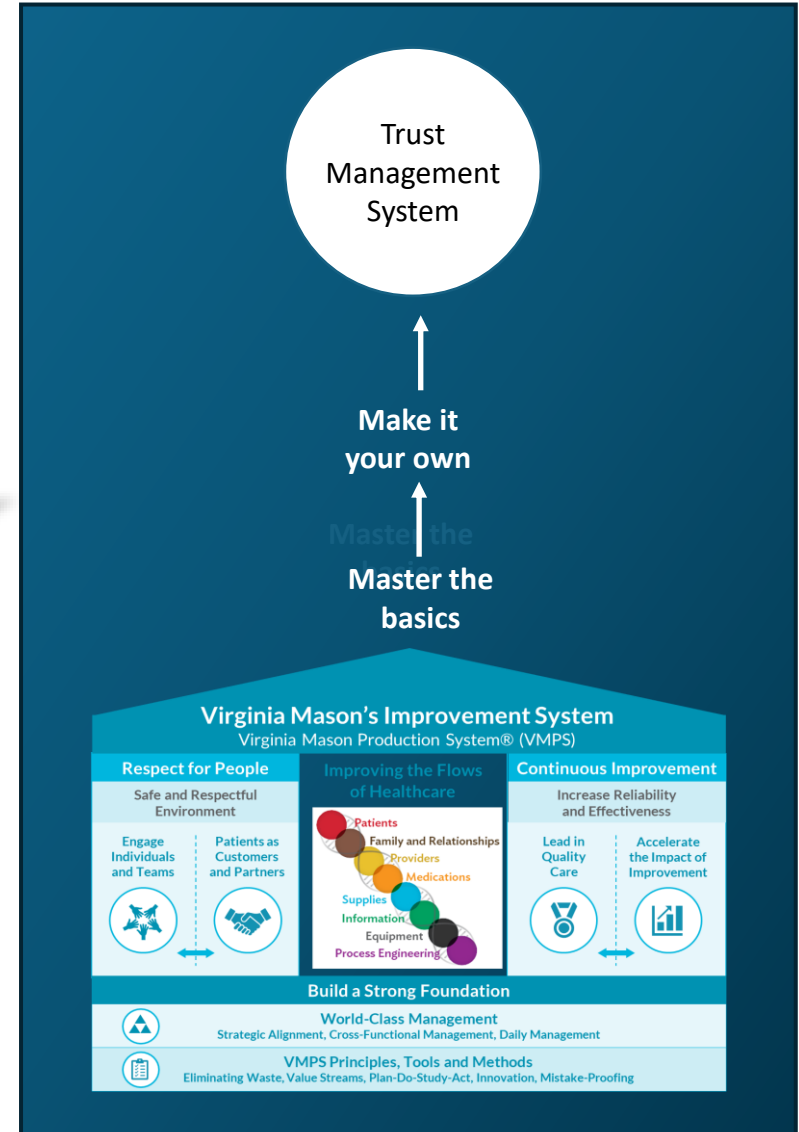


Introducing the NHS-VMI partnership



2015

62 Trusts

5 yrs.

Five Trusts

2018

Evaluation

36

Months

Elements of the NHS-VMI partnership

- Transformation Guiding Board
- Compact
- Building Capability for Improvement: Applying the Method
- Measuring Success
- Communications Support





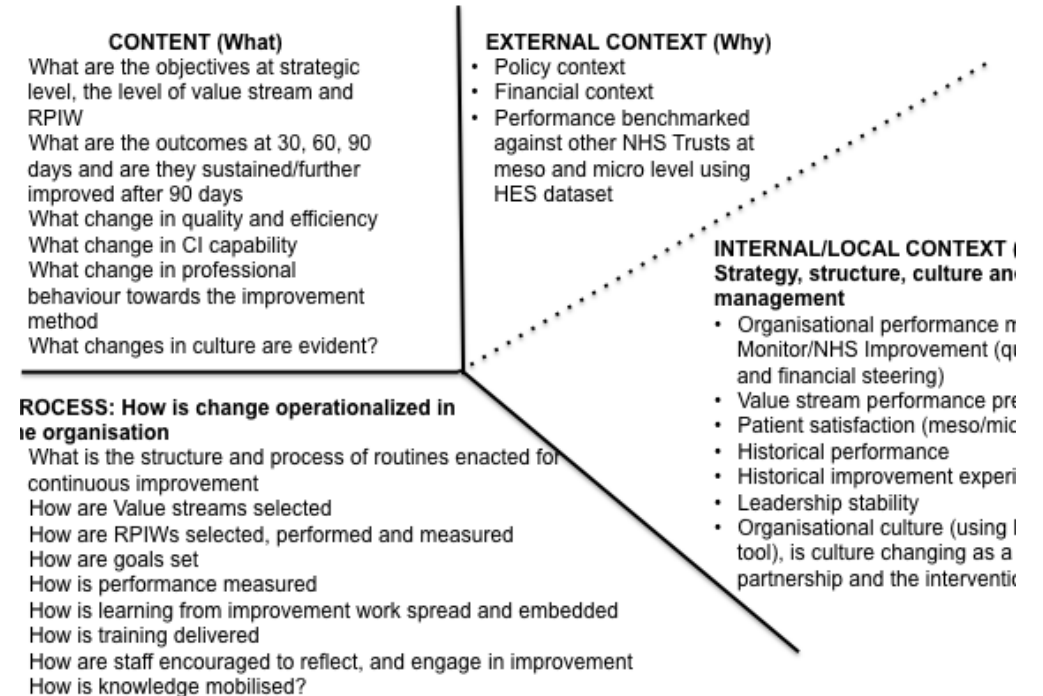
NHS-VMI evaluation :

