

Q

‘Work as done vs work as imagined’ – making quality management a daily reality (Webinar 3/4)

25th May 2022



Welcome!

Hosts:



Emma Adams

*Independent
Improvement
Consultant &
Generation Q
Fellow*



Dr Joy Furnival

*Chief of Regulatory
Compliance &
Improvement
North West
Ambulance Service*

Guests:



Dr Nicola Bateman

*Associate Professor in
Operations
Management in the
School of Business at
Leicester University*



Sarah Scales

*Associate Director of
Transformation
Royal Surrey NHS
Foundation Trust*



Richard Best

*Director of
Improvement
University Hospitals
Plymouth NHS
Foundation Trust*

How we're running today's session



1. We'd like you to be on mute whilst we present the core material
2. The chat is open throughout - please post any questions or comments there



3. We'll open for questions at the end of the presentation:
 - Raise your hand if you'd like to speak (and don't forget to unmute!)
 - Post in chat and the chair will moderate questions to the presenter

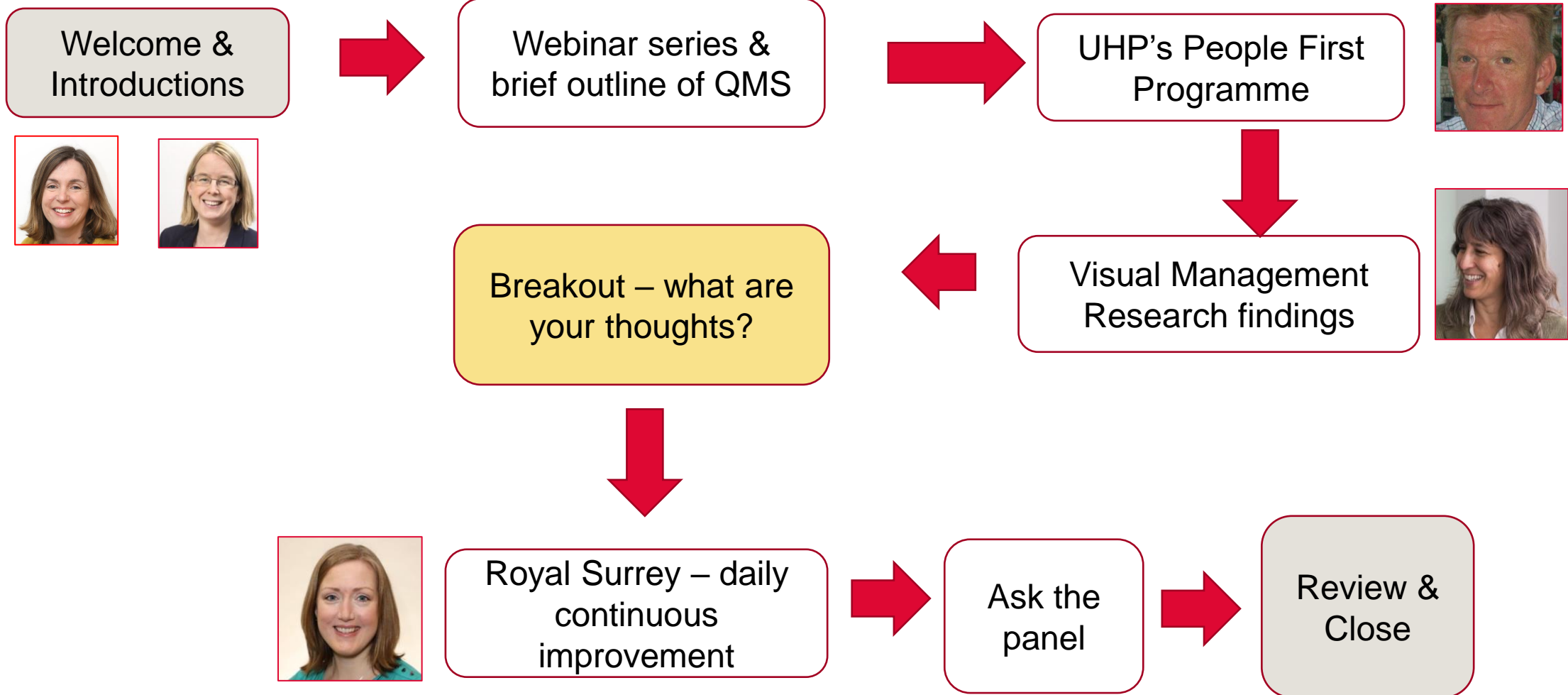


4. If your tech fails, don't worry – we're recording so you can listen to this later



5. Please feel free to continue the discussion after the event via email or on Twitter #QcomQMS @TheQCommunity
6. And really don't worry if the dog/child/window cleaner interrupts!
7. We're recording and saving chat to share later

Session format



Quality Management System Webinar series

Why isn't improvement sustained?



“High performing organisations have quality management systems with quality improvement, quality control and quality planning co-ordinated and embedded.” Juran *The Quality Trilogy* 1986

Webinar Series



1
Everybody's Business: Quality management at an organizational level

2
"Putting the man on the moon" – aligning everyone to strategy

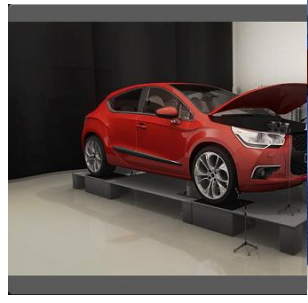
3
"Work as done vs work as imagined" – making QMS a daily reality

4
"Leading for Quality" – how do we lead where we are and bring people with us?





'Habits' from many places



Potted history: The journey -People First (Developing our improvement culture)

2013	2017	2018	2019	2020	2021	2022/23 Now...
Shortlisted to last 7 for NHS partner with VMI	Research: key trusts on Culture and improvement journey	Start Vital Signs – “People First” (PF) Programme	<ul style="list-style-type: none"> Developed PF Training Run ‘step change PF Events Developed management System in CSS 		Commenced Management System in Medicine Senior leaders programme – the habits!	Grow & sustain “People First” - Coaching Board & Execs

Key Insights:

Exec leadership and management system practice alongside improvement tools & culture engagement platform is key!

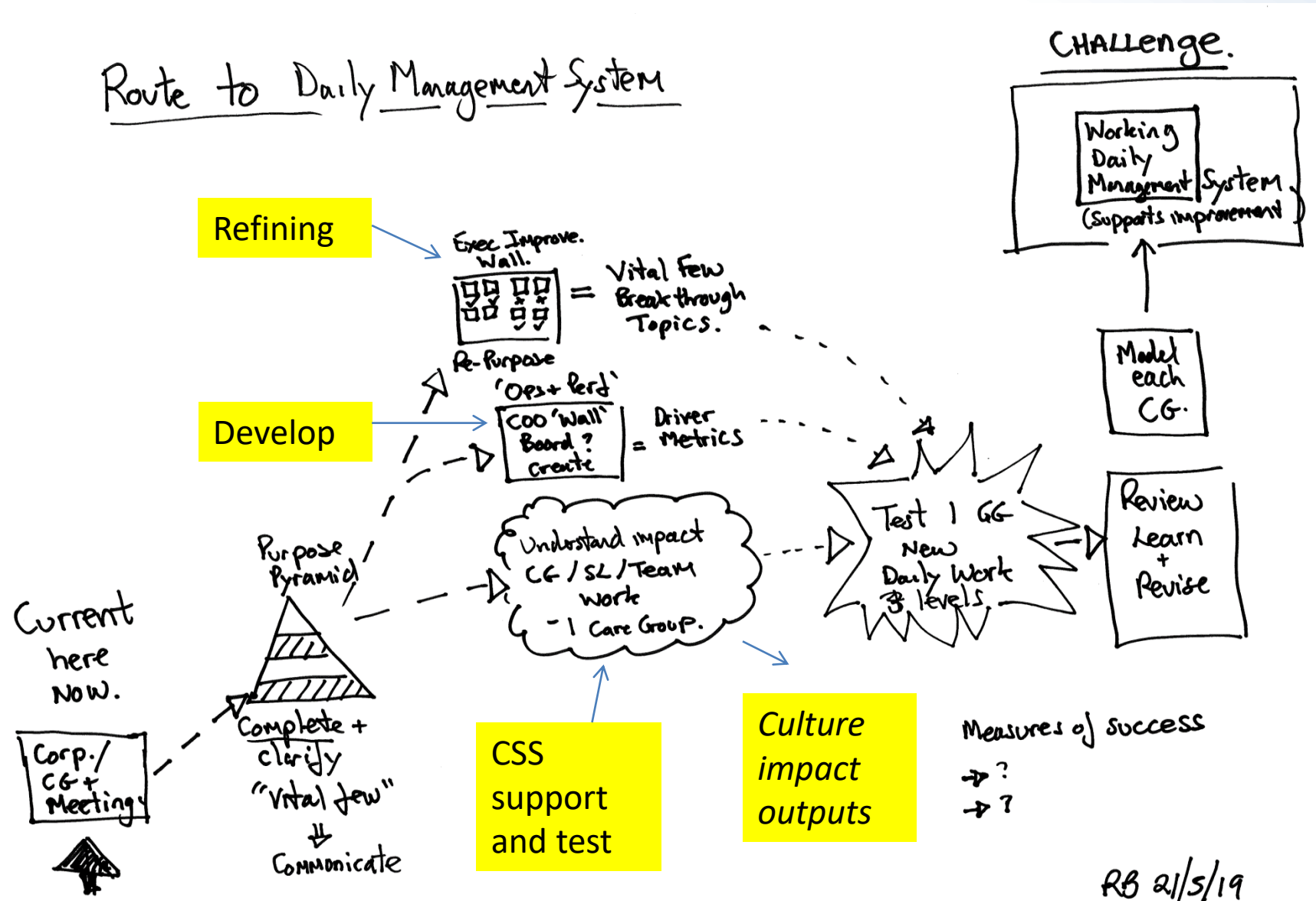
Vital signs - to deliver a LEAN management system/ Lean approach
People First - Respect for staff – involve them, value based on patients, teams lead the work!

