#### **Clinical Audit Awareness Week #CAAW24**





**Effectively Utilising Clinical Audit For Sustainable Change In Health & Care NQICAN Lunch and Learn** Friday 28th June 2024 (12.30-1.30pm)

Your Lunch & Learn Team Today



Vicky Patel - Chair NQICAN
Marina Otley - Gen Sec NQICAN
Lacia Ashman - HQIP
Zoe Lord - NHS Horizons
Clinical Audit Hero - Sustainability











### Clinical Audit Awareness Week #CAAW24





Monday 24<sup>th</sup> June 2024 12.20-1.30pm Tuesday 25<sup>th</sup> June 2024 12.20-1.30pm Wednesday 26<sup>th</sup> June 2024 12.20-1.30pm Thursday 27<sup>th</sup> June 2024 12.20-1.30pm Friday 28<sup>th</sup> June 2024 12.20-1.30pm

Patient Safety Effectively Utilising
Clinical Audit To
Prevent Avoidable
Harm

Patient & Public
Involvement Effectively Utilising
Clinical Audit To
Improve Health & Care
by Involving, Engaging
& Informing Patients &
The Public

Health Inequalities Effectively Utilising
Clinical Audit To
Address Inequalities In
Health & Care

Influencing Change Effectively Utilising
Clinical Audit To
Influence Change At
Board Level

Sustainability Effectively
Utilising Clinical
Audit For
Sustainability



**Rachel Pool - NHSE** 

**Kim Rezel - HQIP** 

Danny Keenan - HQIP & Charlotte Richardson - NHSE

Sam Riley - NHSE

Zoe Lord - NHS
Horizons











# #CAAW24 NQICAN Sustainability Lunch & Learn





#### **Agenda**

- Introduction NQICAN and #CAAW what does 'Effectively Utilising Clinical Audit To achieve sustainable Change to future proof health & care mean to you?
- Key Speaker Achieving Sustainable Change
- Clinical Audit Hero Winner announced
- Winner of the Sustainability Clinical Audit Hero Award presents
- Opportunity for questions framed on Sustainable Change
- Interactive Evaluation
- Close and celebrate #CAAW24!



Please let us know— what does utilising Clinical Audit to effectively influence sustainable change to future proof health & care - by typing into the chat











### Clinical Audit Awareness Week #CAAW24

















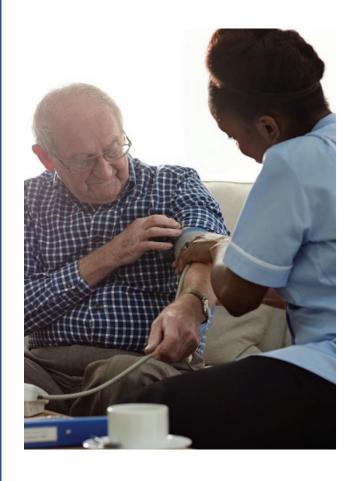




### Clinical Audit Awareness Week #CAAW24







Clinical Audit – measures care against evidence based standards. #CAAW23 challenged attendees to consider Clinical Audit in their own organisation in terms of:

- Clinical Audit strategies having a clear objective aligning with addressing equity & sustainability
- Clinical Audit programmes consisting of Clinical Audits that focus measurement on new technologies and ways of working
- Clinical Audit findings and action plans taken forward with the focus on new innovations and care models













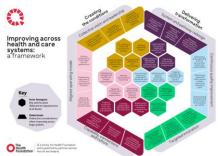


# Effectively Utilising Clinical Audit To Sustain Health & Care











Clinical Audit – measures care against evidence based standards. #CAAW24 challenges attendees to consider clinical audit in their own organisation in terms of:

- Building a Shared Commitment for each project (shared purpose with stakeholders)
  - We are convenors and enablers
  - We influence and persuade
- Collaborate with our system partners
  - CA & QI Teams collaboratively working together improvement expertise
  - Partner organisations within our systems and pathways
- Innovation & Technologies
  - Spread & scale
  - Learning where innovations have worked well & adapting to work within another context/setting
  - Adoption of technologies to improve health outcomes and address equity & access for all
- New Care Models
  - Improving how care is delivered
  - Meeting need & demand











### Clinical Audit Awareness Week #CAAW24





Key Speaker
Zoe Lord
Deputy Director
NHS Horizons
NHSE

















# SUSTAINING CHANGE

Presentation by Zoe Lord, Deputy Director, NHS Horizons

Clinical Audit Awareness Week (#CAAW24) Run in collaboration with the National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN),





#### HORIZONS SUSTAINING CHANGE

# **HELLO EVERYONE!** MY NAME IS...

Zoe Lord

Deputy Director | NHS Horizons

















What do we mean by sustaining change?

When should we start thinking about it?

When does it finish??!



### WHO will make the change happen?

#### List A

- The Delivery Board
- The Programme Sponsors
- The Programme Management
   Office
- The Workstream Delivery Board
- The Clinical Leads
- The Directors of participating organisations
- The Change Facilitators





### WHO will make the change happen?

#### List A

- The Delivery Board
- The Programme Sponsors
- The Programme Management Office
- The Workstream Delivery Board
- The Clinical Leads
- The Directors of participating organisations
- The Change Facilitators

#### List B

- The mavericks and rebels
- The deviants (positive). Who do things differently and succeed
- The nonconformists who see things through glasses no one else has
- The hyper-connected who spread behaviours, role model at a scale, set mountains on fire and multiply anything they get their hands on
- The hyper-trusted. Multiple reasons, doesn't matter which ones

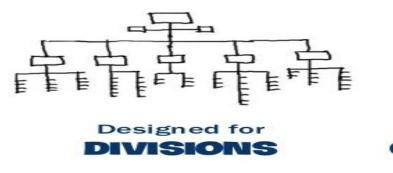




### **The Secrets of Great Change Agents**

Julie Battilana & Tiziana Casciaro

# As a change agent, my centrality in the informal network is more important than my position in the formal hierarchy

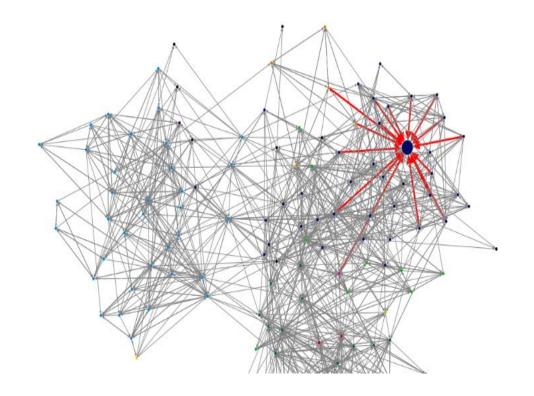






## The 3% phenomena for change

Just 3% of people in the organisation typically drive conversations with 90% of the other people

