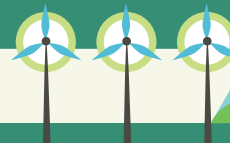
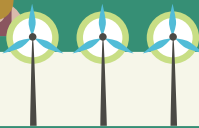




# CO-CREATION NETWORK

“We are the product of 14 billion years of improvement” – George Por



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FUTURE  
CONSIDERATIONS

Improvement  
Academy

Yorkshire  
& Humber  
partners  
Association for Health  
Science Networks



Yorkshire and the Humber Leadership Academy  
Excellent leadership, excellent organisations,  
transforming systems together

4



# BACKGROUND

## The Jönköping Microsystem Festival

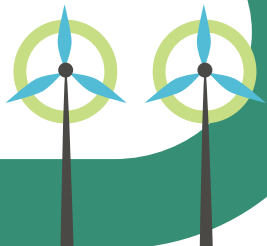
The NHS in Yorkshire and the Humber has developed a strong international strategic learning partnership with the Jönköping Health System and Microsystem network.

Following discussions with senior leaders in Jönköping, the region formally agreed to work together to enable senior leaders in both health and social care communities to build mutually beneficial networks to learn and transfer ideas across systems. The aim is to help each other develop high performing, self-improving health systems, and to learn more about leadership and leading in such systems. Jönköping has established an innovation and learning centre, Qulturum, within their health system, with the sole mission to lead and facilitate the development of a high performing, self-improving system at a County level. Internationally, there is great interest in learning from the Qulturum model as an approach to inspiring and supporting front-line managers and caregivers to lead improvement as part of their daily work. The Microsystem Festival is regularly attended by leading members of the Dartmouth Institute and representatives from many other countries.

Attendance at the festival offers a unique opportunity to be immersed in this knowledge and environment and to network with practitioners and academics.

The conversations, revelations, ideas and alliances generated during the experience are possible because of the environment and climate deliberately and carefully created by the Festival organisers. Over the years in excess of 50 staff have been sponsored by the region to attend the Microsystem Festival and more staff and service users have been supported by their own organisations to attend.

The Co-Creation Network and Communities of Practice work was sparked by feedback from festival delegates. The delegates were keen to sustain and spread the energy and creativity experienced at the festival but found they struggled to do this. There is also a belief that Yorkshire and the Humber has the capability and the passion to generate innovative ideas, new knowledge and practices that it can share across the region, the UK, at the festival and internationally. The Co-Creation Network creates a protected space where these can be nurtured and grown. The Community of Practice methodology, value base and ethos aligns well with the microsystems theory itself and the Microsystems Network. The Co-Creation Network and emerging communities echo the Festival culture highlighting relationships and creating a warm and personable environment where current thinking and application can be challenged and new ideas, knowledge and practice created.



### Microsystem Festival 2015

In 2014 the Yorkshire and the Humber Leadership Academy sponsored members of the newly formed Improvement Academy to attend the Festival. This was the beginning of a new partnership and closer working relationship between these organisations. It was agreed that this would be further developed by work with the Improvement Fellows to support them in their leading improvement role. As part of this offer the Leadership Academy has sponsored a delegation of Improvement Academy Fellows to attend the Festival in 2015. This time, delegates have been supported to submit abstracts and are presenting papers, breakout sessions and posters at the event. One of the new practices that will be showcased is the Co-Creation Network itself and its invitation to connect.

The regionally funded Jönköping 2015 festival attendees have been asked to prepare for their learning journey by considering:

- What is the most useful information you hope to share in Jönköping?
- What are the most useful questions you could seek to answer?
- What will you bring back to the Co-Creation Network?
- What could the network most usefully provide for you?
- What will your contribution be to the Spring Basecamp event?

This year's funded delegates are:

-  Clare Ashby, Head of Safety and IPC Lead, Yorkshire Ambulance Service
-  Alison Cracknell, Consultant Medicine for Older People, Leeds Teaching Hospitals
-  Angela Green, Improvement Programme Manager, Improvement Academy
-  Lisa Hilder, Assistant Director for Strategic Planning, North East Lincolnshire CCG
-  Hemadri Makani, Associate Specialist in Surgery, Northern Lincolnshire and Goole Hospitals
-  Andrea Overton, Consultant Lead Diversity & Inclusion, Yorkshire & the Humber Leadership Academy
-  Emma Ryland, Geriatric Registrar, Improvement Academy
-  Michael Shaw, Head of Quality Improvement, Leeds Teaching Hospitals
-  Deborah Turner, Head of Quality and Patient Safety (Chief Nurse), North Kirklees CCG
-  Liz Watson, Implementation Manager, Hull & East Yorkshire Hospitals

The Network is looking forward to their inputs at our event on 19th March 2015.



*"Lots of people went to Jönköping, but the problem is that when they come home, the routines of their daily job take over and their enthusiasm is fading. What could help is if they could find ways to demonstrate quickly that the ideas they brought back can make a difference."*



*"If there was a support system to sustain the momentum to keep engaged, to amplify and implement ideas that make a difference."*

*"Sweden trip has enlightened the "we together" approach."*

*"Collective knowledge of others is very valuable."*



# THE JOURNEY

## THE FIRST EVOLUTION

It quickly emerged that the system was hungry for this opportunity.

Those involved early on were passionate about improvement in day to day working and needed a platform to develop it into real change.

In the current health and social care environment some groups of staff were feeling cast adrift by the restructured NHS organisations, and building pressure was making time to pause, think and reflect a luxury that some staff could only dream of.

Improvement scientists, key clinical staff, organisation development practitioners, patients, service users, carers, community leaders and those committed to real change and transformation are all strategically important in shaping and delivering the health and social care system of the future but they had become disconnected. The plan evolved to include these people that are living the reality of the Jönköping ethos in very challenging circumstances. The network tries to connect them in an environment that values their passion, skills, experience, knowledge, practice and creative potential.

*“Learning happens between and across communities, not just within them and is a continuous process... To create small scale change, work through cohesive communities; to create big scale change, build a movement, by creating bridges between disconnected communities.”*

