

ImproveWell.

Chelsea and Westminster Hospital NHS Foundation Trust & ImproveWell | Nicole Lee, Burns Matron at the Burns Service

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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.

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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.

What was the background to The Burns Unit using ImproveWell?

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During the covid pandemic I ended up in the Nightingale hospital. We started using ImproveWell as a tool within the Nightingale. 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.

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Now because of that and that experience, 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 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.

How did you manage the roll-out?

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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.

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We run a weekly meeting with my senior management team to be able to action outcomes and 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. But what you tend to find is about 80% of these are quick fixes. 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.

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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.

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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.

What has the impact been so far?

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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.

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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.

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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.

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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.

How do you close the feedback loop?

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So the beauty of the app is 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'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.

Do you have anything further you'd like to add?

(10:20)

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. 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.