



KQIP Putting Leadership into Action South East Region Tuesday 3rd December 2019

KQIP is supporting renal units in the South East to improve the quality of care people with renal disease. We aim to:

- Build leadership and QI capability for the future
- Build effective teams
- Work collaboratively, sharing and learning from each other's experiences
- Establish patient/family co-partnerships to work alongside health professionals
- Develop learning communities, growing from the collective successes and failures
- Adopt Quality Improvement methodology to deliver our desired outcomes

The South East KQIP Project is Transplant First, led by Regional Lead Clare Castledine. The units participating are:

- Brighton
- East Kent
- Portsmouth



Developing a Shared Purpose

The group worked on creating a Common Purpose, based on the [NHS Change Model](#)

Working in groups they agreed that the working Shared Purpose will be:

In three years, 95% of all patients starting dialysis, who have been known to us for three months, are actively listed, referred to the transplant team or documented as unsuitable, and this is communicated to patients in a way that is clear and can be audited at MPT meetings.

Further notes on this piece of work can be found [here](#).

KQIP roles

There are three main roles within KQIP:

KQIP Programme Manager (Julie Slevin)

Roles and Responsibilities:

- Provides education and training on QI and leadership to the multi-professional renal work-force
- Aids collaboration and shared learning across the region and nationally
- Coordinates regional and local events – face to face as well as teleconferences, webinars or video calls
- Supports regional and QI leads
- Arranges additional and expert speakers at events
- Ensures momentum continues
- Visits units to give support

In order to do this Julie needs:

- Commitment from Regional and QI leads
- Communication

KQIP Regional Lead (Clare Castledine)

Roles and Responsibilities:

- Drives the regional project
- Ensures senior buy-in and engagement from across the region
- Communicates with QI leads in units
- Leads QI events
- Supports QI leads
- Raises concerns with KQIP PM

In order to do this the Regional lead needs:

- Commitment from QI leads
- Communication

KQIP QI Leads:

Brighton

Medical Lead: Kostas Konstandine

MDT Lead: Angela Cole

East Kent

Medical Lead: Michelle Webb

MDT Lead: Amanda Sawdon

Portsmouth:

Medical Lead: Mark Uniake

MDT Lead: Lucy Chester

Roles and Responsibilities:

- Lead the project within their unit – be bold
- Work with the PM to deliver agreed objectives
- Commit to attend meeting/regional events
- Ensure project is a priority within unit – look at ways to communicate this through CD.
- Ensure project is communicated within Trust through comms teams and QI department
- Convene a working group including the right people to progress the project and meet regularly. Patients must be included in this group.
- Highlight any risks that may challenge the agreed objectives with the regional lead
- The QI lead should be the point of contact for PM and KQIP
- The QI lead should be clear of key messages associated with KQIP and the project they are delivering
- Communicate with the regional lead
- Engage and work with their wider teams and patients
- Meet regularly as a QI network (face/phone)

Leadership

Leeanne delivered a session to promote the delegates to consider leadership and management, and encouraged them to think about new leadership rules.

Notes from the session can be found [here](#)

New rules developed are:

Canterbury

Patients with a GFR <20, trans-

plantation status should be considered and documented (in clinic)

Documentation currently unsuitable

Reviewed status monthly

If referring to ASK clinic, order transplant tests there and then e.g. dopplers

Brighton and Portsmouth

Patients on a rapid decline, change from eGFR to predicted decline rate within two years

Patient education

Transplant education evening

All units

Documenting transplant status on letters

Should this be mandated?

IT systems for support



Reflection from Shortsmoor— Everyone is better than they think they are

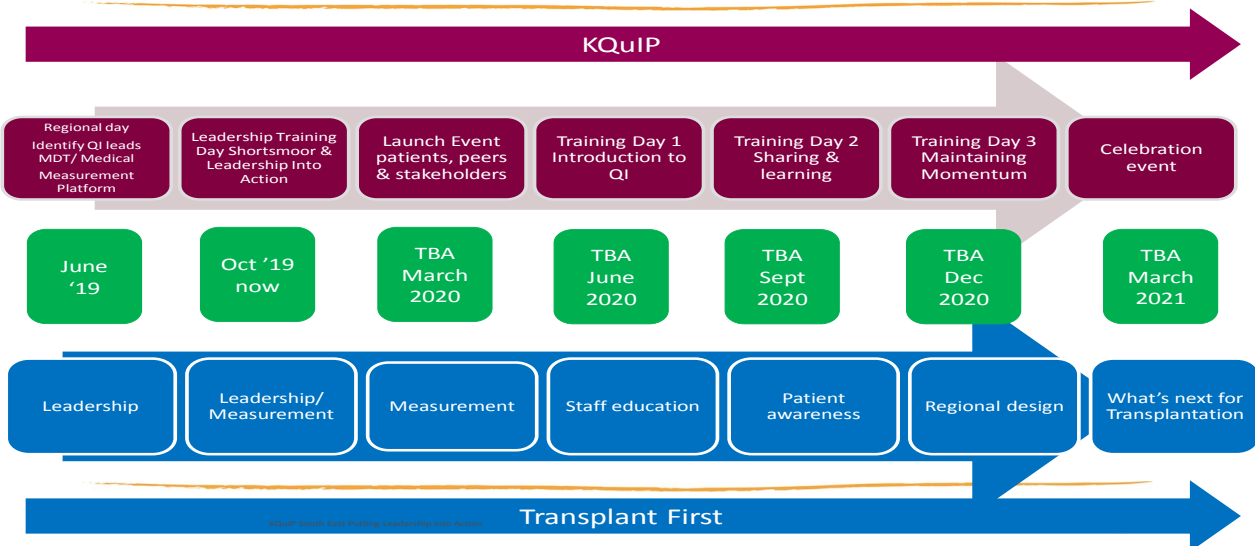
Great day, I'm very inspired and motivated but feel it could be like pushing water up-hill! I'm prepared to get wet!!

Quality Improvement Tools:

You will be guided through the use of the following tools over the coming months:

- **Process Maps**—a method of mapping a process or patient journey to identify block-ages and hold ups—read more [here](#)
- **Driver Diagrams**—a way of breaking the project down into simple parts—it is the map for the QI project—read more [here](#)
- **PDSA cycles**—this is a way to test out a change idea in a small way which you can review and adapt—read more [here](#)
- **Measures**—you will collect baseline measures of your current transplants and keep measuring to see how the QI work is impacting this (hopefully leading to improvements) we will use the [Transplant First measurement tool for this](#)
- **SPC charts**—these are Statistical Process Control charts for showing your measures—not as scary as they sound and you can read and see more [here](#)

Seven steps in the South East KQuIP Transplant First Programme



Next Steps:
 Set up a WhatsApp Group
 Arrange visits to units from Julie
 Develop Process Maps— with support from Julie in Brighton and Portsmouth, and from Michelle Webb in Canterbury
 Set dates and venues for the above events

Contact the KQuIP team for more information:
 Julie.slevin@renalregistry.nhs.uk
 Leanne.lockley@renalregistry.nhs.uk