



HQIP

Healthcare Quality
Improvement Partnership

HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP

IN-FOCUS IMPACT REPORT

2023

**Measuring and improving our
healthcare services**

www.hqip.org.uk

NBOCA measures the quality and outcomes of NHS colorectal cancer care in England and Wales, and so support providers to improve the quality of the care received by patients.

THE NBOCA QI PROGRAMME launched October 2021

Supported by interactive trust results at:

www.nboqa.org.uk/trust-results

Targets set across the whole patient pathway

Providers to select key areas to target local QI initiatives

More details at www.nboqa.org.uk/quality-improvement

QI OBJECTIVES

1. Improve Cancer Outcomes

2. Improve Patient Experience

PATIENT PATHWAY

Diagnosis

Perioperative Care

Oncological Management

Advanced Disease

ANNUAL QI EVENTS AT ACPGBI MEETINGS

EDINBURGH 2022

- Showcase of NBOCA QI Programme
- Round table discussions (non-closure of ileostomy identified as key QI topic)

MANCHESTER 2023

- NBOCA QI Programme
- RCS-NBOCA Ileostomy closure intervention

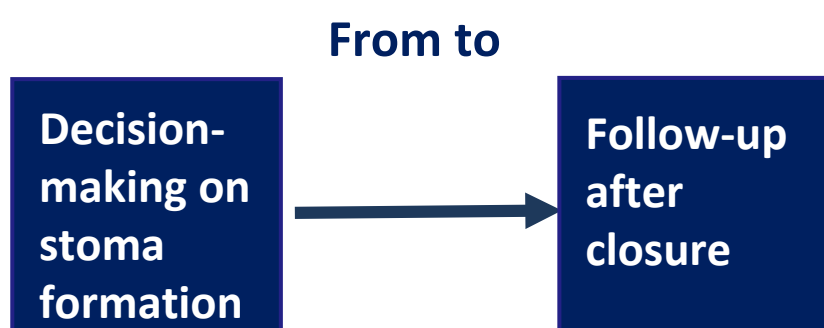


NHSE IMPLEMENTATION OF AUDIT RECOMMENDATIONS

NBOCA is supporting NHS Cancer Programme's initiative which works with Cancer Alliances to reduce treatment variation

RCS-NBOCA ILEOSTOMY CLOSURE INTERVENTION

- Subscription-based QI intervention along the whole patient pathway:



- Launching recruitment in July 2023
- Recruit 20 sites by September 2023
- Official launch of project early 2024



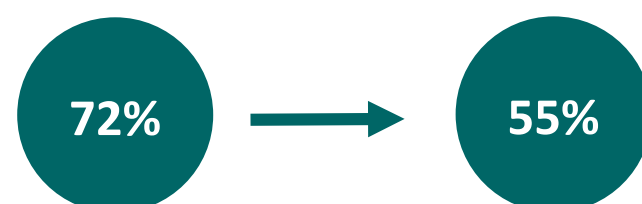
REDUCTION IN TRUSTS MEETING NBOCA QI TARGETS DURING COVID-19 PANDEMIC

% trusts meeting 8+ local QI targets



2019/20 2020/21

Unclosed ileostomy had largest drop in % trusts meeting target (TARGET <35% UNCLOSED):



2019/20

2020/21



What did the FFFAP improvement collaborative involve?

Aims

Improve

- > Patient outcomes as measured by national audit
- > The knowledge and skills of NHS teams to deliver quality improvement (QI)
- > The knowledge and skill to use FFFAP data for QI

Support

- > The development of multidisciplinary QI teams

Reflect

- > Whether a virtual collaborative is a successful QI model for FFFAP by comparing the benefits with costs

The course

- > Three half-day virtual learning sessions
- > Coaches supporting teams in between learning sessions to progress the project within their organisation; teams were provided with coaching calls to help guide them and develop their own improvement capabilities.
- > Finished with an improvement showcase, where teams presented their projects and results so far.

Resources

- > Audit-specific tailored workbooks to support teams through essential steps of the collaborative journey.
- > Coach the coaches: expert guide



Impact on FFFAP patient and carer representatives

Five Patient and Carer Panel (PCP) members joined the FFFAP improvement advisory group, contributing to:

- > collaborative content, including the service improvement workbooks
- > reviewing resources
- > attending the learning sessions/ showcase.

This is a powerful demonstration of how the FFFAP team has integrated patients and carers with lived experience into the delivery of FFFAP improvement work.

