HSC Leadership Centre

HSC Public Health Agency

# Evaluation: Regional Learning from the Initial Phase of the COVID 19 Pandemic

**Health and Social Care Quality Improvement (HSCQI)**
**Public Health Agency**

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# EXECUTIVE SUMMARY

## CONTEXT

The HSC Leadership Centre (HSC LC) was commissioned to facilitate an evaluation of the Region's approach to learning from the initial wave of the Pandemic. The aim was to review the approach adopted by HSCQI (Health and Social Care Quality Improvement) to facilitate regional learning in response to the COVID 19 pandemic. The HSCQI approach was founded on the Institute of Healthcare Improvement's (IHI) 90 day learning cycle.

The design and delivery of the evaluation was based on the UK Government's guidance and best practice on all aspects of evaluation[1]. The evaluation sought to:

- Review the selection, processes and outcomes of the regional learning and decide whether it met the identified need
- Assess the consistency of the learning cycle's application
- Assess its consistency with the delivery environment
- Assess its appropriateness in light of available resources
- Understand any key risks
- Understand the willingness of leaders to support the 90 day learning cycle approach and the ability of those at the operational levels to implement the approach
- Review the appropriateness of the 90 day time horizon selected
- Provide any improvements or recommendations to inform future application of the 90 day learning cycle

## KEY FINDINGS

On 24 April 2020, the Chief Executives of the Trusts, through their membership of the HSCQI Alliance, asked the HSCQI network to provide support to Trusts and the wider system by developing a regional learning system focussed on lessons learned from COVID 19 to date.

To meet this request, the IHI's 90 Day Learning Cycle approach was proposed by one of the QI Leads. After appropriate consideration by all of the HSCQI team, it was agreed that this represented the best framework to help rapidly develop Regional learning from the early phase of the Pandemic.

Given the broad nature of the ask, it was important for HSCQI to bound the learning cycle within the 90 day parameter. The frequent updates that HSCQI provided to the HSCQI Alliance enabled those leaders to regularly review HSCQI's response to the Trust CEOs' request, so that adjustments could be made if it was felt that the approach was not meeting their needs. No adjustments were advised.

[1] HM Treasury (2020) Magenta Book: Central Government guidance on Evaluation (pdf) Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf.

When HSCQI implemented the 90 day learning cycle in June 2020, the Trusts were at very different stages in harvesting their own learning from the pandemic. This impinged on the ability to apply a standard application of the cycle. Therefore, the learning cycle was introduced as something complimentary with Regional focus, rather than as a replacement for the learning already occurring locally.

During the early stage of the Pandemic, many of the QI Staff were redeployed by their organisations. Without the regrouping of QI staff in May 2020, development of a Regional learning system would have been difficult to achieve.

The model provided the underpinning structure with which to adapt quickly and learn from the changes that were being implemented. A particular strength at the Regional level was the broad representation that HSCQI managed to include throughout the process. It also helped that Leaders at all levels remained patient and trusted in the process adopted by HSCQI to deliver learning outcomes.

Much of the data captured was qualitative, which made it extremely difficult and time consuming to analyse and share. Very few technical solutions existed or could be developed in the time available to support QI Leads with this task.

There was also a delicate balance between capturing innovative ideas with examples and robust supporting data, versus those without data. As people searched to find meaning in what was happening, the power of stories was magnified and more striking than what the numbers were showing.

QI staff were quick to identify and respond to the challenge this presented, and the requirement to learn from the radical change that was happening in all areas of their organisations. Their evidence-based approach was valued and their clinical and QI networks facilitated this.

The 90 day time horizon for this work was influenced by forecasting and general consensus at National and International levels that a 2nd wave of the pandemic would arrive in Q3 2020. The evaluation concludes that the learning system facilitated by HSCQI gave the Region the best possible chance to capture learning from the 1st wave in a timely manner to influence planning for the 2nd wave and that it supported the aims of the HSC Rebuild Strategy that was being developed in parallel. It also concludes that risks were identified, adequately managed and mitigated throughout the process by HSCQI.

The strategic mandate for this initiative gave HSCQI staff the platform to push their efforts to learn from the pandemic as broadly as their own capacity and capability would allow.

## RECOMMENDATIONS

The following recommendations concentrate specifically on improvements that could be made for any future application of HSCQI's 90 day learning cycle. These include:

- Not being bound by 90 days – tailor it to the need and refer to the approach as a Rapid Learning Cycle
- Increase awareness and training on rapid learning cycles for all QI staff Regionally
- Develop tools to increase standardisation in the collection, analysis and sharing of data. Include data analyst posts within the HSCQI Improvement Hub Team
- Ensure there is a more equitable share of staff resource across NI to support the activity
- Enhance the involvement of primary care, the independent sector, as well as patient, service users and carers
- Introduce pauses to conduct more detailed planning between the end of one phase and the start of the next, rather than try to achieve this within a single workshop. This might help achieve a more standardised approach, greater understanding of the required outcome from that phase, and increase the chance to share those plans outside HSCQI staff for comment and suggestions
- Enhance planning from the outset for how to embed and sustain the learning
- Strengthening partnerships between HR Organisational Development, Planning, Performance and Informatics, and QI staff, should be encouraged
- QI Leads from organisations that used consultancy support provided by the HSC LC were extremely complimentary about the value this added to the development of their rapid learning frameworks. It also helped them align these frameworks with the Regional learning cycle when it was introduced. Extending consultancy support to all organisations within the HSCQI network might further enhance planning and implementation activity at both Regional and Local levels
- Continue to focus on strengthening the 6 underpinning components of the 90 day learning cycle[2]

