

Implementing the Universal Pathway with Quality Improvement

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Workshop Objectives

The workshop will provide participants with:

- An overview of the Children and Young People Improvement Collaborative (CYPIC)
- An increased understanding of improvement methodology
- The opportunity to learn from a team who have used improvement methods to achieve delivery of a high quality health visiting service





**Children and
Young People
Improvement
Collaborative**

getting
it right
for every child



Multi-agency Improvement collaboration...

Education

Third Sector

Health

Justice

Police

Social care



Quality Improvement throughout the child and young person journey



SPSP Maternity Safety Programme

Early Childhood Development

Developmental milestones

Starting primary school milestones

Achieving and attaining in Primary

Achieving and attaining in
Secondary

Positive Destinations



An approach to deliver results and evidence progress and impact

Develop a strategy and structure that supports improvement

Improvement tools to facilitate reliable implementation



6 questions to consider for improvement

1

Aim

Is there an agreed aim that is understood by everyone in the system?

2

Correct changes

Are we using our full knowledge to identify the right changes and prioritising those that are likely to have the biggest impact on our aim?

3

Clear change method

Does everyone know and understand the method(s) we will use to improve?

4

Measurement

Can we measure and report progress on our improvement aim?

5

Capacity and capability

Are people and other resources being deployed and developed in the best way to enable improvement?

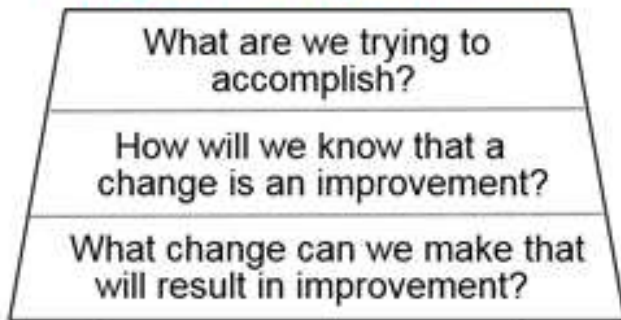
6

Spread plan

Have we set our plans for innovating, testing, implementing and sharing new learning to spread the improvement everywhere it is needed?

Supporting implementation of priorities

Model for Improvement



getting
it right
for every child



 THE SCOTTISH
 **ATTAINMENT**
 CHALLENGE

Creating collaboration and learning systems

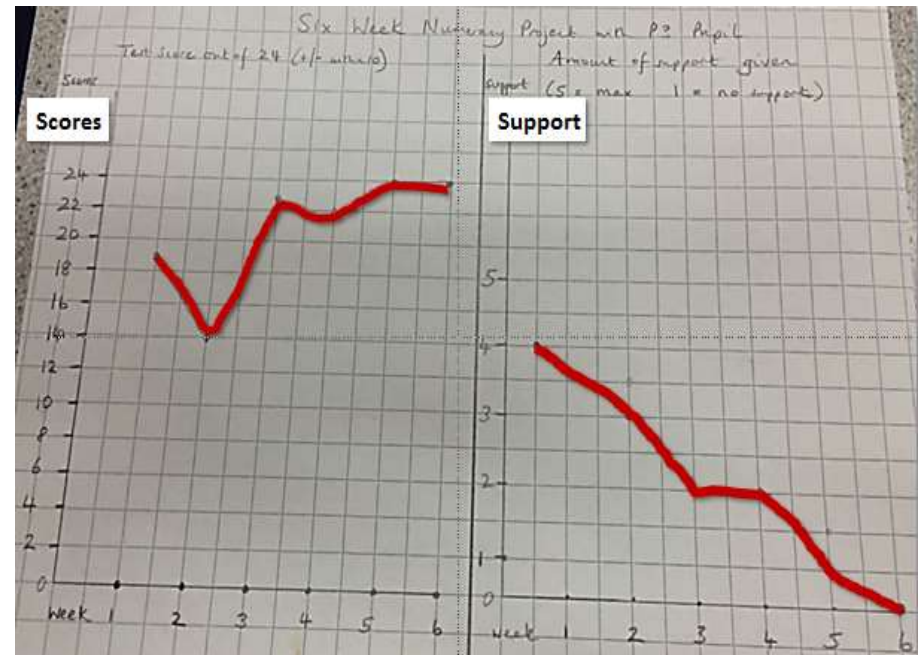
Co-producing innovative improvement...



