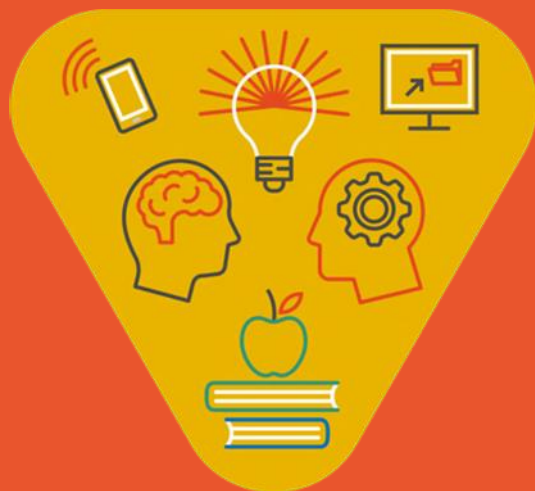




*Yorkshire
& Humber*
AHSN

**Transforming Lives
Through Innovation**



**Yorkshire and
Humber**

**Quality
Improvement
Network**

Thursday 22nd September 2022

yhqinetwork@yhahsn.com

#YHAHSN



Kathy Scott – YHAHSN D/CEO





Yorkshire
& Humber
AHSN



Welcome

- We will be recording today's session
- Please turn off your camera and microphone if not presenting.
- Please use the chat function to collaborate during the session and ask questions
- Materials (including recording) will be circulated after the event and added to our QI Network Platform.

To raise a question linked to a speaker please start your chat with;

Q James

(Session 1 - QI Landscape)

Q Siobhan

(Session 2 - QI Tools)

Q Bradley

(Session 3 - QI Case Study)

Q Beccy

(Session 4 - QI Case Study)

Q Mathew

(Session 5 - QI Case Study)

Q General



Agenda

Speakers:

Kathy Scott – Yorkshire and Humber AHSN DCEO

James Mountford – Q Member thoughts on QI Landscape

Siobhan Parslow-Williams – SusQI Framework

Bradley Mellor and Helen Collins – MY A&E Ambulance Handover

Beccy Valance – Mexborough Improvement Week

Mathew Mathai – Happy at Home

Each speaker will have a Q&A session at the end of their presentation



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& Humber
AHSN

Yorkshire and Humber QI Network

- AHSNs are a “Network of Networks” supporting innovation within the NHS
- YHAHSN collaboration with Health Foundation to support local learning by forming QI Network...

Transforming Lives
Through Innovation





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Through Innovation

Local QI resources...



Health Education England

ABOUT US

Sheffield Teaching Hospitals
NHS Foundation Trust

MCA



IMPROVEMENT
FUNDAMENTALS
#QIHikers

Yorkshire and Humber QI Network AIMS

- ✓ Network for all Y&H health sector staff
- ✓ Identify common themes and develop community of support
- ✓ Knowledge Hub

X Not a competitor to excellent existing networks

X Not an education and training forum



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& Humber
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Transforming Lives
Through Innovation

Yorkshire and Humber QI Network

- Network launched with first event in February 2022 – *Focus on what our network should be...*
- Developing QI Platform with Q Community
- Future events – What should our Network become?

Event 1 – Key Themes from group discussions....

1. Establishing Common Priorities

Workforce – implementing a culture of QI

- Compassionate leadership to promote Joy @ Work through QI
- The language of change – how *buzz* words should *buzz-off*
- IMPACT – the future of embedded QI
- Understanding the barriers to QI (IT services)
- Sustaining QI in “shifting sands”

Patient Engagement in a virtual and real-world hybrid

- REACH of virtual QI
- Importance of patient voice

National QI Updates

- Guest Speakers
- Signposting

QI Practice

- What makes QI – A definition...
- Tools, Methodologies and Sustainability
- Measuring QI

2. Collaborating as a Network

Diversity in voice – all grades/roles involved in QI

Networking – hybrid delivery

REAL case studies

- QI Failures
- Authentic journey – includes complications

3. Collaborative Platform

Map of Resources

- National Platforms
- Organisational Platforms
- Social Media

Questions & Answer Network

James Mountford – QI Landscape



@mountfordjames
james.mountford@nhs.net

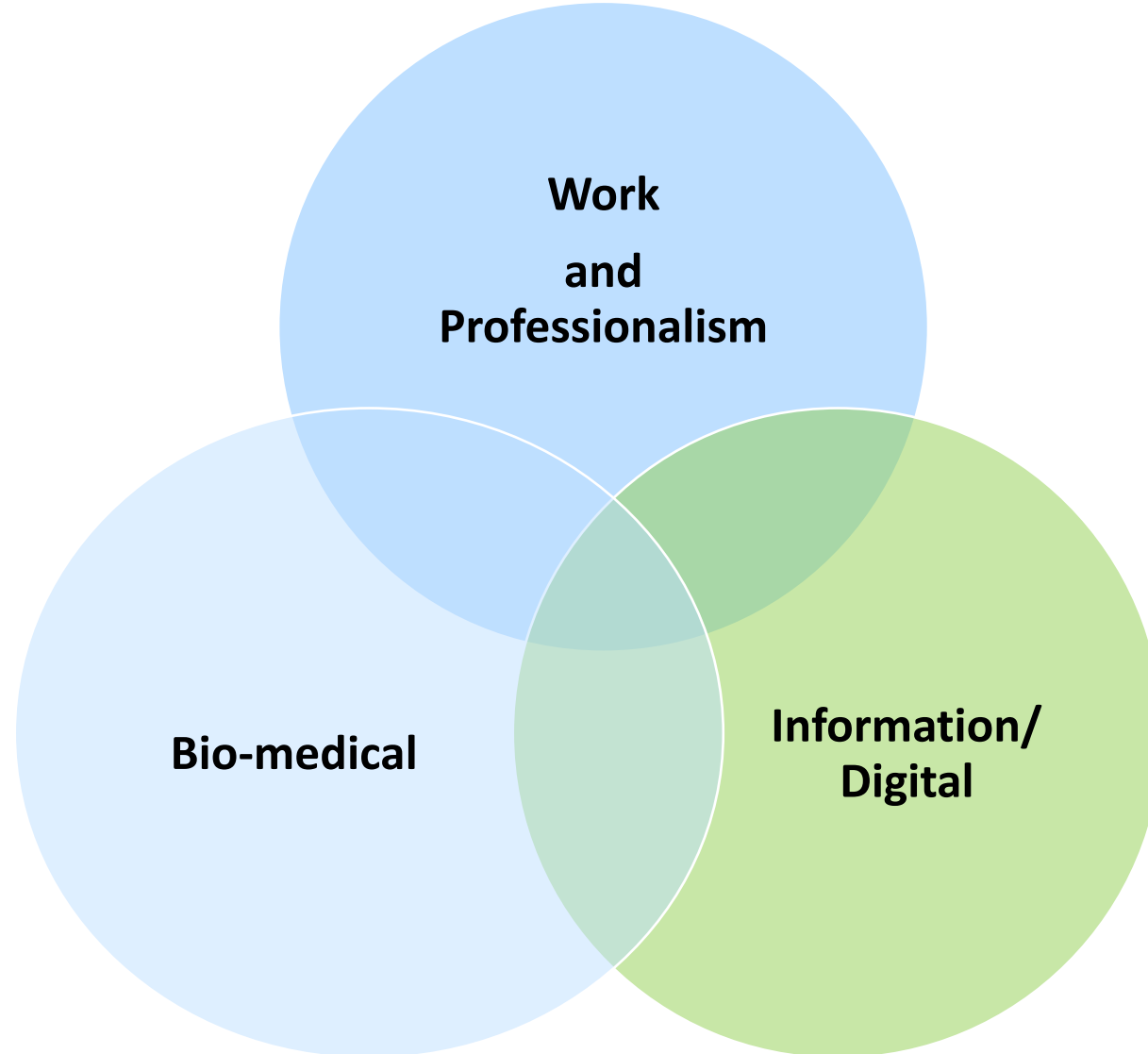


An Alaskan introduction...

