Network Recording Declaration

During this ECHO session discussions will be recorded so that people who cannot attend will be able to benefit at another time. Filming is regarded as ‘personal data’ under the Data Protection Act 2018 General Data Protection Regulations (GDPR), under that law we need you to be aware that:

- This Data will be stored with password protection on the internet.
- This Data will be available for as long as your network continues to meet and will then be taken down from the internet and either stored securely at the Superhub or deleted.

Your ongoing participation in this ECHO session is assumed to imply your agreement to the use of your data in this way.

If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
ECHO
Introduction to Quality Improvement
8 December 2020

Hosted by:
Cat Sullivan
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30</td>
<td>Introductions</td>
<td>All</td>
</tr>
<tr>
<td>9:40</td>
<td>A recap of tools from first sessions followed by an introduction to Driver Diagrams.</td>
<td>Cathrina Sullivan, Senior Clinical &amp; Quality Improvement Lead, Hospice UK</td>
</tr>
<tr>
<td>10:15</td>
<td>Account of progress presentation 1 &amp; discussion</td>
<td>Katherine Grogan, Emotional Wellbeing Team Leader, St Elizabeth’s Hospice</td>
</tr>
<tr>
<td>10:35</td>
<td>Account of progress presentation 2 &amp; discussion</td>
<td>Shahina Haque, Head of Family Support &amp; Bereavement, St Francis Hospice</td>
</tr>
<tr>
<td>11:00</td>
<td>Close</td>
<td></td>
</tr>
</tbody>
</table>
Working Agreement

In order to collaborate most efficiently this Working Agreement aims to clarify expectations of the facilitators and participants; it is a shared agreement so please feel welcome to make adjustments.

- Be considerate of the Zoom etiquette in your packs
- Respect time limits and share speaking time
- Speak for yourself and let others do the same and speak thoughtfully
- Honour the confidentiality as appropriate/requested by others
- Virtual learning space is intense but please be present
- Check pace and energy – back to back modules does not give much time to digest and apply
- Help each other to work in the virtual world and make the most of being virtual
- Share learning
- Capture key improvements from the group by whatever means you can
- Video updates from participants are really helpful to bring the learning to life. Creative Accounts may win a prize
- Celebrate
Introductions

We will be asking everyone to introduce yourself. Afterwards please introduce yourself, your role and where you are from in the chat box.

Please feel free to contribute to the discussion throughout.

Please share useful resources in the chat box.

Follow-up questions, useful resources and reflections clinical@hospiceuk.org.
A recap of tools from first sessions followed by an introduction to Driver Diagrams

Cathriona Sullivan, Senior Clinical & Quality Improvement Lead, Hospice UK
Intro to Driver Diagrams

Objectives

• To know what a driver diagram is, its components, where and why it is used
• To understand the different types of measures
• To have a basic understanding of how to create a driver diagram
Where does this tool fit in the QI journey?
What is a driver diagram?

Driver diagrams are tools in the form of structured charts of three or more levels.

They translate a high level improvement goal/aim into a logical set of factors (primary drivers) that need to be influenced in order to achieve a goal.

They also show the specific projects/activities that would act on these factors.
Reasons to use driver diagrams

1. Engage people in developing strategy
2. Represent complex strategy visually
3. Deconstruct complex problems usefully
4. Generate more and better change ideas
5. Avoid silver bullet thinking
6. Avoid blind spots in thinking
7. Identify priority areas for activity
8. Measure progress
9. Survive failure and the unexpected
10. Consolidate success
11. Share learning

everyone understands/contributes to the goal/ agree importance
represents change strategy at that point in time
check equity – make sure to consider/engage stakeholders

A simple tree-like structure means people can identify their different perspectives

maintain an overview of the big picture

Evolve over the lifetime as a ‘live’ document. Should review and repeat it every 90 days or so

Identify quick wins vs low impact
Engagement

- The democratising power of the post it note
- Every idea is equal
- Can have quick wins
- Failings can be identified and moved on from quickly
Measures

• Measurement can show us a number of important pieces of information:
  ➢ How well our current process is performing
  ➢ Whether we have achieved our aim(s)
  ➢ How much variation there is in our data and hence processes
  ➢ Whether a small test of change is having the desired impact
  ➢ Whether the changes made have resulted in an improvement
  ➢ Whether a change has been sustained
Figure 2: Driving diagram – reducing driving fuel costs
https://youtu.be/C8E6Dzo28II

Royal Wolverhampton NHS Trust Driver Diagrams
Creating your driver diagram

- Driver diagrams are structured charts of three or more levels. They translate a high level improvement goal/aim into a logical set of high level factors (primary drivers) that you need to influence in order to achieve your goal. They also show the specific projects/activities that would act on these high level factors.

- Remember There is no right or wrong driver diagram – it should represent your team’s understanding of the system you are trying to improve. Your driver diagram will undoubtedly change through your project – as you get to understand your system and processes in more detail.
What next?

