

Building a learning & improvement system for our integrated care system

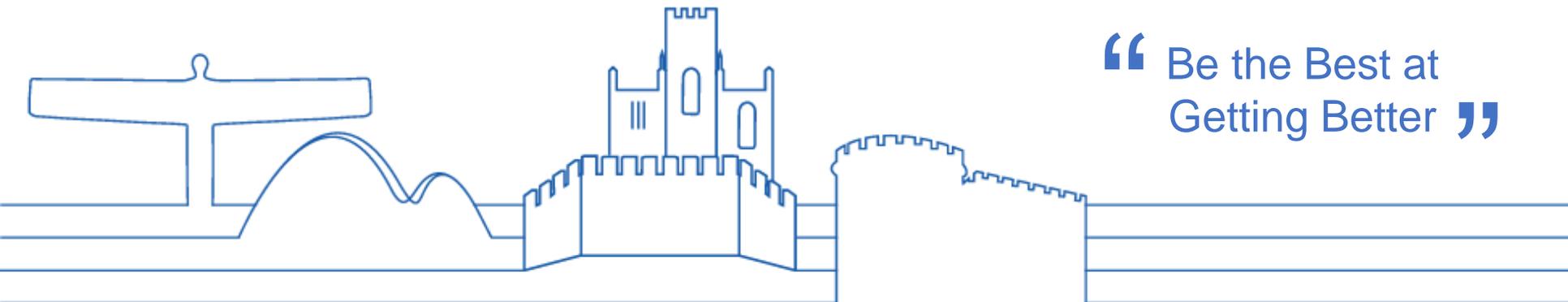
14th December 2022

Virtual event

A report of the inputs and outputs of the event



North East &
North Cumbria



“ Be the Best at
Getting Better ”

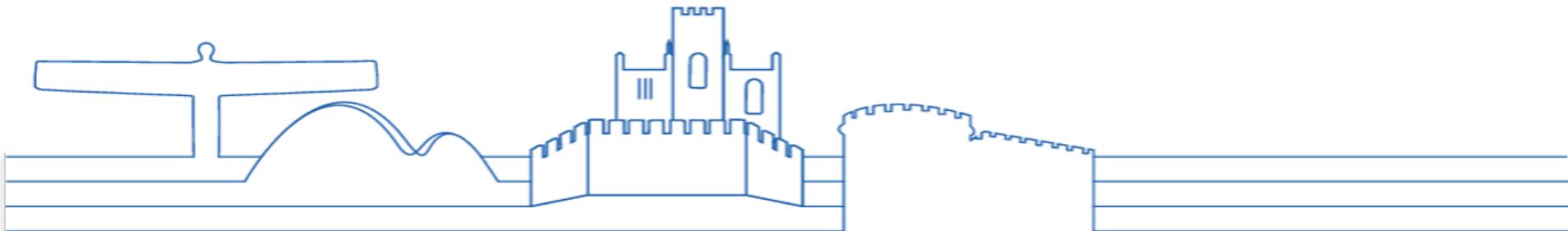
What this report is about

This report is:

- A collection of inputs and outputs of the event put together by a volunteer writing group from across the system
- A record of the event
- A collection and documentation of the considered thinking and rich discussion of the attendees
- Relevant and important information
- A continuation of our aim as an integrated care system to “be the best at getting better”

This report is not:

- A running commentary or analysis of the event
- A summary
- A document outlining decisions, priority focus areas or a definitive action plan



Our mission as a learning and improvement community: why we want to ‘*be the best at getting better*’

As an integrated care system, we should be ambitious; we, naturally, want to be ‘the very best’ for those who use our services, for the whole population and for the people who work in our system.

Our aspiration to ‘be the best at getting better’ is, however, something that can unite us all. It enables us to take immediate action, to approach tasks humbly and look upon each task as a learning opportunity. When we choose to continually prioritise ‘getting better’ we don’t give up when we make mistakes, or when a new situation arises that challenges our knowledge and skill levels. Instead, we accept that we won’t always get it right, nor will we know everything. This leads us to adopt strategies that help us to acquire the skills required to resolve the situation and achieve success.

