Learning from rapid innovation and improvement

Virtual workshop write up

16 July 2020

Delivered by

The Health Foundation

Supported by

NHS Improvement

Introduction

This is a write up of the fourth Rapid Learning and Improvement workshop, delivered by Q, in partnership with the NHS Confederation and the AHSN network as part of the NHS Reset campaign.

The workshop was designed to support participants to identify and understand the conditions and ways of working that have enabled innovation to thrive during the COVID-19 pandemic, to make sense of what is needed now and in coming months to sustain this.

NHS RESET
FOR THE FUTURE OF HEALTH AND CARE

The Health Foundation | NHS CONFEDERATION | The AHSN Network

is a network of over 3500 people working across the UK and Ireland to improve health and care

Our goal is to make it easier for people to share, learn and collaborate – in order to accelerate positive change to the health and care system.

The Health Foundation

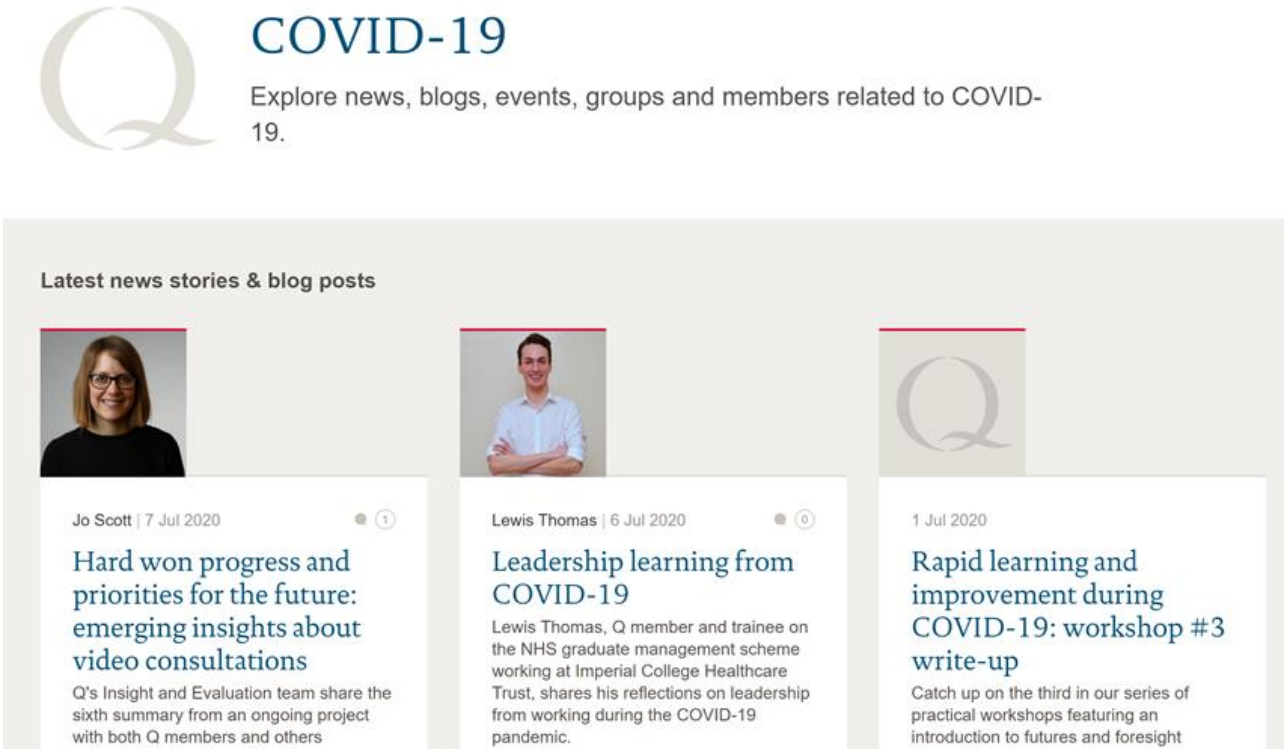
Q is led by the Health Foundation and supported by partners across the UK and Ireland

Find out more

- Resources and content on COVID-19 including blogs, tools, events and online groups
- More information the Q community and how to join

q.health.org.uk

@theQCommunity



“The pandemic represents a rare but narrow window of opportunity to reflect, reimagine, and reset our world.”

Klaus Schwab
Founder and Executive Chairman, World Economic Forum

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Why Reset?

- an opportunity to influence
- our members and stakeholders transformative experience of Covid-19 highlight an appetite for change. They want more than recovery to the same NHS, they want to Reset to a new way of working and thinking.
- we want to facilitate a public debate on what the health and care system could look like in the future, to influence forthcoming national strategies, and provide guidance to our members to support their own thinking in the coming months

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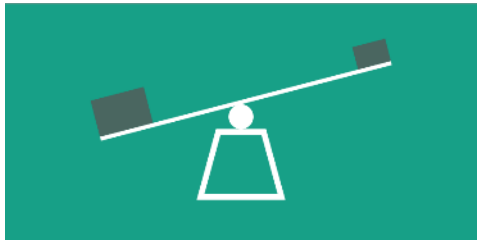
Our work covers ten key areas

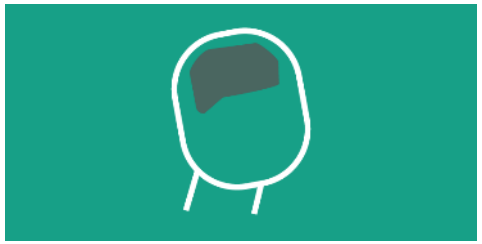
Health and care workers

What do employers need to enable them to attract, recruit, train, develop, deploy and best support their workforce?



Health inequalities

How can the health and care sector help to address the geographic, socio-economic and socio-demographic inequalities exposed by the pandemic?



Mental Health

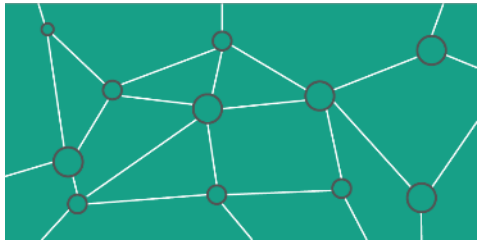
As the system prepares for the mental health aftermath of COVID-19, what will be needed to meet increased demand, safeguard staff wellbeing and support some of the most vulnerable in our society?

Governance and regulation

Does the national architecture and culture of assurance and regulation need to change?

Restoration and recovery

The way that core NHS services resume and work alongside COVID-19 will be one of the biggest challenges healthcare policymakers, leaders and clinicians will have faced for decades. How can the system approach this in the best way?



Integration and whole-system thinking

What should system and place level working need to look like and how could they be enabled?

Join the conversation #NHS RESET

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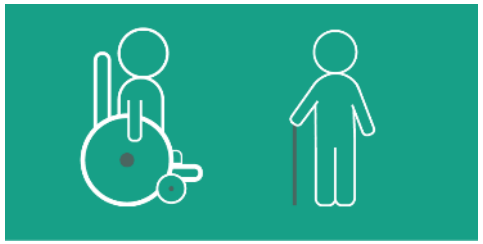
Key areas

Economic and social recovery

What role can the health service play in post pandemic economic and social recovery?



Social care

The COVID-19 crisis has once again demonstrated the need for a new settlement for social care and highlighted the critical role the sector plays in the delivery of health and care services.

Best practice and innovation

This period has seen an explosion of innovation. This theme will help to uncover, spread and celebrate the innovations of the coronavirus period that have supported patients, staff and systems at a time of national emergency.

A new relationship between the NHS, public services and communities

Does COVID-19 provide the starting point for a new relationship between the NHS, other public services and the communities we serve?

