



CEIM LEADERS

Programme Testing Summary Report

November 2023

*CEIM Experience
Improvement Model
for Health and Social*

CEIM Leaders

CEIM Leaders is a new quality improvement coaching skills development programme designed to equip health and social care staff with the necessary knowledge and capabilities to coach and lead care teams in their organisation to implement the [CEIM](#) Experience Improvement Model for Health and Social Care.

The purpose in developing this new programme was to enable sustainable spread of the CEIM approach across health and social care in a way that builds on existing leadership and interest in person-centred improvement that already exists within many health and social care organisations.

This programme was developed in collaborative partnership between Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES), Scottish Social Services Council (SSSC), and the Care Inspectorate (CI).

“This is a genuine collaboration that teaches and supports the transformation of services – it’s the best I have been involved with over many years in my career.” SSSC partner

The structure of the CEIM Leaders programme comprises of two components:

- 1. A learning component** that is delivered over approximately 25 hours of virtual webinars (Microsoft Teams) and/or in-person knowledge mobilisation. This component focuses on building the knowledge and skills required to understand, coach and implement the CEIM approach, and what is required to be a successful CEIM Leader.
- 2. An implementation/improvement component** that requires new CEIM Leaders to build their skills in practice by working with an identified care team(s) from their own organisation. This involves the CEIM Leader delivering short learning sessions and coaching the team(s) directly to embed and sustain the CEIM Experience Improvement Model and commence making person-led improvements.

Background

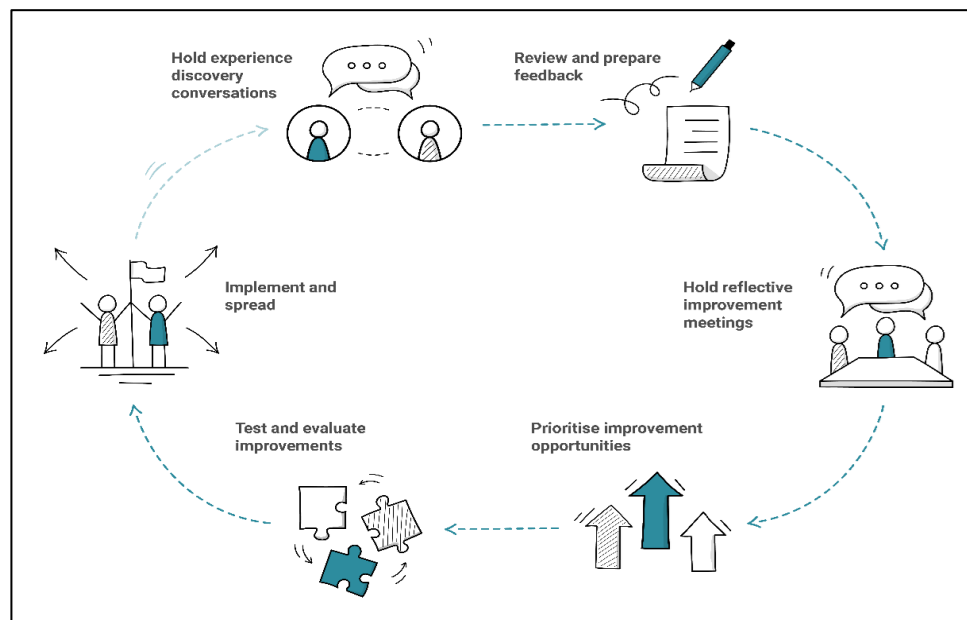
CEIM¹ (Care Experience Improvement Model) is a quality improvement approach grounded in listening to what matters to people that are being supported by health and social care services, and using what's heard to improve services.

CEIM was initially developed² in 2018 after three years of prototyping in healthcare settings. It provides a straightforward framework that supports health and social care teams to improve services based on feedback from those who experience them (see figure 1).

CEIM guides health and social care teams to:

- Use a conversational approach to gather qualitative experience feedback from people for whom they provide care or support
- take a discovery approach to these conversations, so that experience is central to the feedback
- hold at least six conversations monthly, focusing these across a specific care or support journey or pathway
- establish a routine multi-disciplinary (where possible) team reflective improvement meeting.
- develop pragmatic Quality Improvement (QI) skills within the team, using a recognised quality improvement approach, and
- identify and try out change ideas, then implement and embed those that make a positive difference for people.

Figure 1 – CEIM framework



The partner organisations involved in developing CEIM Leaders worked together to adapt a pre-existing CEIM improvement programme. Adaptations were made to ensure the programme would fit the needs of care and support teams in Social Services, as well as healthcare, where it had been developed initially.

