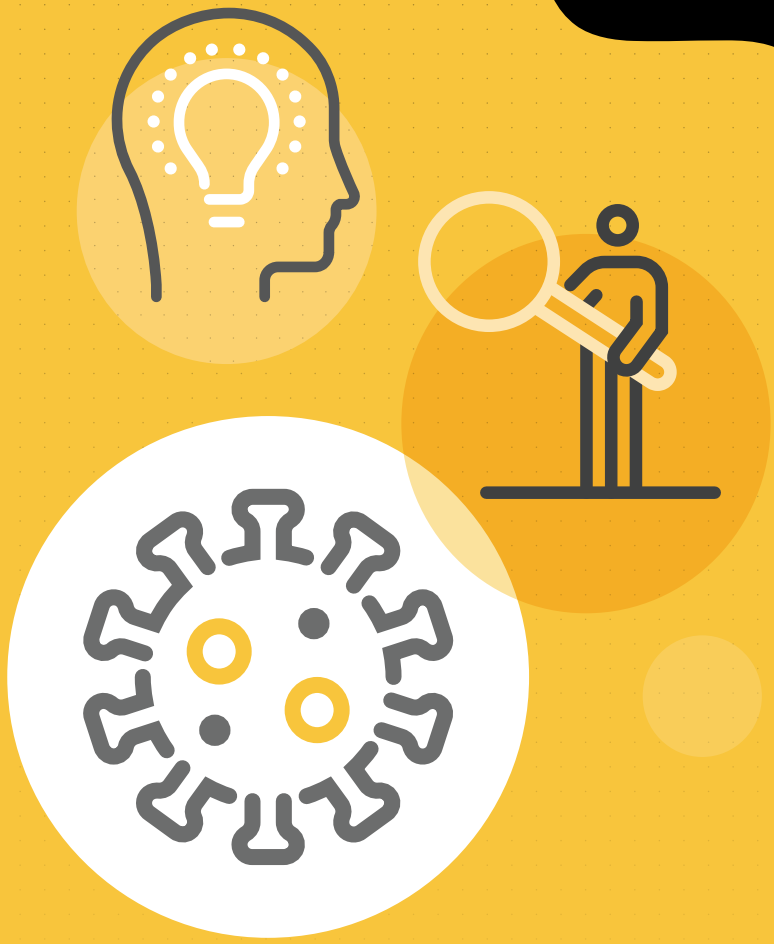
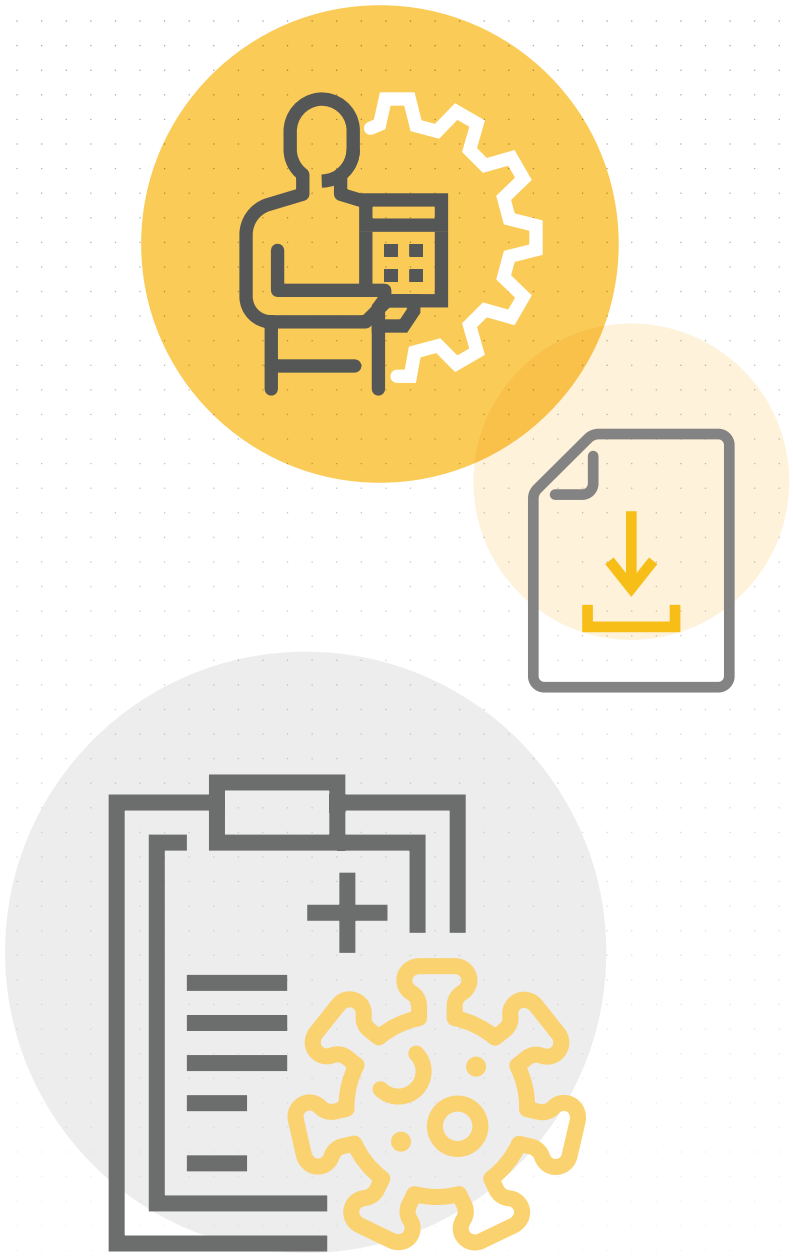
How can we learn from changes in practice under COVID-19?

