

Connected Health Cities

End of Project Report



WP4: Workforce Development

'Evidence Champions' Programme

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ABSTRACT

The 'Evidence Champions' Programme was a fully funded Postgraduate Certificate course and included 20 participants from a range of sectors and roles, including clinicians, data analysts, commissioners, and quality leads from across the NW Coast area.

The programme was funded through the Connected Health Cities (CHC) Programme¹, and delivered as a collaborative initiative between Lancaster University's Centre for Educational Training and Development (CETAD), and the Innovation Agency (Academic Health Science Network for the North West Coast).

The main aim of this programme was to develop a community of professionals focused on utilising data and digital technologies, to enhance evidence-based approaches to service design and delivery.



¹: Connected Health Cities is a Northern Health Science Alliance led programme funded by the Department of Health and delivered by a consortium of academic and NHS organisations across the North of England.

INTRODUCTION

Connected Health Cities (CHC) central aim is to increase the strategic use of relevant data in informing decisions in health and social care. A key factor in achieving that aim is the ability of the NHS and social care workforce to identify and utilise relevant data to inform commissioning decisions. The 'Evidence Champions' programme was a structured programme of vocationally grounded work that worked with staff from both sides of the commissioning process to support this aim.

Running from February 2018 to February 2019, the programme included academic learning, collaborative working groups, coaching and mentoring, alongside a schedule of workshops to enhance the application of theory in to



practice. This allowed participants to explore approaches, barriers, and opportunities within their own workplace and across the NW Coast area. As a result, the programme was able to create opportunities for participants to consolidate and extend their learning by sharing and reflecting; facilitating the development of a community of practice.

Work-based projects were utilised in the programme model to encourage the application of learning within a 'real-world' context, with participants identifying service commissioning or delivery projects which, would not only meet their development and learning needs, but would also demonstrate improvement potential to their host organisation.

CETAD had previously worked in partnership with the Innovation Agency (January 2017 to January 2018) to deliver an Evidence Based Commissioning programme with GPs and Commissioners. That earlier programme had a focus on evidence-based commissioning with participants developing and delivering work-based projects that utilised evidence, to support the case for commissioning of new and/or improved patient services.

The evaluation of the '17-'18 programme was positive, and as a result, the Innovation Agency and Lancaster University identified the opportunity to build on this success, and broaden the programme to link with and support CHC.

PROGRAMME RECRUITMENT AND DELIVERY

After a competitive interview process, in December 2017, 20 candidates from a range of health profession and commissioning backgrounds were selected to start the programme in February 2018. 17 people successfully completed the programme, with 3 participants unfortunately being unable to complete the course due to work based commitments or personal/health difficulties.

Programme participants were selected based on a number of factors:

- 1) Ability to demonstrate a commitment to the use of data and digital technologies to support evidence-based initiatives.
- 2) Willingness to focus on personal development.
- 3) Capability to provide a cohort with a wide geographic and professional mix.

The intention was to provide programme participants with a variety of opportunities to share and learn across boundaries: both professionally across those working in commissioning and service delivery, and geographically across the NW Coast.

The successful candidates enrolled onto a bespoke Postgraduate Programme in Evidence Based Health and Care Services. The programme provided two designated CETAD course tutors offering ongoing support and coaching to each participant. The tutors also provided the cohort with underpinning perspectives on developing as a Professional Practitioner, developing themselves as learners through evidence-based models and frameworks and recognising the importance of culture, values and behaviours to support change within their organisation.

The 2018/19 programme aims were to support participants in:

- Understanding the environment, context and agenda for the enhanced use of data and digital technologies in relation to commissioning and improving patient health and patient services
- Exploring and utilising data, information, research and evidence to build a case for commissioning
- Presenting and judging project proposals and evidenced business cases
- Working collaboratively, utilising complimentary skills, expertise and perspectives - Taking others with them, influencing, engaging others
- Monitoring and evaluating progress, change, improvement
- Enabling adoption and diffusion – opportunities and tactics for knowledge exchange.

