

# Improvement Work and Governor Involvement

Ann Fewtrell  
20 September 2022

**Best NHS Acute Trust in the Midlands**  
(2018, 2019, 2020 and 2021 NHS Staff Survey)



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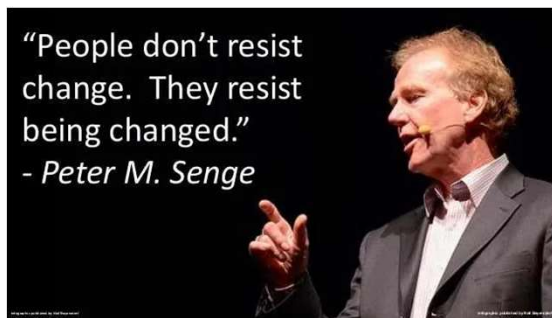
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## Today's Session

### We would like you to take away:

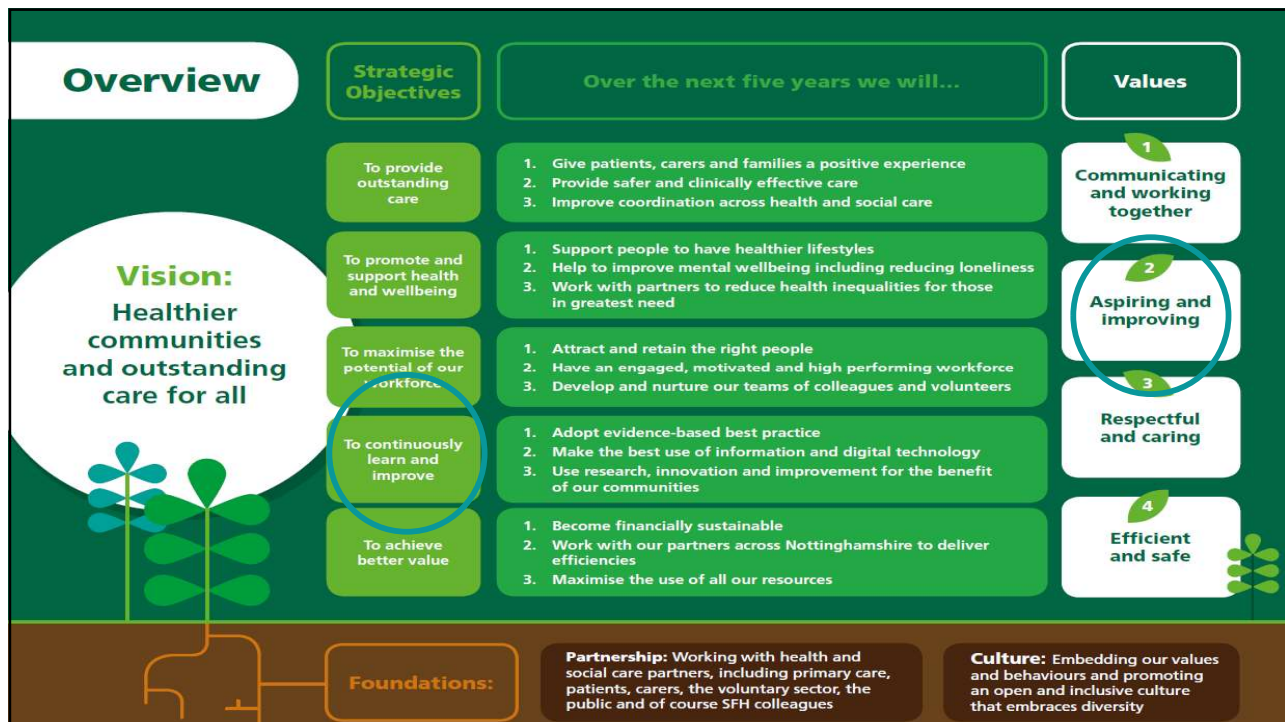
- Understanding: SFH Vision for Continuous Improvement
- Information about why improvement matters
- An overview of improvement methodology
- An invitation to be involved in improvement projects



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## Continuous Improvement at SFH Means...

