

Communities of Practice Leadership Development Programme 2019-20

Final Report

Foreword

Communities of Practice (CoPs) are groups of people who share a passion or a concern for something they do and who learn how to do it better as they interact regularly. Whether established organically or deliberately, CoPs tend to thrive on voluntarism, a passion for action and the ability to respond to local need. They are based on commitment and trust between peers.

The Health Foundation, Q Network and Health Innovation Network (HIN) launched the **Communities of Practice Leadership Development Programme** in 2019 with the purpose of supporting current and future conveners and nurturing new communities, empowering them to self-form, self-define and develop.

We recognised the important role that CoPs can play in delivering patient-centred, coordinated care and wanted to design and test an experiential learning programme. In addition, we could see the potential of both the Q Network and its Change Model and the HIN's access to the national AHSN Network to help people to discover one another and identify synergies and learning.

The programme for the first cohort consisted of five one-day modules, over a period of twelve months, followed by a celebration event. The modules were supported by a series of reflective webinars to enable participants to share knowledge about each other's emerging practice. Modules were delivered in workshop format using an interactive approach, with a mixture of group work, exercises, participant presentations, discussion and speaker input. The speakers and facilitators were recognised leaders in their fields.

Programme participants also joined small co-consulting groups to support and challenge each other. Following feedback from participants, an online portal was created where participants could access all materials from the sessions and share their own resources. In addition, a Slack discussion group was created.

This report has been written to share insight and evidence about the experience of the programme from the participants' perspectives. It provides a summary of the key learning emerging from the programme and highlights some recommendations for future programmes.

We would like to thank everyone who has made this programme possible, including the participants and their sponsors, the speakers, the Q Network and HIN sponsors, Health Foundation and HIN colleagues and, of course, the ever-growing number of people who are taking part in CoPs across the UK.

As one of the participants said at the celebration event, "Every time I face a challenge now, I think – A Community of Practice could help solve that!"

We hope that you find this report thought provoking.

Cleo Butterworth, Sam Hudson and Jamie Hunt
HIN CoP Leadership Development Programme Team

Key Learning and Recommendations

This report focuses on sharing the experience of the programme from the participants' perspectives.

The CoP Leadership Development Programme is aligned with the Health Foundation's Q Network's change model¹; its purpose is to support and sustain improvement health services by creating opportunities for people to connect, collaborate, support each other and develop both themselves and others. The programme is CPD accredited.

We used various methods throughout the programme to gather insights about participant experience, including surveys and interviews. Feedback was used to improve the design and management of the programme and an interim learning report was shared in June 2019.

In this report we have shared participants' experiences as they relate to the value of CoPs outlined in Designing for Change².

The feedback from participants is overwhelmingly positive, with many finding the programme to be a catalyst for change in their practice. Important positives include:

- The format and design of the sessions.
- The session themes and the speakers.
- The supporting resources.
- The facilitation style.
- HIN programme management and co-ordination, including communication and online resources.
- The use of the Health Foundation venue for meetings.
- Links to the Q Network and its resources.

Recommendations for future programmes:

- A more relaxed agenda, including more time to ask questions and network informally with speakers.
- A two-day session could be considered to enable a deeper immersion and more networking between participants.
- Additional opportunities to connect between modules, including a more structured webinar programme.
- More support for the co-consulting group process.
- A focus in the early stages on starting a CoP and running the first meeting.
- Further exploration of the potential impact of CoPs from the start, so that the programme can support an emerging need to demonstrate their value in practice.

¹ <https://q.health.org.uk/about/q-theory-of-change>

² *Designing for Change – Telling the story: a social learning framework*, Etienne and Beverly Wenger-Trayner, 2020.

Programme Design

The programme consisted of **five one-day modules** (Appendix 1), ten weeks apart, supported by five one-hour reflective webinars between the modules to share learning and experiences with the other participants.

1. Planning and Launching CoPs
2. Building Integrity and Maintaining Vitality
3. Designing with Others
4. Capturing and Managing Value Creation and Making That Value Visible to Others.
5. Growing and Sustaining Communities of Practice.
6. A celebration event, led by the programme participants, took place after Module 5.

