University Hospitals Bristol and Weston NHS Foundation Trust

Delivering Clinical Leadership Excellence to Improve Outcomes

Mr Scott Deacon

Healthcare Quality Improvement Partnership Audit Hero Award “Clinical Practitioner of the Year” 2019

Clinical Director Outpatients

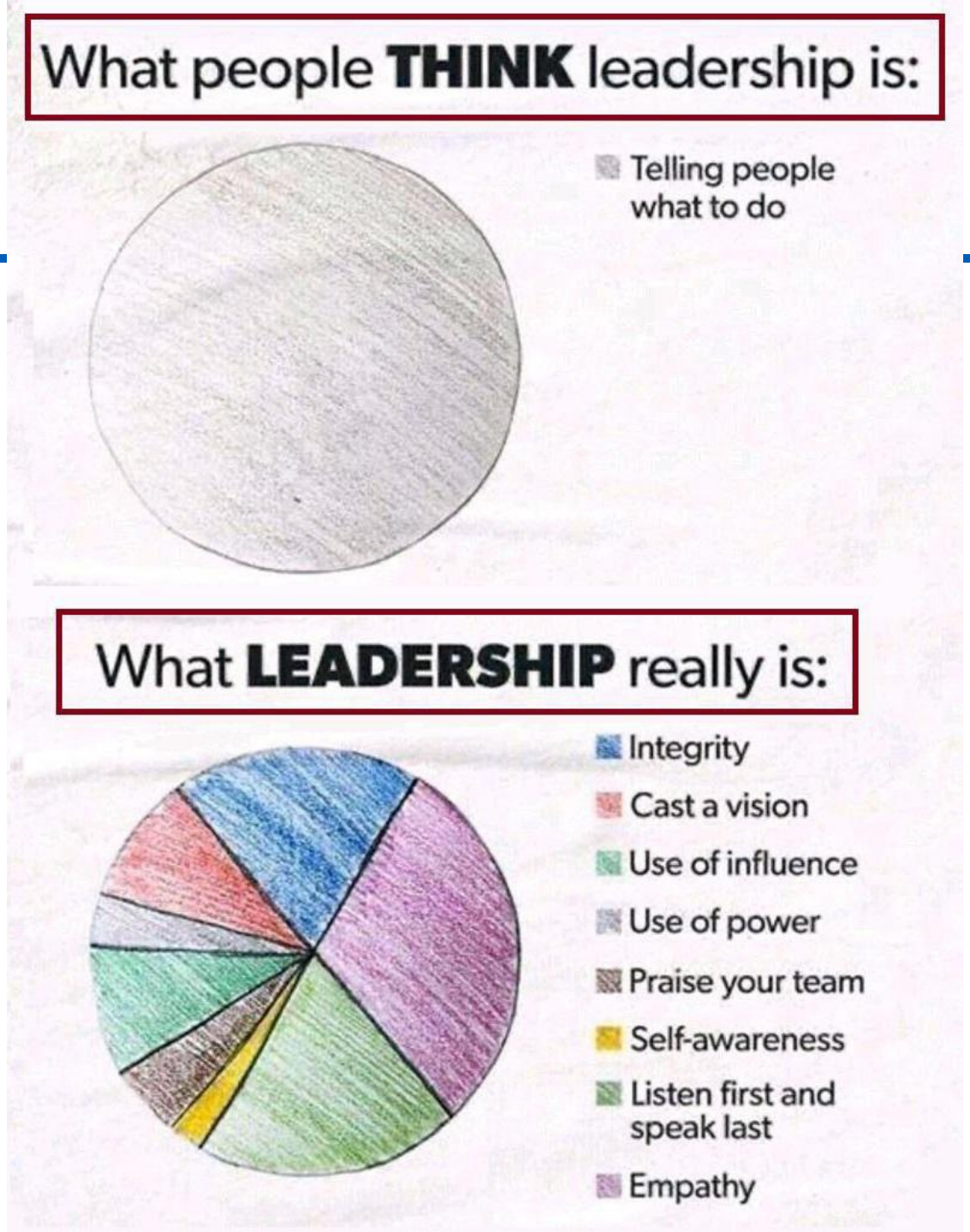
Clinical Lead OPAT

Clinical Director Bristol Dental Hospital

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

PRIDE

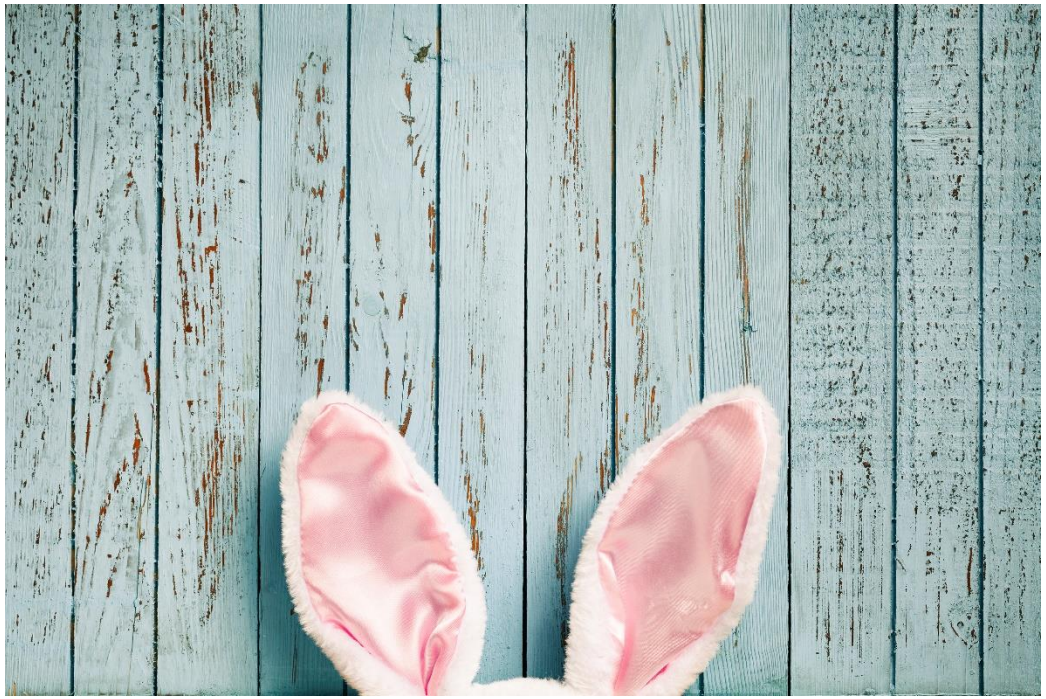
Inspected and rated Outstanding ☆ CareQuality Commission



