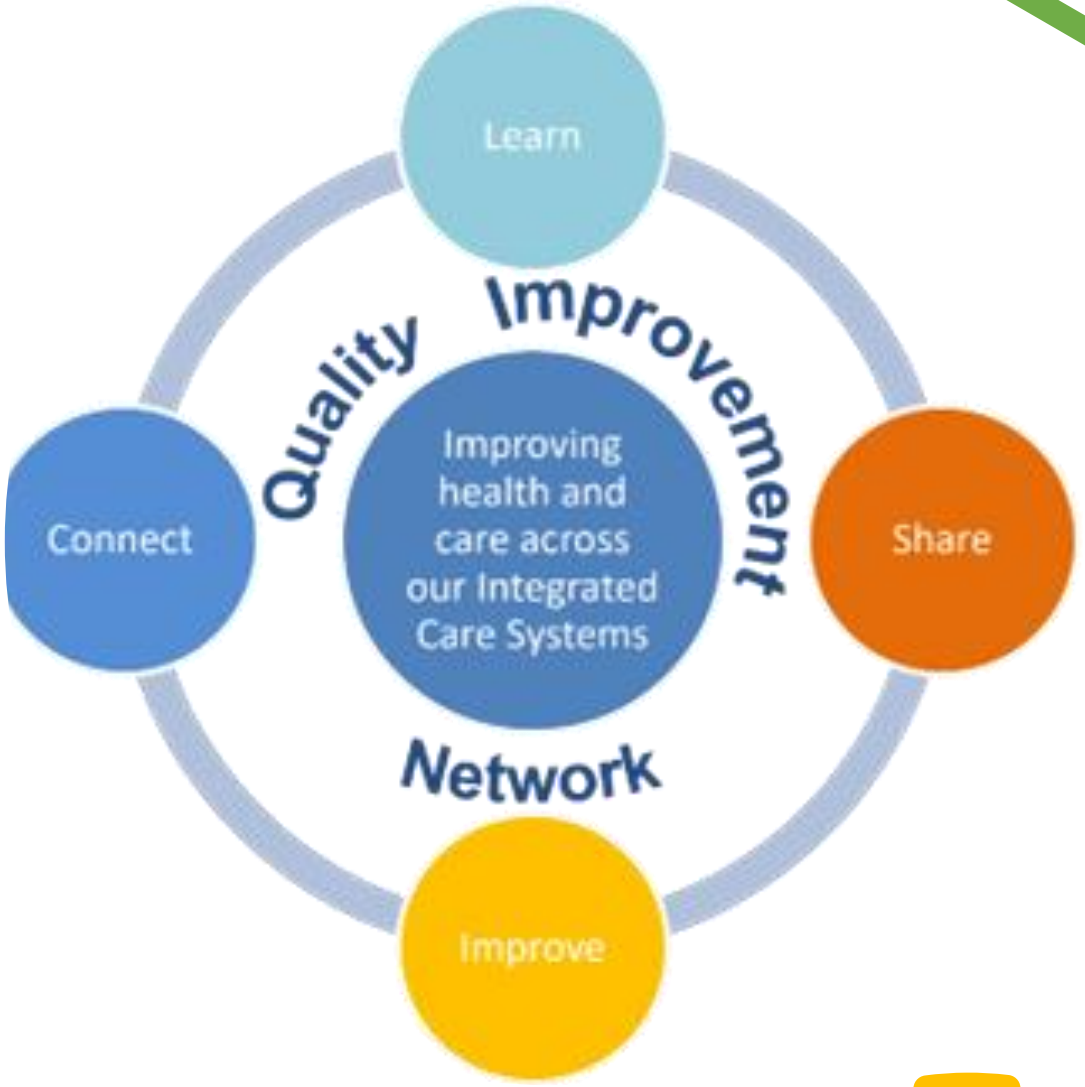
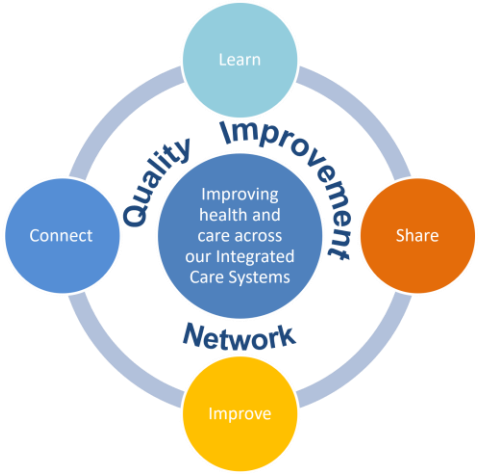


Celebrating improvements across our Integrated Care Systems through Case Study examples from our members ……

CASE STUDY - Continuous Quality Improvement Introduction of Electronic Prescribing Service (EPS) as a FIRST OF TYPE IN SECONDARY CARE



This large scale transformation programme didn't start its life as a QI project however the rationale for the solution was based on a clear problem for staff. A structured approach was then used to test the changes with clear measures to establish that the changes were an improvement. The strength of this element of the work makes the benefits really clear (including environmental) which then increase the share and spread potential of this innovative solution.

CASE STUDY - Continuous Quality Improvement Introduction of Electronic Prescribing Service (EPS) as a FIRST OF TYPE IN SECONDARY CARE

Integrated Care System
Shropshire, Telford and Wrekin

Staffordshire and Stoke-on-Trent Integrated Care System

Project led by: Colin Jones, Head of Pharmacy Innovation and Improvement & Hannah Wesley, Digital Transformation Lead Pharmacy Technician

INTRODUCTION

- Midlands Partnership University Foundation Trust serves a population of 1.5 million service users and in collaboration with NHS England and Cleo, ran a first of type scheme for EPS in secondary NHS Care.
- Feedback from Prescribers indicated they would like a method to digitally send FP10s as current methods were to write paper FP10s and in some instances deliver them to bases or sites for collection by the patient.

APPROACH

- Services were initially scoped to understand current "As is" prescribing processes.
- Requirements of the services were matched to the functionality of the EPS system.
- "To be" process maps were produced and agreed with services, prior to deployment.
- Training provided in advance of go live.
- Over 18 months, EPS has been deployed to 15 services to support prescribing.

MEASURED OUTCOMES

Results:

- Improved prescribing experience.
- Flexibility to prescribe remotely.
- Improved patient choice.
- Removal of lost/stolen prescriptions.
- Removed instances of illegibility which could potentially delay medication.
- Improved patient safety.
- Reduction of incidents relating to paper FP10s
- Community Pharmacy's no longer need to contact the prescriber.
- Enhanced and timelier reporting.
- Minimised waste.

Benefits:

- Over 85,000 electronic prescriptions sent to date.
- Over 320 prescribers using the system.
- Reduction in prescriber mileage associated with delivery of paper FP10s of 3000 miles per week.
- CO2 saving from travel approx. 756kg per week.
- Reduction of time associated with travel/delivery of 63 hours.
- Estimated postage and stationary associated with paper FP10`s saving of £35,000 to date.
- Service user travel saving of approx. 2000 miles per week.
- Service user travel CO2 saving of 342kg per week.
- Reduction of time to process paper FP10s, 186 hours to date.
- Incidents relating to paper FP10 prescriptions down 55%
- Avoidance of ordering approx. 1700 paper FP10 pads.

Feedback from a Patient

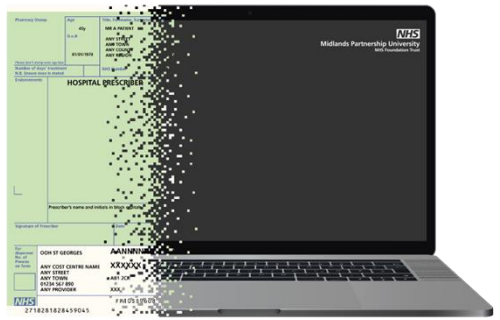
"Happier I don't have to pick up from base and can go straight to pharmacy"

Feedback from a Prescriber

"EPS has been amazing, it has saved so much time in writing FP10s and delivering these to various pharmacies across our area".