A guide for health and care teams to learn from innovations during the pandemic



The Strategy Unit.

NHS
Midlands and Lancashire
Commissioning Support Unit



This guide and the Analytical Collaboration for COVID-19

This guide helps teams and their leaders learn from service changes put in place or accelerated during the COVID-19 response.

It helps them think about which changes to focus on, how to establish what they have learnt and reflect on what that means for future ways of working. It also signposts to useful resources.

The guide has been produced as part of the Analytical Collaboration for COVID-19. The collaboration brings together: the Health Foundation; King's Fund; Nuffield Trust; and two specialist NHS analytical teams, Imperial College Health Partners and the Strategy Unit.

These organisations are coordinating efforts to support the NHS and social care on COVID-19. They are using their expertise to focus on topics which may be more medium-term, cut across sectors, or benefit from independent analysis. They are sharing their knowledge, information, multi-disciplinary analytical skills. and extensive links into different parts of the health and care system.

Learning during a crisis

During the COVID-19 pandemic we have seen rapid changes in ways of working. We have seen an increase in collaboration, particularly through digital platforms, the sharing of data, and people describing 'true system working'.

There have also been specific service changes. Primary Care has moved to a model of total triage and digital first; outpatient appointments are using technology in radically new ways; and we have seen unprecedented reductions in acute activity.

While many changes will have been beneficial, it is important to acknowledge that 'innovation' is not synonymous with 'improvement'. Radical changes increase uncertainty and decision makers may (rightly) be sceptical about sustaining a particular change.

How do we capture innovations and changes in practice? How do we learn from them? How to we identify what should be continued and what should not? How do we sort promising, effective changes from those that are ineffective – or even potentially harmful?

If we don't think about how to do this systematically there is a risk that learning will be lost as pressures to 'return to normal' increase.

Who should use this guide? How is it structured?

This guide is designed for leaders and managers in health and social care who want to work with their teams to capture their learning from the experience of the COVID-19 pandemic.

The guide is not exhaustive. It offers an overview and practical, helpful suggestions of how learning can be captured and acted upon. It signposts to more detailed resources.

The guide is structured using the **'What? So What? Now What?'** framework:

What?

Identify your focus

What changes have been made?
What innovations or new ways of working have been implemented that you could learn from?

So What?

Make sense of the situation

How can you learn from the changes made?
How have staff experienced the change?
How have patients and service users responded?

Now What?

Decide what to do next

Should the changes remain post-crisis? Be scaled up? Be stopped? Is enough information available to make these decisions? Is an evaluation needed?

‘What?’

Identifying your focus: what are you trying to learn from?

Where to start?

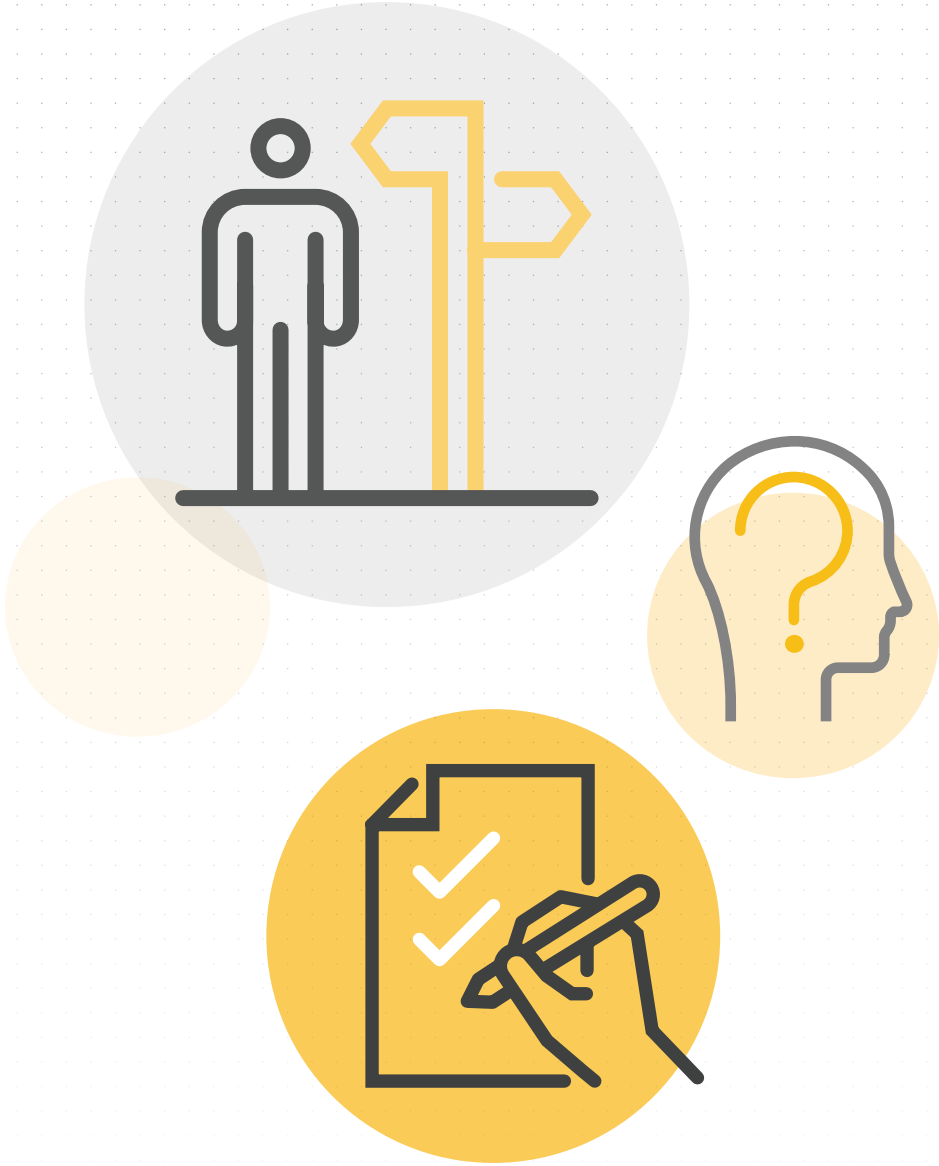
The pace of change during COVID-19 is fast. We are working under radical uncertainty. We know that things after COVID-19 will not return to 'normal', but it is unclear what the 'new normal' will be.

