

Building a learning & improvement system for our integrated care system

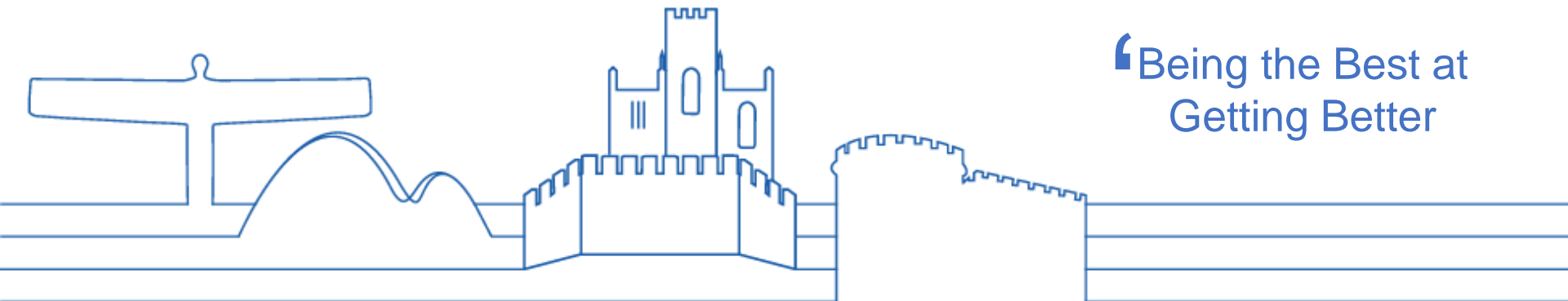


North East and
North Cumbria

21st September 2022

St James Park, Newcastle upon Tyne

A report of the inputs and outputs of the event



“Being the Best at
Getting Better

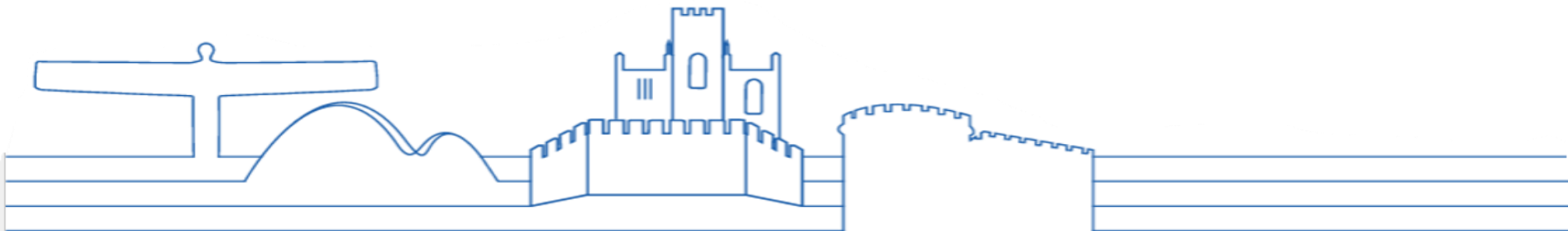
What this report is about

This report is:

- A collection of inputs and outputs of the day put together by a volunteer writing group from across the system
- A record of the day
- A collection and documentation of the considered thinking and rich discussion of the attendees
- Relevant and important information
- A starting point in our aim as an integrated care system to “be the best at getting better”

This report is not:

- A running commentary or analysis of the day
- A summary
- A document outlining decisions, priority focus areas or a definitive action plan



Our mission as a learning and improvement community: why we want to ‘be the best at getting better’

As an integrated care system, we should be ambitious; we, naturally, want to be ‘the very best’ for those who use our services, for the whole population and for the people who work in our system.

Our aspiration to ‘be the best getting better’ is, however, something that can unite us all. It enables us to take immediate action, to approach tasks humbly and look upon each task as a learning opportunity. When we choose to continually prioritise ‘getting better’ we don’t give up when we make mistakes, or when a new situation arises that challenges our knowledge and skill levels. Instead, we accept that we won’t always get it right, nor will we know everything. This leads us to adopt strategies that help us to acquire the skills required to resolve the situation and achieve success.

The learning mindset not only helps us face up to difficulties, but it also makes us interested in the difficult task. In these actions we find hope.

180 people from many different organisations and perspectives came together on 21st September to co-create our learning and improvement system



Our aims for the day

- Mobilise people from across North East and North Cumbria who can contribute to achieving our system goals for health improvement;
- Create the founding membership of our NENC learning and improvement network;
- Enable “boundaryless” learning across the NENC; making connections and sharing data and learning - across geographical, system, organisational and sector boundaries;
- Acknowledge and celebrate the existing strengths and assets of our system for learning and improvement;
- Create energy, build insight and work together as a system;
- Agree actions to co-create the future.

Agenda

- 10:00 Welcome from Sir Liam Donaldson
- 10:15 Testimony - Suzanne's story
- 10:30 Who is in the room?
- 10:40 Our experiences and aspirations
- 11:10 Our opportunity – Samantha Allen and panel Q and A
- 11:55 Testimony – North East Ambulance Service
- 12:00 Using 25:10 to determine the focus of the open space discussion
- 12:15 Lunch
- 13:15 World café: 20 discussions to share local learning
- 14:00 Refreshments
- 14:30 Open space table conversations to determine our actions
- 15:15 Gallery and “dotmocracy” to prioritise actions
- 15:45 Making individual commitments as founder members of the learning community
- 15:55 Making commitments to the next phase of the learning community
- 16:00 Close and next steps

Even before the event started, there were many discussions and aspirations for the day

Want to network across the ICB and meet and understand other place based services'

Today is an opportunity to develop a new way forward for the NHS to engage with the community and voluntary sector'



Today will help us to share our understanding where we are starting from, how we take forward our ambition together and celebrate the great work we have already achieved'

I want to get the social care 'voice' in the room and be at the start of these conversations

Great to be here at the latest 'version' of the NHS. And great that we are talking about systems at the start and not the end.

Learn from others and others' successes

Want to build connections, get more involved and work together more

The welcoming address was given by Sir Liam Donaldson, Chair of the Integrated Care Board

Key points

- Quality improvement became an ideological activity where the focus was on a particular model with an exclusive language. This needs to be much more inclusive if we are to succeed. .
- Sustainability begins with a constancy of purpose - how do we build on our history and this time, seek to sustain and spread this work?
- We need to integrate clinical approaches to improving quality with the rest of service delivery and bring our clinical and managerial people together to help us go further.
- We need to move beyond the enthusiasts and get 80-90% of staff leading, persuading and moving forward with improvement so that it becomes a value and not just a behaviour.
- We must build the infrastructure for good quality improvement to flourish. We have to give it time and support it with access to good, accessible and analysed data. We need to invest in these value adding activities.
- We need to embrace “positive deviance” and take on our neglected areas, talk to people who know what they need, in our services and communities, and we might be surprised that we can find something that can help us change the future.

The North East was the first area in the country, to write very clearly about quality as a strategic aim. We have history in leading quality and quality improvement and we need to build on this strength.

Leadership from the top is absolutely crucial and necessary for quality and quality improvement to flourish.

The theme for today, ‘to be the best at getting better’ sums up what we need to make happen across our system’. It describes very well what we mean by quality improvement in an ICS



Our two testimony films: rooting our event in the lived experiences of people living in the North East and North Cumbria

Suzanne's story:

Learning from the experiences of a bereaved mother who lost her 17-yr-old son, Samuel, to suicide.



