Not just a few projects: system wide improvement for results

IHI BMJ International Forum 2019, Glasgow

Simon Edwards, QI Clinical Lead, CNWL

Michael Holland, Medical Director, SLAM

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Pedro Delgado, Head of Europe and Latin America, IHI @pedroIHI

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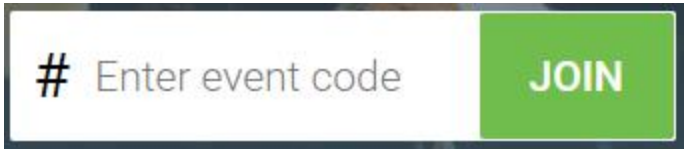

Today's event code is…

#Quality2019

Room: Hall 2

A poll

Do you know :

- The person to the right of you?
- The person to the left of you?
- The people on both sides?
- Neither of them?

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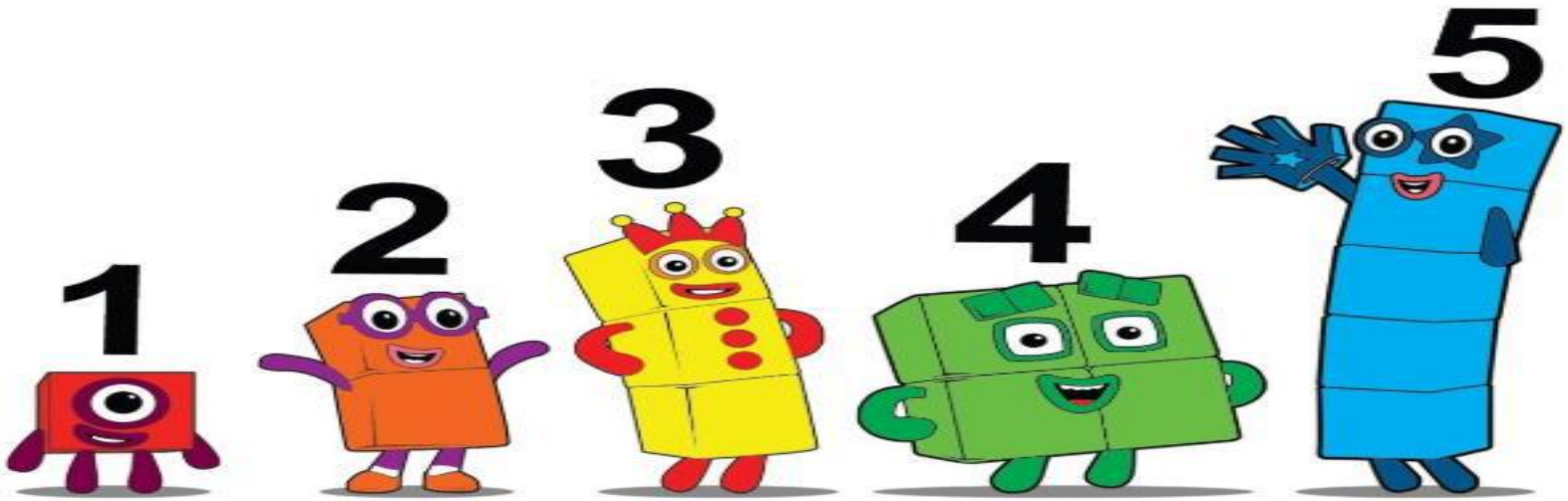
A poll

What is your level of brilliance (skills, confidence & impact) as an improver?



Not at all brilliant

Super Brilliant

After this session…

1. Understand key lessons and strategies for embedding improvement into the life of healthcare systems
2. Develop ideas and strategies for their own journeys towards system wide quality improvement
3. Understand strategies to partner with patients to improve and generate joy in work for staff

Today…

- All teach, all learn
- Interactive
- We’re still on the journey…

Agenda

1. Context
2. Why commit to entreprise wide improvement?
3. Getting started
4. Break
5. Engaging key groups
6. Building skills and developing a learning system
7. Integrating all quality functions
8. Q&A

I. Context (our world today)

- Financial constraints
- Demographic and epidemiological trends
- Reasonable and unreasonable external demands
- Variation of outcomes (often very wide)
- Excessive assurance as THE quality mechanism, and performance management as THE change method
- Some disengaged staff: exhaustion / burnout
- Paternalistic (historical norms) approaches to patient care
- Integration trend (as a means, not as an end)

II. Context: aspirations

- Continuous improvement towards (measurable) better care and health at sustainable costs
- Activation of many – all in
- Collective leadership
- A method to empower, to partner
- Integration of quality planning, assurance, control, improvement
- Improvement of external ratings such as CQC

www.sli.do POLL

- Which statement most accurately describes your context:
  - Continuous improvement is embedded throughout my organisation from top to bottom (its a system property, the way things are done daily)
  - We have ‘islands of excellence’ – some great single improvement projects, in some parts of my organisation
  - We have very little quality improvement skills or projects at my organisation

www.sli.do POLL

- What approach to quality is most prevalent in your organisation
  - Quality planning
  - Quality control
  - Quality assurance
  - Quality improvement
  - Its all well balanced amongst the 4 above

1. Engaged and 'improvement fluent' Leaders

- Equip leaders to be effective improvers from their position – actively participating, not just passively supporting

2. System wide Quality Improvement Capability and Capacity

- Establish a critical mass of QI expertise across Trust such that QI becomes self-reinforcing and can embed into business as usual. This includes administrative, clinical and non-clinical activities. Patients are active partners

3. A sustainable Quality Improvement infrastructure and Quality Management System

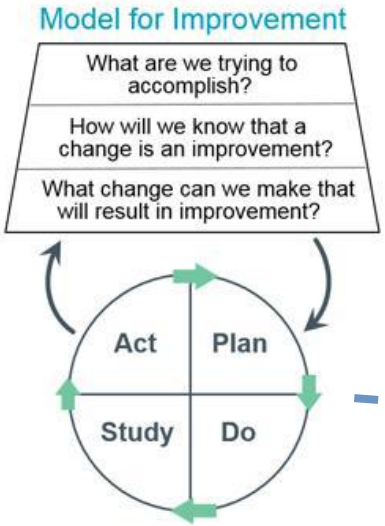
- Ensure QI activities are robustly underpinned through an improvement faculty; informed by appropriate data and analytic capabilities; Quality Planning-Assurance-Control-Improvement work in complementary ways

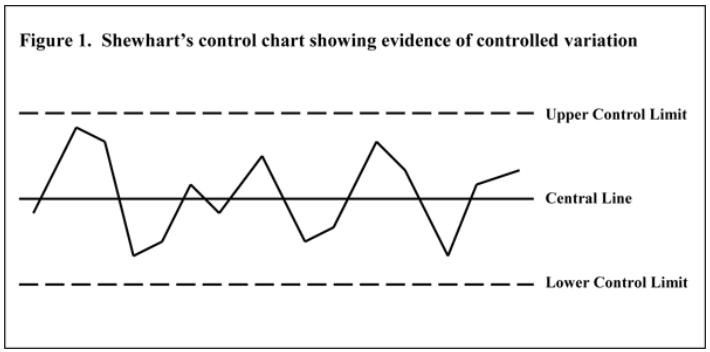
4. Results orientation – measured, co-designed, co-produced

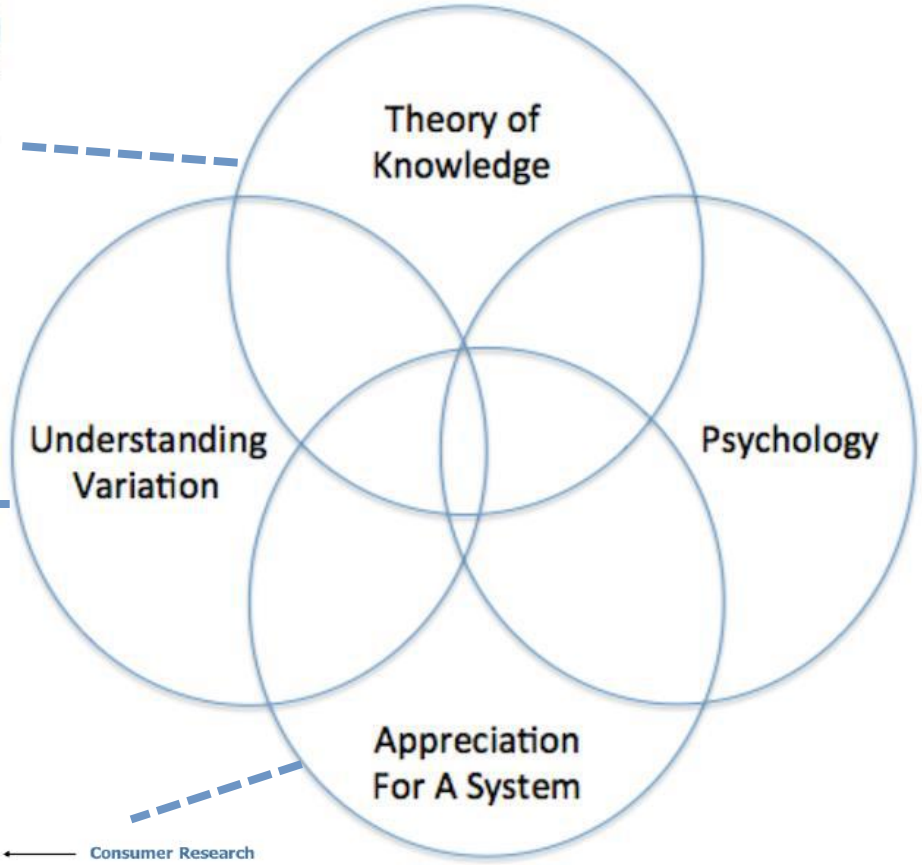
- Achieve visible and meaningful results using QI methods in areas of practice relevant to many patients and staff (organisational priorities)

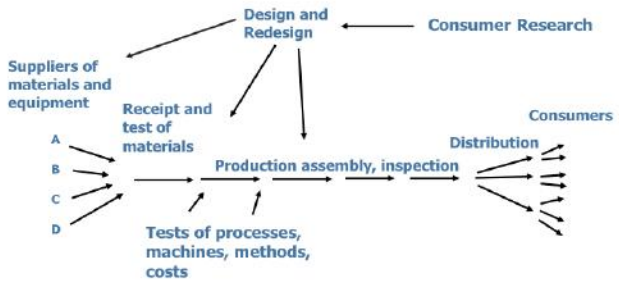
Embedding QI into daily work; self sufficiency; results; sustainability

Deming



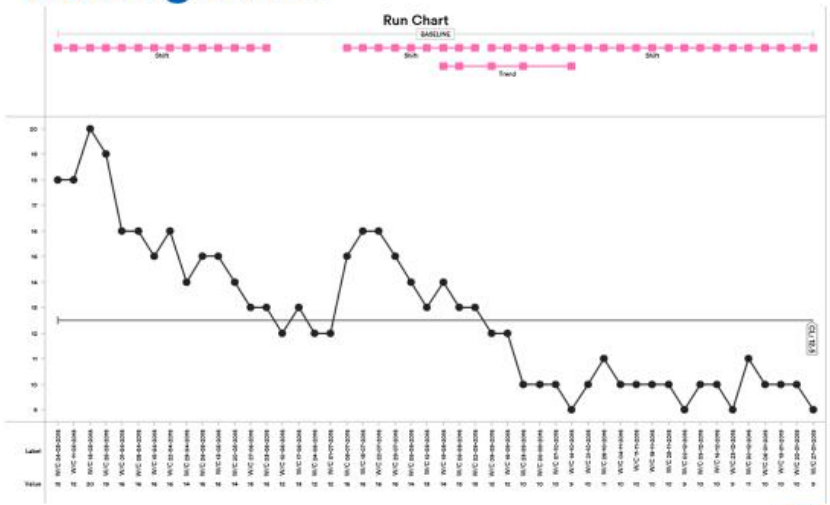






Out of Crisis, page 4

Waiting times



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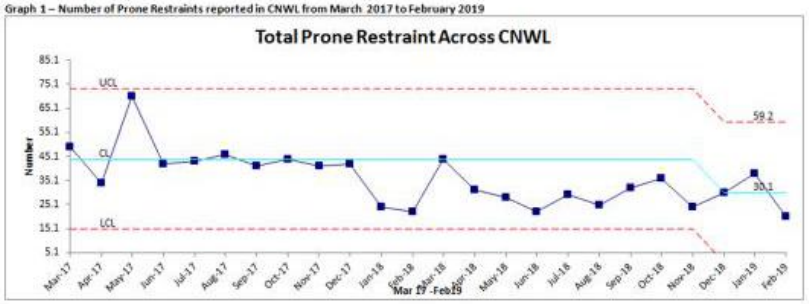
NHS Royal Free London NHS Foundation Trust

Central and North West London NHS NHS Foundation Trust

Prone Restraints

Overview of prone restraint reporting

Graph 1 – Number of Prone Restraints reported in CNWL from March 2017 to February 2019

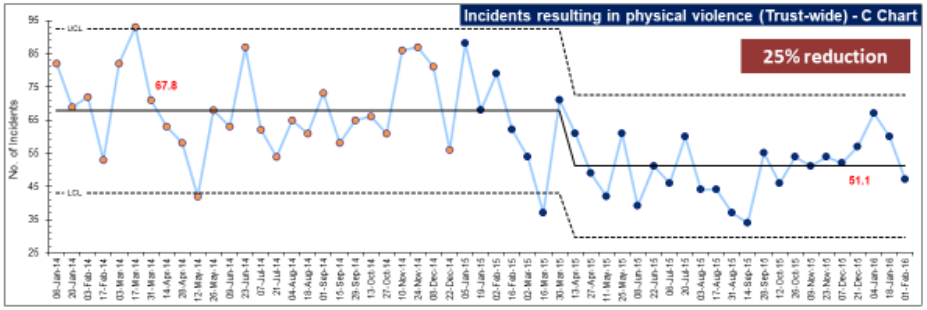


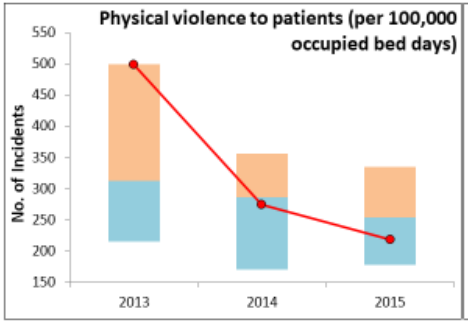
Wellbeing for life

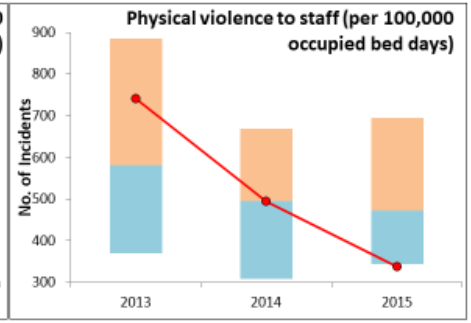
London | Milton Keynes | Kent | Surrey | Hampshire

VIOLENCE REDUCTION

East London NHS Foundation Trust







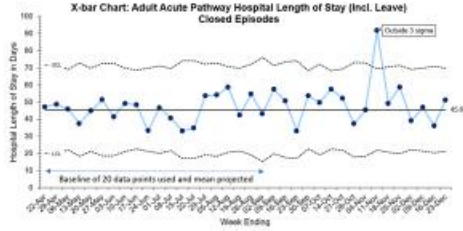
South London and Maudsley NHS NHS Foundation Trust

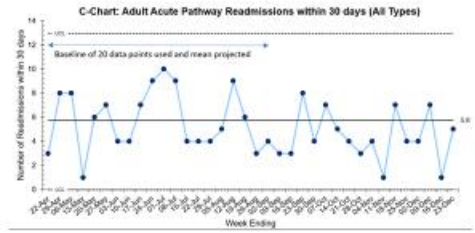
I-Care

Adult Care Pathway (Acute, PICU, Early Intervention) including external overspill

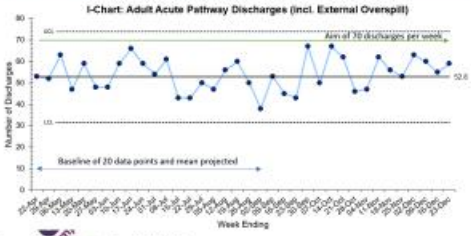
Outcome: Hospital Length of Stay

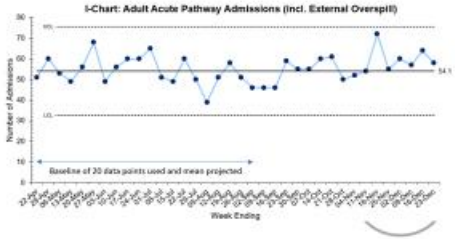
Balancing: Readmissions within 30 Days





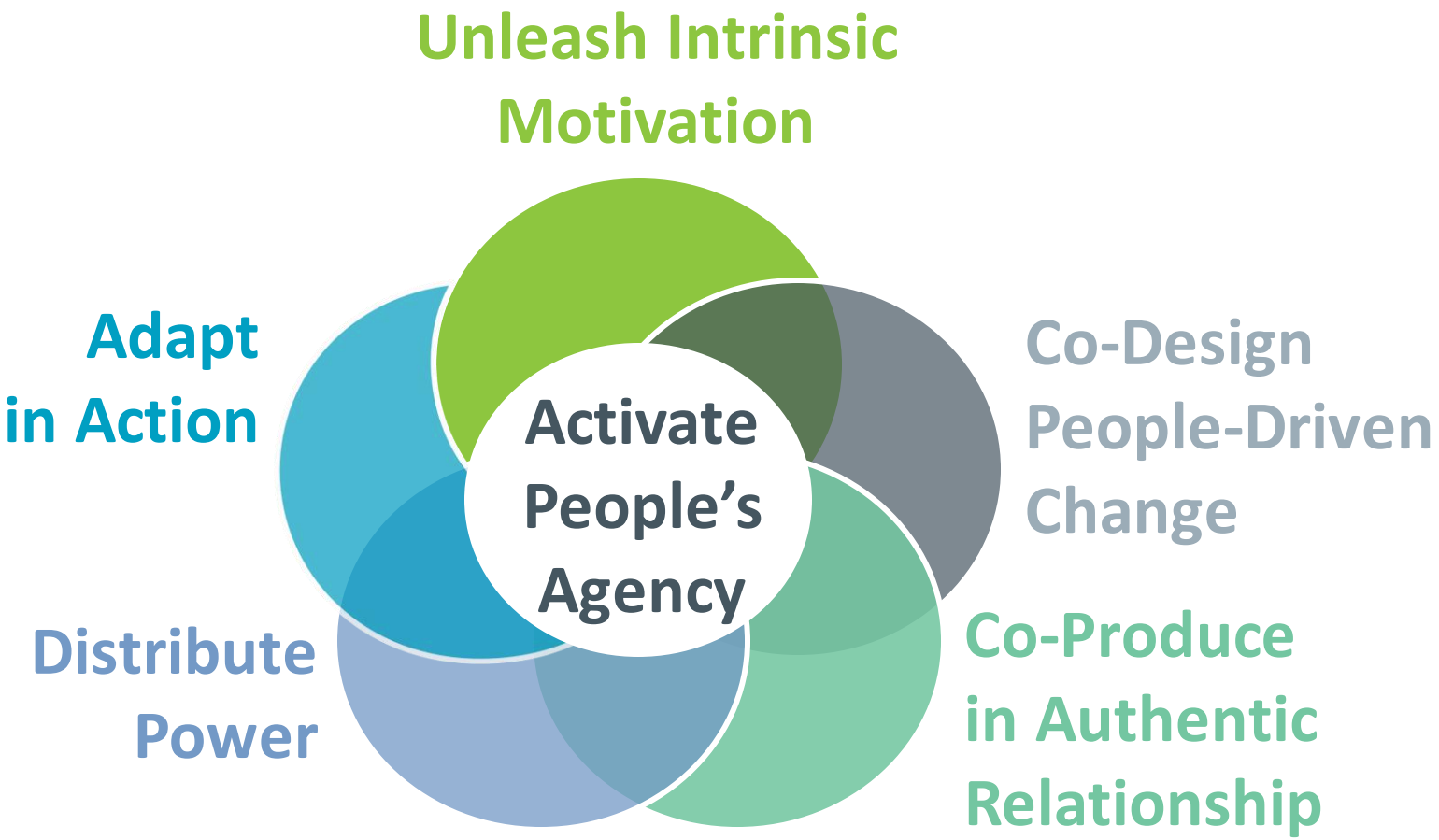
Process: Discharges **Admissions**



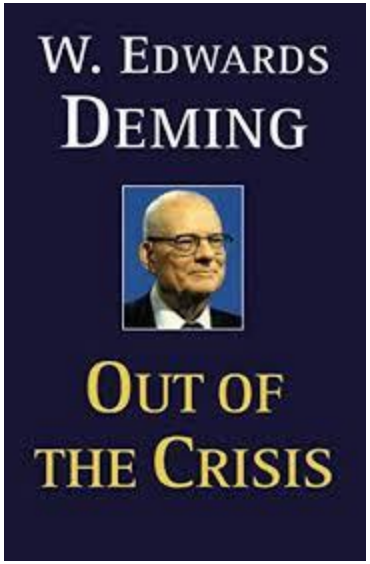


Source: Deming Queries – Run 13/12/2018

IHI Psychology of Change Framework



Source: Hilton K, Anderson A. *IHI Psychology of Change Framework to Advance and Sustain Improvement*. Boston, MA: Institute for Healthcare Improvement; 2018. ihi.org/psychology


W. EDWARDS
DEMING
OUT OF
THE CRISIS


NHS
Improvement
Building capacity
and capability for
improvement:
embedding quality
improvement skills
in NHS providers
Institute for
Healthcare
Improvement
collaboration trust respect innovation courage compassion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Improve Care, Improve the Health of Populations,
and Reduce Costs


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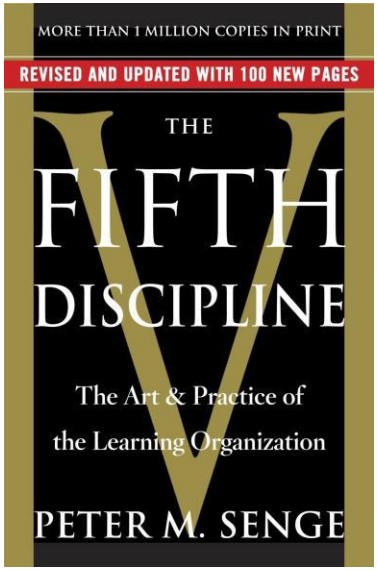
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Institute for
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WHITE PAPER
IHI Psychology of Change
Framework


Institute for
Healthcare
Improvement
WHITE PAPER
Sustaining Improvement

Agenda

1. Context
2. Why commit to entreprise wide improvement? (James Mountford, Director of Improvement, Royal Free)
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Slido…Why commit?

In considering a deep, multi year commitment to continuous improvement as a system wide ambition…ask yourself:

- What isn't working in the "current state"?
  - What are the main challenges?
  - How and why does the current approach fall short?

- What do you think people understand they are committing to?
  - How is this framed differently by (and for) different groups?
  - What are the key elements of the commitment?