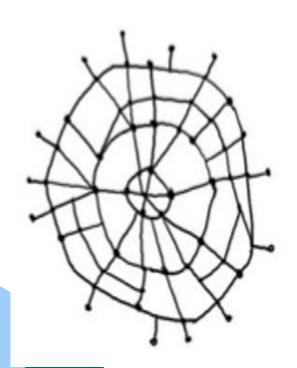




Source: research by IC Kollectif



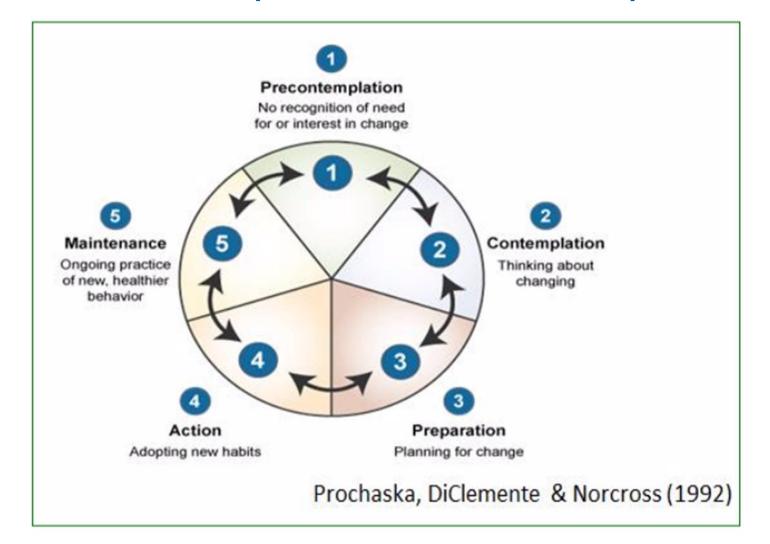
# Learning from the NHS & Virginia Mason Institute Partnership



- Five NHS hospital systems undertook a five-year programme for organisation-wide improvement
- They all got the same resources and support
- They got significantly different outcomes
- The difference? The level of social connections between those leading local improvements



#### TRANSTHEORETICAL MODEL (STAGES OF CHANGE)





# HOW WE GO ABOUT CHANGE AND IMPROVEMENT

#### TO

When change is done to us, without us





#### FOR

When change is done for us, without us

#### WITH

When change is done for us, with us





#### BY

When change is done by us, for us

Source: Cormac Russell Four modes of change: to, for, with, by



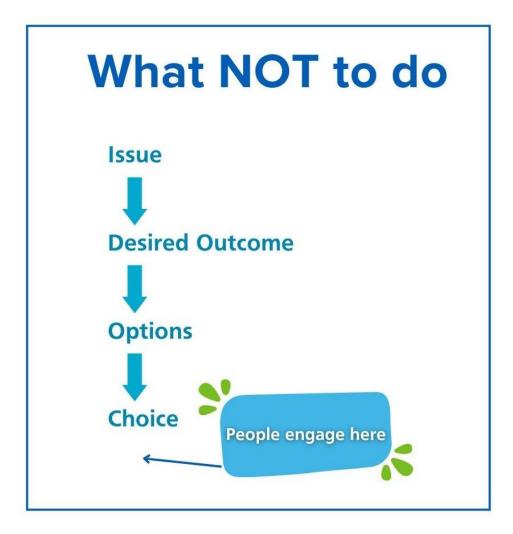
#### START WITH THE WHY







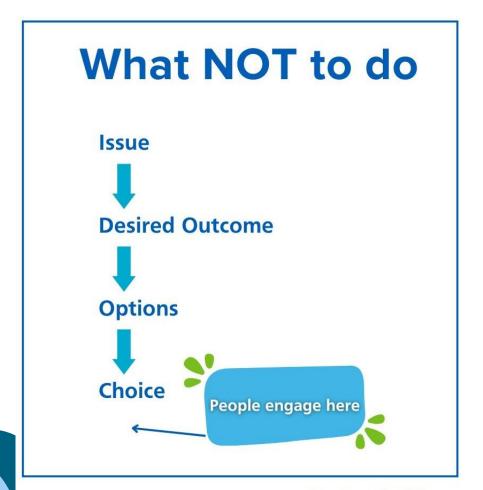
#### MARK JABEN ON THE SCIENCE BEHIND RESISTANCE

