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How a learning system improves workplace wellbeing: Lessons from 8 UK hospitals

15 May 2023

What is the BLC?

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Objectives for today

- Share our learning health system approach and examples of how the Bedside Learning Coordinator (BLC) role can be used to apply agile learning and improvement

- Share practical examples and lessons learnt from those using the BLC role in their organisations

- Discuss our own experiences and how this approach could be helpful for expanding the role of staff in improvement

Welcome!

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Ice-breaker

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Impromptu Networking

- Find someone you don't know
- Introduce yourselves
- Discuss for two minutes:

  "A simple thing that would make my life easier at work is…"

- After two minutes, find someone new and repeat!

Join at slido.com with #4659906

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slido

As a staff member of my organisation, I have been asked my ideas for improvement...

ⓘ Start presenting to display the poll results on this slide.

Learning Health Systems

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Learning Health Systems

Learning Health System methodology allows us to generate rapid insights that can inform improvement, decision making and ensure effective implementation of new ways of working.

1
Gather data

2
Analyse

3
Make decisions

4
Implement

5
Close the loop: confirm it works

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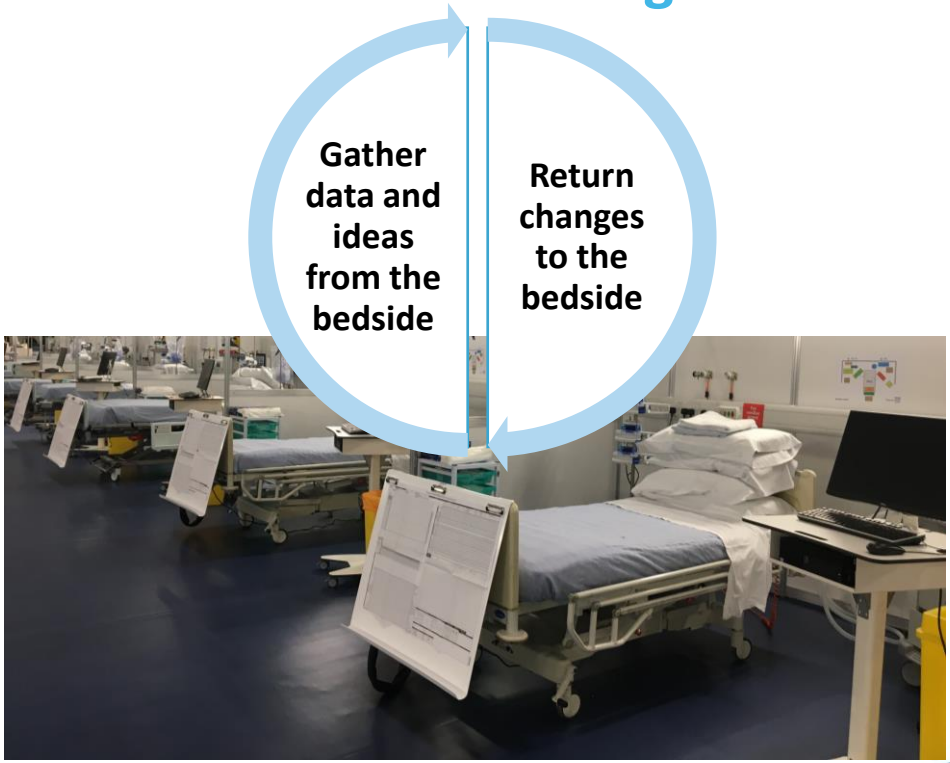
Widening “data”...

Staff, patient and families...

The Bedside Learning Coordinator



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Driving decisions and action

5 habits of a learning health system

1. Identify priority areas for learning

2. Focus on helping staff to help the patient and reduce the burden on frontline staff

3. Learn from every single patient or person

4. Follow up changes with a rapid feedback loop

5. Concentrate on organisational culture

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The Bedside Learning Coordinator Role

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Gather data

A bedside Learning Coordinator's role is to be the **'eyes and ears' of the hospital**, using **multiple methods and data sources** to gather insights on what matters to staff and patients.

For example:

- Utilising existing processes and data sources
- Speaking to staff and patients

Analyse

Insights are **triangulated with existing data sources** and **categorised into fix, improve and change**, before being escalated to decision makers for action.

- **Fix:** Actions to be implemented immediately
- **Improve:** Finding new ways to do things better
- **Change:** Substantive changes to the care we deliver

Make decisions

Insights are progressed through **existing management structures and escalation processes**, enabling staff to action ideas quickly, share good practice, as well as provide closure on items previously raised.

For example:

- Tally charts and voting mechanisms to involve staff and patients in decision making

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Implement

Staff are empowered to test out ideas and new ways of working. BLCs ensure a **two-way dialogue** with senior management and support local tests of change.

For example:

- Plan-Do-Study-Act (PDSA) cycles to implement changes
- Clear and transparent prioritisation of change ideas to set expectations

Close the loop: confirm it works

One of the most important components of the BLC methodology is ‘closing the loop’ and systematically **feeding back to staff and patients** changes made because of their engagement.

For example:

- Visual management tools to celebrate success and highlight progress
- Verbal feedback to individuals who suggested ideas
- Learning forums to share learning and problem solve

Making a difference

> *Staff and patients feel listened to and recognised*

Developing a culture of innovation where staff are empowered to influence change and be part of the solution.

Ensuring a two-way dialogue between senior management and frontline staff.

Facilitating a deeper understanding of what matters to staff and patients.

Making quality improvement more accessible and relevant to a wider group of staff.

Offering a continual organisational temperature check.

Gathering diverse ideas and amplifying the voices of staff and patients.

Low cost, quick to implement and minimal training required.

Easily replicable and flexible model which can be adapted in multiple settings.

Identifying and filling 'blind spots' in existing data and governance processes.

Better connecting people and services to share experiences and problem-solve as peers.

> *It feels like we are always striving to improve and innovate.*

> *Because of you, things get done!*

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The BLC Community of Practice

A peer support network of people and organisations who are implementing the BLC role, with the aim of:

- Capturing, codifying and sharing learning
- Spotlighting examples of best practice and workshopping challenges
- Co-producing tools and materials to support wider uptake of the BLC role

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Collaboration

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Case studies

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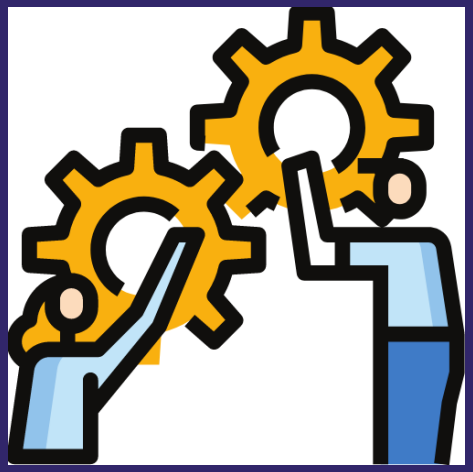


Chase Farm Hospital Learning Health System

Nima Roy, *Improvement Advisor*

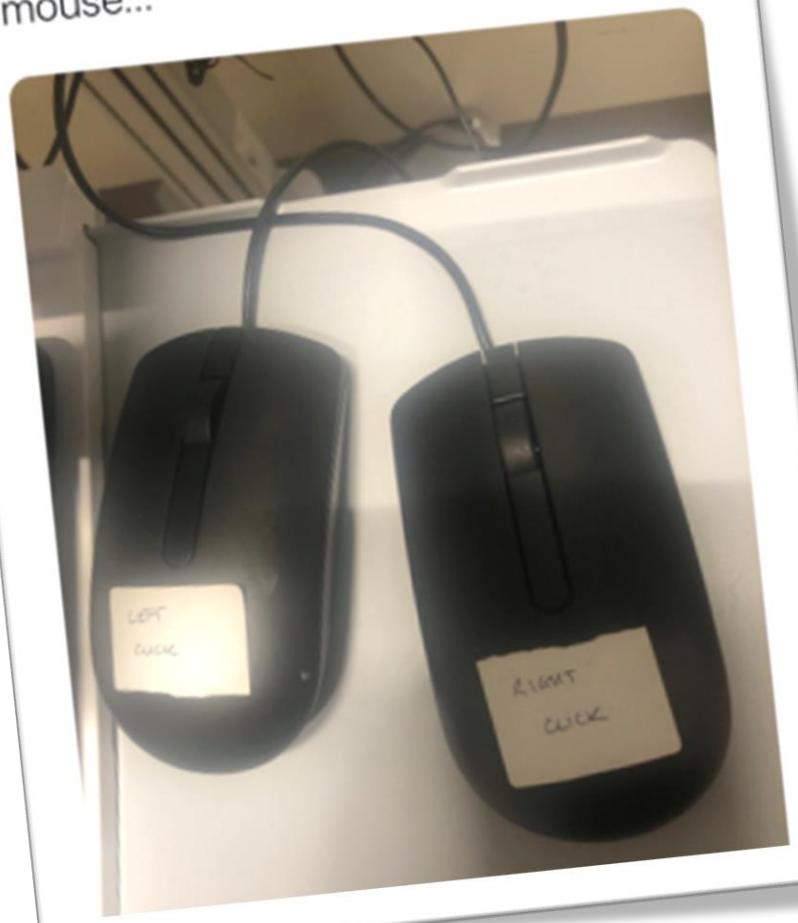
Amy Wood, *Head of Quality Governance & Patient Experience*

