

19 May 2020
Leading in Crisis

In a maximum of 3 words, describe the kind of leadership you have seen displayed most often by healthcare leaders during COVID:

Gill Smith: Compassionate

Amanda Wong: Compassionate

Mansi: Compassionate, unclear, transparent

S Dickie: command military style

Maureen Bisognano: Active. data-driven and empathy

Heather Bryceland: Strong, informed, honest

Dawn Nortman: Calm, controlled, focused

Andreia Cavaco: human, empathetic, caring

Mark Bowling: can-do

Heather Shearer: Open about uncertainty

James: courage; humanity; flexibility

Suzie Bailey: responsive, command and control, compassionate

Eduarda Rodrigues: Present, role model, compassionate

Katherine McDonald: reactive, supportive, flexible

Ann McLinton: Kindness

Michelle: honest, human, collaborative

Paula Ryeland: Compassionate

Selina Stephen: Brave, open, flexible

Amy: Decisive

Bill Andrews: Competent, compassionate, humble

Lee Johnson: Open, generosity, dedicated

Gillian Currie: Clear, consistent, supportive

Clare Morrison: Open

Elaine morrison: honest transparent reliable

Colleen Murphy: Neutral, Supportive, Focused

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Hazel Devlin: learning, reflective,

Mathieu Louiset: Direct - top down, Supportive

Ann McLinton: Courageous

Ann McLinton: Innovative

Shahana: Flexible, responsive, focused.

Richard Wylde: supportively directive

Gary Willington: compassionate, supportive, responsive

Valerie Breck: Clear, honest, reflective

Anna Li: Clear, open, timely

Jackie Tumelty: reactive, clear, fast

Amanda Wong: Responsive

Vibeke Rischel: kindness, curious, listen to frontline

Karen Turner: Urgent, compassionate, focused

Scot Walker: Servant, Transformational, Participative

Nicole.child@nhs.net: Responsive, Timely, Courageous

Katie: adaptive, responsive,

Linsey Milnes: Responsive, caring, courageous

Reflections to Presentations and Q &A

Shahana: We are aware that Covid-19 has a disproportionate impact on BAME [Black, Asian, Minority and Ethnic] staff, men and staff over 55. How have you managed this risk?

Suzie Bailey: Great reflections from Kate - I am interested in the response of divisional leaders and staff to a change in decision making approach?

Bill Andrews: Should the "collapse" of the divisional structure, with decision making "pushed down" mentioned by Kate be something that endures after COVID?

Liz: I find the comment about qualitative evaluation of test interesting. Have you always used that or was this a new development, do you value qualitative feedback any differently now?

Gill Smith: How easy/difficult do you think it will be to 'reset' leadership? Will it revert back to as before or look different?

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James: echoing what Kate says: there was a great reflection around the WMTY global group that adding a small word to the WMTY question is key currently...to ask "WMTY...now?" to add: the reflection was from Anders Vege in Norway where they have deployed this to good effect

Pedro Delgado @okpedrodelgado: @Bill such timely comment. Would love to hear from others - seems like that approach to nimble decision making is working very well for many, and has the potential to become a permanent feature of the way NHS orgs are run

Mathieu Louiset: We add "now" to the WMTY.world website :-)

Hollie salisbury: How are you doing the learning debrief? Is there a format/tool? How are you capturing the learning?

Gill Smith: We are finding that in that 'coming down the mountain phase' some staff are feeling a little flat. Has anyone else seen this ?

Michelle: how do you move into the more "planned phase" without reverting to old ways that we might not want to take with us?

David: Hi Everyone, David, From Madrid. The leadership reset could be improved with a daily Open Commission where these new young leadership could report to the > 55 about the different difficulties presenting with Covid-19, then a synergy between the old and the new leadership could be designed from both perspectives, of course the AI would be a fundamental pillar to manage the information.

Susan Hannah: wonderful questions everyone. and fantastic reflections from Kate and participants

Eduarda Rodrigues: many thanks Kate for sharing the experience we lived int RFH. Fascinating!

Ruth Thompson: Thank you Kate - wonderful to hear the RFH experience. Clear, compassionate care

Gill Smith: Thank you kate - so many parallels - your presentation really spoke to my experience in my organisation

Heather Shearer: Thanks Kate, really fascinating. I'd value hearing any personal reflections you are able to share about how you have cared for/coped yourself too during this.

Maureen Bisognano: Kate and Jason, what have you learned are the key responses to asking WMTY to staff, patients and families today?

Kate slemeck: Thank you all for your lovely feedback, I will try to answer all your questions. If I don't please feel welcome to contact me directly on Kate.slemeck@nhs.net.

Elaine morrison: Thanks Kate what a fascinating insight into the RFH response

Jackie Tumelty: Thank you Kate for sharing you told your story well, you kept me with you and have prompted me to think what i can do differently

Susan Hannah: Jason's slot is the only thing that attracts me to the football show on our radio station in Scotland - very informative and entertaining - great skills in communication (but not football)

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Gill Smith: Jason you did give Piers Morgan a run for his money too on Good Morning Britain!

