UK Kidney Association

Kidney Quality Improvement Partnership

# PD Mentoring Programme

## Virtual Launch Event

## Date: 25TH Feb 2026

## Time: 9-12

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# Agenda

| | | | |
|---|---|---|---|
| 09.00-09.10 | 10 minutes | Welcome and Introductions | UU |
| 09.10 – 09.30 | 20 minutes | Overview of PD mentoring programme | UU |
| 09.30 – 10.30 | 60 minutes | Break out sessions ( mentor-mentee paired groups) | All |
| 10.30 – 10.40 | 10 minutes | Coffee Break | All |
| 10.40 – 11.10 | 30 minutes | Mentee centre feedback 5 min each | All |
| 11.10 – 11.50 | 40 minutes | Introduction to Quality improvement | UU/ GH |
| 11.50 – 12.00 | 10 minutes | Next steps and Close | UU |

# Aims of DAYLife

- To engage kidney centres to actively participate in quality improvement work around home dialysis therapy by December 2025

- Support engaged centres to achieve a minimum of 20 % of their prevalent dialysis patients to be on a home therapy by December 2027

- Centres currently achieving the target of 20% to continue to demonstrate incremental improvement in the proportion of patients on home dialysis year on year.

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- Workstreams
  - Shared Haemodialysis Care
  - Patient peer support
  - Psychosocial support
  - Patient Education and Shared decision making
- Mentoring programme

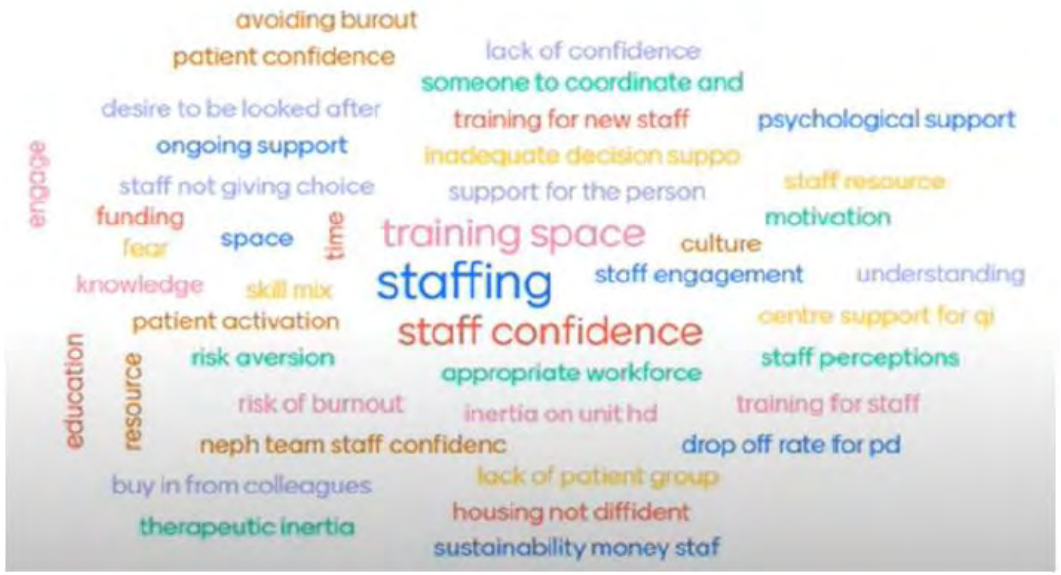
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# Professional perspectives on low home dialysis uptake

## Challenges




## Solutions




**DAYLife Home dialysis professionals event September 2023**

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# Objectives of the PD Mentoring Programme

- Offer structured peer support  from established centres
- Evaluate the effectiveness and the scalability of the mentoring scheme
- Develop QI and mentoring capability to ensure sustainability

# Centres participating (2026 – 2027)

| Mentor | Mentee |
|---|---|
| Dorset | Bradford |
| London St Helier | Peterborough |
| Nottingham | Edinburgh |
| Oxford | Exeter |
| Salford | Sheffield |
| Shrewsbury | Basildon |

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# Key dates and meetings

- Virtual Launch day (25th Feb 2026)
- Virtual RCP mentorship skills course (17th March 2026)
  - 3 persons per team
- Face to face QI training day (21st April, Birmingham)
  - 3 persons per team
- Virtual Progress update meetings (quarterly)
- Annual Face to face event ( April 27 and April 28)

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# Programme Support

- Mentor – mentee meetings ( monthly; virtual 60 minutes)
  - Book dates in advance
  - Ideal to have more than one member per team
  - Use template provided to record discussions and review actions at each meeting
  - Use the mentoring skills training
  - Constructive challenge
  - Ensure continuity and consistency in advice
  - Consider F2f visits
  - Reach out to other mentors/mentees if needed
  - ? Whatsapp group
- Quarterly feedback survey to identify any issues
- Further support with QI – KQIP will do F2f visits for mentee centres
- Online resources
  - Dialysis at Yours (DAYLife)

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# Commitment from mentors

- Commitment to mentorship for the duration of the project ( 24 months)
- Identify a mentoring champion and a deputy
- Attend programme meetings
- Be responsive to mentee centres needs to organise and attend monthly meetings
- Work with mentee centres to generate new and innovative ideas and propose alternative ways of thinking and delivering