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We **understand** Improvement

We have the **opportunity** to raise, share and lead Improvement

We are **encouraged** to test Improvement and to learn when it fails

We **share, learn** and **spread** Improvement outcomes

We **celebrate** Improvement

**IMPROVING Together**

COLLEAGUES • SERVICE USERS • COMMUNITY

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## To continuously learn and improve

### SFH Vision for Continuous Improvement

*'We are an organisation that aspires to continuously **learn** and **improve** to ensure that we provide outstanding care for all. At our heart, we will be a learning system with a vibrant community of individuals helping to spread ideas and build understanding across disconnected fields of activity'.*

In early 2021 we undertook an extensive engagement exercise with the aim to shape and define a **Vision for Continuous Improvement in SFH** thus representing an evolution; a step change in thinking and approach that represents a 'first to market' opportunity to systematically define and shape the next stage of improvement at SFH.

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## Key Drivers

- National Improvement Agenda
- Care Quality Commission
- NHS England Delivery Plan
- NHS People Plan
- Integrated Health and Care System
  
- People, Culture and Improvement Strategy
- Quality Strategy

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# People, Culture and Improvement Strategy

## 2022-2025

*Helping our people to be the best they can be*

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# Sherwood Forest Hospitals Quality Strategy

## 2022-2025

**Healthier Communities,  
Outstanding Care**

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## Improvement Methodology

1. A bit of history
2. The Model for Improvement
3. Some key improvement tools
  - SMART aim
  - Influence model
  - Driver diagram
  - Measurement for improvement

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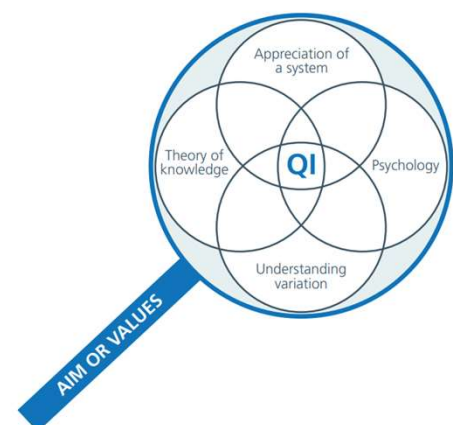
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## Improvement Methodology

Much of improvement methodology has its roots in manufacturing and engineering; it is a well-established and evidence based science.

W Edwards Deming (1900-1993) described the skills and knowledge required in quality improvement:

- The full range of organisations, departments and people that are involved (the system)
- The range and causes of variation in the system eg difference for sub-groups of patients or variations in outcomes
- Mindsets or beliefs of the people who work in the system or receive services from it.
- Gaps in understanding for those leading change and the need to gather more data or undertake experiments to discover more



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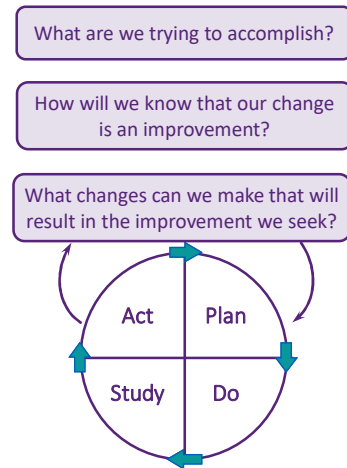
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## Keeping It Simple

We use the Model for Improvement as the framework for improvement at SFH –

- What are we trying to accomplish – **aim**
- How will we know our change is an improvement – what do we need to **measure**
- What changes can we make – involving all those who are part of the process to gather **ideas**
- PDSA cycles – a series of small, incremental changes driven by the data
  - Plan – what to trial
  - Do – carry out the trial
  - Study – what was learnt from the trial
  - Act – adopt, adapt or abandon



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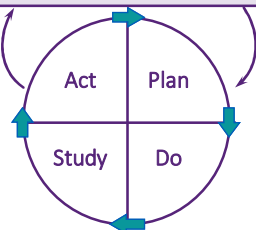
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## SMART Improvement Aim

What are we trying to accomplish?

How will we know that our change is an improvement?

What changes can we make that will result in the improvement we seek?



- ✓ **Specific** – is your aim specific about what you want to improve?
- ✓ **Measurable** – have you included a numerical target?
- ✓ **Achievable** – is it realistic?
- ✓ **Relevant** – does it relate to patient outcomes? Can you link it to the strategic aims of the organisation?
- ✓ **Time-Bound** – have you included a timeframe?