Outside the recommendations specifically aimed at improving or enhancing the application of HSCQI's 90 day learning cycle, the evaluation has identified the following additional recommendations. As with those above, it is up to HSCQI to decide how to progress these:

- Continue to develop a Regional learning system that is more generic and unconnected to specific events
- Conduct a workshop to explore more fully how other QI priorities across the Region could be expedited by the 90 day learning cycle
- Commission research to identify alternative methodologies, tools and techniques, which will further enhance HSCQI's Regional learning system
- Investigate increased use of digital technology to support organisational learning systems across the Region, with particular emphasis on data harvesting and analysis
- Staffing levels across the HSCQI community could be reviewed to determine if they are appropriate
- Undertake further work to strengthen the relationships and roles within the HSCQI community and its network

[2] The six underpinning components are covered in detail on page 11 of this report.

## CONCLUSION

This report has captured the outcomes of the evaluation that has been conducted into the Region's approach to learning from the first wave of the COVID-19 Pandemic.

The evaluation concludes that HSCQI's use of the 90 day learning cycle has been tested in very extreme circumstances and has been shown to provide significant benefit for Regional learning from key events. HSCQI's application of the IHI 90 Day Learning Cycle approach is judged to have been robust.

HSCQI has demonstrated its ability to act as a network in which to share stories, bring meaning and develop an understanding of events where confusion and uncertainty exist.

Learning from the early phase of the Pandemic provided HSCQI the opportunity to demonstrate its principles of Learn Together, Share Together, Improve Together. It enabled leaders at all levels to connect with the front line to make informed decisions about the next steps to deal strategically with the pandemic and its impacts.

# 1. INTRODUCTION

The HSC Leadership Centre (HSC LC) was commissioned by Dr Aideen Keaney, Director of Health and Social Care Quality Improvement (HSCQI) Northern Ireland, to facilitate an evaluation of the Region's approach to learning from the initial wave of the Pandemic. The evaluation was facilitated by John Lynham (HSC LC Consultant) supported by his colleagues Jocelyn Harpur and Emily Doherty.

## 1.1 BACKGROUND CONTEXT

During the initial response to COVID 19, all Health and Social Care organisations were profoundly impacted across their people, patients, systems and processes. There was an urgent need to capture learning, not only to help make sense of what change and innovations had occurred, but also to capitalise on that knowledge to inform planning for further waves. On 24 April 2020, the Chief Executives of all the HSC Trusts, through their membership of the HSCQI Alliance, requested support from HSCQI to develop a Regional learning system that would explore lessons from COVID 19. It was agreed that the QI Leads in each of the Trusts would support the HSCQI Improvement Hub Team to take this forward[3].

In June, the Senior Responsible Owner (SRO) for the Service Delivery Innovation part of HSC's Rebuild Strategy, also asked HSCQI to explore how the learning system could be aligned to that work stream. HSCQI chaired an initial workshop on 17 June 2020 with representatives from Primary Care, the Independent sector, the Health and Social Care Board (HSCB), Public Health Agency (PHA), and Department of Health (DoH). At this gathering, it was proposed and accepted to use the IHI '90 Day Learning Cycle' model to underpin the learning framework. In simple terms, the methodology uses a 3 phase approach to learning that includes: scanning to identify learning; focusing on key themes and testing theories; before summarising and disseminating the learning.

The next HSCQI workshop was held on 15 July 2020, where information gathered from the Scan phase was shared and initial learning themes were also discussed. The two main themes identified were: staff psychological wellbeing and safety; and use of technology to support virtual visiting and virtual consultation. It was collectively agreed that 3 sub working groups would be generated to progress the outcomes of the Focus phase.

The Focus phase occurred from 16 July to 19 August 2020. Organisations conducted a deep dive into their available data to identify pilots within the two themes. The next workshop, which was held on 19 August, reviewed the outcomes of the Focus phase and the QI Leads presented a number of examples. Following their presentations, participants were divided into teams to discuss the learning and supporting data, see what was already developed,

[3] For clarity, when the term HSCQI is used in this report, it refers to the Improvement Hub and QI Leads as a single entity.

and to understand the key principles that should be adhered to which could inform future prototypes. Lastly, next steps were explored.

The summarise and disseminate phase occurred from 20 August to 16 September 2020 and concentrated on being able to scale and spread these pilots using NHS East London Foundation Trust's (ELFT) scale up and spread tool[4]. During this final phase, the three subgroups forged links with other regional networks like the DoH Nursing team that were engaged with Care Homes. The subgroups reconvened on 16 September 2020 for a workshop where they fed back their discussions and their future plans for scale and spread. The outcomes of those discussions at the workshop influenced the key learning and recommendations that featured in the final report submitted to the HSCQI Alliance on 25 September 2020[5].

