



Embedding improvement science across an organisation: Our four-year journey

Alison Butler and Simon Edwards
20 June 2022



@CNWLImprovement



www.cnwl.nhs.uk/ia

Introductions



Alison Butler
Director of Improvement

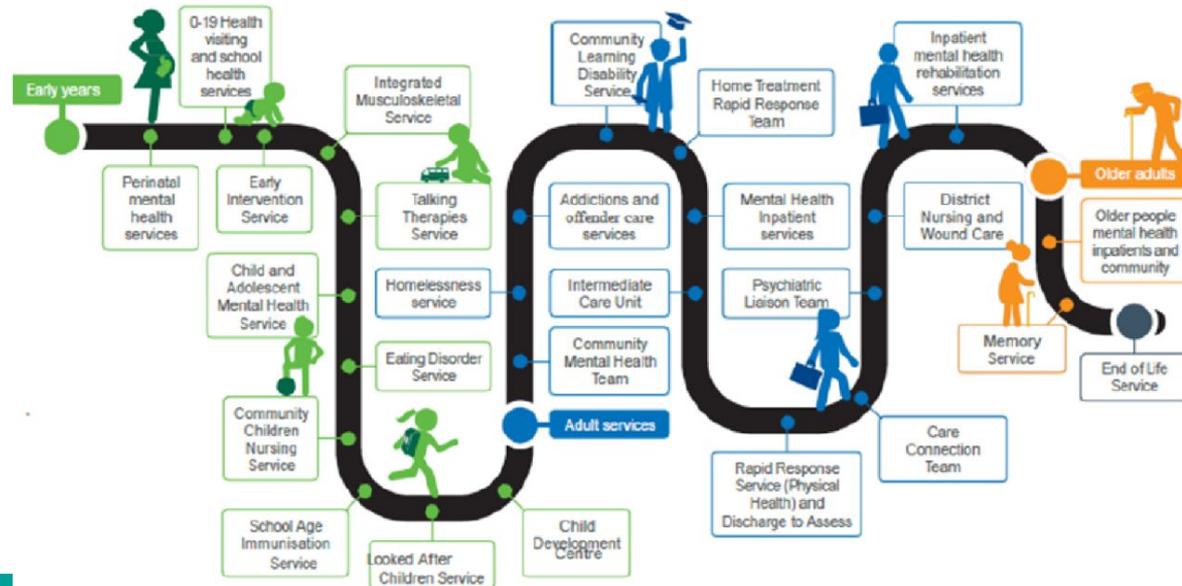


Simon Edwards
Clinical Lead and Medical
Director

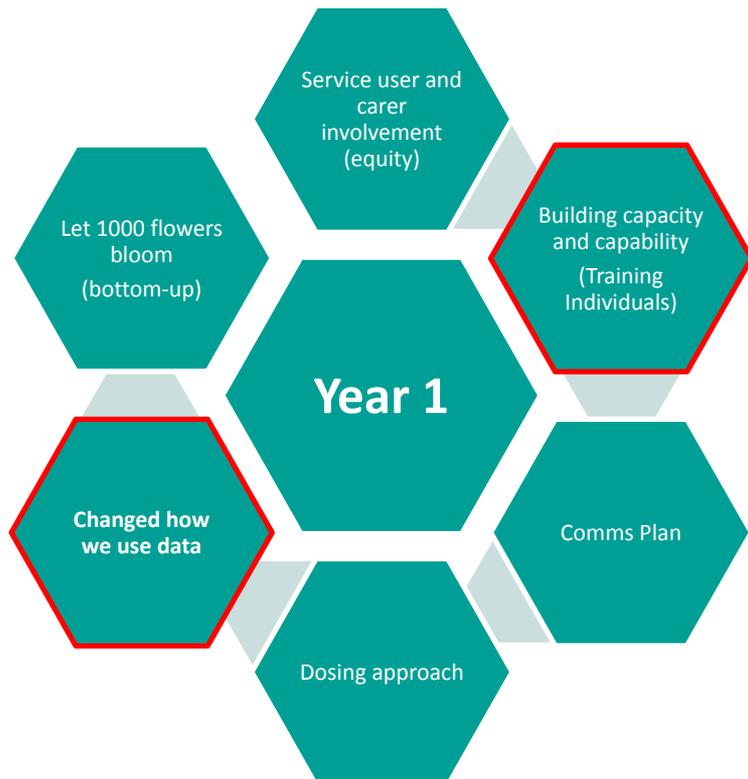


CNWL's Background

- Provides NHS services in London, Milton Keynes, Surrey and beyond
- Serve around 3 million people
- Community, sexual health, mental health, health and justice and addictions services
- Employ over 7500 staff
- Across 150 hospital and community sites