Royal Free London NHS

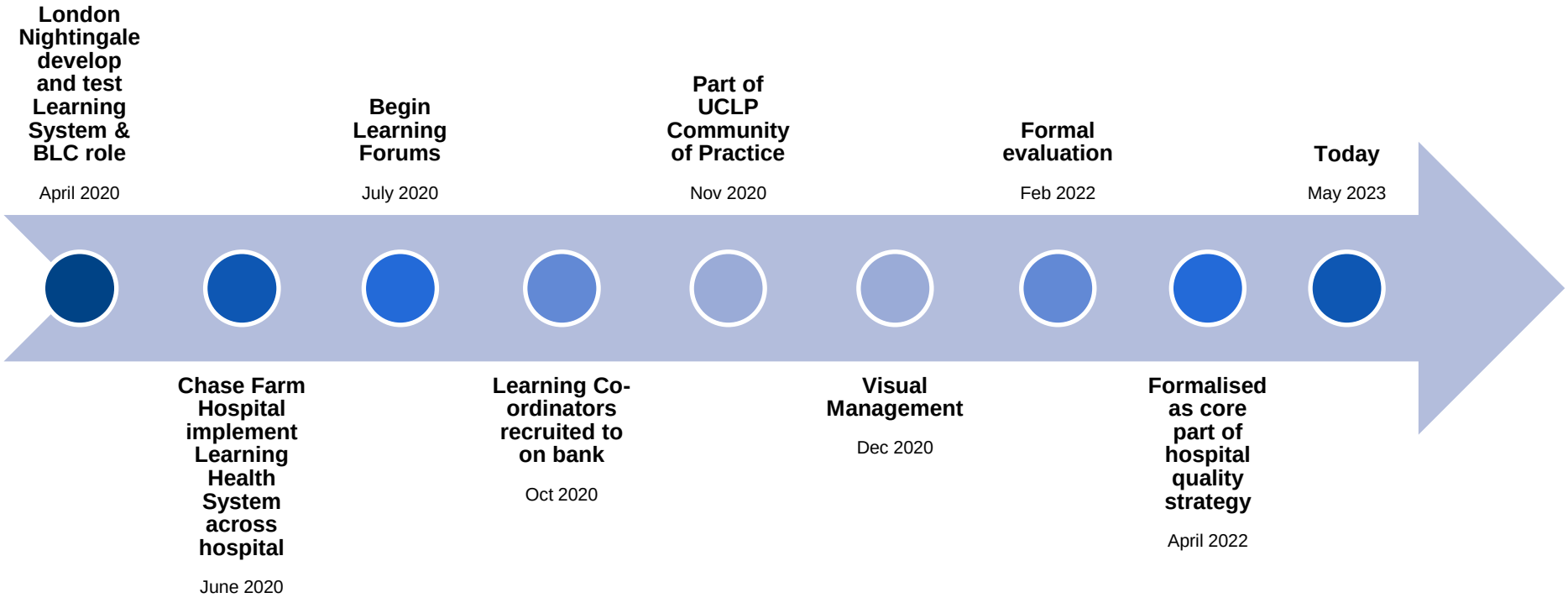
Have you ever had an idea about how things can be improved at work?

What happened next?

Peak NHS IT 😟.
Only one button works on each mouse...



Timeline

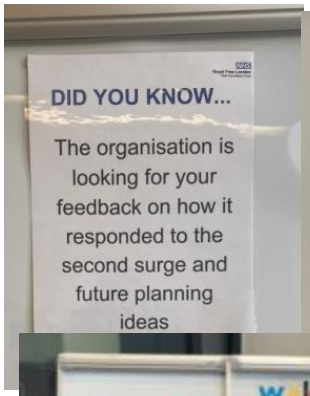

London Nightingale develop and test Learning System & BLC role
April 2020
Chase Farm Hospital implement Learning Health System across hospital
June 2020
Begin Learning Forums
July 2020
Learning Co-ordinators recruited to on bank
Oct 2020
Part of UCLP Community of Practice
Nov 2020
Visual Management
Dec 2020
Formal evaluation
Feb 2022
Formalised as core part of hospital quality strategy
April 2022
Today
May 2023

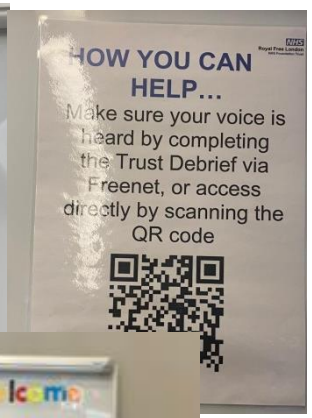
Three key components

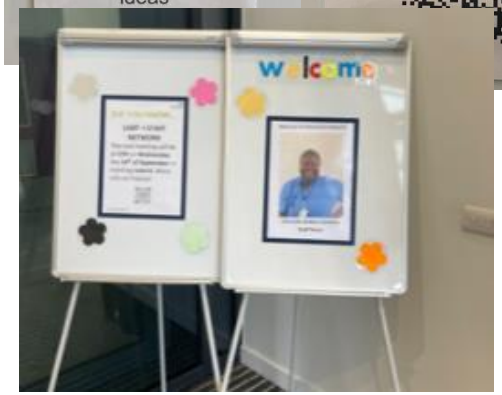
Learning Forum

Learning Co-ordinators

Visual Management







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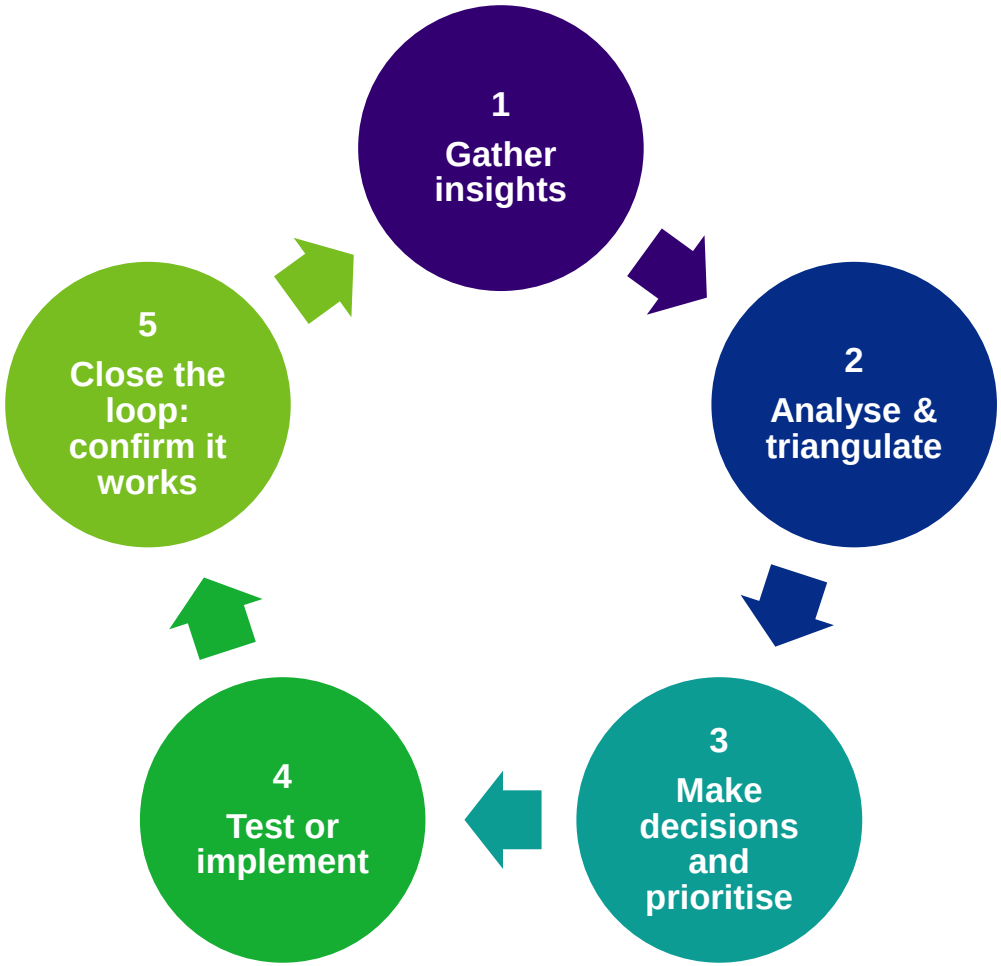
Learning Health System cycle



