# Urgent & Unplaned Care: engaging the workforce to improve quality, safety and care | Community Forum Webinar

**Ben Russell (00:03)**
Hello and welcome to the ImproveWell Community Forum Webinar. Thank you so much for joining us today. I'm your host and I will be setting the scene and handing over to our speakers, followed by a Q&A at the end. I'm Ben Russell and I'm the Head of Customer Success at ImproveWell.

**(00:24)**
For the focus today is on Urgent and Unplanned Care - engaging the workforce to improve quality, safety and service delivery. Urgent and unplanned care obviously covers many facets of healthcare. Obviously, the ones most familiar to us, maybe things like: A&E, ambulance services which, you know, we hear about often in the news, now more so than ever and we'll be focusing on those areas and also some other key areas today with the help of our speakers.

**(00:49)**
So, I'm really excited about our speakers. I've had the pleasure of working closely with both of them over the past year or so, and seeing first-hand the incredible improvement work they're doing across their teams and organisations. So first up, we'll be hearing from Leigh Ferris at Southern Health and Social Care Trust. Leigh works within the Rosebrook Psychiatric Intensive Care Unit at Southern, and then we'll hear from Nicole Lee who works within the burns service at Chelsea and Westminster Hospital NHS Foundation Trust. Really looking forward to hearing about the great work they're both doing with their teams. But before we hear from our speakers, let me talk a little bit about the world of urgent and unplanned care.

**(01:31)**
As we all know the headline stories detailing the challenges and pressures face with an urgent and unplanned care show no signs of abating. We can see here examples of these are published in the news daily and therefore a constantly in the forefront of our minds at the moment. So this month alone, the Royal College of Emergency Medicine has reported that the NHS has experiencing the worst winter on record for A&E waits with some departments experiencing a complete state of crisis. So A&E wait times and ambulance response times are our key indicators of the performance across all urgent and unplanned care services as you can see here. These times are currently at their worst levels on record in the UK and poor performance against these standards can obviously have a detrimental impact on both patients and staff, and can be indicative of wider problems within the healthcare system.

**(02:28)**
Long wait times and delays in urgent and unplanned care services is due to many things, so increased demand, limited supply, and these are driven by things like high hospital bed occupancy, delays in transferring patients, staff shortages, meaning the wait for hospital beds is at all-time high in the UK. So nearly one in five ambulances in England are waiting more than an hour to transfer patients and there has been a 13% increase in major emergency department attendances over the past 10 years. Not only that, but the average length of stay for emergency admissions rose from 7.4 days to 8.4 days from the first eight months of 2019 compared to that of 2022. So if we if we take a step back and sort of try and unpick the drivers of the current situation, they're obviously complex, many folds, and a lot of the times interlinked and interwoven. I'll spend a little bit of time on this slide just going through the specifics and the nuances that we see.

**(03:32)**
So as mentioned, I guess one of the obvious ones is that demand is growing faster than capacity. Siloed work is a problem and there's an incentive to move workloads around to manage busy periods. So, you know, there's a tendency to keep adding more services, beds, layers, and rules which cause more delays and inefficiencies. At a hospital level, there are increasing challenges related to patient flow from delayed admissions, handover, discharging patients, and everything in between and these inefficiencies can lead to patients staying in hospitals longer than necessary, creating more demand on the social care.

**(04:10)**
Due to increased pressure during COVID's winter pressures increased demand from an aging population the urgent and emergency care system has struggled to keep pace and workforce morale is at an all time low. The consequences are consistent and permeate through patient experience the workforce and trust incident. So for example for patients delays of more than five hours are associated with increased mortality rate in regards to the workforce, the negative impact of burnout and stress are at an all time high and in early Jan seven trust had already reported critical incidents and a further 55 have said they were struggling to cope with demand.

**(04:54)**
So despite all of this, public confidence may have come into question in terms of wait times, but there is an underlying message that the public is still confident that they will receive good and expert care and that they believe in the people that are delivering the service. In 2019, a paper was published in the BMJ highlighting a framework on quality and safety in emergency care. It characterised five features of successful care, which are listed here and unsurprisingly of the five elements for it intrinsically connected to the workforce, personnel, decision-making, process and approach. And it just highlights, you know, the importance of having the right people and consistently engaging those people in the roles is absolutely crucial.

**(05:38)**
And the case for workforce engagement is obviously well documented. We know that giving staff a voice and the agency to improve and make changes to their working environment works. High engagement organisations show increased profitability and productivity, as well as decreased patient incidents and staff absenteeism.

