



QUALITY  
IMPROVEMENT  
PROGRAMME

# Toolkit

This Solent NHS Trust Quality Improvement Programme Toolkit provides brief descriptions and instructions on the key tools needed to implement a successful quality improvement project.

It also includes information on the key activities we ask you to participate in to support collaborative work between the teams on the Quality Improvement Programme.

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## The Model for Improvement

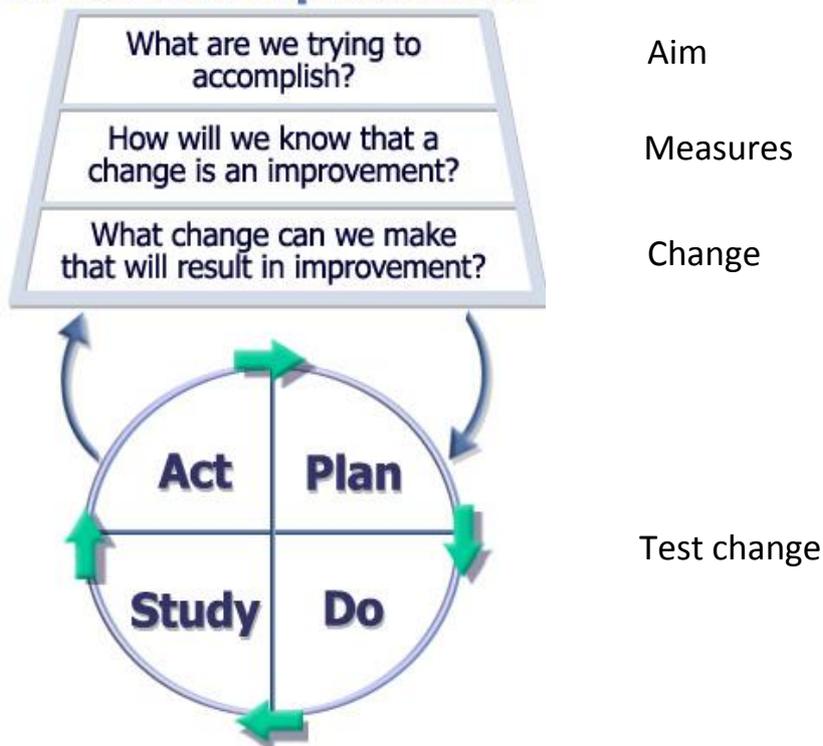
The Model for Improvement is the framework you will be using to guide your improvement projects. The model has two parts as shown in the diagram below.

The first part consists of three questions. You need to answer these questions before you make any changes. Answering them helps you to:

- define your problem and work out what you want to achieve
- work out what data to collect so that you can identify whether or not your change has led to an improvement
- identify what you want to make in order to solve the problem

The second part consists of Plan-Do-Study-Act cycles to quickly and simply test your changes to determine if there is an improvement.

### Model for Improvement



## A3 project plan

An A3 is a useful tool to support your improvement project. The name A3 comes from the A3 paper size. The power of an A3 comes from several key concepts. First, putting all of the project information onto an A3 sized piece of paper ensures the team clearly records only the project information which is truly important to the project objective. Second, the A3 structures thinking around the project and supports project problem solving. Finally, it is a powerful tool for collaboration as it can be used to present the improvement project, report on progress and seek feedback. The table below guides you through the process of completing a visual and concise A3.

Template question	Summary
<p><b>Understanding your problem</b></p>	<p><b>Fixing your problem</b></p>
<p><i>Background</i></p> <p>Briefly state the problem you are trying to fix. This should include what is being affected, and where and when it is occurring. Indicate how this problem came to light and how important it is to staff, patients, the Trust and any other relevant parties. Include baseline data to quantify the extent of the problem.</p>	<p><i>Proposed changes</i></p> <p>Identify all the possible solutions to your problem and the barriers to successful implementation.</p>
<p><i>Stakeholders</i></p> <p>Identify who is affected by this problem and who is involved in this process. Include a stakeholder matrix. Identify your project sponsor.</p>	<p><i>Action Plan</i></p> <p>Which solutions have you decided to trial? Write a plan-do-study-act cycle for each solution you have decided to implement. Record your results.</p> <p>What other actions do you need to put in place e.g. stakeholder communication etc.</p>
<p><i>Goal</i></p> <p>What are you trying to achieve and by when? Write an aim statement</p>	
<p><i>Analysis</i></p> <p>How will the effectiveness of your solution be measured? When will it be measured, for how long, and by whom? How will the data be analysed?</p> <p>Ask yourself why this problem is happening. Use diagnostic tools such as 5 Whys or Fishbone diagrams to identify the root cause of the problem. Record your findings.</p>	<p><i>Follow up</i></p> <p>These are the tasks that must be carried out after implementation to ensure the changes are effectively sustained</p>

# Project Sponsors: Roles & Responsibilities

## WHO CAN BE A QUALITY IMPROVEMENT PROJECT SPONSOR?

- A Trust Executive, Associate Director, Clinical Director, Operations Director

## WHAT IS THE ROLE OF A PROJECT SPONSOR?

- Buy into the project
- Support, promote and act as a champion of the project
- Articulate the project vision to others
- Be the project's voice to senior executives /managers
- Keep an eye on project progress
- Help resolve issues and unblock barriers
- Challenge the team and project
- Holding team to account for project progression

## WHAT ARE THE RESPONSIBILITIES OF A PROJECT SPONSOR?

- Act as a team mentor
- Support and challenge the team
- Join project meetings occasionally
- Stay appraised of the project
- Ask what is holding the team back and what is being done about it
- Assist team in obtaining resources/overcoming barriers
- Champion successes
- Attend the team's Celebration Event

## WHAT ARE THE RESPONSIBILITIES OF THE PROJECT TEAMS?

- Keep their project sponsor informed of project progress e.g. send them
  - meeting minutes
  - storyboards
  - presentations
- Invite project sponsor to attend meetings
- Ask for assistance when required

# Stakeholder Engagement

Stakeholder engagement and management is critical to the success of your improvement project. A stakeholder is anyone who is affected by your quality improvement project/proposed change and anyone who affects your quality improvement project/proposed change. Some of these people could be supporters of your work and some could block or challenge it. Therefore, stakeholder management is critical in ensuring the success of your project. To enable you to work effectively with your stakeholders there are four key steps, as shown below, which you need to follow.



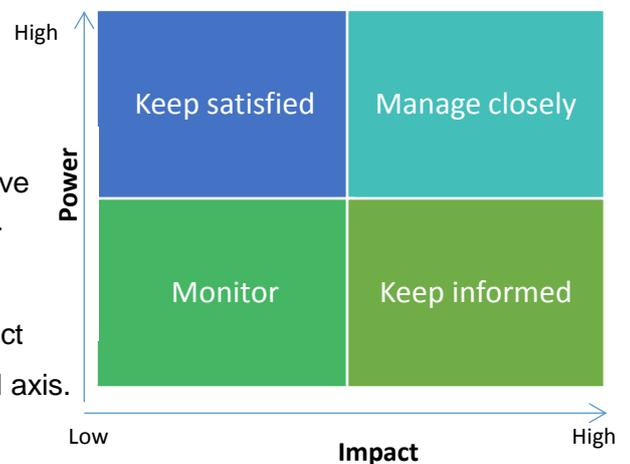
## 1: IDENTIFY YOUR STAKEHOLDERS

First you need to generate a list of everyone who will be affected by this work, who have influence or power over it, or have an interest in its successful or unsuccessful conclusion. This includes organisations, services and people including patients and carers.