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# Expectations of mentees

- Project ownership and time commitment
- Team approach ( including patient within your team)
- Attend all programme meetings
- Organise and attend monthly meetings with mentors
- Use resources; submit project details on the DAYLife hub
- Report progress and share learning with us through quarterly meetings

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# Shared care mentoring programme (2025-2026)

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# Feedback from centres

## Mentee

- ‘Mentor support has been amazing’
- Had no idea how to approach it before mentoring support ’
- Being part of something bigger and allowed real life relationships to build
- Allowed us to draw inspiration from other units on what worked
- QI work very useful and applicable in other projects
- Empowered us to improve lives, and the results speak for themselves
- ‘ Start small ‘ and ‘Take the small wins’ have been useful mantra
- Noticed an increase in HHD numbers

## Mentor

- Thoroughly enjoyed and such a great idea to mentor and build relationships
- Too busy in clinical area but it is up to both to arrange monthly meetings
- Mentoring to be done by a team so there is some continuity

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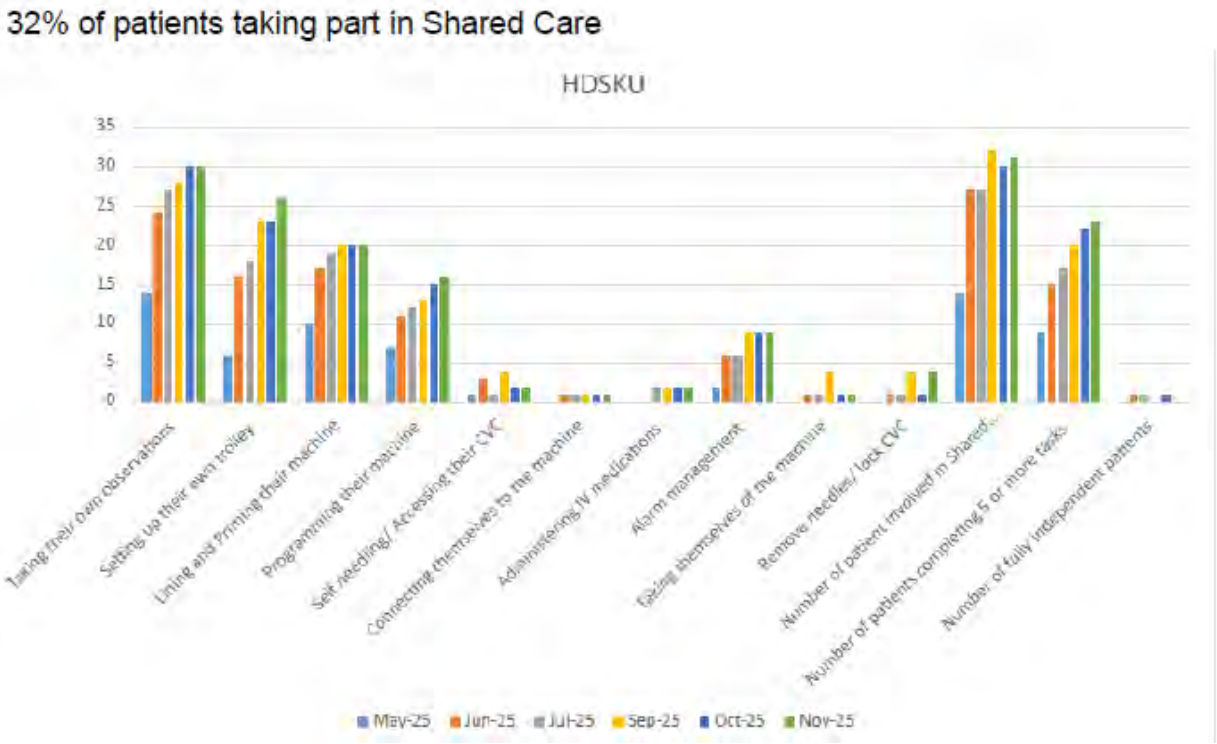
# Systematic approach using QI tools