NEXT STEPS

1. Integration with MPFT main clinical system and recording of prescribing activity within the patient record.
2. Upgrade to enable more functionality including use of nominated pharmacy, NHS APP and frequently used doses.
3. Deployment to physical health prescribers following another successful MPFT first of type.
4. EPS prescribing activity to be included in the ICS record.

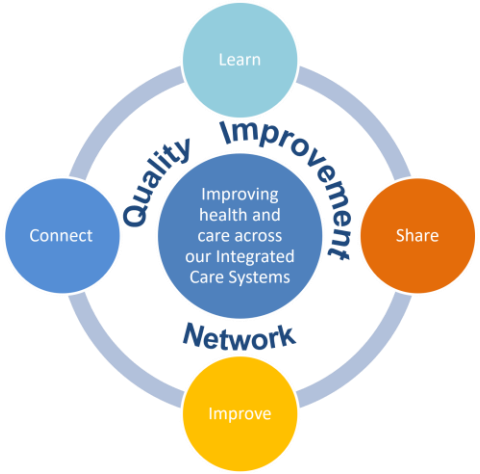


Get in touch with your system QI ideas, to share your QI story, general QI queries or to join us at our quarterly system Quality Improvement Network events

Email us: systemCQI@mpft.nhs.uk

Case Study No: 0008

CASE STUDY - Continuous Quality Improvement Supporting Transition from CAMHS with Stoke City FC



This project explores how even within the most complex of healthcare issues (supporting transition) QI can used to help define a problem and then work towards improving it. This project is a great example of partnership working and highlights the importance of understanding and gathering data to inform improvements.

Supporting Transition from CAMHS with Stoke City FC

Quality Improvement

Introduction

The focus is about young people who disengage from CAMHS aged 17.5 yrs and are discharged back to Primary care. Evidence shows that a number of these young people come back into adult mental health services in Crisis within 12 months of discharge, with a significant amount returning within 1 month.

Highest returns within 32 days over 5 years with highest amount within 12 days over a 3 month period.

The Model for Improvement

What were we trying to accomplish?

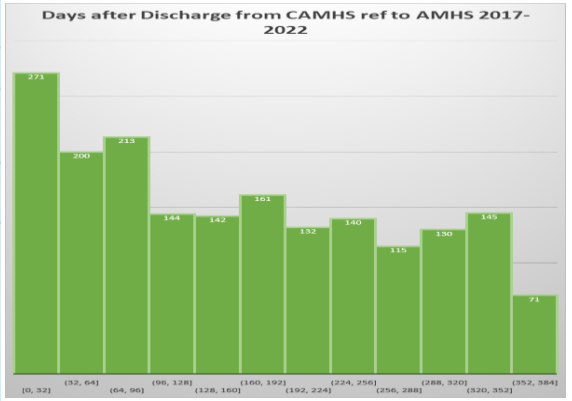
To reduce the number of young people by 20% (from a baseline of 27) who present in crisis to adult services within 32 days of discharge from CAMHS by 31st August 2024.

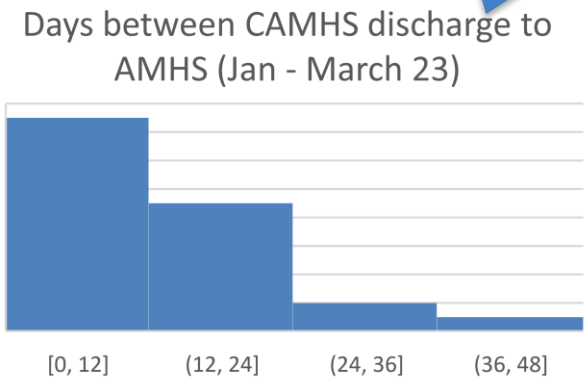
What did we measure to test if our change was an improvement?

- The number of urgent attendances/referrals by those aged 18 years old who have recently been discharged from CAMHS into Primary Care, 25% of these young people are referred to adult mental health services within 12 months of discharge.
- Reviewed the profile of the young people who had represented in Crisis to gain an understanding of who we needed to target. This meant we could identify who would be at increased risk.

What changes are in-progress?

- Stoke City Inspires Programme (Stoke City Community Trust) – take referrals from schools (under16's) and offer intensive support for an academic year, to promote engagement and introduce them to other activities and interests. They agreed to adapt the age to target 16 – 18 yrs.
- Data Sharing Agreement between the Trust and Stoke City to enable referrals and sensitive information sharing.
- 9 places were offered to young people in Core CAMHS who fit the profile.
- Raising staff awareness about the data and the issue by organizing initial meetings with Team leads and then sharing information about the project in team meetings.
- Co developed resources and leaflets to share with patients with information about the project.





Key Results

- Personal leadership – keeping people engaged, communication
- Widening scope of stakeholders and opportunity for partnership working
- This is an ongoing project which broaden opportunities and empower young adults to benefit from age appropriate support outside of traditional mental health services and manage their own transition out of CAMHS and into adulthood.
- Positive QI experience - Structure, process, journey and tools.
- The importance of measurement in QI

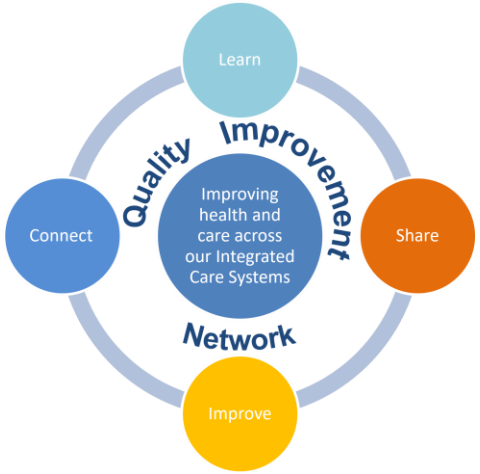
Challenges

- Size of projects within the programme I am delivering.
- Data sharing agreement
- Personal leadership insights –Creating a partnership with Stoke City and buy in from practitioners, control
- The longevity of potential impact

Next Steps

1. Measure the percentage of drop out rates and ongoing engagement
2. Joint evaluation of the project for effectiveness and impact at the end of the academic year using feedback from the young people/parents/carers who participate in the project.
3. If a positive impact is evidenced we will explore future funding for sustainability.
4. Share with Teams – Project and outcomes.
5. Update life QI with outcomes throughout and at the end of the project.

CASE STUDY – Continuous Quality Improvement Reducing Peer Support Worker Staff Turnover



Staff turnover is a common challenge within the NHS. This project explores within one team what action could be taken to tackle the turnover challenge and it shines a light on the importance of engaging the right people and attempting to co-produce change within QI work.

Reducing Peer support worker staff turnover

Introduction

"There is increasing evidence of the benefits of one-to-one peer support in mental health services, with a recent systematic review and meta-analysis of data from 19 trials of one-to-one peer support ,indicating a significant improvement in self-reported recovery and sense of empowerment for people offered peer support compared with care as usual" [5]. Bio med central Psychiatry

The Model for Improvement

What were we trying to accomplish?

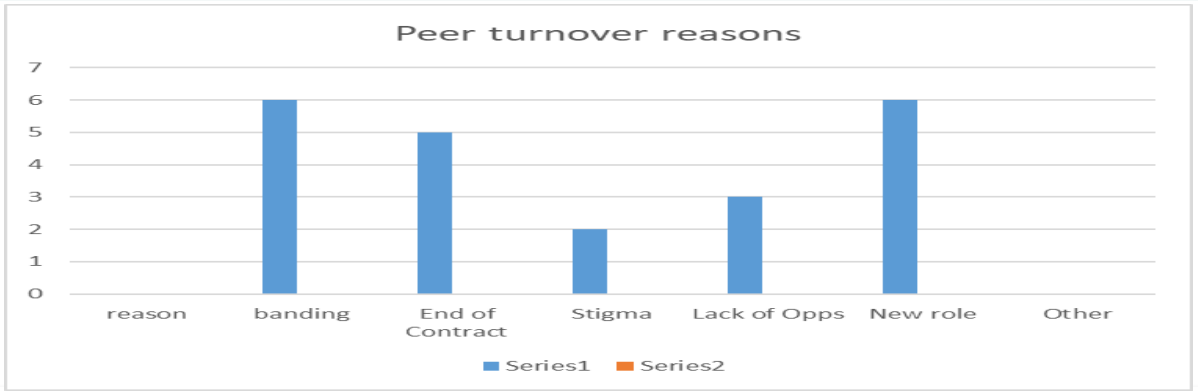
To reduce the percentage of peer turnover (from a baseline of 10) by 20% by July 2024 in order to retain the peer workforce

What did we measure to test if our change was an improvement?