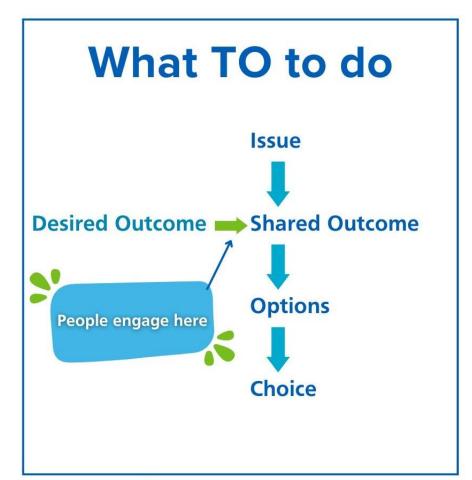


But what we do do



#### MARK JABEN ON THE SCIENCE BEHIND RESISTANCE



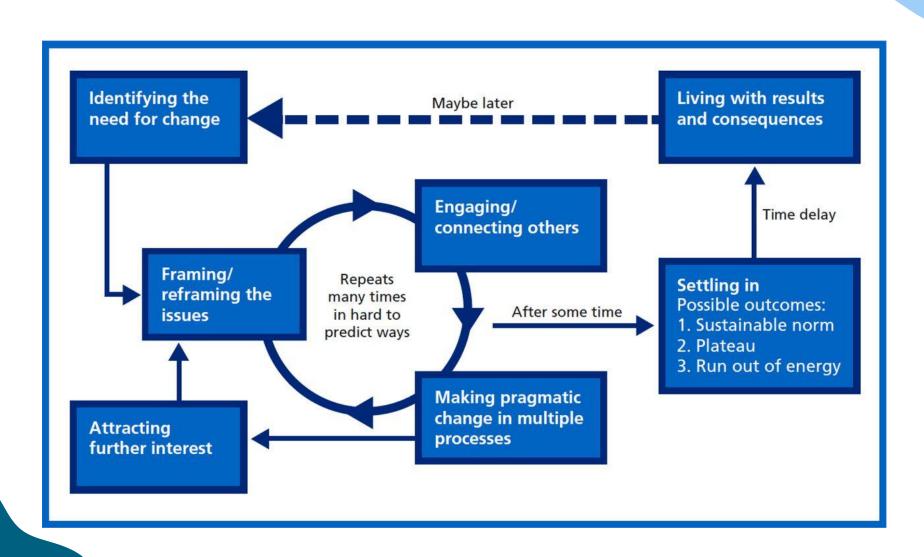








#### LARGE SCALE CHANGE MODEL



#### **HORIZONS**

#### REFLECTIONS

- Everything won't go right (and that's OK)
- Failure is learning 🖓
- Theory is not enough \( \mathbb{Z} \)
  - But remember the Model for Large Scale Change!
- All change is about people 🕮
  - Think about the people you are involving (List A & B)
  - Build your network across boundaries (more power in the informal network than the hierarchy)
  - Understand everyone has a different starting point
  - Involve to reduce resistance





#### **DISCOVER MORE WITH NHS HORIZONS...**

Website: www.horizonsnhs.com

Twitter: <a href="https://x.com/HorizonsNHS">https://x.com/HorizonsNHS</a>

Linkedin: <a href="https://www.linkedin.com/company/horizonsnhs">https://www.linkedin.com/company/horizonsnhs</a>



#### **CLINICAL AUDIT AWARENESS WEEK 2024**





#### **Featuring the Clinical Audit Heroes Awards**

# SUSTAINABILITY And the winners are...





### SUSTAINABILITY

Highly Commended





Dr Simon Tso on behalf of the Dermatology Team South Warwickshire University NHSFT

Adam Jones & Hiba Al-Diwani University of Leeds/Leeds Teaching Hospitals NHSFT





# SUSTAINABILITY And the winners are...









# Sustainability Quality Improvement

Joelle Booth, Specialty Registrar in Dental Public Health
Julia Hurry, Specialty Registrar in Paediatric Dentistry
Zahra Shehabi, Consultant in Special Care Dentistry
Barts Health NHS Trust



