

Flash report – SIFS Cohort 2 – Andrew Kyle, Health Development

QI Project Team:
Child Health.

QI Project Aim:

To increase the number of parents attending the Planet Youth parent group by 75%, in line with the Planet Youth 10 steps implementation guidance, by the end of September 2023.

Stage of the QI Journey:

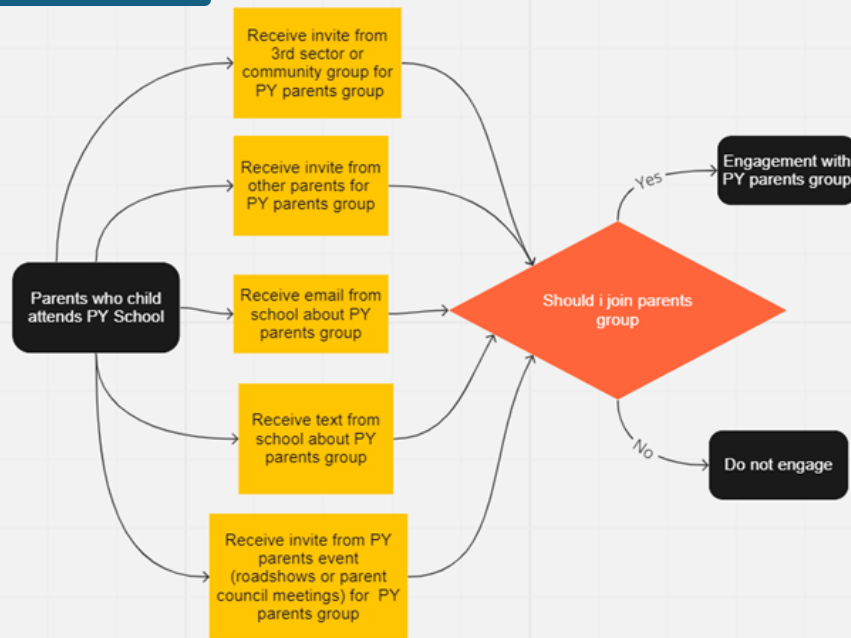
Testing Changes



Current status:

PDSAs – Testing whether sharing Planet Youth information at transition events increases the number of parents attending the parent group

QI Tools Used



Act

Small changes in how you approach parents can make a difference in sign up rates. The same approach will be used with future change ideas such as in-person meetings, flyers in public spaces and flyers sent home to parents.

Study

Slightly more parents than expected signed up to join the parents group. More parents signed up in areas where we had existing connections with the community councils and groups.

Plan

Plan to new change ideas that increase the number of parents attending parents' group. The number of sign up and the number of interactions with 3rd sector groups will be measured.

Do

Meetings with community councils were set up and they shared information on the parents group. 7 parents signed up to join future parent's meetings.

Area of Learning – Successes – Challenges

Area of Learning – The QI process provides structure and tangible steps for implementing change which are useful. The project charter was also helpful in ensuring the whole project was well thought out before I begun.

Successes – A small increase in parents signing up for the parent's group was achieved.

Challenges – Working in a system that relies on other organisations to communicate key messaging is challenging

Flash report – SIFS Cohort 2 – Anna Frankowska, Workforce System Specialist (Turas Appraisal & Turas

QI Project Team:
Turas Learn

QI Project Aim:

By end of August 2023, 95% Agenda for Change employees will have a single Turas Learn account linked with workforce information in line with NHS Policy for Mandatory Learning. This will also link Together We Care Strategy (22-27) – Strategic Objectives 2: Our People, Ambition 8 – Plan Well – and Annual Delivery Plan 23/24 which focuses on data quality and accuracy improvement.