The learning mindset not only helps us face up to difficulties, but it also makes us interested in the difficult task. In these actions we find hope.

Participants were welcomed by Annie Laverty, Chief People Officer and Aejaz Zahid, Executive Director of Innovation for the Integrated Care Board

“It’s great to have so many people here today, at our third event; the first one was held in September, we followed up with our second event in November and we were determined not to let the year end without our third event.”

Who is in the room today?

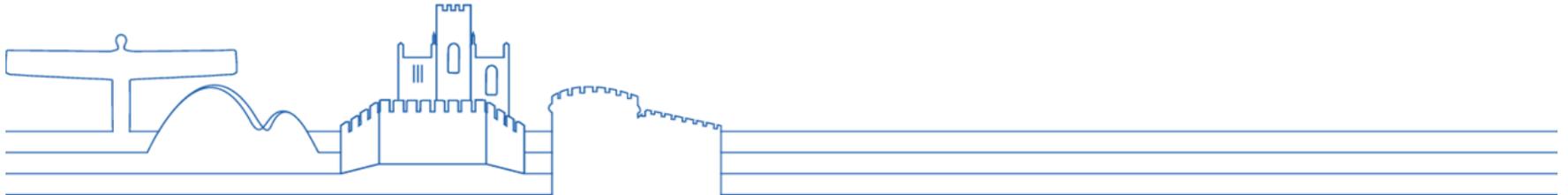
- Over 100 people joined the event in the first ten minutes
- Electronic raising of hands showed that a few participants were here for the third time, around a third for the second time, however the vast majority were joining for the first time

Great representation from across the patch including colleagues from:

- Hospices
- Hospital Trusts
- Cancer North East
- Newcastle City Council
- Sunderland People First
- Disability North
- North East North Cumbria Integrated Care Board

We agreed on ground rules for the day

- Go with the flow
- Everyone has a voice
- Active listening
- Everyone helps everyone else
- Focus on strengths and solutions
- We collectively take responsibility for achieving the tasks, in the timescale
- Be kind and generous



Over 100 people from many different organisations and perspectives came together on 14th December to build on the energy and sense of potential from our two previous events

Our aims for the event

- Connect with other people who are driving improvements in health and care across North East North Cumbria
- Hear the latest updates in our care system quest to “be the best at getting better”, including improvement priorities and plans
- Help shape the development of the learning and improvement community
- Be able to participate in some light-hearted seasonal improvement fun

Agenda

- Welcome and hello to new members
- A testimony film
 - Sue Gallagher, a lived experience story
- An opportunity to make new connections
- What next for our improvement network
- Learning from our NENC improvement journey
 - Professor Stephen Singleton
- Some festive fun – a seasonal improvement quiz

Our testimony film: Sue Gallagher – Improving through lived experience, learning from patient experiences

“Patients are partners in their own care. There should be greater encouragement for them to ask questions, discuss options and make informed choices...”

We should also engage with and learn from those patients who say their experience was good...

Overriding all of this is that conversation with the patient and that is the bit that needs time, but it is crucial for better care because you get to know the whole patient in their context. We are someone who needs to be cared about, not just cared for...

My question to you in terms of conversation is would you make time for a conversation with a sick child and the family because you knew you could learn so much. Every patient, no matter how young or old needs that opportunity.”



[Sue Gallagher - YouTube](#)

Great stories are powerful : authentic, resonant, clear and relatable.

Many stories, particularly those relating to loss and harm, are told at a cost to the story holder. Honouring those stories involves a willingness to not only listen, but also to hear, act, and improve.

Making Connections

We randomly allocated you to a breakout room with 3 or 4 others.