The biggest health threat facing humanity of the 21st Century humanity 2021 gas emissions Climate change Raised average, and extreme temperatures Other air pollutants (eg, particulates) Altered rainfall patterns Sea-level rise Extreme weather Flood Social mediating Drought Fire Heatwaves factors Loss of habitation Reduced Reduced fishery and aquaculture physical work productivity capacity Poverty Mass migration Reduced **Biodiversity** Ozone Particulate Pollen agricultural loss, ecosystem increase pollution allergenicity Violent conflict collapse, pests productivity burden Bacterial Other social diarrhoea determinants of health Respiratory (2) Vector-borne Undernutrition Harmful Impact on mental health Cardiovascular, algal blooms disease disease disease

## Delivering a 'Net Zero' National Health Service



- for the emissions we <u>control directly</u> (the NHS Carbon Footprint), <u>net zero</u> by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- for the emissions we can <u>influence</u> (our NHS Carbon Footprint Plus), <u>net</u>
   zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Delivering a Net-Zero-NHS: 2020 (NHS England)



# The carbon footprint of patient pathway

Shehabi, 2023 Surgeons News RCSEd





















Figure 1: Carbon emissions associated with the patient pathway

# Designing your improvement: Sustainability principles



#### Patient empowerment and self-care

Support patients to take a bigger role in managing their own health and healthcare

#### Prevention

- > Promoting health
- > Preventing disease
- > Reduce the need for healthcare





#### Lean service delivery

- > Services where people need them
- > Streamlining care to minimise low value activity

#### Low carbon alternatives

- > Preferential use of effective treatment and medical technologies with lower environmental impact
- > Minimising waste of medications, consumables and energy

Diagram: Joelle Booth



# **SusQI- The Envirodent Project**

Project	Patient outcomes	Environmental savings	Financial benefit	Social benefit
Remote consultations	Improved access Urgent queries picked up faster	10,806.7 kgCO2e/yr	Cost improvement £175,648.91 £9271.08 saved/yr from consumables	Less reliance on carers/ escorts Less time off work
Haptics	Less iatrogenic damage	12,834.266 kgCO2e saved/yr	£51,369.078/yr saved from consumables Cost neutral 15 yrs	More access for students so can plan social life Less stress
Instrument tray redesign	Less plastic in food/water streams + improved health	10,938 sterilisation cycles saved/yr 27,062 pieces of paper (317.979 KgCO2e/yr)	£186,066.72 savings	Less eco anxiety amongst staff
Nitrous Oxide optimisation	Improved access	Reduction in NOx wastage	Savings from GA	No need for escorts or time off work for adult patients
Greening up theatres	More money diverted to service redevelopment	Reduction in waste Reduction in plastic	Reductions in drapes, gown, sterile glove purchasing	Less eco anxiety amongst staff Staff empowerment

### 1. Prevention

- Work with Barts Community Smiles
  - Festival of communities
  - Family networking hub
  - Diet, tobacco/ EtOH cessation, active travel, skin care
- Volunteering staff to support students and recruit patients
  - >4000 patients in Hackney signed up for oral health assessment
- Psychology Services

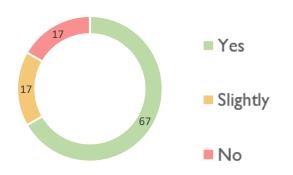


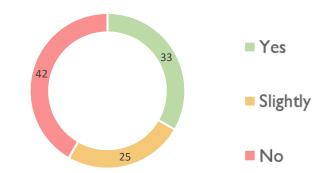
# 2. Patient self care & empowerment

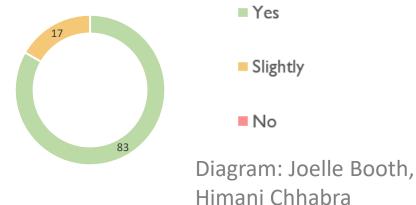
Are you aware of the environmental impact of your lifestyle?

Are you aware of the environmental impact of your dental treatment?

Would you care more for your mouth if you knew the environmental impact of dental treatment?













# Patient engagement



The NHS is committed to reducing the carbon footprint of the health service and healthcare delivery. The Royal College of Anaesthetists and the Association of Anaesthetists are keen to reduce the carbon footprint of anaesthesia and provide guidance on environmentally sustainable practice in anaesthesia in the UK.