‘Capture change in flight’

Pettigrew et al. (1992)

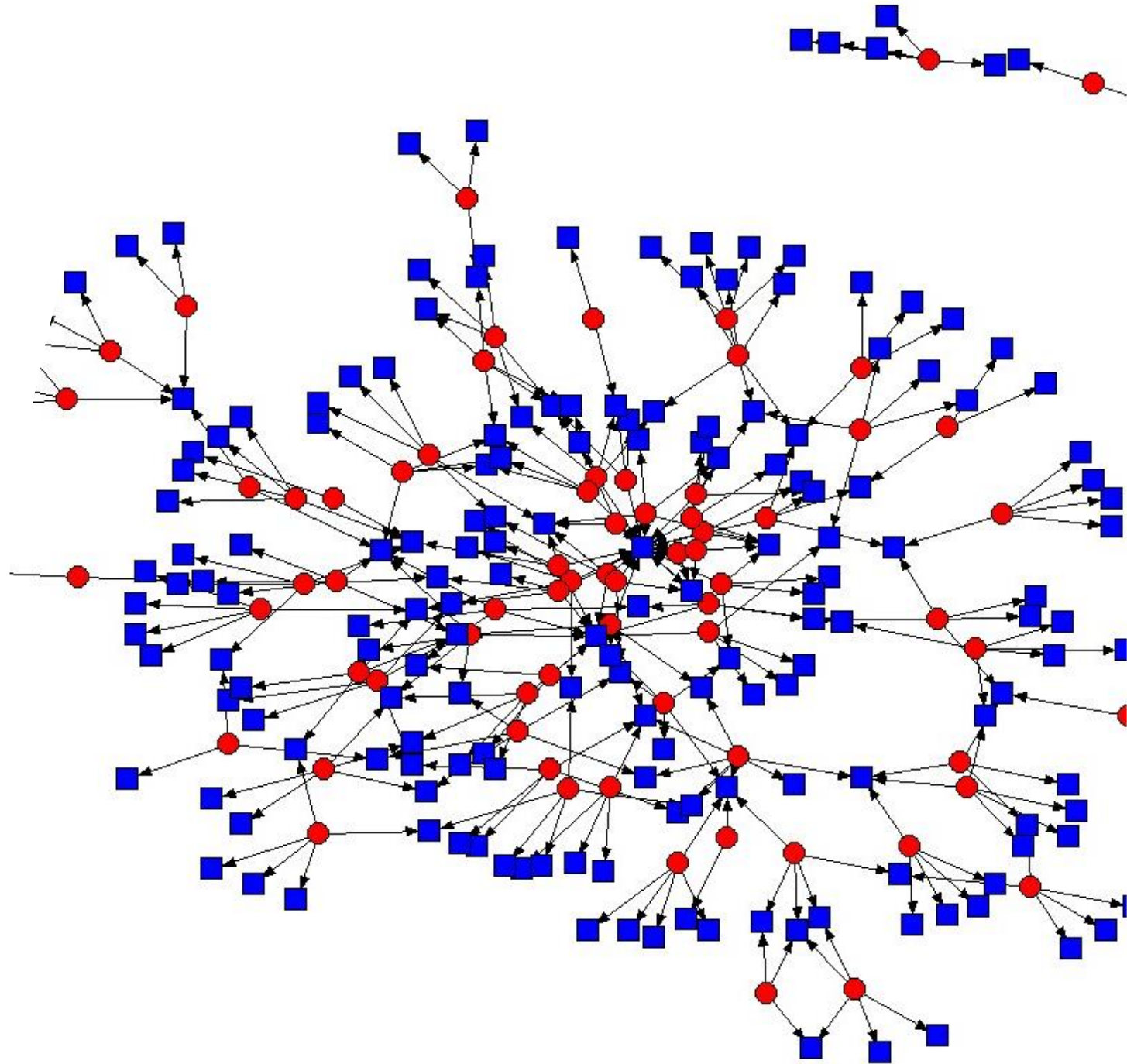
Evaluation aims and objectives

- **process evaluation** – to understand how the accelerated transformation approach worked, what happened in practice and how people reacted to it
- **outcome evaluation** – to understand the effect of the improvement approach on the areas in which it has been deployed, and the overall impact on quality, efficiency and culture in each trust
- **an economic component** – to understand the resource use involved in developing and implementing the local transformation approaches



Evaluation design features

- Independent, experienced academic team
- A processual 'lens'