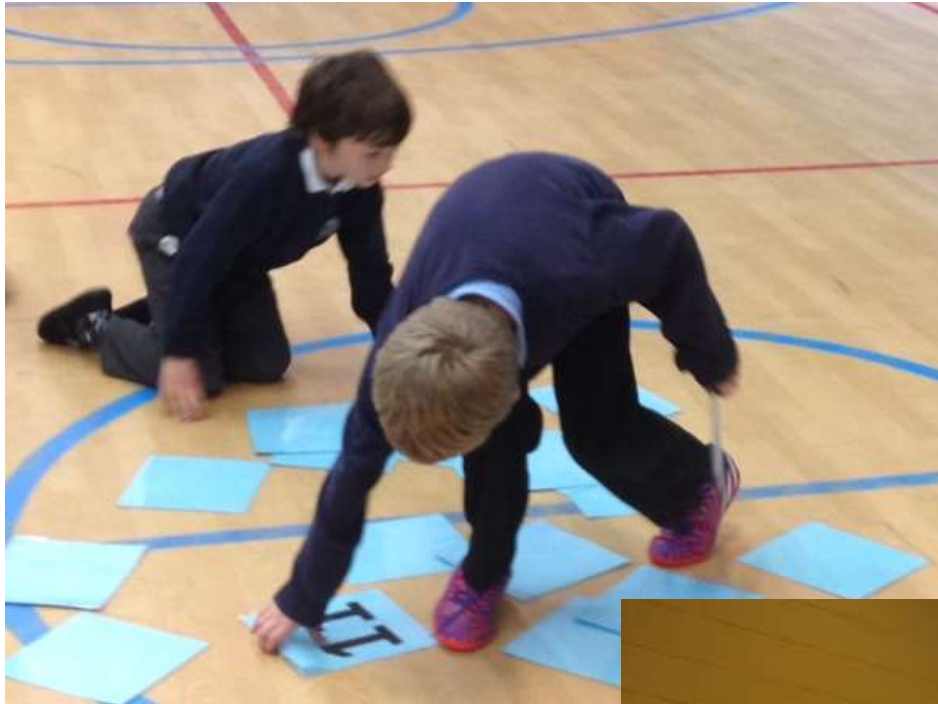
....parents and children engaged



....for Individuals



....for all who will benefit

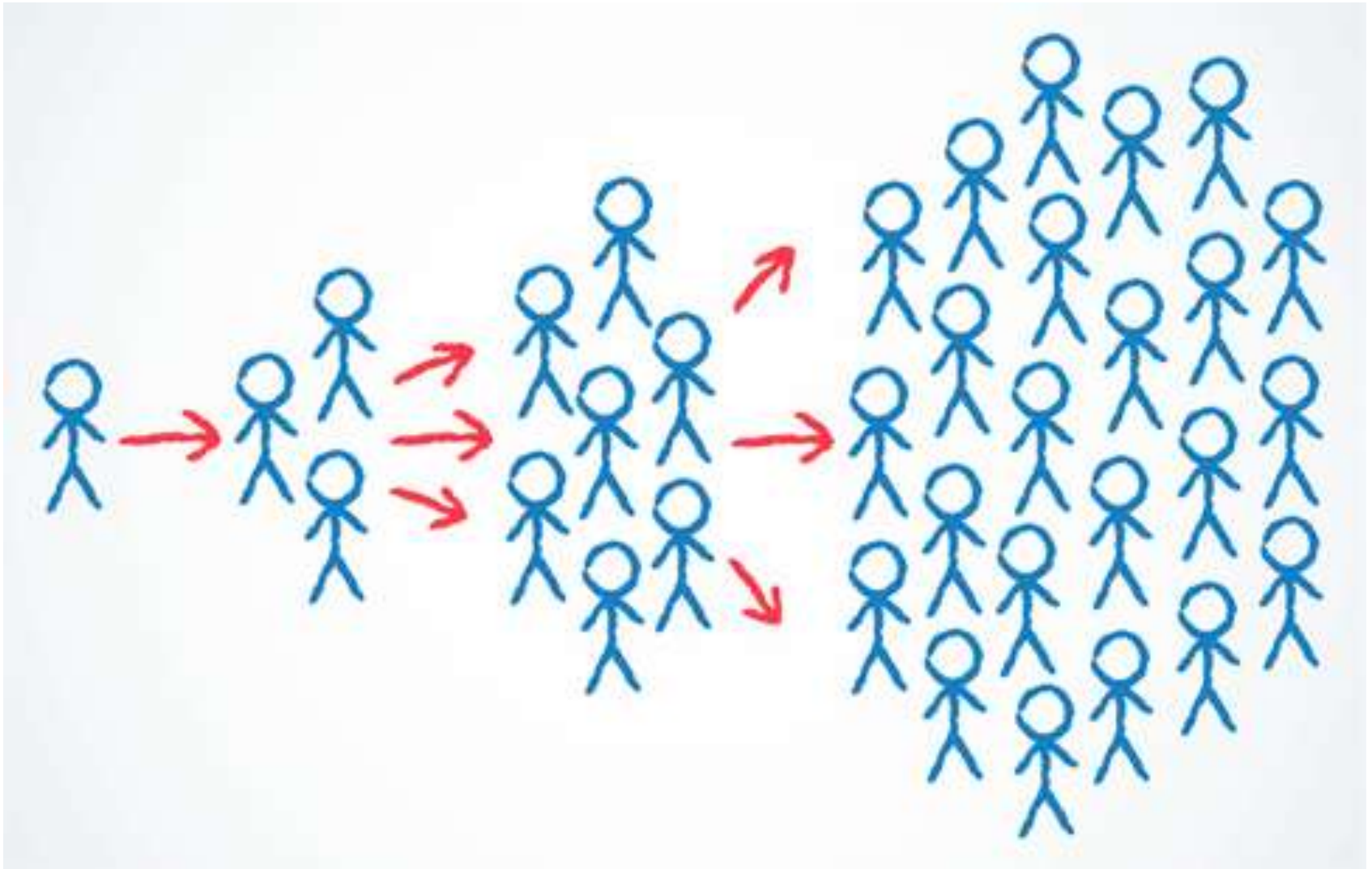


Creating QI learning systems

Improvement data on walls....



.....with learning & improvement conversations in practice



Universal Pathway Quality Improvement Collaborative

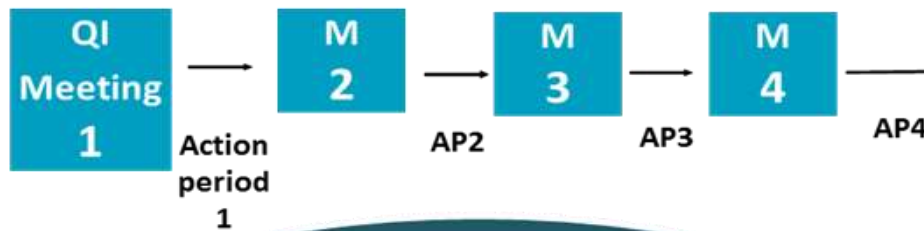
- Commencing Autumn 2017
- 12 month programme
- 15 teams across Scotland
- Teams will include anyone in skillmix team
- Projects likely to focus on areas such as coverage and completeness of reviews
- Learning in individual teams can be spread across whole health boards



QI Breakthrough Collaborative

Enroll participants
Pre-work

Pre-work:
 Agree improvement content
 Identify teams /secure organisational sponsorship
 Knowledge about the problem - population, locality scope, current performance.
 Develop awareness of the MFI in practice (all team members)



QI meeting = All teams meet
AP = Action Period



Model for Improvement



Sharing and dissemination

Move to scale up

12 month programme





Quality Improvement 27-30 Month Child Health Review



getting
it right
for every child
in South Lanarkshire

Vivian Boxall EYC Coordinator and Improvement Advisor

Define the Problem?

- Variation in uptake of reviews & high number of children not seen within timeframe 27-30mths
- National data masked local variation
- ‘Quick fix’ responses: short term benefit but didn’t address underlying system failures
- Wider context: service under pressure and change



Understand Your Current System



- No identifiable Admin/Clinical lead for operational service efficiency/effectiveness
- Individuals working in silos i.e. lack of teamwork
- Significant process duplications/hand off' s and inconsistent approaches across teams
- Specialist skills capacity being used in multiple admin duties in the background of protracted staffing issues





Our Approach

- Built capacity and capability for improvement in the workforce-Improvement champions
- Involved teams from the start – health and other agencies
- Engagement of leaders at all levels
- Had a clear plan (Charter)& Driver





What Are We Trying to Accomplish?