- Various factors as to why peer support workers' left their role
- Measuring peer retention over the duration of the QI project

What changes are in-progress?

- End of contracts been extended Yes
- The coproduction of a peer support introduction pack on going
- Peers attending inpatient reflect connect meetings Yes
- Two new peer support Band 3 Roles created Three now 07/02/24
- More development opportunities available to peers such as Co-production of the WBC and inclusion of interviews for clinical roles. Yes
- Improved communication and the sharing of good practice via the monthly network meetings. Yes



Key Results

- One peer had there Fixed term contract extended further.
- Eight out of Ten peer support workers who have left their post remained in the Trust
- since the project has started peers have had more personal development opportunities
- The coproduction of the peer introduction pack and positive feedback from peers
- The development of Two new band 3 peer roles

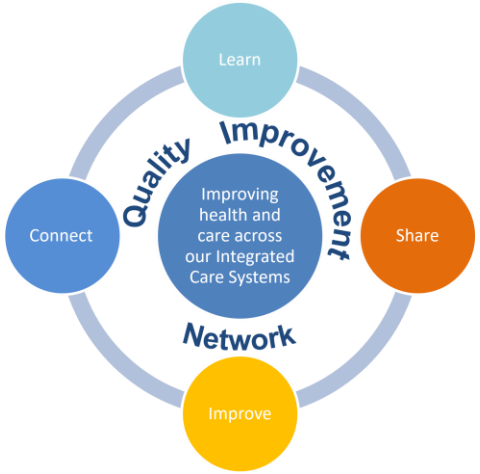
Challenges

- Some of the stigma and attitudes associated with the role
- Peers feeling undervalued in their role.
- some contracts being Fixed term whilst others are permanent
- Withdrawal of a permanent peer role in the inpatient ward
- Due to the lower banding of the role peers are seeking better paid opportunities

Next Steps

1.To consider peer support workers when recruiting for Healthcare support workers
2. ongoing co production of Peer support worker pack to ensure that PSW are maximizing their opportunities
3.Continue to strengthen the Lived experience Network and shared practice
4. to encourage PSW to develop and coproduce in the wellbeing college
5.To get feedback from current peers in in upcoming network meetings to explore what is going well and anything that could be improved with the role.
6. utilize the QI tools to measure future retention outcomes and evaluations

CASE STUDY – Continuous Quality Improvement
PRH Emergency Department: Perfect Week



This is a great example of a PDSA (Plan, Do, Study, Act) in action, with a strong focus on the use of data, using a Statistical Process Control Chart to demonstrate the impact of the work. This also highlights the importance of evaluation in the 'A' phase where it shows what was adopted and what was adapted. In some testing it may also be required to abandon an element of the test.

PRH Emergency Department: Perfect Week

Theme | Getting to Good: Fundamentals in Care

Produced by | Laura Wild

Case Study Date | 01/12/2023 (Updated 26/02/2024)

REASON WHY?

Patients who present to the Emergency Department (ED) are typically seen within arrival time order. This does not account for clinical need and acuity for time critical patients. In order to improve this process, the ED team looked to ensure that all patients have been triaged within the 15 minute target.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

I will improve the number of walk-in patients triaged within 15 minutes by 3rd of December 2023.

To improve patient flow within the department from initial assessment to Fit to Sit by 3rd December 2023.

PLAN

The Emergency Care Transformation Programme (ECTP) aims to improve services across the Emergency Care Department. Following analysis of data the team looked to hold a “perfect week”.

The initial plan was to make use of a second triage room. This enables a greater number of patients to be seen and helps the flow within the department.

Additionally, the team were keen to have an Emergency Care Technician to work out of the Fit to Sit assessment room and carry out bloods and ECG tests on patients, working directly with Fit to Sit nursing colleagues.

The aim of this was to improve the number of people that had had an initial triage to ensure that patients that required time-critical tests and assessments were seen in order of priority to improve patient safety. It was hoped that it would improve the experience of both patients and colleagues working in the area.

DO

A second triage room was created with computer and printer access. An additional triage nurse was placed in the second triage room and protected so that they were not removed from the area. An additional Healthcare Assistant worked alongside triage nurses, running notes and assisting patients in the department.

The old children's waiting area was converted into an area where ECG’s and bloods could be taken. Elements of the process were transferred outside of the initial assessment (bloods/ ECGs) in order to speed up the process for patients arriving in the department and provided by an Emergency Care Technician within the newly created space.

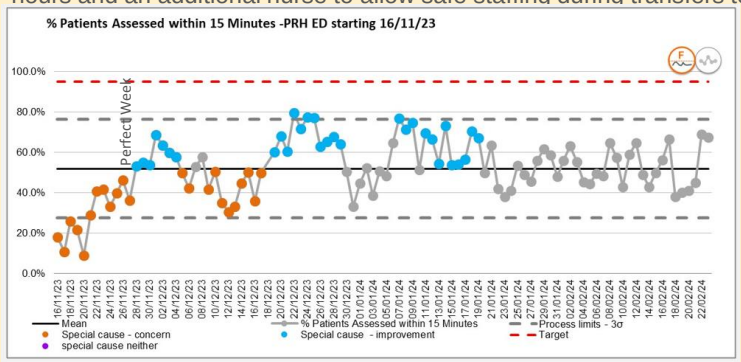
Ambulance navigators began to triage patients live on arrival onto the system.

Visual controls were used to flag patients requiring treatment within the notes to speed up the process for doctors.

STUDY

The “Perfect Week” helped provide the opportunity for colleagues to test a different way of working and improve the flow within the department.

Feedback received from colleagues was very positive, with additional feedback suggesting that the roster should be changed to support the twilight nurse to be changed to 0900-2130 hours and an additional nurse to allow safe staffing during transfers to CT/ X-Ray/ Wards.



ACT

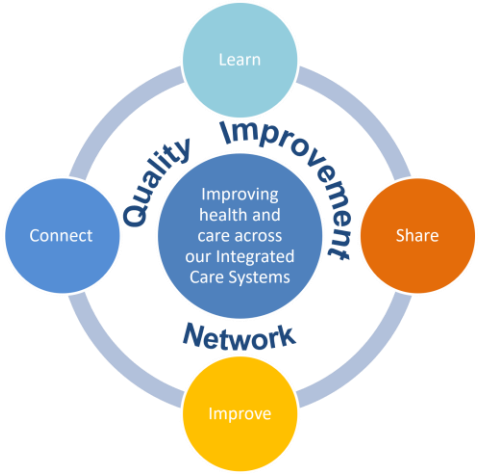
During the week, there were minor adaptions in the flow of the department and environment for patients.

Colleagues will ADOPT the revised initial assessment process and continue to triage ambulance patients live onto the system.

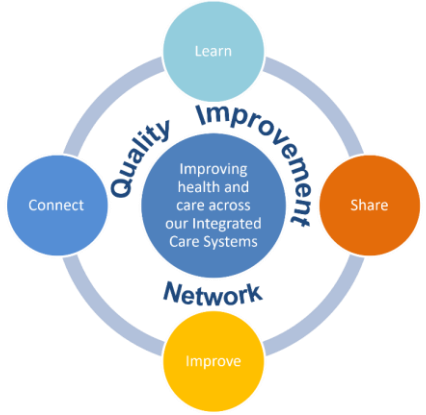
The team have revised the staffing template to allow for the second initial assessment area to remain in use. The current improvements will be monitored over the next 30, 60 and 90 days.

ACKNOWLEDGEMENTS & REFERENCES | The ED team for all their hard work!

CASE STUDY – Continuous Quality Improvement Mental Health Awareness Staff Training



This staff led change explores the challenge of managing inappropriate referrals and how education and training can then enable greater understanding of pathways.



