Health Innovation Network South London

Patient Safety Communities of Practice at HIN:

Leading Change Across System Boundaries

Transforming Patient Safety

The Health Innovation Network (HIN) is proud to host a variety of dynamic Patient Safety-focused Communities of Practice (CoP).

These groups of professionals are brought together by a convener/co-conveners to voluntarily explore how to bring about change for the better, by focusing on patient safety areas affecting our member organisations. The work of these self-selecting Communities will have a real impact on patient experience and outcomes.

Our vision is to drive such improvements across south London and to spread the innovation, ideas and best practices arising from our CoPs on a national or even international scale for maximum impact. The growth and development of our current communities via HIN's Patient Safety Collaborative has already exceeded expectation, showing there is a genuine passion from professionals in all areas of the NHS to drive change and transformation - as well as aid in the development of new CoPs.

The Health Innovation Network has always been committed to supporting improvers throughout our network to effect positive change wherever they feel there is a need – and our CoPs are an outstanding example of this philosophy in action.

Best wishes,

Tara Donnelly
Managing Director
Health Innovation Network

"I am delighted to be able to share with you this brochure describing the exciting work developing within our community of practice. I have recently taken over as the SRO of the Patient Safety strand of the Health Innovation Network (HIN) work and have been hugely impressed by the commitment and focus in this work. Driven by the single premise that all of our staff are motivated by patient safety and are full of ideas ready for sharing, the communities are an exciting and new development already creating real change.

I do hope you enjoy reading their stories.

Ann Radmore
Chief Executive, Kingston Hospital NHS Foundation Trust
Senior Reponsible Officer, Patient Safety Collaborative, HIN

Health Innovation Network Overview

Health Innovation Network (HIN) is the Academic Health Science Network (AHSN) for south London, one of 15 AHSNs across England. Our organisation connects academics, NHS commissioners and providers, local authorities, patients groups, and industry, in order to accelerate the spread and adoption of innovation and best practice, using evidence-based research across large populations. The Patient Safety Collaborative, which supports our Communities of Practice, is hosted by the HIN.

The communities are an exciting and new development already creating real change.

Why HIN is supporting CoPs

The Five Year Forward View revised the expectations and aspirations of the NHS and its support services.

The report expressed the government's vision of what excellent care looks like, offering viable new models for NHS services, challenging traditional modes of delivery and encouraging joined-up care. The Forward View – and the Sustainability and Transformation Plans (STPs) arising from it – encouraged a system-wide, rather than organisation-limited, approach to NHS challenges.

The ethos of COPs, which ensures individuals from a wide range of organisations and backgrounds can contribute as equals to an improvement project or initiative, fits the vision articulated by the Department of Health – and it's why HIN advocates the creation of CoPs and will support them now and in the future.

RAND EUROPE

HIN and RAND Europe:
Evaluating Community of Practice Success

As well as offering its own in-house expertise and project management services, HIN Patient Safety Collaborative has partnered with experienced evaluators RAND Europe, to carry out a scoping exercise for a potentially more systematic and complete evaluation of CoPs in the future.

RAND Europe has a proven track record for undertaking expert evaluation within the health service sector. Current RAND Europe projects include an evaluation of Q for the Health Foundation, as well as work on patient safety and the impact of Patient Safety Collaboratives, and work with AHSNs on successful innovation in the healthcare system.

The purpose of the CoP evaluation scoping exercise is to collect data that will be used to assess the feasibility and best approach for a full-scale evaluation of our CoP programme. The objectives of the research include:

- To better understand how, when and why the knowledge generated within the network will bring about improved working, and identify how further evaluation can benefit this
- To identify how the CoPs currently work and how further evaluation understanding would deepen this
- To strengthen efforts to build generative relationships with the CoPs and to identify where these efforts are most needed
- To integrate findings with the working and coaching methods used to maximise learning and improvement opportunities
- To identify funding opportunities for a further and more comprehensive evaluation and to engage key stakeholders in addressing future evaluation options.

> **“We are looking beyond mapping the relationships in the network to understand more about how, when and why the knowledge generated within the network can inspire improved working. We hope to gain a better understanding of how CoPs function, which, as well as being of interest in its own right, can form the basis of a full-scale evaluation of CoPs.”**
>
> **Professor (Emeritus) Tom Ling, Head of Evaluation and Senior Research Leader**

CONTENTS

Authors
Myron Rogers, Katherine Joel and Melissa Ream

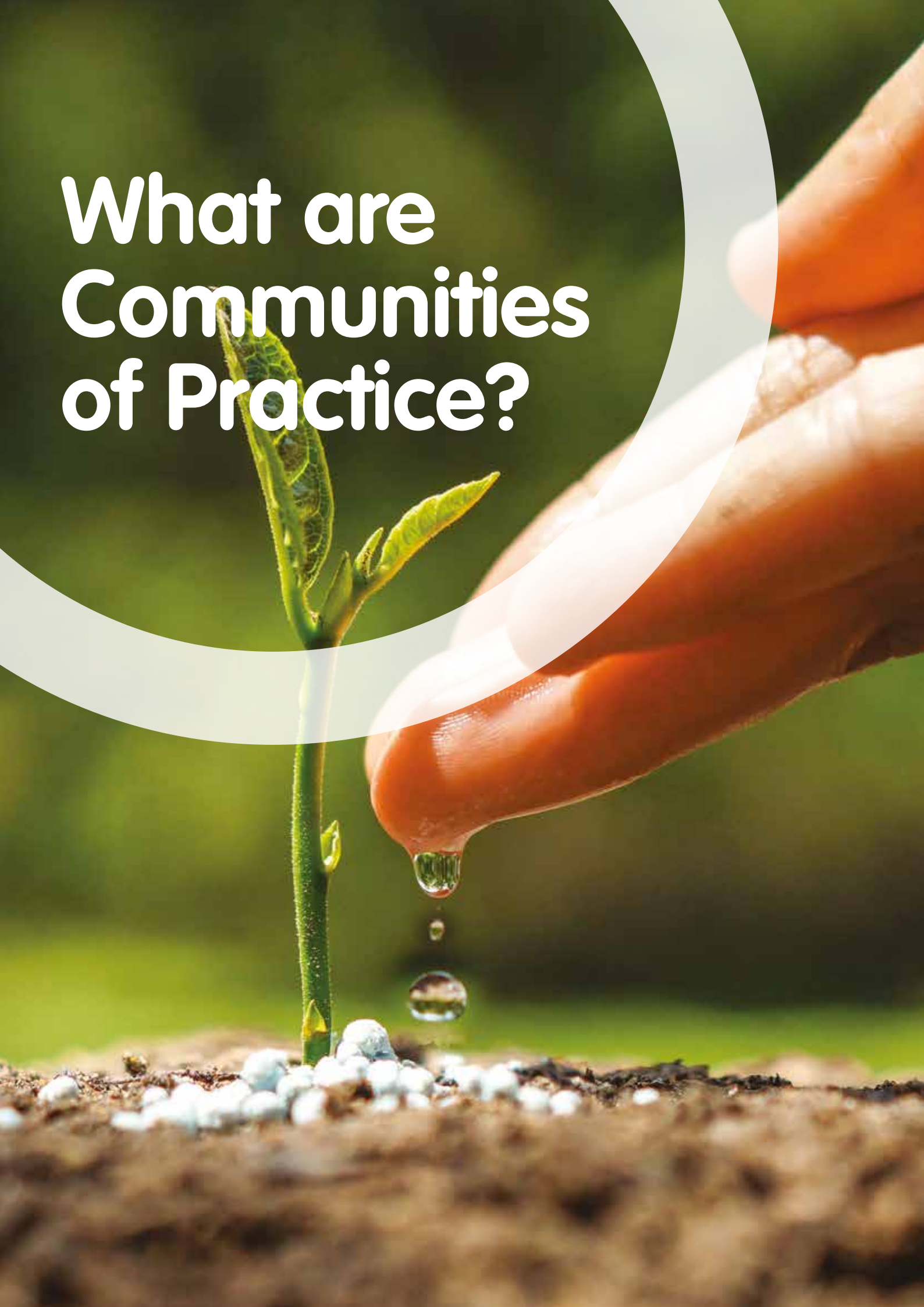
Acknowledgements
We would like to thank the Patient Safety Communities of Practice Conveners and Design Team, Rafferties and Associates ltd, the London and Yorkshire and Humber Leadership Academies, the Haelo Innovation and Improvement Science Centre, NHS Providers and Commissioners for their helpful advice and assistance in producing this report. Errors or omissions remain the responsibility of the authors alone.

Patient Safety Communities of Practice at HIN: Leading Change Across System Boundaries is published by Health Innovation Network South London,

Minerva House, 5 Montague Close, London SE1 9BB

ISBN: 978-1-5262-0472-1

What are Communities of Practice?