Stage of the QI Journey:

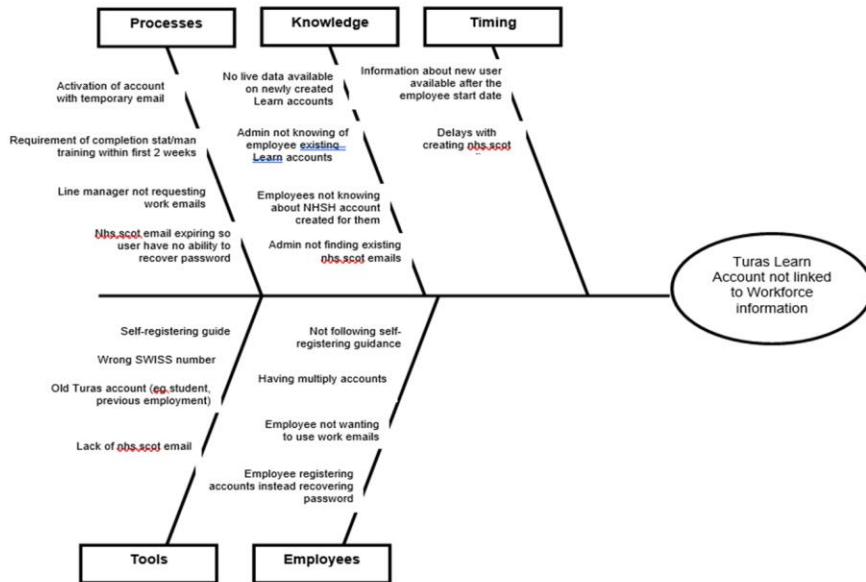


Implementing Change

Current status:

PDSAs – Use NES report for those having learning history but no workforce data to directly email users to ensure they are NHS Highland employee and link their Learn accounts with Workforce information (WI)
Email Line Managers of those individuals who have temporary or old nhs.net emails and request to supply a valid employee email.
Replace current guidance for new starts in NHS for creating Turas Account.

QI Tools



Act

Continue to email users with LH but not linked to workforce data however cc their line manager where possible

Plan

We will first email users from the NES report to confirm their Date of birth and that they are a current NHS employee

Study

Either we have managed to link 572 Learn accounts, the process of emailing and sending reminders took approx. 2 months and still 190 users didn't respond to the email.

Do

The emails were sent to 1297 users and 572 employees were linked with WI. 535 accounts are not current NHS employees.

Area of Learning – Successes – Challenges

I think this project made positive changes to our data quality. The number of Turas accounts with temporary email or old nhs.net, reduced to approximately 3% across the NHS workforce. We will continue to contact users on a quarterly basis. The challenge is to fit this within the current workload and to get responses from the users. By including line managers in these emails will also encourage users to respond. Line managers can also let us know if the person is not currently at work for any reason. The second PDSA brought positive changes as the new users are contacting us before creating an account. This change is not affecting the Turas support team as those employees are linked with workforce information and are using their personal email address.

Flash report – SIFS Cohort 2- Karen Thurgo

QI Project
Team:
Mains House

QI Project Aim:

To improve the compliance in use of the SSKIN Bundle Tool to 80% by September 2023 in line with NiCE Quality Standard 89

Stage of the QI Journey:

Testing Changes

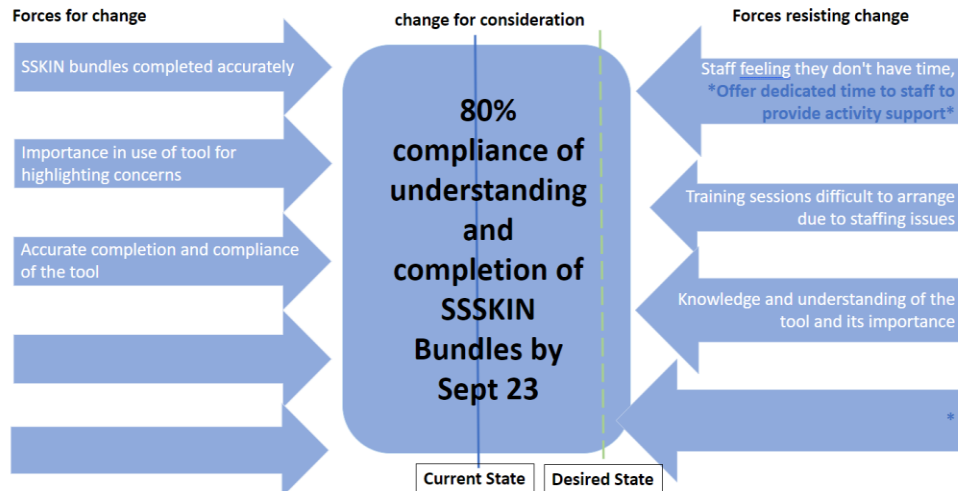


Current status:

PDSAs –1ST CYCLE Dedicated training meeting

QI Tool

Forcefield analysis



Act

Format of session was ideal using scenario based concept on how to complete TOOL. Smaller groups/individual sessions to test on next PDSA

Plan

To educate all care staff in the use of the tool and to audit the completion and actions from tool
Set up team to discuss project

Study

Poor attendance due to staffing levels
Reduce care provision
Poor concentration due to listening for call bells
Feed-back from participants was that the format was easy to follow

Do

Arrange dedicated session on Wednesday afternoons meeting with project team
Discuss current data and compliance
Set out aim of project
Arrange questionnaires to be distributed and collated.
Arrange training sessions for staff

Area of Learning – Successes – Challenges

Mains house is understaffed and freeing up Care staff to train and undertake the project has been difficult. Due to the importance in compliance with this document it was decided to train the Senior Carers on a 1- 1 basis to get them started . Prior to change idea we sent out questionnaires to all staff to determine their understanding of the tool but only 40% responded. We decided we need to start with 1-1 training to ensure staff are competent and confident to complete. This is taking longer than expected so our target of completion may have to be reduced to 50% by September ,Success wise the format we used achieved the result

Flash report – SIFS Cohort 2 – Kari Magee, Project Manager

QI Project Team:
Armed Forces and Veterans Project

QI Project Aim: By 30 September 2023, 100% of existing patients registered with CMP will have been asked whether they are members of the AF&V community and status recorded using READ codes in line with the Armed Forces Covenant Duty.

Stage of the QI Journey:

Adopting Changes

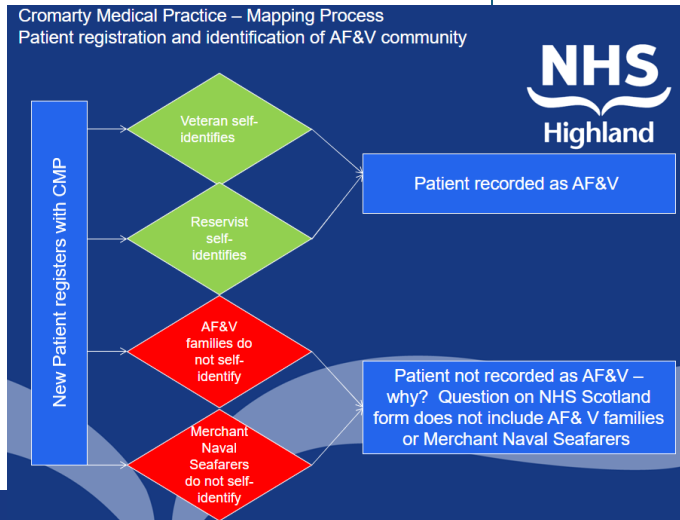


Current status:

PDSAs – adopt and identify an urban surgery to test in a different environment with a view to creating a toolkit for surgeries and rolling out the changes across NHH's area.

QI Tools Understanding my system:

Process mapping & Fish Bone Diagram



Cromarty Medical Practice – Fishbone Diagram Patient registration and identification of AF&V community



Adopt – use of HCA and texts has proven very effective. CMP have shared their progress with their cluster for further consideration. I will identify an urban surgery to see whether similar results can be yielded in an urban environment or whether adaptation is necessary.

Testing has exceeded predictions. 50% of patients asked. AF&V patients recorded has risen to 50. Balancing and mitigation – some older patients worried about scam text's but they were called and it was an opportunity to use the HCA script.

Cycle 1 – use of texts and healthcare assistant to ask the question. Seeking veteran, military family and reservist status. Positive responses recorded using Read coding.

HCA starts 14 June/ Texts start 28 June – need to generate interest first. Prediction: 50% of patients asked by 14 July 23. Number of AF&V patients recorded up from 4 to 15. First run of data 14 July 23. Second run of data 12 August 23.