Figure 3: A driver diagram template

<table>
<thead>
<tr>
<th>AIM</th>
<th>PRIMARY DRIVERS</th>
<th>SECONDARY DRIVERS</th>
<th>CHANGE IDEAS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional resources

- [https://improvement.nhs.uk/documents/2109/driver-diagrams.pdf](https://improvement.nhs.uk/documents/2109/driver-diagrams.pdf)
- [https://qi.elft.nhs.uk/resource/driver-diagrams/](https://qi.elft.nhs.uk/resource/driver-diagrams/)
- Transforming Care
  - [https://www.youtube.com/watch?v=2mBpJlzzYI8&ab_channel=TransformingCare](https://www.youtube.com/watch?v=2mBpJlzzYI8&ab_channel=TransformingCare) (Lessons 1-3)
- Driver diagram tool - NHS Improvement
- Mike Griffiths lesson 2 [https://youtu.be/xXRym4aFLa4](https://youtu.be/xXRym4aFLa4)
- [https://www.pointofcarefoundation.org.uk/resource/driver-diagrams/?gclid=CjwKCAiAn7L-BRBBbEiwAI9UtkCtuTx8VQ4BsyHN9mRTFqtCShykCepgRyyaDPDhCT85T_d1mHymphoC5Y4QAvD_BwE](https://www.pointofcarefoundation.org.uk/resource/driver-diagrams/?gclid=CjwKCAiAn7L-BRBBbEiwAI9UtkCtuTx8VQ4BsyHN9mRTFqtCShykCepgRyyaDPDhCT85T_d1mHymphoC5Y4QAvD_BwE)
Account of progress presentation 1 & discussion

Katherine Grogan, Emotional Wellbeing Team Leader, St Elizabeth’s Hospice
Online Bereavement Information and Support Project
ECHO presentation 8th December
Reminder of the project

• Online bereavement project for newly bereaved people in East Suffolk
• 6 stand alone sessions between January and April
• Devices available to borrow
Objectives

• to provide an access point for information and peer support in East Suffolk actively targeted at newly bereaved
• to provide information and reassurance about ‘normal’ bereavement responses
• to teach about self care
• to enable people to be a resource for each other through group sharing to reduce isolation
• to know where to access bereavement support in East Suffolk
Where we’ve got to

• Mapped stakeholders
• 30 60 90
• We are approaching first 30 days
• Evaluations …
<table>
<thead>
<tr>
<th>Marketing 30 60 90</th>
<th>By mid December we will have branding agreed, marketing materials written and distributed to all relevant parties. Eventbrite link will be up and running. The ES bereavement portal will be accessible on Hospice website. If we are successful we will be able to continue to our planned sessions beginning mid January. If we are unsuccessful or partially successful we will run the session anyway and accept most of the attendees will be from hospice only. Marketing will need constant evaluation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By mid January the presentation and introduction from KG will be on website. We will have done 1 of the sessions, gained data from numbers attending and qualitative data from evaluations. If successful we will analyse qualitative data to adapt the session content and monitor numbers. If unsuccessful we will need to adapt our evaluation procedure and review marketing if numbers are low.</td>
</tr>
<tr>
<td></td>
<td>By mid February We will have done 2 of the 6 sessions, gained data from numbers attending and qualitative data from evaluations. If successful we will analyse qualitative data to adapt the session content and monitor numbers. If unsuccessful we will need to adapt our evaluation procedure and review marketing if numbers are low.</td>
</tr>
<tr>
<td></td>
<td>By mid March We will have done 4 of the 6 sessions, gained data from numbers attending and qualitative data from evaluations. If successful we will have useable data to show the efficacy of the project and learning along the way. If unsuccessful we will be forming hypotheses about why this is so and taking forward into future projects. Communicate the future of the project – to continue, adapt or terminate.</td>
</tr>
<tr>
<td></td>
<td>By mid April We will have done 5 of the 6 sessions. We will have data from each session in the form of numbers and evaluation forms. If successful we will have useable data to show the efficacy of the project and learning along the way. If unsuccessful we will be forming hypotheses about why this is so and taking forward into future projects. Communicate the future of the project – to continue, adapt or terminate.</td>
</tr>
<tr>
<td>Operational procedures 30</td>
<td>By mid December we will have a sessional counsellor in place backfilling KG time and familiarising with stakeholder information. We will have admin help in place, trained in Eventbrite and present BIS session integrated into the new project. Payment structures for project will be agreed. The presentation will be planned and evaluations and requests for support written. Counsellors will have dates and have time booked out to assist in sessions. Initial Pre-project meeting with counsellors will be booked. Level of support from IT will be established and borrowing iPad system agreed with Hospice logistics hub.</td>
</tr>
</tbody>
</table>
| Communication with Stakeholders 30 | By mid-December we will have personally contacted our stakeholders to let them know about the project and double checked all our bereavement information so that it is correct. We will have contacted our Stakeholders through both Marketing and personal contact where local to prepare them for possible increase in referrals and for their information. We will have included any feedback and ideas in the formulation of the information to be marketed.  

A Plan will be in place for feedback to Senior Leadership Team |
| Evaluations 30 | By mid-December we will have formulated our evaluations to go into Eventbrite information both pre and post session. |
Evaluations

• Pre and post evaluation questions –
• I know what to expect in bereavement 0-10
• I feel alone with my grief 0-10
• I know what to do to support myself in this experience of grief 0-10
• I know where to access professional support should I need to 0-10
Post session questionnaire

• Please tell us what you found most and least helpful/useful during this online session (what you liked and didn’t like

• How likely is it that you would recommend this session to someone else? likely, not sure, unlikely

• Have you any suggestions for future online sessions? Is there anything else you would like to say?

• If you would like a call from one of our bereavement counsellors to discuss support available to you please provide your name and phone number below.
Account of progress presentation 2 & discussion

Shahina Haque, Head of Family Support & Bereavement, St Francis Hospice
Summary and close

Cathriona Sullivan, Senior Clinical & Quality Improvement Lead, Hospice UK
Association of Bereavement Service Coordinators in Hospice and Palliative care

For more information about ABSCo and to check if you can become a member please visit:

http://www.absco.org.uk/