Our Approach in Year 1



Improving the use of data in our committee reports; moving from RAG rating to statistical process control (SPC) charts

Butler AT, Edwards SG, Central and North West London NHS Foundation Trust (CNWL), London

Introduction

In November 2017, (in collaboration with IH) Central and North West London (CNWL) NHS Foundation Trust launched an organisational wide Quality Improvement (QI) Programme. CNWL employs approximately 7,000 staff to provide more than 300 different health services across 150 sites.

In June 2017 we undertook a Diagnostic Review to see if the organisation was ready to start a QI programme. The Diagnostic Review was circulated to the Trust Board and senior leaders of the organisation. One of the findings from this review was that too many of our committee reports used static (RAG rated) data, the recommendation being to increase the use of run charts and SPC charts in our committee reports [1].

We acknowledged that in order to have more insight into our data, evidence improvement in our services and predict future performance, we needed committee reports to move from static data (historically RAG rated) to time series data and SPC charts.

Aims

- The overall aim was to increase the number time series data charts presented in our committee reports.
- In order to achieve this we wanted to ensure that staff generating reports had the knowledge and tools to produce time series data and that senior staff chairing meetings were confident in discussing and interpreting data.
- Through better display of data we want to see more meaningful discussions around data generated.

Methods and Analysis

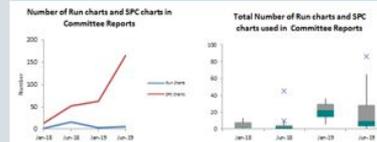
- During 2018 and 2019 we provided bespoke training on use of data to authors of reports and committee members to ensure they could interpret charts
- Support was provided to authors to convert RAG rated data to the appropriate SPC charts
- Advice and support to staff creating charts to purchase appropriate software to generate SPC charts
- We undertook a retrospective review of committee reports between January 2018 and June 2019.

Results

Once the committee reports were identified, we collected the reports over a time period (January and June 2018 and January and June 2019). We counted the number of run charts and SPC charts used in reports at each time point.

Our measure was:
The number of run charts and SPC charts used in a committee report

Results obtained:
Over the time period, the combined number of run charts and SPC charts reported each month increased from 16 to 171.



Lessons Learnt

- Targeting key reports that use data to have the greatest impact rather than trying to influence all areas was beneficial (80:20 rule)
- Offering bespoke training for creators of charts and interpreters was critical. Their needs are different
- Offering 1:1 support, whilst time consuming, proved to be a valuable investment and sustained improvement
- Investing in software made it easier to get staff buy-in (the software made creating the charts easy)
- Collect just enough data, we didn't need to collect data every month to evidence the improvement
- Improving use of data isn't as daunting as you may think
- Keep the approach specific