Learning approaches

Libby Keck

Head of Q Labs Network

Twitter: @libbykeckhealth

Delivered by The Health Foundation

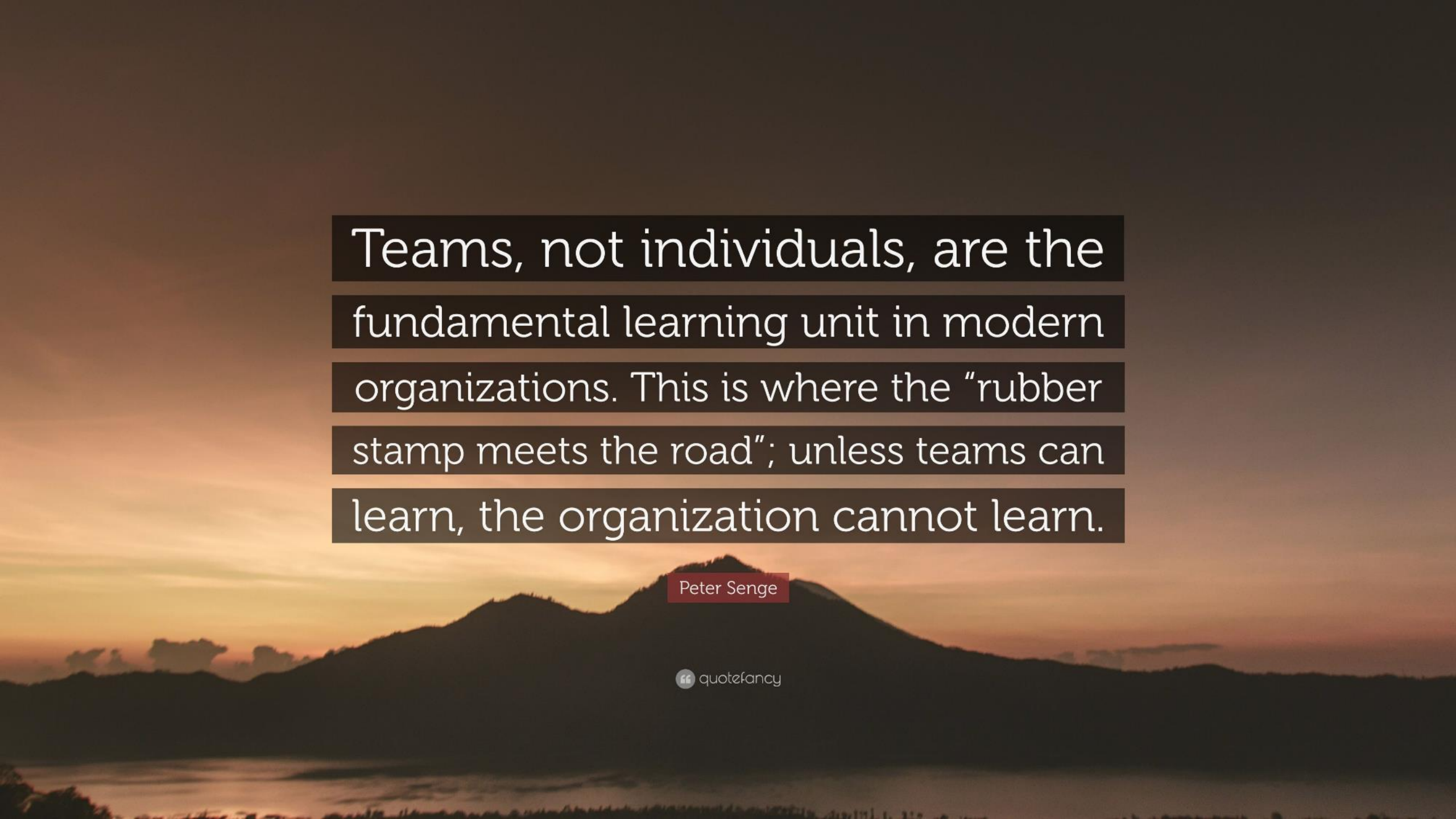
Supported by NHS Improvement

Learning capture and sensemaking

In this session we shared some information about how to support learning practices within teams, organisations or systems.

In this context, we describe learning as a process for recording data and observations, live and real time, and being able to use and interrogate this to move into action.

Importantly, learning of this sort is more effective if it's performed by teams than by individuals.


Teams, not individuals, are the fundamental learning unit in modern organizations. This is where the “rubber stamp meets the road”; unless teams can learn, the organization cannot learn.
Peter Senge
quotefancy

Principles for learning

We identify six principles to consider when approaching learning practices within your team, organisation or system.

1. *Avoid jumping to conclusions*
2. *Be purposeful*
3. *Be timely*
4. *Involve diverse perspectives*
5. *Support psychological safety*
6. *Focus on what is enabling the change*

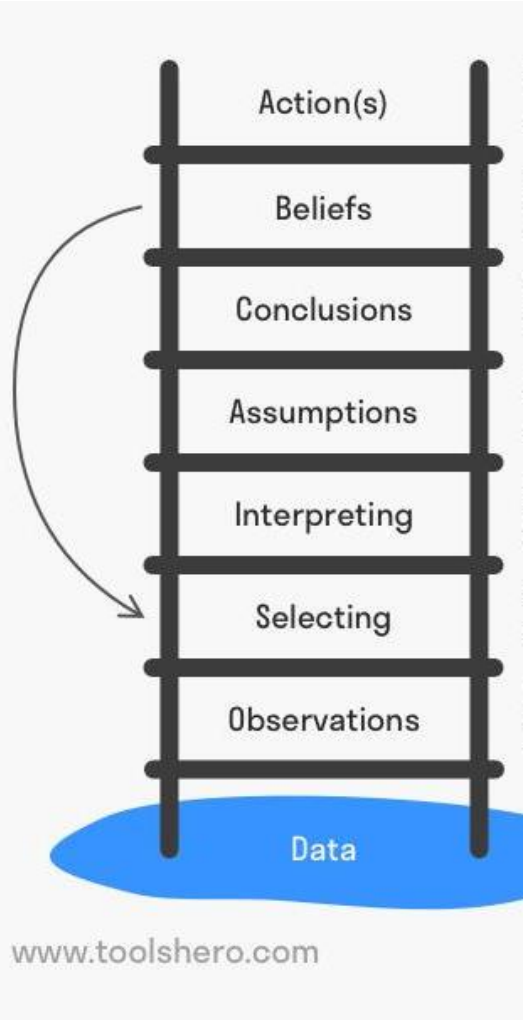
1. Avoid jumping to conclusions

It can be easy to make assumptions and jump to conclusions, particularly when we're busy or stressed.

But when it comes to learning, it can mean we misinterpret what's happening around us, and spot patterns which may not be there.

A tool we've found helpful to try and explain and address this, is the ladder of inference, developed by Chris Argyris and popularised by Peter Senge.

A good learning process should help you to move up each stage of the ladder one by one, rather than jumping straight to the middle or even the top.



For more information on the ladder of inference check out this TedEd video Rethinking Thinking by Trevor Maber