- Listen first
- Keep vision simple

Inspected and rated
Outstanding
CareQuality Commission

Listening

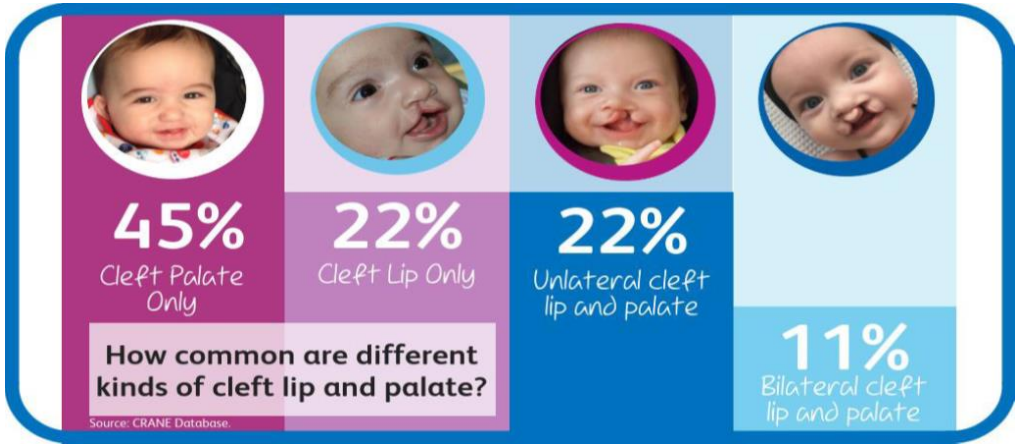


Development CRANE Database

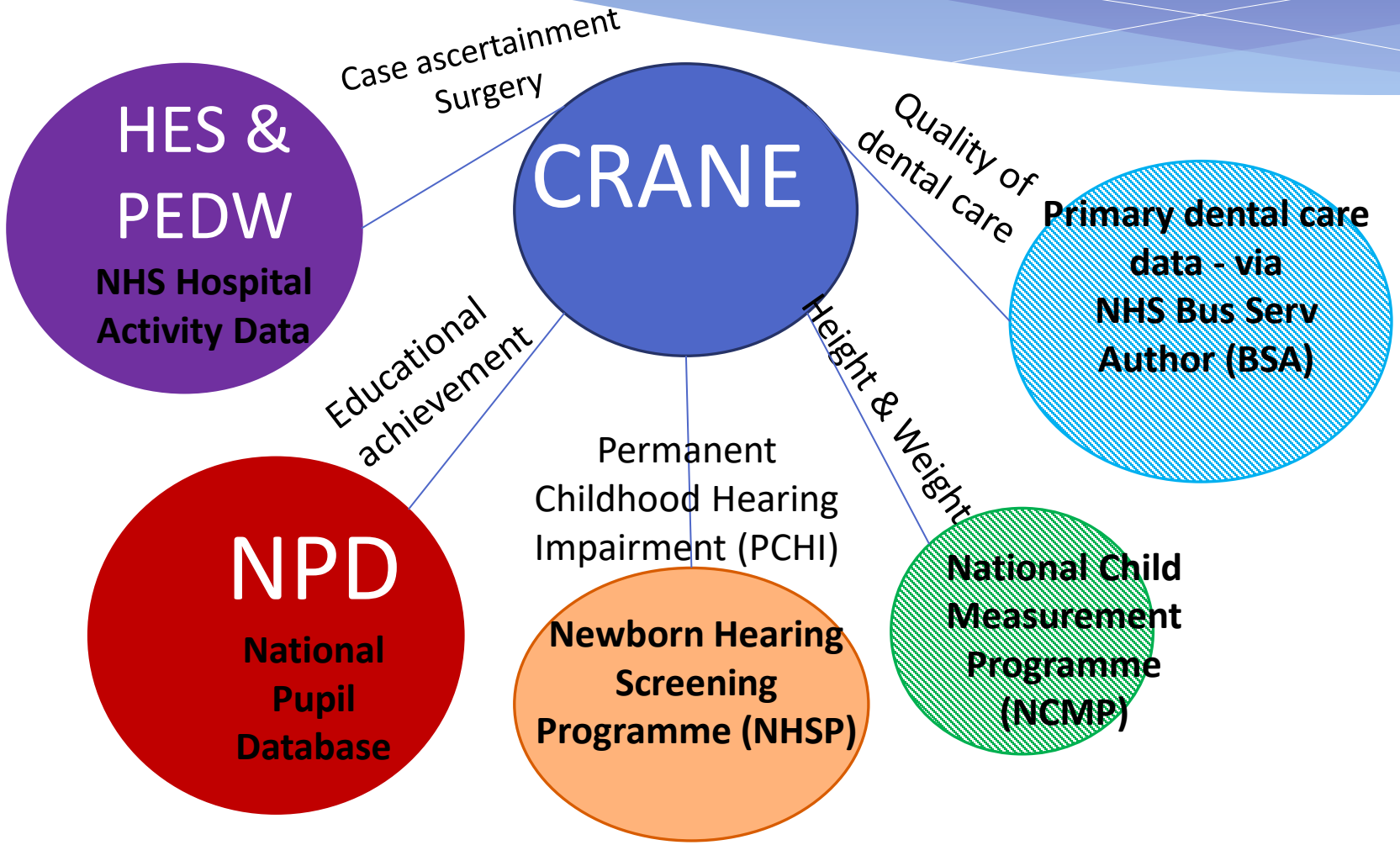
- **CR**aniofacial **AN**omali**E**s register 2000 onwards
  - NHS manager led
  - Birth data only for babies with cleft lip and/or palate
- Royal College of Surgeons, Clinical Effectiveness Unit 2005
  - Clinicians involved
  - Audit remit added
  - Met with stakeholders 2008/09
  - Narrower focus 2009/10
    1. Register births
    2. Audit key outcomes
  - >19000 children registered

REGIONAL CLEFT ADMINISTRATIVE CENTRE / MCN	UNIT
Northern & Yorkshire	Newcastle Leeds
North West	Liverpool Manchester
Trent	Nottingham
West Midlands	Birmingham
East	Cambridge
North Thames	Gt Ormond St Chelmsford
Spires	Oxford Salisbury
South Wales / South West MCN	Swansea Bristol
South Thames	Guy's
Northern Ireland	Belfast