## 2: PRIORITISE YOUR STAKEHOLDERS

Now use the adjacent Stakeholder Matrix to classify your stakeholders in the following way:

- For each individual/stakeholder group consider their relative power or influence over your project/change and plot their position along the vertical axis.
- Then consider what will be the relative impact of the project upon each of them and plot that position on the horizontal axis.



You now have a grid which splits your stakeholders into four different groups each of which require a different engagement and communication approach.

## 3: DEVELOP AN ENGAGEMENT AND COMMUNICATION PLAN

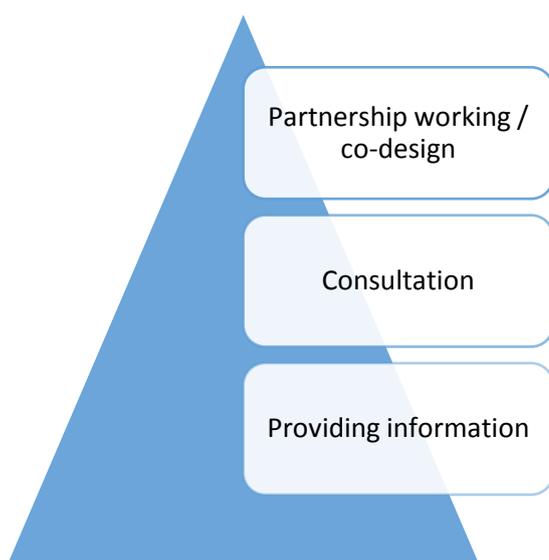
The next step is to develop an engagement and communication plan by looking at each group and deciding how and when to communicate with them and who will do it. This will help you to manage and overcome resistance from individuals. Ideally, you should agree your engagement and communication plan with your

stakeholders. The diagram below shows the four stakeholder groups and outlines the most relevant communication approaches.

Manage closely	Keep satisfied	Keep informed	Monitor
<ul style="list-style-type: none"> <li>•Consult and keep fully informed</li> <li>•Communicate closely at the individual level</li> <li>•Actively seek opinions and suggestions</li> <li>•Enable opportunities for inclusion in the work</li> </ul>	<ul style="list-style-type: none"> <li>•Inform and regularly review the need for more active involvement</li> <li>•Provide key messages without too much detail</li> <li>•Be prepared to provide further detail if requested</li> </ul>	<ul style="list-style-type: none"> <li>•This group often involves patients and you should look for ways to facilitate their involvement (see below)</li> <li>•Communicate via existing channels e.g. patient and public involvement groups, Trust newsletter etc.</li> </ul>	<ul style="list-style-type: none"> <li>•Provide optional access to information to maintain engagement</li> <li>•Use existing communication methods e.g. team meetings, intranet, notice boards, Trust newsletter etc.</li> </ul>

#### 4. FACILITATING PATIENT AND PUBLIC INVOLVEMENT

Patients, including carers, most often fall into the “Keep informed” category of stakeholders. This is because they have little power over the proposed change but the impact of the change upon them is potentially high. You should actively look for ways to increase patient involvement in your project. This increases their power to positively influence the improvement activity thus ensuring that any changes made better reflect their needs, preferences and perspectives. Additionally, you will also then meet the legislated requirement for the incorporation of patient involvement into NHS decision making processes. Patient involvement can occur on many levels as shown in the adjacent diagram.



Partnership working or co-design entails joint working between staff and patients to explore how things work, and identify and implement improvement activities. This is the highest level of involvement.

Consultation is often mistaken as a high level of involvement but this is not usually the case. Activities can include sending out a survey, facilitating a focus group/forum to collect ideas/obtain information or including patients on a committee.

Providing information is the lowest level of involvement. In this approach information is made available locally on planned, current and completed quality improvement projects.

# Cause and Effect Diagram

## WHAT IS IT AND WHAT DOES IT DO?

This is a quality improvement tool which helps you to quickly and thoroughly think through your problem/issue and identify the causes of the problem. The tool ensures that you identify all the causes of the problem including the root causes and those which are not immediately obvious. It helps you to understand the problem more clearly and to identify areas which merit further exploration. By identifying the root cause of the problem you will be better able to implement changes which work to resolve the problem.

## WHO SHOULD COMPLETE IT?

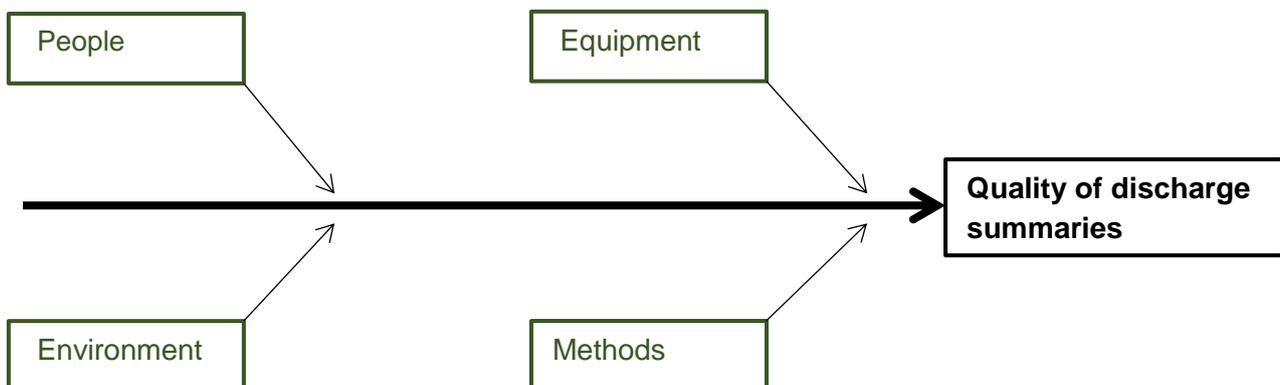
It is best to adopt a team approach in completing a Fishbone diagram. The team should include your key stakeholders and any patient involvement representatives. This means that everybody has an opportunity to provide their personal insights into the problem, to gain additional insights and possible solutions. This shared contribution means that the team focuses on the content of the problem and not individual interests. Overall, it supports development of a team consensus around the problem.