What our senior people said 21/5/19

21st may				
<u>Current management system - TME view</u>				
Highlighted – scores of 3&4				
Key concerns		even better if opportunities		your measures of success
	votes		votes	votes
No daily Standard work	3	Clear focus on game changers	4	people want to work here
day to day (predictable) chaos disrupts	2	create clean break old to new	2	more time to lead/less time in meetings
lack of ownership and pace	2	evidence based management		calm environment
Lots of committees - time wasted	4	create space for perf and improvement	3	better outcomes and perf
'Weighing the pig' Talk about problems not fixing	4	actions to 'till the soil'		patients want to come
use chaos of day as excuse – things not done		who we will 'ask' ,to do what,by when	2	cqc good then outstanding
feel assured- comfortable in structure		build on momentum		solutions based discussions
mixed up perf. and improvement	2	having a roadmap for next 18 months	2	streamline exec board metrics
scattered silo'd approach/duplication	2	clear language		empowerment/ accountability
alignment ward to board and structure	3	training on purpose link to roles		shorter papers
external demands		run site to a plan		better engagement of staff
lack of variance and solutions focus		Co-location of CG teams		shared understanding of problems and priorities
some issues are multi organisational	3	better meetings and decisions	2	
		complimentary effort across teams		

What we said 3 years ago

Route to Daily Management System



RB 21/5/19

Reminder what is working elsewhere

World Class Management Tiers 1- 4 Visibility Wall



Separate Performance

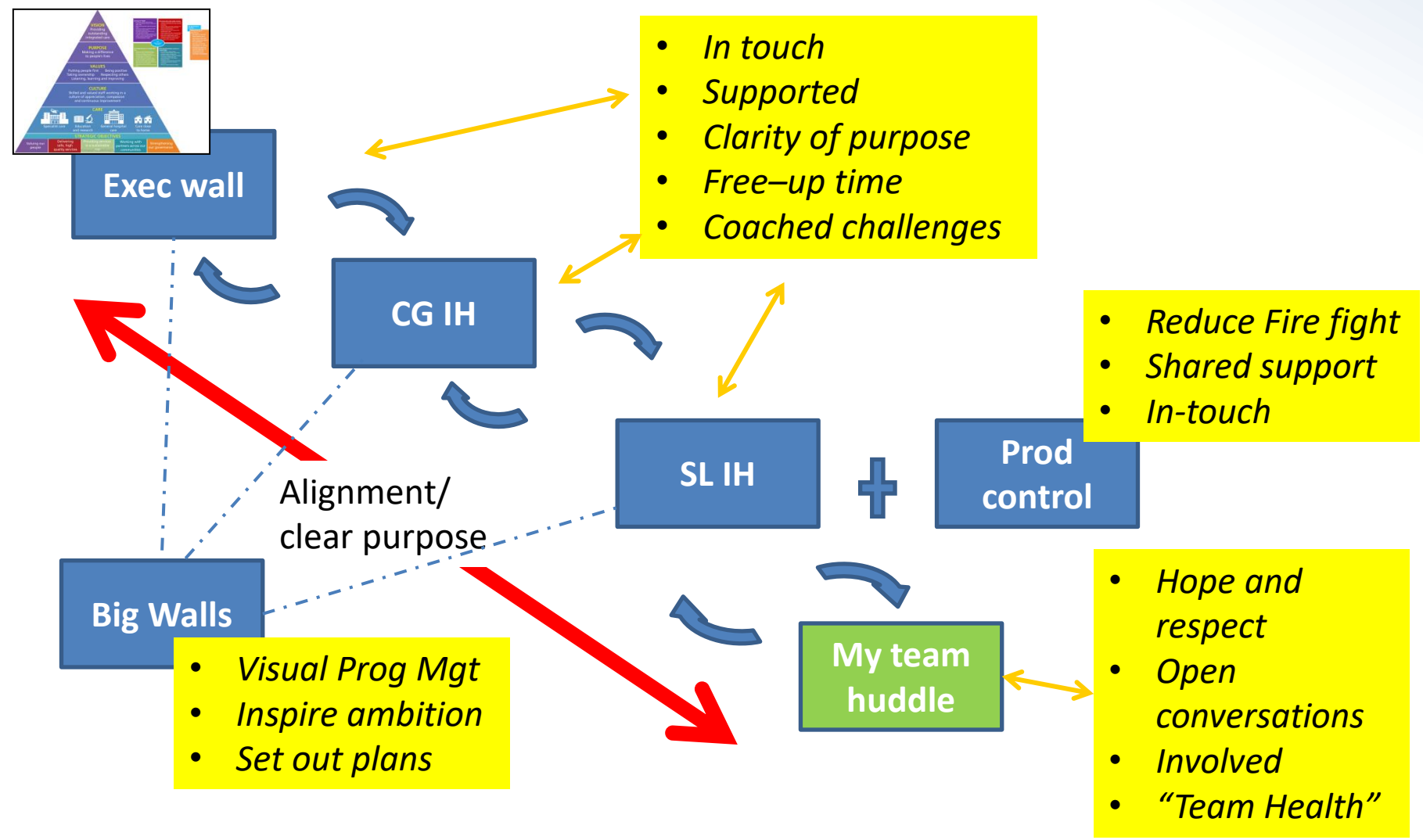
- COO board - weekly
- CG board – daily & weekly
- SL board –daily & weekly
- Team board (daily)

Daily & weekly routine

Visit in 2019

Our Management System

- Practices that reinforce the QMS

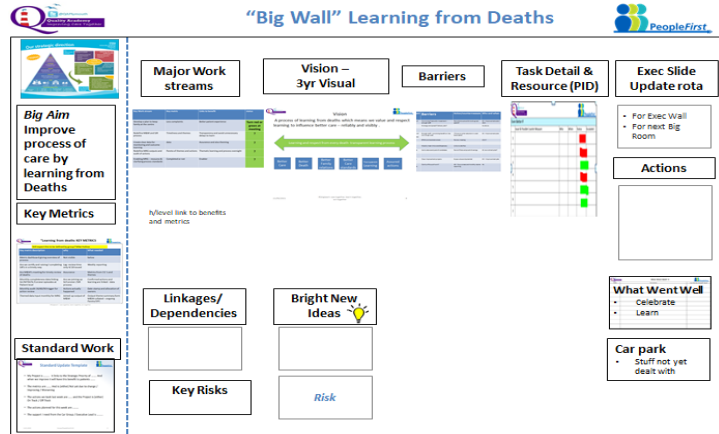


2) "The Practice" – elements of the Management System

Exec Wall:



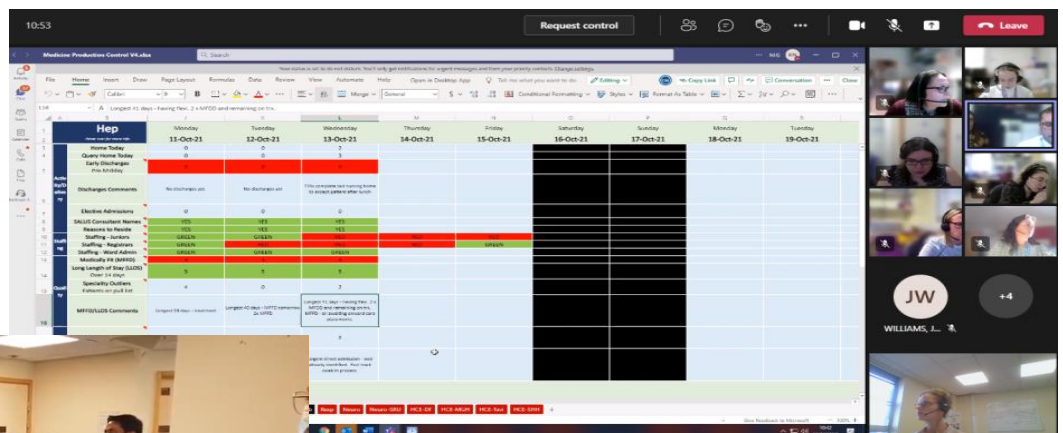
Big Walls:



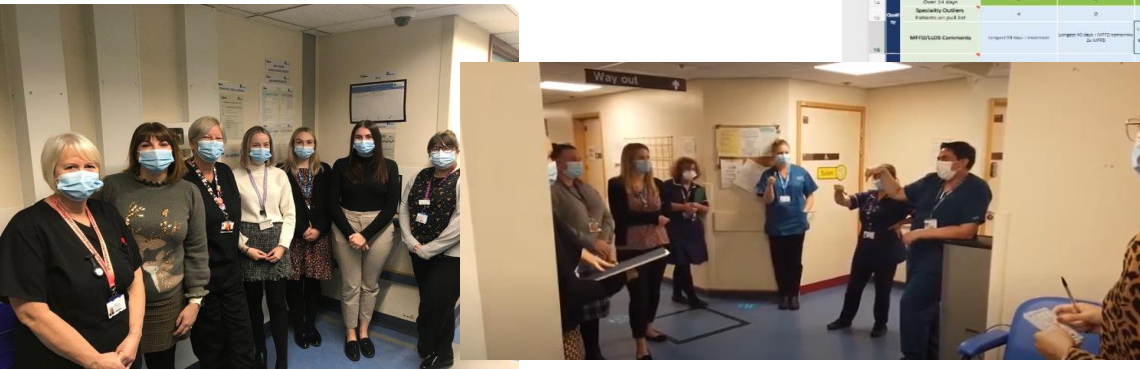
Care Group Improvement wall:



Medicine Production Control:



Team Huddles, and team health:



Medical Care group Production Control

Learning from yesterday to inform today; confidence – turn firefight into standard work

What is it?

w/c: 31 Aug 21																																																	
Activity/Delivery	<p style="text-align: center;">Cardiology</p>																																																
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What is good...

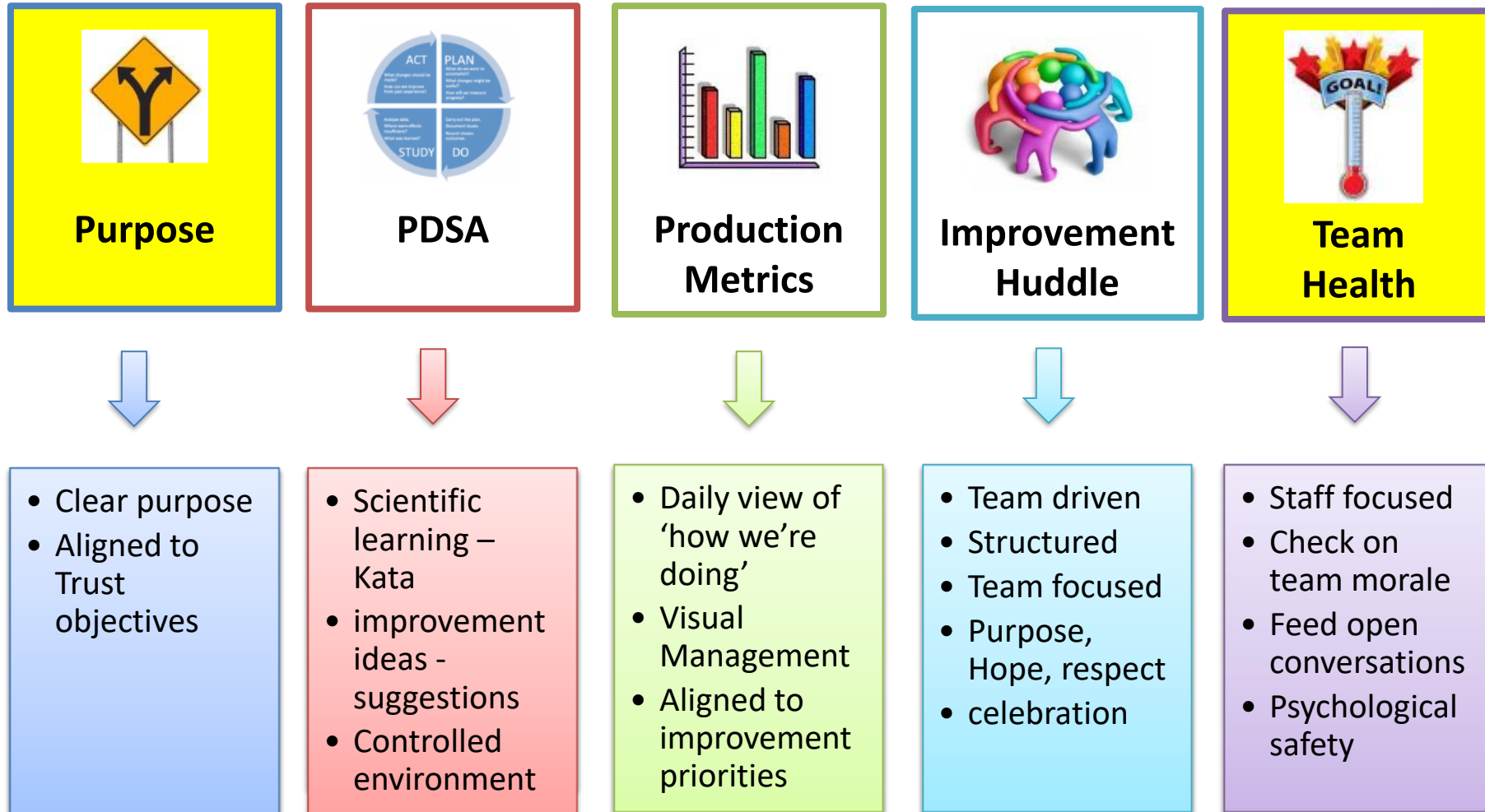
- SL Lead and core team
- Daily practice
- Standard work in agenda – flow
- Link to what good is (target) and impact
- Focus on what done (versus not done)
- Trend data over time
- Ownership - ability to act, learning and connections
- Clear Rhythm
- Take action on “reds”

Exec support focus

- Supportive questions for Chair + positive feedback
- If invited - stretch questions on broader learning
- How does this work Impact on patient care and broad themes?
- Making connections?
- Is it engaging or overwhelming?
- Any support required?

Note for all approaches: Humble enquiry – Listen and appreciate – supportive questions – “I am curious...?”