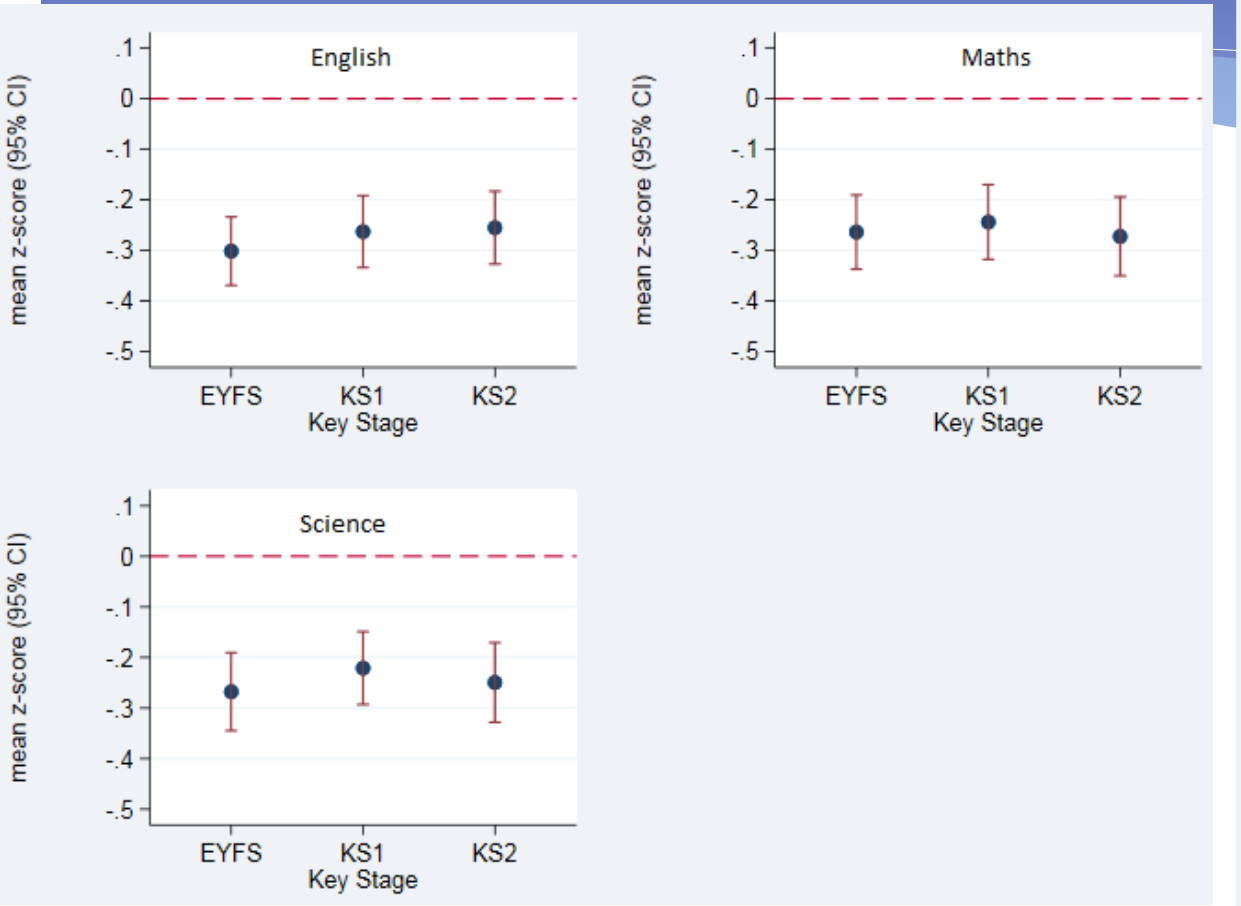
Dots represent Administrative Units

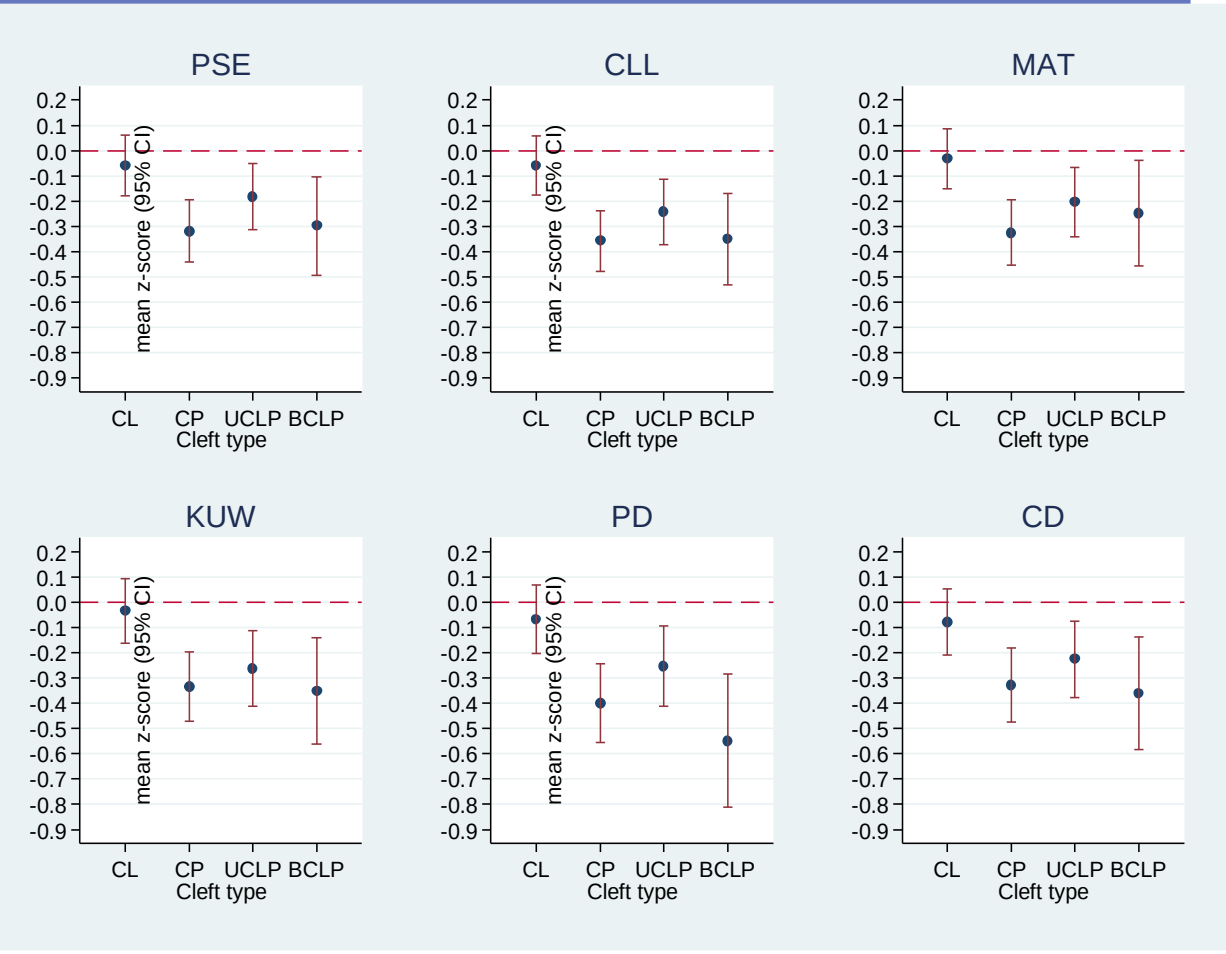


National data linkage strategy

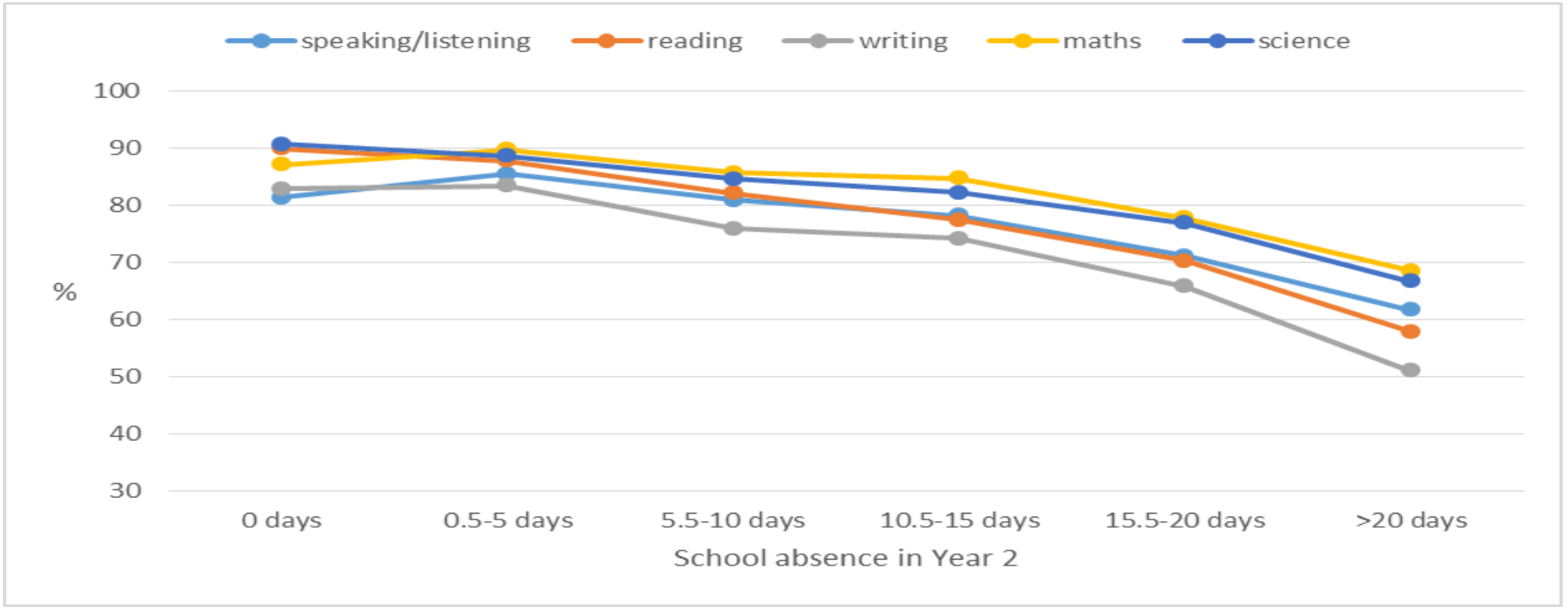


Linked data - Academic achievement





Absence affect academic achievement



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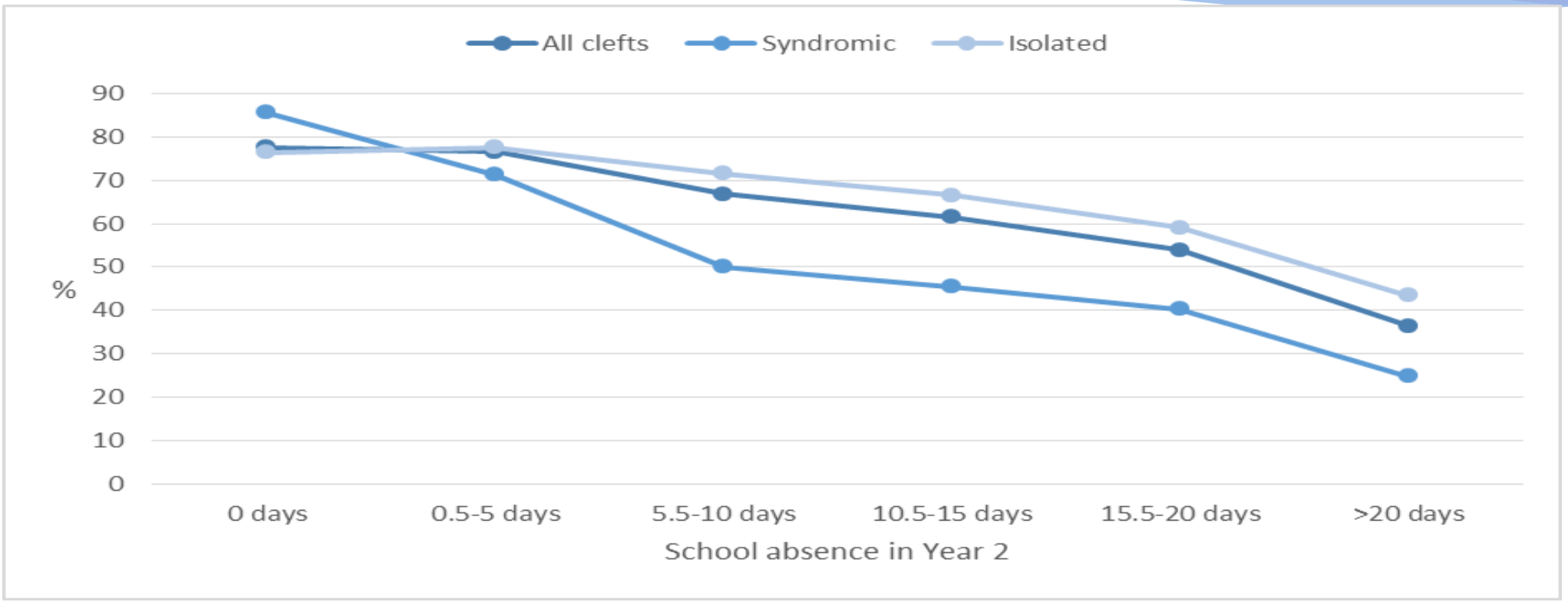
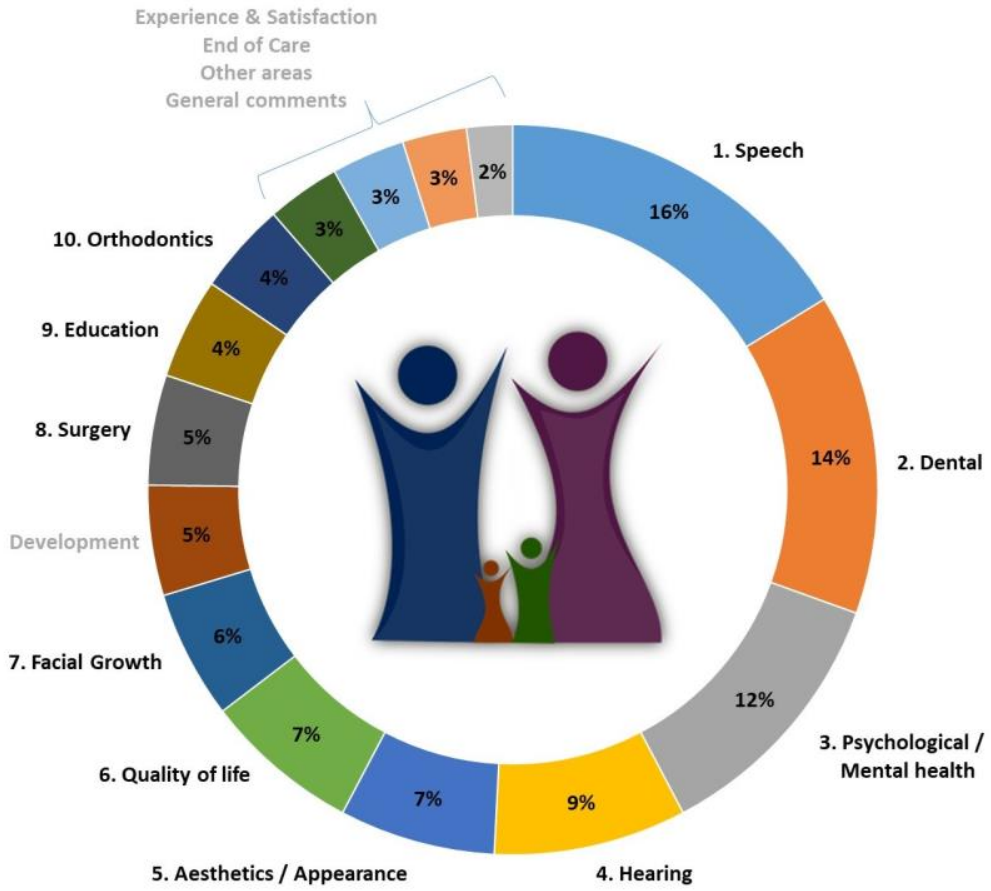


National Delphi results

Figure 1. Areas, 1 to 10, identified in Round 1 for further consultation



National impact of data

- TV
  - BBC news
  - Sky news
- Radio
  - Today
  - BBC
- Parliamentary question Nick Smith MP of Andrew Lansley

Mandy Temple's son Aaron's health problems were not diagnosed until age 6

A quarter of cleft palates undiagnosed in new babies

Martin Barrow Health Editor

Hundreds of babies with a cleft palate have their condition missed at birth, according to a report published today.

More than a quarter of babies born with a cleft that affects the roof of the mouth are not having it diagnosed for several days, and in some cases weeks, the report said.

National standards state that clefts, which can affect a baby's ability to take nourishment, should be diagnosed within 24 hours of birth to enable immediate referral to a specialist hospital.

But research by the Royal College of Surgeons found wide variations in the standard of care in different parts of the country, and called for an urgent review of procedures. Only 42 per cent of cleft palates were identified within 24 hours of birth in the North Thames area, whereas more than 94 per cent were identified at birth in Oxford.