In this section you will find information on the environmental impact of anaesthesia. You may choose to use this information to ask your anaesthetist about your particular anaesthetic for your forthcoming procedure.

#### Environmental impact of anaesthesia – equipment, drugs and gases

The use of all anaesthetic equipment, drugs, gases, together with their packaging, comes with a carbon footprint. All of these require energy to develop, produce and transport.



Patient information

# Your dental treatment and the environment

The Royal London Dental Hospital staff are passionate about helping the NHS to reach its 'Net Zero' target by reducing the carbon footprint associated with dental care.

In this leaflet, you will find information on the environmental impact of dental treatment. You may choose to use this information to inform the choices you make about your treatment.

#### Why is the environmental impact of dentistry important?

Understanding why the environmental impact of dentistry is important begins from understanding that 'the climate emergency is a health emergency.' Climate change not only leads to major climate disasters but poses a direct threat to overall health. There are many health effects of climate change including increased risk of respiratory diseases and infections and local impacts like floodings of houses and hospitals. These can have an impact on your dental and overall health.

#### What is the environmental impact of my dental care?

Following the advice given to you by your dentist to help you look after your mouth will reduce the amount of treatment you need and the impact of your dental care on the environment.

# 3. Lean service delivery

- Patient workflow
  - GIRFT
  - MDTs
- Minimising waste
  - Waste segregation
  - Reduce plastic









## 3. Lean service delivery

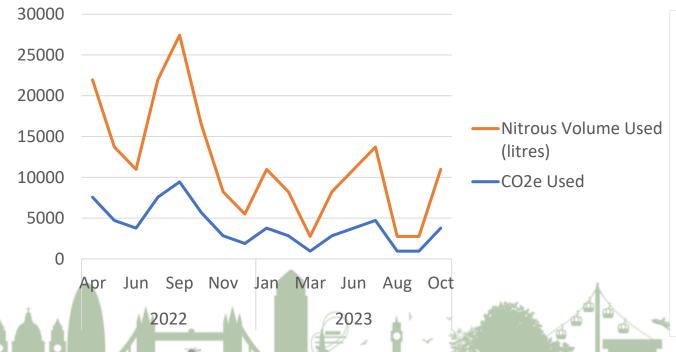
- Instruments & sterilisation
  - Configurations of instruments
  - Wraps
  - Single use instruments

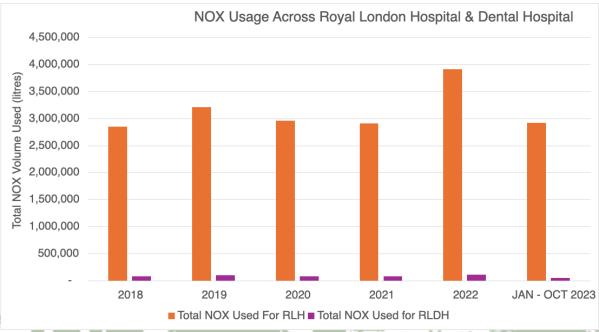
Task	Environmental	Financial savings
	savings	
Combine fast &	10,938	£91,879.2 at tray
slow handpiece	sterilisation cycles	rate of £8.40
	saved/yr	
Change handpieces	27,062 pieces of	£186,066.72
Change handpieces from tray to	27,062 pieces of paper	<b>£186,066.72</b> savings (after
	' '	•
from tray to	paper	savings (after

## 3. Lean service delivery- NOx use optimisation

Total NOx Used Carbon Dioxide Equivalent for the Royal London
Dental Hospital
April 2022 − October 2023 \*Source: BOC™