## HOW TO COMPLETE IT?

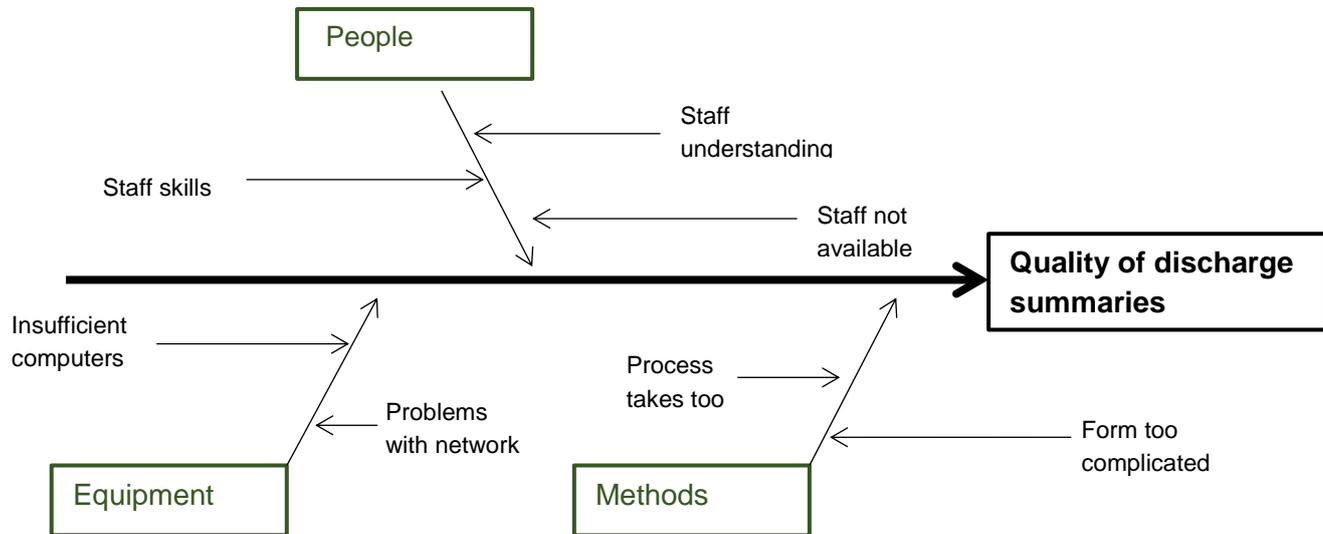
1. Write the problem in a box and draw an arrow pointing towards it.



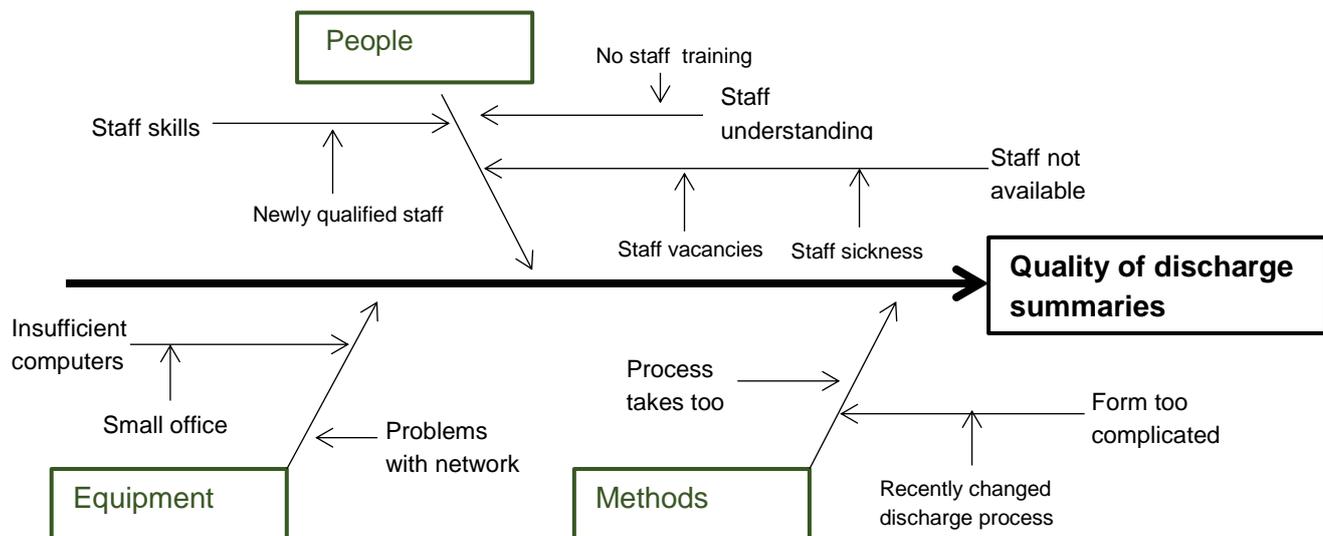
2. Identify the major categories of potential causes of the problem. For each one draw a branch off the large arrow and label them accordingly.



3. Take each of the main categories one at a time and brainstorm all the possible causes of the problem.



4. Explore each sub category to identify their potential causes. Continue branching off until every possible cause, or 'cause of a cause', has been identified.



5. You can now investigate each of the most likely causes further. This may involve collecting further data via surveys, interviews, or exploring existing routinely collected data if applicable to decide whether the causes identified are correct.

6. Plan and implement the quality improvement change.

# Driver Diagram

## WHAT IS IT AND WHAT DOES IT DO?

This is a quality improvement tool which helps you to focus on identifying the key actions and factors (drivers) which will contribute most to achievement of your improvement aim. They ensure that you identify cause and effect relationships and highlight any interdependencies. They provide an easy way to communicate your aim and priority areas or drivers for change/improvement actions and identify relevant and appropriate measures. They are particularly useful in breaking down big projects/tasks into manageable pieces.

## WHO SHOULD COMPLETE IT?

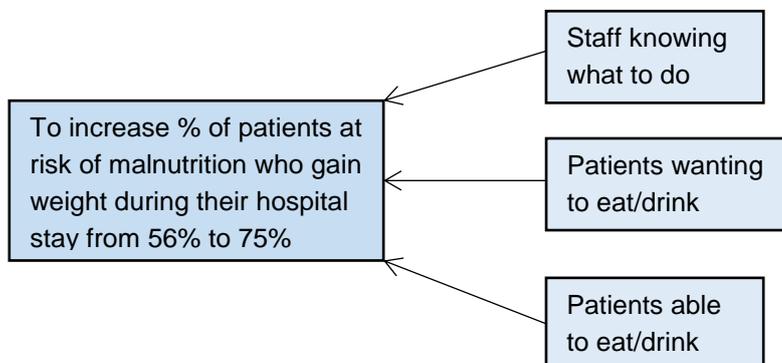
It is best to adopt a team approach in completing a Driver diagram. The team should include your key stakeholders and any patient involvement representatives. This means that everybody has an opportunity to provide their personal insights into the problem, to gain additional insights and possible solutions. This shared contribution means that the team focuses on the content of the problem and not individual interests. Overall, it supports development of a team consensus around the problem.