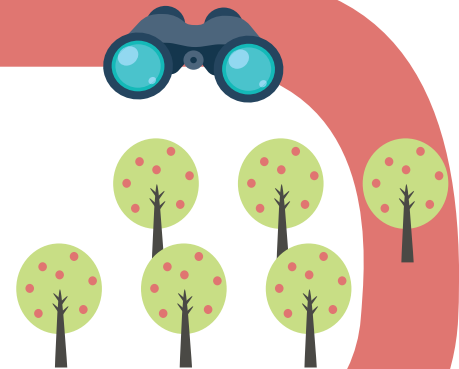
**Helen Bevan**

### What is the Co-Creation Network?

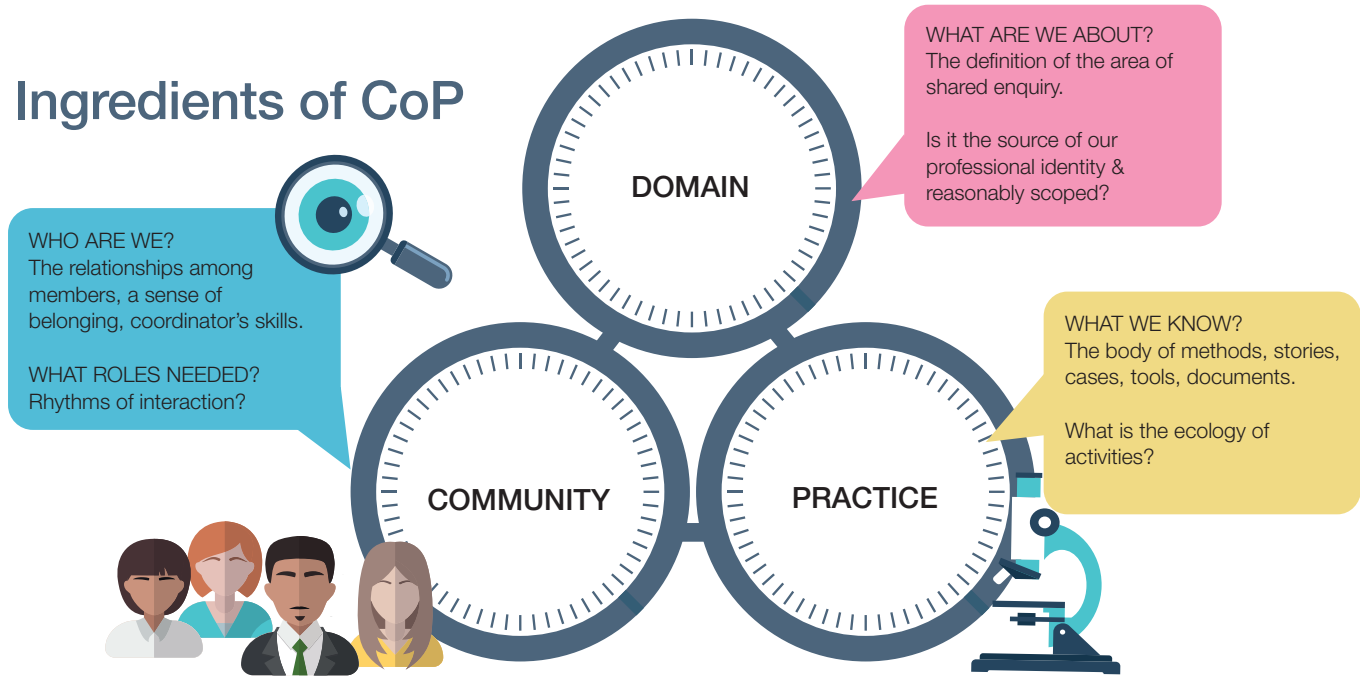
The Co-Creation Network is a constellation of communities of practice, each of which may comprise individual practitioners and/or microsystems.

The network supports people to come together collaboratively as equals to identify what they really care about and want to see change in health and social care. It is passionate

about improving experiences and outcomes for people who receive care. It also has a passion to develop ways of practicing and providing care that connect to staff values and ensures meaningful and engaging work.



# Ingredients of CoP



## What is a Community of Practice?



Communities of Practice are self-organising and self-governing groups of people who share a passion for the domain of what they do and strive to be better practitioners. They pursue a shared learning agenda and they create value for their members and stakeholders through developing and spreading new knowledge, practices and capabilities.

This way of working offers an opportunity for people to connect deeply with their own purpose, vital in ensuring compassion in care and providing meaningfulness in our work.

Communities of Practice (CoP) are not new to the NHS and have an established place in improvement work.

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

They will also help you in developing cross boundary relationships with leaders in other parts of the organisation or community." (From the Improvement Leaders' Guide, by the NHS Institute for Improvement and Innovation.)

-  **Key resource:** <http://wenger-trayner.com/theory/>
-  **Find out more by watching our short video** <http://youtu.be/nL8yfcQcdig>



## FORMING NEW

# COMMUNITIES

### What is a good subject for a Community of Practice?

Seeing your real passion as a worthy domain.

“Discovering common issues and common aspirations energises the community, because what seemed to be idiosyncratic all of a sudden graduates to being the domain of a community. What you care about is not just a problem you deal with on your own; it is a domain of knowledge worthy of the collective attention of a group of peers and significant to the organization. Members can then imagine some of the benefits of going beyond existing informal network and pockets of interactions to form a community.” (E. Wenger)

### Finding enough potential members to imagine a community.

“While people usually know other individuals who share their interest, they often have only a vague

sense of the full scope of people involved in the domain and who these people really are. As they discover each other, they begin to picture the community and their place in it. At this stage, they do not need to include everyone potentially involved. They need enough of a core group to see their interest as the domain of a community and get the process going.” (E. Wenger)

### Practice

A potential community needs to identify some critical knowledge areas in its domain in which sharing and developing would be valuable. Again you don't need a complete map of the domain, but enough of a sense of the knowledge areas that people want to participate in the sharing. Having a common vision of what knowledge the community will steward is important for the community to attract the kind of engagement that will bring it to life.” (E. Wenger)

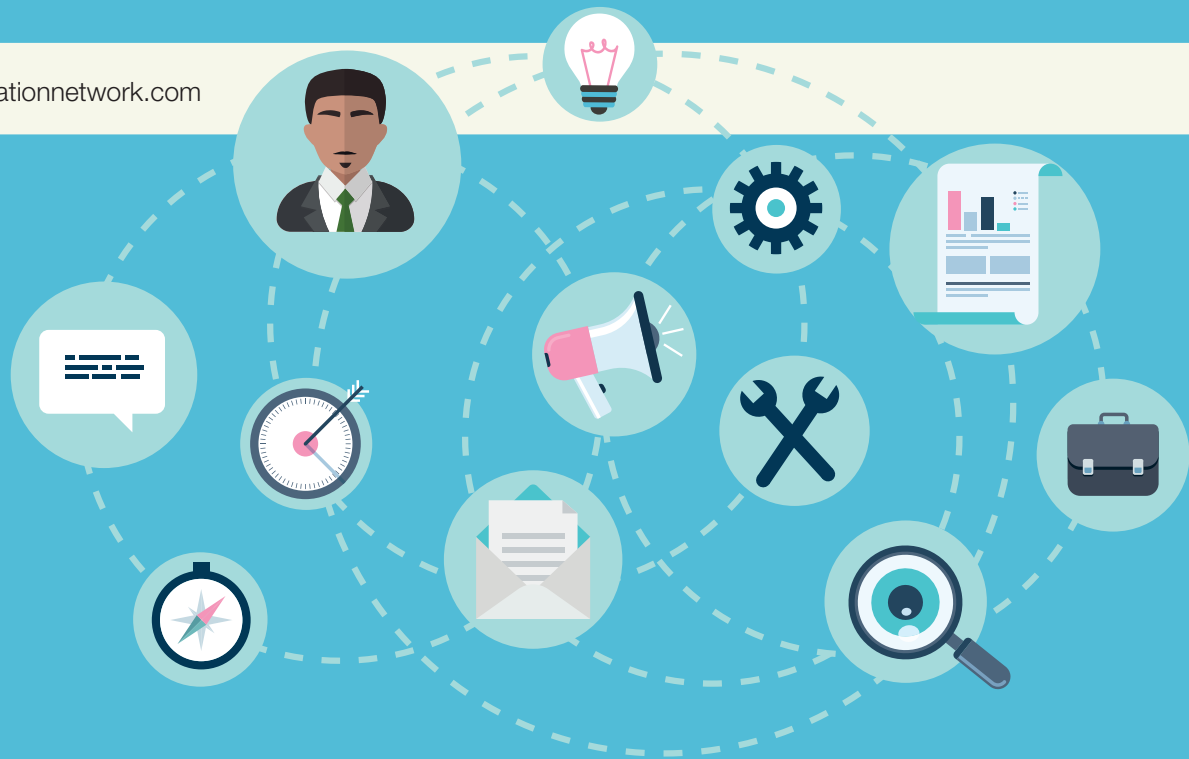
### Attracting members

You don't have to “market” the community, i.e. no need to chase prospective members.