Diagram: Ronan Lee





# 4. Low carbon alternatives Theatre caps

- Evidence that cloth hats do not ↑ risk of infection to patients if washed daily
- Cloth hats superior to disposable hats in simulated operating theatre environments
- Disposable bouffant hats result in a ↑ rate of surgical site infections compared to cloth hats/ disposable skull caps
- 4 out of 5 female doctors report being mis-identified at work
- Communication errors are commonly at the route of errors in patient safety
- Knowing and recognising team members by name has been associated with increased reported trust in the workplace and quantitative clinical improvement

Female docs clearly ID'd as such report better work experience Nicole Lou, MedPage Today (2019)

Key high efficiency practices of emergency department providers: a mixed-methods study, Bobb M et al(2018) Epub

Communication failures in the operating room: an observational classification of recurrent types and effects, Lingard L et al, (2004) Qual Saf Health Care





## **Greening up theatres**









#### WE ARE NOT WASTING STERILE OUTFITS FOR NON-STERILE TREATMENTS

We are using "normal" outfits to treat you (like at a dental appointment) instead of unnecessarily using surgical outfits.



Per **apron**: 70g CO2e Per **gown**: 910g CO2e



Per **glove**: 70g CO2e Per **surgical glove**: 800g CO2e

# WE ARE USING CLEAN DRAPES THAT WOULD OTHERWISE BE BINNED

When having treatment under general anaesthetic, we wrap patients in drapes to keep them clean.

Each drape has a **carbon footprint** of 2704g CO2e (the same as driving 7 miles).

We used to dispose of two clean drapes for each patient. Now, we use these clean drapes to protect patients for dental procedures.







"GREENING UP" OUR PPE PATHWAY WHAT PPE SHOULD I WEAR AND HOW

NHS

**Barts Health** 

ASK YOURSELF THESE QUESTIONS BEFORE YOU

IS THIS A STERILE PROCDURE? ARE WE PREPPING THE MOUTH?

SHOULD I DRAPE FOR THIS PROCEDURE?

YOU COULD SAVE 1000G COZE PER PATIENT

WOULD I WEAR STERILE PPE AND DRAPE FOR THIS PROCEDURE IN OUTPATIENTS?

COST: £1.15

CF: 2306 CO2E \*

COST: £2.30 CF: 9006 C02E .

#### USE NON-STERILE PPE AND DRAPES

COST: £3.42 COST: £1.92 . APPROX. 300 USES APPROX. 500 USES \*£0.011 PER USE £0.004 PER USE. CF: 13G CO2E CF: 110G CO2E .



COST: £1.34 COST: £0.39 CF: 1406 CO2E . CF: 20G C02E



COST: £0.08 CF: 20G CO2E



OVERALL COST: £1.82 OVERALL CF: 413G COZE

CF = CARBON FOOTPRINT





OVERALL COST: £5.61 OVERALL CF: 1470G COZE





#### 1. Virtual appointments Where intra-oral assessment is not essential/possible (e.g. results/uncooperative patient). They also reduce staff/patient travel

#### 2. Digital notes and radiographs

These reduce the need for paper, chemicals and films. Can facilitate communication

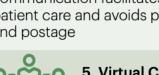




#### 3 Digital scanners

These improve accuracy and eliminate the need for impression/lab materials and lab transplant

4. digital communication Encrypted email communication facilitates patient care and avoids paper and postage





#### 5. Virtual CPD

This reduces the need to travel. Also has financial and social added value.

Figure 2: Sustainable workflows

## 4. Low carbon alternatives

## **Digitisation**

- Electronic records
- Virtual consultations
  - annual carbon savings: 10,806.7 kgCO2e
  - £9271.08 saved from consumables, cost improvement £175,648.91
- Scanners IO
- PILS on QR codes
- Digital screens
- Haptics: **12,834.266 kgCO2e** savings over an academic year minimum compared to drilling plastic teeth, £51,369.078/yr savings on consumables and cost neutral 21 yrs,