**(05:58)**
And this is where ImproveWell comes in, so giving staff access to the platform that gives them the option and ability to feed back and have their voices heard is key, whether the focus is on staff well-being or driving improvement across their service or their organisation as a whole.

**(06:16)**
So before we go over to our speakers, here's some aggregated insights taken from ImproveWell platform from a sample of six select organisations using ImproveWell and it's being used across urgent and unplanned care teams within these six organisations. It's no surprise that you know, the feedback we've seen through ImproveWell echoes what we're seeing across urgent and unplanned care as a whole. There's a theme of staff eager and hungry to have a voice heard to help drive change. And you know, if you just look at the number of different roles that have given feedback across these organisations. So there's you know, 39 different roles have you know, wanted to make their voice heard and give them feedback across these organisations and out of almost 300 of the ideas collated.

The themes are heavily focused on clinical improvement, patient experience and staff well-being, driving small incremental changes in these areas across their service to make a wider impact to staff and patients.

(**07:19)**
And finally, you know the impact of having a simple way to make your voice heard can have a big impact in a very short space of time. So one organisation surveyed staff on day one of using a platform like ImproveWell and then again at day 90 and found a significant increase in staff feeling they could share ideas easily and their ideas were listen to and considered without any delay or you know, anything like that. So this leads nicely on to, if we can jump to the next slide. So our first guest speaker today is Leigh from Southern Health and Social Care Trust. So our journey with Southern began a couple of years ago now and we're now working across multiple teams. So Leigh's unit in particular and began using the platform in the middle of last year and it's been, you know, it's been amazing to see the impact it's had so far and the dedication that Leigh and his team have given with, you know, driving change with their staff. So yeah, really really looking forward and to hearing from Leigh. So with that in mind, I will hand over Leigh now to take us through his journey.

**Leigh Ferris (08:33)**
Thanks very much Ben, and my name is Leigh and I am a Deputy Charge Nurse at a Psychiatric Intensive Care unit in the Southern Trust. Which is in Northern Ireland. ImproveWell sort of came to us from more Senior Management who recognised, broadly across the service, the need for, sort of, improvement and change, change in culture, change in systems, efficiency and all that sort of thing. Southern Trust that provides Healthcare across five council areas, employs 13,000 staff. And annual spend of and between 500 and 600 million. The quality improvement aims within our trust and it's about sort of strengthened assurance processes and increased coordination and prioritisation of efforts to innovate and improve our services and this is importantly is down to really listening, learning and acting on what we hear from both services users and our staff. And the ImproveWell app is primarily about listening to staff. And this, sort of, aim then should lead to planning and development and evaluation of services. So our own board there, you can see that the picture of it there on the screen, Rosebrook struggling to retain staff. There was a per culture of, this is the way it's always been done and there were difficulties with staff feeling disempowered, not listened to. The staff for were working hard. You know, they were working very very hard. But they were caught in a cycle of reporting the same problems, trying the same solutions, and it was coming, you know sort of more of a top-down approach and you know, that was the situation that we were in, so we were haemorrhaging staff, you know staff didn't want to work there, you know, things weren't working and you know, we were looking and for change essentially. So, the idea of even
using ImproveWell, the idea of using this new technology was an indication in itself to staff that we valued their input and that we were going in a new direction and that we wanted to hear, you know, what was going on. We believed in their skills and we believe in their knowledge.

**(11:15)**
I suppose, we needed a lifeline and there were other changes at that time. So, you know, there was a tide of change happening. There was a new manager. There was new Senior Management and all these things sort of came together in a perfect storm and ImproveWell and complimented that, we were looking to make things more efficient. We needed to generate a change from the ground up. And we really needed to show our staff that we were going to listen to them.

And we needed to listen to them and let them know that they were being heard and that's what the app sort of done because you know, you post your idea you get a response and you follow its journey to being actioned and you get the credit for that also and that's really really important, you know is giving that feedback. So it did a chase of culture and part staff. We wanted to give them a voice, we needed a total to do this, which is obviously in ImproveWell app. And we need to be able to measure it because we, you know, wanted to be able to say confidently that what we were doing was for the better and, you know, have proof of our endeavours. We also needed to monitor morale because morale was at a very low point at the time of introducing this bit of technology.