Modules were delivered in workshop format using an interactive approach, with a mixture of group work, exercises, participant presentations, discussion and speaker input. Speakers and facilitators were recognised leaders in their fields (see Appendix 1).

Alongside the modules were **reflective webinars** to give people a chance to connect between face-to-face sessions.

At each module, participants took part in **co-consulting groups**; these were small (3–4 person) groups that followed action learning methodology. It was hoped that the co-consulting groups would enable participants to share knowledge about each other's emerging practice and support each other with challenges as they developed their own Communities of Practice.

As part of the reflection process after each module, participants were asked to make suggestions for programme improvements. Following feedback from participants, we created an **online portal** where participants could access all materials from the sessions and share their own resources.

Where available, preparatory **reading materials** were shared ahead of modules. This was not always possible as the learning approach was emergent and relied as much on the knowledge participants brought into the room as it did on external speakers and resources (in line with a Community of Practice approach to knowledge creation).

Participants were from a variety of roles, organisation types and geographical areas.

A mix of participants and roles (Appendix 2):

GPs, Organisational Development Manager, Integrated Care Community Development Manager, Directors of Service Improvement/Quality, Public Health Leads, Heads of Improvement, Project Managers, Patient Safety Managers/Fellows, Specialist Nurses, Director of Services and Community, Programme and Network Leads, Associate Director of Pharmacy-Medicines, Research Fellow, Clinical Director, Knowledge Manager.

A mix of organisation types:

GP Surgeries, Hospital Trusts, Councils, Health and Social Care Trusts, Academic Health Science Networks, Patient Safety Collaboratives, Improvement organisations, NHS Education for Scotland, CCG, University, Virgin care, Voluntary Sector, Department of Integrated Care, Health and Social Care Board.

Participants had already established or were planning to convene a Community of Practice.

Participants had already established, or were planning to establish, a CoP where they could apply their learning from this programme. Priority was given to applicants who were aspiring to lead a Community of Practice that spanned traditional professional and organisational boundaries. Those taking part committed to convening approximately three or four face-to-face community meetings over the course of the programme.

The theme and status of the CoPs is constantly emerging, and we have anecdotal feedback that the first two modules challenged participants to think in very different ways and revisit their CoP plans. This means that their initial intentions will have changed and developed throughout the year.

The original ideas for CoPs included:

- A new development programme in Quality Improvement
- Medicines Optimisation
- Charity Peer Support Network
- QI from a Regional Perspective
- Service Improvement Leaders' Group
- Peer Support
- Human Factors in Safety
- Learning from Excellence
- Quality Management
- Electronic Patient Records
- Open Source coding
- General Practice
- Deteriorating Patient
- Learning from Deaths
- Integrated Care
- Health and Wellbeing Champions
- Ambulance Services
- E-Prescribing
- Healthy Ageing and Medicines Safety

What We Have Learnt

In this report we have shared participants' experiences as they relate to the value of CoPs outlined in Designing for Change³, framed as follows:

1. Immediate value
2. Potential value
3. Applied value
4. Realised value
5. Strategic value
6. Enabling value
7. Transformative value

Immediate value

Much of the feedback indicated a positive experience of joining and starting the programme. Participants were impressed with the application process and information they received prior to the first module. Many expressed mixed emotions on the day of the first module – excitement together with nerves – and report that the design and style of delivery of that first session made a huge difference. Of particular note was the availability of the facilitators as mentors throughout the programme and the high point for many was hearing from the keynote speaker Myron Rogers.

"A friendly, positive atmosphere was created right from the start. We had a really great speaker who brought a wealth of experience and humour. In addition, there were some really nice facilitation techniques, which really enhanced the program."

"It was great to have Myron Rogers with us – such an inspiration and a real trailblazer – set the tone really well."

The importance of a developing sense of community was noted by many. Learning from each other was an integral part of the programme, with activities centred around knowledge exchange between participants, speakers and facilitators. In many ways we wanted to replicate the experience of being part of a CoP. Participants were encouraged to build on the wealth of expertise and experience that they brought from their backgrounds in the health, social care, local government, voluntary and higher education sectors.