90% of committee papers using SPC charts

94% of committee members confident at interpreting SPC charts

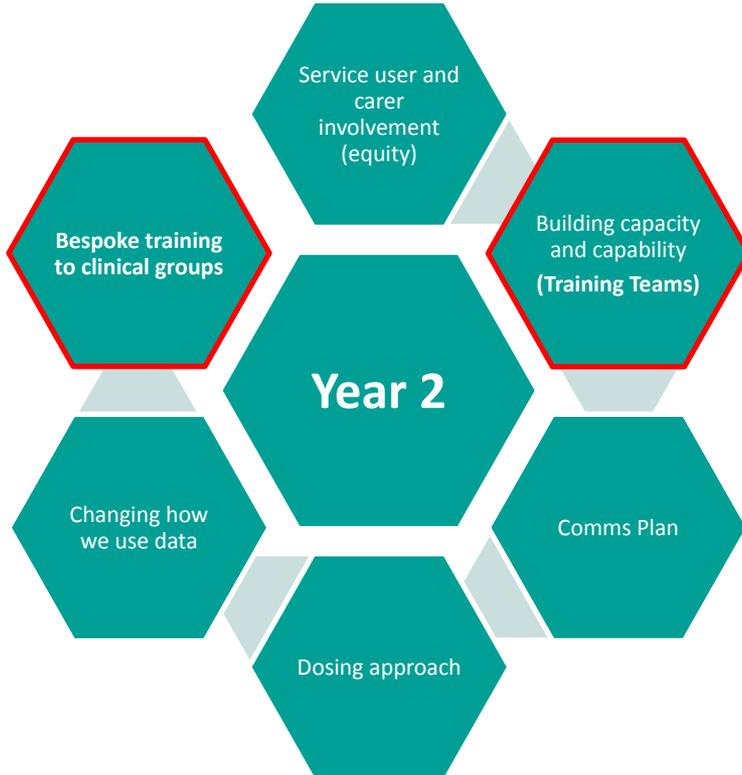
References

1. 'Making the count', NHS Improvement, May 5, Jan 2018

Contact Details

alisonbutler@nhs.net simon.edwards2@nhs.net

Our Approach in Year 2





Whistle while you work: improving psychiatry training in a London NHS Trust and what we learned along the way

E. DUNCAN, L. HUMSJI, A. BUTLER*, S. EDWARDS*, A. BAILEY*

1. Central and Northwest London NHS Trust

Category: Medical Education/Training



INTRODUCTION

Over the past couple of years, trainees at CNWL (psychiatric trainees in particular), have been raising concerns about their training experience. They have fed this back locally, to Health Education England and to the GMC. Dissatisfaction in training was also reflected in poor performance in the GMC national training survey. Training and culture needed to improve*.

RESULTS

Our baseline survey was completed in June 2020. We asked trainees to rate their satisfaction in respect of each theme out of 10 and also to rank their priorities for change. All trainees responded during the local academic meetings and an online survey. These results showed that trainee satisfaction was lowest in morale and safety, and highest in education and supervision. Their highest priorities for change were safety, then morale, with induction as the lowest priority. They were also able to give open-space feedback about the themes and what improvements might be helpful.

We repeated the survey in October 2020 and Spring 2021 and we have seen sustained improvements in all of the 7 themes. Satisfaction in key priority areas of morale and safety increased from 4.53 to 6.69, and 5.12 to 7.02, respectively (an increase of 48% and 36% respectively). We also used an open-space question to ask trainees what one thing would they improve about their training. Key phrases included teaching, on-call, communication and induction.

From this data and safer feedback from trainees, it is encouraging that we are moving in a positive direction, although the work is very much in progress. Going forward, we know from trainees that there are particular topics and geographical areas which we will need to focus on. We have used this to inform our plans for central changes, as well as supporting trainees pursuing local projects.

Priority for improvement



Trainee satisfaction ratings



Fig 1: Themes ranked in priority order according to trainee feedback

Fig 2: Satisfaction ratings of trainees for the 7 themes

Fig 3: Answers to: "If we could improve one thing about your training what would it be?"

Through actively listening to trainees, we have made improvements in communication, responsiveness, support, and celebrating success. QI methodology was used to investigate the trainee experience, and generate solution ideas. We were able to increase training and support to help empower trainees to make their own improvements, fostering a sustainable culture of trainee ownership of improvement with easy access to support.

AIM

The aim of this project is to improve the training experience of Psychiatry trainees across CNWL. In QI terms, we want to achieve a satisfaction rating of above 7/10 for all themes identified by August 2021.

METHOD

- Collected baseline data on satisfaction and priority ratings on 7 training themes
- Held discussion groups with trainees for specific themes to generate issues and solutions
- Developed and provided Quality Improvement training for trainees and trainers, 1:1 support and QI clinics - empowering trainees to develop their own local projects and make changes to on the ground
- Enacted central changes in communication, responsiveness, recognising success
- Reassessed and provided feedback to trainees throughout

PROJECT EXAMPLES



CONCLUSIONS

- *Trainees must be central to the work in improving their training
- *Using QI methodology helps - developing a structure and breaking down a bigger task helps make a plan
- *Feedback is key - bus people are busy and receive a lot of emails and requests to fill surveys - catching people 'in person' (virtually) was the best way to ensure a lot of responses
- *Trainees have loads of great ideas, but they need support, time and resources to be able to develop their projects and changes
- *Flexibility is crucial: some topics work better locally, driven by trainees and some require a more coordinated, central role
- We hope that developing a structured approach to a large task like improving training will help make changes sustainable, and enables us to share our learning with others.