Imagine you are in a clinical practice that has just been introduced to a new medical device.

You've been briefed by the manufacturer's clinical representative, an expert on the new equipment, who demonstrated its application and features before leaving for another appointment. Over the following days, you and your colleagues struggle to make the new technology work as smoothly as it did during the demonstration.

Small adjustments are made as problems crop up, with people saying: "If only the rep had told us this…".

One day, a frustrated nurse tries something different – something not in the operating manual – and it works well. It works really well. Over coffee, the nurse tells you about their discovery and within a few hours, the entire clinical team has adopted this new, more effective way of working. Patient safety has been positively affected and a new practice created.

You and your colleagues have been part of a Community of Practice.

Learning is social

Communities of Practice are about people pulling and working together.

The principles of CoPs have been built on years of observation and research into how adults learn within a work environment. In practice, CoPs are the way in which people who care about something that matters learn from and with one another. They are groups of people with a passion for practice who share a desire for improvement, see a problem that they cannot solve alone, or have a solution that will benefit others and are willing to share this knowledge.

At their core, CoPs are groups of people who share a concern or a passion for something they do - and in turn learn how to do it better through interacting regularly and on a voluntary basis.

A Passion for Practice

In contrast with more traditional improvement methodologies that tend to be topdown driven and micro-metric managed, Communities of Practice are self-organising, self-managed collaborative networks.

Their members have a passion for a particular area of work and are motivated to become better practitioners, committed to helping one another be more effective of what they do. Energy and sustainability can be enhanced, since people choose their area of focus and develop their own shared learning agenda and collaborative processes. CoPs create value for their members and stakeholders through sharing current practice and the development and free-flow of new knowledge, practices and capabilities.

Who Practices Communities of Practice?

Communities are hotbeds of development, designed to attain new knowledge and create cutting edge professional standards in all kinds of globally high performing organisations.

In the NHS, the Yorkshire and Humber co-Creation Network has been operating a host of CoPs in a range of areas for over a year and we're grateful for their pioneering efforts – and in particular, for generously sharing their experiences.

CoPs are not new in the NHS and our Patient Safety Communities of Practice initiative is intended to help many more thrive across multiple issues and institutions, creating a Community of Communities. This is a field of mutually supported cross-institution, cross-hierarchy and inter-professional learning that will dramatically improve patient safety through out south London.

The cross-boundary nature of CoPs, which operate as peer-learning collaboratives, enables them to create both local situation-specific and system-wide improvements. CoPs provide a conceptual and practical mechanism for understanding the core processes of care while influencing its redesign because of their inter-professional focus.

Furthermore, creating safe places for discussing errors and latent conditions for patient harm are vital to advancing and promoting a culture of safety. The collaborative peer-based and self-selecting nature of the CoPs can create the depth of trust required to have difficult conversations and share the near misses that caregivers – and those who support them – have experienced. This level and type of trust is essential and will develop more widely and deeply as a CoP develops over time.

U.S.ARMY

Chula Vista Elementary School District

xerox

UNOCAL 76

hp HEWLETT PACKARD

THE WORLD BANK

McKinsey&Company

Some examples of high performing organisations who employ the CoP practice effectively

Elements of a Community of Practice

The Domain

An effective CoP is more than just a gathering of friends who share an interest. What drives a CoP is a problem area it wishes to focus on and resolve; an issue that has the potential to make a difference in an area of expertise, which is a shared Domain of interest for all of the Community's members. Membership implies a commitment to this Domain, and a shared competence that distinguishes the members from people outside the Community. The Domain is not necessarily something recognised as an 'expertise' outside the Community; for example, coping with acute deterioration may not be seen as an 'expertise' by others, but for those dealing with a particular Domain within their CoP, their collective competence is valued and are open to learning from one another.

The Community

The Domain attracts a group of people – the Community – who through regular interaction, communication and support, develop relationships based on respect and trust. Through joint activities such as the sharing of information and helping one another, each member comes to care about their standing within the Community, which in turn strengthens the social fabric that supports it. CoP members may come from differing professions, institutions and levels, but they learn from and with one another as peers. The Community is also usually dynamic with differing intensities of participation and with membership often growing or shrinking. At the core of any Community are the relationships; these matter as much as the context and the content that members share.

The Practice

Members of a CoP are practitioners; they share a passion for developing the best Practices they can while sharing a range of resources: experiences, stories, tools, ways of addressing recurring problems – in short, a shared Practice. Recognising the Practice takes time and sustained interaction. Members collect, document and share explicit knowledge but also uncover tacit knowledge and lessons, building up a knowledge base in the process; for instance, nurses who meet regularly for lunch in a hospital cafeteria may not initially realise that their lunch discussions are one of their main sources of knowledge about how to care for patients. Still, over the course of these conversations, they develop a set of stories and cases that could go on to become part of a shared repertoire for their Practice.

Domain

What do we care about?

The field of our inquiry | Our purpose | What brings us together | Our attractor

Practice

What do we do?

The methods, expertise and processes we share

What we know and what we can know better

A place for experiment

What we broadly share

The knowledge we co-create

Community

Who are we together?

Who needs to do this work?

The network of knowledge and relationships

Support for one another

How Communities of Practice Can Improve Patient Safety

Putting Patient Safety in the Right Context

Patient safety is a systemic issue, one not contained within neat boundaries – and CoPs are ideally placed to address this problem.

In normal practice, as soon as you focus on one particular issue and apply methods to improve it, you realise it connects to more; the problem is that you may fix the local issue but not the global one. Solutions for this type of 'wicked' problem require Systems Thinking and 'action as a system'.

CoPs at the HIN are intended to be boundary-spanning; transcending individual organisations, professions, hierarchies and sectors. They access the intelligence that is already available in the system and bring the wisdom and expertise to bear on what the community is trying to achieve.

As social theorists Etienne and Beverly Wenger-Trayner state, effective CoPs move 'identity' from a narrow role to what they are aiming to achieve for the whole*:

- CoPs enable practitioners to take collective responsibility for managing the knowledge they need, recognising that with the proper structure, members are in the best position to achieve this.
- Communities among practitioners create a direct link between learning and performance, because the same people who participate in CoPs also work in teams and business units.
- Practitioners can address the tacit and dynamic aspects of knowledge creation and sharing, as well as the more explicit aspects.
- Communities are not limited by formal structures; they create connections among people across organisational and geographic boundaries.

From this perspective, a community's knowledge lives in a constellation of CoPs, each taking care of a specific aspect of the competence that the organisation itself needs. However, the very characteristics that make CoPs a good fit for stewarding knowledge – autonomy, practitioner-orientated, informality, boundary crossing – are also characteristics that make them a challenge for traditional hierarchical organisations and forms of evaluation.

These characteristics and dynamics are in-line with the increasing focus on systemic solutions and the Five Year Forward View of the NHS.

Why Communities of Practice Work: Shifting Identity from Role to Whole

Most change and improvement efforts focus on the inter-connectivity of organisations – the things you can see and touch like structures, policies and procedures.

However, most of what gets done in any system gets done through people who interpret a policy through the lens of their identity. This identity is based on what they value/have been valued for, their network of relationships and the information they have available to them. Most of our organisations are then formed round cultural silos – professional, departmental, institutional and expertise-based identities that are fragmented in purpose, meaning and outcome; these cultures then take up anything presented to them and turn it back into themselves. This is why 'Culture eats Strategy' rings true to many of us – working within this kind of structure often sees policy and procedure generating the wrong kind of unintended consequences.

Structure, policy and procedure of course do matter, but the dynamics of organising are even more critical – identity, information and relationships. We create meaning through our identity, and our freedom to act is reflective of the level of mutual trust we hold with those we work with and serve. If our identities are fragmented, or too narrowly prescribed, we will seek information that confirms our worldview.

If our network of relationships is siloed, our actions impact only a small part of the wider challenge. The challenge is one that requires open and honest conversations with a wider network of people from multiple perspectives, different experiences and varied expertise, enabling us to explore and craft a genuinely relevant and far-reaching response to tackle it.