Some service changes have been improvised to cope with crisis conditions. They may or may not be appropriate over the longer-term, uncertainties are high and it is hard to judge. Other changes will have been long-intended. Maybe they were accelerated during the crisis. Uncertainties here will be lower, but decisions on whether to continue may still need some thought.

Within this variety, judgements will need to be made about where to focus learning and knowledge dissemination. Which changes should be kept? Which should be dropped? Where do we need to know more in order to make these decisions?

When thinking about where to focus efforts, The Health Foundation have developed three principles for learning during COVID-19. It:

1. must be timely;
2. support a range of people to participate;
3. must be purposeful.



What changes are you trying to understand?

When approaching the question of learning from changes made, you first need to be clear on your purpose.

What are you trying to understand and why? What is the context? What has changed and for whom? (You can use the prompt questions below to think this through)

If there have been many changes, **How will you prioritise?** Which of the changes made has the greatest potential and which the greatest uncertainty?

Type of innovation

- A new way of working with others?
- A new process?
- A new role?
- A new technology? A new way of using technology?

Context

- Has the change taken place at individual, team, organisation or system level?
- What is the environment for the innovation?
- In what type of service has the innovation taken place e.g. primary care, social care?

Who has been affected?

- Clinicians / professionals
- Service managers
- Patients / users
- Friends and family
- Commissioners
- Researchers
- Voluntary and community sector

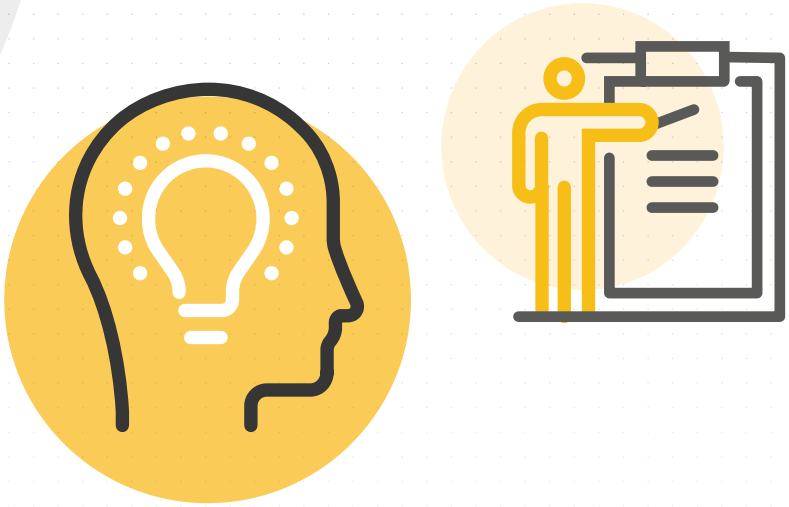
How will you use what you have learned?

Considering how you will use what you have learned provides a frame for thinking about the approaches to take. For example, learning for internal team development will be more informal than learning captured to assess whether an innovation should be highlighted as an area of best practice for replication elsewhere, or to make a case for it to be sustained in the longer-term.

Carrying out a stakeholder assessment to understand who has been involved in, and affected by, a change – and who the audience for your findings is – can highlight what needs to be captured in your learning approach. Engaging the right people in the learning process will ensure a richness of information, and also support the translation and dissemination of findings.

In doing so it is important to pay attention to the psychological safety[1] of participants: the objective is to learn not blame, so be sure to create an environment that is secure, clear on purpose and invites participation.

The needs of your stakeholders in acting on your findings will also dictate the format for capturing and sharing learning, whether it be through verbal discussion or written materials.

