

**UKRR/KQuIP Yorkshire and Humber
Network Regional Day**

**National Coal Mining Museum
6th July 2017**

Summary Report

Victoria Powell
KQuIP Network
Project Manager
UKRR

Karen Thomas
KQuIP Network
Head of Programmes
UKRR

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National Coal Mining Museum 6th July 2017

Summary Report

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1. KQuIP/UKRR Yorkshire and Humber Regional Day Executive Summary

The KQuIP/UKRR Yorkshire and Humber Regional Day brought together the Yorkshire and Humber renal community, including patients, patient representatives and multidisciplinary teams from public health and all of primary, secondary and tertiary care, to consider our past, present and future contributions to quality improvement (QI) in the context of data provided by Public Health England, the UK Renal Registry and NHS Blood and Transplant. The day was led by Dr John Stoves (Regional Lead) with the support of Louise Wells (KQuIP Co-Chair).

At the start of the day, Dr Stoves reaffirmed the importance of having a strong multidisciplinary regional renal network to promote quality improvement. He outlined the principal aims of the meeting: to illustrate how data can be used to identify variation and confirm sustainable improvement; to review QI theory and practice; to share QI successes in Yorkshire and The Humber; and to support further collaborative QI initiatives across the region in line with the KQuIP priority areas of acute kidney injury (AKI), vascular access care, home therapies and 'transplant first'. Dr Stoves then introduced attendees to the Quality Improvement (QI) team from the regional Improvement Academy, led by John Bibby and Maureen McGeorge with the support of Usha Appalsawmy. The remit of the QI team was to observe and comment on meeting activities throughout the day, and more specifically to provide support and guidance for the afternoon QI breakout sessions. Dr Stoves also thanked the regional and national speakers who had kindly agreed to contribute to the day.

The first session of the day included a summary of the purpose of KQuIP and its key linkages to the Renal Registry, UK Kidney Care and the Clinical Reference Group (CRG), followed by an overview of data that are available to the renal community with some examples of how they have been utilised to support QI projects in primary and secondary care, including the Bradford Healthy Hearts Project and the Health Foundation Tackling AKI Project.

The second session began with an overview of basic QI theory and practice, followed by a powerful presentation from Fiona Loud (UK Kidney Care) in which she strongly endorsed the importance of standardising excellence in kidney care. The subsequent breakouts provided an opportunity for multidisciplinary teams from across the region to share best practice and identify opportunities for making further improvements in the quality of patient care.

The third and final session of the day included an outline of the role of the Renal Registry in promoting best practice through multicentre research, followed by a review of plans to establish formal QI training for multidisciplinary teams (including the Learning to Make a Difference initiative led by the Royal Colleges). The session concluded with a set of MDT presentations from across the

region, some reporting QI project successes and others setting out examples of variation in care and inviting a prospective regional commentary on the design and methodology of QI projects to reduce future variation (‘Crowdsourcing’).

To view the programme of the day including the presentations and speakers details, please [click here](#).



Photo 1, Introduction to the conference

2. Yorkshire and The Humber Regional Day

Session A

The KQuIP/UKRR Yorkshire and Humber Regional Day was divided into three sessions as per the Executive Summary. A more detailed review of Session A is presented below.

2.1 Introduction from Network Clinical Lead and Co-Chair of KQuIP

• **Networking in Yorkshire and the Humber**

John Stoves welcomed colleagues and commented on the excellent attendance from renal service representatives in Yorkshire and The Humber, which would greatly enrich the discussions and exchange of ideas throughout the day.

He outlined the principal aims of the meeting: to illustrate how data can be used to identify variation in performance and confirm sustainable improvement; to review QI theory and practice; to share QI successes in Yorkshire and The Humber; and to support further collaborative QI initiatives across the region in line with the KQuIP priority areas of AKI, vascular access care, home therapies and transplant first.

He then introduced attendees to the Quality Improvement (QI) team from the regional Improvement Academy (IA), led by John Bibby and Maureen McGeorge with the support of Usha Appalsawmy. The remit of the QI team was to observe and comment on meeting activities throughout the day, and more specifically to provide support and guidance for the afternoon QI breakout sessions. He outlined the purpose and structure of the day and the key partnerships that have been established to support future quality improvement initiatives in the region, including KQuIP, the UK Renal Registry, the Clinical Reference Group for renal services, Kidney Care UK and the Improvement Academy.

Please [click here](#) to view the full presentation (Pages 1 – 10).

• **KQuIP and the NHS Change Model**

Louise Wells welcomed colleagues to the day and explained the key objectives of the Kidney Quality Improvement Partnership (KQuIP):

- Reduction of unwanted variation in practice
- Delivery of the National Projects
- Supporting future renal QI projects

In addition to the above Louise summarised the main aims of the day:

- Know your outcomes - regional data
- Decide on your service priorities
- Identify your QI leads
- Know where to turn to for further support

Please [click here](#) to view the full presentation (Pages 11 – 27).