- Multiple mixed methods:
 - interviews,
 - observation
 - survey,
 - social network analysis,
 - quantitative analysis (descriptive),
 - advanced quantitative analysis



Other critical features of evaluation

Openness

Trust

Learning

Critical Friend

Focus on learning

- **Formative feedback**
 - Monthly updates (funders, and senior NHS leaders)
 - Annual (internal) reports 2018, 2019, 2020
- **Summative feedback**
 - Final report: 362 pages (internal)
 - Summary report: 62 pages
 - Released October 2022



SCAN ME



An evaluation report is not enough

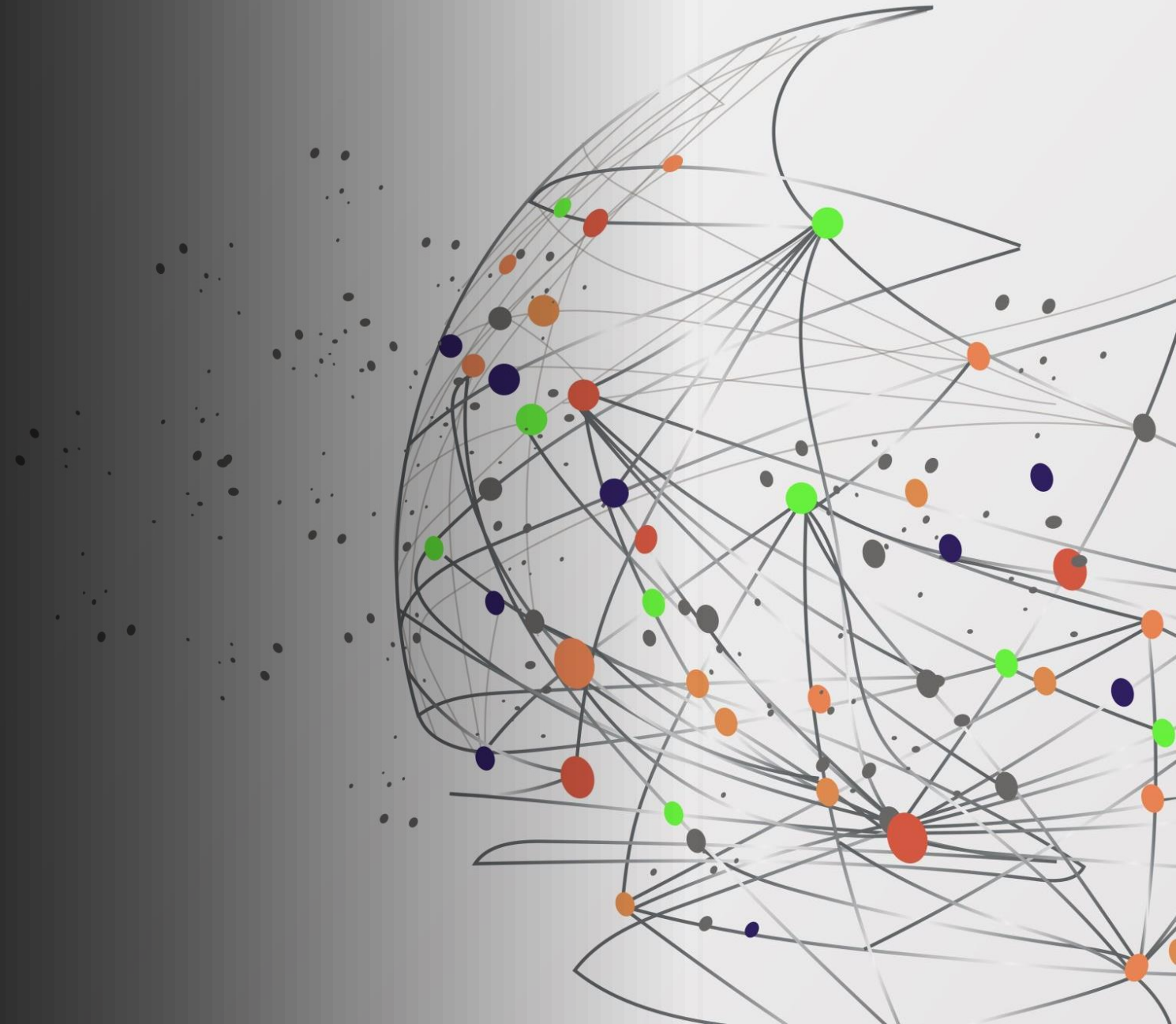
Seeking new and innovative ways to share learning for innovation and improvement