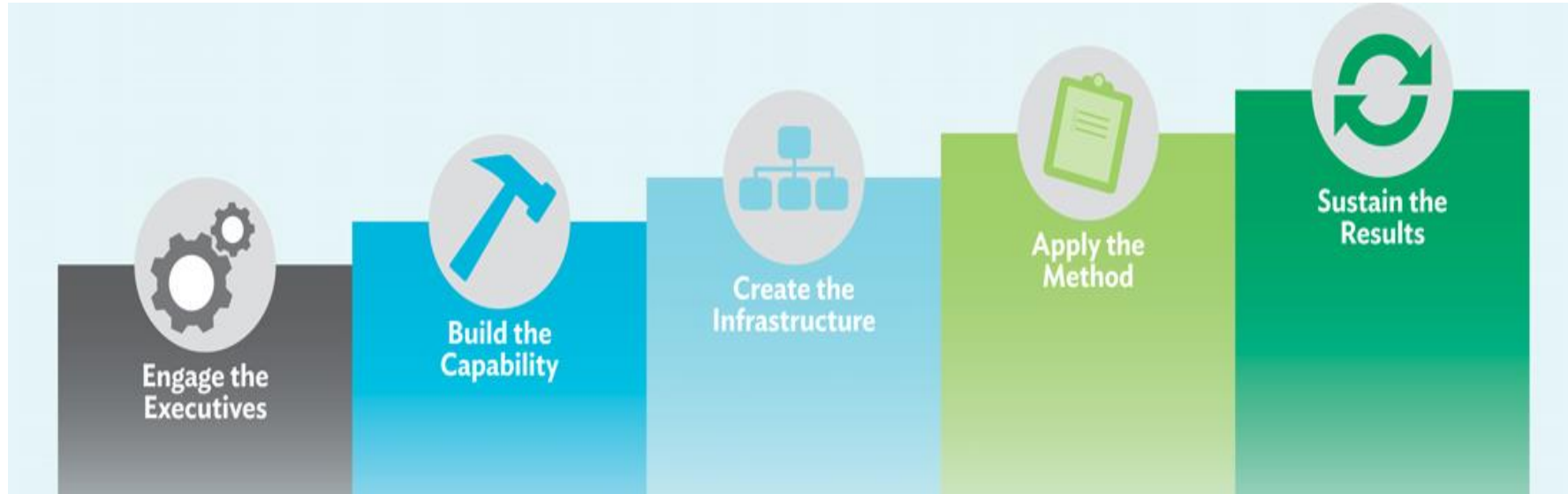


“improving \neq “improvement
something”

Three coincident revolutions



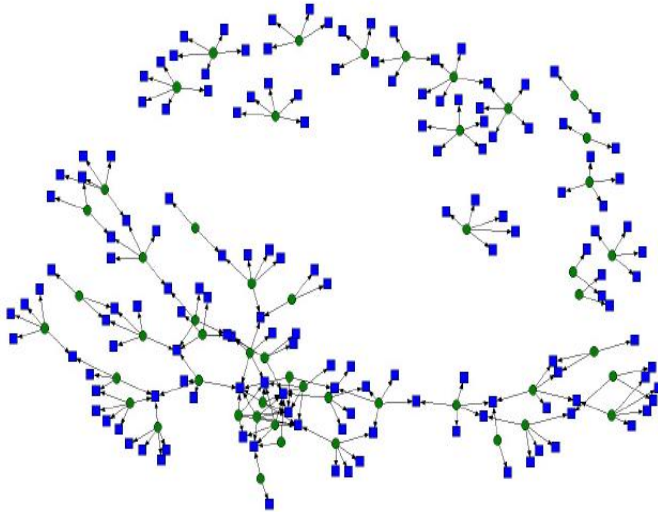
Pillars of all improvement systems



- Alignment on purpose and goals
- Leaders unleashing teams: *“Great care is discovered not directed”*
- Improvement isn’t a side-show to the management system:
“The method is how we do our work”
- Respect for everyone

The potential of connecting everyone to mission & purpose

Trust D – special measures trust

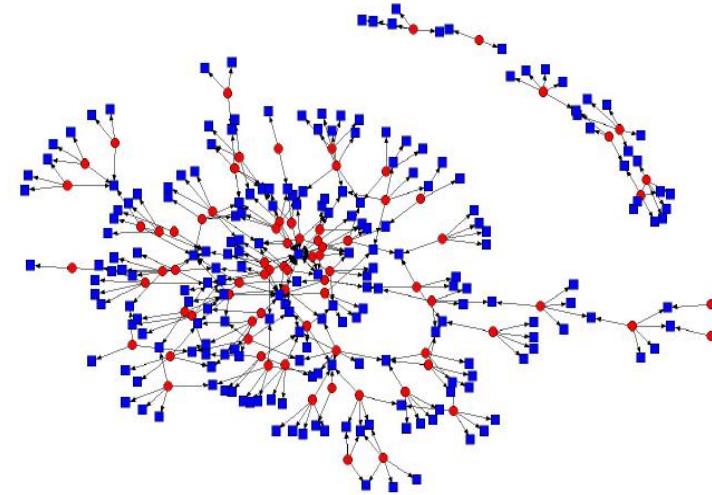


From this:

“The consultants here, they rule the place”

(Middle manager, Trust E)

Trust A – an ‘outstanding’ trust



Circle Nodes denote L4Ls, Square Nodes denote collaborators

To this:

“I’m not in charge anymore, they [clinicians] are”

(CEO, Trust A)

4 MYTHS* ON HOW WE CAN ACHIEVE MORE AS AN NHS SYSTEM – AND THE REALITY

1 MORE GRIP AND CENTRAL CONTROL IS THE BEST ROUTE TO DELIVERING WHAT'S NEEDED.

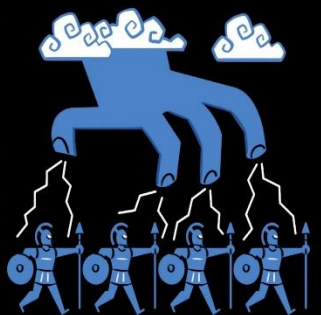


THE REALITY: WE NEED TO CREATE A CLEAR SENSE OF PURPOSE AND CLARITY ON THE DESIRED OUTCOMES,



THEN UNLEASH AND SUPPORT LOCAL TEAMS TO DELIVER THAT PURPOSE, LEARNING FROM AND SUPPORTING OTHERS ACROSS THE COUNTRY.

3 LEADERS REDUCE VARIATION IN THE SYSTEM BY CONTROLLING CLINICIANS, REDUCING THEIR AUTONOMY, AND GETTING THEM ALL TO WORK IN THE SAME WAY.

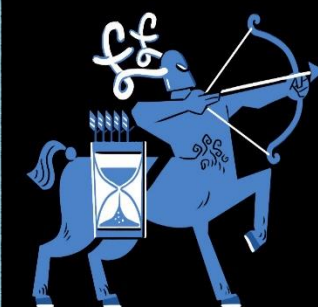


THE REALITY: LEADERS SUPPORT CLINICIANS TO USE IMPROVEMENT METHODS THAT ENABLES CLINICIANS TO CONTROL THEIR SYSTEM...

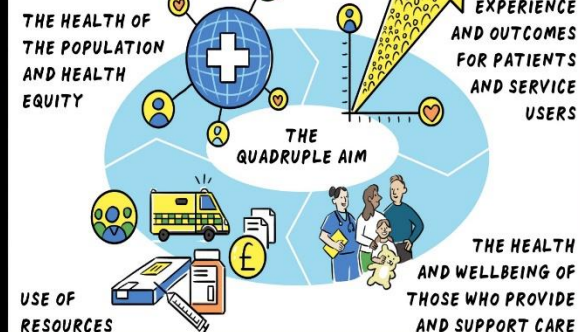


...AND LEARNING SYSTEMS THAT ENABLE THEM TO LEARN AND SHARE GOOD PRACTICE AND DELIVER MORE CONSISTENT CARE, NOT CONTROL THE CLINICAL TEAMS.

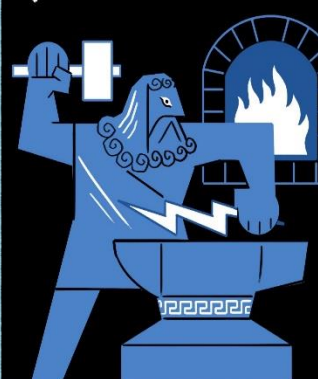
2 WE CAN ACHIEVE THE RESULTS WE NEED THROUGH EMPHASISING AND MANAGING TO TARGETS FOCUSED ON PATIENT WAITING TIMES AND FINANCIAL BALANCE.



THE REALITY: PERFORMANCE MUST BE FRAMED USING A BALANCE OF WHAT MATTERS MOST, SERVICE-BY-SERVICE, COVERING:



4 IT IS THE TOOLS AND METHOD THAT MATTER IN SUCCESSFUL IMPROVEMENT.



THE REALITY: SUCCESSFUL IMPROVEMENT DEPENDS ON THE CLIMATE AND CULTURE THAT LEADERS CREATE...