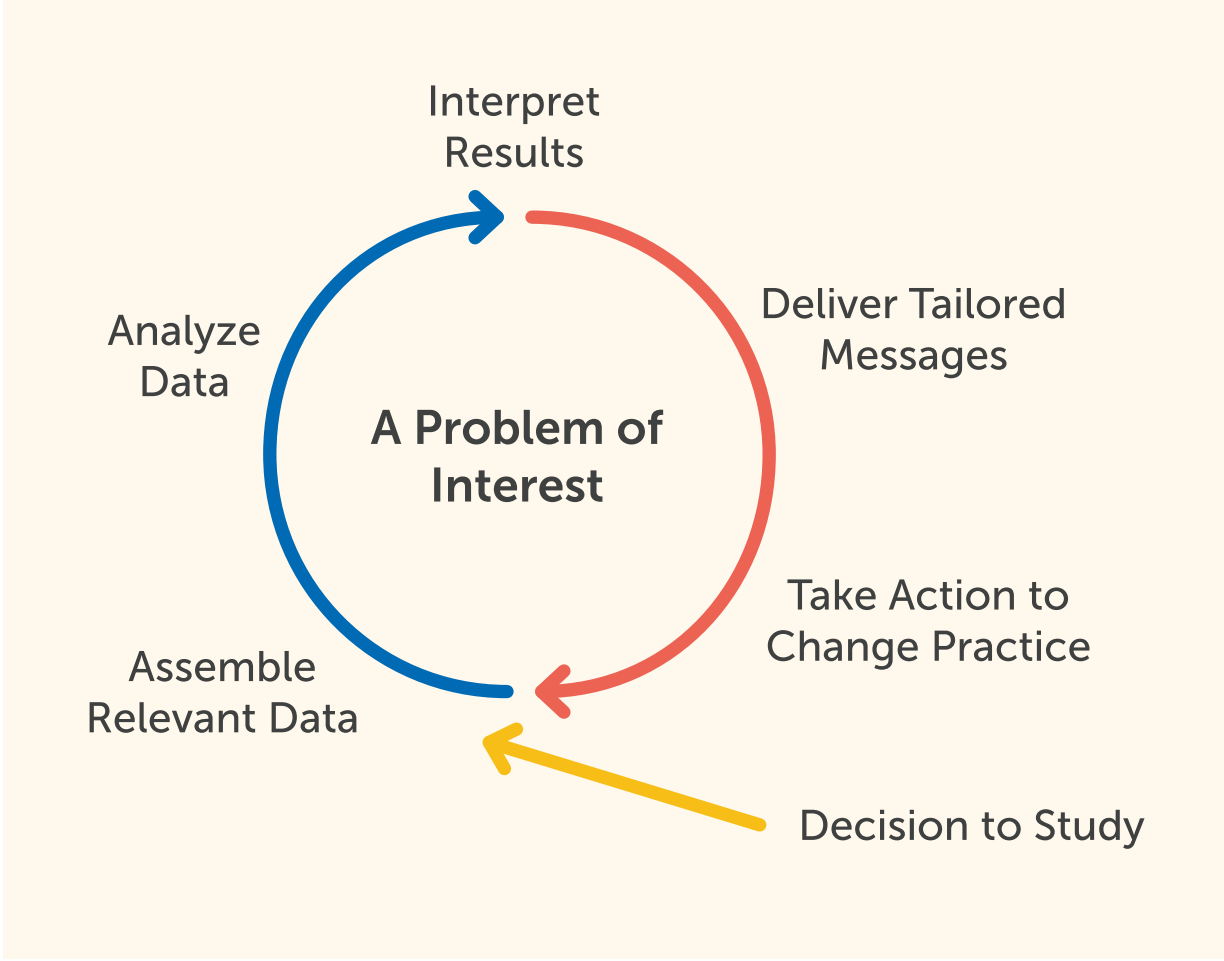


[1] http://www.ihi.org/communities/blogs/what-to-do-and-say-to-support-psychological-safety-in-times-of-crisis

‘So What?’

Making sense of the situation: frameworks, approaches and tools to capture learning

How do we learn?



Learning can be understood as a cycle of study and adaptation or improvement.

It involves the capture and analysis of information, interpretation, communication and action.

The diagram on the left is from Friedman (2014). He argues that that too often we get stuck at the interpretation phase and therefore we fail to learn and adapt.

The challenges of the red side of the cycle are interdisciplinary and social. To adapt and improve we need to understand policy, organisational context and relationships, so that we can tailor the messages for practical action – as a team or to inform policy, strategy or decision-making.

http://www.learninghealthcareproject.org/section/background/learning-healthcare-system