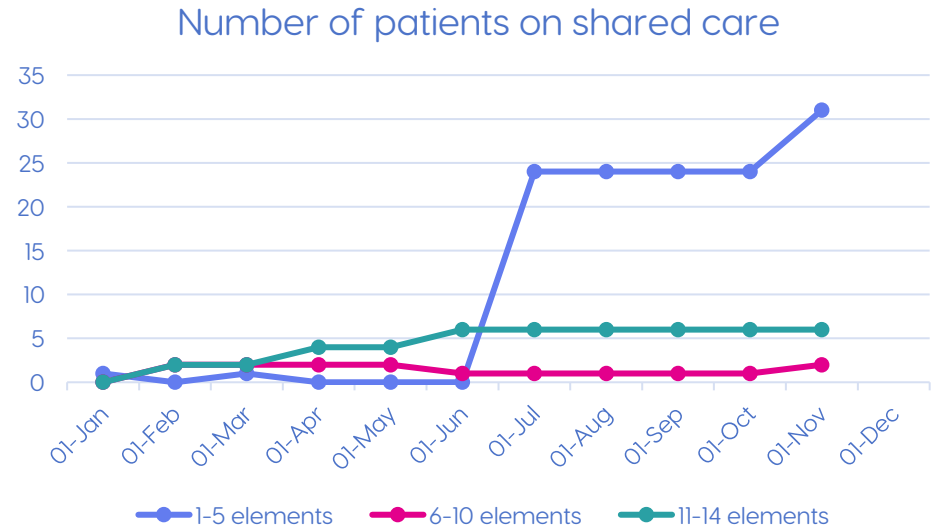
## Driver Diagram




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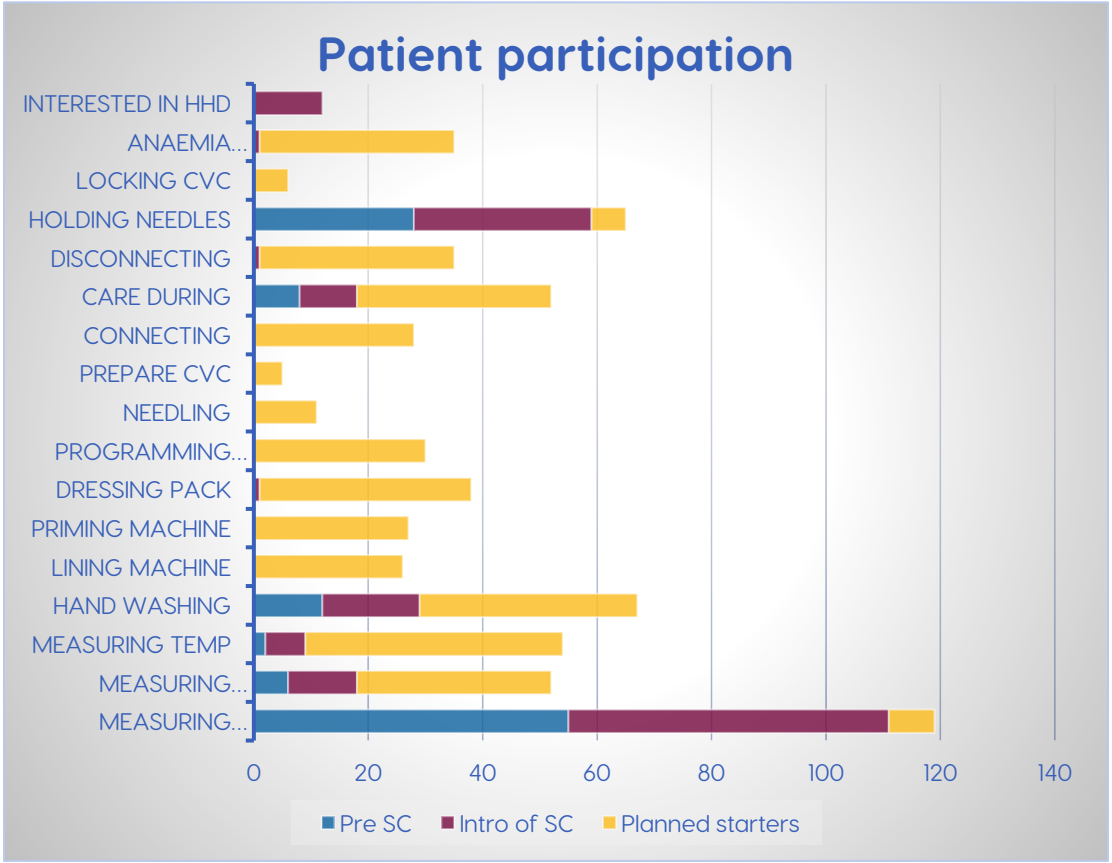
# Exeter and Dudley

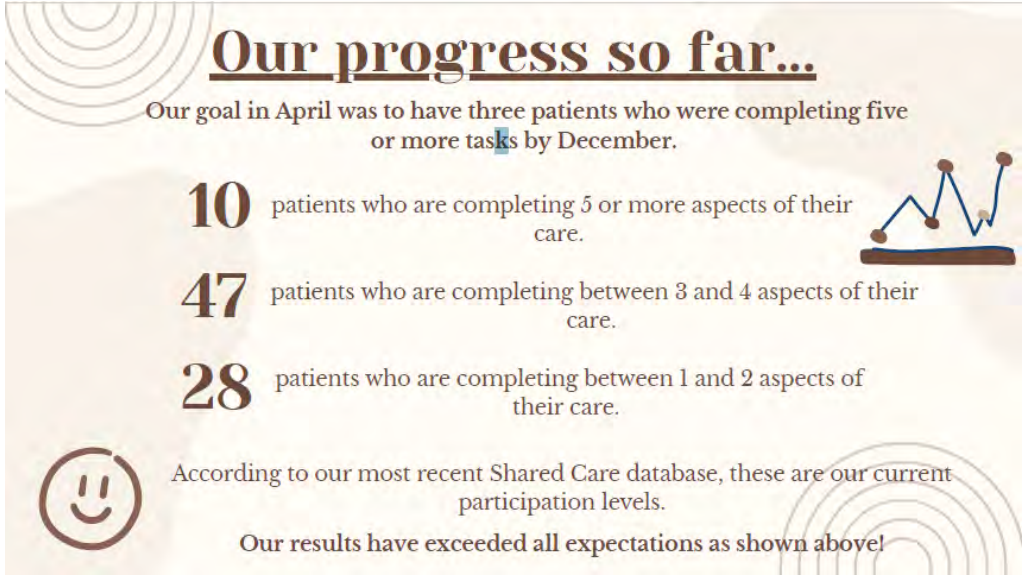



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# Plymouth and Woodgate




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# Break out session

- Overview of strengths of mentoring unit
- The team: who you are and how you work
- What do you already have in place?
- Current barriers and challenges
- Similarities between mentor and mentee teams
- Key differences to be aware of
- Priority ideas for where to start
- Agree initial actions
- Set dates for monthly meetings

## Feedback

- Key themes and insights from each group
- Common challenges, opportunities and priority areas
- Immediate actions and quick wins

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# Introduction to Quality Improvement



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# What I thought improvement was...