- Try reaching not critical *mass*; cultivate critical *connections* that help the system connect with more of itself.
- Start by envisioning the people, who can benefit from belonging to your community – they are your system in focus
- Start exploring the interests you share with those whom you already have some connection.

Join our website and contact the Co-Creation Network Support Team to help you: [www.ia-cocreationnetwork.com](http://www.ia-cocreationnetwork.com)





## CoP Support Team: Roles, Accountabilities, Tasks

### What is this group about?

“Simply establishing communities to cover the range of domains in a system is not enough; they must also function effectively. Communities generally need coaching and methodological support to reach their full potential.” (E. Wenger)

This Support Team has a second, equally important function: to serve as the core group of the Jönköping Co-Creation Network, which is a constellation of the nascent communities of practice and Improvement Fellows, including those who have been involved with the Microsystem Festivals in Sweden.

The team’s common domain of action will evolve with the practices. As the practice evolves, so will the sense of what is the bigger call, the domain of supporting Communities of Practice.

This Support Team is also at the heart of the potential for growing a movement of communities of improvement practice. It is a seed for the possibility of an (informal) centre of excellence in community cultivation.

Membership in the team is open and requires dedication to professional development in the art of cultivating communities of practice, and providing process support to the CoPs and the Co-Creation Network.

Creating and strengthening this team has been a key piece of knowledge transfer from the external consultants at Future Considerations, and the least expensive way to build internal capacity.

### Roles, accountabilities and tasks

Roles are the main functions, comprised related areas of accountabilities that make the team

indispensable to its stakeholders: the Communities of Practice, Academic Health Science Network (AHSN), Yorkshire and the Humber Leadership Academy and the field of improvement.

Accountabilities are expectations placed on a role for doing something. They dictate specific results that are essential for the team’s performance of a given role.

Tasks are specific actions to deliver in a time-bound manner, which individuals offer to be accountable for, i.e. letting their team mates know what they can be counted on for.

The list of “start-up phase” accountabilities and tasks doesn’t imply that each member of the team has to perform them all. Several individuals can contribute to one accountability area or task. Each of those accountabilities and tasks can be performed by multiple persons.

# ROLES OF THE SUPPORT TEAM



## 1. Coordinating the development of the Co-Creation Network

### 1.1 Accountabilities

**1.1.1** Facilitating the learning of the Network as a whole, by harvesting (documenting) the key ideas, lessons, practices worth replicating, and valuable principles emerging from its practice, during and between the team's face-to-face and online exchanges, and the basecamps of the whole Network.

**1.1.2** Creating and keeping the Network's momentum plan up to date.

A momentum plan is our collective work plan, broken down into months, so that we see our work not only as a patchwork of different, unrelated actions, but something where we are building momentum by taking into account the inter-relatedness and synergy of each other's actions. That's the only way for a small group of people, to accomplish more than the sum of their individual actions.

**1.1.3** Managing the Network's online library and continually increasing its value to its users.

**1.1.4** Supporting the Jönköping Microsystem Festival 2015 group.

**1.1.5** Liaising with the Steering Group, Yorkshire and the Humber Leadership Academy, AHSN, and other stakeholders.

### 1.2 Tasks

**1.2.1** Maintain a team learning journal online.

**1.2.2** Continually update the team's momentum plan in a document accessible to all.

**1.2.3** Increase the value of the online library to users, by keeping its tagging and navigation system up to date.

**1.2.4** Participate in team meetings or calls.

## 2. Supporting the cultivation of the CoPs

"The support team's function is particularly important early in the initiative because communities evolve in idiosyncratic ways – there is simply no way to program their evolution." (E. Wenger)

**2.1** Accountabilities in working with early stage (potential and coalescing) CoPs.

**2.1.1** Keeping the state-of-play in the supported CoPs up to date.

**2.1.2** Inspiring and encouraging the facilitators' online communication and collaboration.

**2.1.3** Developing proficiency with the virtual platform's features and behaviours.

## 2.2 Examples of Support Team Tasks

**2.2.1** Monitor, support, and make visible the accomplishments committed at the last workshop.

**2.2.2** Create a table reflecting the present state of play in the supported CoPs, including in the columns: the name of the CoP, facilitator and core group members, status of the progress towards coalescing the community, next steps.

**2.2.3** Check for new online items to reflect and act on, at least twice a week; help the facilitators furthering their enquiries.

**2.2.4** Spread practices worth replicating across the CoPs, e.g. how to attract new members, by making the community visible; various launch strategies.

**2.2.5** Learn to support the communities with simple tech issues and refer the more complex ones to the technical support staff.

If you would like to join the support team please contact us via our website: [www.ia-cocreationnetwork.com](http://www.ia-cocreationnetwork.com)

## The Learning Expeditions

### Definition

A learning expedition is a metaphor for Communities of Practice, action-oriented, collaborative inquiries conducted in face-to-face meetings (or “Basecamps” when several communities meet) and social media, including an online collaboration platform. It is driven by important challenges or opportunities chosen by its members. It is supported by a web-enabled learning architecture and professional facilitation.

### Typical outcomes

#### Learning outcome

Breakthrough understanding and insights about issues critical to the members work/interest; new capabilities, including enhanced individual and collective competence in collaborative learning.

#### Innovation outcome

A crowbar for breaking out of the box of current thinking, new discoveries contributing to the common domain of the community.

#### Social outcome

Broadening of the members’ professional network, formation of learning and improvement partnerships.

#### Development outcome

Learning expeditions typically generate a tangible knowledge product, for instance: a collection of practices validated by the community as worth replicating; a policy draft with recommendations pertinent to their domain of inquiry, etc. The knowledge product created by the expedition is designed to rapidly convey its results to all those in the wider network or organisation whose work can benefit from it.

## The social architecture of the learning expedition: a coordinated network of self-managed teams

Learning expeditions scale well both up and down; they can be used for both very large-scale or small-scale action research. Of course, the scope of the corresponding social, knowledge and technology architectures supporting them will be different.

### Scouting Teams

Special-focus learning teams, accountable to the Community of Practice for charting unexplored frontiers (what we know that we don’t know) or unknown territories (what we don’t know that we don’t know). Each scouting team is led by a champion committed to its purpose, and resourced by a domain expert familiar with the trails leading to the frontier and beyond.

### Hosting Team

*(also known as the community’s “core group”)*  
The Hosting Team is comprised of one or two facilitators and a small group of community members supporting the following functions:

- Maximise value to community’s members, by regularly exploring with them what they value the most in the community’s activities or potential
- Propose, design and facilitate those activities
- Organise the community’s knowledge system comprised of its resource base and network of conversations, ensure the right mix of public and private forums, and providing guidance to making the best use of them



- Publish a quarterly report on learning expedition’s progress.

### Advisory Council

*(also known as “Steering Group”)*

The expedition’s Advisory Council or Steering Group is comprised of its high-level sponsors, and its tasks include setting an emerging context of high stakes, evaluation criteria, and providing guidance, protection, and encouragement to its members.

### Weavers Team

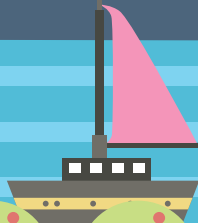
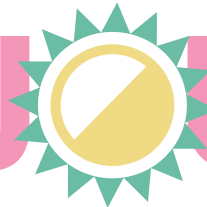
One of the ingredients of any learning expedition’s success is its Weavers Team. Weavers scan, summarize and synthesize relevant knowledge nuggets into the knowledge base of the expedition. Weavers are skilled in identifying patterns of meaning emerging from the community members and conversations online or in-person, and that could open possibilities for breakthroughs.