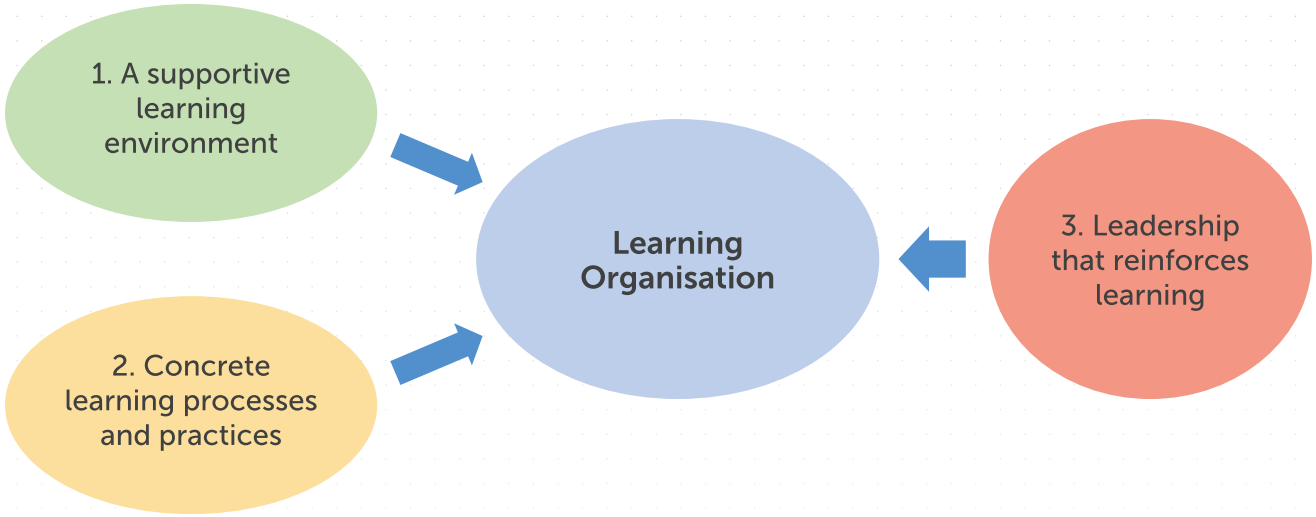
Learning organisations

A learning organisation seeks to create a supportive learning environment – one of psychological safety and openness to new ideas.

They embed learning processes and practices, such as after action reviews,feedback and monitoring of outcomes. And they have leaders who provide positivereinforcement by signalling the importance of reflection, knowledge transfer and the development of staff (Garvin and Edmondson, 2008).

It is important that team leaders within health and care organisations are prepared to support the capture and sharing of learning during COVID-19. To do this it is essential to acknowledge that the situation is unknown and create a safe environment for people in their teams to share their uncertainties, mistakes and failures, it is through this that collective learning will occur.

Building blocks of the learning organisation



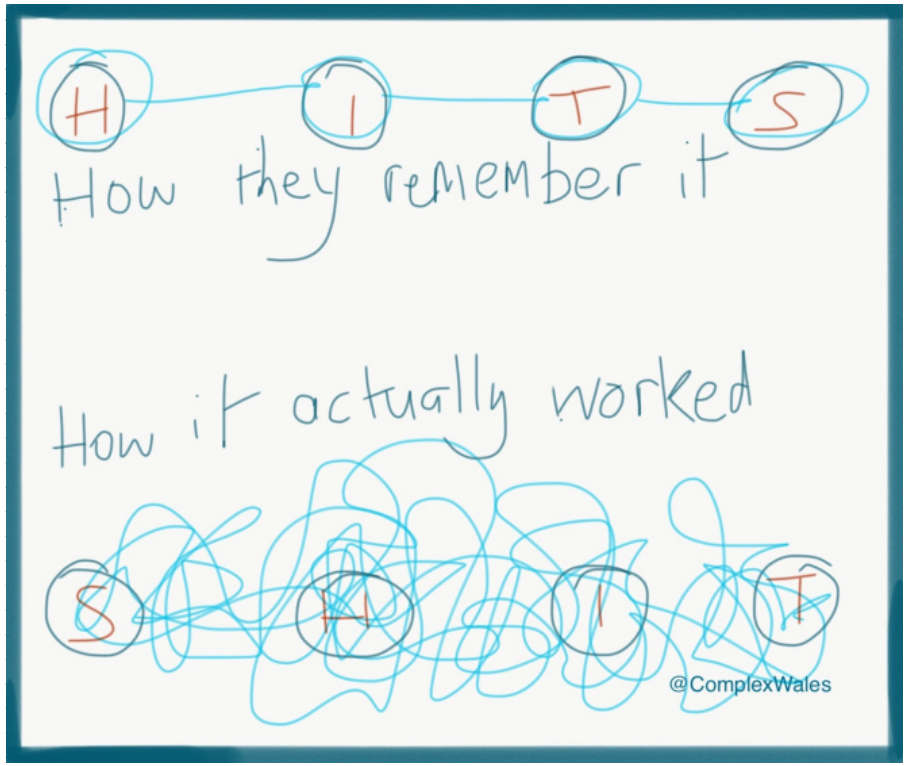
Based on the research by David A. Garvin, Amy C. Edmondson, Francesca Gino https://www.slideshare.net/KlausMuecher/is-yours-a-learning-organization-60616315

Learning teams

One of the challenges in learning from COVID-19 is that as this is a novel situation, our understanding is rapidly changing and developing. In response to this people are innovating, trying things that haven't been done before, and the learning from this is what we are trying to capture. However, most people are so busy that they don't have the time to reflect on the now.

