

# Another way of listening

## An evaluation of the use of ImproveWell to listen and act on staff ideas for improvement

---

**Carried out by Hildegard Dumper, Sekalian Consultancy,  
For South West Academic Health Science Network  
March 2019**

*"For me it's more than a platform for ideas. It's how it makes staff feel valued and the benefits we see on the shop floor. Because staff do have the solution to the problem. They just never felt their voice would be worth listening to."*

Zoe Nelson, Matron

<b>Section Title</b>	<b>Page</b>
<b>Executive Summary</b>	3
<b>Introduction</b>	6
<b>Impact of ImproveWell on Maternity Services</b>	8
<b>What can we learn from the experiences of the Trust</b>	16
<b>What makes ImproveWell work?</b>	26
<b>Conclusion</b>	29
<b>Appendix - Examples of improvements made Mar 2018 - Mar 2019</b>	30

## **Acknowledgements**

I would like to thank all those who gave their time to fill in the survey or agreed to be interviewed. I would like also to thank those members of staff from the Royal Cornwall Hospitals NHS Trust and ImproveWell, who made sure I had the information I needed. Finally, I would like to thank Pete Gray, Lara Mott, Zoe Nelson and Lou Hall for their advice and steer of the project.

## Executive Summary

### Introduction

ImproveWell was introduced by the Royal Cornwall Hospitals NHS Trust (RCHT) in March 2018. Following a 12-week pilot launched in March 2018, it is in the process of being rolled out to the rest of the Trust. This evaluation was commissioned by South West Academic Health Science Network to measure the impact of ImproveWell, understand how it has been used and learn from the experiences of the staff using it. The evaluation has drawn its evidence from the experiences of Maternity Services staff as they have been the largest single group of users.

The evidence has been drawn from existing Trust, NHS and ImproveWell data. A survey was sent out eliciting 76 replies. A further 30 people were interviewed by phone or face to face, resulting in more than 100 views feeding into this evaluation.

### Findings

The findings are as follows:

- From 22 March 2018 - 31 March 2019, 258 improvement ideas were submitted. Out of these, 112 ideas (43%) have been either implemented or the feedback loop has been completed. Examples of these ideas can be seen as an Appendix.
- These include improvements to staff working conditions, such as creating a staff room where staff can take their breaks; as well as innovative ideas for service improvement such as Cuddle Coats - a jacket fathers/birth partners can wear to give newly born babies skin to skin contact when the mother is unable to do so.
- Staff have reported that improvements and changes were implemented at a quicker rate than before ImproveWell:  
*"Things are happening quicker."*  
*"Changes (are) taking place quicker."*  
*"Improvements that have been needed have moved forward much quicker."*
- 75% of staff using ImproveWell reported feeling able to improve their area of work compared to the 53% scored by the Trust as a whole (2018 NHS staff survey).
- More than four fifths (85%) of users of ImproveWell felt it empowered them to implement ideas for change.
- The evaluation identified some evidence that patient satisfaction may be increasing.
- The improvement ideas suggested by staff has improved patient safety, increased efficiency and released more time for patient care. One idea alone has saved around 22 hours per week in staff time.

- Other ideas have contributed to savings in resources, such as the Amnesty Box, or in the case of the installation of digital clocks, indicate ImproveWell's contribution to the reduction of potential litigation costs.
- There is a clear request that alongside ImproveWell, perhaps as part of a wider improvement strategy, there are opportunities to meet and generate ideas collectively, through staff meetings, workshops and forums.

## **Vital ingredients**

The evaluation has identified some elements emerging that are key to the success of ImproveWell as it grows and evolves. They are:

- Having dynamic champions to lead ImproveWell within their teams.
- The flexibility of the platform: ImproveWell is effective because ideas can be captured anywhere - on the bus, at home, in front of the telly and *'when you're lying in bed thinking'* as one person stated.
- Not centralised into corporate services: Whilst the role of the Quality Improvement Team was important in supporting the roll out of ImproveWell, there was a strong feeling that the interaction with staff shouldn't be managed centrally. It was felt to be very important that managers were closely engaged with the process of promoting the platform, engaging with the ideas that came up from their teams and the identification of change ideas.
- Releasing staff and giving them time to lead on their change idea if they want to. This would fit into the Trust/ NHS culture of continual learning and change.
- Ongoing support from the supplier, their flexibility and generosity with their time has been excellent.
- Resources: It is essential to put in the necessary resources - for the champions and for ideas to be costed and implemented.
- On-going coaching, training, handholding to make best use of the platform.
- Involve senior staff and enable their oversight by giving them observer functionality.
- Recognise the value of having a mechanism which tracks and audits ideas.
- Celebrating change ideas through publicity and awarding certificates gives a clear message of support for a culture of transparency and change.

## **Conclusion**

There is no doubt that ImproveWell has made a considerable impact on improving the working environment for staff and the patient experience. Before ImproveWell there were staff working 12 hour shifts without access to a dedicated staffroom, where they could have a break and replenish themselves before going back to caring for their patients. Before ImproveWell, mothers on drips had to manoeuvre broken drip trolleys down the corridor whenever they needed to go to the toilet. These are the challenges faced, not only by the Trust, but by staff throughout the NHS, up and down the country.

Previously, improvement ideas that have been identified took a while to get actioned. Through ImproveWell, ideas get recognised and actioned much more speedily. The evaluation found that the improvements that staff have suggested, are releasing them to spend more time on patient care and have made significant financial savings for the Trust.

Not every department will have the access to the kind of champion the Maternity Services benefitted from. The role of motivated project lead is vital to the success of not just to the ImproveWell platform, but also the culture of change the Trust is aiming for. The findings of the evaluation have confirmed that one size does not fit all, and that the platform should be part of a broader strategy of engaging with staff.

High levels of enthusiasm for ImproveWell were found amongst Maternity staff. It gives them a sense of control over their place of work; one in which they can take the initiative to make improvements for themselves. The evaluation survey and face to face interviews that were conducted suggest that morale has considerably improved in the department. "*I love working here*" said one midwife.

RCHT needs to be congratulated for its courage in being transparent about the challenges it faces. Through ImproveWell, staff are recognised for putting forward their improvement ideas. This helps create a culture in which they can feel safe to draw attention to what is not working, suggest an improvement and be part of putting it into practice. By encouraging staff to use ImproveWell, the Trust is inviting them to be part of the solution and establishing a collective culture for change.

## Introduction

Following inspections in 2016 and 2017, the CQC rated the services of the Royal Cornwall Hospitals NHS Trust (RCHT) as inadequate, and in August 2017 it served the Trust with a warning notice. Urgent action was needed. ImproveWell, an online platform designed to engage with staff, was one of the measures, introduced by staff and later supported by the Board, that was brought in to initiate change.

This report evaluates and describes the impact ImproveWell has made on the Maternity Services of the RCHT and identifies the learning that has been derived from the experience of using ImproveWell for staff engagement. It was commissioned by the South West Academic Health Science Network (SWAHSN) and carried out by an independent evaluator.

The views obtained in this evaluation included enthusiastic users of ImproveWell, cautious optimists, and sceptics who feel they have seen it all before. In the interest of learning I have tried to ensure that this report accurately and fairly reflects all these voices.

## Background to the Evaluation

That the NHS is in crisis is well documented. Around one in nine staff leave the NHS each year, whilst in 2017 just under a quarter (24%) of student nurses left their degree course (Closing the Gap, Kings Fund, March 2019<sup>1</sup>) In 2016 there were 40,000 registered nurse vacancies in the UK, about one in 11 posts (The Healthcare Workforce in England: Make or Break, Kings Fund Nov 2018<sup>2</sup>). The Royal College of Nursing in their report 'Safe and Effective Staffing, the Real Picture' (May 2017) describes staff throughout the NHS experiencing high levels of stress, burnout and low morale<sup>3</sup>. The evidence is that having an engaged workforce leads to lower staff turnover, happier patients, and financial benefits.

