‘Everyone can be at the frontline of Quality Improvement’ Our journey to a Frontline Learning System at Mid and South Essex Foundation Trust.

Summary

Nightingale London was a COVID-19 exemplar; a learning organisation that developed the concept of the “Bedside learning coordinator”. Here at MSE, we adopted and adapted this method of delivering change as we believed it would provide a simple yet effective platform that would benefit all teams and involve all staff in the delivery of practical and rapid improvement.

After changing the title, the initial aim of the ‘Frontline Learning Coordinator’ (FLC) pilot was to undertake quick turnaround solutions to issues and ideas for improvements identified by staff of all levels within their departments. The aim was to implement a solution that would resolve operational issues swiftly to improve operational pathways and clinical processes through using a quality improvement approach. FLC’s were to establish clear and direct communication streams with staff at the bedside and strengthen the relationships between frontline staff and leadership teams though facilitating a bi-directional flow of information. The FLC pilot aim was to fix, change or improve the issue or idea at the ‘lowest level’ and if required, escalate to senior leadership team.

Overview of project

The Mid and South Essex Foundation trust (MSEFT) Frontline Learning Coordinators (FLC) pilot began at Broomfield Emergency Department (ED) where an experienced member of staff was employed to undertake the FLC role. This pilot started on 02/11/2020 but was paused between Dec-20 and Mar-21 due to Covid-19 wave 2.

The pilot recommenced in March 2021 with a dedicated full time clinical project manager and ran until end of May 2021. A different model was used at Basildon Maternity department, from the 13/5/2021 to date -whereby the FLC role was undertaken by their own Practice Development Midwifes (PDM’s) who collated and triaged issues and ideas. QR codes linked to a software programme were displayed around the departments for staff to report any issues or ideas. These were then collated and discussed for resolution at a weekly meeting in the department. The FLC project subsequently also ran the original ED model at Broomfield Maternity department from Jul-21 to Nov-21. The FLC project manager met with the clinical teams and the FLC co-ordinators weekly to ensure the smooth running of the project. Conversely, the project also had an unsuccessful launch at the ED in Southend Hospital due to lack of capacity to support this innovation at the time. Both the Southend ED pilot and Broomfield Maternity pilots were less successful due to minimal buy in from the local teams and an over dependence on the project manager.

Through testing different models of delivery, we concluded that one size does not fit all, and there needs to be the capability to adjust the model to meet the specific needs of the clinical area to ensure success.

In July 2021 we were given significant investment in our Quality Improvement (QI) team, and we needed to adapt the frontline learning system following our evaluation of the pilot sites. We

approached the team from ‘Medishout’ who provide the organisation with clinical App to discuss adapting the QR code approach to allow all frontline staff to raise ideas for Improvement and get support from the QI facilitators to implement these ideas.

Next steps for us will be to continue as participants of the Q Community and UCLP community of practice and begin Phase 2 rollout as part of our ward RESET improvement work with divisional QI facilitators supporting implementation. We have shared the evaluation across MSEFT and the wider community of practice and shared the FLC animated/interactive learning package which we developed as a resource, we are delighted to have been invited to present at the IHI International Forum on Quality and Safety in Healthcare in Copenhagen May 2023.

Using the ‘Medishout’ App to capture QI ideas for improvement is becoming embedded as BAU across our three acute hospital sites. We have a robust system in place for triaging the ideas raised and allocating support which enables us to manage all QI through one platform across MSEFT.

To date the model of delivery in the Basildon maternity unit has been the most successful and sustainable and 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

Shevaun Mullender -Head of Clinical QI Capability MSEFT

Lee Ellis -Head of Nursing for Quality MSEFT