

## ***Patient Safety Collaborative – Cultivating Communities of Practice***

### **A Call for Conveners - Frequently Asked Questions**

#### **1. What Are Communities of Practice?**

Communities of Practice (CoP's) are self-organising and self-governing groups of people who share a passion for the domain of what they do and strive to be better practitioners. They pursue a shared learning agenda and they create value for their members and stakeholders through developing and spreading new knowledge, practices, capabilities and organisational capacity. They create knowledge networks across professional and hierarchical boundaries, and access the intelligence that is everywhere in the system.

CoP's are founded on research into how adults learn in an organisational environment. People learn through informal networks (in the cafeteria; observing each other at work; in informal conversations about what's working). They uncover the invisible ways that effective work gets done, turning tacit knowledge into the explicit. CoP's have become intentional strategies for boundary-crossing, integrative and rigorous sharing of practice in sectors as diverse as the energy exploration industry; for safety improvement in the chemical industry; for raising teaching standards in large school districts in the U.S.; and for community health workers in at risk populations.

Communities of Practice are not new in the NHS and have an established place in improvement work. The cross-professional and organisational boundary nature of CoP's give them the potential for reducing fragmentation of practice in service to issues that really matter, like Patient Safety, and that are complex and beyond the scope of any individual, profession or organisation.

In the NHS, "a CoP differs from a delivery network because membership is optional and the ways of working are informal...it's a conversational relationship of peers who want to share and learn from each other...It would really be of benefit to you, as a leader of improvement, to be part of a Community of Practice as they are useful not only for sharing and learning, but also they are a great support particularly if you feel isolated in your particular leadership role. They will also help you develop cross boundary relationships with leader in other parts of the organisation or community."

*From the Improvement Leaders' Guide, by the NHS Institute for Improvement and Innovation. The above is derived in large part from: The Co-Creation Network, The Yorkshire and Humber Leadership Academy.*

#### **Key resources:**

<http://wenger-trayner.com/theory/>

<http://hbswk.hbs.edu/archive/2855.html>

<https://hbr.org/2000/01/communities-of-practice-the-organizational-frontier>

## 2. What are the aims for the Communities of Practice in South London?

We intend to initiate a vibrant network of learning, experimentation and innovation in service to the work of Patient Safety Leads that will:

- Support access to and collaboration with each other.
- Create a safe forum for all those concerned with patient safety.
- Be a place where people can bring their significant challenges without fear of judgment or blame.
- Develop knowledge of the Promising Practices emerging throughout South London, and wherever they occur in the NHS.
- Be a true inter-professional community, in which people can explore their work as peers.
- Become a platform for ideas and research.
- Make the work of Patient Safety Leads and their colleagues visible.
- Access the intelligence and experience that is everywhere in the system.
- Change Patient Safety outcomes for the better in the short, medium and long term.

## 3. Can I apply to be a Convener in more than one domain?

Yes.

## 4. Can two people apply together to co-lead a domain?

Yes. However, the £5k honorarium would be split amongst co-leads.

## 5. Can my organisation support more than one person to lead domains?

Yes. This is a competitive application process. The strongest applications will be chosen by our panel to receive funding, meaning that sponsoring organisations may be able to put forward more than one convener.

## 6. I am not a Director within my organisation. Can I apply?

Yes. CoP's by definition are interprofessional and work across the system. We welcome applications from any person in the NHS who has a passion for a particular practice and would like to make a difference.

## 7. I work for industry / the third sector, can I apply to lead a domain?

Yes, but we ask that in your application you identify a co-lead who currently works within a current HIN NHS member organisation to co-lead this work with you. Unfortunately due to funding limitations we will not be able to provide the honorarium to industry partners.

## 8. How many domains will be funded?

Five domains / conveners will be selected to receive funding. Potential conveners who are not successful in qualifying for an honorarium in this round are still strongly encouraged to set up and/or participate in domains they are passionate to convene. They will still receive administrative and coaching support from the HIN Patient Safety Collaborative to support their work in convening communities of practice in their designated areas.