**(12:43)**
So, essentially, ImproveWell, you know, come in when there was a wider strategy to improve staff retention by making better working conditions and attempts to build a more cohesive team. We identified a highly motivated and influential staff member as a champion. I was given the job of, sort of, introducing it but my role was to see who, in the team, you know was motivated and influential enough to carry the message that this was a worthwhile thing to get involved in, and I suppose it's about recognising who naturally made to have a view that it's not going to work on giving them some ownership in pushing it out because that instantly will negate some natural pulls of resistance, but recognising that with any change, you know, or introduction to new technology, there will be a resistance. That was key in driving forward, you know, the user involvement. So we used emails, posters and the app, and staff were incentivised. We were adding extra time on to the brakes to allow them to register. So it wasn't another thing they had to do or then paid it on their own time and you know, as staff provided new ideas, you know, in conversations, you know, they were recognised at that moment. That's a great idea. You know, perhaps we should log that and, you know, why don't you take some time off the floor, go and log that idea and just see where it goes and it really started to foster this, you know, we're working together. We're building something. And then we fed back, there's a system called Greatix. It's the opposite to incident reporting. It's a reporting great stuff and we started the collaborate with Greatix and ImproveWell and ensure that people were being recognised for their achievements and their suggestions, and their innovation. And then we used the app to survey the success of ideas and to give staff a platform for some fun things. So we use the app also to survey where they want to go for their team building exercise. And that increased users as well. The user, sort of, successes for us took no money at all. You know, the ideas that came forward, were about systems were about how we were already doing things, and about how we can improve that with just changing how we do things. And so we have, we are in a Psychiatric Intensive Care Unit, see if any insecurity is paramount because we deal with some very challenging illnesses and some very, sort of, risk situations.

So, we have the safety nurse was suggested and that was from learning from other staff who had been elsewhere and had seen how things were done elsewhere and how they worked. So they made suggestions regarding nurse roles and one of them was a safety nurse and that gave clear rule development at see of time. It defined the role and improved overall safety for staff, patients and provided a consistent approach to how we do and how we look after safety and risk concerns on the ward. Similarly, we had the medication nurse and how we were doing medication, you know, it was obviously, it had, had to be improved, you know, there were and too many areas were possible errors could happen and on occasion, there were a few errors that did happen and the medication nurse role was again about, it was an idea that had with it and auditing suggestions improved safety suggestions and clear defined roles and consistency in communication.

And again, these two ideas completely changed the staff confidence in their in their jobs, it gives them real, you know, pride in their work and everybody just started to work a whole lot better with these suggestions and things really started to improve and save time and energy, and particularly as we were using a lot of agency as well. So the agency were able to come in and adapt to these clearly defined roles and in a way that was just consistent, you know, really really helpful. And so in the last 12 months like we, you know, we haven't lost a staff member prior to the 12 months. We had lost and many, you know, double figures. And recruitment has been successful. There's a change in what others perceive in our team and it's a place where people want to come to work. And that's a clear sign that our aim of improving the culture on the ward is working.

**(18:01)**
Some other successes environmental successes new furniture on the ward, you know, having them suggestions coming through the growing level and feeding them up through Senior Management through with this as evidence that this is something that's been identified and not feeling like a problem then and we're waiting on some other more longer term and suggestions come in to fruition. So the challenges were, getting people enthused was a challenge, but not as big as we thought it could be and really it was just about following up with individuals and maybe somebody would come up with an idea. And you know, like I said before it was having a conversation and just really giving them that immediate feedback and then bringing them to log it. And I'm just taking an enthused approach, you know, you do need energy, you know, you do need to have the right energy for this because improvement doesn't always happen, you know, straight away, you know, sometimes it might take an idea to happen and there's a lot of teething problems that will come out of that idea and people might think 'oh that idea was was rubbish' and then in the end it's like no there's a few key things that weren't need to tweaked and it's actually been a really good idea and they were challenges, you know, keeping that enthusiasm and you know, keeping the goal in mind on again, validating their efforts along the way, because in the beginning change was in silos, you know, so if staff member A made the suggestion, well then maybe his or her friends would support it. But staff member B maybe wouldn't because it's just they weren't really interested. So broke down all the staff member A and staff member B barriers and you know, sort of, made us all more and more of a common goal, you know where we were all suggesting and then we all needed to support each other and that came out of it. So depending on who the you know, the champion was, depending on who made the idea in the beginning, definitely and you know required a more enthusiastic approach.

(20:20)
For us what's next is and there was a wee dip, you know, because we had a years worth of ideas, maybe two years worth of ideas all in a short space of time. And yes, naturally, there has been a wee dip, but it's about you know, not taking your eye off the ball and with every patient, with every new staff member. There's new ideas. There's new situations and there's always, always room for improvement, particularly, as you know, research is constantly changing and how we do things as constantly changing. And so it's about keeping on it and in terms of morale and we used a good day measure and we're monitoring consistently how staff are feeling but we need to incentivise staff to use the measure. Sometimes when the goals really good which it is at the minute people just forget about take their eye off the ball and you might only get the good day measure when they've had a bad day. So it's about incentivising them, you know, maybe using a competition or something to ensure that staff are, you know, using that function on it and then that gives us the information, the data we need for Senior Management. Either to say well we're doing well or unless this staffing, this impacted how our staff are feeling, can you help us? And that's really important too.

