Learning from rapid innovation and improvement
Introduction

This is a write up of the second Rapid Learning and Improvement workshop, that took place on 29 May 2020, and involved 175 participants from across the UK and Ireland.

This workshop series supports people to:

• Learn about tools and methods to capture and make decisions about the rapid changes that are taking place.

• Connect with other improvers across the UK and Ireland and gather real life ideas and inspiration.

• Develop your skills in collaborative, creative and virtual ways of working.

This write up includes a summary of the content that was shared, as well synthesis of content from group discussions and chat. It is written for people who did and didn’t attend the workshop.
Want to join us next time?

Dates

7 May
29 May
18 June
16 July
7 August

Each session will...

• Run for 90 minutes
• Build on the discussions to date, but focus on different topics
• Be followed with a visual, engaging write up
• Include different methods of working based on session content

Sign up on the Q website
How we will work together

1. Interactive sessions
   These are interactive workshop sessions, with space to learn from each other.

2. Focus on ‘how’
   Our focus is on how people can capture learning during this time of immense change.

3. Safe and supportive
   We recognise the pressures people are under, and invite honesty and vulnerability in discussions.

4. Shaped by your needs
   The sessions will be designed with feedback and input from participants.

5. Collaborative learning
   Bring in expertise from Q and Q Labs in collaborative and peer learning, with a focus on learning together.
Meet the team delivering this workshop

Facilitators

Libby Keck  Tracy Webb  Zarina Siganporia

Chat box facilitator

Louise Smith

Technical lead

Sarah Khoo
Hearing from Q members
What’s happening on the ground

Q members working in different roles across England and Wales gave a 90 second overview of the work they are doing to support rapid learning and improvement.

Paul talked about his work to rewrite the medicine safety programme and to develop offers to support services to transition to a new normal.

Paul is working through facilitated action learning sets to help people both capture and make sense of the learning being generated.

Paul referred to a sensemaking framework in a recent RSA blog, and a number of participants shared similar tools including Adopt, Adjust, Abandon.

Paul Gimson
National Primary Care Manager
1000 Lives Campaign, Public Health Wales
Jit Olk
Head of Quality Improvement
Sussex community NHS Foundation Trust

Jit talked about the importance of capturing individual staff and patient experiences during this time.

Jit referred to some of the major innovations that have occurred, including virtual consultations, and the importance of capturing the ‘secret sauce’ that has enabled us to make these changes at such pace.

Sussex Community Trust are also using the RSA framework but have merged this with Rolfes reflective learning model, using the What, So What, Now What tool. They will use these frameworks with an Appreciate Inquiry approach seeking to learn about staff and patient experience during this time.

Nicola Bent
Deputy CEO and Director of innovation adoption
Wessex AHSN

Nicola talked about working to support 3 systems across the Region to understand what changes they want to maintain and build on.

Wessex AHSN have developed their own framework asking:
• what is new that you want to take forward
• what has been stopped that should be rescued
• what is suitable for crisis mode but not long-term
• what has stopped that you don’t want to resurrect

They are facilitating virtual workshops and doing turnaround analysis of key themes and priorities. They are using a variety of technical platforms including MS Teams, Mentor me and mindmaps.
Making sense of the changes that are taking place

Clarify your thinking and consider the actions you need to take

Conversation café
Background to this session

• In the first workshop, we received feedback that people wanted more time in smaller breakout sessions to interact with and learn from each another.

• We also heard that one of the biggest challenges participants are currently facing is the pace of change. They mentioned the lack of time to process and reflect on the changes that are happening, and to consolidate learning as part of their usual, day to day work.

• When people are feeling overwhelmed by the volume of information, we know this can lead to inertia, and to people basing decisions about what to keep, and what to revert back to, without fully assessing the impact. We’re hearing more about people moving to thinking about what comes next, post-COVID-19, but acknowledge that many are unable to think long-term yet.

• We therefore designed this breakout session to give people the space - both individually and collectively with others, to clarify their thinking and consider more deeply the actions they need to take, to deliver the changes that they think are most positive.
How we ran this session

• We had 40 minutes for this session, and split up into small breakout groups of 8 people in Zoom.

• We used a Liberating Structures method called a Conversation Café for this activity, to enable people to listen to one another’s thoughts and reflect together on a shared question.

• The purpose of this activity was to encourage people to think out loud – and share openly with others in their group – in order to make sense of the situation together, and give more clarity on what comes next.