A campaign to share learning

Blogs, sketchnotes, Twitter (X)



Six lessons: Leading for improvement



How to Foster a Culture of Continuous Improvement

Learning from NHS - Virginia Mason institute Partnership

Nicola Burgess

1. BUILD CULTURAL READINESS as foundation for better QI outcomes



ORGANISATIONS THAT INVESTED IN CULTURAL READINESS BEFORE QI

GOT BETTER OUTCOMES FROM QI

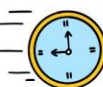
2. EMBED QI ROUTINES AND PRACTICES into everyday practice

BUILD QI CAPABILITY ACROSS the ORGANISATION

MAKE QI A PART OF EVERYONE'S WORK, EVERYDAY



LEARNING IN REAL SITUATIONS



REAL TIME

3. HAVE LEADERS SHOW THE WAY and light the path for others

LEADERS GO FIRST



LEADERS AS PROBLEM FRAMERS, NOT PROBLEM SOLVERS



LEADERSHIP BEHAVIOUR IS A SYSTEM ISSUE

MOVE AWAY FROM "COMMAND AND CONTROL" TO QI AT EVERY LEVEL OF THE SYSTEM

MODEL THE IMPORTANCE OF QI

ENABLES PEOPLE TO LEAD IMPROVEMENT FROM THE POINT OF CARE

4. RELATIONSHIPS aren't a priority, THEY'RE A PREREQUISITE



TRUSTING RELATIONSHIPS SHARED VALUES

5. HOLD EACH OTHER TO ACCOUNT FOR BEHAVIOURS, not just outcomes

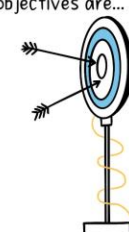


Set out and role model the behaviours expected for QI

EMBED SPACE FOR REFLECTION and LEARNING IN FORMAL MEETING ROUTINES

6. THE RULE OF THE GOLDEN THREAD: not all improvement matters in the same way

When our improvement priorities and objectives are...



The GOLDEN THREAD

...closely aligned to the highest organisational priorities and objectives

MAKES IT EASIER TO DEMONSTRATE QI OUTCOMES IN WAYS THAT MATTER

LEADING CHANGE ACROSS HEALTHCARE SYSTEM: HOW TO BUILD IMPROVEMENT CAPABILITY AND FOSTER A CULTURE OF CONTINUOUS IMPROVEMENT



Between October 2023 and July 2024, a monthly campaign:

6 lessons, 7 blogs and sketches, 7 tweetchats
#LeadingQI

WARWICK BUSINESS SCHOOL
THE UNIVERSITY OF WARWICK

Six lessons: Leading for Improvement

How to Foster a Culture of Continuous Improvement
Learning from NHS - Virginia Mason Institute Partnership
Nicola Burgess

- 1. BUILD CULTURAL READINESS** as foundation for better QI outcomes
SHARED VALUES
ORGANISATIONS THAT INVEST IN CULTURAL READINESS BEFORE QI
PRIOR "CULTURAL WORK" ENABLED QI
GOT BETTER OUTCOMES FROM QI
- 2. EMBED QI ROUTINES AND PRACTICES** into everyday practice
BUILD QI CAPABILITY ACROSS THE ORGANISATION
MAKE QI A PART OF EVERYONE'S WORK, EVERYDAY
LEARNING IN REAL SITUATIONS
REAL TIME
- 3. HAVE LEADERS SHOW THE WAY** and light the path for others
LEADERS GO FIRST
LEADERS AS PROBLEM FRAMERS, NOT PROBLEM SOLVERS
MODEL THE IMPORTANCE OF QI
ENABLE PEOPLE TO LEAD IMPROVEMENT FROM THE POINT OF CARE
LEADERSHIP BEHAVIOUR IS A SYSTEM ISSUE
MOVE AWAY FROM "COMMAND AND CONTROL" TO PLAY EVERY LEVEL OF THE SYSTEM
- 4. RELATIONSHIPS aren't a priority, THEY'RE A PREREQUISITE**
SYSTEMATIC QI METHODS WORK BEST where...
SOCIAL CONNECTEDNESS
TECHNICAL CAPABILITY
BUILD IMPROVEMENT EFFORTS
TRUSTING RELATIONSHIPS
SHARED VALUES
- 5. HOLD EACH OTHER TO ACCOUNT FOR BEHAVIOURS,** not just outcomes
AGENDA
REFLECTIONS & LEARNINGS
EMBED SPACE FOR REFLECTION and LEARNING IN FORMAL MEETING ROUTINES
Set out and role model the behaviours expected for QI
- 6. THE RULE OF THE GOLDEN THREAD:** not all improvement matters in the same way
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LEADING CHANGE ACROSS HEALTHCARE SYSTEM: HOW TO BUILD IMPROVEMENT CAPABILITY AND FOSTER A CULTURE OF CONTINUOUS IMPROVEMENT
SKETCH-NOTE BY: TANMAY VORA #LeadingQI