GUEST SPEAKERS

The design of this programme went beyond pure academic delivery and used a rich mix of learning methods to help it address the wider requirements of the CHC agenda. For example, past cohort participants worked with the cohort to share their own knowledge and experience of the application of evidence based methods. This provided current students with “real time” examples of best practice and gave a broader perspective regarding the impact the participants could have within their own organisations.

Dr Gareth Wallis, GP and Kate Burgess, Commissioning Delivery Manager for NHS Chorley & South Ribble CCG and NHS Greater Preston CCG talked of their experiences of their programme and the benefits they personally gained. The group were also able to see how utilising project posters could both meet their academic award requirements and help communicate their project work to wider audiences².

²: Video of participants discussing the experience and impact of the programme:

<http://bit.ly/CHCEvidenceChampions>

Daniel Hallen, Head of Digital Technology NHS England (North) gave an input on Business Case Development and the role accurate and relevant data played in that process.

Declan Hadley, Digital Lead, Lancashire & South Cumbria Change Programme, energised the group from the outset with a lively input on setting the context and agenda for the use of data and digital technology to transform health and care services.

David Harris, Director of HR & OD Director at Cheshire and Wirral Partnership Foundation Trust, supported and inspired the group with his work on 'Organisations as Systems'. This ultimately gave participants the opportunity to use this theory and practical overview to help enhance their knowledge base, which in return enabled them to widen their own organisational and personal perspective to complete their assignment on 'Organisations: culture values and behaviours'.

OUTPUTS

Health Service benefits of the programme, particularly resulting from work-based projects, included:

- Improved patient or service user experience
- Service improvements
- Enhanced clinical outcomes
- Process efficiencies
- Enhanced staff and stakeholder engagement

Programme activity also supported the following key CHC objectives:

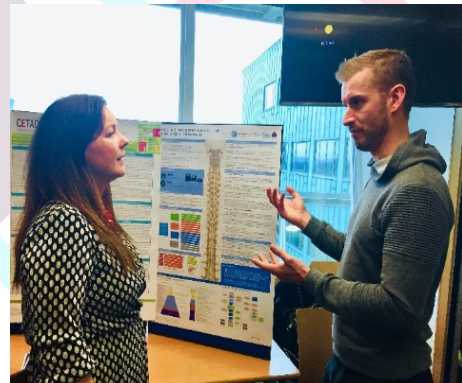
- Develop digital health skills in the current and future workforce through a coordinated programme of Continual Professional development courses to complement Masters level programmes
- Promote understanding of digital health roles and skills to professionals and the wider public through the creation of a Learning Health System (LHS)
- Share best practice across CHC regions via collaborative events.
- Influence and contribute to the national conversation around professional standards for the health and social care informatics workforce

Academic outcomes were very high across the participants that completed the programme:

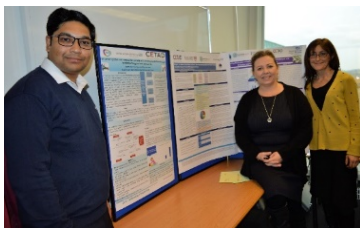
- 100% success rate
- Seven participants completing the programme with a Merit award
- One participant with a credible pass
- Nine participants (over 50%) completing the programme with a Distinction award.

The cohort's work-based projects were shared with the wider system and programme funders via an end of course open 'market place' showcase. Students presented their project posters to their fellow cohort members, and invited questions linked to their individual projects. The event was received very well with selected comments from attendees provided below.

"We are delighted to see the enthusiasm of students in developing innovative projects in health and care organisations that have clearly benefited patients and supported evidence in commissioning. These students are at the forefront of innovation and supporting their organisations to find solutions to issues and push forward improvements. They are a credit to our public sector."