Continuous Quality Improvement Project: Mental Health Awareness Staff Training

Integrated Care System
Shropshire, Telford and Wrekin

Staffordshire and Stoke-on-Trent Integrated Care System

Project led by: Thandeka Moyo **Service/Team**: Inclusion/ Health In Justice/ HMP Oakwood

Rationale: Inappropriate referrals received in MH service negatively impacting in service delivery and delays in patient care

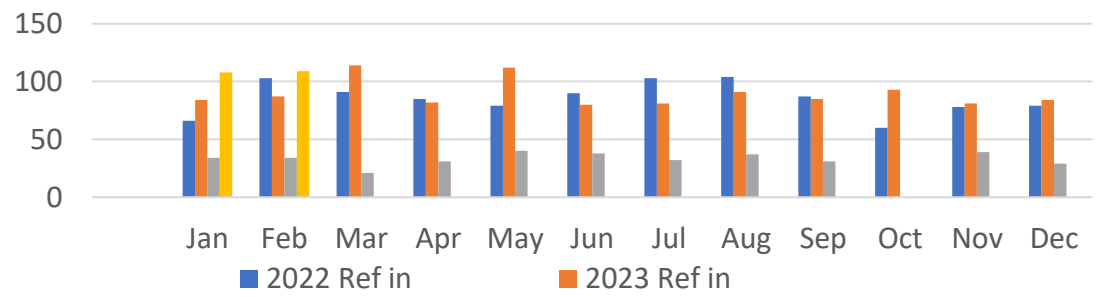
AIM

- Raise awareness to non-MH professionals on the negative impact inappropriate referrals have on service and patients.
- Increase knowledge for non-MH professionals around processes and procedures for MH
- Reduce inappropriate referrals for patients not requiring interventions from MH services
- Redirect patients to appropriate services at first point of contact

APPROACH

- MH Awareness Programme designed specific for HIJ service team
- Face to face session with non-MH healthcare professionals educating on:
  - what constitute a MH need
  - alternative/available support services within the establishment
  - human and financial cost of inappropriate referrals
- Face to face open forum for non-MH professionals to have an opportunity to ask questions they may have regarding processes & procedures around MH

MEASURED OUTCOMES



CHALLENGES

- time constraints due to mismatching rota for trainer and trainees
- delay in training lead to increased referrals in
- temporary staffing

NEXT STEPS

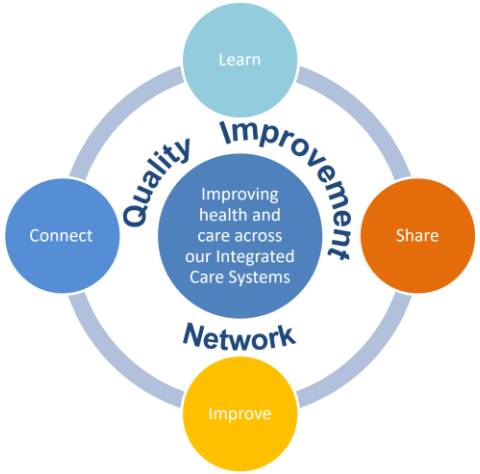
- Data collected on total number of referrals in and number of accepted in service
- Inappropriate referrals from individual staff members recorded prior to training and post training
- Results shared with trainee team's senior staff
- Continuous evaluation of the programme and training of new staff

OPPORTUNITY FOR SHARED LEARNING

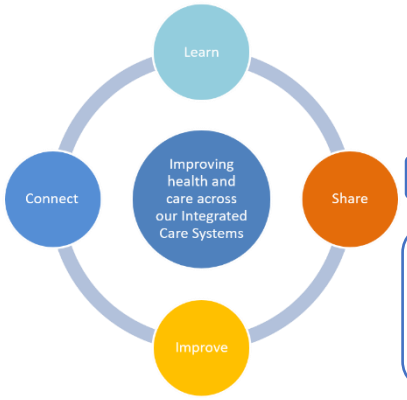
- Education of staff from feeder services within other HIJ services or other teams experiencing similar problems with inappropriate referrals
- Awareness sessions between different healthcare groups working with same client group
- Positive outcomes of improved partnership working within different care groups caring for a particular client group
- Benefits of patient referrals to appropriate services at first point of contact

Compiled by Thandy M 2024

CASE STUDY – Continuous Quality Improvement Improving 5-day delivery speed performance of Community Equipment



This system improvement project highlights the importance of using the data and engaging with stakeholders to understand the root cause of problems. This focus within the 'P' (Plan) phase on the problem/root cause means, we knew which changes were likely to most impactful in 'D' (Do) phase, we would be able to understand if the change is an improvement in 'S' (Study) phase and we would with greater certainty know what we need to adapt, adopt or abandon in 'A' (Act) phase.



CASE STUDY - Continuous Quality Improvement
Improving 5-day delivery speed performance of Community Equipment

Staffordshire and Stoke-on-Trent Integrated Care System

BACKGROUND……. WHO, WHAT, WHY?

Project led by: Jane Mackenzie **QI coach:** John Costello **Service/Team**: Staffordshire and Stoke on Trent ICS Partners

Partners from across the ICS came together to explore the data linked to performance of the 5-day delivery speed, the root cause analysis of the problem (fishbone diagram) highlighted that alongside the increase in demand there had also been a significant increase over time in more urgent delivery speed making the overall deliverability of the less urgent speed increasingly difficult to manage with 45.6% of standard stock order delivered on-time

AIM

The main aim of this project was to **Improve performance of the 5 day delivery speed to 50% delivered on time within 3 months.**

Change specific aim's included:

- Build understanding and provide a greater range of delivery speeds for prescribers
- Engagement with the 3 day delivery speed
- Shift urgent demand

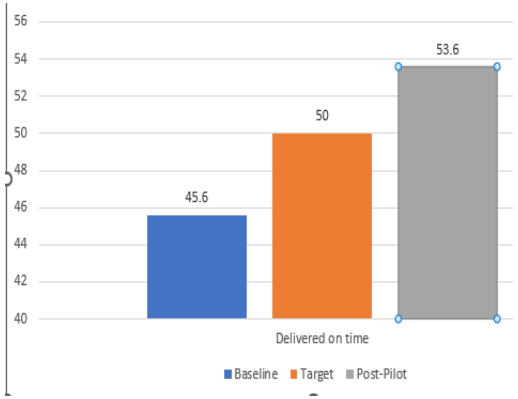
APPROACH

Using a PDSA approach we explored the problem using data and insights from staff working in the process alongside a root cause analysis to collectively agree on the main root cause. On the theme of reducing and shifting demand from urgent delivery speed we developed a set of changes to test, the main one being the re-introduction of the 3-day delivery speed. We agreed a pilot , trained the pilot team on when to use the new speed and why.

MEASURED OUTCOMES

Measurable improvements included:

- Good engagement with the change (9%) of all orders
- Positive feedback from prescribers and Medequip on the impact of changes
- Cost saving during the pilot of £687.06
- Reduction in urgent deliveries by 4% (from 51% to 47% of all orders)



CHALLENGES

The main challenge we faced was the setting of permissions to restrict the initial use of the new speed. Monitoring of the other interdependent factors that impact performance (Demand & capacity) Other challenges were time, communication and governance.

NEXT STEPS

1. Continue to monitor the data to explore the impact of the changes
2. Work with commissioners to agree the next steps for this particular change

OPPORTUNITY FOR SHARED LEARNING

The impact of this change has demonstrated improved performance, reduced cost, reduced lead time for patients and better staff satisfaction, we are in the process of using the evidence obtained from this QI project to support a potential scaling of this change across the contract. Other learning points have been documented and shared with the ICB. The discussions in this project have highlighted the need to ensure that information linked to performance and spend reaches front line team to enable them to understand and act on it.