...AND THE EXTENT TO WHICH LEADERS GIVE POWER TO LOCAL TEAMS TO DISCOVER SOLUTIONS TO LOCAL CHALLENGES. THE TOOLS AND METHODS SUPPORT THIS APPROACH.

*A myth is something that is generally accepted but untrue; the opposite of fact

SOURCE: THE CHIEF EXECUTIVES OF THE NHS TRUSTS WHO TOOK PART IN THE NHS VIRGINIA MASON INSTITUTE IMPROVEMENT PARTNERSHIP AND THE VITAL SIGNS PROGRAMME

Scriberia

Typical vs. Exceptional approaches to scale

Typical	Exceptional
Natural diffusion.	Active dissemination.
Rigid design. (Fidelity)	Scalable design. (Adaptability)
General goals.	Explicit, time-bound, apportioned aims.
Theory lock.	Many methods.
Please the boss. (Accountability)	Bolster the field. (Empowerment)
Central office broadcasts.	All teach, all learn.
Adherence to plan.	Flexability, Improvisation.
Summative reports.	Live network view.



Thank you
to our amazing NHS staff

#thankyouNHS

JCD JCDecaux

Q&A – QI Landscape

Q James

Please add any questions into Teams Chat or raise your hand...



Siobhan Parslow-Williams – QI Tool

Siobhan.Parslow-Williams@sustainablehealthcare.org.uk





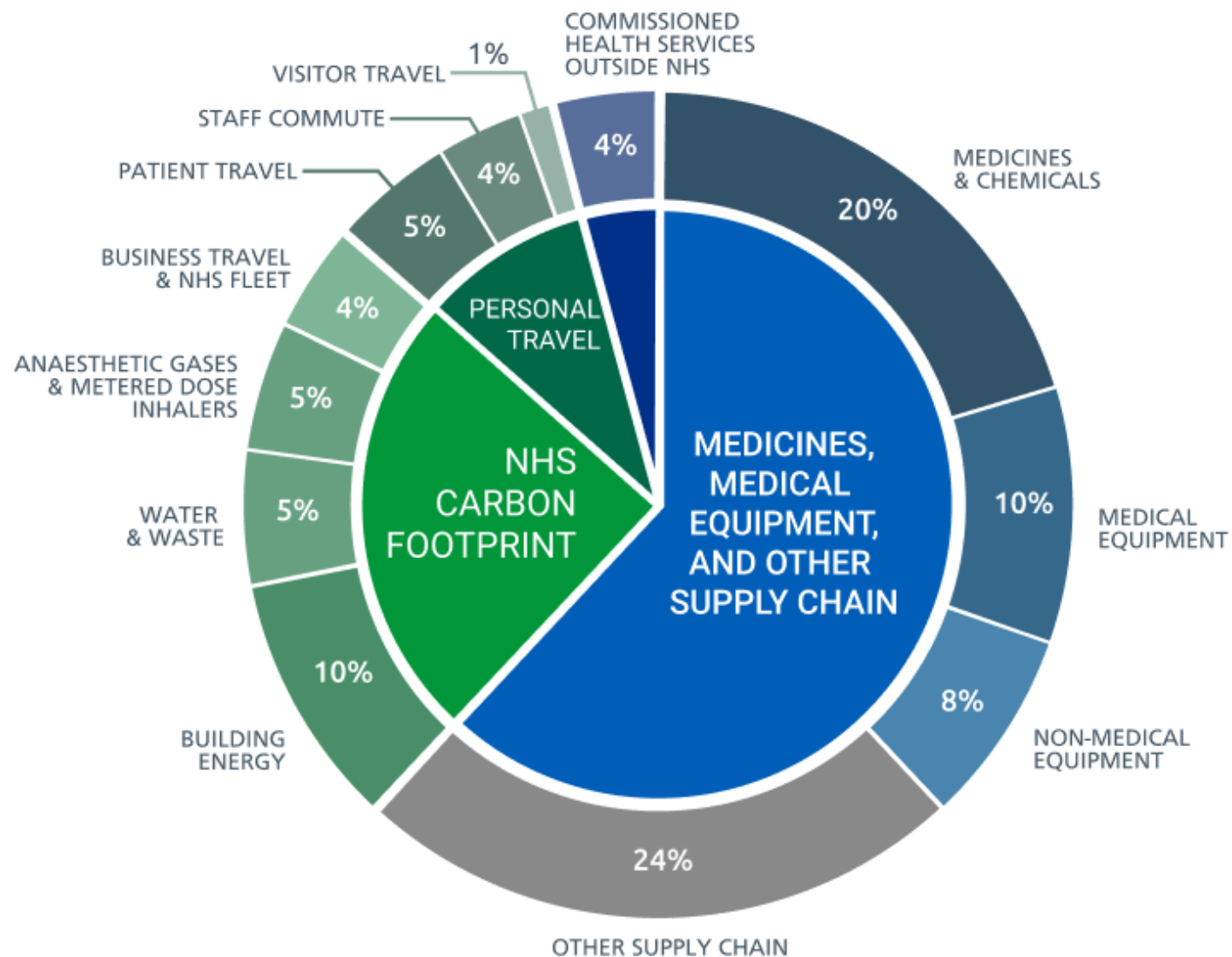
Sustainability in Quality Improvement

Siobhan Parslow-Williams
QI Education Lead, Centre for Sustainable Healthcare



Carbon footprint of Healthcare

- NHS = 4% of total carbon footprint of UK
- Equivalent to total emissions of Croatia