### Technical Support Team

A team of technical professionals, whose services include website building, software support, providing tools and practices for audio and video conferencing, etc.



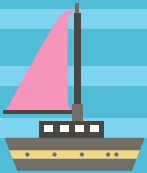
THE JOURNEY



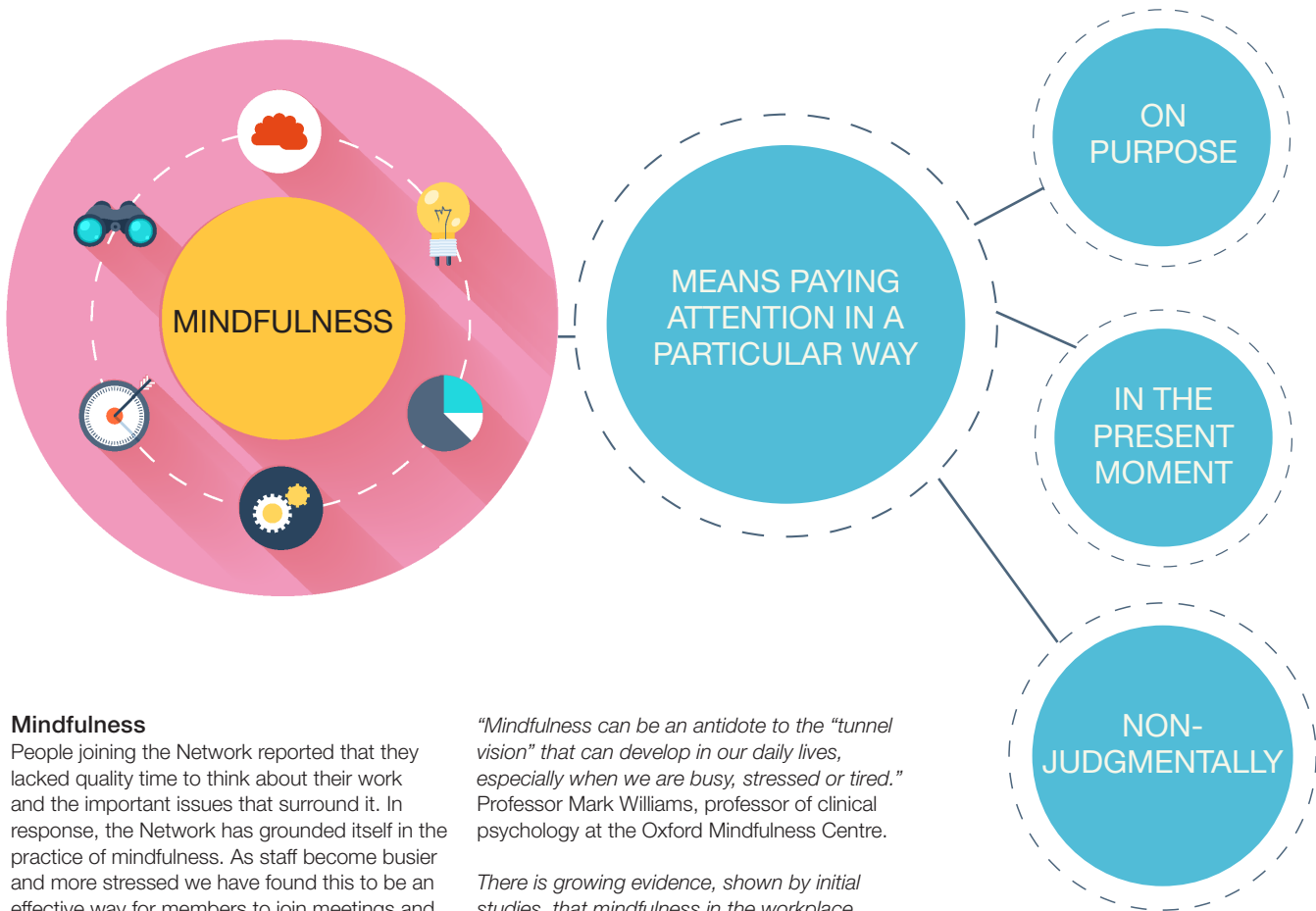
TO



BASECAMP



ONE



### Mindfulness

People joining the Network reported that they lacked quality time to think about their work and the important issues that surround it. In response, the Network has grounded itself in the practice of mindfulness. As staff become busier and more stressed we have found this to be an effective way for members to join meetings and discussions. A very short mindfulness exercise at the start of meetings ensures everyone is present and able to participate fully. We have found that this also helps to sustain levels of concentration and energy throughout a meeting or event and is a great way to end.

*"Valuing our precious time by being present"*  
**Jon Kabat-Zinn**

*"Mindfulness can be an antidote to the "tunnel vision" that can develop in our daily lives, especially when we are busy, stressed or tired."*  
 Professor Mark Williams, professor of clinical psychology at the Oxford Mindfulness Centre.

*There is growing evidence, shown by initial studies, that mindfulness in the workplace can have a number of positive effects. These include a decrease in perceived stress, and an increase in better concentration levels including memory tasks and multi-tasking. Research in 2012 found that mindfulness in the workplace could be an effective intervention to target "high stress levels, sleep quality, and autonomic balance" (RQ Wolever et al, "Effective and viable mind-body stress reduction in the workplace: a randomized control trial", 2012)"* Mental Health Foundation.

[www.themindfulnessinitiative.org.uk/files/Mindful-Nation-UK-Interim-Report-of-the-Mindfulness-All-Party-Parliamentary-Group-January-2015.pdf](http://www.themindfulnessinitiative.org.uk/files/Mindful-Nation-UK-Interim-Report-of-the-Mindfulness-All-Party-Parliamentary-Group-January-2015.pdf)



In early January, a questionnaire was distributed to Improvement Fellows, the Continuous Improvement Network and other individuals who had expressed an interest in this work.

**1. What are your main improvement questions or concerns that collaboration would help answer?**

"How organisational design can support continuous improvement?"

"How can we establish Improvement Science as a true profession within the NHS? What are the skills and behaviours required to be a competent Improvement Scientist?"

"How can you build improvement into a clinical job, when you have clinical priorities all the time and other pressures from within the organisation. How do you link with other like minded individuals?"

"I would like to foster links between health professionals who detect un-met technological needs and Innovation 'hubs' like ourselves here within clinical engineering in Sheffield."

"I feel there is an urgent need to improve the integration of patient care between primary, secondary and social care services. It is rather disappointing that the evidence and knowledge

CO-CREATION NETWORK COMMUNITIES OF PRACTICE READINESS  
**QUESTIONNAIRE**

of where this might be working is extremely poor whilst the NHS continues to be very inefficient. Linked to this is the issue of unwarranted variation in practice, which is confusing for patients, leads to issues of patient safety and costs the NHS huge sums of money.”

“Making and sustaining improvements within a community/pre-hospital NHS environment where communication with staff is challenging (i.e. you do not see them, they do not work within 4 walls).”

“The challenge of improving patients’ journeys along clinical pathways, the challenge of developing an improvement culture across medium and large-scale organisations and partnerships.”