## HOW TO COMPLETE IT?

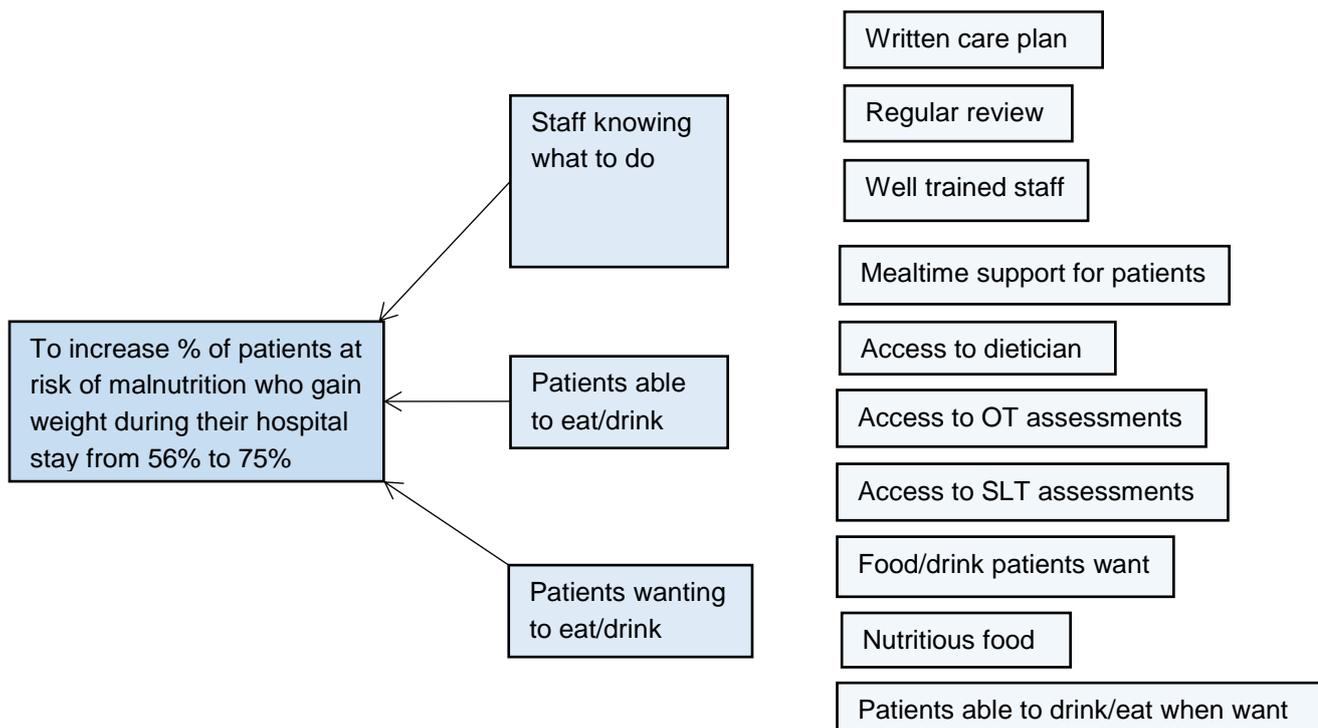
1. Write the aim of the improvement project in a box

To increase % of patients at risk of malnutrition who gain weight during their hospital stay from 56% to 75%

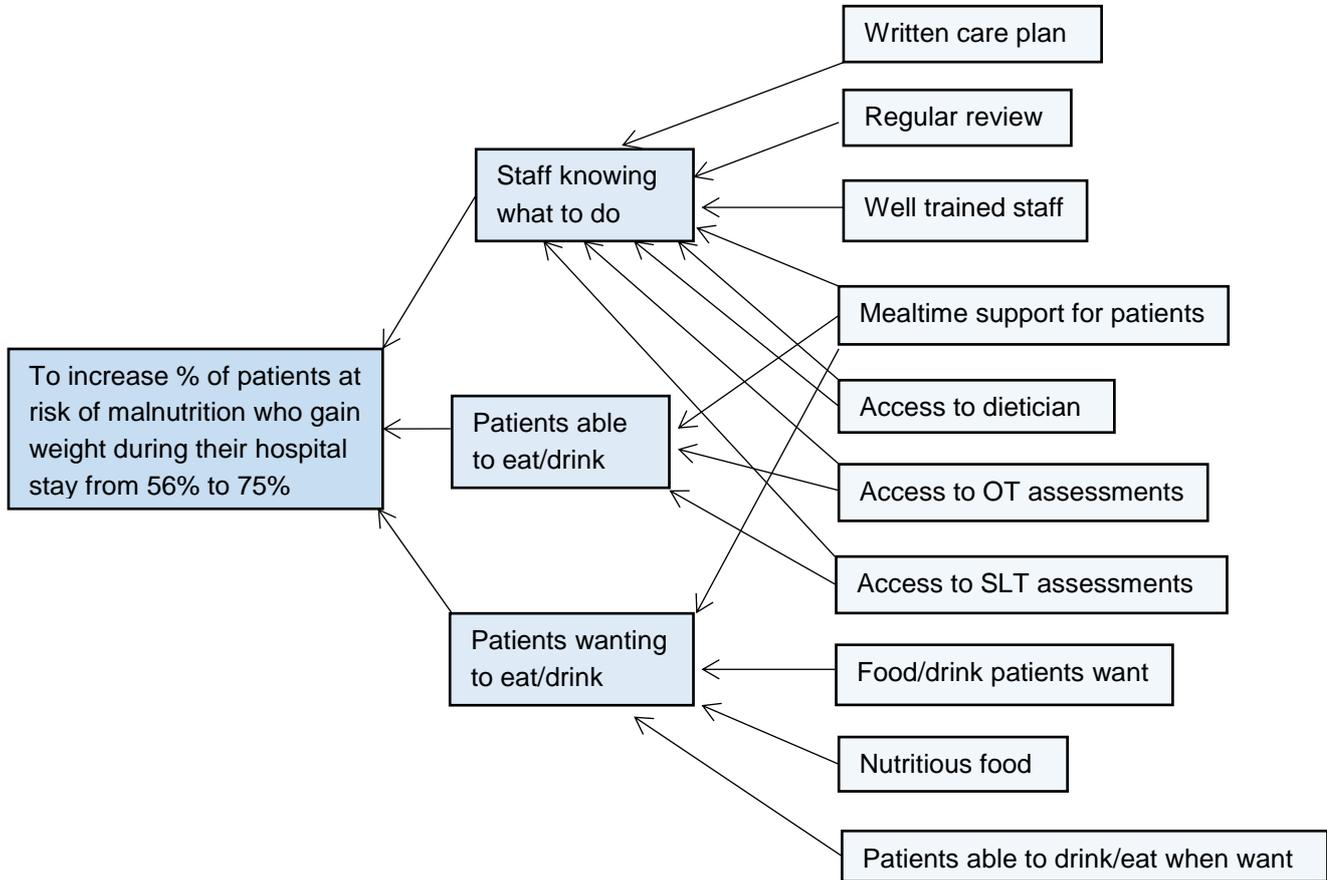
2. Identify the primary drivers that contribute directly towards achieving your aim. These are high level drivers and you are likely to have two or three.



