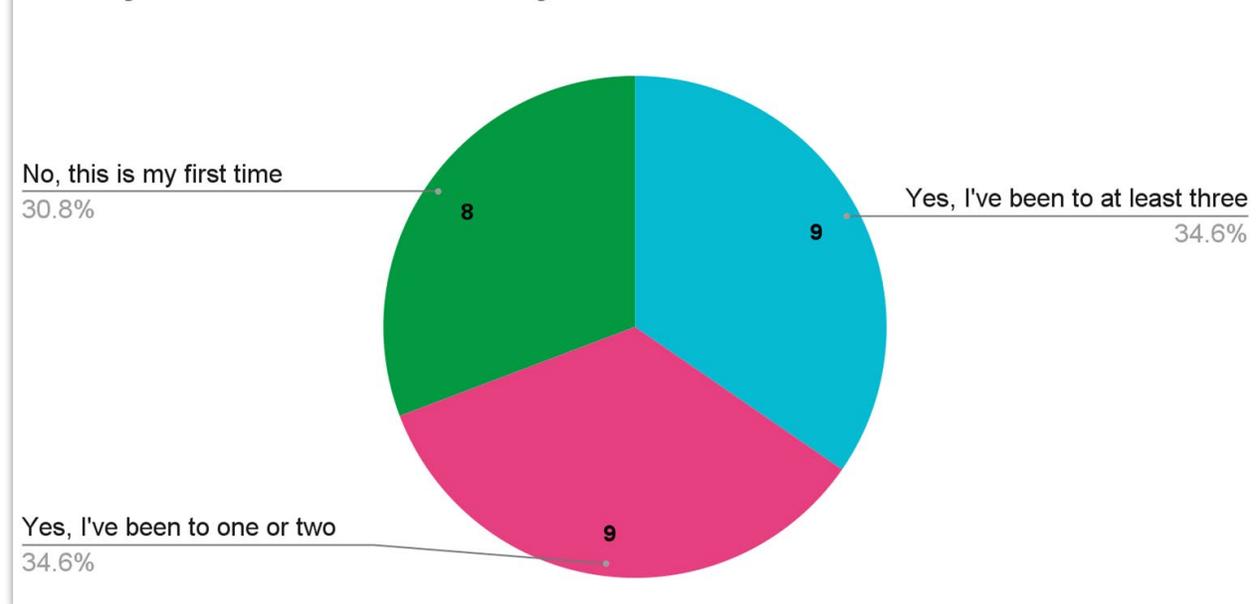
Section 1: Welcome and introductions

To understand who was in the room and why they joined, we ask participants: **‘Why are you signing up for this event?’** in the registration form and asked the poll question **‘Have you been to a Project Lift event before?’** during the session.

Why are you signing up for this event?



Have you ever been to a Project Lift event before?



26 participants responded to the poll. **Over two thirds** of participants have been to **one or more Project Lift events** and just under a third were joining their first event. The majority of participants joined the event to **build their leadership skills, watch the speakers** and **have protected time for reflection.**



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Section 2: Opening perspectives (1/4)

We then opened up the discussion by hearing from our speakers, who shared their own experiences on why it really means to be a great leader in an integrated health and social care system. We asked them to reflect on the following:

“What does it mean to support the people we serve and how can we can amplify their voices?”

Our speakers:



Fraser Gilmore
Executive Director &
Head of Care Opinion Scotland



SallyAnn Kelly
Chief Executive Officer, Aberlour

Section 2: Opening perspectives - Fraser Gilmore (2/4)

“What does it mean to support the people we serve and how can we can amplify their voices?”



Fraser Gilmore
Executive Director &
Head of Care Opinion Scotland

Care Opinion is an online feedback platform where members of the public can **share their experiences of Health and Care services to help make them better for everyone**. Fraser believes that listening to people can lead to effective change.