## 9. When will I hear if my application has been successful?

We hope to let all applicants know the outcome by 8 September 2015.

## 10. What do Domain ‘Conveners’ Do?

Thank you for your interest in convening a Community of Practice. This document lays out some important steps for initiating your CoP and developing the supporting conditions that will lead to active engagement and shared learning, and, ultimately improvement and innovation in patient safety across South London.

Your role as convener is essential, especially in the start-up phase. Identifying an initial core group of people who have energy for the Domain and passion for practices within it is the first step. That initial group should come together in person to further define the Domain, identify practices within the Domain you all wish to explore, and identify the broader community that you both want and need to engage going forward. Here is a summary of the steps you as convener need to take to initiate your CoP, followed by an expanded plan. Please be aware that once the CoP is up and running, the responsibility for these cultivating and convening tasks gets shared by the whole group. Note also that the convener need not be a single person—co-conveners work well.

### **Convening a Community of Practice: Summary of Initial Steps**

Who	What	Description
Convener	Develop the Domain	Just creating an initial sense of the Domain definition. The core CoP group will do more of this together
Convener	Map of Community members	Consider people you want and need as an initial, core group. <i>This will not be the final membership.</i>
Convener	Invitation	Craft a brief invitation to the core community to meet together.
Convener & Core Community	Initial conversation: Domain Definition and Plan	Co-develop a shared definition and understanding of the Domain. Create a plan for how to work together and what to work on going forward.
Core Community	Roles and Responsibilities	Consider the needs of the community (meeting agendas, communication, facilitation, etc.). Agree on how to handle these.
Core Community	Define the Community	Consider others you would like to invite into the community.

- **Thinking About Membership.**

When considering who to include in the start up of the Community, it's useful to think beyond your usual circle. Who has an interest in this? Who *should* have an interest in this Domain of

practice? Who do you need, either for resources, authority, expertise? Who needs development in this area? While it is important to cast a wide net, including beyond your organization, this is an *invitation* to join, since CoP run on people's passion and energy for the practice. Once the core community is identified and convened, they should look again at membership and consider who else needs to be there.

- **The Invitation.**

Remember that CoP's are *social* learning communities. That implies hospitality in the invitation, a sense of "peerness": The idea that we're in this together and could help each other. The invitation and the whole experience of a CoP should create an arena for people to freely and willingly share their success and failure, their learning and the struggle behind it in equal measure. The quality of the social interaction is what (in part) sets CoP's apart from traditional improvement efforts.

- **Developing the Domain.**

Initially, the convener(s) needs to have enough clarity about the Domain to invite people to join. This shouldn't be definitive, as the Core Community will need to craft this together. When the Core Community first meets, it needs to develop a shared definition of the Domain; identify the Practices that you want and need to explore; and expand the membership community. Once there is a shared definition of the Domain, it needs to be written up and posted on Jive on your CoP Jive page.

- **Develop a Plan for How to Work Together.**

There is a wide range of ways CoP's work together, and the community needs to find what best works for its members. Some questions that help:

- When are you next meeting?
- Face to face? Where? Conference Call?
- How will you handle the functions that need to be attended to (taking notes, creating an agenda, communication, posting on Jive, etc.)?
- Is there information—research or expertise—you need? How and when will you get it?
- Do you want support from the HIN (e.g., Myron Rogers helping design your meeting process; Sally Lawton supporting your Jive presence)?

- **Exploring Practices.**

It's about the *Practice*. After the initial convening and start-up, once you have membership and structural issues attended to, you should name the initial practices that you will explore in your first several meetings. Every meeting should include some form of practice exchange, in which people shared their experience. This sharing should be deep, covering both technical and cultural aspects of the practice; the challenges; the ways people overcame barriers; what's missing; what help and support is needed. The community will need to co-design their protocol for sharing and inquiring into each other's experience. Myron Rogers can support you in this. We will be providing some sample protocols on the Jive website and via email on request.