“Safety work – especially around deteriorating patient and clinical conditions such as sepsis. Sometimes clinical staff can seem ‘competitive’ (for want of a better word) and protective over their improvement work, rather than working together to get a whole systems approach to improvement. Also, public health and community/acute care interfaces – with current funding there is little incentive to collaborate on long-term goals of health (and not just health services) improvement. I feel some of our biggest wins in reducing cost and improving health will come from playing the long game with all the players involved in the goal – so how do we include improvement of health and reduction of future harm in all our improvement projects.”

“How to improve systems and approaches which capture and diffuse existing knowledge and experience (what’s worked well and not so well)? How to help people to organise especially around a common set of priorities and take actions that deliver tangible results for minimum effort and maximum impact?”

“How to improve quality within a reducing financial envelope.”

“How to manage expectations and communicate these clearly.”

“How to break down the barriers between organisations so that we work towards the best possible outcome for the healthcare economy when budgets and funding allocations actively prevent this.”

“I’m interested in how it can help chains of caring clinicians and their patients with decisions that impact on allocative efficiency.”

“Which improvements have most positive impact for improving quality of life for people with dementia and their carers?”

“What does good post-diagnostic support look like for people with dementia and their carers?”

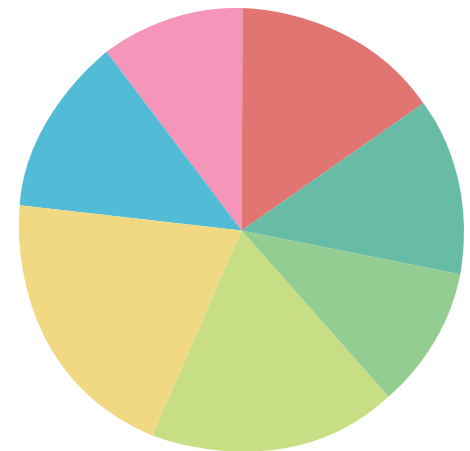
“What does an effective network to accelerate improvements in dementia care look like – who’s involved, how does it function, what does it deliver, how does it measure impact?”

“How do we provide seamless access to health, social care and third sector support tailored to meet the needs of individuals with dementia and their carers?”

“Reduction in the amount of local testing required if information is available or we can buy in to neighbouring projects.”

“I don’t think there are any specific questions or concerns that need answering from a commercial development point of view within the AHSN. What I think this experience will offer and where collaboration will add value in that aspect is in building long term relationships, networking and the brokering of skills. This around identifying areas of best practice, learning how we could apply this in the UK and supporting that adoption at pace and scale.”

## 2. Which of the following opportunities that Communities of Practice can provide are of interest to you?



- Peer-to-peer help in problem solving (6)
- Developing and verifying best practices (5)
- Fostering professional development (4)
- Triggering unexpected ideas and innovation (7)
- Networking, collaborating and building relationship with other members (8)
- Showcasing or demonstrating evidence of quality improvement (5)
- Providing signposting to areas of expertise and brokerage of skills (4)



## ***What do you imagine could be the benefits of having Communities of Practice?***

### **To patients and service users:**

“Improved quality of care, by sharing/ adapting innovative ideas that have worked in practice.”

“That state of the art/best practice can be more quickly assimilated across applicable services.”

“Clarity of services for patients. However, to be truly effective it needs patients/ carers to be involved.”

“Engagement with them in order to ensure their voice is equal in the improvement arena. They have a perspective that is different from healthcare workers, it is unique and valuable to any improvement or change that we hope to make.”

“Benefit from improvement work informed by CoP.”

“Consistency, best practice.”

“It could provide a shared context for people, patients and service users to explore new possibilities and share stories and experiences in a way that builds understanding and insights as to how and which improvements need to be made and prioritised.”

“Collective understanding and willingness to work together for a common purpose, improving patient care, communication and engagement.”

“Gives a route for dialogue that include strong patient voice.”

“Could be set up to ensure that the goal of improving patient (and carer) experience (and quality of life) is central to the work of the community. Could be achieved through direct involvement, links with third sector etc. Rapid implementation of best practice will improve experience for patients/carers and more motivated staff provide better level of support.”

“Increased innovation and new ideas/ pathways for treatment/prevention.”

“The more we talk, share ideas, problems and solutions then the quicker we identify the course of best practice/treatment to produce an optimum care pathway for our patients.”

*“ I believe that CoP will deliver benefits to all three of the categories outlined because as a methodology it supports collaboration and learning and will accelerate the spread of good practice and new innovations in service and quality improvement.”*





## ***To the improvement organisations and networks:***

“Career development of individuals, [...] will bring benefits to organisations as well as individuals.”

“That improvement methodology, project examples, successes and failures can be more easily communicated.”

“It would provide a forum for working together, understanding variation and improving the standard and quality of care.”

“Having staff who are supported to learn and develop new skill sets and share ideas that work in practice. Allows a focus from external people that challenges and supports leading to new ways of doing things and new ideas.”

“Develop and cement relationships where currently passion may be shared but practices aren't; reduction in duplication, generating more generalizable evidence, sharing practice, creating challenge and innovation.”

“Capturing and diffusing knowledge, generating new knowledge and ideas; connecting people together and increasing capacity and capability; helping people to focus on actions and tangible results; sharing existing and introducing new processes and techniques which improve quality and enhance outcomes for patients, sharing good measures for improvement.”

“Benefitting from the expertise of all involved to ensure cost effectiveness, constructive challenge and improved performance.”

“Gives implicit backing of and by colleagues in other fields and sectors.”

“Provide peer to peer support, encouragement, new ideas, examples of innovative practice, help

to address barriers and problems by learning how others have approached them.”

“Shared learning and visibility of testing processes.”

“The more we collaborate and learn from each other, the greater chance we have of finding the right recipe for success.”

## ***To the NHS as a whole:***

“Share what works well.”

“To spread the word of quality improvement – so there become ever growing numbers of healthcare staff involved in it, not just those whose specific job title has quality/service improvement in it.”

“It is the only long term solution; we need to learn more from each other and, where we don't know, develop an improvement programme to test the ways in which we can improve.”

“Builds the resilience and flexibility of the NHS, making it more effective, efficient and thereby able to better deal with the complex challenges it faces.”

“More connectivity between individual organisations, facilitating informal learning.”

“Safer care, less cost, improved health.”

“Supporting enhanced dialogue across a wider footprint. Sharing best practice and knowledge on 'what's worked well and not so well'. Building a common purpose and capacity to act. Building a change leadership model along the lines of 'call to action'.”

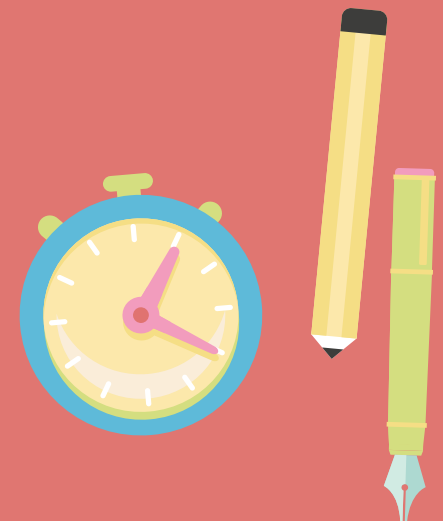
“Collectively delivering something greater than the sum of its parts.”

“Shifts the level of discussion and decision closer to patients.”

“Helps spread effective, quality practice more quickly. Need to also share what didn't work to help prevent people making the same mistakes already learned from in other areas. Could help to foster a culture of collaboration and innovation. Should be cost saving.”

“Increased speed of change.”