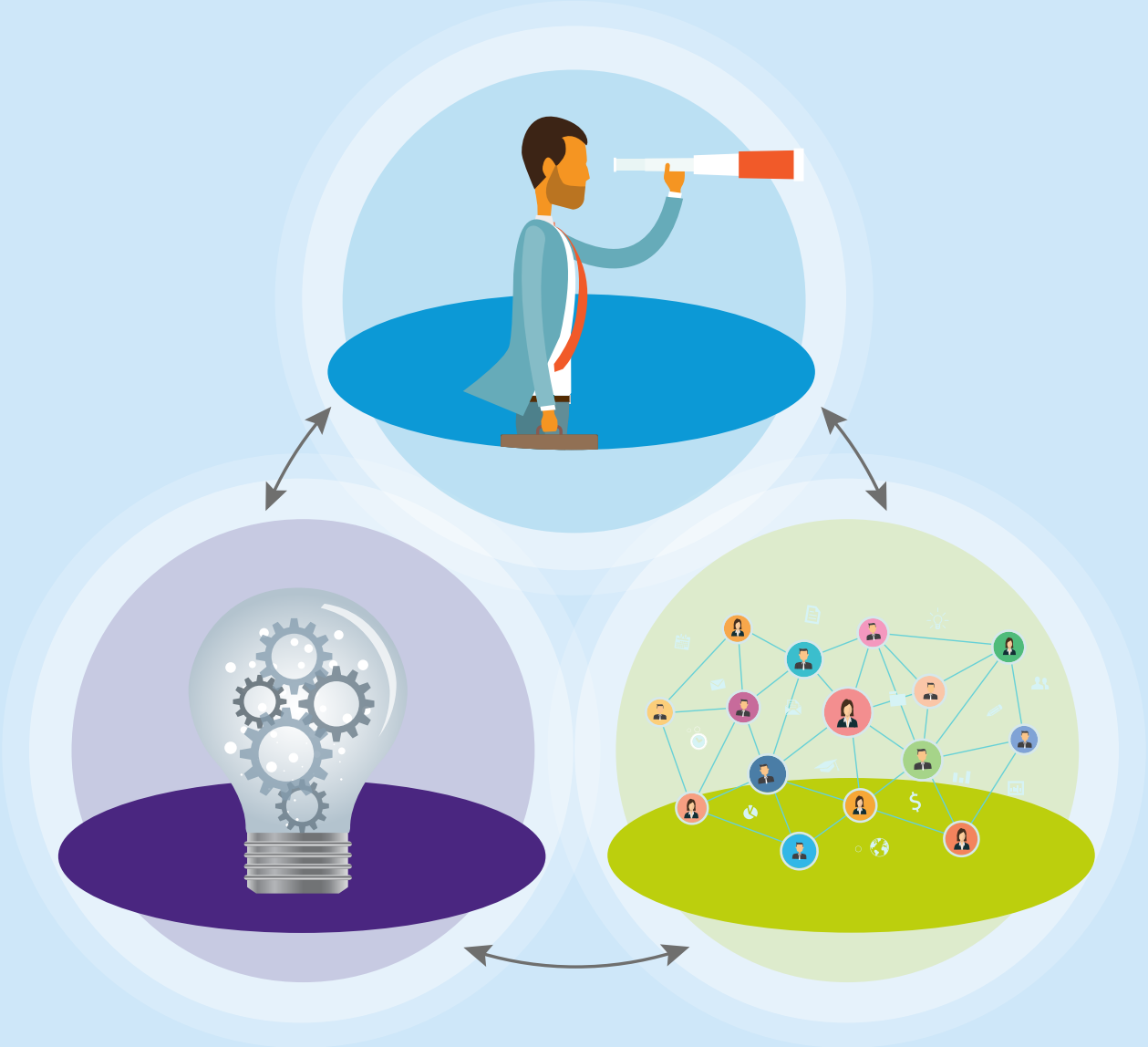
CoPs break down restrictive siloed thinking and instead encourage collaboration between people, in a coherent and whole system. Communities help us shift the balance of our identity from a narrow role toward a broader whole; from a 'what do I need to do' mentality to a 'what are we trying to do together' philosophy.

*Adapted from Wenger-Trayer, 'Introduction to Communities of Practice', available at: http://wenger-trayner.com/introduction-to-communities-of-practice/ .

Identity

Who we are is what we do-NOT what we say about what we do.

What are we trying to achieve? | What do we value? | What is important? | Who am I? | Who are we together?



Information

There is no hierachy to information (but there is to meaning!)

What information do we have?
Who has it?
What information do we need?
What are the indicators of success?
Who decides and how?

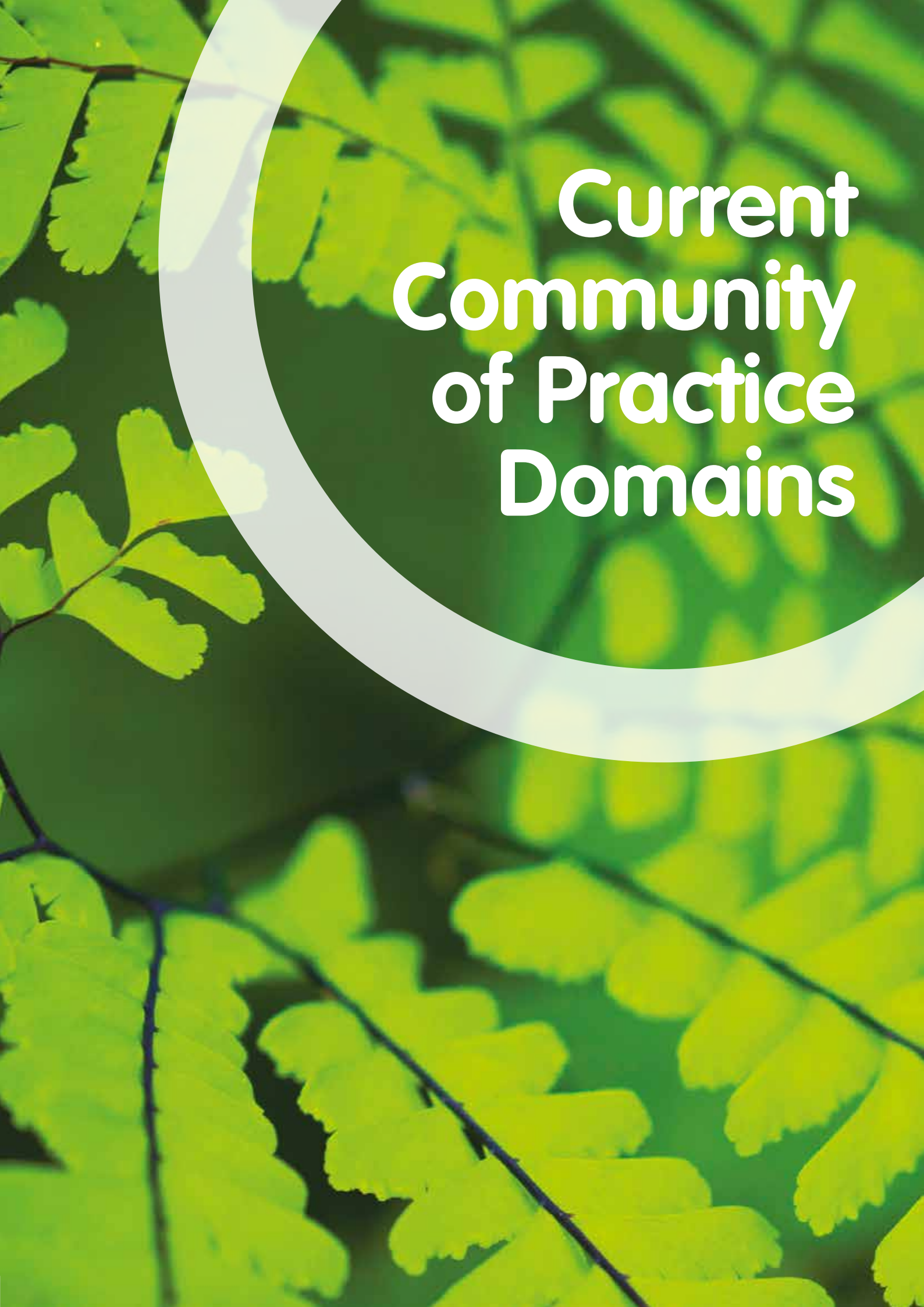
Relationship

The quality of our relationships gives rise to the depth of trust

Who has influence, authority?
Do we have access to each other?
Who will be affected?
Who else needs to be here?
How do we want and need to work together?

Simple Rules

- Everyone has access to all information
- Everyone has access to each other
- We share a view of what's significant, what really matters.



Current Community of Practice Domains

Medicines Safety

Within medication safety. There are opportunities to reduce barriers to reporting while strengthening and systematising learning after incidents. This CoP aims to identify how such safety issues can be properly and fully addressed.

Rates of medication incident reporting vary between organisations and are affected by willingness, time and the perceived benefit to reporting. The impact on staff groups involved in incidents varies between health professions: nurses may be taken off medication administration immediately while prescribers may not even be informed of their errors, if another prescriber can be found to correct the prescription. Reflective learning is the key to improvement, but learning is poorly executed and documented in many organisations. Completion of any planned initiatives may also be unknown if follow-up actions or auditing is not carried out.