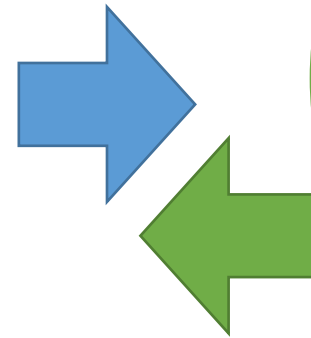
Clinical innovation

Senior leadership

Patient outcomes

Patient experience

Core mission



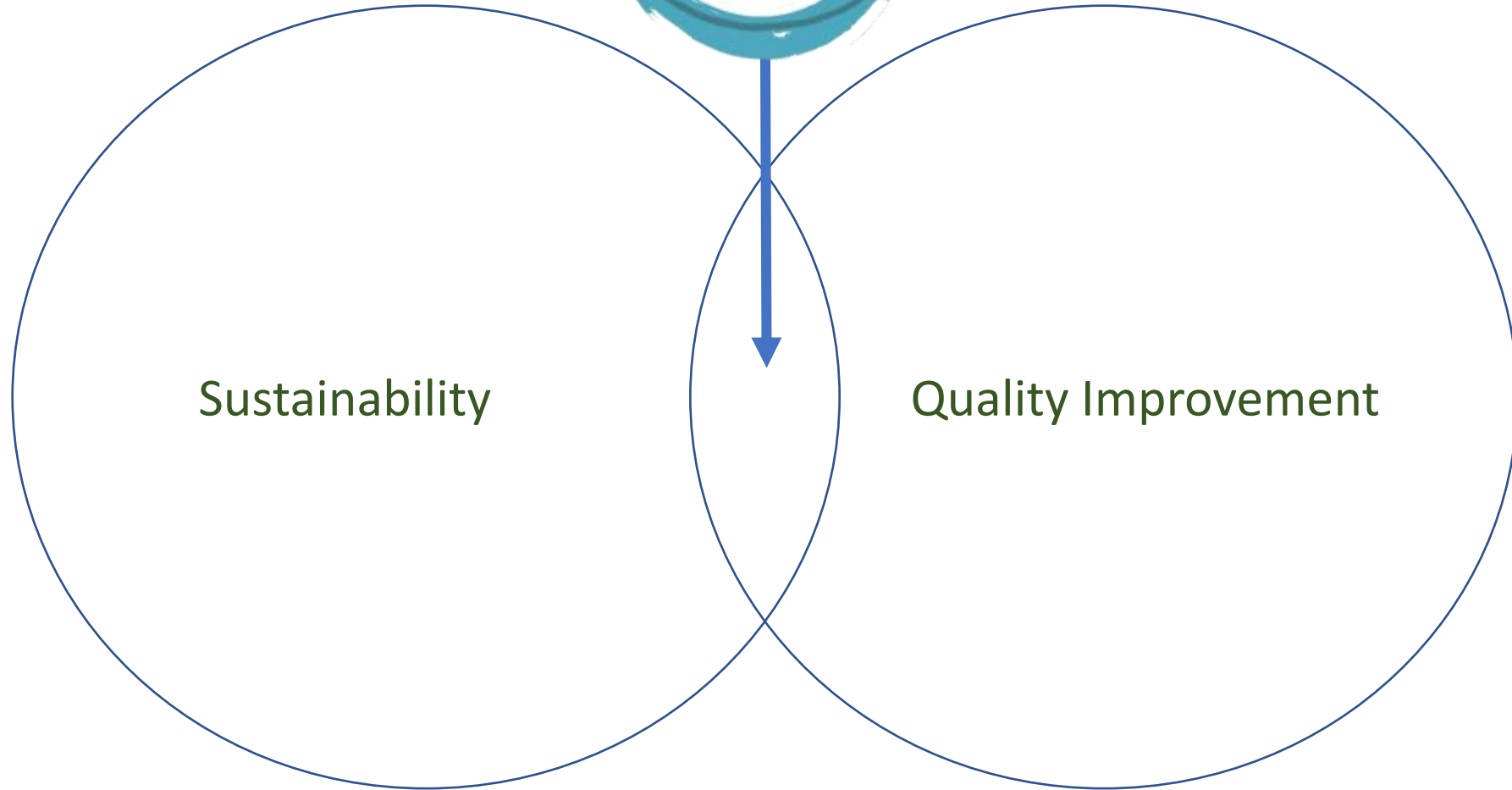
Sustainability

Estates and facilities
Energy / carbon / cost
waste, travel

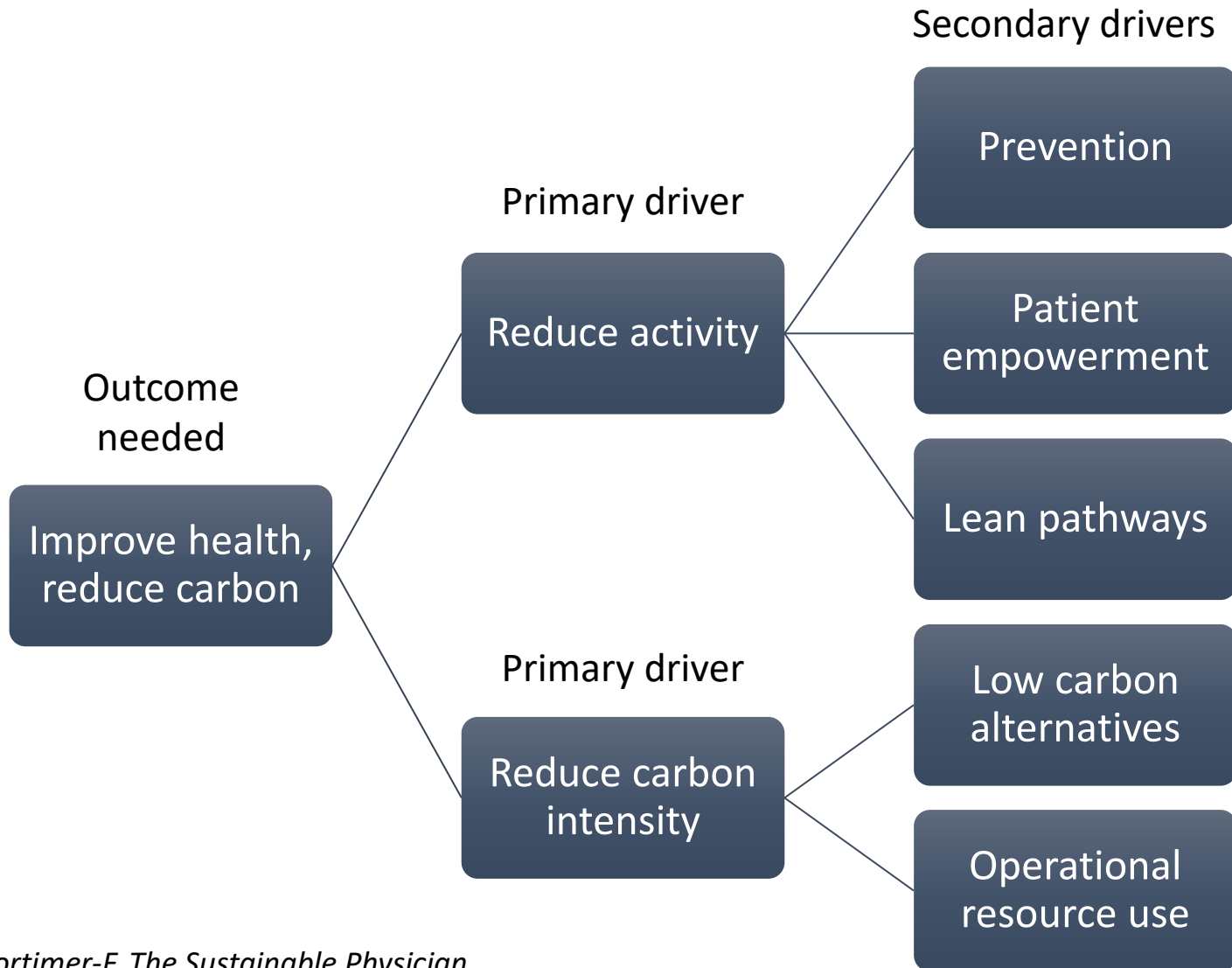
Secondary

What if... sustainability became part of quality improvement?

$$\begin{array}{c} \uparrow \\ \text{Sustainable} \\ \text{value} \end{array} = \begin{array}{c} \uparrow \\ \text{health outcomes for patients and populations} \\ \hline \text{environmental + social + financial impacts} \\ \text{(the 'triple bottom line')} \end{array} \downarrow$$



How can we improve sustainable value?



The diagram shows how the CSH **Principles of Sustainable Clinical Practice** were designed to help us reduce resource use while maintaining or improving health outcomes.
(= ↑ sustainable value)



The SusQI framework

1. Aims to improve sustainable value:
by...

Outcomes for patients and populations

Environmental + social + financial impacts
(the 'triple bottom line')

2. Understanding environmental, social and financial impacts of the current system
3. Using the principles of sustainable clinical practice to design improvements
4. Measuring the impact on sustainable value - the triple bottom line.

Mortimer F, Isherwood J, Wilkinson A, Vaux E. Sustainability in quality improvement: redefining value. *Future Healthcare Journal* 2018, Vol 5, No 2: 88-93



What are we trying to accomplish?

How do we know that a change is an improvement?

What changes can we make that will result in an improvement?

1

Setting Goals

2

Study the System

3

Design the Improvement

4

Measure Impact



The SusQI Framework



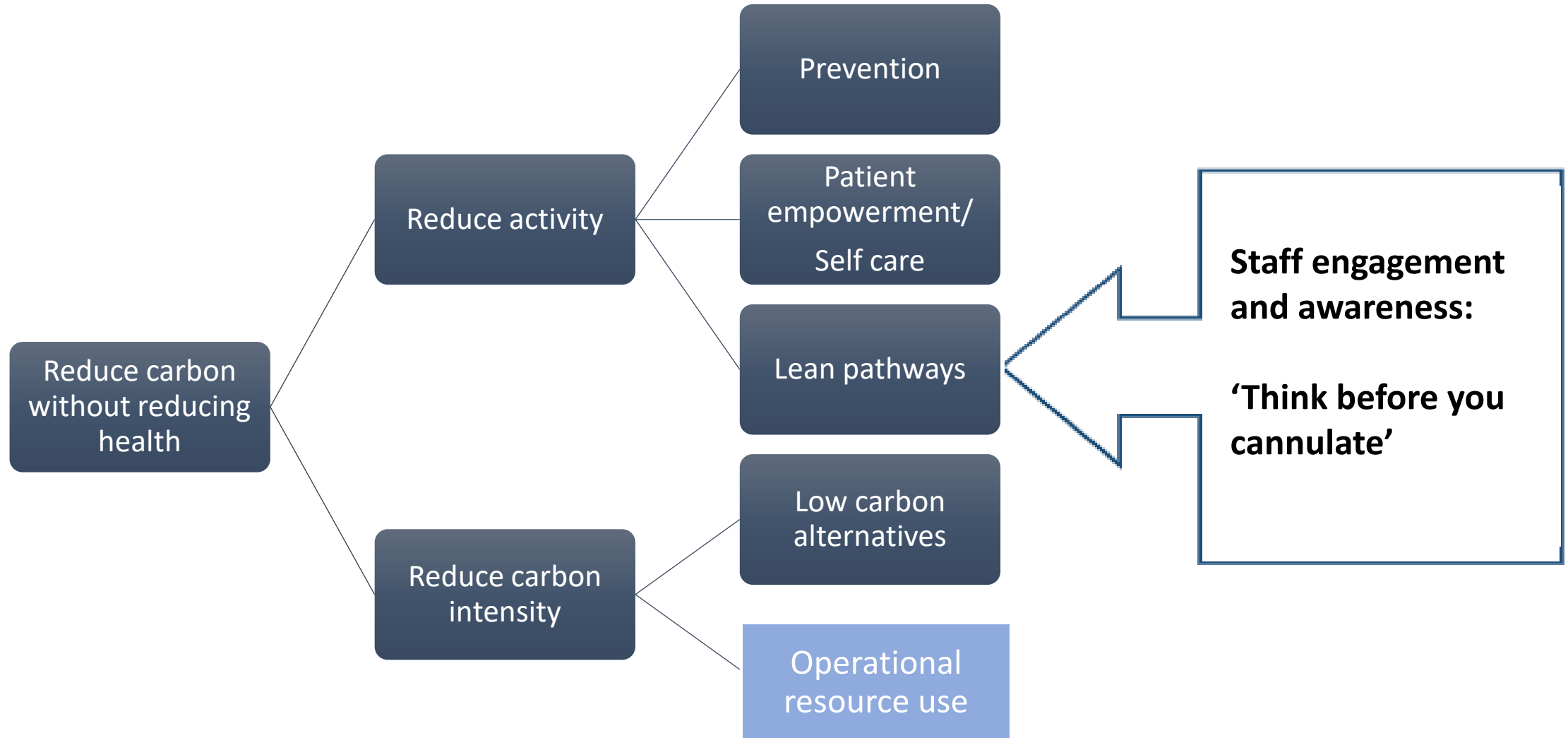
SusQI in action!