We said 'Hello'

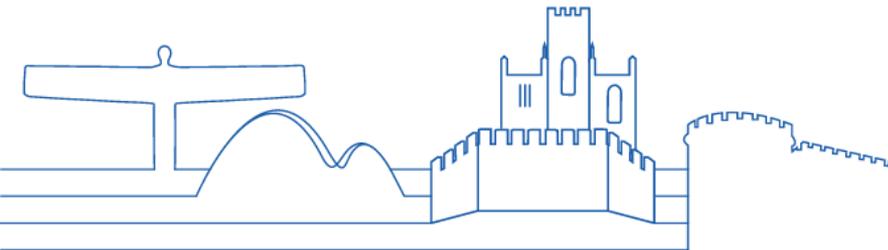
We shared improvement stories or examples of great practice we would like to showcase and share with the network

We captured this in the chat box along with a contact for your practice

When we returned to the main room, we added an insight to the chat box



Time available: 10 minutes



Making connections insights

Design thinking – the ability to capture lived experience and working with people that use services to build a picture of this

We had a great discussion around the importance of networks, relationships and the magic that happens when people get together- we need to do more of it! N.b Source4Networks is a great place for resources

Using media such as Zoom/Teams allows people to participate who are perhaps able to attend/engage in processes based upon physical attendance at events

CLIC – Cumbria Learning and Improvement Collaborative – have just had the first North Cumbria system improvements awards – you can see winners and their work [here](#)

2 Recovery Colleges running in North Tyneside – one for adults and one for young people and young adults

We talked about digital enablement of vital signs/physiological monitoring to help spot someone becoming unwell in a prompt way so that an appropriate response can be provided.

Great examples of working on innovation from medical physics, examples of bringing humanity to our workplaces, creating safe spaces for staff to trust each other and make improvements for patients - we wish we'd had longer than 10 minutes!

Making connections insights

Great to hear Michael's project starting with enabling the patient to ask key questions e.g. What's the matter with me ...?

if anyone would like to know how Action Foundation is making a difference in health for refugees, asylum seekers and migrants please contact me at vickymiller@actionfoundation.org.uk, or visit www.actionfoundation.org.uk or find us on facebook.

Gill Robson Good Clinical Practice Quality Assurance Manager, supporting clinical research teams in delivering high quality research outcomes, gillian.robson4@nhs.net

Heather Corlett shared initiatives around child health and wellbeing. There are a range of initiatives including dance activity and poverty proofing. Heather very happy to share more at a future event. We also spoke about STEMClub which is an initiative to connect decision-makers with knowledge and evidence specialists to ensure that everyday decision-making is informed by evidence - for more information contact Joanne Naughton joanne.naughton@hee.nhs.uk

Following Sue's video & message about making time for conversations... we loan resources to staff to prompt conversations about people's lives, especially those living with dementia. Resources use the senses to prompt memories and include picture books, scent sets, Playlist for Life <https://www.playlistforlife.org.uk/>

By chance I was in a group with Anne Fry who I'm meeting next week to talk about our VCSE mental health alliance work in North Tyneside.

Making connections insights

Accessible information should be at the heart of everything we do and share

Having our Hospice be involved through the ICS infrastructure in having a voice and be able to demonstrate how the work of Hospices can contribute to alleviating pressures within the NHS in preventing admissions and enabling quicker discharges from Hospital. Providing wrap around care to Palliative Care patients and their carers adding complementary therapy services to our nursing and bereavement support and transport services

*NENC Growing OH Work. We were one of four regions to get funding to help implement the national Growing OH Strategy. Money in our region was used to integrate 3 FTs OH service. The work looked at single digital solution, standardising p and p's and OH career pathway progression. The ambition is that this will be a hub and spoke model so other organisations/sectors can join.
Lynsey.mcdonald2@nhs.net Gary.wright9@nhs.net*

*In Medical Physics at South Tees we've been working with one of our Orthopaedic surgeons to use 3D printing to improve clinical services. Here's one example
<https://www.southtees.nhs.uk/news/hospitals-3d-printer-helps-visually-impaired-children-communicate/> Feel free to contact me on sarah.whitbourn@nhs.net or add me on LinkedIn! :)*