Data management

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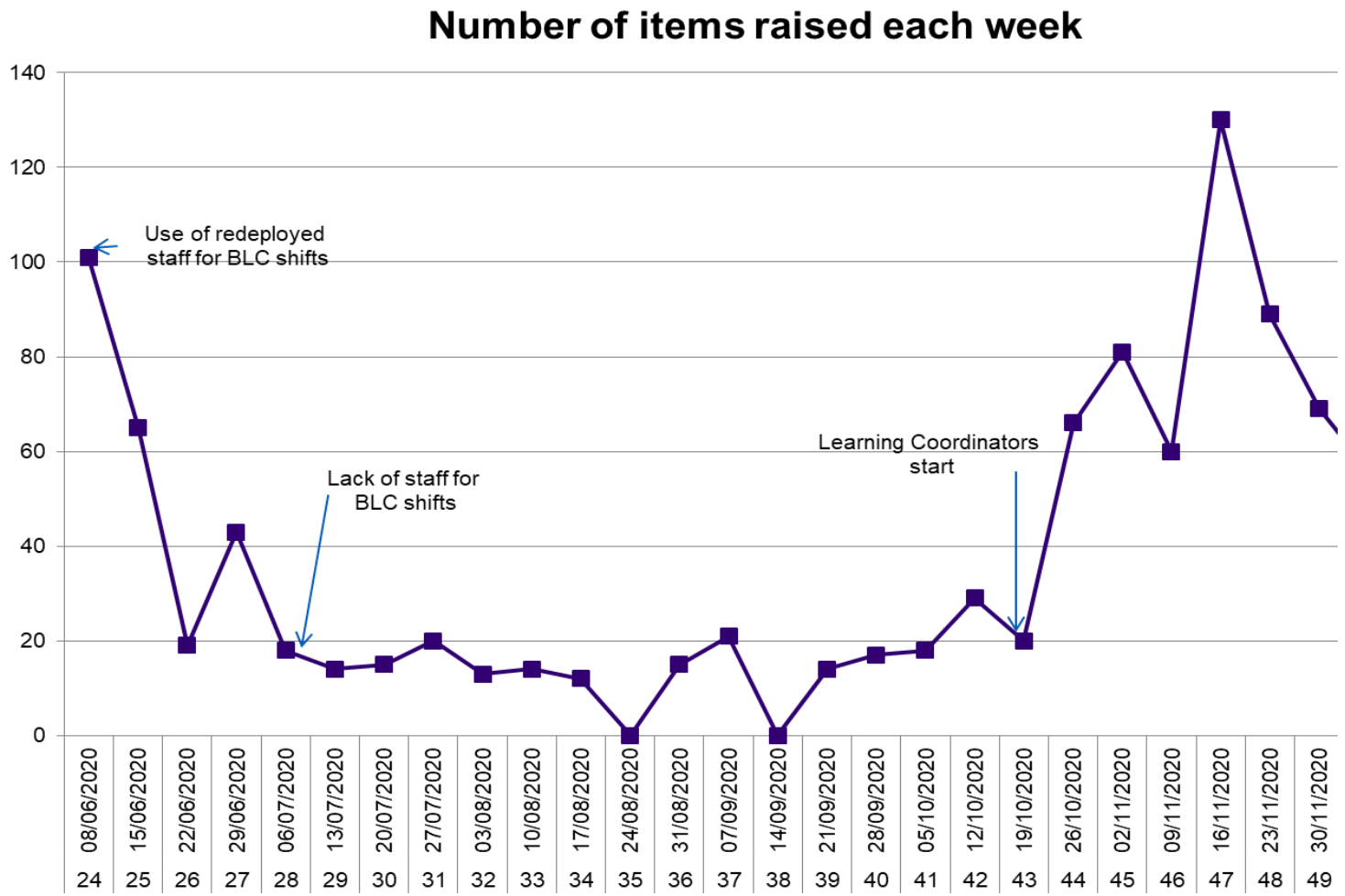
Impact of Learning Co-ordinators



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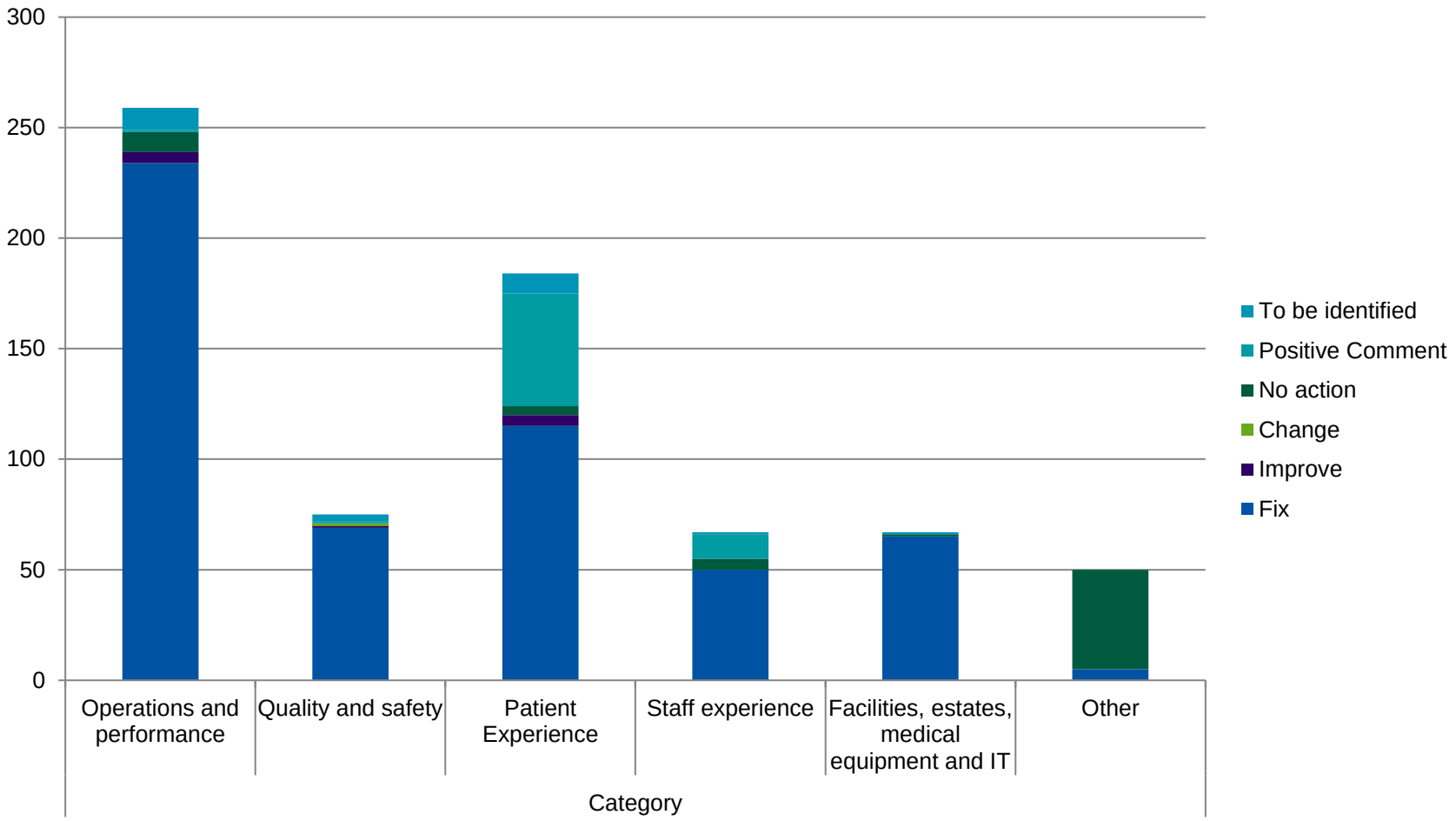
Categories of incidents in first 6 months