REFERENCES

*Kathwala J, Heggie J, Ludlow K, et al. Association between organisational and workplace cultures, and patient outcomes: systematic review *BMC*

ACKNOWLEDGEMENTS

Thank you to the Postgraduate Medical Education and Quality Improvement teams for all their help. And thank you to all the trainees and supervisors who have engaged with and supported this work.

For any queries please contact: emily.duncan2@nhs.uk



Our Approach in Year 3



CNWL's Virtual All-Day Safety Conversation
Thursday 12 November 2020

NHS
Central and North West London
NHS Foundation Trust



170 posters submitted

430 attendees



Posters



Nile Ward PICU Violence Reduction Quality Improvement Project - One Year On

Authors in alphabetical order: R Abdullahi, J Copstone, R Fell, M Kaji, B Magallaña, A Okwinski, Dr MG Rahman, C Taylor, S Walsh, M Waugh



Aim

To reduce incidents of inpatient violence and aggression at Nile Ward Psychiatric Intensive Care Unit (PICU), St Charles Hospital by at least 50% between December 2019 and December 2020. Reducing inpatient violence is a major quality improvement (QI) priority for CNWL, NHS Foundation Trust.



Background

As a Psychiatric Intensive Care Unit, Nile Ward looks after male patients suffering from severe mental illness (SMI). This study includes patients presenting with high levels of violent and aggressive behaviour. Prior to this QI project, there were high levels of patient assaults towards staff and other patients. This required a lot of medication use, including rapid tranquillisation, restraint and the use of seclusion. This QI project was started to allow the Nile MDT to explore ways to reduce serious incidents on the ward in the least restrictive manner. Between December 2019 - December 2020, Nile Ward reduced violence in the ward by 55% and the MDT continued to make further innovations to reduce violence further, as demonstrated in this poster.

Change Ideas

Nile Ward refined a number of their successful change ideas within this project and a number of new innovative ideas were tested and successfully implemented as part of the Violence Reduction QI Project.

- Improved risk assessment tool. Risk assessment tool to predict/manage violence in the ward was further improved using evidence based observation and better practice recommendations over the course of six months.
- Brand new Staff Photo Board. Regularly updated photo-board with non-hierarchical list of all staff.
- Patent Feedback Board. Patient experience, comments and feedback displayed in common areas.
- Co-produced Mutual Expectations. A set of expectations created in co-productive with patients displayed in the communal areas of the ward to be followed by both staff and patients.
- Gardening sessions. A safe socially distanced space for patients to be involved in growing and caring for the Nile Ward garden with our Activities Coordinator, including a brand new herb garden.
- Tailored Physical Fitness Programmes. Focus on physical activity through games from seniors and 14 fitness sessions in the gym. Average weight gain for patients has declined from 4.4kg to 0.8kg (50% reduction) during hospital stay. Tailored physical fitness sessions created for patients who are frail, disabled or have significant cardiovascular risk factors.
- Celebrating Diversity. Special events hosted throughout the year to celebrate diversity and promote tolerance.
- Enhanced Clinical Reviews. Consultant led patient reviews every weekly to optimise treatment and enable quick recovery using a multidisciplinary, holistic, trauma informed approach.
- Weekly Cooking Sessions. Patient led cooking sessions using healthy ingredients every week. The food is eaten as a communal meal by patients and staff. A 'Friday 5-10' takes place monthly where patients and staff share a healthy fry-up in the ward dining area.
- Mindfulness Meditation. A QI intervention introduced to embed mindfulness and meditation as core therapeutic interventions to improve emotional regulation and to reduce violence.
- Triangle of Care. Carers strongly encouraged to attend ward rounds and care planning from the very beginning of a patient's journey at Nile Ward using a triangle of care approach.

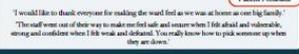
Results: 51% reduction

Period	Incidents
2020-2021 Q3	73
2020-2021 Q4	61
2021-2022 Q1	37

(Red Outcomes during same period, year)

Nile Ward MDT were invited to deliver keynote presentations at the National Association of Intensive Care Unit (NAIPICU), National Conference 2022 & the Royal College of Psychiatrists National (NCPICU) Conference 2022 to discuss their Violence Reduction best practice with mental health teams in the United Kingdom and abroad.

