How-to guide: The Bedside Learning Coordinator Role

This website includes a range of resources aimed at supporting individuals and organisations to implement the Bedside Learning Coordinator (BLC) role.

This resource includes:

Real world examples

Learn from NHS organisations who have implemented the BLC role to support agile learning.

Lessons learnt and top tips

Understand how to successfully adapt the BLC role to meet the needs of your organisation.

Making a case for change

Access resources on how to make a case for change and demonstrate impact.

Learn about the Bedside Learning Coordinator Role →

How to use this guide

1: What is the Bedside Learning Coordinator role?

2: Making a difference

3: How to engage with and influence stakeholders

4: Implementation

Section 5: Demonstrating value and impact

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How to use this guide

What is this resource?

This resource will enable you to:

- Describe a learning health system approach and how the BLC role can be used to apply agile learning and improvement.
- Understand the implications for how the BLC role works in practice and its potential across a range of health and care settings.
- Hear practical examples and lessons learnt from NHS organisations who have implemented the role and demonstrated improvements in patient care and workplace wellbeing.
- Adapt tools and resources to support implementation of the role within your own organisation.

Who is this resource for?

- This resource is for any organisation or individual, working across health and social care, who is interested in learning how NHS organisations have implemented and adapted the BLC role to support a learning health system way of working.

How has it been developed?

- This resource has been developed by UCLPartners AHSN, in partnership with NHS organisations who have implemented the BLC role. Many tools, presented in this resource pack, were coproduced by the BLC Community of Practice, supported by the Q community.

How should it be used?

- You can use this resource, either by reviewing it from start to finish, or by looking at the sections you feel are most relevant to you.
- The BLC role, by its nature, is an evolving and flexible model. While case studies and tools listed in this resource pack cannot fully capture and address all aspects of the model, we hope it gives an overview of the benefits of this way of working and provides a practical guide to pilot and adapt elements of the model in your own organisation.

1: What is the Bedside Learning Coordinator role?

In this section, we describe the key features of the Bedside Learning Coordinator (BLC) role and how it aligns with a learning health system approach.

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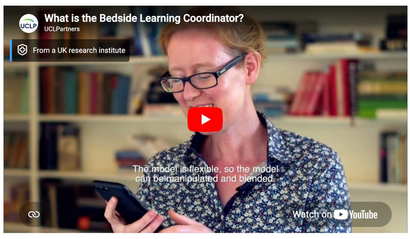
The Bedside Learning Coordinator (BLC) role was created at the NHS Nightingale Hospital London during the first wave of the COVID-19 pandemic. The BLC role was designed to support the wider learning health system (LHS), capturing staff insights into what was and was not working, and rapidly feeding these insights back to the leadership teams to review and agree how to respond, implementing required actions as appropriate.

NHS trusts across England are now adopting the BLC role across different settings, turning this from a pandemic response to business as usual, allowing them to capture insights on improving patient care, efficiency and staff wellbeing.

What is the BLC role?



How the BLC role works

Embedding the BLC role within a Learning Health System

Learning Health Systems help organisations to learn and act fast to drive improvement. The BLC role is not a standalone intervention, it is designed to be embedded in a wider learning health system. It is critical to ensure insights are triangulated with other data sources and rapidly fedback to decision makers to review and implement changes.

Find out more about how organisations are using the BLC role to support a wider learning health system.

Step 1: Gather data

A BLC's role is to be the 'eyes and ears' of the organisation, using multiple methods and data sources to gather insights on what matters to staff and patients. In practical terms, this may include speaking directly to staff and patients in clinical and non-clinical areas, reviewing existing data sources e.g., staff surveys or gathering insights from huddles and team meetings.

Step 2: Analyse

Insights are triangulated with existing data sources and categorised into fix (actions that can be implemented quickly and easily), improve (new ways of doing things better) and change (substantive changes requiring further input), before being escalated to decision makers for review and action.

