

A Big Room

A well-organised, multidisciplinary
team meeting



This case study will:



- Describe a 'Big Room'.
- Demonstrate how the Colorectal and Intermediate Care pathway teams used their 'Big Rooms' to create the conditions for sustained pathway improvements.
- Highlight the opportunities and challenges of establishing whole pathway decision-making processes.
- Examine the pathways' different approaches to creating their 'Big Rooms'. Specifically:
 - deciding who to invite
 - establishing meeting procedures, and
 - keeping up momentum.
- Illustrate the importance of data to inform decision-making in the room.

A Big Room

A brief overview

"An opportunity to try and make some sustained changes [to the pathway]."

NHS FV Colorectal team member

What is it?

As part of the [Flow Coaching Academy \(FCA\)](#), a Big Room is a multidisciplinary pathway meeting that is dedicated to providing a time and place for staff across a patient's journey to collaborate towards improving patient flow. Often the meetings bring together staff who, whilst part of the same pathway, do not work together on a daily basis.

The Co-coaching pair

Key to the delivery of a Big Room is a 'co-coaching' pair, commonly a clinician directly involved with the pathway and a quality improvement (QI) lead. They utilise skills gained through FCA training to help those teams in a Big Room to identify and deliver pathway changes and improvements.

5V's framework

This framework is used in initial meetings (and then referred back to and refined) to help teams assess their pathway and prioritise what they want to achieve, by considering **V**alue, **V**ision, **i**n**V**olve, **e****V**idence and **V**isualisation. Please view the [online FCA case studies](#) to see examples of the framework in practice.



How did NHS FV teams get into their Big Rooms?

NHS FV Colorectal team conducted a series of site visits and highlighted the importance of having conversations with staff, to ensure the role of a Big Room is understood and not seen as dismissive of previous QI work, which could alienate individuals.

They also emphasised the importance of looking at existing data to review what had been done previously.

NHS FV Intermediate Care team organised two half-day workshops with core team members to prioritise their pathways. On **Day One** they conducted process mapping identifying two preliminary pathways. This exercise led to the team identifying a further two pathways to bring into a Big Room. These were mapped on **Day Two**, alongside starting to explore QI work which had been done and proposing future work.



KEY CONVERSATIONS

Both teams highlighted that setting aside time to have conversations with key individuals across the pathway helped establish the importance of, and need for, a Big Room.

Both teams conducted [stakeholder mapping](#) before the meeting to identify who to invite and agreed upon the use of the [effective meeting skills approach](#) to ensure meetings were as productive as possible.

Inside a Big Room

Getting to know each other

Immediately apparent for both teams was how, given the length and width of their overall pathways, many attendees did not know one another.

This was highlighted as a key strength of the meetings, as staff could discuss:

- what their roles were in the pathway,
- how processes and tasks complimented one-another or were duplication of effort.

This created essential dialogue and resulted in decisions made at pace.

The use of data to inform decisions

The use of pareto charts helped the Intermediate Care team's prioritisation of improvement work.

Visualising your pathway and its flow with data ensures the momentum of decision-making is maintained. However, the Colorectal team found accessing data could be difficult and therefore suggest that before conducting additional work to gather more data, teams should consider whether it is necessary OR if you need further expertise.



Identifying who could 'lead' the room is important. For the Colorectal team this was a Colorectal Nurse Specialist who had experience of being involved in QI work and was highly familiar with the team and pathway completed, minimising delays.

Big Room helps with keeping momentum and doing the relational work, [...] it helped people get to know each other.

NHS FV Intermediate Care team member



Key learning from teams:

- Only bring data that is relevant. Too much data is a hindrance and you lose focus.
- Use the data you can easily access and consider the extent of the additional work to gather more data. Is it necessary?
- If you need help, invite expertise into the room. NHS FV Quality Team have recruited an analyst who will be available to provide data and measurement support. This will help ensure informed decision-making in a Big Room can continue at pace.

Membership

Membership is 'dynamic' and may change meeting to meeting due to other commitments. Some stakeholders may only attend a meeting specifically relevant to them and their needs. Therefore, it was seen to be important to have a 'core team' and someone leading the meetings, to ensure progression at pace and that actions were completed, minimising delays.

"Somebody who could relate to all other members of the group."

NHS FV Colorectal team member



Key recommendations

“ Everyone understands what it is that we do, why we could make it better and how we should, and through that you are far more likely to have sustained change.

NHS FV Colorectal team member

Agendas and actions

The NHS FV Colorectal team stressed the importance of setting agendas prior to the meeting and taking time at the start of each meeting to agree (or amend) the agenda.

Setting clear actions was essential to keeping the 'rhythm' going between meetings.

Take conversations 'out of the room'. The Intermediate Care team saw how the multidisciplinary nature of the room resulted in further conversations and meetings happening as a result

Establish relationships

Establishing the relationships both before and in a Big Room is essential to the success of decisions being made and sustained.

Be flexible

Do not be too prescriptive of the membership and consider the time needed for tasks assigned such as gathering data. Remember that this is an investment of a team member's time. Be pragmatic.

The folk involved in the Big Room having ownership. Ownership vs. buy in.

NHS FV Colorectal team member

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Frequency of meetings

Both teams saw the frequency or length of their meetings change as teams became more focused and familiar with the process. The Intermediate Care pathway changed from meeting fortnightly for two hours to fortnightly for one hour. The Colorectal team moved from fortnightly to weekly. These decisions were made by the participants. Establishing a 'flat hierarchy' and participant ownership of the meetings is crucial.

"Some things we've implemented outwith the Big Room as a result of COVID-19 that we would never have been able to do if we hadn't had the Big Room, [...] the collective understanding of the pathway."

NHS FV Colorectal team member