North East Ambulance Service:

A clip from the BBC series highlighting a story of deprivation with an urgent need to address chronic and complex health and social care needs



***Great stories are powerful : authentic, resonant, clear and relatable
Many stories, particularly those relating to loss and harm, are told at a cost to the story holder. Honouring those stories involves a willingness to not only listen, but also to hear, act, and improve***

We agreed on ground rules for the day

- Go with the flow
- Everyone has a voice
- Active listening
- Everyone helps everyone else
- Focus on strengths and solutions
- We collectively take responsibility for achieving the tasks, in the timescale
- Be kind and generous

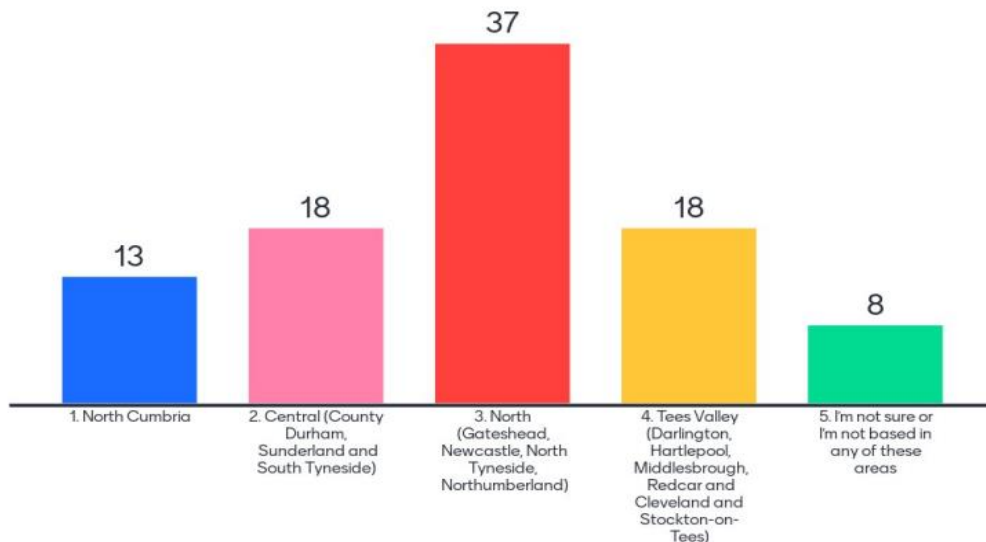


Our ICS covers a very wide geography but every area was represented at the event

Which area are you based in (or spend most time in, in a work or carer capacity)?

Mentimeter

Source: Menti poll voting from the day

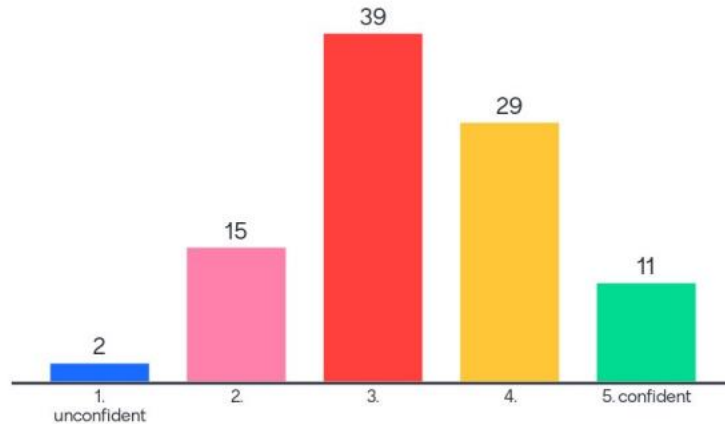


At an early stage in the event, we asked participants how confident they were about the approach

How confident are you in our ability to engage people for improvement and build a learning community for improvement? 1 = unconfident 5 = confident

Mentimeter

Source: Menti poll voting from the day



The mean score was
3.33

Our experiences and aspirations

Each person picked two images that represented their experience of learning, change and improvement over the last two years and their hopes going forward. They used the images to tell their story to the rest of their table. Each table created two sentences that represented their hopes and aspirations.



Sentences that represented the collective experiences from each table group

Reflective journey pursuing our passions after a period of significant change and new territories

Challenge business as usual & the 'same old same old' - we want to find new ways of better working together

Bust last 2 years - lots of innovation but some quality work on hold
Challenge to find time to get back to quality work

Lots of change and innovation on the hoof but with lots of challenges

Collective responsibility for collaboration

Unique experience collaboratively over the last 2 years feels we've

The last 2 years have been challenging and fast paced with collaboration and partnership working. We are optimistic for the future and see the importance of working together at place

It's been chaotic but we survived

It's easier than you think, it's everybody's business and it's about improving health for us all

Challenging, new ways of working across systems, tackling thorny issues. Need to continue working with momentum

We improve and develop the most when we're pushed out of our comfort zone or challenged. We're inspired and driven by our experiences and are confident/have faith that things can always get better.

We have seen change as quite difficult but some amazing pockets of success that we need to harness and bottle for us all

Challenging, foggy, lots of fires, but our ability to respond is fantastic and showed a common purpose

The past experiences have been beset with challenges and chaos, but it's shown when people work together things can be achieved

Like the Grand Tour - huge aspirations, lots of diversions with highs and lows.

Reflecting on an exceptional few years, with periods of trauma and loneliness as well as positivity around our achievements.

We've implemented a lot, separately, but has it been an improvement?

We are united in our determination to make things better for our children and young people

Ensure partners not represented today are contacted and made to feel welcome at the next events

Source: Menti free text feedback from the day

We have been on a , difficult journey on a slow train but we are collaborating to help

Understanding the past, acknowledging mistakes and not repeating them. Being informed by lived experience. Identifying and using enablers. Reflecting and building on success. Travelling the same journey but at different speeds. Dare to be bold

Tough period despite the enthusiasm and skills over the last 2

Sentences that represented the hopes and aspirations from each table group:

Source: Menti free text feedback from the day

Working together, building bridges with kindness and compassion to make a difference for people, boom!

Patients and families at the centre of all we do,

Breaking down barriers, learn from experience and build time to think to create transformation and make a difference

Recognise nebulous future but we have hope and optimism whilst recognising the challenges of inequalities

Emphasise the importance of place and the need to work together with a simple single view

This is the right time to take action but we need to find a place to start. Let's pick one thing to unite on.

Strong feeling of now being full steam ahead, with a shared sense of direction and opportunities for collective action, although there will be some periods of storminess / thorny issues to work through.

We need to learn from patients and partners in 'the system'

Health & care staff are 'under the kosh' we need to break bread together & collectively work to improve quality & safety including patient & staff experience

An innovative, cohesive, collaborative, defogged, powerful group of people who understand what we're doing- one NHS. (And shake our tail feathers when we do!)

Harness the collective responsibility to build the bridges to connect a community of improvement

Collaboration, learning together and organic growth can create a more engaging and beautiful result than over prescriptive and top down linear approaches.

Building on strong foundations and using the right tools, working collectively to improve care for patients and share our learning

Meaningful connections with customers, broadening horizons and accepting there will be a cost. Striving for equality so no one is left behind

On a collective journey, leveraging innovation and QI to support patient safety, exploring difficulty and challenges of others to support

Having the love, courage and honour to deliver great health as well as great healthcare

We would like to stay optimistic that change and improvement can happen, even though that can be challenging at times. We think it's

Dare to be different AND better through true collaboration & integration. Be bold. Be respectful of

Sam Allen, Chief Executive of the Integrated Care Board outlined the opportunity in a keynote address

Key points:

We are a system of systems with real challenges that are felt by our colleagues and communities.

We have an opportunity to be the best at getting better but that needs to be grounded in reality and reflect the evidence and lived experiences of our population. We have many examples of excellence that we must get better at sharing.

There are deep inequalities in our system and we have a responsibility to use our resources wisely and support the communities that most need it.

We can be a 'system convenor' creating the space to collaborate, not just focusing on the performance but on people. Let's harness the 'new power' of our communities and our social ability to share and have an outward mindset where we can work together without blame.

Our strength is in the pride and passion of our community, we need to find ways of sharing and adopting great practice.

Now is the time to have the openness and humanity to put citizens at the heart of what we do.

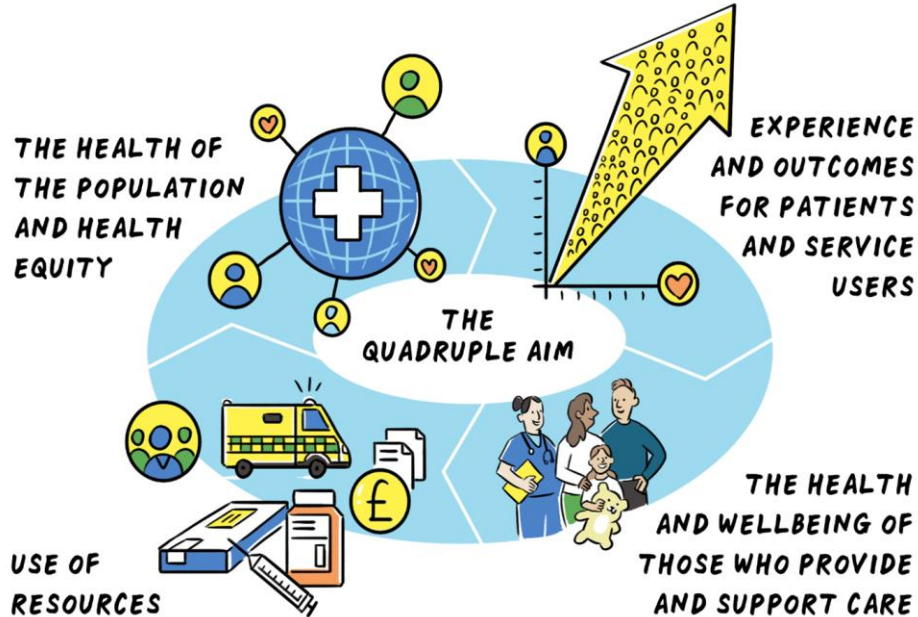


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'if we don't create an environment together that fosters collaboration and learning we're not going to get the best'