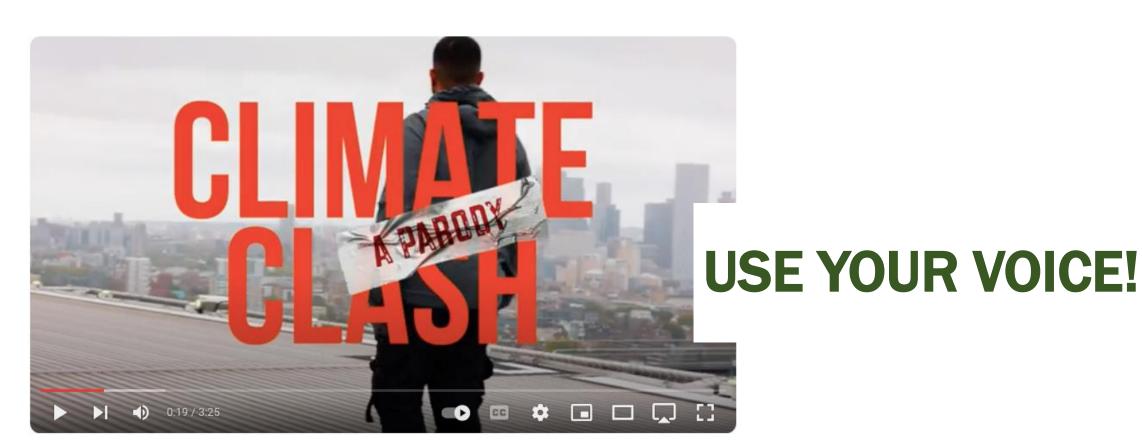


# Staff engagement









Climate Clash - Dental Drillers (Official Music Video)















# Thank you!

z.shehabi@nhs.net























EVALUATION
Your feedback is important to
us

Please take a couple of minutes to complete our evaluation form





https://www.smartsurvey.co.uk/s/NQICAN-Sustainability/















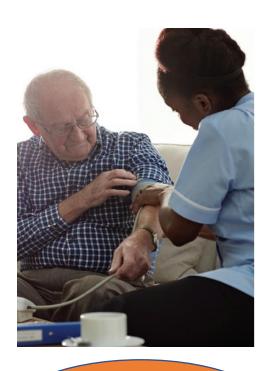


Safely delivering clinically effective care that prevent s avoidable harm



Future proofing health & care – a sustainable model for delivering care





Utilising data to understand unwarranted variation & develop actionable improvements



Involving people with lived experiences – measuring the real impact of improvement



Improvements in population health & how care is delivered – addressing health inequalities & avoidable differences













## Thank you from HQIP

### An ENORMOUS thank you!

### A round-up of all Clinical Audit Awareness Activities...

- Clinical Audit Hero award winners: www.hqip.org.uk/clinical-audit-heroes-awards-2024
- Find out more about all Clinical Audit Awareness Week (event recordings, resources etc):
   www.hqip.org.uk/clinical-audit-awareness-week
- Visit the HQIP website: www.hqip.org.uk
- Audit reports: <u>www.hqip.org.uk/resources/?fwp\_resource\_type=reports</u>
- FREE quality improvement publication: <u>www.hqip.org.uk/magazine</u>
- Sign up to HQIP's mailing list: <u>www.hqip.org.uk/subscribe-form</u>
- You can contact HQIP at <u>communications@hqip.org.uk</u>
- For those on social media, please share your #CAAW24 updates!











Monday 24th June

**Tuesday 25<sup>th</sup> June** 

Wednesday 26th

Thursday 27th June

Friday 28th June 2024

>> Future NHS

**Effectively Utilising Clinical Audit To Prevent Avoidable** 

Harm Thank you to all our Key Speakers, Winners, Highly Community at CAAW2AL

Clinical Audit and Wider Ol Community at CAAW2AL

**Rachel Pool - NHSE** 

Kim Rezel - HQIP

Danny Keenan -**HQIP & Charlotte Richardson - NHSE** 

Sam Riley - NHSE

**Zoe Lord - NHS Horizons** 



https://future.nhs.uk/NQICAN/groupHome