**(21:47)**
But yeah, I mean, that's our journey. It's still very much in the early stages. We're about a year into it now. It doesn't mean the wards going fantastic. It really is and this has been part of that overall and success, you know, so any questions are more than welcome at the end here. Thank you.

**Ben Russell (22:09)**
Thank you very much for that Leigh! So great to hear the story and you know all about the improvement journey and hearing how the work you're doing is, kind of, had a great impact on staff turnover and the overall morale of the team is absolutely amazing and really inspiring. So, yeah, thank you again for sharing and yeah, hopefully we can then get some questions at the end.

**(22:09)**
So, our next speaker of the day is Nicole Lee from Burns Service at Chelsea and Westminster Hospital NHS Foundation Trust. So our relationship with Nicole actually began during the height of the Covid-19 pandemic, when ImproveWell was rolled out at the Nightingale surge hospital and after this Nicole reached out to us to use ImproveWell within her team at Chelsea and Westminster and the impact has been fantastic, and much like Leigh, Nicole works consistently not only to collect the feedback but also to carry these ideas to fruition and kind of continuously update staff on the progress and the impact the ideas are having so yeah with that in mind, I will hand over to Nicole.

**Nicole Lee (23:17)**
Hi everyone, and thanks for that Ben. And so just a little background about where I come from. My love area, dare I say, is the Burns Unit or burn services in general, I have worked my way across three different trusts over the last 18 years and have landed in Chelsea and Westminster Burns Unit as their Burns matron. And so as Ben mentioned, during the covid pandemic I ended up in the Nightingale hospital. And so I've had a bit of a journey that is, has been a little bit different from some I suppose over the last couple of years. But my service in general is basically within the M25 service and we have ITU beds, HT beds, board beds, clinics on the ward and then clinics for outpatients. We also have Paediatric Ward that also run clinics and we have a theatre on site. So the way to look at my services that we are like a mini hospital in a hospital, which is, means I've got and a big team and but also lots of things to think about when it comes to running our service and making sure that we're giving all our staff the opportunities to have that moment of being able to feed back. From the Nightingale, the reason that is of relevance is obviously we started using ImproveWell as a tool within the Nightingale and but actually what happened was we started to understand a process of being able to make quick pace change in relation to issues that were happening and on the shop floor in the Nightingale that needed to be escalated and kind of created this process where there was a thing called a BLC which is the team that I was allocated with him and ended up leading at the Nightingale where we were people that were able to go into the service and it was obviously a new service that was made and be able to feed back change up to management in a quick pace way.

**(25:22)**
Now because of that and that experience within that and coming back to the NHS after being able to make that change has been difficult. I'm going to be honest and because we were able to make that service fit what we needed and over a period of time and so what I wanted to do and the reason I bought ImproveWell into our service at the Burns Unit, is being able to offer them opportunities for my staff, to be able to be engaged and be part of that process of being able to create change and support change and make the service fit all of us. And so what we've done is we've adapted that process which is the bedside learning coordinator process and we've adapted that into a management style, that is everyone has the opportunity feed in and make change. And now as Leigh said previously and by making the staff part of this process and actually makes a huge difference to change process and the things that I've really noted is that, if it comes from them and it's fed by them, then potentially the change process and the resistance to change is hugely different to me going in and saying we want to make a change in the service.

**(26:40)**
And so what we've done is we have used the system to be able to have a multidisciplinary act. So all of the staff need to feed into the system. But also as part of the second Nightingale, we allowed patients to be able to feed into the system too. And now that brings a whole different ball game to what is your service and actually makes you realise that because at the moment the current NHS side is that we survey people when they leave. Well, they're always happy because they're leaving and I wanted to get some more nitty gritty about being in my service and being able to see what was going on. And yeah, so that patient feedback has been really interesting and really great for improving their experience within the unit.