Step 3: Make decisions

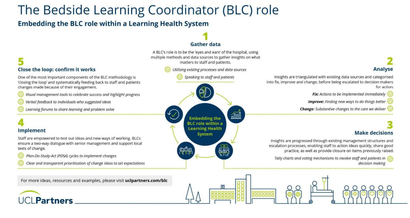
Insights are progressed through existing management structures and escalation processes, enabling staff to action ideas quickly, share good practice, as well as provide closure on items previously raised. The aim of this process is to complement existing governance structures rather than overriding them or 'reinventing the wheel'. Staff and patients can also be involved in decision making through tally charts and other voting mechanisms.

Step 4: Implement

Staff are empowered to test out ideas and new ways of working. BLCs ensure a two-way dialogue with senior management and support local tests of change. They can also ensure there is a clear and transparent prioritisation process to articulate what will and will not be actioned to align expectations.

Step 5: Close the loop: confirm it works

One of the most important components of the BLC methodology is 'closing the loop' and systematically feeding back to staff and patients changes made because of their engagement. Various mechanisms are used to feedback insights and changes to staff, including biweekly learning forums (to share learning and problem solve together) and visual management tools (to celebrate success and showcase progress).



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Who can be a BLC?

BLCs are drawn from a range of diverse professional backgrounds. A clinical background is not a pre-requisite for the role, in recognition that great ideas can come from outside the conventional team. What is more important is observational skill, an interest in processes and systems, and commitment to the learning and improvement ethos.

The BLC role itself is a very flexible model that can be adapted to meet the needs of a department or organisation.

Additional resources:

- BMJ Quality and Safety paper: Description of the BLC role, how it was implemented at the NHS Nightingale Hospital London and practical considerations for introducing the BLC role into an organisation.
- Learning Systems: Managing Uncertainty in the New Normal of Covid-19: A summary of the learning health system approach adopted at the NHS Nightingale Hospital London.
- The five features of a successful Learning Health System: Blog post summarising five core principles that underpin success of LHSs.

Find out more about how we support organisations to implement a learning health system approach to learn and act fast to drive improvement here.

2: Making a difference

In this section, we outline the benefits an organisation can expect to see after implementing the BLC role and a learning health system approach.

The challenge

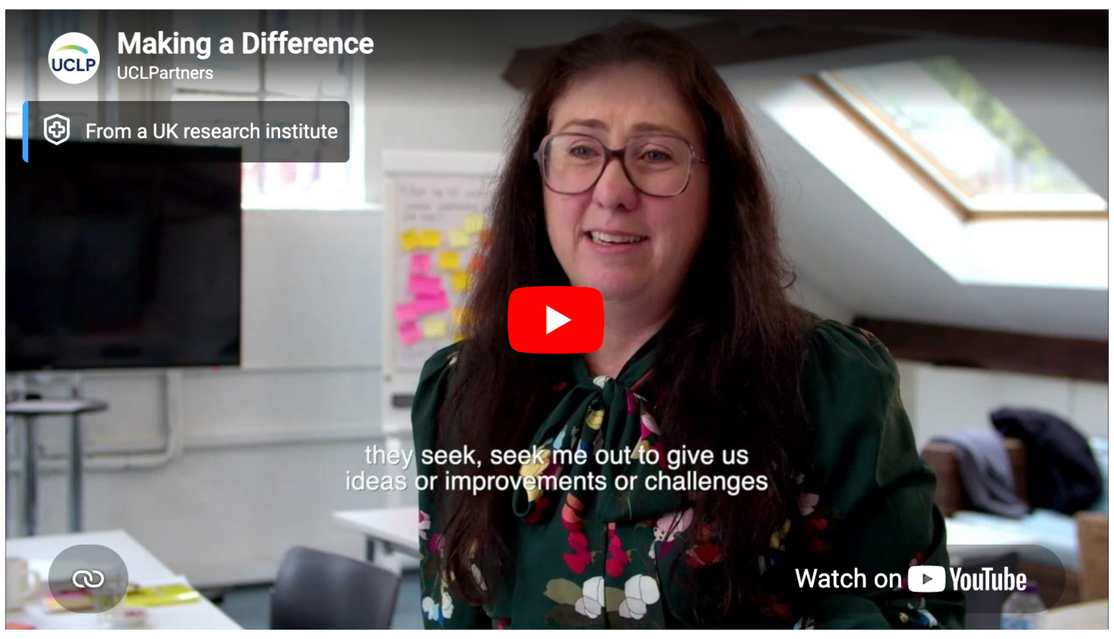
Insights from front-line staff are vital for informing quality improvement and innovation. However, health services often struggle to gather insights from staff systematically.