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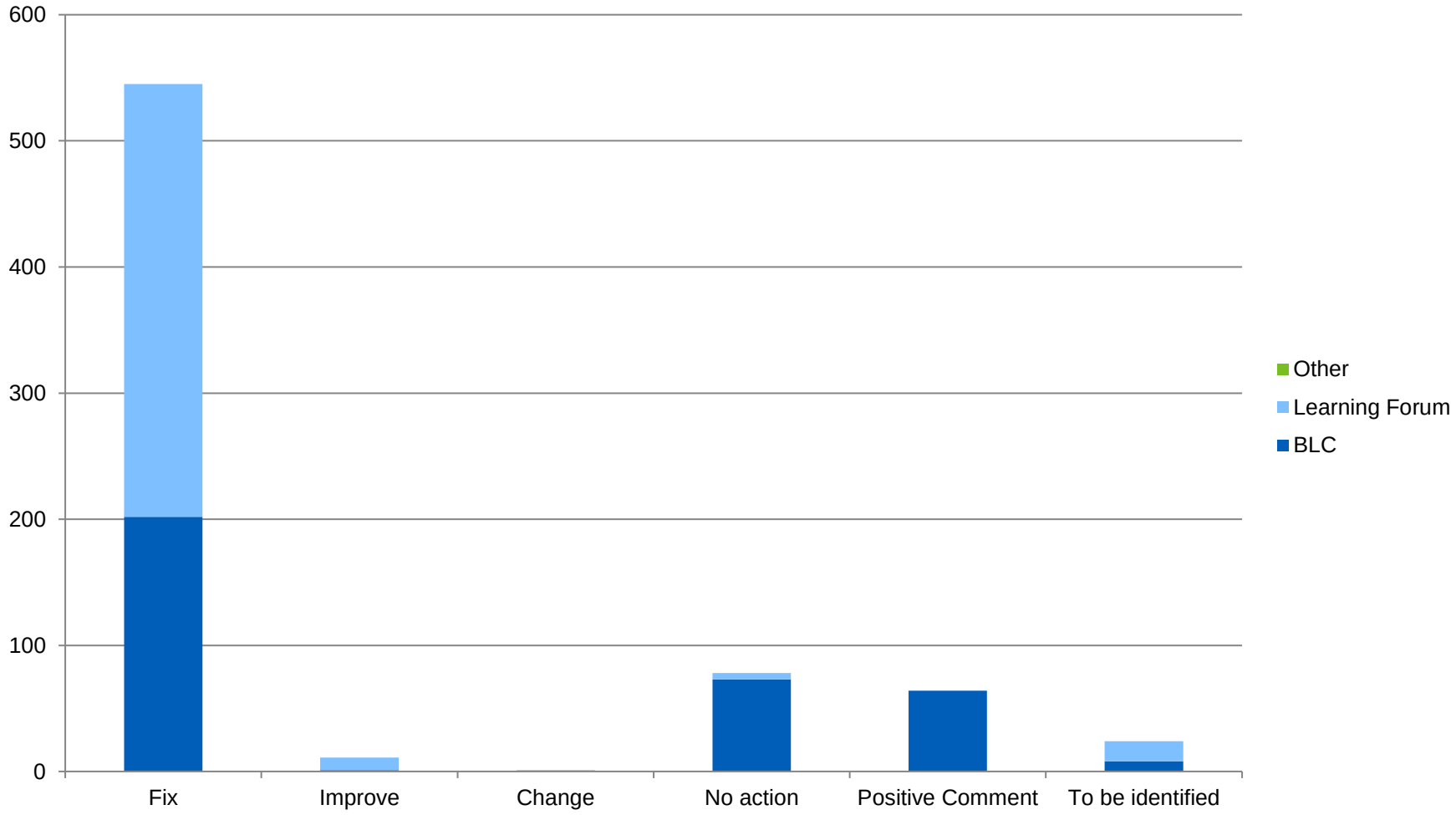
Different types of changes

Triage of insights in first 6 months



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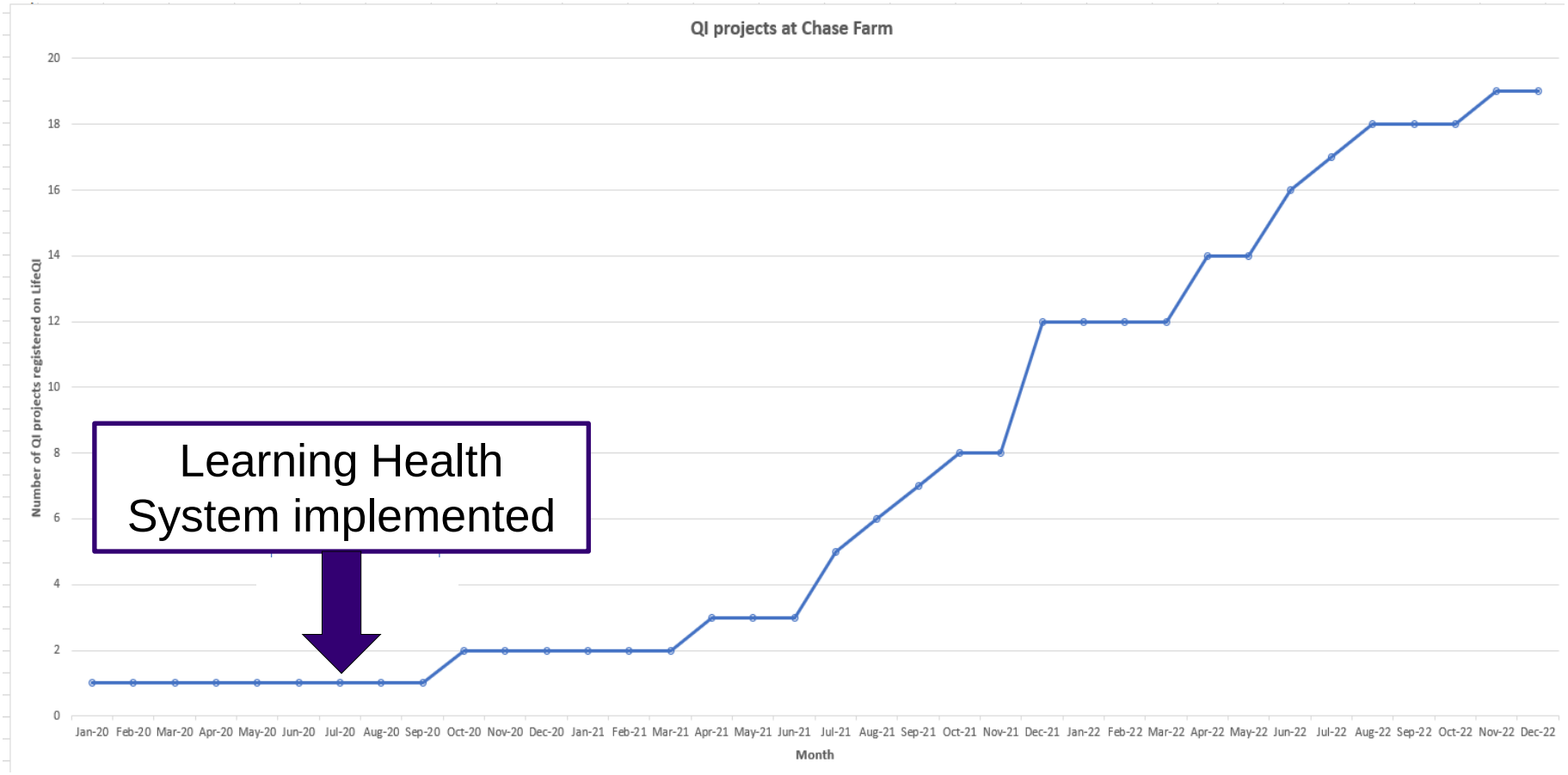
Transitioning from fixes to QI projects