¹ CEIM: [CEIM Experience Improvement Model for Health and Social Care | Healthcare Improvement Scotland - CEIM \(ihub.scot\)](https://ihub.scot)

² Real time Right time evaluation report: <https://ihub.scot/media/9319/rtrt-evaluation-report-final-may-2018-web.pdf>
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These adaptations included:

- Changing the name, from the 'Care Experience Improvement Model' to 'CEIM Experience Model for Health and Social Care'. This was due to associations made with care experienced children's services, particularly for social care staff.
- Development of an [online awareness learning module](#) hosted on TURAS.
- A compressed virtual knowledge and skills development programme on MS Teams, led and delivered by the collaborative partners involved.
- An online learning session's resource library (link provided to participants in advance of programme start).
- In-session evaluation and reflection points.
- Online CEIM Leaders coaching pack resource library (link provided following completion of the virtual learning sessions).
- A peer network schedule to enable shared learning and knowledge mobilisation.

Test approach and evaluation findings

As CEIM Leaders is a new approach to the delivery of a CEIM learning programme, its evaluation involves assessing the effectiveness and learning from delivery activities, as well as programme outcomes for participants. These outcomes are:

- **Short-term:** Participants gain knowledge and skills in what the CEIM approach is, how to apply it, and how to coach others in how to use it.
- **Medium-term:** Participants actively apply their learning, coaching teams to make person-centred improvements using CEIM.
- **Long-term:** Organisations have a sustainable approach to making person-centred improvements which contributes to positive experiences for those using services.

The testing and evaluation approach outlined in this summary report focuses on the **learning component** of the CEIM Leaders programme which relates to the programme's **short-term outcomes**. Evaluation was conducted using the following methods:



In-event polls relating to readiness and confidence



In-event whole session evaluation MS Form



In-event open reflection spaces and end of programme reflective presentations



Group focus group discussion (cohort 1 only)

These methods aimed to answer the following questions:

- To what degree does the structure of delivery and content meet the learning needs of participants?
- What do participants most value about the programme's content and what do they plan to adopt in their future practice?
- How do the participants experience the virtual learning environment created?
- How might we minimise the challenges experienced utilising a virtual learning environment?

Questions that will explore medium/long-term outcomes at a later stage with continued monitoring of the **implementation/improvement component** will include:

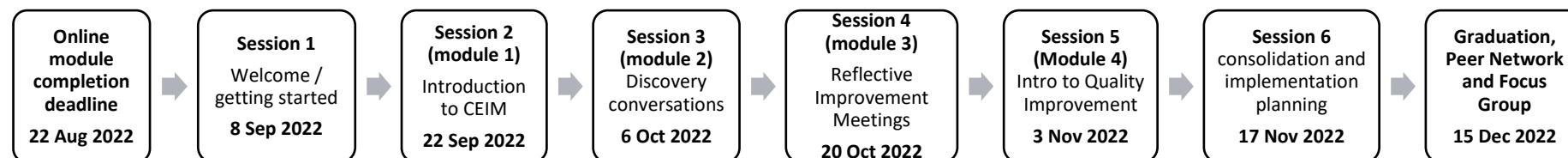
- Is this approach one that is sustainable for the national delivery partners?
- Do participants (CEIM Leaders) go on to implement and sustain CEIM in their organisations?
- What is the impact of CEIM Leaders on person-centred improvement?

Testing Phase 1 (cohort 1)

This phase was undertaken with a small cohort of **8 participants** from **adult social care** and **early year's** services between April and December 2022. The aspects being evaluated in this first testing round included:

- Introduction of the online Turas CEIM awareness module as pre-reading
- Adapted knowledge and skills content (adapted from national CEIM improvement programme)
- Delivery method – virtual webinars (max 3 hrs) spread across a 4 month period
- Introducing self-facilitated breakout rooms
- In-session evaluation and reflection

Timeline



Findings from testing phase 1

“I found the discovery conversations session really powerful, having a more formal structure to these conversations...to gather meaningful information and learning opportunities, making all parties feel valued and heard making change more authentic.” Cohort 1 participant

The overall experience rating for all 4 sessions: 94.7% (very good/good).

Confidence increased throughout the learning programme and participants consistently reported the sessions were good use of their time.