Front-line healthcare staff, with rich insights and ideas about how to improve patient care, workplace efficiency and staff well-being, often lack time or power to enact systemic change. In contrast, senior hospital decision-makers can effect change, but often don't have timely access to staff and patient insights to inform changes. Insights from patients and front-line staff are rarely routinely captured and when they are, they are often underexploited.

The benefits

The Bedside Learning Coordinator role is designed to respond to this need, capturing staff insights into what is and isn't working, supporting organisations to learn fast and act fast. The BLC role ensures frontline staff remain central to ways of providing insights and implementing changes, while simultaneously providing a mechanism to gather insights continuously without increasing burden on staff.

Strengthening a culture of innovation, amplifying the voice of staff and identifying 'blind spots' in existing processes are just some of the benefits identified by organisations to have implemented the role.



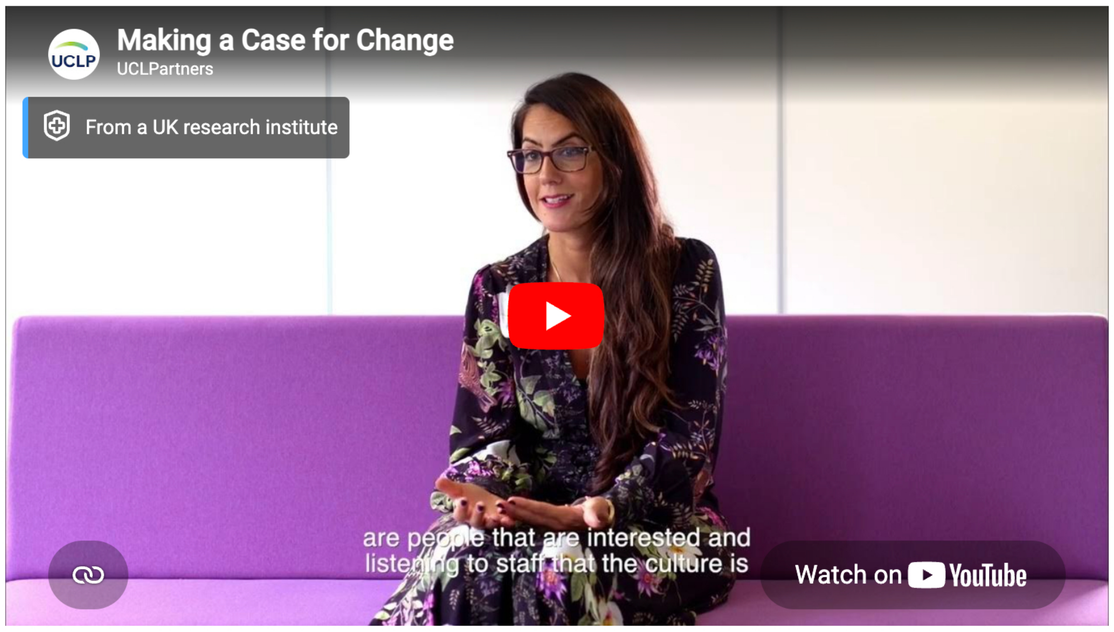
Additional resources:

- Three ways introducing Bedside Learning Coordinators in the NHS can improve systems and patient care: After seeing first-hand the value of the BLC role at the Nightingale, Dr Andrew Wragg shares the benefits he saw after implementing the role at Barts Health NHS Trust.
- Can a learning health system approach improve workplace wellbeing? : Dr Mike Nicholls, following a recent visit to Chase Farm, offers reflections on how to build a culture of continuous improvement, which inspires, informs, and involves staff.

3: How to engage with and influence stakeholders

In this section you will find resources to help you think about who your key stakeholders are and different ways to engage them.