The Royal Free London Hospitals: Royal Free and Barnet…

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Royal Free London NHS
NHS Foundation Trust

…and Chase Farm Hospital

Ingoing: Our challenge at the Royal Free

- Severe cost pressures and rising demand
- High inequalities
- Failure to meet our targets and financial challenge

- Underuse, overuse and mis-use of care
  - Large variations in practice
- Too much avoidable harm
- Too much waste
- Inability to “do what we know works” reliably

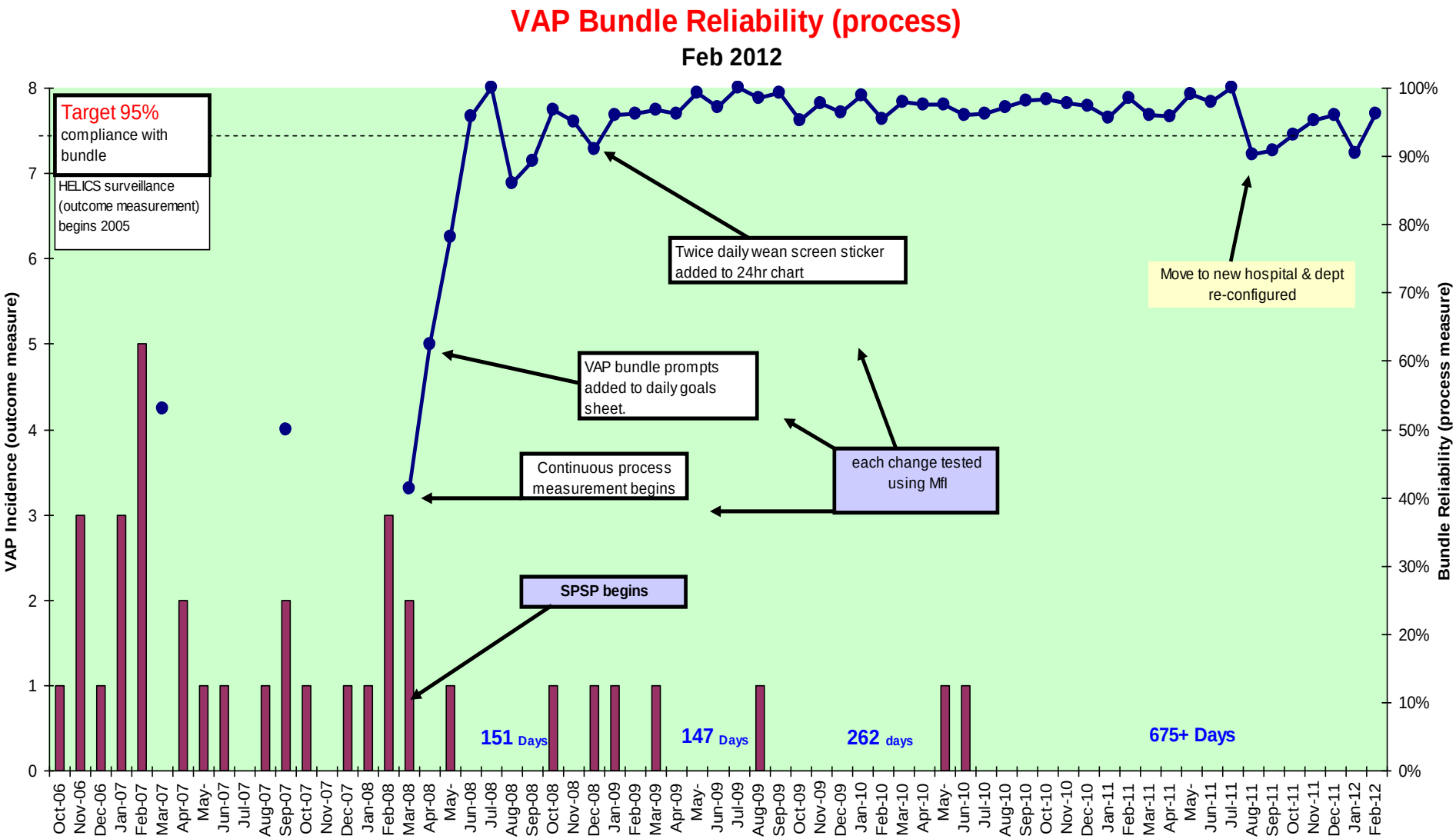
- Patients and population short-changed
- Staff short-changed
- Taxpayer short-changed

…Need a different way of organising and working

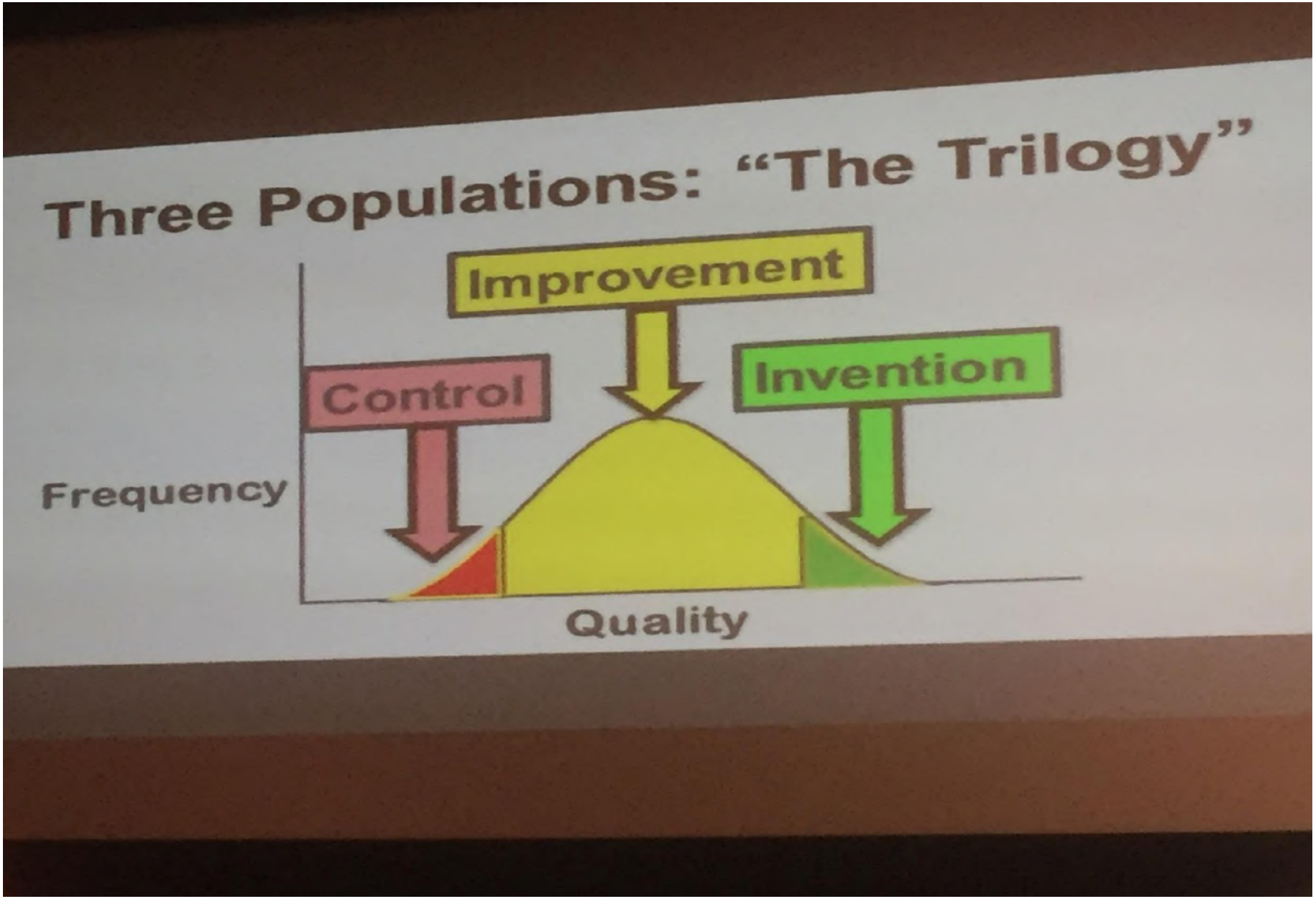
Our basic beliefs

- Focus on quality is best route to efficiency
- Complexity of modern health care requires organisational solutions
- The organisation must support people to deliver their best
- Build on our professionalism
  - Learn from own operating experience
  - Understand baselines
  - Understand and manage variation
- Our patients can provide huge insight and contribution
- Need an infrastructure to support continuous improvement at front line as usual business
- …This will be a multi-year journey

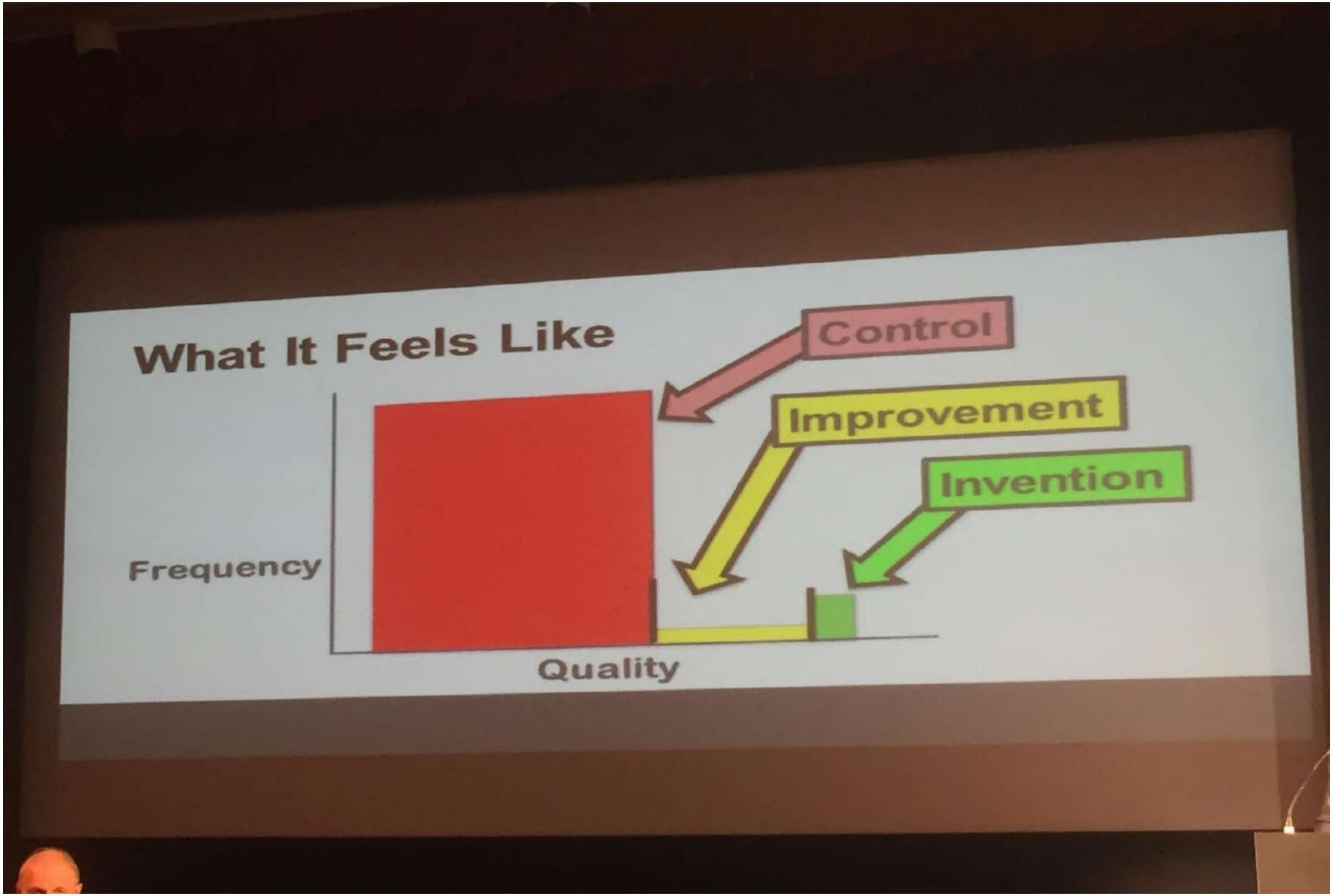
Strong evidence from elsewhere – including Scotland – that improvement can "work"



Source: NHS Scotland.



From Don Berwick

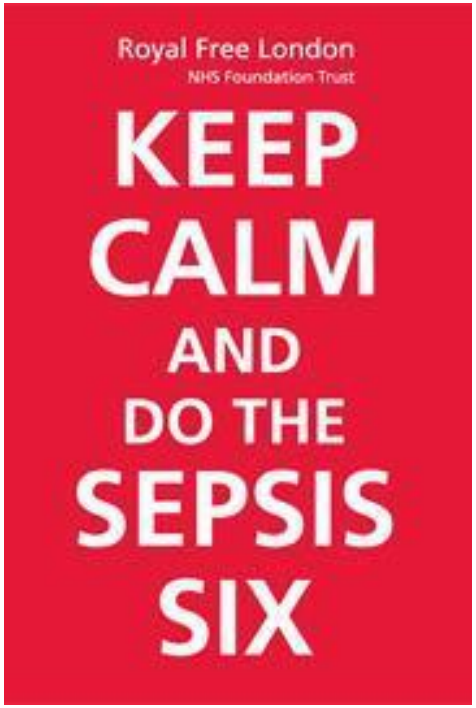


From Don Berwick

“By what method?…”

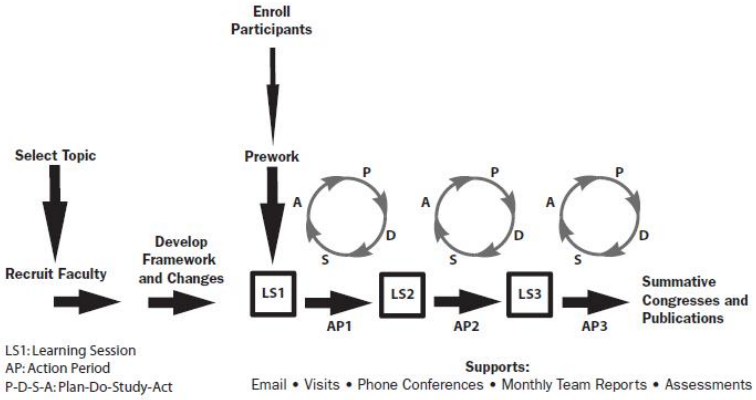
W Edwards Deming

We started with projects, mostly within a safety programme



TOPIC AREA	PATIENT SAFETY TOPIC							
The 'essentials'	Leadership				Measurement			
NHS Outcomes Framework Improvement Areas	Falls	Venous Thromboembolism		Health Associated Infections	Pressure Ulcers	Maternity		
Other major sources of death and severe harm	Nutrition and Hydration	Handover and Discharge	Missed & Delayed Diagnosis	Medical Device Error	Acute Kidney Injury	Medication Errors	Sepsis	Avoidable Deterioration of Adults and Children
Vulnerable groups for whom improving safety is a priority	People with Mental Health Needs	People with Learning Disabilities	Children	Offenders	Acutely ill Older People	Transition Between Paediatric and Adult Care		

Figure 2. Breakthrough Series Model



Patient safety programme

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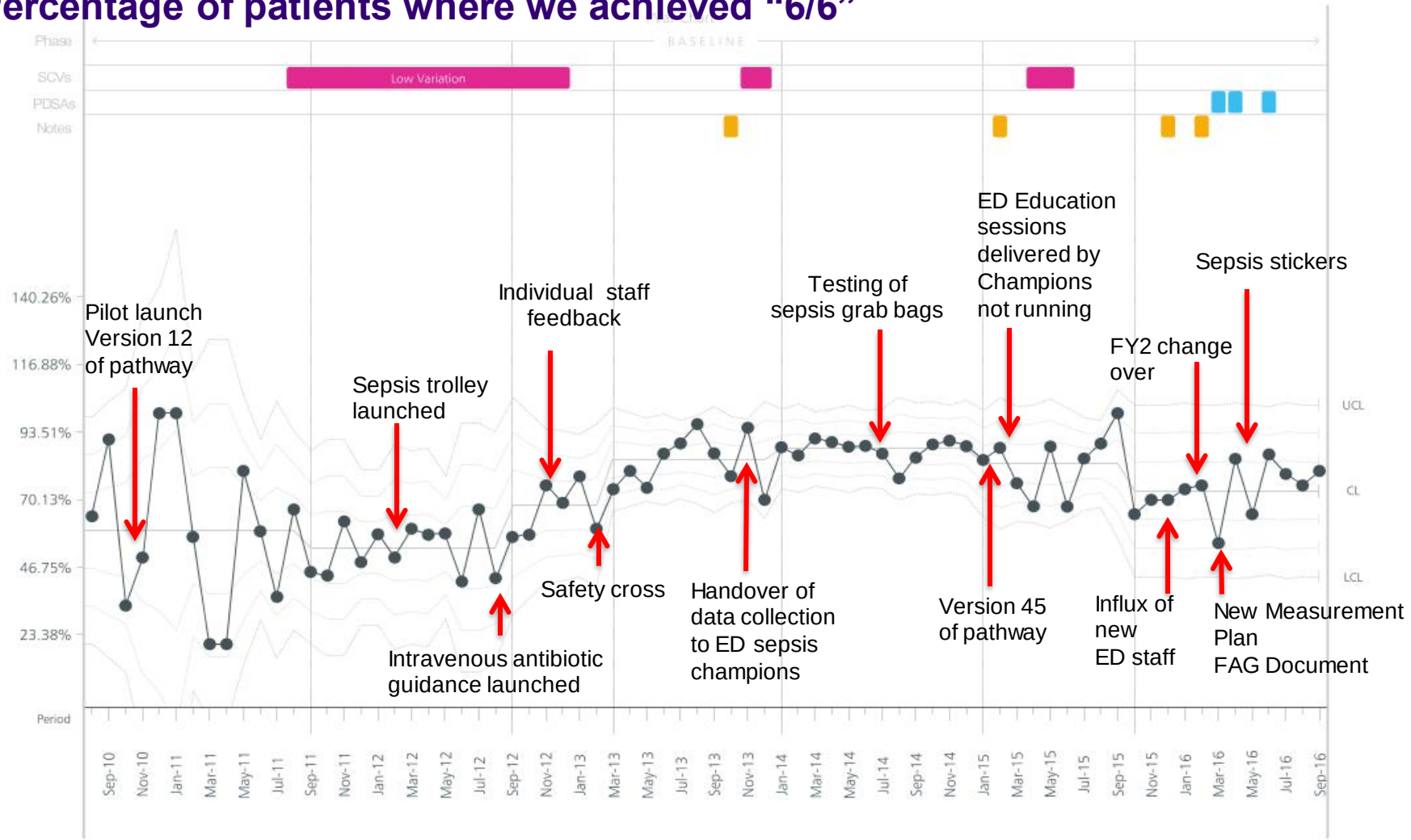
NHS Foundation Trust

Local evidence of success: the Sepsis Bundle

Percentage of patients where we achieved “6/6”



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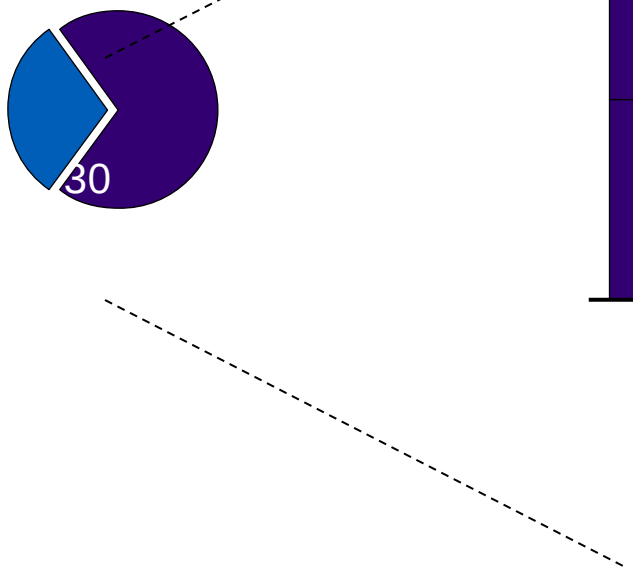
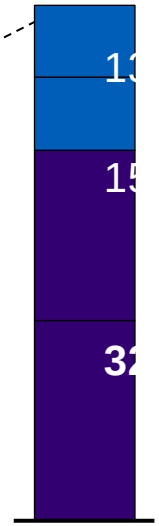
Most change programme fail…generally for “cultural” reasons

% of change efforts failing to achieve target impact



Factors underpinning failure

100% of failed efforts



Other obstacles

Inadequate resources or budget

Management behaviour not supportive of change

Employees resistant to change

>70% of failures due to cultural factors

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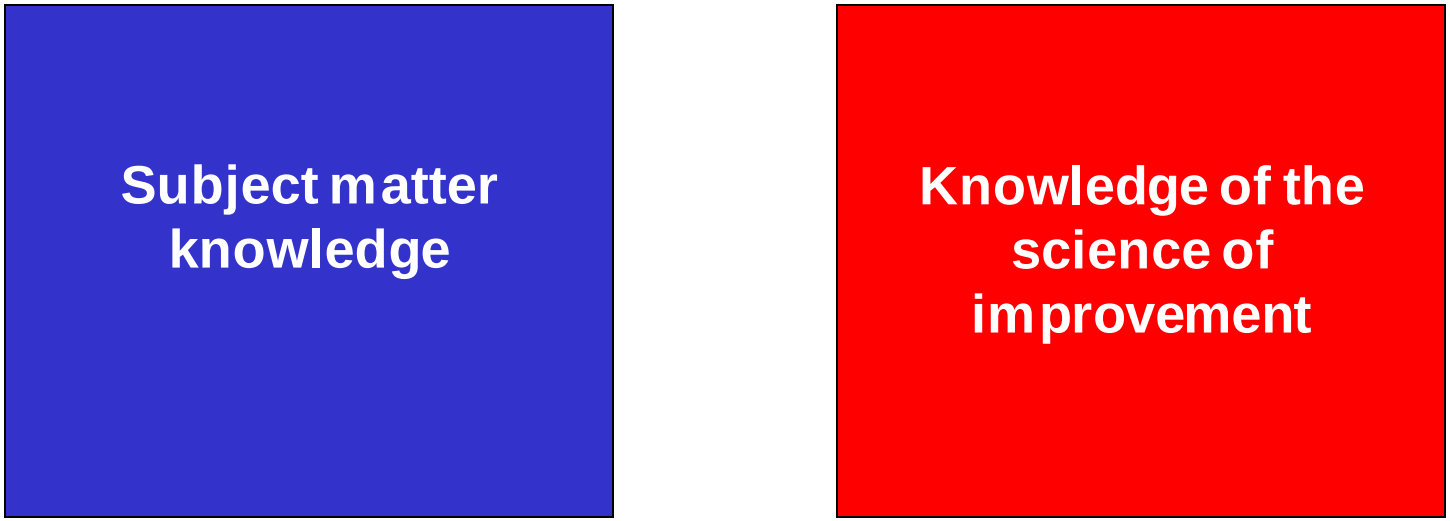
Source: HBR, Beer et al (2007)

Two types of knowledge

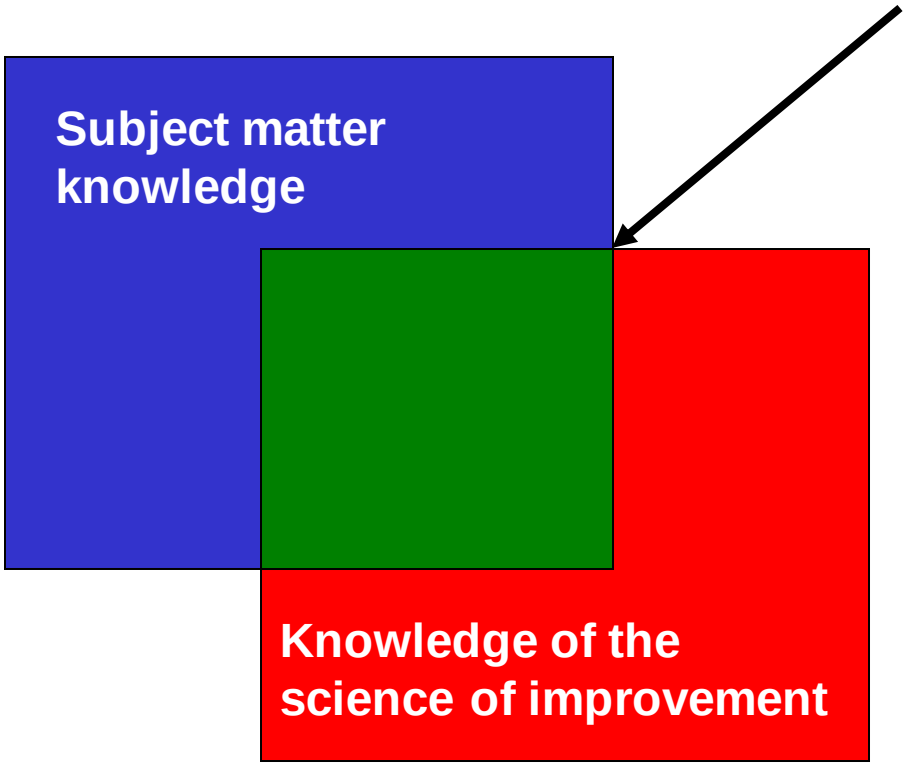
Subject matter knowledge: Knowledge basic to the things we do at work ("professional knowledge")



The science of improvement: the interaction of theories of systems, variation, knowledge, and human behaviour

Acknowledgement: With thanks to Lloyd Provost and IHI

Improvement requires combining the two



Improvement:

Learn to combine subject matter knowledge and improvement science knowledge in creative ways to develop effective changes for improvement

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Acknowledgement: With thanks to Lloyd Provost and IHI

A study visit to Intermountain, Utah…

Extract from Board report debriefing the visit

Aim: Build and reinforce the culture and capability for improvement

Delivery mechanism: Quality Institute (QI)

- The Quality Institute develops the culture and capability needed for quality and cost improvement: grown to ~90 FTEs, $7m budget
- It builds capabilities through educational programmes designed for all layers of the organisation
  - High demand from all staff groups to participate: "graduating" the ATP is a badge of pride
- The Institute also:
  - Houses intellectual capital and resources – e.g., analytic and system engineering support
  - Tracks results
  - Does research
  - Generates revenue, e.g., external Education

The QI integrates with and provides guidance to the CPs

Aim: Improve quality and reduce cost simultaneously through system-wide standardisation of clinical activities

Delivery mechanism: Clinical Programmes

Clinical Programmes and Clinical Services

- Clinical Programmes (CPs) are condition-based (e.g., cardiovascular, mental health) groups of clinicians and other professionals who define best care practices based on clinical literature, expert opinion, and internal system data
- CPs interface with cross-cutting 'Clinical Services' (e.g., nursing, pharmacy, imaging)

Development Teams

- Each Clinical Programme is comprised of 4-5 Development Teams who are responsible for developing and implementing the findings of the Clinical Programme
- Each Development Team will develop a number of Care Process Models (CPMs)