Content from Sam's slides on the day

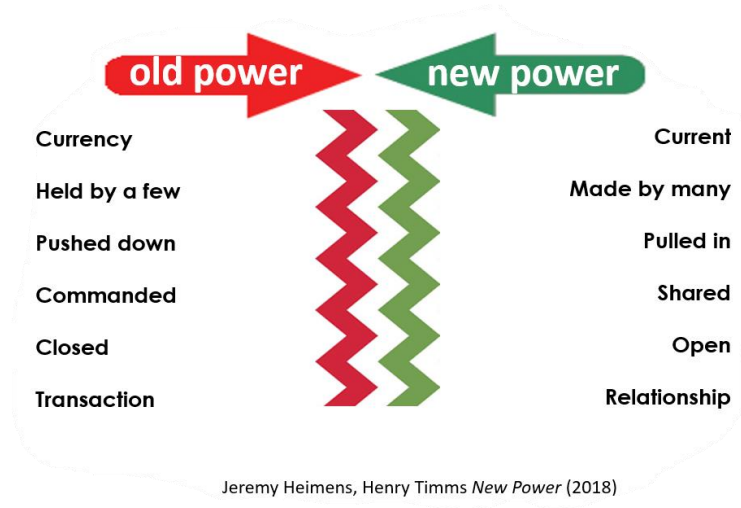
The quadruple aim for improvement



The Integrated Care System as a system convener

1. **Convener**: creating spaces where people can come together to learn and share and influencing people to take part
2. **Choreographer**: bringing diverse people together, building bridges between their different worlds and co-ordinating combined action
3. **Co-producer**: ensuring that people who use services, families and those working at the point of care are true partners in making change
4. **Connector**: helping people make links with each other, within the system and beyond
5. **Capability-builder**: supporting people to use proven methods and data for making and spreading change
6. **Clarifier**: helping people make sense of the changes from their own perspective and reducing ambiguity
7. **Coach**: providing support and mentoring to help guide and steer change
8. **Community-builder**: building a shared purpose and a sense of "us"

Content from Sam's slides on the day



Inward mindset

- Silos
- Focus own outcomes
- Justified blindness
- Politics
- Keep control
- Use of official power
- Blame
- Circular meetings
- Reliance on rules, processes, structures
- Lots of inertia



Outward mindset

- Systems thinking
- Care about their impact
- Psychological safety
- Trust
- Give up control
- Transparent conversations
- Art of possible
- Innovation
- Collaboration
- Accountability
- Resilient/Motivated



New North East NHS leader wants our region to attract people from all over the world 'to see how we are changing healthcare'

Samantha Allen is now one of most senior figures in the North East NHS - and she's got big ambitions.

A new NHS leader in our region wants to "rewrite history" and to see Newcastle, Gateshead and the rest of the North East and Cumbria become "the place people from across the world come to see how we're transforming healthcare".

'What makes this place really special are the people. There's a real sense of pride and I think we've got we've got some of the leading healthcare services in the country. But what's interesting about this job is when you look at health and you look at health and well being, we know that life expectancy on average is lower here than other parts of the country'

About 20%" of someone's health, and that it was vital to tackle this more broadly. The NHS leader added: "We've just seen inflation hit a 40 year high. This is stuff that I've not seen in my working life. And we know that is really starting to impact our communities."

Participants used Menti to ask questions of our panel

..... questions asked. Some of the key messages we heard

We need to create 'hope' as leaders

Community and Voluntary sector are very flexible, passionate and have deeper relationships with the communities we seek to serve. We need to work with community and voluntary sector bodies as equal partners

We need to push back against the cynics and hear it from the people who are already delivering

Today is pointless if we don't go away and actually do something

Workforce is key to what we do - the answers are with them. They have the solutions as they are acutely aware of what is not working.

We are custodians of the NHS flame. As leaders we are here to respond to the pressures. Today is the 'food for the soul' to keep us energised and committed.

There is always room for improvement. Individually and collectively...

We need to listen to our population and how they are experiencing the service, this needs to come without blame so that we can learn and improve.

The public's health can only be improved by us collaborating together – let's take off our lanyards and ask what can we do better, together - what can we learn from how we worked together in the pandemic? If it's not us, then who and if it's not now then when?



With thanks to our panel:

Sam Allen, Chief Executive, NENC ICB

Dame Jackie Daniel, Chief Executive, Newcastle Hospitals

Professor Sir Liam Donaldson, Chair, NENC ICB

Sir James Mackey, Chief Executive, Northumbria Healthcare NHS Foundation Trust

Alice Wiseman, Director of Public Health, Gateshead Council

We used a technique called 25:10 to collectively identify and prioritise the topics we wanted to discuss in the Open Space session later in the afternoon

The topics with the highest scores were:

1. Shifting our focus from treatment to prevention
2. The role and contribution of the voluntary sector
3. Collaborative leadership
4. Keeping effective ways of working from the pandemic
5. Keeping people well at home in a safe environment
6. Can we collectively improve the care market?
7. Working across organisational boundaries to influence improvement
8. How to ensure a collective response to impact wider determinants of health



Everyone wrote an idea on a card in response to the question: *“What should we discuss this afternoon if we are to be the best at getting better?”*

We ran five rounds of swapping and scoring to identify the highest scoring ideas



After lunch, we ran a world café session where people leading local improvement work shared their learning and led table discussions

Table	Topic
1	Pre term birth care bundle: Maternity and Neonatal Safety Improvement Programme
2	Supporting digital innovation in Primary care, the Digital Pioneers Programme
3	Prevention of secondary strokes/heart attacks, as part of the Lipids Management pathway
4	Approaches to co-production and community insight
5	Outcomes contracts and the use of a targeted approach for social prescribing
6	A novel approach to Patient Reported Outcome Measures (PROMS)
7	Learning from Covid to promote the use of community champion approaches.
8	Working with the homeless community to co-produce health services and health support
9	Money and mental health: supporting patient financial wellbeing
10	Digital inclusion and domestic abuse: access, ability, and cyber abuse

Table	Topic
11	Support after suicide and experience of suicide survivors
12	"Nothing is certain except death and taxes. Improving the quality of our time" – St Oswald's Hospice
13	Waiting well: caring for people who are experiencing long waits for routine surgery
14	First Contact Physiotherapy in Primary care – improving access to MSK care
15	100 Leaders Programme for North Tees
16	Reducing NHS waiting lists : elective recovery programme
17	Mobilising the VCSE to improve population health and wellbeing
18	Frailty: primary care nursing but not as you know it..
19	Learning from Serious Incidents : Tees, Esk & Wear Valleys NHS Foundation Trust
20	Healthy Happy Places – Creating and supporting positive mental health through the built environment

There were three rounds of world café, each lasting for twelve minutes, with lively conversation and much learning



“Sharing and connecting the strength and wisdom of our system”



Each table host from the world café session summarized three key points from their discussions

Table 1

Topic: **Maternity and neonatal safely improvement programme**

Summary

- Link to prevention of preterm delivery, identification of those at risk and inequalities in the population (served). The link to outcome (babies saved, brain injury prevented, resources protected).
- Issues of enabling consistent delivery, digital records, ensuring all units are supported to provide this care consistently.
- Links to other maternity issues; continuity of cover, x response, configuration of maternity/neonatal service, workforce.

Table 2

Topic: **Supporting digital innovation in primary care**

Summary

- Funding staff to be agile (updating tech/kit) us a challenge never mind patients
- Challenge around PPI and involving but also how we harness innovation / digital from patients
- Creating the environment and space for front line staff to digitise / innovate

Table 3

Topic: **Prevention of secondary heart attacks and strokes**

Summary

- Communication of the message with the public
Use popular culture with the system
Social media influences / famous personality
- Equitable access to healthcare and to therapies especially for harder to reach communities
- Reducing health inequalities – financial and human costs – CVD outcomes

Table 4

Topic: **Community engagement and coproduction**

Summary

- Relationship and trust are key 'citizens have the best ideas'
- Demonstrating impact and communicating it 'how do we know made a difference?'
- Risk of duplication, need to harness existing expertise and resource.

Each table host from the world café session summarized three key points from their discussions

Table 5

Topic: **Outcomes contracts and social prescribing**

Summary

- Finding the balance between 'giving fish' and 'teaching people to fish' ie maximising and improving evidence of impact
- Sharing evaluation and what works and what doesn't ie stopping the potential for re-inventing the wheel
- Need to ensure V.C.S.E organisations are not overwhelmed with referrals without finding to support. Assist in developing prototype across NENC.

