UCLP Blog: Implementing a Learning Health System at Chase Farm Hospital

Embedding continuous improvement into our daily work & amplifying the voices of diverse patients and staff.

Summary

Think back to the immense innovation over COVID-19: the rapid testing of different ways of delivering services to meet patient needs whilst mitigating risks, the diverse feedback mechanisms developed to keep staff and patients informed of changes, and more broadly how improvement was naturally part of everyone’s daily work.

The Learning Health System (LHS) we implemented at Chase Farm Hospital (CFH) aims to capture this way of working and develop systems and processes which make this possible in an existing hospital as part of our normal business, outside of a crisis. Over the last two and a half years the LHS has had a powerful impact on our staff and patients, particularly in terms of involvement in decision-making and their overall experience. There have also been challenges around funding and digital systems. This blog shares a snapshot of our journey and learning so far.

Origins at Nightingale London

The model was first developed and tested at the NHS Nightingale Hospital London during the first wave of the COVID-19 pandemic. A critical part of this was the ‘bedside learning co-ordinator’ role, which supported the wider learning health system (LHS) through capturing staff insights into what was working well and what could be better, and rapidly feeding these insights back to leadership teams to review and decide how to respond, testing or implementing changes as appropriate.

At Chase Farm Hospital, one of three hospitals in the Royal Free London NHS Foundation Trust group in London, we were one of the first adopters of the LHS in June 2020. This was sponsored by the then CEO (Chief Executive Officer) Natalie Forrest who championed this after witnessing how it enabled clinical and operational decision-making to be accelerated in a crisis in her role as COO (Chief Operating Officer) at Nightingale London.

Our vision for the Learning Health System was to a) develop a culture of continuous quality improvement that feels authentic for staff, and b) for staff to feel able to influence the improvements that matter to them and patients.

Implementing a LHS at CFH

Core components:

- **Learning co-ordinator roles**

We currently have two members of staff in these posts who are the ‘eyes and ears’ of the hospital, both with a background in aviation. They speak with staff and patients in clinical and non-clinical areas to understand what matters to them, amplify their voices, identify

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issues and opportunities for improvement, cascade messages and ensure there is a two-way dialogue on key issues, and support local tests of change.

"A typical day involves gathering insights and feedback from staff and patients and any observation or ideas they may have for improvements. The key is to make everyone's experience here an excellent one, and that any challenges can be resolved quickly. I will inform the department leads of my feedback and at Learning Forums which all staff, including senior management, are invited to."

Kim Clinton, Learning Coordinator, Chase Farm Hospital

- **Learning forums**

This is our weekly all hands meeting to share notices and raise issues and opportunities around staff experience, patient experience, safety, and performance directly with senior leadership, sharing good practice and providing updates and closure on items previously raised. One of the biggest benefits is in reducing the gap between front-line staff and senior management.

- **Visual management**

We communicate messages to staff in an accessible way through having posters on all entrances that staff enter the hospital through. These are updated at least once a week and include priority updates and getting to know members of staff. When needed we also use this to involve staff in decision-making through tally charts and other voting mechanisms. This is in the process of being digitised via TV screens.

The learning health system cycle:

Information flow through the LHS:

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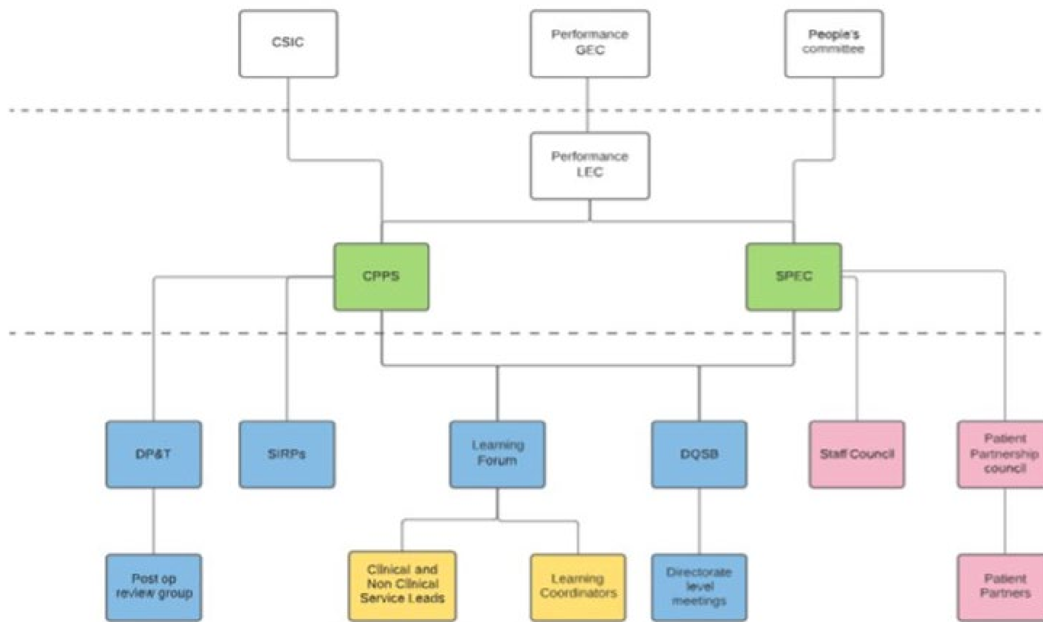
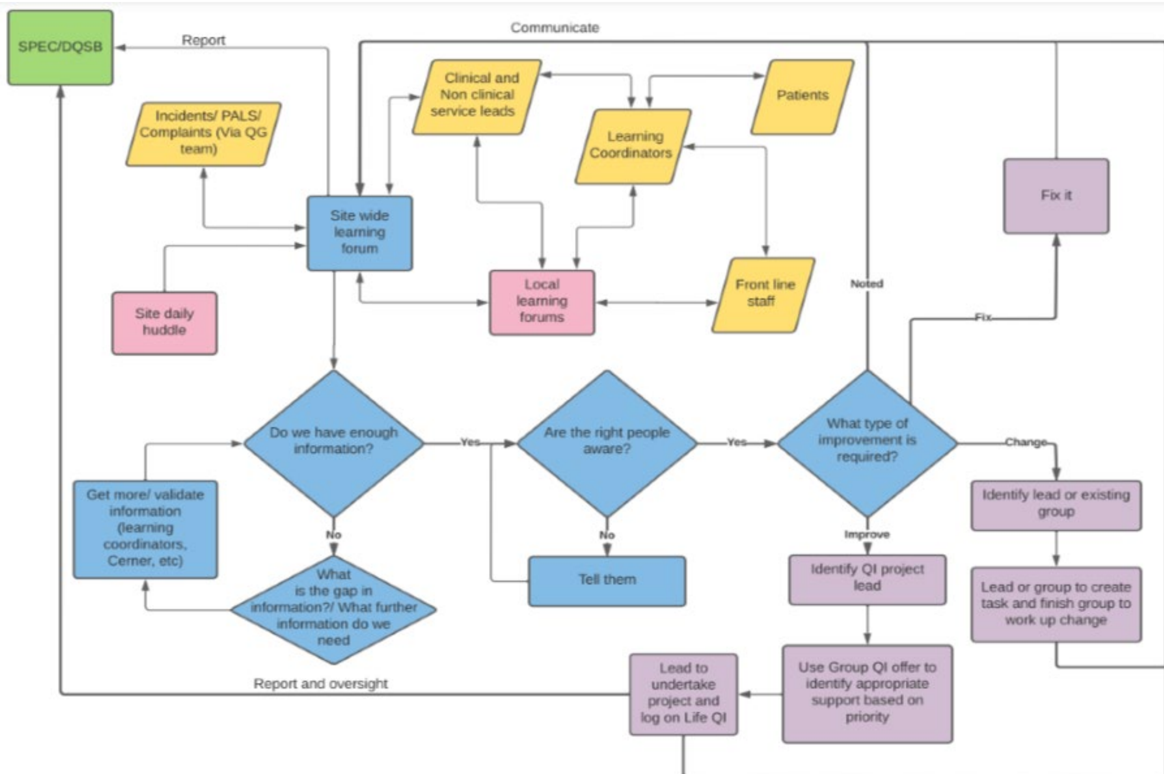
Analysis





Insights are collated and triangulated with existing measures such as incidents from Datix, Friends and Family Tests, project data from LifeQI and performance data from PowerBI to develop a fuller picture of the issue or opportunity – it does not replace these. We have an

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abundance of quantitative data – the LHS invites in rich, qualitative data from staff and patients which helps to make sense of this. Insights are then categorised as: fix, rapid improvement, quality improvement or change. Relevant people are then involved in deciding what to test or implement. This process complements existing governance structures rather than overriding them or 'reinventing the wheel;' the actions are mostly progressed via existing committees and their usual escalations processes.

