Building a culture of continuous improvement at UHS

Our journey so far....

Tristan Chapman, Director of Improvement and Partnerships
Questions for you:

• What more do you want to know?
• What advice would you give us?
• What will you take away?
University Hospital Southampton NHS Foundation Trust

- 11,000 staff, 1000 volunteers
- 1100 beds
- £700m Turnover
- Level 1 trauma centre
- Centre for Research
- Global Digital Exemplar
We are doing well...
CQC ‘Good’, HSMR 89

£41m surplus, £33m CIP Delivered in 2017/18

Staff survey - Key Finding 7 Percentage of staff able to contribute towards improvements at work (4a, b & d)

Top 3 – Non-specialist Acute Trust

76%
### Staff survey - Key Finding 7

Percentage of staff able to contribute towards improvements at work (4a,b &d)

<table>
<thead>
<tr>
<th></th>
<th>2014 % Positive</th>
<th>2015 % Positive</th>
<th>2016 % Positive</th>
<th>2017 % Positive</th>
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</thead>
<tbody>
<tr>
<td>UHSFT Key Finding 7</td>
<td>72</td>
<td>74</td>
<td>76</td>
<td>76</td>
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<tr>
<td>KF7 Benchmark - National</td>
<td>68</td>
<td>70</td>
<td>70</td>
<td>70</td>
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<tr>
<td>average for acute Trusts</td>
<td></td>
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<tr>
<td>Q4a There are frequent</td>
<td>74</td>
<td>77</td>
<td>78</td>
<td>79</td>
</tr>
<tr>
<td>opportunities for me to</td>
<td></td>
<td></td>
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<tr>
<td>show initiative in my</td>
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<tr>
<td>role</td>
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<td>Q4b) I am able to</td>
<td>77</td>
<td>78</td>
<td>80</td>
<td>79</td>
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<tr>
<td>make suggestions to</td>
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<tr>
<td>improve the work of</td>
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<tr>
<td>my team / department</td>
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<tr>
<td>Q4d) I am able to</td>
<td>59</td>
<td>59</td>
<td>62</td>
<td>62</td>
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<tr>
<td>make improvements happen</td>
<td></td>
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<tr>
<td>in my area of work</td>
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**Overall**

**Individual questions**
How does Quality Improvement fit in?

Will a thousand flowers bloom?

What about structure, systems, strategy and planning?

We are learning…… it is “Yes and”… not Either / OR
UHS vision for Quality Improvement

“To be better every day”

We have set our vision at UHS that we will be “better everyday”; better as a place to receive care, better as a place to deliver care and to work. Our culture and ambition will be supported through clear processes and practice, visible in all teams...the UHS Way.

We will ensure we harness the ideas, energy and focus of all our staff; people at every level and in every job. We will listen and work with patients, their families and carers. We will adopt and embed the best practice wherever we see it. Through these actions we will focus to drive improved care, safety, experience and outcomes for patients. The focus of all our staff will deliver the best value to the system and our patients.

Everyone will be able and expected to deliver improvement to the way they work and support healthcare. Our staff report a passion for improvement, this will be matched by active participation in projects as a routine part of every working week.

We have a strong history of delivering changes within the hospital. Over the next 3 years we will build on our foundations so that UHS will be recognised as a national centre of excellence for delivering, sharing and teaching quality improvement.

Derek
QI Strategy to deliver vision:

Staff and patients are **empowered & actively engaged** in making our services ‘better everyday’

Visible **leadership & role modelling** around QI

**A culture of continuous improvement**

QI **capacity & capability** at all levels enables improvements of all types to be delivered

Develop organisational support & **structures to support QI becoming ‘routine’**
QI Strategy – the detail

Quality Improvement strategy driver diagram

Draft

AIM

Primary Drivers

Secondary Drivers

Potential Activities

QI Strategy

– the detail

Quality Improvement strategy driver diagram

Draft

To build a culture of continuous improvement to enable all types of improvement across UHSFT

QI capacity & capability at all levels enables improvements of all types to be delivered

Visible leadership & role modelling around QI

Develop organisational support & structures to support QI becoming ‘routine’

A clear shared purpose and shared pride

Communication of expectations of staff

Clear pathways to support staff with ideas

A structured approach to QI knowledge and skill acquisition

Seek out all opportunities to secure further external resources to develop QI at UHS e.g. Bids

Support teams to deliver QI projects

Look outward for learning, sharing & connecting

Develop patients/carers as partners in QI

Leaders model the ‘Always improving’ behaviours and assist others to enact them

The Board/DMTs demonstrate their commitment to QI as a key priority

Priority areas for improvement are clear at every level from ward to board

QI visible part of daily work from Ward to Board

Support collective effort around key priorities

Embed QI into appraisal, promotion, Clinical Accreditation Scheme

Align efforts around QI, Leadership, Patient Safety, Clinical Effectiveness & Transformation

Regular communications & events ensure a visible culture of QI

Increase visibility of frontline staff-led improvements by registration

Positive reinforcement of participation - recognition & celebration

Develop a network of champions for quality improvement

A national reputation as leaders in Quality Improvement

Explicit link to values in job descriptions etc

Provide a range of opportunities for all staff at all levels and professions to learn and use QI skills