Dave Snowden, a leading expert on innovations in complexity and creator of the Cynefin Framework, suggests that:

> **In a crisis, you should always deploy an innovation team alongside the business recovery teams...to capture the novel practice**



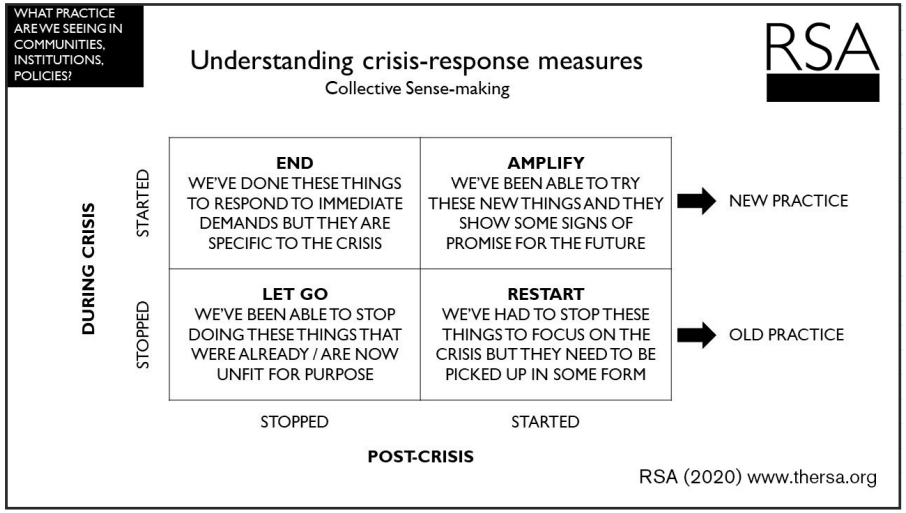
The idea is that the innovation or learning team will have sole responsibility for capturing and sharing information. Although resource intensive, this is an effective method for capturing learning as rapidly as possible and ensuring the implementation of findings.

This blog provides an overview of a suggested approach.

Frameworks for understanding and learning

RSA Understanding Crisis Response Measures

The RSA have developed this framework as an aid to making sense of the activities being undertaken during the COVID-19 pandemic. They cluster activities into those that are obsolete, paused, temporary measures or innovative measures. This could be used as a starting point to think about the type of learning approach that is required and where to focus your efforts. e.g. if something is identified as 'Amplify' what do you need to capture toenable that?



NHS Knowledge Mobilisation Framework

The Knowledge Mobilisation Framework has been designed to help people learn before, during and after anything they do. This includes learning from what has been done elsewhere, reflecting with peers as action is taken and reflecting and sharing knowledge after an event.

This framework is useful when learning from specific or discrete initiatives such as a planned change.

Frameworks for understanding and learning

Collaborate CIC Learning Framework

This framework is intended for use by individuals, teams, or organisations looking to capture learning in a way that is simple and accessible in times of pressure. It is designed to surface insights through capturing what has happened, what is working well, what hasn't worked well etc.

It recognises that learning is a continual process and they encourage users to complete the sections that will be most beneficial to them. There is also a second template that supports individuals to capture deeper insights using reflective practices.

In response to COVID-19...	Personal	Organisational	System
What have you started doing?			
What have you stopped doing?			
What are you doing more of?			
What are you doing less of?			
What is working well?			
What hasn't worked?			
What has this revealed about what support is effective and how best to deliver it?			
In ten years' time, what's one thing you hope has changed as a result of the COVID19 response?			

Tools for capturing learning

Reflective Practice Models

Reflective practice is the continuous cycle of self-observation and evaluation, enabling practitioners to understand their own actions and reactions and to refine their practice on an ongoing basis. Common models are Kolb's Model of Experiential Learning, Gibbs' Reflective Cycle, and the 'What' Model, used to structure this guide, developed by Rolfe, Freshwater and Jasper.

Narrative Feedback (Storytelling)

Narrative feedback involves the documentation of feedback from an individual or on an event through the telling of a story or narrative. It can be collected through interviews or through individual recording (writing, voice or video). Narrative feedback can build connection between participants and improves engagement and recollection of learning.

After Action Reviews

Conducted after an event has occurred, after action reviews (AAR) provide an opportunity for team reflection, facilitating the identification of strengths, weaknesses and areas for improvement. Learning captured during an AAR can be disseminated widely. Limitations of AAR are that the longer you wait after an event the more people's memory can become distorted – meaning learning can be missed.

Journaling

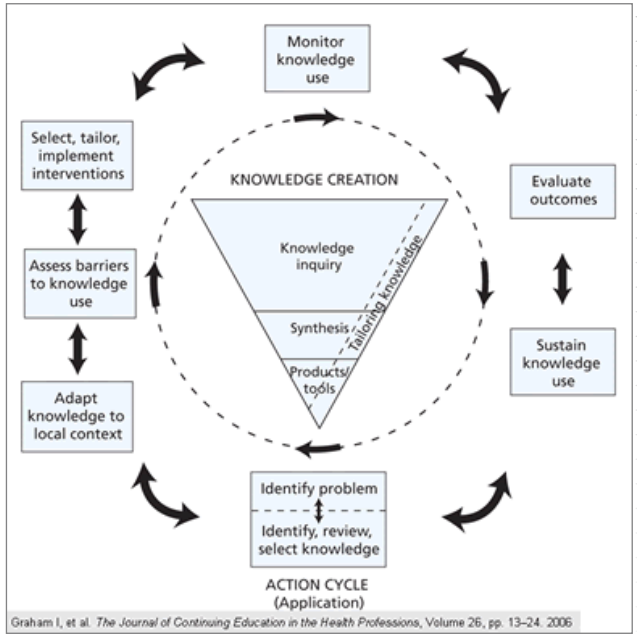
Journaling is the process of participants sharing thoughts, feelings, ideas and experiences through writing. Journaling enables the capture of rich qualitative data. However, limitations can be poor participation, remembering to complete the journal, and feeling exposed by the documentation of thoughts and feelings. Acknowledgement of the challenges and creation of psychological safety can enable valuable participation.