• This method invites people to hear and understand other people’s perspectives, without the need to persuade or judge. Crucially, they should spend more time listening than speaking (see Group agreements)

• The next slide outlines how to run a virtual Conversation Café.

The question we reflected on was:

“How are you making sense of the changes that are taking place, and what is this telling you about the future?”

Group agreements:
• Suspend judgements as best you can
• Respect one another
• Seek to understand rather than persuade
• Invite and honour diverse opinions
• Speak what has personal heart and meaning
• Go for honesty and depth without going on and on
How to run a Conversation Café

- **Assign a host** – to ensure the group keeps to time, to indicate who should speak next, and to gently intervene when a participant fails to observe one of the group agreements. The host should also fully participate in the discussion. Further information for hosts is available on the Liberating Structures website.

- **Round 1 (8 mins)**: Each person should introduce themselves and speak for 1 minute, sharing what they are thinking, feeling or doing about the question, with no feedback or response.

- **Round 2 (8 mins)**: Going around again without response, each person should share their thoughts and feelings after having listened to everybody in the group (1 min each).

- **Round 3 (15 mins)**: Open, group discussion to enable people to delve deeper into the question, share any further views or reflections with others, and learn more about what they've heard so far.

- **Round 4 (8 mins)**: Each person has 1 min to share their ‘take-aways’ from the conversation.
Deep dive session
Deep dive

After the small breakout room discussions, we came back together as a whole group to spend some time delving deeper into the discussions that took place, and to develop and build on some of the thoughts people had shared.

We asked a series of questions to enable us to build a shared understanding of the service changes that are taking place, and the perceived barriers and enablers to these changes being embedded.

People answered the following questions by typing their responses in the chat box:

1. In your opinion, what are the positive service changes that are happening as a result of COVID-19?
2. Could you draw out one negative service change that you’d want to see stopped post-COVID-19?
3. What is enabling the positive changes to happen?
4. What are the barriers to these positive changes being embedded?

A summary of the main themes from the responses are shown on the following slides.
The crisis has brought:

**Necessity and urgency**

Being in a crisis gives an immediate threat.

There is a fear of failure, and not wanting to let people down, as well as high levels of determination.

Being able to make change at pace also shows what is possible.

“The experience of having to have changes at pace is releasing potential for change”

**Clear common goal**

People across different points of the system are working towards the same goals and have a collective sense of purpose.

This is also facilitating more empathy and common understanding between services.

There is an “overwhelming single imperative to work together”
Frontline teams have experienced...

Removal of “red tape” and a shift to rapid decision making

The need to get approval and sign off has become much **less bureaucratic** and **simpler**.

There is a willingness, or necessity, to **let go of some control**.

**Quick access to decisions** and **less layers of management** are involved.

People feel they have **agency to act** and are thinking **more creatively**.

Rearrangement of **funding**.

“**Things which were previously perceived as barriers suddenly no longer exist**”

Alongside...

Some examples of command and control

The increased command and control may work in some areas in the current situation, but may prove unhelpful going forwards and wouldn’t work with long term engagement with staff.

**Siloed working in areas of crisis response**

“**Silo thinking. Each area has developed its own war cabinet dealing with their situation. This means the wider consequences have been missed. This is on a service level right up to a National level.”**
The positive changes from this have been...

Better joined up working across services
- **New collaborations** have been built rapidly.
- There is **more willingness to share**, with no money arguments between services.

Clear focus on patient need as the driving mission
- Although recognising that changes have been taking place without service user involvement.

High levels of autonomy felt by staff
- There is a ‘**test and learn**’ ethos, with less thinking and more doing
- **Leadership** has been more dispersed and permissive
- Power has been given to **frontline teams to make changes**.

“New collaborations, different parts of the system having to work together. Having to, to save lives.”

“Services that are still running seem to be much more responsive to patient need, i.e. appointments very quickly, online for those that want them.”

“No need for committees to spend months discussing, try something and learn as you go - sprint learning”
As well as immediate negative changes...

The need to stop non-essential services
Including: face to face follow ups, routine referrals, routine surgeries and investigations.
Belief that there has been a focus on the urgent at the expense of prevention and early intervention

Low stakeholder engagement
Lack of service user input in service changes

“Cancer services and treatments – could these have been sustained through the crisis?”

“No input from service users. No assessment of whether it is working.”

“Not being able to ensure everyone is involved who needs to be, appreciating that some decisions have had to made quickly, this doesn’t suit everyone”
Looking ahead, the things to pay attention to are...