Table 6

Topic: **Novel approach to PROMS**

Summary

- Positive about our level of patient engagement in the project
- Project needs to be shared wider across the ICS
- Excitement from the possibilities the collected data and provide insight

Table 7

Topic: **Community champion approaches**

Summary

- Transition from Covid – ensuring champions are engaged
Important to work in partnership
Know what's important
Co-productive
- Champion programmes don't just happen
Requires significant resource
Needs to be embedded and sustainable
- Need to share insight and intelligence across the system about current learning and community champion approaches, lessons from covid etc and ensure this informs action

Table 8

Topic: **Lived experience in homeless services**

Summary

- Lived experience in the delivery and design of services gets better health outcomes.
- Health inequalities are a significant issue and can be tackled by working with the voluntary sector
- The way funding is distributed in healthy and social care puts people into boxes – some people don't fit those boxes so get lost outside of the system.

Each table host from the world café session summarized three key points from their discussions



Table 9:

Topic: **Money and mental health: supporting patient wellbeing**

Summary

- How do we raise awareness of the services available to support people with money/debt issues?
- How can we expand the work of the pilot to be used more broadly in NHS services?
- Little knowledge or 'breathing space' the government debt respite programme amongst NHS colleagues who are supporting patients with mental health issues.

Table 10

Topic: **Digital inclusion and domestic refuge**

Summary

- Needing digital information to be accessible as possible – Digital exclusion is vast – poverty, confidence, access, disability, skills
- Importance of the person centred approach. Complex social factors. Journey to digital inclusion must be sensitive to individual circumstances. Needs of a blended digital and in person support system.
- Value to domestic abuse victims of accessing support, opportunities of peer support, availability etc. But needing digital inclusion work to be able to promote online safety rather than create increased risk.

Table 11

Topic: **Suicide prevention – experience of suicide**

Summary

- Re-establish suicide audit
- Peer support and networks- - understanding what works for people
- Comprehensive early alert direct referral to post intervention support

Table 12

Topic: **“Nothing is certain except death and taxes”**

- Massive unmet need and huge opportunities to improve experience and relieve pressure on system.
- Need better ways to ensure funds flow to VCSE/independent orgs
- How do we ensure "aging well" and end of life care develop a personalised care planning together?

Each table host from the world café session summarized three key points from their discussions

Table 13

Topic: **Waiting well**

- This is a population health management approach that hits a much bigger agenda than just patients waiting for surgery.
- This is a holistic patient centred approach that supports improvement in social mental and emotional wellbeing as well as physical health
- Tackling local place based health inequalities by flexing local delivery to meet need.

Table 15

Topic: **100 Leaders programme for North Tees**

Summary

- Recognition that time and capacity of people is the greatest challenge faced by organisations in the effort to enable improvement.
- If scaled up to system level, how do we ensure commitment and engagement from organisations who may not be a direct beneficiary of the improvement?
- Powerful response to enabling change from those willing and enthusiastic to deliver it. Flattening hierarchy is key.

Table 14

Topic: **First contact physiotherapy – improving access to MSK care**

Summary

- FCP makes good sense
Provisional data is very encouraging
High quality expert MSK care delivered locally, in person, meeting an identified need.
- Work needs to be done to prove that FCPs reduce secondary care referrals, while delivering high quality outcomes. Evidence needs gathered to prove RTW or standing in-work is delivered successfully.
- Does the advent of FCP, delivered at scale mean interface services (CATS for example) are an unnecessary delay / is service re-design now required?
Probably yes

Table 16

Topic: **Patient and system benefit of delivering elective recovery at pace**

Summary

- Lots of questions of how we deviated and carry on operating and how did we make this decision. Where did the bravery come from?
- How did we persuade staff and patients to carry on?
- Validation and adhering to agreed processes important

Each table host from the world café session summarized three key points from their discussions

Table 17

Topic: **Mobilising the VCSE sector to improve population health and wellbeing**

Summary

- How can we ensure connectivity goes right down to hyper local VCSE orgs?
- Positive recognition of value and contribution of sector
- How do we develop a shared language/perspective across NHS and VCSE cultures?

Table 18

Topic: **Frailty: it's practice nursing but not as we know it**

Summary

- Workforce development is key
- Clinically led strategies and policy (not just Drs – MDT specialists)
- Shared risk talking for scaling up

Table 19

Topic: **Learning from serious incidents**

Summary

- The importance of involving staff, carers/relatives at the front end of learning – changing culture from blame to system approach
- How do we develop a mature learning organisation?
- Thematic analysis / system approach to drive / inform transformation and improvement *

Table 20

Topic: **Healthy happy places – creating and supporting positive mental health through the built environment**

- It would be useful to think about kindness and how we integrate this into our places and spaces
- What is biophilic?
About how we respond as humans to patterns, textures, colours, shapes that mimic or closely resemble nature.
- Do we all respond differently? There are some commonalities. If we think about design for inclusivity leg – dementia friendly, trauma informed, neurodiverse aware... we get it right for all.

We created 19 tables for “open space” discussions

The topics were determined by the participants in the 25:10 activity earlier and people went to the table of their choice

Table	Topic
1	Workforce retention & wellbeing
2	How do we share learning & join up what we are doing as a system?
3	Ambulance handovers & delays
4	Collaborative leadership – what does it look like? How do we do it efficiently?
5	Primary care access (patient experience)
6	CAMHS Crisis support/waiting times
8	Safe transfer/discharge out of hospital
9	Shifting the balance from treatment to prevention
10	The voluntary sector & how they are supported
11	Collaborative leadership – what does it look like? How do we do it efficiently?

Table	Topic
12	Social care workforce – how do we influence the care market & impact on patient flow?
14	How do we keep an ability to work differently & mobilise as quickly as in COVID?
15	Workforce retention & wellbeing
16	How do we break down organisation silos & improve care across health, social care & VCSE?
17	How do we focus on keeping people at home & well in a safe environment?
18	How do we share learning & join up what we are doing as a system?
19	What is our collective response to tackle the wider determinants of health?

There were 14 topics originally but we left space so we could create multiple tables for the most popular topics

Each table completed a template and identified a “big idea” for action



OPEN
SPACE

Topic on Table: 1 Workforce retention and wellbeing	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
For the ICS to oversee / co-ordinate an ICS talent pool incorporating system-wide partners	
<ul style="list-style-type: none"> • Mobilising workforce to share skills and experience • Encouraging early talent and others 	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Fishing from the same talent pool • Relationship between retention and wellbeing • Be clear of what shortages are • Look at wider workforce infrastructure • Celebrating good experience • Itchy feet conversations vs exit interviews • Impact of Covid – people moving from health • What people expect from work – working arrangements flexible, skill mix, agile working • Pay, terms and conditions • Sick workforce • Engage with staff about wellbeing – what would make a difference • Relationship between patient and workforce experience • Promoting good patient stories • Future workforce 'hope' recruitment campaigns including international 	<ul style="list-style-type: none"> • Importance of CPD protected time • Civility related activity • Importance of a focus on all professions i.e. AHPs • Talent paths – pipelines coordinated across ICS and partners • Importance of share good models across organisations, sectors etc. • Workforce mobility – 'appetite for risk' • 'Nursing' skills passport (plus other professions – picking up bank shifts)

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Each table completed a template and identified a “big idea” for action

Topic on Table: 18 Share learning – join up what we are doing as a system	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Collective infrastructure and resources for learning from each other (good and bad) to build capacity across the system	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Maturity • Confidence / permission / capacity • (Processes/progression??) of learning • Challenge of learning in partnership (defensive?) • Responsibility problem • Relevance to the 'learner' • Context is important • Context of <u>learning</u> • Celebrating good work • Accountability framework • Processes for learning • System for learning • Collaborative purpose and objective • Workforce happiness. Outcomes for staff as well as service users / patients 	<ul style="list-style-type: none"> • Infrastructure • Culture • Resource • Distributed • Relationships • Accessible • Collective

Topic on Table: 2 How do we share learning and join up what we are doing as a system	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Big idea : develop the ICB as a system convener to facilitate a learning network / community	
Objectives :	
<ul style="list-style-type: none"> • identify a system-wide group to lead this • explore what's working well / not well, where, how, why • explore accessible platforms / forums to support shared learning • identify what principles / structure / processes are needed to support shared learning 	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Learning as Teams not in silos • Sustainability • How we better share learning? <ul style="list-style-type: none"> ➢ Learning communities / network events ➢ Sharing 'how we do it' not just outcomes ➢ Share successes and learn from failure • Design for the <u>culture</u> <ul style="list-style-type: none"> ➢ Electronic repository (?) platforms ➢ Improvement science ➢ Psychological safety • "TED Institute" idea <ul style="list-style-type: none"> ➢ "Skillset" development ➢ Practicalities (&) infrastructure 	<ul style="list-style-type: none"> • Selection of group to work this through further • Culture and psychological safety matters • Complete inclusivity of the community • Clear processes and principles • Practicalities <ul style="list-style-type: none"> ➢ Harnessing expertise ➢ Place matters – hub and spoke idea ➢ Repository • 8 Cs – ICB as <ul style="list-style-type: none"> ➢ Convenor ➢ Co-produce ➢ Connect ➢ Capability ➢ Clarifier ➢ Coach ➢ Communicator ➢ Choreographer

