



May 2021

We have all been on a very difficult journey over the past year, it has impacted many of us in many ways and tested our healthcare system to its limit. We have seen changes made often at pace which previously would have seemed impossible. Innovation has emerged to meet the challenges faced during the crisis and these creative solutions have come from you, which I thank you for.

We continue to build the QI community at EEAST, cohort 4 has started for the QSIR V programme, with over 40 staff we look forward to hearing ideas and projects and how we can support you with QI tools to bring these to reality. For more information on future courses or to contact the team with an idea or project please e-mail QI@eastamb.nhs.uk

We have recently completed our year 2 review of the QI strategy, reflection on previous year was insightful and has helped us focus our priorities for the year ahead. We will be working closely with all key stakeholders and colleagues from the PMO team to align our focus and workstreams.

We look forward to meeting as many of you as we can when we start our QI cafes which will be coming to station near you in coming months, please keep an eye out for the flyers. At the QI cafes again you have an opportunity to meet the team, talk through QI at EEAST, present ideas and let us know



how you are getting on with projects you may be involved in. We want to continue our core principles of staff participation and involvement and to use QI tools to support creative solutions, test and embed in a sustainable way.

Thank you for all your ideas and thoughts that have been shared with the QI team and continued support for each other.

Lewis Andrews

Head of Quality Improvement and Professional Standards.



*Quality Improvement ideas from everyone,
for everyone!*

*Innovative Idea? Improvement suggestion?
Quality Improvement thoughts?*



Email them to
QI@eastamb.nhs.uk

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Do you have any Qi thoughts, suggestions or ideas? Would you like to know more about Qi in EEAST?

Get support to develop innovation

Help to continue to improve our service

Come and meet Qi team between 10am and 12pm at

- 6th July 2021 Hemel Hempstead
- 22nd July 2021 Southend-on-Sea
- 9th August 2021 Ipswich
- 17th August 2021 Bedford AOC
- 8th September 2021 Harlow
- 16th September 2021 Colchester
- 12th October 2021 Chelmsford AOC
- 26th October 2021 Huntingdon
- 4th November 2021 Stevenage
- 11th November 2021 Bury
- 6th December 2021 Newmarket Training
- 13th December 2021 Kings Lynn
- 14th January 2022 Waveney
- 24th January 2022 Peterborough
- 1st February 2022 Norwich AOC
- 24th February 2022 Cambridge
- 3rd March 2022 Luton
- 21st March 2022 HQ

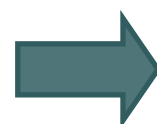
Terry Hicks (Head of Operations for Norfolk & Waveney) – QSIR Practitioner and Carl Smith QSIR Associate attended a Norfolk & Waveney system-wide working group that is looking to develop a common understanding of how Qi is applied across a number of different organisations.

This is looking at current readiness across the system, programmes completed within each partner organisation, how we can work together on joint projects, and how we can begin to learn from each other with programmes and projects working within a Qi methodology.

It was commented that whilst there is work to do with embedding Qi across the trust, EEAST are progressing well with developing an internal network of support and practitioners. Partner organisations are happy to work with EEAST on collaborative projects where practicable.



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Bespoke, handmade cuddle pockets are now being used across EEAST to transport pre-term stillborn babies to hospital with compassion and sensitivity.

The knitted pockets are designed for babies who are less than 24 weeks, who are placed inside and the ribbons tied together. The baby's parents are then encouraged to hold their baby during the journey. You can find out more by [downloading a special podcast](#) explaining the cuddle pocket story.

EEAST was one of the first ambulance services in the country to begin using the pockets when they were launched by the patient safety team in December. Since then, they've attracted positive feedback from crews, with one staff member saying: "The cuddle pockets will go a long way in helping make this experience less traumatising for patients as well as crews." A second added: "It made a huge difference, especially for the mum who had something unique for her baby to rest in on the way to hospital. Cuddle pockets give us a dignified way to transport babies who are born too early."