Area of Learning – Successes – Challenges

I spent a lot of time with the practice manager before considering changes. This was particularly useful because she highlighted a number of barriers to the test that I hadn't considered, including the need to run tests in quick succession to maximise on community interest and to minimise impact on staff time. This threw up the challenge of separating out the data – what would be more successful – the easy text message that minimised effort for both patients and staff or the more personal conversation that would take more time but would allow patients to engage more.

QI Project


Team:
ANP Team, East Highland Out of Hours

QI Project Aim:

Aim to reduce the ANP workload by 20% and promote staff-well-being and satisfaction by August 2023, in line with 'Together We Care' NHS Strategy 2022-2027

Stage of the QI Journey:

Testing Changes

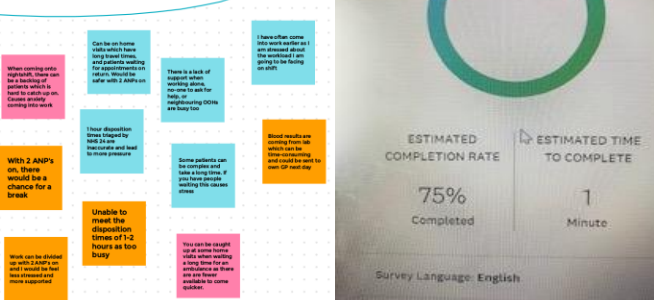


Current status:

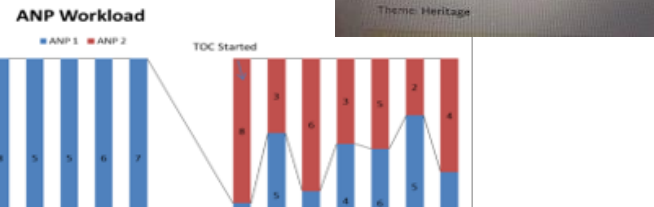
Measurement- testing changes with shift patterns. Already taking learning from this to implement and expand.

QI Tools Used


East Highland OOH's ANP's- How do people feel about their workload at the moment?



ANP Workload



SurveyMonkey GENIUS



Act

Adopt new changes and continue to collect Feedback from staff via Jamboard and Survey Monkey. Continue to collect and review data.

Plan


Look at the feedback and data and see the themes on a force field analysis. Discuss with team how and where we can best make the changes. Look at resource and rota.

Study

Start to collect the data to see the changes and compare to the baseline data. Predictions better than expected. Keep engaged with the team and their feedback

Do

Start test of change to change the shift patterns to have 2 staff on during M-F 6pm- midnight. This has now been running 3 weeks



Really good engagement and team working , communication and a feeling of being listened to is key. Our predictions in terms of data collected to date appear to better than our expectations of 20%. Challenges- some sickness so gaps in shifts where there is not always 2 people on, so need to sift through data to add annotations when this occurs. Using PDSA cycles was really good, adopted, abandoned and adapted a few original ideas from this.

Flash report – SIFS Cohort 2 – Rachel Ware – Project Manager

QI Project Team:
SC leadership and
care home
registered managers

Aim: By Dec 2023, all new social care staff
will have followed the role-based induction
workbook to the point of assessment
within 6 months of employment as per
NHS and SSSC induction requirements.

Stage of the QI
Journey:

Testing Changes



Current status: 1st PDSA cycle – To compile
comprehensive list of SCA work based
practices.

QI Tools

FORCE FIELD ANALYSIS

DRIVING FORCES	PROPOSED CHANGE	RESTRAINING FORCE
Evidence that all areas/ work based responsibilities are demonstrated and assessed during induction	INTRODUCE SCA ROLE BASED INDUCTION WORKBOOK (including competence sign off)	Staff in service used to working in a certain way
Knowledge that all staff are assessed as competent in their role		Current lack of understanding and consistence of SCA role across Care home area.
All SCA staff in the 16 NHS Highland Care homes working to the same standards		Appropriate supernumerary time set aside for new staff
Mentors aware of what tasks/ responsibilities need to be demonstrated during shadowing period		Lack of role based theory workshops provided during induction
Identifies ongoing training needs		
Increased confidence of inductees starting their role		

Act

Adapt – collection method to a direct observation and questioning of SCA carrying out role in 2 in-house care homes.

Adopt – current draft of work practices as initial template

Abandon – Email circulation to managers as collection method

Study

Only a 25% response rate was achieved.