Each table completed a template and identified a “big idea” for action



Topic on Table: 3 Ambulance handovers and delays	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
<ul style="list-style-type: none"> From point of contact – get assessment right – get patient on appropriate pathway – (send?) fewer patients to ED Enhanced insight/surveillance. Choose (some) one high volume patient groups e.g. COPD. Tackle frequent flyers. 	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> Massive volume of 111 and 999 calls Difficulty in discerning what patient needs – potential use of ED as default Examples of QI on and elements of h/o process Don't meet target and miss point System wide – make alternatives acceptable Data weeks before / after admission Direct access pathways and DEC? Directory of service needs lots of work 'it's a mess' How do we get right data / information at point of 111/999 call to make right decision? PIN handover Frequent flyer – mental health Ambulance treatment pathways etc., diabetes / opioid OD 	<ul style="list-style-type: none"> Frequent attenders MDT (?) Groups Main groups attending / getting admitted E.g. catheter

Topic on Table: 5 Primary Care Access (patient experience)	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Educate patients about the range of services and roles in Primary Care to help them select what is right for them.	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> Primary Care services / roles – does the general public know what is available, e.g. <ul style="list-style-type: none"> ➢ GP ➢ Nurse Practitioner ➢ First contact physio (MSK Practitioner) ➢ Pharmacists ➢ Health & Wellbeing coaches ➢ GP Link Workers ➢ Mental Health Workers Patient's frustrations with access / getting appointments, actually 'seeing' patients How do Primary Care organisations attract staff? Variation amongst clinicians 	<ul style="list-style-type: none"> Better understanding of complementary roles in Primary Care <ul style="list-style-type: none"> ➢ ARRS roles Reduce clinical variation Focus on early intervention and prevention Social determinants of health impact

Each table completed a template and identified a “big idea” for action



Topic on Table: 4 Collaborative Leadership	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
* Defining a set of behaviours and a system 'promise' to work together in the best way for our service users. 'system first' – in decision making / guiding principle * To embed via system leaders – vocalise at very senior level * Promote real examples	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • What <u>is</u> collaborative leadership? • 'Ego' getting in the way of working with priorities, or asking for help • Do political leaders buy into collaborative leadership – especially because of different political interests. • System (NENC) leadership behaviours • System first – collaborative leadership identity 	<ul style="list-style-type: none"> • The leader for any given task is the right person for that task • Sharing risk and gain is important • 'System first' – even if you don't agree personally / organisationally • If it doesn't feel uncomfortable, change isn't happening. Change can feel uncomfortable • Stay in the 'uncomfortable' space • System leadership 'is' the day job • ICS compact/behaviours • Bring <u>all</u> OD capacity together in system to support shift • Define set of behaviours – that partner organisations actively sig up to <ul style="list-style-type: none"> ➢ Simple? • Or, our promise as an ICS as a concept

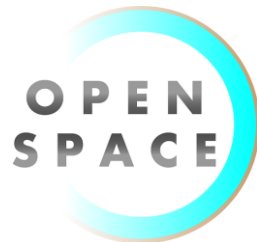
Topic on Table: 11 Collaborative Leadership	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Develop a collaborative leadership charter, defining what it is, outlining values and behaviours to model, and supported by practical examples from across the system. Provide training and learning materials to embed within organisations at induction SYSTEM-WIDE	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Competition vs collaboration • Historical drive to collaborate is reactive to resolve <u>wicked</u> issues • How do we learn from voluntary sector? • Modelling leadership behaviours <ul style="list-style-type: none"> ➢ Creating a charter / MOU • Celebrating and sharing success is key • Challenge of sharing information • Learning through/from Covid 	<ul style="list-style-type: none"> • Collaboration happens in silo or is limited to a partnership • Capacity and permission to collaborate is a challenge • We have roles focused on innovation and improvement • Can we define collaborative leadership?

Each table completed a template and identified a “big idea” for action

Topic on Table: 6 CAMHS crisis / support	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Urgent mental health summit for C&YP with mental health needs (to radically redesign) because more people should be angry about this. Summit to go beyond 'the usual suspects'	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Flexibility • Mis-match – CYP in the 'wrong box' • Lack of continuity – community not in hospital • (Disincentivised) staff • Are we / or why are we not using new techniques / therapy technology 	

Topic on Table: 8 Safe transfer / discharge for hospital	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Develop real 7-day multi-agency collaborative working for patient pathways out of hospital	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Focus on criteria / performance / metrics <ul style="list-style-type: none"> ➢ Patient centred • Pathways – alternatives • Access barriers across locality boundaries • Different services commissioned in different places • Right patient in right place • Complex multi-faceted process – no single solution • 7 day working • Mapping of need, resource consideration • Changing demographics and added complexity across health and social care needs • Silo working 	<ul style="list-style-type: none"> • Focus on criteria / performance / metrics <ul style="list-style-type: none"> ➢ Patient centred • Pathways – alternatives • Access barriers across locality boundaries • Different services commissioned in different places • Right patient in right place • Complex multi-faceted process – no single solution • 7 day working • Mapping of need, resource consideration • Changing demographics and added complexity across health and social care needs • Silo working

Each table completed a template and identified a “big idea” for action



Topic on Table: 10 The voluntary sector and how they are supported	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Explore and pilot different approaches to long term engagement of VCS including different funding mechanisms	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Money – how best to make sure this flows (easily...) to VCS • VCS role in research and evaluation – getting sector able to lead as well as be researched • Importance of recognising expertise within VCS – e.g., in mental health. Don't necessarily need everyone to be clinical staff • VCS can be strategic partners not just providers 	<ul style="list-style-type: none"> • VCS can bring money to the table as well

Topic on Table: 14 How do we keep an ability to work differently and mobilise as quickly as in Covid	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
One priority, that is clear and shared across organisational boundaries with organisational sign-up and outcomes to know priority is achieved	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • One priority – shared purpose • Understood by all • Dealing with an 'unknown' → and we were effective • Cash and resource • No red tape • Swift decision making • Clear and understood purpose • Vested interest • Priorities were clear • Permission to stop what was not needed • Freedom to act → in line with the one priority • Tactical approach, very supportive → clear instructions • RAG rating – made everything simple – patients and staff • Response to risk was clear and so safer • We measured less and we achieved more <ul style="list-style-type: none"> ➢ We measured output • Willingness to re-deploy – remove hierarchy and simplified • Innovative • Became 1 → remove boundaries and helped each other <ul style="list-style-type: none"> ➢ Police ➢ Voluntary • Barriers to change went – continuous improvement, e.g. vaccine hubs <ul style="list-style-type: none"> ➢ IT / HR → things just happened • Trust – no business cases e.g., IPADS etc. • We talked, we didn't judge, honesty 	<ul style="list-style-type: none"> • No judgement → honesty of conversations • Not sustainable • We are unprepared for mass change → fatigue • No constraint • Very simple to do everything. <u>But</u> very wasteful (e.g. Nightingales) • We didn't copy where we should have e.g. military, petrochemical <ul style="list-style-type: none"> ➢ Very reactive NHS • Silos did exist whilst some went, e.g., not sharing best practice • Not teaming now → back to competing • Technology → should we have thought (under?) • Did we learn from each other well? • <u>Reactive</u> – we were very reactive and therefore tired? • Communication worked well <ul style="list-style-type: none"> ➢ But messages were against <u>one</u> priority • Bureaucracy is endless • Do we know what we have lost? • Do we celebrate what we did well? • Patient impact – what is the legacy? <ul style="list-style-type: none"> ➢ And the consequence

Each table completed a template and identified a “big idea” for action



Topic on Table: 16 How do we break down silos and improve across care health and VCSE?