- Capacity issues in services as demand returns to normal
- Reduction in funding that has enabled change
- Increased pressures on an exhausted workforce

- There will be a **backlog and high levels of demand** when services return to normal.
- There is an expectation that services will resume quickly
- People will be experiencing **change fatigue**
- There is potential for a **lack of time to properly reflect** on the changes that have been made
- There is also an expectation that **bureaucratic processes and ‘red tape’ will return**, and financial barriers that were removed during the crisis will again become a barrier to sustaining changes.

“**Barriers include demand and capacity - once the flood gates are opened, people can revert to what they did previously rather than learn and embed new changes. Empowered and trained staff help remove barriers.”**
As well as the desire to return to normal and default to old ways of working...

- Desire to return to normal without fully assessing the changes
- Lack of evaluation data to demonstrate positive change
- Instability and uncertainty making it hard to plan for the future

- It is unclear what structures and processes have changed for good, and what the ‘new normal’ will be.
- Old ways of working will have comfort and familiarity for people, and it may be easier to revert to this than fully make sense of the positive changes.

“[Concern that] People will go back to what was rather than seeing what could be even if the new is better”

“Need people to see that some of these changes are positive before just reverting straight back”

“There has been so much change, how to support teams and services to embed changes when in a time of still uncertainty”
And the loss of unity across services...

Priorities and clear common goal ends

Reassertion of command and control processes and structure

Loss of unity across services

“Reverting to normal command and control systems.”

“There’s a risk that previous behaviours and mindsets have been temporarily suspended and normal power based behaviour will come to the fore as we move into recovery”

“Top-down management control re-asserting itself and removing the autonomy [that enabled positive changes]”

“People taking back power and disempowering many who have discovered they can fix stuff themselves”
Designing virtual workshops and events

Libby Keck
Head of Q Labs Network

Twitter: @libbykeckhealth
Practical learning from the Q team

In the last session there was lots of demand, in the comments and the after action review, to learn more about how to design and deliver virtual meetings. So we developed a session to share some of the practical learning from the Q team.

Across the team, we’ve got lots of expertise in designing large scale conferences, like the annual Q event, as well as interactive workshops. For example, in Q Lab, we design and deliver very regular workshops aimed at supporting people to use creative tools and methods, to support change in health and care.

Before COVID-19, online meeting design was not a strong area of expertise. But for us, as with everyone else, it’s been a steep learning curve. It has given us the opportunity to think about how we translate our experience of what works face to face, and adapt this to virtual meetings.
What do you find hardest about planning and running virtual meetings?

Participants used the chat box to share their experiences

- Getting reliable technology and managing failures when they happen (23 responses)
- Engaging people effectively in group conversations (and managing with reduced levels of non-verbal communication) (20 responses)
- Planning sessions that are interactive and engaging virtually (9 responses)
- Managing your own – or your participants – unfamiliarity with different platforms (8 responses)
- Trying to do everything at once, either as a participant (listening and reading chat), or as chair (6 responses)
- Adapting to how draining virtual meetings can be, and getting the pacing right so people have time to think (5 responses)
- Managing the interruptions you have at time rather that in the workplace, particularly at the moment (3 responses)
How to design high quality virtual meetings

We firmly believe that good virtual meeting design isn’t all about technology, although it will help to have a grasp of the basics. The steps you go through to design virtual meetings are no different than face to face, but you need to be paying attention to how the experience will be different for people, in order to translate your expertise to a session that will work well virtually. We have identified five principles that it’s useful to consider.

1. Have a clear purpose and determine the mode you want people to be in, for each individual activity
2. Make sure everyone can contribute and engage in activities
3. Accommodate for reduced attention spans, and different learning styles
4. Take advantage of technology - when it feels right
5. Prepare
1. Have a clear purpose and determine the mode you want people to be in, for each individual activity

This is an obvious one to start with, but it’s also something you can’t think enough about.

Every session should have a clear objective of what you want to get from it. Consider the questions below. Your answer to these questions will give you important information about the scope of your session.

Why is this conversation important right now?

What would good look like by the end?

Will anything be done afterwards? If so, what?

How do you want people to feel?

Deciding your answers early on will give an anchor to come back to, when you begin to develop a plan. It will also be useful in the pre-information and introduction that you provide to participants. They will get more from the meeting if they understand why they are there, and what success will look like.
2. Make sure everyone is able to contribute and engage in activities

Designing engaging sessions is even more important when you’re working virtually.

If your meeting is designed to be collaborative, then your goal has to be that you will hear from everyone – either out loud, or in writing. It can be easy for a few voices to dominate and for others not be heard.

