



## Silver level Improvement Project Charter Delivery Template

Now you have completed the Silver level training, accreditation as a HDFT Quality of Care Champion at Silver level also requires evidence of a new or recently commenced **quality improvement project** delivered in your own team.

There is a huge range of resources available on the Improvement and Transformation Team's intranet pages, from tools and templates, through to user guides and presentations. Check these out at:

<http://www.hdft.nhs.uk/trust-wide/improvement-and-transformation/tools-and-resources/>

Things to remember:

- **The project delivered must be new, or commenced within the past six weeks.** This should not be a project that has already been delivered. You may wish to deliver the project you proposed at Bronze level but we need to see evidence that you have used some of the methods, tools and techniques you were provided in the Silver level training.
- The project you deliver must be in your own team.
- Others need to be engaged appropriately, to help ensure sustainability of the project.
- News of improvement project, results and learning is shared with others where appropriate.

Additionally:

- Accreditation can be awarded ahead of project completion (because some projects may take a long time to complete). But we must see evidence that work has commenced beyond the proposal phase and that demonstrable action has taken place.
- We understand that not all projects will deliver a measurable *improvement*. If your project has not, you can still be awarded accreditation, as long as we can evidence application of the learning and the work undertaken to deliver the project.

**Please summarise your project below, keeping responses to less than 100 words where possible.**

If you are unsure about any sections of this form or need any further support, please don't hesitate to get touch with the Improvement and Transformation Team. We're happy to review your application as often as necessary. Our contact details can be found on the bottom of this form.

**Please complete and submit sections 1-3 below**, to the Improvement and Transformation Team, using the contact details on the bottom of the form, **within 3 months of undertaking the Silver level training.**

### 1. WHAT IS THE AREA OF PRACTICE YOU WANT TO IMPROVE?

- One or two sentences
- Encapsulates the essence of the challenge (not the solution)
- Is the root of the challenge ... not a symptom
- Is agreed by those involved in or affected by the work

It came to my attention whilst working for Leeds Community Health Care Trust in 2016 that, older patients were leaving hospital physically deconditioned as a result of prolonged inactivity during their admission. They required a longer period of rehabilitation in rehab centres rather than returning directly home. As a result it may take twice as long to recondition. Deconditioning can increase the risk of reduced bone mass and muscle strength, reduced mobility, increased dependence, confusion and demotivation. This affects

well-being as well as physical function and could result in falls, constipation, incontinence, depression, swallowing problems, pneumonia and leads to demotivation, and general decline. I therefore wanted to increase inpatient mobility for in-patients on the frailty wards in HDFT.

## 2. WHAT IS YOUR STATEMENT AIM?

- What do you want to improve?
- For whom? (Population)
- By how much? (Target)
- By when? (Timeframe)

I want all patients on Byland ward who are able, to get up and sit out of bed every day in a chair and for those who can to mobilise with ward staff to prevent the risk of deconditioning.

## 3. WHAT DIAGNOSTIC OR ANALYTICAL TOOLS HAVE YOU STARTED TO USE OR MAY USE?

Existing information	<input checked="" type="checkbox"/>	Pareto Analysis	<input type="checkbox"/>
New data/information	<input checked="" type="checkbox"/>	Brainstorming	<input checked="" type="checkbox"/>
Root Cause Analysis (5 Whys)	<input checked="" type="checkbox"/>	Affinity diagram	<input type="checkbox"/>
Gap Analysis	<input type="checkbox"/>	Nominal group technique & multi-voting	<input type="checkbox"/>
Process Mapping & value stream mapping	<input type="checkbox"/>	Tree diagram	<input type="checkbox"/>
Identifying waste	<input type="checkbox"/>	De Bono's six thinking hats	<input type="checkbox"/>
Ishikawa (Fishbone)	<input checked="" type="checkbox"/>	Appreciative enquiry	<input type="checkbox"/>
Other (please specify)	<input checked="" type="checkbox"/>		

I have found a considerable amount of information which has helped me to get started. The average older person spends 80% of their waking day (8-12 hours) in sedentary activities (Harvey et al, 2013). The UK Physical Activity Guidelines (DOH 2011) reinforce the health benefits of physical activity using specific examples of how this can be applied. It is often said that for every 10 days of bed rest in hospital, the equivalent of 10 years of muscle ageing occurs, in people over 80 years old.

