KQUIP SOUTH WEST TEAM TRANSPLANT

Training Day 3

5th December 2019

Steve Dickinson the regional lead welcomed the QI leads and patient leads from the six units in the SW region. It was great to see all Trusts represented and a new patient member was welcomed.

The actions of the last meeting were shared and updated. Link to slide here

Steve reminded us of the data that is driving the changes that we are working towards. Slides can be accessed here

Ron Cullen (CEO RA/UKRR) shared his thoughts on leadership, its challenges and our responsibilities as leaders locally and regionally as we drive change. The session was interactive giving individual's time to work with their teams to discuss the challenges and how they might be overcome.

Slides can be accessed here

Here are some of the discussion points outlining shared habits/rules in organisations that are barriers to change:

- Silo working – different agenda's but with little sharing even within units
- A GAP between 'management' and frontline staff – key messages aren't being cascaded down
- There seems to be a disconnect between the flow of money and patient outcomes (cancelling of theatre sessions with no discussion)
- EPIC is going to solve everything but in the meantime everything is on hold
- Change fatigue – we've done this before
- As clinicians we still think we 'know best' for patients – whilst discussing partnership working
- Organisational lies – senior clinicians are sometimes involved in these
- There is a fear of failure – especially amongst the middle managers who are a fairly transient workforce and need to achieve in short term
- Actions from meetings not followed up and 'actioned'
- Conflict between leaders in units – power struggles which confuse the end point
- Money and business cases are the mantra – would like a more holistic approach where managers, patients and clinical teams are working to agree and deliver priorities.

As leaders Ron suggested that it was really important to clearly convey your VISION and set BHAG (Big Hairy Audacious Goals) within the vision!

Click here for the slides

Each of the six units presented slides showing their progress against the agreed objectives and their use of a QI tool and methodology.

Dorset have worked consistently on increasing documentation regarding suitability for transplant – there seems to be evidence building to show that this translates to earlier Tx discussion and in turn earlier referral for pre-emptive listing.

An annual education event for patients was held with 28 attenders that was excellently evaluated. The team also tested the TPREM on 15 patients with 8 anonymous returns. The feedback was useful in identifying some of the issues in the pathway.

Click here for the slides

If you would like further information and want to make contact with QI leads please email:

Gemma Fox: Gemma.Fox@dchft.nhs.uk

Kathleen O'Neill: Kathleen.O'Neill@dchft.nhs.uk

Royal Devon and Exeter

The team at the RDE have recently held a patient engagement event where they invited questions from the floor in an 'ask the expert' approach. This allowed the patients to lead the discussions and gain information that was pertinent to them and not driven by the clinical team. It was very evident from these discussions that patients want evidence and open and honest discussions with their teams in order to make informed decisions.

On the patient experience theme the team also tested the TPREM on 12 patients and feedback the results.

There was further discussion on writing letters to patients and whether this should be adopted across the region. It was something that Steve Dickinson at RCHT had started doing and felt it to be very positive although it did need some thought at the beginning.

Click here for slides

If you would like further information and want to make contact with QI leads please email:

Karen Steer: karensteer@nhs.net

Heather Atkins: heather.atkins@nhs.net

Dr Richard Powell: richardpowell3@nhs.net

Plymouth

The team at the SW Transplant centre have been concentrating on transplant decisions specifically looking at the no's and blanks. July 1st saw them commence a three visit pathway and anecdotally this seems to have reduced the time to activation. Audit data will be presented at the next meeting. Plymouth also shared their cardiology assessment protocol which allows referring hospitals to choose any investigation that suits from a list. It was agreed that this would be difficult to standardise across the region as there is no evidence to suggest the better test/investigation.

Their most recent challenge has been the loss of a theatre session which if they want to increase transplant rate will have a significant impact. This was done without discussion with the renal team.

Click here for slides

If you would like further information and want to make contact with QI leads please email:

Leanne Savage: leanne.savage@nhs.net

Dr Imran Saif: imran.saif@nhs.net

Phil Isaac: phil.isaac@nhs.net

North Bristol Trust – Southmead

The team at Southmead have focused on:

- The recipient pathway looking at Transplant status as an audit and the success and challenges of ICE e- referrals.
- The Living Donor pathway with a reduced visit proforma and an audit of donor '1st contact.'
- Maximising the use of deceased donor organs – an audit of DCD organs used elsewhere.

Discussion was had around minimum age range for altruistic referral – it varied from NBT to PHNT but as there is no national guidance or protocol it becomes an unwritten rule.

Likewise there was a difference in BMI cut off.