Get in touch with your system QI ideas, to share your QI story, general QI queries or to join us at our quarterly system Quality Improvement Network events

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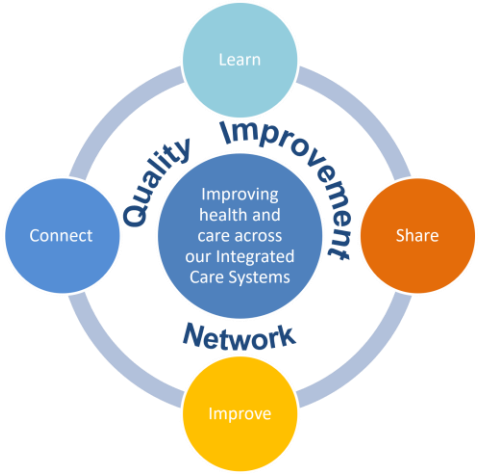
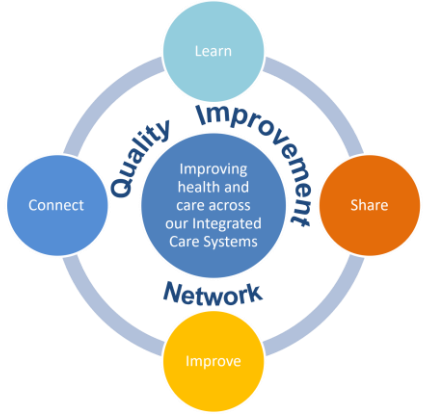
Case Study No: 0006

CASE STUDY – Continuous Quality Improvement WINNN Model



This staff led change shows the power of having an idea and running with it. It also focusses on reducing unwarranted variation and the mantra of before we improve we need to standardise. This standardisation as proven to improve patient safety and as great share and spread potential.



CASE STUDY - Continuous Quality Improvement WINNN Model (Implemented patient safety model across the North Alliance)

Integrated Care System
Shropshire, Telford and Wrekin

Staffordshire and Stoke-on-Trent Integrated Care System

BACKGROUND……. WHO, WHAT, WHY?

Project led by: Sam Anderson & Stacey Moss **Service/Team**: Community Nursing, Staffs and SOT (MPFT)
Following an incident where a patient was found to have passed away and the nurse was not being able to gain entry to their property, we reflected that there was no standard practice in place on what to do in this scenario.

AIM

- The primary aim of implementing this change was to improve patient safety, alongside this we would standardise practice, reduce variation and ensure consistency when faced with this difficult scenario.
- Measures that we monitored were patient safety incidents and staff confidence and understanding of the new model.

APPROACH

- WINNN model trialled within my own team, following its creation.
- We sought initial feedback from the team, ensuring that this was useful on a small scale.
- Took this to lessons learned, and began sharing this with the surrounding teams, including clinics.
- Showcased this at a QNI day and began working with the quality improvement team.

MEASURED OUTCOMES

Baseline- Although we had no initial data, we had anecdotal evidence that a process would be beneficial.

Action- Implemented the WINNN model and engaged with and educated the staff. We monitored incidents which came in relating to this, and how the WINNN model effected its outcome.

Results- Wider uptake of the model, identifying the potential of further growth and need for spreading. Recent follow up questionnaire completed by a variety of community staff report 93% of people agree this model has improved patient safety. Article Published in the Nursing Times.

CHALLENGES

Ensuring the message is embedded and ensure this is standard across the Trust

NEXT STEPS

1. WINNN to be taught as part of the New starter induction program
2. To be shared with AHP's and social care colleagues, anyone who completes home visits.
3. For WINNN to be added as an outcome on RIO to allow a further level of reassurance this is being utilised.

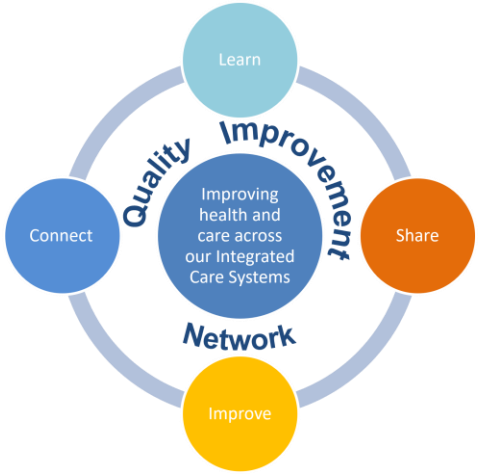
OPPORTUNITY FOR SHARED LEARNING

Continue to work with QI team to ensure the WINNN continues to be shared with the relevant teams to continue to push for improving patient safety.
To work with the Comms team and work towards a teach the teacher approach, to allow other staff to teach the WINNN model to their own teams.

Get in touch with your system QI ideas, to share your QI story, general QI queries or to join us at our quarterly system Quality Improvement Network events
Email us: systemCQI@mpft.nhs.uk

Case Study No: 0000

CASE STUDY – Continuous Quality Improvement
The Green Wellbeing Project



This is a fantastic example of partnership work, creative solutions and engaging with hard to reach/seldom heard communities within the ICS to improve the care we deliver.

CASE STUDY - Continuous Quality Improvement
The Green Wellbeing Project

Integrated Care System
Shropshire, Telford and Wrekin

Staffordshire and Stoke-on-Trent Integrated Care System

BACKGROUND……. WHO, WHAT, WHY?

Project led by: Carolyn Fleurat and Anna Redpath **Service/Team: Community Nursing Services MPFT**

To introduce health clinics and post COVID re-engagement rehabilitation sessions using gardening activities as a focus to support improvement in mental health and wellbeing and provide the opportunity for early identification of deteriorating patients. Working alongside our system partners to reduce duplication in service delivery ensuring sustainability. Building links with activity coordinator to support and educate them in their roles. Establishing links with our GP practices and social prescribers to implement a non- pharmacological approach to mental health support.

AIM

Which cohort of patients/customers will this improvement impact on and how?

- Residents in care homes
- Patients at risk of social isolation
- Long term conditions support
- Support with moderate frailty
- Post Covid Recovery support
- Improved access to green space to improve mental health

APPROACH

Demonstrate changes introduced against each QI principles:

- PDSA – SMART planning principles included
- Process/standard work introduced – Agreed framework used for each session delivered
- Reduced waste – Utilised current activity coordinators and staff in the programme and equipment
- Increase flow – Face to face health professional support to reduce the need for referrals care delivered at point of contact…
- Feedback obtained throughout involving residents and care home staff in sessions.

BENEFITS & OUTCOMES

1. Enhanced Mental Health and Wellbeing: By incorporating mental health and wellbeing into the care delivery model, residents have experienced improved moods, reduced social isolation, and a renewed sense of purpose. They now have opportunities to follow their hobbies and interests, which has a positive impact on their mental health.
2. Identification of Deteriorating Patients: With health professionals leading the delivery, the project has enabled the early identification of deteriorating patients. This proactive approach allows for timely interventions and better care outcomes.
3. Non-Pharmacological Interventions: The project focuses on non-pharmacological approaches to care, reducing the need for medication. This approach aligns perfectly with the NHS Green Plan's emphasis on sustainable medicines and addresses the potential overuse of drugs in the elderly population.
4. Community Involvement: By involving local volunteers and Voluntary, Community, and Social Enterprise (VCSE) partners, the project is not limited to care homes alone. It has the potential to upscale and expand its benefits to other community groups, fostering a sense of inclusivity and shared responsibility for wellbeing.

CHALLENGES

Protected time to deliver sessions , Access to finances, limited resources, Carer responsibilities during sessions, unplanned additional residents.

NEXT STEPS

The outcome of the project identified that continuity of care delivered by the same health professional is a major factor for delivering effective and efficient healthcare. This has led to a review of our current service provision and identifying ways in which continuity can be improved in our care homes, implementing a lead clinician to ensure continuity and integrated care with the NHS and private care providers.

OPPORTUNITY FOR SHARED LEARNING

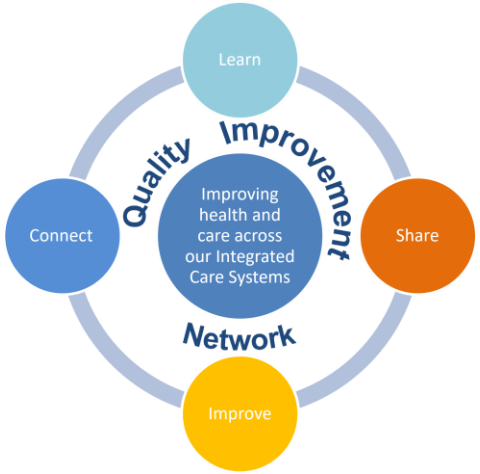
This initiative represents a model for healthcare transformation that prioritises the wellbeing of individuals, the environment, and the broader community. As we reflect on the project's success, we can envisage a future where healthcare institutions prioritise sustainable and holistic care, ultimately improving the lives of those they care for while nurturing the planet we all call home.