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## A SMART Aim

To eliminate medication errors within 3 months on Florence ward by using the E-Drug software programme



To improve patient safety on Florence ward by reducing missed doses of oral antibiotics for inpatients from the current rate of up to 12 missed doses per day to 0 missed doses per day by 31<sup>st</sup> December 2022

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## The Influence Model

It's not enough to change a process – you need to change behaviours as well.

When change efforts fail its usually because the people side of change has been neglected.



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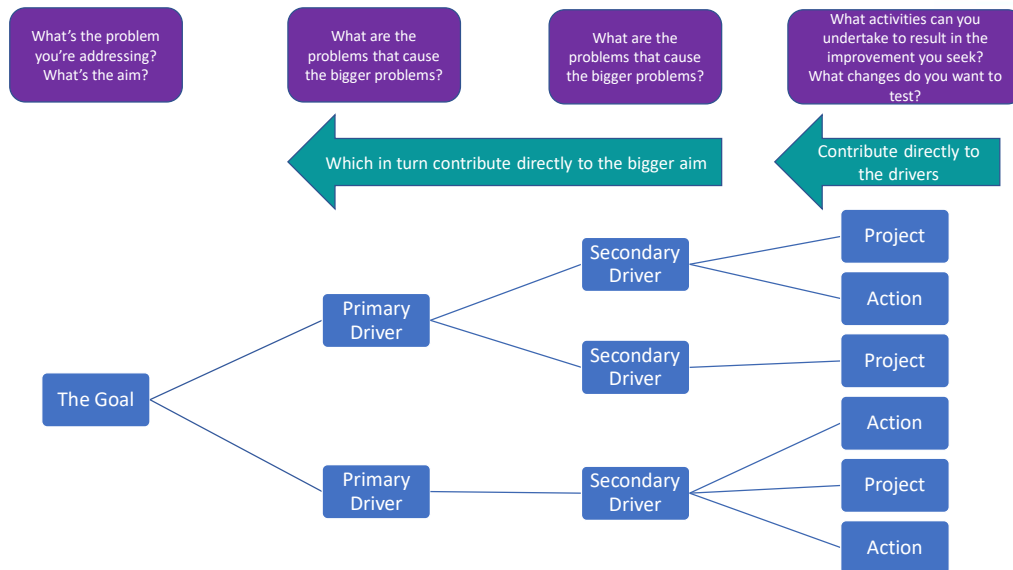
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## Making Improvement Manageable

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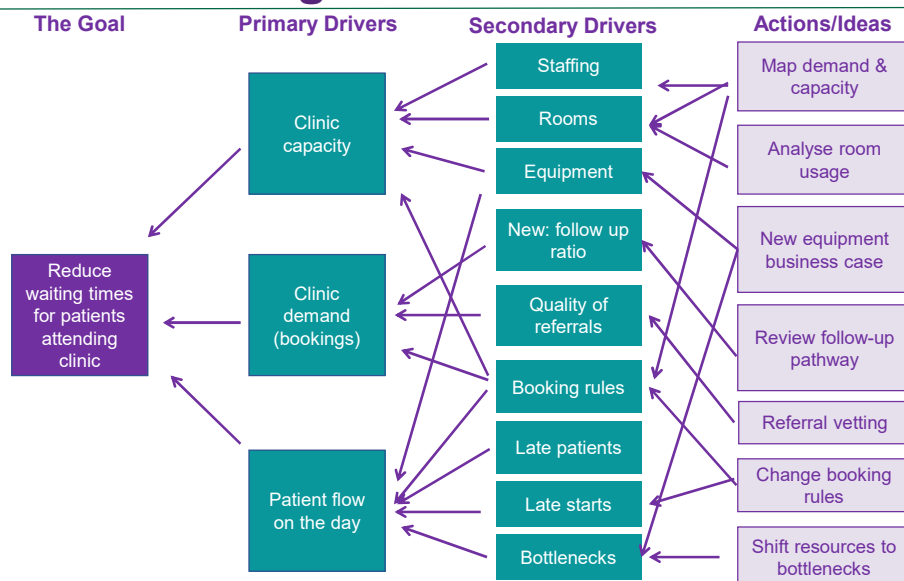
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## The Driver Diagram

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Aim 1:  
To reduce late starts  
by ensuring that first  
patients are seen  
within 5 minutes of  
the clinic start time.