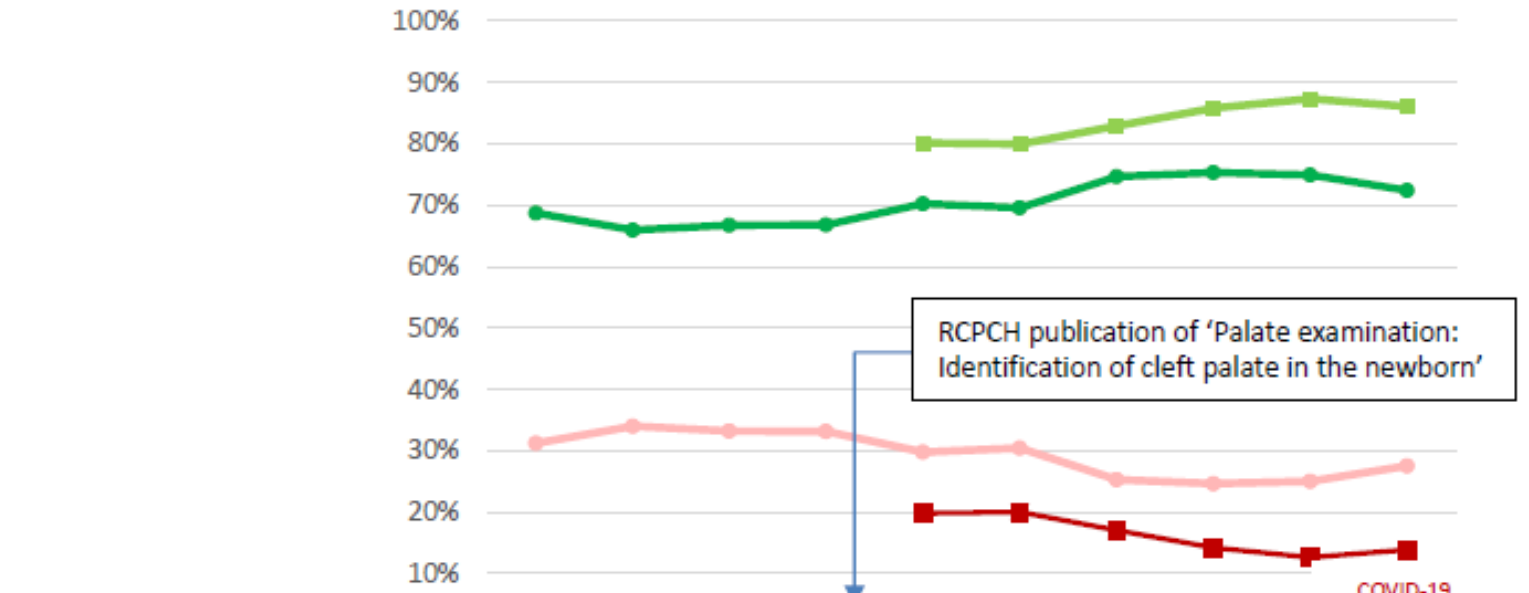
Rana Slator, clinical director of West Midlands Regional Centre for Cleft Lip & Palate, said: "A cleft has wide-ranging implications for a child's health, and is certainly not just an aesthetic condition. All babies with a cleft will need surgical treatment once they are old enough, but prior to this the newborn and their family will require guidance and help with feeding. Early diagnosis really is imperative." Craniofacial abnormalities such as a cleft lip or palate affect more than 1,000 babies in the UK each year.

Aaron Temple was six years old before his condition was discovered by doctors. His mother, Mandy, who lives in Cowdenbeath, Fife, said that from the moment he was born feeding was a struggle. Milk spilt from his nose and would cause a blockage, which affected his breathing. It was only when he was having trouble with his speech that his condition was diagnosed.

"All this anxiety and distress would have been avoided if the hospital had carried out a basic check when Aaron was born," Mrs Temple said.

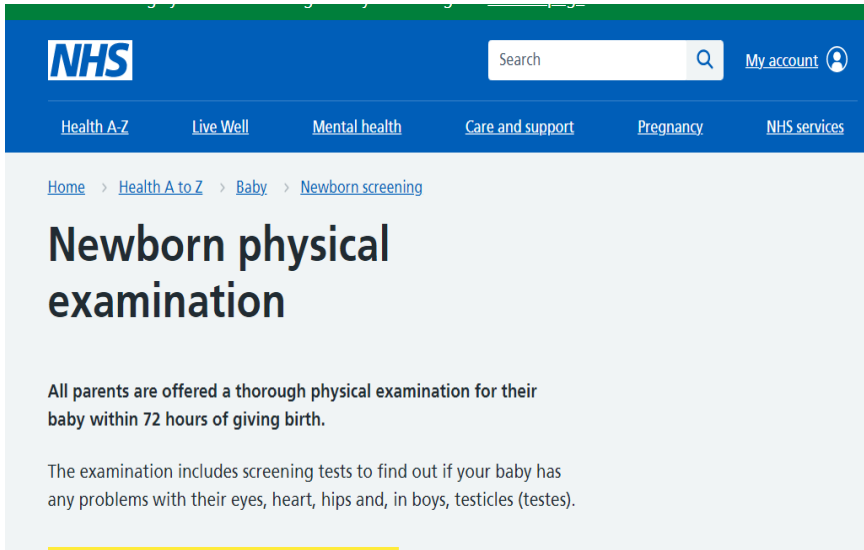
Impact over time

Figure 3.6. Rates of timely diagnosis (antenatal and within 24 hours of birth), as well as diagnoses within 72 hours of birth, among CRANE-registered children with CP, by birth year.



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Diagnosed within 24hrs of birth	69%	66%	67%	67%	70%	70%	75%	75%	75%	72%
Diagnosed after 24hrs of birth	31%	34%	33%	33%	30%	30%	25%	25%	25%	28%
Total (N)	432	476	475	437	413	404	422	401	363	330
Diagnosed within 72hrs of birth					80%	80%	83%	86%	87%	86%
Diagnosed after 72hrs of birth					20%	20%	17%	14%	13%	14%

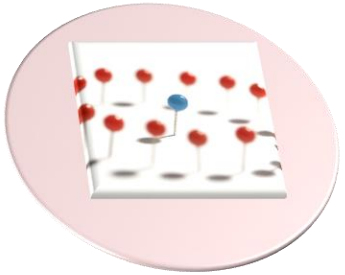
Note: Children missing diagnosis time are excluded.



Reflections

LISTEN TO "GUT"