## 1.2 INSTITUTE OF HEALTHCARE IMPROVEMENT'S (IHI) 90 DAY LEARNING CYCLE MODEL

The IHI's '90 Day Learning Cycle' model consists of 3 main phases, which are shown in figure 1, along with the timeframe adopted by HSCQI:


**Figure 1 – The 3 Phases of IHI's 90 Day Learning Cycle, with the timeline used by HSCQI**

The 90 Day Learning Cycle is one of IHI's primary engines for research, innovation and development at the Institute and more information about the model can be found on IHI's website[6]. The process is "designed to provide a reliable and efficient way to research innovative ideas, assess their potential for advancing quality and safety in health care, and bring them to action"[7].

## 1.3 AIM OF THE EVALUATION

The aim was to review the approach adopted by HSCQI to facilitate regional learning in response to the COVID 19 pandemic. Key objectives underpinned the evaluation which were agreed with Dr Aideen Keaney and presented at the QI Leads meeting on 12 August 2021 These objectives have also been used to influence the format of this report, as each will be explored in turn:

[4] https://qi.elft.nhs.uk/collection/scale-up-and-spread/.
[5] HSCQI 90 Day Learning Cycle focused on COVID 19 Final Report, 25 September 2020.
[6] http://www.ihi.org/Engage/CustomExpertise/Pages/Innovation90DayLearningCycle.aspx.
[7] As above.

- To review the selection, processes and outcomes of the IHI 90 Day Learning Cycle method and understand how this was used to meet the dual taskings from the HSCQI Alliance and SRO for Service Delivery Innovation (HSC Rebuild)
- Assess the consistency of the learning cycle's application
- Assess its consistency with the delivery environment
- Assess its appropriateness in light of available resources
- Understand any key risks
- Review the appropriateness of the time horizon selected
- Understand its workability, which translates into both the willingness of leaders to support the approach chosen and the ability of those at the operational level to implement the approach
- Provide any improvements or recommendations to inform future application of the learning cycle

## 2. EVALUATION METHODOLOGY

The Magenta Book[8] is a UK Government publication that provides guidance on all aspects of evaluation. The principles contained within it are considered best practice for any Government department or agency engaged in evaluation activity. The Magenta Book's principles were used to inform the design and delivery of this evaluation. The following process was followed to facilitate this evaluation:

1. •Scoping meetings were held with the HSCQI Improvement Hub Clinical Lead
2. •Preparatory work explored evaluation methodology and its findings were presented at a QI Leads Meeting to agree the approach and objectives
3. •Semi-structured interviews were conducted with QI representatives of the HSC Trusts, NI Ambulance Service, and Primary Care
4. •Semi-structured interviews were conducted with members of the HSCQI Improvement Hub Team
5. •A semi-structured interview was conducted with the Director of HSCQI
6. •Analysis was conducted into HSCQI Agendas, Minutes and Reports which were generated at the time from multiple meetings, workshops and other key events
7. •Any reports generated by HSC Organisations in response to their learning from the Pandemic were analysed
8. • The evaluation explored information captured on the HSCQI Website with particular emphasis on the COVID 19 Learning section
9. •An evaluation report was compiled outlining key findings and proposed recommendations

**Figure 2: Overview of the process used to progress the evaluation**

[8] HM Treasury (2020) Magenta Book: Central Government guidance on Evaluation (pdf) Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf.

## 3. KEY FINDINGS

### 3.1 HSCQI'S SELECTION OF THE IHI 90 DAY LEARNING CYCLE APPROACH

HSCQI quickly identified that there would need to be a mature, collective understanding of what constitutes a learning system. It was decided that formulating an entirely new learning system would add too much pressure on top of everything else that was occurring in response to the Pandemic.

It is clear from the interviews conducted and an examination of the documents pertaining to meetings conducted at the time, that HSCQI considered multiple models for designing their learning system. These included the work of Amar Shah[9] and Ian Burbidge[10]. Northern Ireland's QI Community already had strong links to organisations such as ELFT and IHI, which is likely to have positively influenced the selection of their approaches.

The champion of the IHI 90 Day Learning Cycle approach was the South Eastern Trust's QI Lead, who presented it at the workshop on 17 June. There was limited knowledge of the approach prior to this, with only a few people interviewed within the Improvement Hub Team and also in the Trusts indicating that they were even aware of it. It was agreed at this workshop that this represented the best available approach, particularly as it came from a highly credible and respected source. It was confirmed that the first 30 days would begin immediately and would be centred on "planning, harvesting, collecting stories etc"[11].