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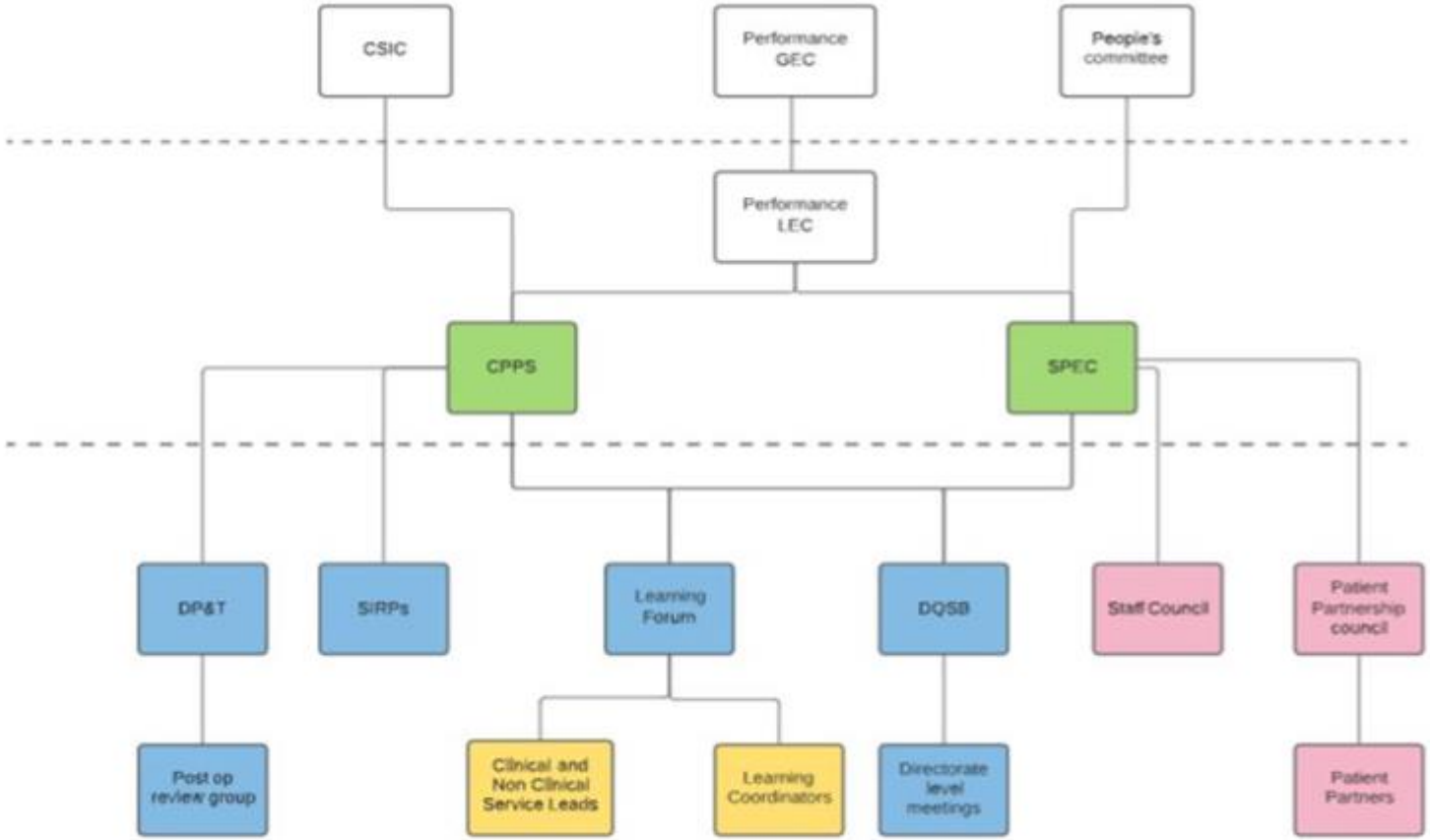
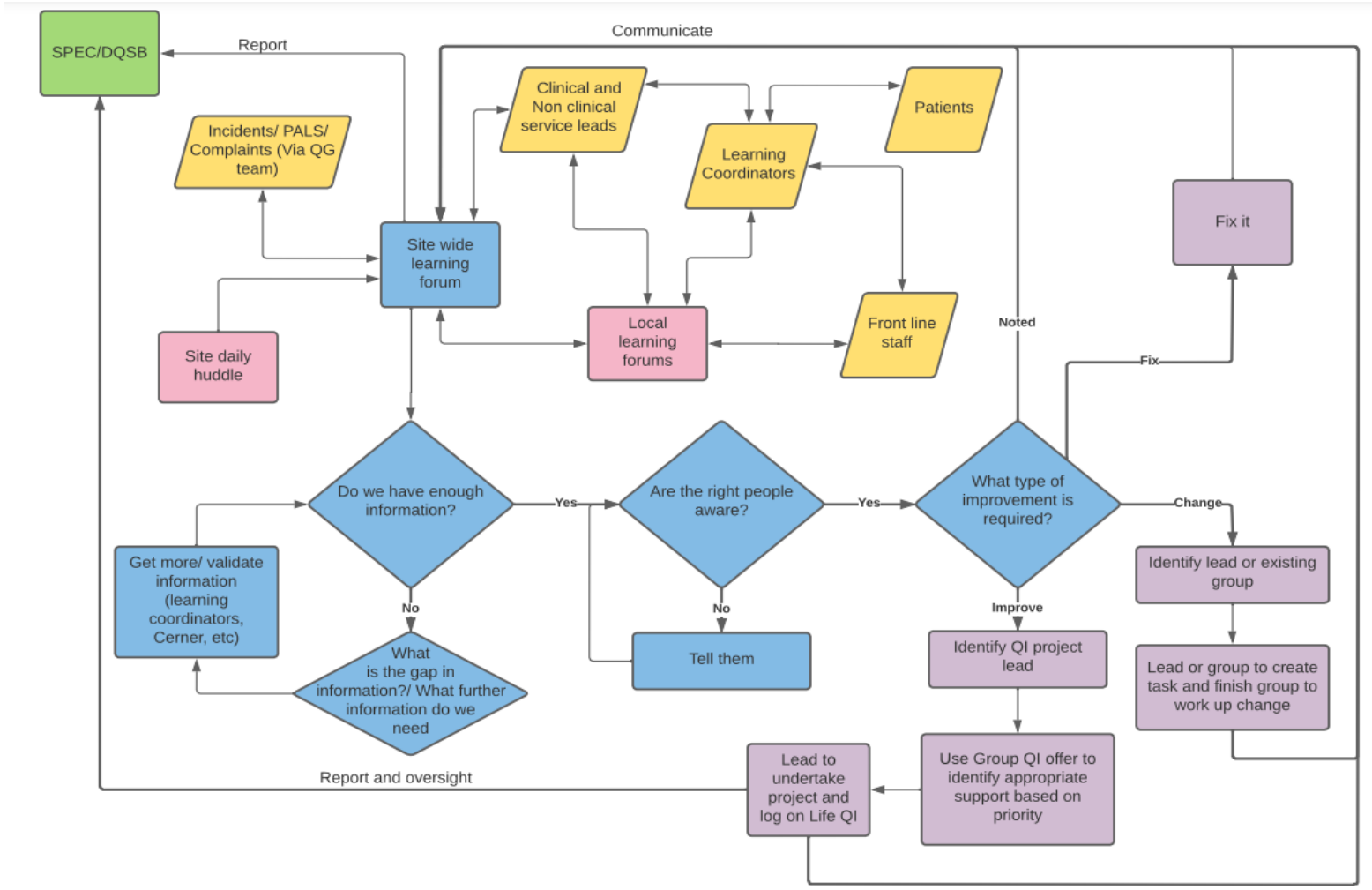
Governance


CSIC
Performance GEC
People's committee
Performance LEC
CPPS
SPEC
DP&T
SIRPs
Learning Forum
DQSB
Staff Council
Patient Partnership council
Post op review group
Clinical and Non Clinical Service Leads
Learning Coordinators
Directorate level meetings
Patient Partners

Information flow

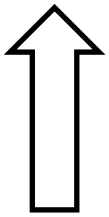


Improvements

- **Patient property bags** implemented which reduced lost patient items, improved patient experience and avoided cost.
- Improved **signage** across hospital for patient wayfinding.
- **Hearing loop** installations across five areas and **dementia-friendly clocks** to increase accessibility.
- **New front door screening pathway** which improved morale and reduced staff turnover.
- **ECG training** for staff to create a one-stop-shop and reduce the number of appointments paediatric patients must attend.
- Organised **staff wellbeing days** with support like dog therapy, live music, virtual reality and financial wellbeing.
- Helped to achieve **staff survey response rate** of 74%, compared to 44% national median.

Staff experience

	2022		2021		2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
Promises/Themes/Subscores	National	My Organisation	National	My Organisation	Barnet Hospital		Chase Farm Hospital		Corporate		Group Clinical Services		Royal Free Hospital	
Promise 1: We are compassionate and inclusive	7.16	7.10	7.17	7.04	7.04	6.98	7.30	7.19	7.40	7.32	7.13	7.23	6.97	6.88
Promise 2: We are recognised and rewarded	5.71	5.71	5.81	5.75	5.47	5.59	5.84	5.84	3.00	6.36	5.66	5.80	5.51	5.55
Promise 3: We each have a voice that counts	6.63	6.63	6.67	6.56	6.57	6.47	6.81	6.62	6.95	6.96	6.51	6.60	6.51	6.42
Promise 4: We are safe and healthy	5.87	5.79	5.88	5.75	5.50	5.44	6.29	6.04	6.49	6.47	5.77	5.87	5.56	5.55
Promise 5: We are always learning	5.38	5.57	5.24	5.38	5.61	5.27	5.95	5.78	5.70	5.76	5.02	5.20	5.55	5.22
Promise 6: We work flexibly	5.98	5.98	5.94	5.97	5.88	5.82	6.27	6.12	7.01	6.96	5.46	5.42	5.61	5.70
Promise 7: We are a team	6.62	6.65	6.56	6.54	6.60	6.44	6.81	6.73	7.05	6.92	6.44	6.52	6.51	6.39
Staff Engagement	6.76	6.85	6.82	6.83	6.75	6.78	7.05	6.96	7.16	7.27	6.78	6.84	6.73	6.67
Morale	5.69	5.65	5.74	5.64	5.50	5.46	6.15	6.06	6.07	6.13	5.54	5.58	5.48	5.46



Evaluation

77% of staff were familiar with at least one aspect of the LHS.