Fraser spoke about the importance of **making processes accessible for people to share their stories**. If you truly want to learn and grow, you need to make sure someone can tell their story in a way that is meaningful for them. He also reflected that **it takes courage for people to share their stories**, regardless of whether they had a positive or negative experience and we need to recognise that.

Fraser recognised that **it takes courage to listen and process feedback**. He suggested leaders should take the time to actively listen and reflect on what can be learnt. Everyone across an organisation is responsible for making positive change, and when feedback is received, we should **consider what can change in the future, and how we will communicate these changes** with the person who shared their feedback.



Fraser also shared a video of staff at NHS Ayrshire and Arran talking about their experiences of engaging with Care Opinion, to **learn and improve from the feedback they receive from Patients**. [Watch the video](#).

Section 2: Opening perspectives - SallyAnn Kelly (3/4)

“What does it mean to support the people we serve and how can we can amplify their voices?”



SallyAnn Kelly

Chief Executive Officer, Aberlour

Aberlour is a children’s charity that **supports young people and their families to overcome significant challenges** such as growing up in care or living with a disability.

SallyAnn’s mission as CEO is to create an **inclusive environment** where her colleagues feel **empowered to make decisions themselves to best support the people they serve**. SallyAnn aims for her colleagues to feel supported and respected, and not held by bureaucratic processes and procedures.

To gain feedback from the people they serve, Aberlour hosts a number of participative events and approaches which means families can **share their experiences in a meaningful way**. Their approach to supporting families always starts with asking questions like ‘**what’s important to you?**’. A common piece of feedback SallyAnn hears from families, is that they didn’t feel properly heard in the system. This shows the importance of making sure those we serve have a **positive experience with the system**, even if it’s a one off occasion.

SallyAnn reminded us that sometimes we must **step into uncomfortable situations in order to elevate the voices of those we serve, and be brave enough to challenge systems in place that are limiting this**. Her top tricks to incorporate this topic into our own leadership approaches include **being humble and promoting a culture that is permissive**. How can you simplify process that make more sense to the people you serve, and how can you better support people to tell their stories?

Section 2: Opening perspectives - reflections (4/4)

Our speakers' opening perspectives inspired a lot of discussion from participants, who shared their reflections...

...on service design and approach

"Like the comment about bringing your whole self to work. In many meetings I go to at present people are talking about lived experience and creating an us and them approach to service design because the decision makers inhabit a different world.

"Exchange model is key to taking a personal outcome approach and having a framework to negotiate differing perspectives to keep a focus on what matters."

"'People at the core' is so important no matter what your role is in health and social care."

"We are 'in service' is so important. Too often we look to go and solve the perceived problem rather than truly listen. Sometimes people do not want to be 'sorted', they want to be heard."

...on patient and service user feedback

"We all have stories to tell and share - how easy do we make it for people to share?"

"The Paediatric Major Trauma Team at Royal Hospital for Children in Glasgow is a relatively new service. We have worked with the care opinions team and we now have our own dedicated QR code for Care Opinions, which ensures that we receive any feedback about our service directly. This has been an invaluable resource for us and we have managed to get lots of feedback and directly to the teams involved."

"How we prepare ourselves to be in a space to properly listen is really important - not taking our assumptions and expectations of the conversation with us but actually hearing what is being said. It takes intent."

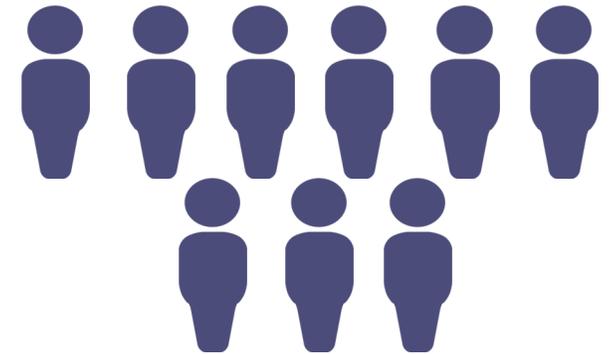
Breakout discussions

Section 3: Breakout discussions (1/4)

We then went into breakout rooms to discuss what we had heard and explore our own experiences.