The national #EndPJPParalysis deconditioning awareness campaign Get up, Get dressed, Get moving initiated by Amit Arora and Brian Dolan provided me with a wealth of information and resources particularly on e.g. Twitter and Facebook.

I have completed a root cause analysis to consider why patients remain inactive on the wards to try to understand the issue more deeply. Is it purely cultural or are we the ward staff exacerbating the problem by over caring and discouraging independence?

I have also used feedback from the patients I came into contact with in my previous organisation as a motivation to make real and lasting change.

I used brainstorming to help me consider who I needed to contact during the process to improve awareness as well as gain support to make a wider impact. This helped me to develop the [idea and take practical steps to get to the implementation stage](#).

**Please complete and submit sections 4-8 below**, to the Improvement and Transformation Team, using the contact details on the bottom of the form, **within 6 months of undertaking the Silver level training**.

Once you have submitted sections 4-8 and upon approval, you will receive Silver Quality of Care Champion accreditation. We will still ultimately require the full form to be completed for our records and in order to share learning.

## 4. CHOOSING YOUR TEAM

- Consider doing stakeholder analysis (both internal and external)
- Who needs to be in your team? Ensure a variety of roles and bands
- Who will lead the team (this doesn't mean doing all the work. It's just a single point of contact)
- What are your first steps in bringing this team together?
- How will you manage accountability and the need to keep all members informed?
- Amend the table below to suit your own needs

Name	Job Title	Organisation/Dept.	Inform	Consult	Collaborate
Laura Proctor	Physiotherapist	Therapy Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stephanie Robinson	Occupational Therapist	Therapy Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vera Davison	Physiotherapist	Therapy Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Helen Morton	Occupational Therapist	Therapy Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Claire Arditto	Physiotherapy Professional Advisor & AHP Lead	Therapy Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mike Forster	Operational Director, LTUC	Long Term Unscheduled Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rob Harrison	Chief Operating Officer	Corporate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paul Widdowfield	Communications and Marketing Manager	Corporate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The core team was Stephanie Robinson (Occupational Therapist) and I, Laura Proctor (Physiotherapist) both band 6 therapists based at HDFT. We were supported by our therapy service managers Claire Arditto, Vera Davison and Helen Morton who encouraged us to implement our service improvement project. We also spoke with HDFT senior managers Mike Forster and Rob Harrison, to share our ideas and gain their support through to the implementation stages.

We contacted HDFT media and communication officer, Paul Widdowfield, to raise the profile of our project on social media throughout the Trust. He also supported us by printing out promotional posters and resources. Stephanie and I shared our project ideas with our wider physiotherapy and occupational therapy teams respectively to gain their support and involvement. We also shared our ideas with the Frailty team and geriatrics consultants.

#### 5. WHAT ARE YOUR MEASUREMENTS AND TARGETS?

REMEMBER: The Trust already collects a significant amount of data, much of which is available on the intranet. Please check first before requesting data from the informatics team.

- Is there retrospective/baseline data? YES  NO
- What measures will you use for run charts?

Metric	Baseline	Target/Timescale	End Result
Number of patients mobilised per day/week	Not available	Please refer to separate data collection spreadsheet.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

- Are you satisfied that these are specific enough? YES  NO

#### 6. WHAT ARE YOUR IDEAS FOR CHANGE?

- Ideas from others / brainstorming
- What's the evidence base?
- Ideas from elsewhere (poach with pride!)
- How will you prioritise?
- Consider possible benefits, risks and issues

Ideas for change included leading a Trust wide #Endpjaralysis campaign at HDFT. This included producing promotional posters, patients and public information leaflets and educational stand in the hospital entrance.

We involved staff of mixed disciplines including; physiotherapists, occupational therapists, therapy assistants, nurses, consultants, service managers, senior management, discharge co-ordinator nurses all who dressed in pyjamas to highlight the campaign. Stephanie and I dressed in pyjamas and visited every hospital ward to promote our campaign. We also asked ward staff to help raise the profile of the campaign

by being photographed in pyjamas on the ward. We encouraged public and staff pledges of support. The campaign was highlighted on social media.

The other key idea for change was to introduce a method for data collection in the form of #Endpjaralysis “numbers out of bed charts”. The nurses and CSW staff per bay were supported to complete this chart daily by the physiotherapy assistant and I, to identify how many of their patients had been out of bed. Each charts figured were calculated and transferred to a larger version of the chart. This idea was taken from an initiate seen on twitter and used by another organisation.