82% of staff found the Learning Co-ordinators useful to their daily work.

70% of staff felt more able to influence improvements that matter.

70% of managers better understood issues and opportunities that matter to staff.

Overall, **77%** of staff thought the hospital had become more committed to learning and improvement because of having a LHS. **83%** of staff reported the approach was having a positive impact on quality & staff and patient experience improvements were particularly emphasised.

Impact

"Instead of issues being raised and not acted on immediately, as may have happened in the past, now there is prompt and real time action and solutions."

"The system is brilliant and gives people a voice"

"I think this has made CFH a really positive place to work and feels we are always striving to improve and innovate."

"…encouraging participation and an environment for staff to speak up."

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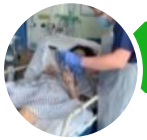
Observations

Gives a voice to more diverse staff and patients

Moving from reactive to proactive change

Makes QI more accessible and relevant

Identifies and fills governance ‘blind spots’



Better connects people and services together

Develops culture of innovation and growth – not afraid to say ‘yes let’s test it’


8
Questions to ask when thinking about implementing a Learning Health System
1.
What matters most to our patients, staff and organisation? How can we align the LHS to this?
2.
Who are my key champions?
3.
What do we already do well, how do we build on this? Where are our blind spots, what data and voices are we missing?
4.
How confident are our middle managers in QI? How will we invest in them ?
5.
How can we test out the Learning Co-ordinator role? Can we test with existing staff or bank?
6.
How will we consistently capture insights and prioritise insights?
7.
How can we close the feedback loop - how will people know things have been done?
8.
Remember there's different ways to apply the core LHS philosophy, which is about embedding improvement into daily work - what are others doing?
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Thank you!

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'Everyone can be at the frontline of Quality Improvement'

Nightingale London was a COVID-19 exemplar; a learning organisation, it developed the "Bedside learning coordinator", which we believe can benefit all teams, and involve all staff in practical, rapid improvement.

Shevaun Mullender
Head of Clinical QI Capability
Mid and south Essex Foundations Trust
NHS UK

Led by The Health Foundation

Supported by NHS England and Improvement

Excellent Compassionate Respectful

Quality Improvement

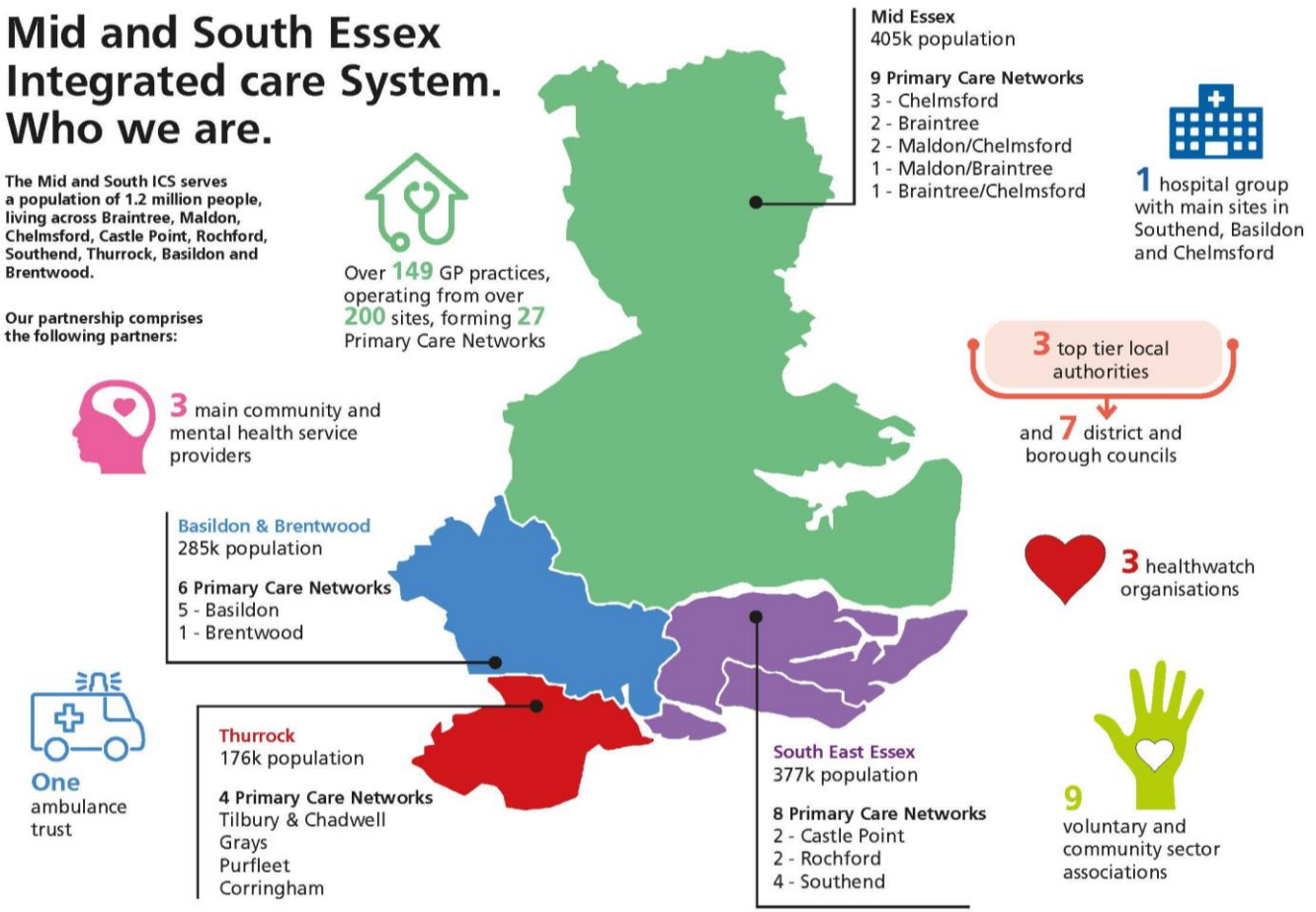
Mid and South Essex Health and Care Partnership

NHS Mid and South Essex NHS Foundation Trust

Mid and South Essex Integrated care System. Who we are.

The Mid and South ICS serves a population of 1.2 million people, living across Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.

Our partnership comprises the following partners:



MSEFT has a strategic objective to work as an effective partner in our ICS. We take an active role in engaging at the level of the Integrated Care Board, the Integrated Care Partnership and our four local Alliances at place level. MSEFT hosted MSE Innovation programme is for the system

Organisational context

The Nightingale Hospital

Investment

Purpose Built with a key aim. The hospital was designed with capacity to receive and **discharge up to 150 patients per day**

No Legacy Culture

The hospital would be run by **NHS staff and volunteers**, with **700 military personnel** providing logistic assistance.

Leadership

Newly formed management leadership and clinical team with simple and streamlined structure with no historical culture.

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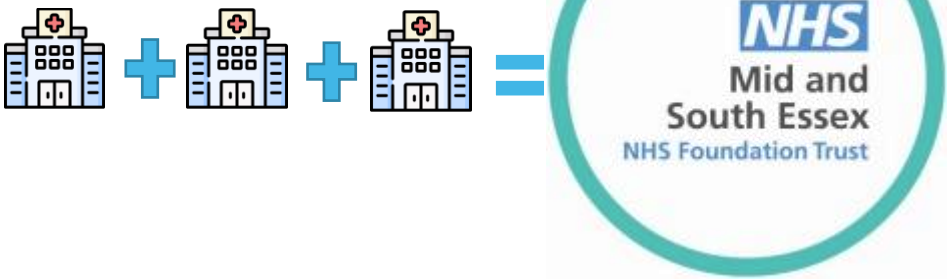
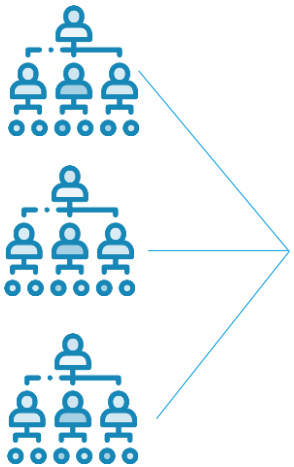
Investment

Complex Financial challenges with functions shared across 3 sites and a more complex environment to implement efficiencies and savings