The Royal Cornwall Hospitals NHS Trust is based on four separate sites, includes Community Matron Services and covers a vast geographical area which includes the Isles of Scilly. Engaging with staff and bringing frontline staff together to meet and discuss ideas is problematic; not just because of geography, but also because of the nature of the work. Shift patterns often make getting all team members into one room at the same time logistically impossible. Staff are often off doing regular mandated training to update their skills and qualifications, they may be on wards, on annual leave, or on sick leave.

The RCHT Clinical Support Service Improvement Lead was looking for something to engage with staff in a way that would have an immediate impact. A business case was put together, funding obtained, and a competitive tendering process led to a pilot of the ImproveWell platform. All departments were invited to take part in the pilot. The Service Improvement Lead made presentations to Team Talk, a monthly meeting of all staff. From there he identified suitable champions across the Trust. He went to wards and handed out fliers describing what ImproveWell was and invited staff to take part. A pilot of the platform

---

<sup>1</sup>[https://www.kingsfund.org.uk/sites/default/files/2019-03/closing-the-gap-health-care-workforce-overview\\_0.pdf](https://www.kingsfund.org.uk/sites/default/files/2019-03/closing-the-gap-health-care-workforce-overview_0.pdf)

<sup>2</sup><https://www.kingsfund.org.uk/sites/default/files/2018-11/The%20health%20care%20workforce%20in%20England.pdf>

<sup>3</sup><https://www.rcn.org.uk/professional-development/publications/pub-006195>

was launched in March 2018 for 12 weeks. Following the pilot, in January 2019, the Trust purchased the platform for three years.

## **What is ImproveWell?**

ImproveWell is an online platform designed to empower staff to communicate their ideas for improving care, directly to senior management. It builds on the research demonstrating the links between a motivated workforce, better patient outcomes and improved financial performance. It uses a smartphone application, enabling a more immediate method of communication than traditional NHS processes allow. The solution has three feedback systems enabling managers to capture improvement ideas, analyse staff sentiment and deliver surveys. ImproveWell is a Private Limited Company set up and run by two Directors both with medical and healthcare training.

## **Methodology**

A planning and reference group was formed, bringing together Trust representatives from Maternity, QI, Executive Board, SWAHSN and the Evaluator to agree parameters for the study. Based on the data already collected by ImproveWell it was agreed that evaluation should focus on the experiences of the Maternity Services as they were the largest staff group using ImproveWell. It covers the period between March 2018 and December 2018.

- a) Survey: The survey was promoted by emails to 327 Maternity Services staff members, fliers were distributed, and posters put up in staff areas. Participants were invited to participate in a prize draw offering £50 worth of M&S vouchers. 80 replies were received, four of which were not from Maternity Services. Their replies were removed from the final analysis, giving a total of 76 replies.

More than two thirds (67%) of those who replied to the survey had signed up to the ImproveWell platform. Of the total replying to the survey 53% described themselves as users of ImproveWell with 47% describing themselves as non-users.

During the period covered by the evaluation, 144 users of the Maternity Services had signed up to ImproveWell, this being just over a third (37%) of all Maternity Services staff (N=242).

Just over a third (35%) of Maternity Services staff who had signed up to ImproveWell, filled in the survey.

- b) Interviews: 15 interviews were held face to face and 14 by phone. The views of nearly 30 people were obtained, providing a rich vein of qualitative data, illustrating and fleshing out the points and issues raised by the survey.
- c) Case studies: Four case studies were identified to illustrate the impact ImproveWell has made to improving services.
- d) Other data: The evaluation also draws data from the NHS national staff survey 2018, the NHS Friends & Family Test, RCHT vacancy and absentee rates, and ImproveWell data.

## Impact of ImproveWell on Maternity Services

It is possible to measure the impact ImproveWell has made in a number of different ways. These have been detailed here.

### Staff feel able to make improvements in area of work

One way of measuring whether staff felt empowered to make improvements was to benchmark the findings of the survey against national scores. The question in the National NHS Staff survey which queries the degree to which they agree with the statement 'I am able to make improvements in my area of work' was asked. Table 1 below shows a comparison of NHS staff survey scores with those from the Evaluation survey.

Source	Scores
<b>NHS Staff Survey 2018 - All</b>	54%
<b>NHS Staff Survey 2018 - Trust</b>	53%
<b>ImproveWell Evaluation Survey - All</b>	70%
<b>Signed up to ImproveWell</b>	75%
<b>Not signed up to ImproveWell</b>	62%

Table 1 - Comparison of scores for question 'I am able to make improvements in my area of work (N=76)

The survey results suggest that satisfaction levels amongst Maternity staff on their ability to influence improvements are higher than Trust-wide or nationally. For those using ImproveWell, they are even higher.

### ImproveWell gives staff a stronger voice

The survey asked if they felt ImproveWell gave them a stronger voice than they had before.

Source	Scores
<b>ImproveWell Evaluation Survey - All</b>	67%
<b>Users of ImproveWell</b>	76%
<b>Non-users of ImproveWell</b>	58%

Table 2. ImproveWell gives staff a stronger voice (N=75)

Unsurprisingly, those that were users of ImproveWell gave a higher score than non-users. Of the non-users that answered this question (N=35) only 4 disagreed, 16 neither agreed nor disagreed, whilst the remaining 15 were positive. This, alongside the observations that have been made in interviews suggest that staff are beginning to recognise that ImproveWell gives Maternity staff a stronger voice than they felt they had before.

This question raised two important issues. Those that were long-serving members of staff did not always



feel they needed ImproveWell to give them a voice. And managers were wary of ImproveWell being yet one more stage of a process of change they were already empowered to do. The following comments illustrate the different perspectives.

*"I've been around for long time and don't need ImproveWell to give me a voice"*

*"I've been in the Trust for 20yrs, I know Zoe well, and who to talk to."*

*"I had my own voice and didn't need ImproveWell."*

*"I don't want ImproveWell to be an extra thing to do - if I have an idea, I can just get on with it."*

This suggests that when seeking to roll out ImproveWell, the Trust do so as part of a wider improvement strategy that supports existing mechanisms for change.

### **Improvements have been implemented**

The survey asked what improvements respondents had noticed since ImproveWell was introduced in March 2018. 35 different improvements were described. In order to eliminate bias, the responses of those that had not signed up to ImproveWell were analysed, to see whether they had noticed any improvements. Just under half (44%) of those who had not signed up had noticed improvements with 17 examples listed.

There were six mentions of things happening quicker, or ideas being actioned in a way that had not happened previously. More than a quarter (28) of the examples given point to an improvement in staff morale; there was mention of greater teamwork, they felt they were being heard, "*more positivity*" as one person wrote, and the facilities for staff and women were better (there was now a staff room). Other examples are listed below, with a complete list of improvements listed in the Appendix 1.

By December 2018, 234 improvement ideas had been submitted to ImproveWell. 77 ideas had been actioned and 75 showed as on-going.

Improvement ideas range from ones that can be easily addressed, such as putting security tags on emergency boxes, to ones requiring clinical consideration. The list of improvements can be grouped into three overarching themes - improving clinical practice and patient care, improving the care environment, and valuing and caring for staff. For a detailed list, see the attached Appendix.

Not all of the improvements can claim to have arisen solely because of ImproveWell. However, the survey and interviews suggest that a significant number of staff feel that ImproveWell is making things happen and making things happen more quickly.