International Recognition


Patent Feedback


Conclusion: Nile Ward has successfully implemented innovative interventions using a QI methodology to successfully reduce the level of violence and serious incidents in the ward by 51%. The number of rapid tranquillisation and use of restrictive interventions such as restraints has reduced significantly. Our patients are able to receive a safe environment and their feedback in response to their positive patient experience during their hospital stay. Reduced verbal and physical assaults on staff have improved staff confidence, retention, wellbeing and overall satisfaction. Our work has been recognised internationally through the delivery of keynote presentations at conferences, display of posters at the NCPICU International Congress and publication in the British Journal of Psychiatry Open in 2021.

Wellbeing for life

Poster Categories: QI Project / Supporting and Involving Staff / Co-production

Safe Asthma Management for Camden Children Through Effective School Nursing Interventions

Sally Lydamore, Dominique Ifill and Paula Elliot Camden School Nursing Service, Inner London Children's Services



Introduction

Asthma is the most prevalent long term medical condition affecting children and young people in the UK. It is estimated that it will affect 5,300 children in Camden by 2025. Poorly controlled and unmanaged asthma can result in a dangerous medical emergency with a high risk of death, children missing school, and can have an impact on their growth and development. In Camden, stakeholders across the borough have produced a local strategy to operationalise and take forward some core priorities for asthmatic children- in line with the North Central London Partnership recommendations. School Nurses have a key role in supporting schools, families and children in the safe management of asthma and in supporting the Asthma Strategy. School Nurses can keep children safe through targeted clinical interventions:

- Assessment
- Education
- Health promotion
- Partnership working
- Medication and lifestyle management

Aims

- For all Camden schools to be asthma friendly by 2023 (reducing stigma, promoting safe management, and community ownership).
- To keep children medically safe in school.
- To reduce hospital admissions due to exacerbation of asthma.
- For all children on the caseload to have a "My Asthma" care plan.

Methods

- In September, Link Nurses spoke to schools about the Asthma Standards promoting the "Ask Me About Asthma" Campaign as part of the partnership agreements.
- Project launched in January 2020 for School Nurses and GPs to highlight vulnerable families through meetings.
- School Nurses identified asthmatic children, and offered all a health review and care plan.
- School Nurses ensured medication is managed correctly in school and staff are trained.
- School Nurses provided follow up support in school following hospital admissions.
- School Nurses facilitated safe school transfer and promoted children/young peoples autonomy in managing their medical condition.

Results

- The Service collated and analysed the data collected by Link Nurses and School Nursing Systemone records which informed service leads how effective care being provided was.
- The Service undertook a school feedback survey at the end of the academic year, asking staff members to evaluate the service.
- The service measured the numbers of clinical interventions and used data to analyse outcomes.
- From the 612 children requiring initial intervention, 800 required 4-6 weekly follow up.
- SN have had a 75% increase in clinical activity managing medical conditions in schools from last year.
- A&E attendances were reduced from 71 to 14 throughout 2020/2021.