It added to the dynamic of the group to have people from all corners of the NHS in England, together with Scotland, Northern Ireland and Wales. We had a good mix of roles, including clinicians and allied health practitioners, education specialists and managers with roles in both improvement, safety and quality.

One of the challenges we faced in delivering a programme of this kind was the variation in participants' previous experience. We had, intentionally, a combination of experience and seniority. This enabled a high level of peer-to-peer learning but posed a challenge for us as programme designers to ensure that sessions were pitched to allow

³ *Designing for Change – Telling the story: a social learning framework*, Etienne and Beverly Wenger-Trayner, 2020.

both stretch for the more experienced and support for those new to the concepts. This was also highlighted by participants.

"The mix of 'newbies' to the agenda and people who were more familiar with the process was helpful, in terms of getting early feedback and authentic advice."

[A strength of the module was] "The mixture of delegates in the room. Rich experience meant I could learn as much from them as from the conveners."

Potential value

Participants reported that they were able to benefit immediately from exposure to new knowledge, networks and resources⁴ on CoPs.

Much of the feedback from the early sessions was about an emerging sense of the possibility of CoPs. The communities that the participants were convening involved multiple stakeholders, often with conflicting priorities, coming together to try to solve complex issues. Many expressed nerves about trying to convene a radically different kind of meeting. Participants reported that the programme exposed them to the methodology behind CoPs, evidence of their effectiveness, new ideas and things to try in their own CoPs.

In the early phase, a common theme noted by participants was about a "change in mindset". Many cited the introduction of Liberating Structures as a key turning point in this, as well as the examples of innovative ways to invite people to join CoPs, which were discussed in the first session.

There was an emphasis on the practical and they appreciated the chance to try things out for themselves.

"Cleo's example of her experience of setting up a CoP (invitations using jellybeans) really made me 'get' why and how a CoP is different to just *another meeting*."

"Speakers were very engaging with lots of chances for group discussion and to try things out, so easy to stay engaged and in the zone (even when getting tired!). When they mentioned a tool, you knew you'd get a chance to give it a go, so easier to see the benefit."

"I now have a sound understanding and experience of developing and running a CoP that I can share with others."

Applied value

Participants also talked of increasing confidence in relation to their own skills in CoP leadership. Sometimes this was about reaffirming long-held values; often it was about exposure to new knowledge, ideas and people. They also

⁴ https://healthinnovationnetwork.com/wp-content/uploads/2017/01/HIN_COP_Brochure_v6_LoRes.pdf

cited increasing personal visibility in their organisations and an emerging confidence to influence others as a result of their participation in the programme.

"The things I learnt on the programme, both theoretical and practical, have impacted the entire way that I work and engage with my colleagues."

"It gave me more confidence in speaking about the benefits of a CoP approach and reassured me. I was able to use these to great effect with CoPs straight away which really consolidated what we'd experienced on the programme."

"I was able to immediately influence my own team and to spread the word via CoPs and other links."

Realised value

Here we were interested in any evidence of Communities of Practice developing and fostering innovation. Participants shared a number of things that they have started to do differently, ideas and practice they have been able to spread beyond the leadership programme. They reported changes in their CoPs connected to a change in both their personal attitude and approach.

"I try less to solve everyone's problems for them and instead give space for others to come up with ideas and solutions."

"It has made me focus more on encouraging a deeply communal spirit within CoP, to 'break bread' and share laughter, to create bonds and to dispel fear of change."

"There is a different kind of conversation. Everyone in the room is on an equal footing. In my CoP I noticed a coming together, a refocus in energy – the shoulders come down, people relax, they laugh."

"It has given me more tools that I can use within my own Communities of Practice and given me more confidence that I do not need to have all the answers but that we are all in it together."

Strategic value

Participants reported engaging with wider stakeholders and communities beyond their normal networks. They reported changes that they felt they were able to influence in their own organisations, including successful funding acquisition and formation of new CoPs.

It is important to note here that the need to demonstrate the value and potential impact of CoPs was discussed early in the programme, but participants were exposed to formal tools and techniques in later modules. Some participants reported that the timing of this was suitable, in that they were further along with their CoP and therefore able to benefit. However, a handful who had CoPs underway at the start would have liked access to these resources earlier in the programme.