3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Ensuring the learning community is inclusive of <u>all</u> partners and works to build trust. The partnership is equal and driven by people	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Data and information sharing • Funding streams → gets in the way of sharing ideas and good practice • Talk about pathways not necessarily what a person needs • Culture and practice – how can behaviour be challenged? <ul style="list-style-type: none"> ➢ People admitting when they get it wrong ➢ Organisational ego – intrinsic to NHS? ➢ Professional hierarchy • Person centred (driven) care – lanyards at the door – how would this positively change things for the person • Eligibility criteria • Cost shunting • (Lack of) appreciation of other areas of the system <ul style="list-style-type: none"> ➢ Prevention ➢ Social care ➢ Community • Other people who need to be in the room ... local authority / housing • Why do people go to A&E 	<ul style="list-style-type: none"> • Experience from patients and professionals • Collaborative framework – work to build trust • Exemplar from other industries to gainshare through collaboration • Integrated care communities <ul style="list-style-type: none"> ➢ Representatives from health, social care – variety of roles ➢ There are tensions but important views are represented • What worked previously <ul style="list-style-type: none"> ➢ Small integrated ➢ Co location

Topic on Table: 17 How do we focus on keeping people at home and well in a safe environment

3. Our one big idea to build the North and North Cumbria learning and improvement Community:	
Sustainable funding mechanisms for community services (primary care, social care, VCS) Realistically → deregister nursing homes – take nurses back to NHS and in-reach / out-reach into communities	
1. What themes and issues did we discuss?	2. What insights did we have?
<ul style="list-style-type: none"> • Hospital discharges • Hospital admissions • Revolving door • 24/7 community cover • Access to records • System built on managing 'crisis' • Culture change • System pressure 	<ul style="list-style-type: none"> • Conversations with people (family, patients, users) • Need the infrastructure • It's not always about 'clinical' treatment/care • Prevention / avoidance services • Outdated pathways • Not just EoL/palliative • Utilise technology • Outcomes focused

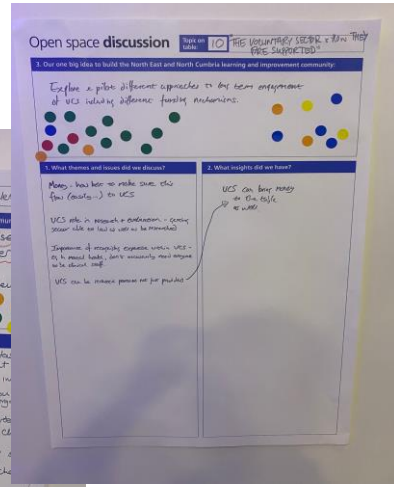
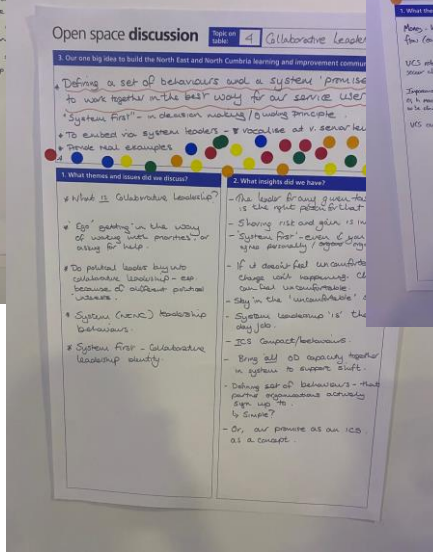
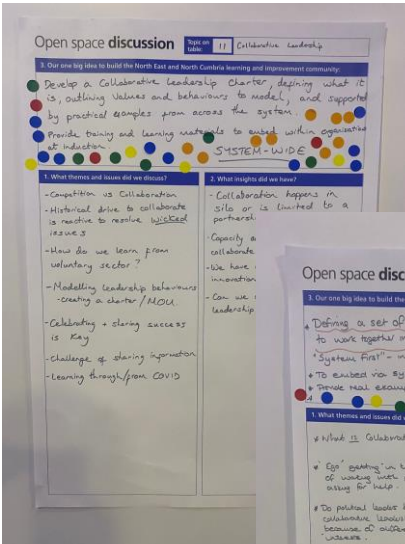
Each table completed a template and identified a “big idea” for action



Topic on Table: 19	What is the collective response to tackling the wider determinants of health	
3. Our one big idea to build the North and North Cumbria learning and improvement Community:		
Challenge the ICB to build on positive foundations, bringing <u>all</u> of our communities of place and identify to harness the collective intelligence, to do more than describe the problem. Individualise and medicalise solutions around the wider determinants of health including individuals, academies, VCSE, other public services like transport		
1. What themes and issues did we discuss?	2. What insights did we have?	
<ul style="list-style-type: none"> • Wider determinants health only 30% medical yet all focus and funding focused on that – what about other 70% and VCSE • Economic and financial security often the most important factor impacting peoples physical and mental health • Research supports the impact of inequalities on children / adults' life outcomes • Reframe the conversation – Health Foundation have produced information / guidance on how to talk about the wider determinants – toolkit produced. 	<ul style="list-style-type: none"> • Participatory approaches • How do we link all of the diff issues up? <ul style="list-style-type: none"> ➢ Housing ➢ Isolation ➢ Rurality ➢ Transport ➢ Financial exclusion • Postcode lottery • Can be very overwhelming to look at as a whole – breaking it down helps address it but also means we are prone to working in silos • Sometimes theory can take over from real life! <ul style="list-style-type: none"> ➢ Toolkits vs personal voice • Black Report 1977 – still some issues – not moved on 	

We created a gallery of all the templates from the open space conversations and we carried out a “dotmocracy” exercise to identify the best ideas

Each person had five sticky dots to vote for the ideas that we should prioritise and take forward as a learning and improvement community



The highest scoring ideas from “dotmocracy”:

Topic	Idea	Score
CAMHS crisis support / waiting times	Urgent MH summit for CA and YA MH needs (radically redesign) because more people should be angry about this. Summit to go beyond the usual suspects	73
Collaborative leadership – what does it look like? How do we do it efficiently?	<p>Table 4: Defining a set of behaviours and a system promise to work together in the best way for our service users.</p> <ul style="list-style-type: none"> • System first in decision making / guiding principal • To embed via system leaders – vocalise at very senior level • Promote real examples <p>Table 11: Develop collaborative leadership charter, defining what it is outlining values and behaviours to model and supported by practical examples from across the system. Provide training and learning materials to embed within organisations at induction (*combined score)</p>	69*
Shifting the balance from treatment to prevention	Give the power and resource to communities/citizens to design and implement health improvement solutions (stop stuff happening)	65
How do we share learning and join up what we are doing as a system?	<p>Table 18: Collective infrastructure and resources for learning from each other (good and bad) to build capacity across the system</p> <p>Table 2: Develop the ICB as a system convener to facilitate a learning network community (*combined score)</p>	56*
Social care workforce, how do we influence the care market and impact patient flow	The ICB/ICS to be accountable for a joint health and care taskforce that delivers a strategy covering funding, procurement and innovation, workforce to improve patient outcome and flow	51
Workforce retention and wellbeing	Develop a framework for making workforce sharing possible – making it easy and making it happen across health and social care	51
Safe transfer / discharge out of hospital	Develop real 7-day multi-agency collaborative working for patient pathways out of hospital	50

Participants wrote their commitment to creating a learning and improvement system on the image cards they'd kept from the morning "experiences & aspirations" activity and shared them on Menti



Remain hopeful

To follow up with connections made today

All staff in my area of responsibility to make their own commitment statement

Continue to push for a move of funding into prevention and community services

Value and act on the granular experiences that emerge from adverse events

To start a grass roots learning and evidence community in my organisation (as a starting point)

Try to engage & connect all communities (sectors) that can contribute to quality improvement across health & care including those who can help evidence the changes & mobilise the learning

Commitment to continual to build network, share best practice and ask for help. Also to explore the primary care facility model shared by colleagues from Gateshead

Link the ICS approach into the organisation. Plus grab some of the great ideas from the World Cafe.

To be positive, listen and reflect on today before committing to action!

Commitment to collaboration

To continue to engage with colleagues across the council on the wider determinants

Roll out practice based frailty workforce development

Continue to build relationships and cohesion

Get involved!

Discuss scaling up 100 Leaders Programme with system colleagues and connections made at today's event

To work to ensure that the evidence that's generated by our Applied Research Collaboration (ARC) NENC is shared across the ICS, and can reach the right people to make a difference to care in our region.

Role model collaborative behaviours

Deliver on my LIA project and ensure it is sustainable.

Follow up connections around children and young peoples mental health and connection made about designing better, kinder places for mental health

Connect and bring my lived experience

Develop working across boundaries

To include the learning from today in our NENC Local Maternity & Neonatal System & embed "being the best at getting better"

Build networks across the city particularly across the third sector to help make prevention as strong as possible

Do more stuff in person!

Get stuff done

To keep challenging all the NHS 'speak' and make sure that improvements are delivered that make a real difference from the perspective of the citizen!