5 Pillars of #PeopleFirst Improvement Practice



**SO LETS HAVE A LOOK OF WHAT 3
OF OUR PRACTICES ACTUALLY ARE**

<https://youtu.be/VF7nfXzNWpk>

Impact metrics

- 6 events (low) but impact +30%
- 8 trained execs (more to do) –refresh- daily practice
- 3 out of 4 Care Groups oversight Improvement huddle focus
- 50% roll out by July (PC, team huddles, training)
- Team health routine 1300 staff weekly
- 17 Kata coaches- 15 learners – 24 Practice coaches - 4 Specialist's
- Induction QI intro 4500+

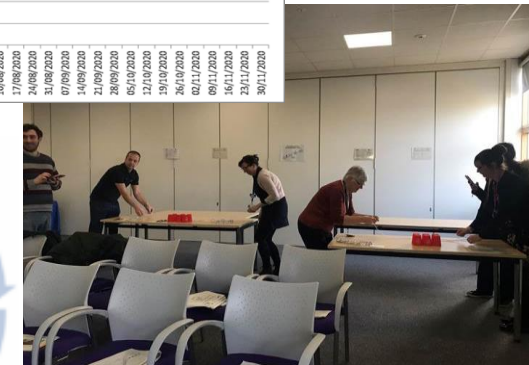
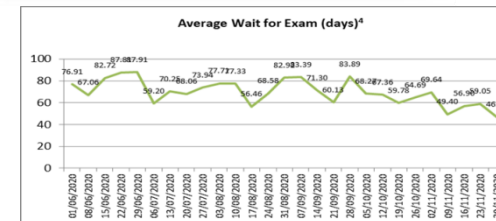
Build Capability: Senior Leadership/Habit Training

This is what we have developed as a training package for senior steering groups to re-enforce sustain!

Kick Off Workshop, followed by:
8 week bite-size training programme...

1. **How to Lead a Huddle**
2. **How to Lead Production Control**
3. **Impact with data over time**
4. **Learn “Team Health” practice**
5. **Leader Standard Work - this week**
6. **“Go-see” practice**
7. **Understanding barriers & challenges - Kata**
8. **“Takt and Flow” Practical session**
9. **+ Strategy deployment!**

+ weekly reflection and skills habit building – learn as you do



- The longer your 'management experience' the bigger the journey – especially Execs (more habits to unpack....)
- Have a plan
- Not just projects – behaviours and culture
- Strategy deployment – 'Gold'
- Senior /middle managers – apostles or barriers
- Fidelity –Standard work and coaching- VM-Kata -Huddles
- Not 'dosing'- focussed areas for impact
- Balance 'lean' and 'team' – #TeamHealth



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Visual Management Research





- **Arrangement of data – i.e. flow of ideas**
- **RAG can be unhelpful**
- **Neither tables or graphs are best - ask your team**

Gardner and Bateman (2020)

- **VM principles are useful**

(Bateman, Philp and Warrender 2017)

VM design principles

Macro

- Layout that reflects the flow
- Cognitive workspace of 7
 - Principle idea, one of limited cognitive workspace
 - This has implications for the overall design of boards and how they are structured (Miller 1956).

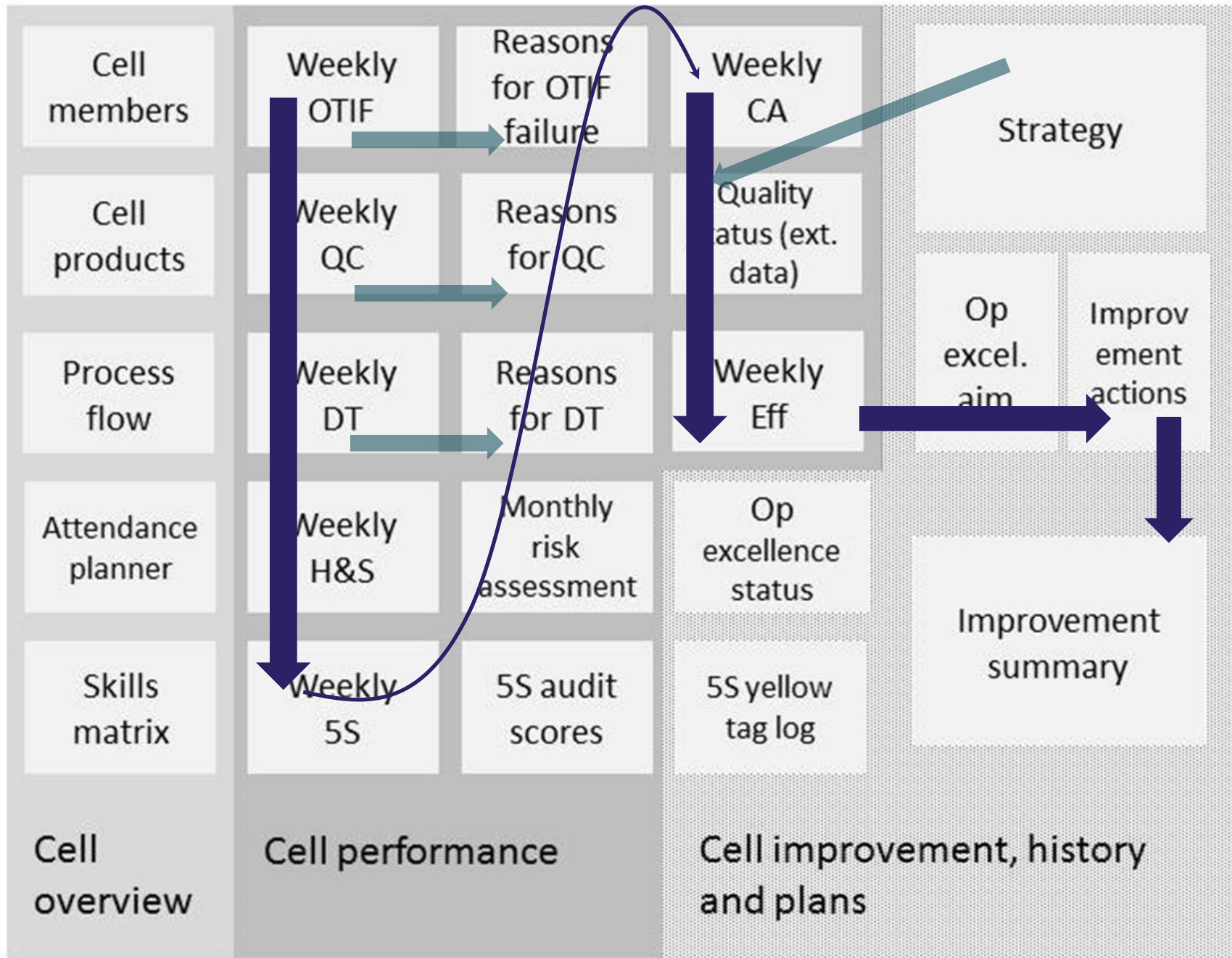
Detailed

- Using the right graphical tool to convey data
- Using colour sparingly – just to highlight key features
- Avoid using excess borders and boxes – looking at minimum ink to data ratio

Data density and simplicity

- Relevance, depth and balance

(Bateman, Philp and Warrender 2017)