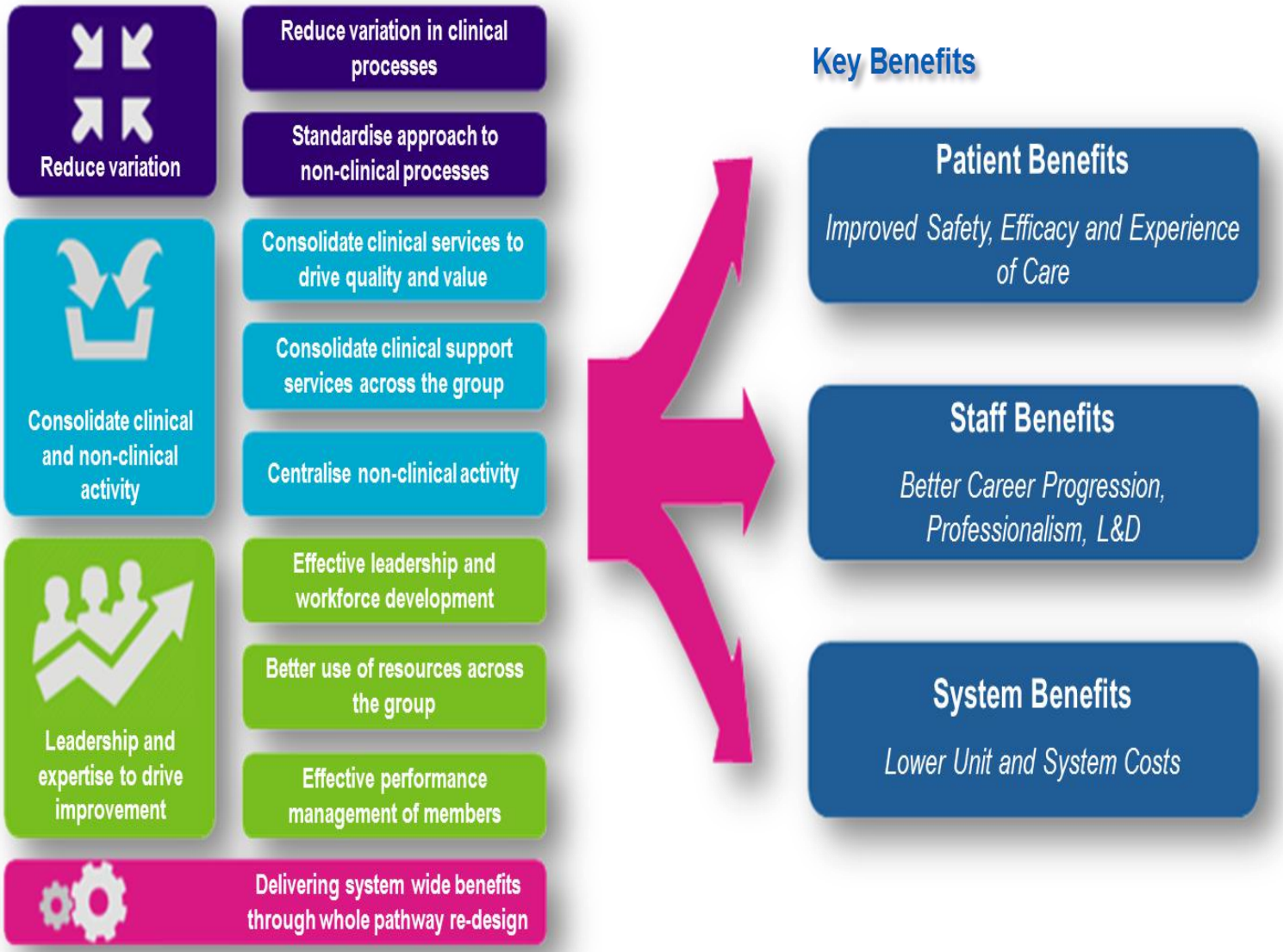
Care Process Models (CPM)

- Care Process Models (CPMs) turn the CP recommendations into a standard decision making tool – e.g. diagnosis/Rx of Acute Coronary Syndrome; uncomplicated labour
- CPMs were paper-based and implemented through local IT; now being codified into workflow through EMR

Underpinned by clinical engagement and governance

- Central aim to reduce unwarranted variation and waste
- Improvement a major element of key peoples' roles (clinical and other)
- Estimate CPs span ~$200m resource and generate >$500m direct cost savings (incl in supply chain), plus quality benefit

…helped define RFL Group expected benefits



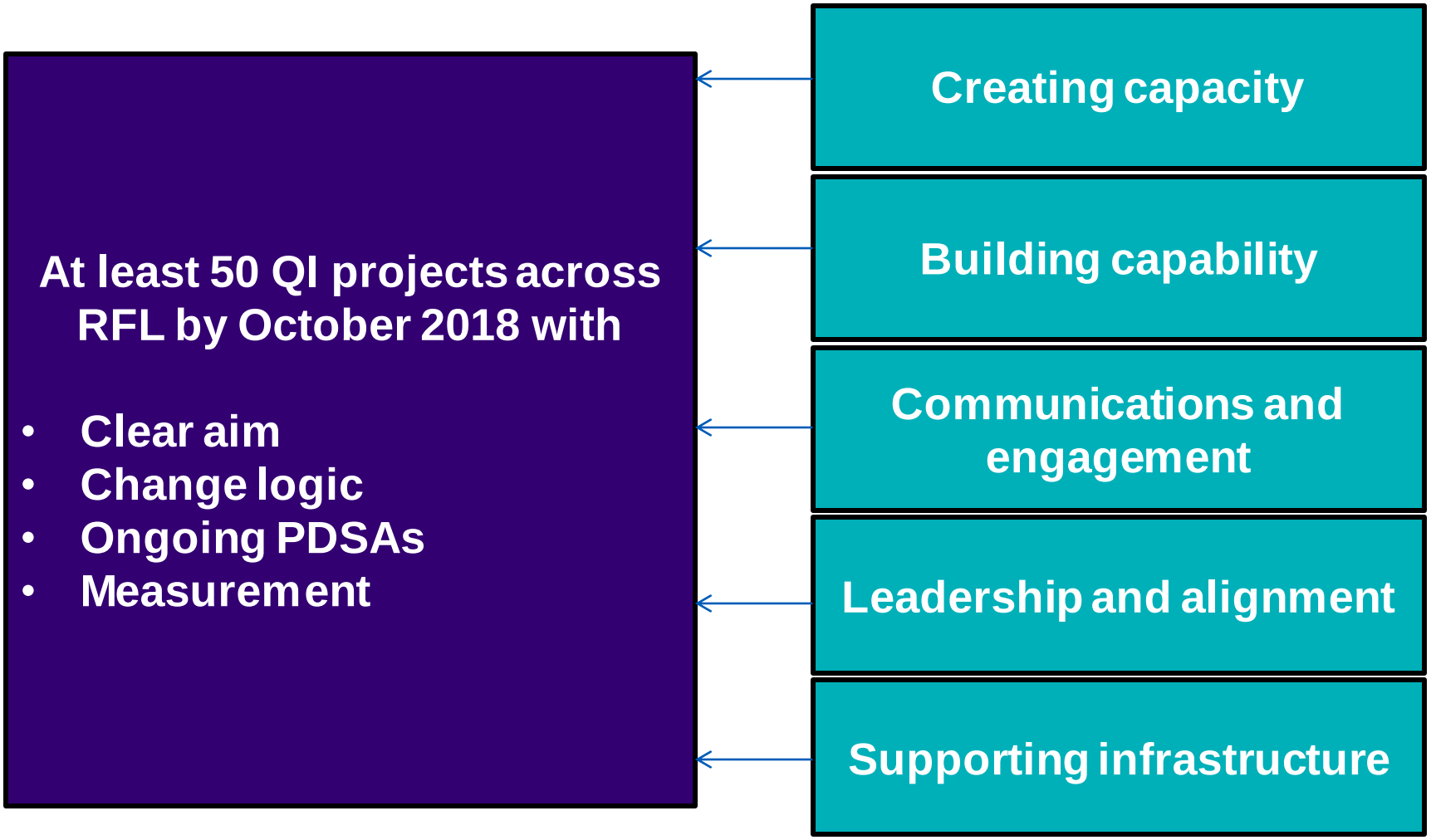
The RFL Trust Objectives 2018-19

At the trust board meeting on 25 April 2018 the following trust objectives were agreed:

1. All sites rated CQC outstanding for leadership (well-led)
2. Develop our partnership with North Middlesex University Hospital
3. Chase Farm open in 2018
4. Achieve our financial improvement target
5. Eliminating never events
6. Improve A&E performance
7. Meet the cancer access target
8. Eliminating 52-week waits
9. Make progress on inclusion and the WRES
10. Implement the GDE
11. 20 Clinical Pathways embedded
12. Building relationships for an integrated care system

QI, as our agreed improvement method, will be marshalled in support of achieving these objectives.

Improvement programme: initial aim and elements



Why commit?

- What do people think will be achieved?
  - How do people describe and envisage the brighter future? (What is the elevator pitch for this?)

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Thank you

@mountfordjames

james.mountford@nhs.net

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3. Getting started (Simon Edwards, Clinical Lead for Quality Improvement, CNWL)
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QI@CNWL
Getting started

Simon Edwards
Trustwide QI Clinical Lead
Divisional Medical Director

April 2019

QI Quality Improvement

For slido

- How would you measure the impact of your system wide improvement efforts? (how would you know its making a difference?)

A brief history of CNWL

- 2002: Central and North West London NHS Mental Health Trust was formed, following a merger of three mental health trusts covering the London boroughs of Brent, Kensington and Chelsea, Westminster and Harrow, and addiction services in west London.
- 2007: CNWL became a Foundation Trust in 2007 –Central and North West London NHS Foundation Trust. In the same year, Hillingdon Child, Family and Adolescent Consultation Service joined the Trust.
- 2009: Enfield Learning Disability Services joined CNWL.
- 2010 and 2012: CNWL took on primary care, mental health and substance misuse services within a range of prison services.
- 2011: CNWL integrated with community health services in Hillingdon (January) and sexual health services/HIV in Camden
- This brought community services into CNWL and enhanced opportunities for integration of mental and physical healthcare for our patients.
- 2013: CNWL integrated with Milton Keynes community and mental health services
- 2016: Community Independence Service joined CNWL.
- 2017: CNWL rated as 'Good' by the CQC
- 2018: CNWL take on Surrey sexual Health and further prison contracts

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Services in the south of England

SH Sexual health services

LD Learning disabilities services

A Addictions

CH Community services (adults and children) (Buckinghamshire: dentistry only)

MH Mental health services

ED Eating disorder services

O Prison healthcare and offender care services

Services across London

Challenges within organisation

- Diverse geography
- Workforce:
  - difficult to recruit to specialties and environments
  - small teams
- New and evolving commissioned services
- Service user and carer involvement

Getting started

- Getting senior executive buy in
- A clear and measurable aim
- Strategy & structure for building capacity and capability
- A QI team
- Bottom up, no top down in year 1

Enablers

- Standardised proven methodology
- Training
- Ongoing project support
- Supportive IT
  - For staff to do projects
  - For Project team to map spread
- Celebrate success
- Comms and engagement

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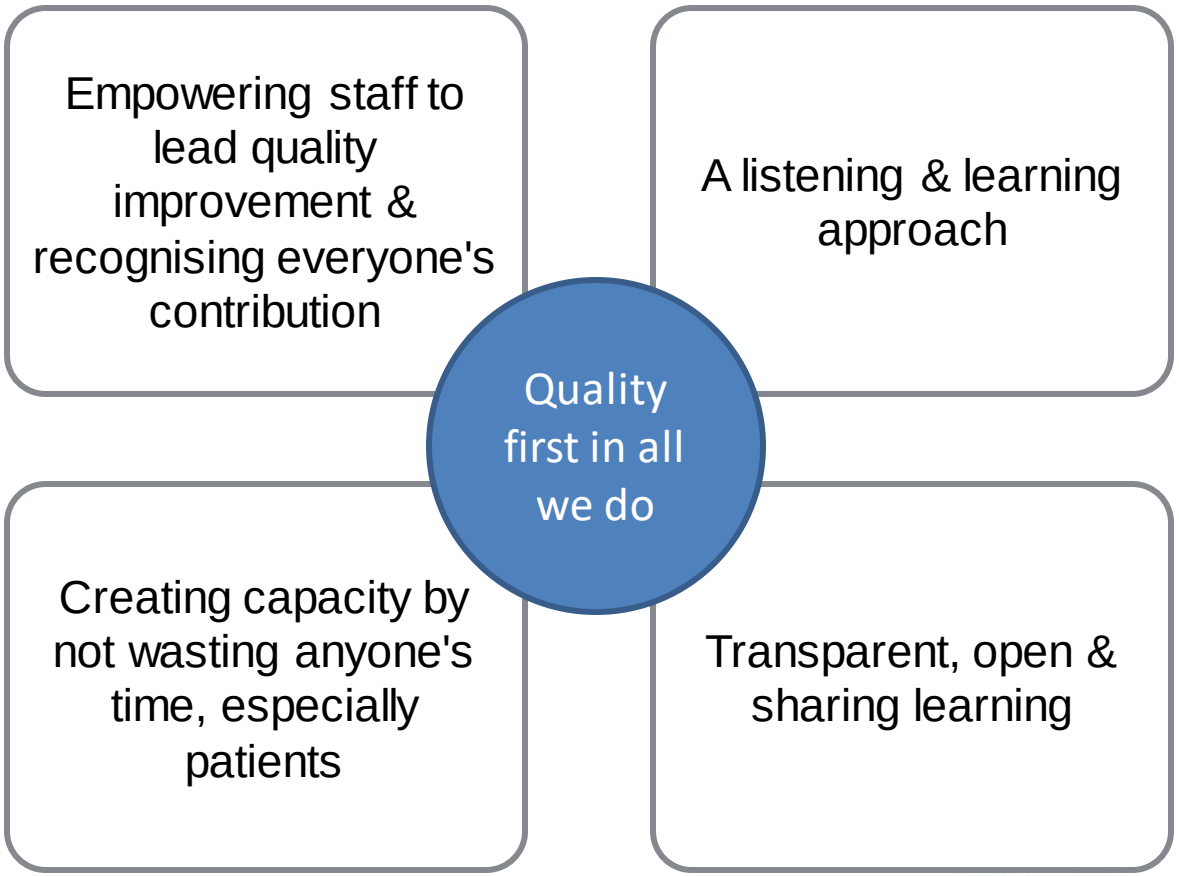
CNWL QI Vision



QI Quality Improvement

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Vision: use data effectively

- Decide when a change is and is not required
- Demonstrate when an intervention has worked or not worked
- Drive and encourage improvement in teams

QI Quality Improvement

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Year 1 QI strategy and structure

Strategy	Structure
Build capacity	• Training programme • QI team • Senior leaders support
Build capability	• Dedicated time for coaches and Divisional leads • IT platform to support project delivery and monitoring • Microsite development • Embed QI and data into key meetings across organisation • Celebratory events and comms

QI Quality Improvement

Central QI Support

Dr Simon Edwards
Trustwide QI Clinical Lead

Alison Butler
Trustwide QI Programme Lead

Bridget Browne
QI Programme Manager
Improvement Support Service

Marcus Maguire
Programme Manager
Improvement Support Service

Divisional QI Support

Michele Dowling
Divisional Clinical QI Lead
DiggoryDivision

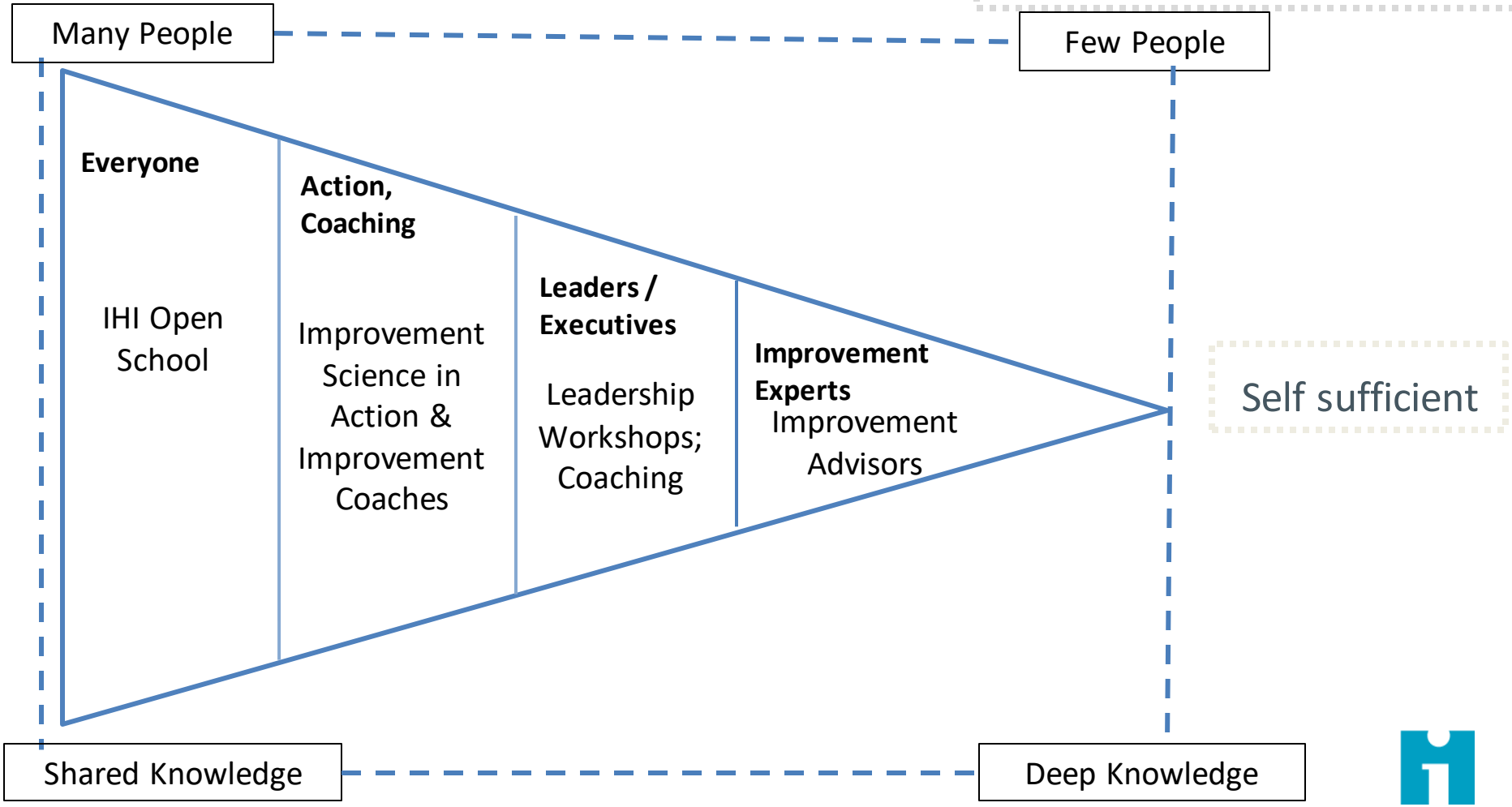
Margo Fallon
Divisional Clinical QI Lead
Goodall Division

Dr Tresa Andrews
Divisional Clinical QI Lead
Jameson Division

CNWL's Dosing Approach:

Development of Quality Improvement Capacity and Capability

- Knowledge transfer
- Coaching
- Mentoring
- Integration into daily work



LifeQI

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910 verified users

Simple to use

Structure for project

Solution focussed

Sharing

Over sight

Stealing ideas

https://www.lifeqisystem.com/

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How good by when?

	November 18	April 19
Developing capacity and capability		
# IHI Open School Modules completed	200	>400
# Staff completed the IHI Improvement Science in Action Course	170	170 (Wave 3 to be held in October 90 more places)
# Improvement Coaches trained	30	30 (Wave 2 to be held in May 30 more coaches)
Improvement projects		
# QI Projects on Life QI	120	350
# Organisational Led projects	6	
% of QI projects scoring 3 or more	15%	80/350 (23%)

QI Quality Improvement

How good by when?

	November 18	Status
Engagement		
# of board meetings that include QI on their agenda and present data in appropriate QI way		On agenda of all divisional meetings
% Service User involvement in projects	30%	26%
# hits on the microsite	No target	2,157 page views in February 2019

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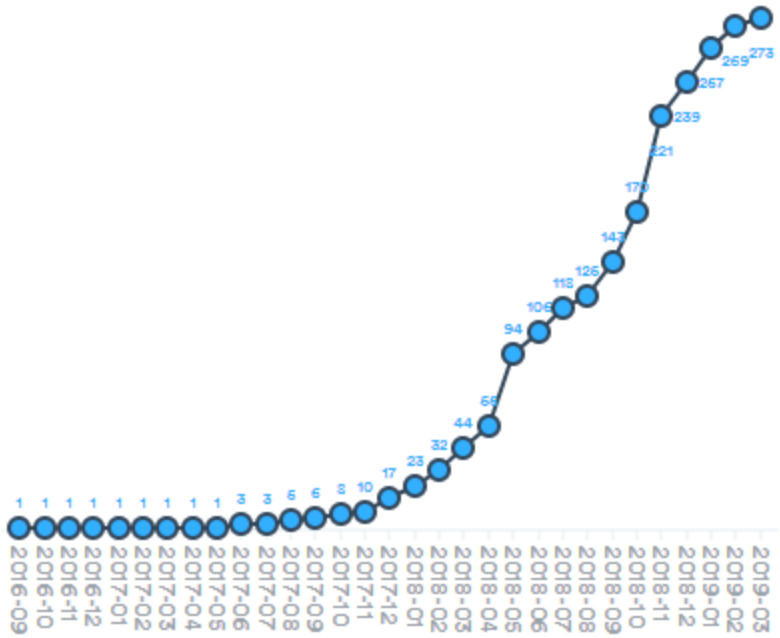
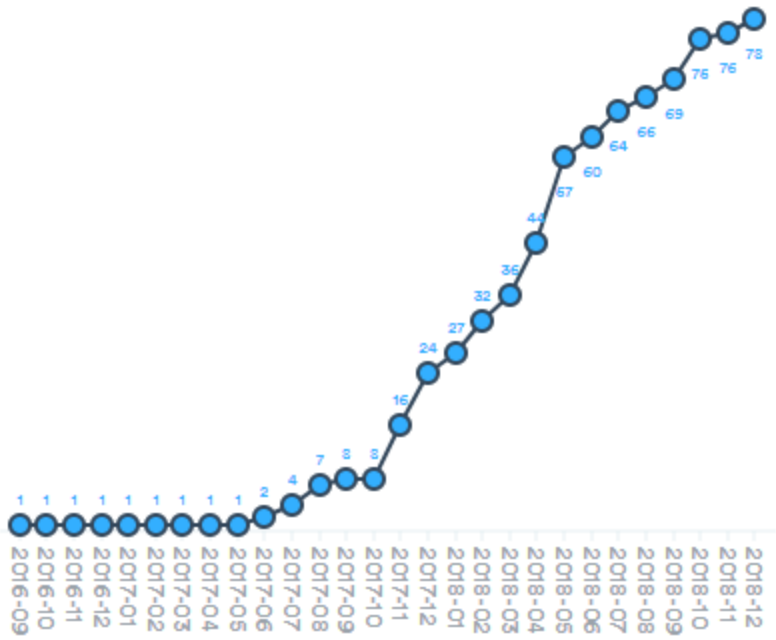
Cumulative active projects



Project progress scores over time (Progress score 3.0 and above)



QI Quality Improvement

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Support for QI in CNWL

QI Quality Improvement

Training and support

- IHI Open School (courses QI101 – QI105) – online
- QI Microsite qi.cnwl.nhs.uk
- QI Learning Events (3 x annually) – to learn and share projects, Masterclasses in QI methodology
- Monthly Bitesize QI
- IHI Improvement science in action course
- IHI Improvement Advisor course (3 Improvement Advisors trained, 1 in progress, 1 to follow)
- IHI Improvement coach development programme (30 places in 2018 and 30 places in 2019). 60 QI Coaches to support QI

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QI training embedded into other training opportunities

- Bimonthly executive team strategic guidance
- QI leadership coaching
- Management fundamentals for senior staff
- Nurse preceptorship courses
- QI presentations at Grand (Learning) rounds

QI Quality Improvement

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bitesize QI

- **Bitesize QI is a half day introduction to QI.**
- **Covers:**
  - **Model for Improvement**
  - **How to create a team**
  - **How to develop a driver diagram and run PDSA cycles.**
  - **Choosing measures for improvement**

QI Quality Improvement

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IHI Improvement Science in Action