Making connections insights

*Dani Leslie, CEO Eden Carers/Director Carer Support Cumbria. We have had Carers Health Coordinators within the TOC Hub at Carlisle hospital since April. They are doing great work explaining the discharge process to Carers. They act as their advocate, mediate between clinicians and Carers and raise awareness amongst staff of the importance of & positive results obtained by involving Carers in a patients care. Similar schemes being run by Carer Support Organisations in other areas of the country as well. If you'd like more information, please get in touch.
dani@edencarers.co.uk*

Self advocacy groups would welcome an opportunity to have a learn and share discussion to understand how people with a learning disability, autistic people and families can have a real voice within this change - Integrated Care System, Integrated Care Boards and Integrated Care Partnerships

Myself and my colleague are employed by Carer Support Eden with the remit to work in Cumberland infirmary and in the rehab hospitals to identify carers, to offer them support in their hospital stay and to refer them to the carer support in the community. We work closely with hospital staff taking referrals directly from staff and making sure that the carers opinions are recorded and included in any plans.

Making connections insights

<https://community.thecliv.org.uk/training-and-events/training-and-events>

I understand there is to be a relaunch of the Accessible Information Standard next year. Compliance with this is vital for disabled patients. Could we organise an event to share ways in which our ICS can improve in this area?

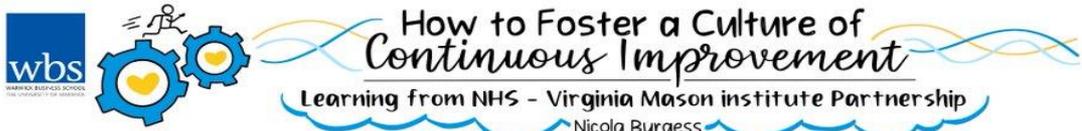
there is a group self-advocates with learning disability or autism might be interested in joining. Their online presence is only on Twitter I think: <https://twitter.com/LASTteamwork>

I am working on the Cancer Champion project for North Cumbria. This is to look at training cancer champions who will then spread cancer information in their community to encourage screening rates and earlier cancer diagnosis. If you want more information please e-mail general@cancerchampionproject.co.uk

As Carer Health Co-ordinator in west Cumbria - I work closely with many health, social care and voluntary sector organisations to identify carers and look at making improvements to the carer experience. I can be contacted at susanhogg@carersupportwestcumbria.co.uk

We need to understand that not everyone speaks the technical language of the NHS

Annie Laverty, Executive Chief People Officer for the Integrated Care Board talked about what is next for our network



- 1. BUILD CULTURAL READINESS** as foundation for better QI outcomes

SHARED VALUES

ORGANISATIONS THAT INVESTED IN CULTURAL READINESS BEFORE QI GOT BETTER OUTCOMES FROM QI

PRIOR "CULTURAL WORK" ENABLED QI
- 2. EMBED QI ROUTINES AND PRACTICES** into everyday practice

BUILD QI CAPABILITY ACROSS the ORGANISATION

MAKE QI A PART OF EVERYONE'S WORK, EVERYDAY

LEARNING IN REAL SITUATIONS → REAL TIME
- 3. HAVE LEADERS SHOW THE WAY** and light the path for others

LEADERS GO FIRST

LEADERS AS PROBLEM FRAMERS, NOT PROBLEM SOLVERS

LEADERSHIP BEHAVIOUR IS A SYSTEM ISSUE

MODEL THE IMPORTANCE OF QI

ENABLES PEOPLE TO LEAD IMPROVEMENT FROM THE POINT OF CARE

MOVE AWAY FROM "COMMAND AND CONTROL" TO QI AT EVERY LEVEL OF THE SYSTEM
- 4. RELATIONSHIPS** aren't a priority, THEY'RE A PREREQUISITE

SYSTEMATIC QI METHODS WORK BEST where...