Flow that confuses

- apologies for quality



VM design principles

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- Layout that reflects the flow
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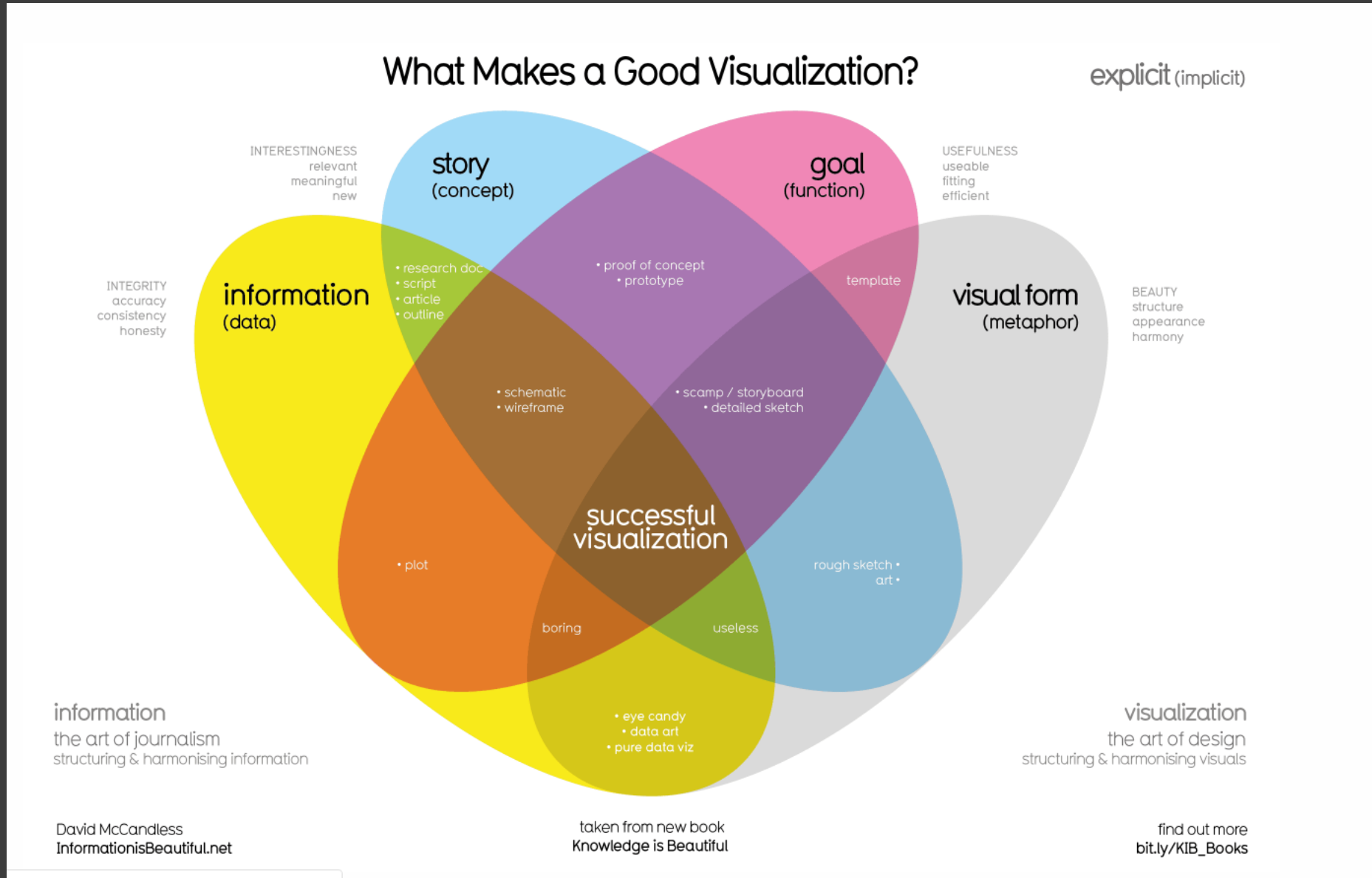
Detailed

- Using the right graphical tool to convey data
- Using colour sparingly – just to highlight key features
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Data density and simplicity

- Relevance, depth and balance (Tufte 2001)

(Bateman, Philp and Warrender 2017)



Research on analogue vs digital

- Pilot Trials
- Field observations
- Evaluation study for Digital platform for Quality Improvement NHS Wales with Swansea and Cardiff Uni's.
- PhD project “What are the barriers and enablers to the utilisation of electronic and analogue visual management systems within healthcare?” Elliott-Mainwaring, H (2022)

References and sources

Bateman N. Phillip L. Warrender H. 2017, Visual management and shop floor teams - Development, implementation and use, International Journal of Production Research, 54 (24), pp. 7345-7358.

Elliott-Mainwaring, H (2022) Visual Management Tools (VMTs) for escalation of care in Maternity Services #Whatdoesgoodlooklike? The Academy of Medical Sciences (AMS) Research Festival 2022, East Midlands Conference Centre Nottingham University

<https://web-eur.cvent.com/event/61b03f48-3dc2-4098-a66b-00276f192c22/websitePage:331a1ee0-3c6d-41d3-bda0-cb9832a6ffb5?RefId=Downloads>

Gardner, Peter; Bateman, Nicola (2020): Visual management and communications boards, empirically testing design principles. 27th International Annual EurOMA Conference 29th-30th June

McCandless, D., 2014. *Knowledge is beautiful*. New York, NY: Harper Design.
<https://informationisbeautiful.net/>

Miller, G.A. (1956), *The Magic Number Seven, Plus or Minus Seven*. Psychological Review, 63, pp. 81

Shah, P. & Hoeffner, J. (2002),. *Review of graph comprehension research: Implications for instruction*. Educational Psychology Review, 14, 47-69.

Tufte, E. R. (2001). *The visual display of quantitative information*, Graphics Press Cheshire, Ct.: USA
<http://www.edwardtufte.com/tufte/>

Breakout – 15 mins

Say hello!

What are you starting to think about...?

Please appoint one person from each group to provide feedback in the Zoom chat at the end of the breakout session.



Daily Continuous Improvement

Sarah Scales
AD of Transformation

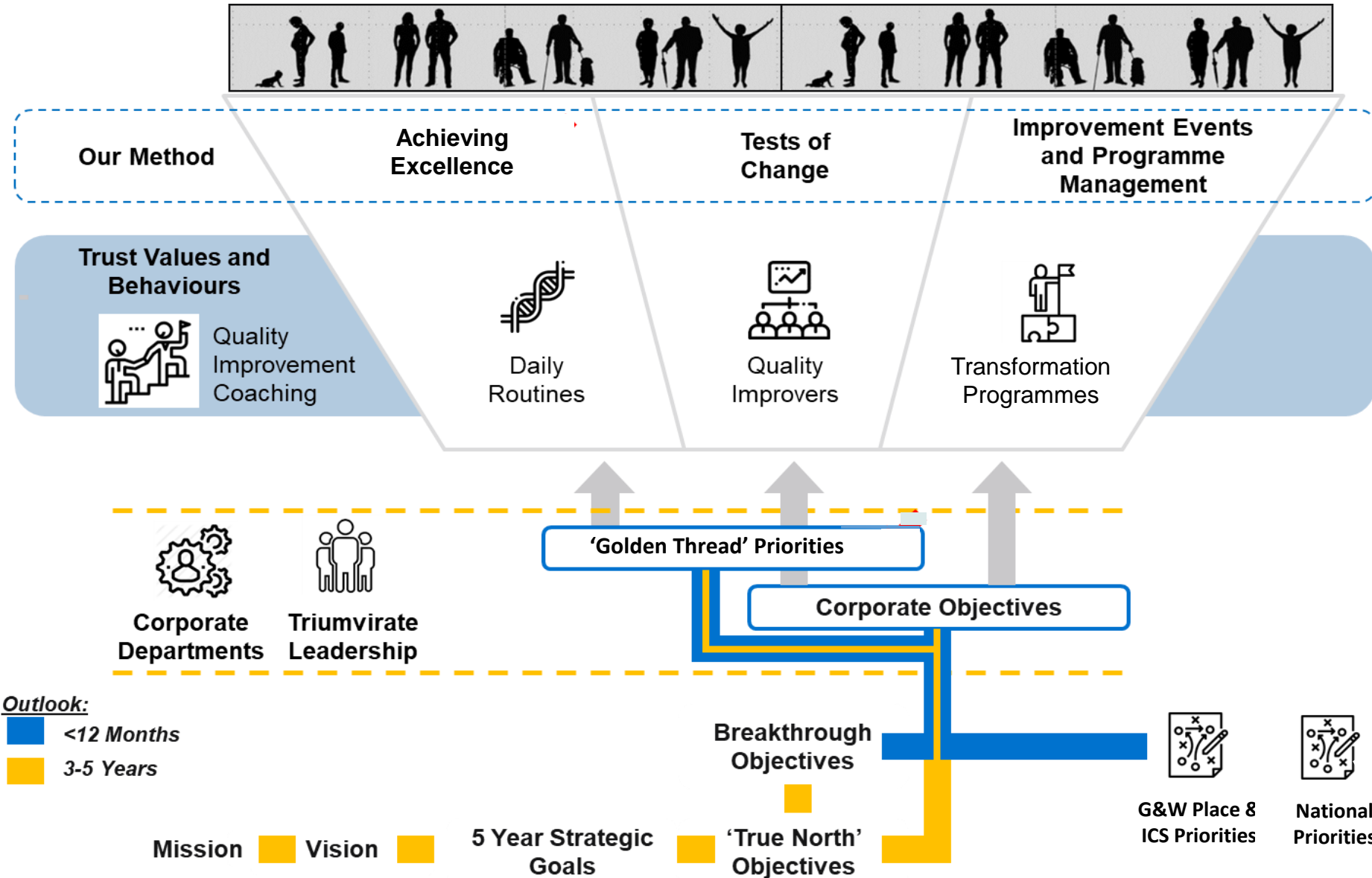
25th May 2022

Our story of quality control...