The 90 Day Learning Cycle is part of IHI's Innovation System[12] and is underpinned by six components, which it encourages those adopting its methods to employ. The evaluation considered how these components were built into the Regional learning system that HSCQI initiated:

- ***Pace*:** The 90 day cycle with its 3 core phases occurring over 30 day windows provided a predictable rhythm of producing knowledge. This created a structured Regional approach without being too prescriptive
- ***Staff with dedicated time*:** Despite issues of disparity in staff resource to support this activity across HSCQI, there was a Regional cadre of QI trained staff that had time allocated to work on this task. Analysis of HSCQI meeting and workshop attendance from 4 May to 16 September shows how representation at these events stayed constant throughout the process[13]
- ***A forum for collective thinking to address problems that need innovation*:** Workshops were scheduled to coincide with the conclusion of one phase and the start of the next. This allowed opportunity for collective reflection, while the update reports that were

[9] Amar Shah, Chief Quality Officer at East London Foundation Trust (ELFT), who proposed the core components of a learning system, which was published on 22 February 2019 (https://qi.elft.nhs.uk/qi-essentials-learning-systems-for-improvement/)
[10] Ian Burbidge Head of Innovation and Change at Royal Society for Arts Manufacturers and Commerce, who proposed a model for understanding crises response measures to promote collective sense making (https://www.thersa.org/contentassets/007f26fb853f4f118994b819b658b331/understanding-crisis-response-measures.pdf)
[11] HSCQI Improvement Hub and QI Leads Workshop "Development of a Learning System" (Workshop 1) 17 June 2020 Summary.
[12] IHI White Paper: Martin LA, Mate K. Institute for Healthcare Improvement; 2018 (available at www.ihi.org).
[13] HSCQI 90 Day Learning Cycle focused on COVID 19 Final Report, 25 September 2020; pg 3.

produced for the HSCQI Alliance enabled the insights of others external to the process to be gathered

- ***Organisation wide understanding of the innovation function***: There were defined roles and responsibilities within the innovation system, as well as connection points between innovation and on-going operations
- ***A laboratory for testing***: The 'hub and spoke' model inherent in HSCQI's structure means the testing of theories can be carried out across the Region in a robust and rapid fashion, to achieve more effective and reliable delivery of products and services
- ***Predictable deadlines with a decision point***: The clarity provided by HSCQI around the timeline was vital for enabling activity to be bounded. Thanks to the alignment with the subsequent Echo sessions[14], the timeline supported effective decision making about whether to proceed with, or abandon, the work strands

It is the conclusion of this evaluation that the implementation and application of the 90 day approach was well executed because HSCQI ensured that the six underpinning components were present. Despite the challenges and complexity, there is clear evidence in the interviews and in the records of the meetings that HSCQI did everything it could to stay true to the model from the outset. This required leaders at all levels to be patient and to trust in the process.

## 3.2 CHALLENGES OF APPLYING THE MODEL CONSISTENTLY WITHIN THE DELIVERY ENVIRONMENT AND IN LIGHT OF AVAILABLE RESOURCES

The evaluation considered some of the challenges of applying the model consistently, which included evaluating the delivery environment, and an analysis of some of the resource pressures that existed within the HSCQI network at the time.

### 3.2.1 DELIVERY ENVIRONMENT

When HSCQI implemented their learning cycle in June 2020, the Trusts and other HSC Organisations were at very different stages in harvesting their own learning from the pandemic. This is unsurprising, as all elements of the HSC system were trying to make sense of what was happening during this unprecedented event in the careers of those involved. While this did have some impact on the ability to implement a standard application of IHI's learning cycle, particularly around data collection tools, HSCQI's focus on Regional learning ensured its framework built on and complemented the work that was already occurring locally.

While the majority of involvement in the HSCQI Learning Cycle and its working groups came from the 5 HSC Trusts, PHA, and NI Ambulance Service (NIAS), there was limited but continued representation throughout the process from other groups[15]. The fact that HSCQI was able to facilitate sustained engagement and involvement with these groups, despite

[14] Echo sessions are outside the scope of this evaluation.
[15] Service Users, Primary Care, the Independent Sector, HSCB, DoH and Queen's University Belfast (QUB).

competing pressures impacting these groups, should be commended. Their involvement provided some opportunity to consider learning in a broader context and provided a mechanism to assess the impact of what was being discussed and developed. Any future application of the learning cycle will undoubtedly benefit from increased involvement and representation from Service Users and Carers, Primary Care and the Independent Sector.

### 3.2.2 STAFF RESOURCE

During the response to the first wave of the pandemic, the majority of QI staff in all organisations, including the HSCQI Improvement Hub, were redeployed into their clinical roles, or to support other important response activity like test and trace, or fit testing of masks.

There were some advantages to being redeployed, because QI staff were "living" innovation and improvement in these services, broadening their network of contacts across their organisations, and contributing to vital outputs. However, this was suboptimal from a local and regional perspective, as their skillset and expertise was of much greater value when pooled centrally. While the system appeared to recognise this at differing rates, by May 2020, a "re-grouping" of QI staff had occurred. This report concludes that was critical to HSCQI being able to progress the learning cycle framework.

Where available, QI Leads used their internal network of QI trained staff. Although, with the exception of one of the Trusts, protected time was not afforded to these additional staff. In the absence of protected time, their support was maintained through a combination of goodwill, tying them into a sense of shared purpose, and a feeling of camaraderie.