Reducing unnecessary cannulation in the emergency department

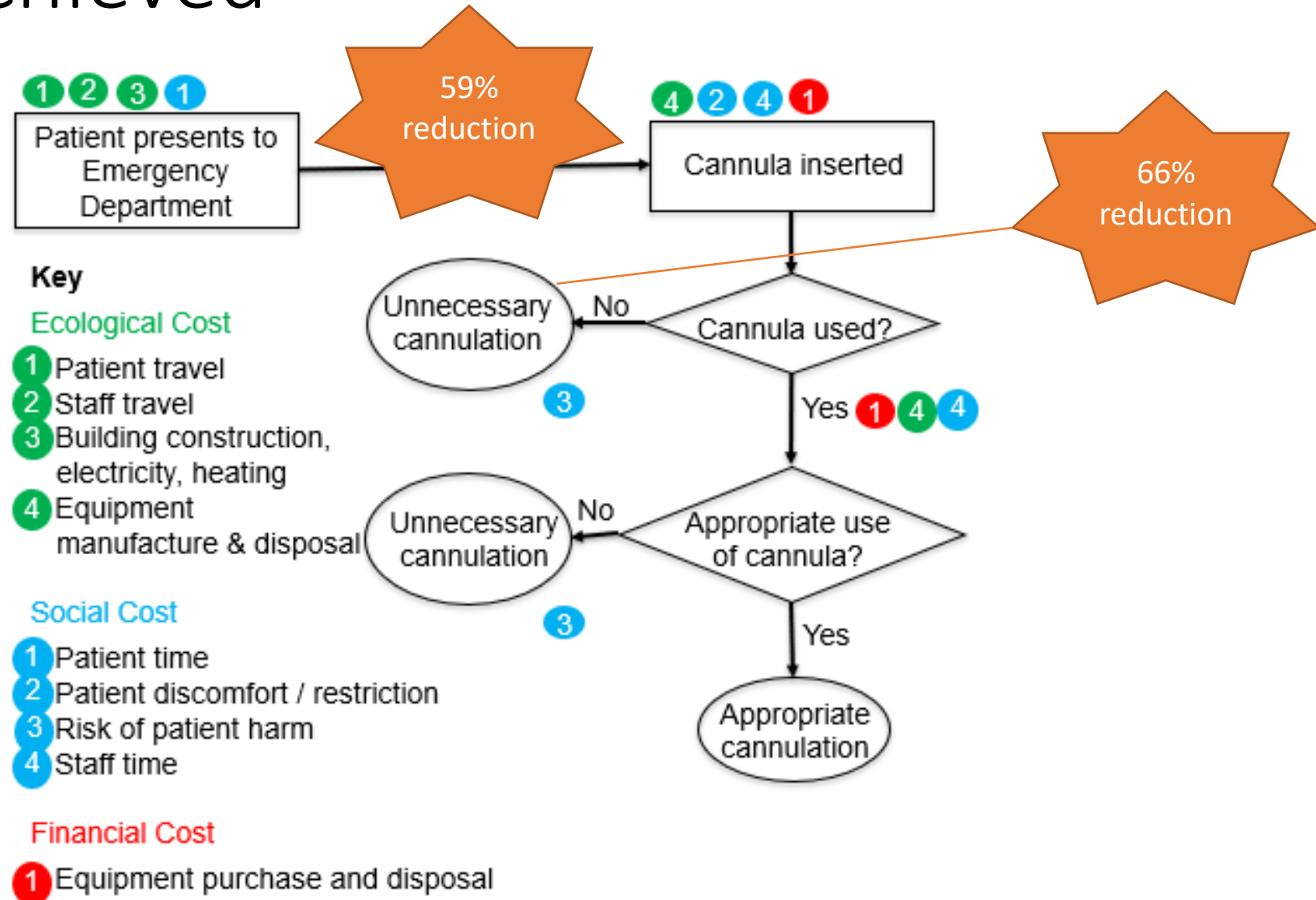
Problem: ED staff team thought that large number of patients cannulated but many cannulae not used