We do know this looks quite demanding, but please remember that the community together takes care of these needs, so no one person should carry an unwanted burden. Thank you once again

for you time, energy, insight and commitment to convening a Community of Practice. We are always ready to support you and anyway you need. Don't hesitate to call on us.

### 11. Who will be coaching me in setting up my CoP?

The Health Innovation Network Patient Safety Collaborative is fortunate to be working with Myron Rogers to set up Communities of Practice within South London. He will provide coaching and facilitation support to our emergent CoPs throughout the 2015-16.

Myron is an author, speaker and consultant with a practice in large-scale organization change and leadership development. His consulting practice is grounded in practical application of systems theory to the complex organizations of today. He co-authored the best selling *A Simpler Way* (Berrett-Koehler, 1996, 2002, 2010) with Margaret J. Wheatley. His work has appeared in many edited books, and he authored or co-authored numerous articles in scholarly and trade publications. He consults through the USA-based consulting firm Co-Here LLC, and the UK-based Phillips Kay Partnership, LLP. Myron is co-founder and partner in both firms.

As a skilled translator of living system theory, Myron has been engaged in the leadership, design and delivery of large-scale strategic change efforts in the private and public sectors throughout the world. His work has covered a broad range of organizations and issues--from battlefield learning with the U.S. Army, to for community health capacity creation in the U.S. southern States; or from post-Apartheid business development in South Africa to community development in Venezuela. Whether in the global corporate or local community environment, Myron's work is high-involvement, broad-participation, whole systems engagement.

For many years, Myron led popular public seminars on self-organizing systems in the U.S., U.K., South Africa and Australia with Fritjof Capra and Margaret Wheatley, as well as public dialogues seeking insight into the new organizational forms and leadership required for the future, through the Berkana Institute, which he co-founded in 1991. In addition to his consulting practice, he has been a founder or co-convenor of a series of critical international public dialogues on topics ranging from intellectual capital and knowledge management, to conceptual frameworks for communities of practice, to the implications of living systems theory for social change, as well as a national dialogue on standards-based public education in the United States.

Myron was a co-founder with Peter Block and others of The School for Managing and Change. He has served as visiting faculty for the M.S.O.D. program at Pepperdine University; the Evidence Based Coaching Program at Fielding Graduate University; the executive development programs of Cornell University and Leeds University Business School; as well as seminars on complex systems change at universities around the globe. He is also a co-founder and international fellow of the Center for Innovation for Health Management, Leeds University (U.K.), Myron has been named a Global Thought Leader by both the Peter Drucker Foundation and the Fetzer Institute. He is a co-founder of The Berkana Institute, past President of the Berrett-Koehler Authors Cooperative, Inc., and was President of the Lincoln Schools Foundation. He was also a founder and executive vice president of HealthString LLC, an innovative start-up provider of dynamic, web-based personal health records and health and wellness programs in the United States.

## 12. What is the Health Innovation Network?

This initiative is sponsored by the Health Innovation Network, the Academic Health Science Network (AHSN) for South London. AHSNs connect academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in order to accelerate the process of innovation and spread of innovative ideas and best practice across large populations. AHSNs are catalysts and facilitators of change across health and social care economies, with a clear focus on improving outcomes for patients.

### **What we do**

We are a membership organisation focused on spread and adoption of lasting system-wide improvements in patient and population health, strengthening relationships and capitalising on teaching and research strengths across South London.

Our work programmes focus on health priorities across our clinical areas – diabetes, dementia, musculoskeletal, alcohol and cancer. Our cross-cutting innovation themes – patient experience, patient safety, technology & information, education & training and wealth creation, support all our work programmes to deliver service improvement to all our members, including acute, specialist, community and mental health NHS trusts, primary care, clinical commissioning groups as well as social care partners.

We work closely with industry, academia and patients and the public to facilitate system wide change and improvement.

More information on the Health Innovation Network and its programmes can be found at <http://www.hin-southlondon.org>.