2. Be purposeful

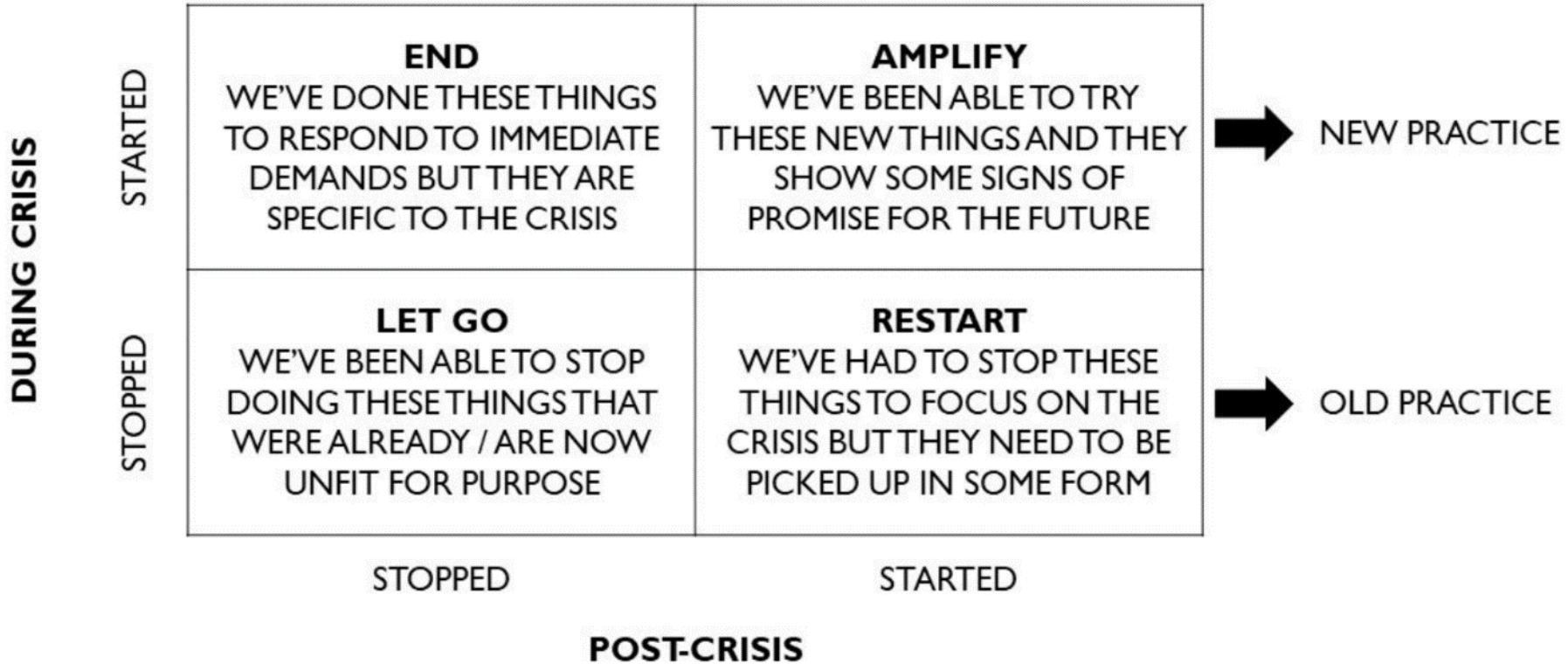
- Identify your goals: what it is most important for you to learn from, and what's feasible with the resources you've got.
- Consider how you'll use the information that has been collected.
- If you want a simple tool to help you make sense of the changes you have implemented during COVID-19, and what this means for the future, you may want to look at RSA Future Change Matrix (shown on the following slide).

WHAT PRACTICE ARE WE SEEING IN COMMUNITIES, INSTITUTIONS, POLICIES?

Understanding crisis-response measures

Collective Sense-making

RSA



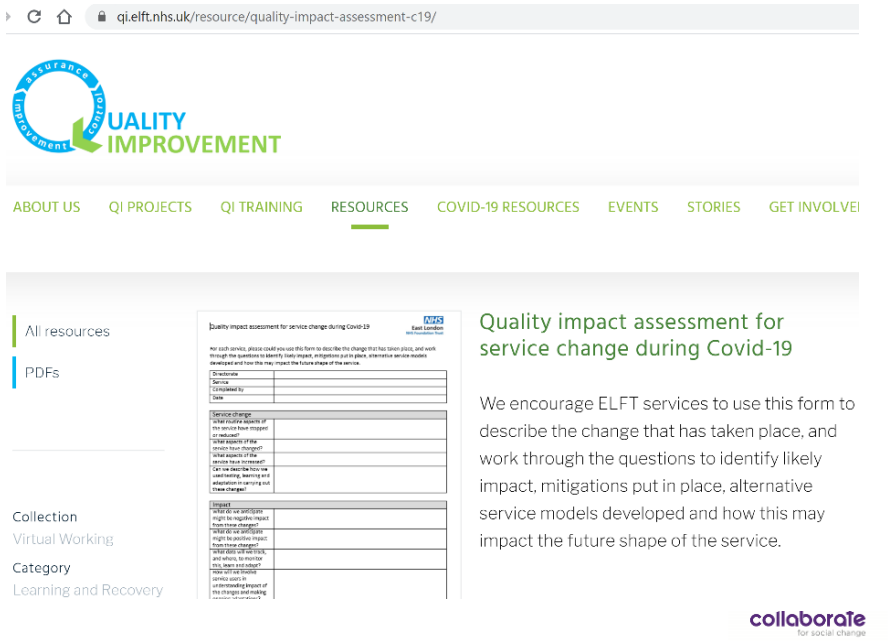
RSA (2020) www.thersa.org

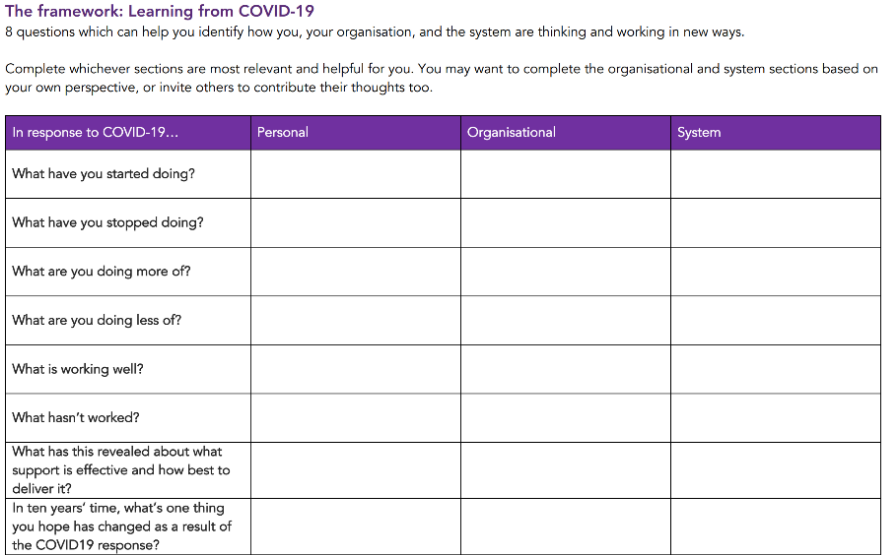
3. Be timely

It is important to capture learning as you go. There are lots of great tools you can use and adapt.

Two of the most popular tools are:

- Quality impact assessment for service change during COVID-19 from East London Foundation Trust (ELFT)
- Learning from COVID-19: A tool for capturing insights (from Collaborate CIC)





The framework: Learning from COVID-19

8 questions which can help you identify how you, your organisation, and the system are thinking and working in new ways.

Complete whichever sections are most relevant and helpful for you. You may want to complete the organisational and system sections based on your own perspective, or invite others to contribute their thoughts too.

In response to COVID-19...	Personal	Organisational	System
What have you started doing?			
What have you stopped doing?			
What are you doing more of?			
What are you doing less of?			
What is working well?			
What hasn't worked?			
What has this revealed about what support is effective and how best to deliver it?			
In ten years' time, what's one thing you hope has changed as a result of the COVID19 response?			

4. Involve diverse perspectives

- Use tools that enable diverse participation
- Choose tools that are accessible
- Consider where people are already meeting and discuss learning there, for example:
  - Existing team meetings or huddles
  - Getting people to share feedback on WhatsApp groups
  - Taking advantage of other virtual platforms