"Examples from other countries and sectors like education helped with thinking outside the typical 'NHS' box and to aid understanding. The theories presented also gave details of how these relate back to health, e.g. values-based practice."

"I have set up a successful CoP in my hospital, which adheres to the key principles without being bound by too many rules. We have secured training funds and support from the Executive Team to continue and embed the principles of the CoP across the organisation, and this is all directly as a result of the input and support from the course."

Enabling value

Here we wanted to explore the role of the convener in making everything work in practice. Those who were regularly convening one or more CoPs reported that the programme had inspired different behaviours and given them the freedom to let go of traditional boundaries and norms.

Programme participants used the celebration event to demonstrate their new practice. A range of stakeholders, including their organisational sponsors, were invited to experience some of the techniques they had been using.

"I think this model brought me a lot more freedom in running Communities of Practice as it really is not about what I want or how I want it to go and more about getting people together, creating the space, building the relationships and fostering the correct culture for people to share and learn together."

"[This gave] me the confidence (and peer support) to work differently/creatively. I like doing this, but don't always feel it's supported by the NHS' rigid systems. This module will help me challenge this and work more creatively (with better engagement and outputs) going forward."

Transformative value

Here we were given a glimpse of the future of individual conveners and their Communities of Practice. The outcomes for participants vary, but some key activities include:

- Running webinars on CoPs for the Q Community.
- Hosting a CoP event to share the learning from the programme.
- Supporting other systems convening work across public services.
- Starting new CoPs.
- Sourcing funding for new CoPs.

"I hope to develop a role for myself and my team as systems conveners and build a recognition within our organisation of the benefits of CoP approaches, links to Knowledge Management and our place as experts and facilitators."

"The CoP at our organisation is at an early stage, but it is run purely on passion, and the motivation of the staff that turn up to every meeting, regardless of clinical and work pressures. I will continue to keep

abreast of the literature (I look forward to reading Cleo's book!) and will optimise opportunities to roll out this approach at every opportunity."

"[I plan to] Support CoP maturity, hopefully support and influence other conveners. Enhance my leadership skills and give me confidence to progress in my career."

General points of learning

Webinars

The intention of the webinars was to provide a moment between sessions for people to reconnect and also a chance for them to support each other. The theme of the webinars was flexible; as an example, in response to feedback, the focus of the first webinar discussion was on Planning for the First CoP Meeting. Participants were able to share their concerns and any key successes. An emerging theme from this session was around digital habits and whether this kind of activity could support CoPs locally. As a result of this, additional resources were shared, including links to the relevant Q Special Interest Groups. This received positive feedback.

Virtual networking is often more challenging, particularly in terms of attendance, and the webinars were always intended to complement the face-to-face sessions. However, there would be scope to try new ways of delivering webinars in the future. Participants were keen for more opportunities to connect between sessions, in smaller groups and perhaps geographically aligned. Some also suggested that a more structured/formal webinar series with guest speakers could be useful.

Co-consulting

The co-consulting groups followed action learning methodology. The results were mixed, with many reporting that they used it to solve complex challenges and found surprising and unexpected insights. However, this was not true of all participants and some reported frustration with the process and a struggle to connect with their group; this was particularly true of the smaller groups. The co-consulting groups were self-facilitating, supported by a central timekeeper. They reported that reminders of, and strict adherence to, the action learning process each time helped them to reap the benefits.

"Good to have the opportunity to discuss our own CoP problems and challenges with colleagues at some length; being forced to talk for 20mins was a challenge, but fruitful, hopefully!"

"I found the action learning sets to be affirming and a valuable opportunity to learn and share experiences with others."

"As it was my turn to speak in our co-consulting group, I found silences to be really helpful in getting me to come up with some of those solutions, so, allowing time for reflection is something I will take forward with my communities."

Programme Design, Facilitation and Communication

The programme administrative support was appreciated, as was the facilitation style and session design with its emphasis on experiential learning. Participants reported desiring more time to network informally with speakers, especially keynotes. This will be important to acknowledge and build into planning for future programmes.

"Efficient, immediately shared what we had covered, information on speakers, quick follow-up."

