



Support systems for Quality Improvement Learning

My personal journey - QI



Nursing career

- Qualified as a paediatric nurse in 1996
- Enjoyed nursing within General paediatrics/PICU/NICU/ED and Intensive care outreach and Site Management
- Always interested in Service Improvement – tried to make small scale changes which became frustrating as there was no guidance, even from seniors
- Involvement in larger scale improvement work – H@N, ED streaming, but was not aware of improvement methodology/tools used to achieve outcomes.

Start of my Quality Improvement journey

- December 2015 started as 'Listening into Action' Lead for the Royal London Hospital
- Vehicle for staff led change and collaboration with senior support
- Patient involvement
- Small change cycles of 20 weeks to achieve outcomes
- No use of QI tools to help achieve actions
- More time was required to plan and implement changes because of not having QI tools to focus everyone.
- Listening into Action worked well for the organisation at the current time as recently had a significant turnover of senior and junior staff
- Middle management initially allocated to workstreams – counterproductive. Now teams self nominate.

Senior Improvement Manager

- Started this role in October 2016
- I was asked to apply for this role
- No knowledge of QI methodology's or tools, so had to do my own research
- No resources on Trust website
- Websites of other health organisations – NHSI, NHSE (Change model), NHS Institute for Innovation and improvement, NHSScotland QI hub
- Lean, Six Sigma, Total Quality Management, Model for change
- I quickly became overwhelmed by all the different ways to approach QI – Which was appropriate for which scenario ??
- Asked to interview because my approach with engaging staff, not for my QI skills
- Lack of NHS staff who do have the skills ??

Paediatric EoLC workshop

- Working group needed direction as not sure where to start
- Best practice guidance taken from NICE/RCPCH
- Audit of notes to benchmark current practice against best practice
- Workshop – 3 hours
- Case for change
- Working group spent 1 hour discussing what we do well and which opportunities we have for biggest improvement
- Top 8 priorities chosen
- Driver diagram completed for each priority
- Driver diagrams made into an improvement plan (1 year)
- Review Improvement plan at next meeting to sign off and assign actions
- Next steps – to introduce other QI tools to facilitate actions
Communicate plan to wider stakeholder group

Improving capacity to deliver Quality Improvement

- Simple ideas can be difficult to understand
- Agree a model for improvement across the NHS, ie NHS model for Improvement
- Use of QI language in everyday healthcare
- Choose 3-4 QI tools which are most commonly used and for all to be used in the same way (toolkit)
- Leadership team to use QI tools to communicate vision and performance issues to front line staff
- Curriculum content for nursing/medical/AHP students
- Data analyst support for all
- Shared platform for learning – QI life, Academy of Fab Stuff, NHSI, email notifications for areas of interest.