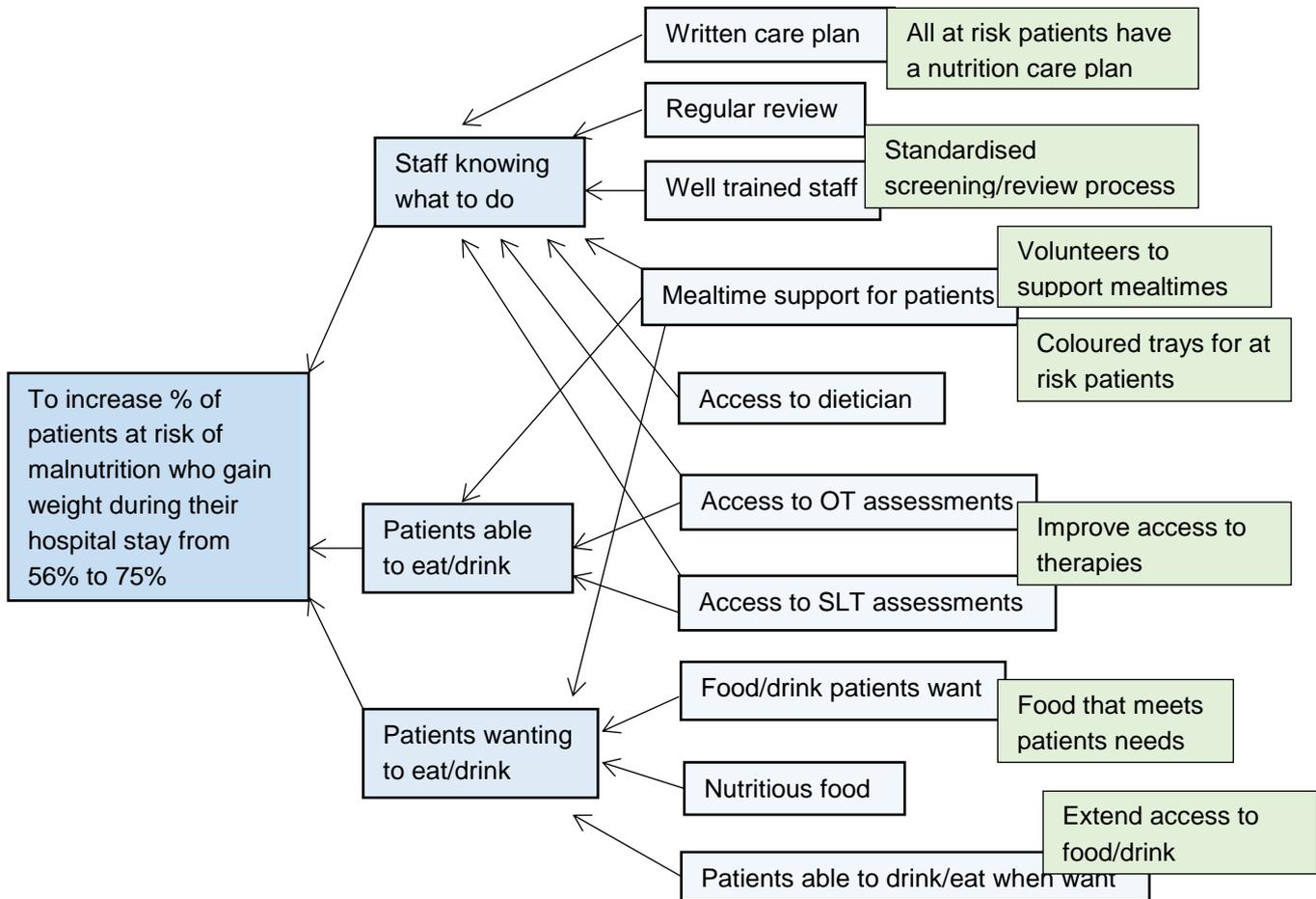
3. Next you need to identify secondary drivers. These are the things that you do or that happen to contribute to the primary drivers. These are the areas where you can start to identify change ideas that will begin to affect your primary drivers and help you to achieve your aim (see diagram below).



4. You also need to add in relationship arrows which indicate which primary driver your secondary driver impacts upon. The example overleaf shows that a secondary driver may impact upon more than one primary driver. The arrows show the cause and effect relationships and areas for potential change.



5. You can now identify where you can most influence your aim and start generating change ideas as shown in the diagram below.



6. You can then start to identify relevant measures for each driver that will show progress towards your overall aim. Some suggestions are shown in the box below:

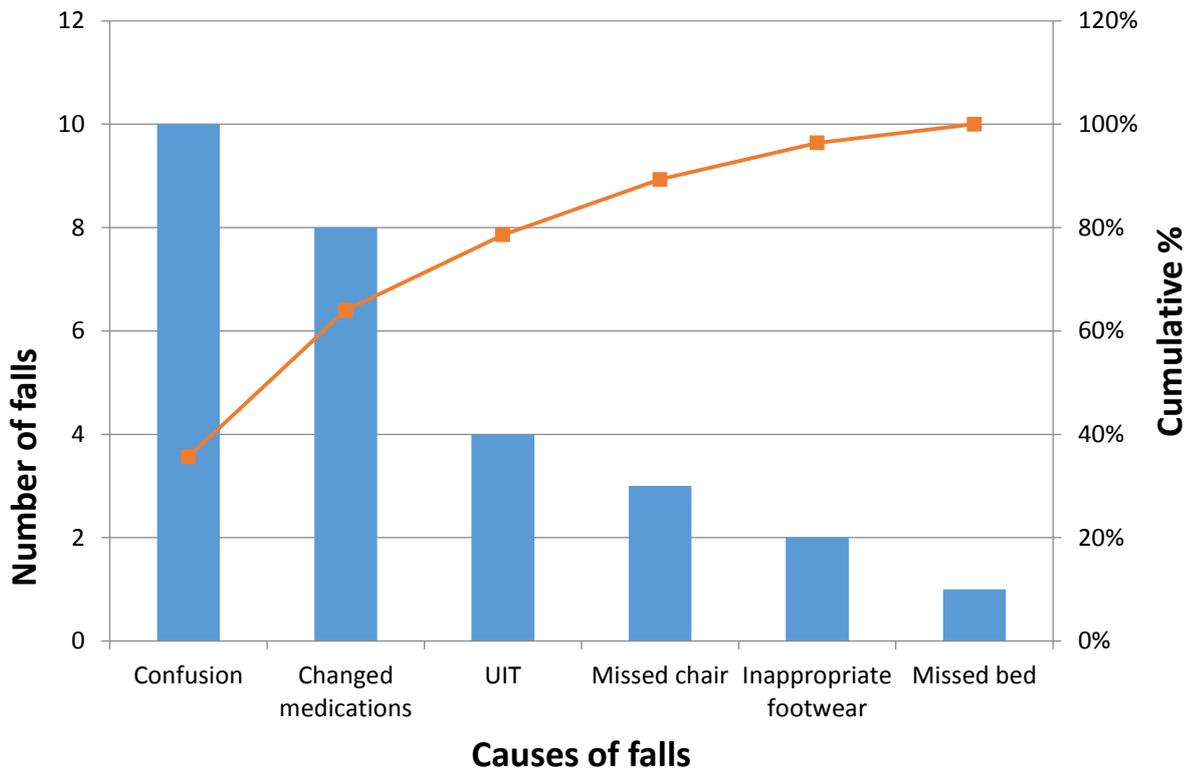
- Proportion of patients who are screened on admission
- Proportion of at risk patients who have an up to date nutrition care plan
- Proportion of at risk patients who receive mealtime support from a volunteer
- Proportion of at risk patients who receive an SLT or OT assessment within 24 hours of admission
- Percentage of patients who report satisfaction with food and drink

## Pareto Chart

### WHAT IS IT AND WHAT DOES IT DO?

According to the Pareto principle 80% of a problem can be traced to as few as 20% root causes. This can be really useful information when you have a complex problem which has multiple root causes and multiple potential solutions. You won't want to implement all the potential solutions but you will want to gain maximum improvement (80%) for the least effort (20%). A Pareto Chart will do this for you as shown in the example chart below.

In this example, potential solutions to the causes of falls on an elderly care ward are being sought. The ward falls data has been analysed and six root causes have been identified. Data on their frequency has also been collected. The Pareto chart below shows that implementing changes which address problems caused by increased patient confusion, medication changes and UTIs have potential to resolve in an 80% decrease in rates of falls.