SOCIAL CONNECTEDNESS TECHNICAL CAPABILITY

BUILD IMPROVEMENT EFFORTS

TRUSTING RELATIONSHIPS SHARED VALUES
- 5. HOLD EACH OTHER TO ACCOUNT FOR BEHAVIOURS,** not just outcomes

AGENDA

REFLECTIONS LEARNINGS

Set out and role model the behaviours expected for QI

EMBED SPACE FOR REFLECTION and LEARNING IN FORMAL MEETING ROUTINES
- 6. THE RULE OF THE GOLDEN THREAD:** not all improvement matters in the same way

When our improvement priorities and objectives are...

The GOLDEN THREAD

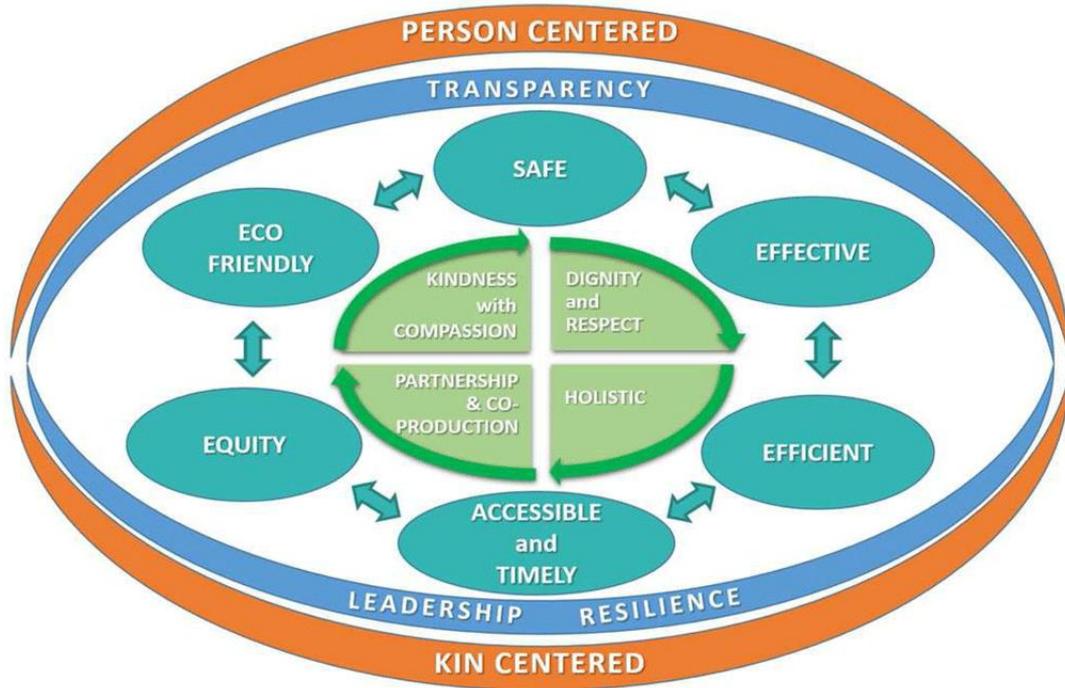
MAKES IT EASIER TO DEMONSTRATE QI OUTCOMES IN WAYS THAT MATTER

...closely aligned to the highest organisational priorities and objectives

This has great relevance for our work – strong relationships that are grounded in trust are not only important for change – they are a prerequisite.

Creating the right culture to support improvement is crucial – to echo Sue's words, make time to save time.

The domains of quality in Quality 3.0



This model has evolved due to climate change, growth of social media, life after covid etc. leaders have suggested we need a broader definition which we can share as part of the report.