Full of complex tools & terminology that are hard to understand



Something only "experts" can do



Someone senior needs to approve it- permission



Time consuming and demanding

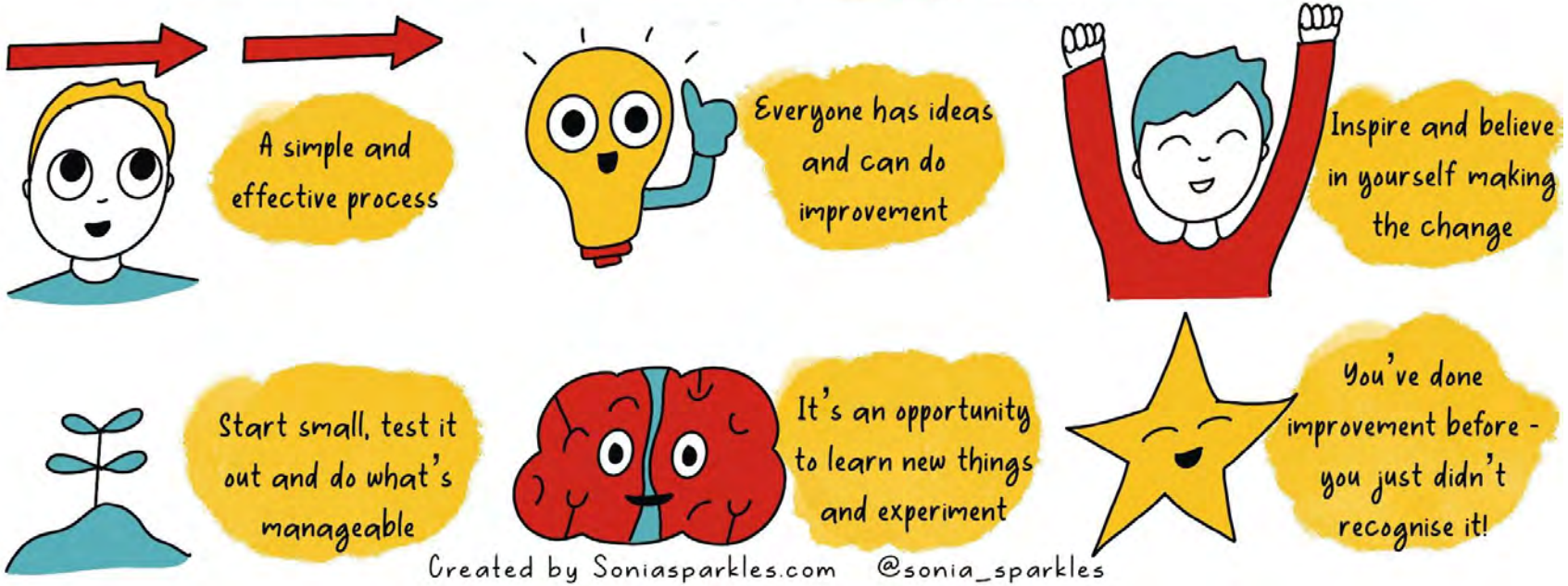


Failures and wasted effort



You need lots of training and studying

# What improvement actually is...



# Quality

*"Degree to which health services increase the likelihood of desired health outcomes consistent with current professional knowledge"*

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Person centred

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# What is Quality Improvement ?

"Systematic approach that uses specific techniques to improve delivery of care and bring change"

Focus is on the way (process) how change is introduced and implemented to deliver sustainable outcomes

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# Quality assurance ( Audit) vs Quality Improvement

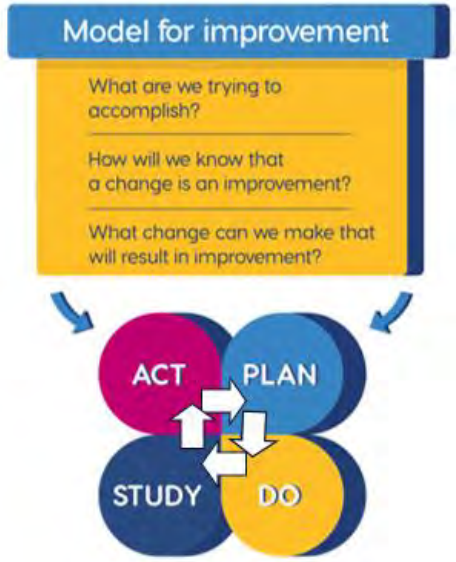
| Audits | Quality Improvement |
| --- | --- |
| • Measuring compliance with standards | • Improving processes to meet standards |
| • Snapshots at discrete time points (audit cycle) | • Continual measurements |
| • Often measures past performance | • Measures performance real time |
| • Top – down approach with series of recommendations | • Bottom – up approach with stakeholder engagement |
| • No emphasis on team work | • Relies heavily on team work |

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# 10 steps in QI

KQIP Methodology

1. Agree an area for improvement using data
2. Prepare to lead a QI team
3. Understand your system and problem
4. Define project aim and scope
5. Identify and engage stakeholders
6. Define drivers and develop change ideas
7. Agree measures including baseline data
8. Test change ideas using PDSA cycles
9. Display data over time to understand impact
10. Sustain and share improvements




