How can we successfully collaborate towards safer care for all?

Academic perspectives on collaboration

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Collaboration in 'Safer Care for All'

- *'Our key recommendations provide possible ways forward, to **cut across organisational boundaries in a fragmented health & care landscape**... to encourage **co-operation, collaboration, & coherence** across the system'*

1. **Tackling inequalities:** *'work collaboratively to improve the diversity of fitness to practise panels, other decision-makers & senior leadership... reduce barriers to raising complaints for particular groups'*

2. **Facing up to the workforce crisis:** *'work collaboratively to identify opportunities to speed up workforce supply'*

3. **Regulating for new risks:** *'No one body or organisation is able to take a bird's-eye-view of emerging risks... & identify possible solutions'*

4. **Accountability, fear & public safety:** *'Alleviating... tension between accountability & just learning cultures... we need... sector-wide conversation, with input from patients & service users, professionals, employers, & many others.'*

Safer care for all
Solutions from professional
regulation and beyond

What is collaboration?

- Multiple definitions but broadly: **Multiple actors** engaged in **coordinated activity** addressing **mutual goals**

- **Related terms:** Cooperation, communities, networks, partnerships, alliances, etc.

- Multiple individuals, public, private, voluntary organizations (regulators), professions, patient/client communities, interest groups, etc.

- Top-down (managed, formal) or bottom-up (emergent, informal) (may change, e.g., become managed)

- Lateral & vertical; Local, national & international

Why collaborate?

- **'Collaborative advantage':** to achieved something that any one organization/group could not do alone (e.g., access to resources; sharing risk; economies of scale) (Huxham & Vangen 2004)

- To address '**wicked problems**' requiring multiple stakeholder input (Ferlie et al, 2013)

- **Sharing knowledge** & **learning**

- **'Joined up working'; integration** (e.g., NHS Integrated Care Systems)

- Community/user/patient **engagement & democracy**

- Nature of **contemporary public services**

Sisyphus
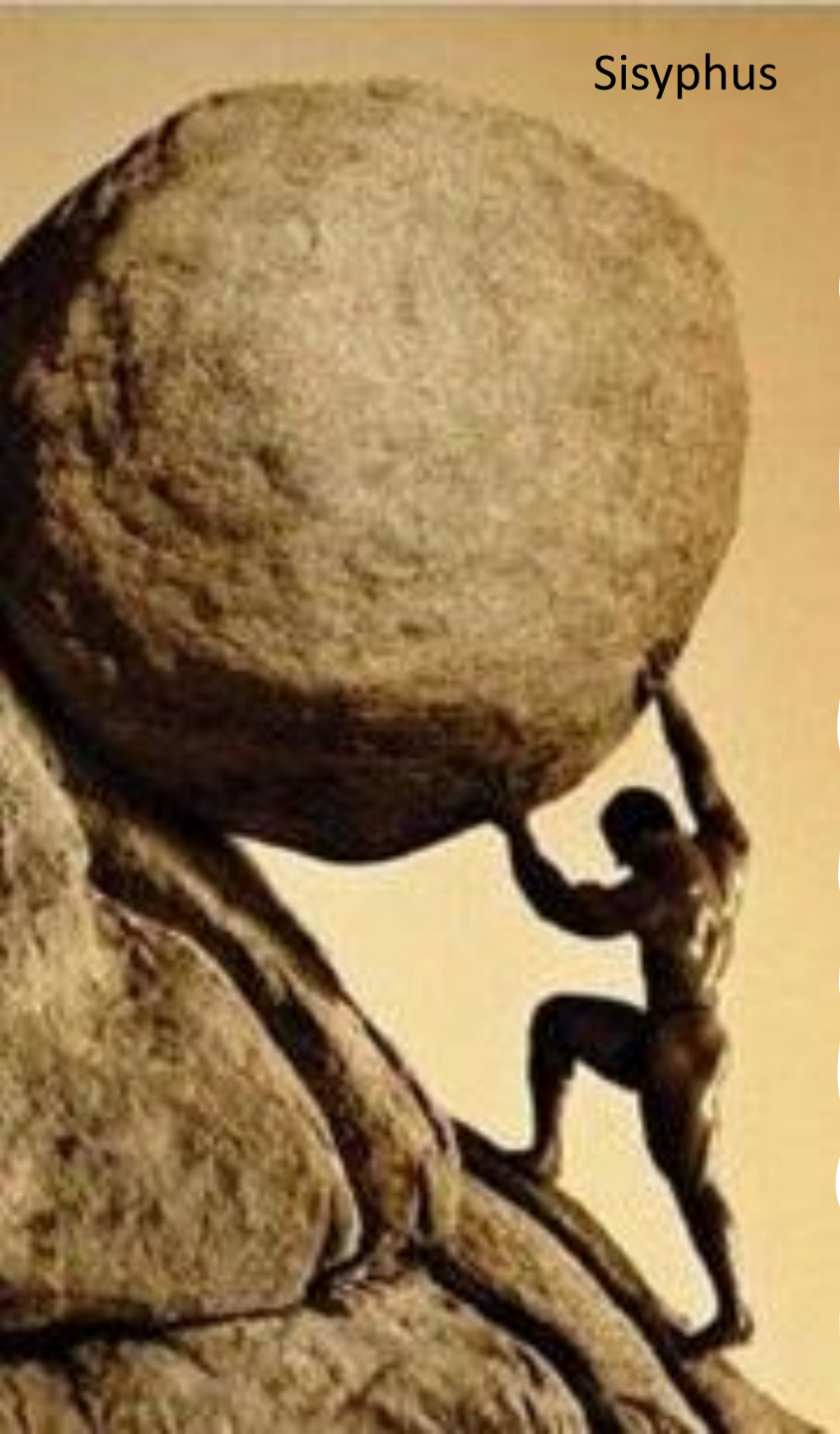
'Collaborative inertia' (Huxham & Vangen)