The ideas were prioritised by raising awareness first of all throughout the Trust and then by implementing a project which emanated from the awareness campaign to maintain the momentum.

The project benefits the patients primarily but there are associated benefits for ward staff as maintenance of physical function reduced dependency on them. There may be some risk as increasing activity could potentially increase in-patient falls.

## 7. EARLY SUGGESTIONS FOR PDSAS

We captured the data by photographing the weekly total numbers out of bed chart and recording these over a 5 month period. We are continuing to capture this data. We made changes to the way we captured the data by including Saturday and Sunday figures. We also changed the total number of patients out of bed to the possible numbers out of bed to be more representational.

Throughout the project implementation we also continued to reinforce this project to the ward staff during the daily falls safety huddle and during the morning handovers. We recognised that some staff felt under confident with their moving and handling skills so the physiotherapy assistant and I implemented weekly moving and handling training. At these sessions we highlighted the #Endpjaralysis project and importance of getting patients up, out of bed and moving.

Evaluation of the project also highlighted the need for recliner chairs on the ward which I have subsequently been involved in procuring. To help indicate the level independence for each patient and therefore how they mobilised I introduced a traffic light system. This was designed to make it clearer for nurses and healthcare assistants and to encourage mobility.

## 8. RUN CHART PRODUCTION

- |   |     |                                     |    |                                     |
|---|-----|-------------------------------------|----|-------------------------------------|
| • Do you have separate run charts for each metric that you're looking at? | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| • Can you get them from elsewhere? (Let us know if you need help)         | YES | <input type="checkbox"/>            | NO | <input checked="" type="checkbox"/> |
| • Is data being collected on an ongoing basis? If so, how?                | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |

I have separate run charts for each metric that I was looking at.  
Data is continuing to be collected on a weekly basis.

## 9. OUTCOME

- |  |           |                                     |    |                          |
|--|-----------|-------------------------------------|----|--------------------------|
| • Was the overall aim achieved?                            | YES       | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| • Has it delivered against measurable improvement targets? | YES       | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| • Has there been a measurable impact?                      | YES       | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| • Will the change be embedded and sustained?               | YES       | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| • What was the level of engagement?                        | Excellent |                                     |    |                          |

The data is being analysed but we have seen a measurable impact and numbers of falls have reduced on Byland ward this was found to be significant and reported by the falls co-ordinator. The change is being sustained for example when I was away or a week the charts were still completed. Also this project has been expanded to Jervaulx ward under my supervision and encouragement. The level of engagement was widespread from senior managers through to all ward staff, patients and public.

## 10. SHARING THE LEARNING

- |   |     |                                     |    |                          |
|---|-----|-------------------------------------|----|--------------------------|
| • Have you helped the team document their learning? | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
|---|-----|-------------------------------------|----|--------------------------|

- What are your plans or what have you done, to share the news of the results of the improvement project.

The learning has been shared in numerous ways.

The success of the week long #Endpjaralysis campaign was shared at the senior forum where Stephanie and I presented our feedback, social media, HDFT intranet. Stephanie and I were nominated for an award to recognise our work. I shared the success of the project through an in-service training presentation to my physiotherapy colleagues and managers.

#### 11. YOUR OVERALL ASSESSMENT OF THE PROJECT

The overall aim has been achieved yes – on a weekly basis 70% of patients on the ward are getting up and out of bed and moving. I intend on producing a poster to summarise the implementation and outcome of #Endpjaralysis in HDFT for June 2018 which I will present with Stephanie Robinson.

#### YOUR DETAILS

Name	Job Title
Laura Proctor	Physiotherapist
Contact Number	Email address
Click here to enter text.	Laura.Proctor@hdfn.nhs.uk
Title of training and date completed	Date proposal submitted
Silver Level QI	09/04/2018

#### CONFIRMATION FROM LINE MANAGER

Name	Job Title	Date
Vera Davison	Senior Physiotherapist	20/04/2018

Please submit this form to **Natasha Ori-Orison, Project Support Officer – Quality Charter** by email to [Natasha.Ori-Orison@hdfn.nhs.uk](mailto:Natasha.Ori-Orison@hdfn.nhs.uk)

#### FOR USE BY IMPROVEMENT AND TRANSFORMATION TEAM ONLY:

Date received:	09/04/2018
Date feedback provided (if applicable):	09/04/2018
Date signed off:	20/04/2018
Approved by:	Mark Fuller, Improvement Facilitator