*IHI Model for Improvement*

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# Leading improvement and influencing change



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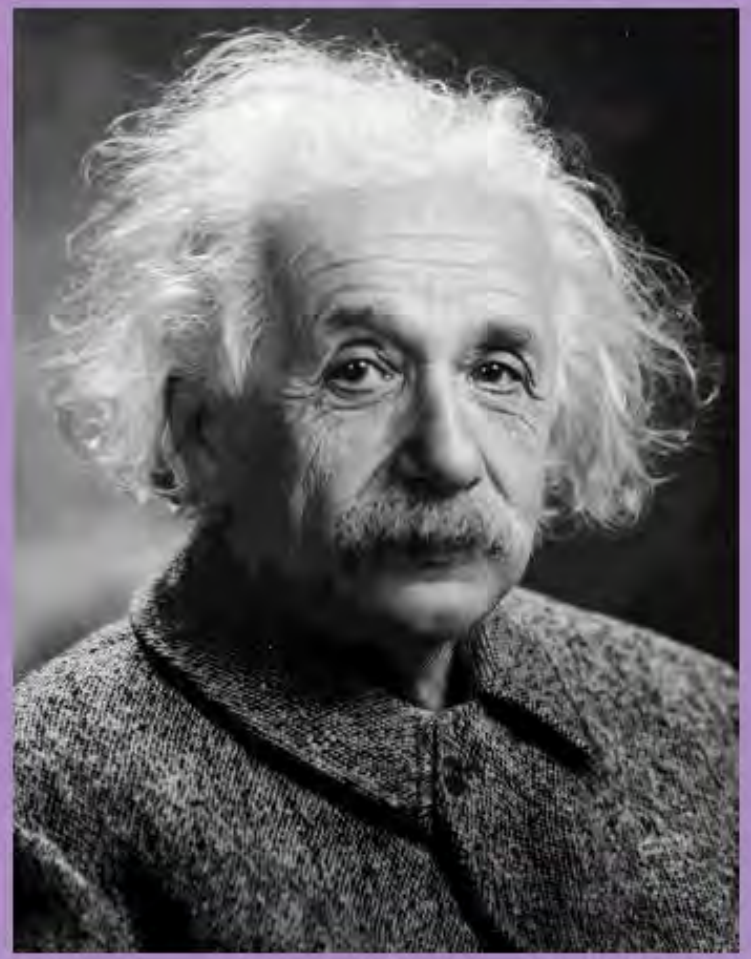
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# Our opportunity



*"In the middle of every difficulty lies opportunity"*

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**“Not all changes lead to improvement, but all improvement requires change”**



# What you need to get started on your first QI journey

- Enthusiasm, optimism, curiosity , resilience
- Team – Collaborate, reach out to other groups
- Find a mentor
- Understand  the basics of QI methodology
- Enjoy the experience – don’t worry about what you don’t know, Learn by doing!

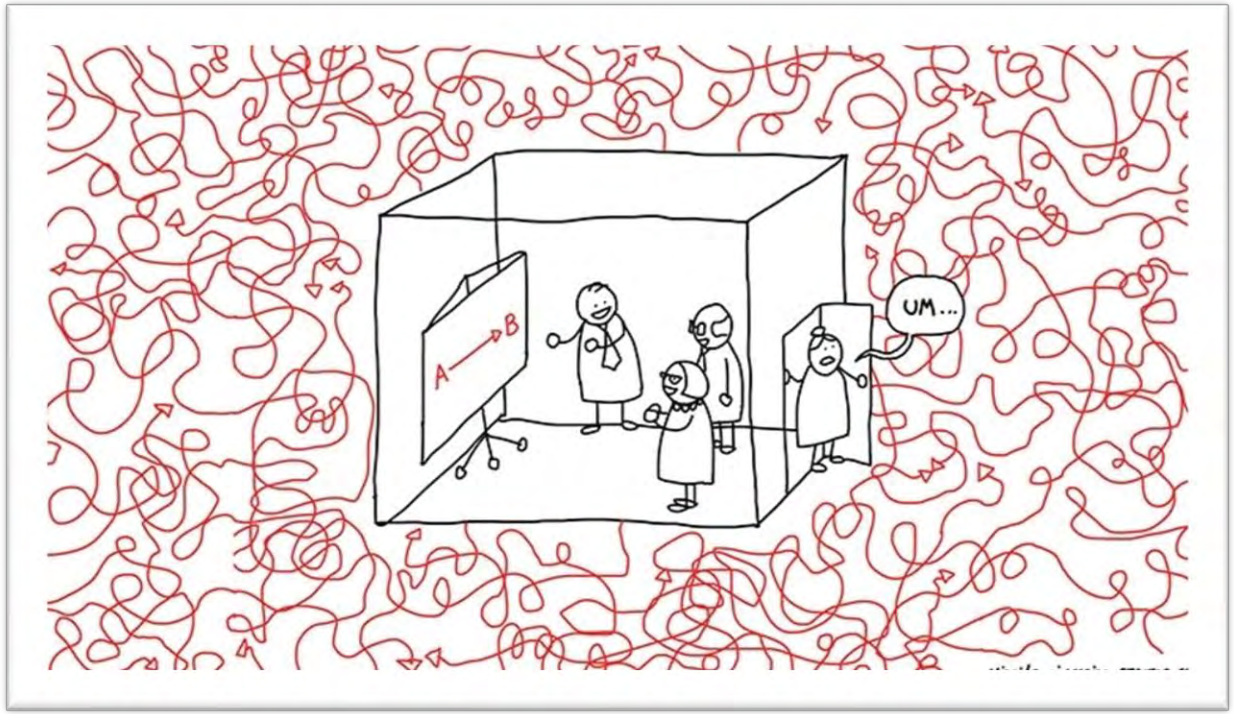
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# Why QI fails !