Only use open conversation for groups of 8 people of less.

Consider activities that allow everyone to be involved. In Q we draw heavily on Liberating Structures and the Q caps cards. These activities are purposefully designed to enable high quality collaboration. While most of them aren’t designed to be run virtually, we’ve been having increasing success in adapting these – and would encourage you to have a go. We’ll continue to share our experiences of doing this in the write ups to these workshops.
2. Make sure everyone is able to contribute and engage in activities

Other ideas include:

**Take a more directive approach to chairing**

- Call on each person to speak

**Use technology to help you**

- Chat box
- Breakout rooms
- Sli.do

Be explicit about how people can engage. Consider developing instructions, like this example:

- Having your video on makes it easier to feel connected. Please keep your video turned on (if your Wi-Fi allows).
- Please mute yourself when you are not speaking.
- Concentration is harder than it is in person. Pay attention to your concentration levels and give yourself a break if you need to. We are all learning how to do this well.
- Wherever possible, make your contributions succinct and clear. Pausing to think about what you want to say is OK.
- The chat box can be used to share issues and ask questions.
What methods have you used in virtual meetings to ensure everyone can contribute?

Participants used the chat box to share their experiences

• Chat was the most popular method for supporting interactivity. In bigger sessions, people spoke about the need to designate someone to monitor and feedback on the chat.
• There were lots of comments sharing good experiences of using Liberating Structures.
• Many were keen to keep groups small, where that is possible.
• In terms of technology options, many people are using the hands up signal in MS teams to manage contributions from bigger groups.
• There was agreement that a different style of chairing and facilitating is needed.
• People liked the idea of intermittent pauses to allow people to pause and read through the chat box, or to make reflective notes.

“I like the breakout approach and having a process to ensure all can contribute in turn. This is really good for people like me who don't like big groups and tend not to speak but still have a lot to say - but prefer to be invited or to write instead.”

“Open the meeting space 15 mins early so that people can join and have a social time - like having a coffee when you turn up at a meeting/workshop.”
3. Accommodate for reduced attention spans, and different learning styles

We are all experiencing video call fatigue. It can be a lot harder to hold your attention virtually. Some simple things you can do: Limit your meetings to 90 minutes maximum. If you need to do more than this, build in some proper breaks.

**Pay attention to energy**

- Limit your meetings to 90 minutes as an absolute maximum. If you need longer, consider splitting the meeting into two parts.
- Vary the content and mode of working throughout the session to keep energy up, and engage different people. Include small group discussions and individual reflection time.
- Keep your presentations even shorter and snappier than usual. Don’t have any sessions longer than 10 minutes unless there is interactivity.

**Experiment with the form of the meeting**

- Trial different ways to hold people’s attention. Can parts of your meeting involve people being outside or moving around? Recommend people try sketchnoting as a way to hold their attention.
- Challenge some of your pre-conceptions about how you deliver face to face sessions. For example, can you strip the meeting back so that only the essential things happen when everyone is together, and put more onus on people to do work in advance or after the meeting has taken place?
- Try silent meetings where there is dedicated time for reading as part of the meeting. This can be communal and allows people to take in information at their own speed.
4. Take advantage of technology - when it feels right

In any virtual meeting, there will be a low tech and high tech way of running it. When you’re planning to add extra technology and platforms into a meeting, make sure you’re really clear about what it’s adding, and that it’s worth the additional complications.

The platform that we use most in Q – beyond zoom – is Miro. Miro is an online collaboration platform. It allows us adapt workshop activities to work well virtually. We used Miro in the last Rapid Learning and Improvement workshop, and we shared some info about in the meeting write up. There are other similar tools you can look at, such as Mural and Stormboard.
4. Take advantage of technology - when it feels right

Other things to consider

- Stick to platforms that you know are most likely to work on NHS and local authority computer systems
- Do some test runs of the technology to increase your confidence and plan for what will go wrong
- Send around information about the systems you'll be using in advance to participants, and link to information about how to use the information
- In the meeting, be honest about the fact things will go wrong: it’s ok to be nervous
- Have a back up plan. For example designate who will take over if someone’s internet fails

Participants used the chat box to share information about the platforms they use most

- By far the most common platform being used to host virtual meetings is MS Teams.
- Zoom is being used by a significant minority, and there was some Zoom envy in people wanting to use this platform more but not being able to. The main reason for wanting to use Zoom more is the breakout rooms functionality.
- Many people are using whiteboard apps such as Miro and Mural. Other interactive and collaborative platforms included Jamboard, Klaxoon and Mentimeter.
5. Prepare

People often comment on the professional nature of Q and Q Lab events. We have this reputation, because we prepare. A lot.