Returns simply confirmed if practices were carried out, no additional information added.

Plan

Information gained from questionnaire identified a lack of consistency in relation to competencies that are assessed at induction. Following completion of a draft SCA work practices document, require consultation with work bases to obtain confirmation if the document is comprehensive.

Do

We will circulate the draft work practices list to managers of the care homes to discover if all work practices have been captured.

Area of Learning – Successes – Challenges:

Following on from my MSc dissertation and examining a number of exit interviews it was clear that a large number of staff felt that they were not adequately inducted into their role before expected to undertake it independently. An initial questionnaire was used to ascertain information on the current role-based inductions processes that are in place, in relation to competencies, supernumerary status and mentor support. Force field analysis undertaken surrounding the potential of a role-based workbook. Number of tests of change discussed : allocation of mentor, introduction of comprehensive work practices list, number of supernumerary hours allocated.

Flash report – SIFS Cohort 2 – Lauren Baird, Beverley Green, Dorota Piotrowicz - Project Managers

QI Project Team:
Project Managers
within Strategy and
Transformation
Team

QI Project Aim:

To create a "Project Initiation Checklist" which will provide assurance of a consistent approach to project management, for projects aligned with the Together We Care Strategy in NHS. This checklist will be used by 100% of Project Managers within the Strategy and Transformation team by 30th July 2023.

Stage of the QI Journey:

Testing Changes



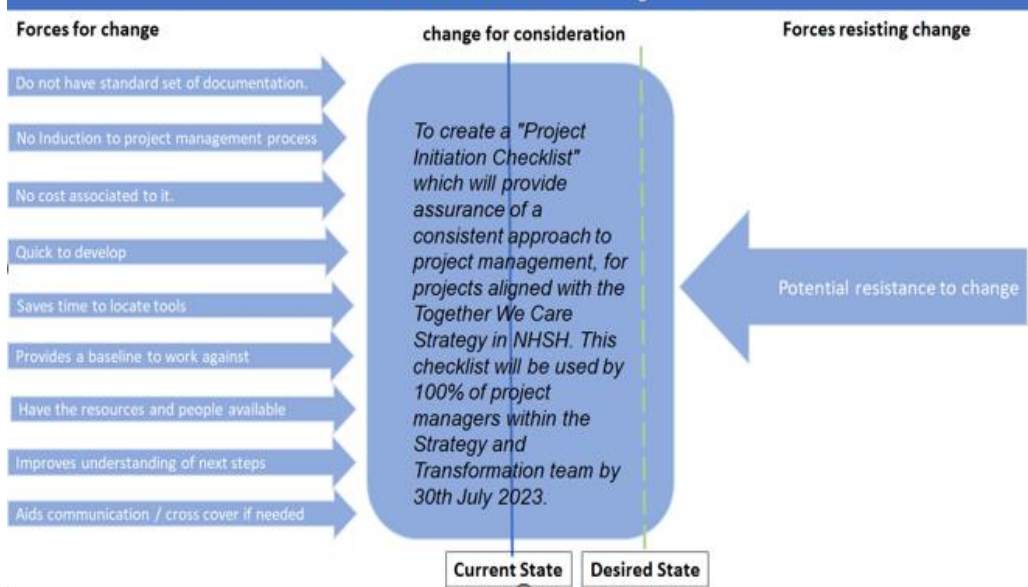
Current status:

PDSA cycle 1

Define best practice and capture any lessons learnt.
Compile a list of all project documentation needed to monitor and control the project throughout its lifecycle.
To develop a checklist. Test the checklist created.

QI Tool

Forcefield analysis



With the comments and feedback received, we will now amend the checklist as per below (PDSA 2)

- Add in the individual document names under each stage
- Include fields for the Programme Manager, Programme Board and ADP objective
- Differentiate between essential documents and desirable documents

Will test updated checklist against measurement plan

- Capture previous lessons learnt.
- Develop checklist
- Evaluate checklist against measurement plan through discussion and survey



Feedback received:-

- 71% of respondents said checklist did not make them feel more confident however could see the benefit with further iterations
- Collated qualitative data

- Collated information from a previous survey regarding project documentation
- Created first draft of Project Checklist using above information and shared with Project Management team
- Created a survey poll and asked for feedback/comments