- Lack of support
  - Resource constraints
  - Competing goals/targets
- Lack of team approach
- Lack of QI skills and systematic approach
- Resistance to change
  - Cynics
  - Past failures




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# Success of quality Improvement



it's 80% about people...



and 20% tools and methods



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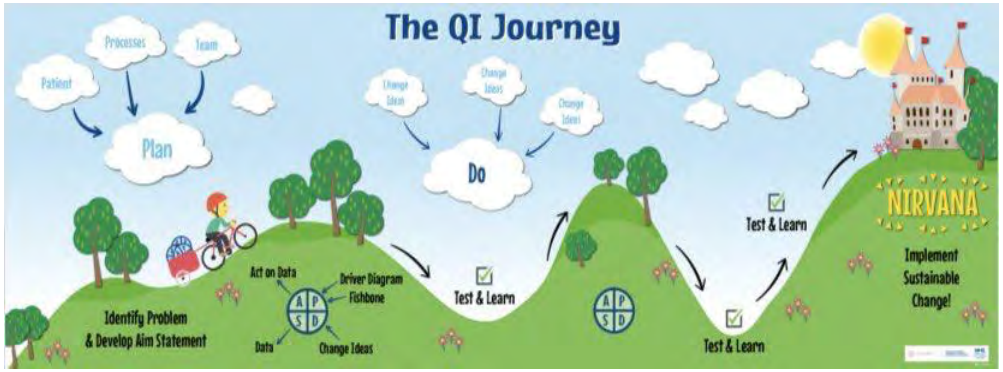
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# Transforming mindsets




Keller and Price (2010) The Discovery Model

# Making a change




It wont always be easy!




Make the new system easier for others and sustainable

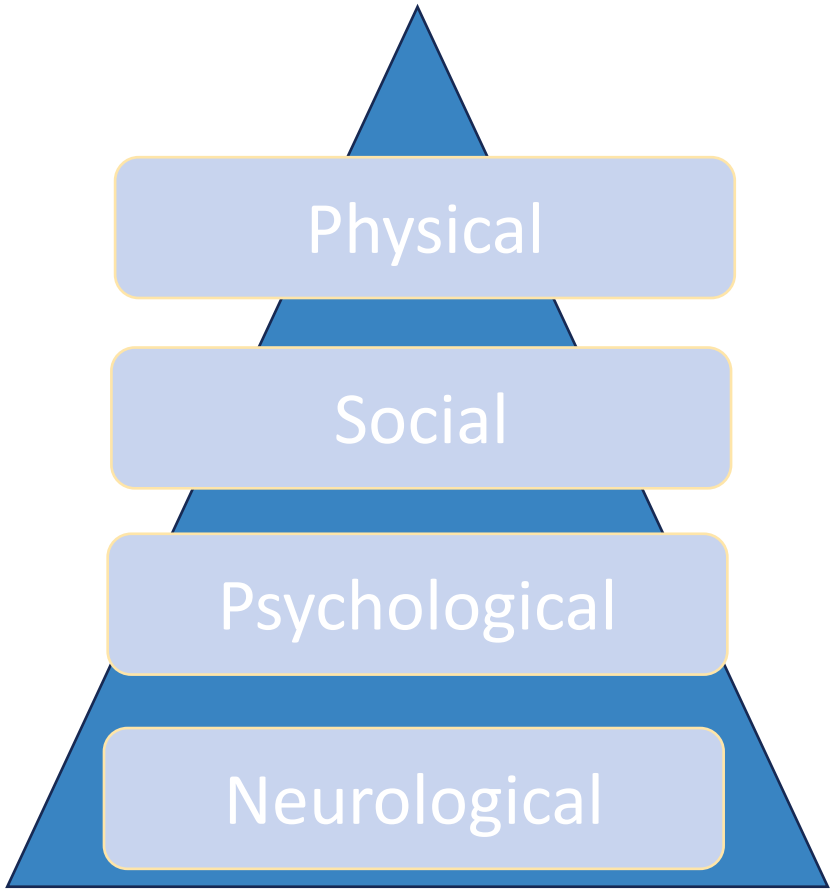
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# Why do we resist change ?

## Needs




## Uncertainties

What does this mean for me?

What will other people think?

Am I good enough?
What if I fail?
Do I have a choice – loss of control ?

