For healthcare, by healthcare: Interview with Lara Mott, CEO ImproveWell

Senior management and medical officers can harness the knowledge and ideas of frontline staff. Biotech business expert Lara Mott cofounded ImproveWell with Consultant Radiologist Na’eem Ahmed to facilitate knowledge sharing between the two groups.

Maddyness interviewed Lara about the importance of a seamless feedback system for the UK’s hospitals, and how ImproveWell has helped practitioners learn quickly and look after themselves during COVID-19.

[Maddyness] Tell me about the genesis of ImproveWell and what it is in your own words.

[Lara] ImproveWell is essentially a purpose-built workforce engagement solution for improvement. I cofounded it with a school friend of mine, Dr Na’eem Ahmed, who said a few years ago, “I’m on the front line and during shifts I often think, could this be done better? And wouldn’t it be great if there was a way I could just share my ideas instantly, on my shift, with decision-

makers?”

Since then, it has evolved as we’ve developed it with the NHS into a platform for anybody, regardless of role or background. It engages the whole frontline workforce in improvement. It’s a smartphone app for doctors, nurses, porters, anyone, to get involved in improving their workplace and then a data dashboard for group and organisational leads to review information coming in from frontline colleagues and make better decisions to improve staff experience and the quality of service delivery.

In a nutshell, the platform has three feedback systems. You can share ideas, track workforce sentiment, and deliver regular surveys.

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You mentioned that your cofounder has worked in healthcare. Have you as well – or are you coming from more of a tech and entrepreneurship background?

I studied Pharmacology at university and always thought I would do post-grad medicine or something like that. Instead, I actually spent my career in biotechnology, working with companies in that life sciences/ healthcare sector. So we’ve got a great complementary skill set in the sense of frontline NHS clinical experience and me on the private sector side of healthcare, bringing the business approach.

What have you two specifically learnt

from each other?

I have been very lucky to work with CFOs and CEOs to help them grow their own businesses. There are a lot of entrepreneurial principles that are involved in developing something novel in biotech. On the other hand, my cofounder is 100% full time in the NHS. He's been involved in policy work; he was previously the clinical fellow to Sir Bruce Keogh when he was the national medical director for NHS England.

He remains at the coalface, and I am the person who is responsible for executing the business strategy. We do make sure that everything in the business is clinically led, so right up to our sales and marketing strategy, he has input in terms of what's going to be meaningful to frontline colleagues.

Without ImproveWell, what is the relationship between senior management and the frontline workers in a hospital?

Lots of our customers do have some founding practices in place, so the NHS do an annual staff survey; they may do group team huddles and face-to-face meetings. There's a lot of good stuff that already happens, but if you don't get the opportunity to share your voice at that particular time and place, it's very difficult – especially for large organisations with diverse and disparate workforces – to capture real-time data. And also it's hard to aggregate that data and spot trends within it. Even pen and paper methods like idea boxes are great, but when you start to scale that up, it becomes near impossible for a central team to sift through it.

> *We are typically not displacing anything. We come in at a point where they've tried and tested a few things but want to capture information digitally and give people a voice 24/7. We build on those principles and complement those data feeds.*

Would you say it’s particularly important to have a feedback system that runs smoothly in the world of medicine?

Absolutely. You have people that train for years and years to become clinical members of staff, so not only are they trained to do their day job, they are perfectly placed to help identify what the issues are at the coalface of delivering care. They know what small micro-changes you could make to make a big difference at a system level and ultimately improve the way we deliver care to patients.

If you get a culture of continuous improvement going, you can really see the impact when it’s aggregated at scale. Colleagues can wear two hats: the day job hat and the ‘how could I make this better tomorrow?’ hat.

Do you have examples of how ImproveWell has been implemented? And how quickly do you get from staff feedback to actual changes being made?

Our analysis of our data is that about 80% of the ideas that come into the platform are what could be considered ‘easy to implement’ – small improvements that really make a difference to individuals.