**(27:35)**
The way we've implemented it, is that we obviously introduced the app and we had lots of posters around the service and we've had lots of meetings where we've introduced the system to be able, for staff, to be able to log on. Now, you're always going to get staff that aren't interested in logging on, some people are just not computer wanting really but then you've got a lot of younger generation that, if it's not on their phone, they're not interested. So, actually by utilising this system, we've been able to allow the younger generation to have the ability to feed in and see on their phone and but we've also been able to create an environment where people that have an idea. Although they might not want to log on to the system. They can come to a meeting and be able to feed that in which will then get logged onto the system for them. And so we've enabled that ability and for all. We run a weekly meeting with my senior management team to be able to action outcomes and as a previously been said and if the staff don't feel that they're being listened to from what they're putting in then you lose that engagement and so it's really key to being able to generate that engagement within the system and we have my senior team. We meet every Monday and as part of that meeting we log through the ImproveWell, we've all got action plans and as part of the feedback from ImproveWell and you know that might range from, you tend to find with the process and there's been lots of different hospitals are born into their systems and we know now how to use it. But what you tend to find is about 80% of these are quick fixes.

**(29:14)**

And so I say quick fixes, the bathroom door makes a noise or you know, the silly things that you can action quite quickly for your normal processes, but it just means that you can feed back what's been done about it. And I think that's what the staff really like. They really like the fact that they are able to feedback or get that instant feedback. And which is why you have to have this process where you can feed the system and what I will say is you have to also be honest and because there are some that you just not going to be able to do you know, I want to pay rise more, you know, I'd love to give everyone a pay rise, but you're not gonna be able to have that, so there is some managing that that type of feedback as well. But I have to say the staff are really engaged in it on our service and we've been able to make changes that have made real difference and I love the fact that when you're in a service and I always feel that unless you're on the shop floor unless you're dealing with it on a daily basis, policies and procedures are all written, but we then make them work for us don't we? This is about engaging the people that it's working for, to actually write them and so as part of this process, you know, we've had to adapt what has been policies and procedures that just haven't worked and it's that interesting factor that you find from allowing that feedback. And alongside that feedback we make sure that everybody knows about the changes that are going on and we truly try and keep them all very engaged in the process. And so the app system has the ability to have your reports that you can produce from that. So we run our reports of at the end of every month and but also the people that don't want to be on the app and we can then we pop them up on the wall and make sure they're in the staff rooms and on my matron board and just so everyone's keeping a log of what's going on.

**(31:15)**

We're also looking at how we can bring that for governance and just make sure that we're covering everything and so we'll be and be having that within our governance meetings and we'll also be adding to our annual report around some of the figures and outcomes from this, to show what the services doing. And so the results so far, we're eight months in and we've done, there's been 51 improvement ideas fed into the system, which is ranged from staff and patients. We've had, we're underway with after eight months. We've got 27 projects that we've completed, we've got 17 underway and what tends, like I say, 80% tends to be the quick fixes. So, some of the easy ones have been done, but some of them have led on to much bigger and bigger projects. So for instance, we've had some of the staff feedback and we were equally looking at staff recruitment and retention, and one of the things a couple of the leaders had said was that they wanted 9-to-5, Monday to Friday to fit around childcare. And so we've looked at how we can adapt one of our clinics and on our ward to be able to offer that to our staff and obviously we've gone through the processes to be able to get that job role in our establishment and the changes underway and get that recruitment. So obviously them kind of projects just take a bit of time to be able to do some of the quick fix projects have been along. So one of the patient experience feedbacks, was that they have, they wanted a radio and although they are one of them real simple things that they just wanted the radio and in the background and so we've had, we've used some via charitable funds advice and radios for our patients and now I have to go around telling them off when they're too loud. It's been a great way, like I say, of being able to engage the staff and we've definitely got some staff that will engage more and some that won't and but they all see the benefits of it and so are absolutely on board. One of the things that we've really noted is that patient experience has been a huge part that everyone's agenda on their feedback which kind of, didn't see coming.

**(33:31)**
So patient experience has been our top rated feedback ideas. And so when yeah, really lovely to be able to make the experience of the patients that come through the service in a better positive way and we have made cost savings along the way and we found ways of time efficiency too. So cost savings and you know, we've changed over to different styles of dressings and which have been cheaper, time saving example, and it's a silly one now, again a quick fix. And in regards to our clinic every time we have MDT and our junior staff find it difficult because they can't get one of the doctors to come review a patient if they need to, so they ask whether or not an SHO could be sat by the door of the MDT so they can just come and tap them on the shoulder to come review a patient if they needed to. Really, really easy quick fix and it's made a huge difference to the waiting times in clinic on a on the day of MDT of our weekly big MTT, so yeah really interesting and just small quick fixes that make you.

