Virtual Workshop Series: Skills for collaborative change – Learn by doing: see the wider system

Workshop 6 Report

In this write up of the virtual workshop that took place on 07 December 2021, we will include a summary of the content that was shared, as well as synthesis of comments from discussions and live chat.

The event was the final in a series of 6 workshops designed and delivered by Q Lab Cymru, whose aim was to support improvers in Wales, along with Q community members, and the wider improvement community, with skills, attitudes and behaviours for collaborative change.

Each workshop is designed to give time and space for improvers to reflect and share what has taken place throughout the pandemic, and hear case examples about improvement practice that works well.

This workshop centred on the skills for collaborative change to learn by doing through seeing the wider system and its focus was to:

- Hear from colleagues in Public Health Wales' Wider Determinants of Health Unit who are bringing together, via Community4Change Wales, individuals from multiple agencies with a common goal to enable and accelerate change to improve health and health equity across the system.

- Connect in extended breakout rooms and work collaboratively with others in an activity that helps you see the wider system and identify what parts of the system affect each other, and why.

- Develop skills to recognise what is going on across a whole system and see the issue from many connected perspectives.

1. About Q Lab Cymru

Q Lab Cymru is an initiative to improve health and care for people in Wales. It is a partnership between Improvement Cymru and Q, a connected community of improvers across the UK and Ireland. Q Lab Cymru receives funding from the Health

Foundation, an independent charity committed to bringing about better health and health care for people in the UK.

Through the Lab we aim to bring together topic specialists, improvement experts and service users from across the system to explore, develop, test and implement ideas to make progress on the complex challenges facing health and care services in Wales. The Lab provides a space for people and organisations to learn, reflect, experiment and adjust programmes of work to make them as effective as possible. Developing skills for working creatively and collaboratively are central to the Q Lab Cymru approach and we recognise the importance of building and developing the skills in this. More about who we are can be found on our website.

2. Setting context: Skills for collaborative change

Dominique Bird (Head of Capacity and Capability, Improvement Cymru), welcomed improvers from across the health and social care sector in Wales who joined the workshop, and began by describing the narrative arc that runs across the series. This focuses on understanding what was different about improvement during the pandemic and exploring the improvement skills that are needed in recovery based on what has been learnt.

Dominique described how the workshop series is being designed to explore the key skills within the Skills for collaborative change framework, developed by Q Health Foundation and Nesta based on skills to: Bring people together; Learn by doing; and Initiate change.

From polling in the initial workshop, we found that within the general skill to 'Learn by doing', the specific skill to see the wider system was of interest, defined as ability to reflect on what is not going right across a whole system, and to see an issue from many connected perspectives.

As part of the sense making process, we participated in number of polls at the start of the workshop that were designed to surface our thoughts on how we might use skills to combine micro and macro perspectives to grasp complexity.

In our first poll we considered how confident we feel in seeing the system we work in. From those of us who responded, we found that the average scale is around 2 with 84% of us consider ourselves at a level 1 or 2; 17% of us think of ourselves as level 3; and 0% of us with level 4.

This is seen in the image below:

Using a scale 1-4 (with 4 being very confident): How confident are you in seeing the system you work in?

Score: 2.0
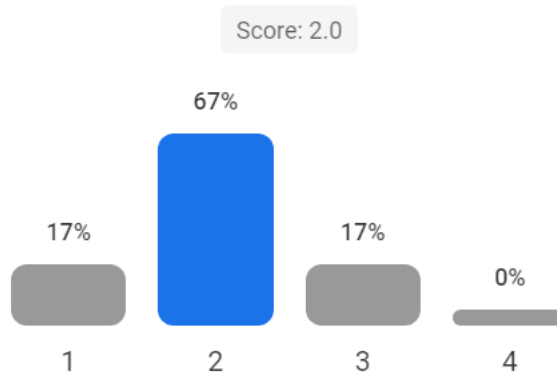
Our responses to the second poll on 'What barriers do you face when seeing the wider system?' we indicated the following:

- What is within/outside your control
- It always gets more complicated than you think initially it could or should be
- Everyone had different understanding
- Overlooking key details
- Complexity

In our responses to a third poll we asked, 'What is your definition of 'the wider system'?' and a number of us defined it as:

- Anything that meets the need and involves all those who provide it.
- All contributing factors that cause effect.
- All components to deliver an outcome?
- The people, organisations, power systems and structures that are relevant to, but not directly engaged in, your project.
- Start to end point with chaos in-between.
- Relating to, or extending throughout a system, affecting or reaching the whole of a system.
- The organisations, places, policies, people involved.

We were also challenged in our thinking because any definition has inherent potential to be "tricky"; that caveats need to be included as it "depends on context"; and that "'system' is jargon" often used "as a catch-all".

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3. Learning with and from peers: case example

Dominque Bird introduced to us to colleagues in Public Health Wales whose case example of improvement work has drawn heavily on the skill of seeing the wider system and how their approach of using systems thinking behaviour leads to a more holistic view of a complex situation.

Christian Heathcote-Elliott (Principal Public Health Practitioner Wider Determinants of Health Unit) and Dr Ciarán Humphreys (Consultant in Public Health) joined us to share their key learnings and themes emerging from their work.