Principles of sustainable clinical practice



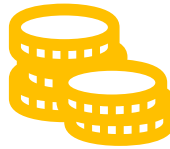
Change achieved



Reducing unnecessary cannulation in ED



Reduced infection risk
Less inappropriate iv fluid use



Annual savings £27,831



Annual savings 8,403 kg CO₂e



Patients ↑mobility/independence, ↓pain
Staff ↑time, improved work flow



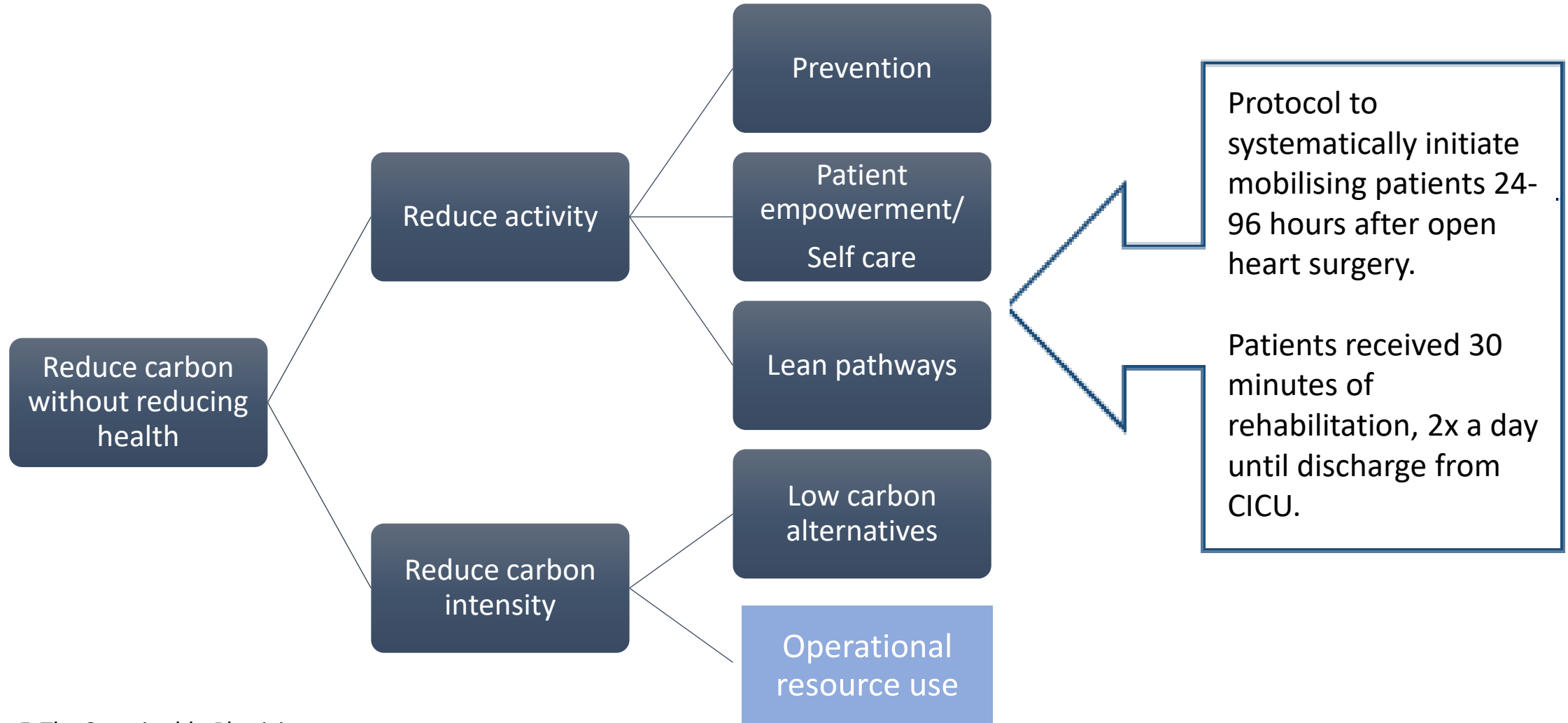
GREEN WARD
COMPETITION
CENTRE FOR SUSTAINABLE HEALTHCARE

Pioneering Early Mobilisation in Southampton Cardiac Intensive Care Unit (CICU)

- Problem: Prior to project patients only referred to PT if had respiratory complications or difficulty with rehabilitation.



Principles of sustainable clinical practice



Outcomes



Reduced ventilation days by 4 days
Reduced overall cardiac intensive care stay by 6 days



Total savings of £1,266,327 over 2 years



Total savings of 48.5 tonnes CO₂e over 2 years



More rapid recovery, quicker discharge and return to ADLs
Patients having more autonomy during their hospital stay
Increased staff satisfaction



CENTRE for
SUSTAINABLE
HEALTHCARE

SusQI free resources – www.susqi.org

[About](#)[Do a Project](#)[Teach Others](#)[Case Studies](#)

Your SusQI journey starts here

This step-by-step guide will take you through the stages of a SusQI project. These steps can be incorporated into existing QI models.



STEP 1: SET GOALS

Set sustainable goals for your quality improvement project, within the overarching goal to deliver maximum health gain with minimum financial cost and harmful environmental impacts, whilst adding social value at every opportunity.

[More info](#)

STEP 2: STUDY THE SYSTEM

Recognise the use of environmental and social resources in your current service, and identify opportunities to improve.

[More Info](#)[About](#)[Do a Project](#)[Teach Others](#)[Case Studies](#)

RESOURCES

Here you will find all the resources you need to carry out a SusQI project.

Click [here](#) if you would like to receive further training on the SusQI approach, or contact us [here](#).

What is SusQI?

[The SusQI Framework](#)

This paper by Mortimer et al sets out the SusQI Framework in detail

[The Triple Bottom Line](#)

Here, CSH explains the concept of triple bottom line analysis

[Principles of Sustainable Healthcare](#)

This paper by Frances Mortimer sets out the CSH principles of sustainable healthcare

[Sustainability in quality improvement: measuring impact](#)

This paper by Mortimer et al. using cases studies to discuss how different variables of sustainable value may be measured in practice

Step-by-step Guide

Study the System

[Value process mapping overview](#)

This guide will help you to design your own value process map



CENTRE for
SUSTAINABLE
HEALTHCARE

Become a SusQI beacon site



- Be recognised as leading in Sustainable QI
- Appear on the CSH live map
- Use the Beacon site logo for external and internal comms; and education materials
- Receive quarterly newsletter to stay up to date with news from other Beacon sites
- Access a staff discount at the annual SusQI Showcase event

Go to www.susqi.org for more details.





Join the SusQI Academy 2022-2023

Membership benefits include...

- SusQI teacher training
- CSH mentoring
- Teaching materials
- National SusQI educator forums
- SusQI Beacon site status
- and more...

Go to www.susqi.org for more details

Q&A – QI Tool

Q Siobhan

Please add any questions into Teams Chat or raise your hand...



Bradley Mellor and Helen Collins

Activity to be proud of...

bradley.mellor@nhs.net
helen.collins3@nhs.net



Activity to be proud of...

Activity Title: A&E ambulance handovers

MYQIS Team: **Bradley Mellor** *Head of Mid Yorkshire QI System*

Helen Collins *Deputy Director of Operations*

Setting: Pinderfields Hospital A & E - Wakefield.

Background

The NHS Long Term Plan sets out a vision to eliminate hospital ambulance handover delays that all handovers occur within 15 mins. Prior to the Covid-19 pandemic Mid Yorkshire achieved the 15 mins standard consistently over 95% of the time, however in April 2021 this was less than 50%.

In addition, Mid Yorkshire was pilot site for the new Urgent and Emergency Care Standards which saw the introduction of three new ambulance handover standards:

- Elimination of >60 mins ambulance breaches
- 65% of ambulance handovers within 15 mins
- 95% of ambulance handovers within 30 mins

Activity to be proud of...

Engagement phase

In June 2021 the senior management team set up a task and finish group with Emergency Department staff and Yorkshire Ambulance Service Operational managers to develop ambulance handover improvement plan which aligned to the operating plan and remaining Covid restrictions. The Kaizen Promotion team and MYQIS methodology was integrated as part of the engagement phase to provide impartial observations of the process to underpin the improvement plan.

This department and provider engagement phase provided the essential foundation for the Rapid Process Improvement Workshop in 2022

Activity to be proud of...

Rapid Process Improvement Workshop

In April 2022, there was variability the times of ambulance handover and >60 mins breaches were occurring. The KPO received a request from the Director of Operations Acute Care Division supported by the YAS Operational Director to undertake a collaborative week long RPIW to focus on the handover process.

Due to the national landscape, time was a critical element and the methodology linked to the planning phase of an RPIW was shorted to 7 weeks.

There was lots of discussion around the scope and specifically the start and end point of the RPIW. The sponsors agreed:

The scope was to analyse the ambulance handover process from when the ambulance arrived until the ambulance called clear.

The metrics were kept high level and simple, linked to the national standards and the internal provider performance metrics.

The RPIW was a catalyst to sustained improvement and achievement of ambulance handovers .

Activity to be proud of...

AIM – What were/are you hoping to achieve?

Develop provider processes, actions and escalations to sustainably achieve the ambulance standards:

- Elimination of >60 mins ambulance breaches
- 65% of ambulance handovers within 15 mins
- 95% of ambulance handovers within 30 mins



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Activity to be proud of...

METHOD – How did/will you implement change?

The run up to the RPIW involved joint planning meeting, and observations on the ambulance handover process, observing the flow from ambulance arrivals, entry to the ED, handover cubicles and ambulance crews wrapping up. These were converted into a Value Stream map, process map, spaghetti diagram, SPC, Pareto and Gantt charts.

These helped identify waste and problems within the existing system which were addressed at the RPIW week with the newspaper setting out actions for the ED and YAS teams to implement over a period of the next 4 weeks when the change was happening.

Operational integration and post RPIW implementation. Continuing team engagement – idea generation and review from the clinical teams (ED and YAS) and post RPIW joint YAS/ ED review meetings. These were essential as they provided opportunity for staff feedback and real time PDSA changes for both providers

© Bradley Mellor. Redesigning ambulance handovers in ED. Journal of Improvement Science 2020; <vol>1-1<pages>.