Prioritisation

We quickly realised that not everything can be worked on simultaneously, so added the category of 'parking,' where insights are noted, but no immediate actions will be taken. Clear and transparent prioritisation is key to aligning expectations, so we ask questions such as: *Is any existing work addressing these problems? Who does this issue matter to? What are the risks of not addressing this? How many people will be impacted? What is the likelihood of these things happening?* Having all insights recorded means we can track and review if it becomes a repeat issue.

'Closing the feedback loop'

One of the most important parts of the LHS is 'closing the loop' and systematically feeding back to staff and patients changes made because of their engagement. This was particularly important at the initial stages of the LHS to build its credibility and staff's belief that there is a point in engaging with the system as changes can and will actually happen. We thought if we did not get this right, it could increase staff cynicism and potentially be worse than not having a LHS in the first place. Various mechanisms are used to 'close the loop' across the hospital, including verbal feedback to individuals who suggested ideas, learning forums to share learning and problem solve together, and visual management tools like improvement boards to celebrate success and highlight progress.

Data management

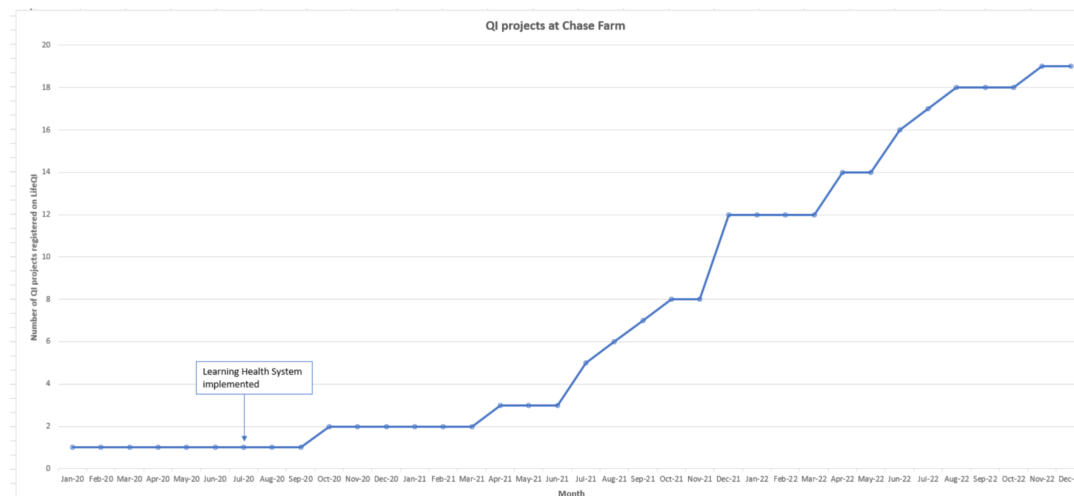
One of the biggest challenges is in systematically recording insights in a way that allows staff to write back updates and being able to easily prioritise and make sense of this data alongside other existing measures. So far, we have tested readily available, free tools including Excel spreadsheets, Google Jamboards, Trello and Teams Forms for this. We hope in future the development of a digital 'app' will reduce the administrative burden so we can instead spend that time on improving the themes that matter most to staff and patients.

Impact

Giving staff and patients a voice

1107 insights were raised during the first 6 months of implementing the role. When the learning co-ordinators joined, the number of insights raised increased from an average of 19

per week to 82 per week, demonstrating the value of having dedicated staff who bring a fresh pair of eyes. These fell into the categories of staff experience (11%), patient experience (28%), safety (11%) operational (41%) and estates (9%). Most issues were triaged as quick fixes (87%) and resolved locally. Interestingly after a few months the proportion of quick fixes declined and improvements increased and one year later, most items were improvements – either requiring a few tests of change or developing into full QI projects, as shown below.