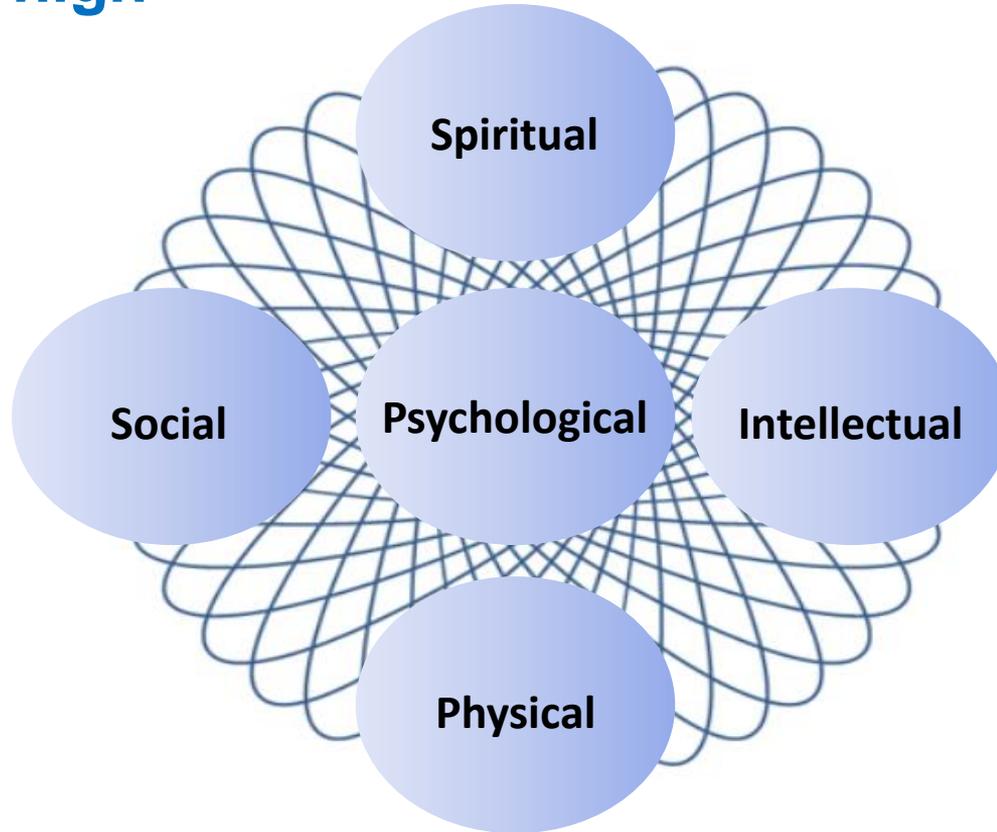
This is built on a never-ending cycle of learning which includes transparency – and what I love is the introduction is kin centred care – wider than the person – a sense of shared humanity as a broader concept for us all

Person-centredness in Quality 3.0

To ensure that **Person Centred Care** is at the core of all that we do, care givers must accept that **person centredness** is the **primary aim** and concern of healthcare and is essential for the realisation of health. Only when this has been attained can our advances in biomedical knowledge and skills serve the patient as a person. Patients and healthcare providers are **humans first** and **patients**. If we lose our **humanity**, then the people involved, the patient and the healthcare provider are diminished in their unique interaction.

A multidimensional quality model: an opportunity for patients, their kin, healthcare providers and professionals to coproduce health. Peter Lachman, Paul Batalden, Kris Vanhaecht 2022
f1000research.com/articles/9-1140

Teams perform best when five energies are high



The 5 Energies of High-Performing Teams

Social

Personal engagement, relationships and connections between people.



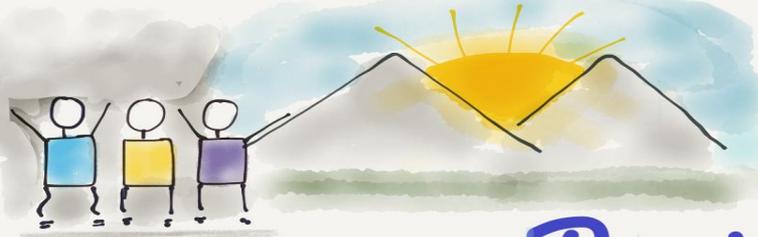
Intellectual

Analysis, planning, thinking.



Spiritual

Commitment to a common vision for the future, driven by shared values and purpose.