Reflective learning should occur at both the individual level (i.e., early, proactive, written narrative of events) and at department or organisational level (i.e., documentation of learning in incident reporting systems, after-action reviews). Introducing better systems for learning after medication incidents may reduce the inequality and subsequent repercussions between professional groups.

Interview with Alice Obourne

Tell us about yourself

I am the Medicines Safety Officer for Guy's and St Thomas' NHS Foundation Trust. I also co-chair the medicines safety forum, which seeks to improve medicines safety across the organisation for inpatients, outpatients and community-based patients. I'm passionate about the safe use of medicines for older people and have done research in this field.

What motivated you to start your Community?

I was keen to share learning and engage with other organisations. Medications administration is a high-risk part of delivering care and we owe it to our patients to do it safely. I know at my own organisation we are well developed in some areas (such as prescribing drugs in the presence of allergies), but less so in others. I think by working together we can make significant improvements.

What has been your Community's biggest achievement to date?

The Medicines Safety Community has started to talk about reflective practice, refining our objectives and engaging health professionals from a variety of professions sourced from both teaching and non-teaching trusts. I think the level of engagement we have generated to date will be a powerful lever to improve medicines safety across south London.

If your CoP achieves just one thing, what would you want it to be?

Moving the emphasis from blame to learning when individuals are involved in medication errors, particularly relating to nursing staff.

Finally, how is your Community going to change the way the NHS operates?

Some staff groups find that medicines use (including prescribing and administration) is regarded as a mundane rather than a safety critical task. We are going to challenge this.

Maternity

Postpartum haemorrhage is on the increase across the UK, especially across London; this CoP will look at postpartum haemorrhages below 1.5 L of blood loss as this is generally less well-documented.

The morbidity associated with this condition is often unrecognised by maternity teams and primary care due to poor communications between primary and secondary care. It can adversely affect the mother's bonding and breastfeeding and her mental health, while being a traumatic experience for both partners. The CoP aims to explore some of the causes of non-massive obstetric haemorrhage and improve the care that the woman receives before, during and after delivery in the postnatal period.

The CoP anticipates creating a back-to-basics educational bundle for midwives and obstetricians but would also like to improve the care that women receive after the event across the traditional boundaries of primary and acute care. The CoP will be made up of two 'core' Communities: one composed of the multi-disciplinary team involved during postpartum haemorrhage, and the other to include this team plus primary care providers.

The community will look to involve interested stakeholders across south London, using the Safety in Maternity Services (SIMS) (multi-professional) network and the London labour ward leads (medical) networks. They will start conversations by presenting some of the London data and the pilot Back 2 Basics (B2B) package that has been developed by Women's Health at Guy's and St Thomas' NHS Foundation Trust. As a group, the CoP looks forward to also sourcing input from women, so that the Community can address what is important to them in these situations. It would also be useful to engage educationalists and improvement methodology experts within the Community.

While the main aim will be to impact on the rates of postpartum haemorrhage, it is hoped that the learning and experiences from the CoP methodology can be documented, disseminated and applied to other areas of women's health.

Interview with Daghni Rajasingam

Tell us about yourself

I have wanted to specialise in obstetrics since medical school and I'm passionate about women's health and their rights related to it. I trained at St. Thomas' Hospitals Medical School, where I'm now a consultant obstetrician. I have also spent time working abroad in corporate settings, where I observed the time and importance that commercial organisations place on stakeholder engagement; this is something I want to encourage in my CoP.

What motivated you to start your Community?

Bleeding in labour is a major killer and has a large and devastating impact on women and their families around the world. This is not because we can't address the problem, but because many societies have yet to decide that their lives are worth saving. I want to change this.

What has been your Community's biggest achievement to date?

Our Back 2 Basics education package, particularly the multimedia tools produced highlighting the variance in practice, and the inclusion of women in this training.

If your CoP achieves just one thing, what would you want it to be?

Increasing awareness of the variance in treatment and bringing about the prevention of moderate postpartum haemorrhage.

Finally, how is your Community going to change the way the NHS operates?

The Community is going to chip away at the number of women who are significantly affected or die as a result of postpartum haemorrhage. We will seek to roll out our Back 2 Basics training package globally, which could potentially have a huge impact on the issue.

Duty of Candour

Now that Duty of Candour has become a statutory requirement, there is a danger of organisations prioritising the ticking of legal boxes - rather than focusing on the most important aspect of an ethical response to someone who has suffered avoidable harm.

The new professional codes help to some extent, but given the difficulty of having these conversations with patients and relatives, there is huge scope for the sharing of ideas and good practice. This CoP aims to articulate the elements of a positive learning culture by placing patients and their relatives at its heart and combining support and pastoral care with fair accountability for staff:

- How to support staff who have been involved in an incident where harm has occurred
- How to have conversations that meet the expectations of patients and their families
- Incident reporting processes
- Investigations and after-event reviews
- Training and core skills aspects
- Professional self evaluation, appraisal and revalidation
- Performance management and disciplinary aspects
- Pastoral care and support of staff.

Interview with Tony Newman-Sanders

Tell us about yourself

I am a practicing frontline clinician with varied experience in senior clinical leadership roles. I am currently the Medical Director for the Health Innovation Network and have a particular interest in the use of technology in healthcare. I think the CoP concept is extremely powerful and will help us address the challenges faced across the south London health and social care system. I feel privileged to co-convene our Duty of Candour Community, a Domain that cuts to the heart of sustainable improvement in quality, which will benefit both patients and staff.

What motivated you to start your Community?

I walked into my first CoP workshop late and I remember Myron Rogers (specialist on complex system change, who is currently supporting HIN with the CoP programme) calling everyone to order and asking: "What are you passionate about?" Being a Medical Director, I felt that openness and honesty when mistakes are made is hugely important and I decided there and then that I wanted to be involved in a Community focusing on these themes.

What has been your Community's biggest achievement to date?

Achieving a good representation of people who are passionate about these issues from across the HIN's constituency. We have a fit-for-purpose core group and a very clear Domain.

If your CoP achieves just one thing, what would you want it to be?

To have our CoP featured or referenced in the Board quality reports of at least 50% of our members.

Finally, how is your Community going to change the way the NHS operates?

Some of most poignant stories and deepest pain are caused by doctors and nurses not knowing what to do when they harm patients. If we can reduce this issue just a little, it'll make a big difference.

Interview with Yvonne Connolly

Tell us about yourself

With a background in nursing, I recently retired as Head of Patient Safety at St. George's, having worked in the health service for many years. I wasn't quite ready to step down entirely when I retired, and was looking for something different and exciting to do with my time. The CoP has given me the space to reflect on how we can improve things without being distracted by a day job.

What motivated you to start your Community?

Duty of Candour is an area that I really care about. I know people are struggling with this, and I thought it better that we struggle together as a supportive Community who all face the same challenges. Since the group has started meeting, I have realised how much we can learn from each other.

What has been your Community's biggest achievement to date?

I agree with Tony on his representation point. Alongside this, I think our Duty of Candour training package will prove useful to all of the organisations across our patch.

If your CoP achieves just one thing, what would you want it to be?

If we could demonstrate we have helped trusts to change their culture around Duty of Candour, I would be really proud.

Finally, how is your Community going to change the way the NHS operates?

We are going to make it possible for the trust to do things that it wouldn't otherwise be able to do because it will have the support of our Community.

Current Community of Practice Domains

Medicines Optimisation

Over the last four to five years, there has been a national drive to focus on the new agenda 'Medicines Optimisation', which was created to maximise the value of medicines for the patient and deliver better experiences and improved outcomes for both patients and the NHS itself.

However, little is known about how best to embed medicines optimisation into practice and even less about how to measure success. Co-Conveners Cleo Butterworth and Mandeep Butt are in the process of working with stakeholders across the system to establish a CoP to tackle this issue.

Interview with Cleo Butterworth and Mandeep Butt

Tell us about yourself

CB: Over the course of my career, I have worked in community pharmacy (both multiple and independent pharmacies) before moving to hospital pharmacy to specialise in clinical and public health aspects of addiction, and I am now Medicines Optimisation Lead at NHS Lewisham CCGv. I am particularly interested in setting up novel systems of working with social care, GPs, pharmacists and community neighbourhood teams to support vulnerable (and often older) patients with complex medicines needs.

MB: My career includes extensive experience in the NHS, from frontline clinician (primary, community and secondary care pharmacy) culminating in a senior management role at Westminster PCT in 2002. Currently, I am working at Merton CCG supporting their medicines optimisation team. During my career, I have developed pharmacy-based clinical programmes and was recognised for my work in creating the Medicines Optimisation Service at Central London Community Healthcare in 2012, and was also part of the 2013 Pharmaceutical Care Award project team for 'Pharmacist Prescriber-led Hypertension Clinics'. I have in recent weeks been awarded the honour of a Fellowship of the Royal Pharmaceutical Society.