Asthma Management by School Nurses



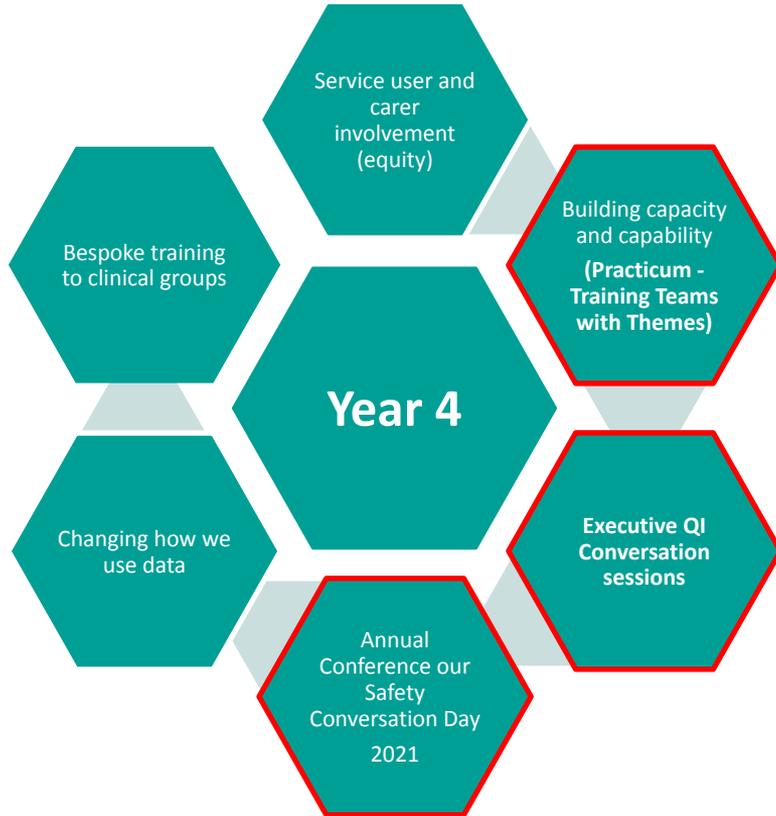
- 137 GP referrals to the SN team for asthma management.
- Over 600 care plans written
- 14 children attended A&E in the summer term.
- 90% of schools were trained throughout pandemic and school closures
- 90% of school staff felt their knowledge had increased after teaching sessions.
- 688 school staff attended training
- 13 Camden GP surgeries wrapped in leafy family vulnerable family meetings with school nurses

Lessons Learnt

- The number of A&E admissions for exacerbation of asthma have reduced due to collaborative working, which is key to managing medical conditions.
- Schools value the role of the School Nurse in supporting them to keep children with medical conditions such as asthma safe in school.
- The profile of the School Nursing Service has been significantly raised with Camden GPs and the partnership working around children's health needs has improved.
- Effective partnership working between School Nurses and the Camden Asthma and Atopy Nurse has provided a more accessible service for hard to reach families, keeping them safe.
- Utilising the materials provided by the "Ask Me About Asthma" Campaign enables School Nurses to deliver public health promotion on



Our Approach in Year 4



QI CNWL Quality Improvement @QICnwl · 1h
 Exec QI Conversation today with @graves_ross and the @CNWLNHS Milton Keynes Community services working on reducing Category 2 pressure ulcers. Hearing about PDSA ramps on monthly team sessions, TVN mentoring and patient engagement.

@DivlingMichele @Simoned47567247



QI CNWL Quality Improvement @QICnwl · 4 Oct
 We held our 2nd Executive QI Conversation meeting today.

@CNWLNHS Chief Nurse @mariaannobrien met with the CRHTT Team in MK and heard about their great QI work to improve the care pathway through CRHTT intervention and improve the patient experience.

@Simoned47567247



CNWL NHS FT @CNWLNHS
 "Give people tools for improvement: guidelines, pathways, innovation and case studies. Variation analysis is the art of the possible."
 Guest Speaker, Dr Ronny Cheung at #CNWLSafetyConvo



118 posters submitted

390 attendees

Improvement Awards May 2022

A Winning Poster

Milton Keynes District Nursing Service

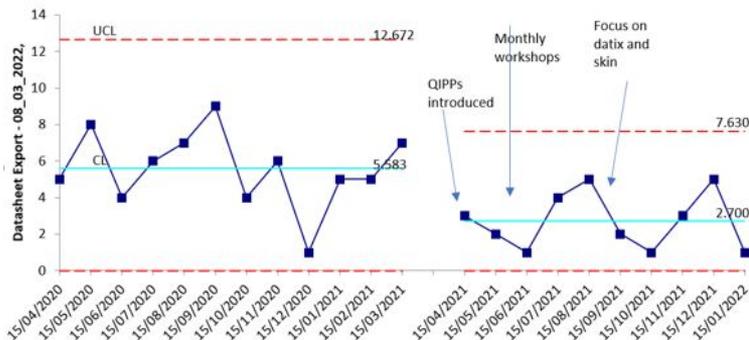
Reducing Cat 3 pressure ulcers by 10% by June 2022

Improved Safety

Achieved a 35% reduction in Cat 3 pressure ulcers

Improved efficiency
Released 1.0WTE Band 6 nursing hours back into the service

Category 3 Pressure Ulcers developed in service, Apr 2020-Jan 2022



QR code to the poster



Easing the pressure: taking time out for reflection to engage staff and improve care

Kristina Thomson, David Fletcher, Rachel Major, Jackie Holley, Christine Herdman, Michele Dowling, Milton Keynes Community Nursing Service



Introduction

Milton Keynes District Nursing Service provides care at home for frail and vulnerable patients across 7 PCNs in Milton Keynes. Over the past year the service has worked to create a learning system where staff can reflect on practice, develop skills, and ensure that they provide consistent, high level care across all nine DN teams. Due to the multiplicity of factors involved in the prevention of pressure ulcers, the team has been tracking the development of Category 3 pressure ulcers in service as a proxy measure for high quality care.