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Coaches and more coaches

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Exec QI training

QI Quality Improvement

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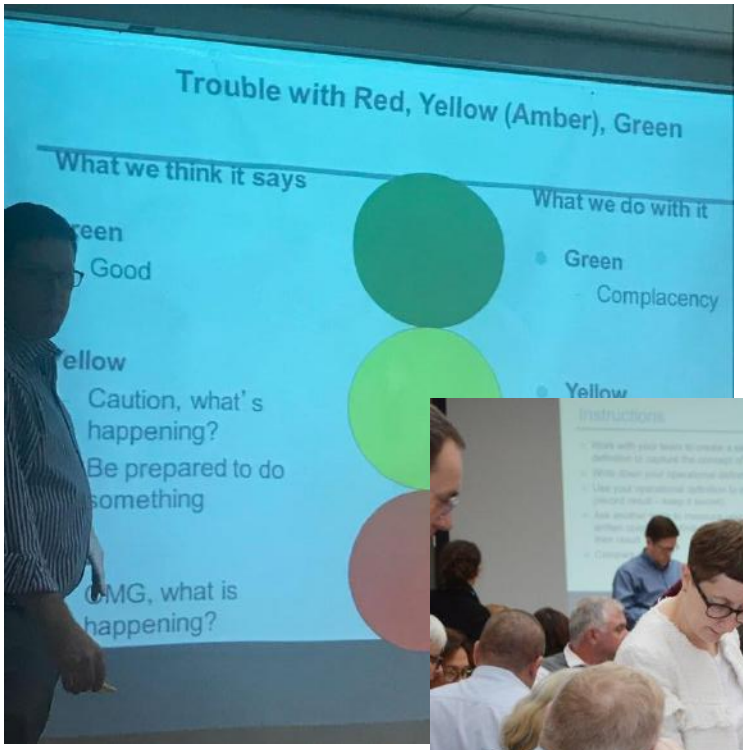
Senior Leaders also receive QI Training



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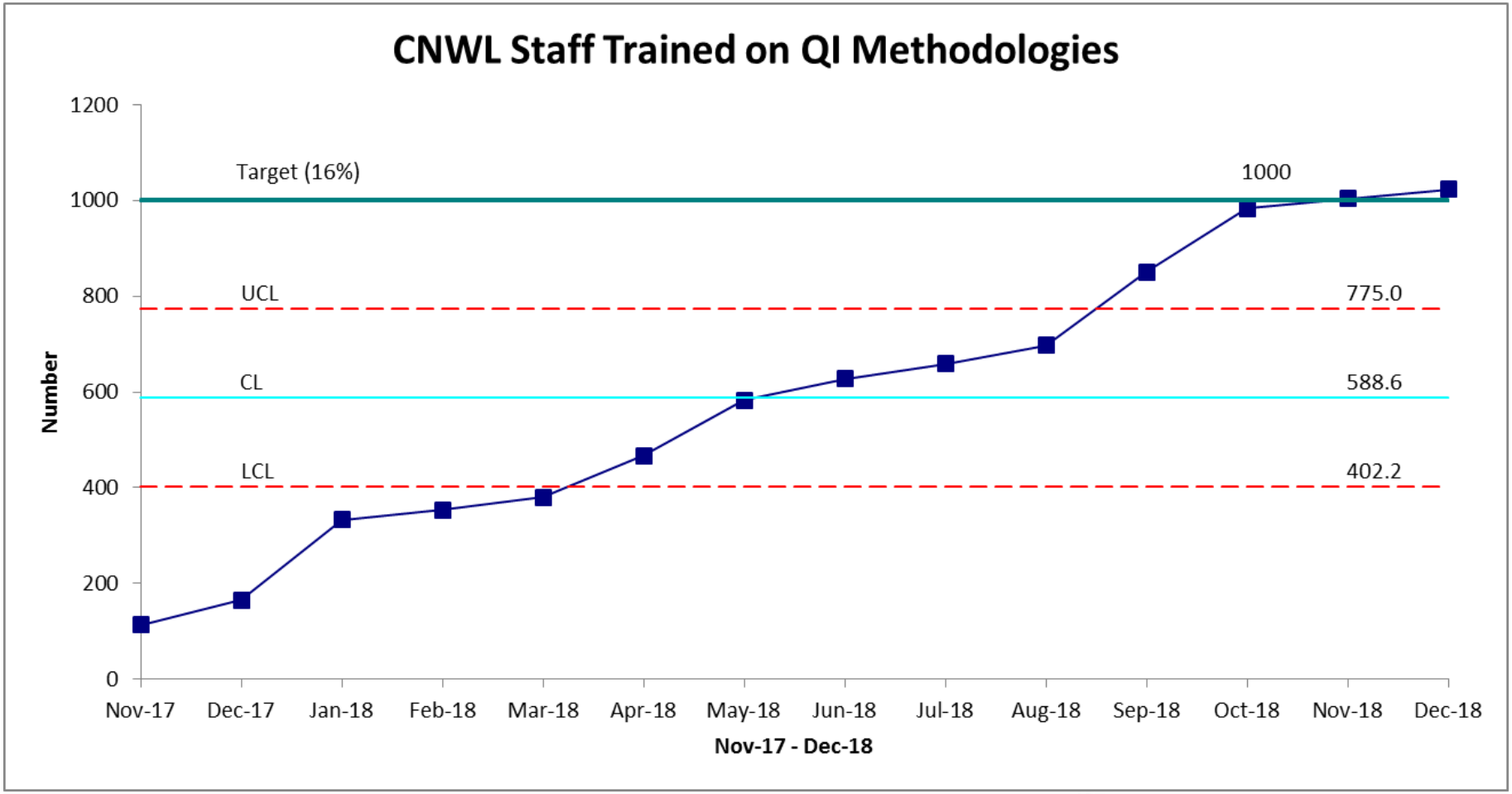
Staff trained in QI methodology November 2017 – December 2018



Improving patient and carer involvement

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Involving Patients and Carers in Quality Improvement Projects: A Practical Guide

Artwork by Cady Stone

QI Quality Improvement

https://www.qi.cnwl.nhs.uk/

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Updated monthly with :

- new QI video stories
- Posters
- Newsletters
- Training opportunities

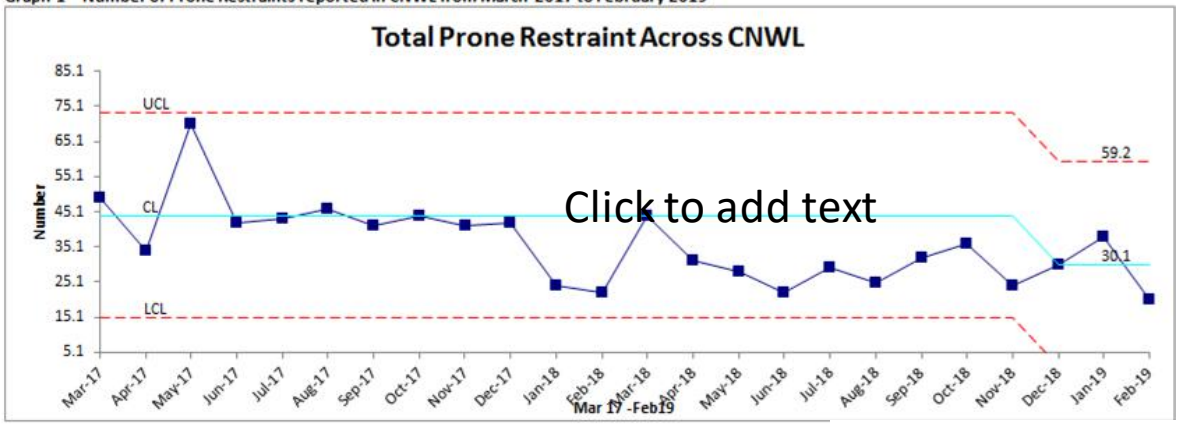
Over 2000 page views each month

Data: SPC charts to board meetings and bottom up projects

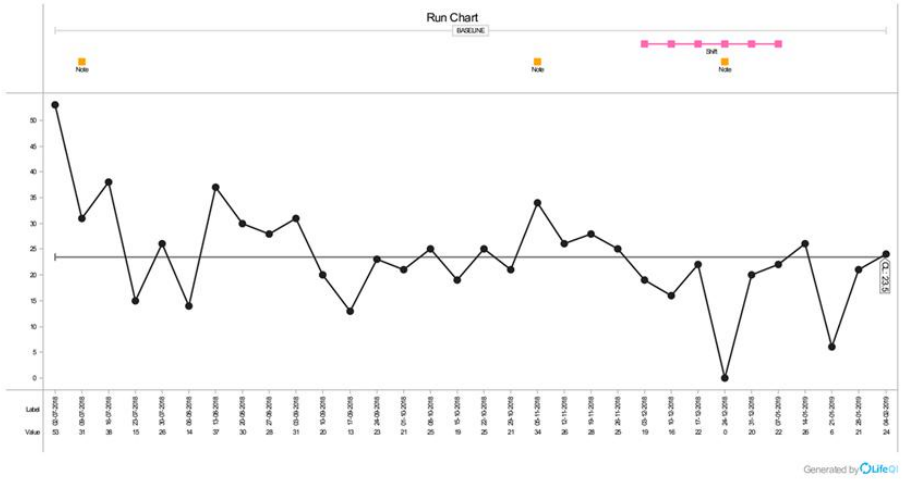
Prone Restraints

Overview of prone restraint reporting

Graph 1 – Number of Prone Restraints reported in CNWL from March 2017 to February 2019



Click to add text



Run chart: Reducing length of stay on Intermediate care unit

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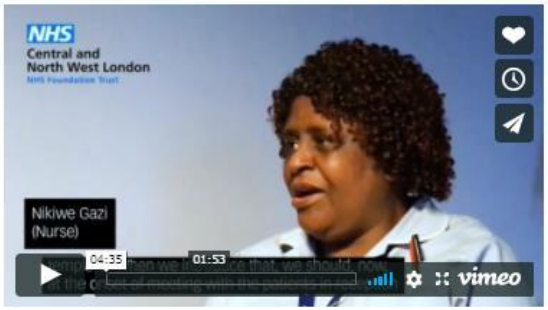
Search this site

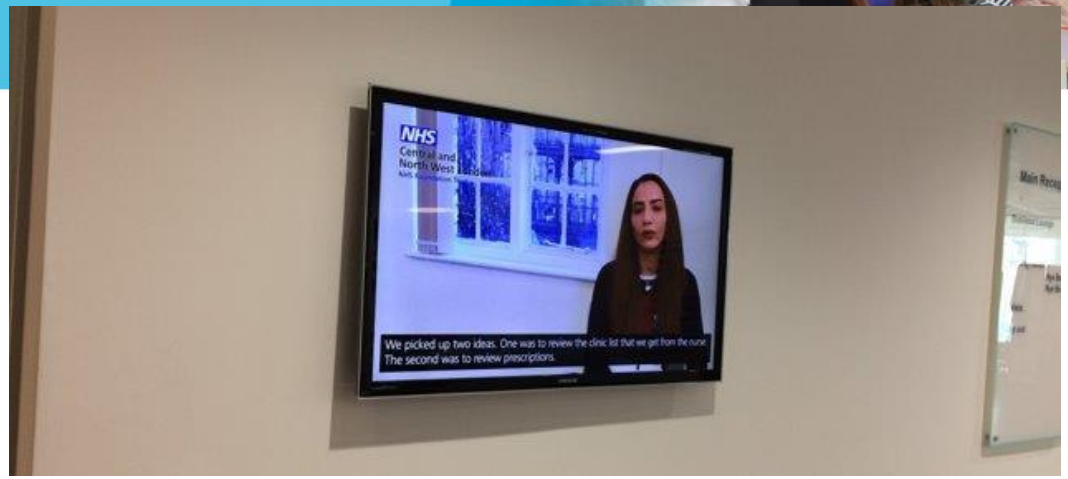
QI Quality Improvement

Home | News | QI projects | Training and events | Support for your QI project | Contact

Our QI Stories



Increasing uptake of BBV screening



Posters

Decrease the number of DNAs (did not attend) to psychology groups in HMP Downview (Offender Care)

Improve attendance at Nursing Health & Wellbeing appointments and assess service user satisfaction with Health & Wellbeing assessment in Ealing RISE (Addictions)

ent

@QICNWL


David Bell @DavidMBBell · 2h
Absolutely! That's exactly what we @CNWLPeople think too @QiCnwl
#JamesonPeople #AmbitionforExcellence @adeodunlade #nhs
NELFT QI Programme @nelftqip
Quote from Ben trainee nursing associate who is with the QI team " it
us (staff) taking control over the change rather than being forced to c
Thanks Ben
CNWL People
@CNWLPeople
Following
Hear our Chief Executive @ClaireCNWL talk
more about our @CNWLNHS
Thomas Dowle @TomCNWL · Oct 30
The second QI meeting
Driver diagram coming together
@CamdenRAS @QiCnwl
Davina RN DN QN
@pughdavina
Follow
#diggoryfest @cnwl @QiCnwl @sisterglo
Pam presenting the QI project she undertook
as part of the Diggory Leadership programme
QI CNWL Quality Improvement
@QiCnwl
It's been a great day with @QiCnwl at the
@CNWLNHS management fundamentals
course hosted by @dot_griffiths at
@imperialcollege . Inspiring to see so many
of our senior leaders embracing QI
methodologies.
MH Collaborative
@IQMentalHealth
In @CNWLNHS's #MentalHealth
Brent, the 'Team Working Is Safer
(TWIST) project is improving safety
reducing restrictive practices throu
working. This project was awarded t
@CNWLNHS Project of the Year 201
video at: vimeo.com/275594801
Jack Pooler @JackPo
@QiCnwl Safer Leave
the help of QI coache
Katherine Murray
@k_a_murray
What a week! #3BCIS patient
@CNWLNHS board, @QiCn
@WLondonCCG GPs @Reb
positive feedback from @
@ImperialNHS for our #Hom
promotion for two of our our #
#Westminster & CQC prep. C
#FridayFeeling
9:21 am - 16 Nov 2018
6 Likes
Rebecca Dunkerley
@RebeccaTD
Enjoyed Neo Health PCN Meeting today on
use of #QualityImprovement method around
shared aim to improve an existing process &
work in a more integrated way aro
unplanned care. Next meeting
plan next steps @k_a_murra
@WLondonCCG @MyCa
@ClaireCNWL
10:43 am - 14 Nov 2018
4 Likes
Following
HannahOT @Hannahtweeter
So great to have our
Independen
@Qi
IHI Retweeted your Tweet · Oct 30
CNWL Quality Improvement @QiCnwl
Charles Daniels @Ccd0606 · Nov 17
So impressed by the commitment and ideas continuously generated to develop
our frailty prototypes. @NHSHarrowCCG @LNWH_NHS @CLCHNHSTrust
@StLukesHarrow @QiCnwl @Ldn_JCHP @LAS_NorthWest
3
9

QI newsletter

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To date we have shared 17 monthly newsletters

you're not on the tube), no hosepipe ban just yet and
l Cup didn't come home. But many teams around the trust are
mes over summer, hope you are enjoying your new space.
the Women's Hockey World Cup that's just started in London.
k about sport. Although we may talk a lot about teamwork as we
nity.

prospectus. The full version

QI Quality Improvement

Certificates to QI projects showing improvement

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If I could turn back time

- *More informatics support*
- *Bigger skilled team to support projects to progress*
- *Greater emphasis on engaging and training non clinical service leads and key opinion leaders*

Agenda

1. Context
2. Why commit to entreprise wide improvement? (James Mountford, Director of Improvement, Royal Free)
3. Getting started (Simon Edwards, Clinical Lead for Quality Improvement, CNWL)
4. Break
5. Engaging key groups (Michael Holland, Medical Director, SLAM)
6. Building skills and developing a learning system
7. Integrating all quality functions
8. Q&A

SLaM today

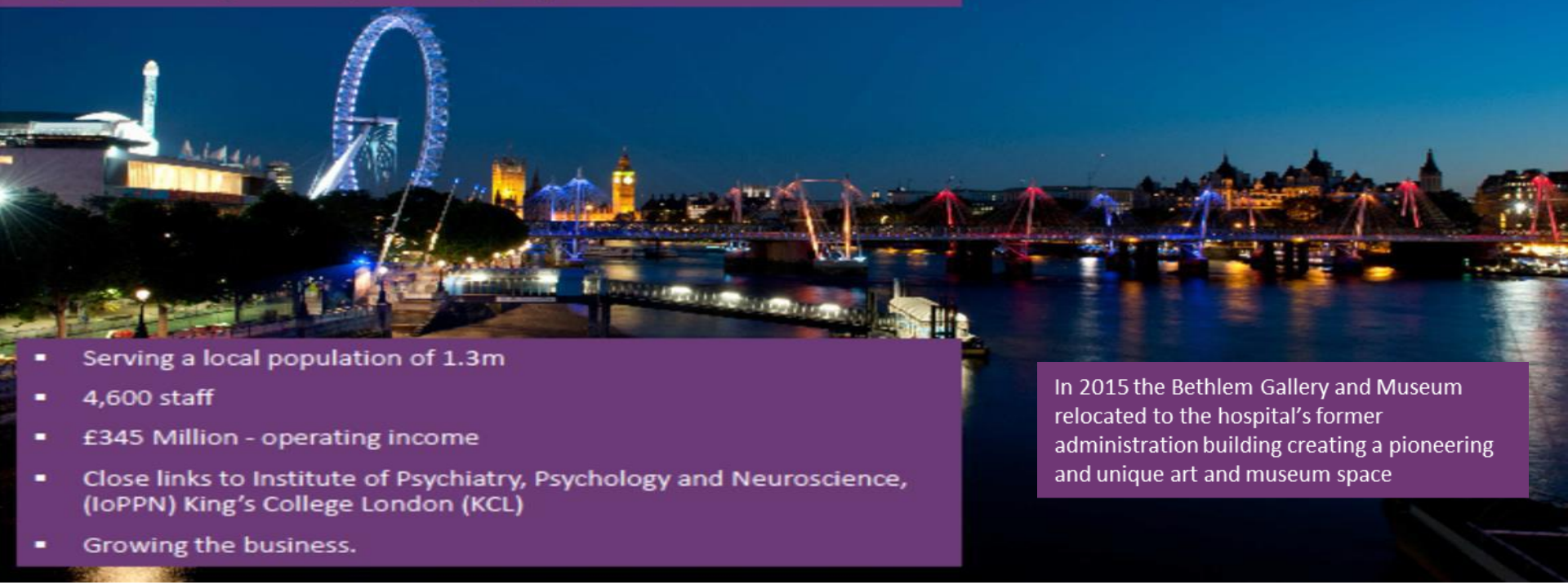
South London and Maudsley NHS Foundation Trust today

Providing the widest range of mental health services in the UK

90+ community sites across eight London boroughs, national services

Four hospitals: Bethlem Royal Hospital, Maudsley Hospital, Lambeth Hospital and Ladywell Unit, University Hospital Lewisham.

Art and mental health
For over 150 years the hospital has actively collected artwork created by patients.
The Bethlem Gallery was established in 1997 to provide a platform for artists who are current and former patients



- Serving a local population of 1.3m
- 4,600 staff
- £345 Million - operating income
- Close links to Institute of Psychiatry, Psychology and Neuroscience, (IoPPN) King's College London (KCL)
- Growing the business.

In 2015 the Bethlem Gallery and Museum relocated to the hospital's former administration building creating a pioneering and unique art and museum space

Quality Improvement

NHS
South London and Maudsley
NHS Foundation Trust

Why are we doing this?

- Long Term sustainability
- Variation in outcomes across services
- Engagement of staff in ownership and responsibility of quality

Leadership

- Training of Leaders
- Weekly huddles in every directorate with Teams invited to talk through projects with the leadership teams
- Executive Leadership Team Huddle moved from Trust HQ to the Maudsley Canteen, open to all with information displayed continuously
- ELT QI projects
- QI projects presented by teams at every Trust Board meeting
- Performance and Quality Meetings

Building the Will with all Staff

- QI surgeries/ drop-ins in each of the boroughs
- Leadership Walkarounds for Quality and Safety – 205 in the last year
- Introducing QI in MACs, professional group meetings, conferences
- Video on QI for new starters
- QI news articles on the intranet
- Conferences internally and across our partners
- KHP Safety Connections events
- QI Wall
- Collaboratives

Targets for 17/18

Building capacity and capability 2017/18

480 staff

ISIA training Two days
For all staff service users/ carers doing a local Qi initiative

Recovery College One day introduction to QI

160 leaders/managers/consultants

One day leadership/manager –" My role as a leader/ manager in continuous improvement using QI methodology- Senior managers, consultants, team leaders

250 places
IHI Open school- 12 months max with 3 QI coach learning sets every 2 months

40-50 QI coaches in CAGS/ corporate services

QI Coaches CAGs and corporate services

12 Business analysts

Data analyst training for SPC charts

6 current and 3 started in May 2017

Improvement advisors

Options for CCGS

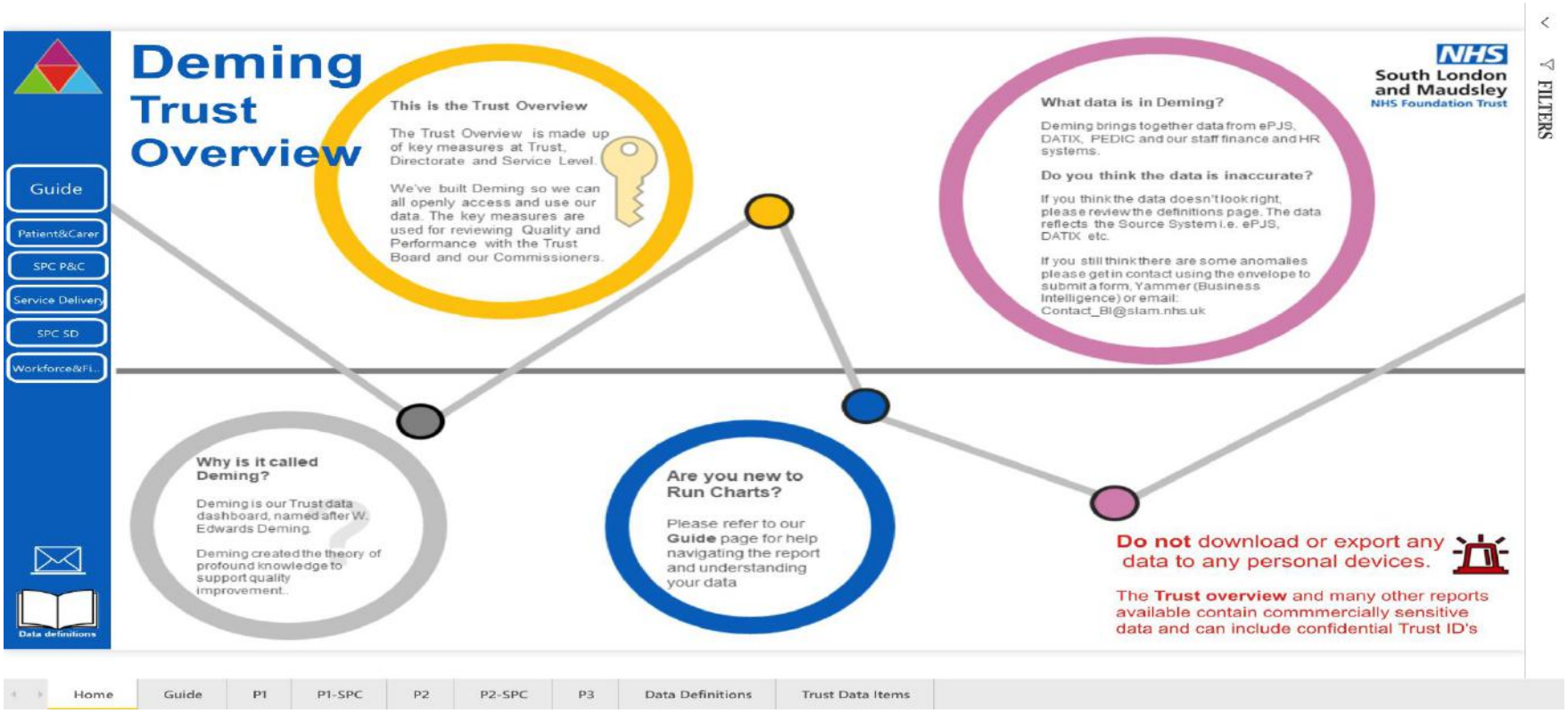
- IHI Open school
- One day leadership/managers programme
- ISIA 2 days with a QI initiative
- Measurement/SPC Charts training