Creating a Pareto Chart is a quick and simple process as shown overleaf.

## HOW TO CREATE A PARETO CHART?

In the example below, you are seeking to reduce the rates of patient falls on your elderly care ward.

### A. *Setting up your data in Excel*

1. Use your information to identify the root causes of all recent patient falls and their frequency
2. Input your data into Excel as shown below and sort your data from the highest frequency to lowest frequency
3. Use the AutoSum function (you can find it on the tool bar under “Formulas”)to add all the frequencies together and generate a total number of falls
4. Create a cumulative percentage as shown below

#### Ward Falls

Cause	Frequency	Cumulative percentage
Confusion	10	36%
Changed medications	8	64.00%
UIT	4	78.60%
Missed chair	3	89.30%
Inappropriate footwear	2	96.40%
Missed bed	1	100.00%
	28	

You now have what you need to create your Pareto Chart!

### B. *Creating your chart*

1. Highlight all your data. Press F11 on the keyboard to create a chart.
2. Click in the chart area, hover your mouse over cumulative percentage on the x-axis and when it is highlighted select “Design” from the toolbar, then “Change chart series type” and pick line graph from the “Change chart series type” dialogue box.
3. You now have a bar chart with a flat line along the x-axis.
4. Hover your mouse over the flat line and when it is highlighted select “Format” from the toolbar, then “Format selection” on the top left hand side of the screen, and click on “Secondary axis”.

You now have a complete Pareto chart

# Plan-Do-Study-Act cycles

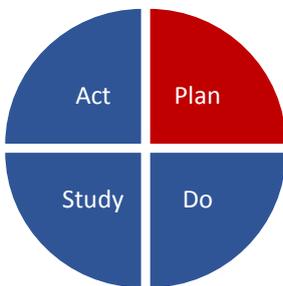
## THE PLAN-DO-STUDY-ACT (PDSA) CYCLE

The Plan-Do-Study-Act cycle is a useful tool for documenting a test of change. You develop a plan to test your change (Plan), test the change (Do), analyse and learn from the test (Study) and determine whether to adopt, amend or abandon the change (Act). PDSA cycles are small, rapid tests of change of limited duration.

## A PDSA WORKSHEET

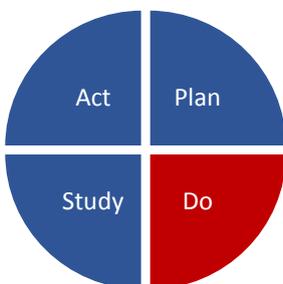
It is best to adopt a team approach in completing a PDSA cycle. In most improvement projects, teams will test several different changes, and each change may go through several PDSA cycles as you test, evaluate and decided how to progress your changes. You should fill out one PDSA worksheet for each change you test. This will allow you keep track of all the changes you have tested and have a record of your learning.

## HOW TO COMPLETE A PDSA WORKSHEET



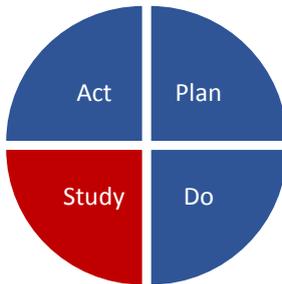
### Plan

- State the question you want to answer and make a prediction about what you think will happen
- Plan what will be tested, who will test the change, when and where it will be tested
- Identify what data you will need to collect



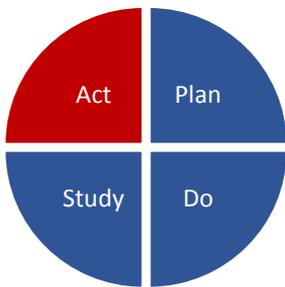
### Do

- Run the test on a small scale
- Document what happened, including problems and unexpected observations
- Collect and begin to analyse data



### Study

- Complete your analysis of the data
- Compare the data to the prediction
- Summarise and reflect on what happened



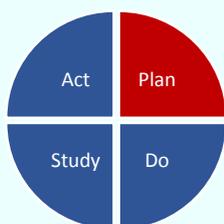
### Act

Make a plan for your next steps based on what you learnt from the test. You can either:

- Adopt - test the change on a larger scale; make a plan for the next PDSA cycle
- Adapt – make modifications and run another test; make a plan for the next PDSA cycle
- Abandon – don't do another test on this change as it has been shown to have no potential to achieve the desired result

have no potential to achieve the desired result

## Example PDSA Worksheet



***Plan: plan the test including data collection***

### 1.State the question you want to answer and make a prediction about what you think will happen:

Question: will staff and patients like the new goal setting questionnaire?

Prediction: *we have done some stakeholder engagement and so we predict they will like the questionnaire*

Question: How much time will staff need to administer these questionnaires?

Prediction: *it will take more time at first (approx. 10 minutes) but it will become quicker and more efficient with practise*

Question: will it be worthwhile?

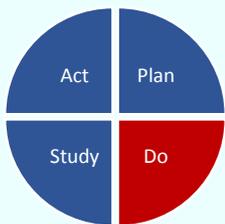
Prediction: *staff and patients have been consulted and they have indicated they feel it is worthwhile*

**2. Plan what will be tested, who will test the change, when and where it will be tested:**

On Monday 6<sup>th</sup> July each physiotherapist will administer the questionnaire to the last patient of the day

**3. Identify what data you will need to collect:**

Each physiotherapist will time how long it takes to complete the questionnaire, collect the patient's view on whether they liked the questionnaire and how worthwhile they found it, and each physiotherapist will feedback whether they liked the questionnaire and how worthwhile they found it



***Do: run the test on a small scale and complete your data collection***

**1. Describe what happened**

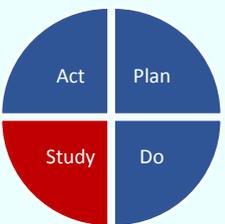
Five physiotherapists completed paper copies of the questionnaire with their last patient on Monday 6<sup>th</sup> July.

**2. What observations did you make?**

Three of the physiotherapists found it took between 10 and 15 minutes to complete, two found it took less than 10 minutes to complete. The three physiotherapists who took longer than 10 minutes to complete it needed to explain in detail the purpose of the goal setting questionnaire to their patients but they were then confident their patients understood its purpose and found it to be worthwhile. All the physiotherapists liked the questionnaire and felt it was worthwhile but were concerned about the time it took to complete as their patient appointments are restricted to 30 minutes. One patient didn't feel the questionnaire was worthwhile but the physiotherapist felt they didn't explain it very well as they were running late and the patient was in a hurry.

**3. Any problems?**

No problems were encountered



***Study: analyse the results and compare them to your predictions***

**Summarise and reflect on what you learned**

Prediction: *we have done some stakeholder engagement and so we predict they will like the questionnaire*

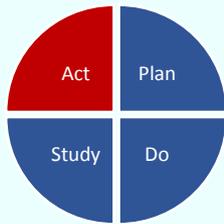
Result: not all our patients liked the questionnaire but their situation may have influenced the results; all the physiotherapists liked the questionnaire

Prediction: *it will take more time at first (approx. 10 minutes) but it will become quicker and more efficient with practise*

Result: in a majority of cases completion of the questionnaire took longer than we anticipated but staff are unfamiliar with it

Prediction: *staff and patients have been consulted and they have indicated they feel it is worthwhile*

Result: staff do feel it is worthwhile but we need to reduce the time it takes to administer. A majority of the patients felt it was worthwhile.