Frameworks for sharing learning

Knowledge to Action Framework

The Knowledge to Action Framework was developed by Graham and colleagues in 2006. It is used to facilitate the translation of research knowledge into practice. It has two core components:

- **Knowledge creation** – which includes inquiry, synthesis and the development of tools or products; and
- **Action** – which includes identifying and understanding the problem, applying known research, and evaluating the outcomes.



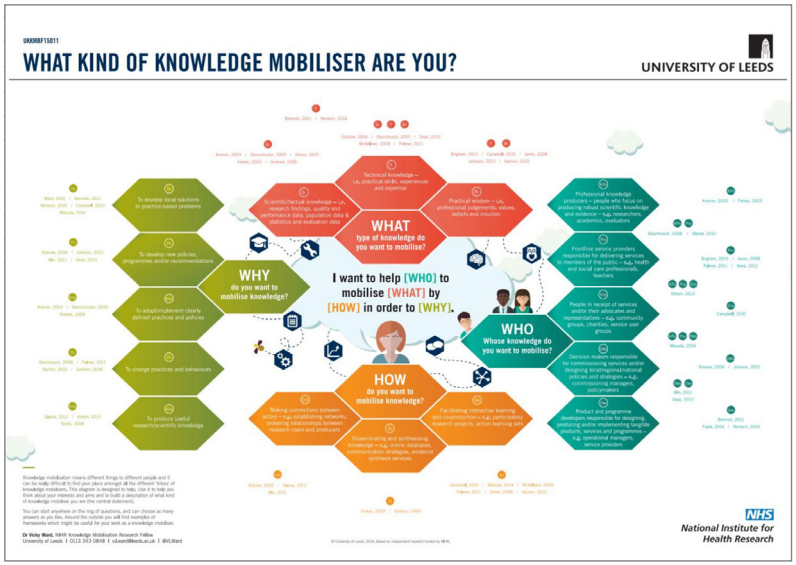
Graham I, et al. *The Journal of Continuing Education in the Health Professions*, Volume 26, pp. 13–24. 2006

This process will be useful for ensuring that learning from Covid is shared and acted upon.

Why, whose, what and how?

This framework, developed by Vicky Ward (2015), encourages users to consider:

- Whose learning or knowledge they want to share e.g. professionals, people in receipt of services, decision makers
- What type of knowledge they want to share e.g. scientific, technical or practical
- How they want to share it e.g. through networks, interactive learning or presentations
- And finally why they want to share it e.g. to develop solutions, develop new policies, aid adoption and spread



Sharing learning online

Due to the current limitations on meeting face-to-face we have all had to move rapidly to an approach of online first – this brings a number of opportunities for sharing learning and collaborating across a range of teams and organisations (both internally and externally).

Online meetings

Facilitated discussion is a good way to share experiences. Online meetings are different from face-to-face, however that doesn't mean that they can't be as effective in helping people to build networks and share learning. The important thing is to think about how to facilitate your meeting. Liberating Structures is particularly helpful when thinking this through.

Online collaboration

Alongside online meetings and networks there are an increasing number of online collaboration tools such as Miro, Padlet, Jamboard and more. These are helpful tools enabling people to share ideas, lessons learned and suggestions for improvement. See here for a blog from the NHS Horizons Team on online collaboration tools.

Networks

Online networks such as Future NHS and the Q Community provide an opportunity for people to share resources, ask questions, and build connections with others outside your own organisation/system. Often networks are themed such as the Beneficial Changes Network which is focused on capturing and learning from changes made during COVID-19.

‘Now What?’

Deciding what to do next

How do we decide what to do next?