I don't know what to expect.
I need more time to think.
We've always done it this way

# What motivates us to contribute to change?

- **Purpose**
  - ✓ Contribution are valued
  - ✓ Expectations are clear
- **Autonomy**
  - ✓Flexibility to design solutions
  - ✓Control is retained
- **Mastery**
  - ✓Learning new skills
  - ✓Self-improvement



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# Create psychological safety for your team





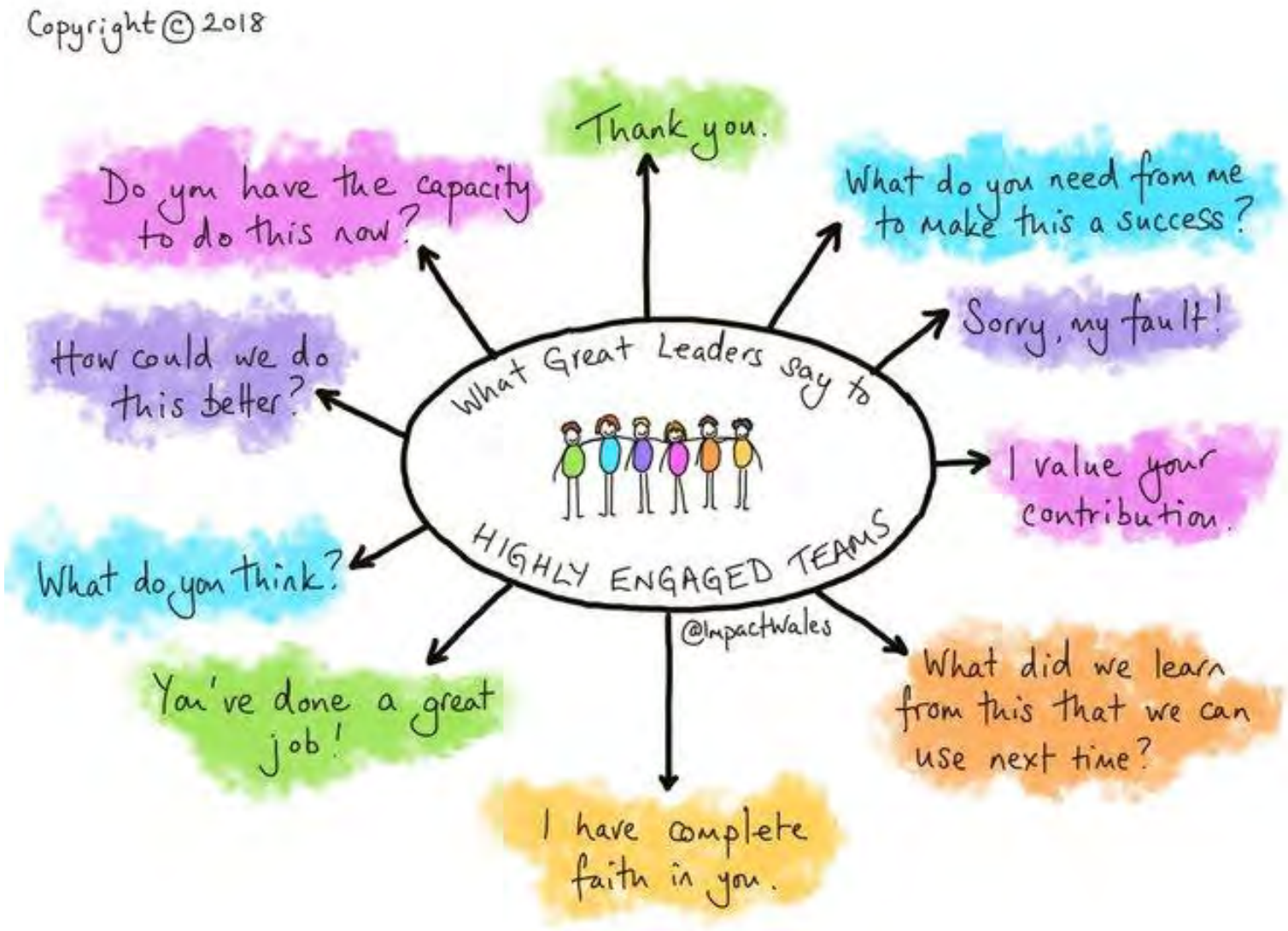


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# Things that great leaders say to their teams to create psychological safety