“As above, it is all linked in, the more we collaborate and learn from each other, the greater chance we have of finding the right recipe for success.”





# TRAVELLING COMPANIONS



One of our travelling companions is Göran Henriks. He is the Chief Executive of Learning and Innovation at the Kultorum in the County Council of Jönköping, Sweden. The Kultorum is a centre for quality, leadership and management development for the employees in the County and also for those within health care at both regional and national level.

#### Göran said...

"So inspiring to read the attached files and the initiatives you are bringing to reality. I really like it. We love to be a part of your community in the best possible way for you and of course as co-learners with you. You ask me to phrase 2 or 3 questions and with the low degree of content understanding yet of your situation it can be challenging but let me try:

#### Q1 What kind of meeting places do we need to energise ourselves to have a sustainable relationship?

*The two themes captured from responses for this question include the need for both an appropriate psychological and physical space in which the right conditions can be provided for growth, reflection and innovation.*



## Psychological Space

rewarding  
stimulating  
non judgemental  
shared values  
different spaces  
think  
shine  
**No Fear**  
freedom  
refreshing  
passion  
permission to be yourself  
safe  
right energy  
friendly  
grow  
Trust  
compassionate



## Physical Space

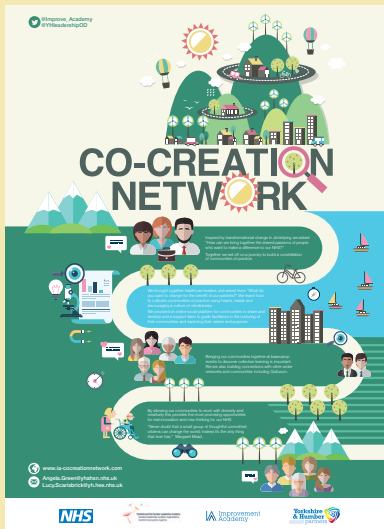
virtual  
recognise different needs  
accessible  
spread  
facilitated  
away from desk  
social  
light  
communal  
off-duty  
**colourful**  
**creative**



Q2 How do we ensure we can develop an innovative culture?

Risk taking  
Innovation lab  
Time to explore ideas  
Failures seen as positive learning  
reward  
freedom to Innovate  
space to test small scale  
Think differently

**Open mind**  
recognition  
Supportive  
Remain open to all  
permission to fail  
Turning ideas into action  
bravery  
test spaces for new ideas  
Leadership from all levels



Q3 How do we develop a common platform so knowledge exchange can be double banded and not depending on individuals but on microsystems and circles?

Wider circles  
Inspiring learning  
learn to explore discomfort  
learning from failure  
Safe to speak freely  
Creative sharing  
Story circles  
Shared understanding of language  
Exchange not confrontation  
Contribute to wider goals of a city  
Open systems  
Collective Knowledge  
Sharing with honesty  
Sharing learning meaningfully  
Social space to learn  
Joint narrative  
Learn how to harvest knowledge

The answers to these questions were generated at Basecamp One and a meeting of the Jönköping Festival 2015 delegates held 8th January 2015.

# BASECAMP ONE SUMMARY

Basecamp One was held 13th January 2015 in Leeds. It marks a significant step in the journey of the Co-Creation Network, made up of several newly-formed Communities of Practice.

The Co-Creation Network first took shape in October 2014, during two workshops facilitated by George Pór, part of the Future Considerations team and a leading figure in initiating the theory of a Community of Practice. The workshops brought together NHS colleagues with a passion for improvement practices, introduced the theory to them and helped to bring forward the facilitators with a clear purpose and vision for a Community of Practice they wanted to bring together in Yorkshire and the Humber.

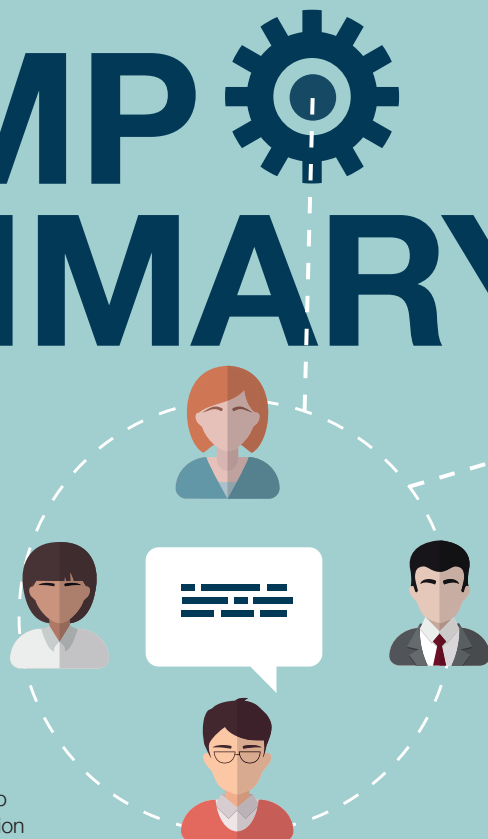
Basecamp One gave these emerging Communities a chance to meet in person and learn more about the theory behind Communities of Practice. Prospective new members were welcomed to find out more about the work, and given the opportunity to decide to join an existing Community, or even form their own. The day started with a mindfulness meditation introduction, to help attendees bring themselves into the present and devote their day, passion and energy to the Co-Creation Network.

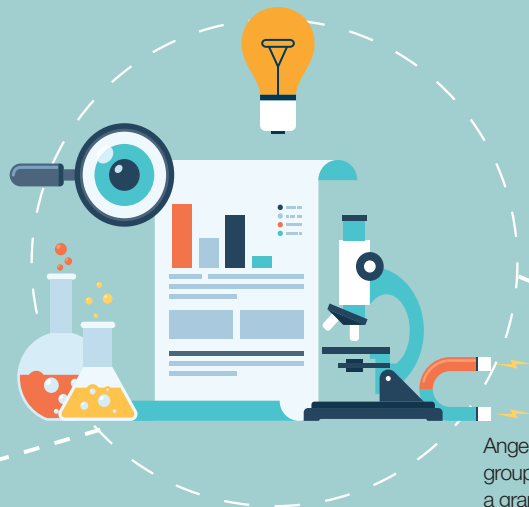
Angela Green, Improvement Programme Manager at the AHSN Improvement Academy and Mindfulness Community Facilitator, made an introductory video for the group to watch, to explain the concept of a Community of Practice. Many found helpful in solidifying their hopes and goals in their involvement.

The morning session then split into two groups, with established Communities able to take part in 'case clinics' with George Pór and his Future

Considerations colleague Tim Stanyon, while new members talked with Jules Fell (Future Considerations) and Jane Pightling (Yorkshire & the Humber Leadership Academy) to have their questions answered about the project, and bring them up to speed on the journey so far.

A check-in with the group before lunch brought forward some interesting thoughts and points for discussion later in the day..