"Reading materials and links [were] excellent."

"[A strength of the module was] The knowledge and expertise of the facilitators, both with regard to CoPs and delivering programmes of learning."

"Expertly led and introduced. Good overview. Good to meet people with varying levels of experience of Communities of Practice."

Conclusion

This report and its recommendations reflect the feedback and learning we have from the entire programme – including surveys throughout and interviews after the programme conclusion.

The feedback from participants is overwhelmingly positive, with many finding the programme to be a catalyst for change in their practice.

We would recommend that future programmes of this kind keep the design and facilitation style of the sessions, including themes and speaker calibre. The investment in the supporting resources and programme management and co-ordination was also appreciated, as was the use of the Health Foundation venue and links to the Q Network.

Improvements for future programmes would include factoring in more time with speakers, additional opportunities and different ways to connect between sessions, fine-tuning the co-consulting process and further exploration of ways to demonstrate the value of CoPs.

A final word from participants ...

"I am still so enthused by everything I learnt. It was an amazing opportunity for me, and I feel very lucky to have taken part."

"It was free, which helped me to get sponsorship to attend from my organisation. It was central, to consider the attendees from all different parts of the country. It was incredibly well managed by Cleo, Sam and Jamie. The supporting information, zoom calls, and calibre of speakers was more support than I anticipated, and provided a fabulous foundation to meet new people with common interests, and to share our work and learn from theirs."

"It was really wonderful to be a part of. Everything I have learnt I have taken back."

"I found the speakers on the modules to be 'first class' with an engaging and inclusive approach that stretched my thinking on every occasion."

"An experience [for which] I will be grateful for years to come and hope to maintain links for the future of my career."

"A really big thank you. This has been the most valuable part of being a Q Member. Something so extensive and supporting. I will use what I have learnt time and time again. Great people."

Appendix 1 – Programme Modules

The programme lead and co-facilitator was Cleo Butterworth, Associate Clinical Director for Patient Safety, Health Innovation Network. Cleo is focusing on collaborative and partnership working across traditional boundaries, enabling transformational and sustainable improvements in patient care.

Jamie Hunt coordinated the programme. He has a particular interest in the application of behavioural insights to generate lasting change.

Sam Hudson, Überology Ltd, co-facilitated the sessions. Sam has a special interest in design thinking, creativity in leadership, new technologies and communications.

Module 1: Planning and Launching CoPs

This day was carefully structured so that participants could get to know each other, make connections and fully understand the theory of CoPs. We were joined by Myron Rogers, widely recognised as a world expert in CoPs, who shared his story of developing communities in multiple settings and talked about the impact of a shared identity on system-level change.

Throughout the day, participants experienced a range of methods that support communities to develop, including:
Reciprocity Ring – an effective way for a group of people to identify challenges and find expertise and knowledge within the group to support each other.

Fishbowl – a valuable way to encourage storytelling, contributions and discussion grounded in personal experience.
Compass Feedback – a quick way for a large group to identify opportunities, strengths and concerns and suggestions for moving forward.

Finally, participants were introduced to the concept of co-consulting and spent some time in their groups in preparation for Module 2.

Module 2: Building Integrity and Maintaining Vitality

Themes of this module included building trusting relationships, compassionate leadership and strategies for community development.

The day commenced with the *Change Tree* exercise, which helped people to reconnect with their personal and group progress since last meeting.

Guillermo Rogel, an Organisational Development Consultant, delivered an interactive session, which explored the concept of compassionate leadership and, in particular, the act of listening. Participants also took part in a mindfulness exercise.

Citizens UK described how they develop relationships within communities that enable them to gather around a theme in their thousands. An interactive session demonstrated the power of 1:1 Relational Meetings.

A portion of the day was dedicated to the first formal co-consulting groups. Each had a person who presented an issue and then, following *Action Learning* methodology, witnessed a discussion about their challenge before feeding back to their group.

Module 3: Designing with Others

Zoe Lord, Head of Transformation, NHS Horizons, facilitated a session on 'Change is changing – the power to make a difference'. We were treated to a wealth of insight about change and transformation and given the opportunity to practise different ways to get the most out of groups of people.