Model for Improvement



- **Overall aim:** Increase uptake of the 27 month review in South Lanarkshire from baseline of 81% to 90% by December 2016(revised aim)
- **Larkhall team Goal:** Increase the uptake of the universal 27 month review from 71% to 90% by April 2016





How Do We Know That a Change Is An Improvement?

- Breaches, Children waiting and DNA's with process measures around amber alert, flow of reviews and 48hr call prompts.
- Team level real-time data weekly process data to drive improvement
- It is essential that the team who are improving their processes have ownership of their data





Teams Owning Their Improvement

The display board is titled "27 Month Review Improvement Activity" and is divided into several sections:

- 27 Month Review:** Contains a table with columns for "Review Date", "Review Type", and "Review Status". It also includes a "27-30 Month Child Health Review" section with text and a small chart.
- Improvement:** Features a "27-30 Month Child Health Review" section with text and a "Key Lessons Learned" section with three bullet points and small images. The text includes: "What do we do well at?", "What do we need to improve?", and "What do we need to do?".
- Activity:** Includes a photograph of staff and children, a "Key Lessons Learned" section with three bullet points and small images, and a "PARALLEL SESSION OVERVIEW TEMPLATE" from NHS.

The "Key Lessons Learned" section includes the following points:

- **Communication:** The quality of communication between staff and children is a key factor in the success of the review process.
- **Engagement:** The quality of engagement between staff and children is a key factor in the success of the review process.
- **Support:** The quality of support between staff and children is a key factor in the success of the review process.

The "PARALLEL SESSION OVERVIEW TEMPLATE" includes the following information:

- **Session Title:** 27-30 Month Child Health Review
- **Session Date:** 27-30 Month Child Health Review
- **Session Location:** 27-30 Month Child Health Review
- **Session Facilitator:** 27-30 Month Child Health Review
- **Session Objectives:** 27-30 Month Child Health Review
- **Session Content:** 27-30 Month Child Health Review
- **Session Evaluation:** 27-30 Month Child Health Review



What Change Can We Make That Will Result In An Improvement?