Get in touch with your system QI ideas, to share your QI story, general QI queries or to join us at our quarterly system Quality Improvement Network events

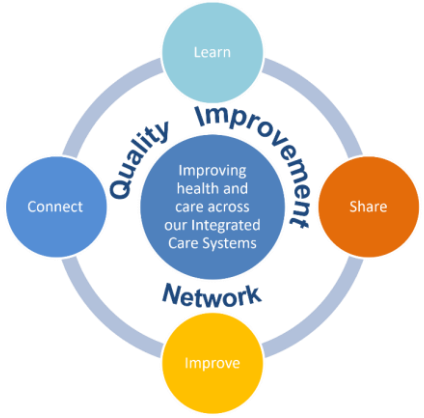
Email us: systemCQI@mpft.nhs.uk

Case Study No: 0000

CASE STUDY – Continuous Quality Improvement Reducing single use plastic in Adult Dietetics - Home Enteral Feeding



This SusQI project blends the use of QI and environmental sustainability in a simple and effective manner to clearly demonstrate the impact that teams can have on improving the efficiency of their service whilst reducing its environment impact.



CASE STUDY - Continuous Quality Improvement/Sustainability
Reducing single use plastic in Adult Dietetics - Home Enteral Feeding

Integrated Care System
Shropshire, Telford and Wrekin

Staffordshire and Stoke-on-Trent Integrated Care System

As a team we noticed that a lot of plastics being delivered to patients were not necessarily being used or needed. We started to look into each patient's deliveries/orders and soon realized there were cost savings and environmental savings which could be made.

Project led by : Lynn Jones, Adult Dietetics Team Lead /Debbie Walters Home Enteral Feeding Co-Ordinator/Helen Whitfield Clinical Lead HEF
Service/Team: Adult Dietetics – Enteral feeding
Aim : To reduce single use plastics in Enteral Feeding except where medical needs require it.

AIM

- This will improve patient and staff satisfaction through reducing waste and storage space.
- There will be Trust Environmental and financial savings.

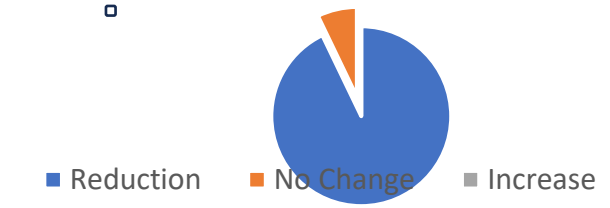
APPROACH

Demonstrated changes introduced against each QI principles:

- Process – all new referrals are changed to re-usable plastics where possible this includes syringes, giving sets and flexitainers – checking for deviations and new opportunities
- **Plan** to identify opportunities to reduce plastic use **Do** reviewing invoices **Study** check for changes actioned **Act** some changes in SOP
- Reduced waste e.g PEG repair kit vs spare end
- Add value – cost saving – sending only what need when
- Engagement – voice of the customer

MEASURED OUTCOMES

Reductions in frequency or amount delivered



57% of changes reduced delivery from as required/monthly to every 6 months

CHALLENGES

Staff, patient and Abbott involvement, product development (eg bottle hanger)

NEXT STEPS

1. Re-measure impact of reduced plastics 2024, project started in 2023.
2. Continue to monitor single use plastics. Formalise a SOP for this using PDSA cycle.
3. Currently focused on pH paper, tube ends, syringes and giving sets to expand this to flexitainers and other equipment
4. Engage /communicate with wider teams/patients/Abbott.

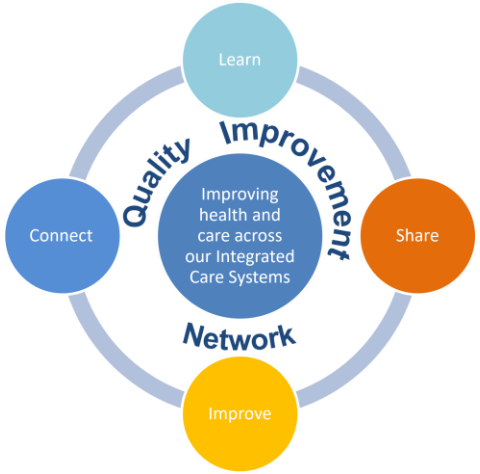
OPPORTUNITY FOR SHARED LEARNING

Engage UHNM - we currently pay for equipment for head and neck patients who attend, Abbott can show case our work to other trusts.

Get in touch with your system QI ideas, to share your QI story, general QI queries or to join us at our quarterly system Quality Improvement Network events
Email us: systemCQI@mpft.nhs.uk

Case Study No: 0000

CASE STUDY – Continuous Quality Improvement Safety and Learning Culture – A Quality Improvement Journey in Critical Care



A great example of how embedding quality improvement routines at a team level can be used to directly support team health and wellbeing

Safety and learning culture – a quality improvement journey in Critical care

Jill Bogucki, Vicky Golden, Claire de Klerk & Dr Chris Thompson

Delivering Exceptional Care with Exceptional People

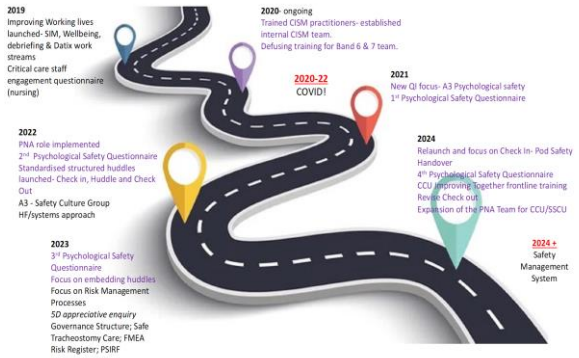
NHS University Hospitals of North Midlands NHS Trust

Problem Statement:

- At UHNM **effective safety culture** in which **risks are identified** and **mitigated** is not embedded in critical care.
- The **absence of psychological safety** leads to staff potentially feeling punished or ignored and unwilling to change and engage. Evidenced by staff surveys.
- Lack of psychological safety impacts on the members of the MDT's ability to feel valued, engaged and feel it's safe to speak up, which prevents teams working better together and develop or share ideas. This potentially leads to impacts on quality of care provided.
- Identification of **risk is not thought about in a proactive or structured way** and is not part of usual practice.
- **Staff learning from adverse incidents is not always effective**, nor consistent, and **assurance that further events are prevented is unclear.**
- Critical Care reported **40-70 critical incidents per month** from April 2022 – March 2023 (total number of incidents for Pods 3-6 = 666) with only **4% being near misses** (n=24). Incidents and Near misses are likely being **under reported**.
- As learning from events is inconsistent, **preventable events may re-occur** causing harm.

Current Situation:

- UHNM Critical care unit identified in 2019 we needed a workforce focus to improve. This identified 4 areas – Staff well-being; Critical incident stress management; Datix learning and SIM training to focus on. The journey is shown below.
- SIM is business as usual now with bespoke MDT training developed in house focusing on team dynamics in scenarios reflecting unit activity which require time critical responses.
- We established a Psychological safety group (Purple actions) as we developed understanding of our problems and a Safety and learning culture group (black actions) interventions shown below.
- Identification of common themes has improved with introduction of a Patient Safety Role providing oversight and trend spotting.
- Datix incident reporting has increased with 72-135 incidents per month in 2023-24 with near miss reporting up to 11/1000 bed days.