Co-consulting groups gave those present an opportunity to share challenges and ideas and to support each other in action-learning-style discussions.

Catherine Dale, Programme Director of Patient Safety and Experience, Health Innovation Network, delivered a session working on partnership with patients, Experience-Based Co-Design and facilitation skills.

Module 4: Capturing and Managing Value Creation and Making That Value Visible to Others

This module focussed on capturing value creation from Communities of Practice, values stories and values-based leadership.

Professor John Benington, Emeritus Professor of Public Policy and Management, Warwick Business School, led a discussion on values leadership to mobilise public value outcomes.

We then carried out an Appreciative Enquiry around value creation, followed by co-consulting groups.

Module 5: Growing and sustaining Communities of Practice

Chris Collison, Author, Advisor, Consultant and Coach in Knowledge Management and Organisational Learning described the different stages of Community of Practice development and outlined how the approach is used outside of Health and Social Care.

This was followed by co-consulting groups and a planning session for the celebration event.

Celebration Event

Programme participants designed and delivered the celebration event to share and reflect on their learning journey with colleagues who had sponsored their participation and other key stakeholders.

Appendix 2 – Programme Participants

Name	Job Role	Organisation
Andrew Cupples	GP Principal	Meadowbridge Surgery, Whitehead, Northern Ireland
Catherine Heaney	Organisational Development Manager	Frimley Health Foundation NHS Trust
Ceri Feltbower	Associate Director of Service Improvement	Sherwood Forest Hospitals NHS Foundation Trust
Esther Hall	Public Health Lead	East Riding of Yorkshire Council
Jacqueline Morton	Head of Continuous Improvement	Southern Health and Social Care Trust, Northern Ireland
Karla Rimaitis	Project Manager	Innovation Agency, North West Coast
Laura Hailes	Patient Safety Fellow	East Midlands Patient Safety Collaborative (PSC)
Lina Rihan	Lead Continence Specialist Nurse	Virgin Care, North Kent
Lisa Taylor	Director of Services and Community, Simple Shared Healthcare	Simple Shared Healthcare, Stoke-on-trent, Staffordshire
Neil Dunford	Network Lead	East London SEND Net
Paul Gimson	Programme Lead, Primary Care and Medicines Safety	1000Lives improvement, Public Health Wales
Phil Southworth	Associate director of pharmacy-Medicines resource centre	Buckinghamshire Healthcare NHS Trust
Philip Lusty	GP Medical Adviser for Health and Social Care Board Northern Ireland, GP Principal, Riverside Practice Portadown	Department of Integrated Care, Health and Social Care Board, Northern Ireland
Becky Dubben	Improvement Advisor	UCLPartners
Sharon Mcandrew	Improvement Academy Manager	Royal Bournemouth and Christchurch Hospitals NHS foundation Trust
Simone Akuffo-Akoto	Senior Project Manager, Patient Safety & Experience	Health Innovation Network
Sophie Bulmer	Network Development Lead	UCLPartners
Thomas Rose	Research Fellow	University of Birmingham
Eric Barratt	Head of Quality	East Kent CCGs
Angela Reynolds	Integrated Care Community Development Manager, Advanced Clinical Practitioner, Queens Nurse (QNI)	Cumbria Partnership Foundation Trust
Helen Taylor	HIN Associate / Clinical Director Whittington Hospital	Health Innovation Network/Whittington Hospital
Katie Edwards	Knowledge Manager	NHS Education for Scotland
Ashley Bowcock	Project Manager	Health Innovation Network