Building capacity and capability

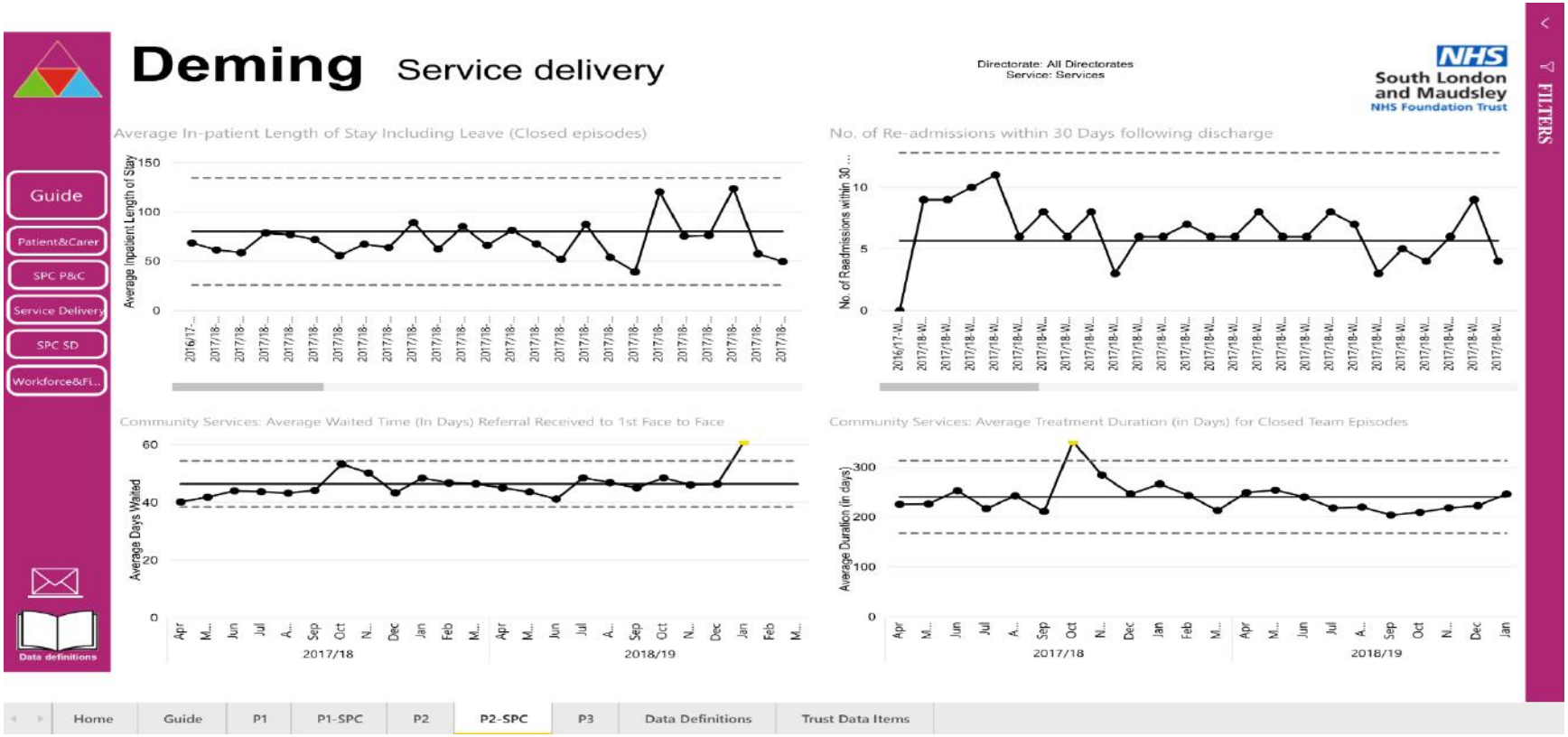
We have trained staff, service users, carers and other stakeholders in a variety of QI programmes since September 2016-March 2019 a **total of 843 made up of**

Introduction to QI
2 day Foundation course
A leader's role in QI
An Administrator's role in QI
A Governors role in QI
Intermediate QI Coach programmes#
QI training for iAGs

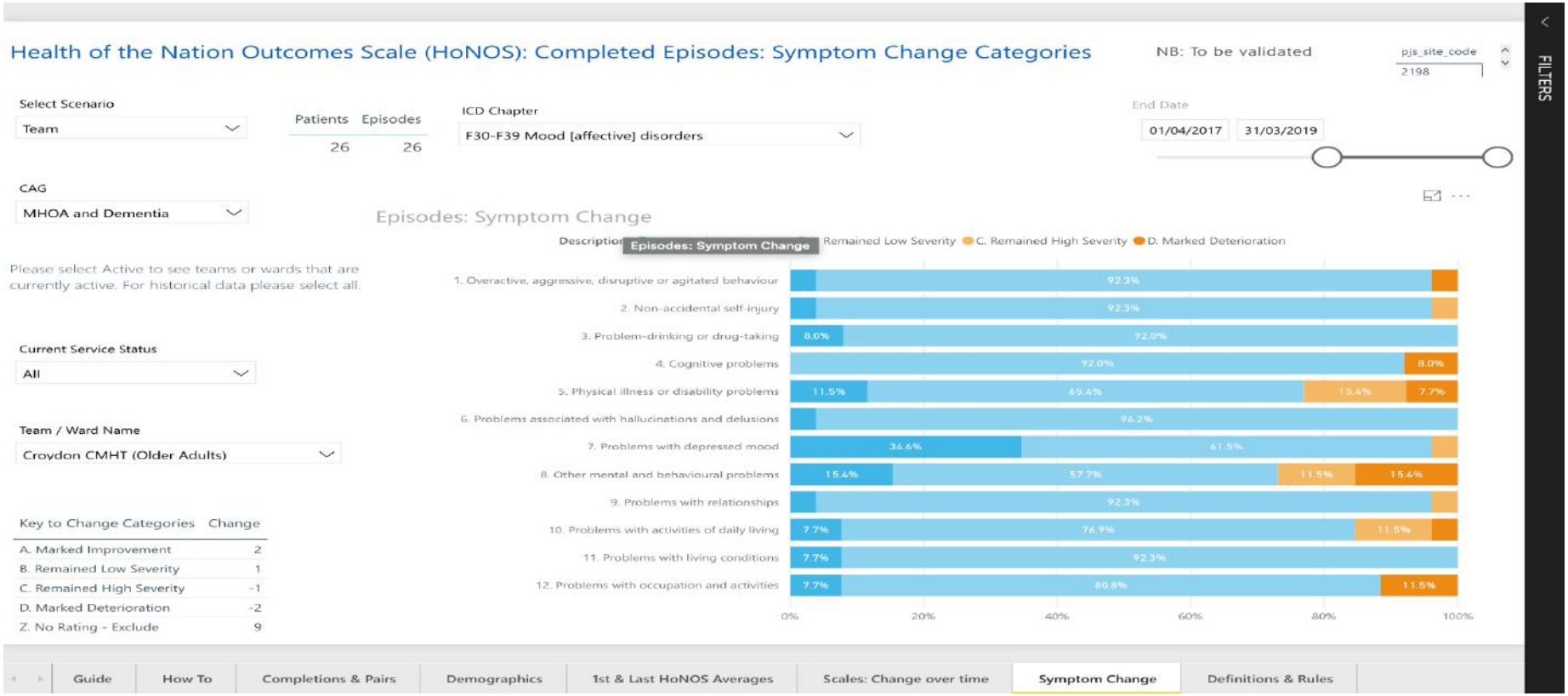
Data displays for engagement



Data Displays



Data Display



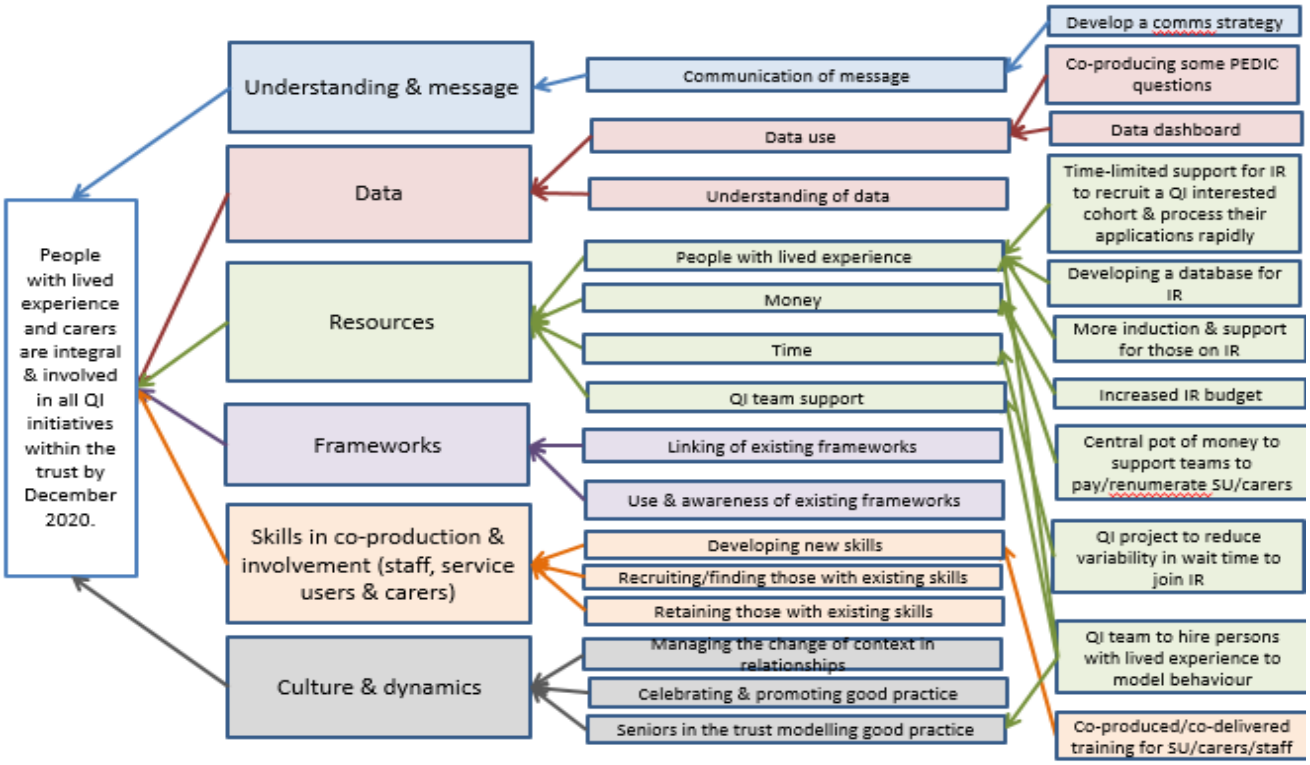
South London and Maudsley NHS Foundation Trust

Next Steps for staff engagement

- Developing a more academic and research oriented training programme aligned to our academic partner

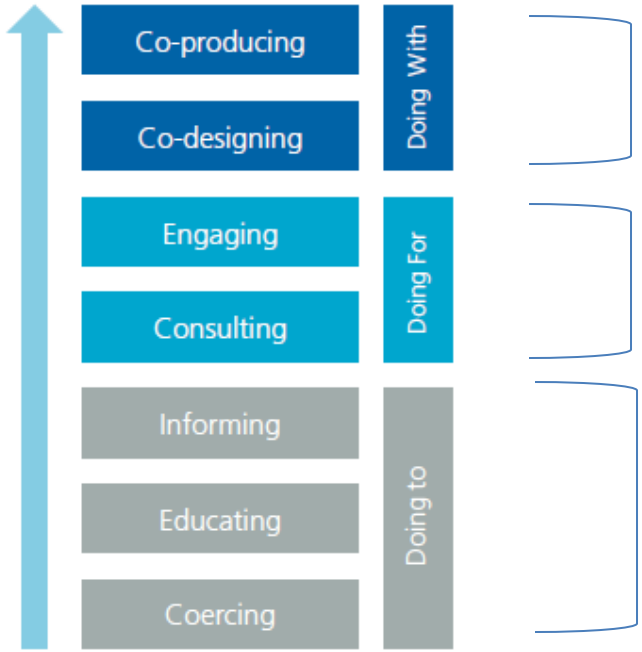
- Annual review of staff involved and tailor communication to different professional/staff groups

Patient and carer engagement


People with lived experience and carers are integral & involved in all QI initiatives within the trust by December 2020.
Understanding & message
Data
Resources
Frameworks
Skills in co-production & involvement (staff, service users & carers)
Culture & dynamics
Communication of message
Data use
Understanding of data
People with lived experience
Money
Time
QI team support
Linking of existing frameworks
Use & awareness of existing frameworks
Developing new skills
Recruiting/finding those with existing skills
Retaining those with existing skills
Managing the change of context in relationships
Celebrating & promoting good practice
Seniors in the trust modelling good practice
Develop a comms strategy
Co-producing some PEDIC questions
Data dashboard
Time-limited support for IR to recruit a QI interested cohort & process their applications rapidly
Developing a database for IR
More induction & support for those on IR
Increased IR budget
Central pot of money to support teams to pay/renumerate SU/carers
QI project to reduce variability in wait time to join IR
QI team to hire persons with lived experience to model behaviour
Co-produced/co-delivered training for SU/carers/staff

Levels of engagement

Figure 1: The ladder of participation



Citizen participation

Token participation

Non participation

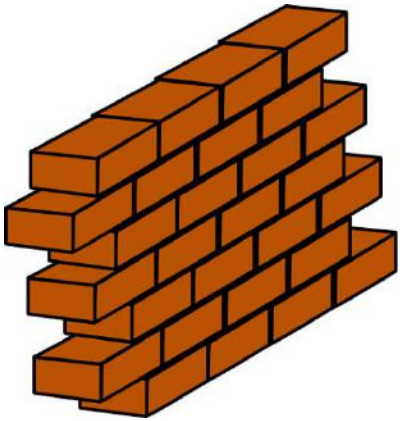
Capability:
Improve knowledge

Opportunity:
Make it easier

Motivation:
Evidence of success
Share experiences

What was already in place in SLaM before QI began?

- Recovery College
- Involvement Register
- Service user and carer advisory groups
- Family and Carers Committees
- Volunteering services
- Peer support



What is happening now?

- Two new QI Peer Project workers are working closely with service user and carer groups to further engagement
- Service users and carers are involved in all large scale projects in various ways, including steering groups, design groups, focus group, projects teams
- Introduction to QI course and Introduction to coaching course– co-designed and co-delivered with the Recovery College and QI Team
- ELT and directorate huddles in public areas and open to all

Co-production and involvement challenges and benefits

Challenges

- New way of doing things
- Perceptions that it can take longer
- Challenges the status quo

Benefits

- Improvement – meets everyone's needs
- Innovation – different perspectives and new ideas
- Effective – evidence that this is more successful

Ideas we are testing to support service user engagement

- Co-design QI service user engagement strategy
- Train QI Team in Experience-based co-design
- Train service users/carers as QI coaches
- Peer project worker attend Directorate huddles
- Recovery College
  - Ideas to be developed into projects
  - Buddy system with QI coaches

- Identify service user/carer priorities
  - Annual service user/carer QI survey
  - Team/Ward expression of interest /suggestions
- Peer engagement 'listening service'
  - Patient stories at engagement events
  - For teams with QI project ideas
- Service users at Foundation Training
- Service User QI Panel for advice on engagement

- Team/Ward QI wall
- QI discussed at
  - Community meetings
  - Service user/carer forums

Local Community Engagement

- QI training to Local independent advisory groups
- QI projects lead by iAGs within the organization.

If we could go back in time, what would I do differently?

1. Leadership engagement
   - Challenge to change behaviours
   - Understand QI methodology

2. Librarian role

Quality Improvement

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NHS Foundation Trust

Agenda

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5. Engaging key groups (Michael Holland, Medical Director, SLAM)
6. Building skills and developing a learning system (Amar Shah, Chief Quality Officer, ELFT)
7. Integrating all quality functions (Amar Shah)
8. Q&A

Building skills and developing a learning system

Dr Amar Shah

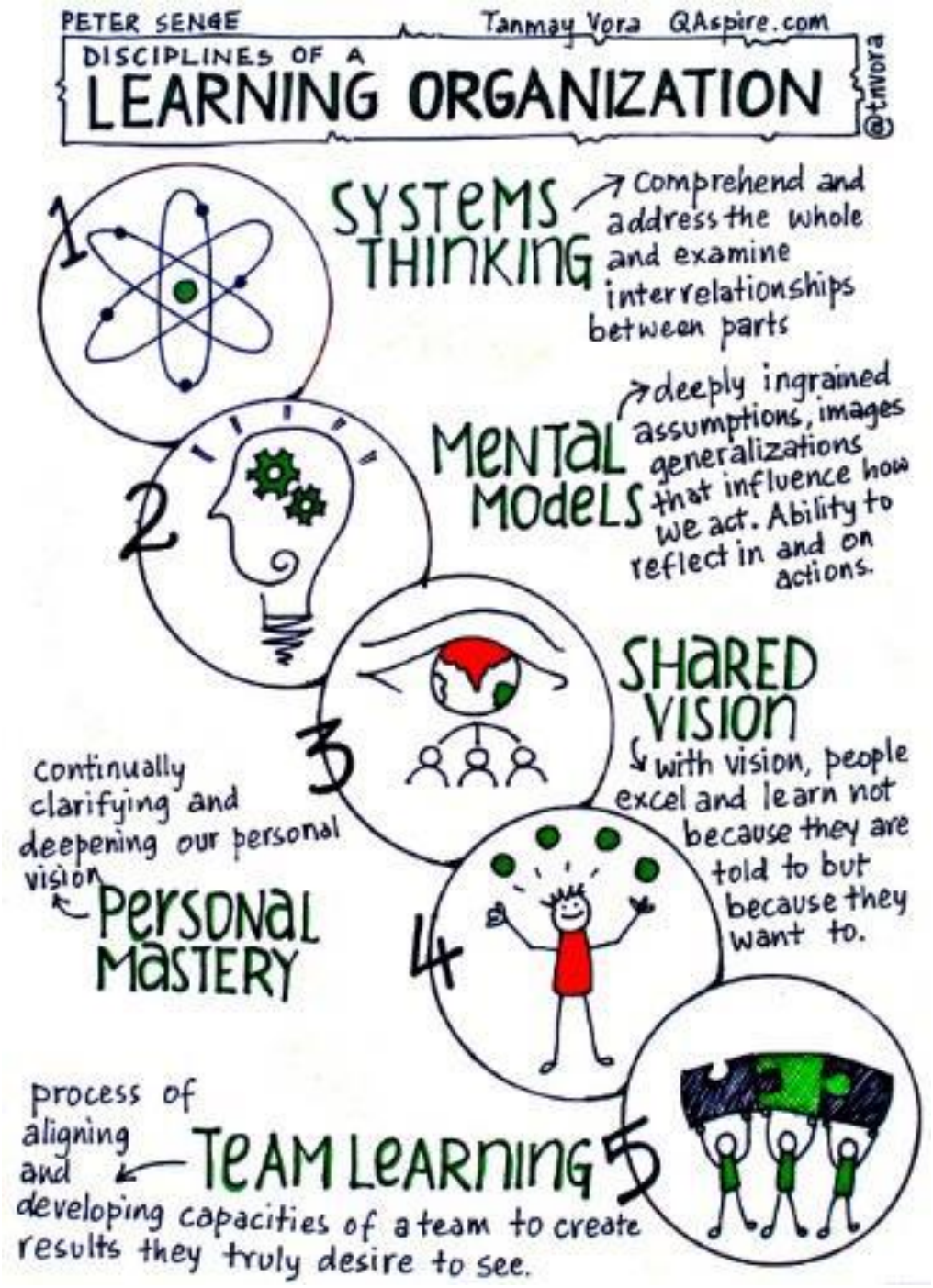
Chief quality officer, East London NHS Foundation Trust
National improvement lead for the mental health safety improvement programme

@DrAmarShah

A Learning Organization

"…where people continually expand their capacity to create the result they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together"

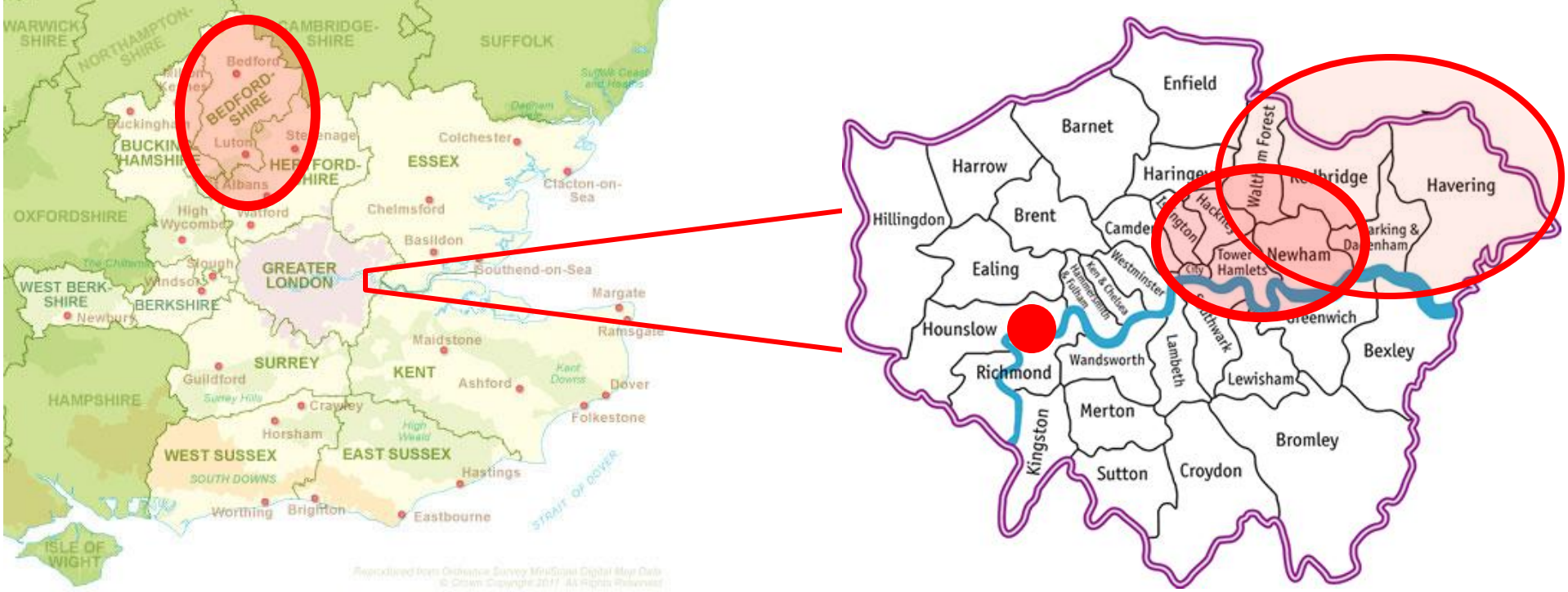
Peter Senge



My question to you all …

What are the key ingredients in helping us create a learning organisation as Senge describes?