To review my programmes in terms of PPI and make changes if requires

involve and coproduce with our communities consistently

My commitment is to create learning system infrastructures to build capacity across the system at all levels

Commit to keeping people safe at home through connecting services

Through the AHSN and NEQOS, support the ICB learning and improvement system.

To continue to be innovative and aspire to strengthen working collaboratively with our partners.

More joined up working - be brave and bold

Support hospital teams with improvement focus on discharge planning and progression over 7 days

Contribute - as best I can - to the digital building blocks as part of a Learning Health System

To be the best nurse, coach, mentor and advocate for our patients, staff and communities. Nurture our NextGen nurses and watch them flourish. Lead with integrity, passion and drive, putting our people at the very heart of all we do.

Be committed to work across systems to deliver a shared purpose

Annie Lavery made a commitment on behalf of the ICB

- We will act as conveners of our learning and improving community
- We will invest in learning and improvement – building an infrastructure to enable our community to grow.
- We will make this work relevant and practical – designed to address some of the region’s most pressing challenges today, in a way that drives fastest progress.
- We will be pragmatic and action orientated : the follow up from today will be swift – there will be further opportunities provided for those who couldn’t be here.
- As our learning and improvement develops, we will apply the principles of learning, thereby improving and speeding-up the learning system approach, with the support of an academic partner.
- We will improve our capacity to be comfortable with uncertainty, and our ability to act within it.
- We will be the best at getting better !

We re-ran the poll from the morning asking how confident participants felt in our ability to build a community

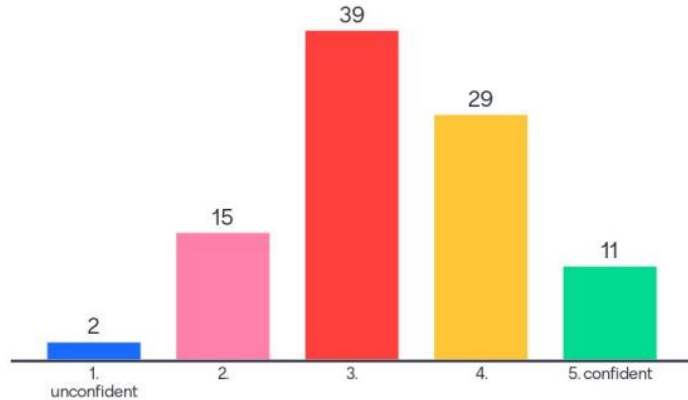
How confident are you in our ability to engage people for improvement and build a learning community for improvement?

1 = unconfident

5 = confident

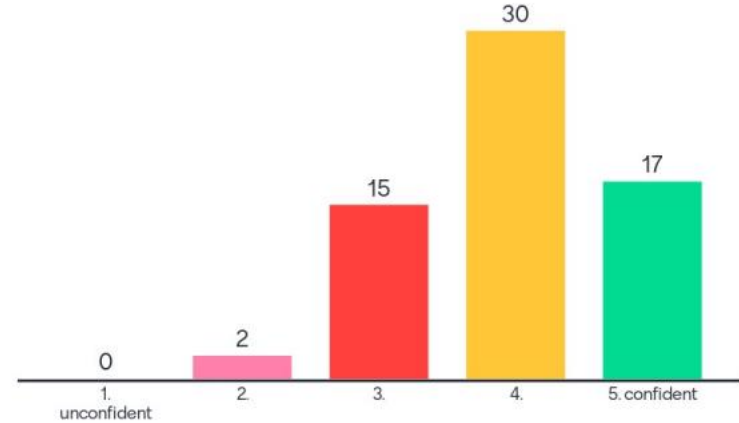
Sou
voti

Poll from the start of the day



mean score is 3.33

Poll from the end of the day



mean score is 4

Our review of the day: what went well

Good energy different people in the room opportunity to engage with others

World cafe was great. Good networking opportunity. Great venue and catering.

Making connections and conversations

Meeting up with people across the system again

Really valuable day. Good to have conversations with professionals from different fields.

The conversation

The inclusive aspect of the day

Networking, wide engagement,

Really enjoyed the 25:10 exercise in providing an opportunity to vote

well organised, everyone friendly, great networking opportunity, venue excellent

Open discussion with a wide range of organisations

Great methods of active participation Hood to network and meet people from other sectors

Creating the energy and interaction which went well

Good speakers. Important tone set and continued throughout

Meeting people across the system - common goals

Networking

A fabulous day, well designed and executed. Loved everything about the day. Thank you! Feeling inspired.

Really good to see so many folk in person. Some really interesting exercises and structures. Well organised event

Good to meet up in person and realise the networks we have (have missed this)

The world cafe was great & Networking time was good

World cafe, 25:10 Use of postcards. Perhaps slightly shorter breaks, increased pace.

Great facilitated interactions and conversations!

Connections across the system

Great panel Patient stories

Really liked the 10:25 approach and networking

Great exercises to keep audience engaged. Energy and engagement was good

Networking and energy (moving around)

Great activities to generate discussion and ideas

Loved the 25:10 exercise especially with the music

Dotmocracy discussions and methodology

Activities that facilitated engagement with everyone

Large, diverse group of committed individuals to collaborate with

Meeting face to face, networking essential

The tasks really helped to identify priorities

Opportunity to contribute widely

Opportunity to meet lots of different people & chat about topics of interest

Range of activities and opportunity to meet others action oriented was good

Great agenda and super networking

Great feeling of collaboration. Well structured and positive

Really great energy Got alot of work done in a short time Let's get on with it now!

Seeing people face to face, energy, enthusiasm and commitment

Having specialists knowledge in the room

Good venue, space, tables etc

Great mix of people in the room

Everyone was able to contribute, great to connect with everyone

Committed and kind people. Slick event

Networking

Our review of the day: it would have been even better if.....

Details on world cafe ahead of the event to prepare questions

List of tables for world cafe was left up throughout the exercise

More focused topics, greater input from lived experience

More social care representatives

Share what has happened since to show momentum

More work together at place / system level for local context.

Some detail of work taking place

World cafe sessions could be a little longer.

Time to think through the agenda and questions before the event

Better geographical spread
More diverse range of delegates

More community users involved - the projects are very 'institution' focused it seems - how to engage more of the community

More clinical leaders

More patients, community leaders and organisations

Opportunity to contribute to show casing our work. We have lots to be proud of.

More accessible, first video was words only, lack of room between tables, pace of cafe was very quick

Representation from more wider parts of the system

Keep breaks same

Briefing on how the ICS will work.

Hearing from those who did not attend today- hard to reach voices

If we deliver our ambitions!!!
Shorter breaks
.Slicker with organisation of post lunch table event

More time to share positive work

Healthy food

More time at world cafe, seemed too short to ask questions

More public and patient involvement

More patient voices, less panel soundbytes

Healthy lunch 🍴

Sharing work in progress following today

Just do the same again! It worked!

By the time we next meet, we need to be able to turn ideas into tangible actions.

Food was more varied

Not as many instructions throughout the day. Written prompts on the table. The break times were perfect

World cafe was great, but would be good to have more social care/VCSE representation

World cafes allowed more time for discussion

More time on action focused discussions

Easier access to voting

More inclusion of different communities e.g deaf community also VCSE leader on the question panel

Helpful to include the research community in this conversation, as they have key skills (assets) to support a learning & improvement system

More discussion time
Better publication of the events

Do a live test and change live whilst in the room

More time for discussion- maybe more focused on less areas (just wasn't enough time)

Case studies and progress from today

Could we have a community space to share contact details from tomorrow and build on connections?

Shorter breaks and a little more late afternoon pace.

More examples of best practise celebrated

More partners from wider public sectors

Perhaps more sorting to allow focus on the particular issues that people are interested in. Use the Take Hart gallery music next time

expert by experience voices, education and other sectors need to be involved

We closed our event with inspiring remarks from Sam Allen

This learning community is a critical part of our integrated care system. We want to put improvement at the heart of everything we do; tackling our biggest challenges and priorities with an improvement and learning approach. And most importantly, we want to build on the outstanding history of improvement in our system and our existing strengths, learning and sharing together.

In keeping with today's venue – WE ARE UNITED – united in what we want to achieve for the citizens we serve. Let this be the place that people travel to come to see our excellent models of care.