This may not always be relevant to everyone’s context, but is something you should consider if you are demanding a lot in terms of the time commitment from others.

Decide time for planning

- Develop detailed facilitation notes with precise timings and instructions
- Have clear roles across the team. You may need more people involved than you would do face to face. Consider back up roles in case someone has internet issues
- Consider how you will communicate as a team during the meeting. We often use WhatsApp so it’s separate from the inbuilt chat which is hard to follow when you’re chairing.
- Prepare what you will be saying in presentations. Practice this and get feedback from colleagues
Participants used the chat box to share their experiences

What have you seen that’s worked well?

“Video has added a new dimension for all people to have equal voice”

“The random nature of Zoom breakouts helps with new and novel connections”

“Best examples have been those who set the ‘rules’ at the start of every meeting”

What would you like more help with?

“How to recreate 1 to 1 conversations that you would have before a meeting - matching with another attendee to discuss thoughts on a question or topic”

“How to weave in the different tools eg sli.do, miro, etc into the sessions fluidly would be helpful”

“Icebreakers for introverts”
After action review and next steps
What went well in this workshop?

At the end of the session we sought feedback to inform future sessions.

• The use of breakout groups (x53) was the most popular element. Participants appreciated the Conversation Café activity, the richness of discussions, and the opportunity to pause, reflect and share experiences with others in a structured way.

• The calm and accessible facilitation (x7) was also noted.

• People liked the structure of the session (x 9), mentioning how they enjoyed the different formats to enable learning and interaction.

• Participants valued the additional session on virtual workshop design (x5).

“Excellent session. Loved the break out rooms and the questions to guide the discussion.”

“Excellent structure to maximise engagement and interaction.”

“Break out session was excellent and gave time to pause and reflect with people from different healthcare contexts.”

“I like the honesty about needing to pause and take stock of where we are.”

“Well structured, good mix of delivery/workshops, useful structures used to facilitate discussions.”
What would make it even better?

- The most common response was that people would have liked **time to hear from other breakout rooms in a sharing back session** (x7). Whilst they enjoyed the conversations in their own groups, they thought it would be beneficial to also hear a summary of the conversations from the other breakout rooms.

- Some people also found the **chat box overwhelming, distracting** and couldn’t keep up with it (x6).

- Linked to this, a few people thought that some of the links and questions that were shared in the chat could be sent as **pre-information prior to the workshop** (x2).

- There was a suggestion to **let participants choose breakout room topics** (x2), to enable them to connect with people looking at similar issues.

- **Timing** was also mentioned, with lunchtime (x2) not being ideal for a workshop.
Our survey says...

In a final poll, we asked all participants how they would rate the workshop as a use of their time. The results show that 99% of participants who voted considered the workshop to be a very good or good use of their time.

Thank you to everyone for your participation and feedback in the session. We look forward to the next workshop on Thursday 18 June.

On the topic of future sessions, we asked participants what workshop sessions they’d like to see in the series. The below topics received the highest number of votes:

- How to manage uncertainty and visioning a new normal (43 votes)
- How to run collaborative sense-making sessions (43 votes)
- Rapid evaluation approaches during COVID-19 (41 votes)

We will be keeping these in mind for the design and delivery of future sessions.
Useful links and resources
Useful links and resources

Throughout the workshop, we shared various useful links and resources in the chat box. We have included all of them below and have outlined in which part of in the session they were shared:

**Introduction**

- Join Q
- Five ways Q is helping during the pandemic
- Read the write up from our first workshop

A few things Q and the Health Foundation are doing:

- Deep dive support for people introducing video consultations
- Publishing a weekly easy-to-digest summary
- Launching a research open call focusing on the impact on COVID-19 on service improvement in the health and social care system, and on health inequalities.
Conversation cafe
- Find out more about Liberating Structures
- Join Q’s Special Interest Group on Liberating Structures in Healthcare

Deep dive session
- Find out more about rich pictures

Designing virtual workshops and events
- Q’s Creative Approaches to Problem Solving (CAPS) toolkit
- Join Q’s Special Interest Group on sketchnoting
- Silent meetings
- Miro

#RapidQI
Thank you

Share your experiences on Twitter @theQcommunity #RapidQI

Save the date for our next workshop: Thursday 18 June 2020, 14.00

Get in touch with feedback to QLab@health.org.uk