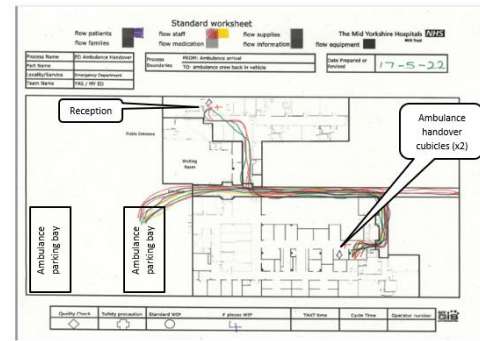
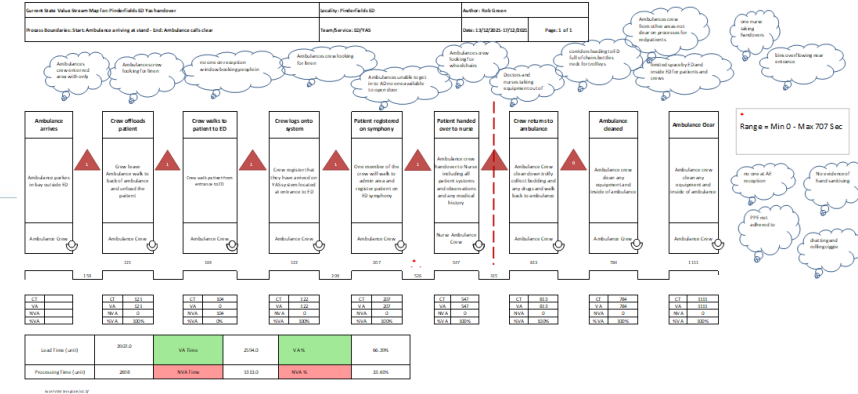
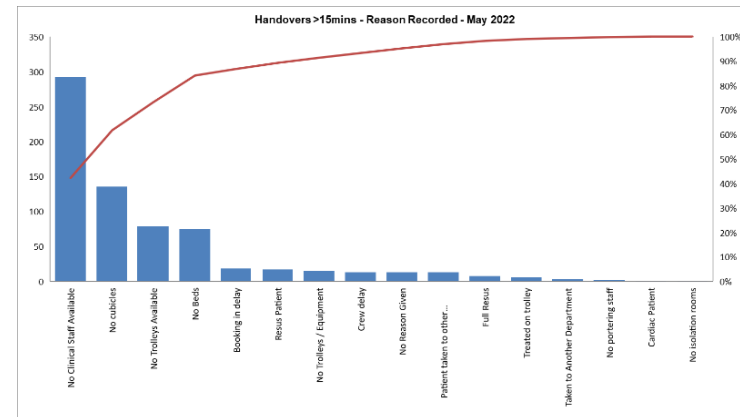


Figure 3 – Spaghetti map of ED for ambulance handovers. Figure 3 shows the area, and the paths ambulance crews take including into the main reception area if a booking clerk is not available in the main ED and the handover cubicles.



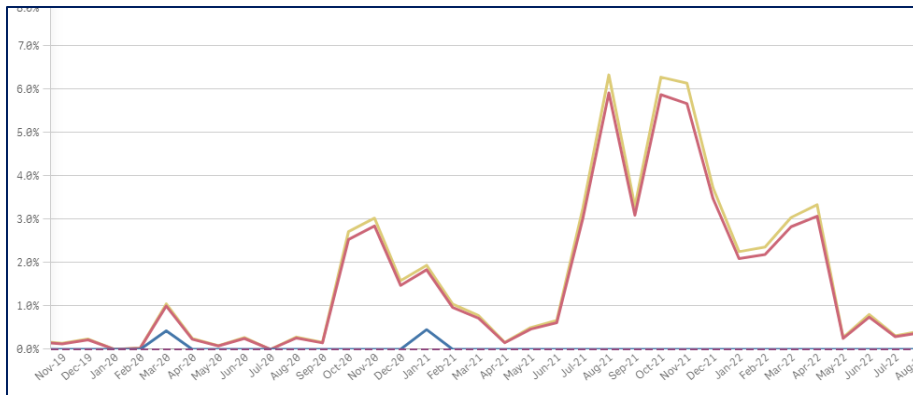
Activity to be proud of...

IMPACT – What was achieved?

QI methodology impact

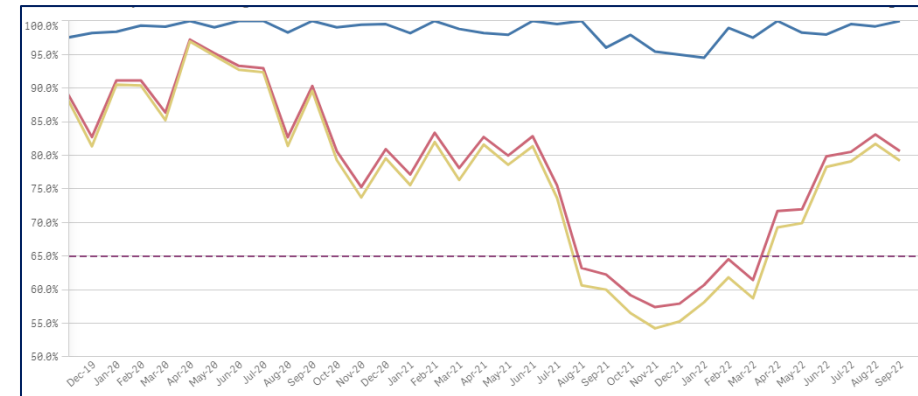
The main lesson learnt from a QI perspective was the different stage each organization was on their QI journey. In future, time will be spent assessing each organizations understanding of observations, how to handle and present data, and running RPIW's.

0 - 60 mins ambulance handover

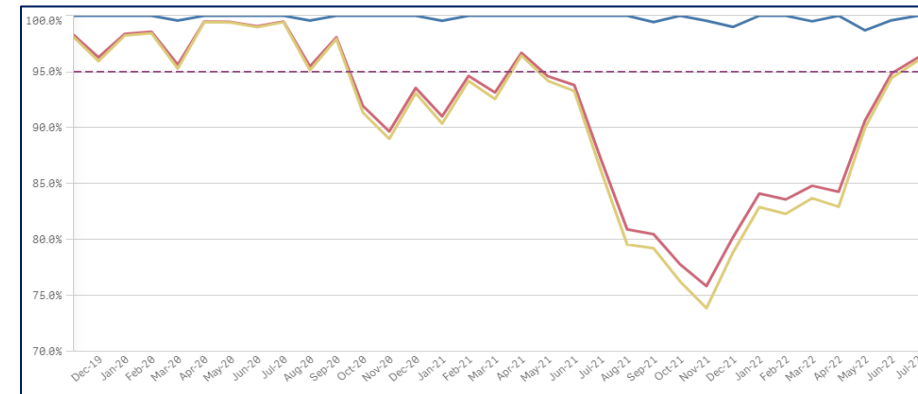


Operational impact

15 mins ambulance handover – 65%



30 mins ambulance handover – 95%



Q&A – Case Study 1

Q Bradley

Please add any questions into Teams Chat or raise your hand...



Beccy Vallance– Activity to be proud of...

Beccy.Vallance@nhs.net



Activity to be proud of...

Activity Title: Mexborough Montague Improvement Week

Team / QI Lead Name: DBTH / Beccy Vallance

Setting: Mexborough Rehab wards (x2)

The multidisciplinary teams of Mexborough wanted an improvement week. Due to staffing and COVID this was delayed several times. Finally took place in May 2022. Pre work of process mapping with the teams and their referrers. Collated results on fishbone. Teams reviewed and developed 11 projects to work on.

Activity to be proud of...

AIM

Put MMH on the DBTH Map! To improve awareness of the rehab centre and issues of referral process. More information for patients, carers and referring staff. Reduce number of patients sent back to DRI by 75% By October 2022

METHOD

DBTH uses Lean approach. Used A3 as structure for the work. Pre event process mapping with teams and going to speak to referrers about what works well, what doesn't. Created some myth busting, FAQs, videos of the wards. Shared all via staff facebook page, created intranet page. Measured time taken on home visits and number of home visits and numbers of patients returned to DRI for medical need within 10 days of admission to MMH. Reviewed goal setting with patients and staff.



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IMPACT – What was achieved?

The whole multidisciplinary team were engaged and involved in the process, doing the pre work meant they could be more involved in the actual event creating areas of work. Comms team doing the video and promoting the process meant that more staff were aware of what has been happening and the work done. It has resulted in better communication between the different teams and that they have all felt less isolated and more supported.

Condition	Number of Patients	Percentage of Patients
Cardiorespiratory	4	10%
Stroke	15	20%
Infection	6	34%
Further surgery	2	39%
Other	87	66%
Unknown	65	66%

Q&A – Case Study 2

Q Beccy

Please add any questions into Teams Chat or raise your hand...



Mathew Mathai– Activity to be proud of...



@ma1hew
Mathew.Mathai@bthft.nhs.uk



Activity to be proud of...

Activity Title: Paediatric Urgent Ambulatory Care

Team / QI Lead Name: BTHFT ACE team/ Mat Mathai

Setting: Primary and Secondary Care

Background

Vision for health across the ICS is 'Happy, Healthy and Home'

90% of children and young people (CYP) who come to hospital have LoS <1 day (45% needs observation)

Many (non replicable) children's hospital at home services in the UK- variable quality

Team work



Meet the team



Dr Ben Hughes

Specialty Trainee in Paediatrics, West Yorkshire



Dr Megan Dale

Specialty Trainee in Paediatrics, West Yorkshire



Michael Tatterton

Associate Professor and Field Lead for Children and Young People's Nursing at University of Bradford; Specialist Advisor at CQC; Associate Editor Journal of Child Health Care



Robin Pollard

Project Manager, HEE elearning for Healthcare



Louise Garrahan

Communications and Stakeholder Officer, HEE elearning for healthcare



Dr Mathew Mathai

Consultant Paediatrician, Project Sponsor and Chair, BTHFT



Ms Dawn Hare

Advanced Paediatric Nurse Practitioner and Content Development, BTHFT



Emma Nye

Programme Manager, HEE eLearning for Healthcare



Naomi Knight

Graphic Designer, HEE elearning for healthcare



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Activity to be proud of...