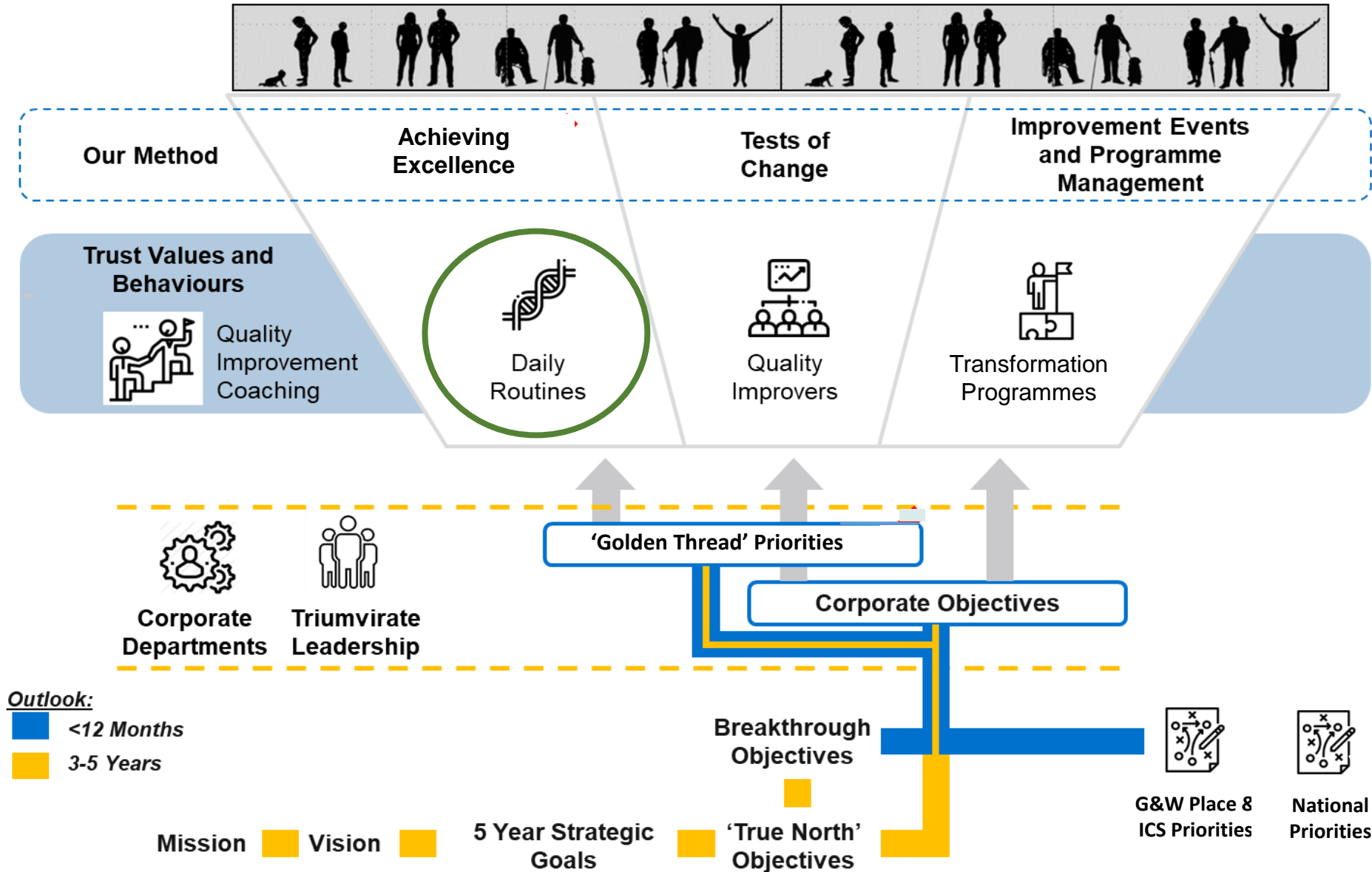
- Royal Surrey NHS Foundation Trust is situated in Surrey Heartlands ICS
- We serve the population of Guildford & Waverley with acute and community services and a regional cancer centre
- We began our improvement journey in 2008 and it has been quite a rollercoaster!
- We developed and implemented our approach to 'daily routines' in 2014 and this is the basis of how we support improvement



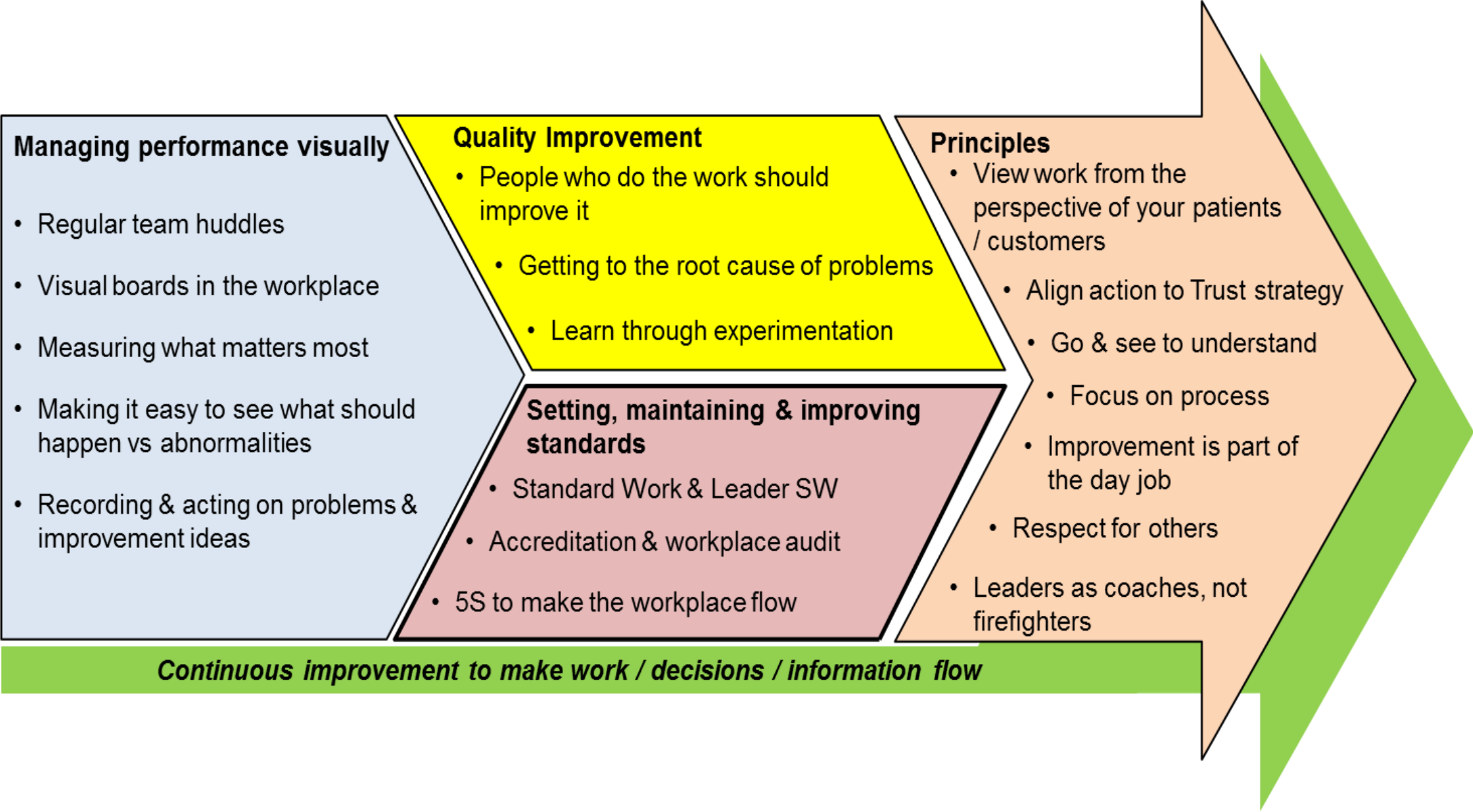
Strategy to Implementation: quality control in the context of our management system



Strategy to Implementation: quality control in the context of our management system