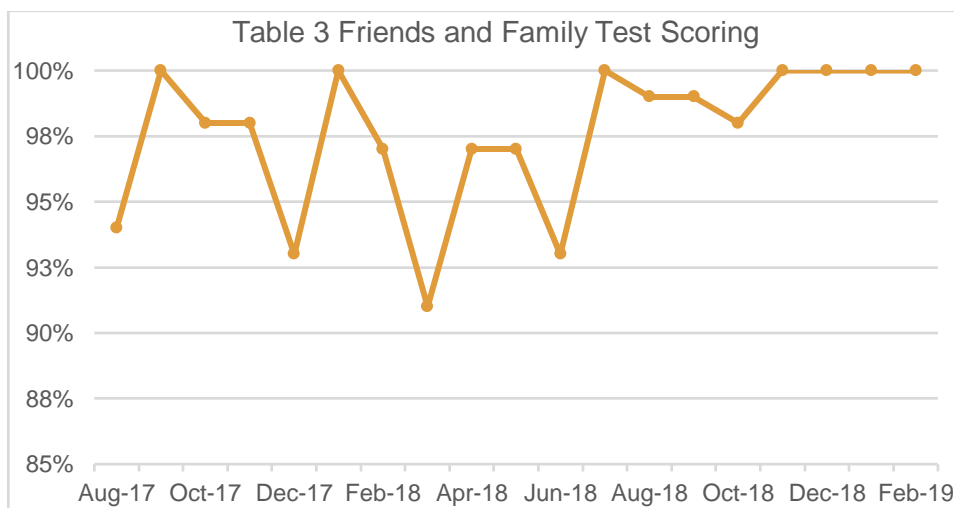
### **Patient Experience has improved**

The evidence is that there is a correlation between staff morale and patient satisfaction ('Links between NHS staff experience and patient satisfaction: analysis of surveys from 2014 and 2015' NHS England,

2018<sup>4</sup>). To assess whether there was any discernible evidence that patient experience and satisfaction had improved during the time ImproveWell had been introduced, the evaluation made an analysis of available data. This included:

- An interview with the chair of the patient group Maternity Voices,
- An analysis of the website Care Opinion,
- Data from the Friends and Family test, a national NHS measure of patient satisfaction.

The Friends and Family results have their limitations. Obtaining feedback from patients is challenging for obvious reasons (for example, sick people aren't always in the mood to fill in forms), so response rates can be low. This being the accepted NHS measure for patient experience, the scores from the Friends and Family Test RCHT figures for Maternity Births have been analysed as the most appropriate measure - see Table 3 below. The response rates for the data below ranged from 8% to 25%.



The figures show that since July 2018, the scores have consistently been very high. This compares favourably with the period between Aug 2017 and July 2018, when the satisfaction levels varied considerably. Whilst more research needs to be done before it is possible to correlate these improvements with the introduction of ImproveWell, it is possible for the Maternity Service to gain satisfaction from the fact that there is an upward trend and that therefore the range of measures being put in place, which includes ImproveWell, seem to be working.

The Care Opinion website has 55 posts for Maternity Services, stretching over seven years. 50% (28) of these have been posted in the last nine months. 14 of these have been negative and 14 very positive. It is not possible to draw any conclusions as to whether there is greater or less patient satisfaction.

The chair of Maternity Voices was interviewed. She is also a regular volunteer with the service. She was unequivocal in confirming that there has been a distinctive improvement in atmosphere amongst staff on the wards.

<sup>4</sup><https://www.england.nhs.uk/wp-content/uploads/2018/02/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf>

*'I have seen a distinct change in the atmosphere at the Maternity Unit. The landscape is changing. Staff are being positively empowered to do things, suggest things and put themselves forward.'*

### **Impact on vacancy rates is unclear**

Maternity Services and the Trust as a whole has struggled to recruit staff. This is something the Trust and Maternity services are trying to address through a range of measures to make the Trust a more attractive place of work. ImproveWell can only ever be one of a range of measures. After only nine months, it would be premature and unrealistic to expect the introduction of ImproveWell to have made a significant impact on vacancy figures. The vacancy rate does show some improvement. For example, in March 2018 the vacancy rate for Acute Maternity Services was 10.4%, whilst now in March 2019, it is 4.6%. This has been explained by an increase in recruitment of newly registered midwives (preceptee) midwives during 2019.

The Trust has reason to be optimistic, however. Some of the comments made were:

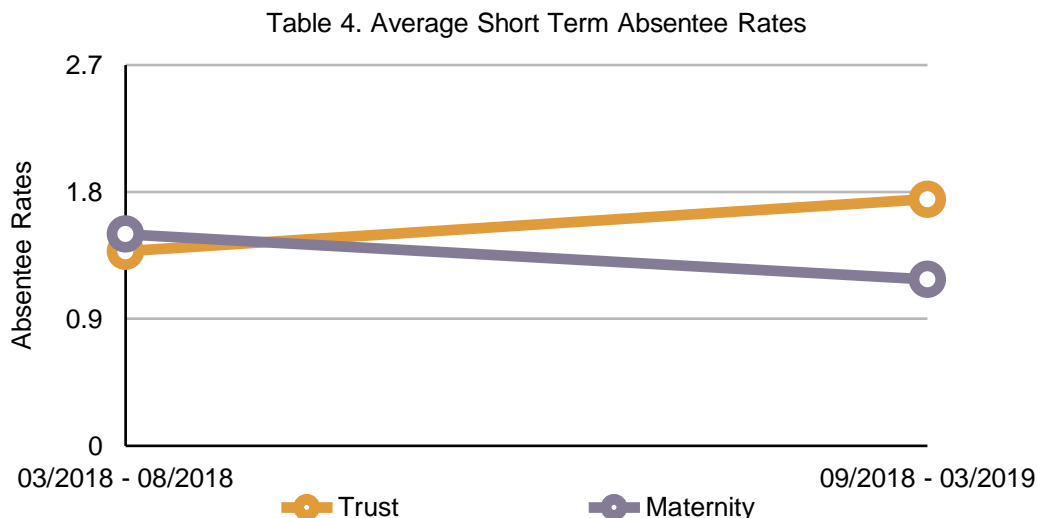
*"This is the most exciting time I've ever experienced in working at the Trust."*

*"Nothing happened before. Now change is happening, we are modernising."*

*"For years we weren't listened to and were always made to feel we were the problem."*

### **Impact on absentee rates is unclear**

Again, it is premature to draw too many conclusions from the figures available. However, for the first six months of 2018, from March to August 2018, the average short-term absentee rate for Maternity Services was 1.50%. From September 2018 - February 2019, it was 1.18%, indicating a slight downward trend. This compares to the equivalent Trust figures of 1.39% and 1.75% respectively, indicating a slight increase.



## Case studies of four change ideas

The following case studies have been chosen to demonstrate the different ways that ImproveWell has made a difference.

1. Cutting down time needed to check the availability of drugs in emergency equipment
2. Digital Clocks
3. Making it easier for staff to return equipment at the end of a shift
4. Implementing the Caring for You campaign

### **Case Study 1: Cutting down the time needed to check the availability of drugs in emergency equipment**

#### **The Problem:**

It is important to ensure that emergency drugs and equipment are routinely checked to ensure they are ready and safe to use when the need arises. Maternity staff could potentially spend around 16 hours per week checking drugs and equipment within the 12 resuscitaires and 16 emergency grab boxes across the Unit. Monitoring of compliance indicates that because of the pressures on staff time, these checks are not always done, raising safety considerations.

#### **The Solution:**

Via the ImproveWell App, it was suggested that security tags were used to indicate that the equipment had been checked and was fit for purpose. The resuscitaires drugs are now in the neonatal resuscitation trolley, which is checked by breaking the seal once a week. A member of the maternity staff, with support from her manager, arranged for the installation of security tags or tamper proof seals on the emergency grab boxes.