TRY AND ENGAGE AS MANY STAKEHOLDERS AS POSSIBLE

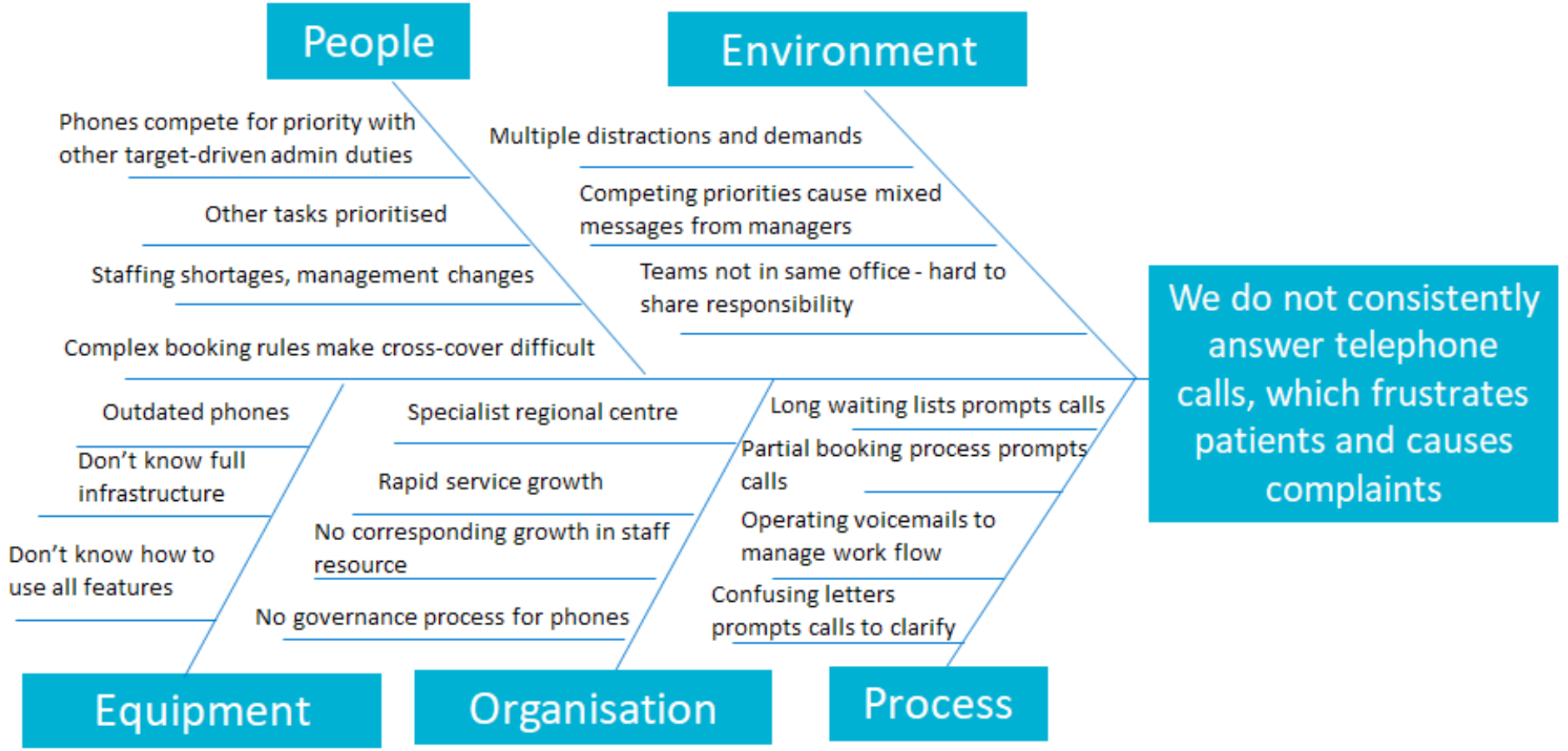


BE PREPARED TO BE CHALLENGED

TakePhonership

- Longstanding issue
- Lots of informal complaints
- Problems with answerphones
- Lack of senior or clinical engagement
- Us and them attitude

The problem


People
Environment
Phones compete for priority with other target-driven admin duties
Other tasks prioritised
Staffing shortages, management changes
Complex booking rules make cross-cover difficult
Multiple distractions and demands
Competing priorities cause mixed messages from managers
Teams not in same office - hard to share responsibility
We do not consistently answer telephone calls, which frustrates patients and causes complaints
Outdated phones
Don't know full infrastructure
Don't know how to use all features
Specialist regional centre
Rapid service growth
No corresponding growth in staff resource
No governance process for phones
Long waiting lists prompts calls
Partial booking process prompts calls
Operating voicemails to manage work flow
Confusing letters prompts calls to clarify
Equipment
Organisation
Process

Comms

"We've made improvements by sharing the problem together, and coming up with ideas. We haven't done anything magic. Sometimes the idea is so simple, we wonder why we didn't do it in the first place. There are some things that are harder to fix, but if we can get the basic things right by solving things as a team, we're in a much better position to address the rest."