Reflecting on what you have heard and your own experiences, discuss:

- How do we **elevate people's voices** to people in power/decision makers?
- How do we truly make sure **people's voices and opinions are represented** and not the aspirations of the organisation?
- How do we **enable a culture that supports people** to share their experience?



Section 3: Breakout discussions (2/4)

Participants first shared their opening reflections and their responses to the prompt “**How do we elevate people’s voices to people in power/decision makers?**” Key themes from the discussions included:

- **Gather feedback purposefully** - when we ask people to share their feedback and stories, we should ensure there is meaning and purpose behind the request.
- **Methods of engaging** - some participants felt that questionnaires aren’t always the most suitable method to gather feedback. Several highlighted we need to use a range of methods to avoid seeing feedback as a ‘tick box’ exercise.
- **Create opportunities to feedback at individual and ward levels** - with the aim for everyone to hear patient stories, especially those in power.
- **Reframe our thinking** - what could happen if we saw ourselves as ‘working *for* people’? And what does it take to challenge traditional ways of prescribing, or commissioning care?
- **Be proactive** - we shouldn’t wait for people to react to negative experiences, but we should be proactive in how we encourage people to share experiences, both positive and negative.

Section 3: Breakout discussions (3/4)

Participants shared their reflections on some of the challenges to supporting the people we serve.

Key reflections from the discussions included:

- It can often feel like there isn't **enough time to have meaningful conversations** with those we come in contact with and care for.
- Several spoke about having a **fear of hearing what people really think**. Colleagues understand that we need to hear positive and negative experiences to grow, but it can feel overwhelming to a highly pressured workforce.
- It can be difficult to **know how to hear feedback** if you are in a service/profession that may not be as visible to patients and carers (for example acute pharmacy).
- The way **services are commissioned impacts this experience of having honest conversations**. Often it can feel like a game of 'who shouts the loudest'. We need leaders and those with power to influence, to be brave to challenge this.
- Resilience shouldn't be about having to deal a workload that isn't manageable, but because the system is so overwhelmed at the moment we've lost sight of this. Often front line workers will bear the brunt of this.
- People's **perceptions and expectations** of what can realistically change within public services may be a barrier to people coming forward and having their voices heard.

Section 3: Breakout discussions (4/4)

We also considered the question “**How do we enable a culture that supports people to share their experience?**”.

Key themes included:

- **Accessibility** - make it easy for people to share their stories. Several participants shared their experiences of using a QR code to receive specific feedback easily in particular setting e.g. on a ward. However, we must also consider how to make feedback accessible for those with limited access to or comfort with technology.
- **Asking the right questions** - we need to move away from simply ‘yes’ or ‘no’ questions and see feedback as an opportunity to hear someones story. It helps to bring feedback to life which can sometimes be lost within forms and questionnaires.
- **Diversity** - how do we offer fair opportunities to be heard by different community groups? Also linking to accessibility, we need to ensure when we’re asking certain groups for feedback, we’re asking them in a way that makes sense to them. For example, Care Opinion’s website is translated into 53 different languages as they want as many people as possible to use Care Opinion.

- **Receiving negative feedback** - people who share negative experiences should be told what has happened as a result of their feedback. This helps to create a culture that acts on the feedback received and holds organisations are accountable.
- **Culture change** - everyone has a responsibility to change culture and listen to patients/people. Systemic change can seem overwhelming, but small incremental improvements in individual practice matters and makes a difference
- **Burnout** - It’s important to be aware that with such an emphasis on building relationships, burnout and compassion fatigue are more likely. It’s about striking a balance between supporting the people we serve and protecting ourselves so we have the energy to do the best job we can.

Section 3: Whole group sharing

As we heard the key themes that came out of discussion groups, participants shared their individual reflections and what was important to them, answering the question **“What is your one key reflection from your discussions?”**

“The importance of humility and creating a space to hear stories, fleeting or otherwise.”