Dr Julia Reynolds, Associate Director, Innovation Agency



"The quality of the projects was impressive but also the passion behind them with a real desire to make a difference to patient care was clear. There was an infectious 'buzz and energy' in the room as participants shared the outcomes and impact of their projects."

Paulette Swindell, Scheme Director, CETAD/LUMS, Lancaster University

“It was wonderful to see the outputs of the programme, to understand the personal and organisational challenges faced and how they were overcome by applying simple and effective QI and change management tools.”



Juliette Kumar, Associate Director Improvement and Education, Innovation Agency

IMPACT

The programme methodology had practical implementation at its core. Vocational work based projects were used to ensure that academic teaching was grounded in real world need and a operational impact.

An illustrative list of project titles are included below for reference:

- ⇒ Establishment of a weekly acute kidney injury (AKI) within Nephrology to support the reduction of hospital readmissions and length of stay for patients who have suffered an acute kidney injury stage 3, during or on hospital admission
- ⇒ Improving postural care for people with learning disabilities through the implementation of a postural care clinic.
- ⇒ Co-design of a new pathway for rehabilitation delivery across West Cheshire to ensure a holistic and person-centred approach to rehabilitation and recovery.
- ⇒ Evaluating the impact of a GP network to manage same day, urgent appointments and home visits.
- ⇒ Implementing learning from improvement science to reduce Did Not Attend (DNA) rates in a Child and Adolescent Mental Health Service (CAMHS)
- ⇒ Implementation of an online consultation tool within primary care to improve patient access and maximise clinician time.
- ⇒ Exploring the impact of professional apprenticeships on recruitment and retention within a perioperative environment
- ⇒ Exploring the potential for reducing home visit demand on District Nursing (DN) staff by transferring identified treatments for non-housebound patients to Treatment Room clinic settings.

PARTICIPANT BENEFITS

Throughout the programme, participants were given the opportunity to give feedback both informally and formally. In order to gain 'authentic and true' feedback, participants had the choice to provide their name or remain anonymous. This enabled the programme leaders to evaluate participant's progress, needs, challenges and impact/benefits of the programme.

Individual participant benefits, included:

- **Job promotion and career development:**

"I have acquired new learning and language to use in my role. It has helped me to get a new job and to help position myself within this organisation."

"I've been seconded into another role for 12 months. It was mentioned on my appointment that my CPD was extensive."

"The programme has enabled me to gain promotion in a new role, where I am now able to use QI and PM methodologies learnt from the sessions to enhance improvements"

- **Development of skills to support organisational change and engaging and influencing others:**

"I have learnt to approach the challenges in my Trust in a more methodical way, to take a strategic approach to implementing change."

"I feel as though I have grown professionally. Rather than push for immediate change and be frustrated by lack of progress, I am now far more able to sit back, consider my approach and who I need to influence and work methodically toward my goal."

- **Enhancement of reflective and evidence-based commissioning and service delivery:**

"I am now more likely to use tools and techniques to support commissioning decisions and evidence-based practice."

"I use the new knowledge and information to improve our services and service delivery."

"Has made me take a more coordinated planned approach to my work. I have questioned why I have done things but also has provided me with reassurance that I am approaching aspects of my job in an evidence-based way."

Participants identified a number of challenges and positive experiences resulting from their involvement in the programme.

The most positive aspects identified by the participants included:

- **Networking and developing relationships across the health economy and between commissioners and service providers**

"Networking and hearing about experiences - challenges and developments in other health care economy and Social Care."

"The opportunity to take time out and reflect on how I work and learn from others."

"Learnt about cultures and behaviours of different types of organisation and individuals experiences."

- **Having the opportunity to reflect on their current working practices and explore new ways of working**

"Networking. Exposure to new material. Thought provoking. Challenging current working practices and thinking."

"Time out of the office to think about how to improve quality of my work."

- **Appropriateness and relevance of programme content**

"Application and association to Learning and Practice."

"Very successful and effective course, which has provided me with great knowledge and confidence to make me more effective in my role and has provided a good foundation for progress."