#### **The Outcome:**

The new security means that the time required to check the resuscitaires and emergency grab boxes has been reduced, with the emergency grab boxes now only checked once a week or when they have been used or when the security tag is broken. Also, as a result of this change, patient safety has been tightened as there is now a reduced risk of drugs in the resuscitaires being tampered with, a previous concern of the CQC.

A saving of staff time of nearly 6 hours per week for the resuscitaires and 16 hours per week for the Emergency Grab Boxes has been estimated, time which can now be spent directly on patient care. This equates to a saving of approximately 22 hours per week or around £19,000 per year (Band 6) for the maternity ward alone as well as an improvement in patient safety.

Drugs are now kept in a secure trolley as opposed to an unlocked drawer in the resuscitaire, which is safer.

## **Case Study 2: Digital clocks**

### **The problem**

Throughout a woman's maternity care Midwives need to note the time. This needs to be made at every documentation entry and simultaneous notes with an accurate record of the time need to be kept. Inconsistencies in time may negatively affect timings of drugs. Minutes can make a difference as to whether the baby survives or has a brain injury. For example, if a baby is distressed at 13.02 and is rushed to the theatre where the clock says 13.06, it makes it difficult to keep an accurate log of any deterioration or improvement in its condition. The Saving Babies Lives Care Bundle is driving efforts to reduce perinatal mortality, putting further pressure on Maternity Services to keep accurate records.

Until recently, when a woman had to move from her birthing room to theatre, for example, or from the Birth Centre or Antenatal ward to the Delivery Suite, the times on the analogue clocks have each been different. There has been learning from legal claims where it was not possible to produce the accurate times required. Whilst the ability to monitor time is essential for monitoring and safely managing the different stages of delivery, the time of birth itself needs to be accurate. This is important both for the parents, as well as being a legal requirement for the birth notification.

### **The Solution**

An awareness of the problem was around for some time. A number of staff members used ImproveWell to press for action and suggested a digital solution.

Centrally controlled digital clocks have been fixed in each of the delivery rooms to ensure all recorded times correlate, irrespective of where that time is taken. They also show room temperature, another recording required.

### **The Outcome**

By implementing the clocks, the Trust is now able to prove that there are no unaccounted-for delays in the delivery of care. Putting it on ImproveWell ensured staff voices were heard especially by the interim Head of Midwifery & executives observing the ideas on ImproveWell. Staff feel more confident in recording their timings and the risk of a discrepancy in records and potential litigation has been reduced.

## **Case Study 3: Caring for you**

### **The problem**

Caring for You was launched by the Royal College of Midwives (RCM) in 2016, in response to the high levels of stress and burnout amongst Midwives and Maternity Support Workers. An RCM survey found that one fifth of their respondents don't take break and sickness rates are high. If staff feel cared for it improves morale and staff wellbeing, and it may improve retention rates.

### **The Solution**

A number of ideas have been suggested on ImproveWell by staff as part of this drive. These include a campaign for staff to help each other take breaks, to protect breaks, restricting use of staffroom to rest and refreshment (not meetings), resilience training, apps to help staff manage their stress and to show staff they are valued, birthday cards are being sent by the Head of Midwifery to all staff. Another example was the suggestion to provide a small tea and biscuit/cake trolley to take into the work area. Any member of staff able to take a break can wheel the trolley into the work area, which reminds staff to take a break and have some refreshment.

### **The Outcome**

The ideas that were made on ImproveWell gave the evidence and motivation to relaunch Caring 4 You. ImproveWell is being used to change the working culture to one which recognises the importance and value of taking breaks. A much more supportive working environment for staff is being created, one where as they are encouraged to look out for their colleagues and come up with ideas to create a more caring working environment.

## **Case Study 4: Amnesty Boxes**

### **The problem**

Midwives regularly put things in their pockets during the course of their working day. These can include items such as KY jelly, paracetamol, plasters etc. At the end of shift, in the rush to get home, whether to catch the bus, avoid paying a parking ticket or some other personal reason, these items are left lying around or put in the bin. It is a waste of resources to not use these items, dispose of these items or have them lying around in the changing rooms, but it would be time-consuming to have someone go round and collect them.

### **The Solution**

Having observed how the items were collecting and the pressures on midwives' time, one of the midwives proposed having amnesty boxes in each changing room. This makes it easy both for midwives to return the items and to collect them. Anything that can be reused goes back into circulation.

### **The Outcome**

The items are put back into circulation giving an estimated saving of nearly £10 on the Delivery Suite alone in the first week and up to £20 in subsequent weeks. It started with just delivery suite but following its success they are now in every ward and the process managed by a dedicated Midwife Support Worker. Boxes have been rolled out across the unit in the 4 different areas with an estimated saving of £40 to £80 per week, (£2,080 - £4,160 per year). More savings can be potentially made if this is rolled out to wards throughout the Trust.

## What can we learn from the experience of RCHT?

The Trust employs 5000 staff, of which 390 (8%) work in Maternity Services. Of all Trust staff, 9% have signed up to the ImproveWell platform. A third of those signed up have been from Maternity Services, and more than two thirds (63%) of ideas generated through the ImproveWell platform have come from that department. During the course of the interviews, it was clear that this was because Maternity Services had had the benefit of a vigorous champion of ImproveWell in the form of the former Maternity Services champion.

### What staff say

Feedback about ImproveWell from staff can be grouped in response to seven questions

1. How successful is it as a tool for engaging with staff on service improvement?
2. Are there things about the culture of the Trust that block progress of app?
3. Is it being promoted in the most effective way?
4. What can we learn about the mechanics of implementing it?
5. Is it a useful tool for measurement?
6. What about resourcing and finance to make it work?
7. Is it sustainable?

### 1. Engaging with staff for improvement

Emerging from the interviews with staff was a general consensus that ImproveWell was a good way to reach out to staff. The way shifts are organised means they don't overlap, allowing little time for sharing information. Also, in a large county such as Cornwall staff may need to travel large distances in the course of their work. As one interviewee said,

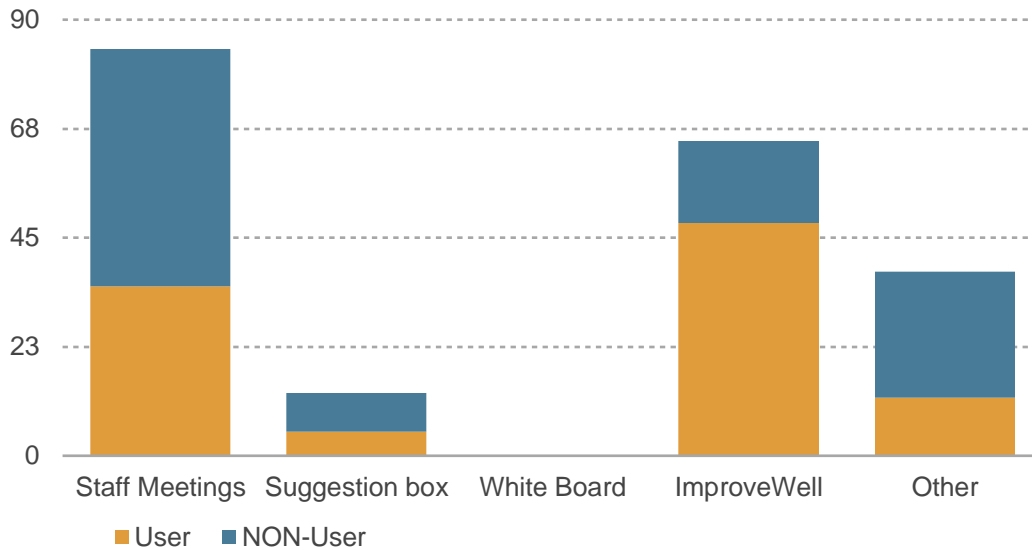
*"Not everyone is able to attend staff meetings, so that only reaches the voices of those who are there."*

#### **A combined approach to engaging with staff is preferred.**

The survey asked staff about their preferred method for communicating ideas. Table 4 shows that respondents highlighted a preference for both face to face meetings and ImproveWell as a way to communicate ideas. This strengthens the argument for ImproveWell to be part of a wider improvement strategy that not only encourages the use of digital platforms to generate and manage ideas but supports existing strategies for communication of possible change. It is interesting that even some non-users of ImproveWell recognise it as a preferred method of communicating change ideas. Several of those interviewed said that whilst they were not users of ImproveWell, they were beginning to appreciate its value and would start using it.