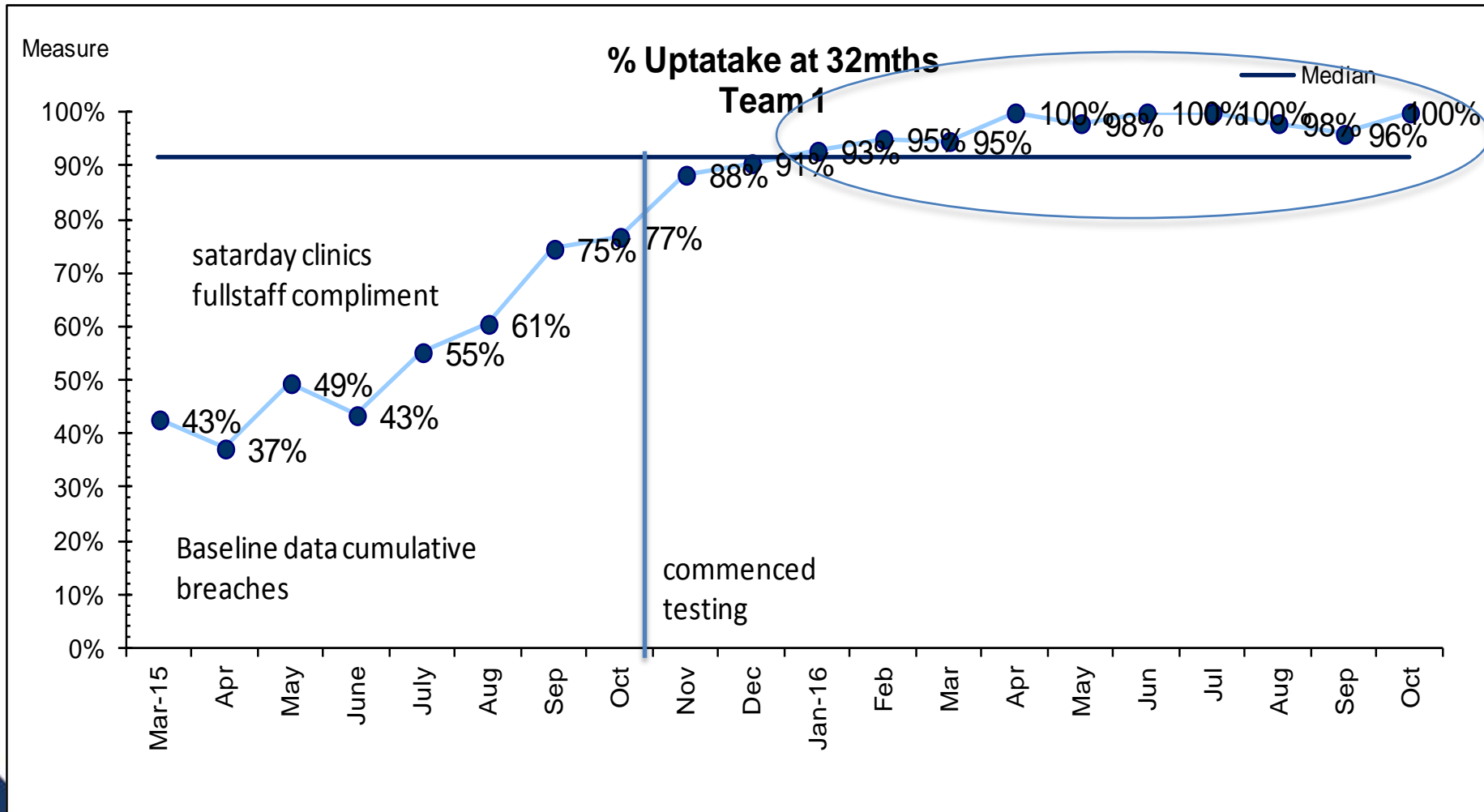
Exemplar admin
process

Early warning system
30mth amber alert

Case management tool



Results At Team Level





Implementation

- Involves building the change into the teams everyday practice.
- Your making sure its not person dependant
- Use permanent systems for measurement
- Standardise the process
- Agreeing job remit for admin
- Training the staff