***“Basecamp is giving me the ropes to feel ok staying close to the edge.”***

***“Mindfulness is necessary but not sufficient in itself, there can be toxic cultures. When it also includes compassion and kindness this can help us address diversity and power issues.”***

***“The question is a pebble dropped, then connections emerge. We don’t get these insights if we just explore the rational inquiry.”***

***“This is not navel gazing it’s about valuing what we do, our passions and visions enough to give them space.”***

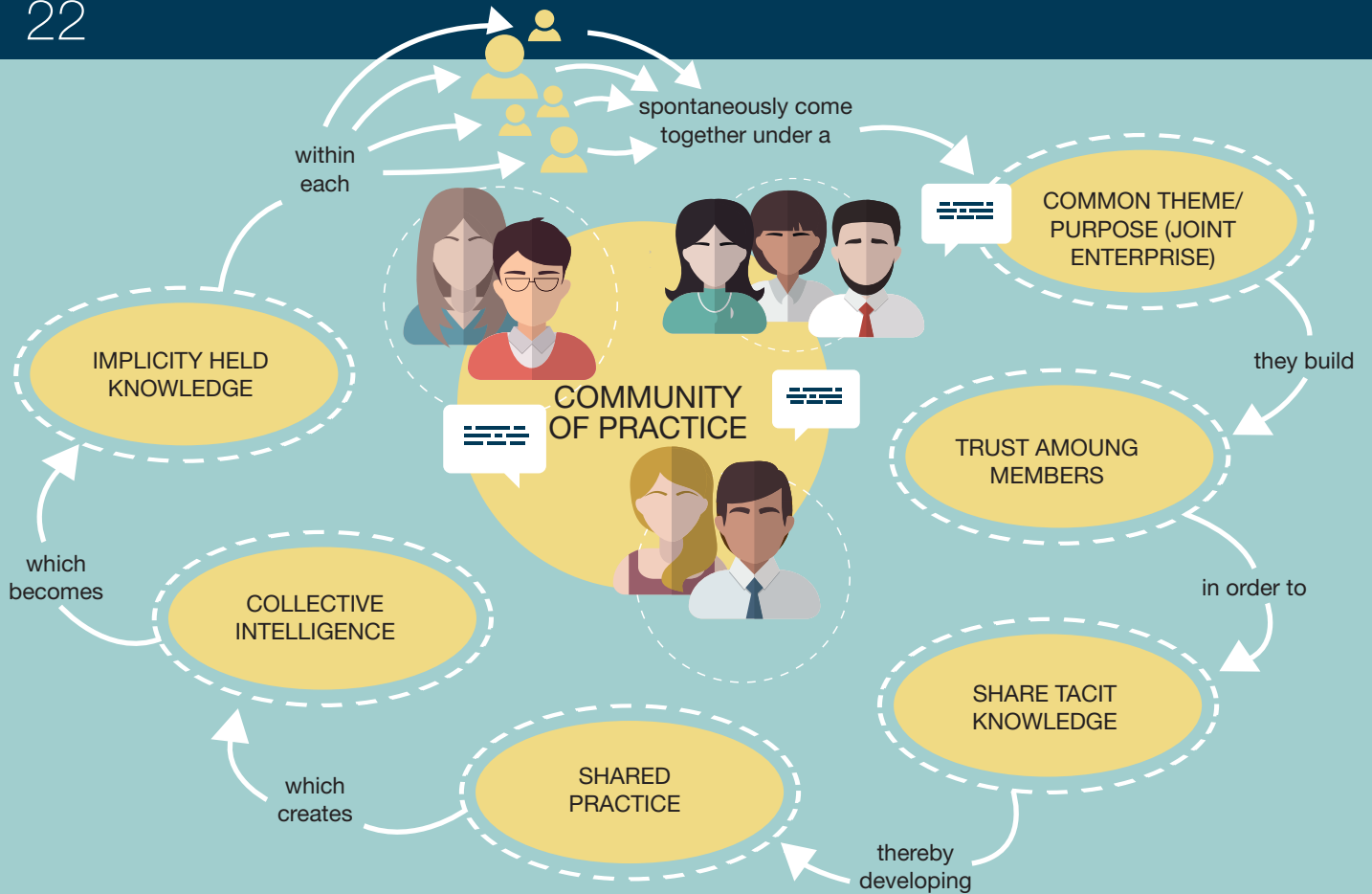
Angela Green then asked the group to contribute to her poster, a graphic design explaining the Co-Creation Network to be displayed as part of the Jönköping Microsystem Festival 2015. A ‘world café’ was set up to answer three questions posed by Göran Henriks, Chief Executive of Learning and Innovation at Culturum, home of the Microsystem Festival.

After moving hosts, the new virtual platform for the Co-Creation Network was introduced, giving the Communities an online world in which they are able to share, learn and grow together. Then came an energetic and lively session where the Communities held the floor, allowed space and time to discuss and shape their future together. Newer members of the Co-Creation Network had the chance to talk with facilitators and core Community members to find best fit aligned with their ideals, and the Support team members (including the Future Considerations team) were on hand to offer their suggestions.

A final check in session took place to galvanise the afternoon’s conversations, followed by a final mindfulness practice and reflection led by Jules Fell to bring the day to a close.

Reflections on Basecamp One can be found here: <http://youtu.be/nL8ycfQcdig>





**Communities of Practice**

If you would like to join any of the communities outlined please contact the facilitator. If you are interested in setting up your own community please contact any member of the Support team via the website at: [www.ia-cocreationnetwork.com](http://www.ia-cocreationnetwork.com)

“Simply establishing communities to cover the range of domains in a system is not enough; they must also function effectively. Communities generally need coaching and methodological support to reach their full potential.” (E.Wenger)

Membership in the team is open and requires dedication to professional development in the art of cultivating Communities of Practice, and providing process support to the CoPs and the Co-Creation Network, including virtual and face-to-face meetings.

Members support facilitators and their CoP members to develop and nurture their domain, community and practice.

**Co-Creation Network Support Team**

- ✉ Lucy.Scarisbrick@yh.hee.nhs.uk
- ✉ Angela.Green@yhahsn.nhs.uk

## Community of Safer Medication Practice

## Creating a Caring Culture



 Tony.Jamieson@yhahsn.com

We are a group of people who think that through our behaviours we can increase the safety of medicine use. We want to help each other to improve people's lives, so that; people providing care will find it easier to make people better; improving processes so that people have more positive experiences and fewer heart-sinking moments.

People in the Community of Practice:

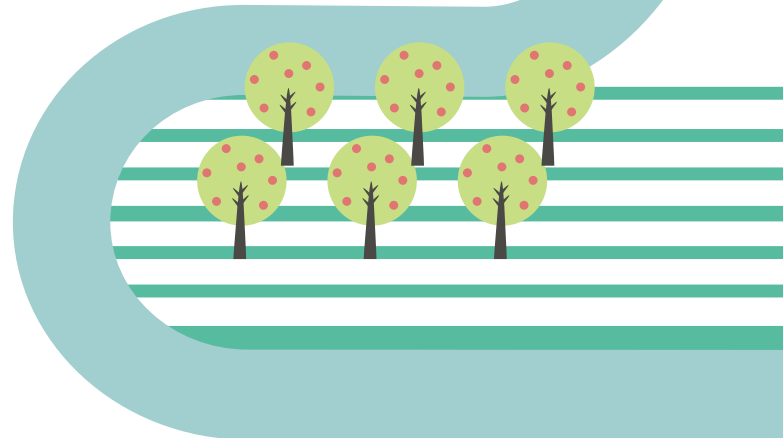
- Share a passion for medicines safety.
- Have a 'community spirit'.
- Want to learn from other peoples' experiences.

Being part of the Community of Safer Medication Practice should feel like being a member of a club. A club that you look forward to going to so much that you make it a personal priority.

 Liz.Watson@hey.nhs.uk

When you wake up on a Monday morning are you looking forward to your day? Do you set off for work feeling confident in your ability to have meaningful and positive interactions with your patients and colleagues? This Community of Practice recognises that hierarchies, structures and firefighting in the NHS are constant and against this backdrop wishes to explore the question: 'how do we (at the frontline) create microsystems that truly care for the whole and all the parts of it?'