Area of Learning – Successes – Challenges

1. It has been a challenge at times to do this project as a team due to conflicting demands – annual leave etc
2. We have had good engagement from the Project Management team, and everyone has been receptive into this new way of working which has helped massively with this test of change
3. We have successfully used more than one QI tool and developed our knowledge more in using these.
4. We have learnt that the current checklist we developed in the first PDSA cycle is not fit for purpose however the concept of a checklist is desirable amongst the team so we will further develop this in the next PDSA cycle.
5. We have learnt that the timeline of our project aim did not take into consideration other demands – longer timeline needed for PDSA cycle 2

Flash report – SIFS Cohort 2 – Jillian Schurei, SCN Ward 3C

QI Project Team:

Ward 3c,- Elective
Orthopaedics,
Raigmore

QI Project Aim: By Sept 2023 Ward 3C will complete 60% of daily huddles Monday-Friday in line with the NHS Scotland: Centre for Sustainable Delivery 'Discharge without Delay' paper

Stage of the QI Journey:

Testing Changes



Current status:

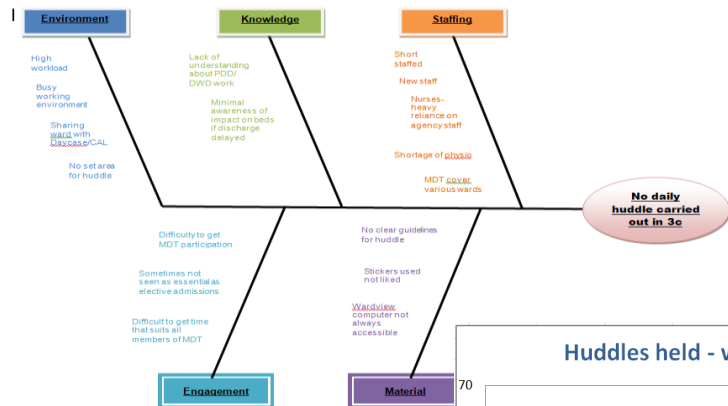
PDSA cycle 2

Looking at changing time of huddle to see if MDT attendance/participation improves.

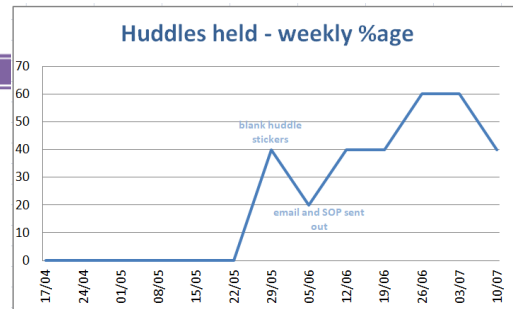
Measure attendance of MDT members at each huddle

QI Tool

Fishbone Diagram – 3C Huddle



Data



Act

- Continue with changes already made
- Huddle stickers (Adopt at present – adapt at later date when huddle more established)
- SOP (Adopt) – helpful for new staff
- PDSA Cycle 2 focusing on changing timing of huddle to hopefully increase MDT attendance

Plan

- Initially implement small changes (as detailed in Do section) – measuring attendance Mon-Fri
- Engage with staff that are substantive in post
- Reinforce huddle is a mandatory requirement for all wards to improve a patient's journey and reduce delayed discharges
- Work together to find a solution that meets every discipline's availability
- Capture baseline data

Study

- As predicated still difficult to get MDT representation at huddles
- Huddles still mainly reliant on SCN/SSN
- Data reviewed - small improvement in % of huddle carried out noted but still room for improvement
- Feedback from MDT members suggests current 1015hrs not suitable due to staff breaks

Do

- Change from disliked stickers to blank huddle stickers
- Complete SOP to help staff awareness of expectations from huddle
- Email staff info about DWD/PDD work
- Reminder about huddle at safety brief each morning
- Buy in from SSN to help with data collection
- Collect data weekly



Area of Learning – Successes – Challenges

Area of Learning – Recognising the importance for starting a project on a small scale and setting a realistic timeframe to achieve aim; importance of getting staff on board to change idea and understanding reason for project. All sessions of course been extremely helpful/beneficial for current and future projects.