Achieving Excellence is the approach we take to our Quality Control to support Quality Improvement

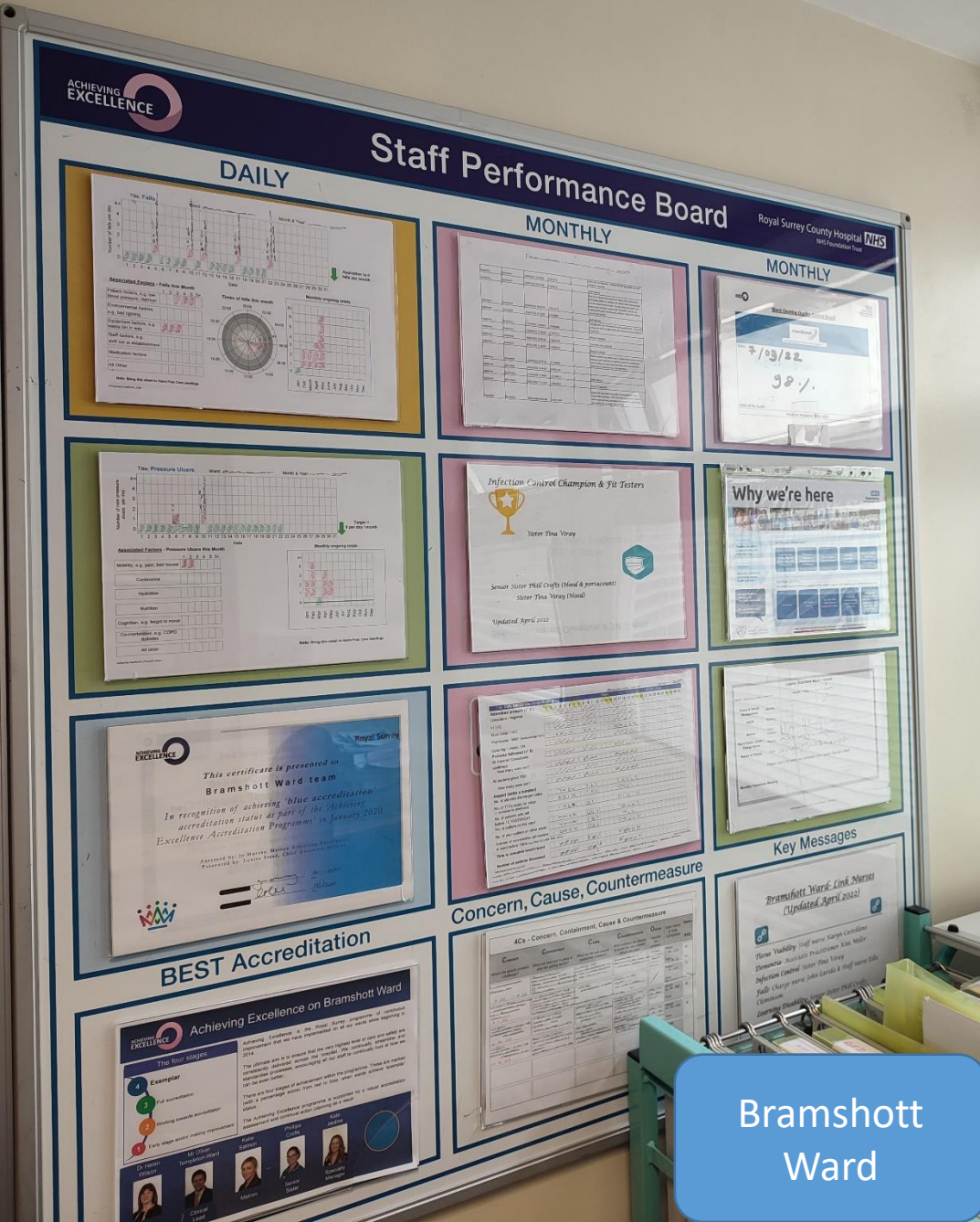


Executive & Senior Management – Routines to support focus on Breakthrough Objectives

- Weekly executive-led improvement huddle (now virtual!)
- Review of metrics linked to our Breakthrough Objective on alternate weeks
- An A3 improvement approach is used for each
- The divisional teams feedback in the other week about what work is underway in each division to support delivery of the Breakthrough Objectives



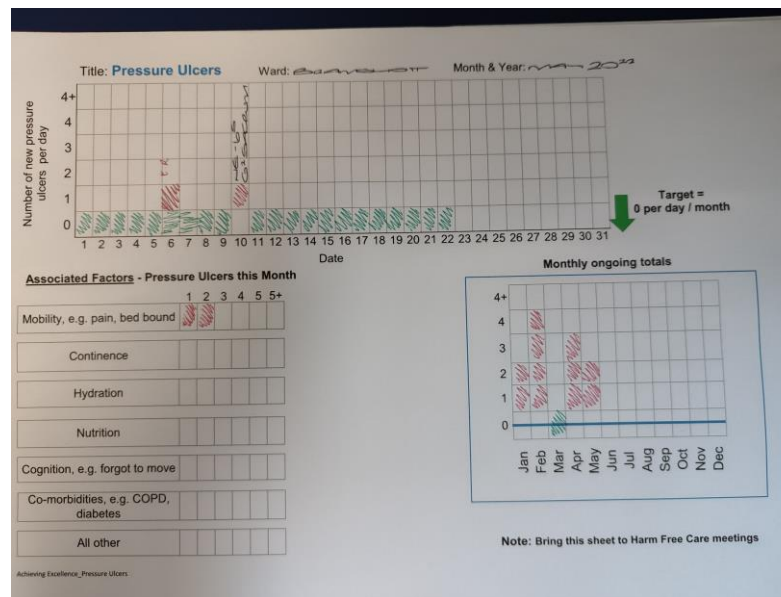
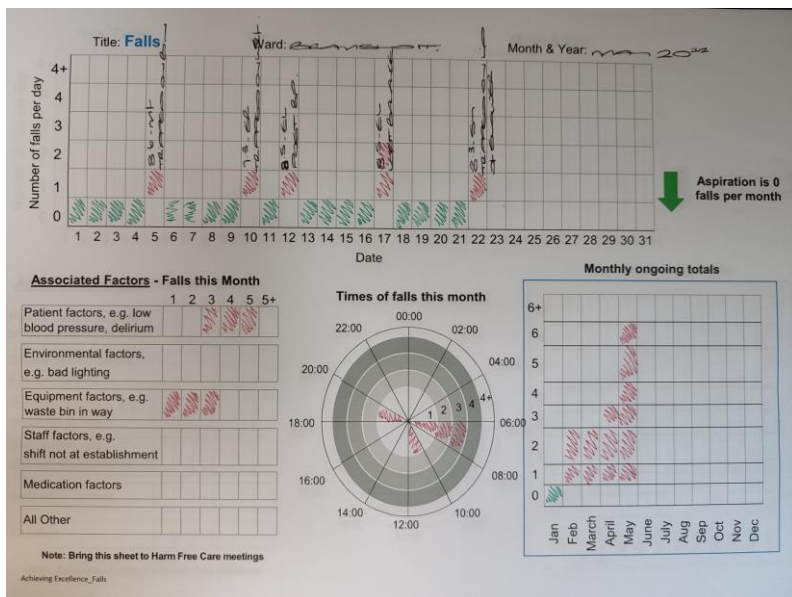
Achieving Excellence in our clinical areas



Bramshott Ward

- Measures are tracked and reviewed in all of our wards and outpatients area
- Regular huddles enable all team members to see and learn from what is happening and discuss improvement
- We track issues and improvements using the 4Cs sheet – Concern, cause, containment, countermeasure.
- Using visual management helps staff to feel able to raise things that they would like to improve

Capturing the detail of what's going on to support improvement



Title: Daily SAFER Discharge Meeting Ward: *2022* Month / Year: *2022*

Attendees present (✓ X)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Consultant / Registrar	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
F1 / F2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ward Sister / NIC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pharmacist / MMT (Medicines Mgt Tech)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Case Mgr / Assist. CM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Process followed (✓ X)																																	
All Patients' Consultants confirmed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
How many were not?	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
All patients given TDD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
How many were not?	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Impact (write a number)																																	
No. of planned discharges today	7	6	3	6	7	2	2	2	2	2	3	2	2	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
No. of TTOs ready for today (✓ screened by pharmacy)	2	2	1	0	1	0	0	0	0	0	1	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
No. of patients who left before 12 YESTERDAY	1	4	3	0	1	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
No. of outliers on this ward	9	9	9	3	6	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	
No. of your outliers on other wards	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
Number of non-elective admissions to ward before 10am (e.g. from ICU, A&E, EAU, CCU)	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Time to complete board round	58	50	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	45	
Number of patients discussed	23	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	

