### Question and Answer Session

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<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
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| How does Human Learning Systems differ to Person Centred Care and how do we adapt current systems to shift towards the Human Learning System approach? | Human Learning Systems and Person Centred Care are two different types of thing.  
Human Learning Systems is a way to do public management (how public service is organised, funded and governed).  
Person Centred Care is a philosophy/principle for undertaking public service.  
Human Learning Systems is an approach to public management which supports and enables Person-Centred Care. (As opposed to the ‘New Public Management’ approach to public management - which is currently dominant - which hinders the provision of Person-Centred Care) |
<p>| How can we better support the needs of individuals with communication disabilities - cognitive and physical? | Great question! This highlights the importance of coproduction - involving people with cognitive and physical communication disabilities in the design of experiments/explorations as to how they should be supported. |</p>
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<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
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| Can you suggest mechanisms for learning across multiple complex systems e.g. various health care providers, education, care support for a family with a child with complex health needs? | This requires convening spaces in which actors from those different systems can come together and create a shared Learning Cycle:  
● share their different perspectives on working with families (and have each of those perspectives be accorded equal respect)  
● together make sense of the different information that each perspective together - i.e. undertake *sensemaking* together  
● work together to codesign experiments/explorations in how to better support families  
A great example of exactly this kind of work in practice is offered by the [Plymouth Alliance](https://www.plymouthalliance.org) |
| How do we connect our systems, vertically and horizontally, to share ideas and spread learning?                       | Three thoughts:  
1) What spaces would you convene to do this? (i.e. what cross-system learning infrastructure would you build?)  
2) How will you create information systems which enable cross-system learning?  
3) Fund and manage for continuous learning. Turn learning from a ‘nice to have’ into the core expectation of everyone’s role. |
| PDSA cycles have been rightly criticised for not engaging people/beneficiaries in the design of the test. People don't like being experimented on - how does HLS guard against the risk here that remote public service organisations such as HIS will still be ‘done to’? | HLS Learning Cycles start from the ground up. This means that experimentation/exploration starts from the perspective of a person’s life. The role of a public servant is to support someone to undertake a Learning Cycle into their own life as a system. How do they understand their life as a system which supports/frustrates the creation of a desired outcome? What experiments/explorations do they want to undertake to enable their life as system to produce a different pattern of results?  
The purpose of all the other Learning Cycles (at ‘higher’ system scales is to enable this to happen more effectively |
<p>| How might we create safe spaces for multi-professional teams to undertake idea generation to find things to test? | The purpose of ‘Learning as a Management Strategy’ (the core management approach of HLS) is to reframe the task of management as enabling this kind of action learning and experimentation. Making space for this kind of experimentation becomes the core task of anyone with management responsibilities. |</p>
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<thead>
<tr>
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<th>Response</th>
</tr>
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<tbody>
<tr>
<td>Do you have any examples where a HLS has been implemented and changed an organisational culture of performance management</td>
<td>The Plymouth Alliance Gateshead Council South Tyneside Alliance Liverpool Combined Authority Lots more examples here.</td>
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<td>Many people within NHS are taught and encouraged to use an SBAR format to communicate. Is this format compatible with sharing learning?</td>
<td>As a tool for enabling communication and shared sensemaking around an issue (as per the NHS England recommendation for its use), SBAR seems OK. The challenge in practice (I suspect) is the Recommendation - element. If this is used as a mechanism for ‘scaling’ solutions to a problem - i.e. in this context we found that the right thing to do is X, therefore we recommend that you do X in all similar contexts - that’s when it is likely to cause problems. Basically, if ‘Recommendation’ is treated as a directive towards implementation of a particular procedure, it will ultimately fail. In an HLS framing, the ‘R’ would have a slightly different framing - the ‘Recommendation’ would serve as a Recommendation to treat the findings of a shared sense making as the starting point for further experimentation. In this context we have found X. We suggest X could be a starting point for your experimentation into this topic in your context. See here for an example of this type of approach in practice in the NHS.</td>
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<td>What are your main criteria for rigour that might be challenging to current BaU and how do you make the case?</td>
<td>The evidence from your ‘Understand the System’ work, and the experiments/explorations you have undertaken should provide the rigour to challenge BaU. If this action research work has been done rigorously, you will have high quality information with which to challenge BaU. A great example of that is from Gateshead.</td>
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<td>What's the best way to collect and record learning? Is it all conversation?</td>
<td>There are lots of different forms of learning within a Learning Cycle. There is work to ‘Understand the System’ - which might involve system mapping / stakeholder analysis, network analysis, creating causal loop diagrams etc. There is work to capture data from each of the experiments/explorations that is designed. Then there is work to do to capture the sensemaking conversations that occur around this data. There are lots of tips and tools for how to do that in the Practical Guide.</td>
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<td>What's the best way to make learning visible?</td>
<td>Capture and share the conversations in the learning spaces you create.</td>
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<td>Does nothing transfer? How might we take the best from elsewhere, rather than always starting from scratch?</td>
<td>Great question. Insights from experiments/explorations in one context can be relevant to a different context. The mistake is to think that what works in one context will definitely work in another, and therefore should be scaled/replicated. If two places are exploring similar topics/issues, and the experiments in one place find a good way to address that topic/issue, then that can serve as inspiration for the second place. How would they ‘Understand their System’? (Informed by knowledge of similar systems elsewhere). Where would they start in terms of designing their experiments/explorations? (From the findings of experiments/explorations in other places)</td>
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<td>What are some of the methods used to facilitate conversations in times of change? Where do you start when people struggle on a personal, team, organisation, and system level</td>
<td>There are lots of good methods highlighted in the <em>Practical Guide</em>. What seems to be important in terms of starting these conversations is to enable people to speak honestly (without fear) (and be heard) about their different experiences.</td>
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<td>This approach seems very like developing trauma informed systems. Is that right, or can you explain the differences?</td>
<td>Indeed - there are lots of overlaps with trauma-informed approaches. As with the Person Centred Care answer above, Human Learning Systems and trauma informed care (on my limited understanding of that!) are two different types of thing. Human Learning Systems is a way to do public management (how public service is organised, funded and governed). Trauma informed approaches (as I understand them) are a philosophy/principle for undertaking public service. Human Learning Systems is an approach to public management which supports and enables trauma informed approaches. (As opposed to the ‘New Public Management’ approach to public management - which is currently dominant - which hinders the provision of such approaches)</td>
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How do I motivate people to ensure improvement is continuous (it seems to come in short bursts until the next thing comes along and then gets forgotten about)?