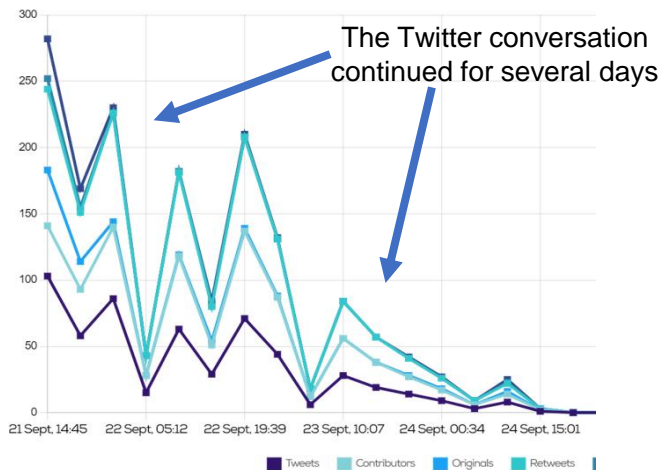
*Our job is to contribute. We have to make a difference – I have to make a difference. I'm a great believer in asking for forgiveness and not permission. So, take the great ideas from today away and crack on ! **Let's be the best at getting better.***

Sam Allen

Chief Executive of North East and North Cumbria Integrated Care System

There was much Twitter activity using the hashtag for our learning community #ICSsystemlearning

- **560** tweets from **342** contributors
- **1.54** million impressions (people that the tweets could hypothetically reach)
- **724,552** reach (people that the tweets could actually reach)
- **91.38** sentiment score (people were very positive in their tweets about the event)



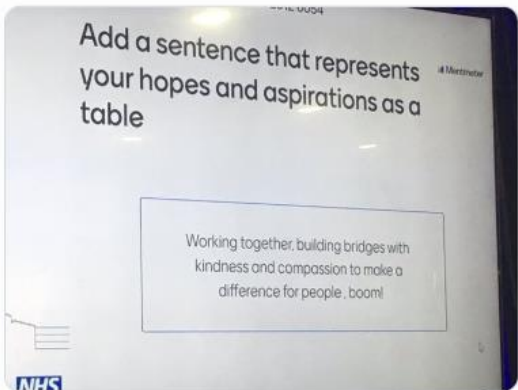
MOST ACTIVE ?		Tweets
	@thefourrileys Claire Riley ❤️	37
	@NENC_NHS North East and N...	21
	@sheinazs sheinaz stansfield	12
	@ways2wellnessUK Ways to Wellness	8
	@Gillelizdavi Gill Davidson	8
	@AnnWorkm05 Ann Workman	8
	@annielaverty Annie Laverty ❤️	7
	@CoulthardAdele adele coulthard	7
	@EileenKaner Eileen Kaner GB1E...	6
	@MQuinn2020 Dr Maria Avantag...	6

MOST RETWEETED ?		Retweets
	@HelenBevan Helen Bevan	315
	@NENC_NHS North East and N...	55
	@abiconwaycab Abi Conway	20
	@thefourrileys Claire Riley ❤️	18
	@StephEdusei Steph Edusei (she...	12
	@sheinazs sheinaz stansfield	10
	@pvandergraaf75 Peter van der Gra...	9
	@YvonneOrmston Yvonne Ormston ...	8
	@WilsoRob Rob Wilson	7
	@avril_lowery Avril Lowery 🌈❤️	6

Source of data:
TweetBinder analysis

Some of the tweets that captured the focus and energy of the day

Abi Conway @abiconwaycab · Sep 21
#ICSystemlearning great start to building a learning and improvement system in NE&NC ICS



Nicola Jackson @NicolaJackson13 · Sep 21
Gosh, totally inspired by the experiences and aspirations of everyone on our table. The future is certainly bright for our #ICSystemlearning in @NENC_NHS



Claire Riley @thefourrileys · Sep 21
Prof Sir Liam Donaldson opening @NENC_NHS Learning and Improvement event - "what can we do to ensure we sustain and systematise improvement...we need to move beyond enthusiasm" #bestatgettingbetter #ICSystemlearning @HelenBevan @annielaverty @samanthallen



Louise Wilson @NetworkLouise · Sep 21
The moment we committed to being part of learning and improvement community in #NENC

#bethebestatgettingbetter #ICSystemlearning @LMNS_NENC @NorthNetworks



sheinaz stansfield @sheinazs · Sep 21
@samanthallen really cares abt equity & health inequalities. I never tire of hearing her speak with passion on real issues affecting our people & communities @NENC_NHS #ICSystemlearning data alone is not enough. We need 2 understand people's lived experiences #newpower, 🙌



Peter van der Graaf @pvandergraaf75 · Sep 21
Great panel discussion highlighting how we crossed role and organisational boundaries during COVID-19 but now we have retreated back in silos. How to give frontline staff hope and time to innovate and learn? #ICSYSTEMLEARNING



Charlotte Harrison @Charlotteli_H · Sep 21
Great shout out for the vcsse sectors agility and passion from @AliceWiseman11 but acknowledging that too often it's easier to cut vcsse funding before others. Need to be at the table in equal capacity #ICSystemlearning

We even got a Twitter endorsement from Prof Amy Edmondson, the most influential leadership thought leader in the world!



Amy Edmondson ✓ @AmyCEdmondson · Sep 22
so good!



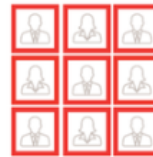
Helen Bevan @HelenBevan · Sep 21

At today's 1st meeting of the North East & North Cumbria learning & improvement community, @samanthallen stressed that integrated care systems require an outward mindset, beyond silos. This means seeing the bigger picture, trusting relationships & collaboration
#ICSSystemlearning

Inward mindset

Silos
Focus own outcomes
Justified blindness
Politics
Keep control
Use of official power
Blame
Circular meetings
Reliance on rules, processes, structures
Lots of inertia

Inward Mindset Organisation



Outward mindset

Systems thinking
Care about their impact
Psychological safety
Trust
Give up control
Transparent conversations
Art of possible
Innovation
Collaboration
Accountability
Resilient/Motivated

Outward Mindset Organisation



Source: The Arbinger Institute

Some of the tweets that captured the focus and energy of the day

Michael Houghton @houghtonmn · Sep 21
 Enjoyed contributing to building a learning and improvement system for the North East and North Cumbria ICS today. Learned loads
[#ICSystemlearning](#)



sheinaz stansfield @sheinazs · Sep 21
 Fabulous day working with @davejullian44 @AejazAssistech @annielaverty @CoulthardAdele @HelenBevan today. [#ICSystemlearning](#) @NENC_NHS exhausted and exhilarated in equal measure.



Avril Lowery @avril_lowery · Sep 21
 Proud to be a founder member of the North East and North Cumbria learning and improvement community [#ICSystemlearning](#) Thank you for a brilliant and inspiring day. Lots of great ideas to take forward. Let's be the best at getting better !!



Jamie Waters @JamieWaters91 · Sep 21
 It was great to share [#NTH100Leaders](#) programme at today's World Café with some great discussions about how we empower our people to drive change. Leadership is everyone's business and is for all
[#ICSystemlearning](#) @lins_72 @Susycook @GillonJulie

North East and North Cumbria NHS @NENC_NHS · Sep 21
 Some great conversations happening this afternoon during the table discussions! [#ICSystemlearning](#)

@samanthallen @annielaverty @HelenBevan



Peter van der Graaf @pvandergraaf75 · Sep 21
 Our big idea for the ICS NENC to take forward in order to shift system focus from treatment to prevention is attracting lots of votes
[#ICSystemlearning](#) @NIHR_ARC_NENC



Sam Allen @samanthallen · Sep 21
 Huge thanks to all across @NENC_NHS who came together today. Let's be the best at getting better [#ICSLearningSystem](#)

North East and North Cumbria NHS @NENC_NHS · Sep 21

[#ICSystemlearning](#)
 Here @samanthallen gives an overview of the event taking place in Newcastle today with colleagues across the North East and North Cumbria.
[#bestatgettingbetter](#) [#collaboration](#) @NHSEngland



Steph Edusei (she / her / hers) @StephEdusei · Sep 21
 Fantastic work. This was part of the innovation I shared at the @NENC_NHS [#ICSystemlearning](#) event today. This is making a real change in the experiences of patients and helping to make the most of the time they have

Jenny Welford OT @jenny_welford · Sep 21
 @NewcastleHospitals/@stoswaldsuk Combined Supportive Care Service for [#lungcancer](#)

- 12 weeks
- 90 interventions
- 75% multi-morbidity
- 83% of pts have advance care plans
- 100% need equipment provision and medication changes
- 100% seen by >3 members of the hospice MDT

[#partnership](#)
[Show this thread](#)

A video has been produced that captures the focus, perspectives and the energy of the day



ICS Learning and Improvement event - North East and North Cumbria - 21st September 2022

<https://youtu.be/KuV8lXaed5Y>

Thank you

This report was produced by our volunteer learning community writing team:
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Jehna Stratford and Aejeaz Zahid,



Supported by Janet Walker, Annie Laverty and Helen Bevan