What motivated you to start your Community?

As pharmacists, we are already very well networked and are very excited about setting up a CoP that will include professionals and patients from across health and social care. We think it will offer us all a unique opportunity to explore the implications of the 'Medicines Optimisation' agenda "through the eyes of others" as we believe it is an area of practice where we all need to work more closely together in order to improve outcomes for our patients.

What has been your Community's biggest achievement to date?

The community will convene for the first time in a few weeks so it is early days for us. What has been amazing so far is how many people are interested in joining us on our journey. We have so many keen minds who are passionate about improving patients' experience with medicines. We are very excited about the conversations that lie ahead.

If your CoP achieves just one thing, what would you want it to be?

We would like the community to spread the news that medicines optimisation is not the sole responsibility of pharmacists; everyone across both health and social care should concentrate their efforts to ensure patients get the best outcomes from their medicines.

Finally, how is your Community going to change the way the NHS operates?

By bringing people together in the spirit of collaboration rather than competition, in a forum that is non-hierachical and crosses traditional professional and organisational boundaries, allowing us to build stronger relationships with each other so we can work together more effectively to improve patient care.

Sepsis

The condition affects many patients and is associated with a high mortality rate – it is estimated that 44,000 patients die of sepsis every year but 12,500 of these deaths are preventable.

Early identification and treatment has been shown to reduce mortality; although this sounds simple, improving outcome is actually a multifaceted issue. There are many primary and secondary drivers at different levels that require optimising to achieve better outcomes. Many of the drivers are common to many departments and hospitals while some may be unique. The purpose of this CoP is to improve understanding of the drivers, learn from each other and share a vision.

Interview with Narani Sivayoham

Tell us about yourself

I'm an emergency physician at St. George's Healthcare NHS Trust and I've been a consultant for almost 14 years. My special interest in sepsis started in 2004 when I became more aware of the critical importance of a speedy diagnosis and treatment of the condition and its impact on outcome.

What motivated you to start your community?

In the early stages, sepsis is hard to recognise but easy to treat while in the later stages, it is easy to recognise but hard to treat – so early recognition is key to successful treatment. Many of us are putting systems in to place to recognise sepsis early but face barriers, which are usually due to system failures. Coming together as a Community will help us share ideas and move away from silo working and overcome barriers. As a group, we can learn from each other and move forward in the fight against sepsis.

How has your role as Community convener benefited you and your organisation?

The CoP has given me access to others with a shared interest. It's also a great privilege to share one's work. The community is at an early stage, but I'm sure it will have benefits for all the organisations involved.

Convening the CoP is just one of the roles you undertake in addition to your day job – tell us about your sepsis charity.

We recently set up a sepsis charity at St George's, essentially to improve awareness and the management of sepsis. We have a small fund to produce leaflets and posters as part of our awareness campaigns.

If your CoP achieves just one thing, what would you want it to be?

I want the Community to improve pathways across professional and organisational boundaries.

Finally, how is your Community going to change the way the NHS operates?

We are going to get healthcare professionals to understand the gravity of sepsis and make them able to identify high-risk situations early.

Acute Deterioration

Delirium

Acute physiological deterioration is a precursor to most cardiac arrests, with 75-80% of adults showing signs of deterioration prior to arrest. Statistics also reveal that the survival outcome from an in-hospital cardiac arrest is poor (7-8%).

This CoP believes that a collaborative approach is required to aid in the earlier recognition of acute physiological deterioration while exploring strategies to avoid cardiac arrest. The CoP's data has demonstrated that Early Warning Scores (EWS) are not always an accurate predictor of cardiac arrests and the Community has developed an amended cardiac arrest scoring system that it believes is more sensitive and specific than EWS alone. The CoP would like to foster a whole system, multi-trust approach to acute deterioration that unifies educational, clinical and research domains to improve patient safety.

The condition affects large numbers of people directly as well as their carers, families and the health and social care community, and is an area in vital need of learning and improvement.

This CoP aims to tackle the lack of integrated and combined recognition/response pathways, approach, knowledge, action or culture to delirium across the HIN's member organisations. If the healthcare community could intervene earlier in the downward trajectory of patients with delirium, it could improve the experience, quality and safety for all involved, while reducing costs and improving professional satisfaction.

The CoP seeks to address the issue through working closely with the South London Care and Nursing Homes Network and focusing on staff training. As the Convener, Dr Mark Kinirons also leads significant clinical teams and initiatives focused on delirium and dementia and brings his connections with networks across south London to his convener role, offering the ability to influence and drive change across the HIN.

The CoP offers the possibility to drive change and improvement through a networked model. Critically, it represents an exciting opportunity to do things differently for the benefit of patients – and those who support and treat them.

Creating your own Community of Practice

Complex systems specialist Myron Rogers explains how to use his five phases to create a successful CoP and ensure it reaches full maturity.

The life of a CoP can be viewed as a process of maturation; a lifecycle of identifiable but intertwined phases. Over the life of a Community, purpose and identity go through a constant co-creative process of investigation, refinement and even reframing. Relationships deepen and expand to connect people from across the system who can work as peers in shared work, freed from hierarchies or institutional boundaries.

Information evolves into knowledge, as people act together in new ways to develop new methods and practices. But this doesn't happen overnight; while CoPs are organic in nature – self-managed, self-organised, self-directed and voluntary – it doesn't mean they occur spontaneously. Instead, they must be seeded and cultivated through five key phases:

Myron's Maxims

These maxims cover how complex social systems work. Consider them as rules of thumb to keep in mind when forming, designing and cultivating a CoP:

About Myron

Consultant and author, Myron Rogers is a key advisor to the HIN Patient Safety CoP's. An early adopter of the methodology, he has led CoP initiatives in the public and private sectors across the globe over the last 20 years.

"People own what they help create"

Strategies, policies and procedures designed remotely without including the knowledge, experience and wisdom of those charged with their delivery are never effective. People are inherently creative, and will take whatever is given to them and remake it in accordance with their own identity and context. CoPs counter this issue of remoteness by embracing those who carry out the practice.

1

"Real change takes place in real work"

Change is embodied; it's what we do. It is situated, not in a laboratory. CoPs include people who share a context of work and action.

2

"The people who do the work do the change"

It is therefore vital to work with those whose work is directly linked with the people we are looking to serve. By bringing together their unique and diverse perspectives and giving them the responsibility for learning and change, a network is built for ongoing development.

3

"Connect the system to more of itself"

Making sense of complex social systems requires many perspectives to be brought together; no one person or group could ever hope to understand the whole process. To release the collective intelligence in the system, strong and open relationships must be built between all the stakeholders, wherever they are.

4

"Start anywhere, follow it everywhere"

A starting point for change can occur anywhere but change is a disturbance and will stir things up – it's vital to follow where these disturbances lead, uncovering the deeper layers of the problem you wish to solve.

5

Phase 1: Discover

Find your passion for patient safety

This is where a CoP begins - with a person/people with the energy and enthusiasm for a particular area of action. The focus of your passion may be on an existing practice, a problem you see every day or simply an unrealised potential that needs to be developed. It's something that calls out to you and holds your attention. It's also something you cannot solve alone.

The path to changing the outcome – realising what you are passionate about – requires access to the intelligence, experience, expertise and wisdom that resides within and across institutions, hierarchies and professions. To access this you must reach out.

Reach out and invite the community in

What calls you to this area of concern can call others. Begin conversations with a few people whose knowledge and capability you value or trust; people you feel might be interested and resourceful. Talk with this initial core group about what you all imagine the nucleus of your Community should be.

By doing this, you can develop a broad description of the CoP's Domain, which will become the basis for an invitation to a wider group; who anyone in the initial core can identify as potential Community members. Tap into this network of relationships and uncover those people with the same passion for the issues you are focusing on. Come together and spend time further defining the Domain, what you aim to achieve and why. This can take a while – in fact, the scope and meaning of the Domain will evolve over time as the Community works together more.

Find the Practice

What is the aim of the Community? Is it to help solve everyday work problems, to develop and share best practices or to create and spread better tools and processes – or to generate highly innovative solutions and ideas? Or even to change the world. When Communities initially come together, they usually have a broad range of intentions but it's important to spend time clarifying the initial Domain of the Community so it can be worked on together.

Create an initial design and work plan

The initial convener and core group would do well to consider the design of the Community. Think about the potential ways the Community can work together. How often will it meet? When and where will it meet?

There are a wide range of possibilities and breaking out of traditional work routines should be encouraged. How can you bring life to the meetings? What is the rhythm you need to create? The initial work plan should also consider necessary roles and how to fulfil them. There is the initial role of the convener, but this role can evolve into co-conveners.