LEARNING FROM THE NHS-VMI PARTNERSHIP
by Dr. Nicola Burgess



NHS

North West
Ambulance Service
NHS Trust

Learning from examples on the importance of design and evaluation in enhancing the effectiveness of quality improvement work

Ed Fulker

Evaluation Manager

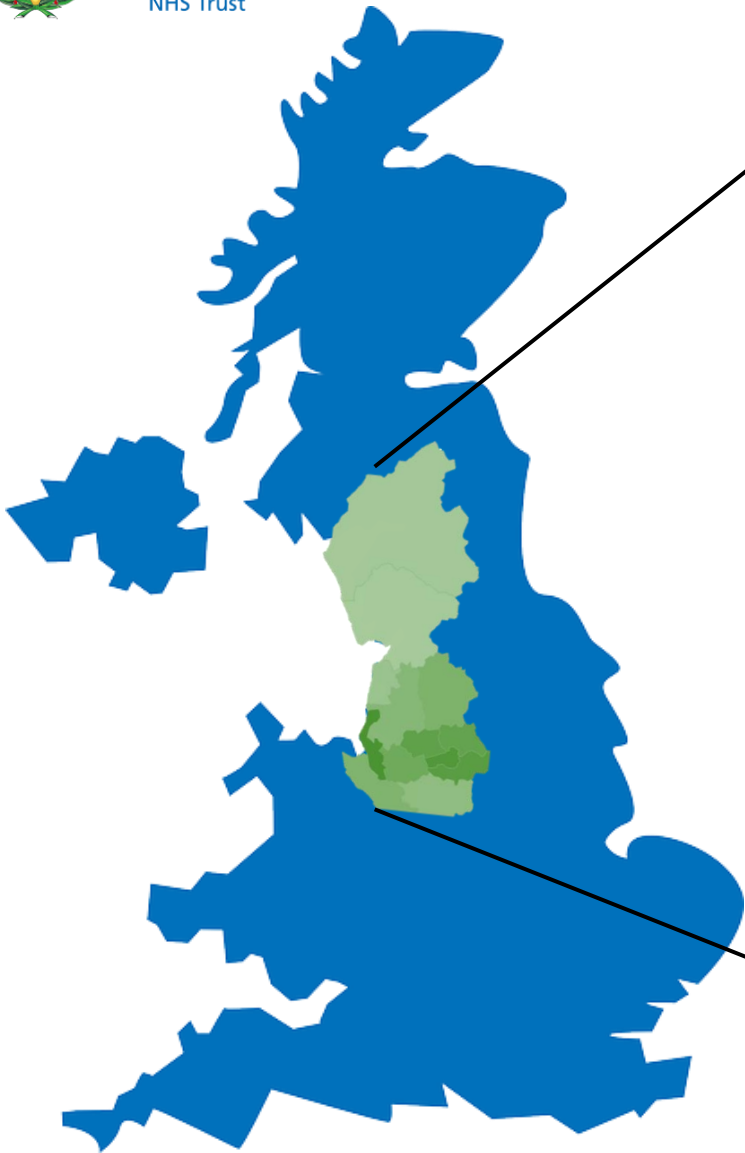
North West Ambulance Service NHS trust (NWAS)





NHS

North West
Ambulance Service
NHS Trust



URGENT AND EMERGENCY CARE (UEC)