Click here for slides

If you would like further information and want to make contact with QI leads please email:

Mr Sam Turner (Surgeon): Samuel.Turner@nbt.nhs.uk

Dr Dominic Taylor (nephrologist): Dominic.Taylor@nbt.nhs.uk

Diane Evans (Transplant coordinator): Diane.Evans@nbt.nhs.uk

Royal Cornwall Hospital – Truro

RCHT have focused on raising the profile of live donation across the region through social media and getting out and about at events and gatherings. They have also successfully reduced the wait for LD appointments and are collecting data on the transplant dashboard and targeting the documentation of transplant status as a PDSA cycle.

Click here for slides

If you would like further information and want to make contact with QI leads please email:

Emma Johns: emmajohns@nhs.net

Angela Fordham: angela.fordham@nhs.net

Sue Durkin: sue.durkin@nhs.net

Gloucester

The Gloucester team are hoping to commence a transplant clinic in 2020 but are waiting to submit a business case outlining the need for a transplant nurse practitioner. This had also been recommended as a follow up to the GIRFT visit held earlier this year. This has been a very challenging time which has resulted in less progress than hoped.

Informal discussions have been held with cardiologists with a view to streamlining the investigations. Currently it is taking about 9 months to complete which is too long. Dr Moriarty agreed to bring the progress made to next meeting.

Work has also been started on auditing documented transplant status and understanding the challenges to this.

Click here for slides

If you would like further information and want to make contact with QI leads please email:

Dr Jim Moriarty: Jim.moriarty@glos.nhs.uk

Patient Experience

Keith Bucknall, Deborah Duvall and Amjid Ali shared their recent experiences with Keith raising the issue of generic letters that were difficult to decipher and the challenge in fitting investigations around his haemodialysis sessions. With the latter there seemed to be poor communication between areas resulting in fragmented care and loss of control for the individual. Keith also has an article published in the most recent Kidney Matters (Click here for slides)

Deborah discussed her recent work as part of the Kidney Kitchen (view link here) and the issue of raising the discussion of living donation as an option beyond family members. Deborah was surprised to learn that so few people understood this as possible. She is hoping to take this forward in 2020 through short film interviews with a live donor and recipient. Amjid raised the importance of diversity in the region, the affects it may have on access to transplantation and how this may be addressed through this group.

The region discussed the NHSBT DREM that will be available in early 2020 and agreed that as this was validated with a national implementation plan we should not confuse by offering a regional one. What we did agree was that it was of paramount importance that we capture the patient/donor experience of the pathway and would do so through asking them directly. This would be documented, themed and brought to the next SW meeting for discussion. There would then be the potential to feed this back to NHSBT who are hoping to develop a recipient PREM.

Driver Diagram

We refreshed the driver diagram using LIFEQI and revised agreed targets in view of a reduction in theatre sessions in PHNT and no increase in theatre sessions at NBT. Also impacting the targets has been the lack of isotopes resulting in a backlog of investigations.

Live Donor targets:
NBT- remain at 50
PHNT – Remain at 30
Revised Deceased Donor from 220 to 180.

Data collection – Transplant dashboard: Each Trust (except Gloucester) are currently collecting this data which they have found useful in isolating reasons why patients aren't identified or listed in a timely way. Agreed that we should be promoting an aspiration of all patients being listed pre-emptively and if not then understanding the clear reason why. There was discussion around START clock and STOP clock for the 18 week pathway and the following was agreed for the region in order to highlight all the potential barriers.

Donors START: First F2F contact once the team have received the donor letter back.

Donors STOP: date for surgery

Recipients START (a): First referral for work up tests in own or transplant centre

Recipients START (b): Referral to Transplant Assessment Clinic

Recipients STOP: Date activated

It was recognised that there will be points within the pathway where the clock can be stopped and the restarted but it was agreed that this needs flagging and documenting.

Sustainability

Rachel pointed out that we have been working collaboratively for a year making local changes impacting the overall purpose. It was agreed that as a network we now needed to move into a more transformational way of working and plan how that will look for the coming year in order to reach the agreed targets.

The celebration event due in March will be important to showcase what has been done but also what needs to be done.

Different funding options for the Network need to be considered so that it can continue to deliver on this and other projects.

Action	Whom
Share donor excel spread sheet	NBT/DE
Meeting with Amjid Ali to discuss diversity and representation within region.	RG/AA
GIRFT recommendations	RG
Engage commissioners	RG
Contact NHSBT regarding TPREM	RG
Circulate LD Network meeting	RG
Agree approach for Transformation Listening event	RG/SD and KQuIP
Meet with CD and QI leads at each unit	RG/RC/SD

Homework for each unit

- Convene a working group at base involving the multi professional team
- Capture patient experience through narrative and stories
- Meet with Rachel
- Write an abstract for UKKW
- Work through own actions reflected within PDSA cycles on LIFEQI