2.2 The role of the Clinical Reference Group (CRG) in promoting quality improvement

• KQuIP, GiRFT and STPs and the Linkage to regional strategic planning

Jon Gulliver, CRG Lead Commissioner and Richard Baker, CRG Clinical Lead Renal CRG presented a summary of Commissioning for Quality in the NHS, including the healthcare funding system, specialist commissioning, and the role of the Clinical Reference Group in driving forward QI.

Jon and Richard outlined the strategic direction and guidance available to deliver QI, including Getting it Right First Time (GiRFT), Sustainability and Transformation Plans (STPs) and the NHS RightCare Programme.

Please [click here](#) to view the presentation.



Photo 2, 3, 4, The role of the CRG Presentation

2.3 What do the data tell us – primary, secondary and tertiary care

• **NHS Rightcare and the National Cardiovascular Intelligence Network (NCVIN) – using primary care data sources to improve kidney care**

The above presentation was delivered by Scott Anderson from Public Health England and Youssef Beaini, GP and CVD Lead Bradford and Districts CCG.

Scott Anderson detailed the use of primary care data sources to identify areas of improvement in kidney care and highlighted the following tools:

- NHS RightCare Commissioning for Value packs
- Public Health England (PHE) National Cardiovascular Intelligence Network (NCVIN)

Please [click here](#) to view the full presentation (pages 1 – 22)

Youssef Beaini presented Bradford’s Healthy Hearts project, which was driven by a clear ambition to reduce cardiovascular strokes and heart attacks by 10% by 2020. Youssef detailed the key interventions and clinical outcomes, reviewing the factors which had contributed to the success of the project and summarising the next steps.

Please [click here](#) to view the full presentation (pages 23 - 64).

• **UKRR – The national and regional picture QI successes in Yorkshire and the Humber**

Fergus Caskey presented an overview of the UKRR data focusing on the following key areas:

- Incidence of RRT
 - Age and ethnicity
 - Late presentation
 - Dialysis access in new and existing HD pts
- Home therapies
 - Modality at day 1 and day 90
 - Age and co-morbidity
 - Trends
- Quality of care
 - Attainment of CKD-MBD standards
 - Treatment time (HD)

- Infections
 - PD peritonitis
 - MRSA & MSSA
- Survival
 - Incident patients (from 90 days)
 - Prevalent patients
 - Impact of co-morbidity

Please [click here](#) to view the full presentation (pages 2 - 31).

● **NHSBT – national data and the recent national transplant peer review**

Richard Baker presented an overview of renal transplantation in Yorkshire and The Humber, including several metrics of current transplant activity including pre-emptive transplant listing and living donation.

Please [click here](#) to view the full presentation (pages 32 - 58).

2.4 Focus on Acute Kidney Injury (AKI) Data

The AKI session was chaired by Dr Andy Lewington.

● **AKI in Yorkshire and the Humber**

Retha Steenkamp reviewed the national AKI initiatives led by Think Kidneys. Retha explained how AKI data are managed by the UKRR. She showed some preliminary data regarding AKI incidence in Yorkshire and The Humber and outlined the next steps for data reporting.

For full details of the presentation and information shared, please [click here](#) (pages 1 – 23).

● **The Tackling AKI Health Foundation Project**

Nick Selby detailed the work of the team in Derby to introduce a triad of interventions that improve AKI management in hospitals - laboratory AKI detection alerts, AKI care bundles to standardise early management, and AKI education programmes for multidisciplinary clinical teams. Nick then presented the multicentre Tackling AKI project supported by Think Kidneys and the Health Foundation, which was based on these three key interventions and incorporated a stepped wedge design to facilitate peer assist and peer review activities.

For full details of the presentation and information shared, please [click here](#) (pages 24 – 55).

Can we predict hospital acquired AKI using NEWS?

Donald Richardson presented the findings of his Health Foundation project to assess the value of National Early Warning Score data in predicting hospital-acquired AKI.

For full details of the presentation and information shared, please [click here](#) (pages 56 – 77)

3. Yorkshire and The Humber Regional Day

Session B

The KQuIP/UKRR Yorkshire and Humber Regional Day was divided into three sessions as per the Executive Summary. Session B focused on QI theory and practice, led by the Yorkshire and The Humber Improvement Academy QI team. The room was then partitioned for breakouts to explore QI in relation to the key national projects, each of which was coordinated by a clinical lead and a member of the Improvement Academy team.

3.1 Quality Improvement – theory and practice

John Bibby and Maureen McGeorge from the Yorkshire and The Humber Improvement Academy presented the theory and practice of quality improvement including a review of the *Model for Improvement* with a focus on root cause analysis, types of measurement and PDSA cycles. For full details of the presentation, please [click here](#).