Successes – Although we have not yet achieved 60% compliance of daily huddle consistently, I definitely feel that a small improvement is better than no improvement and will hopefully result in good patient outcomes eg patients better informed of discharge date/ reduced LOS for each individual if discharge well planned and patients well informed. Positive feedback received in respect of change in huddle stickers.

Challenges – Minimal substantive staff in post in nursing and physio teams which may have hindered consistent compliance of huddles - heavy reliance on different agency staff.

Our next planned test is to change the time of the huddle to an agreed time to ascertain whether this improves huddle compliance/MDT representation. Will continue with PDSA cycle until 100% huddles achieved. Whilst daily huddles are a mandatory requirement and should in theory be easier to implement in an elective ward, in practice it actually proves more of a challenge.

Flash report – SIFS Cohort 2 – Amy Smyth, Workforce Systems Specialist (Jobtrain)

QI Project Team:

Workforce Systems
Team/Recruitment Team
within People & Culture

QI Project Aim:

Reduce Jobtrain data quality errors to under 10% by September 2023 to enable accurate reporting of number of vacancies per job family, in line with metrics set for ADP 2023/24 (linked to Together we Care Strategy)

Stage of the QI Journey:

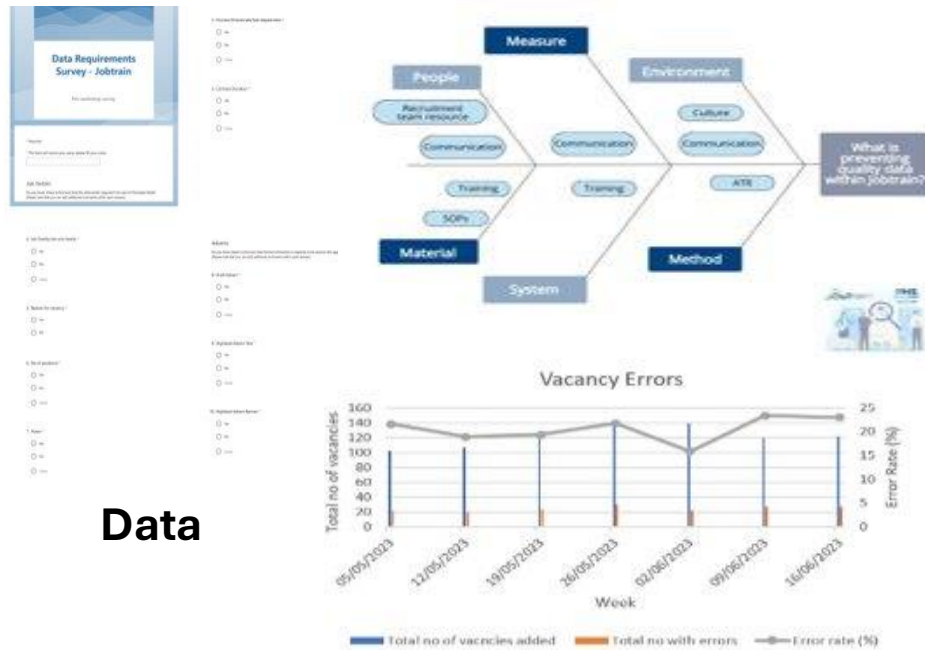
Testing Changes



Current status:

PDSAs – develop understanding of data quality and importance of fields. Deliver workshop focusing on data fields requiring completion within Jobtrain, their importance and escalation

QI Tools used



Data

Adopt plan. Continue to monitor the DQ and escalate when necessary.

Develop survey to determine understanding of inputters. Deliver workshop focussing on fields requiring completion to increase understanding of requirements. Reduce the number of common errors.

Monitor error rate post-workshop to determine if a reduction is seen

Collect response form survey, plan workshop to address all issues raised. Run workshop



Area of Learning – Successes – Challenges

1. It has been a challenge to set time aside for this project due to conflicting demands between the teams involved in the improvements
2. Engagement from the team who input to the system has been lacking which has hindered this test of change
3. We have agreed the workshop content covering the fields required
4. I have learned a lot of new things i.e QI tools
5. The timeline of my project aim did not take into account to allow time to see a reduction in inputting errors