Table 5. Preferred method of communication



### Having a creative space to share ideas

The data tells us that the personal touch is vital for some staff to feel engaged. It also reflects the reality of how ideas are generated i.e. by bouncing around and testing thoughts out on others. People reported on the need to have the space where they can feel safe to do this, whether it is physical space (like a staff area) or psychological space, where they can feel they can put forward an idea and not be put down. ImproveWell provides a safe space for ideas to be put forward. As one respondent said

*"People who come up with simple ideas don't have to feel silly."*

*"The app is a good and convenient way for people to communicate their service improvement ideas but not everyone feels confident in putting ideas forward whatever the format."*

During the interviews, several members of staff asked if ImproveWell would be able to provide an open platform where they could find out if others agreed with their idea and see what other ideas were being thought of. ImproveWell has deliberately been cautious about providing an open platform for a number of reasons. It would require monitoring, thus requiring extra resourcing as it could be abused by inappropriate comments and postings which may block ideas. Whilst comments in an open forum can be constructive, if individuals were free to make negative comments publicly about ideas that were suggested, it may put people off using the platform. Ideas are currently communicated widely through newsletters and circulating the Governance Reports required by the Care Group Governance Board. Suggestions were made to have 'ideas' workshops, which is something that could be considered for the future.

## **A way to make sure ideas don't get lost**

Another point made was that ImproveWell was an alternative to talking to managers.

*"Sometimes ideas get lost in the ether. Everyone is so busy, you can forget to raise your idea at the right time and then it may have to wait for another week or so before you can raise it again."*

One person expressed an anxiety that ImproveWell risked becoming 'a crutch that a manager relies on for getting ideas'. On the other hand, some managers felt it was a useful tool helping them to log ideas that were being raised and not lose them. It logs them under the owner's name ensuring the manager can support the staff member to action their own idea if they want to, though this is not a requirement. This contributes to the feeling of self-worth amongst staff and a sense of being valued, as well as offering developmental opportunities for project management.

## **2. Culture of the Trust**

### **Work/Life balance**

A reoccurring theme during the interviews was a concern to achieve a work/life balance. Several of those interviewed said they liked to keep their work life separate from their home life. A significant number stated that because of this they had deliberately not downloaded ImproveWell on to their phone, preferring to access it on their desktop.

Most of the nursing staff in the Maternity Services are women. The role of women as carers is widely acknowledged as is the pressure on them to juggle their caring and professional roles.

*"I am a mother of (two children under 3), I would rather come to work and be the best Midwife I can be and go home and be the best mother I can be."*

*"It is difficult to do (ImproveWell). At work I don't like to be on phone. I try not to do work related things at home."*

On the other hand, one senior midwife expressed concern that

*"We shouldn't just be limited to those who have time or the motivation to be active or we might miss good ideas."*

### **A changing culture**

The survey and interviews identified some resistance to change. One of the few negative comments, reflecting a lack of appreciation of what motivates and encourages people, is quoted below. It may well be shared by others in the Trust.

*"If I have an idea, I don't think I need a photo and a star with my name on it, waste of time and money, in my eyes."*

In general, however, it was widely acknowledged that the Trust was changing, and for the better.

*"There was nothing happening before, now change is happening."*

*"All need to take responsibility for changing culture of Trust, all are responsible for what is going on. We need to take away the hierarchy."*

### **Encouraging leadership**

ImproveWell has been designed to encourage staff to develop leadership skills if they so wish. When asked if they felt they had been empowered to implement an idea to their satisfaction, 85% said they felt empowered to at least some degree.

There was a certain amount of confusion whether a pre-requisite to putting forward an idea was that you had to lead on it. This was something a number felt they didn't have time for. Another felt that they didn't have the authority to initiate change. A benefit that many staff seem to be enjoying is the greater sense of control that ImproveWell gives them in their working environment.

*"It was a fabulous idea to implement it and it is engaging staff and empowering them to feel involved in positive change from the bottom up."*

### **Being inclusive**

The workforce at the RCHT is not as homogenous as many may assume. At least 4% (227) of the workforce identified themselves as being either non-British or from a black and minority ethnic background. Staff who feel a minority can feel marginalised from the main discussion and may need extra encouragement to participate.

One of the comments made about ImproveWell was that

*"Some of the changes are just common sense."*

It needs to be recognised that new people coming into the Trust, whether from a different Trust, a different part of the country or from abroad, might have a different common sense understanding of the work.

Some new staff feel their ideas are not taken seriously. At least two people who were new to the Trust described being encouraged to make suggestions. They were told they were a pair of fresh eyes who would be able to see things longer serving staff may no longer see. They were disappointed with their experiences.

*"When I do mention things, I get shut down. I was surprised to hear about ImproveWell because when I made suggestions, no one mentioned it to me. My previous place of work did things differently. I was told, you're a midwife, just get on and do it. When I did, they were shocked because it was different to what they were used to."*

Another,

*"I have raised things of benefit to the service and feel that if it is not something that others agree with, the idea is not supported."*

There may well be good reasons for ideas not being followed through. On the other hand, this could also be due to the Maternity Services ImproveWell Champion taking on a new role, resulting in a gap in appointing a new Champion, and a gap in communication. The sheer volume of ideas has led to the Head of Maternity Services ensuring dedicated time in the staff role description template, in recognition of the time required for this role.

### **Specialist and Community Midwives miss out**

Those on the fringe such as Specialist and Community midwives feel they miss out. Community midwives are engaged with it less than acute and there are issues around how it is rolled out to Community and how they are engaged.

One Community Midwife observed that

*"Other people have been photographed with their ideas, but this doesn't happen in Community."*

A Specialist Midwife observed

*"I've noticed a difference in communication from being on ward to being specialist Midwife. You don't get the same amount of information."*

One interviewee suggested that outsourced (Mitie) staff should also be put on ImproveWell.

### **3. Promotion of the App**

There was a suggestion that the platform was not being promoted enough and that some staff only heard about it through the ImproveWell champion for Maternity Services.

#### **New staff**

The survey raised the issue of how both new and existing staff were inducted and trained to use ImproveWell. All new staff are sent an email with a user guide for ImproveWell, but the absence of a Champion coincided with a wave of new starters. The survey identified at least five respondents who were new to the Trust and hadn't heard about ImproveWell.

*"We were never really told about ImproveWell. I heard about it during a bank night shift. When I asked my Manager, she had no idea."*

## Need for passion to encourage change

There was a significant amount of realism amongst the replies.