An independent evaluation undertaken two years after implementing the LHS showed:

- 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.

“The system is brilliant and gives people a voice,” it *“encourages participation and an environment for staff to speak up.”*

“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.”

Improving quality

“Through being able to start a conversation with anybody and observing working environments and people’s behaviour, we have been able to make improvements across the hospital.”

Alessandro Braconcini, Learning Coordinator, Chase Farm hospital

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; patient experience, staff experience and safety improvements were particularly positive.

“I think this has made Chase Farm a really positive place to work and feels we are always striving to improve and innovate.”

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Improvement stories:

Missing patient property was a known issue across the Trust. The Learning co-ordinators identified this problem through their observations and conversations with staff and identified a potential solution: patient property bags. They supported local tests of change which demonstrated a reduction in lost patient items, resulting in improved patient experience and avoidance of cost to replace lost property. The funding to implement these bags was approved, they were agreed as part of the Trust's consumables and a new patient property policy created; use of the bags have been scaled across the Trust.

Other examples of improvements include:

- Improved signage across hospital for patient wayfinding.
- Hearing loop installations across five areas and dementia-friendly clocks to increase accessibility.
- New endoscopy pathway developed which improved staff experience and reduced delays.
- 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.

Broader benefits:

- Making **quality improvement more accessible and relevant** to a wider group of staff – after implementing the LHS the number of staff who elected to be trained as QI Coaches or Practitioners increased from 2 to 28.
- Giving a **voice to a more diverse group of staff and patients** so what matters to them can be heard by senior management and integrated into decision-making. This is a key driver of staff morale and experience.
- Shifting from a culture of reactive change i.e. responding only when things go wrong, to **proactive change** whereby we increasingly pay attention to signals in data and experiences to proactively make improvements before issues occur.
- Visibly **sharing learning and celebrating progress** more regularly.
- **Better connecting people and services together** – connecting managers with their teams and connecting areas facing similar challenges to share experiences and problem-solve as peers.
- **Identifying and filling 'blind spots' in existing data and governance processes**, particularly around capturing soft intelligence through qualitative data and stories.
- Developing a **culture of innovation and growth** – leadership teams are not afraid to say yes to ideas because they are saying yes to small-scale, controlled tests.
- Facilitating a **deeper understanding of what matters to staff and patients**, so these themes can be included in business planning and project prioritisation.

10 key learning points:

1. Start with **clear and simple messaging** about what a Learning Health System is and is not and how it **aligns to your organisation's priorities**, with **visible endorsement** from senior leadership.
2. Identify **key people who will champion and role model this approach** and the benefits. Having Finance leads on board to support with demonstrating return on investment is helpful.
3. **Latch onto what your Department/Hospital does well already** rather than designing from scratch. E.g., we hooked the Learning Forum onto the end of an existing meeting that was well attended.
4. Establish baseline **QI knowledge & skills in your middle management teams and invest in building their capability** so they feel equipped to support their staff with more complex problems that will crop up.
5. **Recruiting the right people into the Learning Co-ordinator role** is key: being a 'people-person' and enjoying problem-solving is crucial. Invest in **training** for them, particularly in quality improvement, freedom to speak up and health and wellbeing support. Factor in time for them to **build a rapport with people and make some 'quick wins' happen** with teams to establish the role and its value.
6. Agree a **consistent way to capture insights and suggestions** e.g., Teams form or existing app. This also helps to capture stories and impact data for evaluations.
7. Have a **transparent method to prioritise actions & articulate what will not be actioned** to align expectations – e.g., 'parking' category.
8. Have a plan for **closing the feedback loop** so staff easily know what progress has been made and what changes have been made. Simple platforms can work well e.g., visual boards, Teams channels.
9. **Join a network** of Trusts who are doing similar work to learn from each other's experiences, for us the UCLP Community of Practice was great for this.
10. **Remember there's different ways to apply the core LHS philosophy, which is about embedding improvement into daily work.** At CFH we implemented this across the hospital in a broad and proactive way. However, you can also start by testing this in small areas, learning fast and scaling up, or equally you could apply the LHS as a specific and time-bound intervention to support addressing a known issue. The LHS is like any other QI initiative in that **co-producing changes, testing, getting feedback and adapting based on learning is key** – the journey continues!

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