The pockets have been donated by non-profit organisation Cuddles UK. Each is unique and has been handmade by volunteer knitters who are coordinated by Cuddles UK using Facebook. The initiative has been introduced following feedback from patients and crews, and aims to make sure bereaved parents and their babies are treated with the highest levels of dignity.

Daimon Wheddon, clinical lead, worked closely with Denise Kendall, safety advisor, on the project. He said: "We know just how difficult the loss of a baby can be for both the parents and for the crews who attend, and wanted to do what we could to make the journey to hospital less distressing for everyone. "Thankfully, cuddle pockets will not be needed very often. But when they are, they can make such a difference for the patient and our crews. "We are

very grateful to Cuddles UK for supporting us, and to the members of our staff who given up their time to knit these unique pockets."

Wendy Matthews OBE, regional chief midwife, said: "Treating any pregnancy loss in a dignified and compassionate way is so vital to improving the experience of families when they suffer a tragedy. "The cuddle pockets also allow the ambulance crew dealing with these situations to give care in a sensitive way. For parents, knowing that their babies are being treated with the upmost respect is so important."

The pockets are available on all 700 of EEAST's DSAs and LOM vehicles. They are stored within a sealed plastic wallet, along with an [information leaflet](#) with tips on managing bereavement, and can be found in the same place on a DSA as the maternity pack and the maternity action card.

Once used, crews should request a replacement from their LOM and note the CAD number. LOMs can reorder from the supply catalogue (U999 cuddle pocket). Please check that you have a cuddle pocket on your DSA and contact your LOM if it is missing

To download a leaflet giving advice on sensitive and effective communication from the Stillbirth and Neonatal Death Charity (SANDS), please click [here](#).



Anyone who has any questions about the cuddle pockets and the leaflet should email patientsafety@eastamb.nhs.uk quoting the CAD



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Quality Improvement Newsletter

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QSIR V Courses

QSIR Virtual courses have been running throughout the last few months, and 100's of staff have already successfully completed the NHS Improvement backed course, that will help them develop the improvement projects that they are involved in!



The QI team have worked closely with NHSI to introduce this virtual modular course which is being delivered through Microsoft Teams and consists of eight one hour online modules with planned online QI Cafes, where the faculty join, review the session delivered and consolidate the learning before progressing to the next module. This will not replace the already developed QI

Fundamentals and QI Practitioner courses but will sit between the two courses with regards to levels.

We hope to start the Gold, 5 day courses shortly, but we will be limited due to the COVID restrictions put in place. We will advertise all of the upcoming course through the normal channels.

**KEEP AN EYE ON NTK
FOR FURTHER COURSES
COMING SOON!**

Need to know
For #TeamEEAST



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VACANCIES

The Qi Team are currently looking for additional team members!

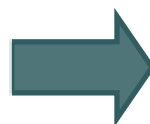
If you have a passion and desire to work within change management and striving to improve patient safety, then you may want to consider joining this small dynamic team, that works across the entire EEAST region.

Have a look at the [advert](#) to become a Quality Improvement and Professional standards Officer, which closes 16th May 2021.

The Qi team are also looking for an [administrator](#) to cover maternity leave for up to 12 months, have a look and come and get some experience of working within quality improvement!



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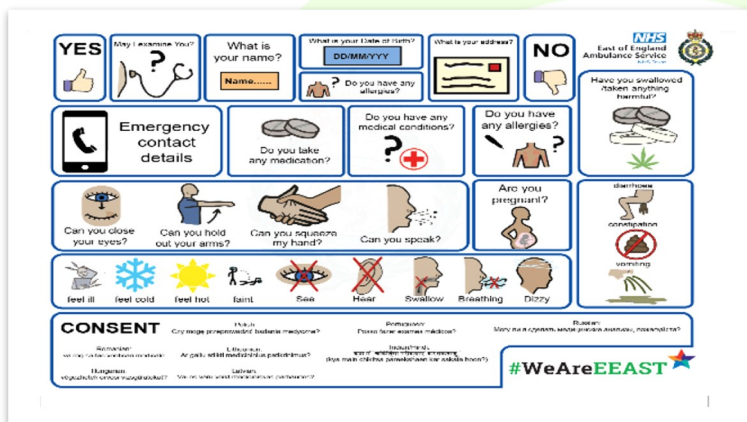


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The Communication board is finally here... a 3-month trial is going to take place.