As with any change project, if you are planning to introduce the BLC into your organisation, thinking about who you need to engage with and when is an important part of this process. Getting the right people on board, from the decision-makers who will ensure you have authorisation to start, to the early-adopters who will champion the role, is essential if you want the BLC role to create a lasting impact. This section provides resources to help you think about who your stakeholders are and different ways to engage them.



Additional resources:

- Stakeholder engagement guidebook: A general guide for engaging stakeholders in any improvement work, containing helpful tools to identify, categorise, and influence different people at all stages of a project.
- The BLC Community of Practice Pixar Pitch: An example of using the Pixar pitch to tell your story in an accessible and engaging way.

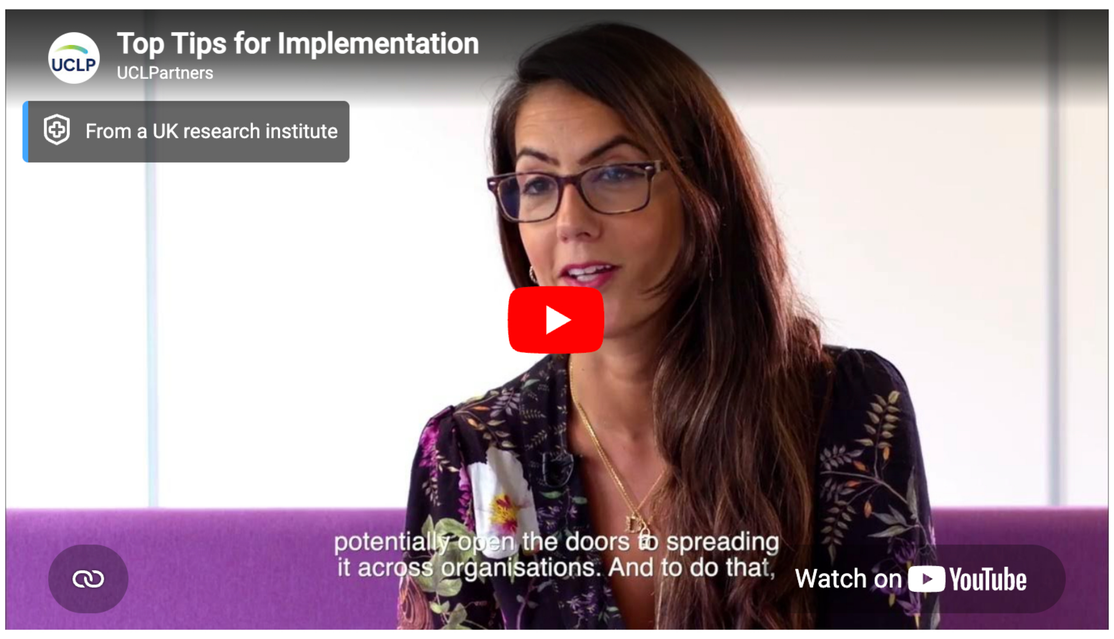
4: Implementation

In this section you will find a selection of case studies demonstrating how to effectively implement the BLC role in your organisation, as well as practical tools and lessons learnt from NHS Trusts who have adapted the BLC model.

After seeing, first-hand, the value of the BLC role at the NHS Nightingale Hospital London, several NHS organisations have successfully adopted the BLC role across the UCLPartners geography. NHS Trusts, such as the Royal Free London and Mid and South Essex, have harnessed the flexibility of the BLC model, adapting the role across a range of settings to meet the needs of their wards, departments, and organisation.

Improvement stories

Several hospitals across the NHS are now adopting the role across different settings to capture frontline insights on improving patient care, efficiency, and staff well-being. Chase Farm Hospital, part of the Royal Free London NHS Foundation Trust group in London, and Mid and South Essex NHS Foundation Trust were some of the first adopters of the BLC role, utilising the role to capture insights across their organisations and forming a key part of their organisation's learning health system approach.



Royal Free London NHS Foundation Trust (Chase Farm Hospital)

The Chase Farm Hospital team share their journey of implementing the BLC role as part of a wider Learning Health System, designed to embed continuous improvement into daily work & amplify the voices of diverse patients and staff.

Mid and South Essex NHS Foundation Trust

The Mid and South Essex team discuss how they have adapted the BLC role as a method of delivering change to put everyone at the frontline of Quality Improvement.