“Excellent course and this course has changed my perspective towards wider challenges faced in the NHS.”

PARTICIPANT CHALLENGES

The main challenge identified by participants was time; particularly the challenge of undertaking the programme alongside work and personal commitments. Some participants were not able to negotiate protected time from their employers and, as a result, found it difficult to balance all of their competing priorities:

“Managing (or not managing!) time and dedicating enough time to the programme. I could have done more/better with less other pressures”

“I knew it would need time but didn’t anticipate how long.”

This challenge was significant for some participants, and was a key challenge in the previous year’s programme. In an attempt, to alleviate this issue participants were asked at interview to demonstrate their ability to plan and manage their time. In addition, action-learning sets (ALS) and individual coaching sessions were utilised to support participants and provide both personal and professional support in an appropriate environment.

- **Finally, use of the University Moodle resource site was challenging for some participants:**

“Moodle was difficult to navigate.”

“Finding resources and material on Moodle [was a challenge].”

In order to address this issue CETAD administration staff and tutors provided support to course participants to help them become more familiar with course materials and how to access them.

FUTURE PLANS

Participants identified that the group-based action learning sets and peer support was an important element of their professional and personal development. Following the conclusion of this programme the participating cohort have established an informal and active peer support group.

Some exploration has taken place regarding the potential of full or part funding of future programmes such as Evidence Champions from within participating health and social care provider and commissioner organisations. However, financial constraints have been identified by cohort members as a barrier to this.

Funding for future cohorts for a partnership programme between CETAD, Lancaster University and the Innovation Agency, Connected Health Cities (CHC) has currently not been identified. However, the lasting impact on the wider system will continue to support improvements and innovation across health and social care within the NW Coast area.



CONCLUSION

One of the core aims of CHC is to help equip the healthcare workforce with the digital, analytical, contextual and management/leadership skills to improve the conversation between individual professionals and groups.

By working in partnership, CETAD, Lancaster University, supported by the Innovation Agency have achieved not only their own aims, but contributed significantly to the aims and objectives of CHC, as demonstrated throughout this report.

Participants of this 'Evidence Champions' programme have clearly articulated the value they see in their participation. Testimony from participants supports this in terms of personal, professional and organisations benefit. That is a credit to the course content and vocationally focused approach. It is clear that the work based approach employed in this programme has been vital in helping course participants identify specific and contextual benefit to them. The intentional mixing of cohort professions and roles has also supported cohort participants in gaining a wider holistic view of the challenges they face in their everyday work.

Whilst the value to individual course participants have been demonstrated it is also clear that there needs to be additional work to build in evidence gathering to support health service provider investment in future cohorts. That needs to be a central consideration in any future cohort design and delivery.

Digital technologies and the data they can provide clearly have the potential to transform the delivery of our health and social care services. The Topol Review³ supports that position and sets out the scale of transformation that could be made should appropriate investment and organisation change be made. If the NHS and care system is to turn this potential into reality, the organisation needs to ensure staff can make best use of these developments. Vocational training such as Evidence Champions that provides work based contextual skills development could be a productive tool in helping address some of those challenges.

³: 'Preparing the healthcare workforce to deliver the digital future' <https://topol.hee.nhs.uk>

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ACKNOWLEDEMENTS

“On behalf of Lancaster University, Congratulations to all the participants on this programme who have developed personally and also made a significant impact in their organisations in support of patient care. We are delighted to have been able to deliver this programme as part of the University’s on-going commitment to working in partnership on health innovation and I should like to thank the Innovation Agency for their support. Congratulations also, to the University team, who have provided such a high quality, innovative programme.”

Jane O’Brien, Associate Dean Engagement LUMS, Lancaster University

Connected Health Cities is a Northern Health Science Alliance led programme funded by the Department of Health and delivered by a consortium of academic and NHS organisations across the North of England. The views expressed in this document are those of the author(s).