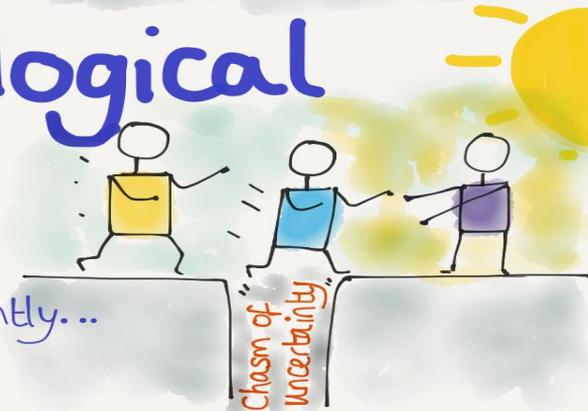
Physical

Getting things done!
Making progress.



Psychological

Courage, resilience, feeling safe to do things differently... and take risks.



Energy given to our first 3 months

- Investing in relationships : 3 engagement events
- Responding to the buddy challenge : We've doubled the size of our network
- Successful application to share our learning at the International Forum on Quality and Safety in Copenhagen May 2023
- Successful application to the Health Foundation to evaluate NENC learning community in the first year
- Secured £350k investment from NENC ICB to support implementation team
- Positive steps on key priorities : focus on staff wellbeing, understanding staff experience in social care, plan for Mental Health Summit in March 2023, development and procurement of collaborative leadership programme for the system early 2023
- Set up phase Jan – March 2023 to agree work programme for key priorities, establish steering group, theory of change and evaluation plan with academic partners.
- Research Engagement & Network Development award : mental health research for children, young people and their families. Increased partnership working with the VCSE sector
- Share, share, share

Prioritising coproduction

Tools for co-production, one hour virtual

- 2nd Feb, 10-11am
- 14th March, 3-4pm

Leadership for co-production, one hour virtual

- 9th Feb, 2-3pm
- 30th March, 9.30-10.30am

Introduction to managing projects 1.5 hours virtual

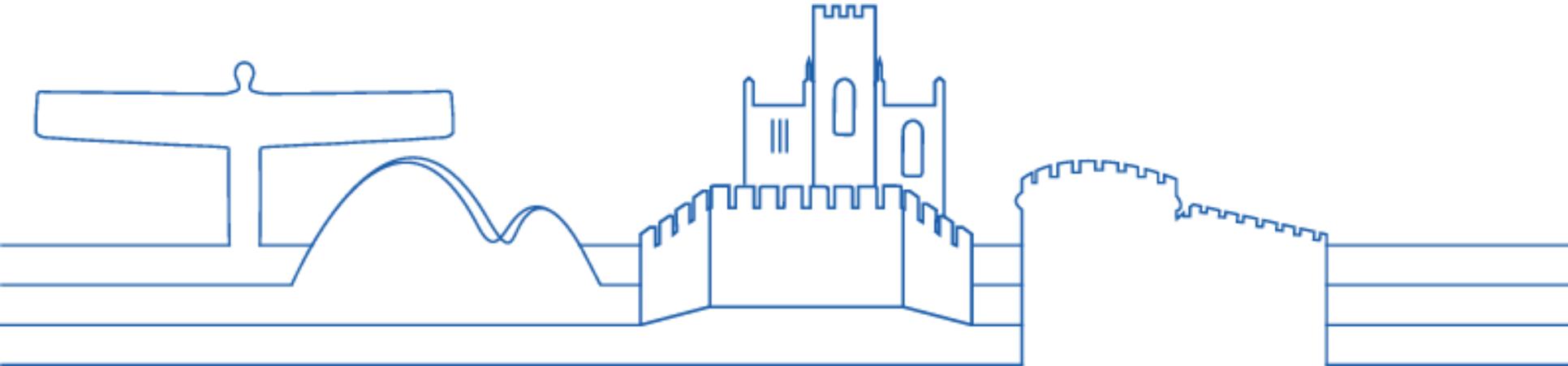
- 16th Jan, 2-3.30pm

<https://community.thecllc.org.uk/training-and-events/training-and-events>



Learning from our NENC improvement journey

With thanks to Professor Stephen Singleton



Professor Stephen Singleton shared his thoughts and insights into what may help us as a learning and improvement community

You need to understand how what you do affects people downstream of you.