**(34:38)**
So what have we learned? We've learned that yes, we can make quick changes using the BLC system learning model and that we've adapted to our service so as burn services, we are very much MDT-led and so by allowing the MDT to have for access, what we do and when we do it really has led to the team coming together and being able to improve the service that we offer our patients and it's really shown that the patient experience has improved from that so it's as part of our feedback and you know, we get some great feedback and equally from staff and where we've had staff that have come back to say that, you know, the fact that we've got this process and they feel listen to and I'm really hoping will come through in our staff survey this year as well, having just completed we're waiting for our results. So what, looking forward what we're going to be doing we're looking obviously at sharing our learning which is one of the reasons why I'm here today but we're going to be sharing that wider within our brands community and as part of our peer review process and we've been asked to share that across our region, too. We obviously are, we need to test the system in other areas. Because yes, it works in our service. We need to make sure it works in others. So we're in the process of developing that in different areas. So we're looking at theatres and ITU and within the hospital and then a bigger project hopefully that we'll be able to roll that out across the other areas to better benefit like we have. And then we're looking to bring that together in a publication on how we've managed to do that and share our learning wider. Any, or are we coming to our Q&A section now, so I'll hand back to Ben.

**Ben Russell (36:23)**
Thank you, Nicole. Thank you so much. And yeah, really amazing to hear about the impact, especially on the cost saving and the, sort of, time efficiency side of things and the fact that you know, you mentioned that 80% of the ideas coming into the platform of those, sort of, incremental quick fixes. It's really interesting to hear and kind of something we see across other organisations as well and so yeah, I think it's time for and some questions. So I'm gonna hand over to Claudia who I believe is going to be fielding and yeah shouting out some of the questions that have come through.

**Claudia Orrell (37:00)**
Thank you again to all our speakers. Hello everybody. I'm Claudia, Marketing Director at ImproveWell. Leigh, I've got a couple of questions for you here. So first one, how do you make time for this? Obviously, it's not something that can be just plucked out of thin air.

**Leigh Ferris (37:15)**
Yeah time is very valuable in our ward and Ben can vouch for me. The amount of linkups I suddenly had to miss, short notice was the way our ward works. It's very fast pace and it's very high demand and on with the risk on it, things can change very quickly, but in terms of our quality improvement goals this app actually, you know, made things easier because was one, sort of, channel to collect ideas, to go on to answer ideas, to provide feedback, to review successes, to create graphs, to contact people. So in many ways you're maybe logging in once a day and or maybe a couple of times a week to review these and that's all you really needed to do, in terms of time. So it actually save time but in the beginning getting started, maybe it was another thing to do, but it's once it's running it saves time actually.

**Claudia Orrell (38:24)**
Great. Thank you Leigh. There was another question here. Someone's written "Thank you so much for such an honest account of the successes and challenges in introducing a tool like this. What would you say was the biggest hurdle that you had to overcome for adoption in the beginning or maybe during the process during the program?" I should say.

**Leigh Ferris (38:45)**
The biggest hurdle really was at the beginning and that was the fact that we've come out of such a, I suppose, traumatic time in the fact that no ideas ever been listened to. So, the biggest hurdle was convincing staff that this was not some sort of you know ploy or, you know, this is not some sort of thing. That another thing that they can put their energy into that will have no outcome. So once, as Nicole spoke about, fast-paced changes, once a few fast-paced changes started to happen and once staff became congratulated for their efforts and, you know, and publicly congratulations for their efforts among their team, through the platform and through other initiatives we have in our trust. That really was the turning point and like I say identifying, you're likely resistors, as unlikely allies, bringing them into the process of change as investors and as stakeholders from the conception phase was really, really important.

**Claudia Orrell (40:13)**
Thanks Leigh. That's great. Okay, so our next question, I think, is for Nicole. It says “What was the HSO role mentioned that improved wait times?” I assume that we're talking about the BLC: Bedside Learning Coordinator.

**Nicole Lee (40:27)**
What was the acronym that they've used?

**Claudia Orrell (40:30)**
HSO?

**Nicole Lee (40:32)**
Are you talking about SHO? That might be it. And so that was one of our junior doctors and so as part of our process in outpatients and if we have a patient that the staff are a little bit unsure and as to what to do or they want to escalate because they've got concerns and they will ask one of the junior doctors to come and have a review and so what tends to happen and so what's going on right now, which I'm missing and is our MDT and so every Thursday afternoon, we have an MDT that runs every day, the normal run of MDT processes.

We have one big one in the burn service where we invite our microbiologists and lots of external stakeholders to make sure that we're not missing anything and that we can have the right process for our patients. And so, when that goes on, everyone then comes into an area and the outpatient department felt that they were not, they weren't able, they didn't want to disrupt meeting. They didn't want to come in and ask and the junior doctor to come and review a patient. And so what they were experiencing is that every Thursday afternoon, if there was something go wrong or they wanted someone to come and have a look, they felt that they were a little bit unsupported, or that they felt that the waiting times when much higher, they actually were much higher because that process wasn't there to be able to support them in clinic. So just by popping that SHO, that junior doctor by the door, the staff didn't feel they would disrupt in the whole meeting and they could just pop in, tap them on the shoulder and just say “could you come and have a quick look at this patient for me?” and it meant that that clinic run better much more efficiently and it was as simple as just having that junior doctor by the door.