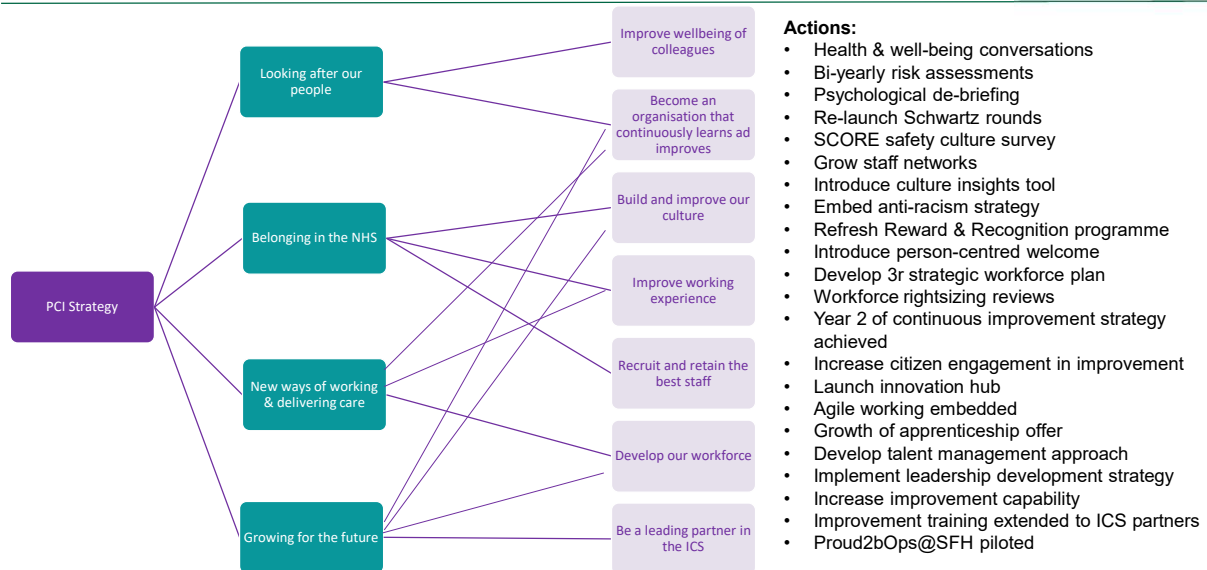
Aim 2:  
To reduce demand  
on clinics from  
inappropriate  
referrals

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## PCI Strategy Driver Diagram



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## Measurement for Improvement



**“You can’t fatten a cow by weighing it”**

(proverb)

Improvement is **not** about measurement, but.....

How do we know if a change is an improvement?  
(Not just different but better)

“If you can’t measure it, you can’t **improve** it”

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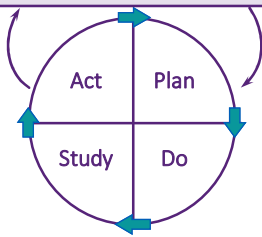
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## Measurement for Improvement

What are we trying to accomplish?

How will we know that our change is an improvement?

What changes can we make that will result in the improvement we seek?



Measuring data:

- Helps you understand the current situation
- Tells you if your change is working – whether this is really an improvement
- Proves you have achieved the project aim
- Demonstrates these results to others

**In improvement we always want to look at data over time**

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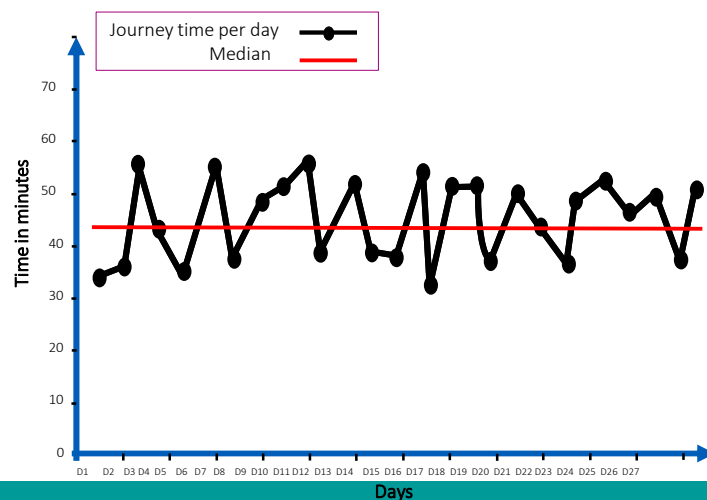
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## Time Series Data

Journey time to work (daily)

First use the data to understand what 'normal' looks like.