3 Different Legacy Cultures

3 Hospitals merged in April 2020 into one Trust and One Team





Complex Relationships

Culture of 3 sites merged into one Trust and the impact of a new identity and formation of new teams. 3 sites managed at off site location called **Britannia Park**

How we Began: Issued Raised During Pilot

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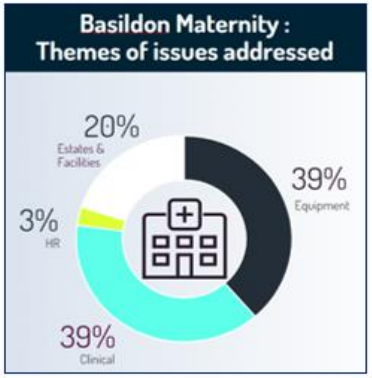
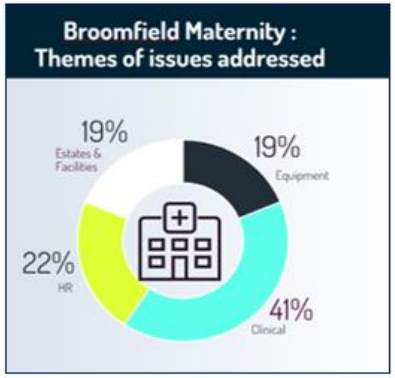
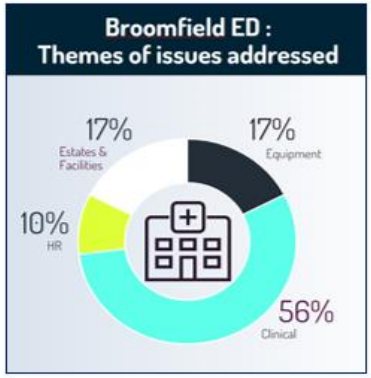
	Broomfield ED	Basildon Maternity	Broomfield Maternity
	127 Days	**203** Days	**126** Days
	137 Issues Raised	**99** Issues Raised	**74** Issues Raised
	120 Addressed	**82** Addressed	**34** Addressed

Issues Themes







These infographics categorise the reported issues that have been addressed into themes. This does not necessarily mean the issue has been 'resolved/fixed', but how many issues have been responded to out of those reported.

90% of issues/ideas raised were addressed locally leaving only 8% -10% needed to be escalated to senior site leadership.

Evaluation and learning

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Experience showed that the Bedside Learning Coordinator model as developed at the Nightingale could not be directly transferred to an existing general hospital environment because of the interplay with existing cultures and systems, but when suitably adapted it was an effective tool to contributing to continuous improvement and supporting frontline staff.

This has wider implications for the adoption of initiatives across the NHS. Organisations must be mindful of the need to adapt and test locally irrespective of project success elsewhere.

Improvement and Change team success-2020-2021: Frontline learning coordinator project

Project lead(s) name and role: Shevaun Mullender/Lee Ellis
Team or service involved : Improvement team

Aim and Purpose – what were you trying to achieve and why?

We aim to pilot and embed a system of frontline learning across our 3 acute hospital sites. This concept was developed in the Nightingale hospital in London during the first COVID surge to enable staff to raise issues and get quick responses and resolution.

We decided to adapt this model of learning and listening to frontline staff in our busy acute hospitals. We feel strongly that this is a staff wellbeing project and is very relevant to our clinical teams following a very difficult year in healthcare.

The aim is that staff will receive feedback in a 'you said we did' format regularly and that they should begin to see things improving due to their input and improvement ideas.

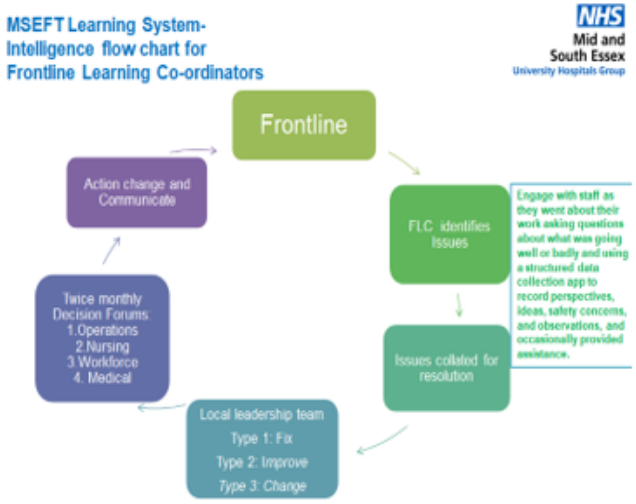
Change Ideas – What changes did you make and what was your process?

- Gained senior and executive support for the concept.
- Set up a project team with key stakeholders
- Gained funding for a year to employ a clinical lead for the project
- Applied and won innovation funding from both the Q community and UCLP

We designed the first PDSA for the process

1. FLC captures qualitative data through insights raised by front-line staff.
2. Issues are 'triaged' as FIX, IMPROVE or CHANGE. Data is logged on a digital platform.
3. Issues are resolved locally or escalated to the appropriate level.
4. Outcomes are then fed back to staff to 'close the loop'.

Measures/results-What was the Impact of the changes



Issues raised and resolved so far

Area	Issues raised	Resolved
ED Broomfield	132	113
Maternity unit Basildon	82	56

Lessons learned and what's next

- The project lead is vital to the success so secure funding for that role as a priority
- Applying for innovation grants was a great move and we have had lots of support practical and professional from engaging with UCLP and the Q community and are now part of a community of practice for this project
- One size does not fit all and we have adjusted the model to suit the needs of the clinical area to ensure success
- Capture of issues and data electronically is vital we have used 'smartsheets'
- Feedback loop to staff is really important to build trust and faith in the project
- Commence fourth clinical area on third site in September
- We are part of learning sets with the association of groups and other key partners to share learning
- We now need to evaluate and Measure the impact of improvement

New Model

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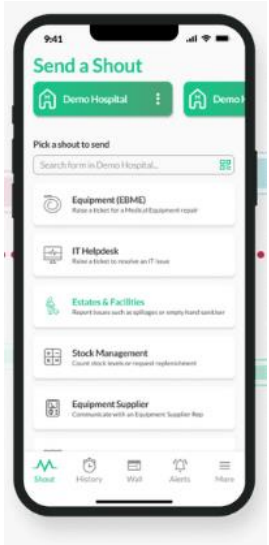
✓Utilisation of QR codes and a digital platform for collection of issues and ideas enabled wider access to data via ‘Medi-shout app’

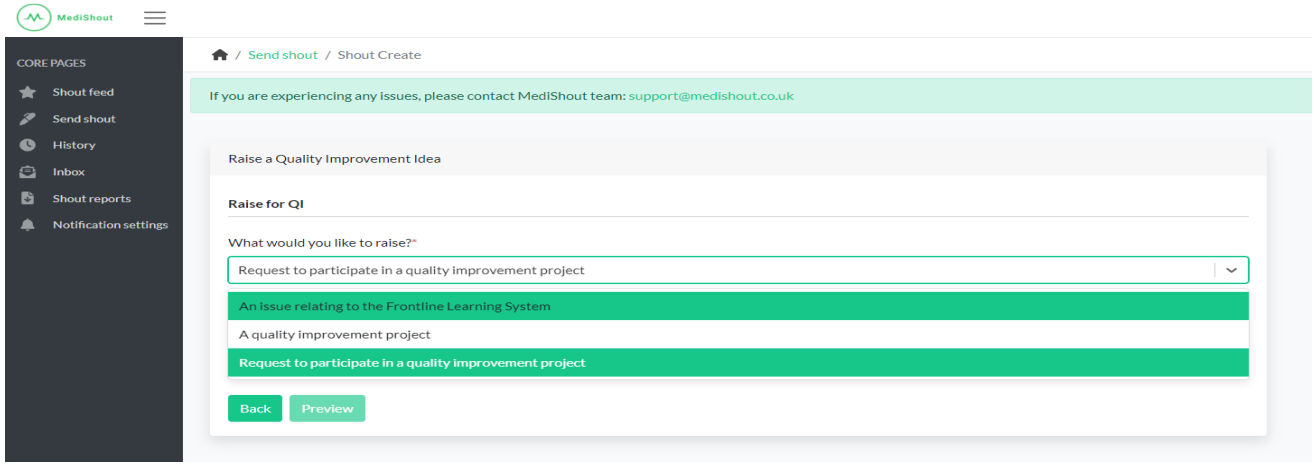
✓Feedback loop enable as you can communicate directly with the individual via the app. For staff its really important to build trust and faith in the project and we explored a variety of methods of communication to achieve this.

✓Through testing different models of delivery, we concluded that one size all and we adjusted the model to meet the specific needs of the clinical area to ensure does not fit success. Also a person dependent model was lees likely to sustain.