They described their involvement in a national project, Communities4Change, which uses an evidence informed, time limited approach which brings together individuals from multiple agencies with a common goal to enable and accelerate change to improve health and health equity

Setting the context, Christian and Ciarán, recognised that public problem solving operates in an interconnectedness of small actions in large complex systems. They highlighted that the biggest contribution to what makes us healthy are living conditions that include education, work, income, housing and surroundings. When these basic building blocks are not in place it leads, in the short term, to stress and anxiety, and contributes in the longer term to an early death.

Christian and Ciarán described how by working with subject experts from NESTA (People Powered Results) and Improvement Cymru, along with building networks meant the project was able to learn from the experience of others of what they felt were critical factors in delivering successful change programmes. This, combined with grey literature research, contributed to the creation of a Blueprint for our Communities4Change Wales. This approach contains nine core components of the approach and outlines three distinct change cycle phases of preparation, action and follow up. This blue print for accelerating action uses a how to guide which incorporates the purpose; considers what good looks like; provides key questions for facilitators and leaders; and tools and activities. A recording of the presentation given by Christian and Ciarán is found on Q Lab Cymru website.

4. Learning by doing: breakout rooms group activity

Des Brown, (Q Lab Cymru Programme Lead), provided us with an introduction and overview of one systems thinking model that uses four simple rules of distinction, systems, relationship and perspective – DSRP model.

One of the aims of the workshop is to provide a platform for us to reflect on our practice, and share and discuss our key learnings and experiences with others. We

designed the breakout activity to give time and space to consider how we might apply the DSRP model to a real life situation and we used a case study derived from the E15 Mums' Campaign. From feedback in previous workshops you told us that you felt it was beneficial to have material made available prior to the workshop and with this in mind the case study was given in time to familiarise ourselves with the context.

We designed this activity to help us develop our understanding of the ways in which multiple elements in a wider system, such as people, processes or structures, must be understood in terms of their relation to each other, and not in isolation or disconnection. The case study also allowed us to consider different perspectives – both micro and macro – as it is only in this way we will gain a more complete and wider understanding of a system and appreciate its complexity.

Main themes emerging from the conversations
Returning from the breakout rooms, we used feedback to identify what resonated with us or what surprised us:

- Time to discuss and all feedback was considered.
- It's reassuring when others see things in similar ways to you.
- Good to explore the relationship to wider determinants of health etc.
- Sense of problem being widespread - is there a tipping point where it's too late to help/change.
- It is devastating opening up an issue and hearing different perspectives. Affects you personally.
- How emotive it is especially looking at circle of control.

5. Learning for action: tools for self-reflection and deciding on actions

Informed by your feedback from our initial workshop, we know you value the time and space for personal and quiet thinking, and as part of the workshop series we provide and use some tools for reflective learning.

Using a continuum created by Nesta we look at three aspects of how we identify the relationship between the smaller elements and the 'big picture'.

Taking the 'What, So What, Now What' questions developed by Rolfe et al. (2001), in their reflective model and combining these with the descriptors from the Nesta framework, we consider where to place our current practice on the continuum of behaviours, and from this decide on and formulate actionable goals – small or big – of doing things differently to generate better outcomes.

As part of the workshop series, we offer this tool for reflection that can be used to develop our skills to how we go about articulating the benefit of the work we do. Learning from your responses on what works best for you, we shared the tool for

reflection with you ahead of the workshop. This meant there was opportunity to consider the questions as you prepared for the workshop, and that the tool was on hand for us to use in our time together as we reflected on our learning from and with others in the main room via the case study example, and the activity in breakout rooms.

6. Learning beyond the workshop: sustain the learning experience

Recognising that the workshop is only part of the learning experience, we considered some ways on how to elongate and sustain the learning.

The Q Cymru network is one way of connecting with people who have improvement expertise across the UK and Ireland, and more can be found by contacting Improvement Cymru's Academy team via PHW_IQT@wales.nhs.uk

Another way we can continue sharing our learning beyond the workshop is via networks, and from your feedback in previous workshops some of us welcomed the opportunity to connect with others. Taking on board this suggestion, we kept the room open for an additional 30 minutes with an open invitation to stay on line as an opportunity to get to know others or as a chance to carry on discussions that we may have started and not had time to finish. This extra time also offers an opening to find out more about the Q Cymru network.

7. After action review: reflection and feedback

Committed to working with what is of interest and what is important to you, we actively seek and commit to respond, where practicable, to what you are saying to us.

Here is a summary of what you shared:

What went well in this workshop?
You appreciated the opportunity "to share thoughts in small groups" in "open and honest discussion", and found the design of the workshop to be well-paced, and balanced both with a "good mix of speakers" and "presentation and breakout activities". Some of the things we hope to take into our improvement practice are: using theoretical models to underpin collaborative working; consideration of perspectives and how conditions need to be right for change and collaboration; and how the DSPR model is helpful in understanding the wider system.

What would make it even better?

Some themes coming from the feedback was to have a little longer time of individual thinking or reflection time on the theory before going into break out rooms , along with someone to facilitation the activity to help us to see what we may be missing as some aspects in the DSRP model were more challenging to navigate than others. As this was our last workshop in this series, Q Lab Cymru team would like to take this opportunity to express our appreciation for all who have contributed case studies. We also sincerely thank everyone who has come along to the workshops and we value your participation in sharing your experiences, reflections and insights with us, and with each other, as we explored the improvement skills that are needed in recovery.

Please watch this space – [Q Lab Cymru](#) – will be providing many more learning opportunities in the near future, and we will appreciate your involvement and contribution.