Most processes are 'predictably unpredictable' – there is variation within a range



Use **median** rather than mean on a run chart

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## Data Drives The Improvement

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## Improvement In Action

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### Optimising The Patient Journey

#### Aims of the Programme:

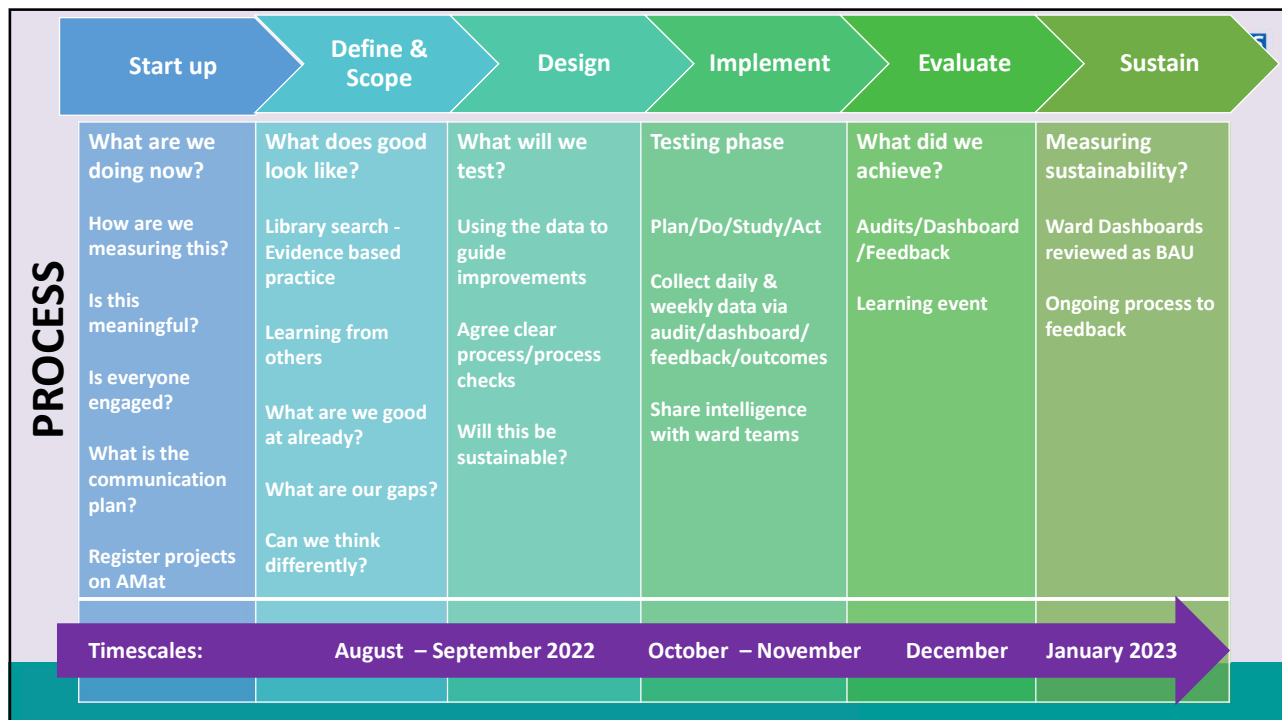
To rapidly build on work happening within the Trust to improve the experience of patients from admission to discharge. We will do this by learning from what we currently do well and will jointly build, test and learn from implementing improvement processes as part of an evidence-based approach.

Our outcomes will improve the patient experience, reduce the number of ward moves and enable patients to return to their home or community in a safe and timely way.

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## How Can You Help?

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Celebrate the great ideas when people share them but also encourage and signpost people to the Improvement training (details to follow):

Key Questions:

- What's the problem we're trying to solve? Or What will be better as a result?
- Who is involved?
- How can we share the learning?



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## Training opportunities

QSIR Fundamentals – 1 day introduction to improvement  
Bookable via the intranet



QSIR Practitioner – 5 day course delivered in partnership across the ICS  
(for those regularly leading improvement work)

Bespoke or targeted training for your team:

- Measurement
- Creativity
- Human factors
- Capacity and flow
- Project management
- Engaging people and leading change

Contact me to book or nominate for QSIR-P or to discuss bespoke training or your team

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## Today's Session – Where we started...

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