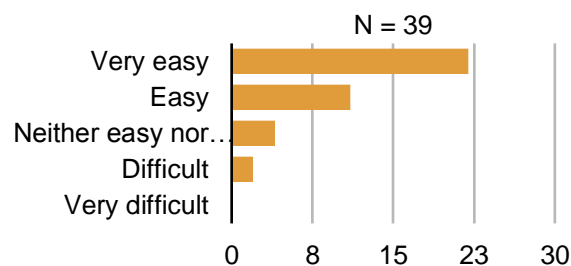
*"ImproveWell only works if your division are passionate at encouraging change and provide the right people to have time to help facilitate the changes and improvements."*

*"Improve Well is only as good as its users so it is important that everyone is encouraged to get involved with a drive if implemented in other regions."*

## 4. Mechanics of implementation

In this section, we look at the technical aspects of implementation. 39 respondents to the survey answered the set of questions to do with using the app. As seen from the table below, the vast majority of respondents find using ImproveWell easy, with more than half finding it very easy to use.

Table 6. How easy do you find using ImproveWell?



## Support

Most of the 38 (89%) had submitted an improvement idea, with four saying they hadn't. When asked whether they received the support they needed to use ImproveWell, nearly three quarters (74%), said they did. But six would prefer more and four said they did not receive the support they needed.

At least six who expressed anxiety about using it and said they would need 'hand-holding' to use it. Another five admitted they were not that comfortable with technology and preferred not to use it. One person asked for an individual training session and another suggested having an 'ideas' meeting.

Just under a third (31%) said their improvement idea had been implemented, a third (33%) said it had to a degree whilst just over a third (36%) said it hadn't.

## Technology confidence

A question was asked about the confidence respondents had in using technology. Only one person described themselves as a technophobe, the rest using technology regularly for personal use and work. The interviews however reflected an anxiety about using and communicating through apps.

*"The younger generation find logging into apps easier to deal with."*

*"Technology - another thing to do!"*

### **Clarity of process**

Another point made was a lack of clarity about the process. If an idea was put on the platform, it was not clear whether you had to wait till it was agreed before you could act on it, instead of just going ahead.

*"Once you put an idea on, it is not clear who is responsible."*

This suggests that the Trust may benefit from clarity in their communication about how the ImproveWell process works, particularly around roles and responsibilities.

### **Technical issues**

There were comments that raised technical issues

*"I had trouble downloading so a colleague had to enter the idea."*

*"Is there a way of texting an improvement idea so I don't have to log in etc and it gets logged on the site?"*

*"Am a bit 'techno'd' out - don't want to have to log on to another app/computer/be reliant on phone/technology etc."*

### **Using the site more effectively**

There was frequent mention of how to use the site more effectively. Some of the ideas had clearly come from more than one person whereas the platform seems to assume individual ownership of the ideas. There was a sense that not everyone felt their idea had been recognised. Also, a frequent request was for the space to develop ideas collectively. It is possible someone with an idea to set up as a project and invite others to join, but not everyone realises this. A regular ImproveWell workshop would help to encourage staff to make use of the site more effectively.

## **5. Tool for Measurement**

ImproveWell offers the potential to save staff time to measure improvements in staff morale. In addition to the ideas function, it has a function that measures staff sentiment. During the pilot, it asked the question 'How is work today?'. It has now switched to the question 'Have you had a good day?'. At the time of the evaluation, this was not being fully utilised, and is perhaps a less well understood function of the platform. One comment was that having that question on the same app as the ideas function was confusing and distracted from each other.

There were a number of observations for how ImproveWell can help track improvement ideas.

*"It is a channel for ensuring ideas don't get lost. It is very focussed, and ideas can't disappear."*

*"It provides an auditable trail of improvement ideas, an evidence of ideas and shows how many people agree with the idea."*

*"It feels it goes somewhere; you get feedback."*

*"I would like to see the team use it to bring about changes. Sometimes ideas get lost. It's a platform for us to change things."*

*"It's a good place to get ideas across and make people feel valued."*

## 6. Resourcing and finance

Three separate but interlinked themes were identified here. Two were around the implementation of ideas relating to staff time and the resources available to put change into effect. The third theme related to the financial savings made by the changes.

### Staff time

An overriding anxiety when talking to front line staff was the degree to which putting an idea on ImproveWell would require their time to implement an idea. A significant number were aware of the time and effort the Maternity Services champion had put into the project and were very grateful and appreciative. This might have a detrimental effect and discourage some staff from volunteering for the role feeling too much would be expected of them. Comments included,

*"I can't take on anything else."*

*"Staff don't want to be lumbered with having to take big ideas forward, can only ask so much of staff."*

*"Clinical staff should be given protected time to work on this."*

*"There is so much mandatory training already for midwives."*

*"(The Trust) should employ someone to take on changes. You need to carry out research, go to meetings."*

*"Staff using ImproveWell should be given the facilitation to take on big ideas."*

*"I started using the ImproveWell app since being shown it was on a desktop. Would not have used it otherwise. Would not have used it on my phone as feel it would eat into my time/days off."*

*"I think it is an excellent tool and encourages an ethos where staff feel empowered and have the means to create change. They do need support to have the time for this."*

## How ideas will be resourced

There was also some anxiety as to how change ideas would be financed. With ImproveWell being rolled out Trust-wide, there was some concern as to whether the Trust as a whole had identified resources to pay for the implementation of ideas. To date, the cost of change ideas has been minimal and have been mostly paid for through existing budgets. There was a growing recognition and appreciation that ideas put on ImproveWell had access to the expertise of the QI Hub to draw up a business case for the change idea.

*"ImproveWell gets ideas to those with more financial clout than the coordinators have."*

## Financial savings made

ImproveWell calculates that the 164 time-saving ideas submitted as of January 2019, would save £6.8m on salary costs.

The case studies back this up by illustrating how the changes save staff time. Streamlining the checks for emergency boxes has given the Trust nearly an extra full-time member of staff. The digital clocks have improved efficiency and saved on possible litigation costs which could cost the NHS millions. The improved working conditions have led to greater morale amongst the staff, increasing motivation and output.

## 7. Sustainability

There is some evidence that after the initial flush of enthusiasm people stop using their apps or use them less frequently. Studies show that in spite of the plethora of apps that are downloaded, smartphone users spend nearly 80% of their time on just their top three apps<sup>5</sup>. It is important, therefore, for some thought to be given to the sustainability of ImproveWell as an engagement device.

Table 6 below illustrates the pattern of use of ImproveWell since it was introduced. It shows a heightened period of activity during the pilot stage, when there was a very active and motivated champion. From July 2018 there were a number of changes taking place when the software was being redesigned. At the same time the Trust was restructuring its divisions, the Maternity Services Champion had changed roles. The chart reflects this pause in the lower activity figures. Also, at the early stages there will have been a rush to put on to ImproveWell ideas staff have been holding on to for a while. It is to be expected that there will be a drop in activity on the platform as these ideas get fed through. As new staff join the Trust, bringing new ideas, the rate of activity on ImproveWell should reflect this and stabilise into a consistent pattern.