James: Jason: the vulnerability (& humility) shown on the podium by Scots FM (as well as the Irish PM, NZ PM and others) have been inspiring. And to those outside UK, many people in rest of UK beyond Scotland have turned to Jason for clear, understandable messaging

James: Jason: fascinating to hear your look back and how the experience has felt to you personally at different times. Looking to "what next" for various countries: what are your thoughts on the Swedish approach? ie, giving advice, not giving mandates; avoiding lockdown partly to protect economy for its link to health. Overall, perhaps, trying to build trust between govt and population and promote good relationships

Joanne Wilson: Jason - could you talk more about how you see visiting increasing - particularly as C-19 becomes endemic and where - in hospitals where we need to protect patients who need procedures such as transplants. Additionally how do you see visiting increasing in care homes. Thank you

Michelle: so many opportunities going forward to develop population integrated care, and give more consideration to good health and wellbeing. But we have other priorities- our elderly, the impact of Covid-19 on our most disadvantaged, the economic impact on health and wellbeing.....

Lianne McNally: Working on Anticipatory Care Planning in Lanarkshire we have recognised the importance of working together across sectors and also the sensitivity around this during a pandemic

Maureen Bisognano: Kate and Jason, wonderful ideas and I love the ideas coming from links across the community to see the where health really happens!

David: At present time, there are big discrepancies between international institutions about the health security procedures, example the mask use. From this point with so many information and misinformation, and many of these ones form the science arena, it is an imperative necessity to use the social media to opt for open and horizontal procedures where the personal can engage on basic health rules. Good One as Washing your Hands.

Suzie Bailey: some great humility from Jason in what continues to be a huge leadership challenge

Lianne McNally: Well done Selina, Michael and Jason. Great to recognise the team.

Gill Smith: Thanks Jason - clear as always

Katie: Jason, what role do you think the Integrated Authorities have played in the response, planning and lessons learned?

Mathieu Louiset: Wow, one of the best call we had so far, great speech from Kate and Jason!

Caren Walsh: Jason, I am interested in your thoughts on how this pandemic has impacted on the ability of Primary care to deliver a safe and effective service to patients?

Heather Bryceland: For me the "letting go of power" and trust in clinical leads and programme staff was a huge enabler in establishing the NHS Louisa Jordan in such a tight timeline.

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S Dickie: Great presentations from Kate & Jason. Thank you. Looking forward to adapting further as we come down the Mountain.

Heather Shearer: Historically we have thought we must simplify by creating organisations, processes, policies, sectors....ALL these are now being questioned and rethought. I've had a few folks reflecting they are 'thinking more intelligently' as these previous assumptions have gone. Be interesting to see if our new normal becomes 'set' too

Pedro Delgado @okpedrodelgado: @SDickie indeed...hopefully the next climb won't be so tough and we can incorporate all the learning from the first climb

Suzie Bailey: I'm encouraged by seeing 'compassionate' leadership but we know this isn't the norm in many health systems. We are also hearing some concerning feedback about more negative leadership behaviours during pandemic.

James: the theme from both Kate & Jason about command and control to set context and boundaries yet ALSO encouraging local discovery/WMTY is an absolutely critical insight. It's easy to think it's 'one' or 'the other', when of course it's both. Vital to carry this forward into what comes next

Gill Smith: You can already see the confusion in communication as restrictions are gradually reducing

Pedro Delgado @okpedrodelgado: @suzie agree, and its lovely recognition for leaders during the crisis. Hopefully we can keep widespread compassion and kindness at the heart of leadership into the future. @james....ambidextrous leadership...command and control (by necessity) and inclusive / adaptive / ceding power

Mathieu Louiset: At HIAE, we discuss about 3 topics: leadership, reduce waste and population health. I'm convinced that the WMTY is the common key for those 3 topics in the centre of compassionate leadership.

James: @Pedro: i like "ambidextrous"--is that a well understood term for this duality?

Maureen Bisognano: Great idea, Mathieu, and either connect or to add a new workgroup on WMTY!

Pedro Delgado @okpedrodelgado: @jason hence the need to incorporate a broad approach to measurement where we can keep an eye on balancing measures...unintended consequences....

Caren Walsh: Understanding the whole patient journey... primary and secondary care working with their patients to develop new and better ways of working

Angela Zambeaux (IHI): Thanks so much, Jason and Kate.

Scot Walker: Thank you all for the unprecedented, brave and inspiring work.

Gill Smith: Definitely one of the best sessions of these I have been on so far - thank you. Feeling inspired!

Suzie Bailey: great session - thanks IHI, Kate and Jason - and HIAE colleagues

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S Dickie: Thank you Susan

Brenda Carson: Thanks Jason and Kate excellent session

Katherine McDonald: Thanks everyone - this has been fascinating!

James: many thanks Pedro, Susan, Kate, Jason, all. have a good evening. Fascinating talks & discussion

Vibeke Rischel: Thanks so much both of you - thanks for sharing

Gillian Currie: Thank you great session!

Mathieu Louiset: Thank you all!

Clare Morrison: thank you so much, great call

Eydna Iversen Lindenskov: Really good talk Kate and Jason

Heather Shearer: Thank you all - and great chat contributions too from everyone

Hazel Devlin: Thank you Jason and Kate inspirational

Amir aghchehli: It was great thanks all

Caren Walsh: Thank you Jason and Kate

Lianne McNally: Thanks that was a great session, nice to see you too Susan.

Pilar Mesa: Thank you all

Olivia Butkowski: Thank you Kate and Jason for a wonderful, rich session. Take care all!

Pedro Delgado @okpedrodelgado: THANKS ALL