**Claudia Orrell (42:20)**
Brilliant, thank you. Oh, There's another question here, which I think actually possibly Nicole if you start, but I think Ben might have some something to add as well. So, “How do patients suggest ideas? Do they download the app or do they make suggestions to staff who add to the app?” Nicole, do you want to talk about how it's been done in your setting and then Ben can perhaps add on to that as well?

**Nicole Lee (42:42)**
Yeah, of course. So we haven't allowed patients to download within the service. What we do, is we do, as part of our processes every week, my ward manager will do a walk around and I will do a matron walk around just to make sure that we're not, there's not things that we need to sort out and as we go around we will take an iPad with us and ask the patients: “Is there is there any feedback you'd like us to take on board about your stay within the service?” and like I say, it's led to some really lovely and feedback. Even our stakeholders, I had one the other day and that was we've changed our phones over to new phones and what we didn't realise is that, when we put them on hold and there isn't any music or there isn't anything in the background. It sounds silly, but they didn't realise they were even on hold. They think that you've put the phone down on them then put the phone down and ring you back and found the process being, you know, unmanageable for them, that they felt that they were they just been left. And so when it's just a case of us working out how to use the new phones, put the music on in the background so they realise that we're not just left them. So again, real simple things that tend to come through. But, arguably make huge differences not only to staff, but patients as well.

**Claudia Orrell (44:06)**
Brilliant. Ben you want to add a little bit about ImproveWell Insights there?

**Ben Russell (44:09)**
Yeah. Yeah sure. Absolutely. So, yeah, so there is a module within the platform called ImproveWell Insights where, without anyone needing to register or sign into the platform and they can share feedback just via a link or a QR code. So, you know, a lot of organisations will hang posters in patient waiting areas with a QR code and the patients can scan and at that point they can you know, submit general feedback in the form of improvement ideas or you could also tailor a specific survey and patience or family and friends or service users and we've got quite a lot of organisations using that tool at the moment. So yeah, there's various ways and it can be done.

**Claudia Orrell (44:55)**
Brilliant, thank you. Leigh is busy typing away answers aren't you, Leigh? Thank you. I'm just going to put a couple of them to you actually just so that we can open them up to the whole forum, a couple of people have asked whether teams like HR or health and well-being teams or organisational development teams have had much involvement in the app or in the rollout. Do you want to talk to that a little bit?

**Ben Russell (45:17)**
Do you want you want me to take that one?

**Claudia Orrell (45:20)**
Yeah. Okay. Go on Ben.

**Ben Russell (45:23)**
Yeah, I can talk a bit to that. But also keen to hear from Nicole and Leigh what the imput from their HR and OD teams have been, but yeah, you know we've had many rollouts dealing with different areas of the organisation. But yeah, the short answer is absolutely organisational development, especially in a few of the recent trust-wide launches we've done, have had a key impact in driving, and also helping to embed the platform and similar with sort of health and well-being, and HR teams as well. It can really lead to really great collaboration across those teams within a trust, as well.

**Claudia Orrell (46:01)**
Fantastic, so Nicole I'm just going to ask you a couple of questions here then about...
Two seconds. Sorry, I've got questions coming thick and fast. It's brilliant. It's lovely to see. So Nicole, you mentioned that communication is key. What were the difference is in communication techniques from the Nightingale, which I imagine was a much bigger setting, to your team locally now?

**Nicole Lee (46:27)**
So communication. Oh, it's interesting because it comes at lots of different levels doesn't it? And so potentially there is communication from the app system itself. So the beauty of the app is that anyone who's logged on, if I publish a report and like Leigh said, that the app saves you so much time. So it gives you a system that logs what what the improvement ideas are. You then move the system and you move the projects along regular green. And potentially when they go green then at the end of the month all the green ones, I pop into a report and I hit the button and it makes a lovely report for me and then I hit publish and then potentially that's it. Everyone that's on that app gets a ping to say that the report's been published. And so potentially, you know the communication from that everyone who's on the app and done, dusted and it's easy. And like I've mentioned, you know, there are them other people in your service. That won't want to engage as much with the app. They're still interested in what's going on or will, it's very regular that I'll get someone pop to the office and then I just I've got this idea but I don't know how to use technology, I get even if we're in a digital service. But hey ho and so yeah, obviously we have our, I'll pop things on for them. But what we do is part of that report, I'll just hit print and then pop it up on the matron board and within the the team meeting rooms and then we'll bring them into our meetings. So ward meetings and anything else, just so we keep disseminating what's going on. It's really key. And as Leigh's mentioned, you know them quick fixes, the moment you've got a few of them through, you tend to find that, you've got that much more buy-in and you've only have a couple of quick fixes and that they really see and then that's it. You're swarmed.