Figure 2 – cohort 1 average ratings (readiness, confidence, overall)

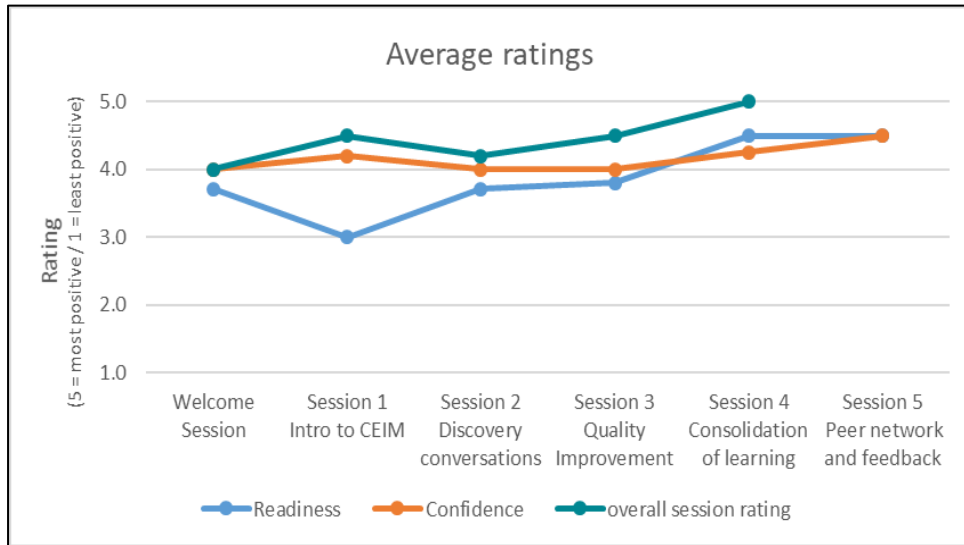
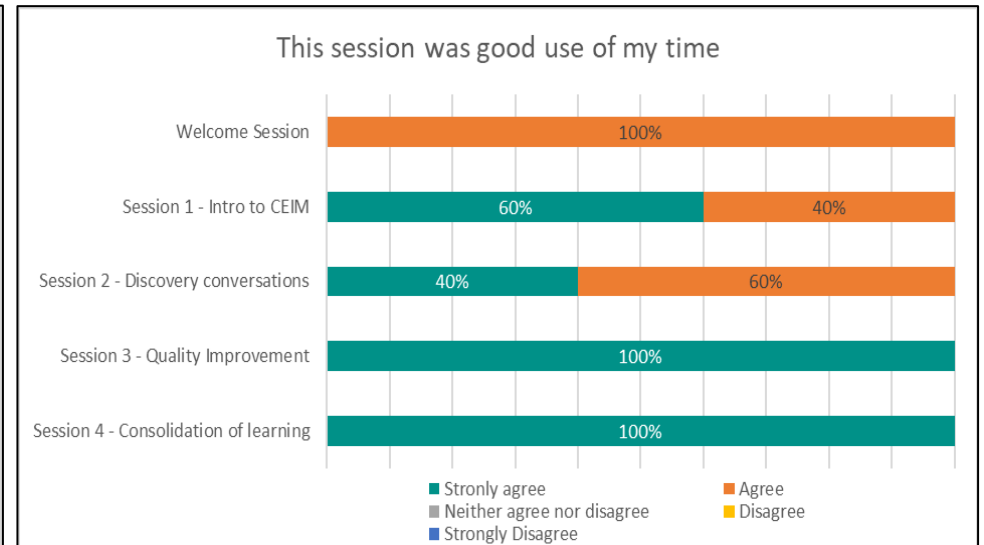


Figure 3 – cohort 1 use of time rating



- Formal evaluation of session 5 was undertaken as a focus group so some quantitative data does not appear for this session in figures 2 and 3.

What worked well:

- Pace and breakout rooms
“the pace of session. I found break out group worked well this session, I got a lot from it”, “We got into the rhythm very quickly and it was great to watch it all come together after all our discussions”
- Facilitation/delivery style adopted
“their patience and enthusiasm helped generate a safe space for learning”, “individuals never felt ‘silly’ to ask a question”. “the mix of different presenters kept things fresh”, “I find the sessions very informative and well delivered”
- Clarity in practical application
“This allowed me to start thinking about how this programme will fit with operational practice and really gave a clear outline of how it can be used- it gave me clarity!”, “This session shared a great insight into how this approach will be implemented. This is the area I have been most curious about”

What could be even better:

- The application process – application form and timeframe for completion
“the form was long and the time given wasn’t enough. It felt like an obstacle”
- Not enough time for group reflection and applying learning concepts in breakout rooms
“there was a lot in there and I think we would have benefited from more time to have conversations about”
- The online TURAS module didn’t prepare participants for the CEIM Leaders role and expectations of the programme
“I found doing the module as pre-reading confusing, it didn’t tell me about being a Leader or prepare me for what I would learn!”
- The fortnightly frequency of sessions made dedicating time away from work commitments challenging
“Unfortunately I was unable to complete the session due to staffing”
- Using an MS Teams channel for collaboration and sharing materials proved impossible as participants couldn’t access due to the NHS IT safeguards on use by external organisations

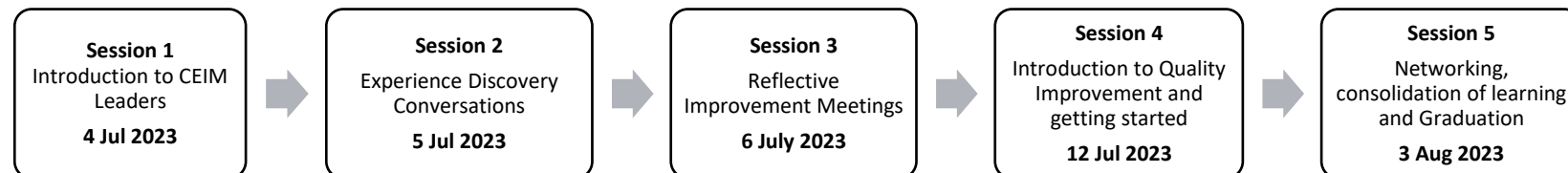
A short [insights summary](#) was developed to highlight key learning and insights from cohort 1 aligned to the programme outcomes (see appendix 1).

Testing Phase 2 (cohort 2)

Following adaptations led by feedback from cohort 1, a second test was undertaken with **9 participants** from **adult social care** and **community health care** services between July and August 2023. The aspects being evaluated in this second testing round included:

- Removal of the online CEIM awareness Turas module as pre-reading (incorporated later into reading materials)
- Reducing the number of webinar sessions to 4 and holding one in-person session for graduation and consolidation of learning.
- Introducing longer webinar sessions (6 hours | 10:00 – 16:00) with a 60 minute lunch and two 20 minute breaks
- Using MIRO as a collaborative whiteboard – providing tutorials and practice board prior to start of programme
- Providing all presentation slide decks, handouts and tools in advance of the programme through an online resource library
- Re-introducing faculty support to breakout rooms, but maintaining group-led facilitation
- Maintaining a 20 minute end of webinar reflection space for participants, without the faculty delivery leads
- Continuing with in-session polls and session evaluation time

Timeline



Findings from test 2

“One of the main ways in which this programme created value for me was by offering a chance to take a pause from the daily grind and reorient myself, work, and life. This in turn led to a renewed sense of purpose at work and beyond.” Cohort 2 participant

The overall experience rating for all 4 sessions: 97.1% (very good/good).

Confidence was high throughout the learning programme although there was a dip in session 4 where some participants shared that the Quality Improvement concepts were new and more challenging than other concepts presented. Despite this participants consistently reported the sessions were good use of their time.

Figure 4 – cohort 2 average ratings (readiness, confidence, overall)