SAFER Board Round KP, April 2017 V1 Author: Dr Helen Wilson

- Teams own the measures – capturing data, detail and identifying ways to improve
- It is important to understand what is going on 'real-time' rather than wait for data to be available at the end of the month, so the chosen harm-free care measures (linked to our Zero Harm True North) are monitored daily
- Different wards / areas have different key measures to reflect the clinical service provided, but the focus is mostly on safety and/or flow

The ways of working in our wards and outpatients areas are supported by standard work to ensure the approach is maintained



- We have standard work in place for leaders of all levels
 - Nurse in Charge and matrons have a daily checklist
 - Divisional leadership has a weekly checklist
 - Executive and Non-Exec Directors are buddied with clinical areas for 3-6 months
- It is supportive and focuses on helping to identify where things are going well / not so well
- At the Executive / Non-Exec level, it is more of a supportive conversation than a detailed checklist

What has helped us on this journey?

- Team ownership of improvement at a ward/clinical area level
- Sticking with it! Having a leadership team who consistently supports it has meant it is now embedded into the fabric of the organisation
- Getting support and learning from others. We 'steal with pride' whenever we find a good idea that we think will work for us
- Having central support to help with maintaining everything. We have an Achieving Excellence matron who supports with updating measures, templates and in maintaining the standards

What have we learned?

- Effective quality control does not always = effective quality improvement
- We have struggled to bring doctors with us on this QC journey. It has been nursing / AHP-led and our doctors tend to focus on discreet pieces of QI rather than continuous improvement supported by QC
- Not to be too prescriptive with the format and content of the visual management boards – trust the team to develop what works best for them
- This takes time and continuous effort. It cannot be implemented and then left alone – this is a way of working

NHS

Royal Surrey
NHS Foundation Trust

Thank you!

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Ask the Panel

Please ask your questions
in the Zoom chat

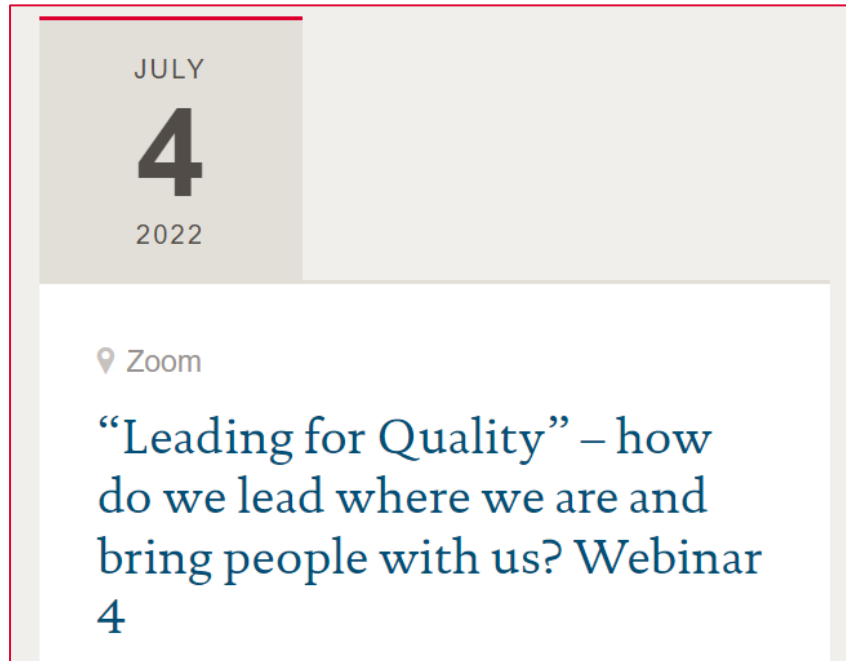
Feedback

*One thing that
I'll be taking
away from
today's session*

*One thing that
you think we
could build on /
improve on going
forward*

Please put your feedback in the chat

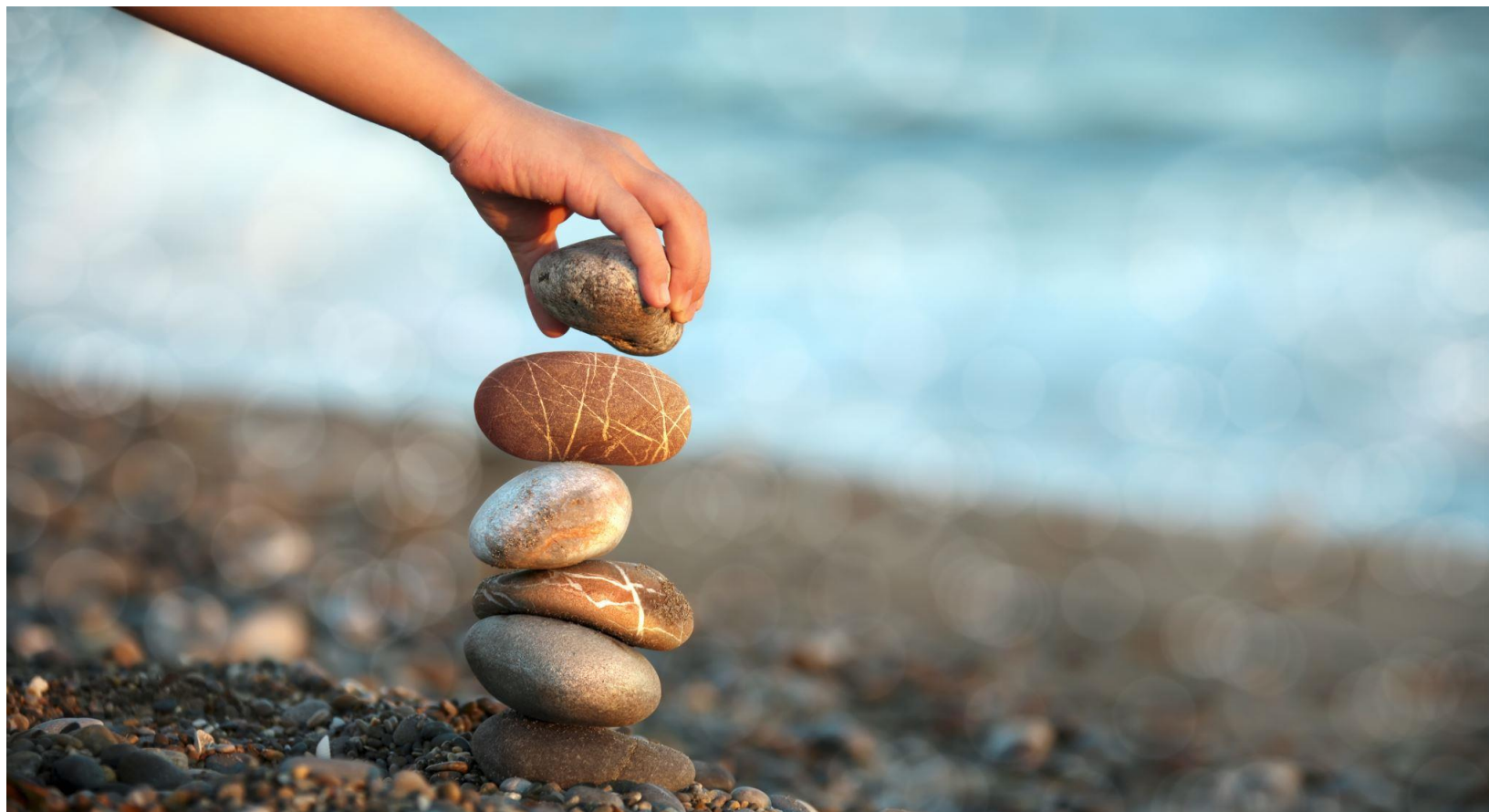
What's next?



Want to join Q?

<https://q.health.org.uk/join-q/>

Thank you



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