Mr Scott Deacon

Clinical director for South West Cleft Service & lead consultant orthodontist

Comms

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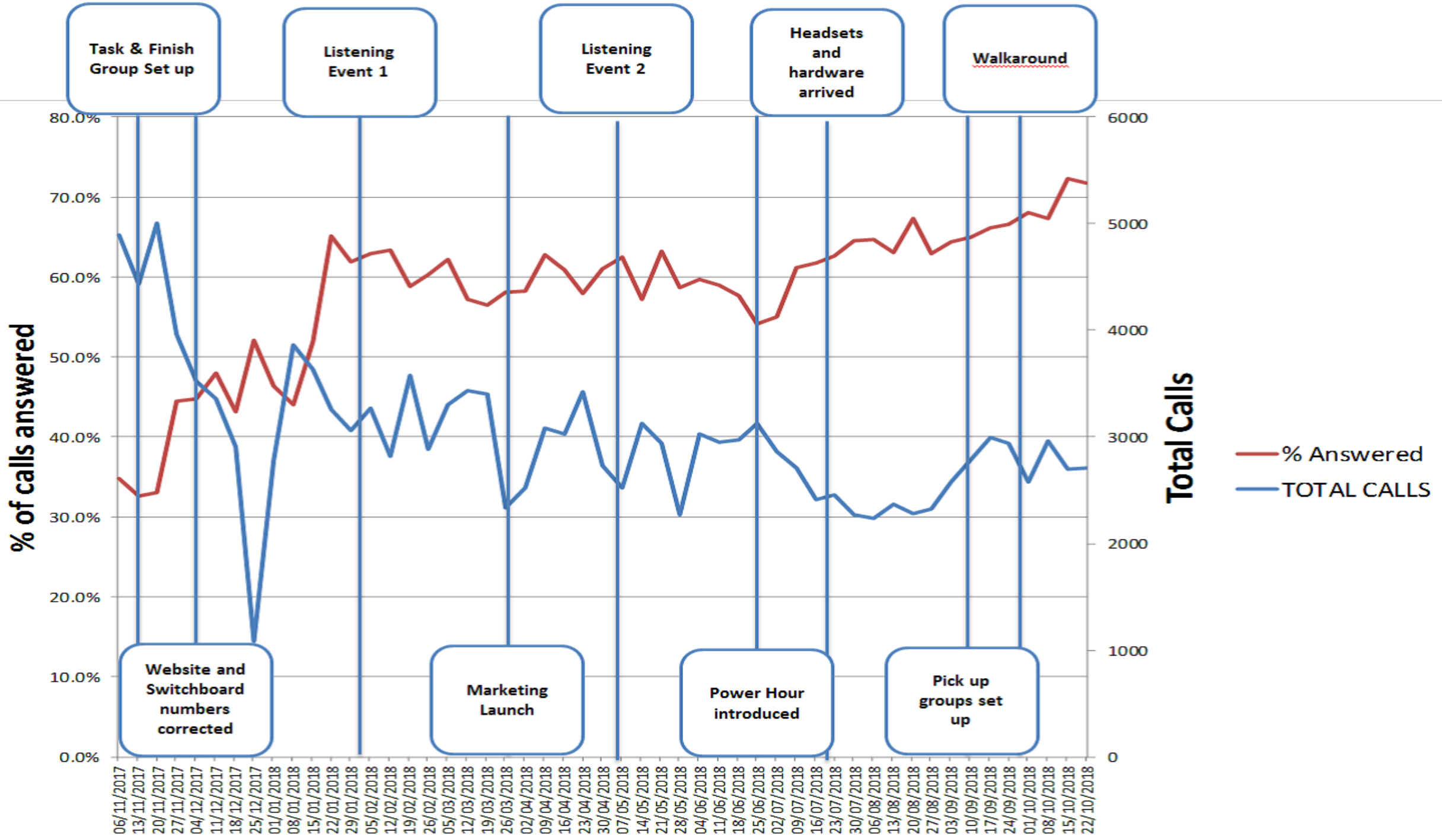
Task & Finish Group Set up
Listening Event 1
Listening Event 2
Headsets and hardware arrived
Walkaround
Website and Switchboard numbers corrected
Marketing Launch
Power Hour introduced
Pick up groups set up
% of calls answered
Total Calls
% Answered
TOTAL CALLS
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
6000
5000
4000
3000
2000
1000
0
06/11/2017
13/11/2017
20/11/2017
27/11/2017
04/12/2017
11/12/2017
18/12/2017
25/12/2017
01/01/2018
08/01/2018
15/01/2018
22/01/2018
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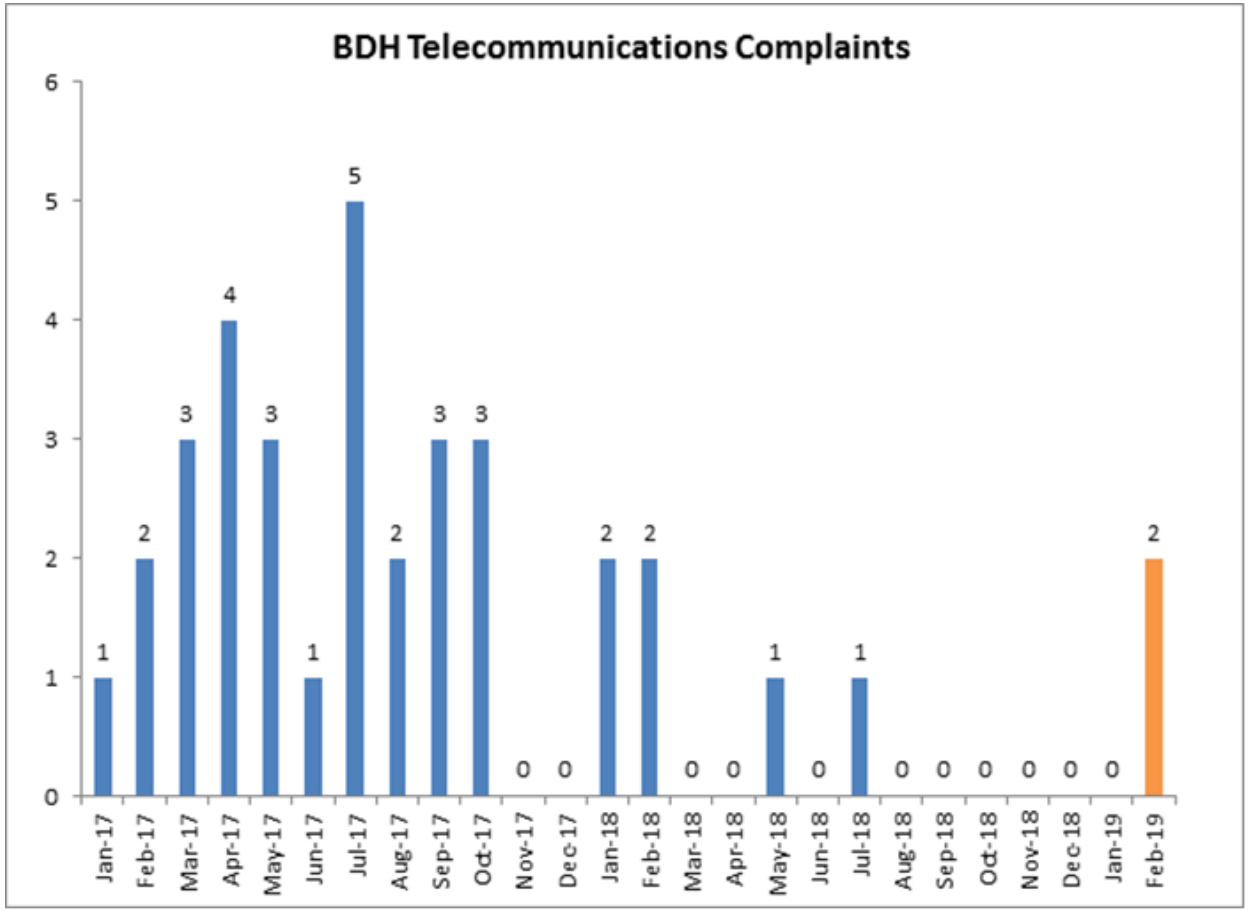
16/07/2018
23/07/2018
30/07/2018
06/08/2018
13/08/2018
20/08/2018
27/08/2018
03/09/2018
10/09/2018
17/09/2018
24/09/2018
01/10/2018
08/10/2018
15/10/2018
22/10/2018

- April 2022 data
- 3500 calls per week
- 91% answered

Complaints

University Hospitals Bristol and Weston NHS Foundation Trust

- Complaints across Trust
  - 32% fall overall
- 67% in 14 active teams



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Staff feedback

- 30% reduction in talk time – improving working life
- Reduction in time managing voicemails
- Empowered teams who cross covered more reliably

- Highlighted capacity problem areas
- Stress balancing answering phone versus target driven duties

Reflections

- Visible leadership
- Listening approach
- Joint working Clinical staff and Management
- Clear communication
- Honesty about problems and issues faced

Leadership suggestions

- Listen to stakeholders
- Try to keep vision and comms simple
- Ask the right questions
- Use staff and the ideas they have
- Be honest about what is working and what is not