---

<sup>5</sup> Richter, Felix (2017) 'Apps Users Spend 77% of their time on their top 3 apps', <https://www.statista.com/chart/3835/top-10-app-usage/>



**RCHT IMPROVEWELL USER DATA SUBMISSIONS**  
(March 2018 – March 2019)

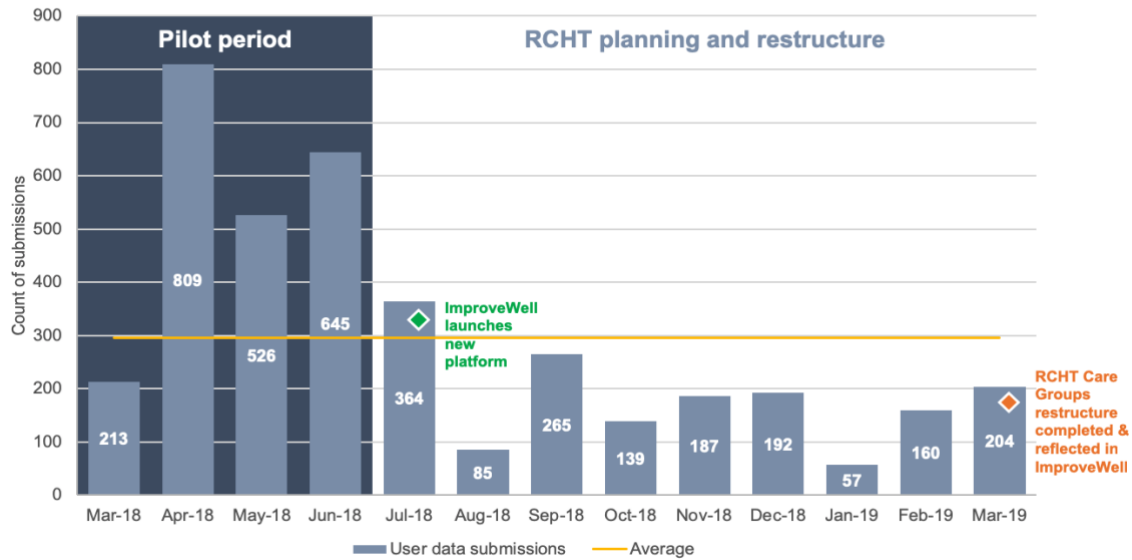


Table 7. Count of activity on the ImproveWell platform

**Role of project leads to keep staff motivated**

Respondents to the survey and interviewees overwhelmingly acknowledged the role the Maternity Services champion had played in promoting ImproveWell to staff.

*"I think it needs a highly motivated and driven lead to make it as successful as it has been with us. It doesn't run itself and our lead has been tireless in her enthusiasm and drive."*

*"You need to keep reminding staff (about ImproveWell)"*

The role of the project lead champion is vital in the sustainability of ImproveWell. They maintain motivation making contributors feel their ideas are valued through replying to ideas promptly, following them through, a monthly newsletter including idea of the month, stickers on the change idea and promoting ImproveWell at all times.

*"I like the idea of acknowledging people's ideas and encouraging staff to be more involved."*

A small number felt aggrieved that they hadn't received any feedback on their idea.

*"I haven't had the feedback that would encourage me to submit an idea. It would be good if those submitting an idea had feedback and the idea was discussed with you."*

This comment should not be seen as a criticism of the current process, but an indication of the level of staff time needed to be put into managing the ideas that are submitted.

## **Induction and on-going refresher workshops**

There was a clear request to have more support

*"Regular demonstrations/explanations of ImproveWell to new starters might improve uptake."*

*"An idea for a monthly report would be useful to see other ideas and how they are being implemented."*

## **Sharing ideas**

Being able to share and develop ideas collectively and learn from each other was a reoccurring theme.

*"Have a monthly round up of improvement ideas and where they are."*

*"Would be good to have an email/ text message to tell you how your idea is progressing."*

*"Everyone should be signed on and then have ideas meetings."*

## **Support for revalidation**

Its potential at being used for revalidation was raised. ImproveWell has the function of being able to print out an individual's idea on a card that can be kept in their file and used to provide evidence that they have kept clinically up-to-date and innovative. This could be evidence that their idea was chosen to be Idea of the Month or their Congratulation letter.

## **Other comments were**

*"Every ward manager and staff nurse needs to have it embedded in them."*

*"You need to see it as QI services rather than just an app."*

## **What makes ImproveWell work?**

The success of ImproveWell in the Maternity Services has been the result to two key staff having a vision and being prepared to do what was needed to push it forward. The pilot produced a number of learning points useful for others.

## **Vision**

### **Giving staff a voice.**

There was a vision that for the Trust to improve and move forward, the whole organisation needed to be on board. ImproveWell provides the opportunity to give voice to staff on the frontline who find it difficult to be heard. There is a hope that ImproveWell will help blur the hierarchical boundaries within the Trust that can stifle good ideas and block innovation.

*"Traditionally the NHS style of management is threatened by those with ideas. ImproveWell gives a voice to staff who don't normally have a voice."*

## **Skills development**

There was also a vision of giving staff the opportunity to grow and develop. ImproveWell can be a tool to support staff develop leadership skills.

*"We are moving away from learned helplessness to coming up with staff who are professionally managing a challenging service that has to be very change management orientated and keep up with the times."*

## **Streamlining communication**

Finally there was a recognition that communication in the Trust can be complex. The vision is that the technology of ImproveWell can help to streamline communication systems.

*"I hope it would be first port of call for ideas from everyone. Something needs to be in place to harness ideas immediately."*

## **Vital ingredients**

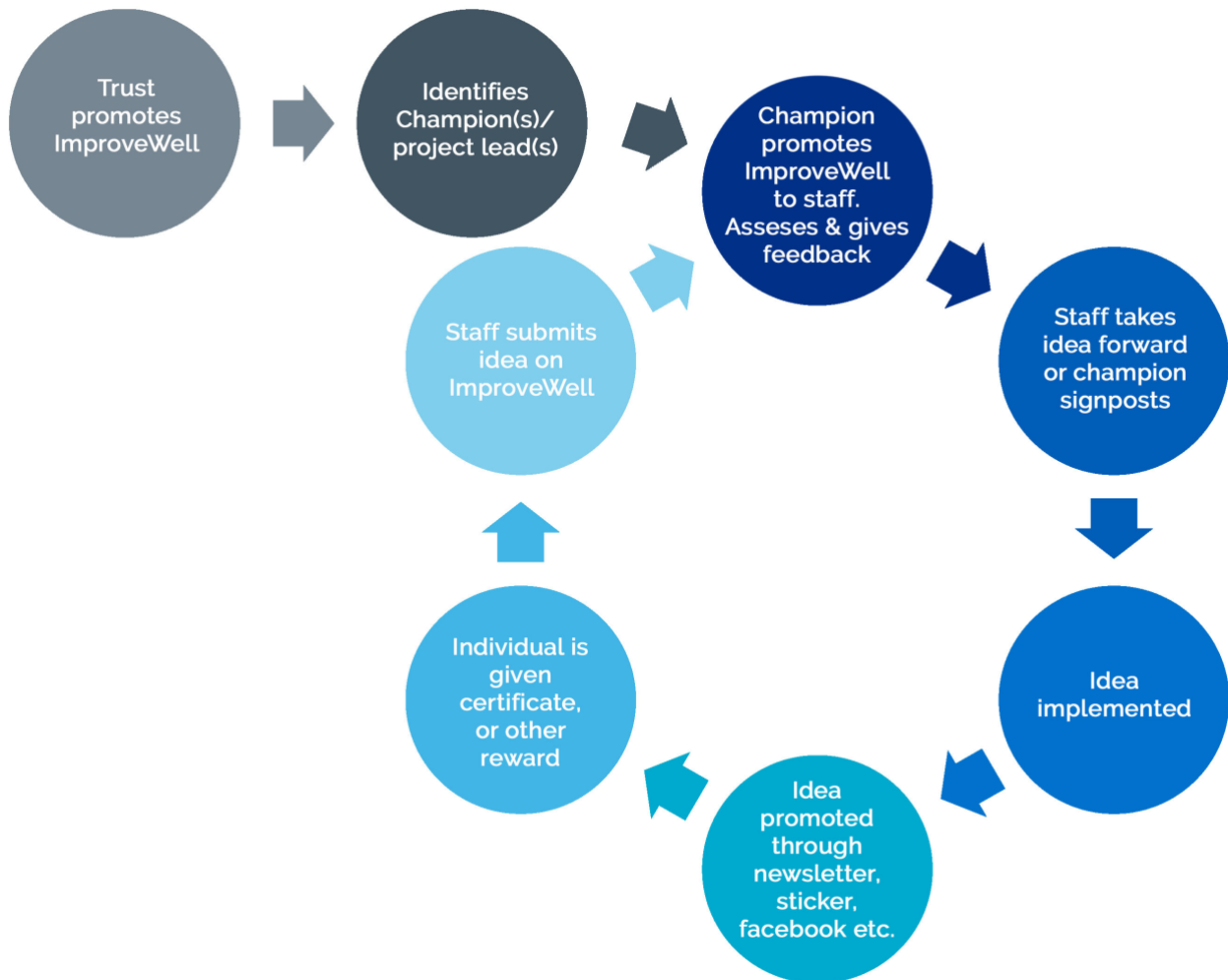
The evaluation has identified some elements emerging that are key to the success of ImproveWell as it grows and evolves. They are:

- Having dynamic champions to lead ImproveWell within their teams.
- The flexibility of the platform: ImproveWell is effective because ideas can be captured anywhere - on the bus, at home, in front of the telly and *'when you're lying in bed thinking'* as one person stated.
- Not centralised into corporate services: Whilst the role of the Quality Improvement Team was important in supporting the roll out of ImproveWell, there was a strong feeling that it shouldn't be managed centrally. It was felt to be very important that managers were closely engaged with the process of promoting the platform, engaging with the ideas that came up from their teams and the identification of change ideas.
- Releasing staff and giving them time to lead on their change idea if want to. This would fit into the Trust/NHS culture of continual learning and change.
- Ongoing support from the supplier, their flexibility and generosity with their time has been excellent.
- Resources: It is essential to put in the necessary resources - for the champions and for ideas to be costed and implemented.
- On-going coaching, training, handholding to make best use of the platform.
- Involve senior staff and enable their oversight by giving them observer functionality.

- Recognise the value of having a mechanism which tracks and audits ideas.
- Celebrating change ideas through publicity and awarding certificates gives a clear message of support for a culture of transparency and change.

**The model developed in the Maternity Care Group**

From the beginning, the use of ImproveWell to share change ideas was envisaged as a dynamic process. The more staff come up with ideas, the more it shows they are engaging with their work and care about standards. It was recognised that there is a need to actively ensure motivation amongst staff to keep coming up with ideas. Improvements can be taken forward at all levels - managerial, nursing and ancillary staff. The Maternity Services had developed a model to ensure continued staff engagement.



## Conclusion

There is no doubt that ImproveWell has made a considerable impact on improving the working environment for staff and the patient experience. Before ImproveWell there were staff working 12 hour shifts without access to a dedicated staffroom, where they could have a break and replenish themselves before going back to caring for their patients. Before ImproveWell, mothers on drips had to manoeuvre broken drip trolleys down the corridor whenever they needed to go to the toilet. These are the challenges faced, not only by the Trust, but by staff throughout the NHS, up and down the country.

Previously, improvement ideas that have been identified took a while to get actioned. Through ImproveWell, ideas get recognised and actioned much more speedily. The evaluation found that the improvements that staff have suggested, are releasing them to spend more time on patient care and have made significant financial savings for the Trust.

Not every department will have the access to the kind of champion the Maternity Services benefitted from. The role of motivated project lead is vital to the success of not just to the ImproveWell platform, but also the culture of change the Trust is aiming for. The findings of the evaluation have confirmed that one size does not fit all, and that the platform should be part of a broader strategy of engaging with staff.

High levels of enthusiasm for ImproveWell were found amongst Maternity staff. It gives them a sense of control over their place of work; one in which they can take the initiative to make improvements for themselves. The evaluation survey and face to face interviews that were conducted suggest that morale has considerably improved in the department. "*I love working here*" said one midwife.

RCHT needs to be congratulated for its courage in being transparent about the challenges it faces. Through ImproveWell, staff are recognised for putting forward their improvement ideas. This helps create a culture in which they can feel safe to draw attention to what is not working, suggest an improvement and be part of putting it into practice. By encouraging staff to use ImproveWell, the Trust is inviting them to be part of the solution and establishing a collective culture for change.

## Appendix - Examples of improvements made March 2018 - March 2019

Examples of improvements made between March 2018 and March 2019.

### Patient Care

1. Maternity Support Workers to have protected time before 10am to complete bed boards and bed rounds
2. Introduction of aromatherapy on to wards
3. Introduction of 'Cuddle Coats'- jackets enabling skin to skin contact whilst allowing mothers and fathers to retain their dignity
4. Improving waiting time for External Cephalic Version (ECV) patients
5. Improved blinds to protect patient privacy
6. Promoting mental health support for women - MUSH leaflets being given out
7. Introduction of improved dose for MgSo4
8. Introduction of 'calling cards' to tell women if they have missed a drug round so they can make sure they don't miss their medication
9. Improved signage for visitors in Maternity Reception area to Wheel of Fortune
10. New clogs for partners of mothers
11. Improved bedside cabinets
12. Optimal cord clamping & training to support it
13. Having digital scales on their own trolley for blood-soaked swabs to accurately measure blood loss

### Improving efficiency and the care environment

14. Digital Clocks in each delivery room and theatre that tells the same time
15. Delivery trolleys so equipment remains in rooms during 2nd stage
16. Increased recruitment for safer staffing levels; Wheel of Fortune
17. Liaison with Mitie to develop a plastic free and environmentally friendly maternity service
18. Improving information required for booking bank shifts
19. Photocopier and scanner installed in Wheel Rose/Day Assessment Unit
20. Clipboard by whiteboard in theatre holding consent form and WHO checklist

21. System of identifying beds on Wheel of Fortune that need cleaning after discharge
22. Headphones for computers to enable staff to follow online training
23. Inclusion of supernumerary time for new midwives as part of their induction
24. Reorganise storage space to make stationery and equipment more accessible
25. Gloves installed by the corridor resuscitaire
26. Fix magnetic system on doors
27. Lockable cupboards and trolleys in each delivery room to store drugs, linen and other equipment
28. Amnesty Boxes for stuff left in changing room
29. Changing site of whiteboards in delivery room
30. Install whiteboard at back of delivery room
31. Introduce security tags to emergency grab boxes to reduce the number of times they need to be checked
32. Fix Delivery Suite scanner
33. Smaller suturing packs to save waste on equipment not used
34. Stick red ties to white board during operations, still visible but improves safety
35. Document on whiteboard when Spencer's are taken with baby and placenta
36. Monthly Delivery Suite meetings
37. Monthly Midwife Support Worker meetings
38. New book for preparation and administering IV drugs
39. Improving bleep notification for Emergency teams
40. Improving store of delivery pack to make it easier for midwives returning after home births to re-stock
41. Document on whiteboard in theatre details of blood group and whether blood available in fridge
42. Improvements in communicating MEOWS to midwife
43. Remove advanced neonatal resuscitation drugs out of resuscitaires
44. Laminated A4 sheet in cupboards in Birth Centre/ Labour Ward so staff know where to find things
45. 3 new drip stands
46. Implement telemetry

47. Reorganise office space to give adequate space for admin staff to do their work
48. Uploading all documents to shared file

#### **Caring 4 You/ Improving professional practice**

49. Improving staff safety - car park lighting
50. Allocate staff rest areas as work free zones
51. Improved font of monthly newsletter
52. Improved system of flagging up names of Obstetrics Team and Neonatal Team
53. Updating and improving midwifery desks
54. Storage units for staff in staffroom
55. Improved hand towels
56. Birthdays cards from Head of Midwifery and maternity staff for each member of staff on Maternity Unit
57. Break before you are Broken - caring campaign to encourage staff to support each other to take breaks
58. Plugs in coffee room uncovered for staff to use during breaks