CoPs must document their learning as well; this can be handled through sharing the duty, recording meetings or individual journaling. The initial work plan will look carefully at the Domain of the Community, how the members will work together, who the Community will work with and how it will capture what it is learning.

These actions continue throughout the lifecycle of any CoP and even as it matures, a reflective dialogue should be maintained around the following questions:

- What are we trying to do?
- How do we need to do it?
- Who needs to do it?
- How will we know we are doing it?

While these practices and conversations remain constant throughout the life of the Community, new and additional needs and areas of Domain will come into view at each phase of maturity.

> **"The best way to find yourself is to lose yourself in the service of others."**
>
> **Mahatma Gandhi**

Phase 2: Unite

The key issue at the Discover Phase is mutually establishing the value of the Domain to the system as a whole, so sharing information and knowledge becomes compelling. For the Community, the key issue of the Unite Phase is the establish trust, or at least an opening to it.

If the work matters, it will uncover 'wicked' problems, difficult conversations and perceived personal risks. Trust then is essential, yet it is a quality that will only emerge from the quality of the members' relationships over time. CoPs rest on a foundation of social and situated learning, and how we nurture trust at this stage of Community development is crucial.

The key Practice issue at this phase is an inquiry – what knowledge should be shared and how shall it be shared?

"Change happens at the speed of trust"

Trust does not submit to measurement by simple metrics. It's an emergent quality, resulting from quality relationships in work that matters:

Communities of Practice…

can generate trust and as trust increases, more openness, honesty and transparency take place, opening the door to new innovations and new experiments as people are able to take greater risks.

Communities of Practice…

develop value in different ways as they mature. We can see the cycles of value creation from the immediate – the impact of sharing current knowledge – to a reframing of the definition of success in a higher order.

> **"You cannot force commitment, what you can do… you nudge a little here, inspire a little there, and provide a role model. Your primary influence is the environment you create."**
>
> **Peter M. Senge**

Phase 3: Mature

As the Community clarifies and coalesces around its Domain and establishes the value it holds for the system, new issues will arise. This is the point where the Community moves from sharing nuggets of knowledge about the Practice to developing a comprehensive body of knowledge that attracts new people to the Community.

As the CoP becomes more visible and credible, time demands become an issue. The key Domain issue for the Community becomes redefining its role within the system and its relationship to other CoPs. The core Community issue is about the transition from a few networked professionals to crossing wider boundaries and connecting more broadly across institutions, all while combatting a tendency to get distracted from the Community's core purpose.

Finally, the key consideration for the Practice to begin developing knowledge as an asset for the organisation/s, even as the CoP begins to recognise what it doesn't know and seeks to fill the gaps in knowledge.

> **"Never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself."**
>
> **Florence Nightingale**

Phase 4: Steward

At this phase of Community development, a number of issues arise around ownership, sustainability and energy. If the Community has become successful, the demands of the CoP will conflict with the demands of 'the day job'.

Maintaining vitality is crucial; the more the Community has generated knowledge that is effective, innovative and has spread, the more ownership members are likely to feel over that body of knowledge. They can now become stewards of this knowledge for the organisation or system as a whole.

At the Steward Phase, the key Domain issue is keeping it alive and relevant to its members and the broader organisation, while the main Community issue is to keep the quality of the interaction between members fresh and meaningful. Perhaps a rejuvenation meeting is in order to help reignite the fire that brought them together in the first place. The key Practice issue is to keep the community on the leading edge of innovation, recruiting new people to the core group while letting people rotate out to less activist roles to help keep the conversation alive.

> **"No institution can possibly survive if it needs geniuses or supermen to manage it. It must be organised in such a way as to be able to get along under a leadership composed of average human beings."**
>
> Peter Drucker

Phase 5: Transform

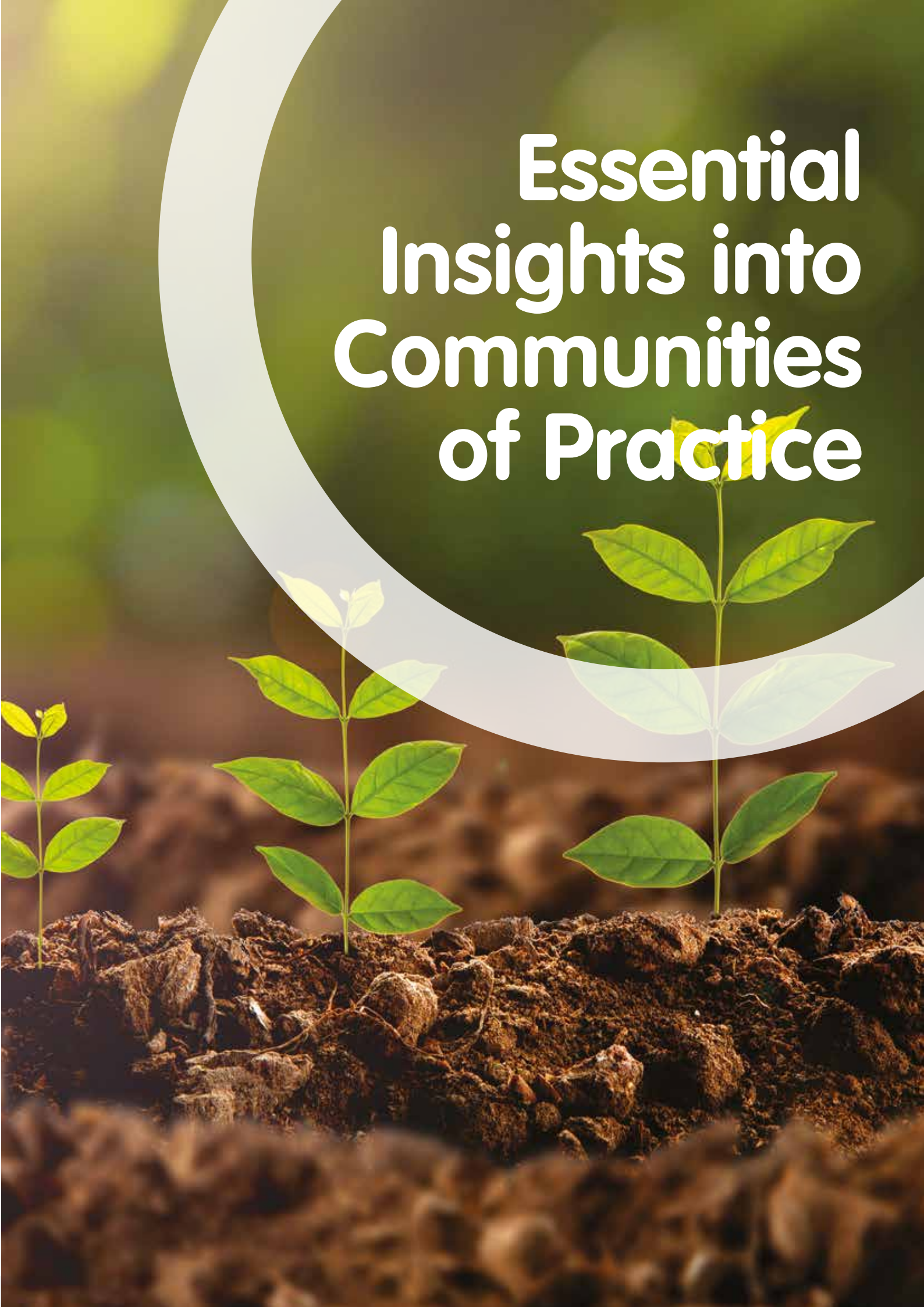
There is a tension between openness and boundaries; without boundaries, focus and discipline are diminished and without openness, ideas grow stale. At this mature phase of a CoP, radical transformations can occur.

Some Communities simply fade into the background, their legacy an artefact of a toolkit or a website presence. Yes, good work has been done but then the energy fades and people move on. This can actually be a healthy transformation – if it is deliberate.