One example of this is that in one of our maternity teams, they could spend about 16 hours a week checking the emergency equipment. If you’ve got a mother or baby in distress, you need to make sure they work. Somebody had the idea of attaching a tamper-proof security tag to the box. If it remains intact you know that box still has its contents, and you can just check it once a week. That idea alone has been estimated to save around 22 hours a week or £19K a year.

It’s a very simple idea to put in place.

Another example is the amnesty box. Clinical staff go home after the shift with

tape, gloves, unopened swabs, and all sorts in their pockets. They get emptied into the bedside table at home and eventually go in the bin. Someone had the idea of having a box in the clinical changing rooms, where you could pop stuff in to be reused if that's possible. You're ordering less from your suppliers so you're reducing waste and saving money.

Then there are bigger ones as well, where people really identify bottlenecks – issues with equipment and service redesign – and they're handled in an appropriate way too.

Has there been any resistance from staff or management? Do people have time?

We designed our tool proactively with the NHS. Not only did it come with the NHS commission, but it is for healthcare by healthcare. Rather than being very top-down, it's been designed to drive bottom up change.

Because it has a 'user group' type model, somebody who is leading the group has that reputation for making stuff happen or trust from their colleagues. You might be running this in a team of 50 people; you're getting information from 50 rather than 5,000 people. You're more likely to be able to complete that feedback loop and make changes, so your colleagues have confidence that something is happening. Plus, they feel more comfortable contributing to a programme of that size, rather than sending their idea off to the Chief Medical Officer! It's a lot more daunting to give feedback to the execs than your team lead or service improvement manager.

This tool also isn't the type where you need 100% of the organisation using it. You just need enough of a majority to understand what matters to people on the ground. When you make the changes, everybody benefits, regardless of whether they're actively using the tool or not.

How has ImproveWell worked during COVID-19?

We've seen a lot of trends since the start of the pandemic. We actually supported two of the COVID-19 surge hospitals – the Nightingale in London and the one in Cardiff. Managers have really been going back to basics, i.e. 'how was your day today and how can we make tomorrow better?' It has been a time of immense stress for staff and we are determined to support the NHS at this critical time.

We've also seen rapid learning. We're in a pandemic and there are new – sometimes remote – ways of working. Some areas of organisations have been shut down; some have been open with makeshift intensive care units; and so on. Our ideas and feedback systems are really being used to support teams in tackling the day-to-day pressures emerging – and also regarding other pressures, such as having teams increasingly working remotely – checking in on them and ensure they remain engaged and value as part of an organisation.

What's your overall view on the way healthcare functions in the UK? What could be improved beyond what ImproveWell can offer, and will this come via healthtech or always via central government?

The landscape is ever-evolving, with advances in technology and changes in population health. From my perspective as a service provider to the NHS, I think the NHS is adopting digital tech at rapid pace, and often this helps it utilise the best asset it has: its workforce of 1.7 million.

> *There are pressures we're seeing – like burnout and low morale – but any national health service of this size and scale is going to face the usual challenges in terms of funding pressures, ageing populations, delivering better care at lower cost.*

The way we're tackling that is by helping empower the workforce to suggest and implement solutions to make healthcare better – and utilise that massive melting pot of expertise and innovation to help change come from within.

And finally, a more personal question! We've started asking everyone we interview about their daily routine, the rules they live by, and whether COVID has changed this?

It's interesting because before COVID I was personally doing a lot of travelling and having lots of face-to-face meetings with NHS organisations across the UK. I've now been home-based for the last six months. It's actually been fantastic to be able to have big meetings online; travelling can be exhausting!

Personally, my main thing has been trying to get eight hours' sleep. Being home and sleeping the same place has really helped. I'm not the best at having a great daily routine, I have to admit. I try and get my sleep; I try and find time to get fresh air, walk the dogs, get outside. Everything else is typically dictated by the workload!

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