“

It was meaningful involvement – being involved directly with teams who are seeking to improve

patient care and patient experience. Nothing beats it for me. That’s what drives me in being a member of the panel.’

– Lynne Quinney,
FFFAP patient and carer representative



Impact on participating teams

As part of the final showcase, participating teams were asked to provide an update on how they performed against their original aim. Seven of the teams saw an improvement against their original aim; many saw small changes that prompted them to undertake further work, while two identified additional work that needed completing. We hope to follow up with these over the next 6 months to find out if they were able to see an improvement.

Confidence

Confidence levels were assessed across key areas relating to implementing an improvement project at the beginning of the collaborative and at the end. Results showed confidence in nearly all areas improved. Areas with the highest increase in confidence were:

- > using online FFFAP data (25% to 100%)
- > how to sustain improvement (33% to 82%)
- > understanding service gaps (56% to 100%).

Importance of patient involvement

In response to the FFFAP team’s emphasis on patient and carer involvement, participating teams set up their own patient groups to help inform their improvement projects. For example, one team established a group of five patients, who recommended that a specialist nurse would be the best person to conduct follow-up calls in relation to their aim of improving patient’s return to original residence within 120 days after hip fracture surgery.

This recommendation was a ‘driving force’ that enabled the team to secure a nursing post to deliver the follow-up service – and ultimately contributed to more patients returning home in the time frame and increased patient satisfaction.

Importance of education

Participating teams reflected that education was important when it came to improving outcomes related to patient safety. For example, one team aimed to improve the measurement of lying / standing blood pressure (a risk factor for inpatient falls) and discovered in a survey that 2/15 staff knew how to perform the measurement. As a result, compliance with lying / standing blood pressure was incorporated into each ward’s safety dashboard and the team plan to review the impact.



Impact on future FFFAP improvement work

The FFFAP team completed an immediate evaluation to identify components that worked well and should be carried forward and components that needed to be revised to achieve full impact. Future FFFAP offerings

will incorporate this learning. For example, collaborative-participating teams expressed the desire to network with other audit-participating teams. The FFFAP team have responded to this feedback by planning ‘exchanges’ – sessions for

services to share feedback, ideas, case studies etc. Furthermore, the workbooks are being reviewed based on the experience of the collaborative and will be launched on the website for sites to use.

NATIONAL: How the project provides evidence of quality and outcomes of care nationally.



Individual [hospital posters](#) developed and published on the NMPA website in Dec 2022. Hospitals are able to generate and download a poster listing their results across all measures compared to the national average.

[Clinical report](#) published in July 2022 looking at English and Welsh 2018/2019 data.

[Bloodstream infections short report](#) published in February.

NMPA website (analytics for the period March 22- Feb 23):

- 8,613 new users
- 70,331 page views
- 82% Great Britain
- 5% USA
- 9% other countries

In November 2022, NMPA clinical fellows presented at the West Midland Obstetric and Gynaecology Trainees Annual Scientific Meeting, one topic was on how data from a national audit can drive QI initiatives. Attendee feedback was positive with plans for this to be repeated around the country in order to improve awareness and knowledge of how to use the NMPA in order to improve outcomes.

Several of the NMPA measures (including low Apgar and perineal tears) have been used within the Maternity Transformation Programme. These data are now available in the National Maternity Dashboard -

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/maternity-services-data-set/maternity-services-dashboard>

NMPA data is provided for the National Clinical Audit Benchmarking (NCAB) online portal – <https://ncab.hqip.org.uk>



Group B Strep Support
@GBSSupport

We were part of the advisory group for the @nmpa_audit's Bloodstream Infections in NHS Maternity and Perinatal Care for Women and their Babies report.

#maternity #infection #audit

13 new followers, 17 retweets, 43 likes



Silvia Alòs
@SilviaMidwife

Such an inspiring presentation to listen to today at @TheConf_TCD on the #InternationalWomansDay

Maternity services are better thanks to your hard work @nmpa_audit



The UK Sepsis Trust
@UKSepsisTrust

We were part of the advisory group for a Bloodstream Infections in NHS Maternity and Perinatal Care for Women and their Babies report.

Linking maternity and baby/neonatal data together with infection data is vital to explore how bloodstream infections affect mothers and babies.



