Kidney Quality Improvement Partnership (KQuIP) #KQuIPYH

Yorkshire and Humber Quality Improvement Training Day One





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Introductions and welcome

Ron Cullen, CEO Renal Association





Housekeeping and survival



Fire alarms and exits...



Car Park



Toilet location...



Mobiles



Breaks...



Photos...



Why are you here? Building QI capability



Knowing is not enough. We must apply. Willing is not enough. We must **do** — Bruce Lee



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What are your aims for today?

Ron Cullen, CEO Renal Association





What are your aims for today

- Individually think what do I want out of today?
- In a group of 3 what do we want out of today
- In the room what do we want out of today?



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Building a Quality Improvement Team – stakeholders and patients

Leeanne Lockley, RA QI Programme Manager





Building a QI team – Why?





Building a QI team – Who?

Who can influence?

Who has connections?

Who has subject expertise?

Who has lived experience?

Who is good at communicating?

Who has done this before?

Who has an interest?

Who can challenge?

Who is seldom heard?





Building a QI Team – Avoid hierarchy!





Building a QI team – Involve patients

WHY? ... Because it is the right thing to do

- They bring a different set of skills and insights to the programme
- A new and different way of working and thinking
- Change of language in meetings common ground
- Bringing lived experience to the conversation challenges some assumptions
- Filter into practice in units patients as assets
- A new experience for patients translates to improved Quality of Life



Building a QI team - Co-production

Co-production means working together to do something

It is about people with **different** views and ideas coming together to make things better for everyone

Co-production is about people who use services, carers and people who run services working together as **equals**

Being equals means **nobody** is more important than anyone else

BUT.....it has to be in new ways



Building a QI team – How to involve patients

- Be clear about what you are asking from them find out what they might bring and want to gain
- They will have skills which are currently untapped ask them
- Don't invite just one that's tokenism
- Don't invite them just because it has to be two way beneficial
- Try and gain a representative view which will feed back into their KPA or patient groups
- Patients who dialyse may not want to attend meetings on day off
- Think of your young adults I know of plenty all on twitter and have strong views on what they want
- Don't make excuses there is no right time the sooner the better
- No jargon no hierarchy equals



Building a QI team – Who are your stakeholders?

Who can influence?

Who has connections?

Who has subject expertise?

Who has lived experience?

Who is good at communicating?

Who has done this before?

Who has an interest?

Who can challenge?

Who is seldom heard?





Stakeholder Grid









• Take 5 mins to plot your stakeholders on the grid



Engaging and communicating with stakeholders







Engaging and communicating with stakeholders

Communication

- Clear, constant message with appropriate level of information
- Be open and honest with an authentic tone
- Show passion and connection
- Provide goals, purpose and direction
- Have clarity, transparency, measurement and accountability

Design a communication plan

- Provide opportunities for communication
- Use different modes
- Provide the 'what' and 'why' as well as the how



Group work

Communication Plan



Stakeholder/ Stakeholder group	Message/ Content/ Information	Delivery/ Method	Frequency	Team Lead





communicate your project to your stakeholder group / your patients / each other

- Remember this is a working document and should be referred to at every team meeting
- Be prepared to share with the rest of the room



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Building a QI Team?

What QI skills do you need in your team? Who do you know?





Skills analysis





Skills analysis

Name:		Are you a: Doctor Patient MDT		Unit:		
Description	Have used often/could teach/Fully competent	Have used/fairly competent	Have used but need a refresher	Have seen but not used	Have heard of but not seen	Haven't heard of
Sustainability model						
NHS Change Model Shared purpose						
Developing Aims						





- 5 minutes to individually complete the skills analysis
- 5 minutes to share with your results with your team



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Agreeing a shared purpose and scope

Ron Cullen





Agreeing a shared purpose





The NHS Change Model



- The NHS Change Model comprises eight component parts
- The components are used to develop and a support a quality improvement project
- Control Together, the total delivers a complete picture of how to manage and deliver quality improvement



Our Shared Purpose

OUR
Who defines the benefit we're after? Who's going to make it happen and who is it going to affect? All these people need to be involved in designing and delivering change.



Group work

 Take 20 mins start to develop your shared purpose

 Be prepared to shared your shared purpose with the rest of the room





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Scope





Scoping Exercise

- What is in?
- What is out?
- Boundaries
- Contraction Contractica Con
- List everything





Scoping Exercise

Scope Project



	MAGIC IS	MAGIC IS NOT	ACTION
WHAT			



Group work

Take 10 mins to work on your Project Scope

Be prepared to share with the rest of the room





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Time Frames of project and what needs to be achieved

Ron Cullen











• Take 15 mins to fill in your action plan

•At lunch, arrange a time with Leeanne to visit your unit for QI/ project support