**Act: make a plan for your next steps based on what you learnt from the test**

**1. Determine what changes, if any, you should make – you can either adapt, adopt or abandon your change**

We will provide staff with more training on the questionnaire to increase their familiarity with it

The next test will then be the same physiotherapists administering the questionnaire to their last two patients of the day

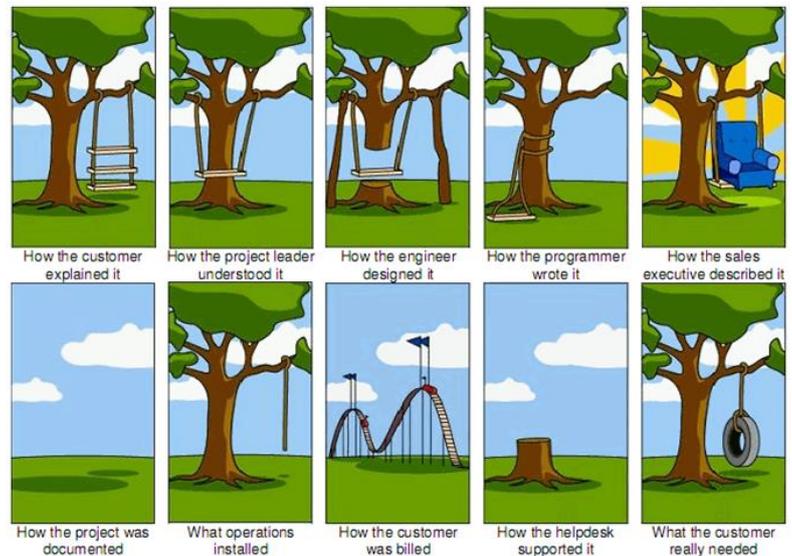
**2. Use a new PDSA worksheet to plan your next PDSA cycle**

## Project Storyboards

### WHAT IS A STORYBOARD?

A storyboard is a series of squares (displayed on a board) with brief text and illustrations charting how a project unfolded.

A storyboard is not a presentation. The squares of text/illustrations need to guide the reader along the project's journey without someone providing additional narrative in the way you do with a presentation. They can be used with a variety of audiences.



### WHY YOU NEED A STORYBOARD

Storyboards are a great way of visually outlining a team's work on their quality improvement project. They will be used in the Quality Improvement Collaborative as a means of supporting shared learning and problem solving across project teams.

### THE STORYBOARD TEMPLATE

We have provided you with a template to structure your storyboard but you will have to provide the narrative/illustrations to tell your journey. The narrative consists of:

1. Your project title
2. Introducing who you are (the project team)
3. Your quality improvement topic (the problem you want to solve)
4. What you want to achieve (your project's aim)
5. What data you collected to understand your problem
6. What your data told you
7. A description of the changes you decided to make and how you identified
8. The changes that you tested and their outcomes
9. The final solution and project spread
10. Lessons learned (achievements, barriers and their solutions)
11. Next steps

## WHAT WE WOULD LIKE YOU TO DO

- Use the template we have provided to structure your storyboard
- Prior to each learning event add or update your storyboard's narrative
- You won't be able to add narrative to all the slides at the start of programme but you will be able to gradually fill them in as your project progresses. Just complete them to whatever stage your up to on your project's journey
- You should always update the narrative for the "Lessons learned" and "Next steps" slides. This is important since this gives you the opportunity to share your learning with your peers and ask for support with problem solving. It also helps you to start thinking about your next actions
- Print off your slides (A4) size and bring them to each learning event.
- We will provide you with poster boards upon which to display your slides
- Identify someone who is prepared to stand next to your poster board and discuss your project, share learning and ask for solutions, with the other project teams



## DESIGN TIPS

- Use just enough text to ensure your reader can understand and follow your journey
- Try to use labelled graphs, tables and diagrams to explain data clearly
- Images help make storyboards more interesting

## GETTING HELP WITH YOUR STORYBOARDS



If you would like some advice or help with your storyboard please contact [quality.improvement@solent.nhs.uk](mailto:quality.improvement@solent.nhs.uk)

# The Celebration Event Presentation

## THE CELEBRATION EVENT

The Quality Improvement Programme Celebration Event provides you with an opportunity to showcase your project, hard work and learning. You will showcase your work through providing a 10 minute PowerPoint presentation on your project. This will be followed by up to 5 minutes of audience questions. It is your choice as to how you deliver the presentation – you may prefer to have one or a couple of team members delivering the presentation or you may choose to give each team member an opportunity to participate.



## THE AUDIENCE

Your audience will include a range of people all of whom are interested in celebrating your hard work through hearing about your project. This will include the new teams in the next cohort and potentially members of the Trust Board, Clinical Directors, Operations Managers, Governance and audit leads, your managers, other interested parties from partnership organisations such as the CCGs.

## THE MESSAGE YOU WANT TO GET ACROSS

You need to tell the audience the story of your project's journey as follows:

- The project's aim
- Why the project is important to service users, carers, staff
- How you involved patients in your project
- How you explored the problem e.g. you could include an example of your fishbone cause and effect diagram, process mapping, baseline data etc.
- How you identified potential solutions e.g. you may have used pareto analysis, dot voting etc.
- The project measures and what data you have collected
- The changes you have/are testing using PDSA cycles and what you have found
- Project outcomes to date (this can include preliminary or anticipated outcomes)
- Your next steps and timescales
- Your lessons learned
- Advice for the next cohort



## PRESENTATION LENGTH

The presentation is 10 minutes. As an approximate guide it is recommended that you allow one slide per minute.

## TOP DESIGN TIPS FOR YOUR POWERPOINT PRESENTATION

- Less rather than more information on each side is best – the slides are the sideshow to you as the presenter
- Stick to key facts or points
- Use short sentences and language appropriate to your audience i.e. no jargon or unfamiliar terms
- Provide a simple graphical summary of your key data
- Use visual materials such as pictures or diagrams to grab your audience's attention
- Avoid PowerPoint functions such as animations or transitions, that is, the flashy features which become distracting
- Keep the font, titles, captions consistent and check your spelling



## TOP TIPS TO IMPROVE THE DELIVERY OF YOUR PRESENTATION

Presenting your information clearly and getting your message across effectively is a skill. These are some things which you can do to help with this:

- Practice your presentation
- Don't try to cover too much material
- Try to relax - your audience really do want you to succeed!
- Focus on your audience's needs and make it easy for them to understand i.e. avoid jargon
- Speak slowly and work on your pauses – try taking 3 deep breaths before you start
- Breathing deeply will help you to project your voice
- Smiling, eye contact and moving naturally will help to build a rapport with your audience
- Be enthusiastic and your audience will respond



## GETTING HELP WITH YOUR PRESENTATION

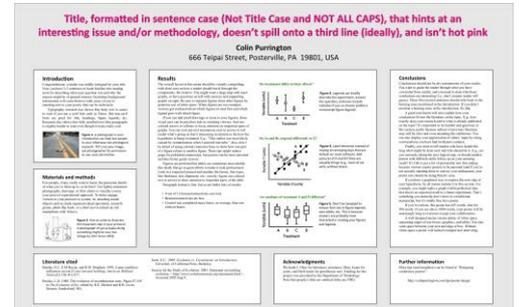


If you would like some advice or help with your presentation please contact [quality.improvement@solent.nhs.uk](mailto:quality.improvement@solent.nhs.uk)