It is for everyone, but, particularly for those with dementia, learning difficulties, stroke, facial injuries, anxious children or language barriers. There have been two incidents of late where communication difficulties as resulted in patient harm.



After 10 years working with people with disabilities in a past career, to me, it was clear we have been failing those with communication barriers. I have spent nearly 2 years with all my heart to try and rectify this.

The boards will be attached to the ambulance wall for ease of access using a magnetic-type board, it is 2 sided and made of antimicrobial and hospital approved material. They can be wiped down with Clinell wipes. The idea being there is no need to go fumbling in draws for booklets, flash cards bursting from pockets or relying on using personal phones that then are at risk of being contaminated with blood or vomit.

Risk assessments have been completed so it will be placed near the attendant's chair, it will not require the removal of seat belts to access it, the weight

meets safety standards and health and safety have approved its use.

It has been designed so the universal symbols can aid as many people as is possible. A YES and NO at the upper corners allows eye pointing, hold the board in front of the staff members face, just under your eyes, ask the patient a question and ask them to look at their answer and hold their stare on yes or no, if this is required.

You can use the board to suit the needs of your patient. You may have a person on a scoop following a RTC with facial injuries unable to talk, they can use their hand to point at the figure on the board to show the area of pain then point to show you the type and level of pain on the scale.

There is a list of consent for treatments for different languages, these were found on a freedom of information request based on most common calls to language line in East. You may want to find out someone's nationality, you may need to know if they are pregnant; but they do not speak English, the symbols and board can help with this.

If there is a more complicated language barrier, you may ask the patient to write their concern/ question on the centre wipe board then you can use that information, you may wish to search on your own phone or tablet avoiding cross contamination. There is ATMIST if you what this at hand.

Please provide feedback if you use one it will need to be evidenced if we want to keep them. And any bright ideas greatly appreciated as amendments are easily changed for future boards. Feedback sheets will be with the communication boards.

Or alternatively you can email
emma.allsop@eastamb.nhs.uk



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Projects Completed

Cuddle pockets - Compassionate conveyance of still born babies.

Wooley Hats - To assist in warming our elderly or those that have experienced a long lie.

AMBER incident investigation process (AMBI) - a middle tier of investigation to cover those incidents that don't quite meet the Serious Incident (SI) threshold.

Videos for patients - A video in response to the number of patients we are coming across who are unsure what to do when they have a high temperature or don't know that their signs and symptoms may mean that they have a high temperature.

Maternity Action Cards - Successfully introduced into maternity packs to aid decision making.

Single use Headblocks - IP&C compliant headblocks.

Pelvic Binders - Cost effective single use pelvic binders.

Governance Inspection Visits - PAS and VAS assurance inspection visits.



On-going Projects

ECG electrodes - Another pilot is due to commence in Stevenage and Hemel.

Vacuum Splints - We are in the early stages of exploring the possibility of replacing our rigid box splints with a set of three sized limb splints for each vehicle. Awaiting feedback from various departments.

Patient Issue Blankets - Ongoing pilot in Norfolk and Beds.

Fingertip Pulse Oximeter - Evaluation complete. The Viamed MD300 performed very well in the pre-hospital environment, proved to be robust, reliable and comparative to Corpuls pulse oximetry.

Vomit Bags - Very well received by staff but limited results returned from a local pilot due to infrequency of vomiting patients at time of pilot.

Communication board - A multi-use, vehicle based communication board will soon be trialled to evaluate its use.

Stork awards - Original concept was to award AOC staff for their efforts during the birth of a baby over the phone. But now also adapted for road staff.

Return to work package - A return to work after more than 3 months off package for operational clinical staff.

Burns Action Card - A comprehensive burns action card to be included in burns packs to aid decision making around treatment.

Releasing time to care - A package to enable clinicians to be most responsive to patients.