5. Support psychological safety

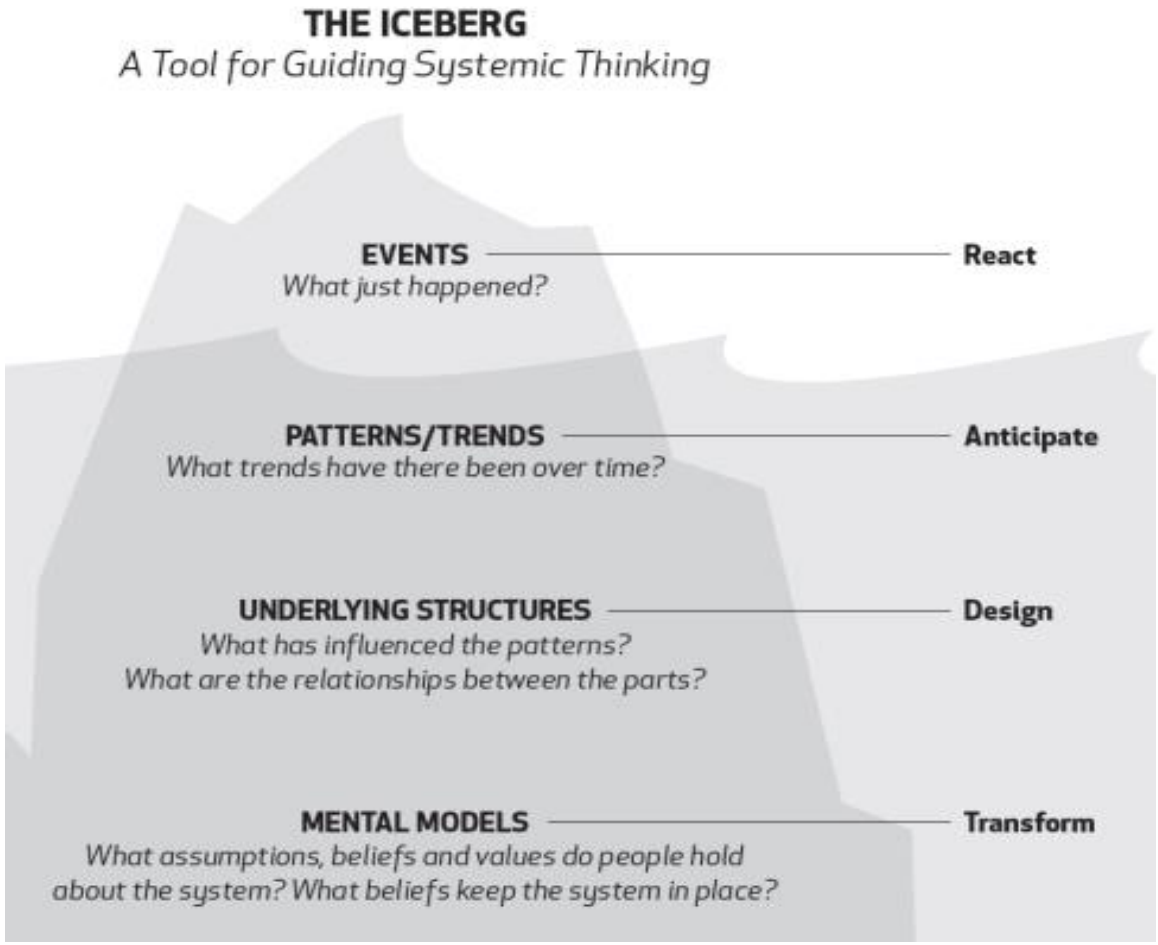
Safety goes hand in hand with a teams' ability to learn. If people don't feel safe, they won't speak up. Read the blog below from IHI for some ideas about language and behaviours you can model at this time

'What to Do and Say to Support Psychological Safety During the COVID-19 Pandemic'

Institute for Healthcare Improvement

6. Focus on what is enabling the change

- Some of the most significant changes we've seen over the last few months have been behavioural and cultural. For example a renewed sense of shared purpose across systems, a willingness to try new things, greater sense of permission and autonomy for frontline teams to implement changes.
- It's important to think about the change you're seeing, and the patterns and systemic structures that may be causing that to happen.
- A useful model to support conversations on this is the iceberg model. This can help you to think about the structures that leading to the events you are seeing.



Enabling systems to thrive

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In this session we heard from two speakers about their experiences of learning during COVID.

Jon Siddall

Chief Executive,
South West Academic Health Science Network

Dominique Bird

Head of Capacity and Capability,
Improvement Cymru

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The AHSN Network

COVID-19 Reset Activity

Rapid learning

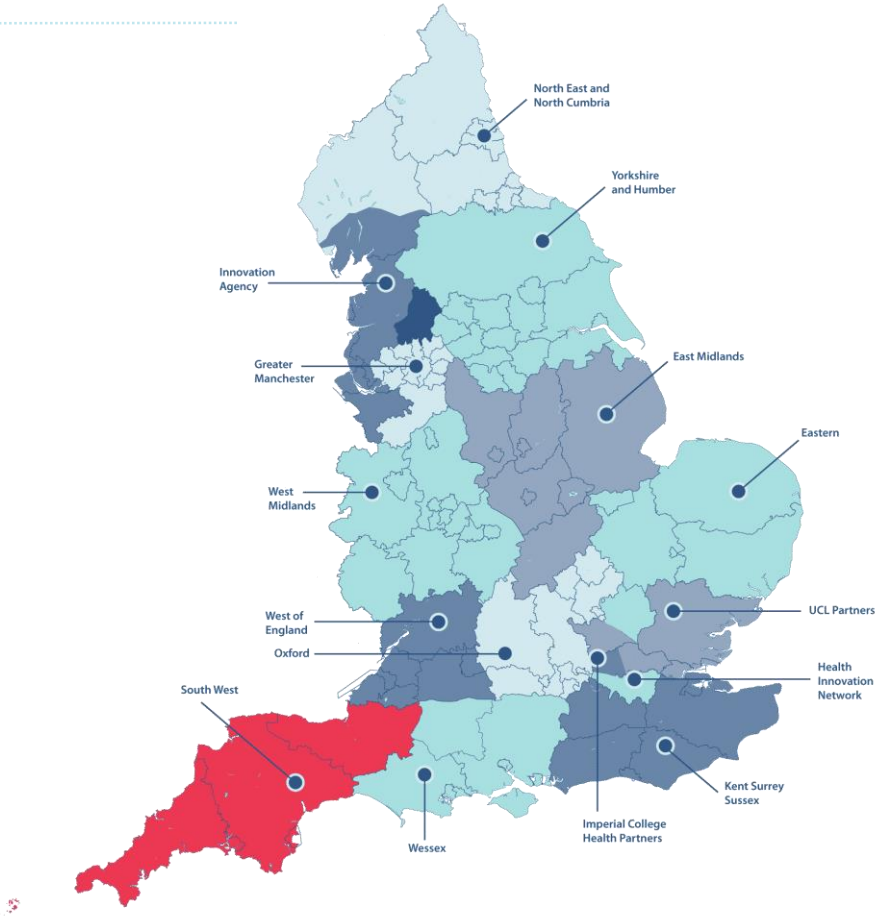
- Local and national response to COVID-19
- Capture stories and learning
- Feedback cycles to inform immediate response

Evaluation

- Working with local systems to capture learning
- Evaluate change and capture good practice

Inform & support

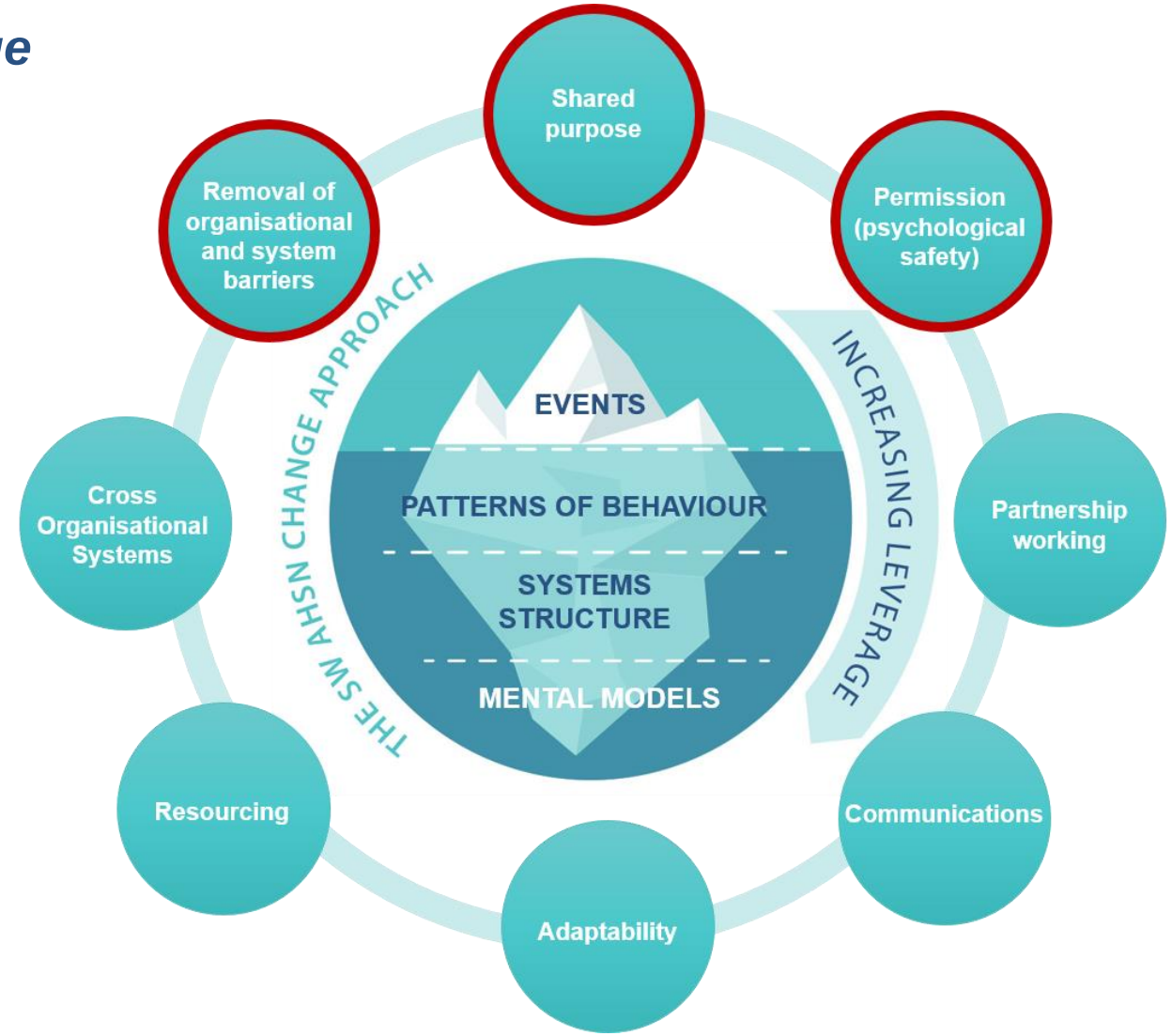
- Inform local and national system recovery plans
- Support systems to sustain & spread positive changes
- Embed features of resilient health systems