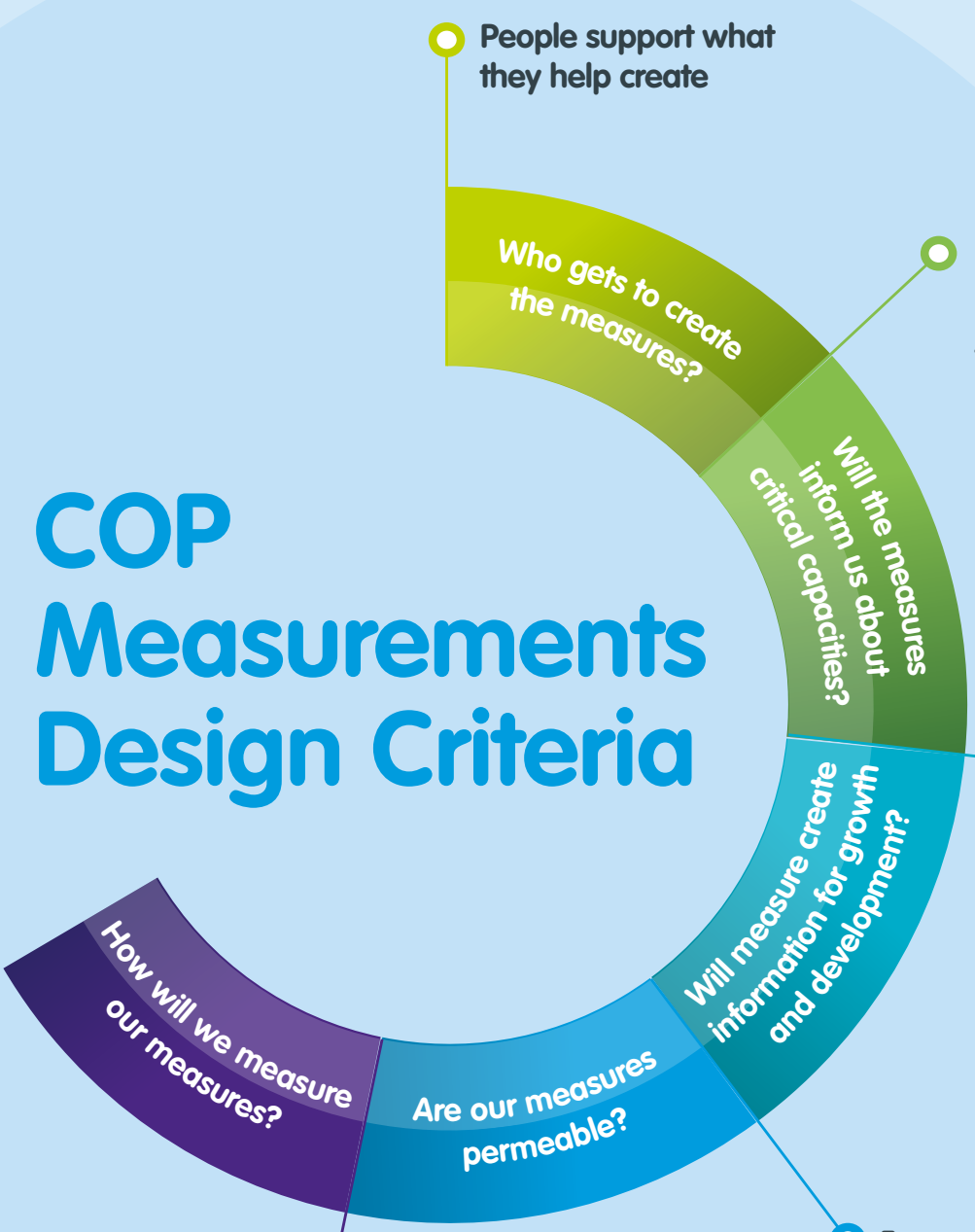
For instance, sometimes a Community can evolve into several as they identify new Domains or Practice areas, or they may merge with another Community whose work is similar. Occasionally, a Community will have created enough successful innovation and knowledge that it becomes institutionalised as a prized knowledge hub.

> **Destiny stands in need of us. Unless we act, nothing will happen.**
>
> Martin Buber

Essential Insights into Communities of Practice



COP Measurements Design Criteria



Developing Feedback

Current professional culture prizes metrics as outputs, not indicators of outcomes – but the key to genuine CoP success is creating and focusing on feedback.

Systems science tells us what the problem is: when we maximise the part in a complex environment, we sub-optimise the whole. Reaching a numerical target for acute admissions or discharges may tell us nothing about the patient experience or the consistency of practice among the staff. But it does get noticed by those keeping score.

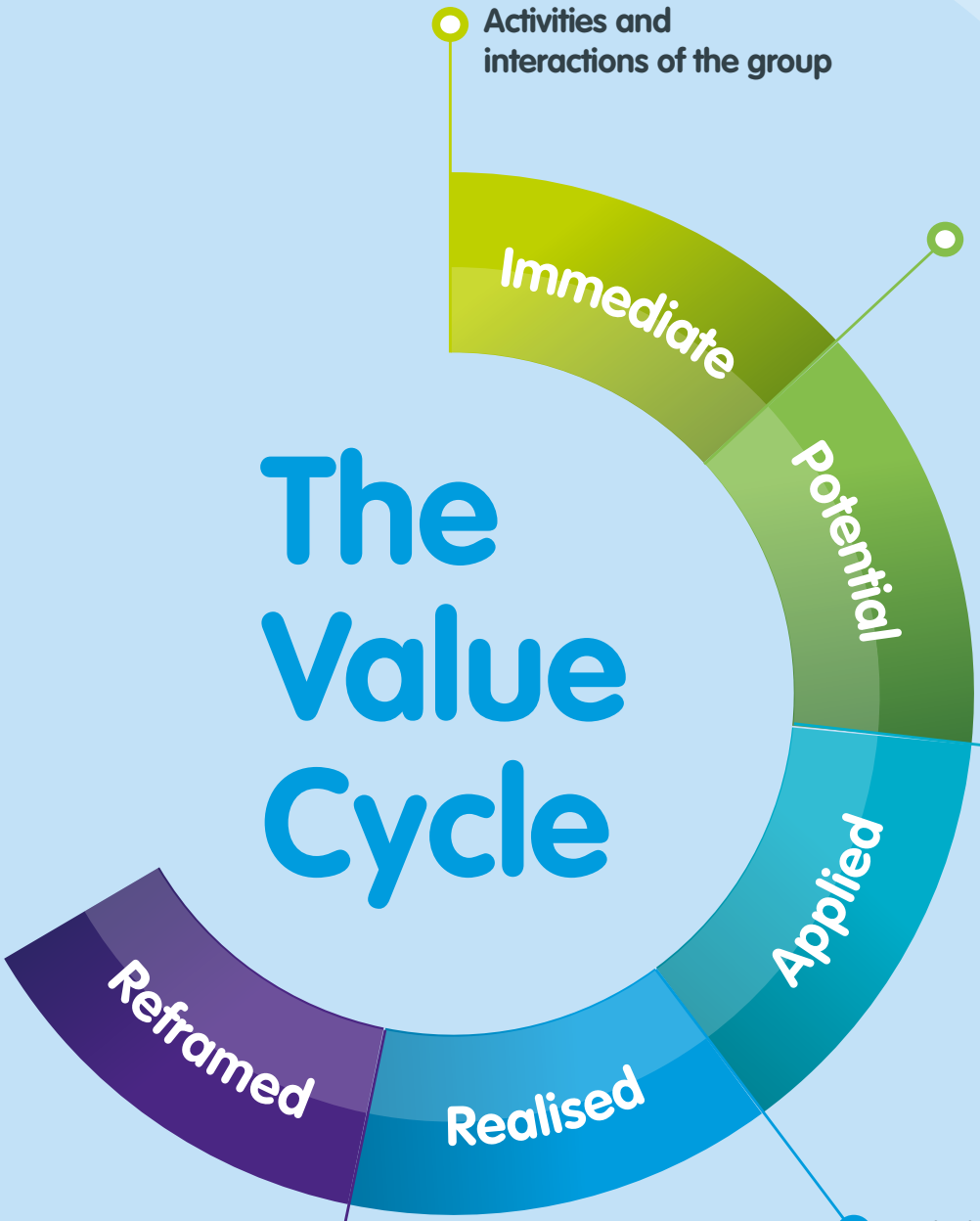
The real story of value is more complex and demanding, a dialogue between the discovery and creation of knowledge, the quality of the social system that creates that value, and the performance improvement that follows. It is measurement as a feedback system.

We thrive on feedback, on understanding our environment and how it is changing – and how we are changing it. We need access to more information than a simple metric; we need quantity and quality situated within a context that lets us access each other in a dialogue that creates new meaning and new action, and expands to include more over time.

Feedback differs from metrics in a variety of ways:

- Feedback is self-generated. Individuals working together co-create what they pay attention to and continually refine this, searching for indicators that they are on the right path.
- Feedback depends on context. Knowledge is situated 'right here, right now' in a specific setting. Getting stuck in the past or projecting the future means we miss this moment.
- Feedback changes. What systems or what people will notice will change depending on the past, present and future. Rigid categories of information lead to a kind of practice blindness, and unintended consequences.
- Boundaries are permeable. New and surprising information can disturb the system to new ideas, new knowledge and new action.
- Feedback is life-sustaining. It shows us when adaptation is necessary.
- Feedback supports movement toward fitness. Through the constant exchange of information between individuals, they can co-create new knowledge and generate sustainable and evolving practices.