Vision and Goals:

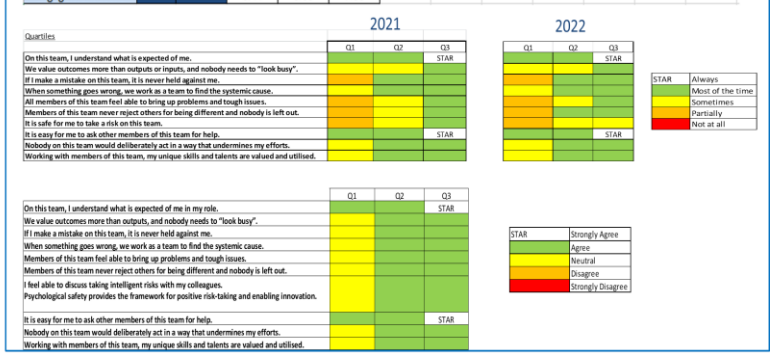
"Critical Care will have an ***effective learning and safety culture***, where ***risks are identified and assessed***, with ***effective mitigation*** that is ***reviewed regularly.*** Assurance is provided that the ***safety culture and the Safety Management System is effective and embedded.*** Staff feel ***supported and safe to speak up*** and these concerns have actions".

1. Worked example: Focused approach on managing **tracheostomy risks** by developing a **safety management systems** approach using Datix Risk Register *(by end 07/2023)*
2. Ensure **risk management documents** are reviewed, updated and accessible in a risk management document log, separate from Risk register. *(end July 2023)*
3. Promote a **psychologically safe environment** for staff to speak up (*end July 2023)*
4. Embed **PSIRF** and **Human Factors/Systems thinking** approach to **incident responses** *(2024)*
5. Embed **Human Factors/Systems thinking** approach to **changes in practice** *(2024)*

Root Cause Analysis/Stratified data

Root cause analysis was performed by each group to identify areas to apply countermeasures. Data tracked to assess team engagement and psychological safety.

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Number of responses	1	2	4	2	4	5	5	64	23	37		
Engagement score	5.83	5	5.63	5.83	5.21	6.67	7.17	6.42	5.54	6.73		
	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Number of responses	6	8	12	26	53	19	75	87	62	27	25	
Engagement score	2.92	5.1	6.32	6.73	6.98	6.81	6.63	6.88	6.29	6.74	6.55	
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24							
Number of responses			29	32	69							
Engagement score			6.44	6.66	7.36							



Countermeasures Safety & learning group:

Concern	Cause	Countermeasure	Owner	Due date	Progress
Lack of systems approach to incidents and risk management	No structured approach to investigation	Review current incident investigation training on offer from various platforms (e.g. eLFH, HSIB, Internal training) Consider in-house training	CDK	Summer 2024	In-house DATIX training now undertaken as supported by DIGDM PSIRF training will be mandatory
		Explore change to Description of event box in DATIX to 3 sections with 1. What happened 2. Why 3. What could have potentially been done differently	CJT/CDK	Autumn 2023	To liaise with DATIX team regarding DATIX system upgrade due Autumn 2023
	Local risk management system not in place. Risk register not structured to manage unit level/ low level risk	Review Risk assessments that are in place and look for gaps.	CDK	August 2023	Risk assessment log formulated. In progress of out of date RA being updated
		Utilise Risk Register to capture unit level clinical risk with links to risk assessments and Failure Modes Effects Analysis (FMEA) where appropriate. -Will require changes to be agreed on Risk Register template	CJT/CDK		Meeting with head of G&R department to discuss proposals completed Risk mapping session arranged 20/06/23
Governance meetings not providing assurance of risk management	Governance meeting TOR does not give assurance	Review TOR -Support from Admin team to chase items -Engagement increased – challenge Risk management, gap analysis, learning, assurance -Litigation/complaints – feedback from independent reviews (lessons learnt) improve pathways for sharing back to unit -Ensure compliant with PSIRF changes	DC/SJL	Autumn 2023	Not commenced – needs to occur after risk mapping processes complete to understand implications and approach and PSIRF requirements
Lack of effective feedback	Incident SBAR use not effective Risk identified not cascaded	Process to Share Immediate learning 72hr review for SI Develop communication of incident outcomes/learning. Develop cascade process Pod handover/PDN team/ Quality nurses? Review standardised templates and provide TOR for use	CJT/CDK	August 2023	Monthly Safety Updates now in place and Learning form Safety Events shared Templates to be reviewed

Actions (Summary) Safety and learning group:

Action	Due date	Completed
• Process mapping worked example with stakeholders (CT-ITU, Trust Trachy Nurse, SaLT, Physio, Pharmacy, Quality, Medical, Nursing) • Tracheostomy care • FMEA	Sept 2023	Process mapping for FMEA Completed Failure Modes Effects Analysis – on going
• Add Tracheostomy Care to risk register with actions	July 2023	Created actions log on RR
• Standard Work for use of PMV • Standard Work for tracheostomy inner tube cleaning • Standard Work for bedside safety checks • Plan for process confirmation (Assurance)	Sept 2023	Drafts completed Testing in progress
• Dashboard requirement • Report of themes and learning outcomes • Link to risk assessments, FMEA, SOPS/Locssip/Standard work as a control measure to check against • Contact the Quality and Safety team/ Business Intelligence Developer	Autumn 2023	Initial meeting with SH held to discuss options Links with DATIX upgrade in Autumn 2023
• Risk assessment training • PSIRF /Incident response training	Autumn 2023	Awaiting input re PSIRF roll out
• Governance meeting starts to manage "Register of SOP's/SW/LOCCSIPS "	August 2023	Register created - assurance required

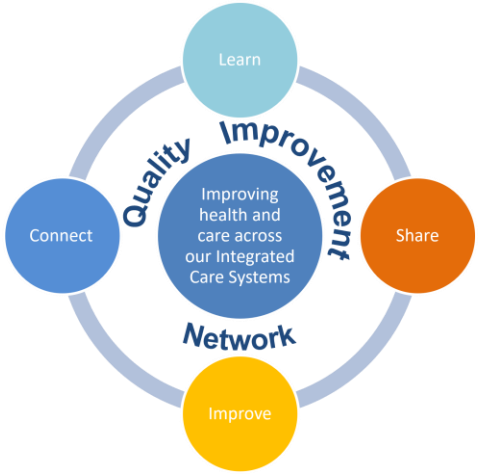
Countermeasures Psychological safety group:

CAUSE	CONCERN	COUNTERMEASURE	OWNER	STATUS
Change in team structure/ unfamiliar team leaders	Allocation according to competencies; recent experiences; continuity not addressed to ensure staff feel safe	**Check in** Restructured start of the day, team based allocations 5-10 mins Standard work- updated version 3	All	
		Huddle Prior to every break Encouraging safe to speak up	All	
		Check Out decompress and reflect collectively on the shift, and to share learning- further work required- target by end April 24	All	
		Process Confirmation and reflective conversations To process confirmation for each section of the Check in and Huddle covering different shift times and different areas	All	
Inconsistent board round	Lack of opportunities to speak up/ ask questions	**Status Exchange for MDT handover**	Chris Thompson	
Staff feel unable to get things changed.	Staff don't always feel comfortable raising concerns /difficulties with manager.	1. Roll out of good conversations pilot for new registrants as part of PNA role.	Vicky	
		2. Matron drop in sessions Weekly by Matron team	Matron Jill	
Insufficient engagement	Not everyone feels they have a voice	Get more data to understand whether or not our changes are being effective, using Staff Voice	All	
		NHS Staff Survey 23 a/e results	All	
		Leadership behaviours; Improving Together frontline training April 2024	Chris Thompson	

Insights and Next Steps:

- Identifying common themes was previously not done well. Similar events were often not reviewed for causality. CLUSTER reviews are now improving this (since 09/2022)
- Developing a structured Process Standard Work effectively reduced variation at huddles improving engagement. Informed changes for Check in and MDT handover.
- Risk management process was reviewed with "5D appreciative inquiry" capturing opportunities for improvements. (04/2023). No need to change everything.
- Created a register of existing Risk Assessments and in the process of identifying gaps
- Created a register of SOP/Standard works/LOCSIPPS for unit which identified 3/27 were in date and all were active. No evidence of up to date audit or measures of effectiveness. Audit process now developed (03/2024)
- Discussed with Trust Governance, Risk team and Divisional Lead Nurse. All supportive of developing Safety Management System (SMS) locally at unit level (04/2023)
- Focus on Tracheostomy care revealed opportunities for improvement. FMEA used to good effect.
- Safety Culture education days in 2023/2024 linked work with Human factors training, risk, psychological safety and resulted in improved engagement with Check in, Huddles and MDT Handover.
- **TO DO** → Team Frontline training of CQI methodology to embed CQI Tools and Routines for unit.