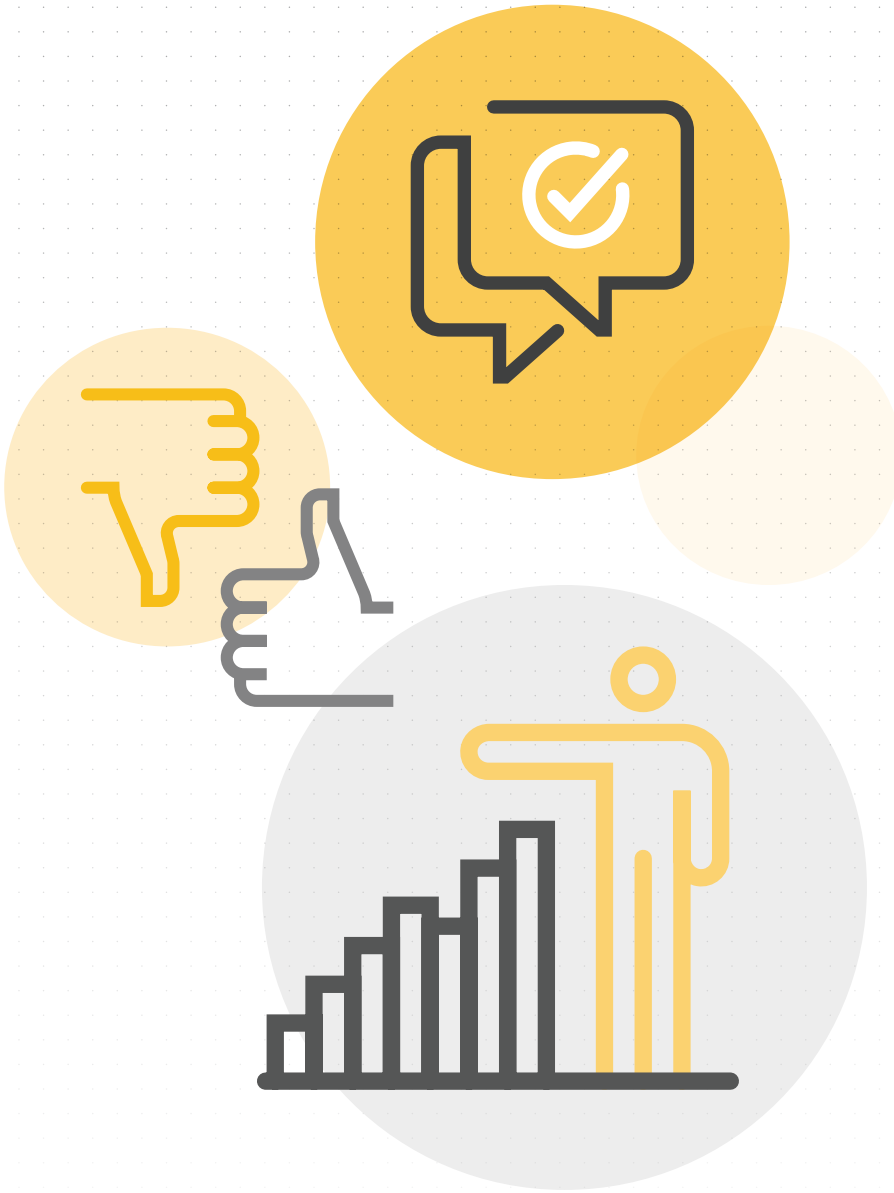
At this stage, you will have gathered evidence from the service changes made during the crisis. This will give you a sense of how well changes have worked in practical terms. You will know how changes have been received by staff, by patients / service users and other groups.

This will give you some of the information you need in order to decide what to do next. But uncertainties may still exist. Perhaps the change seems to work well for some groups but not others. Do you need specific evaluation to tell you more?

Also, you might not know whether your changes represent effective, safe practice. Is there any evidence base? Does your new service fall within existing guidance (e.g. from NICE) or professional consensus?

The flow chart overleaf guides you through these issues. It asks: how well is the change working in practice, and how confident are you that it is effective?

The results are then either: keep going / scale up, evaluate, or stop.



1 How well is the service change working in practice?

2 How confident are you that the change is likely to be effective?

3 Suggested action

WELL
People involved – staff, patients / service users, other agencies – generally agree this is a good way of working that could be sustained

NOT SURE
People involved have mixed views. The change works well for some, but not for others. It's not clear.

BADLY
Maybe the change was needed to cope in the crisis, but most people want to stop working this way now

If evaluation is needed...

If, following the previous page, you decide a more formal evaluation of your change is required, there are some useful guides available that will help you think about what resources you will need to either conduct the evaluation yourself, or to commission a specialist provider.

Evaluation involves a structured, detailed assessment of the design, delivery and outcomes of an intervention or programme. It is more time consuming and requires more specialist skills than the learning approaches included in this guide.

PHE: Guide to planning an evaluation

An accessible introduction to thinking about whether evaluation is appropriate and how to conduct, or commission, an evaluation

NHSE&I: Impact Framework

An approach for capturing the impact and value of large-scale change programmes as part of an improvement cycle

NHS Cambridgeshire: Full Evaluation Toolkit

A 40 page tooklit for conducting evaluation, including useful resources for identifying whether or not an evaluation is appropriate

The Health Foundation: Evaluation: What to consider

This guide is structured by a set of questions to help you consider whether an evaluation is appropriate and the key features of an evaluation design (rather than a toolkit for carrying it out)

Midlands DSC: Guide to Evaluation Design, Principles and Practice

The Midlands Decision Support Centre has produced this accessible guide that takes you through the stages required to develop and deliver high quality evaluation, with signposting to further resources.

If you would like to explore further...

Resources and further reading

Resources from the [Analytical Collaboration for Covid-19]

NHS Futures [Beneficial Changes Network]

The Kings Fund [How to do learning in practice]

Strategy Unit [Innovation and Evaluation tools]

Health Foundation [Q Community]

The Nuffield Trust [Rapid Service Evaluation Team]

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