Similarly, many of the QI Leads report how much of the activity to learn from the 1st wave of the pandemic was undertaken in their own time, or in addition to other core roles they were performing. Despite the support of their senior management teams and the HSCQI Alliance, it is clear people resource and protected time did not follow the demand.

The consequence of this was the disparity in terms of the scale and quality of organisational learning that each organisation achieved. The evidence for this comes from the evaluation interviews and also from the learning reports organisations produced by late 2020 to disseminate their own learning. It is assessed this impacted on the Regional 90 day learning cycle in a number of key ways:

**Influencing the Selection of the Work strands**. It is assessed to have been an influencing factor in limiting learning from the cycle to the 3 work strands, because this was manageable in the time frame available. From examination of the reports and minutes at the time, there was no objection when those 3 key themes were chosen. However, the reflective consensus from those QI Leads interviewed at Trust level is that this was "not necessarily because they were the most significant". Staff Psychological Safety and Wellbeing as well as Virtual Consultation had particular "advocates" across the Region, who

had something "ready baked" pre-pandemic with data to support that could be refreshed in the current context.

There is little debate among those interviewed that Regional learning was much broader than the 3 work strands, however there was a conscious decision not to do a more detailed thematic analysis due to time pressure and the limited opportunity available for discussion in the workshops.

**Information Sharing**. The level of information representatives were able to share at weekly meetings or the workshops was impacted. The records of these meetings show a disparity between what was being shared; some of it was very niche and specific to a particular service change, others were offering much more broad and strategic learning themes.

**Trust Learning Frameworks**. The organisations that had started to mature their own learning frameworks by the time the learning cycle started, continued moving in their own direction, into which they absorbed the 3 Regional work strands. Others with less mature frameworks used the HSCQI 90 day cycle as a catalyst to capture learning, but restricted it to the areas that had relevance to them.

### 3.2.3 REQUIREMENT FROM THE HSCQI ALLIANCE

Those that participated in the evaluation stated that they were unclear whether the HSCQI Alliance was fully aware of the scale of their demand and how much work would potentially be involved. Given the broad nature of the ask, those interviewed agreed it was sensible of HSCQI to bound the learning cycle the way that it did. The frequent updates that HSCQI provided to the HSCQI Alliance enabled those leaders to regularly review HSCQI's response to the Trust CEOs' request, so that adjustments could be made if it was felt that the approach was not meeting their needs. From examination of the reports, minutes and other documentation provided, it appears no adjustments were advised.

While an assessment of the legacy of the HSCQI 90 Day Learning Cycle is outside the scope of the evaluation, it seems that the HSCQI Alliance can see the value of growing a Regional learning culture with supporting frameworks. Some of the broader recommendations for improvement that are captured later in this report also support the attainment of that objective.

### 3.2.4 DATA CAPTURE, DATA ANALYSIS, DATA SHARING

Challenges at a local and Regional level associated with capturing, analysing and sharing data were consistently raised among those interviewed. So much of the information collected was qualitative, which made it time consuming to organise and analyse, especially because few technical solutions existed. Some of the QI Leads reported that where there were qualitative data analysis tools available in their organisations, training and experience in their use was virtually non-existent and it would have been even more onerous to get up to speed rather than undertake manual analysis.

QI Leads had to consider the best form of data collection for the 3 work strands. The lack of consistency in questionnaires and the overuse of that approach created problems in the data set because there was so much variation. For them it often felt like they were comparing "apples with pears". Response rates were also reported as being quite low and a ~20% rate of return was seen as a success. This meant data analysis was being conducted on a relatively small snap shot that was not necessarily representative. However, consensus agrees that this was the best that could be achieved in the circumstances.

Information sharing was limited by governance structures like GDPR, and again by the lack of systems to support the sharing of real time data for analysis and triangulation. This perhaps impacted on HSCQI's ability to fully realise the 'laboratory for testing' component underpinning the learning system.

There was also the delicate balance for QI Leads between progressing innovative ideas with examples and robust supporting data, versus those without data. As people searched to find meaning in what was happening, the power of stories was magnified and was often more powerful than just what the numbers were showing.

### 3.2.5 OVERLAP WITH ORGANISATIONAL DEVELOPMENT (OD)

In all organisations interviewed, the implementation of the HSCQI learning cycle and the broader learning initiatives occurring locally were led by QI Staff. It appears that QI staff were much quicker to identify and respond to the requirement to learn from the radical change that was happening in all areas of their organisations. Their evidence-based approach was valued and their clinical and QI networks facilitated this.

During some of the evaluation interviews, QI Leads reported an interesting development that they witnessed. They reflected that over time there was some tension with the OD function within their organisations. Initially, Human Resources (HR) and OD colleagues provided support to QI Leads through things like their HR Business Partner networks and access to workforce analytics. However, as the Learning Frameworks started to mature in these organisations, more serious tensions began to emerge as HR/OD leaders now wanted to be more centrally involved in the ownership and management of the Learning Framework, where they had previously distanced themselves. Those interviewed also reflected that similar tensions existed with some Planning, Performance and Informatics staff who also had important roles to play in the learning process.