Since June of last year this work has been part of a QI Practicum across Central and North West London NHS Trust, which has provided the team with structure and a platform to develop and share their work. The aim of this work is:

To reduce Category 3 pressure ulcers developed in service by 10% by the end of June 2022.

The work took a whole service approach, and the service manager (sponsor) took an active role in the work throughout. It was overseen by a team led by one of the team's Practice Development nurses, supported by the data quality officer, a Tissue viability nurse, BS district nurse, health care assistant and QI coach.

Aims

While the stated improvement aim is to reduce category 3 pressure ulcers by 10% over the year to June 2022, the team wanted to achieve more than this:

- Create a safe, supportive environment where staff could reflect and learn new skills and knowledge to improve practice;
- Reduce variation in practice across the 9 teams working in Milton Keynes;
- Encourage staff of all grades to use data to inform and improve their practice.

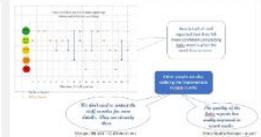
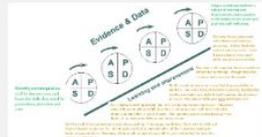
Methods

The team has used Quality Improvement methodology to structure the work and track progress. This has focused on a small number of PDCA cycles to track change and improvement:

- monthly workshops for staff - half day sessions each month where 2 teams come together to follow a programme for reflection, learning and improvement within a safe space;
- development of Quality Improvement Performance Portfolios (QIPPs) - team level performance reports produced each month to ensure teams can see how they are performing, and learn more about their patient profiles;
- mentoring - where staff with specific skill sets (e.g. tissue viability nurses) can support colleagues to develop skills, leading to earlier intervention and better patient care.

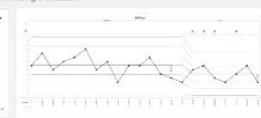
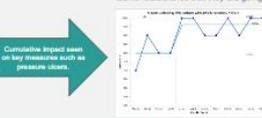
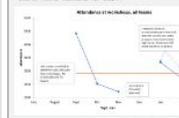
Results

Workshops have been at the heart of what we have done over the past year, providing both a safe space for reflection and learning, and a way for staff in different teams to get to know each other and discuss different ways of working. Better working across teams has allowed the service to work more flexibly, providing cover for caseloads at times of staff pressure, and allowing them to keep protected time for learning even when the service has been dealing with high acuity.



Attendance fell in the autumn - staff told us times **didn't suit** them. Coming back after Christmas we made changes so times were more flexible for staff.

Earlier identification and intervention, higher levels of staff confidence and better working across teams has resulted in a drop of 25% in Category 3 PUs since we started our work last summer. Monitoring improvement in Process measures, like ensuring all patients have their SB58RN risk recorded, gives teams reassurance that they are going in the right direction.



Two of our teams at a monthly workshop, where they have had time to explore their own data using the Quality Improvement Performance Portfolio. We've noticed some healthy competition between teams as they work to improve their team performance!

What our teams saw about the workshops



What patients said about our service



Lessons Learnt

- In complex systems it may be difficult to measure the direct impact of our actions on performance measures. Take time to understand your system and develop meaningful measures over time.
- Improvement is a marathon not a sprint - you need to know why it is worth staying the distance. Dialogue with all team members gives them ownership of their improvement and development.
- Get data out of traditional performance reports and into formats that make sense to operational teams.
- Make time for reflection - it is a valuable investment, especially when under operational pressure.
- We are working to identify the cost savings that this work has achieved through earlier intervention, better patient outcomes, and better use of specialised staff within the team.
- We need to do more to get service users and carers involved. As we move into continuous improvement we've identified patient involvement as a key area for development. Roll on our next adventure in QI!

Where are we now?



“Our highly successful QI work remains a guiding light.”
CNWL Annual Report 2020-21