Barts Health NHS Trust

Dr. Andrew Wragg shares his reflections of implementing the BLC role at Barts Health NHS Trust during the second wave of the COVID-19 pandemic.

Additional resources:

- **Top tips for implementation** from NHS Trusts who have adopted the BLC role.
- **Example BLC job description** from Chase Farm Hospital.
- **BLC eLearning video:** An animated training video, developed by the Mid and South Essex team, to introduce how the frontline learning coordinator role works and the benefits it can bring to daily work.
- **UCLPartners BLC role webinar:** Hear first-hand from organisations and staff that have adopted the role, how it was implemented and what lessons there are for others looking to adopt the BLC role in their setting.
- **Developing learning health systems in the UK:** A Health Foundation report on the opportunities and actions that can be taken to develop Learning Health Systems (including a case study on how the BLC role was implemented at the NHS Nightingale Hospital London).

Section 5: Demonstrating value and impact

In this section you will find resources and example evaluation frameworks organisations have used to demonstrate the value and impact of the BLC role.

Developing an evaluation framework

When implementing an intervention such as the BLC role it is important to develop an evaluation framework, from the beginning, to demonstrate its value and impact. This type of tool can also be helpful in presenting a case for change to key stakeholders.

An example evaluation framework is detailed below, considering the BLC role's impact on the following:

1. *Quality of patient care* – Capturing tangible improvements in patient care and experience.
2. *Staff wellbeing and engagement* – Using both quantitative (e.g., surveys) and qualitative methods (e.g., interviews and focus groups) to collect staff feedback and demonstrate impact of the BLC role on staff wellbeing and engagement.
3. *Organisational culture* – Utilising visual management tools and existing management structures to showcase the impact of the BLC role and encourage a culture of learning and doing things differently.
4. *Value for Money* – Measuring incurring costs (including time and resources), as well as any changes in investment that have resulted from implementing the BLC role.
5. *Wider healthcare system* – Recording learning and knowledge transfer across organisational boundries and its resulting impact.

Evaluating the impact of the BLC role

Organisations implementing the BLC role are now building a strong evidence base on where changes made as a result of the BLC model have had a positive impact.

The impact of the role has included improved safety, effectiveness, workplace efficiency, as well as staff wellbeing, demonstrating a strong return on investment for organisations implementing this model. Where staff were surveyed, results demonstrated a positive impact on staff morale, particularly relating to feeling valued and able to influence improvements.

Pilot sites have reported systematic improvements to how problems are quantified and addressed. The majority of issues raised through the BLC role are 'quick fixes', enabling the organisations to rapidly respond to staff concerns.

"Around 80% of the ideas will be quick fixes and the rest are longer term projects".

Data analysis also demonstrates a cyclical effect. As issues are raised and resolved, more issues are subsequently raised, suggesting staff feel confident to raise further issues knowing their concerns will be addressed.

Example evaluations

Royal Free London NHS Foundation Trust (Chase Farm Hospital)

1107 insights were raised during the first 6 months of implementing the BLC role. When the learning co-ordinators joined the team, the number of insights raised increased from an average of 19 per week to 82 per week, demonstrating the value of having dedicated staff gather insights from across the organisation.

An independent evaluation undertaken two years after implementing the role showed:

- 77% of staff were familiar with at least one aspect of the Learning Health System
- 82% of staff found the Learning Co-ordinators useful to their daily work
- 70% of staff felt more able to influence improvements that matter
- 70% of managers better understood issues and opportunities that matter to staff

"The system is brilliant and gives people a voice," it [the BLC role] "encourages participation and an environment for staff to speak up."

"Instead of issues being raised and not acted on immediately, as may have happened in the past, now there is prompt and real-time action and solutions."

Overall, 77% of staff thought the hospital had become more committed to learning and improvement through implementing the BLC role and a learning health system approach.

