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

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www.cnwl.nhs.uk/ia
Introductions

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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

Service user and carer involvement (equity)

Building capacity and capability (Training Individuals)

Let 1000 flowers bloom (bottom-up)

Year 1

Changed how we use data

Comms Plan

Dosing approach

Introduction

In September 2017, in collaboration with Central and North West London (C&NWL) NHS Foundation Trust launched an organisational wide Quality Improvement (QI) Programme. C&NWL employs approximately 7,000 staff and provides care and services across 110 sites.

In June 2017, we undertook a Diagnostics Review to test if the organisation was ready to start a QI programme. The Diagnostics Review was circulated to the Trust Board and senior leaders of the organisation. One of the findings from the review was that too many of our committee reports used charts (80% of charts) data, the recommendation being to increase the use of our charts and SPC charts in our committee reports. [1]

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

Aims

• The overall aim was to manage the number of charts on our committee reports.

• To achieve this we wanted to ensure that staff generating reports had the knowledge and tools to interpret these charts and that when staff were reviewing meetings were confident in discussing and interpreting these data.

• Through better display of relevant data to ensure more meaningful discussions around data presented.

Methods and Analysis

Qualitative and quantitative evaluation of committee reports in terms of data presentation and use of charts (percentage of charts, number of charts, number of charts per report, etc.)

Results

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

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

Results obtained

Over the time period, the combined number of bar charts and SPC charts reported each month increased from 158 to 171.

Lessons Learnt

• Breaking down reports into smaller dashboards on the whole had less impact than trying to influence all areas simultaneously (50/50 ratio)

• Offering bespoke training for presenters and interpreters was critical. That needs are different

• Offering 1:1 support, whilst time-consuming, proved to be a valuable investment and sustained improvements

• Introducing a software tool to ease generating charts helped improve the ease of creating the charts

• Cycled out enough data, we didn’t need to collect data every month to evidence the improvement

• Improving use of data by auditing as we may think.

References

[1] Tableau training course delivered May 1, 2019

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Our Approach in Year 2

**Bespoke training to clinical groups**

**Service user and carer involvement (equity)**

**Building capacity and capability (Training Teams)**

**Year 2**

**Changing how we use data**

**Dosing approach**

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**INTRODUCTION**

Over the past couple of years, trainees at CMHS have been working on specific projects, but feedback from trainees and service users has been lacking. This resulted in the development of a bespoke training plan for trainees to address this issue.

**AIM**

The aim of this project was to improve the routine engagement of Psychiatric trainees across CMHS. By doing so, we aimed to achieve a substantial engagement of almost 100% for all themes identified by August 2021.

**METHOD**

- **Collect baseline data on satisfaction and priority ratings on 10 training themes**
- **Identify themes with low priority**
- **Develop and provide bespoke training sessions**

**PROJECT EXAMPLES**

- **Data collection**: Using a questionnaire to gather feedback from trainees and service users.
- **Feedback**: Incorporating feedback into future training plans.

**RESULTS**

- **Baseline survey**
- **Post-training survey**

**CONCLUSIONS**

- **Trainees**
  - Improved engagement and understanding of themes
- **Service users**
  - Increased satisfaction with training sessions

**ACKNOWLEDGEMENTS**

- **CMHS Team**
- **Trainees**
- **Service users**
Our Approach in Year 3

Service user and carer involvement (equity)

Building capacity and capability
(Practicum - Training Teams with Themes)

Bespoke training to clinical groups

Changing how we use data

Comms Plan

Annual Conference our Safety Conversation Day 2020

170 posters submitted
430 attendees
Our Approach in Year 4

- Service user and carer involvement (equity)
- Building capacity and capability (Practicum - Training Teams with Themes)
- Executive QI Conversation sessions
- Changing how we use data
- Bespoke training to clinical groups

Year 4

- Annual Conference our Safety Conversation Day 2021
- Executive QI Conversation sessions
- 118 posters submitted
- 390 attendees

Service user and carer involvement (equity)

- Building capacity and capability (Practicum - Training Teams with Themes)

Executive QI Conversation sessions

- Annual Conference our Safety Conversation Day 2021
- 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

Achieved a 35% reduction in Cat 3 pressure ulcers

Improved efficiency

Released 1.0WTE Band 6 nursing hours back into the service

Introduction

Milton Keynes District Nursing Service operates out of home for frail and vulnerable patients across 135,000 Milton Keynes. Over the last year the service has worked to create a learning system where staff can reflect on practice, develop skills and enhance the patient experience. The group has also been working to develop learning initiatives and Foster the use of learning and development initiatives to meet the needs of the service.

Aims

• To reduce Cat 3 pressure ulcers in service by 10% by the end of June 2022

• To achieve a 35% reduction in Cat 3 pressure ulcers

• Improved efficiency

• Released 1.0WTE Band 6 nursing hours back into the service

Methods

The team have used Quality Improvement methodology to explore new initiatives and work through this process. The team have worked together with team members to design and implement new initiatives and work through this process.

Results

QR code to the poster

Lessons Learnt

• Determination and desire for excellence - we have achieved 10% improvement in all measures and have reduced Cat 3 pressure ulcers by 35%.

• Improved communication - we have increased team communication and now have daily huddles and weekly team meetings.

• Improved culture - we have improved the culture and now have regular team meetings and feedback sessions.

• Improved performance - we have improved the performance of the team and now have regular team meetings and feedback sessions.

• Improved safety - we have improved the safety of the team and now have regular team meetings and feedback sessions.

• Improved efficiency - we have improved the efficiency of the team and now have regular team meetings and feedback sessions.

• Improved learning - we have improved the learning of the team and now have regular team meetings and feedback sessions.

• Improved support - we have improved the support of the team and now have regular team meetings and feedback sessions.

• Improved care - we have improved the care of the team and now have regular team meetings and feedback sessions.

• Improved outcomes - we have improved the outcomes of the team and now have regular team meetings and feedback sessions.

• Improved patient experience - we have improved the patient experience of the team and now have regular team meetings and feedback sessions.
Where are we now?

283 Active QI Projects

56% Service User and Carer Involvement

2548 staff trained in QI methodologies (36% of workforce)

Developed Improvement Awards

Changed the way we use data

Enablers - Comms (Website & Twitter) Life QI

Launched our Improvement Academy in Jan 2022

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

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