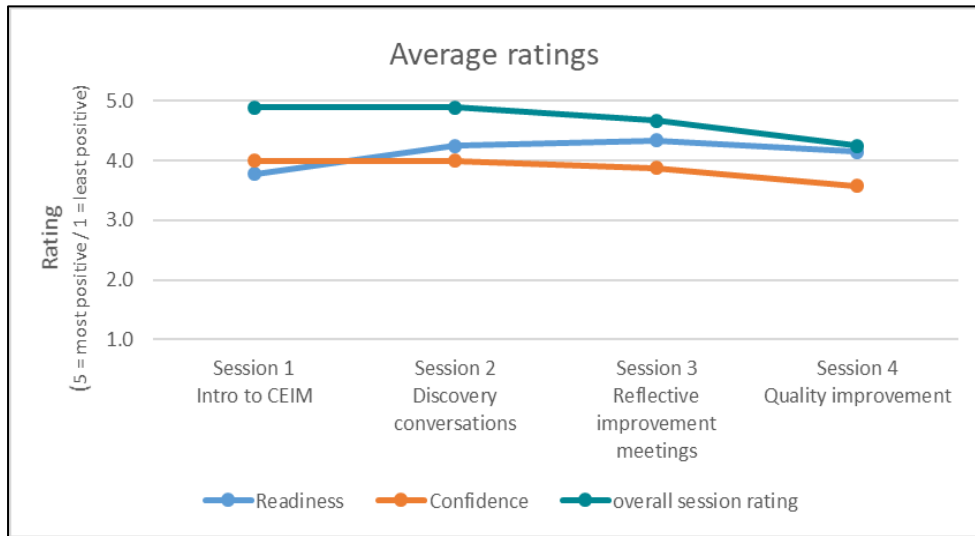


Figure 5 – Cohort 2 use of time rating

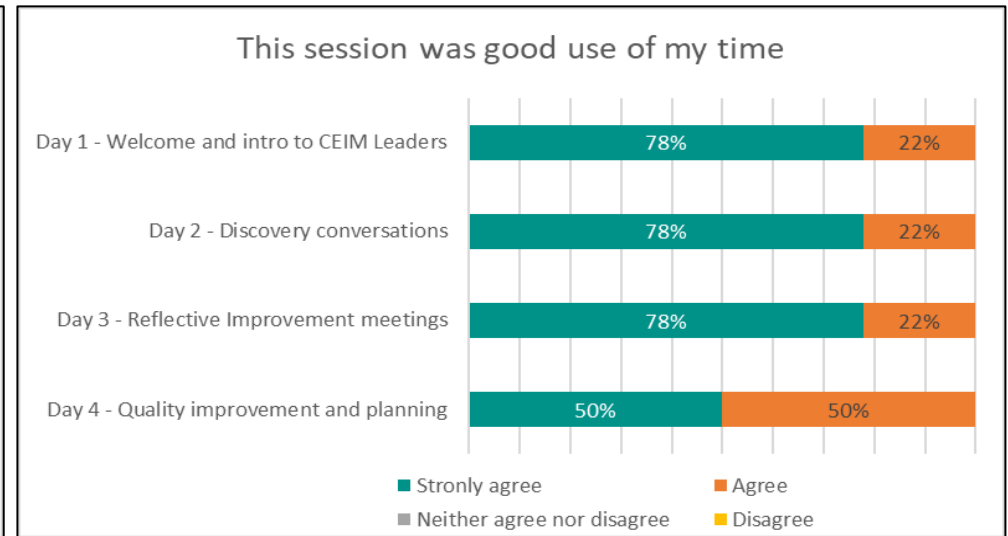


Figure 6 – adaptation rating

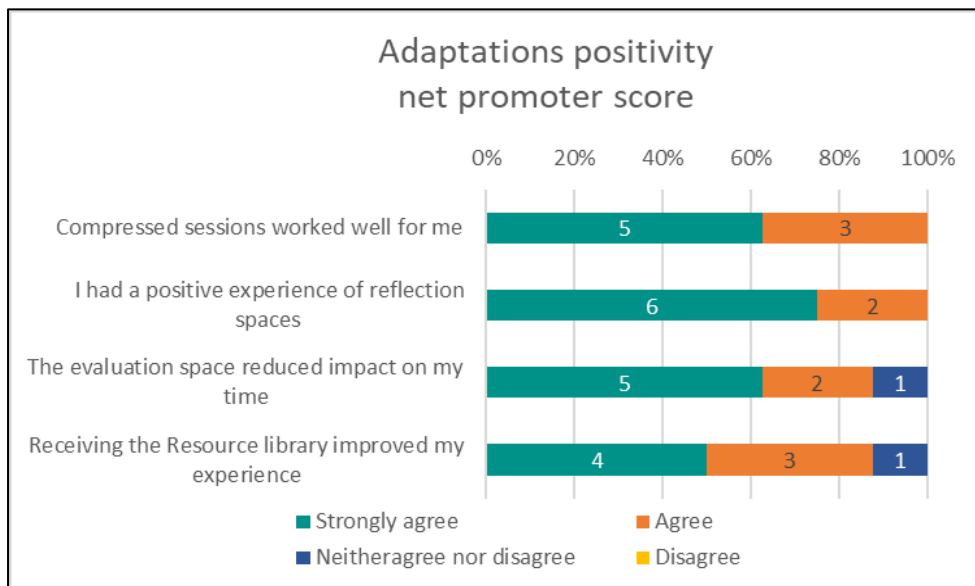
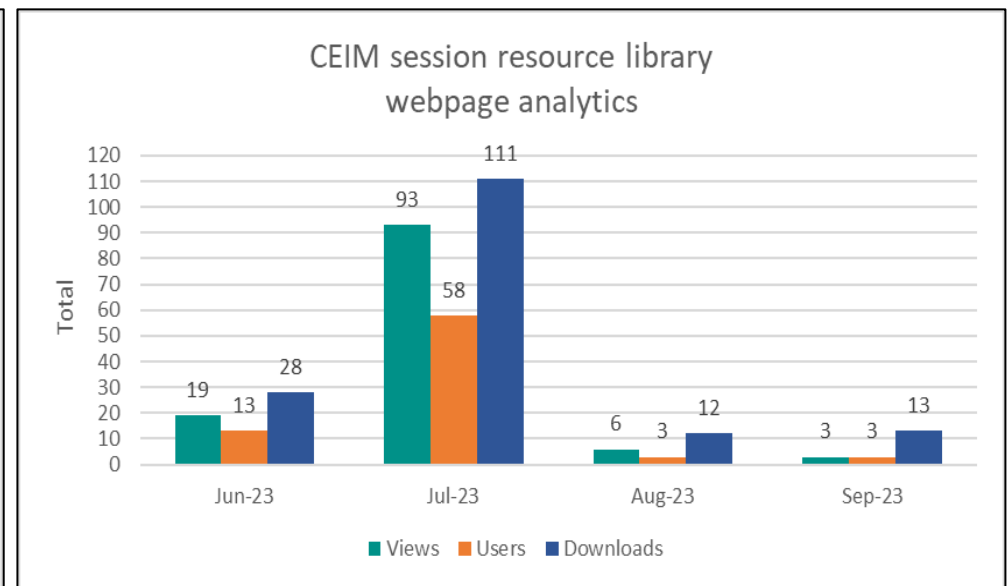