- *'frequently... output from a collaborative arrangement is negligible... extremely slow... pain & hard grind are integral to successes'* (Huxham & Vangen, 2000)

- Competing interests, agendas, aims for resource use

- Different social/professional/organizational norms

- Ambiguous & different aims: explicit, assumed & hidden; collaborative, organizational & individual?

- Collaborators' accountability to own home organization makes compromise difficult (Huxham & Vangen, 2004)

Challenges leading collaboration (Huxham & Vangen 2000; 2004)

- 'Contextual leadership': structures, processes & participants

- Managing & sharing power & agendas

- Trust: Experience/reputation; future expectations

- Ambiguity, complexity, change, dilemmas, difficulties & 'partnership fatigue'

- Continual nurturing & intensive resources

- *'Don't collaborate unless you really need to!'*

Leadership & governance in health care networks (Ferlie et al. 2013)

- 'Talking shops' vs 'burning platforms'

- **Shared leadership** (reflecting constituencies; professional & personal skill, credibility; passion; team support)

- Developed **local shared governance** (agree policy, target & EBP standards to draw on; agree change processes; use data collection/transparency; aim to develop desired identities)

- Using top-down targets/guidelines & clinical audit data to '**influence' identities & change**

Collaboration for improvement?
(Martin & Dixon Woods, 2022)

- **Four types of collaboration**: Improvement collaboratives; managed clinical networks; communities of practice; clinical communities

- **Evidence problems:** Collaboration label & 'black box' describing diverse interventions; non-reporting of failures

- 'the evidence-base for collaboration remains insecure & contingent'

- **Rely on leaders**' skill & hard work, **members' goodwill** & commitment

- **Often fail** to meet expectations; **'tragedy of commons'** & self-interest

- **Underestimate resources, time & support needed** (building work analogy)

- Require **accountability & evaluation** of outcomes

Discussion & implications of collaboration

- Collaboration needed to deliver 'safer care for all'
- But ambiguous, difficult, resource intensive, 'collaborative inertia'
- Politics & competing (self) interests/ norms & risks
- Individual, collective & contextual leadership
- Gino 2019 on psychological approach to collaboration (e.g., listening, openness etc.)
- Regulation, governance, accountability, evaluation & performance management
- 'Relational' regulation perspective on collaboration

References & further reading

- Ferlie, Fitzgerald, McGivern, Dopson & Bennett (2013) *Making Wicked Problems Governable? The Case of Managed Health Care Networks*, Oxford University Press.

- Huxham & Vangen (2000) 'Leadership in the shaping & implementation of collaboration agendas: How things happen in a (not quite) joined-up world'. *Academy of Management Journal*. 43(6): p. 1159-75

- Huxham & Vangen (2004) 'Realizing the Advantage or Succumbing to Inertia?' *Organizational Dynamics* 33 (2) 190-201:

- Martin & Dixon-Woods (2022) *Collaboration-based approaches.* Elements of Improving Quality & Safety in Healthcare.