3.2 Quality Improvement – the patients’ perspective and national KQuIP projects

Fiona Loud presented to the group a vision of QI from the patient perspective, explaining what Quality Improvement means to people with kidney failure. Fiona emphasised the importance of identifying unwarranted variation in care and striving continually to achieve clinical excellence. Please [click here](#) for details of the full presentation.



Photo 5, The patient’s perspective, Fiona Loud

3.3 Breakout sessions

The session continued with an overview of the National Priority Projects. For details of the presentation, please [click here](#) (pages 13 – 25).

3.3.1 Vascular Access

Katie Fielding presented an overview of vascular access and facilitated the breakout session.

For the full details of the presentation, please [click here](#). To view an additional presentation outlining the use of fistula safety cannulae in the Bradford Renal Unit, please [click here](#).



Photo 6, Vascular Access breakout session

3.3.2 Home Dialysis and Shared Haemodialysis Care

Louise Wells (KQuIP Co-chair) presented the KQuIP Home Therapies project, including its purpose and the timescales for delivery. Please [click here](#) for full details of the presentation.

Martin Wilkie then presented his vision for promoting shared haemodialysis care and how this links to Home HD, with a focus on the SHARE-HD study supported by the Health Foundation. For full details of the presentation, please [click here](#).



Photo 7, Home Dialysis breakout session

3.3.3 Transplant First

Kerry Tomlinson presented the West Midlands Transplant First project, which addresses inequalities of access to renal transplantation across the West Midlands. The presentation summarised the structure and governance of the project, including the introduction of a dashboard to track unit performance. [Please click here](#) for full details of the presentation.



Photo 8, Transplant First breakout session

3.3.4 Feedback from the breakout sessions

The clinical and IA leads provided feedback for each of the breakouts:

Vascular Access breakout session feedback – Katie Fielding

The following key areas were highlighted:

- Streamlining of pathways
- Effective governance of access care, including staff training.
- Reference to the national MAGIC project
- Patient education

Specific ideas and improvement outcomes of the session included:

- Save The Vein project
- Use of ultrasound for surveillance and improve fistula needling
- The use of the MAGIC tool to standardise processes and improve staff training

Home Dialysis breakout session feedback – Louise Wells and Martin Wilkie

The following key areas were highlighted:

- Stronger advocacy for Home Dialysis and Shared HD care
- **Primary drivers:** patient and staff engagement, environment, how patients are engaged before they start on dialysis, commissioning.
- **Secondary drivers:** patient education, communication, peer support, culture, developing confidence and trust in staff and patients.
- **Change ideas:** to increase engagement in self- care.
- **Measures:** to be put in place to monitor
- **Barriers:** to be turned into positive drivers, patients to take part in a small element of shared care to increase home dialysis potential
- **Partnership:** collaborative working and shared decision making

Transplant First breakout session feedback – Kerry Tomlinson and Richard Baker

The following key areas were highlighted:

- Process mapping to identify pathway bottlenecks

- Measurement – proportion of patients for whom transplant suitability decisions were documented, including reasons for unsuitability; reasons for patients not being listed before commencing dialysis treatment
- Setting of agreed regional standards for transplant work-up
- Patient involvement
- Regular review of processes and outcomes

3.4 Next steps

John Stoves and Graham Lipkin summarised the breakout sessions and the next steps towards identifying and implementing the National Priority Projects. These were noted as follows:

- Know your outcomes using available data
- Identify your local Medical and Nursing QI Leads
- Decide on your unit QI National Priorities Project
- Feel supported by your network and embed QI in your practice
- Know where to turn to for further support



Photo 9, Next steps and closing statement, KQuIP Chair and Regional Lead

4. Yorkshire and The Humber Regional Day Session C

The KQuIP/UKRR Yorkshire and Humber Regional Day was divided into three sessions as per the Executive Summary. The third and final session of the day included an outline of the role of the Renal Registry in promoting best practice through multicentre research, followed by a review of plans to establish formal QI training for multidisciplinary teams (including the Learning to Make a Difference initiative led by the Royal Colleges). The session concluded with a set of MDT presentations from across the region, some reporting QI project successes and others setting out examples of variation in care and inviting a prospective regional commentary on the design and methodology of QI projects to reduce future variation (‘Crowdsourcing’).

4.1 Research and the Renal Registry

Fergus Caskey presented an overview of the UKRR and its contribution to collaborative renal research in the UK.

For the full presentation (pages 2- 25), please [click here](#).



Photo 10, Research at the UKRR

4.2 The Learning to Make a Difference (LTMAD) QI Programme

Emma Vaux presented an overview of the Learning to Make a Difference (LTMAD) programme to provide training in QI, highlighting the key challenges and the need for strong clinical leadership.

For the full presentation (pages 26 - 51), please [click here](#).