South West Academic Health Science Network

SW AHSN Change Findings

The 8 conditions for rapid change



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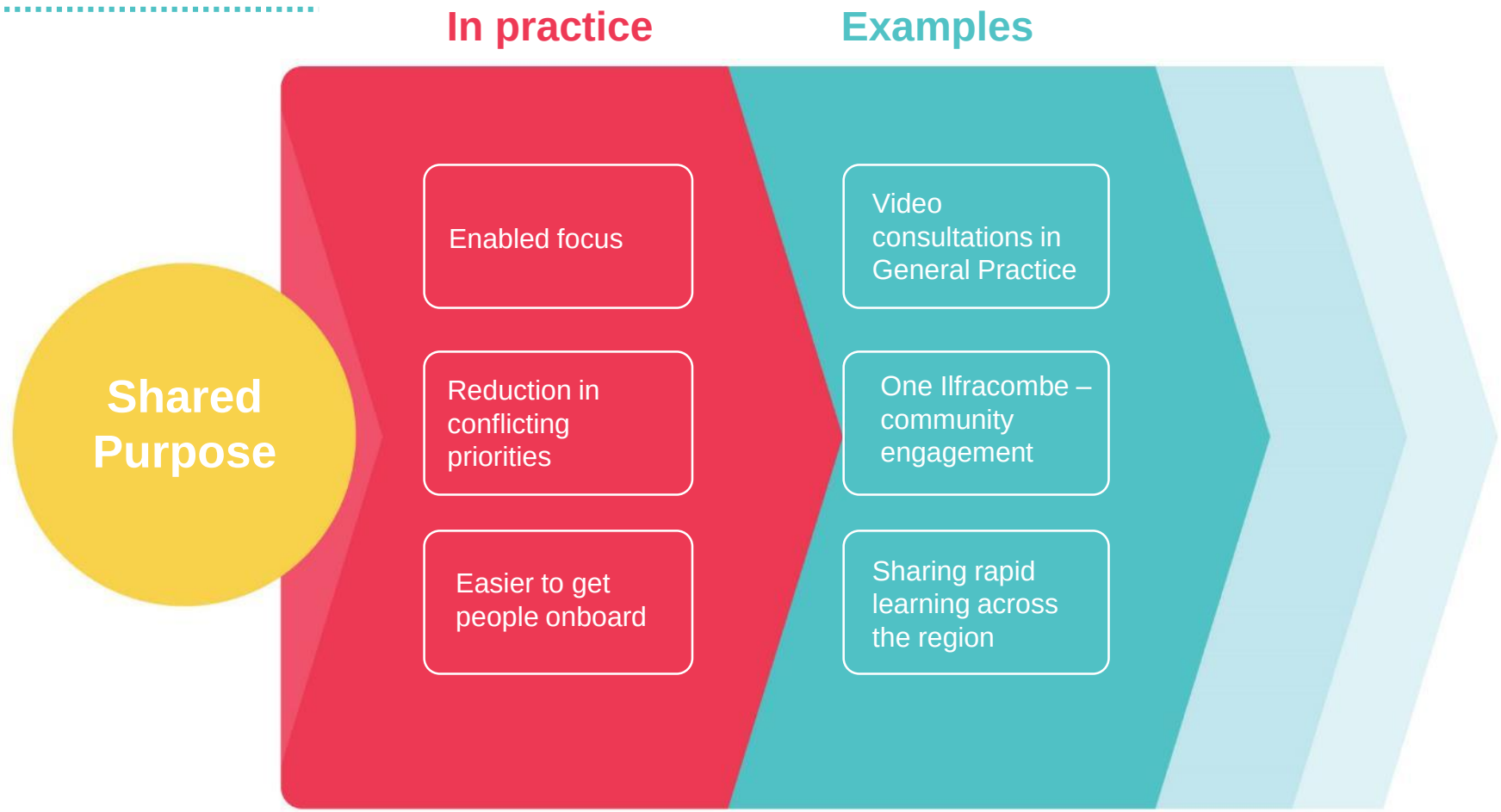
Shared Purpose

In practice and regional examples



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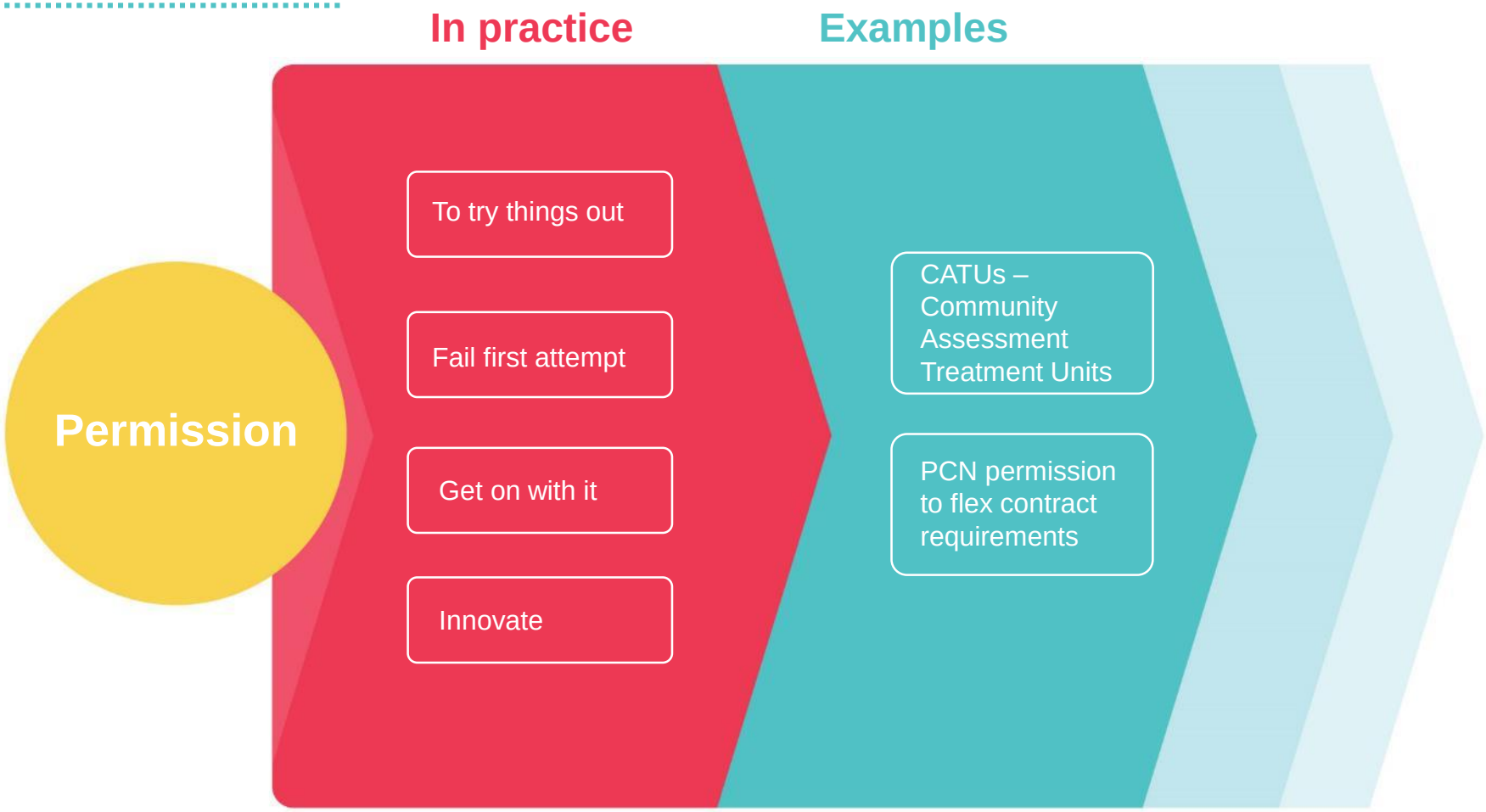
Permission (psychological safety)