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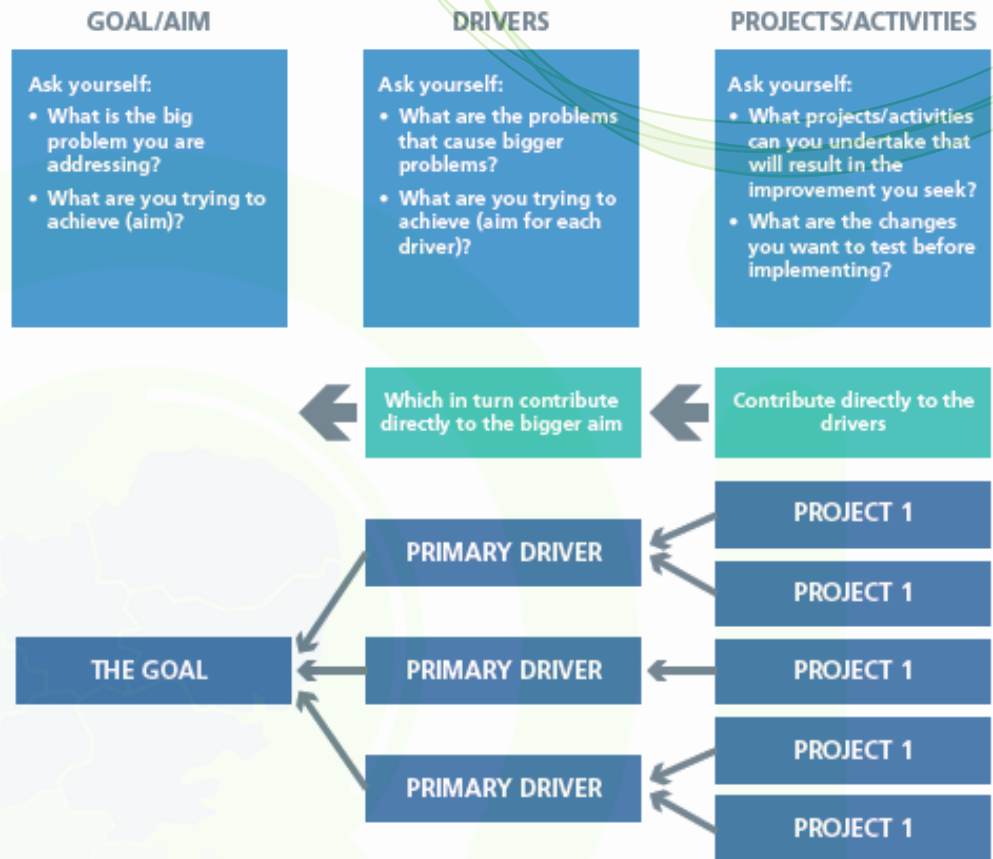
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BITESIZE Qi

There are many different tools within QI that can be utilised at various points along the journey from conception to implementation and then in supporting sustainability. Two important and well used tools which enable you to define your aim, plan your improvement project activities and then develop, test and implement changes are driver diagrams and PDSA cycles.

Driver Diagram

A driver diagram is a powerful tool that helps you translate a high level improvement goal into a logical set of goals “drivers” and projects, it illustrates a ‘theory of change’, that can be used to plan improvement project activities. This technique provides a way of systematically laying out aspects of an improvement project so they can be discussed and agreed on collaboratively by the project team. In essence, it is a visual strategy for tackling a complex problem.



Plan DO Study Act (PDSA)

The model for improvement provides a framework for developing, testing and implementing changes leading to improvement. It is based in scientific method and moderates the impulse to take immediate action with the wisdom of careful study.

Using PDSA cycles enables you to test out changes on a small scale, building on the learning from these test cycles in a structured way before wholesale implementation. This gives

stakeholders the opportunity to see if the proposed change will succeed and is a powerful tool for learning from ideas that do and don't work. This way, the process of change is safer and less disruptive for patients and staff.

Key questions

1. What are we trying to accomplish? (The aims statement).
2. How will we know if the change is an improvement? What measures of success will we use?
3. What changes can we make

that will result in improvement?