Paramedic Emergency Services (999) Emergency Care

999 call / emergency ambulance / conveyance

1,095,500 pa

3,000 per day

111

Urgent Care

Phone triage and signposting

1,485,000 pa

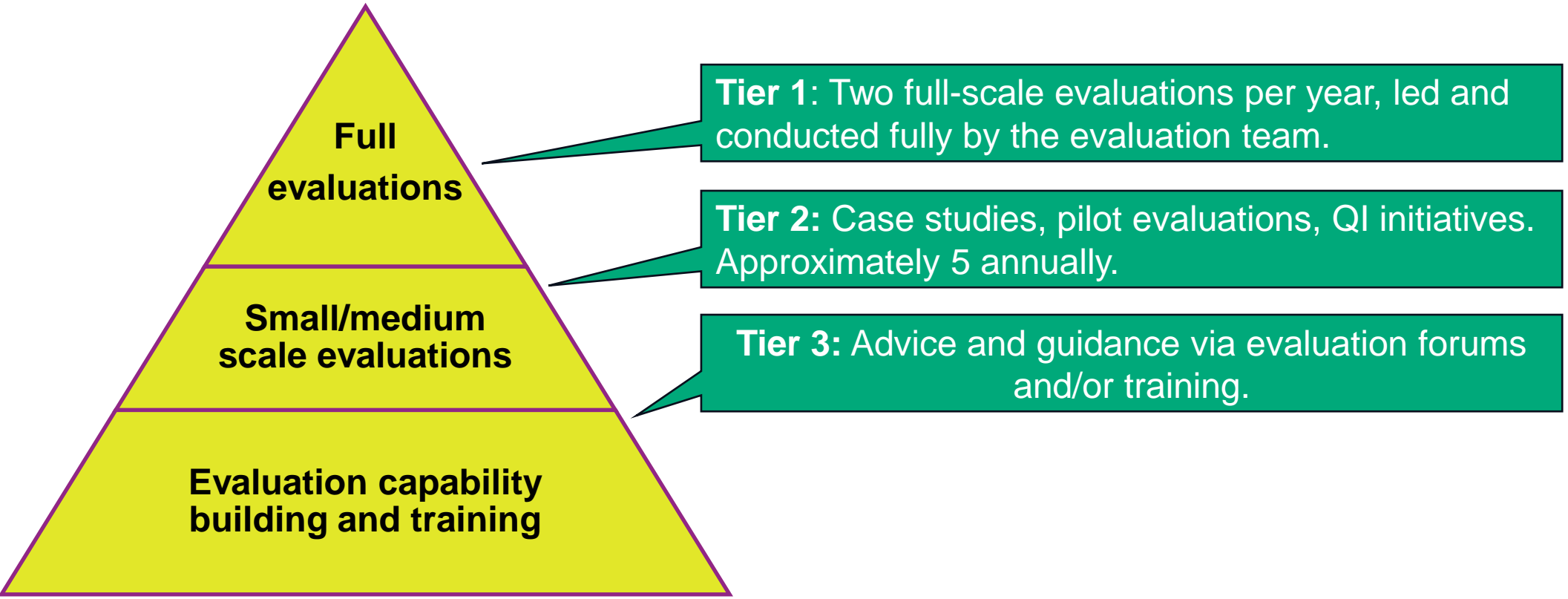
4,070 per day

Patient Transport Services

Non-UEC

(2023 data)

NWAS Evaluation overview



- Formative or summative
- Mixed methods
- Written using SQUIRE framework (www.squire-statement.org)