Figure 7 – use of online session resource library/toolkit



What worked well:

- The structure of sessions and facilitation/delivery style adopted
"I don't think I had realised how much I value sessions that are well organised and planned", "Great support feedback and facilitation from the leads to challenge our thinking and encourage our thought processes to develop our learning further"
- Virtual breakout rooms – participation and feeling like this was a safe environment to learn from other participants
"The content followed by the break out rooms and being able to test it with each other in a safe space", "The organised content and the breakout rooms really helped to share ideas"
- Dedicated group reflection time – enabled a focus on the day with peers and consolidate learning
"Group reflection at the end of today's session was particularly helpful", "I think linking with other peers was useful as it helps consolidate that we are all experiencing similar feelings, concerns etc"
- Adequate breaks and lunch away from the screen
"good breaks to actually having a break", "I very rarely get lunch, it was good to have that rest time and not feel guilty"
- Smaller cohort size
"small cohort allowing everyone to engage effectively with each other and learn from each others experiences"
- The pace and use of activities to support learning
"Normally I feel like I cant keep up with online sessions but it felt very manageable!"
- Receiving content materials in advance
"Its really good to have materials you can jump between if you missed anything"
- A sense of safety and building relationships
"I felt comfortable asking questions when I didn't understand something"

What could be even better:

- Using MS Teams and MIRO for the first time felt like a challenge early on
"I was initially overwhelmed with being on Teams chat function being used and Miro, but I am gradually getting used to it"
- The QI session introduced some new concepts
"I'm unsure why I found it difficult - it is a new subject to me", "some of the QI tools are difficult to understand"
- A little more time to practice using some of the tools and approaches introduced
"More time to go through and discuss the tool or approach"

A short insights summary was developed to highlight key learning and insights from cohort 2 aligned to the programme outcomes (see appendix 2).

Key learning for the programme

Component (objective)	Key Learning
Learning (Develop knowledge to coach and lead care teams in CEIM)	<ul style="list-style-type: none"> ▪ Participants reported knowledge development about CEIM was taking place, including some reflection on why their previous (non-CEIM) approaches to improving care might have been unsuccessful. ▪ There were some needs identified by participants in cohort 1 around the need for leadership/coaching development as well as knowledge about the CEIM approach itself. ▪ Experience ratings received for the learning sessions across cohort 1 and 2 was almost entirely 'good' or 'very good' ▪ All respondents over Test 1 and 2 'agree' or 'strongly agree' that all learning sessions were a good use of time. <p>(Learning and sustainability suggestions from cohort 1 were embedded into cohort 2 such as revised application process and frequency of sessions. These changes were positively received).</p>
Implementation / Improvement (Build skills in practice by working with a care team from their organisation)	<ul style="list-style-type: none"> ▪ The stakeholder survey indicated there may be variation in the ability to implement CEIM consistently, even where there was a desire to do so. ▪ The focus group feedback identified potential lack of capacity and work pressures as a barrier for CEIM leaders. <p>(Learning from implementation in practice will be gathered over the coming year).</p>
Delivery format (Develop a virtual learning environment that is conducive to learning and translating learning into practice)	<ul style="list-style-type: none"> ▪ Booking dedicated time away from work commitments to undertake the learning component of the programme in consecutive sessions appears to provide participants with a better experience, with less interruptions, and was more easily supported by their organisation. ▪ Although there was additional/new learning required by some participants, the online sessions and virtual tools evaluated well overall. ▪ Undertaking continuous evaluation during online programme sessions enabled the delivery team to rapidly respond to the needs of participants in real-time, and minimised the normal 'out of session' impacts of providing evaluation feedback following the programme. ▪ The online resource libraries and toolkits have been well used and appear to have supported the needs of some participants who disclosed the need for extra time to review materials.