4 key levels: 1) ‘living the values’ 2) ‘future leaders’ 3) Current leaders 4) Senior leaders 5) QI Specialists

Trustwide adoption of the IHI model for improvement

Develop a network of QI mentors/coaches / advisors

Provide templates, data support & develop QI sponsors

Regular board reporting on QI

The Board have a clear QI development strategy & plan

Trust QI Priorities Framework (QIF)

Support identification of local priorities & QIF alignment

Development/testing by exemplars

Bring staff together working on similar ‘themed’ work to ‘accelerate’ their progress
Values and Behaviours – a strong narrative

“To be better every day”

1. Patients First
2. Working Together
3. Always Improving
Structure & Systems – a solid base

UHS Transformation Board

SAFER Board
Outpatient Board
QI Board
Efficiency & Performance
Divisional Transformation
Business Intelligence

1. Transformation Governance
2. Quality Improvement Framework
3. Clinical Accreditation Scheme
4. QI Exemplar Care Groups

Our Quality Improvement Framework 2018 – 2019
The UHS Way

Well Led
- Embedding our values
- Best use of resources

Safe
- Recognition and management of the deteriorating patient
- Safer maternity care

Responsive
- Embedding SAFER bundle and improving experience of discharge
- Keeping patients eating, drinking and moving

Effective
- Every outpatient encounter adds value
- Antimicrobial resistance

Caring
- Shared decision making
- Improving end of life care
Capacity and Capability – you need the skills!

- Leading improvement
  - champion change
  - managing change
  - influencing change
  - leading change
- Project management
  - planning
  - implementation
  - evaluation
  - leadership
- Demand and capacity
  - understanding
  - understanding flows
  - understanding patients
  - understanding systems
- Process mapping
  - mapping
  - understanding
  - improving
- Quality, Service Improvement and Redesign
  - creativity in improvement
  - engaging and understanding others
  - sustainability of improvement
- Measurement for improvement
  - the means of TQM settings
  - management
  - linking improvement
  - measurement for improvement

Why don’t good ideas just happen?

- Hierarchy - not empowering all staff
- Change fatigue
- Lack of ownership
- Good ideas without ability/facility to pursue
- Resistance to improvement

- Sponsorship - who can help make the difference
- We don’t change, success vary very slowly
- Shared vision
  - overcoming historical baggage
  - overcoming
Clinical Leaders – making it happen

QI Reference Group

Dr Kate Pryde
QI Clinical Lead
Questions for you:

• What more do you want to know?
• What advice would you give us?
• What will you take away?
Thank you!

Follow us on Twitter

Email us  Always.Improving@uhs.nhs.uk
How can we get research into practice more quickly using QI techniques?

How can we reduce unnecessary use of indwelling urinary catheters and catheter-associated urinary tract infections?

Dr Jacqui Prieto
Associate Professor & Clinical Nurse Specialist in Infection Prevention
“I don’t like to be embarrassed and I’m normally in total control over myself and things that I do. The whole catheter experience has taken control away from me.”
Improving bladder management following elective hip and knee replacement surgery

• urinary retention (inability to empty the bladder when full) is common following hip and knee surgery
• routine use of indwelling catheters is controversial
• use of intermittent (in-out) catheters is an alternative strategy
Goals:

- Improve the patient experience
- Promote early return of normal bladder function
- Promote early mobilisation
- Reduce reliance on indwelling urinary catheters
**Patients’ experiences of bladder care prior to project work**

<table>
<thead>
<tr>
<th>Quote</th>
<th>(Male/Female)</th>
<th>(Procedure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It all gets in the way.”</td>
<td>Female (31)</td>
<td>Knee revision, catheter in theatre</td>
</tr>
<tr>
<td>“I was like a puppet on a string.”</td>
<td>Male (3)</td>
<td>Hip replacement, catheter post-op</td>
</tr>
<tr>
<td>“You’re not tied. With the old catheter, you’ve got the bag, tubes, all that coming from it.”</td>
<td>Male (14)</td>
<td>Knee replacement, no catheter</td>
</tr>
<tr>
<td>“Very inconvenient because you can’t move around at all. You can’t start exercising and start recovering.”</td>
<td>Male (3)</td>
<td>Hip replacement, catheter post-op</td>
</tr>
<tr>
<td>“Every time they take a bit off me that’s a bit closer to getting out. That’s the way I look at it.”</td>
<td>Female (23)</td>
<td>Hip replacement, catheter in theatre</td>
</tr>
<tr>
<td>“It is quite easy to get lazy to be honest with you.”</td>
<td>Male (5)</td>
<td>Bilat knee replacement, catheter post-op</td>
</tr>
<tr>
<td>“You didn’t have to go to the loo. But maybe if I hadn’t had it in, I would have got up.”</td>
<td>Female (18)</td>
<td>Knee replacement, catheter in theatre</td>
</tr>
<tr>
<td>“I didn’t want to walk around with a wretched bag down the side where people could see it.”</td>
<td>Male (8)</td>
<td>Hip revision, catheter post-op</td>
</tr>
<tr>
<td>“I think they want you to have a catheter, because it saves them a lot of work...”</td>
<td>Female (17)</td>
<td>Hip replacement, no catheter</td>
</tr>
</tbody>
</table>
Support and teamwork