“As well as listening we need to seek clarity of understanding.”

“The importance of having enough time to listen to people.”

“The language we use and the bravery to challenge culture that we do not wish to promote.”

“Be brave.”

“Remembering that we work for people.”

“Understanding why you are involving people and being clear how you are going to do this.”

“We should ask ourselves why are we asking for feedback - what are we going to do with it?”

“Protecting time is the practical key to creating space for feedback and to respond rather than react.”

“The need to change team culture so feedback becomes the norm.”

“Stay humble, humility is a superpower, even though you may be a leader it is ok to be vulnerable, it takes courage..”

“It’s really important to give feedback to people who have shared their views. And that feedback should be given by the most appropriate person who has a relationship with them, not necessarily the senior manager.”

Final reflections

Section 4: Closing reflections

Finally, we closed the session by reflecting on all of the conversations so far, and thinking about our next steps. We asked participants: **“What is one practical step you will take to apply the learning from today to either yourself, your team or your organisation?”**

“Discuss Care opinions QR codes with my organisation and welcome feedback. Complaints are golden!”

“Checking out feedback routes to decision makers and trying to capture feedback from small interactions rather than in formal groups.”

“Reflect on how to make time, space and create a safe environment to hear stories.”

“Promoting a culture of permissiveness, for myself as well! Being open to colleagues and patients to protect that space to listen.”

“Check I’m not assuming or generalising, ask what support teams need to seek and share feedback and challenge how we make that more consistent.”

“Reflect back to families that I have fully understood the information they have shared with me.”

“To reach out and identify what other organisations are doing in terms of participation/ having these conversations and not to be afraid of sharing good ideas and trying new things.”

“Find out more about Care Opinion, chat to Fraser and meet with other like minded people in my organisation.”

“Listen and ask more about staff experience with feedback.”

Having this conversation in your own team (2/2)

Thank you so much for joining us. Did you value the conversation, and would you like to take your learnings into your own community? Why not host your own conversation on how to embed indicators of ‘good leadership’ in our everyday practice? There are lots of ways you could do this, but here are our steps to [hosting your own community conversation](#).

DIY: 1-hour community conversation

- 5 mins - Introductions: Welcome participants and encourage everyone to grab a tea, coffee or lunch. Kick off introductions in the chat box, asking everyone to share who they are, where they're joining from and why.
- 5 mins - Opening perspective: Introduction from the host sharing what you learnt from this event, and why you wanted to bring this conversation to your own team. Focus on storytelling, ask questions, and don't be afraid of the tricky issues!
- 30 mins - Breakout discussions: As soon as the introduction is over, go into smaller breakout rooms. Discuss reflections from the introduction, own experiences, and what can we do, individually and as a team community, to foster cultures that place real value on relationships.
- 15 mins - Whole group discussion: Ask for a volunteer from small groups to share the top themes that came out of their discussion, then open up the floor for reflections.
- 5 mins - Closing reflections: Spend 30 seconds in strictest silence individually reflecting on the discussion, and share a closing reflection in chat. Use a prompt to get people thinking about practical next steps: "One practical step I will take away from the discussions is...". As you close, remember to ask participants to share their feedback on the discussion.

Evaluation (1/1)

We asked participants for their reflections on the session. 10 participants responded to our feedback survey.

Their reflections included:

100

% of respondents would recommend an event like this to a colleague

100

% of respondents agreed this session enhanced their leadership skills

What participants said about the event:

- “It was interesting to meet others in the breakout room and to see different perspectives and gain some fresh ideas.”
- “Hearing from others is vital to everything we do - the peer sharing in these sessions is always thought provoking.”
- “Really well structured - good use of tech that worked :) Good speakers and facilitators. Great openness from speakers and participants in discussions - safe space provided and brave contributors. Really needed topic and timely.”
- Great opportunity to share thinking, experience and learn from others.

Thank you

If you have any questions about anything in this pack or any of the events in the series, feel free to contact us at hello@kscopehealth.org.uk.