Key learning for participants

Learning aspect



The power of Discovery Conversations:

Participants consistently speak positively about the impact of the Discovery Conversations session. Their reflections show that it gives them a “powerful” tool to meaningfully involve the people who use their services in improving the care and support a team delivers.



Asking the right questions:

Both the Experience Discovery Conversation and Reflective Improvement Meetings sessions had a positive impact on participant’s understanding of how to ask the right questions. Discovery Conversations help them ask the right questions to let people tell their own story, and they responded positively to the Noticing Framework from Values Based Reflective Practice as mechanism to support staff, both with CEIM and their wider work.



Changing mindsets:

Participants reported that the programme had changed their perspective on how useful improvement based on feedback can be. Many spoke about feeling somewhat disenchanted with typical methods of gathering feedback, finding a lack of engagement across both service users and staff, some speaking of engagement fatigue. CEIM Leaders re-energised their enthusiasm by giving them a truly meaningful and person-centred mechanism to support using feedback for improvement. All participants have begun to plan for and actively engage care teams in the implementation of CEIM following completion of the learning component of the programme.

Conclusion




The evidence shown in this report demonstrates that the CEIM Leaders learning component has delivered the short-term outcomes anticipated for this point in the programme. Furthermore, in their reflections participants have articulated their intent and plans to implement the model with teams in their organisations. This suggests that we are making progress towards the medium-term outcomes around implementation of their learning, although there is also an evidenced need expressed by participants for continued support in the early stages of implementation.

Further evaluation will be required to measure the long-term improvement outcomes as new CEIM Leaders commence and continue to work with teams in their own organisation. However, the outcomes progress achieved so far shows that the programme's support is impacting on organisations establishing a sustainable approach to making person-centred improvements that will contribute to positive experiences for those using services.

Appendix 1 - Insights from cohort 1

The Care Experience Improvement Model (CEIM) [is a simple framework](#) that supports health and social care teams to make person-centred improvements directly related to feedback. The CEIM Leaders programme aims to build coaching capabilities within local teams across health and social care settings. In Winter 2022 Healthcare Improvement Scotland worked with colleagues from national partner organisations to deliver the Care Experience Improvement Model (Leaders) programme to the first ever cohort of staff working within the social care and early years sectors.

This summary highlights some selected insights from the first cohort of leaders that relate to achieving or working towards expected programme outcomes, as well as some identified challenges.

Outcome	Individual insights from survey of participants
Expected from this cohort	
 <p>Use feedback for improvement Gain knowledge and capabilities in holding experience discovery conversations</p>	<p>“I found the Discovery Conversations session really powerful, having a more formal structure to these conversations so you can direct the conversation to reach the points you need to, to gather meaningful information and learning opportunities, making all parties feel valued and heard making change more authentic...”</p>
 <p>Gain access to resources and experiences from previous learning programme cohorts</p>	<p>“Reflected a lot on previous methods and words used - was stumped – ‘what can we improve upon?’ – looking at resources and wording from past times I now have greater understanding of why things haven't been effective.”</p>
 <p>Improve knowledge and skills to coach CEIM in their organisation</p>	<p>“Previously I thought I was the person to lead the change and make the change- the [CEIM Leaders] course has made me dig deeper and approach QI collectively.”</p> <p>“I have already established a team with staff members from throughout the [care] homes involving Nurses, Care staff and Domestic staff with the hope of improving the residents’ experience through improved surveillance, training and quicker implementation of guidance and governance moving forward.”</p>



Apply knowledge and skills to embed CEIM in social care organisations

[I am most excited about] **“Putting what I have learnt into action.** Collecting the data, measuring the data and implementing the changes, and reviewing if the changes has made a difference by obtaining feedback from staff and the people we support, who are at the forefront of everything that we do.”

[Staff] were engaged with what we discussed we even created a condensed easier to use audit tool and reporting document. **It was exciting to see the staff engaged** with the idea of more autonomous practice and the changes they can implement...”