The Value Cycle



Activities and interactions of the group

Possibilites, but not the big picture

Examples of clear impact

Group knows its value

Stakeholders see impact

Evidence of benefit

Tracking and sharing success stories

Acknowledge for impact by all

Success is redefined at a richer, more systemic level

Drawn from the work of Wenger-Trayner and Haelo Innovation and Improvement Science Center.

Telling Stories

One of the challenges of CoPs is capturing the multiple ways they contribute value to the institution or profession; the most effective capture method is to create rich narratives from them – and not simply rely on one-dimensional metrics.

How do you describe the movement of an idea into a new Practice? How do you describe the vibrancy of a Community that attracts new members? How do you portray the deepening of trust? Through story.

Narratives can contain the complexity of human experience, of how we deal with what matters and why it matters. To capture the true value of CoPs, to demonstrate to leaders and the wider group of stakeholders how they work and why they matter, storytelling is essential. The stories will be based on the ongoing inquiry and journaling of the CoP's activity.

For instance, tracking the genesis of an idea, followed by the brainstorming that then led to an experiment with a technique. In turn, this leads to a new knowledge or skill, which then creates new value. Storytelling can capture these metrics and feedback in a non-reductionist way. CoPs are holistic enterprises, relying on the social system to nourish the technical system. To paraphrase the neurobiologists Maturana and Varela: "All learning is social and situated".

Drawn from the work of Wenger-Trayner and Haelo Innovation and Improvement Science Center.

Achieving Change

Communities of Practice create an ecology of change and improvement. Unlike a simple metric – such as, how many widgets are produced in an hour – the impact of CoPs is on multiple levels.

- Expanding who is involved. The CoP will identify, invite and include people who are essential but whose connection to the Practice might otherwise have gone unnoticed.
- Information generation. People will come together with multiple views, each with a different piece of a complex puzzle. The sharing of new information will allow for new possibilities in Practice.
- Practice improvement and Practice innovation. With access to the intelligence available everywhere in the system, 'more' and 'different' will become possible; people will break out of their set approaches and try new angles.
- The spread of consistent standards. The networked, peer-based growth of the improved Practice will spread throughout the system; people will come to a new understanding of what 'rigour' means.
- Integration of professionals and their Practice. The quality of conversation across the professional hierarchy and institutional boundaries will increase sharing and collaboration.
- Knowledge access, knowledge creation. CoPs will share explicit knowledge across the network, but also tacit knowledge. It's how we make things work in a real-life environment, not just the lab.

All of this will build up into a powerful change in practice, one that can bring about true and sometimes dramatic cultural shifts but for the better. That's the true goal of any CoP.

CoP References and Resources

The HIN Communities of Practice network would not exist without the pioneering work of Etienne Wenger and his colleagues. We've also received support and guidance from the Yorkshire and Humber Co-Creation Network and Haelo and extend our gratitude to them.

Etienne Wenger, partnering with others, has been the leading researcher and developer of Communities of Practice for decades. Some of his useful publications are:

Cultivating Communities of Practice: A Guide to Managing Knowledge, Etienne Wenger, Richard McDermott and William M. Snyder, (Harvard Business School Press, Boston, 2002).

Communities of Practice: The Organizational Frontier, Etienne Wenger and William M. Snyder,(Harvard Business Review, January-February, 2000).

Etienne's website is a good resource for all things CoP: www.wenger-trayner.com

If you would like to delve more deeply into the learning theory behind Communities of Practice, search the web for "Communities of Practice as Social Learning Systems" for relevant academic research.

An adjacent and compatible set of ideas about systems' view of organisation and organising can be found in:

A Simpler Way, Margaret J. Wheatley and Myron Rogers. (Berrett-Koehler Publishers, San Francisco).

Two articles by Wheatley and Rogers can be found on www.phillipskay.com, within the section entitled "mentions":

Self-Organization: The Irresistible Future of Organizing (Journal of Strategic Performance Management), and What We Measure and Why (The New-England Non-Profit Quaterly).

Many other resources for systems thinking and leadership can be found here.

The Co-Creation Network, part of the Yorkshire and Humber Leadership Academy, has been developing a constellation of CoPs for over a year: http://ia-cocreationnetwork.com

How HIN Can Support Your Community of Practice

Turning CoP into a Reality

The HIN offers a range of support service for CoPs, ensuring they have the best possible chance of achieving a successful longterm outcome.

The Health Innovation Network is keen to nurture new CoPs, empowering them to self-form, self-define and develop, and is committed to supporting current and future conveners. As new policy and improvement programmes are launched, such as the Q Initiative, the HIN can aid Communities to discover one another and link their Practices to ensure synergies are created wherever possible.

In light of the financial and performance pressures faced by many organisations across the healthcare landscape, the Health Innovation Network recognises the need for conveners to have dedicated time to work on cultivating their CoPs, tailored coaching and access to opportunities such as learning labs.

South London faces a number of challenges with regards to patient safety and the HIN believes engaged and enthusiastic Communities of Practice are vital to identifying, defining and addressing these issues.

HIN Support Options Overview

The Five Year Forward View revised the expectations and aspirations of the NHS and its supportive services.

Considering starting a CoP with its focus on Patient Safety? Already involved in one that is maturing? Our Patient Safety Collaborative is here to support you and can help in numerous ways including:

- Strategies for forming a new CoP
- Developing meeting facilitation skills and protocols
- Creating and clarifying your Domain
- Populating your Community and identifying stakeholders
- Opening access to a broader network of colleagues
- Access to research, expertise, information and informatics
- Knowledge management and documentation
- Identifying the potential value of your Community
- Specific skill development (i.e., difficult conversations, reflective practices)
- Promising Practice exchanges
- Meeting planning and regular cross-Community convening.

If you have a specific issue that is not listed here, please contact us.

Supporting and Nurturing Communities

To aid in Community development, CoPs will have full access to a dedicated HIN project manager who can offer assistance on multiple fronts.

They can aid with the coordination of meetings, generating membership, offering support relating to research requirements arising from group discussions and providing assistance with projects which have been highlighted as priorities. This individual will enable members to share information and learning via the HIN's online sharing platform, Jive, and play an active role in the knowledge management of the Community. The project manager can also assist in organising events and seeking publicity in order to promote CoP successes.

As the Community develops and begins to deliver outputs, the project manager will assist them presenting at conferences, writing papers and spreading their ideas and innovations beyond the south London region. If appropriate, the project manager will seek to identify and support CoP bids for funding.

At the HIN, we draw heavily on the participation of Community members to identify needs. As the CoP movement matures, we intend to source outside experts and create seminars, mini-workshops and other forums for developing knowledge and skill. We will seek to create a rich ecology of support that will evolve and respond to the emerging needs of CoPs and their members.

Katherine Joel, HIN Project Manager

Katherine joined the Health Innovation Network in September 2015 and has supported our initial set of Communities of Practice to form, define their remit and develop momentum plans.

A variety of new communities are now in development and Katherine is working with their conveners and members to support them to do the same. Katherine is always keen to hear from anyone who wants to join or create community of practice.

Q.) What first attracted you to apply to work with HIN's Patient Safety Collaborative?

The PSC offered an exciting opportunity to drive improvement across south London and to do so via bold and innovative means of delivery. When I joined the patient safety team at the HIN, the first set of CoP conveners had just been identified and I was struck by the range of safety themes they wanted to address.

Q.) What has been your favourite moment?

I feel enormously privileged to work with all of our CoPs and their members. I think my favourite moment was hearing the communities give their elevator pitches at our most recent engagement event in April. The Communities are all at different stages of their evolution but they have all come a long way since the programme launched.

Q.) What have been the challenges?

Each of the CoPs have faced different challenges at various stages of their growth, which has been fascinating from a project management perspective – some communities struggled with finding the right people to join their groups while others found it difficult to pin down exactly what they wanted to focus on when they formed. Now that our CoPs are beginning to deliver outputs, the challenge will be to measure impact and ensure that reflective practice is followed to allow continuous improvement.

Q.) What are you hopes for the future for the CoPs?

I hope our Communities will continue to grow and flourish, both in terms of membership and evolving their remit over time. I am really keen to support new Communities develop and look forward to working with colleagues from across south London to make it happen.

Health Innovation Network South London

Speeding up the best in health and care, together

Improving health and wellbeing across south London through innovation, collaboration, education and wealth creation

Health Innovation Network
Ground Floor
Minerva House
5 Montague Close
London SE1 9BB

Twitter: @hinsouthlondon

healthinnovationnetwork.com

ISBN Number: 978-1-5262-0472-1