AIM – What were/are you hoping to achieve?

- Develop an acute care model to produce a more streamlined and quality acute service
- Develop 5 clinical pathways in 12 months
- The model designed to be adaptable and replicable across the UK
- The model will be easy to adopt elsewhere and can be delivered within 1 year of commissioning

METHOD – How did/will you implement change?

Involve stakeholders (including clinicians, commissioners, ICS, RCPCH, HEE, CYP&F)

Repeated rapid PDSA cycles and celebrate failures and successes (team development)

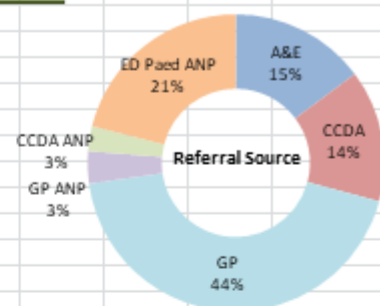
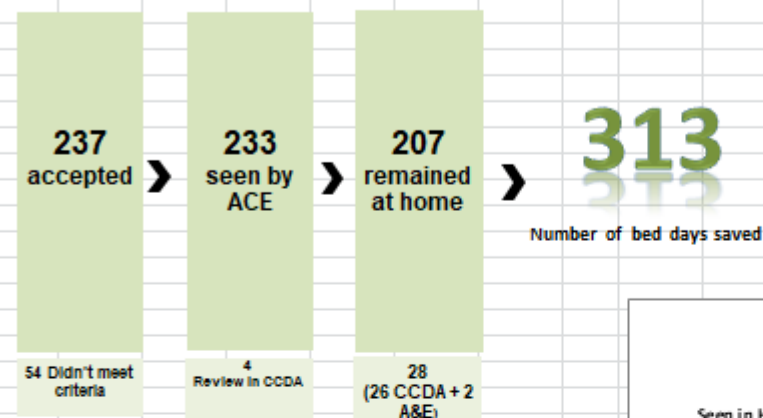
Training and governance key



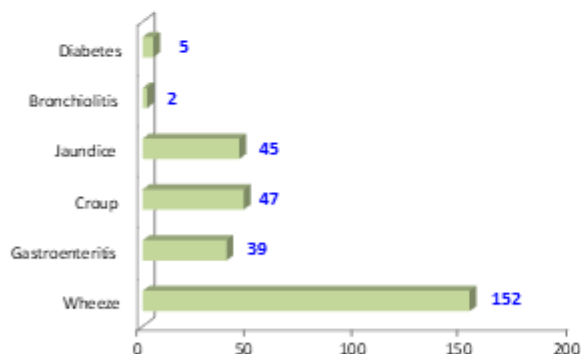
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ACE Figures 1st January 2022 to 31st Aug 2022

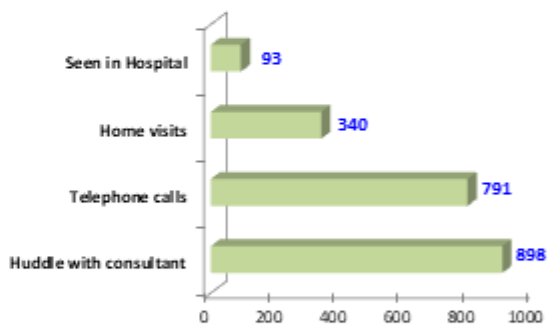
Step up total Referral received -291



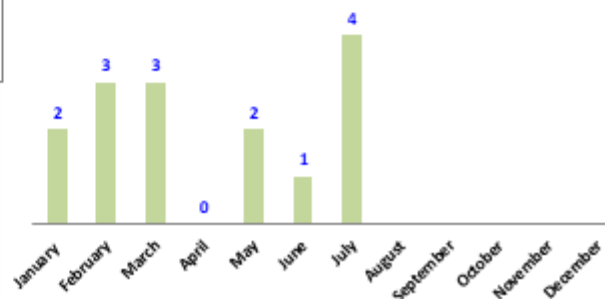
Number of referral's for each pathway



Ace contacts for step up patients



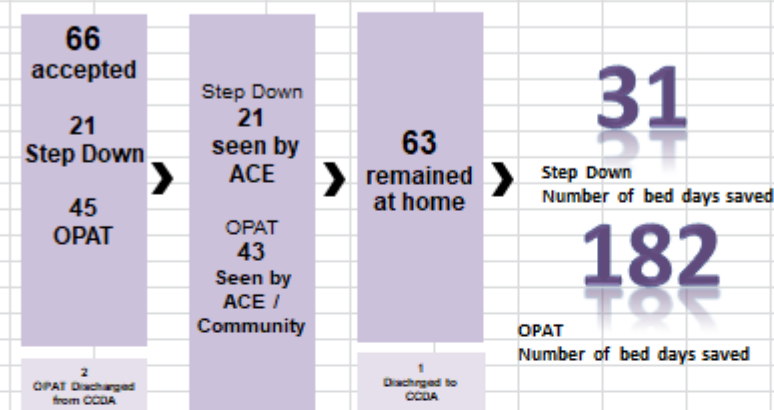
Number of children ended up coming into hospital within 30 days of being discharged from ACE



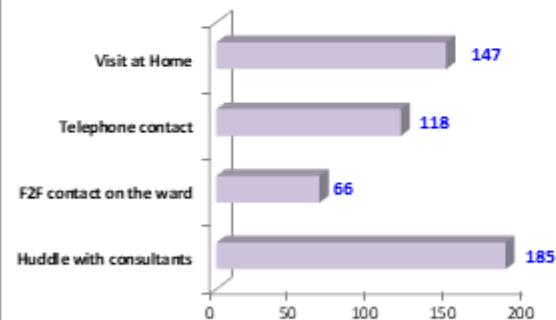
ACE Figures 1st January 2022 to 31st Aug 2022

Step down patients including OPAT

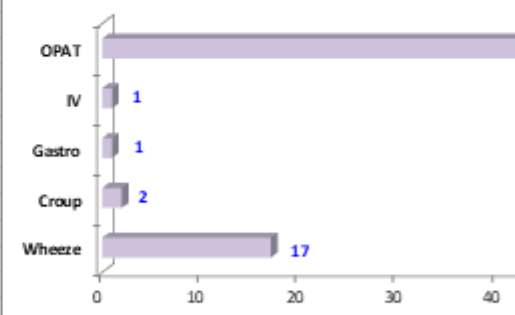
Seen by ACE team



Ace contacts for step down patients



Number of referral's for each pathway



Activity to be proud of...

CYP&F feedback excellent

Successful H@H model – no adverse events- saving 1-8 beds/day;
readmission rate approx 50% less than hospital care (HSJ award 2018)

4 HEE supported Leadership Fellows to deliver blue sky ideas

- Ambulatory Network
- CHIC work stream at the CYP&F- 'Healthier Together'
- RCN accredited courses: UoB level 7; eLfH (for replication)- both UK first
- Trial of novel telehealth device 'Tytocare' -UK first

Feedback from RCN on EPNS - "There are very few well thought out courses like this with a similar responsive service improvement ethos available in the UK. This is a programme with transferable values and there is a considerable marketing opportunity here."

Initial adopter to early adopter stage challenge



video-
family
feedback



webpage



eLfH
course



Yorkshire
& Humber
AHSN

Q&A – Case Study 3

Q Mathew

Please add any questions into Teams Chat or raise your hand...



Q&A – General

Please add any questions into Teams Chat or raise your hand...





Yorkshire
& Humber
AHSN

Transforming Lives
Through Innovation

Closing Remarks

- Feedback – MS Forms Link (in chat)
<https://forms.office.com/r/f6qkFUNhBs>
- QI Platform – updates to be circulated via email
Please share any case studies with yhqinetwork@yhahsn.com
- Future Events (Feb/March 2023)

REFER a FRIEND...

We are keen to grow our network – to support those with years of QI experience and those at the start of their Q journey... If you have any friends and colleagues that may be interested, please share details of our network!

For more details contact: yhqinetwork@yhahsn.com



Thank You