Mid and South Essex NHS Foundation Trust

The Mid and South Essex team initially piloted the BLC role across three different hospital settings:

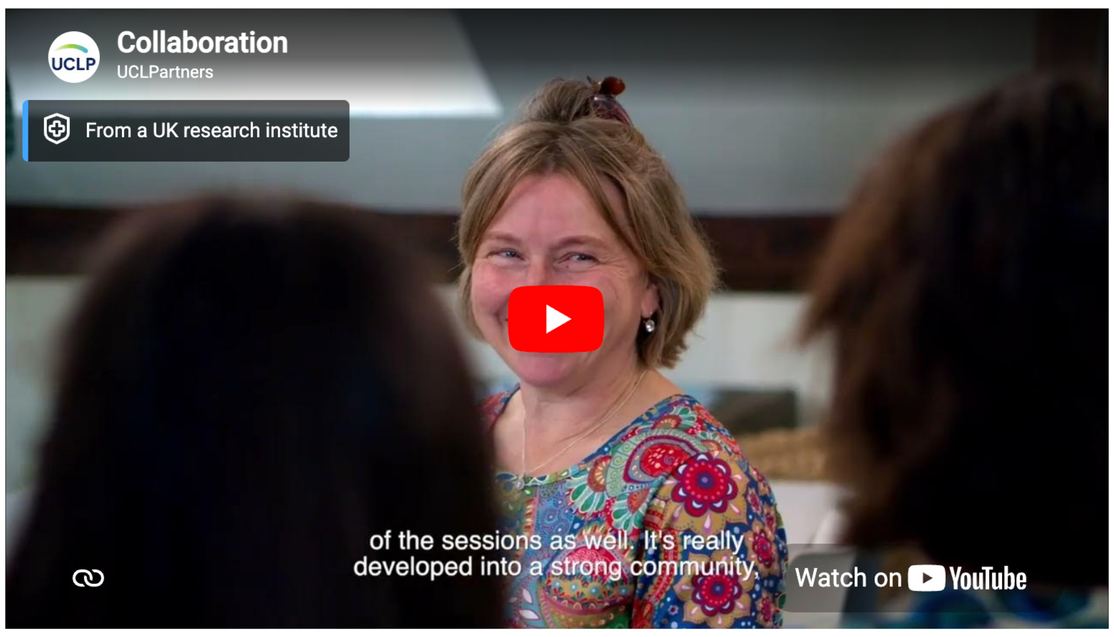
- Broomfield hospital – Emergency department; 127 day pilot; 137 issues raised/120 addressed
- Broomfield hospital – Maternity department; 126 day pilot; 74 issues raised/34 addressed
- Basildon Hospital – Maternity department; 203 day pilot; 99 issues raised/82 addressed

An evaluation of the pilot showed that 85% of staff reported the BLC role being beneficial and having a positive impact. Staff shared feedback that the role has helped them feel listened to and is a "wonderful idea". Prior to implementing the BLC role, only 65% of respondents felt valued enough to share their improvement ideas.

Section 6: Collaboration

A Community of Practice (CoP) is a group of individuals with a shared goal or topic, who meet regularly to share what they are learning and collaborate on challenges. This can be an effective way for people leading change to gather new ideas, solve knotty issues and provide a safe space for peer support. The benefit of this approach is in the value of bringing people together from different organisations and backgrounds to share their experience and perspectives.

Following the success of the BLC role at the NHS Nightingale London, a number of those involved set out to implement the role in their own organisations. In response, UCLPartners established the BLC CoP, a collaborative network open to those who were adapting and implementing the approach to suit their organisational needs, and which also welcomed those who were interested in doing similar. With support from the Q Community, the group met six times over 18 months, to share learning and problem-solve challenges around implementation. Using a blend of action learning and innovative facilitation approaches, the CoP has supported the development of tools and materials to promote wider uptake of the role across health and care settings.



The impact of the BLC Community of Practice includes:

- Three organisations successfully embedding the role as part of business-as-usual.
- A growing network of organisations interested in implementing the BLC role and learning how to successfully adapt the role across different settings.
- Promotion of the work through blogs, journal articles, and conference presentations.

For further information about how to set up a Community of Practice, please visit:

- https://www.health.org.uk/sites/default/files/EffectiveNetworksForImprovement.pdf
- https://www.health.org.uk/publications/leading-networks-in-healthcare
- https://www.source4networks.org.uk/