"…where people continually expand their capacity to create the result they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together"



Mental health services

Newham, Tower Hamlets, City & Hackney, Luton & Bedfordshire

Forensic services

All above & Waltham Forest, Redbridge, Barking, Dagenham, Havering

Child & Adolescent services, including tier 4 inpatient service

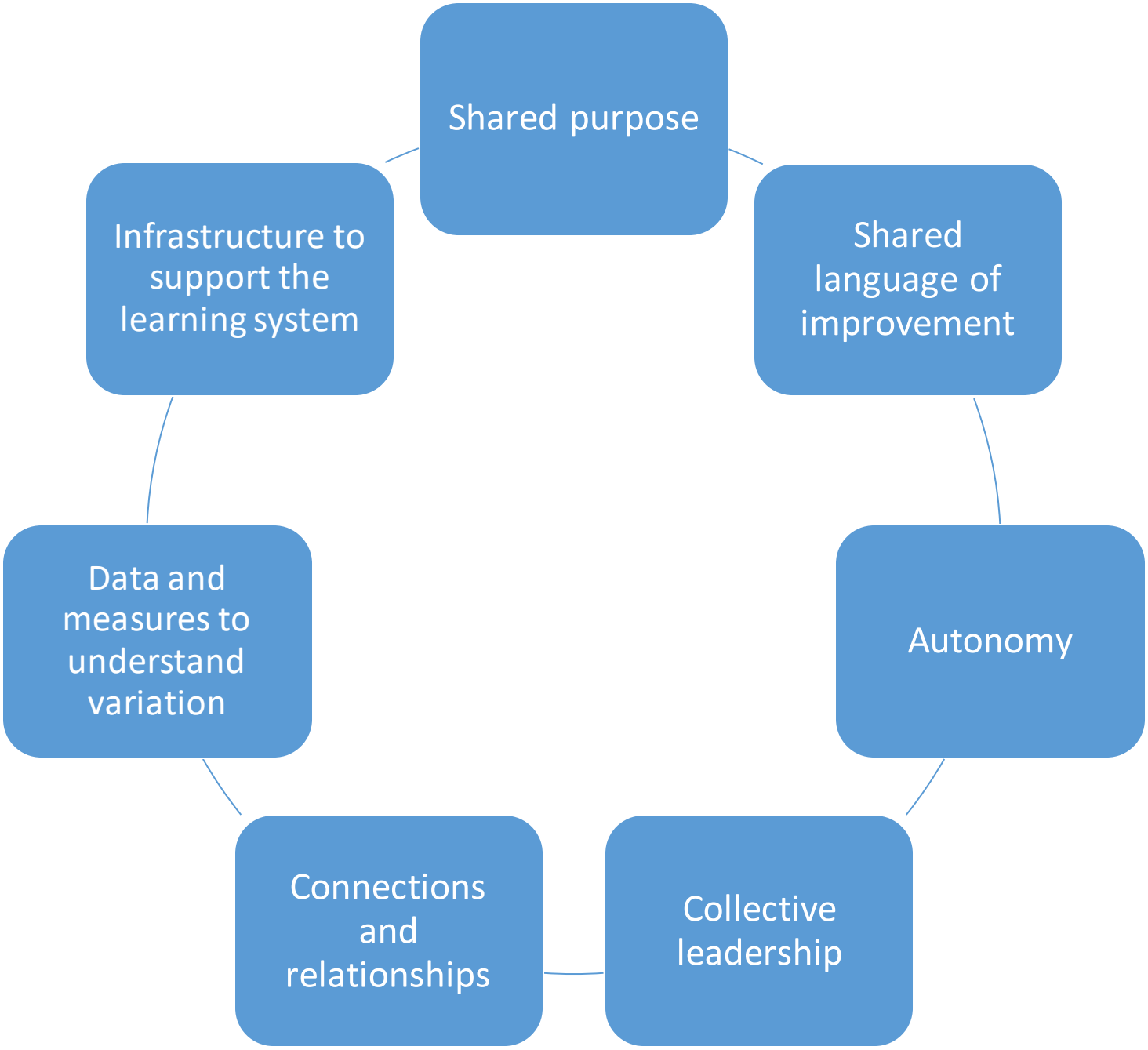
Regional Mother & Baby unit

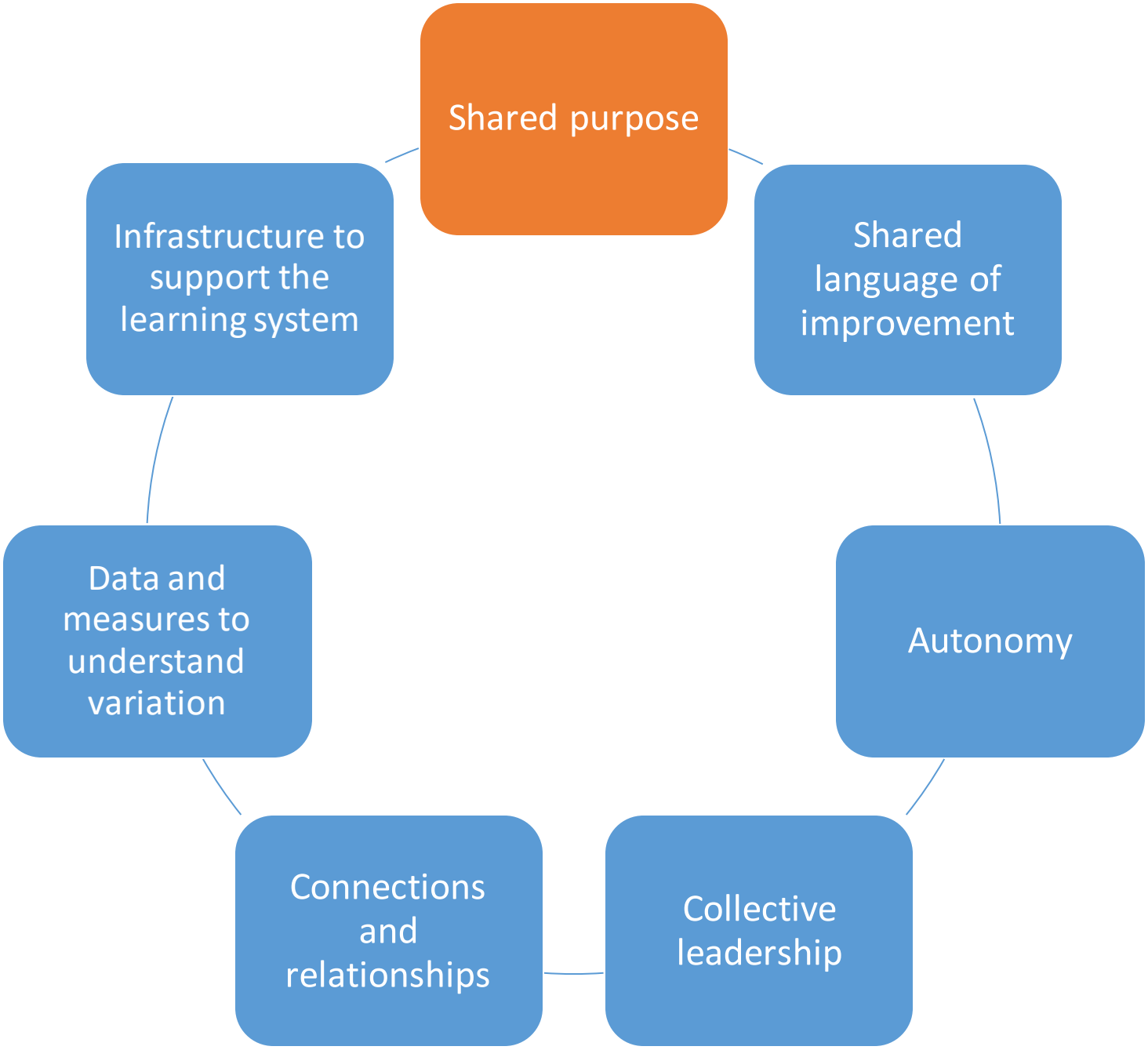
Community health services

Newham, Tower Hamlets & Bedfordshire

IAPT

Newham, Richmond, Tower Hamlets and Bedfordshire


Shared purpose
Shared language of improvement
Autonomy
Collective leadership
Connections and relationships
Data and measures to understand variation
Infrastructure to support the learning system


Shared purpose
Shared language of improvement
Autonomy
Collective leadership
Connections and relationships
Data and measures to understand variation
Infrastructure to support the learning system

Mission

WHAT IS OUR ROLE IN SOCIETY?

To improve the quality of life for all we serve

Vision

WHAT DOES OUR CORE PURPOSE NEED TO BE?

By 2022 we will build on our success and lead on the delivery of integrated care.

ELFT will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do.

Strategic outcomes

WHAT ARE THE BIGGEST FACTORS THAT WILL HELP US ACHIEVE OUR MISSION?

- **Improved population health outcomes**
- **Improved experience of care**
- **Improved staff experience**
- **Improved value**

Specific outcomes

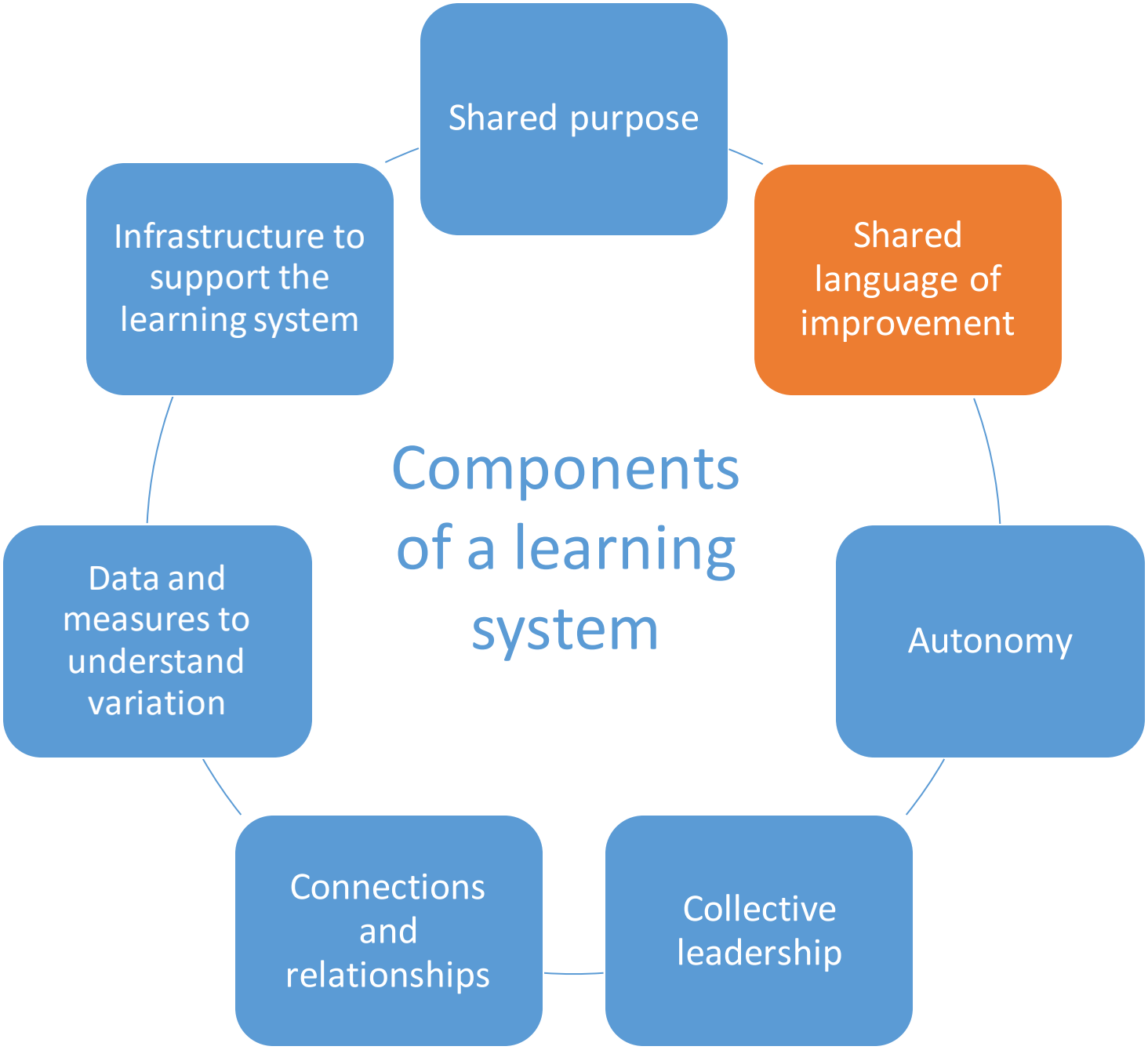
WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

We will:
- Tackle with our partners and service users the wider determinants of health
- Help people lead healthier lifestyles and improve prevention of ill health
- Reduce health inequalities
- Deliver more integrated health and social care services

We will:
- Improve access to services
- Improve service user experience and the outcome of their care , addressing inequities
- Increase the numbers of people positively participating in their care and in service improvement
- Improve service user safety and reduce harm
- Support more service users to meet their recovery goals

We will:
- Improve fulfilment at work
- Develop the skills of our staff to deliver integrated care
- Improve leadership and management practice
- Improve how we listen to staff and support them to continuously develop

We will:
- Increase productivity while maintaining quality
- Reduce waste
- Reduce variation in clinical practice


Components of a learning system
Shared purpose
Shared language of improvement
Autonomy
Collective leadership
Connections and relationships
Data and measures to understand variation
Infrastructure to support the learning system

Psychology trainees – Pocket QI, embedded into QI project teams with 4 bespoke learning sessions
Nursing students – Intro to QI delivered within undergraduate and postgrad syllabus, embedded into QI project teams during student placements

817 completed Pocket QI so far. All staff receive intro to QI at induction

Estimated number needed to train = 5500
Needs = introduction to QI & systems thinking, identifying problems, how to get involved

781 graduated from ILP in 7 waves. Wave 8 in 2018-19. Refresher training for ISIA grads.

Estimated number needed to train = 1000
Needs = Model for improvement, PDSA, measurement and using data, leading teams

87 QI coaches trained so far, with 33 currently active. Cohort 4 currently underway

Estimated number needed = 60
Needs = deep understanding of method & tools, understanding variation, coaching teams

58 current sponsors. All completed ISIA.

Needs = Model for improvement, PDSA, measurement & variation, scale-up and spread, leadership for improvement

Currently have 9 Improvement Advisors (IAs), with 2 further IAs to be trained 2018/2019

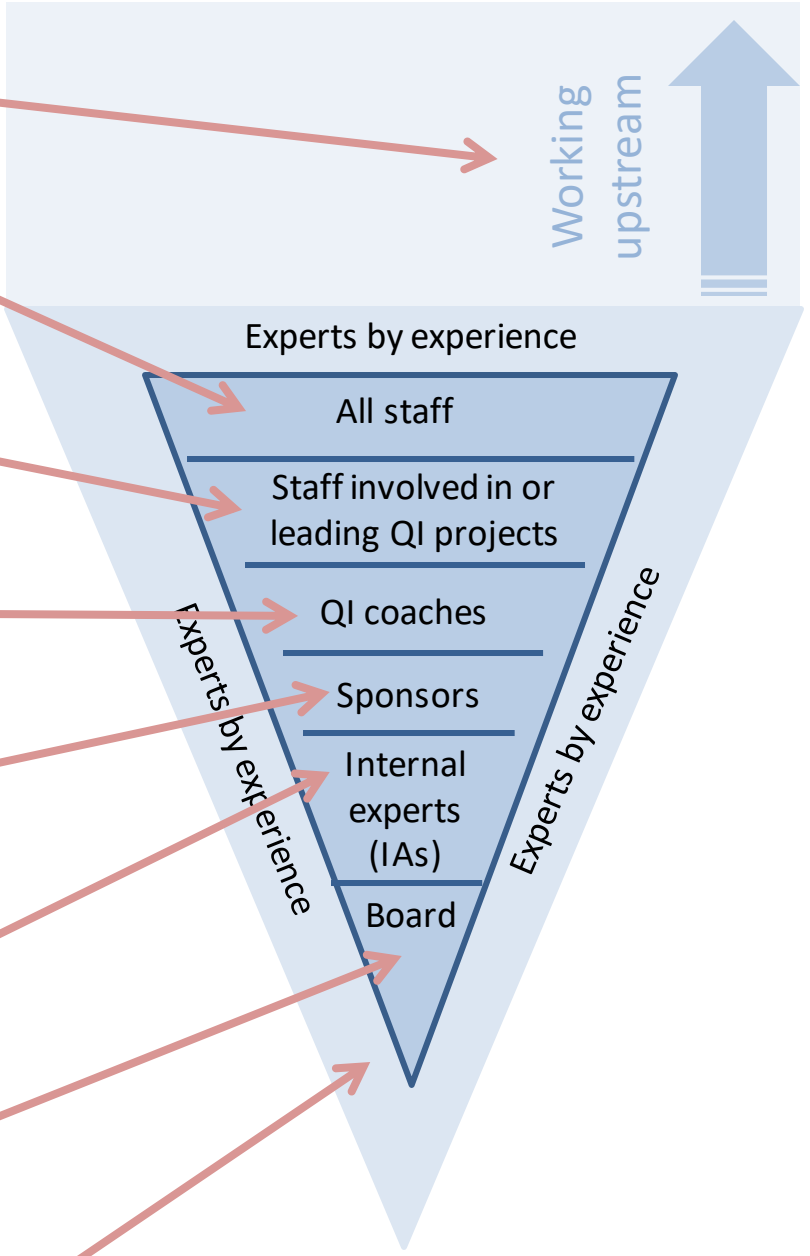
Estimated number needed to train = 11
Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

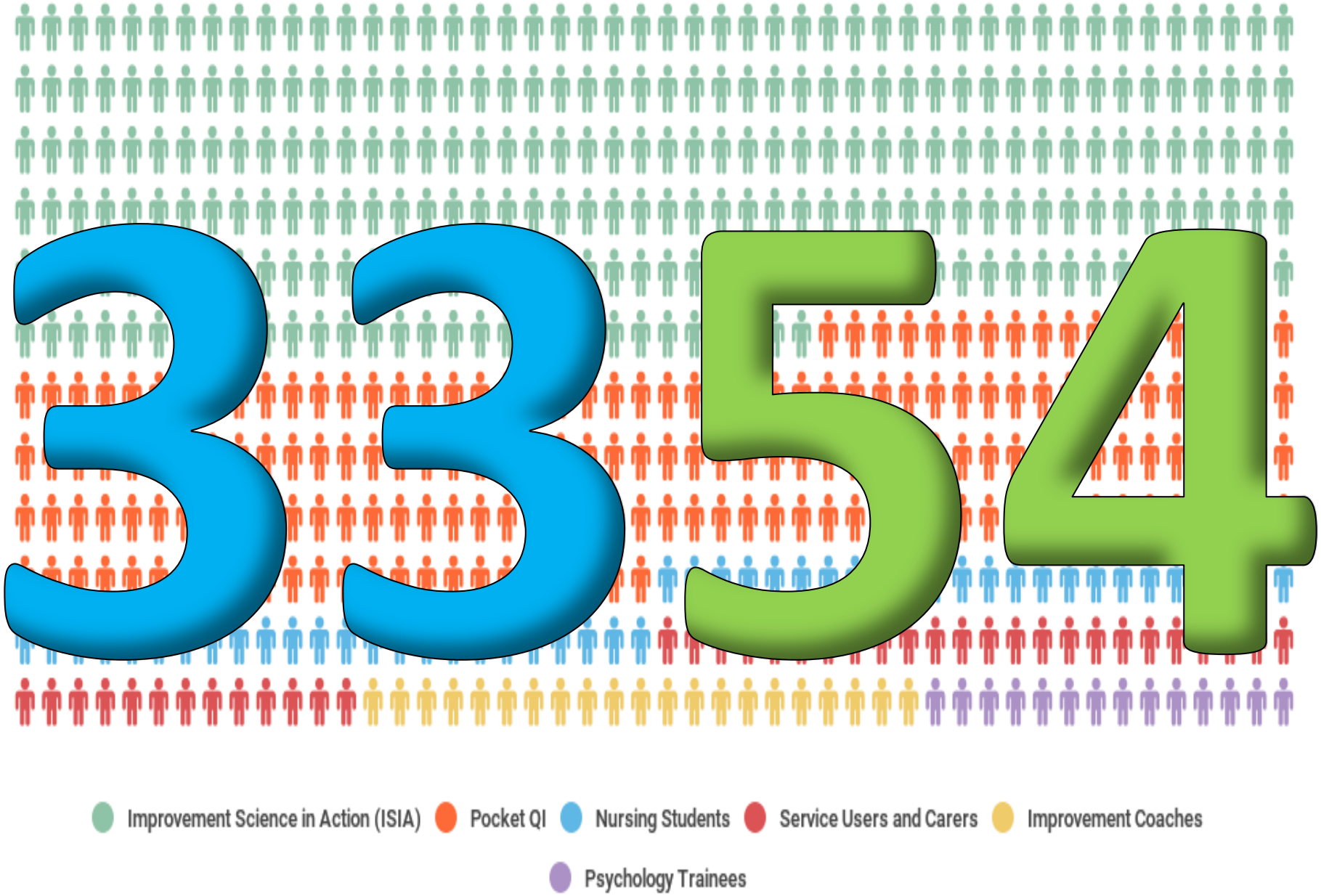
All Executives have completed ILP. Annual Board session with IHI & regular Board development

Needs = setting direction and big goals, executive leadership, oversight of improvement, understanding variation

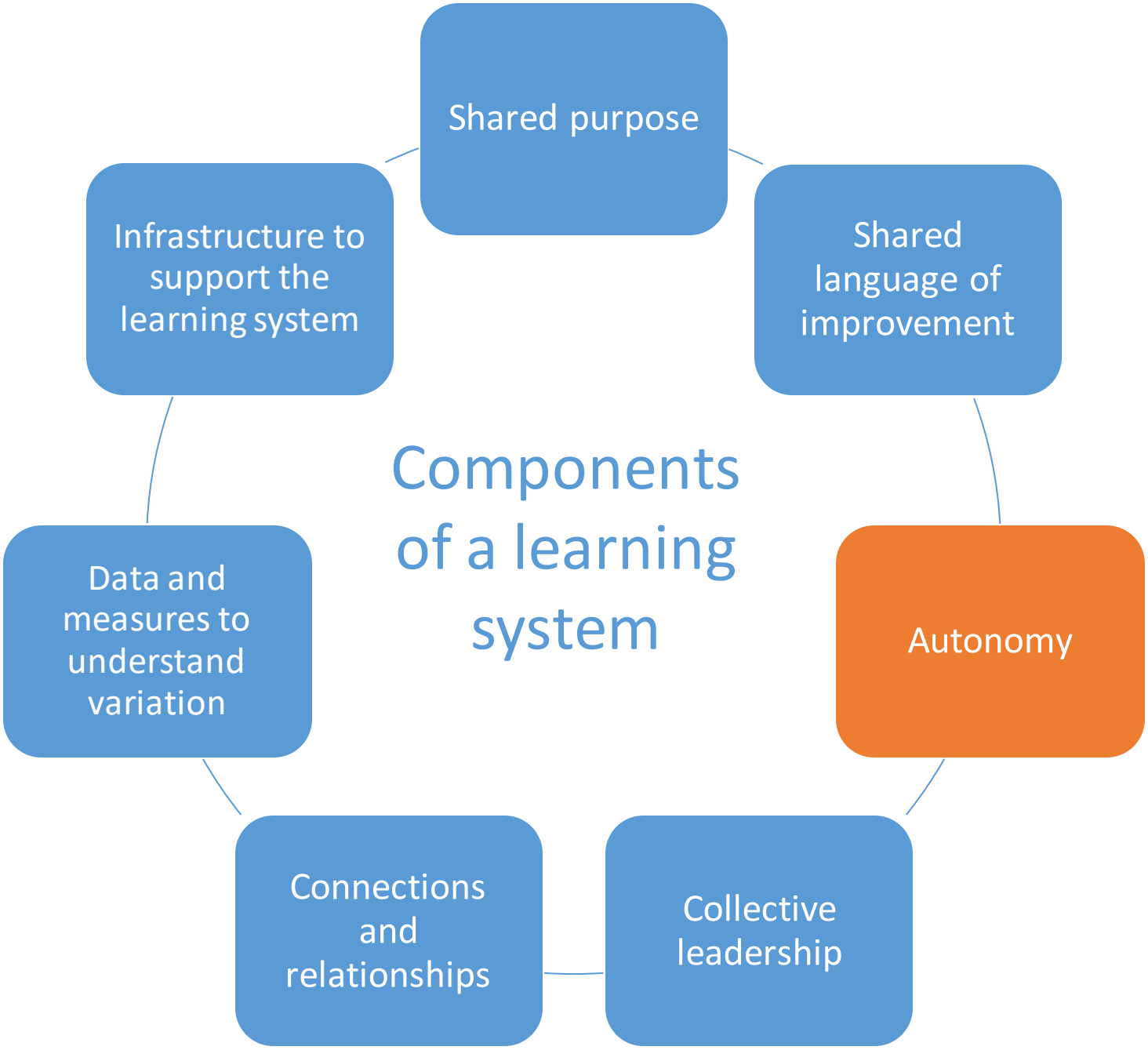
Bespoke QI learning sessions for service users and carers. Over 95 attended so far. Build into recovery college syllabus

Needs = introduction to QI, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas





NHS
East London
NHS Foundation Trust


Components of a learning system
Shared purpose
Shared language of improvement
Autonomy
Collective leadership
Connections and relationships
Data and measures to understand variation
Infrastructure to support the learning system

Bottom Up

Top Down


WHAT
MATTERS
MOST

Use of data to guide decision-making

Stop solving problems at the top

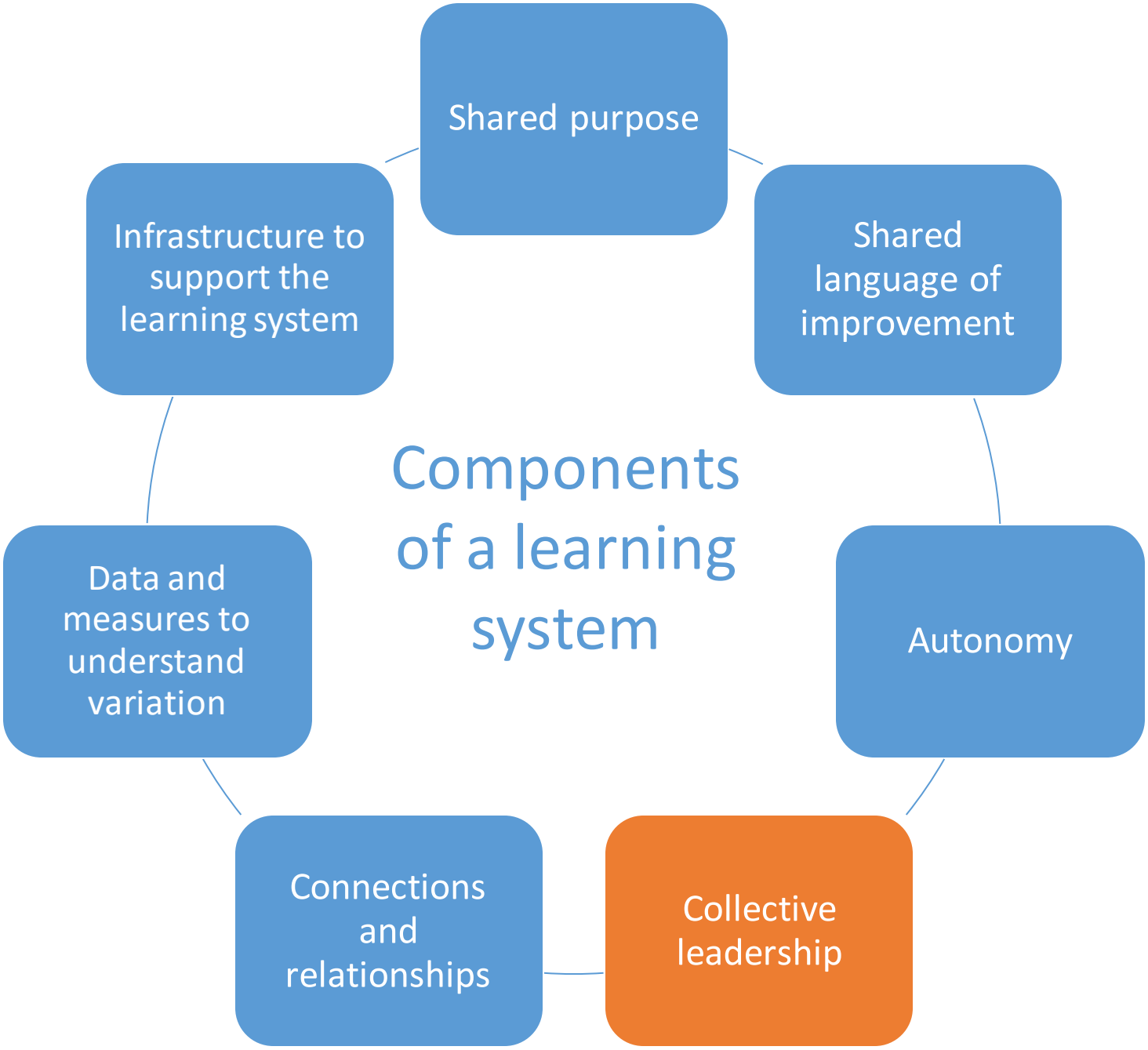
Change in leadership behaviours

Give people time and space to solve complex problems

"Go see"
"Gemba"
Executive WalkRounds

Paying personal attention

Manage the expectations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UHA
WINNER