Ursula Nagle @PerinatalMW · 8 Mar

Replying to @nmpa_audit @TheConf_TCD and 5 others

Looking forward to the upcoming #perinatal report @TheConf_TCD

[NICE guidance](#) recommends that people undergoing curative surgery for oesophago-gastric (OG) cancer should be offered:

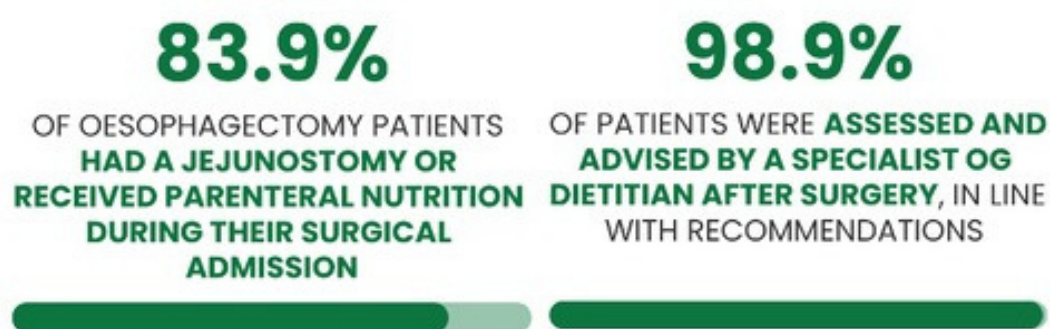
- Nutritional assessment and tailored specialist dietetic support before, during and after surgery.
- Immediate enteral or parenteral nutrition after surgery for oesophageal or gastro-oesophageal junctional cancers.

In 2019, NOGCA added new items to its dataset to capture patterns of nutrition support for patients with OG cancer.

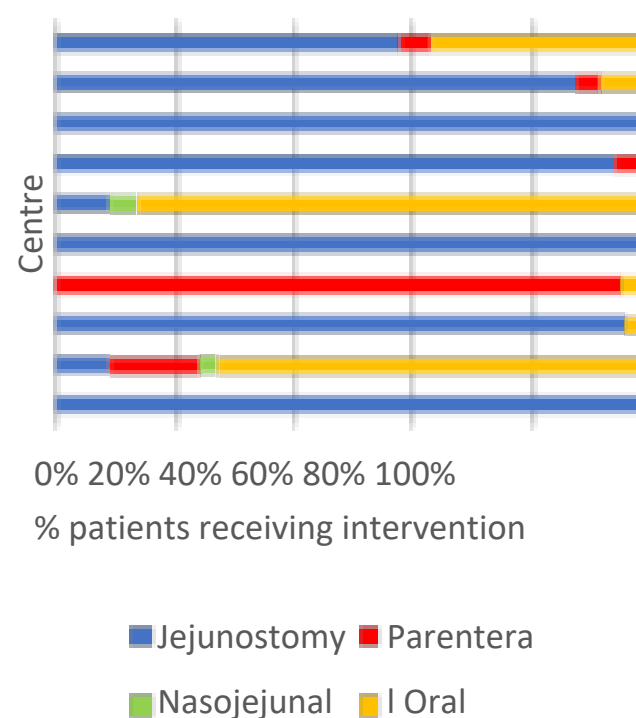


Information about postoperative nutrition was available for 617 patients who had curative surgery for OG cancer diagnosed April 2019-March 2020, across 10 (of 30) specialist surgical centres.

[The audit showed](#) that in the 10 centres, practice was in line with NICE recommendations:



REGIONAL VARIATION IN PERIOPERATIVE NUTRITIONAL MANAGEMENT STRATEGIES (OESOPHAGECTOMY)



However, as only 10 centres with high levels of data completeness were included in this analysis it is possible that centres with good nutritional practices are over-represented.

The audit findings were presented at the [AUGIS 2022 Annual Scientific Meeting](#) in Aberdeen in September 2022. NOGCA also hosted a quality improvement workshop on the topic of postoperative nutritional management. The workshop identified that:

- There is wide variation in practice, reflecting a lack of evidence on the role of specific nutritional management strategies in improving surgical outcomes. For example:
 - One NHS trust keeps patients on a jejunostomy during adjuvant treatment after oesophagectomy, as they have observed that recovery of weight loss is faster for these patients.
 - Another trust has moved from routine placement of jejunostomy to selective placement of jejunostomy and nasojejunal tubes, but there are associated challenges such as blockage or displacement of tubes.
 - In another trust, almost all patients receive total parenteral nutrition as standard, to eliminate the risks associated with jejunostomy and prolonged jejunal feeding.
- There is a need for more data on the long term outcomes of different approaches to nutritional support.

[AUGIS](#) is currently undertaking a quality improvement project on this topic.



Healthcare Quality Improvement Partnership

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