Appendix 3 – Programme Speakers

Cleo Butterworth 	Cleo is currently the Associate Clinical Director for Patient Safety at the Health Innovation Network (AHSN, South London). She is focusing on establishing a shared vision and strategy with patients and other key stakeholders across health and social care to promote collaborative and partnership working across traditional boundaries, that enables transformational and sustainable improvements in patient care. Cleo has been leading her own Community of Practice since 2016 and is currently supporting a number of Communities of Practice at the Health Innovation Network to develop and grow.
Sam Hudson 	Sam formed Überology Ltd in 2013 after 11 years in the NHS and specialises in programme start up and management, co-design, innovation, event design and facilitation, coaching, research and writing. A recognised expert in patient participation and experience, Sam has a special interest in design thinking, creativity in leadership, new technologies and communications.
Jamie Hunt 	Formerly a copy-editor for scientific journals and news, Jamie moved over to the Health Innovation Network in September 2017. He now supports the Patient Safety and Experience Team and is involved in a range of projects from Catheter Care to Health and Wellbeing. Jamie supports the Community of Practice Leadership Programme and has a particular interest in the application of behavioural insights to generate lasting change.
Myron Rogers 	Myron is the director of the Phillips Kay Partnership Ltd and Chair of the Lankelly Chase Foundation. He is an author, speaker and consultant with a practice in large-scale organisation change and leadership development. His consulting practice is grounded in practical application of systems theory to the complex organisations of today.
Guillermo Rogel 	OD Consultant at Guys and St. Thomas', Guillermo has extensive experience in organisational development in the international development field and in the public health sector (NHS). He is currently working as an Organisational Development Consultant at Guy's & St Thomas' NHS Foundation Trust.

Catherine Dale 	<p>Catherine Dale is the Programme Director for Patient Safety and Patient Experience at the Health Innovation Network, the Academic Health Science Network for south London. Catherine co-leads the national patient safety collaborative adoption and spread programme.</p> <p>She has nearly twenty years' experience of management roles in acute NHS hospitals in London, including more than fifteen years in service improvement and transformation roles. Catherine is an expert in Experience-Based Co-Design (EBCD), a quality improvement methodology improving experiences of health and care, and developed the EBCD toolkit.</p>
Froi Legaspi 	<p>Froilan is a Community Organiser in Hackney and coordinates the Fair Energy Mark campaign. First joining Citizens UK in 2014, Froi has worked with civic leaders, winning deals to improve Mental Health services for young people who missed their initial appointments, co-produce IAPT wellbeing workshops for black & minority ethnic (BME) faith communities, and co-produce an NHS peer mentoring pilot programme with schools.</p>
Carina Crawford-Rolt 	<p>Carina is a Supervising Organiser with Citizens UK and lead organiser for North London, having joined in 2009. She leads our work with the NHS and Public Health having previously organised with the New Citizens Organising Team, working with leaders to change the law to prevent children and their families from being detained in immigration detention centres. Carina rebuilt Greenwich Citizens from 4 to 11 diverse member organisations including Ravensbourne University, Corelli College and Metro LGBT Charity. Together with the Council, The Royal Borough now offers businesses a reduced business rate if they pay the Living Wage.</p>
Zoe Lord 	<p>As Deputy Director at NHS Horizons, Zoë specialises in the accelerated design and facilitation of large-scale transformation programmes across health and care.</p> <p>After graduating in Applied Psychology, she led transformation programmes within a local hospital and over the last 13 years has been focused on improving the quality and safety of services through national improvement programmes. Zoë's practical improvement and transformation experience spans across whole systems, elective, emergency, outpatient and residential care, along with cancer pathways, learning disabilities, diagnostics, respiratory, gynaecology, wheelchair services, mortuaries and medicines.</p>

<p>John Benington</p> 	<p>Emeritus Professor of Public Policy and Management, Warwick Business School</p> <p>John came to Warwick University Business School in 1988 to develop its work on public policy and management. This included leading the setting up of The Local Government Research Centre (LGC) in 1988; The Institute of Governance and Public Management (IGPM) in 2001; The Warwick MPA (the first public sector MBA of its kind in the UK) in 2000; 3 postgraduate diplomas in Public Leadership, Public Management and Public Finance</p> <p>John has over 20 years' experience of research, development and consultancy work (with Ministers, Permanent Secretaries, and senior civil servants in the Cabinet Office, the Home Office, the Treasury, and the Departments of Communities and Local Government, International Development, HMRC and others), and also with large numbers of local authorities, health authorities, police forces and authorities and NGOs across England, Wales, Scotland, Northern Ireland, and internationally.</p>
<p>Chris Collison</p> 	<p>Chris, an author, advisor, consultant and coach in Knowledge Management and Organisational Learning, described the different stages of Community of Practice development and outlined how the approach is used outside of Health and Social Care.</p>