## WHY DEVELOP A QUALITY IMPROVEMENT PROJECT POSTER?

A poster is a way of visually displaying information about your quality improvement project. Posters use diagrams, charts, tables and images to support a small amount of text. Once you've developed your poster you will be able to easily share information about your project in an interesting and accessible way. Examples of ways you could use your poster to showcase and share your work include:

- Displaying the poster on Trust premises such as a clinic waiting room where patients may view it
- Posting it on Trust webpages where it can be viewed by staff, patients and the public
- Displaying the poster at relevant Trust events where staff, patients and the public may view it
- Using the poster as a tool to explain your project to your colleagues
- Displaying the poster at the annual Trust Research and Improvement conference
- Submitting the poster for display at an external conference



## POSTER CONTENT

We have produced a PowerPoint template to help you produce your poster or you may choose to develop your poster starting from scratch. However, here a few key things for you to think about whilst you produce your poster:

- The Trust logo should be located in the top right hand corner of the poster and the Quality Improvement programme logo in the top left hand corner
- At the top of the poster should be the improvement project title, the project's service line or specific service, and the author's name and/or project lead's name
- You need to tell the story of your quality improvement project's journey. There should be a clear flow of information from the start of the project to whatever stage you are currently up to including future plans.
- Key things to consider including are:
  - The project's aim
  - Why the project is important to carers and service users e.g. the anticipated patient and staff benefits
  - A description of how you involved patients in your project
  - A diagram of any diagnostic tools used e.g. cause and effect or driver diagrams
  - Details of the measures you are using/data you are collecting
  - A description of the changes you have/are testing or PDSA cycles you have/are going through

- What the data showed you - you may want to include a chart/graph
- Your results/learning/next steps

## POSTER DESIGN SUGGESTIONS

- The PowerPoint template is pre-set to produce an A3 size poster. You may decide to increase this to A2, A1 or A0 size depending upon how you intend to use your poster.
- The recommended font is Ariel
- Your poster should be readable from a short distance away. The font size will be determined by your poster size. It should be no smaller than font size 14 for an A3 poster.
- Your poster may be displayed alongside other posters/visual materials and therefore you need to make sure your poster stand out whilst ensuring that you get your key messages across
- Keep the word count as low as possible
- Use all the space at your disposal but do not cram in the content
- Limited use of a few colours is more striking than a 'rainbow' approach
- Use labelled graphs, tables and diagrams to explain data clearly. Images make posters more interesting (pictures are more captivating than words)
- Use boxes to isolate and emphasise specific points
- Be creative with your poster – the more interesting it is the more people will want to stop and read it. Try searching on google for some inspiration.



## GETTING HELP WITH YOUR POSTER

If you would like some advice or help with your poster contact [quality.improvement@solent.nhs.uk](mailto:quality.improvement@solent.nhs.uk)

## ONCE YOU HAVE COMPLETED YOUR POSTER

E-mail your poster to [quality.improvement@solent.nhs.uk](mailto:quality.improvement@solent.nhs.uk) so that we can ensure it is displayed via the Quality Improvement Programme intranet page



Quality improvement guidance available to download free of charge	
Title	Available from
<b>Basic Quality Improvement</b>	
First steps toward quality improvement: a simple guide to improving services	NHS Improving Quality
A guide to quality improvement methods	Healthcare Quality Improvement Partnership
Quality improvement made simple	The Health Foundation
Simple guide to quality improvement	NHS Institute for Innovation and Improvement
Continuous improvement of patient safety: the case for change in the NHS	The Health Foundation
<b>Quality Improvement Tools</b>	
Handbook of Quality and Service Improvement Tools	NHS Institute for Innovation and Improvement
<b>Measurement for Improvement</b>	
The how to guide for Measurement for Improvement	Patient Safety First
Quality Improvement Charts Manual	East London Foundation Trust
How to incorporate measurement to guide your safety improvement	NHS Institute for Innovation and Improvement
<b>Human Factors and Context</b>	
Context for successful quality improvement	The Health Foundation
Leading improvement effectively	The Health Foundation
Managing the human dimensions of change	NHS Institute for Innovation and Improvement
Overcoming challenges to improving quality	The Health Foundation
Effective networks for quality improvement	The Health Foundation
The habits of an improver	The Health Foundation
Building the foundations for improvement	The Health Foundation
<b>Sustainability and Spread</b>	
Using communications approaches to spread improvement	The Health Foundation
Spreading improvement ideas	The Health Foundation
Guide to spread and sustainability	Healthcare Improvement Scotland
Sustainability Model and Guide	NHS Institute for Innovation and Improvement
Improvement Leader's Guide to Sustainability and	NHS Modernisation Agency

Spread	
The spread and sustainability of quality improvement in healthcare	NHS Scotland Quality Improvement Hub
Sustainability Planner	Health Quality Ontario
<b>Patient and Public Involvement</b>	
Patient and public involvement in quality improvement	Healthcare Quality Improvement Partnership
Developing a patient and public involvement panel for quality improvement	Healthcare Quality Improvement Partnership
Patients as partners: building collaborative relationships among professionals, patients, carers and communities	The King's Fund
What is co-production?	The Health Foundation
<b>White Board Videos from the Institute for Healthcare Improvement</b>	
Model for Improvement Clips 1 & 2 The PDSA cycle Parts 1 & 2 Family of measures Run charts Parts 1 & 2 Control charts Parts 1 & 2 Pareto analysis Force field analysis	Available on YouTube or East London Foundation Trust Quality Improvement website
<b>Useful websites</b>	
The Institute has closed but an extensive range of quality and service improvement tools and guidance continue to be available to download	NHS Institute for Innovation and Improvement <a href="http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools_for_the_nhs.html">http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools_for_the_nhs.html</a>
An NHS based quality improvement website providing a range of quality improvement tools, guidance and learning modules	Quality Improvement Hub NHS Scotland <a href="http://www.qihub.scot.nhs.uk/default.aspx">http://www.qihub.scot.nhs.uk/default.aspx</a>
<b>Free online open access modules</b>	
This is an American website. Registration, in order to have access to a limited range of resources via the Open School, is very simple and free. This gives a range of information, including regular e-mail updates and access to a learning module on quality improvement methods and specifically the Model for Improvement. The module takes about 1 ½ hours to complete but is broken down into short sections which can be completed one at a time. Each one takes about 15 minutes to complete.	Institute for Improvement Open School <a href="http://www.ihl.org/education/ihopenschol/Pages/default.aspx">http://www.ihl.org/education/ihopenschol/Pages/default.aspx</a>
This training course is provided free of charge by the Wessex Academic Health Sciences Network. It is available to all healthcare staff and patient/carer partners across Wessex. It	<a href="http://qitraining.improvementacademy.org/">http://qitraining.improvementacademy.org/</a>



QUALITY  
IMPROVEMENT  
PROGRAMME

is a foundation level module designed for people who would like an introduction to QI or as a basic refresher. The course introduces the 'Model for Improvement' and some practical improvement tools such as PDSA cycles, followed by a short quiz at the end of each module. It takes approximately two hours to complete and on completing all four modules a certificate can be printed off which can be used as evidence of CPD activity for personal or professional re-validation portfolios.