Photo 11, Learning to make a difference

4.3 Presentations of Regional Projects

Regional renal unit representatives presented short summaries of quality improvement projects within their respective local services:

- Diabetes and Dialysis Improvement Project
- Dialysis START Programme
- Management of patients undergoing surgical parathyroidectomy
- Review of MSSA bacteraemias in a dialysis population

For the title slides (pages 52 - 57) please [click here](#). The full presentations may be available on request.

5. Regional Day Acknowledgements

On behalf of the UKRR and the KQuIP team, we would like to thank all delegates for their attendance and contribution to embedding QI across the Yorkshire and The Humber region, with particular thanks to the regional clinical leads John Stoves and Louise Wells for their continued dedication to and commitment to supporting QI through the regional network.

We are very grateful to AstraZeneca, Chiesi and Pharmacosmos for supporting the event.

6. Regional Day Feedback Summary

The feedback received from delegates in the main was very positive with much learning and enthusiasm for future QI activities. Please see below a summary of the feedback report:

6.1 Q1, How do you rate the event in terms of its organisation?

Please mark out of 5 with 1 = poor and 5 = excellent

The event organisation was viewed favourably by the participants, with nearly all of the respondents rating this as a 4.

6.2 Q2, What was the most useful part of the day for you?

The feedback highlighted the opportunity to network with colleagues and discuss QI priorities, including learning about QI in theory and practice. Please see the comments below:

- Presentations on "What do data tell us?" and the breakout sessions
- Quality improvement theory and practice, the patients perspective and breakout sessions
- The chance to network and team build. Really enjoyed hearing about the patient's perspective
- The value of feedback from the "QI experts" on projects presented from within the region - i.e. the opportunity to discuss worked examples rather than just the theory
- Networking - update of KQIIP agenda

6.3 Q3, What would have made the event better for you?

The delegates suggested the following improvements to the event:

- Paediatric specific event
- More nursing involvement (the breakout sessions were MDT-focussed)
- More time for peer discussion

6.4 Q4, What will you tell others about this event?

The delegates expressed the following views:

- Very well organised, fresh and tasty lunch, lovely venue and learnt a great deal during the workshops and throughout the whole afternoon. The elderflower drink was also very refreshing
- It was a good chance to review performance data and learn from others' experience of QI.
- Good event to bring together renal MDT from across the region - be prepared to reflect on own practice and be open minded about how it can/should be changed
- It was very interesting in the main but a bit overwhelming
- Very helpful to identify QI projects within your unit

6.5 Q5, Please identify at least 3 words that best represent your overall experience of the day

The top 3 feedback words are as follows:

- Interesting
- Valuable
- Thought Provoking

A few delegates who chose to attend all three sessions thought that the day was a little too long. This had been discussed with the regional units prior to the event, recognising that some staff would be unable to attend during the day - the registration form was therefore structured to allow registration for individual sessions as well as the whole day.

6.6 Q6, Please can you indicate an overall rating for session A as well as rating each individual topic area. Please mark out of 5 with 1 = poor and 5 = excellent

In the main session A were rated between 3 and 4, with the ‘Introduction to KQuIP and the Network’, ‘Role of the CRG’ and the AKI session being rated the highest.

6.7 Q7, Please can you indicate an overall rating for session B as well as rating each individual topic area. Please mark out of 5 with 1 =poor and 5 = excellent

In the main the session was rated between 3, 4 and 5, with ‘Quality Improvement – theory and practice’ and ‘Quality Improvement – the national KQuIP projects’ ranking the highest.

6.8 Q8, Please can you indicate an overall rating for session C as well as rating each individual topic area. Please mark out of 5 with 1 =poor and 5 = excellent

The session were rated between 3, 4 with the highest ranked being the presentations from the regional units.

6.9 Q9, Please select your rating for the following items.

Please mark out of 5 with 1 =poor and 5 = excellent

- Venue, ranked 3 – 5 in the main 5
- Catering ranked 3 – 5 in the main 5

6.10 Q10, What do you think this day has brought in terms of benefit to the region?

A number of positive comments were received, please see below:

- Good chance to get together as a region, compare notes and exchange ideas.
- Networking; a clear affirmation of MDT working; excellent sharing of experiences and work being done
- Insight still lots of work to be done on educations of AKI
- New ideas which will benefit our patients care experience

6.11 Q11, What How should we take things forward from a network perspective? (e.g. regular meetings, network activities, etc.)

A number of positive comments were received, please see below:

- Regular network meetings, to decide on "working groups" for 3 KQUIP projects, each to have regional lead and decide on a regional goal and action points for next few years, with 6 monthly goals/actions
- Use virtual KQUIP hub and share experience
- We need to continue the work of the various forums where we had more time to present more up-to-date unit specific data and discuss regional strategies to improving pathways.
- Regular updates through meetings.