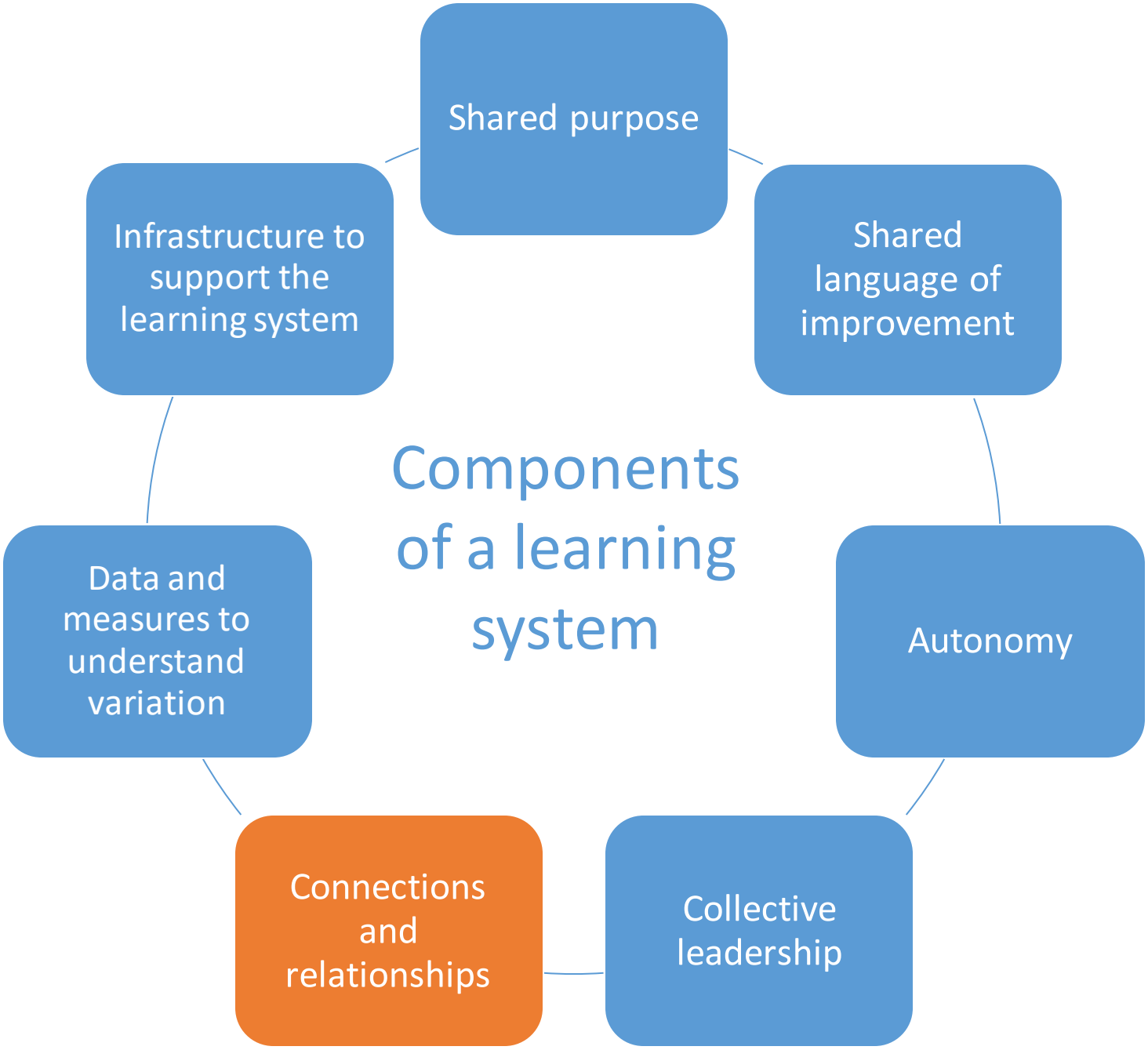
Involvement with a little i

or

Involvement with a BIG I

Regularly consult during the lifetime of a QI project

Act as a full member of the QI project team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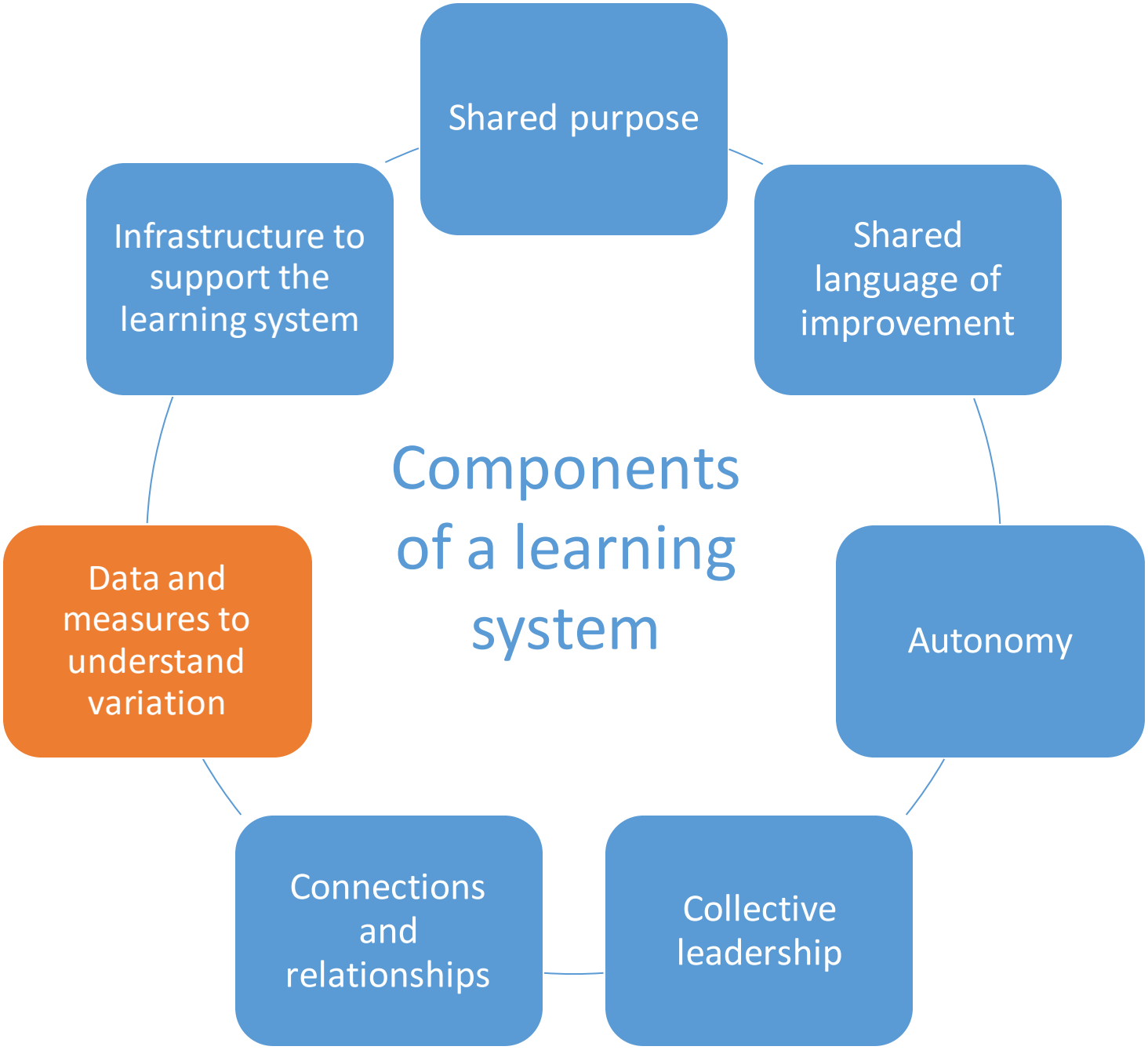
A P
S D


Beds
& Luton
saving the world
in 2016


Nursing
Times
Awards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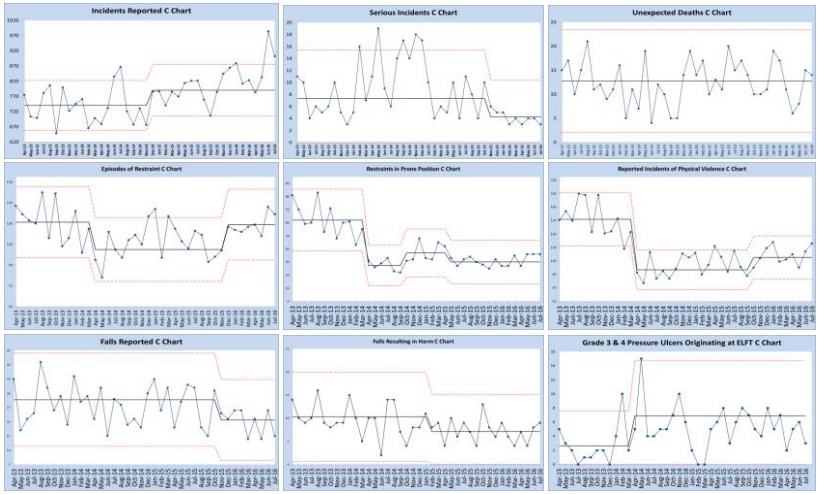
Changing the way we use data to guide decision-making

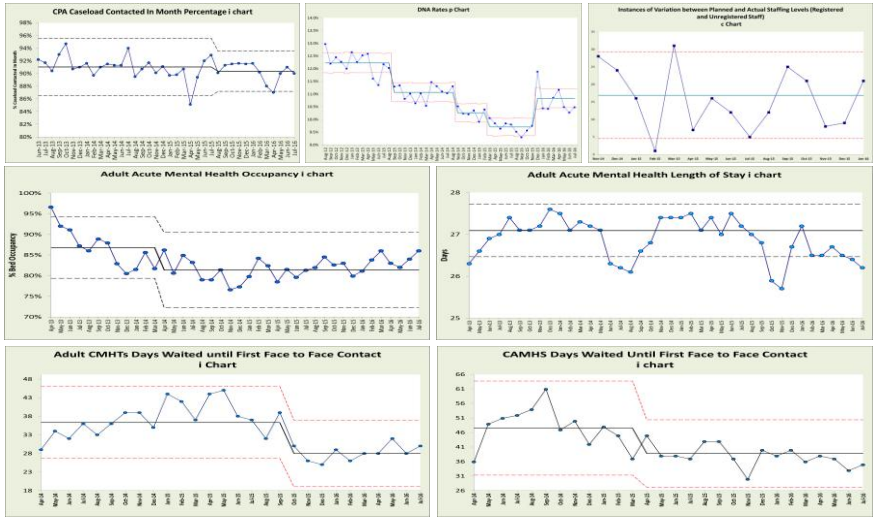
Safety

trust wide excluding Beds and Luton(London)



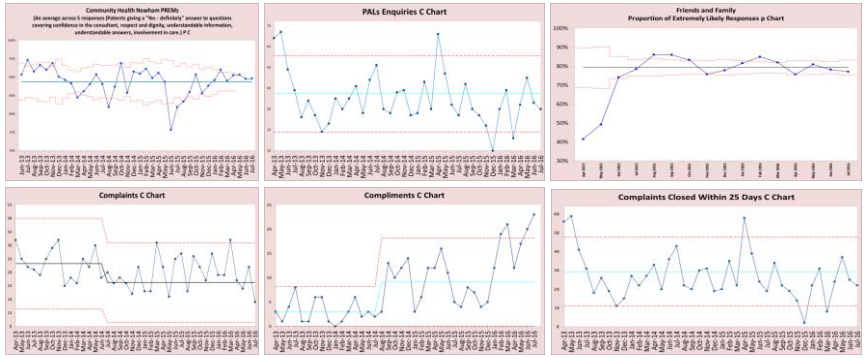
Clinical Effectiveness

trust wide excluding Beds and Luton



Patient Experience

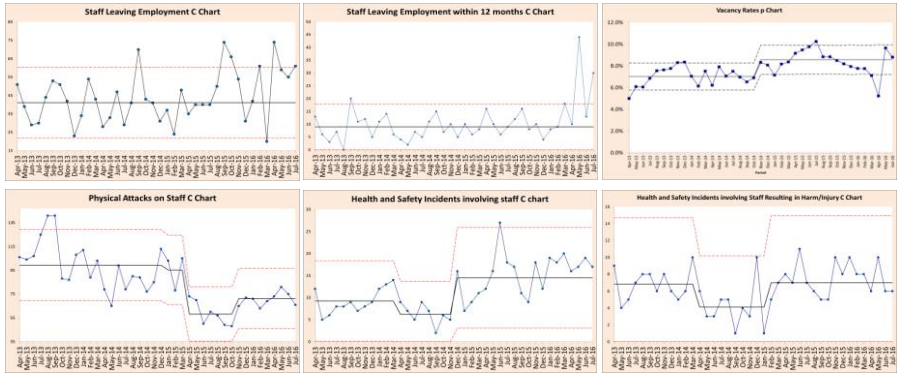
trust wide excluding Beds and Luton



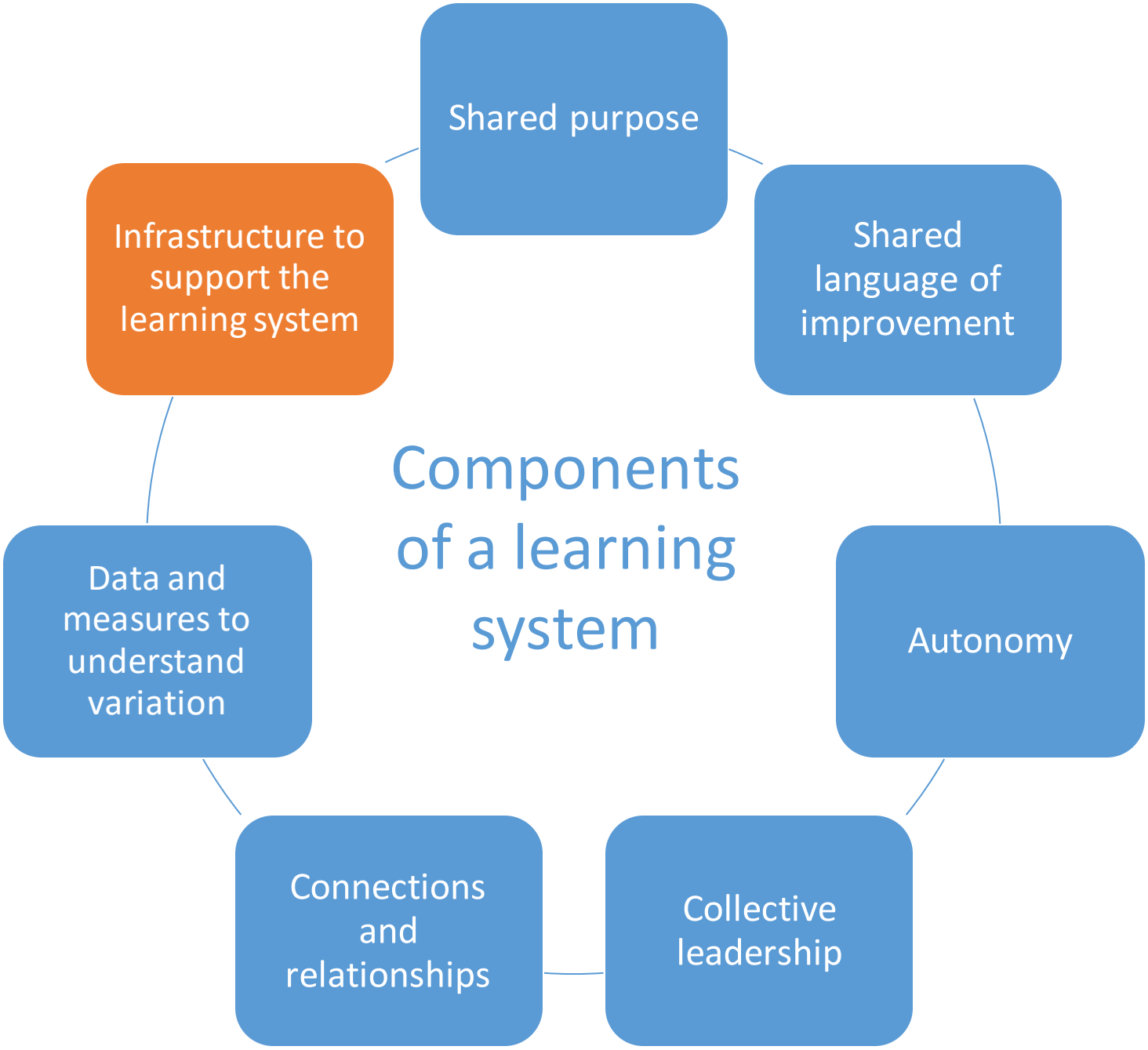
Complaints June and July 2016.

Our Staff

trust wide excluding Beds and Luton



Reasons given by staff leaving June to July 2016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Infrastructure to support the learning system

Support around every team

Project Sponsor

QI Coach

QI Team

QI Forums

Service User Input

QI Resources

My question to you all …

What are the key ingredients in helping us create a learning organisation as Senge describes?

"…where people continually expand their capacity to create the result they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together"

Integrating all quality efforts…

Dr Amar Shah

Chief quality officer, East London NHS Foundation Trust
National improvement lead for the mental health safety improvement programme

@DrAmarShah

My question to you all …

How can we incorporate quality improvement into the way that we routinely work day-to-day, rather than being a separate activity?


Assurance
Audit
Financial incentives
Performance management
Inspections
Key performance indicators
Quality & performance
Quality improvement

improving quality ≠ quality improvement

We aim to provide high quality, continuously improving care for our patients and service users.

We do this through four types of activity…

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to manage the service

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to manage the service

Periodic checks to ensure the service is meeting the needs of the customer/population

Actions to address gaps identified

Identify the needs of the customer/ population

Develop service models to meet the needs

Put in place structures and processes to manage the service

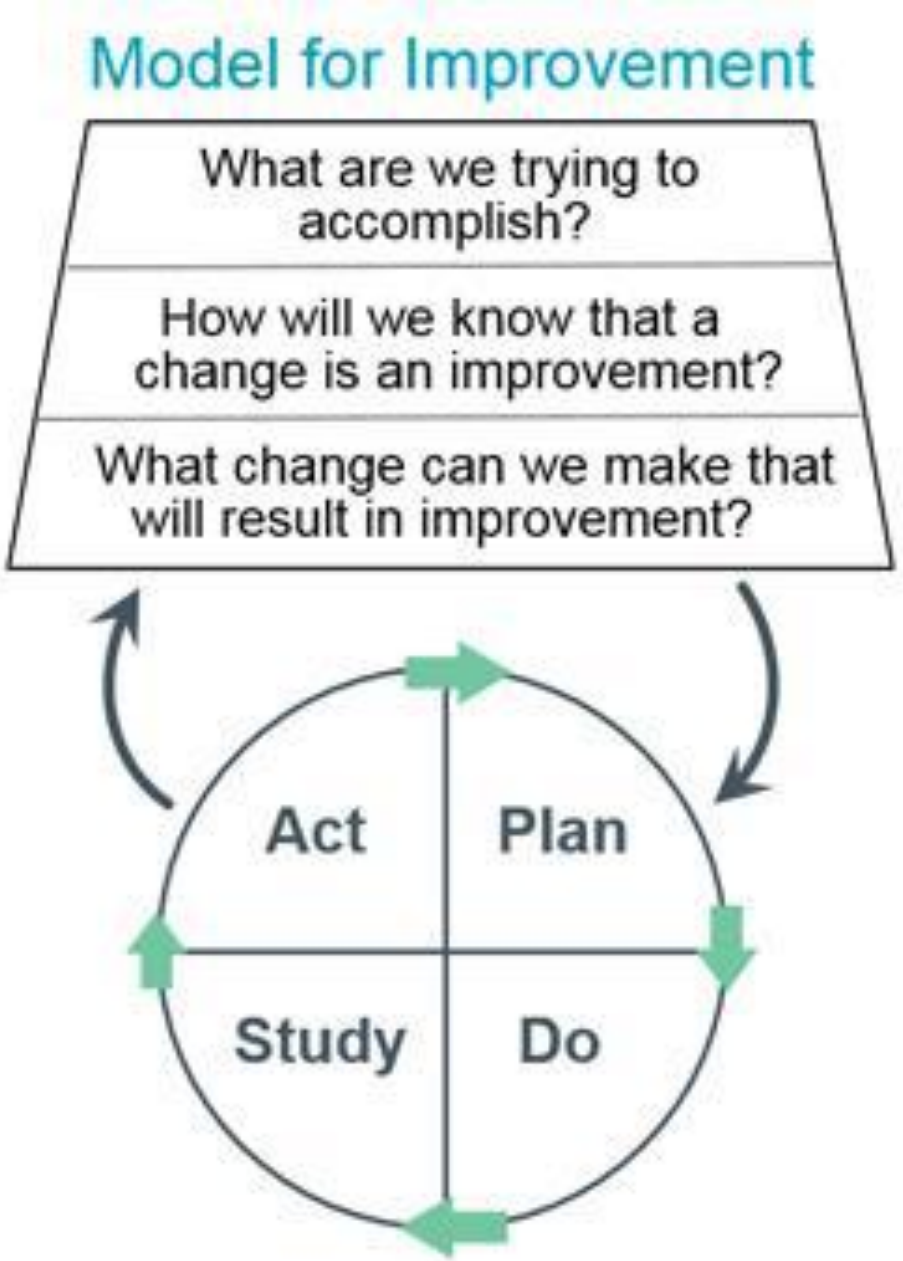
Identify what matters most

Design project and bring together a diverse team

Discover solutions through involving those closest to the work, test ideas, implement and then scale up

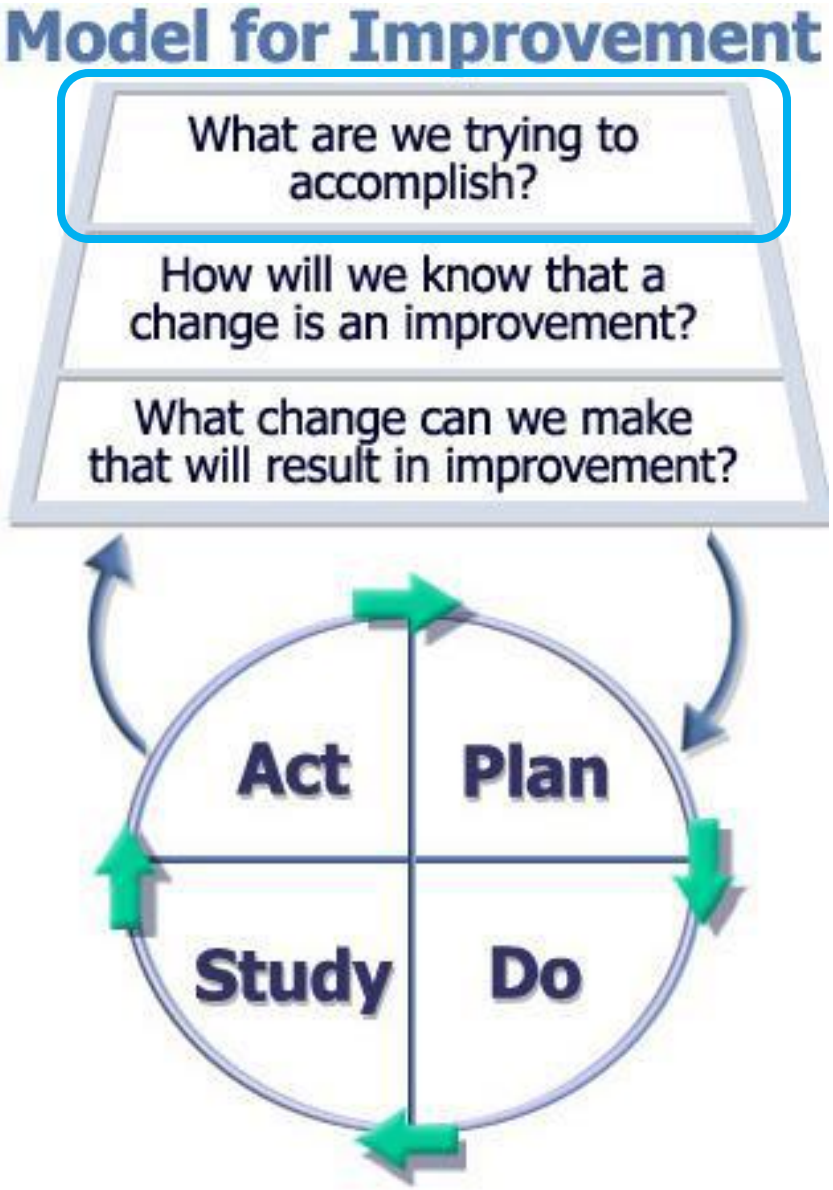
Periodic checks to ensure the service is meeting the needs of the customer/population

