Leadership into Action
SW KQuIP
21st March 2019

Introductions and welcome

Steve Dickinson the regional lead welcomed the QI leads and patient leads from the six units in the SW region. Each unit was represented by at least one QI lead and three of the units were represented by patient leads.

The multi professional QI team were fresh from the Shortsmoor leadership course that they had attended in February so the sense of collaboration and a team approach was immediately evident.

Steve refreshed everyone on some of the points and issues that had been raised at the previous meeting on 13th December 2018. The main themes were:

- Standardisation of a cardiology work up regionally
- Measuring of patient experience especially pertaining to clearer information about the pathway
- Reduction of visits for patients as part of a live donor workup (donors and recipients), and process to gain a sense check on suitability of donors to avoid unnecessary work.

These can be accessed as part of the slide deck from the day. Let me know if you would like copies

Current Transplantation Activity in the South West: Unit presentations

Each unit was tasked to present on:

- Their cardiology pathway/process map
- Data collection – total number of transplants, pre-emptive transplants, LD number, deceased donor transplants
- Case studies – sharing the challenges and successes of the current pathway.

This session generated a lot of positive discussion and thought and helped focus the team on what they want to improve as a region.

Transplant First in the South West

What are our priorities, refining our aims – this was done as a facilitated session with everyone present included

Overall AIM – SW Team Transplant

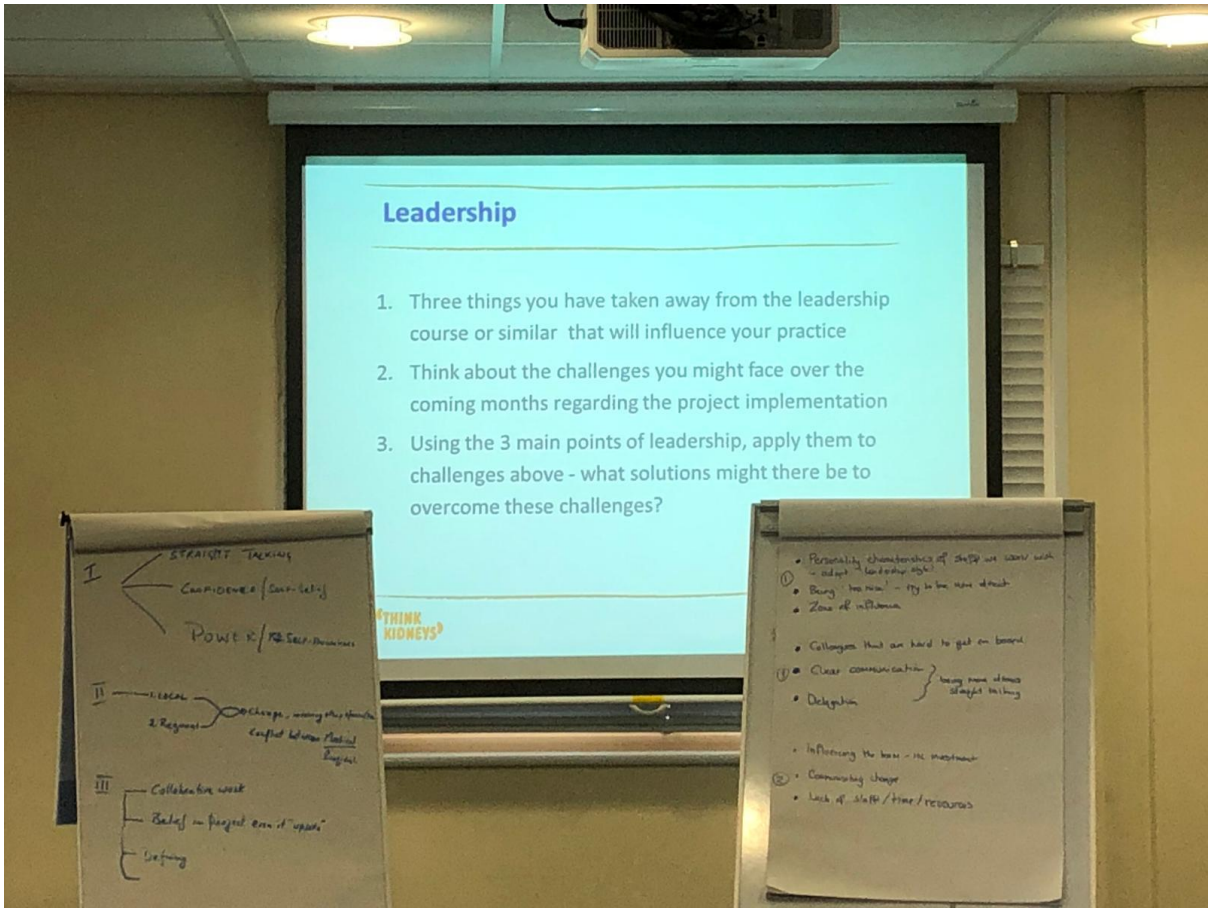
'As many people transplanted with as short a wait as possible with the best experience'