CASE STUDY – Continuous Quality Improvement Triangle of Care Audit – Jackfield (Haywood Pilot) – (St.04.23/24)



This is a great example of service user and carer involvement and the interlinks between audit and quality improvement

Triangle of Care Audit – Jackfield (Haywood Pilot) – *(St.04.23/24)*

Midlands Partnership University NHS Foundation Trust

Background

The Triangle of Care is a therapeutic alliance between carers, service users and professionals, aiming to promote safety and recovery and to sustain wellbeing by including and supporting carers. Supported by the Involvement Team and Clinical Audit Team, Jackfield ward at Haywood Hospital is the first MPFT physical health ward to participate in the Triangle of Care process, which involves an initial self-assessment against six key domains, set out by the Carers Trust.

AIM

The aim of the audit/self-assessment is to support the improvement of carer engagement and monitor compliance against Trust and Triangle of Care standards.

This audit will also act as a pilot to support full roll out and benchmarking across all wards at Haywood Hospital

Methodology

An audit tool based on the self-assessment tools created by the Carers Trust was adapted for ease of use by the ward.

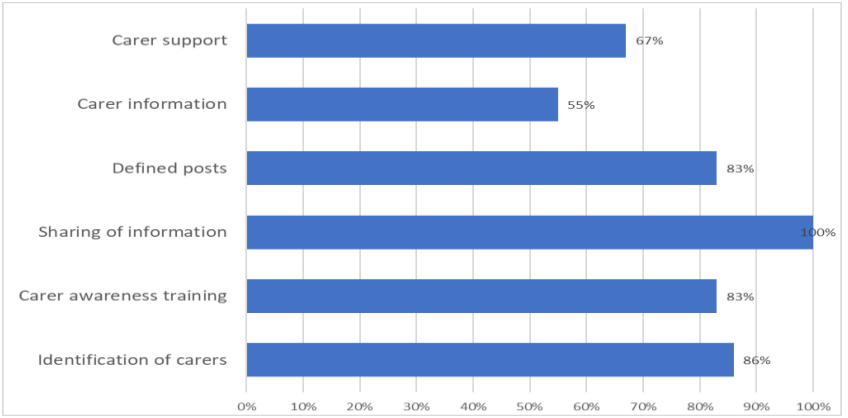
Data was collected against a series of questions by sampling 5 sets of notes and RAG rating, in April 2023.

Guidance notes for the completion of the audit were provide to support consistency of data collection across the organisation.

Baseline Results

A series of questions within each domain provided a picture of compliance against carer engagement best practice standards.

This has provided a baseline for comparison against future measurement and helped identify areas for improvement



Actions Implemented

- Expand links with the Alzheimer's Society and North Staffordshire Carers Association.
- Introducing a 'sit with sister' appointment system for relatives and carers.
- Facilitate a 'carers dementia café the first Tuesday of every month which started in August 2023.
- Work with the Involvement Team to develop a carers pack.
- Setting up a carers board on the ward to support sharing information/support, advertising events etc.

Next Steps

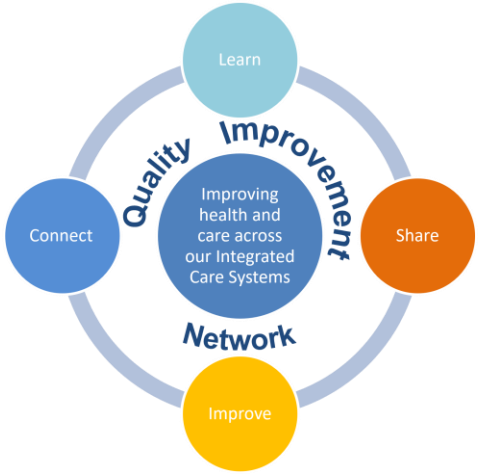
Following a successful pilot on Jackfield, a full roll out of and self-assessment took place across all wards at Haywood. A full 're-audit' across all wards will take place in 24/25 to measure the impact of all the actions that have been implemented.

Opportunities for Shared Learning

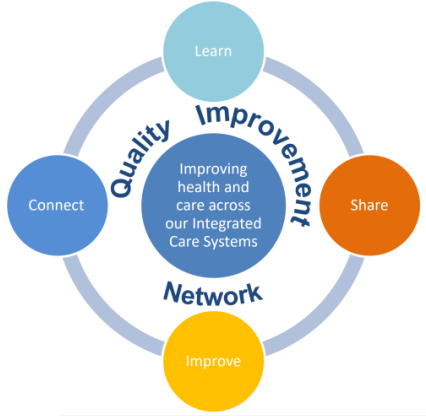
The action plan agreed for Jackfield drew on experiences of implementing Triangle of Care across Mental Health wards. The enthusiasm of the staff on the ward enabled agreed actions to be successfully implemented and subsequently introduced on other wards at Haywood. Experiences and actions are being shared across the organisation as the initiative is rolled with more services.

Project Lead: Maria Leyland – Ward Manager, Jackfield

CASE STUDY – Continuous Quality Improvement
Reduce catheter-related incidents on MCSI



This is a great example of the positive impact of Quality Improvement on patient safety and both patient and staff experiences. This example shows the benefits of improving consistency through a standardised approach and using the Plan, Do, Study, Act (PDSA) model to test out, adapt and measure the improvement



CASE STUDY - Continuous Quality Improvement
Reduce catheter-related incidents on MCSI

Improvement Hub

BACKGROUND……. WHO, WHAT, WHY?

Project led by: Katy Coulson, Hannah Richards, and Jess Shiel (MCSI Ward Managers)
Service/Team: Midlands Centre for Spinal Injuries Unit
There was a noticeable increase in catheter-related incidents on MCSI from June 2022 to March 2023.

AIM

As an outcome of our established PSIRF process, the team were looking to reduce catheter-related incidents on the MCSI unit.
This will improve:

- Patient care
- Patient experience
- Time with patient
- Cost saving

APPROACH

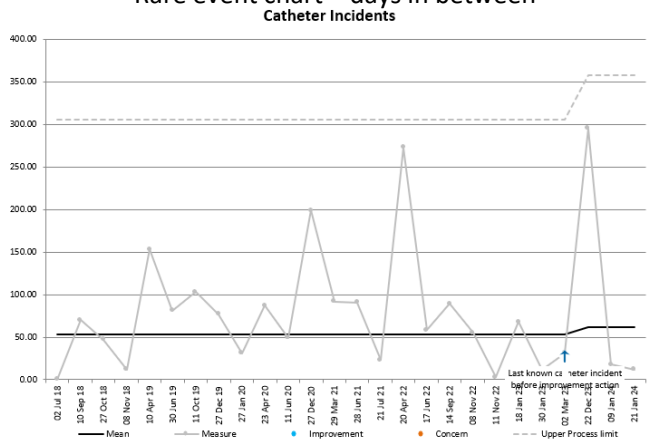
A rapid improvement event was held with stakeholders utilising the SEIPS model. From this, key tests of change and opportunities for improvement were highlighted. One of which was the **fluid balance chart** which was inconsistent across the units. Therefore, PDSA cycles were undertaken to develop a fluid balance which suited the needs of the unit.

MEASURED OUTCOMES

A notable increase in days between catheter-related incidents causing low harm.

Early 2024 there was a change in supplier which led to catheter incidents increasing. However, the Trust has since changed back to its original supplier.

Rare event chart – days in between



CHALLENGES

Time constraints to get all stakeholders together.

NEXT STEPS

1. Continue to monitor to ensure sustained improvement
2. Communicate outcomes to regional meetings
3. Engage wider teams for adopt/adapt of fluid balance chart

OPPORTUNITY FOR SHARED LEARNING

This improvement highlights the power of PSIRF and a group of key stakeholders getting together. Once the key people were round the table, ideas and opportunities for improvement were listed very quickly. Giving the staff that time to reflect and make a difference to patient care has truly paid for both patient experience and staff experience. The power of a 30-minute meeting!

Get in touch with your system QI ideas, to share your QI story, general QI queries or to join us at our quarterly system Quality Improvement Network events
Email us: systemCQI@mpft.nhs.uk

Case Study No: 0008