Measurement plan using RE-AIM

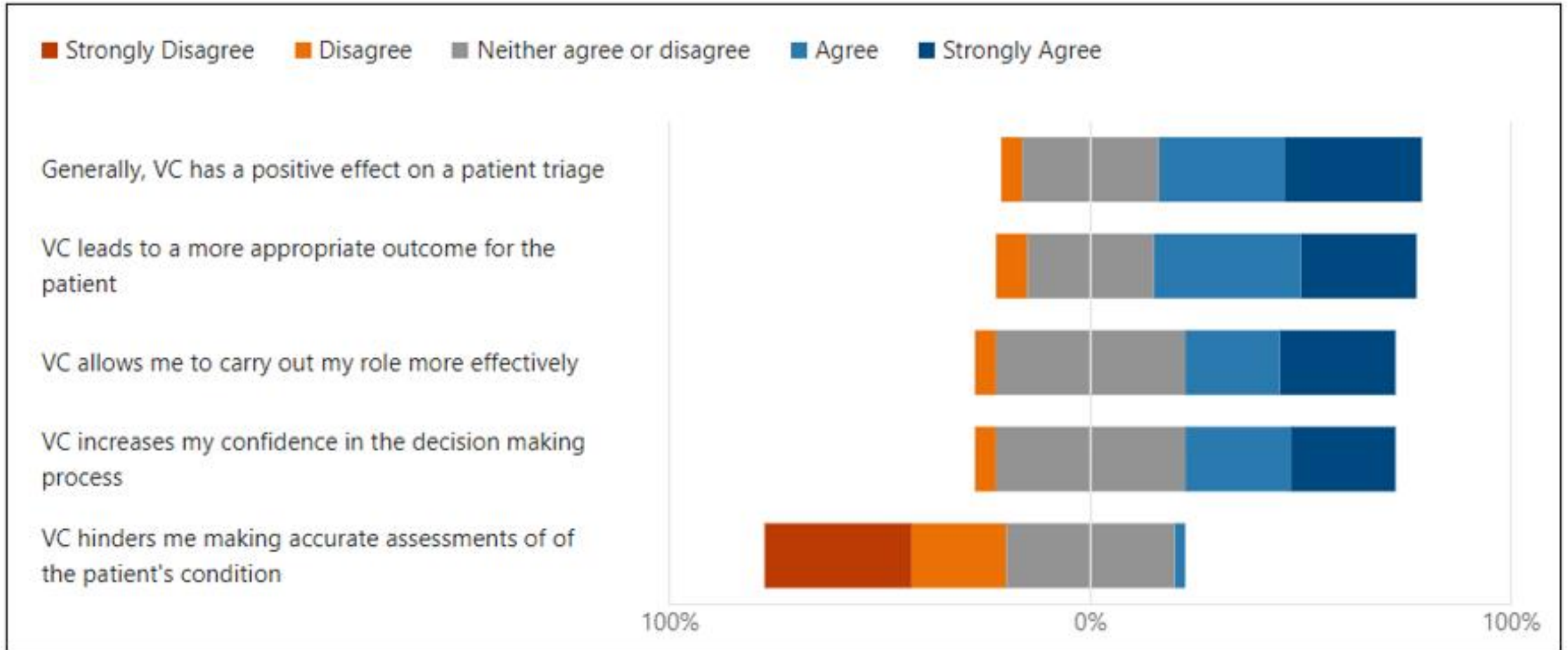
	999 mental health (MH) crises	Urgent care (111)
Type	Formative	Summative
Reach	Patients in MH crisis, lower severity	All 111 patients
Effectiveness	Intervention measured against: <ul style="list-style-type: none"> - Reduce unnecessary conveyance - Increase phone treatments - Reduce re-contact rates 	Considered against key organisational goals
Adoption	How elements of the system took to the intervention	
Implementation	The effects of the implementation on the efficacy of the pilot	
Maintenance	Requirements for a sustainable model	

Measurement plan using RE-AIM

	999 mental health (MH) crises	Urgent care (111)
Type	Formative	Summative
Reach	Patients in MH crisis, lower severity	All 111 patients - Paediatric rashes ~ 40%
Effectiveness	Intervention measured against: <ul style="list-style-type: none"> - Reduce unnecessary conveyance - Increase phone treatments - Reduce re-contact rates 	Considered against key organisational goals - Impacted triage outcome
Adoption	How elements of the system took to the intervention	
Implementation	The effects of the implementation on the efficacy of the pilot	
Maintenance	Requirements for a sustainable model	