✓Securing funding for a dedicated project lead early was vital to the success for the pilot phase but funding these posts is a challenge in the current NHS

MediShout





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Quality Improvement

Frontline ideas from scanning a QR code into QI reality

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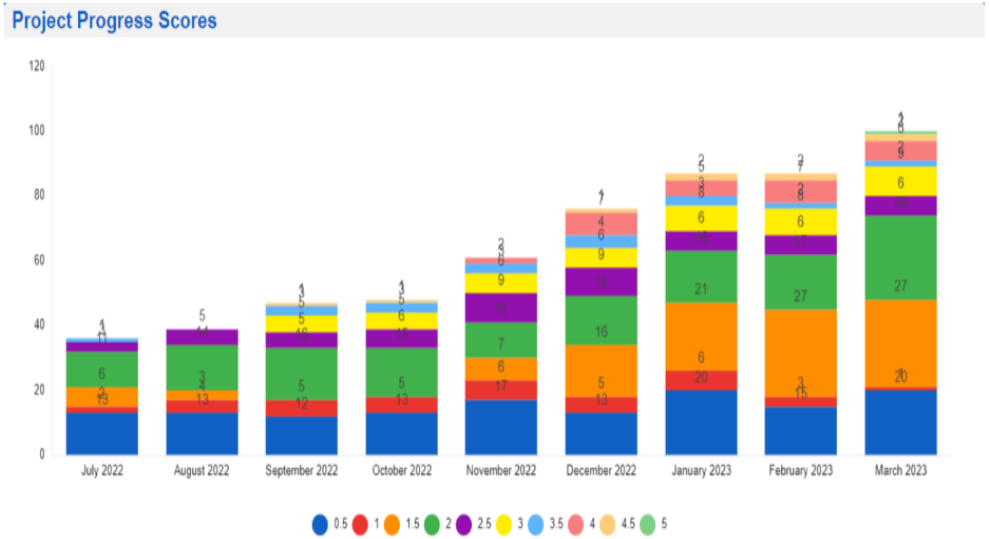
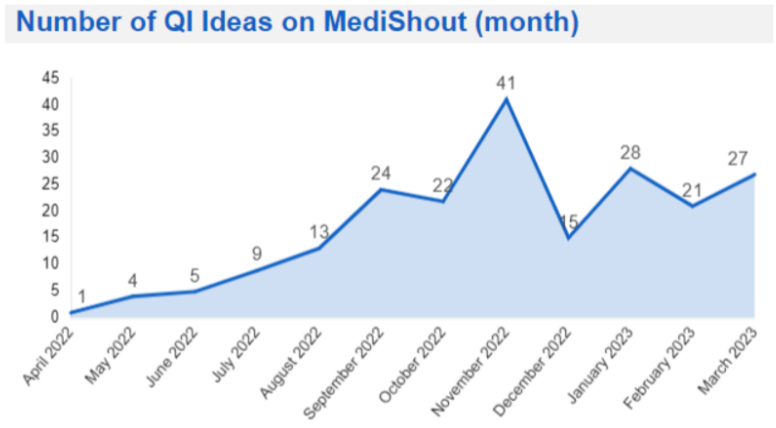
NHS Foundation Trust

At the end of March the number of active projects in Life QI has risen to **100 from 87** and we are starting to see projects progressing to the higher levels and producing sustained improvement (6 at IHI level 4 and 2 at level 4.5).





Excellent Compassionate Respectful

Quality Improvement

Q&A

UCLPartners

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Share up to three words that sum up what you have heard so far in the session

ⓘ Start presenting to display the poll results on this slide.

Break

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Workshop activity – Be a BLC!

UCLPartners

Thinking back to the beginning of this session…

- You have an idea for a very simple improvement – how do you make it happen?
  - How does information flow in your organisation?
  - How do decision makers learn what's working and what changes are needed?
  - How do staff receive feedback on their ideas?
  - What are the blockers and the enablers?

1, 2, 4, All

- **One** minute of **individual reflection**
- **Two** minutes of **paired conversation** – notice similarities and differences
- **Four** minutes in **small groups/tables** – what themes are emerging?

Table discussion - 15 minutes

Building on those themes, how could your organisation enable change driven by staff insights?

Feedback to the whole room: Up to three actions you could take to make this happen

Thinking back to the beginning of this session…

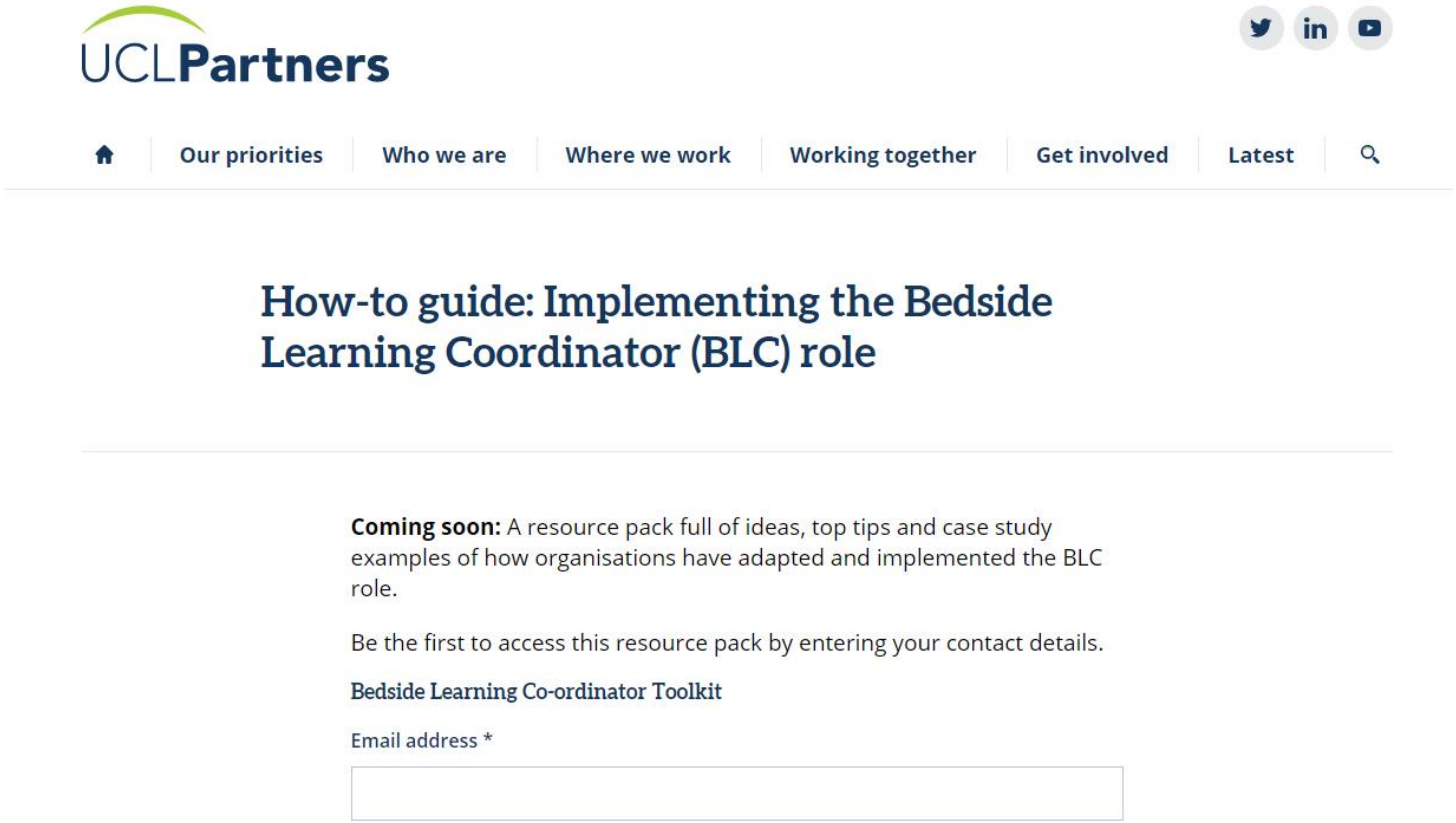
- You have an idea for a very simple improvement – how do you make it happen?
  - How does information flow in your organisation?
  - How do decision makers learn what's working and what changes are needed?
  - How do staff receive feedback on their ideas?
  - What are the blockers and the enablers?

What next?

UCLPartners

Resources to help you get started

Visit uclpartners.com/blc



Making a difference

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I am excited about exploring how to embed staff insights into improvement in my organisation.

ⓘ Start presenting to display the poll results on this slide.

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This session has given me some new ideas I'm keen to explore.

ⓘ Start presenting to display the poll results on this slide.

Snowball feedback

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Thank you

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For more ideas, resources and examples, please visit:
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