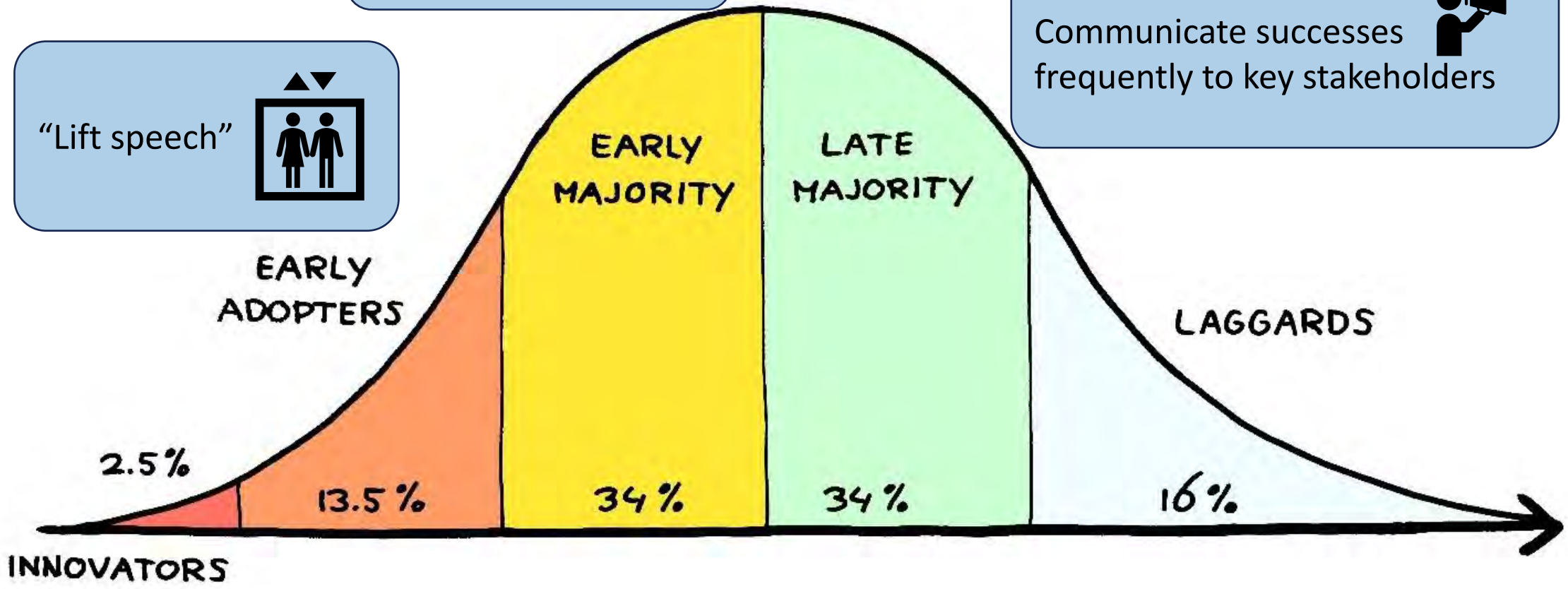

https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/LEC-3.4-Leading-Improvement.pdf

# Engaging people to change

Patient stories

"Lift speech"

Communicate successes frequently to key stakeholders




*QI is a team sport best played by those making improvements*

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Everett Rogers adoption model

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# Don’t forget

- System  - current working, uncover the “unseen” issues, hierarchies and interpersonal dynamics
- Stakeholders – including patients
- Sustainability – from the start

***QI is a team sport best played by those making improvements***

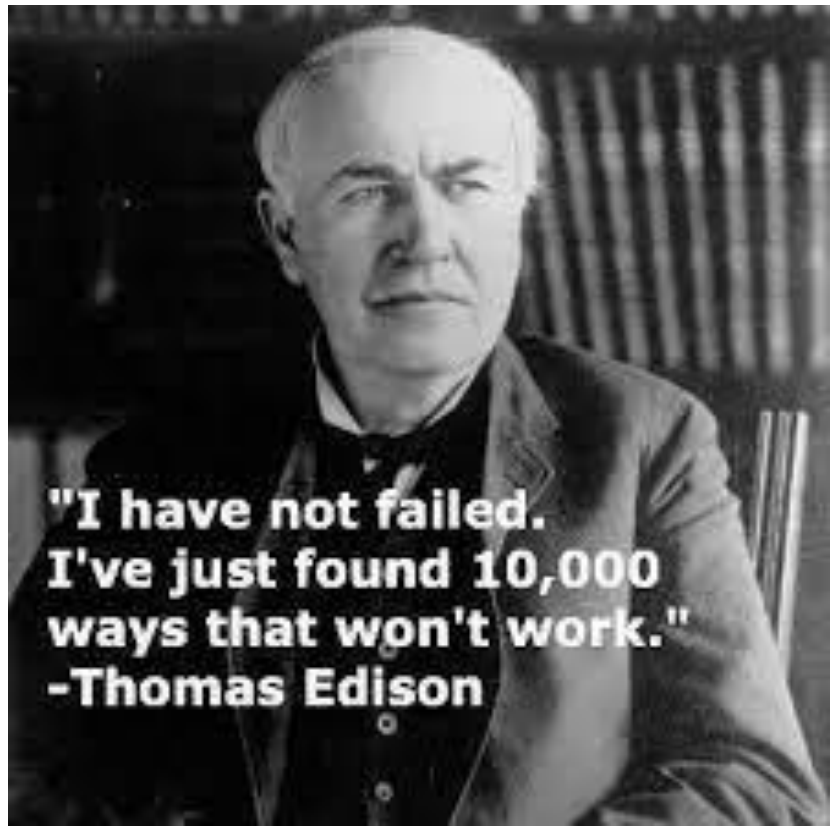
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# Finally...




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# Next steps

- Welcome Pack
- Register for DAYlife knowledge hub resources
- Register for 17th March RCP skills course ( 3 people per team)
- Free your calendar for 21st April ( 3 people per team)
- Homework
  - Area of improvement
  - Stakeholder analysis
  - Assembling your team
  - Baseline data
  - Begin to understand the problem
- Schedule your 1-2-1 meetings for the next 2 years

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# 1-2-1 meeting template

- **Review of previous meeting actions:**
  - Key actions agreed at last meeting
  - Progress made so far to completing the key actions. Identify outstanding actions and challenges (free text)
  - What can your mentor help you with?
- **Using Plan Do Study Act cycles to assess impact of interventions:**
  - Have you tested any change idea since the last meeting?
  - What worked well?
  - What didn't go so well?
  - Any data you have collected to assess impact?
  - What do you think you need to do next?
- **Next steps:**
- Review 30/60/90 day action plan
- What SMART actions will you take next?

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## Contact details

Udaya.udayaraj@ouh.nhs.uk

Georgina.Hamill@ukkidney.org

Kay.elson@ukkidney.org

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