In practice and regional examples



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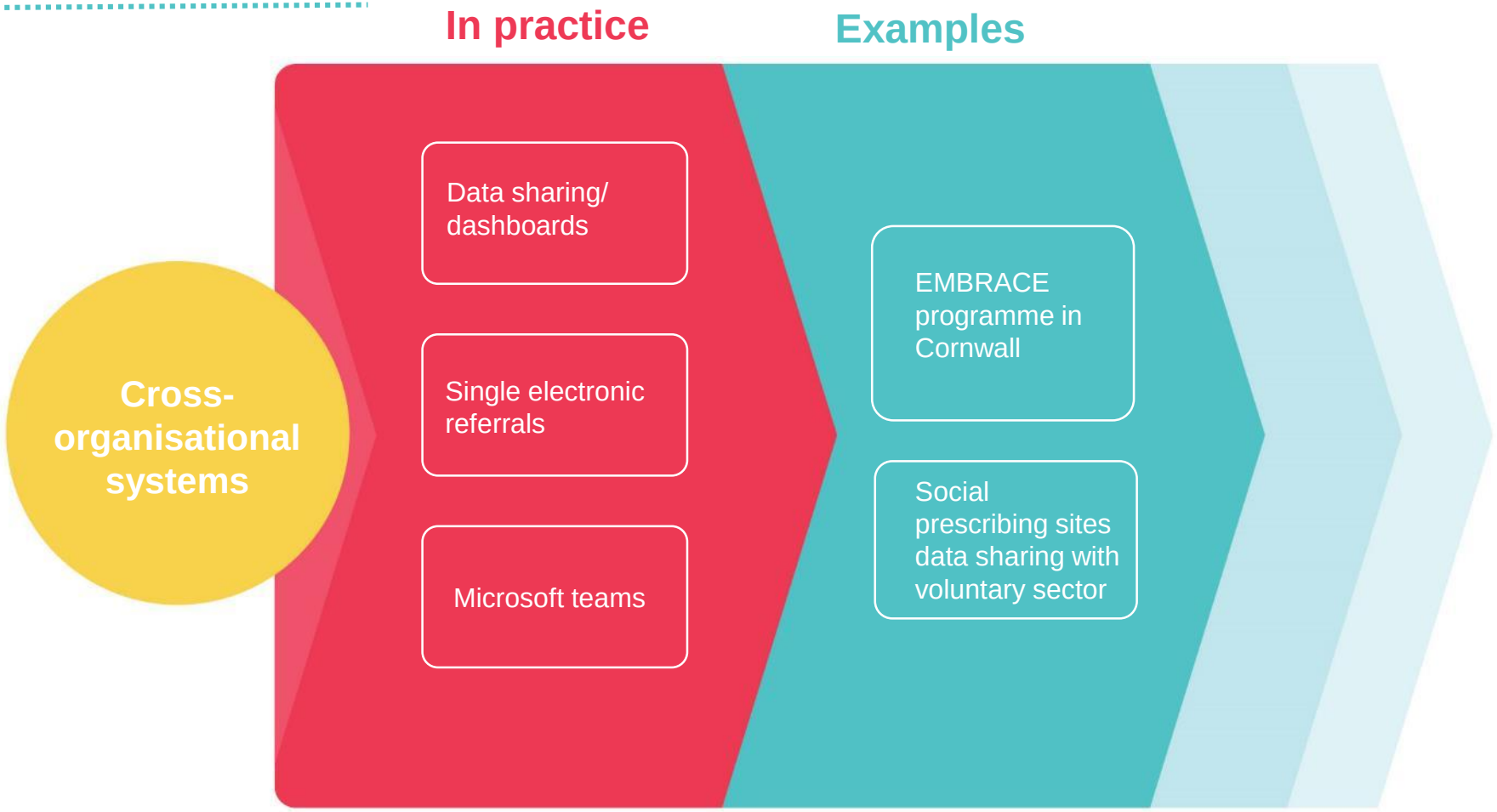
Cross-organisational Systems

In practice and regional examples



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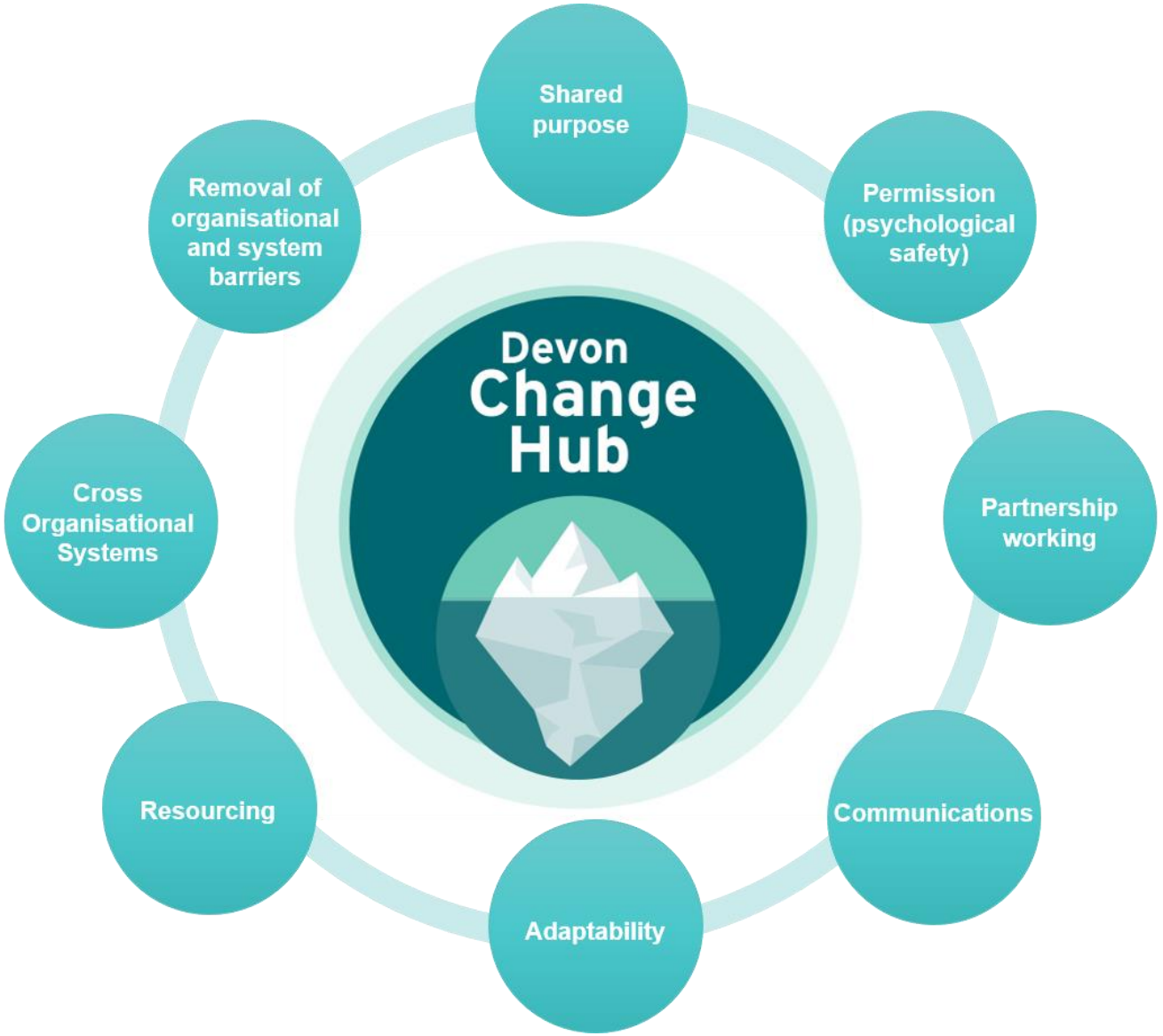
Holding onto the conditions:

Enabling resilient health systems



Resources – learning from COVID-19:

- AHSN Network Reset Campaign: https://www.ahsnnetwork.com/ahsn-network-reset-campaign
- Blog - Virtual consultations in care homes: https://www.swahsn.com/using-telephone-and-video-tools-for-gp-consultation-in-care-homes/
- Blog - Detecting deterioration in care homes: https://www.swahsn.com/detecting-deterioration-delivering-restore2-training-to-care-homes/
- Blog - Community responses to COVID-19 – One Ilfracombe: https://www.swahsn.com/blog-learning-and-sharing-the-response-to-covid-19-in-north-devon/

Dominque Bird

Head of Capacity and Capability

Improvement Cymru

Dominique was interviewed about her experiences in Wales during COVID-19. A summary of her responses is shown on the following slides.

How has the work that you do changed?

Improvement Cymru is part of Public Health Wales. There have been major redeployments during the pandemic. People in our team have been involved in testing, sampling and results for COVID-19. The communications team have been using their experience in behaviour change to support national public health campaigns, including a mental health campaign 'How are you doing?'

Our whole team have been put in **new situations** and services. The **adaptability** they have shown is incredible. I think a lot of that comes from the strengths of an **improvement mindset**. I think back to the Habits of an Improver (the Health Foundation publication from 2015, written by Bill Lucas and Hadjer Nacer). The key elements that this described are what has been needed during the pandemic.

Have you seen silo working reduce?

Absolutely, I've witness this internally and at a system level in Wales. Something has been unlocked. I think the biggest enablers have been people taking a **systems view of issues** (rather than focussing on individual specialisms or areas) and the **creativity and freedom** to do things differently.

We are seeing much **more joined up working** and **shared purpose**. For example in Digital Care Home Cwtch – a series of events that provide peer support for care home managers and staff. This came from a new partnership between us and Age Cymru, Social Care Wales, Digital Wales and Welsh Government. It started as a way to increase understanding in new guidance but has evolved into peer support, focussing on patient safety and person centred care, supporting digital and improvement skills. In Improvement Cymru this has involved the care homes, mental health, and unscheduled care teams all working together. It makes me reflect that the names that we give our programmes and the way we seek to separate work out can create these silos ...

Have you seen silo working reduce?

... We know improvement needs is time and space. The pandemic has shown it can be done with little time, but **space is crucial**. This requires more **enabling leadership**.

With COVID no one had the answers and **solutions were explored together**. Too often we revert to giving pre-conceived answers for people to implement. The best system thinkers are those in the system. As leaders we need to be brave and provide the conditions for them to explore solutions.

How have you been supporting resilience and wellbeing?

The impact of the pressure placed on people is unknown. I heard the phrase early on 'this is a marathon not a sprint', but then we've seen teams having to sprint a marathon. With lots of issues on the horizon, like the backlog of planned care, we can't expect teams to keep on running.

In our team we have been looking to create **moments of reflection** and surface **personal learning**. We have been developing a collection of COVID stories from staff – told in 300 words, a picture or even a Lego build. The stories that have been shared are very moving and personal, capturing the impact on working life and home life. People have found the process cathartic, and it has led to more people sharing.

In terms of other wellbeing support. Public Health Wales have developed lots of tools, including the 'How are you doing?' campaign I mentioned earlier, as well as a new tool launching soon called 'ACTivate your life'.

We have also been looking at how to create continual feedback loops that we can build into normal working practices, for example using the Improve Well app ...

How have you been supporting resilience and wellbeing?

... I'll leave you with a quote that I saw last week on an out of office from a colleague, that sums up really nicely what we all need to be paying attention to.

> Be kind to yourself. Appreciate someone around you. And know that who you are and what you do matters.

Selected comments and discussion from chat

From Trevor Fernandes: We cannot forsake patient and public involvement for less effective models of engagement. The ability to challenge and support is an important aspect of patient and public involvement, holding leaders to account and having appropriate oversight. I would be grateful to understand what other ICSs are doing re patient and public engagement and connecting with community groups.

From Jon Siddall: Really important point. We've been starting to engage and support partners on this thought our QUIPP programme

From Tracy Crumbleholme: We are holding team group forums with patients and staff and using nearpod to look at our lessons learned from a patient and staff perspective. Using a logic model to tease these out and then applying to Burbidge (RSA) framework. Also carrying out some interviews, particularly around the effects of non face to face consultations.

Learning and advice for others: key message is to make sure you adapt your language to the audience... always applicable, but especially with patient and public who don't understand improvement terminology. This is also relevant when linking with local authorities as they have different terminologies. Other point is to make sure you have a wide audience, eg in our interviews re Attend Anywhere we included teenagers as well as adults and health care professionals as their views may be very different.

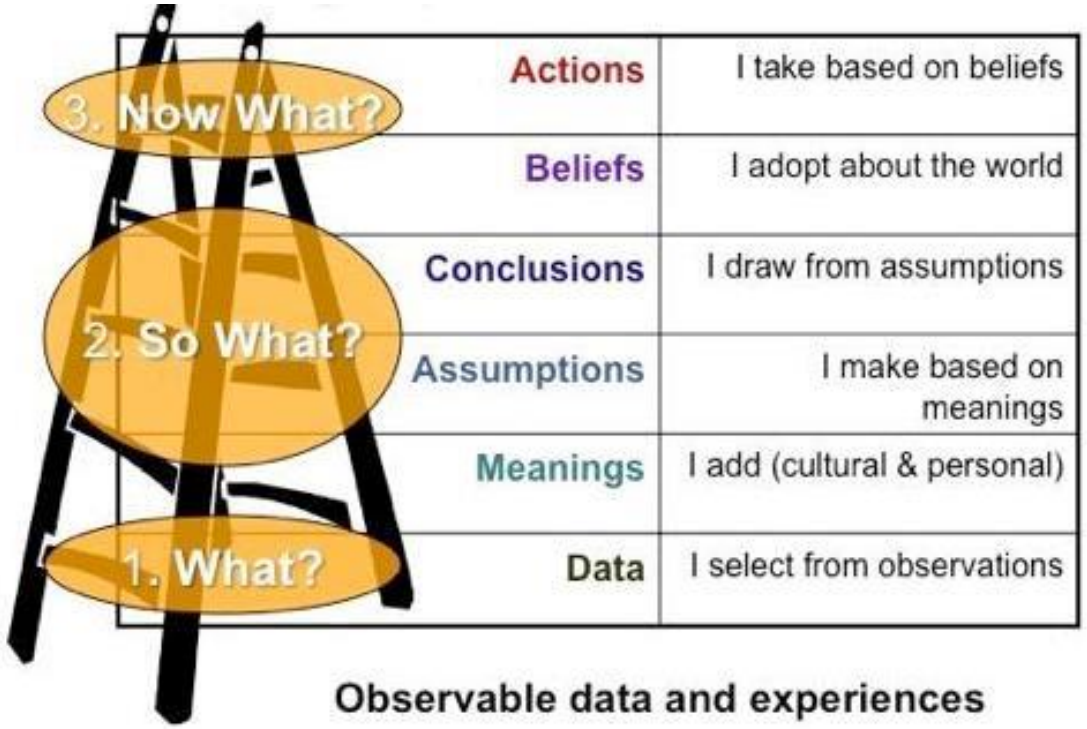
Background to this session

Following the presentations, we split into small breakout groups. We used a Liberating Structures method called **What, So What, Now What,** that we adapted for this session.