These tensions are probably natural given the high proportion of change that was centred on people, like leadership, communication, staff wellbeing and psychological safety, rather than just systems change. These reflections are offered here to emphasise the importance of role clarity and unity of effort when developing rapid learning cycles at a local or Regional level.

## 3.3 KEY RISKS ASSOCIATED WITH THE LEARNING CYCLE

When asked about key risks, the following things were identified during the interviews. It is interesting that risk management does not specifically feature in the update reports and neither is it reflected in the records of the meetings and workshops. This does not imply that it was not considered by those involved at the time.

Failure to meet the requirement identified by the HSCQI Alliance or the need to align the cycle to inform the Rebuild Strategy was presented as a key risk. The manner in which HSCQI provided regular updates to the HSCQI Alliance, which served as a useful mechanism to seek their continued endorsement, coupled with the feed individuals within the HSCQI Alliance were getting from their own organisational learning, effectively managed this risk.

There was debate about the length of the HSCQI Learning Cycle's 90 Day timeframe. There were concerns that the integrity of the process could be compromised by jumping to solutions without going through testing with data and evidence to support thinking. This risk was probably mitigated by a number of factors like: viewing the learning cycle as complimentary to, and not a replacement for the work already going on within organisations; good control of the learning cycle's phases; patience and trust in the process exhibited by senior leaders; and the ability to inform planning for second wave thanks to the regular updates following each workshop.

Lack of funding is a perennial risk within Health. QI Leads expressed their genuine concern that funding would not follow for the outcomes of the learning cycle. It is the opinion of some of those interviewed that this has probably been the primary factor that has prevented the Virtual Visiting work strand's learning from being implemented more widely.

As a result of the redeployments, time pressures, local self interest and other factors, there was a very real risk that the HSCQI community could have fragmented. It is assessed that good leadership, a sense of shared purpose, and collaborative working prevented this. Again, the consistency of engagement levels at the regular meetings and workshops provides good evidence to underpin this assessment. The shared consensus regarding the top 3 work strands that were ready to be explored at the end of the scan phase also helped mitigate this risk.

Some of the Regional learning was highlighting inefficiencies and inequities in parts of the HSC system. The risk for HSCQI staff was to manage this without being or appearing judgemental. This was effectively mitigated by the culture within HSCQI where a healthy level of realism was applied to any solutions raised by the learning cycle.

There was a risk of potential "group think" within the HSCQI community. This was mitigated by HSCQI's interaction with QUB and by having the Independent Sector represented in meetings and workshops. Equally, the HSC LC was called upon to help facilitate some of the workshops and two of their consultants provided coaching support to QI Leads in 3 of the organisations before, during and after the 90 day learning cycle.

## 3.4 APPROPRIATENESS OF THE 90 DAY TIME HORIZON

The time horizon for this work was influenced by forecasting and general consensus at National and International levels that a second wave of the pandemic would likely arrive to coincide with seasonal pressures from end of September 2020 onwards.

The learning system facilitated by HSCQI gave the Region the best possible chance to capture learning from the first wave in a timely manner to influence planning for the next wave. On 9 June 2020, the Health Minister launched the strategic framework for rebuilding services. In his announcement he referenced innovations, including virtual consultations, which had been implemented during the pandemic to date and how they must be incorporated into future planning for primary and secondary care[16].

By connecting the learning framework with the service delivery innovation work stream of the Rebuild Strategy, HSCQI provided a mechanism for influencing those plans, and thereby satisfied the two asks that had been placed on it by the HSCQI Alliance.

## 3.5 WORKABILITY OF THE LEARNING CYCLE

### 3.5.1 SUPPORT OF SENIOR LEADERS

The evaluation asked questions related to how supported QI staff felt by their senior leadership at a Regional and Local level. The impression gathered is that these leaders consistently sponsored the initiative and their support was extremely positive.

QI Leads reflected that their conversations with senior leaders were less formal than might be standard when dealing with an assigned project and task. Senior Leaders were generally keen to get feedback and updates directly to increase their own understanding and inform future planning and decision making; they created space on their agendas for this to occur, frequently at very short notice. As well as providing good systems leadership, it is the view of those interviewed that their Senior Leaders exhibited high levels of trust and confidence in their QI staff.

The mandate at the strategic level certainly gave QI staff the platform to push their efforts to learn from the pandemic as broadly as their own capacity and capability would allow. If any resistance was encountered in a particular directorate or service, this could be unlocked quickly. Equally directors were able to signpost QI staff on where to go within their teams to get the necessary information or access to learning they required.

### 3.5.2 WORKABILITY FOR HSCQI IMPROVEMENT HUB & QI LEADS GROUP

The learning cycle highlights the effectiveness and further potential offered by the "hub and spoke" model that accounts for HSCQI's organisational structure. The Improvement Hub

[16] https://www.health-ni.gov.uk/news/minister-launches-strategic-framework-rebuilding-services.

was responsible for facilitating the learning cycle at the Regional level and the QI Leads fed into this with the learning they were gathering at a local level.