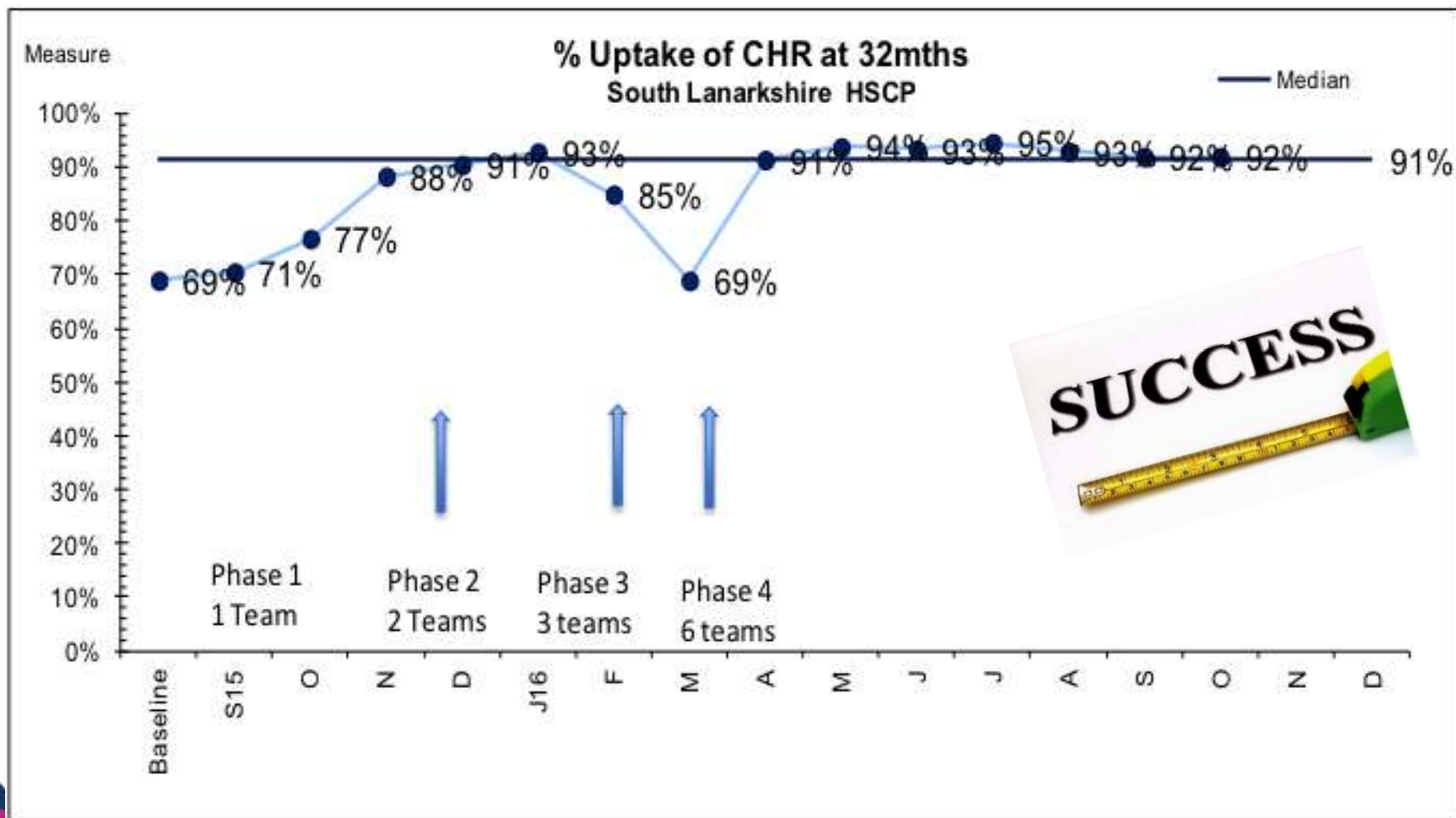
Implementation

- Keep track of parents and staff satisfaction
- Cost benefits



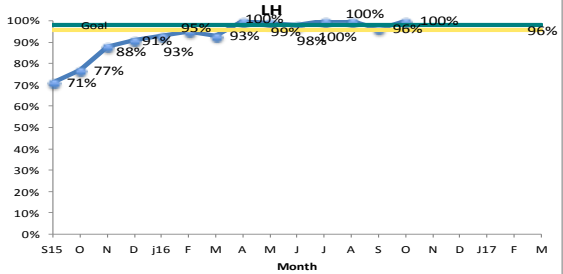


Results at Scale– Uptake%

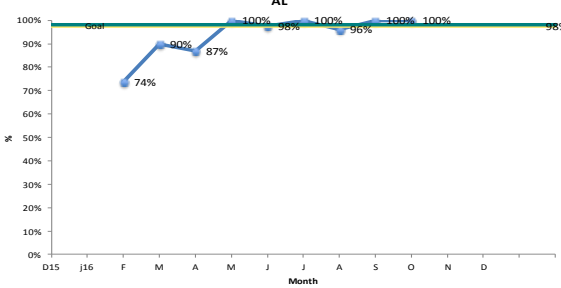




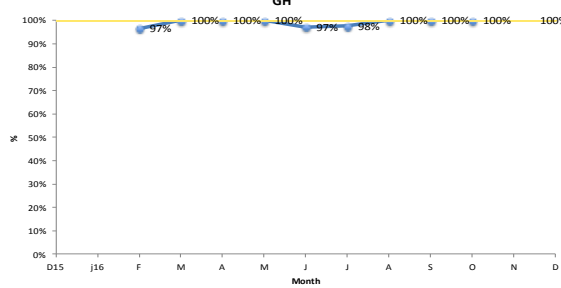
% Uptake at 32mths



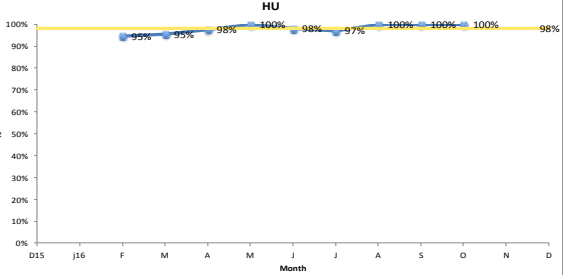
% Uptake at 32mths



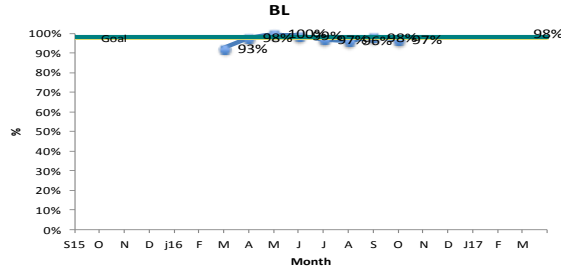
% Uptake at 32mths



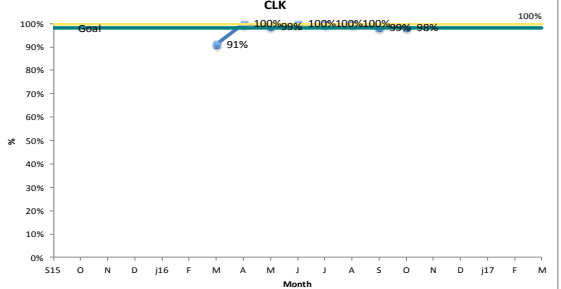
% Uptake at 32mths



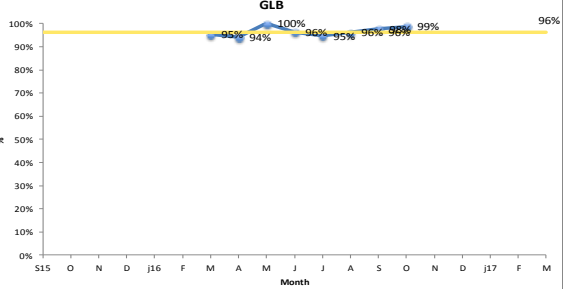
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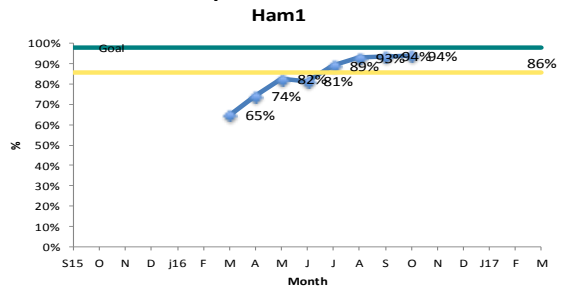
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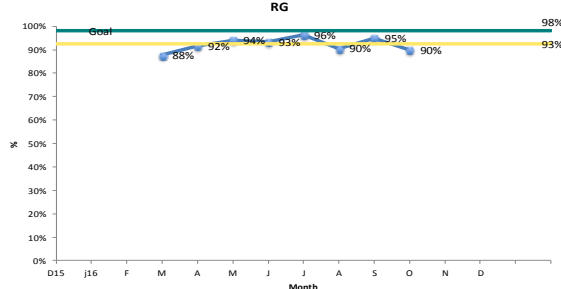
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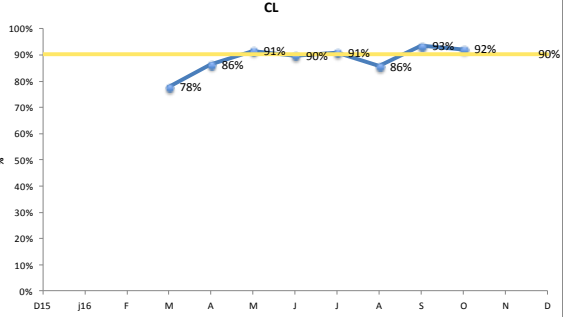
% Uptake at 32mths



% Uptake at 32mths



% Uptake at 32mths



All South teams at spread and full scale



Next Steps

- Increase **Coverage** of the 27mth Child health review
- Identify children with **Concerns**. Improve response future actions and request for assistance pathways following review. (Current)
- **Communication** -Information sharing of children with concern (well being, developmental or Health plan indicator – additional) with nursery and staged intervention response (Current)
- **Consequence**– working to improve developmental and wellbeing outcomes for Lanarkshire’s children at P1





Q&A



Discussion Questions

- How could you apply this approach to your practice?
- Who would be in your team?
- What is your first action?!



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