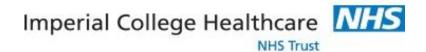
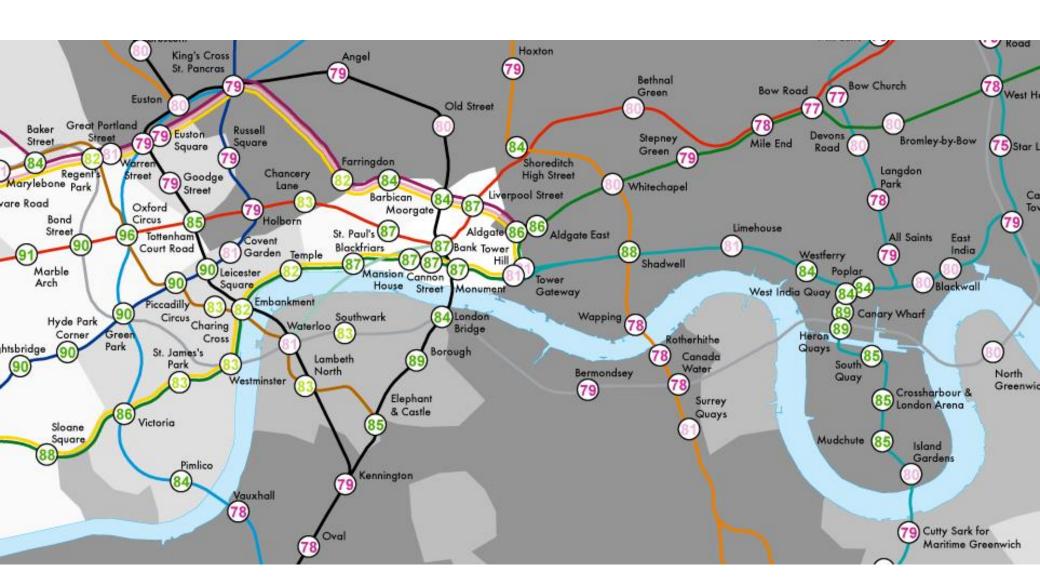
Building capacity & leadership in healthcare

Bob Klaber & Carina Crawford-Khan

Quality Improvement Hub



- 1. Our challenges
- 2. Our approach to QI
- 3. Our experiment
- 4. Our learning
- 5. What next?



Our care

over one million 196,000 inpatient contacts

280,000 A&E attendees

9,200 babies born

outpatient contacts

Our staff















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Our organisational approach to improvement at **Imperial College Healthcare NHS Trust**

Encourage & Enable

Make quality improvement accessible to all staff

Develop an improvement culture within our teams

Connect staff ideas with organisational strategic priorities

Involve patients & citizens at the heart of improvement work

Build Skills & Capability

Use the IHI's Model for Improvement to guide small tests of change

Build staff & patient skills in co-design based on experiences

Learn how to measure for improvement & widen access to analytics

Share ideas, stories, insights & learning

Organisational Commitment

Base our improvement culture on our values & behaviours

Embed consistent & rigorous improvement methods into all work

> Leaders and managers coaching & leading for improvement

Focus unrelentingly on being a learning organisation



Four Primary Drivers:

Engage with staff and patients to ensure everyone knows about QI and feels empowered and energised to see improving care as a key part of their role.

Build improvement capability through a programme of QI education to enable staff to lead, champion & coach QI activities and initiatives within their teams.

Support teams to deliver focused **QI projects and programmes** which are co-designed with patients, service-users and the public.

Embed consistent and rigorous improvement methods when addressing all practical problems and strategic opportunities within the organisation

Aim of the QI Programme:

To create an organisational culture of continuous improvement







Our framework to support patient, public & citizen engagement & involvement

Maximising individual health and wellbeing

Greater
involvement in
own health and
care through
selfmanagement,
'expert' patient
education,
patient
information, peer
support, shared
decision making,
involvement
clinical research

Supporting service delivery and improvement

Fundraising
& Volunteering
activities
supporting
delivery of care
including peer
support,
hospitality
activities,
collecting
feedback

Improving services

Involvement in improvement through Experience Based Co-Design, 'QI Sprints', improvement project groups, focus groups, feedback, measuring experiences and outcomes and what matters most, health service research and evaluation

Informing strategy, policy, planning & decision making

Involvement in planning and developing strategy or policy, decisions affecting how services operate through oversight groups, patient 'reps', 'lay 'reps', communicating changes

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Our experiment:



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Our learning:



- 1. Our challenges
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What next?

- 1. How can our Trust play an active role in the neighbourhood?
- 2. How can these relationships lead to effective strategy and vision for healthcare in our region?
- 3. Might this lead to NHS Trusts working in a more prevention focused way and tackling the social determents of health?
- 4. How does one find the cover to do this sort of work, when the financial pressures are so great?



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