To facilitate the learning cycle, the Improvement Hub devised a regular schedule of meetings and forums, each of which had a clear agenda, a good record of the outcomes, and connections to the next event. To cope with the time constraints and to maintain momentum, it was accepted by all members that if they could not attend or be represented at any of these events, they were happy for discussion and decisions to be made by the collective and they would catch up when able. Once selected as the priority themes, the Improvement Hub kept the focus bounded on the 3 work strands.

The Improvement Hub provided a regular schedule of updates to the HSCQI Alliance and produced a final report for their consumption. The Improvement Hub also provided a central repository for hosting and disseminating information on its website[17]. This activity complemented the reporting the QI Leads were doing within their organisations to update their senior management about their own learning.

Bringing teams together was difficult for all parties within HSCQI. It must be remembered that many were learning to work from home for the first time and adjusting to virtual working, which also made the sharing of information and ideas more challenging. A blended approach of in person and virtual representation was quickly abandoned as this proved ineffective. HSCQI coped and adapted very well to the "new normal".

There was a huge sense of purpose coming out of first wave of the pandemic and HSCQI took the opportunity to capitalise on this. It is the reflection of the QI Leads that during the Summer months of 2020, there was a noticeable downturn in crises response activity, which perhaps has not existed in subsequent waves, that allowed space for reflection and learning.

The fact the work was clinical facing and had the input of Clinicians, who constitute a large portion of HSCQI, was particularly beneficial as it gained traction for this initiative.

## 4. RECOMMENDATIONS

The learning cycle adopted by HSCQI has been tested in very extreme circumstances and has been shown to provide significant benefit for learning from events. The following recommendations concentrate specifically on improvements that could be made for any future application of HSCQI's 90 day learning cycle.

### 4.1 IMPROVEMENTS

#### 4.1.1 RAPID LEARNING CYCLE

IHI's model is based over 90 days, but HSCQI's future application does not have to be wedded to that timeframe. The time frame can be tailored to suit whatever the demand of

[17] https://hscqi.hscni.net/covid-learning: According to analytics, this section is one of the most visited by external users.

the learning cycle is. Perhaps from a conceptual perspective, the use of the term 'rapid learning cycle' might be more appropriate.

#### 4.1.2 TRAINING

There is the opportunity to further increase awareness and provide specific training on the IHI 90 day learning cycle methodology for all QI staff within the Region. As a result of promotion, change of roles, and retirement, lived experience of the application of this model will reduce among HSCQI staff.

#### 4.1.3 DEVELOP STANDARD COLLECTION AND DATA ANALYSIS TOOLS

There is greater awareness and appetite for reflective learning, as the benefits have been clearly demonstrated during the pandemic across all sectors in private and public organisations. More information about the rapid learning systems adopted by these organisations are available. There are more methods, frameworks, and evidence from which to draw upon to develop standard data collection, analysis and sharing tools. Having a central data analyst within the HSCQI Improvement Hub would be useful to support the identification of key metrics and to apply appropriate statistical analysis.

#### 4.1.4 EQUITBLE SHARE OF RESOURCES

As a first step, it would be important to provide protected time to staff engaged in the learning cycle. Similarly, the value of their mind-set, knowledge, specialist skills sets and experience should be recognised, and it would be best to keep them pooled rather than dilute them by redeployment into other Healthcare roles. The majority of support to the learning cycle relied on the HSCQI community making significant sacrifices in their own time and to their own wellbeing to contribute. Future application cannot rely on the same sense of shared purpose that was inherent in the crises response.

If a more standardised approach was taken to the application of the learning cycle it might be necessary to flex and prioritise resource between the Improvement Hub and the QI Leads Group. It may also be necessary for organisations to leverage additional people resource and subject matter expertise to support their QI Leads.

#### 4.1.5 GREATER INVOLVEMENT OF PATIENTS, SERVICE USERS AND CARERS IN SCAN AND FOCUS PHASE

Increasing representation during workshops and circulating progress reports for comment would better inform the Learning Cycle. Personal and Public Involvement staff exist in the PHA and across HSC Organisations and their network should be used to support future application of the Learning Cycle.

### 4.1.6 PRIMARY CARE AND INDEPENDENT SECTOR

Reasonable efforts were made to be as inclusive as possible during the period evaluated, but still representation was relatively small. HSCQI should continue to grow representation from these groups to increase learning within and across these boundaries.

### 4.1.7 INCREASED PATIENCE BETWEEN PHASES

Some of the QI Leads recommended that consideration be given to deciding whether there should be deliberate pauses built in between each phase to conduct more detailed planning. It was felt this might have the following benefits: improved opportunity for a more standardised approach; achieve greater understanding of the required outcome from that phase; and increase the chance to share those plans outside HSCQI staff for comment and suggestions. This might contribute to improving the efficiency and effectiveness of the phase and would not necessarily have to come at the expense of increasing the overall timeframe by any additional number of days.

### 4.1.8 IMPROVED PLANNING AND GREATER CLARITY FOR HOW TO EMBED AND SUSTAIN THE LEARNING

Questions were asked during the interviews about the legacy of the work and this drew a variety of different perspectives in response. It was hard to decouple the broader learning that the QI Leads conducted locally from the progress of the 3 Work Strands. The impression that results is that with the passage of time, many of the QI Leads feel disconnected from the Regional learning. They have identified improved planning for how to embed and sustain the learning as an area worthy of attention in any future application of the model.