Drivers:

- Supporting communities
- Education and awareness for all
- Reducing delays

Possible Objectives that were discussed:

- Collaborate on an electronic referral proforma that has been developed by NBT
- Streamline pathways to reduce delay
- Talk Transplant at 20 (eGFR)
- Develop a newsletter for donors
- Reduce cold ischaemic time
- Develop links/relationship with local cardiologist
- Agree and standardise a cardiology workup across the region
- Issue a KQuIP letter to Trust board for 'Buy in' – link it to GIRFT
- Develop concept of peer support for donors
- Audit starters – number of pre-emptive listings and RCA for reasons why not
- A maximum of 18 weeks pathway from initial appointment to transplant for both recipient and live donors (cross-centre – following *patient* rather than centre)
- Maximum of 2/3 visits for non-complex live donors and recipients before operation
- % pre-emptive listings – mirroring the Transplant First objective of 'half of all patients on the transplant list to be pre-emptive'
- 'discussed setting a rate for pmp (per million population) live kidney donor rates, but this was not adopted at this stage because of challenges to theatre space at this time



Leadership – reflections and putting it into practice

- Three things you have taken away from the leadership course or similar that will influence your practice
- Think about the challenges you might face over the coming months regarding the project implementation
- Using the 3 main points of leadership, apply them to challenges above - what solutions might there be to overcome these challenges?

The QI leads split into two teams mirroring those that they had been in during the leadership course. Patients were allocated to each team. Each team then fed back as follows:

1. **3 things taken away from course:**
   >Straight talking
   >Confidence and self-belief
   >Power and Self autonomy

2. **Challenges to implementation of project**
   >Local – change and the involving of other specialities
   >Regional – As above plus conflict between medical and surgical specialities

3. Solutions

>Collaborative work
>Belief in project and self even if 'upsets'
>Defining what we are going to do clearly

1. **3 things taken away from course:**
   >Recognition of individual personality characteristics within team and adapt leadership style accordingly
   >Stop being 'too nice' and try to be more direct
   >Understand/be aware of zone of influence
2. **Challenges to implementation**
   >Influencing the team – investment
   >Communicating change clearly
   > Lack of staff/time /resources

3. **Solutions**
   >Aware of colleagues that are hard to get on board
   >Clear communication – straight and direct talking
   >Delegation

Planning of Launch Event

This is your day and can be used to get as many people involved as you think would be useful to aid implementation.

It was agreed that in order to get as many people at the event as possible it should only be a morning session with the offering of lunch.

Learning: It would have been useful if the Launch event had been set for a later date following the Leadership into Action day in order to gain a better understanding of what was required and who to involve.

Although agree with principles of Transplant First project wanted to make sure that this had a SW slant and branding such as **SW Team Transplant**

The Launch Event – 11th April 10-1pm. Taunton racecourse

Important to communicate that the Tx project was agreed as a priority by all those who attended the SW regional day in October 2018

Who to invite:

- QI leads
- Patients
- Clinical leads
- Matrons
- Commissioners
- Trust QI leads
- Multi professional team such as pharmacists, CKD nurses etc
- Anybody else that you would like to influence but who can also influence

It was suggested that for those who couldn't make it we could perhaps have a podcast or film/video that could be made available. A word cloud was also suggested as a background slide as people arrive for event.

It was agreed that the six units should own the day and present on a theme that they were involved in. this should be about 5 slides at the most.

RDE – Avoidable delays –potentially linking them to the drivers previously cited
Gloucester – wait time/organ turn down rates
PHNT – Cardiology pathway
NBT – work up protocol
Dorset – to be decided

It was agreed in principle to use the afternoon to do some round table sharing and learning with all of the QI leads. Suggestions were as follows:

- NBT protocol alongside the Oxford protocol
- Kerry's letter as part of reducing delays
- Potential measurement using the Transplant First dashboard
- LIFE QI as a QI tool, collaborative forum and data collection.
- What happens next