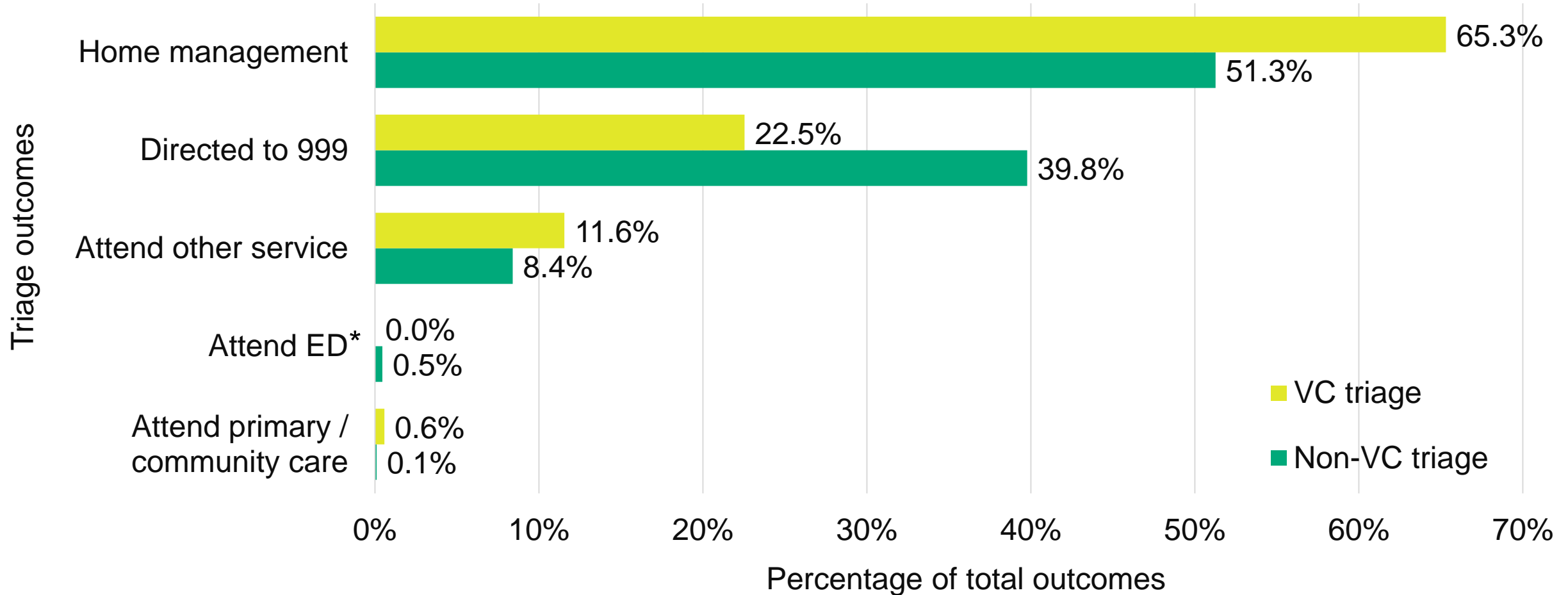
Key findings

111 video consultations (VC) survey results (n=58)



Key findings

111 Paediatric (0-15y) rash outcomes / Feb 22 - Jan 23



*Emergency Department

Limitations and conclusions (111)

Limitations

- As the evaluation was summative some retrospective qualitative data was 12+ months old
- A summative evaluation does not allow for easy patient data collect therefore direct feedback was not gained, a significant omission.

Conclusions

- For appropriate medical presentations, video consultations can enhance clinical assessments through visual cues, enabling the clinician to select a more appropriate pathway.
- There is potential for significant VC growth as the majority of applicable clinicians do not use the technology, and further use cases, particularly in Clinical Hub, are yet to be determined.

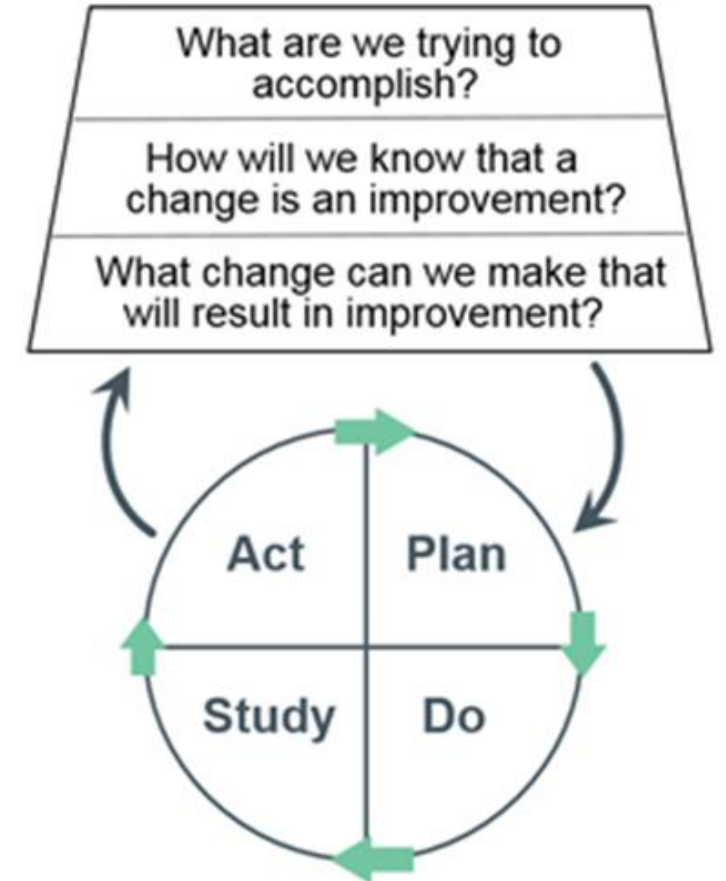


Final conclusions

- Evaluation works hand in hand with QI.
- An organic evaluation function allows the trust to react effectively.
- Use of critical friend essential.
- An evaluation is not sufficient in itself.
- Learning from experience is a perennial issue.

Contact: Ed.fulker@nwas.nhs.uk

Model for Improvement



www.ihl.org/resources/how-to-improve

Questions and Comments?