### 4.1.9 IMPROVED PARTNERSHIP WORKING BETWEEN HR/OD, PLANNING PERFORMANCE AND INFORMATICS, AND QI

Seeking a more collaborative approach without 'gatekeeping' pieces of work is advantageous and would strengthen any future application of the learning cycle.

### 4.1.10 USE OF CONSULTANCY SUPPORT

Those organisations that used consultancy support provided by the HSC LC were extremely complimentary about the value this added to their rapid learning frameworks and how this helped them align with the Regional learning cycle when it was introduced. Extending consultancy support to all organisations within the HSCQI network might further enhance planning and implementation activity at both Regional and Local levels. The HSC LC could support HSCQI to train staff across the Region on Rapid Learning cycles. In addition, the HSC

LC provides a strong link into the Region's Organisation and Workforce Development Network[18].

#### 4.1.11 KEEP STRENGTHENING THE 6 COMPONENTS OF THE LEARNING FRAMEWORK

Any effort to strengthen the 6 components of the Regional learning system that HSCQI developed will undoubtedly result in improved application of the 90 day Learning Cycle methodology. It might be advantageous to consider assigning a nominated lead to develop a specific component.

### 4.2 ADDITIONAL RECOMMENDATIONS

Outside the recommendations specifically aimed at improving or enhancing the application of HSCQI's 90 day learning cycle, the evaluation has resulted in the following additional recommendations. As with the recommendations contained in section 4.1, it is up to HSCQI to decide how to progress these:

- The learning system was developed specifically in response to the pandemic; there is an enduring requirement for improved learning cultures across the system and for the development of a regional learning system that is more generic and unconnected to specific events

- Conduct a workshop to explore more fully how other QI priorities across the Region could be expedited by the 90 day learning cycle

- Commission research to identify alternative methodologies, tools and techniques which will further enhance HSCQI's Regional learning system

- Investigate increased use of digital technology to support organisational learning systems across the Region, with particular emphasis on data harvesting and analysis

- Staffing levels across the HSCQI community could be reviewed to determine if they are appropriate

- Undertake further work to strengthen the relationships and roles within the HSCQI community and its network

[18] Members of this network typically commission HSC LC activity on behalf of their organisation thanks to the funding provisioned in the service level agreement with the HSC LC.

## 5. SUMMARY

The purpose of the report was to capture the outcomes of the evaluation that has been conducted into the Region's approach to learning from the first wave of the COVID-19 Pandemic. Robust, best practice methodology was used to inform the design and delivery of the evaluation, while primary, secondary and tertiary sources were used.

The evaluation concludes that HSCQI's use of the 90 day learning cycle has been tested in very extreme circumstances and has been shown to provide significant benefit for learning from events. HSCQI's application of the IHI 90 Day Learning Cycle approach was robust despite a relative lack of familiarity with the methodology. It highlights that complimentary processes that existed within HSCQI pre-pandemic were key enablers.

Learning from the early phases of the pandemic provided HSCQI the opportunity to demonstrate its value to the HSC system within Northern Ireland. HSCQI provided a network in which to share stories, bring meaning and develop an understanding of what was going on at the time. It enabled leaders at all levels to connect with the front line to make better informed decisions about next steps to deal strategically with the pandemic and its impacts.

Appendix:

Appendix 1 – List of all Evaluation participants

## 6. APPENDIX 1 – LIST OF ALL EVALUATION PARTICIPANTS

The evaluation facilitator would like to thank everyone who willingly took part in the evaluation. The time dedicated by individuals at all levels was greatly appreciated and their incisive input was of great benefit. This is all the more noteworthy, given the ongoing pandemic and the pressure this continues to place on everyone's roles.

### HSCQI Improvement Hub Team

| Name | Role | Organisation |
|---|---|---|
| **Aideen Keaney** | Director | HSCQI Hub / PHA |
| **NR** | Clinical Lead | HSCQI Hub / PHA |
| | Senior Improvement Advisor | HSCQI Hub / PHA |
| | Senior Improvement Advisor | HSCQI Hub / PHA |
| | Communications & Engagement Lead | HSCQI Hub / PHA |
| | Business & Project Support | HSCQI Hub / PHA |

### QI Leads Group

| Name | Role | Organisation |
|---|---|---|
| **Brian McCloskey** | QI Lead | BHSCT |
| **NR** | QI Lead | BHSCT |
| | QI Lead | BHSCT |
| | QI Lead | SEHSCT |
| | QI Lead | SEHSCT |
| | QI Lead | SEHSCT |
| | QI Lead | SHSCT |
| | QI Lead | SHSCT (now HSCQI Hub) |
| | QI Lead | WHSCT |
| | QI Lead | WHSCT |
| | QI Lead | NHSCT |
| | QI Lead | NIAS but now NHSCT |
| | QI Lead | NIAS |
| | QI Lead | Primary Care / GP |