Actions to address gaps identified

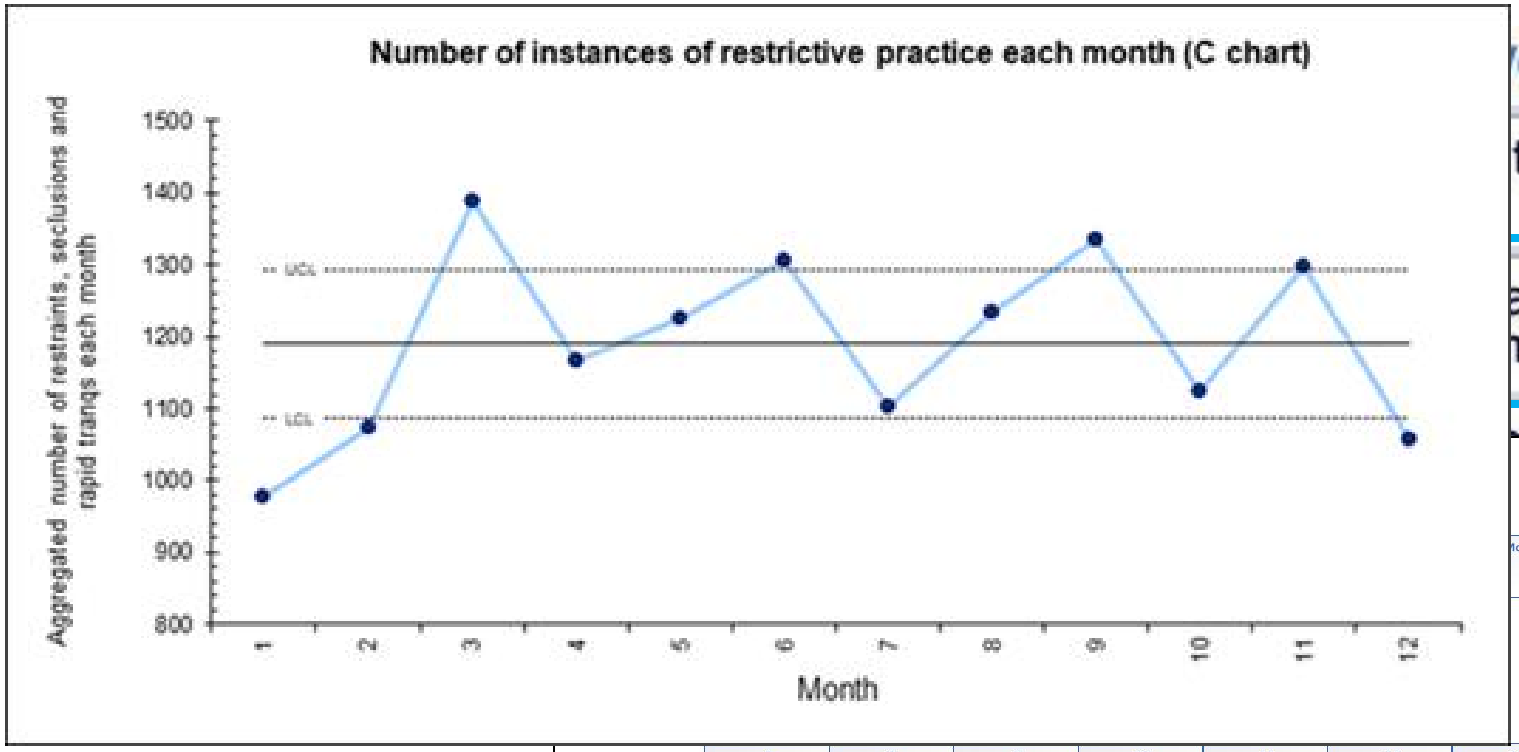


So, what's our method?

AIM



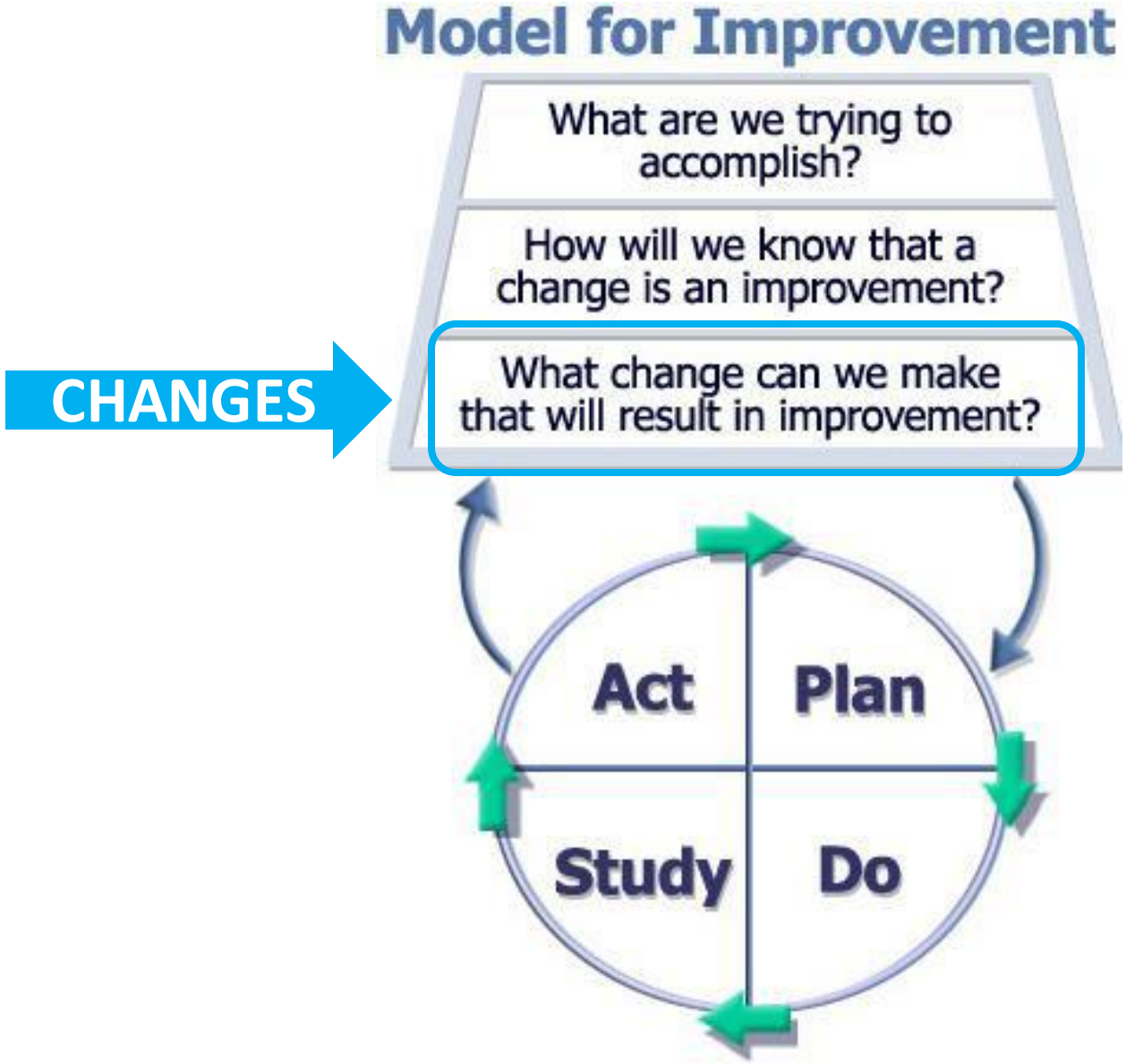
To reduce the use of restrictive practice (restraints, seclusion and rapid tranquilisation) by one-third by April 2020

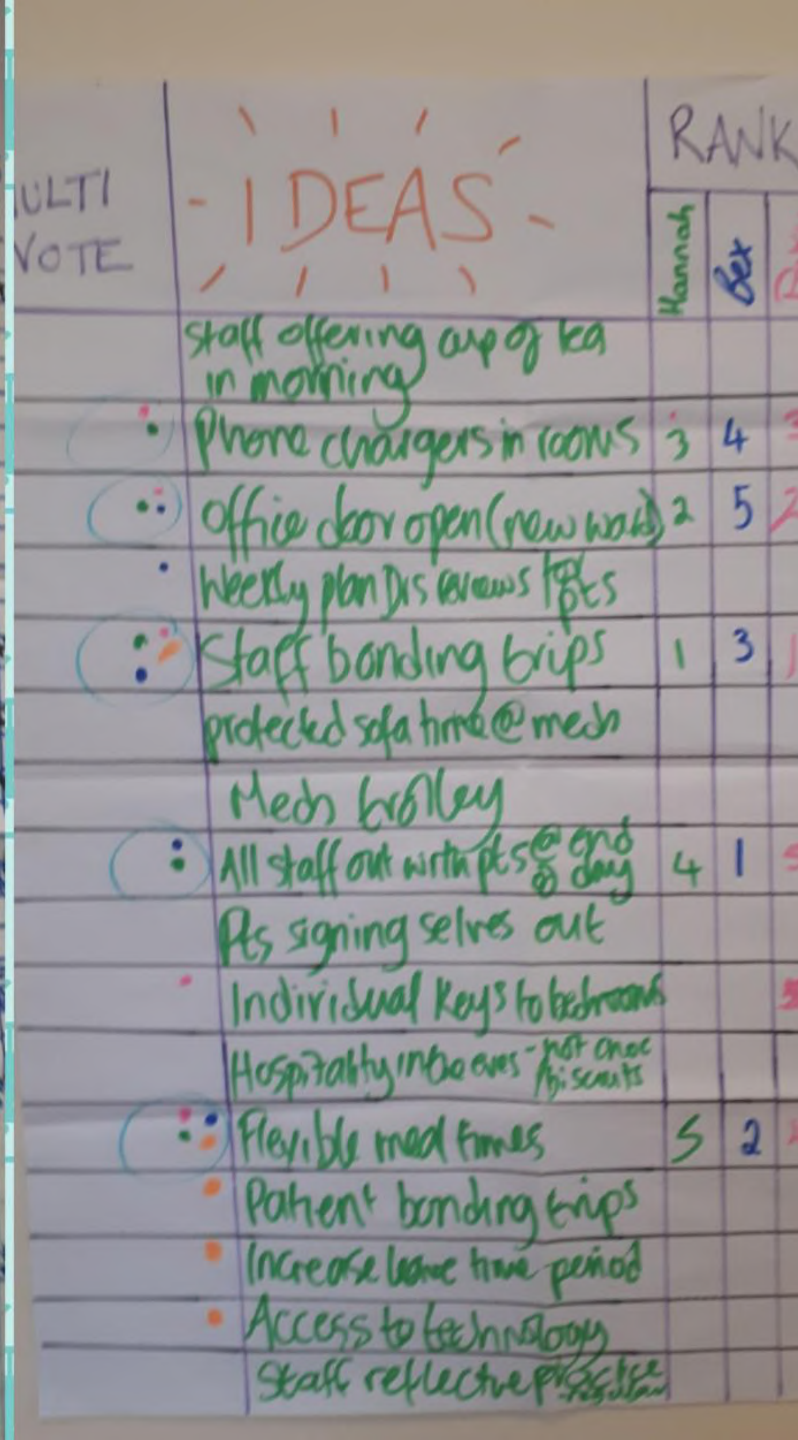


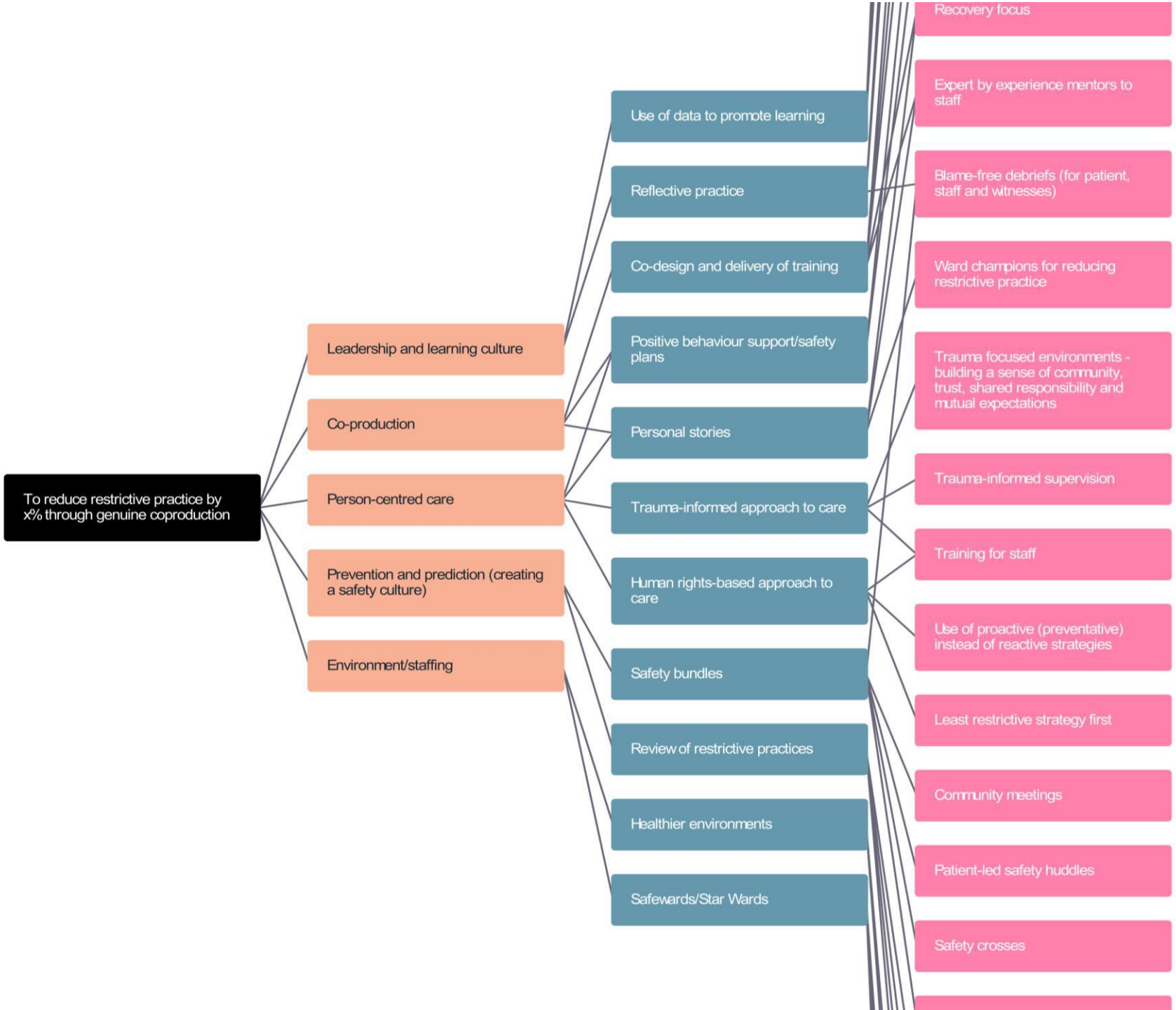
NHS Improvement

Month and Year:

7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
		28	29	30		
			31			


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
CHANGES
Act
Plan
Study
Do


Multi Vote
IDEAS
Ranking
Remove Seclusion room
Bad news mitigation
Courtyard smoking
Policies displayed
Asking pts (triggers) on admission
Morning meetings to plan day
Back door opened all times
More w/end/evening activities
Regular use of sensory room
+ve feedback to pts
Discuss incidents as a team
Safewards to be used more
Easier gym access + all staff training
Safety huddles
Challenge the smoking policy
Consistently therapeutic as needed
Teaching of life skills as needed
Staff understand their roles
Improve environment - walls

MULTI VOTE
IDEAS
RANK
Hannah
Bet
Staff offering cup of tea in morning
Phone chargers in rooms 3 4 3
Office door open (new ward) 2 5 2
Weekly plan/Dis reviews for pts
Staff bonding trips 1 3 1
protected sofa time @ meds
Meds trolley
All staff out with pts @ end of day 4 1 5
Pts signing selves out
Individual keys to bedrooms
Hospitality in the eves - not once
Flexible meal times 5 2 4
Patient bonding trips
Increase leave time period
Access to technology
Staff reflective practice


To reduce restrictive practice by x% through genuine coproduction
Leadership and learning culture
Co-production
Person-centred care
Prevention and prediction (creating a safety culture)
Environment/staffing
Use of data to promote learning
Reflective practice
Co-design and delivery of training
Positive behaviour support/safety plans
Personal stories
Trauma-informed approach to care
Human rights-based approach to care
Safety bundles
Review of restrictive practices
Healthier environments
Safewards/Star Wards
Recovery focus
Expert by experience mentors to staff
Blame-free debriefs (for patient, staff and witnesses)
Ward champions for reducing restrictive practice
Trauma focused environments - building a sense of community, trust, shared responsibility and mutual expectations
Trauma-informed supervision
Training for staff
Use of proactive (preventative) instead of reactive strategies
Least restrictive strategy first
Community meetings
Patient-led safety huddles
Safety crosses

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

TEST


Identify the needs of the customer/ population
Develop service models to meet the needs
Put in place structures and processes to manage the service
Identify clear measures of quality for the service, and monitor these over time.
Take corrective action when appropriate
Internal vigilance to hold gains made through improvement
Quality planning
Quality control
Quality management system
Quality improvement
Quality assurance
Identify what matters most
Design project and bring together a diverse team
Discover solutions through involving those closest to the work, test ideas, implement and then scale up
Periodic checks to ensure the service is meeting the needs of the customer/population
Actions to address gaps identified

Components of a quality control system

- Standard work
- Measures
- Visual management
- Escalation protocols

Everyone's Responsibilities					
Task	**Daily**	**Weekly**	**Monthly**	**As required**	**Tools required**
Put dots on the safety cross as an incident happen on the ward	x				Red/Orange/Green/Purple dots or pens Definition of incident types (colour dots)
Change the safety cross (frequency depends on type of safety cross used by the ward)	x		x		Printed copies for daily or monthly safety crosses
Call/Participate/record safety huddle at least twice a day	x				Safety Huddle book
Follow up on safety huddle plans/actions	x				
Active/Lead/Guide/participate in safety discussion in community meetings		x			Bring safety cross to meeting
Participate in patient led safety huddles		x			
Have access to LifeQI for violence reduction data		x			LifeQi log ins
Induct new starters				x	Welcome packs

Specific Responsibilities					
Modern Matrons/Ward Managers					
Allocate who will input LifeQi data		x			
Present and interpret data to MDT/community meetings			x		LifeQi log ins
Allocate time in away days to discuss performance (review), compare to standards (reflect), and any actions required (react) to prevent detorioration			x		Data
Service Users					
Participate in Service User led safety huddle		x			
Induct new service users to the ward				x	Welcome pack

Review – Evaluate Actual Performance

WARD: Willow Ward

MONTH / YEAR 07 / 20XX

	M	Tu	W	Th	F	Sa	Su
Huddles	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Safety Discussion					☐		
BVC							

Reflect – Compare Actual Performance to Quality Goals

What are our current levels?

Red Dot Incidents – 1 per week

Orange Dot Incidents – 2/3 per week

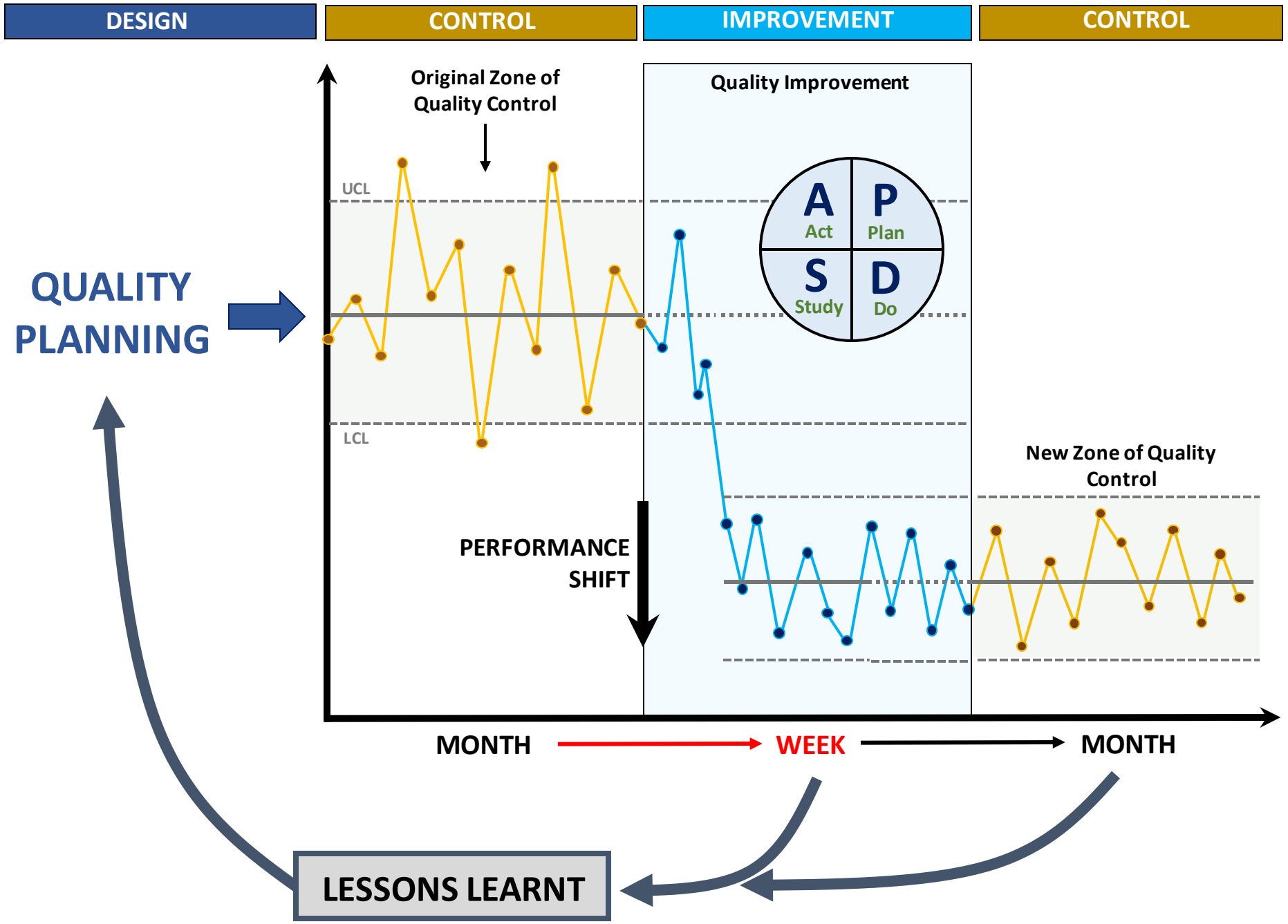
LIFE QI chart

Everyone Is Responsible			
Task	Daily/as required	Weekly	Tools required
Put dots on the safety cross	x		Red/Orange/Green/Purple dots or pens Definition of incident types Safety cross on visual management board
Call/Participate/record safety huddle	x		Safety Huddle book and Visual Management Board
Follow up on safety huddle plans/actions	x		Use Visual Management board/Safety Huddle book
Use and huddle around visual management board	x		Visual Management board/pens
Lead/participate in safety discussion in community meetings		x	Bring safety cross to meeting and update Visual Management board

* Please see Violence Reduction Standard Work for Directorates Checklist for further clarification on all roles and responsibilities for standard work for violence reduction

Respond – How Will We Act on The Difference

Doing	Who	Done	Escalation Plan
1	LT		Call team mtg Involve Ward Mgr/ matron/Consultant Involve BLN


DESIGN
CONTROL
IMPROVEMENT
CONTROL
QUALITY PLANNING
Original Zone of Quality Control
Quality Improvement
UCL
LCL
A Act
P Plan
S Study
D Do
PERFORMANCE SHIFT
New Zone of Quality Control
MONTH
WEEK
MONTH
LESSONS LEARNT

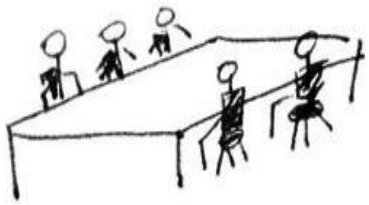
Balance Integrate

= ***the*** system for managing quality

My question to you all …

How can we incorporate quality improvement into the way that we routinely work day-to-day, rather than being a separate activity?

A poll



How many new ideas are you taking back from today's session:

- None
- 1
- 2
- 3
- 4+

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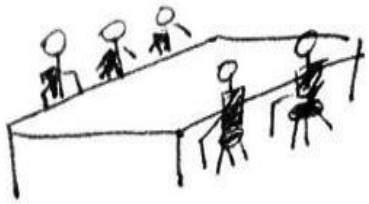

In one word, describe how you're feeling as you leave us today…

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Gracias!

(don't hesitate to reach out with thoughts or questions)

IHI BMJ International Forum 2019, Glasgow

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