Routinely gather feedback from service users

Use feedback in an improvement framework to make improvements

“I notice, I wonder, I realise” (can roll out with anyone - lightbulb moment) Already using and seeing the benefit of using the wording in those conversations - will roll out and use with staff.”

“...asking questions to understand - made me think for a good few days - I thought I did this already - but realised I asked from my perspective about what I thought was important, and shift to what they think is important.”



Place people/service users, their needs and what matters to them at the heart of service development and quality improvement

“Lots of learning from each session, promoted time to think about how could implement in my service building up about change ideas and why we should include our stakeholders, have shared a lot of learning from each session which has already led to a lot of discussions and brainstorming”

Challenges identified



Protecting time to attend CEIM Leaders sessions consistently

“I find the sessions very informative and well delivered, I struggle at times with the use of online teaching rather than face to face session where it easier to avoid distraction and keep the time ring fenced properly, but I understand the obstructions to delivering the sessions this way.”



Securing team capacity to coach and spread CEIM

“As I have previously mentioned, staffing is currently an issue within my place of work and I have found myself, along with my colleagues, working extended shifts along with extra days just to cover the basic day to day running of the care setting.”






Understanding the leader role and facilitation approach

“I think a little bit more explanation around group task what was expected, took some a while to understand the role ...” “think it takes a while to get going in breakout rooms I feel. Just different levels of understanding etc. I think, I don't know if there is something that could be done to help this, **more clarification or an example.**“

Appendix 2 - Insights from Cohort 2

This summary highlights some selected insights from the second cohort of leaders that relate to achieving or working towards expected programme outcomes, as well as some identified challenges.

Outcome	Individual insights from survey of participants
<p>Expected from this cohort</p> <p> Gain knowledge and capabilities in holding experience discovery conversations and use feedback for improvement</p>	<p><i>“Reflecting on the programme and my learning I found the Discovery Conversations session to be the most powerful. It struck me that this is a trust-based approach which seeks to create a safe environment for service users that enables trust, choice, collaboration and empowerment which in turn will allow me to gain insights in how they experienced key moments.”</i></p>
<p> Improve knowledge and skills to coach CEIM in their organisation</p>	<p><i>“Other positives about the programme were the end of day group reflections. The space created by the group was supportive, constructive, facilitative, confidential and free from jargon. Discussion opened up added dimensions to the benefits of reflection. Everyone appeared to feel safe to discuss their issues and share alternative views and possible future options. Although we all work in different areas the group described common themes and situations which was helpful.”</i></p>
<p> Apply knowledge and skills to embed CEIM in social care organisations</p>	<p><i>“I need to try this out with a team! I’ve had early conversations with a few service managers who are interested and I’m waiting on the curious to return to come back.”</i></p> <p><i>“I am more aware of the need to use Quality Improvement approaches that support identification and implementation of change. I can now reflect back to previous projects that were not successful or we lost our way because we didn’t use QI tools. Providing data will also help the project to come to the notice of managers!”</i></p>



Routinely gather feedback from service users

Use feedback in an improvement framework to make improvements

"I have changed my attitude about feedback. I recall mentioning that there can be feedback fatigue due to the amount of surveys and questionnaires that we can be asked to complete in everyday life. I now realise that there is much richer ways to gain feedback to make improvements. Implementing the CEIM approach that focuses on using conversational methods will both benefit our client group and the team so it's a win-win situation!"



Place people/service users, their needs and what matters to them at the heart of service development and quality improvement

"At present quality assurance and improvement is predominantly service led. This approach has allowed me to look at how we collect information from the person's perspective through conversation, by emotions, thoughts and their experience on how they felt at that time. By listening to real experiences and reflecting on what's been said rather than reading through collected generic forms, which, doesn't capture the emotions and feelings someone may have experienced puts this into perspective for me that for improvements and changes to happen, real experience requires to be heard. I see this model improving outcomes and enabling positive experiences for the people we care for."

Challenges identified



Different levels of knowledge about quality improvement

"I found it difficult to absorb the quality improvement approaches and I struggled to contribute in the break out rooms. I was worried as my peers seemed to have a good grasp of the concepts."



Securing team capacity to coach and spread CEIM

*"Generating will and motivation in the current climate where staff are overworked, and retention issues are apparent will be a challenge."
"I was surprised that once I grasped the concept how straightforward the model is (still a lot to learn though!) I felt overwhelmed at times and was concerned that my team may not come on board with the concept."*



Implementing the leader role and facilitation approach

"[A challenge will be] Taking time as a facilitator to explain and encouraging a culture of reflections, and actions."

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