I do get now where I walk down the corridor, and they'll say, they'll be talking, and they'll say oh let's not say that out loud when she's coming because otherwise she'll change it. And so we've kind of come full circle now where we're at a point now where the staff are actually really thinking about what they're putting in and really engaging with really good team projects. We're getting some much more in-depth ideas coming through and really making huge changes. So yeah, but yeah communication is key and you've got to keep it going everywhere.

**Claudia Orrell (49:00)**
It's brilliant. Thanks Nicole. Leigh question, I know you answered this in the chat, the Q&A box, sorry, but I just wondered if you could share it with the wider group because I'm not sure that everybody sees the answers. So, you were asked. "So the impact of the generation of ideas on the operational QI teams and the training demand. What's the impact I guess for people, you know, those people managing that side of things?"

**Leigh Ferris (49:27)**
Now, it sits outside of quality improvement because it's really what should be happening. Anyway, where we'd have discussions with each other about how we best do things, unfortunately, maybe it's the way the world is now in this in the modern landscape of things that, unless it's written down and you know logged as an idea, you know, they're lost. And so, this is really something that just complements ordinary conversations between staff, between one another, the sort of things where you would say, you know, what like why are we doing it this way? like, you know, you might say a ten times a day and you'll walk away and you could be doing that for a year and nobody will ever change it. But at the present time what we do is when that's said, we go right, log it and that's where the action happens. So in that sense, it's not really a QI project it's just you know, we're speaking and we're identifying where things could be done better. That's it. It could lead to a wider QI projects, you know, and if it's something that's you know, maybe systematic, you know, with in terms of IT systems, you know or something that's beyond what we can do at a grassroots level. Again, this is really what it is. It's you know, it's from the ground up. This is changes from the people on the ground, who know what they're doing, and who know what isn't working and who know why it's not working and they are guys that are seeing the solutions and they are telling, and if you don't have this app, they are speaking about the solutions and the clinical room, in the corridors and the staff room and they're speaking about them day in, daily to the point where they're becoming frustrated and that's, that's what was happening for us. So this was just it's just a way of capturing ordinary conversations and ordinary ideas.

**Claudia Orrell (51:20)**
Thanks Leigh. Ben, one for you: "How does this complement or compete with huddles, if they occur?"

**Ben Russell (51:28)**
Yeah. Yeah, absolutely. So obviously one of the, one of the benefits of the platform is, you know if you've got the app, staff at any given time, you know in silo can obviously log an idea or give some feedback, but a lot of organisations will also build the platform into existing team meetings, huddles, existing processes. So, you know rather than a member of staff submitting an idea by themselves, you may hold an improvement huddle and as ideas come up people can have their phones out and be logging ideas and talking about

the idea that come into the platform and if certain people don't have it downloaded, you know, someone can log on their behalf. But yeah, you know not reinventing the wheel is something that we you know, really push when launching and implementing the platform building into existing. You know, if you do improvement huddles, amazing, you know use ImproveWell in those huddles and yeah just build it into you know, your existing processes, basically.

**Claudia Orrell (52:30)**
Fantastic, I think we have covered our questions now, pretty much.

**Nicole Lee (52:36)**
Do you mind if I just say about these difference from huddles, and the one thing that is just come from my recent peer review, is around the governance of how you're showing what you're doing and the system gives you a beautiful spreadsheet to be able to show that and so yeah, for me, and it's definitely helped with governance of making sure that we're keeping on top of things.

**Claudia Orrell (53:02)**
Right. It's really useful. Thanks. Thanks, Nicole. Okay, I think we're good. Ben over to you.

**Ben Russell (53:08)**
Excellent. And well, I won't take much more of anyone's time. I just wanted to say, you know, a huge thank you to Leigh and Nicole for joining us today and for sharing their stories. I mean, yeah, you know, I've worked closely with both Leigh and Nicole over the past year or so, but to see, sort of of everything from a zoomed out perspective is it's just absolutely amazing what they've achieved within their organisations and with their team and also thank you everyone for attending as well. Thank you for your questions. And yeah, we've
recorded this so we'll be sharing a recording and as well, but yeah, just thank you very much everyone and enjoy the rest of your day.