I hear this question as ‘how can I create a culture in which continuous improvement is the baseline expectation?’

One answer - what it would look like to frame a Learning Cycle to answer this question in your context? What would you do to ‘Understand the System’ which currently promotes/inhibits continuous learning? What experiments/explorations would you design with your team to develop a culture of continuous improvement?

And my question to you - (potential places to start with thinking about experiments/explorations) how would you manage the team so that continuous improvement was the focus of everyone’s job, everyday? How would you make conversations in team meetings focus on that? How would you make that the topic of people’s appraisals? If you want a culture of continuous learning/improvement, how would you make that the focus of what your team talk about, week in, week out?

When implementing this at organisational level, how can health boards practically implement this shift to continuous learning when there is a requirement to feed in specific performance management target compliance into Scottish Government?

Three tactics you might try:

1) Make the Health Board act as an umbrella for performance management - i.e. continue to gather the performance data for SG, but don’t use it for performance management within the local space. (This is what the Plymouth Alliance did in their reporting to the UK Government. Interestingly, the performance data improved, even though they weren’t using it for performance management purposes locally)

2) Challenge SG to account for why they are using that Performance Management approach, when the evidence says that it doesn’t work. Hold them accountable for the approach to public management that they choose. Ask them to sign something which says that they have seen the evidence around the impact of target-based performance management, and that they take responsibility for the consequences of that choice. (If that’s the way of doing public management that they choose to use, presumably they are happy to take responsibility for that choice). Couple that with undertaking evaluations which explicitly look at the effect of that choice.

3) Involve SG in an experiment to try working differently. There are a range of SG actors who want to try a different approach. Find them, and create interconnected Learning Cycles - with the one at SG scale asking the question: “how should we govern learning and improvement focussed work?”
I have a team that is relatively low in confidence and haven’t been given a lot of opportunities in the past (i.e. aren’t quite comfortable yet with the idea of having more influence/autonomy). Any thoughts on enabling improvement within such a team/service?

How might you start small to develop their confidence and capability with Learning Cycles? What would make a learning approach ‘safe to try’?

Is the difference between continual and continuous improvement important in your work?

I had never thought about that potential difference. The framing that we use is the idea of an on-going commitment to curiosity - a relentless desire to keep exploring.

How would you correlate this approach with the 'Scottish Approach to Service Design'?

We’ve had some excellent conversations with the Scottish Approach to Service Design people. We think the approaches are excellently complimentary. One example of that is the SASD approach provides lots of useful methods and approaches for the ‘Understand the System’ and ‘Co Design’ elements of a Learning Cycle.

I wonder if this starts from the wrong ‘end’ by starting with the system/services rather than on what matters to people and communities. It doesn’t seem to be challenging our notions that we know what’s needed?

From a Human Learning Systems perspective ‘the system’ isn’t something that is separate from people’s lives. Talking about a “system” is a just a (rigorous) way of talking about relationships.

The ‘Human’ focus of Human Learning Systems is a pointer toward the idea that the purpose of public service is human freedom and flourishing. This means two things:

- that all public service should start from ‘what matters’ to people themselves (and that public service therefore needs effective relationships with people in order to come to a shared understanding of what that is)
- that only the people themselves have the right to decide what ‘flourishing’ means for them

The ‘Systems’ bit of Human Learning Systems is a way to try and understand that each one of us as human beings is part of interconnected web of relationships - and that public service needs to see and understand us in that context if it is to help us to create positive outcomes in our lives. (“Positive outcomes are emergent properties of (our lives as) complex systems.”) So, the ‘Systems’ bit of HLS is about moving public service away from the idea that it should provide and manage discrete interventions in someone’s life - ‘we do this to you in order to fix problem X’ and instead provides a rigorous (80 years of systems thinking as a discipline) way to address and respond to the essentially interdependent way that outcomes are created by the interconnection of all the relationships in someone’s life. See more [here](#).
Change fatigue is becoming a real issue within public services and we have some of the highest sickness rates in any industry. When combined with peoples’ general intolerance for uncertainty i.e. we don’t know what might come out of the system, what has been your experience to getting buy-in so this is seen as a positive and enriching experience for the actors involved?

A couple of things seem relevant here:

- **Building Learning cycles from the ground up -** creating a Learning Cycle is essentially a way for people to explore and experiment for themselves as to how their work can be different. So, it is an approach to change that is rooted in enabling people to make the changes that allow them to serve people better. In our experience, that itself is motivating for people.

- **As a team or organisational scale, it is important that conversations start from people’s current experiences.** If a team is going to experiment with experimentation, that Learning Cycle needs to start with a honest conversation amongst those actors about what it’s like at the moment - and the kinds of things that could support/frustrate people’s capacity to adopt a learning approach. Again, in our experience, facilitating these kinds of conversations - where people can tell their truth about work - is motivating for people (so long as they can see that it will go somewhere - i.e. it is a prelude to an experiment with shifting to a learning approach.