You won't get a culture of learning and improvement if you don't spend the time talking to people about what they are working on.

At the end of the line we get the culture that we ask for.

Biography

70-80s

- Academic medicine
- General Practice

90s

- Northumberland Director Public Health & chief executive

2000s

- NESHA Medical Director, RDPH and Chief Executive
- Led various system networks inc. NE Cancer, NE Cardiac & NoT commissioning collaborative

2013+

- Director CLIC
- Executive Coach & management consultant
- During Covid: clinical lead ICHNE

Professor Stephen Singleton

Key Points

Leaders need to lead with knowledge and practical skill at every level

Keep the narrative simple – values based purpose, measure and talk about people's experiences, mentor each other on the language we use

Help everyone to think small – believed permissions, management discipline and support for disciplined PDSA (plan-do-study-act)

At the same time help everyone to think big! Values based purpose, use value stream mapping to help teams see outside their area, reward what you want with time and attention, manage difficult people transparently

What is the direction or challenge? Grasp the current condition – not the mirage of that. What are the current workings of the service? These are as vital as establishing where you are trying to get to next. Establish where you want to get to next. Then conduct experiments to get there

We have to role model what we need the system to see: leadership as a collective, humble, adaptive learned skill

Be driven by better work, better quality

Professor Stephen Singleton's Responses

Q. What is there a best way to involve VCSE leaders? We need leaders to all adopt 'standard work' for their own leadership and signal the desire to improve it! We cannot create time to do alternative tasks but we can work on the waste built into our current ways of working. This isn't easy but our teams can help us. Both VM and Vital Signs have some tools to help this and the network should perhaps start à leaders programme. Secondly, our own meetings need to be better so the time of 'being involved' is best used. Clear objectives and tight timekeeping etc. are relatively rare in public sector habits. A network guiding board could show by example how to do it. Finally I would (if I was Sam) ask a VCSE leader to chair the guiding board as another system signal....

The most important thing the leadership community need to work on is agreed common purpose. With that in place, everything else would follow.

Q. How can we build confidence in leaders to share their problems (and not just solutions) with system partners and bring us partners in earlier? We need some kind of truth and conciliation conference (maybe done World Cafe style??) where the leadership community (the executives & boards/trustees) sit down and share what is really hurting them and we learn to listen - the NHS is on constant 'transmit' and it needs help and understanding (don't we all?) which it isn't yet asking for in an honest way....

Professor Stephen Singleton's Responses

Q. How do we get leaders to be better role models when they don't see the impact of their behaviours?

Part of leaders' standard work must be time with their teams. "Big eyes, big ears, small mouth". Go to where the work is and listen. Everyone needs to show more humility when they ask for feedback. Things are broken. Patients are stuck in hospital and sitting at home frightened; GPs are finishing their days exhausted and in tears; nurses are doing 12 hour shifts without time to go to the loo. Let's have some leaders who recognise the current ways of working aren't working. That signal would get through!

Kindness; humility; honesty. These are loud signals as well as actually the best way to be to make yourself happier!

Seasonal Improvement Quiz

You are viewing Ian Baines's screen [View Options](#)

Kahoot!

Share podium

Next

North East and North Cumbria - Learning and Improvement System Community QUIZ!

Rank	Name	Score	Percentage
1	mrs claus	12453	14 out of 16
2	AndyB	10690	12 out of 16
3	Nick J		

Runners-up

4	Ange T
5	It's Me

16

▶ 🔊 🏠

Sam Allen, Chief Executive of the Integrated Care Board closed the event



Sam gave thanks to everybody for attending.

Sam thanked Sue for sharing her story and for all the work she has done with colleagues in North Cumbria.

Please don't stop the work after today, take what you have picked up, whether that's a connection or a thought, take it back to where you work whether it's in social, health or voluntary sector – take it back. We need to keep the connections going between these events.

Really looking forward to 2023 to growing this community with you all – to built on what we have done to become the best at getting better. Have a good evening and take care.



**North East &
North Cumbria**

Thank you

