

# Quality Improvement to Enhance ‘Learning from Excellence’ at Plymouth Hospitals NHS Trust

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## Introduction

In December 2016, Learning from Excellence (Lfe) was introduced into our large tertiary teaching hospital in the South West of England. Since then, we have had over 500 nominations, which to our knowledge, is one of the fastest rates of growth within the UK. The initiative has only been actively promoted in theatres. Here, we report a series of lessons learned that have significantly contributed to a high uptake within the Trust.

## Method

PDSA cycles were used to refine elements of the process to enhance compliance, user friendliness and usability of the Lfe data. Where appropriate, solutions were co-created with staff and patients. Feedback from stakeholders was actively encouraged.

Say **Thank You.**  
and help us



## Resultant Changes

Initial Approach	Reason for Change	Solution
Lfe questions copied from learningfromexcellence.com	Question 3 ('Name 1 thing we could do to develop excellence in this area') was poorly answered. Not enough detail provided in responses to questions 1&2.	Questions modified to: '1) What did they do that was excellent?, 2) What went well as a result? 3) What can the Trust change or learn from as a result of this?'
Terms 'report', 'reporting' or 'reporter' used when referring to Lfe.	Negative connotations associated with word 'report'. Precipitated feelings of being in trouble	Terminology changed to 'nominate', 'nominating' or 'nominator'
Copies of Lfe nominations sent to staff via email.	Research revealed up to 60% of staff do not access their NHS email account	Nomination now printed in a card that is sent to the home/work address of the person(s) nominated
3 <sup>rd</sup> question on form asked 'What can the Trust learn/change as a result of this?'	Responses were negative and unconstructive. Question phrasing prompted a 'them and us' sentiment.	Question wording changed to 'What can we change or learn from as a result of this?'
Scheme initially known as 'Learning from Excellence'	Research indicated that prime motivation for completing Lfe form was to say thank you. The scheme (name/publicity) did not make it explicit that this was what the scheme was for.	Scheme changed to 'Say thank you and help us to learn from excellence'
The nominator was always anonymous	Some nominators wanted their names to be included on the card	Nominator can now choose whether to be anonymous or not
Publicity did not provide explicit explanation of what happened when a form was completed	Nominator's were concerned, particularly when completed in electronic format, that the person nominated would not receive their message	Publicity made explicit to clarify outputs. The nominator now receives email confirmation that card has been sent.
Within the Trust, other staff recognition schemes existed such as 'Excellence Awards' (similar to WOW awards)	Whilst other schemes thanked staff, opportunities for learning were being missed. Multiple schemes also caused confusion.	Dissolution of all other staff thanks schemes within the Trust, leaving only Lfe.
Nominations sent contemporaneously to Lfe team	Difficult to get overview and assess themes	Weekly summary reports sent and master spread sheet of all nominations created
No funding or resources	Unsustainable	Board & Charitable Funds support has enabled a Band 7 and 2.5PA's of consultant time



## Conclusion

- Active listening to stakeholders and co-modifying the intervention to suit the local context has significantly improved the uptake of Lfe at Plymouth Hospitals NHS Trust
- Close collaboration with management and the Trust Board have been key to the successful upscaling of this project
- Ongoing challenges include: ensuring meaningful system improvement from Lfe and ensuring usable, constructive & timely feedback is provided to participating departments