We hope to provide an environment which offers inspiration to members of frontline teams that wish to improve the culture of their team and a platform to share learning from teams that are ahead of the curve.



## Improvement: A Professional Practice



 Michael.Shaw8@nhs.net

Improvement: a professional practice within the NHS. Do you believe that Improvement and Change (Service, Quality, Behaviour and System) should be a professional practice within the NHS? Improvement and Organisation Development (OD) practices are at opposite ends of the same science; by bringing them closer together do we strengthen this profession of practice? What is that practice? What are the core competencies (skills, behaviours) of being professional improvement scientist (Improvement/OD practitioner)?

If you believe that we need bring the science of systems/process and behaviour closer together in the development and support of Improvement becoming a professional practice within the NHS, then we would like you to join our Community of Practice. If you don't then we would also like you to join our community.



## Patient and Public Engagement

 Claire.Marsh@bthft.nhs.uk

What does patient and public engagement really mean?

'We need to really listen, to patients, families and carers, in order to make sure that we provide every patient with a service that stays true to our core values of care and compassion' (Francis Report 2013).

Patient & Public Engagement (PPE) is a buzz phrase but what does this really mean for health service improvement? Most people who work in the health service want to do their best for patients. Many buy into Francis' sentiments but they don't want to involve patients and service users in a tokenistic way, feeling that can be worse than not at all.

This is an invite to others who want to help services listen to patients/ service users. How can we really listen? Why don't we listen already? What needs to change?

## Clinical Microsystems

 Andrew.Humphries@sth.nhs.uk

An emerging community looking at the role of microsystems coaching and the uses of this approach in different organisations and settings.



## Mindfulness



 [Angela.Green@yhahsn.nhs.uk](mailto:Angela.Green@yhahsn.nhs.uk)

We are a community of improvement leaders, supporters, healthcare clinicians, enthusiasts and experts on mindfulness who share a passionate belief in the benefits of mindfulness for personal growth, improved emotional intelligence and wider organisational benefits of improved outcomes, improved resilience and well-being. In today's turbulent NHS, healthcare staff are continuously under relentless pressure and information overload and struggle to create the space required for managing their thoughts and emotions which can at times have negative influences on behaviours.

There is growing evidence in the practice of mindfulness which can result in improved relationships within teams, allows more creative thinking and improved attention especially in shared spaces. Together, we believe that spread of mindfulness within healthcare improvement teams and communities would have positive effects on team working, team relationships, culture, and deliver better outcomes and improved patient experience of care.



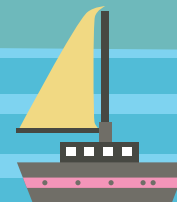
## Care Coordination in Primary Care



 [Sarah.De-Biase@bthft.nhs.uk](mailto:Sarah.De-Biase@bthft.nhs.uk)

Older people are majority users for many health and social care services but modern healthcare systems are mostly organised around single system illnesses more typically found in younger people. UK health and social care systems need to better meet the needs of older people with frailty and their carers. Older people with frailty frequently need to move between services and organisations and are therefore particularly susceptible to the effects of multiple assessments, delays or the simple abandonment, which are the characteristics of poorly integrated services.

This CoP entitled 'Care Coordination in Primary Care' will provide members with a platform for knowledge sharing and peer learning and support them to demonstrate improvements in the way vulnerable older people are cared for in primary care.

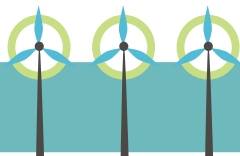


## Junior Doctors and their role in Quality Improvement



 Amjad.Sami@hotmail.co.uk

Junior doctors are our front-line staff. They see how the system is functioning well and not so well. Moreover, they are unique in the way they rotate every year between different hospitals, and even every month between different departments or wards. As such, they have a wealth of potential ideas for improvement if they are afforded the opportunity to share good practice and supported in introducing an improvement change to their workplace. Our aim is to support our junior doctors to feel empowered to lead an improvement change at work.



## Perinatal Care

 Trudienright@live.co.uk

Every woman is supported in a manner that is conducive to a good perinatal experience.

This CoP wishes to ensure a comfortable safe delivery of a child for all women by safe competent practitioners, multidisciplinary, interdisciplinary and delivery teams working in partnership.

## Mindfulness for patient safety



 Rod.Kersh@dbh.nhs.uk

Investigating the use of mindfulness techniques in ward based services and the impact on patients, their families and staff.

We plan to deliver a mindfulness based stress reduction (MBSR) programme to ward staff in an acute hospital supported by providers who will engage both with staff (running a 10-week mindfulness programme) and patients, engaging and developing non-verbal communication through music and the arts.

Evidence from a number of sites has suggested that improving the ability of staff to cope with stress, supporting them to be 'present in the moment' can have additional benefits to improving their ability to provide compassionate person-centred care (potentially reversing 'compassion fatigue' which has been shown to result in negative patient outcomes). We also aim to improve staff wellbeing through stress reduction and engage with elements relating to situational awareness, to improve awareness of patient needs, risks and potential harms.

## Emerging communities

More information available soon. See the website [www.ia-cocreationnetwork.com](http://www.ia-cocreationnetwork.com)



# Schwartz Rounds Leaders

# Continuous Quality Improvement



 [Zoe.Nicholl@york.nhs.uk](mailto:Zoe.Nicholl@york.nhs.uk)

 [Rod.Kersh@dbh.nhs.uk](mailto:Rod.Kersh@dbh.nhs.uk)

An emerging community examining the best way to introduce and sustain this technique in different organisations. The plan is to develop and run Schwartz Rounds in hospitals situated in the Yorkshire and Humber region.

Schwartz Rounds are monthly facilitated meetings open to all trust staff providing a forum for selected individuals to present experiences with which they have found an emotional connection; the rationale behind this process is that despite us working in an ever increasingly technological world, in essence, we are all humans sharing human experiences and emotions. The work we deliver in healthcare has an associated cost, referred to as 'emotional labour' – all staff who encounter human suffering, pain, illness and disease on a regular basis expend some energy, which if not replenished can result in fatigue, emotional exhaustion and in the worst cases emotional disengagement with patients, friends and family.

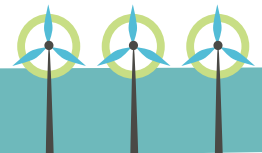
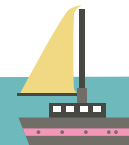
## *The Journey to Spring Basecamp*

*The network has attracted people who work and receive services in many different areas of health and social care. What connects them is a deep commitment to NHS values and a belief that as people working collaboratively together we can evolve our health and care systems and create something capable of delivering and sustaining a new way of caring working and being” Jane Pightling, Yorkshire & the Humber Leadership Academy.*

 [Katie.Smith29@nhs.net](mailto:Katie.Smith29@nhs.net)

Continuous Improvement – design and culture. Are you curious about how you truly embed Continuous Improvement as part of your organisational culture? Are you interested in how organisational design, supports a culture of Continuous Improvement? Do you question why we rely on organisational habit and look for improvements everywhere?

Our coming together is founded by the principal that we want our organisations and their stakeholders to be the best version of themselves. We'd love you to be part of our conversation.





@YHLeadershipOD  
@Improve\_Academy



Lucy.Scarisbrick@yh.hee.nhs.uk  
Angela.Green@yhahsn.nhs.uk



[www.ia-cocreationnetwork.com](http://www.ia-cocreationnetwork.com)