This activity:

- Helps groups reflect on a shared experience
- Builds understanding
- Spurs coordinated action

By asking these questions: what, so what, now what?, it helps people to move slowly up the **ladder of inference.**



Risks for the future

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Risks for the future

- During this workshop series, and in many other spaces, people have been talking about the opportunities that we have to build a new normal and learn from the changes we have implemented.
- It feels right to harness this energy and positivity for change, but an important aspect to this conversation is the risks or the traps we might fall into as we try to build this new normal.
- In the final session of the workshop, we discussed three risks that have emerged from the conversations we've been having through Q with practitioners and senior improvement leaders across the UK.

1. Silos

- The crisis started with feeling of ‘all being in it together’. We heard about barriers being broken down across organisations and systems.
- More recently it feels like some of those newfound relationships and sense of togetherness has started to weaken, the system is becoming more complex and multifaceted again, silos are reemerging and shared purpose is being stretched by professional and organisational viewpoints.

Some teams have been empowered to give anything a go and learn from mistakes, others haven’t

There is an overwhelming single imperative to work together

Each area has developed its own war cabinet dealing with their situation.

2. Focus on intervention instead of conditions

- Another risk is a focus on the ‘what’, at the expense of the ‘how’. Positive changes have been catalysed through the COVID-19 pandemic. We need to work to identify these, build on them and ensure they are not lost. But if we do that with too much of an intervention focused lens, we risk losing the opportunity to have the important conversation about the conditions that enabled people and systems to adapt and improve.
- Take video consultations for example. It is important for us to capture information about what has been implemented: what technical systems, specific processes have worked well? But we also need to understand how it has been implemented successfully.

Things which were previously perceived as barriers suddenly no longer exist

The experience of rapid innovation is releasing potential for change

There is a can do attitude with high levels of flexibility, adaptability, creativity and innovation.

3. Top down vs bottom up

- We've started to notice a potential simplification in the narrative about autonomy, permission and control. Undoubtedly some people experienced increased autonomy and local decision during the height of the pandemic. It's also clear that many people have experienced this reducing over recent weeks, with some perceiving this to be a reassertion of control.
- There is risk that we create a simple bottom up versus top down story. We know that each part of the system has a role to play. What is the appropriate space for different people and organisations to be operating in, and what can the pandemic teach us about that?

New collaborations, different parts of the system having to work together

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

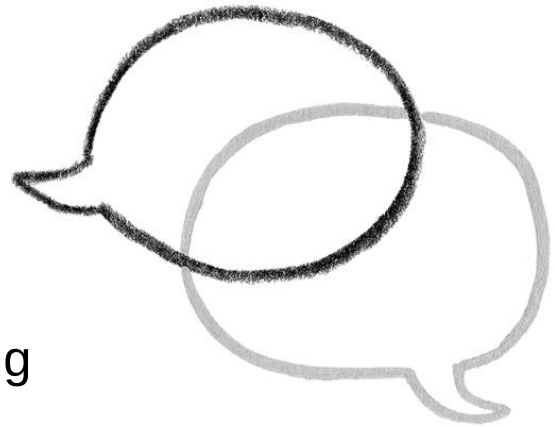
No need for committees to spend months discussing, try something and learn as you go: sprint learning

Inviting people's thoughts on risks for the future

We asked a series of questions using the interactive voting platform, Sli.do, to enable us to build a shared understanding of the key risks we need to avoid and mitigate going forward.

People answered the following questions:

1. **In trying to 'lock in' positive changes, one of the key risks for the health and care sector is…**
2. **When thinking about my own leadership and behaviour, I want to avoid…**
3. **At its very best, the health and care system is…**



A summary of the main themes from the responses are shown on the following slides.

In trying to 'lock in' positive changes, the key risks for the health and care sector are…

Losing the focus on learning and reflection on the changes that have been made**.**

"Not being given the time and space to reflect on what to keep"

Furthering or creating new inequalities through innovating rapidly eg digital inequalities.

"Furthering health inequalities"

Increased pressures on an exhausted workforce who may already be experiencing **change fatigue,** leading to **poor staff wellbeing.**

"Overburdening colleagues as new work is added to the pre COVID-19/traditional work being brought back onboard"

"We revert back to heavy-handed structures and systems which once again restrict activity, flexibility and innovation"

Reverting back to previous behaviours/ways of working, including **siloed working** and **hierarchical** leadership, hindering collaboration and innovation.

Losing a collective shared purpose, bureaucratic processes and financial barriers that were removed during the pandemic will again become a barrier to sustaining changes.

"System leaders are not committed to a shared purpose, and financial and governance systems revert to pre-COVID conditions"

As well as…

"Changes may have worked in the context of COVID but may not be sustainable post-COVID"

Thinking there is a **'one size fits all' approach to solving problems,** and **making assumptions about sustainability vs 'quick fixes',** recognising certain changes may not be sustainable post-COVID.

"Missing that different types of problems do need different types of change approach… some of long term improvements are not well served by reactive change style"

The lack of evaluation data to demonstrate positive change.

"We don't evaluate changes and hence lock in the wrong things"

"Not checking that the 'new' way of working is an improved way of working"

Losing a clear focus on patient need as the driving mission, although acknowledging that many changes have been delivered without service user engagement. In the future they would like to see greater service user input in service design/changes.

"Going back into 'organisation first' rather than 'patient first'"

"People are not checking what their patients are thinking because it takes time."

When thinking about their own leadership and behaviour, people want to avoid…

Overcommitting to the detriment of wellbeing, and losing empathy for colleagues

"Need to remember everyone's Covid journey might be different."

"Over committing to the detriment of wellbeing."

"Burnout."

Not truly listening to others, and not engaging widely enough

"Telling people what to do and not listening"

"Acting before listening and then contemplation."

"Not ensuring that other people's views are heard and appreciated."

"Dismissing voices that don't agree with my vision - rather I should embrace and seek to understand from their viewpoint"

Losing the bottom-up approach and imposing control, which can hinder innovation and learning from each other

"Trying to take too much control."

"not collaborating, missing the innovation opportunity being presented now"

"Making all of the decisions instead of empowering team members"

Making assumptions, more generally, or about specific things such as…

"Assuming that I know the pressures on the other parts of the organisation and colleagues"

"Making assumptions about other people's experience. Keep checking in where people are at - probably for much longer than I might think"

At its very best, participants think the health and care system is…

After action review and next steps

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What went well in this workshop

At the end of the workshop we asked people for feedback, to help inform our future sessions.

- As in previous sessions, the use of **breakout groups** was the most popular element (x21), as well as having the time to **reflect with others** (x6).
- People liked the **structure** of the session (x7), mentioning how they enjoyed the different formats to enable learning and interaction.
- There was positive feedback about the thought provoking presentations from **guest speakers** (x11).
- People also valued **useful links being shared** in the chat box (x3).

"Great presentations: managed to be both deep and yet clear"

"Great mix of presentations and breakouts, and interactive tools such as poll and sli.do"

"Inspiring speakers and then opportunity to then discuss in small group. Use of liberating structure. Sharing of links in chat"

What would make it even better?

- A number of people said they would have liked **more time for discussion in the breakout groups** (x7), as well as **more people in their breakout groups** (x6).
- Several people thought the workshop went too quickly and could have done with **more time overall** (x3).
- People would have also appreciated the chance to **rotate around a few breakout rooms** to meet more people.
- In addition, people would have liked the opportunity to have a **short Q&A with speakers**.

"More time in breakouts"

"Would be even better if it was less rushed, time to have more meaningful discussions."

"An opportunity to have a short Q&A with speakers"

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 **100%** of participants who voted considered the workshop to be **a very good or good use of their time**.

Thank you

Share your experiences on Twitter @theQcommunity #NHSReset #RapidQI

Save the date for the next workshop: Friday 7 August 2020, 13.00 – 14.30

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

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